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## **Attitudes toward vaccination**





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# Summary

This report presents the findings from a research project on vaccination in adulthood. The project focused on two target groups: pregnant women and those aged 65 and older. The ambition was to identify what hinders and what promotes recommended vaccination in these target groups. The assumption was that several factors could influence this: the organization of vaccination work in municipalities, the attitudes and practices of those administering vaccines, and the attitudes and practices among individuals in the two target groups. Therefore, we utilized individual and group interviews to explore how municipalities organize the work, healthcare professionals' attitudes and practices when meeting patients and in relation to their own vaccination, as well as how pregnant women/women who recently gave birth and people over 65 years old perceive vaccination. Data collection was conducted in seven municipalities/districts, selected based on location, population size, and vaccination coverage.

## Main findings

Pertussis vaccination for pregnant women was implemented from May 1, 2024, and the vaccine is now part of the Norwegian Childhood Immunization Program. It is mandated that the child health care center should inform and offer pertussis vaccine to pregnant women as part of the regular maternity care. In our study, we find that the municipalities we visited follows the new regulation. The midwives in our study were initially somewhat skeptical about an additional task, but this has quickly become an integrated part of maternity care. Pregnant women are informed early in the process, and the vaccine is administered in week 24. This increases the chances that all pregnant women receive the same information and offers of vaccination. We also find that the pertussis vaccine is prioritized among those who have recently given birth and who are included in our interviews. These routines for informing the women create a framework that communicates that the vaccine is important, and healthcare professionals have clear guidance for their work.

Influenza and coronavirus vaccines are also recommended for pregnant women, and in addition to those aged 65 and older. However, there is no equivalent organizational structure for these vaccines, nor for pneumococcal vaccine, which is also a recommended vaccine for those over 65 years old. Thus, it is largely up to the individual municipality how the work should be organized. The extent of involvement in vaccination work among the general practitioners in each municipality varies. The municipalities and districts do not seem to have the same commitment to disseminating vaccination information as they did during the pandemic. Information campaigns are rare, but in areas where mass vaccination is conducted every fall—primarily for seasonal vaccines—it receives significant attention. Thus, information is also provided to those who do not receive vaccines on the designated day. Additionally, seasonal vaccines are not subject to a standardized pricing policy, which results in price variations both within and between municipalities.

Vaccination is generally a minor part of healthcare personnel's responsibilities, unless they have been specifically tasked with staying updated on current vaccines. In such cases, they become key experts on vaccination whom other healthcare personnel can consult. There is an implicit expectation that healthcare personnel will get vaccinated. We find that they often do, but not always. This can be due to personal attitudes or a cost-benefit analysis—they may not expect to become seriously ill if they contract influenza or COVID-19.

Many healthcare personnel find it challenging to discuss vaccines with users who have numerous critical questions or who challenge their professional approaches by seeking advice as private individuals and asking for their personal opinions. Several healthcare workers mention that they miss having discussions with colleagues on how to handle and respond to such inquiries.

Healthcare personnel encounter little direct vaccine resistance among the target groups. This is also reflected in our interviews with these groups. However, we observe that practices are influenced if the vaccine in question is met with positive expectations and attitudes. Institutional factors—such as those surrounding the pertussis vaccine—can also impact attitudes, as the manner in which vaccination is promoted signals its importance. We find that both in the target groups we studied and among healthcare personnel, there are tendencies towards a hierarchy of vaccine acceptance, where vaccines are ranked based on their perceived importance. Among pregnant or newly delivered women, the pertussis vaccine is prioritized, while among those aged 65 and older, the influenza vaccine is most important. This prioritization is influenced by factors such as the absence of experienced side effects and cost-benefit considerations. Pregnant or newly delivered women also consider their age, believing they can tolerate getting sick with influenza or COVID-19. The presence of a hierarchy of vaccine acceptance suggests that users feel overwhelmed by the number of vaccines.

We find high levels of trust in healthcare personnel, especially general practitioners among those aged 65 and older, and public health nurses and midwives among the pregnant women and the newly delivered women. However, while the elderly prefer clear directives from their general practitioners, the newly delivered women want healthcare personnel to address their concerns, make them feel seen, and involve them in the decision-making process regarding vaccination.

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