

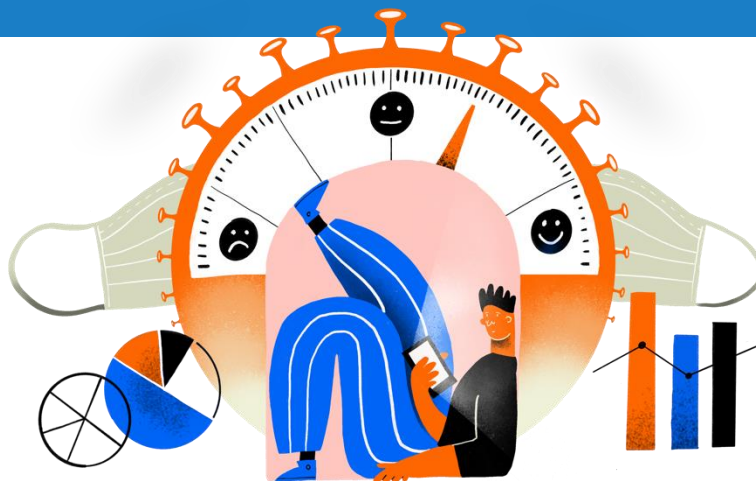
REPORT 38:

Omicron and children's vaccination invited to the holiday celebrations

The motivation barometer

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Reference: Motivatie Barometer (21 December 2021). Omicron and children's vaccination at the end of the year. Gent, Leuven, Louvain-la-Neuve, Brussels, België.



As the holiday season approaches for the second time since the COVID-19 pandemic arrived on Belgian soil, the evolution of the epidemiological situation is unpredictable to say the least. The fourth wave is in a downward phase, although hospitalization levels are still high. The authorities have responded to this in three successive consultative committees. These have been met with a great deal of skepticism by both the media and the public. A new threat is looming with the arrival of the Omicron variant, which all current data indicate is particularly contagious. The administration of a third dose of vaccine, but also the vaccination of children suffering from co-morbidities seem to be necessary responses to this evolution. However, it is clear that although vaccination is necessary, it will not be sufficient. The follow-up of the measures remains a 'must'. In this context, the end-of-year celebrations, which are an occasion for large gatherings, constitute a significant challenge. In view of this situation, this report aims to answer the following four questions:

Question 1: How do motivation and risk perception change?

Question 2. How does the population intend to approach the end of the year celebrations?

Question 3. How does the wellbeing of the population change with the arrival of the Omicron variant?

Question 4. How do parents feel about vaccinating their children aged 5 to 11?

Important messages

- Voluntary motivation to follow the measures increased during the week of December 13. 57% are highly motivated and 25% are moderately motivated to follow these measures.
- The majority of respondents (including non-vaccinated) reported that they wanted to limit the number of contacts to 10 during the holiday season, and 20% to 5 contacts.
- The perception of risk to the general population has increased in recent weeks, although the estimated risk of infection has stabilized since early December.
- The willingness to restrict contact is related to the perceived risk of the virus *to the general population* and not to one's own health.
- 44% of the vaccinated and 19% of the unvaccinated plan to use a self-test and follow health measures during the holiday season. There is very little enthusiasm for using the CST at this time.
- The arrival of the Omicron variant is a source of concern in all categories of the population (but less so among the less educated), as is the health of loved ones (personal health being a less marked source of concern).
- The mental health of the youngest, and to a lesser extent the least educated, appears particularly vulnerable.
- 26% of parents of children aged 5 to 11 are favorable about the idea of vaccinating their child. 23% are doubtful and the rest are moderately or strongly opposed.
- The willingness to have one's child vaccinated is above all linked to a concern about the risks posed by the pandemic to the entire population, and more particularly to those close to them. This autonomous motivation predicts the intention to vaccinate one's children.
- Refusal to vaccinate one's child is primarily due to a feeling that vaccinating children will have little effect on the evolution of the pandemic and to the fear of serious side effects in children

Recommendations

- *Omicron*: It is important to communicate the dangers that the Omicron variant represents for the general population. By using visualizations, people can get a concrete (rather than abstract; e.g., X% more contagious than delta) picture of the contagiousness of this variant. At the same time, it is important to give confidence that with existing or new measures, we can keep the situation under control.
- *Self-testing*: There is a need to make self-testing more readily available for the holiday season (as this is a relatively well accepted measure). Self-testing, while not an absolute sanitary defence, has many advantages. We recommend developing a manual with a step-by-step plan on how to use self-tests for social gatherings. Asking guests to take a self-test before joining a meal or party gives everyone an opportunity to test their health status. This practice encourages everyone to take responsibility for the pandemic while regaining a sense of control over the pandemic. It also promotes mutual respect and social cohesion at this particular time of year.
- *Sanitary measures*: Conversely, it should be emphasized that the various measures proposed, including vaccination, are effective and contribute to the containment of the epidemic by reducing pressure on health care. In this context, it is useful to use if-then projections that show the expected impact of compliance or non-compliance on corona rates. In particular, emphasize the need to track measurements during the holiday season. Encourage more different measures such as CST, self-tests, and measures such as hand washing, ventilation, etc.
- *Vaccination*: The extent to which the various proposed measures, including vaccination, are effective in reducing pressure on the health care system should be clearly communicated. It is important to use very clear visuals to convey this message (e.g., showing how many of the 100,000 vaccinated are admitted to the hospital/ICU compared to the number of 100,000 unvaccinated admitted to the hospital/ICU). The use of visuals and other didactic tools is strongly recommended to communicate the frequency of side effects of childhood vaccination and to situate them in relation to other negative consequences-school closures, learning delays, etc.
- *Well-being*: It is essential to organize more psychological support for the most vulnerable populations (younger and less educated).

General information

- In the last wave, from 2021-12-15 to 2021-12-20, 14276 people (8193 Dutch-speaking (57.39%) and 6083 French-speaking (42.61%)) completed the questionnaire.
- On average, they had a mean age of 46.13 years and 61.5% were female participants.

Vaccinated people

- N = 11977
- Average age = 46.09 years (62.5% female, 60.8% Dutch speaking, 46.6% Master's level)
- Employment status: 59.9% full-time, 16.1% part-time, 3% unemployed, 3.5% students and 15.3% retired.
- 21.8% have been previously infected.

Unvaccinated people who have already been infected.

- N = 770
- Average age = 43.39 years (57.4% female, 38.6% Dutch-speaking, 35.7% Master's level)
- Employment status: 67.8% full-time, 16.4% part-time, 4.7% unemployed, 2.3% students and 5.2% retired.
- 42.52% of the non-vaccinated.

Unvaccinated persons who have not been infected.

- N = 1041
- Average age = 45.94 years (56.6% female, 39.7% Dutch-speaking, 31.4% Master's level)
- Employment status: 58.9% full-time, 14.7% part-time, 5.5% unemployed, 1.8% student and 13.5% retired.
- 57.48% of non-vaccinated.

Question 1: How does motivation and risk perception change?

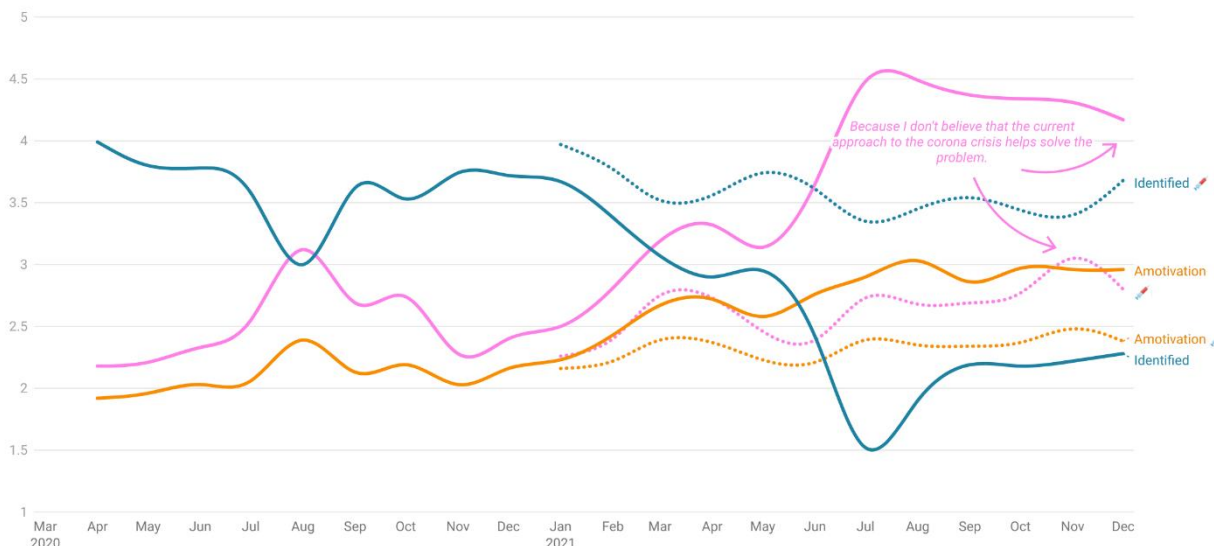
As in previous waves, we were interested in the evolution of motivation to follow the different health measures (hand washing, reducing social contact, wearing a mask, maintaining interpersonal distance). Overall, **the level of voluntary motivation has jumped significantly**, at least among those vaccinated (blue dotted line in the Figure 1 below), since the last wave. At the same time, the level of amotivation, again among vaccinated individuals, has dropped significantly (yellow dotted line below). Things are more stable among unvaccinated people. Overall, people are more motivated: they once again consider the measures to be meaningful to them and comply with their values. The arrival of the Omicron variant is probably related to this development. In terms of percentages, 57% are strongly and 25% are somewhat motivated to comply with the measures.

Figure 1a

Evolution of voluntary motivation and amotivation in vaccinated and unvaccinated individuals during the COVID-19 crisis in Belgium.

Evolution in identified motivation and amotivation during the COVID-19 crisis in Belgium

The Motivationbarometer



Box 1: Type of motivations to follow health measures

- Voluntary or autonomous motivation: indicates the extent to which an individual is fully convinced of the added value of health measures.
- Amotivation: describes a state of discouragement and helplessness when the efforts made or the overall strategy does not lead to the desired result.

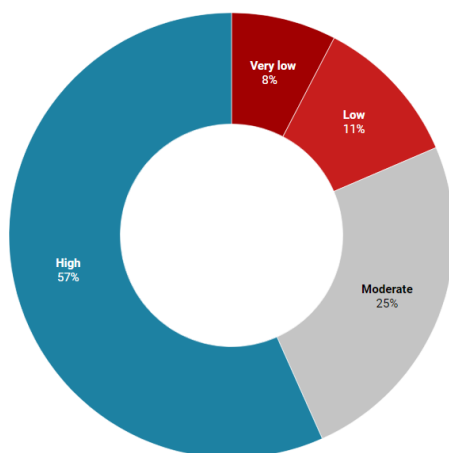
Figure 1b

Percentage distribution of autonomous motivation scores (last wave of measurement)

Motivation among vaccinated participants

The Motivationbarometer
N= 11 977
15 - 20 December, 2020

Very low Low Moderate High



Percentages are weighted for age group, gender, education level and region

We also distinguished between the perceived risk of COVID-19 to self and to the population as a whole. As can be seen in Figures 2a (risk of infection) and 2b (risk of severe symptoms), vaccinated individuals report much higher levels of risk than unvaccinated individuals. In general, perceptions of risk of infection have increased in recent weeks, although perceptions have stabilized since early December. Respondents believe that the risk of infection is higher for the population than for themselves,

Figure 2

Changes in indicators of perceived risk of infection and severe symptoms for self and the general population throughout the crisis.

Figure 2a: Estimated chance to be infected

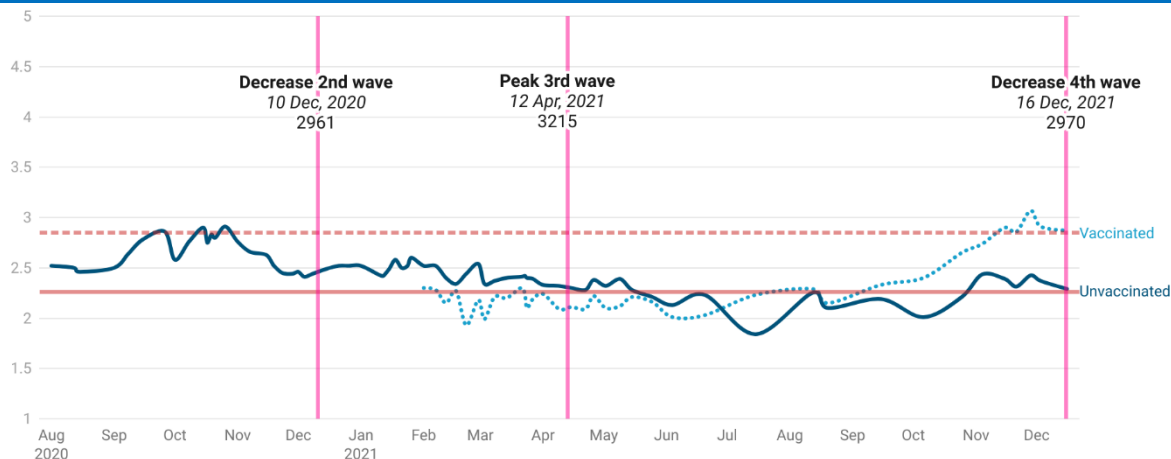
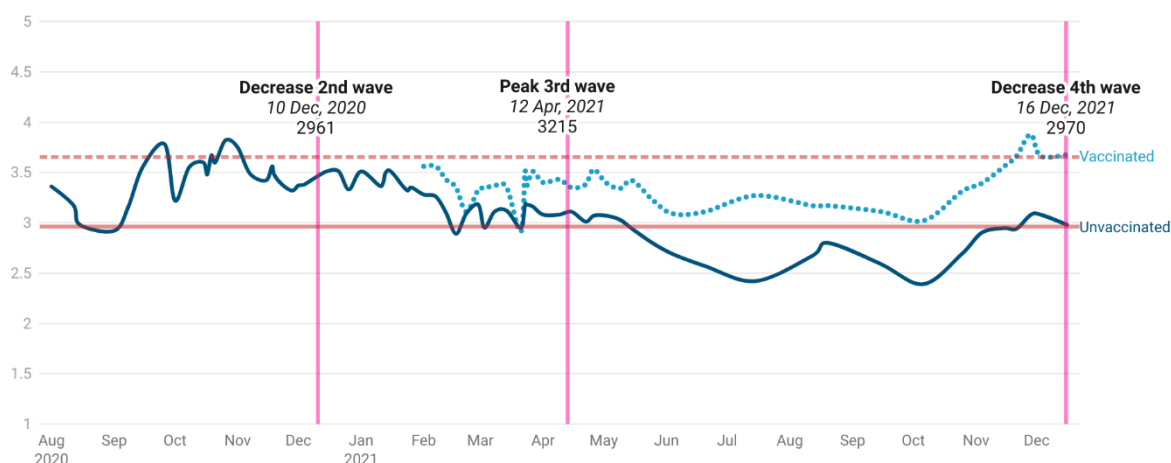
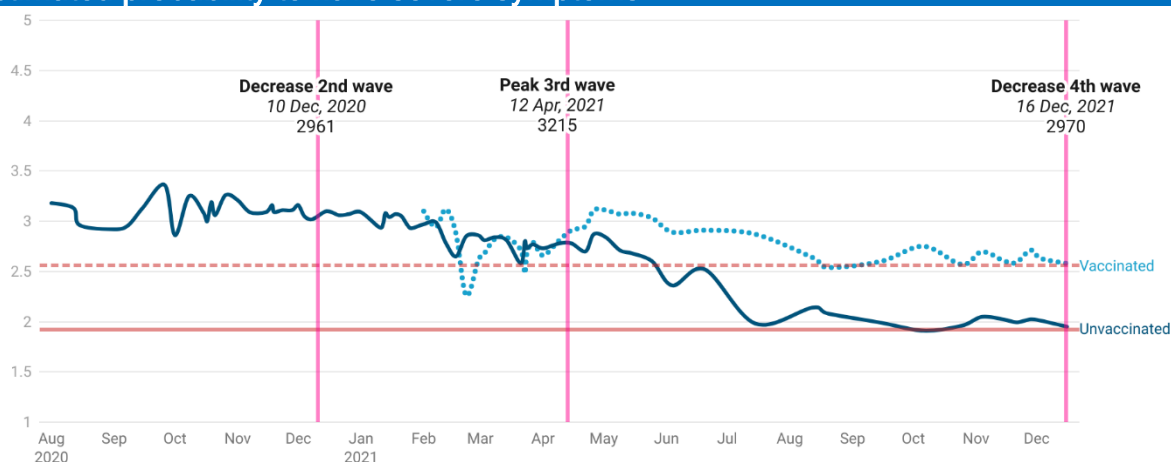
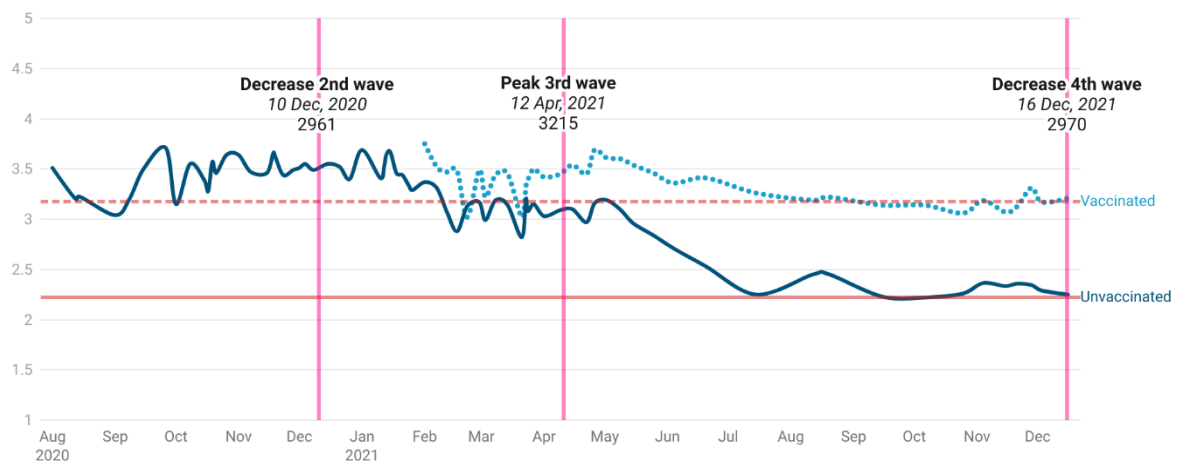
Personal**Population**

Figure 2b: Estimated probability to have severe symptoms

Personal

Population

Question 2: How does the population intend to approach the end of year celebrations?

One of the most important issues at this time of year is how people approach the holiday season, with all the family, friends and even co-workers that goes along with it.

Among respondents who agree to answer the question of the most contacts they intend to have at a holiday event, approximately $\frac{1}{4}$ (both vaccinated and unvaccinated) say they want to limit themselves to fewer than 5 contacts and 70% to stick to no more than 10 contacts. The maximum number of contacts reported for this event decreases with older age and increases with education. In contrast, there was little difference according to vaccination status, unlike other attitudes (see Figure 3). **It also appears that people who evaluate the risk of (serious) contamination for others as higher and those who are more convinced of the importance of measures are more likely to limit their social contacts during the vacations.**

Figure 3

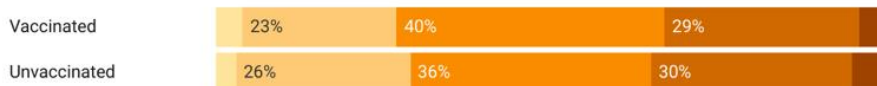
Expected number of contacts by vaccination status, age and education level

Think about the moment during the Christmas holidays when you will meet the highest number of people.

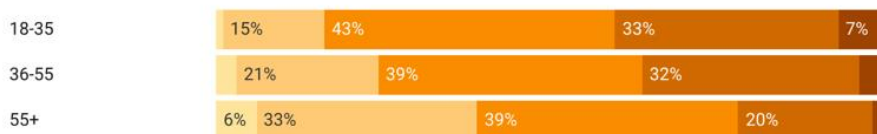
With respect to this moment...

0 1-5 6-10 11-20 >20

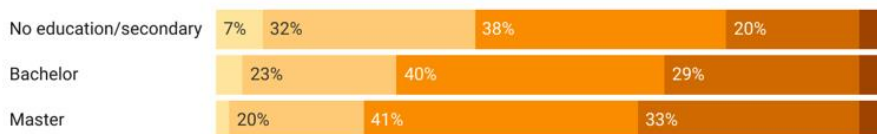
Vaccination status



Age group



Education level

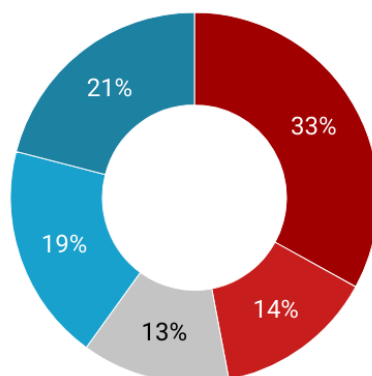


We also looked at attitudes toward STC and self-testing, two provisions to combat the spread of the virus during the holiday season. As can be seen in the Figure 4As can be seen in the table, overall, there is much more support for self-testing (40% agreement) than for STC (16% agreement).

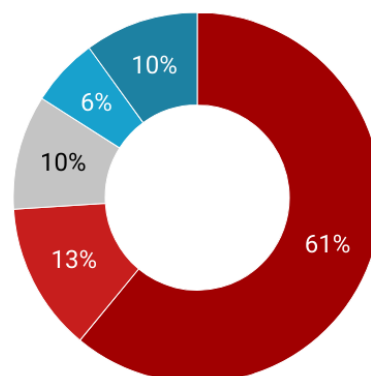
Figure 4

Planned use of self-tests and CST

Totally disagree
Disagree
Neutral
Agree
Totally agree



doing a self-test



using CST

The Figure 5 and

Figure 6 detail attitudes according to vaccination status, age and education level. Looking at reactions in different age groups, self-testing is more popular among 18-35 year olds than in other age groups, while CST is somewhat less rejected among those over 56. While 44% of vaccinated individuals plan to use a self-test, this figure is 19% among the non-vaccinated. Greater acceptance of self-testing and less rejection of CST is also seen among those with higher education and among the vaccinated.

An important difference between self-testing and CST is that the former offers greater flexibility (and therefore a sense of control) and may therefore seem more appropriate to one's changing personal situation in the last few days than CST, which is usually based on a vaccination that is several months old and does not fully protect against infection. Self-testing also offers the possibility of managing private events on the basis of agreement and mutual trust between the parties. These characteristics are likely to promote a dialogue within the population and strengthen cohesion within family and friendship circles.

Figure 5

Anticipated use of CST at the largest meeting (holiday season) based on vaccination status, age, and education level

Are you planning to use the Covid Safe Ticket?

Totally not Not Neutral Agree Totally agree

Vaccination status



Age group



Education level



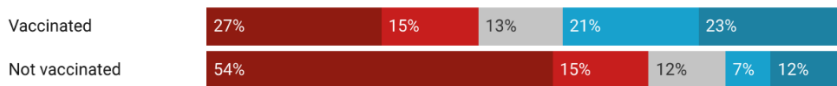
Figure 6

Attitudes toward self-testing at the largest meeting (holiday season) by vaccination status, age, and education level

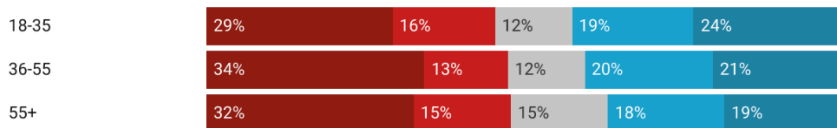
Are you planning to take a self-test?

■ Totally not ■ Not ■ Neutral ■ Agree ■ Totally agree

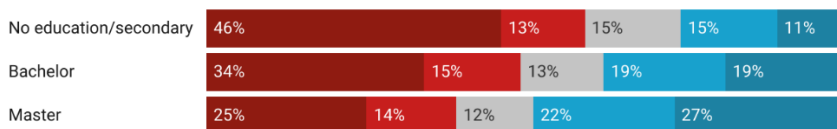
Vaccination status



Age group



Education level



Question 3: How does the well-being of the population change with the arrival of the Omicron variant?

The COVID-19 pandemic has dealt a series of blows to the well-being of the population: suffering from the disease, seeing loved ones suffer or even die from it, having to isolate oneself socially, fearing not being able to work anymore or having an insufficient income, these are some of the threats that have affected the well-being of many Belgians since 2020. We looked at different indicators to assess the well-being of the population. A first set of indicators concerns *uncertainties* in relation to four domains: the current situation in general, one's health, one's relatives, and one's financial situation. We have added uncertainty about the Omicron variant as an additional source of uncertainty. The following indicators of *mental health* are divided into three aspects: depression, anxiety and life satisfaction. Finally, we also examine in the barometer the satisfaction of *basic psychological needs*, namely the need for autonomy, competence and social connections.

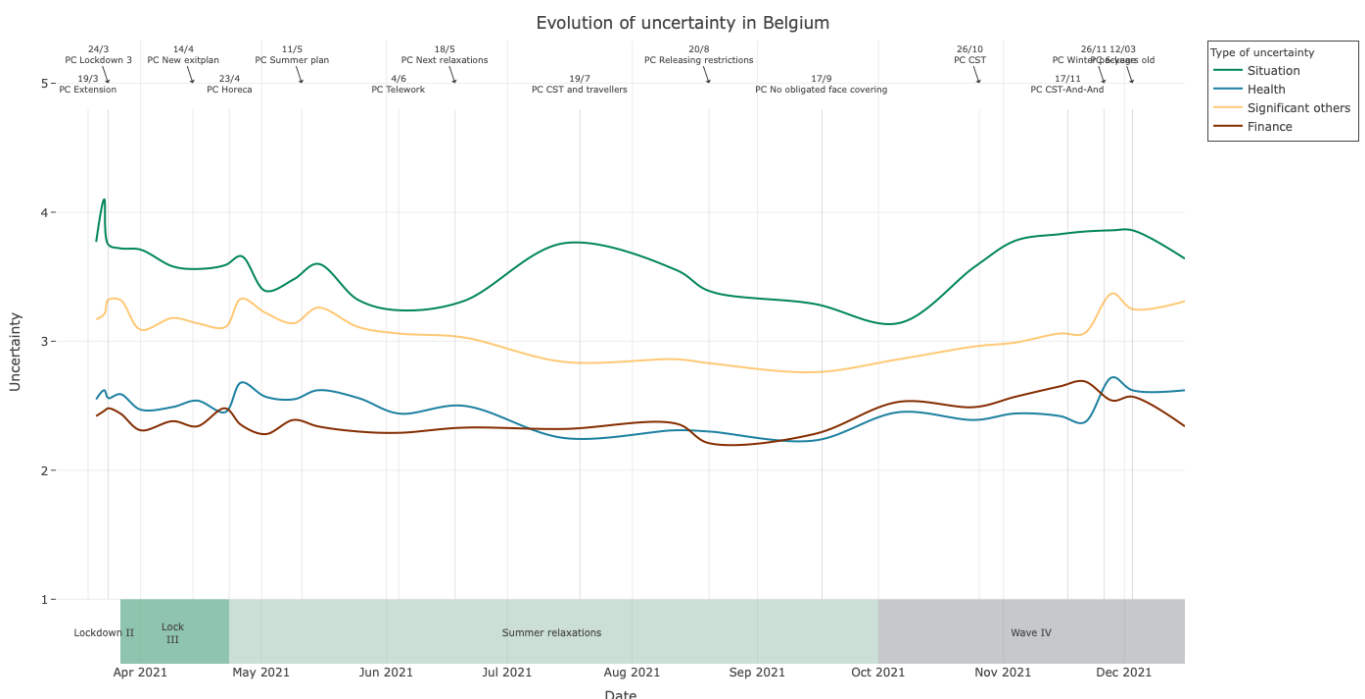
In this section, we examine the evolution of indicators over time. We also zoom in on the data collected from December 15 to 19 in order to highlight different responses according to vaccination status, age, and education level.

Evolution of the sources of uncertainty

During the summer and until October, the various uncertainty indicators had decreased significantly, bringing us back to the figures that preceded the third wave of contaminations in early 2021. During the first half of October, these indicators started to rise again to reach a peak at the end of November at the time of the three consultative committees which followed each other very closely and which were characterized by unclear decisions and sometimes inconsistent with the epidemiological situation. The measures taken between 15 and 19 December show a very slight improvement in the uncertainties in relation to the overall situation and in the financial uncertainties (

Figure 7). Overall, it should be noted that the uncertainty indicators are currently at high levels compared to the different moments of the pandemic. In addition to four indicators that have been examined since the beginning of the pandemic, the latest motivation barometer considers uncertainties about the **Omicron variant**. Nearly half of respondents (49%) are concerned or very concerned about this new source of uncertainty. Slightly more than half (52%) are concerned about the health of their loved ones and almost 2/3 (65%) are concerned about the current situation in general.

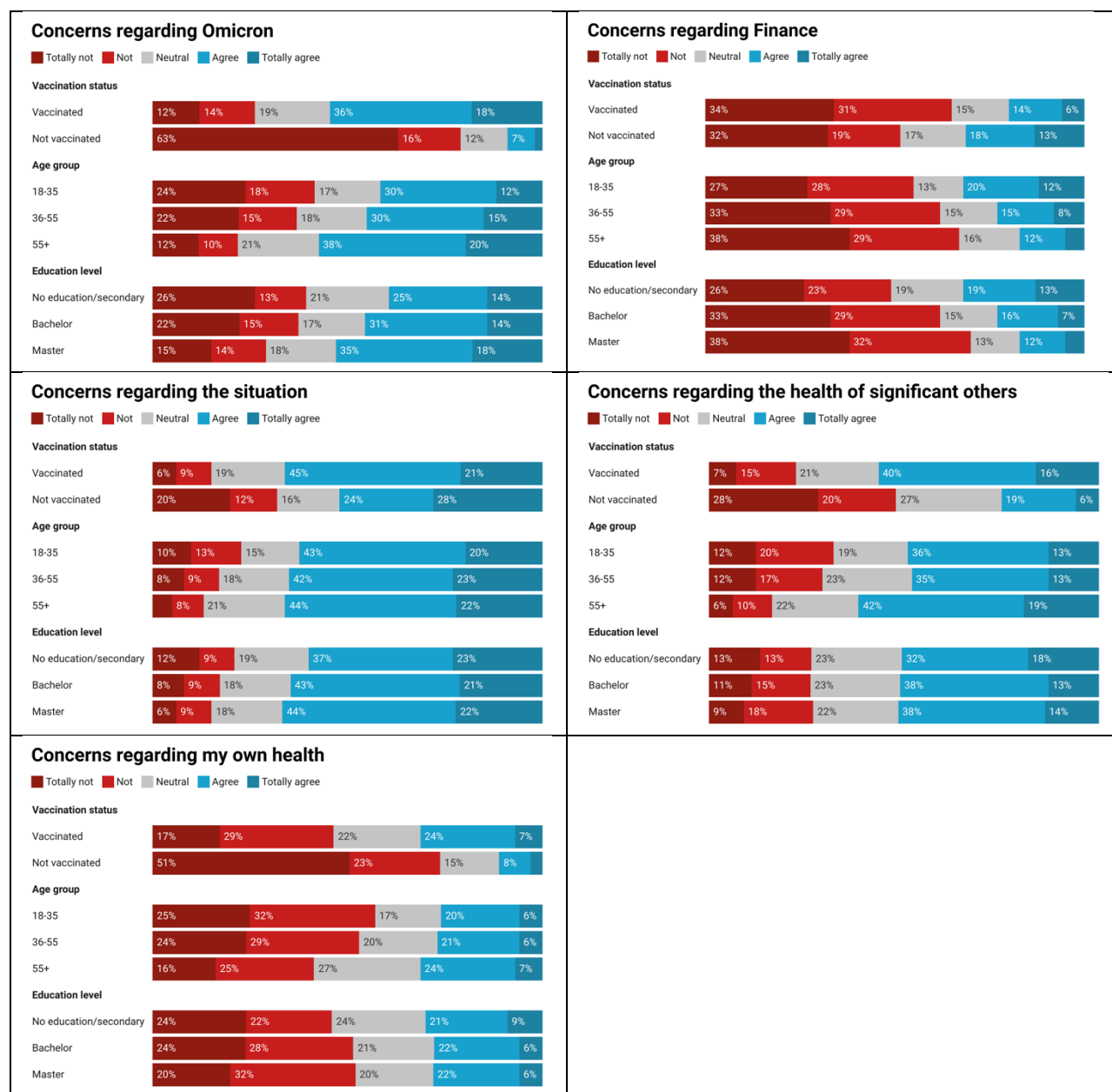
Figure 7
Evolution of uncertainty during the covid crisis.



Variations in uncertainty levels by vaccination status, age, and education level

Figure 8

Sources of uncertainty by vaccination status, age, and education level.



There are some important variations in the current sources of uncertainty based on vaccination status, age, and education level.

Vaccination status: Unvaccinated people are significantly less concerned about the arrival of the Omicron variant than vaccinated people. They were also less concerned about the health of their family members and their own health. However, they seem to be more concerned about their financial situation.

Age: Concerns about the current situation are similar by age. However, older respondents (56+) are more concerned than younger respondents about their health (31%), the Omicron variant (58%) and the health of their loved ones (61%). They are less concerned about their financial situation (see Figure 8).

Education: More educated individuals are more concerned with the Omicron variant. Access to this information may be more important for people with a higher level of education. It therefore seems urgent to implement information campaigns on the highly contagious nature of this new variant. Finally, it should be noted that people with lower levels of education experience more financial anxiety. These figures are probably related to the income levels of these different target groups and indicate the delicate financial situation of a part of the population.

With regard to the arrival of the Omicron variant, we observe that this topic is of concern only to 39% of respondents with a high school diploma, but 45% of those with a bachelor's degree and 53% with a master's degree. It can be assumed that access to information is more important among people with a high degree. It therefore seems urgent to set up information campaigns on the particularly contagious nature of this new variant of the disease.

Evolution of basic psychological needs

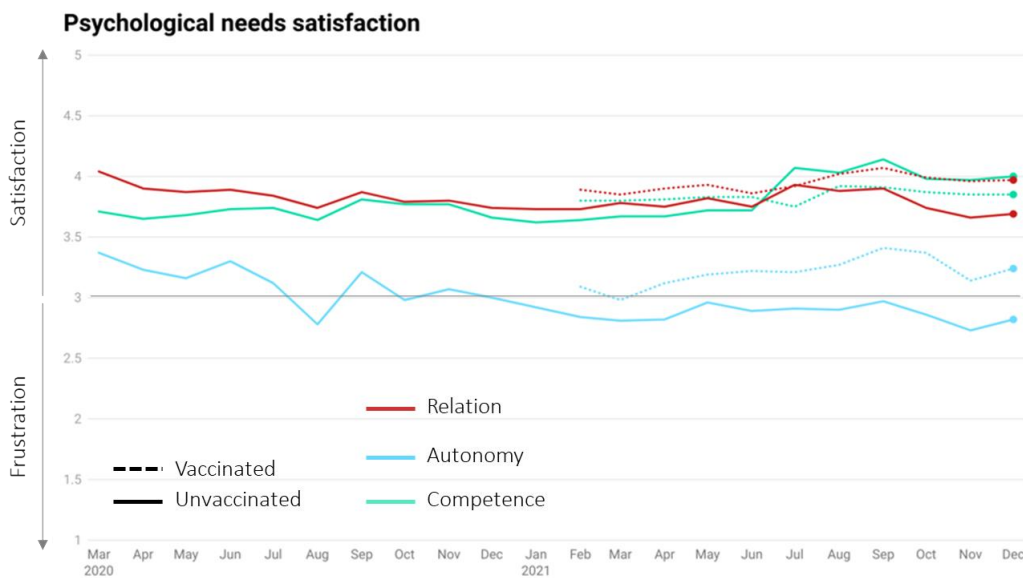
In this section, we are interested in the satisfaction of different psychological needs: the need for competence (feeling efficient, competent, etc.), the need for autonomy (feeling free, able to control one's life, etc.), and the need for affiliation (feeling socially connected to others). The need for autonomy was severely undermined by the many restrictions during the pandemic. After extremely low levels in November, the latest barometer shows a slight increase in the satisfaction of this need, which seems to be gradually returning to the level of October when the fourth wave began (who feel increasingly excluded from the groups to which they would like to belong. These figures indicate the growing tension and even polarization between the two groups in our society.

Figure 9 (top panel). Non-vaccinated people clearly feel less autonomy in their daily life than vaccinated people. The other two psychological needs (competence and social relationships) show more stability over time. In the lower panel of the who feel increasingly excluded from the groups to which they would like to belong. These figures indicate the growing tension and even polarization between the two groups in our society.

Figure 9), there is a clear difference between the vaccinated and the non-vaccinated with respect to the satisfaction of the feeling of affiliation: among the vaccinated, this need is more satisfied than among the non-vaccinated (the former feel less excluded than the latter), who feel increasingly excluded from the groups to which they would like to belong. These figures indicate the growing tension and even polarization between the two groups in our society.

Figure 9

Changes in the satisfaction of basic psychological needs (top) and a specific item on social exclusion (bottom) according to vaccination status



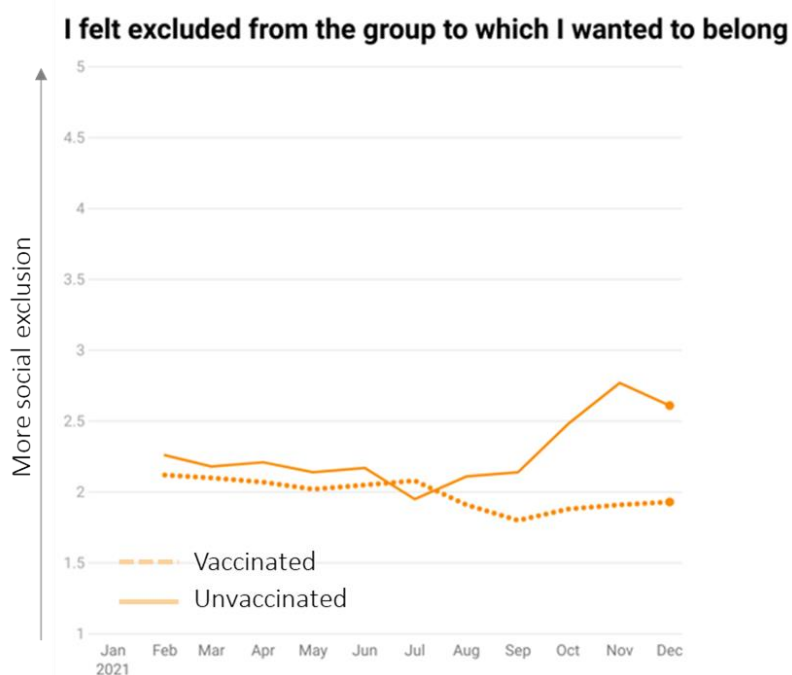


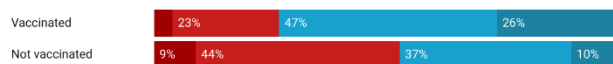
Figure 10

Meeting basic psychological needs by vaccination status, age, and education level

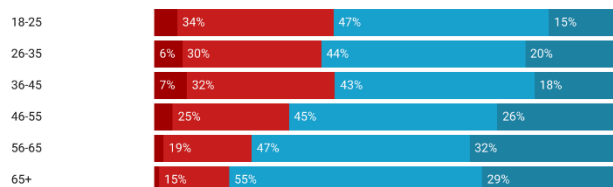
Autonomy

Very low Low Moderate High

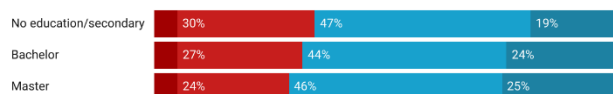
Vaccination status



Age group



Education level



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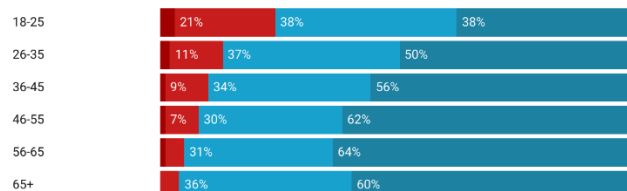
Competence

Very low Low Moderate High

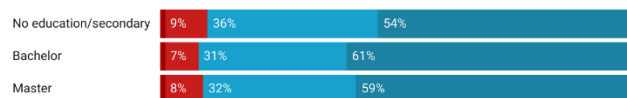
Vaccination status



Age group



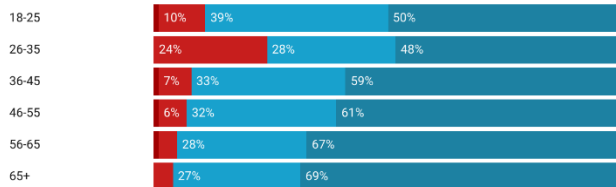
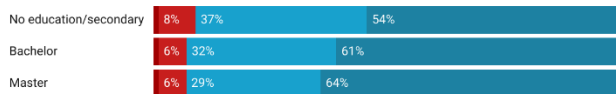
Education level



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Relatedness

Very low Low Moderate High

Vaccination status**Age group****Education level**

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Mental health status according to vaccination status, age and education level

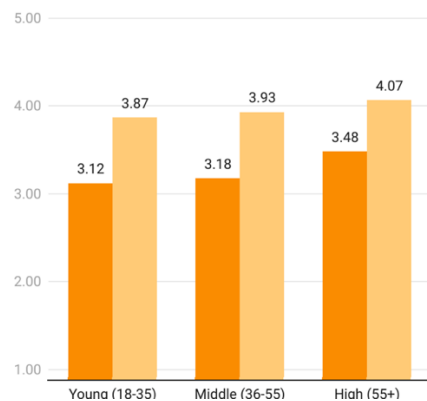
Some groups are clearly more fragile than others. It appears that the older generations feel significantly more autonomy and affiliation than other age groups (Figure 11). These age differences are also evident in terms of general well-being: older generations are the most satisfied with their lives and have the fewest symptoms of depression and anxiety, while younger adults show the opposite pattern.

Figure 11

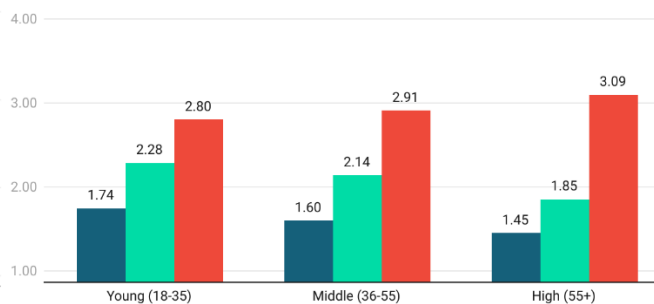
Mental health indicators by vaccination status, age and education

Psychological Needs by age group

Autonomy Relatedness

**Well-being by age group**

Depressive symptoms Anxious symptoms Life satisfaction



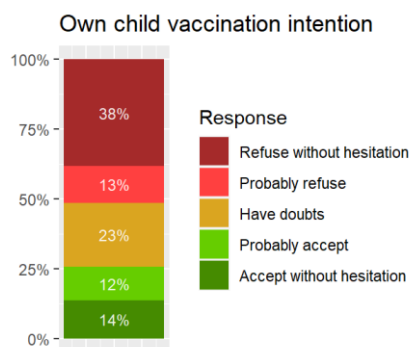
Question 4: How do parents feel about vaccinating their children aged 5 to 11?

A debate that has taken center stage in the media and that obviously mobilizes experts and policy makers concerns the vaccination of children, particularly those aged 5 to 11. This question is rich in epidemiological and ethical issues. We examined the responses to this question from people who reported having at least one child aged 5 to 11 years living in their household (N = 3270, mean age = 40.37, 68% female, 85% vaccinated). As shown in the

Figure 12, half of the respondents (51%) probably or definitely refuse, almost a quarter (23%) doubt and the rest (26%) agree.

Figure 12

Reaction to an invitation to vaccinate your child (aged 5-11 years)



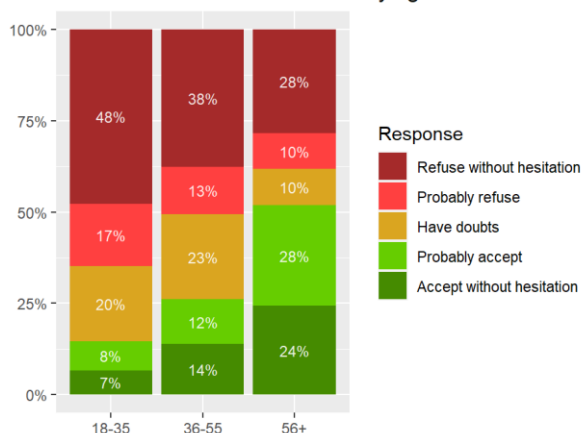
This distribution did not vary between the two sexes. On the other hand, reactions are very different according to age group (with obviously a very small number of respondents in the 56+ category), level of education, presence of co-morbidity, having experienced a death in the family or among close friends **and, not surprisingly, even more so according to the vaccination status of the parent** (

Figure 13). For those who are already vaccinated, some 40% are opposed to vaccinating their child aged 5 to 11 years, while 28% of respondents are hesitant and 32% accept or accept without hesitation.

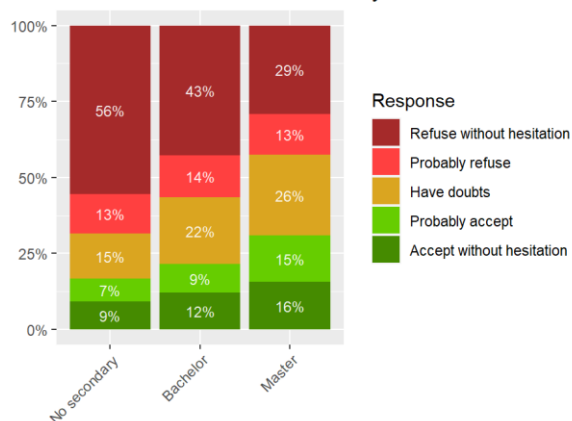
Figure 13

Reaction to vaccination of their child (aged 5-11 years) by age, education level, respondent comorbidity, vaccination status, and death of a relative.

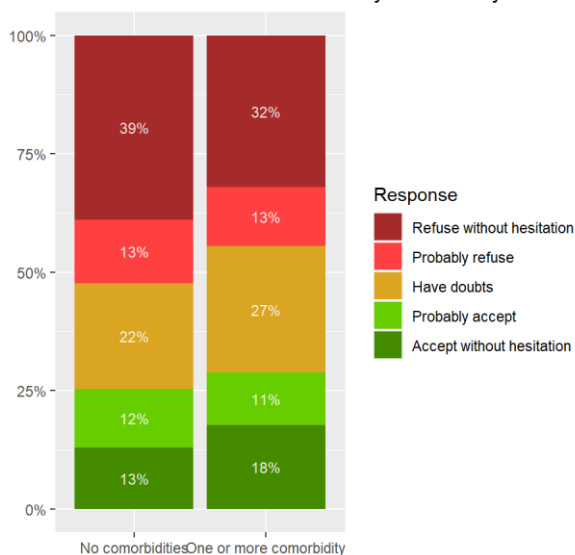
Own child vaccination intention by age



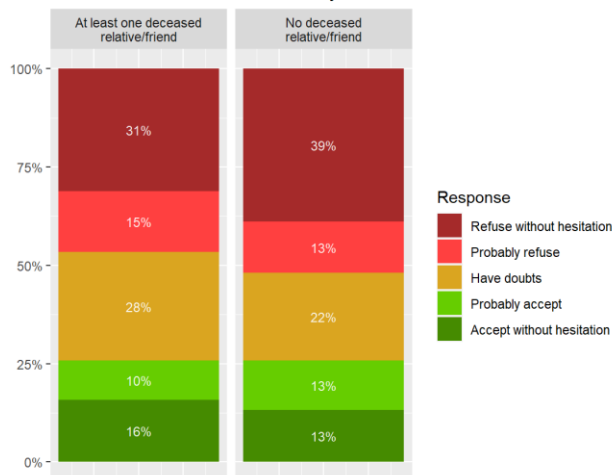
Own child vaccination intention by education



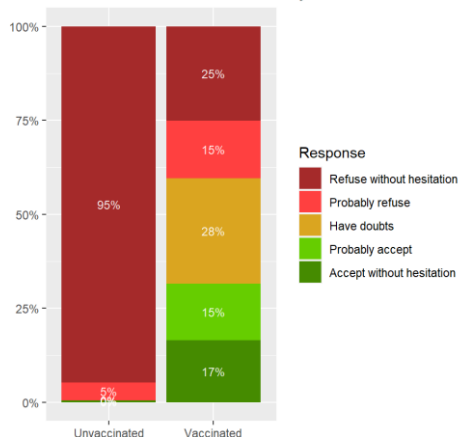
Own child vaccination intention by comorbidity



Own child vaccination intention by deceased relative/friend



Own child vaccination intention by vaccination status



In general, respondents expressed mostly mistrust of childhood vaccination and reported a rather low level of voluntary motivation. Unsurprisingly, while mistrust is a barrier to

childhood vaccination, voluntary motivation is what drives the desire to have one's child vaccinated (Figure 14).

Figure 14

Relationship between different types of motivation and intention to vaccinate one's child.

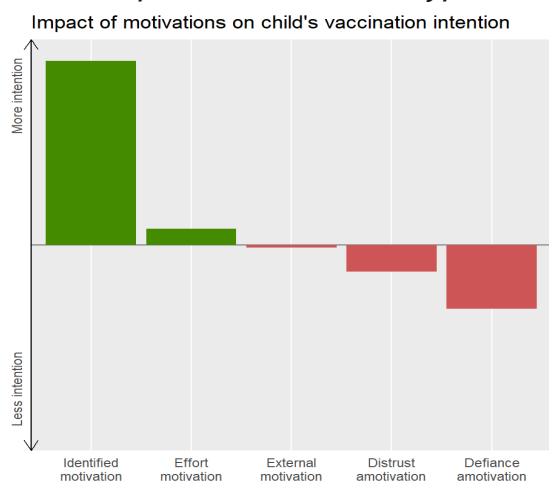
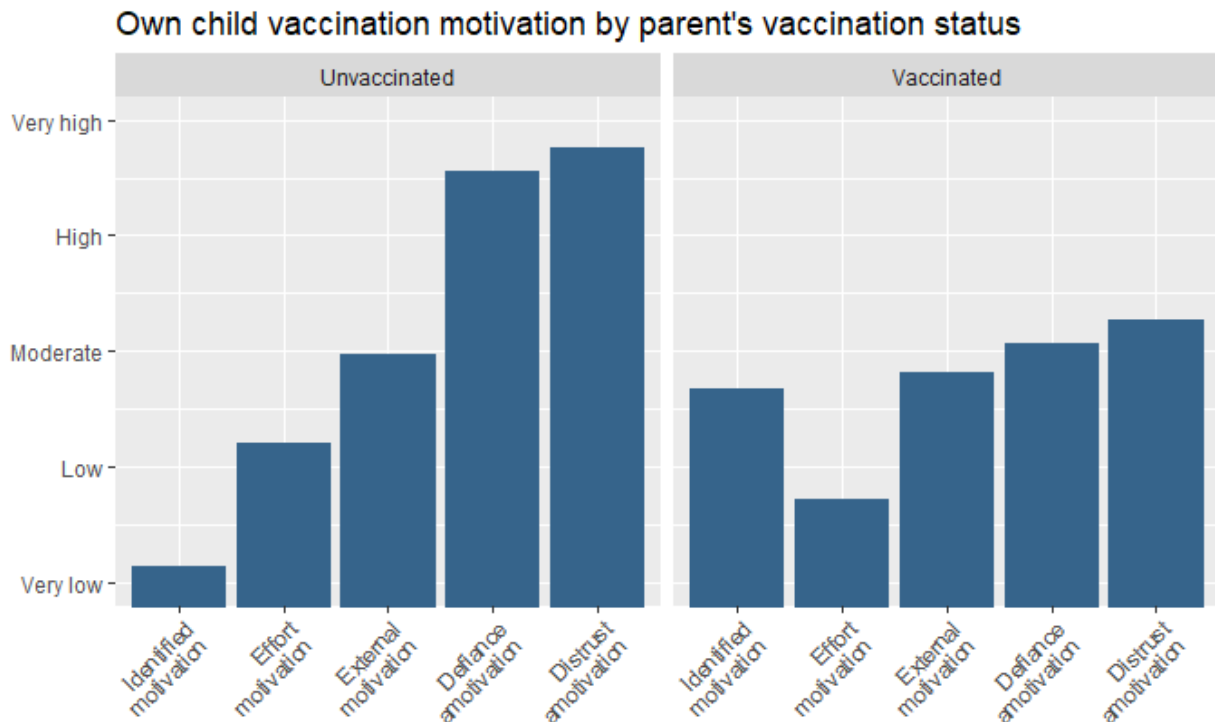


Figure 15

Motivation to vaccinate one's child (aged 5-11 years) according to the type of motivation and the vaccination status of the parents

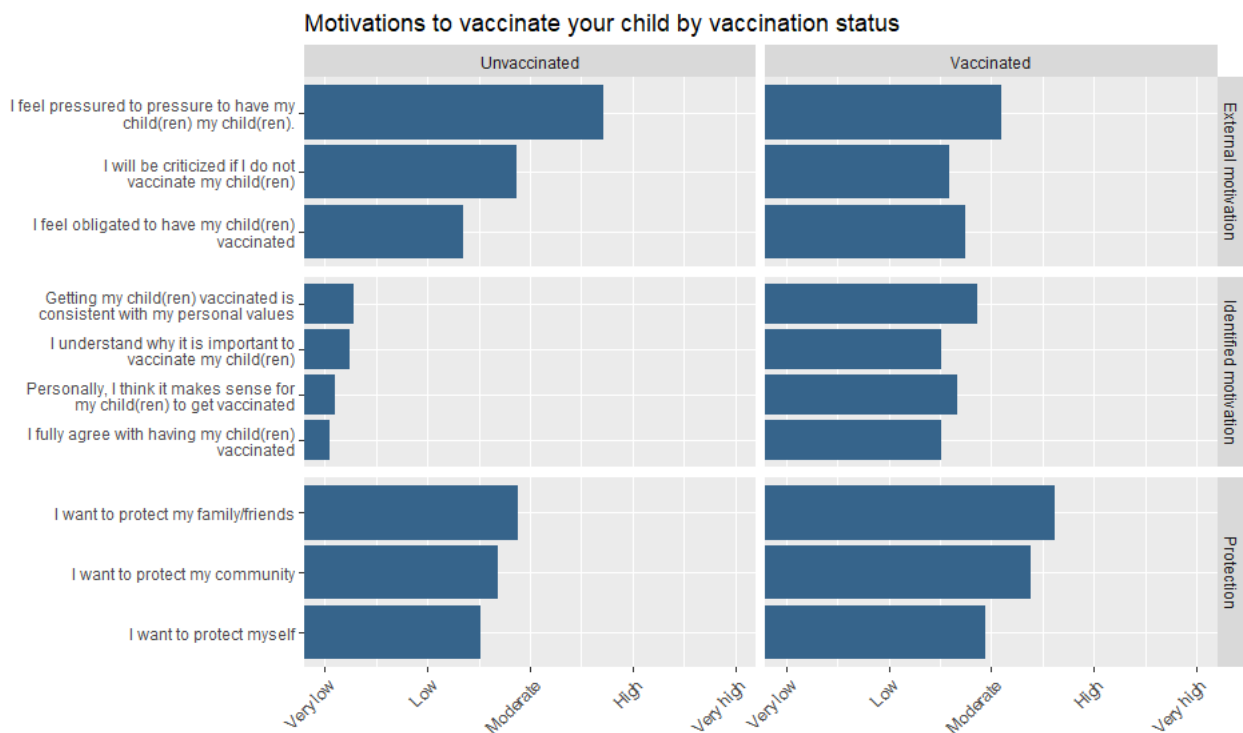


Understandably, mistrust of child vaccination and, to a lesser extent, a feeling of having to make an effort are more pronounced among non-vaccinated parents. Among vaccinated parents, it is quite logically the voluntary motivation that stands out (Figure 15).

Looking in more detail at the reasons for agreeing to vaccinate their child, **respondents say they are most likely to want to vaccinate their child to protect family members and close friends and, to a lesser extent, those around them.** Respondents do not specifically indicate that they want to vaccinate their 5 to 11 year old child to protect themselves. However, respondents do mention pressure to vaccinate and being criticized if their child is not vaccinated.

Figure 16

Specific motivations for vaccinating one's child according to type of motivation and parental vaccination status

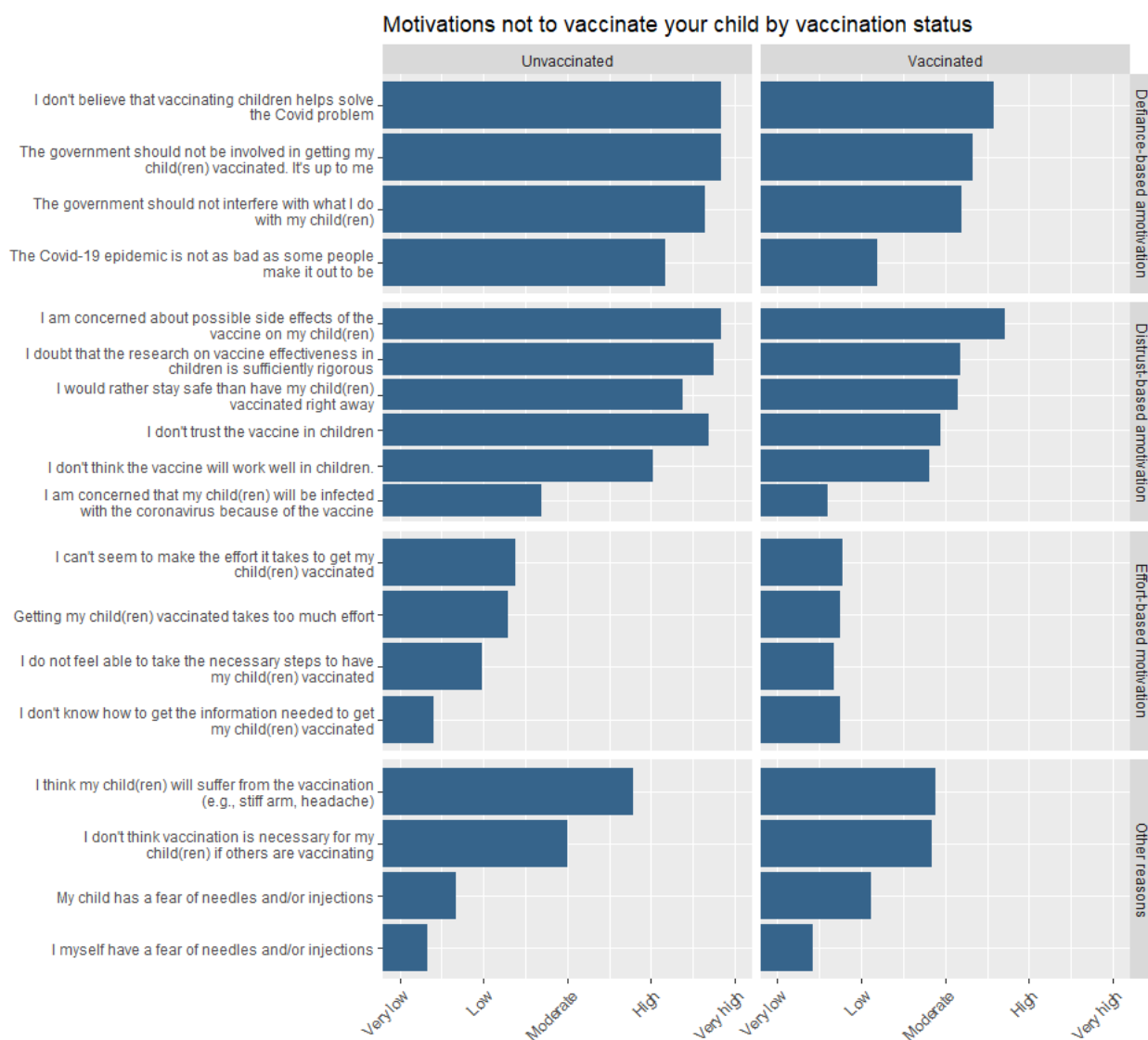


As for the reasons for refusing to vaccinate their child, respondents cited a lack of belief that vaccination would solve the COVID crisis. How can this be explained? In light of the fourth wave and the arrival of the Omicron variant, it is possible that vaccines are perceived as insufficient weapons to limit the transmission of the virus. Yet, from a public health perspective, vaccination of children is largely motivated by the desire to limit transmission. However, other reasons include possible side effects, doubts about the efficacy of the vaccine on children, lack of confidence in a vaccine for children, as well as a refusal of government intrusion into a parental decision and a preference for strict adherence to measures over the use of the vaccine (

Figure 17).

Figure 17

Specific motivations for not vaccinating one's child according to type of motivation and parental vaccination status



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