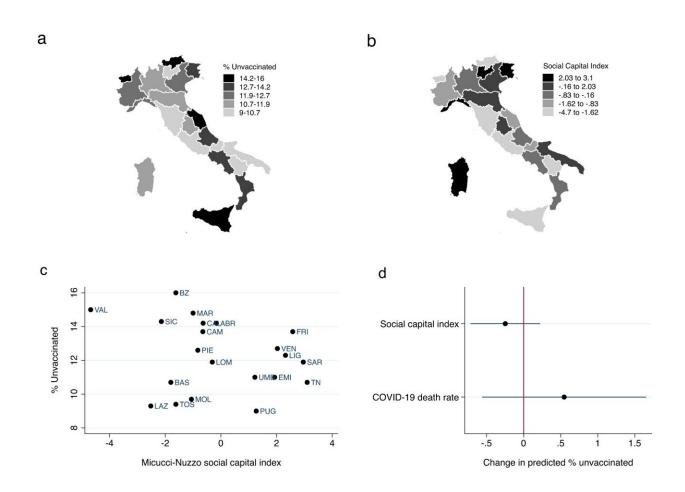


Vaccine campaign research highlights the power of individual self-interest

May 1 2023, by Jim Hanchet



Regional Social Capital and Rate of Unvaccinated Residents. a plots the percentage of residents who have not received even a single dose of a COVID-19 vaccine by region. b plots an index of macro social capital (capturing civic-mindedness and observance of rules) constructed by Miccucci and Nuzzo. c shows the bivariate relationship between regional social capital and the share of population unvaccinated. d plots coefficients and 95% confidence intervals from an OLS regression modeling the % unvaccinated as a function of a region's social



capital and COVID-19 death rate. Credit: *npj Vaccines* (2023). DOI: 10.1038/s41541-023-00660-8

People who refused to get vaccinated against COVID-19 had low levels of social trust, weak attachments to the rule of law, and were less willing to honor collective commitments to the greater good, according to Cornell research published April 22 in *npj Vaccines*.

Researchers Sarah Kreps and Douglas Kriner surveyed residents of Italy who went unvaccinated, despite strong government policies and penalties. Previous research on vaccine holdouts had touched on fears about side effects and other <u>health issues</u> and concluded the best strategy to change minds would have been to emphasize the benefit to community and society.

Based on the <u>survey results</u>, Kreps and Kriner reached a different conclusion. Skepticism of government and collective commitments motivated many vaccination holdouts.

"We found strong evidence the unvaccinated may respond more to selfinterest arguments about the personal benefits that come from vaccination," Kreps said. "They are less likely to support any collective commitments, even in areas unrelated to COVID. For example, they didn't see any moral imperative to aid Ukraine even though we administered our survey right after the invasion and they were much less likely to say Italy should aid a NATO ally if attacked by Russia."

Kreps is the John L. Wetherill Professor in the Department of Government in the College of Arts and Sciences (A&S) and director of the Cornell Tech Policy Institute in the Cornell Jeb E. Brooks School of Public Policy. Kriner is the Clinton Rossiter Professor in American



Institutions in the Department of Government (A&S) and professor in the Brooks School.

Their research focused on Italy because, in early 2021, it had some of the most stringent policies to incentivize vaccination in the world. Without a vaccine card, you couldn't drink go to work, ride a bus or sip coffee in a café. Despite those rules, about 10% of Italians didn't get vaccinated. Kreps and Kriner surveyed them to develop insight that could help authorities respond to the next pandemic or another emergency requiring collective action.

One key finding is that the cues sent by <u>political leaders</u> make a big difference in a crisis. There are three primary conservative political parties in Italy. "So, if conservatives are just more likely to resist vaccination, then all three parties should have <u>high rates</u> of unvaccinated but that's not what we found," Kriner said. Two of the parties had leaders who openly criticized policies to incentivize and mandate vaccination (Lega and Fratelli d'Italia); one had leaders who supported these policies (Forza Italia).

Forza Italia supporters are almost all vaccinated, with rates virtually the same as parties favored by liberals. While Lega and Fratelli d'Italia supporters are much more likely to be unvaccinated.

"This strongly suggests that party leaders and other elites can have a major influence on followers who prioritize self-interest and get them to comply with policies that benefit all of society," Kriner said. "Consensus among leaders in a health crisis or any other crisis matters, and we saw in the U.S. and in Italy what happens without it."

More information: Sarah E. Kreps et al, Resistance to COVID-19 vaccination and the social contract: evidence from Italy, *npj Vaccines* (2023). DOI: 10.1038/s41541-023-00660-8



Provided by Cornell University

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