REPORT 33:

Motivation for the measures and attitude towards the Covid-Safe Ticket and compulsory vaccination.

The Motivation Barometer

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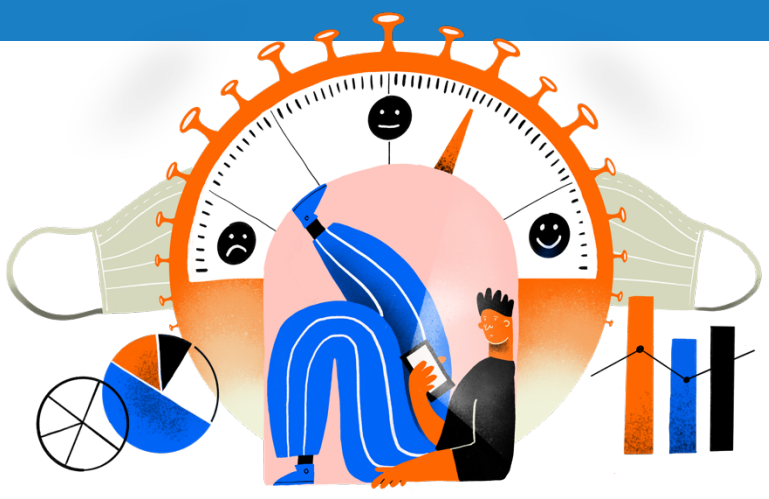
Reference: Motivation Barometer (17 August 2021). Update on vaccination, motivation and mental health during a transition phase. Ghent, Leuven, Louvain, Bruxelles, Belgium.



The Belgian vaccination campaign is going very well, although there are regional differences. In this context, the question arises as to how we deal with all kinds of behavioural measures. Are we still motivated to adhere to them? Do we want to abandon some or all of these measures completely or do we prefer to remain cautious? Another tricky issue is how we deal with unvaccinated people and what role can a COVID-Safe Ticket (CST) or the obligation to vaccinate play in influencing unvaccinated people to get vaccinated? Based on the results of the most recent measurement within the Motivation Barometer (*N* = 7285; average age = 53.7 years; 66.7% highly educated; 86.9% vaccinated; 78.8% Dutch speaking) we offer an answer to these questions and formulate several policy recommendations.

Description of samples (collected between 12 and 16 August 2021)

Vaccinated

- N = 5178
- Average age = 52.49 years (63.9% female; 78% Dutch; 28.4% master's level)
- Employment status: 41.1% employed full time, 17.2% part time, 5.2% unemployed, 2.1% student, and 31.4% retired
- 13% are already infected with the virus. Among the non-vaccinated, this percentage is 26%.

Non-vaccinated persons who have already been infected

- N = 243
- Average age = 51.2 years (67.4% female; 73.5% Dutch-speaking; 34% master's level)
- Employment status: 53.9% employed full time, 19.9% part time, 5.7% unemployed, 3.5% student, and 12.1% retired
- If they were to receive a new invitation for vaccination, 65% would absolutely refuse, 20% would refuse and 15% would hesitate. No one would accept.

Non-vaccinated persons who have not been infected

- N = 679
- Average age = 50.19 years (65.3% female; 76.7% Dutch speaking; 21.2% master level)
- Employment status: 47.6% employed full time, 21.9% part time, 7.4% unemployed, 1.6% student, and 18% retired
- If they were to receive a new invitation for vaccination, 66% would absolutely refuse, 23% would refuse, 10% would hesitate, 1% would accept and 1% would absolutely accept.

Take home shopping

- Motivation: In vaccinated persons, the motivation to adhere to the behavioural measures stabilises, whereas unvaccinated persons are less and less motivated to do so. The motivational gap between the two groups is therefore widening, although the unvaccinated should not be lumped together. In particular, unvaccinated people who have been previously infected are the least motivated for the current measures. They undoubtedly assume that they have already built up sufficient immunity.

- Behaviour: Unvaccinated persons also appear to be less compliant de facto compared to vaccinated persons. However, this downward trend is more pronounced among unvaccinated persons who have already been infected. Among vaccinated persons, there is only limited support for abolishing the measures completely, but they are in favour of relaxations of the measures when interacting with other vaccinated persons. Unvaccinated people, both previously infected and non-infected, on the other hand, are strongly in favour of abandoning the corona measures.

- CST & Compulsory Vaccination: Non-vaccinated persons are strongly opposed to the expansion of the use of the Covid-Safe Ticket and compulsory vaccination of certain groups. At the same time, vaccinated persons are strongly in favour of both strategies, but they want to take into account groups and circumstances in which these methods can or cannot be used. Rather than the general use of the CST or compulsory vaccination of certain groups, they feel that thoughtful and targeted customisation is necessary.

Policy recommendations

- Priority 1: "If it ain't broke, don't fix it": the massive, favourable response of the population to the invitation to vaccination is partly due to the fact that the path of **gradual and voluntary motivation** is being followed. Invest further in this path by:
  (1) Communicate more explicitly on the **effectiveness of vaccination**. Indicate in the daily corona figures the percentage of hospitalised persons who have not been vaccinated. This will increase belief in the added value of the vaccine.

  (2) Make it clear how vaccination continues to add value, **even if previously infected**. This information is crucial to encourage infected, unvaccinated people to vaccinate.

  (3) Present the percentage of vaccinated persons by age group to encourage age-specific **social norms**. An age-specific overview shows more convincingly that we are making progress and have already reached our vaccination target in certain age groups. This increases confidence in the successful outcome of the campaign.

  (4) **Bring the vaccine to the unvaccinated**. Organise 'vaccination events' in local communities or groups (e.g. students on campus) where health professionals (general practitioners, pharmacists) provide relevant information on vaccination and offer the opportunity to be vaccinated (cf. vaccination buses).

  (5) **Continue to endorse a collective, prosocial mindset** by indicating that being vaccinated not only strengthens one's own health and safety, but also that of others. Present vaccination as an act of solidarity, with citizens contributing together to a collective success.

  (6) Encourage vaccinated persons to **testify** about their prosocial motivation to others. Especially crucial key figures in the lives of young people (e.g. teachers, lecturers) can take on this encouraging role.

  (7) **Specify the vaccination targets** that need to be achieved before any collective relaxations are introduced. This ensures predictability and the achievement of the targets can be framed as a collective success.

  (8) **Avoid stigmatising unvaccinated people** in order to maintain harmony in society. Unvaccinated people are not a homogeneous category. For example, having experienced COVID-19 is a valid reason for many unvaccinated people to refuse the vaccine.

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Policy recommendations

- Priority 2: **Invest in public support** for the launch of additional strategies, such as compulsory vaccination of certain groups and the expansion of the Covid-Safe Ticket (CST). Increase the legitimacy and acceptance of these strategies by framing their added value and necessity. To increase legitimacy, **two conditions must be met**: (a) a selective and phased approach tailored to the population rather than a generalised and rapid implementation; (b) frame obligation and CST as crucial tools to **ensure** the **safety and health of the population** and not as a way to convince people to get vaccinated. Such framing ensures a more voluntary acceptance of these strategies and thus a smoother and more sustainable implementation.

  Compulsory vaccination:

  (1) **Frame the obligation of specific target groups as a logical consequence** of the role and duties of health professionals, namely to provide adequate care to vulnerable people. Getting vaccinated as a health professional is therefore not a mere individual choice, but also a social act with consequences for others. Society has a moral responsibility to protect its vulnerable persons. As such, an obligation is not a compulsion but a legitimate step towards regaining our collective protection and a more comfortable life.

  (2) Draw the attention of unvaccinated healthcare workers to the **growing public support** for compulsory vaccination (as shown by the figures in this report). Explain how refusal to vaccinate as a health professional also reflects negatively on others.

  (3) **Ensure clarity** on compulsory vaccination by ...
    - ... indicate the date from which vaccination becomes compulsory (time schedule)
    - ... invite people for an individual or group discussion within that period of time
    - ... invite them again to voluntary vaccination
    - ... indicate the consequences for the exercise of the profession in the event of permanent refusal. For example, provide the possibility of a reorientation in the job that would prevent them from coming into contact with vulnerable target groups.

Policy recommendations

Choose a limited, selective extension of CST:

(1) **Avoid a broad introduction** of CST by investing in one pathway, where achieving vaccination targets is the priority objective to open up society more widely.

(2) **Frame the CST not as a tool to organise our freedom** and thus motivate unvaccinated people to vaccinate, but as a necessary tool to ensure **the safety** of the population and the proper functioning of the health sector.

(3) Introduce CST only in **specific contexts** where its use is perceived as **legitimate**, such as large-scale events and nightlife (keeping a distance is impossible; people screaming). Choose contexts where control and supervision are routine tasks to limit the logistical burden.

(4) Restrict the use of CST to **public spaces** (e.g. not for weddings).

(5) Publish a set of recommended coronagraphs for private meetings.

(6) Indicate that the CST is a **temporary strategy used** in a transitional phase until specific vaccination, infection and hospitalisation targets are met.

Question 1: Do we still want to comply with the behavioural measures?

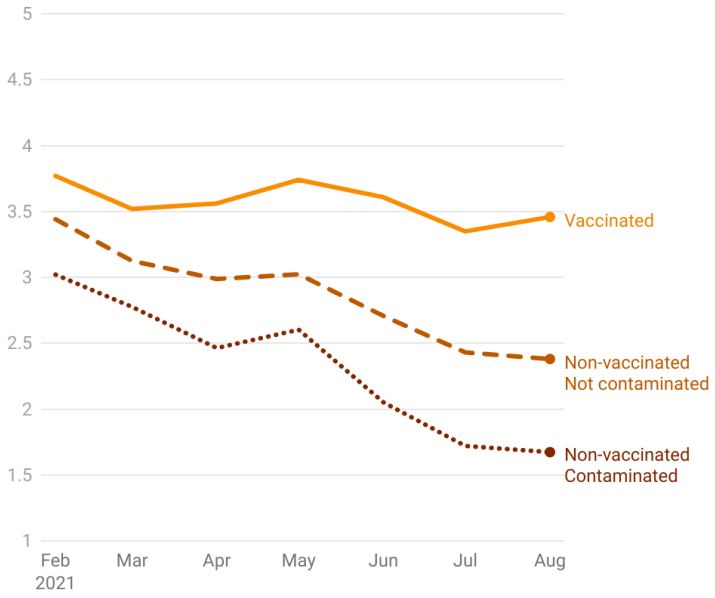
- *General shift:* The motivation to voluntarily adhere to the measures has stabilised since May. 35.96% is still highly motivated and 21.63% is still partially motivated to comply with the measures. By comparison, in August 2020 - at a time when the corona numbers in Antwerp and Brussels were rising again - 29.93% was convinced, a low number. By contrast, at the start of the second lockdown in November 2020, the number was 55.63%[1].

- *Vaccination status:* Figure 1 shows pronounced differences in the motivation of vaccinated and non-vaccinated persons[2]. Contrary to the intuitive expectation that vaccinated people find the behavioural measures less necessary, the motivation of non-vaccinated people, in particular, starts to crumble: they experience the measures as a straitjacket and become discouraged. The motivational gap between vaccinated and non-vaccinated people is therefore growing. However, there are important differences within the non-vaccinated group: those who have already experienced a corona infection are much less motivated to comply with the measures than those who have not yet been infected.

[1] The samples collected are not representative of the socio-demographic distribution of the population. Nevertheless, since December, 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.

[2] When examining differences between vaccinated and unvaccinated individuals, the role of other relevant socio-demographic characteristics, such as age, gender, education level,… was filtered out.

Figure 1
Voluntary motivation to adhere to the measures in vaccinated and unvaccinated persons from February 2021.



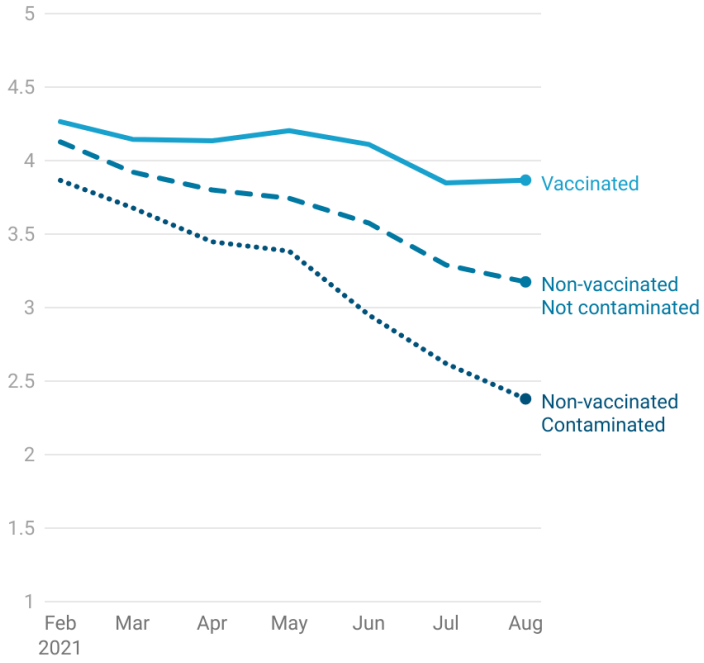
- *Conclusion*: In vaccinated persons, the motivation to adhere to the behavioural measures stabilises during the summer months, whereas unvaccinated persons are less and less motivated to do so. The motivational gap between the two groups is widening, although the unvaccinated should not be lumped together. In particular, unvaccinated people who have been previously infected are less motivated for the current measures. They undoubtedly assume that they have already built up sufficient immunity.

Question 2: Do we still follow the measures and who wants to abolish them?

- *Following the measures:* Figure 2 shows that vaccinated persons today follow the measures more than non-vaccinated persons. This observation is true for the composite scale of the behavioural measures, but also for the four separately assessed measures (i.e. wearing a mouth mask, limiting social contacts, keeping a physical distance and washing/disinfecting hands). The gap between the two groups has grown in recent months, although the fact of having been infected or not plays an important role here as well. In addition to vaccination status, it also appears that younger persons comply less with the measures.

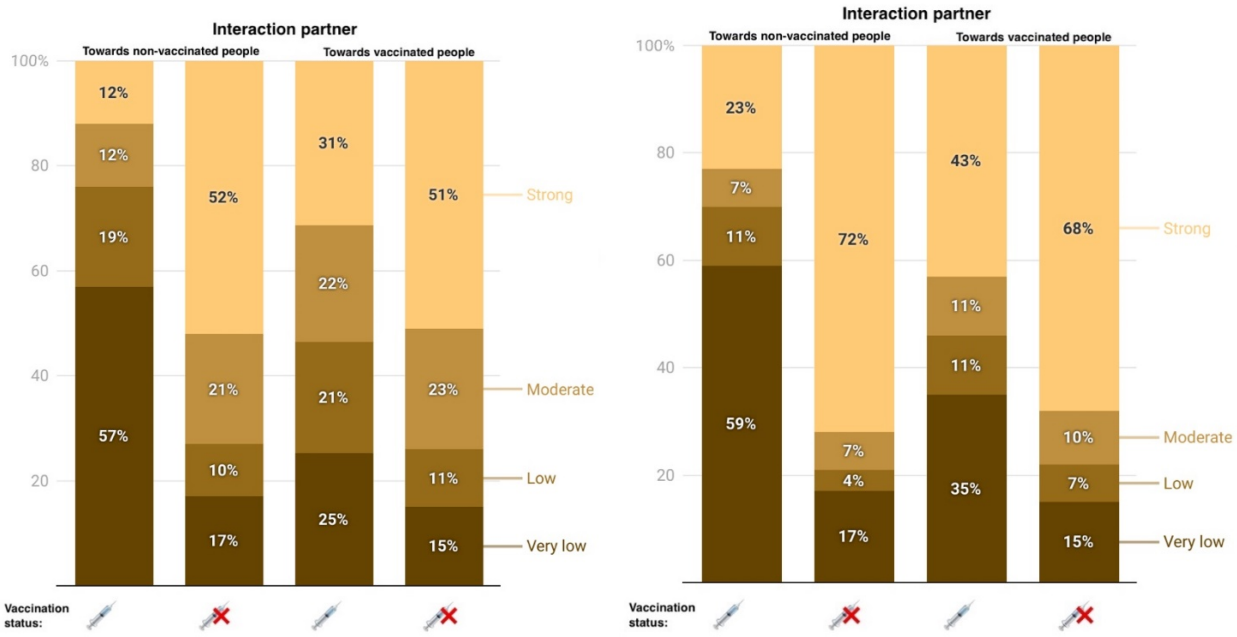
Figure 2

General adherence to the measures in vaccinated and non-vaccinated persons.



- *Abolish the measures:* The participants were also asked whether they would prefer to abolish the current measures. A comparison between vaccinated and unvaccinated persons yielded interesting results. Unvaccinated persons want to give up the measures and who they interact with does not play a role in this (see Figure 3). Vaccinated people would rather keep the current measures, although this is especially the case when interacting with non-vaccinated people. Expressed as a percentage, 31% of the vaccinated persons are strongly in favour of abolishing the measures when interacting with other vaccinated persons, whereas 12% want this when interacting with non-vaccinated persons (left panel). This percentage varies somewhat depending on the nature of the measure: in particular, 43% of the vaccinated people would like to abolish wearing a mouth mask when dealing with other vaccinated persons, and 23% of vaccinated persons would like to see the mouth mask disappear when dealing with non-vaccinated persons (right panel).

Figure 3
Percentage scores for abolishing the measures according to own vaccination status and the vaccination status of the interaction partner; the left panel refers to an average of several measures, while the right panel refers to wearing mouth masks



- *Conclusion*: Unvaccinated persons de facto also appear to adhere less and less to the behavioural rules compared to vaccinated persons. However, this downward trend is more pronounced among unvaccinated persons who have already been infected. Among vaccinated persons, there is only limited support for abolishing the measures completely, but they are in favour of more relaxed behaviour towards other vaccinated persons. In contrast, unvaccinated people, both previously infected and non-infected, are more strongly in favour of abandoning the corona measures.

Question 3: What do we think of a vaccination requirement and the Covid-Safe Ticket?

- *Compulsory vaccination:* Figure 4 shows that the highest percentage of participants (strongly) supports compulsory vaccination for health care workers (59%), followed by staff dealing with vulnerable groups (58%) and teachers (50%). There is less support for an obligation for adults and even less for minors. Figure 5 shows

remarkable differences between vaccinated and non-vaccinated persons. As has already been demonstrated (report 31), it is especially the non-vaccinated who appear to be very opposed to this obligation: more than 80% do not think this is a good idea. Among the vaccinated, almost 8/10 are in favour of compulsory vaccination of health care workers.

Figure 4a

Preference for mandatory vaccination per target group

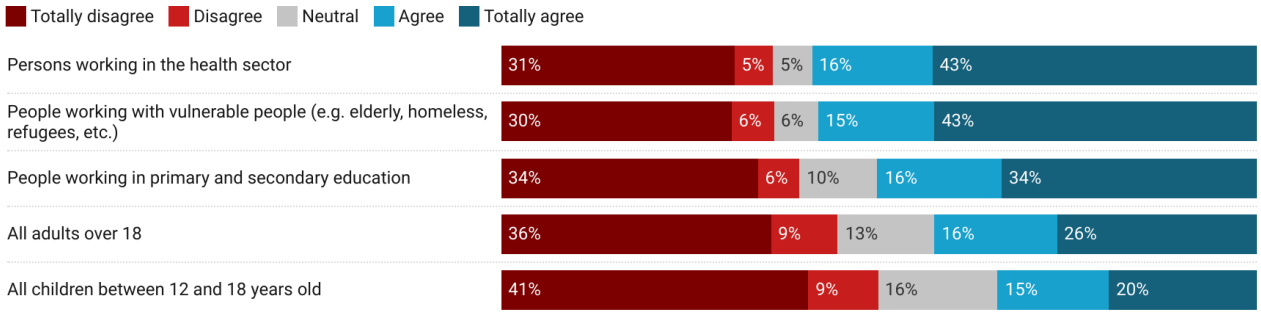
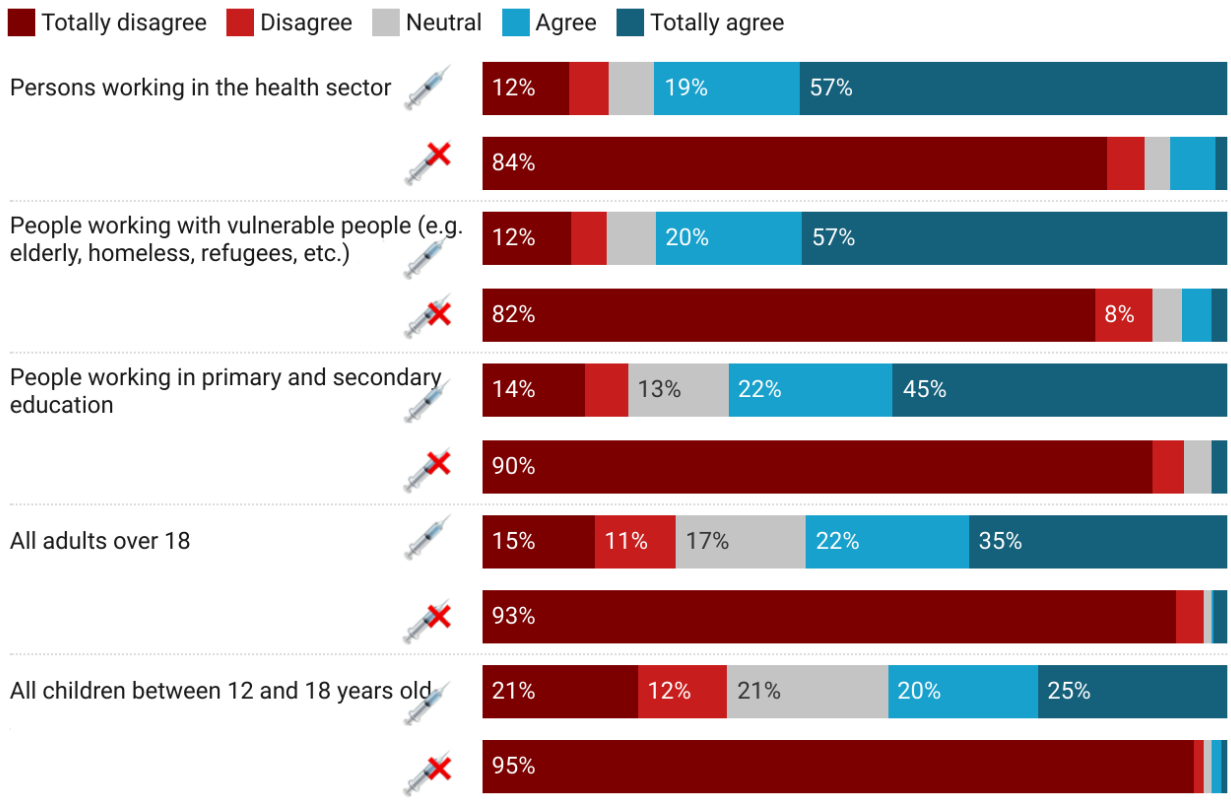


Figure 4b

Preference for mandatory vaccination by target group according to vaccinated and non-vaccinated participants



- *Covid-Safe-Ticket:* Participants indicated to what extent they are in favour of the use of a Covid-Safe Ticket in various contexts. The largest percentage of people is in favour of the use of the coronapass as it is used today, especially for travelling or attending large-scale events. However, 56% also consider this a (very) desirable tool for nightlife. For other contexts, such as work, restaurants, or education, this is less the case. At the same time, there are also major differences between vaccinated and non-vaccinated people, with the former being more strongly in favour of the introduction of CST (see Figure 5b). Non-vaccinated, on the other hand, are strongly opposed to the introduction of CST presumably because they see it as a strategy to entice or even force them to vaccinate.

Figure 5a
Preference for the introduction of CST by sector

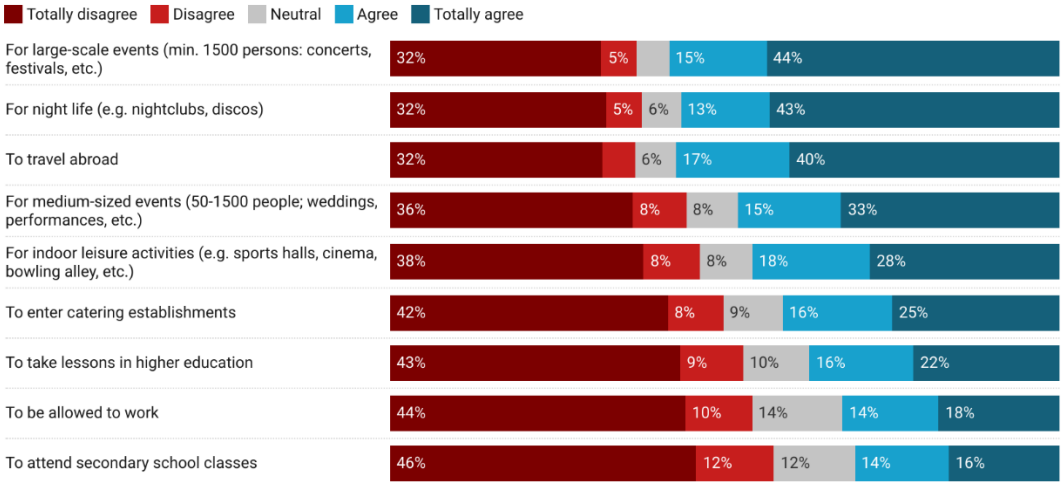
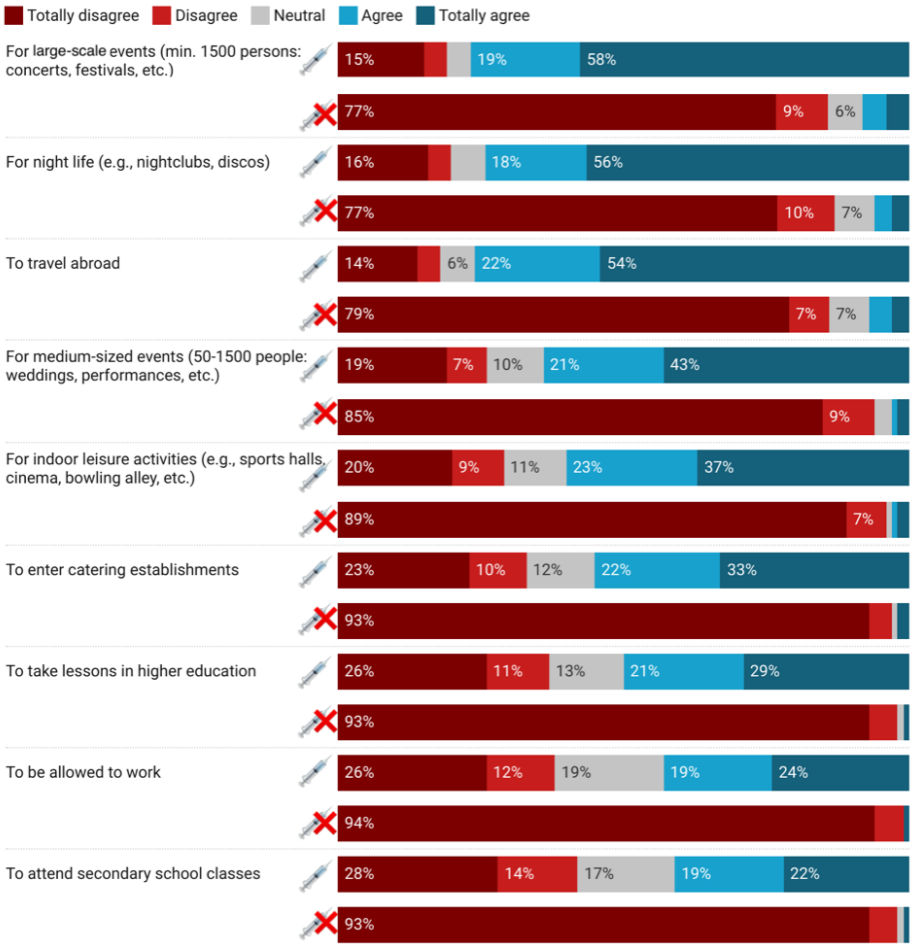


Figure 5b
Preference for the introduction of CST by sector according to vaccinated and unvaccinated people



- *Conclusion*: Non-vaccinated persons are strongly opposed to the expansion of the use of the Covid-Safe Ticket and compulsory vaccination of certain groups. At the same time, vaccinated persons are strongly in favour of both strategies, but they want to take into account groups and circumstances in which these methods can or cannot be used. Rather than the general use of the CST or compulsory vaccination of certain groups, they feel that thoughtful and targeted customisation is necessary.

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