

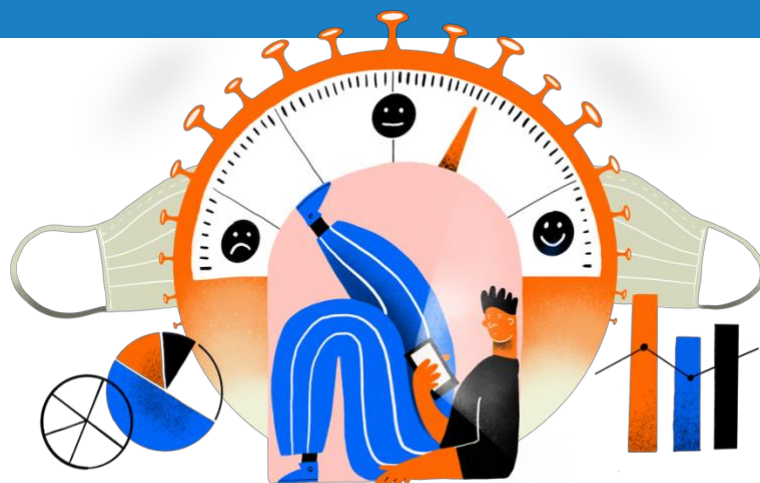
REPORT 39:

Motivation, well-being and vaccination attitudes in Omikron times

The Motivation Barometer

Authors (in alphabetical order): Liesbet Goubert, Olivier Klein, Olivier Luminet, Sofie Morbée, Mathias Schmitz, Omer Van den Bergh, Pascaline Van Oost, Maarten Vansteenkiste, Joachim Waterschoot, Vincent Yzerbyt

Reference: Motivation Barometer (19 January 2022). Update on vaccination, motivation and mental health during a transition phase. Ghent, Leuven, Louvain, Bruxelles, Belgium.



We have entered a new phase of the pandemic: the omicron variant is making a widespread breakthrough, the number of daily infections is rising to unprecedented levels, the testing strategy used so far is no longer tenable and the quarantine rules in schools have been adjusted several times. Primary school children and their parents are invited to be vaccinated and the debate on compulsory vaccination is on the parliamentary agenda. Against this turbulent backdrop, the Motivation Barometer once again measured how the motivation, well-being and vaccination attitude of the population has evolved. In this report, number 39, we focus on the following 5 questions:

1. How high is the motivation to comply with measures and decisions of the consultation committee and how is this related to the perceived risk of contamination?
2. How much confidence does the population still have in politicians and experts? And which factors determine the (loss of) trust in the strategy followed?
3. To what extent does the population comply with the basic measures and does it intend to protest against them?
4. How much uncertainty do we have about the situation, and how has our autonomy and relational connectedness evolved?
5. How have intentions to vaccinate children evolved, what is people's attitude towards booster shots, is there support for a 1G policy and mandatory vaccination and which factors does this depend on?

This report contains, in annex, a number of recommendations on how you, as a parent and/or caretaker of children aged 5 to 11 years (who decide to accept a COVID-19 vaccine), can interact with your child to prevent or minimize pain and anxiety during vaccination.

Actual take home shopping

- Motivation:
 - Voluntary motivation to follow the measures decreased among detainees, while distrust in the control strategy increased compared to December.
 - 66% of vaccinated persons are somewhat or strongly motivated to follow measures
 - 42% of the vaccinated distrust, to some extent or strongly, the generally followed strategy to control the current situation
 - This motivational change can be attributed to the reduced perceived risk of serious symptoms of infection, while the perceived risk of infection did increase.
- Trust:
 - Confidence in the expertise of politicians and GEMS stabilizes, with 33% and 78% of vaccinees having either some or a lot of confidence in the expertise of, respectively, the government and GEMS.
 - Confidence among the unvaccinated is at a much lower level (3% and 25%)
 - A mix of factors explains the increased mistrust in policy among vaccinated people.
- Behaviour:
 - Parallel to the decrease in both motivation and perceived likelihood of serious symptoms of an infection, we are following the basic measures somewhat less closely than in December.
 - 12% and 60% of respectively vaccinated and unvaccinated people report they would like to participate in a protest march against the corona policy.
- Well-being
 - While the uncertainty surrounding the situation and infection has decreased, vaccinated persons experience a decrease in autonomy, although this basic psychological need is more fulfilled than in unvaccinated persons.
 - Unvaccinated people report experiencing less connectedness and in particular feeling more excluded from other groups than vaccinated people. Young adults report less autonomy and connectedness.
- Vaccination
 - 7/10 vaccinated persons have so far accepted a booster shot or are (very) willing to do so.
 - 22% of the parents of primary school children are (very) willing to have their child vaccinated.
 - A G1 policy can count on less support than compulsory vaccination (42% vs. 51% respectively).

Content take-home messages

- It is crucial to properly communicate **whether and why** increased virus circulation has disadvantages for both physical health (e.g., projections of burden in health care) and mental health (e.g., school closures) in order to keep the motivational support for the measures high.
- The necessity and added value of a **booster vaccination** should be well explained, so that the population can form a correct and realistic picture of the efficacy of vaccines.
- In order to protect wellbeing, it is important to provide a **perspective** on when (e.g., depending on hospital figures) relaxations can be expected.
- Although the uncertainty surrounding the situation decreased slightly, it remains high. It is therefore crucial to develop a coherent **long-term plan** that will provide some predictability. It is therefore a good thing that our call for the development of a corona barometer has been answered.
- It is crucial to properly inform caregivers and parents, who decided to have their child vaccinated, how they can support their child before, during and after vaccination. This report includes a **toolkit** to help children prevent and reduce fear of needles and possible pain.
- Great **caution** is required in the case of a possible introduction of a G1 policy or a mandatory vaccination, as its legitimacy is strongly linked to the perceived risk of serious consequences after infection and the perceived effectiveness of vaccines. Compared to December, vaccines are considered less effective and risk awareness is lower, which explains the lower support for mandatory vaccination and G1 policies compared to December.

General info

In the last measurement wave, between 2022-01-07 and 2022-01-17, 11919 participants (7821 Dutch speakers, 65.62%, and 4098 French speakers, 34.38%) completed the questionnaire. The average age is 48.19 years with 62.6% female participants.

Vaccinated

- $N = 8574$
- Average age = 48.74 years (64.3% female, 68.4% male, 28.3% male)
- Employment status: 52.1% full-time, 17.2% part-time, 3.6% unemployed, 3.8% student and 20.9% retired.
- 26.1% had been previously infected.

Non-vaccinated persons who have already been infected

- $N = 1429$
- Average age = 44.5 years (56.9% female, 59.6% male, 26.2% male)
- Employment status: 64% full-time, 18.1% part-time, 5.6% unemployed, 2.5% student and 6.9% retired.
- 45.65% of the non-vaccinated.

Non-vaccinated persons who have not been infected

- $N = 1701$
- Average age = 47.94 years (59.6% female, 58.8% male, 23.8% male)
- Employment status: 56.1% full-time, 15.7% part-time, 7.1% unemployed, 1.6% student and 15.7% retired.
- 54.35% of the non-vaccinated.

Question 1: How high is the motivation to comply with measures and decisions of the consultation committee and is this related to the perceived risk of contamination?

- Figure 1 shows the average evolution in voluntary motivation and amotivation, broken down by vaccination status. One crucial indicator of amotivation, namely disbelief in the general approach to the crisis, is shown separately. Figure 2 expresses the result in percentages over the past months¹, while Figure 3 shows the evolution of various indicators of risk awareness².
 - *Evolution over time:* Motivational support has decreased among vaccinees in recent weeks. A clear decline in voluntary motivation can be observed: unvaccinated but mainly vaccinated people experience the measures as less useful compared to December, reaching **almost a record low**. In August 2020 (provincial lockdown in Antwerp and national entanglements) and February 2021 (reopening of contact professions), motivation dropped even further. Despite this relative decline, 39% of the vaccinated still remain strongly motivated. At the same time, amotivation and despondency among vaccinees has now also increased (Figure 1). In particular, distrust in the overall approach increased again, with 42% of vaccinated and 84% of unvaccinated people saying they had little or no confidence in the overall strategy being followed (Figure 2³).
 - *Explanation:* The reason for the decline in voluntary motivation is largely due to the evolving perception of risk (Figure 3). In the past, the perceived probability of infection and the perceived severity of infection ran parallel, whereas now a **clear dissociation** between both aspects is noticeable. Although the perceived chance or *probability* of infection has been increasing (for some time), we see a clear decrease in the estimated *severity* of an infection, both for oneself and for the general population. This latter aspect of risk awareness is the strongest driver of motivated action and thus helps to explain the decline in voluntary motivation.

¹ In examining differences between vaccinated and unvaccinated individuals, the role of other relevant socio-demographic characteristics, such as age, gender, and level of education, were filtered out.

² Note that this is not about the same group of people followed over time. Differences over time may therefore reflect not only intra-individual differences, but also differences in the composition of the sample.

³ The samples collected are not representative of the socio-demographic distribution of the population. Nevertheless, since December 2020, both Dutch- and French-speaking participants were recruited and the presented findings are weighted for age, region, educational level and gender to (partially) correct for the non-representative nature of the samples.

Figure 1.

Evolution of voluntary motivation (or identification) and amotivation among vaccinated and non-vaccinated people during the COVID-19 crisis in Belgium

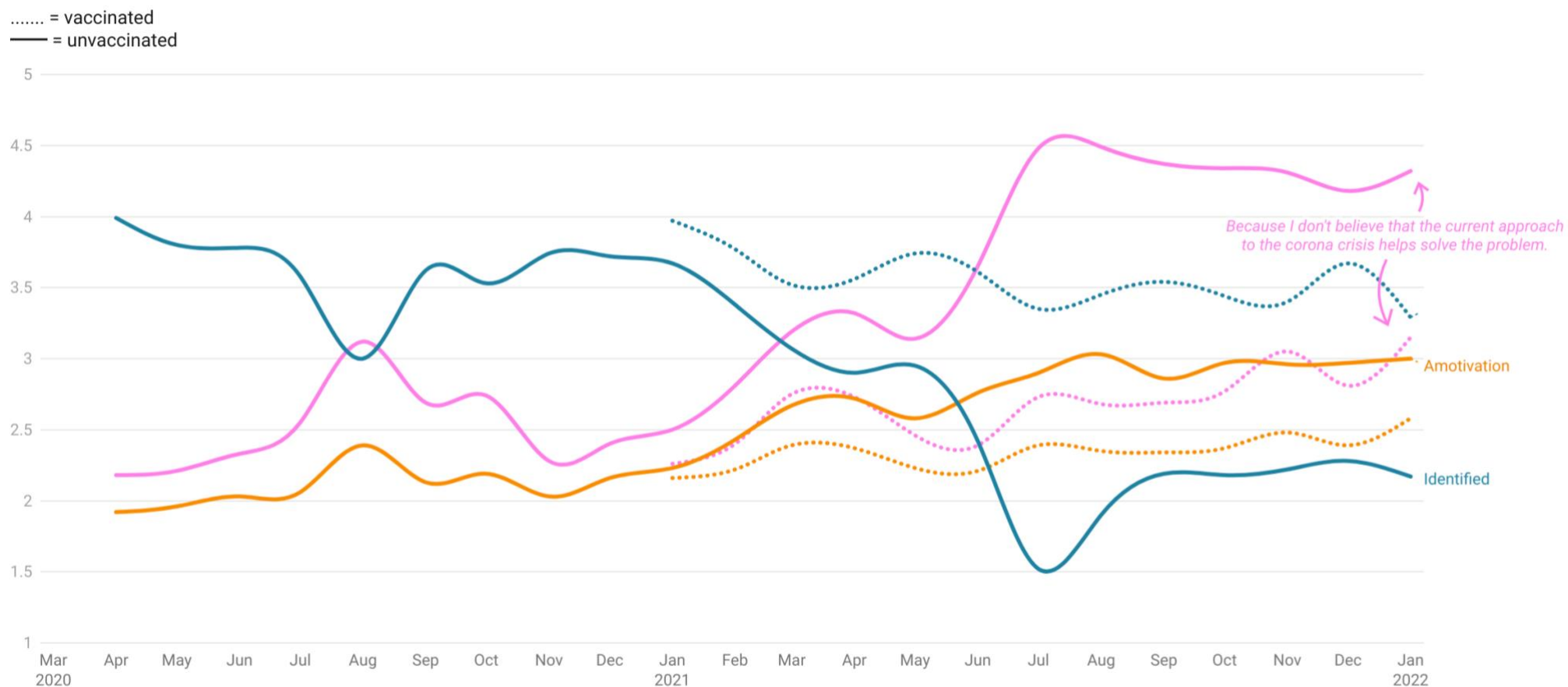


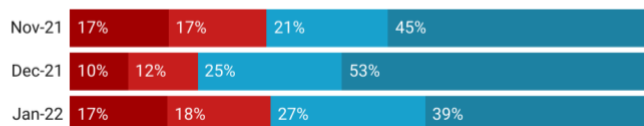
Figure 2.

Percentages of respondents per response category for voluntary motivation (left) and mistrust of the overall control strategy (right) among vaccinated and unvaccinated people in recent months

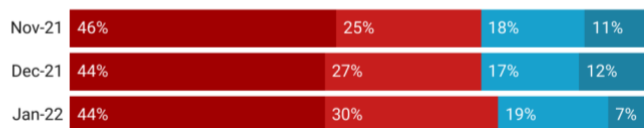
Voluntary motivation

Very low Low Moderate High

VACCINATED PARTICIPANTS



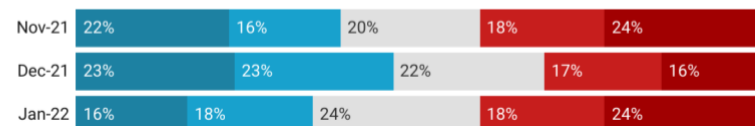
UNVACCINATED PARTICIPANTS



Distrust in strategy

Totally disagree Disagree Neutral Agree Totally agree

VACCINATED PARTICIPANTS



UNVACCINATED PARTICIPANTS

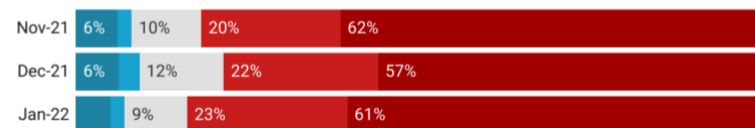
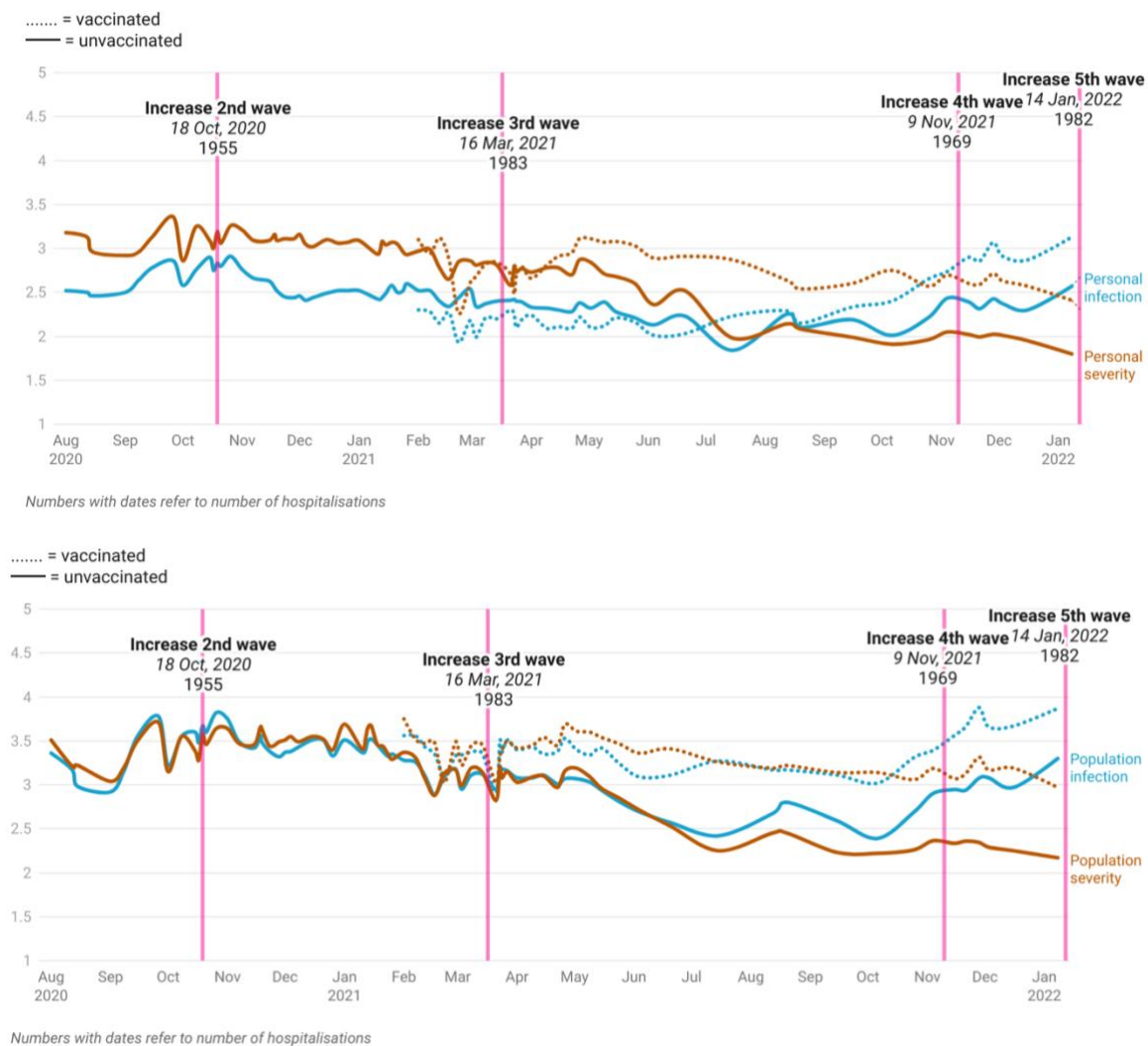


Figure 3.

Trends in risk perception (probability of infection and estimated severity of infection) among vaccinated and unvaccinated individuals for themselves (upper figure) and the population (lower figure)



Conclusion: The less pathogenic nature of the omikron variant translates into a lower perceived risk of serious contamination. Because the voluntary motivation of the population is strongly linked to the seriousness aspect of the risk perception, the voluntary motivation has decreased. The population increasingly experiences the measures as less necessary and useful, or put differently, as less adapted to the risks. In order to maintain or improve motivation, it is crucial to present models showing the ultimate impact of the sharply increasing number of infections on hospital admissions and intensive care. Such a model would at the same time clarify whether the reduced risk perception of the population is well founded, and consequently whether less stringent measures are appropriate.

Question 2: How much confidence does the population still have in politicians and experts? And which factors determine the (loss of) trust in the strategy followed?

Figure 4 shows (in % of respondents) the evolution of trust in the government and the GEMS, one of the government's advisory committees. At the same time, various reasons for trust/confidence in the policy pursued were surveyed (Figure 5).

- *Trust:* Figure 5 shows that trust in the government is at a lower level than trust in the GEMS and that vaccinated persons have more trust in both the expertise and the positive intentions of both than unvaccinated persons. There is **little change** over time. Trust in government expertise among the vaccinated rose slightly to 33%, although the majority remained low.
- *Sources of (lack of) trust:* The low level of trust in the implemented policy can be attributed to various factors. Figure 5 shows that disillusionment in the efficacy of vaccines has increased slightly, along with the idea that current measures are ineffective. A growing group also believes that the **virus should be allowed to circulate more** to build up group immunity. However, other sources of lack of confidence are more stable and play a stronger role: more vaccinated and certainly more unvaccinated people think that **intensive care capacity should be increased and that more care staff should be recruited**. At the same time, there is also positive news. There is less frustration about the slow administration of the booster vaccines. After the hesitant start, the speed with which booster vaccines are administered is appreciated.

Conclusion: The decline in confidence in the government's expertise during the successive consultation committees in November has stopped. However, questions remain about the policy: the effectiveness of the vaccines is being questioned a little more and the idea is growing that allowing the virus to circulate freely can strengthen group immunity. It is crucial to properly communicate whether and why increased virus circulation has disadvantages in order to keep the motivational support for the measures high. The necessity and added value of a booster vaccination should also be better explained, so that the population can form a correct and realistic picture of the efficacy of vaccines.

Figure 4

Trend in percentages of respondents per response category for trust in government competence and benevolence and GEMS among vaccinated and unvaccinated people

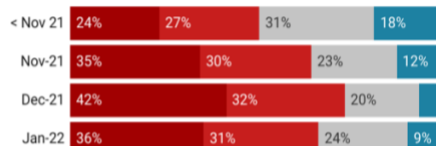
Government

Experts

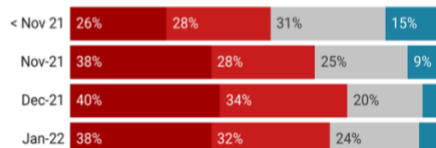
Very low Low Moderate High

VACCINATED PARTICIPANTS

Competence

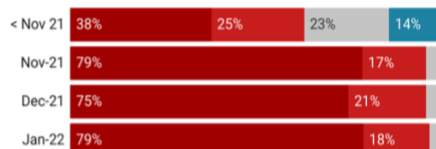


Benevolence

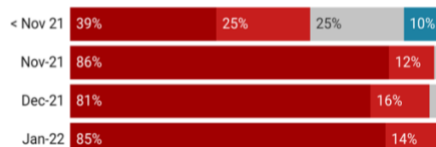


UNVACCINATED PARTICIPANTS

Competence

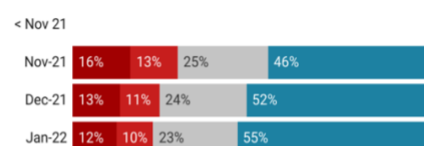


Benevolence

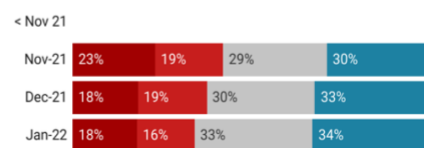


VACCINATED PARTICIPANTS

Competence

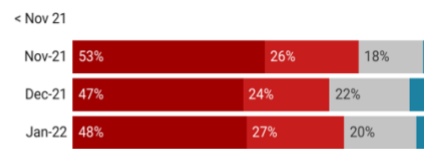


Benevolence



UNVACCINATED PARTICIPANTS

Competence

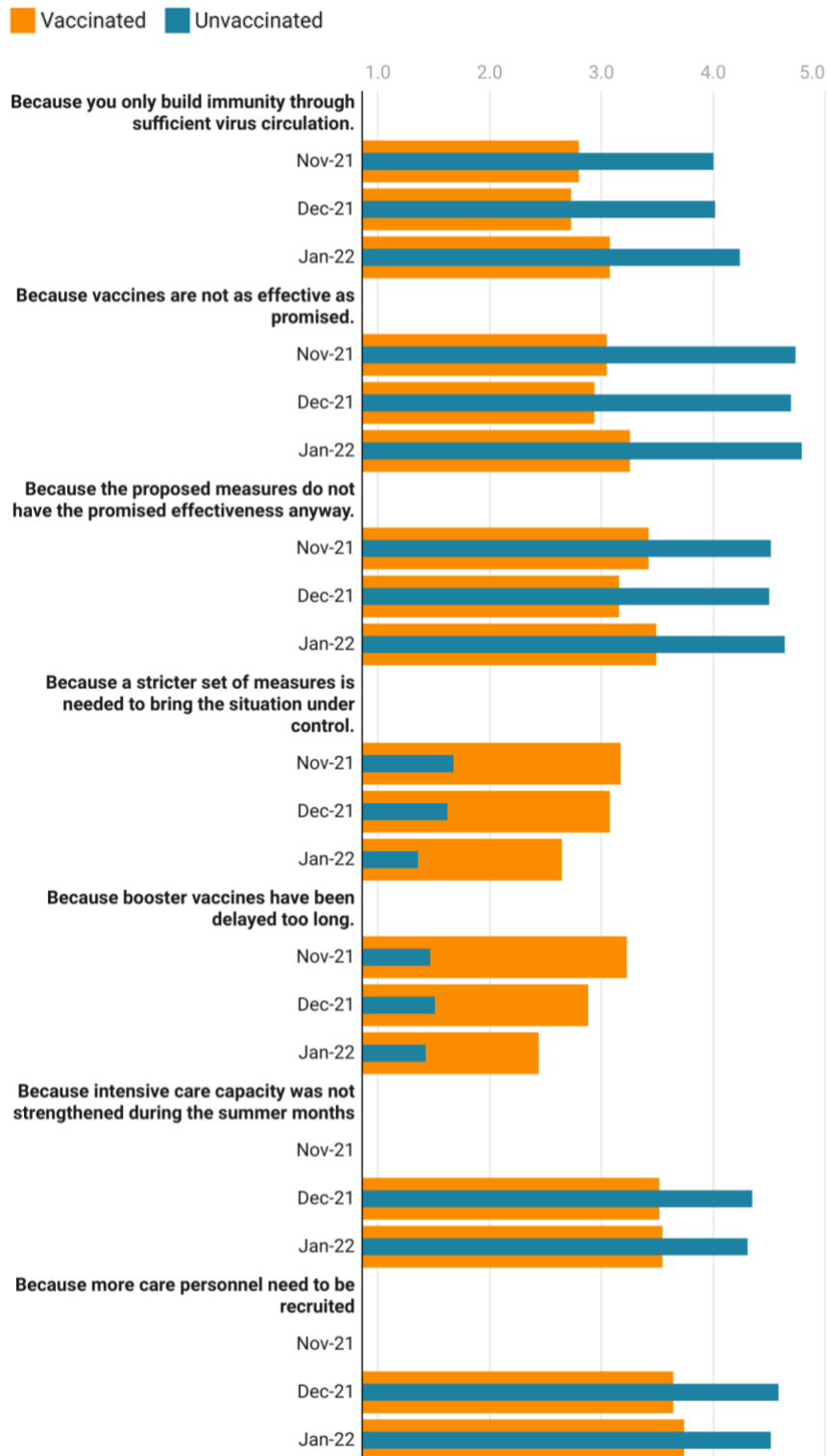


Benevolence



Figure 5

Evolution of the extent to which various sources of mistrust in the overall strategy play a role in vaccinated and unvaccinated individuals on a 5-point scale where 1 = totally disagree and 5 = totally agree.



Question 3: To what extent does the population comply with the basic measures and does it intend to protest against them?

The decrease in perceived severity of infection, and thus in voluntary motivation, may also explain why we follow **basic measures slightly less today than in December**. Figure 6 indicates that we follow various basic measures (mouth mask obligation; ventilation; keeping a distance; disinfection) slightly less faithfully and this decrease is particularly noticeable among vaccinated persons. Older people, women and people with comorbidity report they follow the measures better, while those who have not been vaccinated say they follow the measures less faithfully. When asked about the intentions of participants to participate in a protest march against the policy, it appears that 12% of the vaccinated and 60% of the unvaccinated participants consider doing so (see figure 7).

Figure 6

Self-reported adherence to the various measures by unvaccinated (left) and vaccinated (right) people.

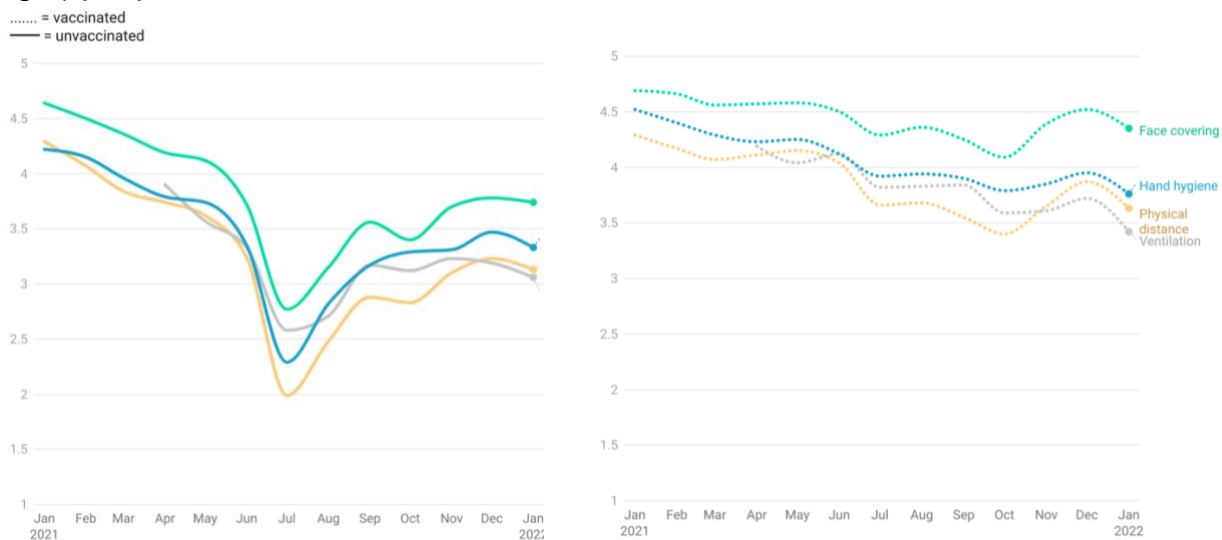
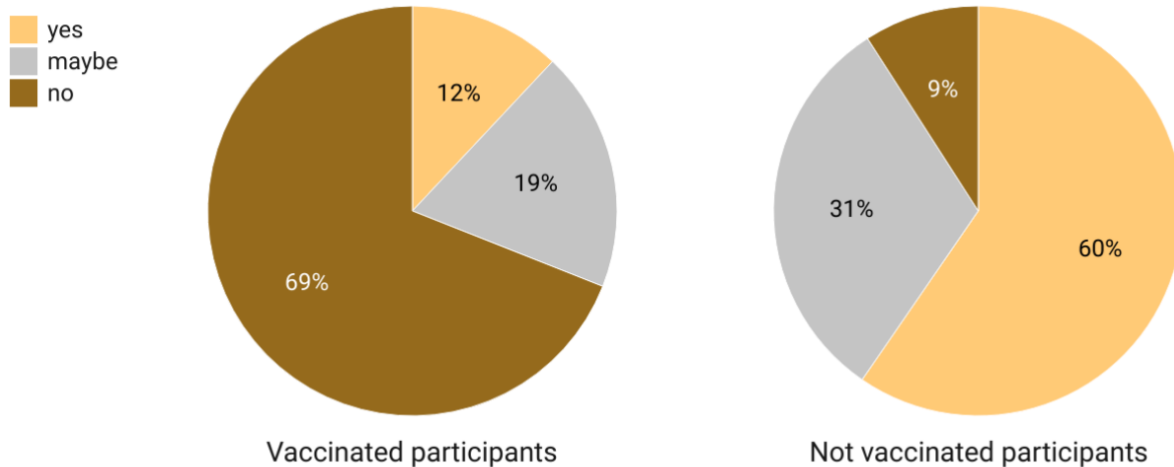


Figure 7

Intention to attend protest march among (un)vaccinated people (% of respondents)



Conclusion: There is a slight decrease in adherence to the basic measures, although we still follow them more faithfully than last summer. At the same time, a considerable percentage of unvaccinated people and a minority of vaccinated people indicate that they would join a protest march against the corona policy, undoubtedly because they find the measures insufficiently adapted to the current risks. Communication about the necessity and added value of the current measures and a perspective on possible relaxations are therefore desirable. This finding illustrates once again the importance of a corona barometer that establishes thresholds for changes in the measures.

Question 4: How much uncertainty do we have about the situation, and how has our autonomy and relational connectedness evolved?

Physical and psychological health have a complex interrelationship: threats to physical health (e.g., hospitalisation) can affect psychological health (e.g., anxiety), but lingering psychological difficulties (e.g., loneliness) can also have an impact on physical well-being (e.g., sleep). In this wave of measurements various aspects of well-being were questioned. Some of these aspects appear to evolve in a positive direction, others in a negative one. Figure 8 shows that the uncertainty about how the situation will evolve has decreased, but remains fairly high. **Concern about one's own health is stabilizing.** The unvaccinated are less concerned about their health than the vaccinated. For other well-being indicators, we see a different pattern (Figure 9a). For instance, the unvaccinated experience **less autonomy** (i.e., feeling free, feeling able to determine one's own life) and less relational connectedness (i.e., a warm relationship with others). In particular, the unvaccinated experience increasing exclusion from groups they would like to belong to (Figure 9b). These figures point to the growing tensions and even **polarisation** between the two groups in our society. It is also noticeable that the need for autonomy is less fulfilled today than in

December. This growing autonomy frustration, particularly **among young adults** (Figure 9c), is linked to reduced motivation. Because actions are perceived as less meaningful and less proportionate, frustration with our need for autonomy is increasing.

Conclusion: Autonomy, connectedness and uncertainty are all important predictors of (un)well-being. Our autonomy is under increasing pressure. Unvaccinated people are generally less concerned about their health, but feel increasingly excluded. Young adults remain the most vulnerable group that deserves extra attention when considering flexibilities.

Figure 8

Evolution of various sources of uncertainty during the COVID-19 crisis.

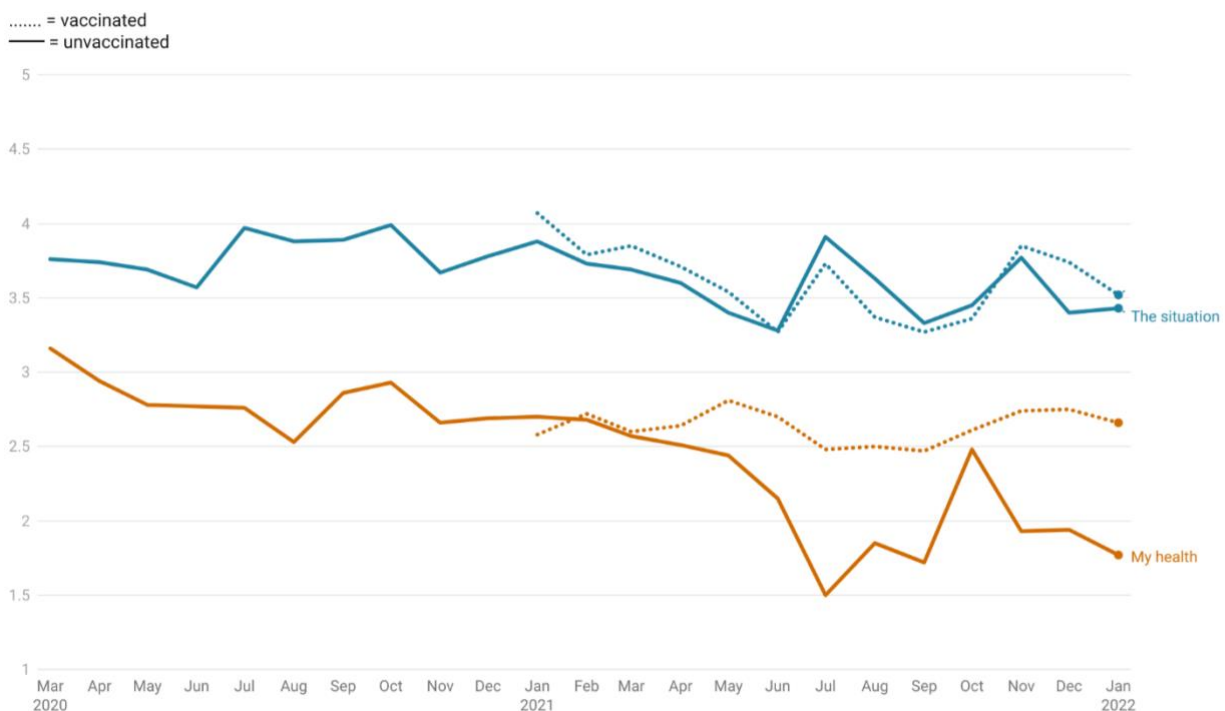
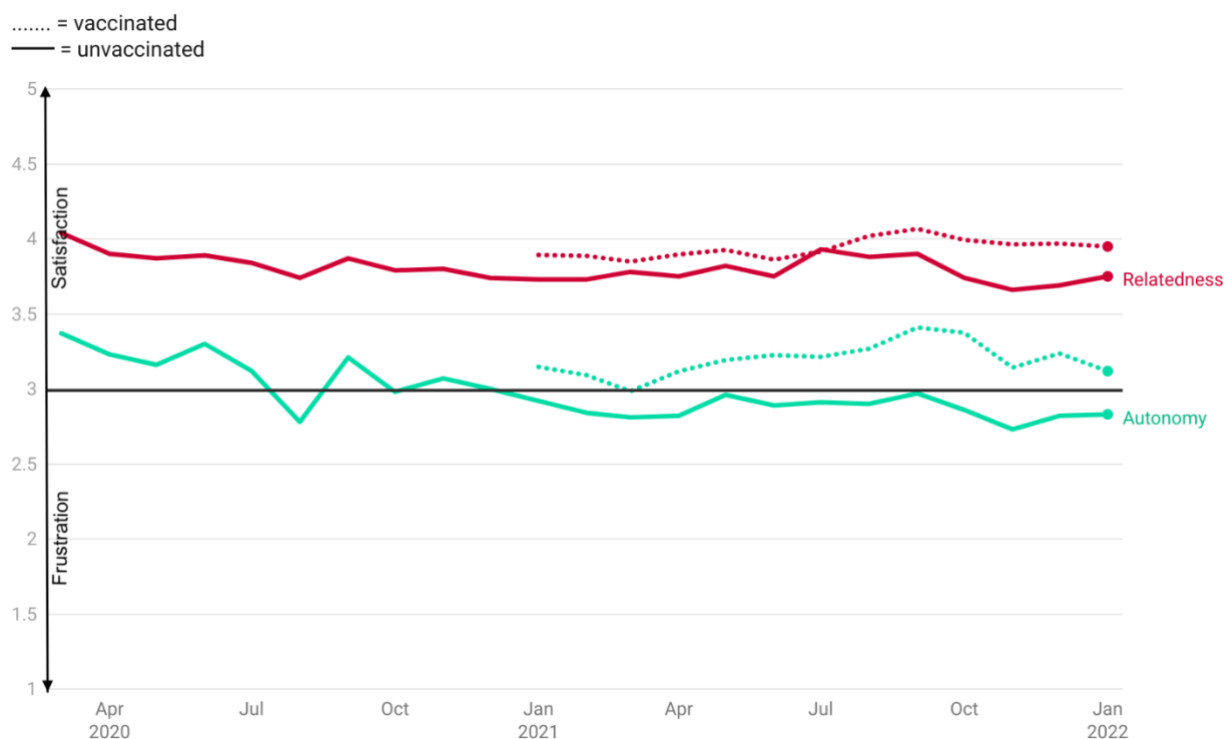


Figure 9a

Evolution in the degree to which basic psychological needs such as autonomy and relational belonging are satisfied

*Figure 9b*

Evolution in perceived exclusion during the pandemic

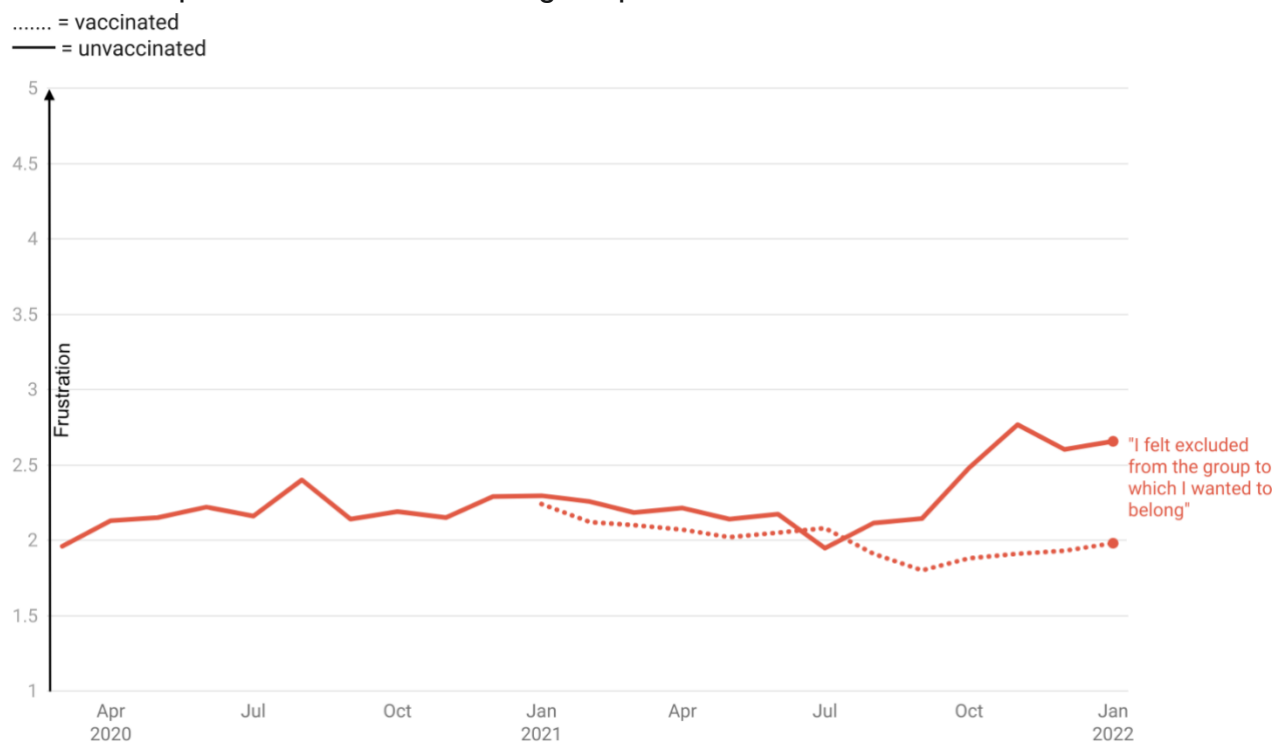
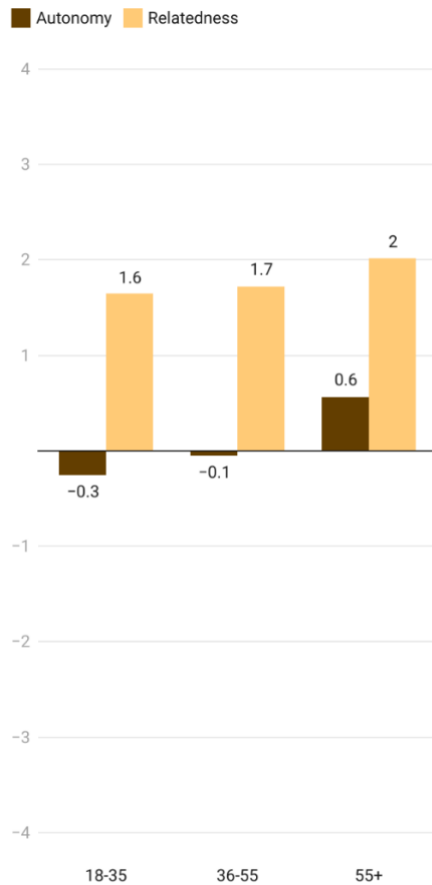


Figure 9c

Average scores for the basic needs for autonomy and relational bonding broken down by age groups. A positive score means that, on average, there is more need satisfaction than need frustration, while a negative score means that need frustration prevails.



Question 5: How have intentions to vaccinate children evolved, what is people's attitude towards booster shots, and is there support for a 1G policy and mandatory vaccination?

The intention to vaccinate (i.e., childhood vaccination, third jab; see Figures 10a and 10b) and the attitude towards a G1 policy and compulsory vaccination were surveyed (see Figures 11a and 11b). The study also examined which factors are associated with a positive attitude towards both (Figure 12).

- *Intention to vaccinate children:* The campaign to vaccinate children has just begun. The willingness of parents to have their primary school children vaccinated (N = 1170 in January) has **decreased slightly compared** to December, with 22% of vaccinated parents having already or (very) definitely will vaccinate their child (Figure 10a). The willingness to vaccinate children is higher among parents who have already been vaccinated themselves, have not yet been infected, are of a higher age and live in Flanders. The figures for accepting a booster shot are more encouraging: **3 out of 4 participants indicate that they have accepted a booster shot or will (very) definitely do so**. Nevertheless, 17% are (very) reluctant to take a third injection (Figure 10b). People who rate the risk of serious consequences after infection as lower are less willing to be vaccinated.
- *Support.* The current support for a general obligation to vaccinate among the vaccinated (51%, Figure 11a) appears to be higher than for the introduction of a G1 policy (42%, Figure 11b). Both vaccinated and unvaccinated people expect the introduction of a G1 policy to be very tense and perceive it as a disguised way of introducing compulsory vaccination.
- *Predictors.* The demand for the introduction of a general obligation to vaccinate is related to the **perceived legitimacy of this** decision. Support for compulsory vaccination has fluctuated between 50% and 60% among vaccinated persons over the past few months. This support is not in itself a stable data set as it partly depends on the fluctuations in other parameters during this crisis. For instance, the **perceived effectiveness of the vaccines and the estimated probability of the severity of an infection** appear to be positively related to the support for compulsory vaccination. The more effective the vaccines are and the more pathogenic a circulating variant, the higher the support for compulsory vaccination (Figure 12)

Conclusion: In light of the figures on vaccination intentions, it is crucial to continue to pay attention to targeted and transparent communication about the importance of booster vaccines and childhood vaccination, taking into account the rhythms and existing attitudes towards vaccination. It is undesirable to deny children freedoms in the absence of vaccination. There is support for compulsory vaccination among up to 50 to 60% of vaccinated

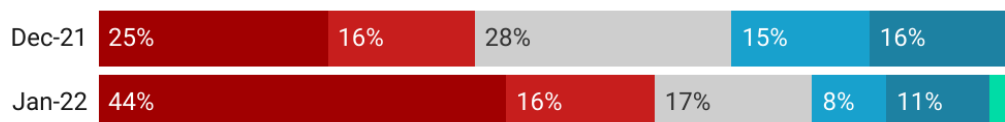
respondents, but support fluctuates in strength according to changes in perceived risk awareness and perceived effectiveness of vaccines.

Figure 10a

Percentages of parents' acceptance of childhood vaccination of primary school children

■ Totally refusing ■ Refusing ■ Doubting ■ Accepting ■ Totally accepting ■ Already vaccinated

VACCINATED PARENTS



UNVACCINATED PARENTS



Figure 10b

Percentages for acceptance of booster vaccination in vaccinated persons

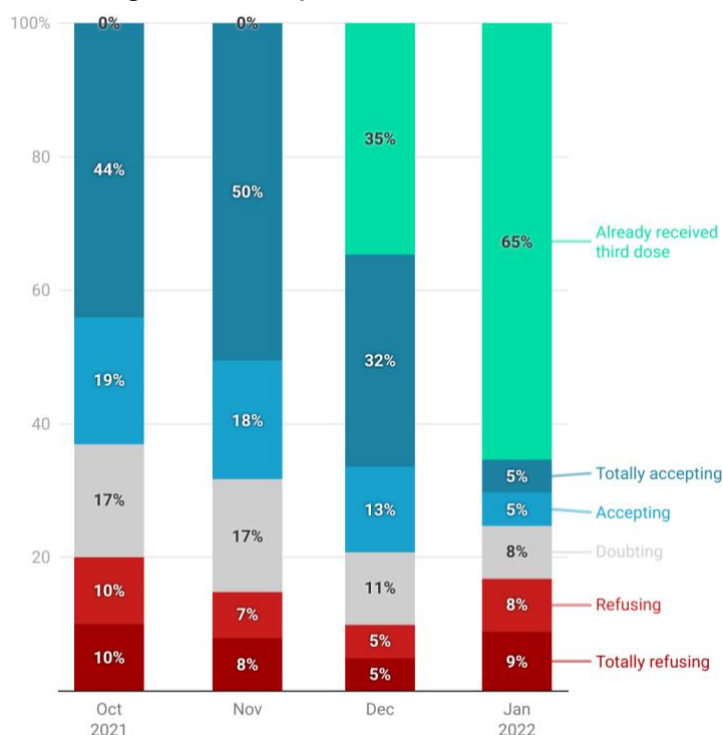
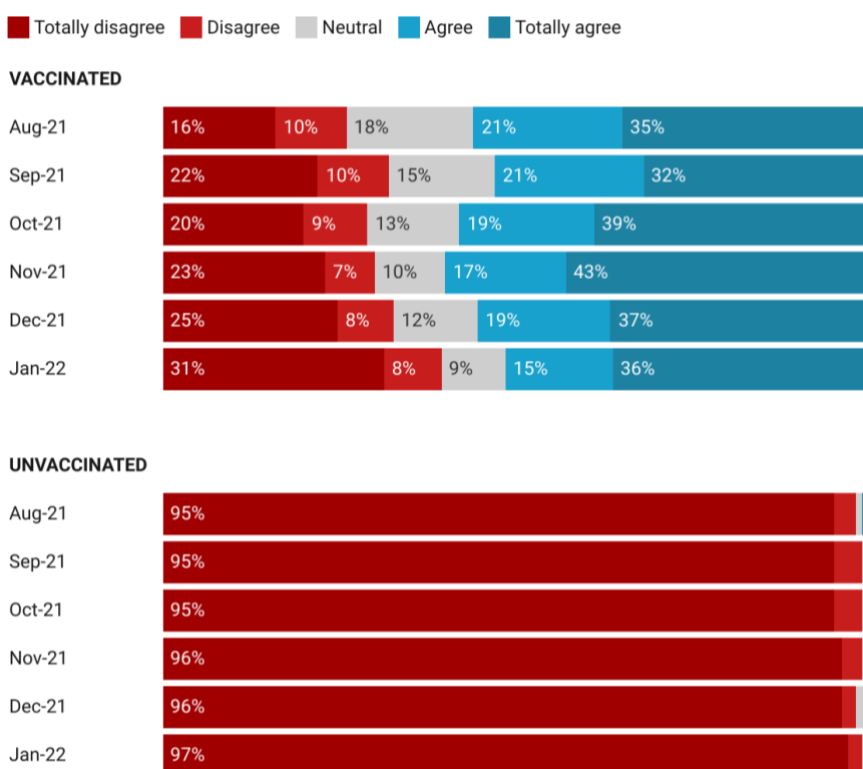


Figure 11a

Percentage of respondents per response category for compulsory vaccination of adults among vaccinated and unvaccinated persons

*Figure 11b*

Percentage of respondents per answer category for a G1 policy and estimated psychological significance.

"I think the 1G policy..."

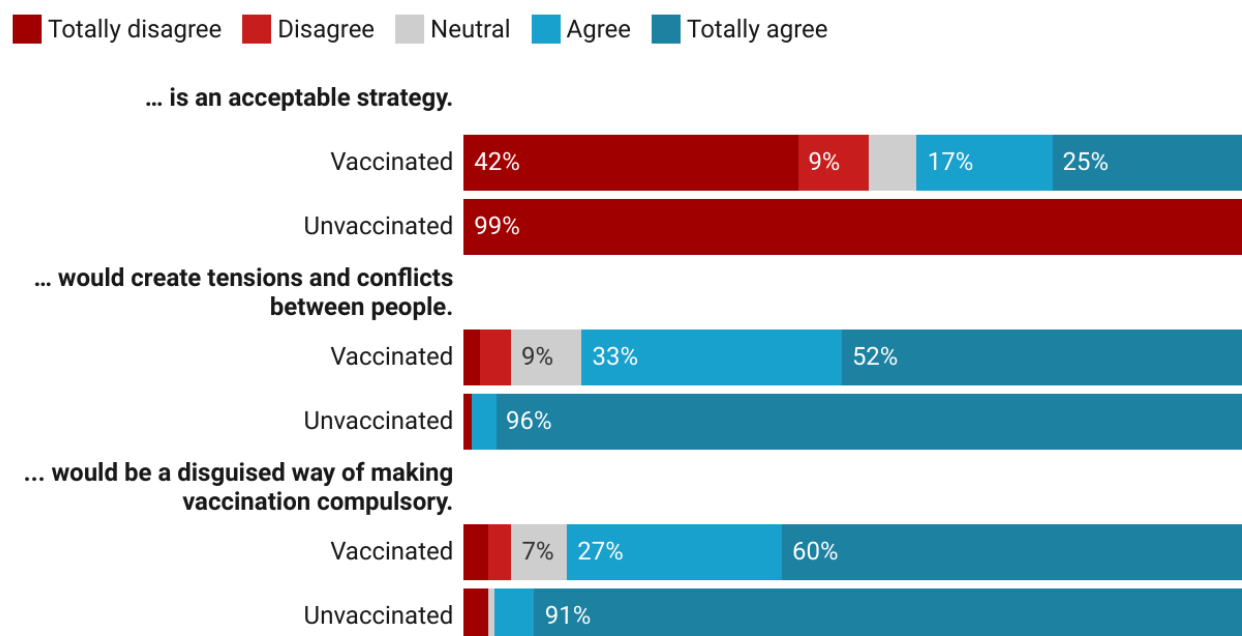
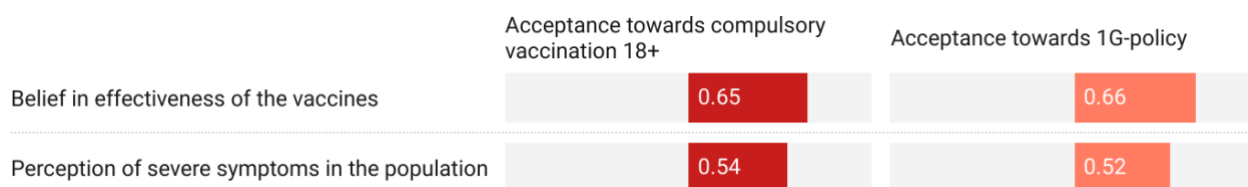


Figure 12

Correlation between risk perception and belief in vaccine effectiveness and support for compulsory vaccination and 1G policy



CONTACT DETAILS

- **Principal Investigator:**
Prof. Dr. Maarten Vansteenkiste (Maarten.Vansteenkiste@ugent.be)
- **Co-investigators:**
Prof. Dr. Omer Van den Bergh (Omer.Vandenbergh@kuleuven.be)
Prof. Dr. Olivier Klein (Olivier.Klein@ulb.be)
Prof. Dr. Olivier Luminet (Olivier.Luminet@uclouvain.be)
Prof. Dr. Vincent Yzerbyt (Vincent.Yzerbyt@uclouvain.be)
- **Development and distribution of the questionnaire:**
Drs Sofie Morbee (Sofie.Morbee@ugent.be)
Drs Pascaline Van Oost (Pascaline.Vanoost@uclouvain.be)
- **Data and analysis:**
Drs Joachim Waterschoot (Joachim.Waterschoot@ugent.be)
Dr. Mathias Schmitz (Mathias.Schmitz@uclouvain.be)

www.motivationbarometer.com



COVID-19 VACCINATION KIT



What is a COVID-19 vaccination kit?

- This toolkit contains resources for parents and carers of children aged 5-11 years who will receive the COVID-19 vaccine.
- Each tip is designed to help your child before, during and after the appointment. Using this toolkit will help you reduce your child's fear of needles and pain.
- Research shows that when you use the resources in this toolkit, your child
 - has less pain now and in the future
 - develop healthy habits that can help in the future

WAYS TO MANAGE PAIN AND ANXIETY



WHAT CHILDREN SAY

Children say that needles are their biggest fear when it comes to health care. Our children's fears are real and need to be treated with care. Fears can affect children in the long term.



WHAT PARENTS SAY

Caregivers do their best to relieve children's pain. Parents trust that health care providers will do their best. They have a responsibility to provide health care in the best way possible.



TAKE THE TIME

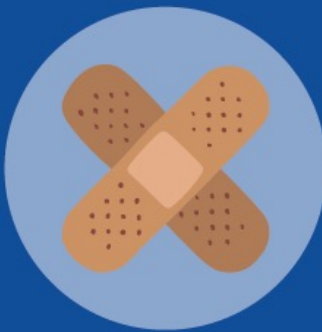
There is evidence that when a child receives a vaccine, you can ease the pain with

- positive language
- a comfortable position
- distraction
- anaesthetic ointment



MEMORY

Memory is a powerful tool for how a child experiences future pain. Using positive language can change a child's memory of the vaccine.



PHYSICAL RESPONSE

Untreated needle pain can increase susceptibility to future pain. It can lead to the development of a pre-procedural fear and/or phobia of needles. This fear may persist throughout life.



PREVENTIVE ACTIONS

Children whose pain has not been treated during a medical procedure will have fewer opportunities for preventive health care later in life. They will be less likely to comply with recommended vaccination schedules.

COPING WITH THE PAIN OF NEEDLE STICK: A GUIDE FOR PARENTS AND HEALTH CARE PROVIDERS

1.

Be confident. If you are anxious, try to remain calm when discussing the vaccine with your child before, during and after the injection. Parent/caregiver anxiety can make the child's experience more stressful. Be a calm and supportive role model for your child. Watch your body language and voice. If you stay calm, your child will have a better experience. However, if you feel that you will not be able to control your anxiety or discomfort, do not hesitate to entrust your child to another trusted family member or friend. If you or your trusted person stay calm, your child will have a better experience.



2.

Prepare your child. Tell your child what to expect. This may be days, hours or minutes before the vaccine. Tell them what you will both do to make the experience as positive as possible. Remind them of things they have experienced in the past. Explain what everyone's role is during the vaccination. **Example:** *"Your job is to sit still. My job is to hold your hand. The nurse's job is to give you the vaccine."*



3.

Language. The words you use are important. Point out what they do well. Stay positive. **Example:** *"You are doing very well sitting still"*. Use words to distract your child. Tell stories, make funny noises, sing songs. Be creative! Avoid expressions such as *"I know"*, *"I'm sorry"* or *"It's almost over"*, which can cause anxiety. They can increase the feeling of pain.



4.

Think comfort. Ask your doctor and pharmacist for an anaesthetic ointment and apply it to your child's arm before the vaccination. Bring toys/electronics to distract them. Let your child sit on your lap. Hold your child's hand. If possible, allow your child to choose how to sit. Talk to your child about these techniques before the vaccination and ask him or her what s/he prefers, make choices together. They will then know what to expect and have a sense of control of the situation.



5.

Reminder. Your child's pain is influenced by the way we talk about it. By pointing out what went well, you can create more positive memories of the vaccination. This can help the next vaccination go smoothly. Remind your child of the good things that happened to reinforce positive memories. Make the vaccination an experience as good as possible for the child. **Example:** Give your child a small reward (like a sticker) after the vaccination.



LANGUAGE GUIDE :

HOW TO TALK TO YOUR CHILD ABOUT VACCINATION

Studies show that the way we talk to children about vaccines affects their understanding. Our words can also influence how easy they will find future vaccinations. Here is a guide on how you can talk to your child about vaccines before, during and after the appointment.

BEFORE

Explain what will happen

"You sit in a chair or you sit on my lap. You roll up your sleeve and we watch a show on the tablet, sing a song,... while you get your vaccine. It's normal to feel nervous. It's okay to feel unsafe."

Use neutral words

Use words like: "You may feel something tickling you" or "Your arm may be sensitive afterwards". Words that should be avoided are: "Stick", "Ouch", and "Pain".

Explain the role of each

"The nurse will give you your vaccine". "Mum or Dad will hold your hand", "Your job is to say how you feel, keep your arm still, etc."

Will it hurt?

You can say, "I don't know exactly how you'll feel, but maybe you can tell me how you felt when we've finished."



DURING

Encourage your child

"You are doing a great job sitting still", "You are doing a great job asking questions", "I am proud of the way you are handling this situation".

Use neutral words

"Here it comes" instead of "Here comes the shot". Warning words can cause discomfort, as can the face you make when you say them. They can convey a negative meaning.

Avoid the following

"I'm sorry", "I know", "It's almost over", "Don't worry".

This can cause the child even more stress. These are often false assurances.

Speak in a calm tone

Children respond more positively if their parent/guardian remains calm. Use your normal voice during the vaccination.



AFTER

Be positive

There are many positive points to mention! For example, the friendly caregiver, a distraction object you used, the sticker they received, the playground afterwards, ...

Be realistic

Ask: "How does it feel?" Validate their feelings. If they are exaggerating, you can put them in context and be realistic. Example, *"Yes, you cried a little and you were also very brave when you stood still."*

Remind your child how brave he/she was

This will build their confidence. Tell them how brave they have been by holding out their arm. Or how they focussed on the distraction object (e.g. a toy or a book).

Memory

By focusing on the positive aspects, your child will have a more positive memory of the experience. This will help your child to be less scared next time.



ANAESTHETIC OINTMENT : METHOD OF REDUCING THE PAIN OF THE NEEDLE

What is an anaesthetic cream?

Anaesthetic ointment is a medicine applied to the skin to reduce the pain and discomfort of vaccinations and other injections. It is available as an ointment or a patch.

There are different types of anaesthetic ointments. Ask your doctor or pharmacist if you are not sure what is suitable for your child.



Where can I get it?

The anaesthetic ointment is available in almost all pharmacies.

Ask your doctor for a prescription and get the anaesthetic ointment from your pharmacist in advance.

Talk to your doctor or pharmacist about the product you choose.



How should I apply it?

The ointment or patch should be applied 30–60 minutes before the vaccine. Read the product instructions before use. Follow the instructions to find out how much ointment to apply. This depends on the age of your child and the product you are using. The ointment or patch should be applied to your child's upper arm, where the vaccine will be given. Avoid areas where the skin is broken.



Ask your health professional

- Always consult your health care provider before using any medication.
- Anaesthetic ointments are safe and have few side effects if used as directed.
- You may have whiter or redder skin. This is common.
- More rarely, a skin rash, swelling or hives may occur. These side effects may be signs of an allergy. Remove the ointment immediately and inform your healthcare professional.

Some children cannot use anaesthetic ointment. Tell your healthcare provider before using anaesthetic ointment if your child has any of the following characteristics:

- Open spots on the skin
- Kidney or liver disease
- Sensitivity or allergy to anaesthetics
- G6PD deficiency
- Congenital/idiopathic methaemoglobinaemia



DISTRACTION AND POSITIONING GUIDE FOR CHILDREN AGED 5 TO 11 YEARS

SITTING UP STRAIGHT IS THE BEST



Using a comfortable position can help your child feel more in control. This makes them feel safer and more supported, less likely to hurt themselves and more likely to co-operate during treatment. Sitting is usually the best position for a child to be in when receiving a vaccine. Discuss this with your healthcare professional: there are alternatives to sitting up straight if this is not the best position for your child.

HELD BY A PARENT



Children want to be comforted by their parents or guardians. Letting your child sit on your lap or holding their hand provides physical and emotional support. Ask your carer to help you both find a comfortable position during your child's appointment so that you can stay close. Remember, as a trusted adult, you can help ease your child's anxiety by keeping your body language calm.

DISTRIBUTION



Distracting your child during the vaccination is a proven way to reduce anxiety and pain. Ask your child what toy or object they would like to bring to the appointment.

Examples: A favourite toy, a video or app on a tablet or smartphone, books, breathing techniques, a fidget spinner, a glitter stick, a stress ball,.....

You know your child best. Talk to your health care provider about other techniques that may be helpful for your child.