


Social Bonding and Public Trust/Distrust in COVID-19 Vaccines

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Abstract: COVID-19 vaccine hesitancy has been a growing concern. The pandemic has proved to be very complicated with the mutated virus. The Delta variant is contributing to a surge of cases across the globe. Vaccine hesitancy can be socially contagious, requiring more stringent efforts from policy makers and health professionals in promoting vaccine uptake. Some evidence shows that vaccine acceptance appears to have played an integral role in successfully controlling the pandemic. Vaccination acceptance, however, demands that the public has a good understanding of the vaccine's benefits in promoting healthier societies and people's quality of life. Unclear COVID-19 vaccine information can lead to distrust in vaccines and vaccine hesitancy. It is of paramount importance to communicate clear and unbiased vaccine information to the public to encourage vaccine uptake. Word of mouth communication remains important to further promote COVID-19 vaccine uptake in the community. This short paper discusses the role of social bonds and public trust/distrust and word of mouth communication in vaccine decision making.

Keywords: COVID-19 pandemic; health literacy; public trust/distrust; social bonding; vaccination behavior; vaccine hesitancy; vaccine acceptance; vaccine decision-making



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The SARS-COV-2 virus was discovered in China in December 2019 and has since proved to be a very complicated virus. There is now an enormous pool of studies on the most varied repercussions that the current pandemic is having on the global population, including a decline in mental health, anxiety, depression, to name a few examples [1–3]. Health literacy is important to manage contradictory and false information on the epidemic [4].

Vaccines have been evidenced to be one of the safest and effective public health intervention for healthier societies [5]. Polack et al. [6] argue that safe and effective COVID-19 vaccines are urgently needed to help address the pandemic. There continues to be tremendous efforts and initiatives globally to work on vaccines with a goal to ensure equitable access across several parts of the globe [7].

Evidence suggests that COVID-19 vaccines provide protection against the Alpha, Gamma, Beta, and Delta variants [8]. The challenge, however, being encountered by policy makers and healthcare leaders and professionals is in motivating people to get vaccinated. Many people across the globe are still hesitant to get vaccinated. Vaccine hesitancy is defined as refusal or delay to accept or accepting with doubts the vaccine's usefulness and safety [9]. The COVID-19 pandemic in the United States is now being called the pandemic of the unvaccinated, mainly due to the Delta variant [10]. In Europe, although several countries have initiated the establishment of more restrictive conditions to stop the virus, the Delta variant is in full expansion [11]. The World Health Organization recognizes that vaccine hesitancy remains one of the most significant health threats [12]. Scholars also argue that vaccine hesitancy represents a threat to the COVID-19 immunization campaigns [13], suggesting that public confidence in COVID-19 vaccine needs to be promoted. More efforts are being invested in studying vaccination intent as many anticipate that an effective roll-out of the vaccine will end the pandemic [14].

This short paper helps to understand the inherent disposition for social bonding at a time of crisis [11,15]. It proposes social bonding in a crisis situation can determine trust/distrust in the COVID-19 vaccines. Social bonding has been defined in the literature as the bond between people in a shared space. It is human nature to bond with others. People tend to rely further on their social relations in a time of crisis [15], which has important implications in determining human behavior [11]. Social bonding finds support in place attachment theory [16], focussing on the mother–infant bond, which further expands to accommodate other societal relationships in environmental settings. Social bonds have been further characterized by meanings that social connections assign in settings emphasizing the human–place bond. Human-to-human interactions are known to have brought numerous health benefits [17]. Social bonding and engagement can help the global population cope with the pandemic by building confidence in COVID-19 vaccines and hence encourage vaccine uptake [18–21].

Social bonds also find support in Hirschi [22] social bond theory. The social bond theory posits that we are moral beings so long as we are social, and when the bond weakens or there is no social bonding, deviance occurs [22]. Social bond is characterized by four elements, namely: Attachment, commitment, involvement, and belief. Drawing on Hirschi’s social bond theory, individuals with strong levels of attachment may be less likely to engage in vaccine hesitation behaviors and nor will those with high commitment levels do so [22]. On the contrary, those who are highly committed may be envisaging better quality of life outcomes with the vaccine [22]. Social supportive networks have been evidenced to be of the same magnitude on life expectancy as exercise and giving up on smoking habits [23].

Addressing the lack of public confidence in vaccines will require a conscious effort to define the risks and benefits of individual vaccines so the population can understand the rationale behind vaccine uptake recommendations [24].

One of the key variables used in decision making is trust [25–29]. Trust in the vaccination context is defined as one relying on another to help make a risk/benefit decision about vaccines, about which one may lack complete information [30–33]. However, to date, there is little evidence on how health systems influence public trust in vaccination and how it can be re-built if compromised [34]. While maintaining the focus on building public trust [18–21] to reduce COVID-19 vaccine confidence gaps remain fundamental, it is cautioned, however, that social bonding can also bring distrust and vaccine hesitancy if the ‘vaccine meanings’ formed collectively in social groups are unclear and biased.

Trust/distrust in health information can influence people’s vaccine behavior, in other words, their willingness to get vaccinated or not to get vaccinated [19]. This, in turn, can influence referent others through positive/negative vaccination word of mouth communication (see Figure 1). Social networks support systems can be used to understand perceptions of COVID-19 vaccinations and influence behavioral outcomes. This is also supported by Protection Motivation Theory (PMT) [35]. The increased social bonding during the COVID-19 place confinement [36–38] may prompt people to take action and get vaccinated if they perceive the virus to be a serious threat [39]. On the other hand, it is also possible that social bonding engagement might promote information sharing about perceived threats of the COVID-19 vaccines leading to vaccine hesitancy. Hence, people concerned about the vaccine’s side effects can show lower COVID-19 vaccine acceptance [40].

Word of mouth communication, also known as ‘social diffusion’, can be very powerful in influencing vaccine decision-making [40]. Information driving vaccine decision behaviors is classified as ‘beliefs’ about the severity of the pandemic. Vaccine word of mouth communication will likely play an important role in encouraging or dissuading vaccination behavior [41,42]. Word of mouth communication can spread information about vaccine scares or its efficacy. Its impact can go both ways in further determining human vaccination behavior [43]. Scholars are calling for relevant word of mouth communication research in the COVID-19 pandemic [44]. Vaccination word of mouth is an area worth exploring in the COVID-19 literature.

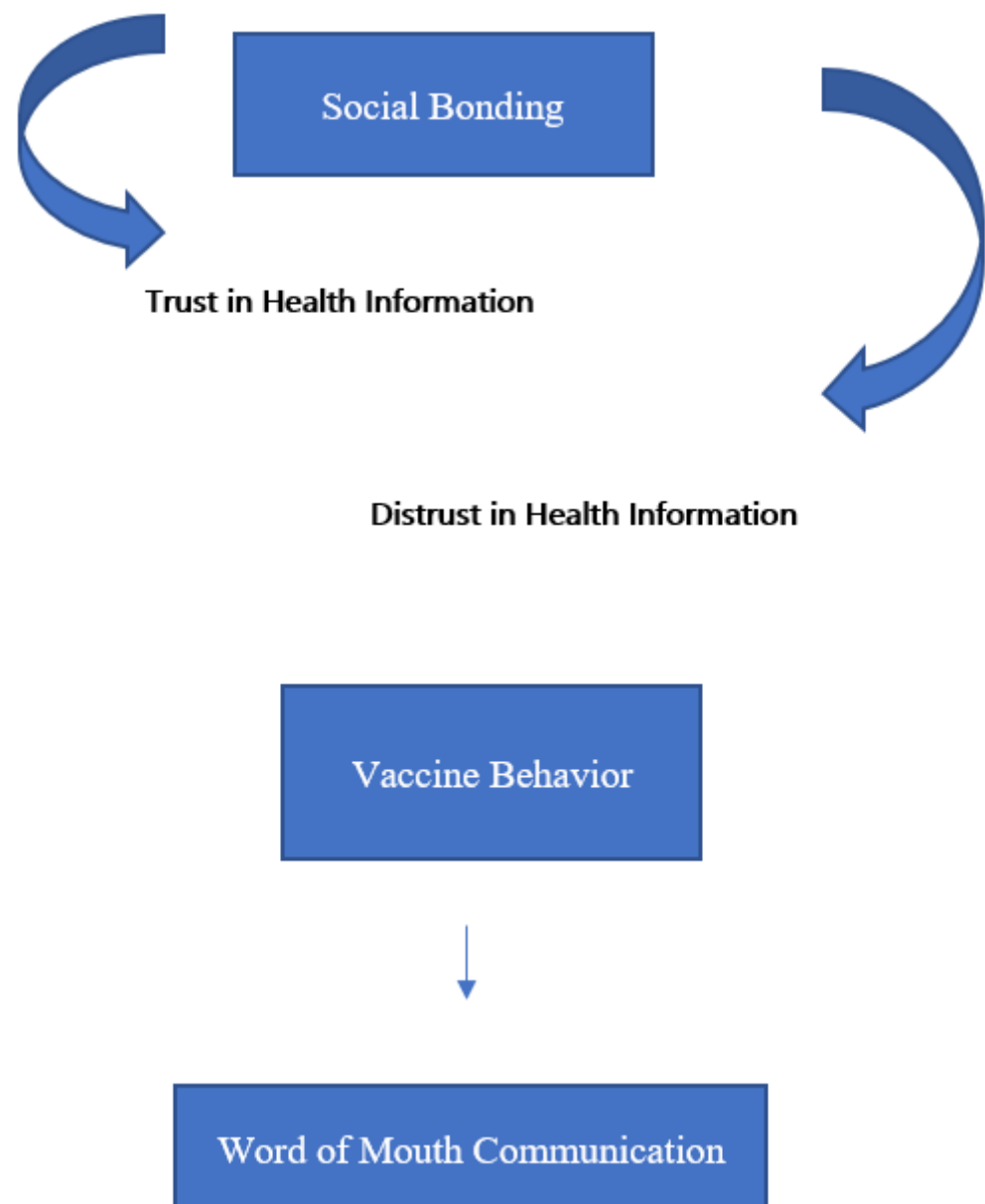


Figure 1. Vaccine Decision Making. Source: Author.

Vaccine hesitation stress continues to add to the significant COVID-19 trauma for many, demanding intervention campaigns to cope with stress and anxiety [45]. Recognizing the significant role of social bonds in the COVID-19 pandemic [17,46], policy makers need to promote interventions that will help people understand the correct vaccination messaging. Public trust in vaccines can be highly variable and demands greater efforts in communicating the benefits and risks with evidence-based data to foster public trust in the COVID-19 vaccination campaign [5,33]. Governments need to provide to the people information about vaccine availability and how key decisions are being made on the implementation of vaccination programs.

Social bonding interventions will also be needed to prepare for a post-pandemic context where reinforcement of social bonds or fostering new bonds is likely to play a key role as people deal with separation and loss and other challenges encountered during COVID-19 [29,47]. Many people continue to deal with the economic consequences as many businesses have closed down, impacting livelihoods [29,48,49]. Scholars, medical doctors, and behavioral psychologists continue to emphasize the detrimental impacts of COVID-19 on mental health [47,50,51]. There is an urgent call to understand COVID-19

vaccine hesitancy, promote vaccine uptake [12,34,52], and propose solutions to address the consequences of the global health pandemic on people's mental health and quality of life [11,29,53]. This short paper discusses the role of social bonds and people's trust/distrust and word of mouth communication in COVID-19 vaccination behavior. It is intended to serve as a research conception and a starting point for a more deep and thorough analysis in understanding the COVID-19 vaccination decision making.

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