

# Investigation results

## *Vaccine hesitancy in Amsterdam Nieuw-West*



Figure 1. Aliouche, H. (2021, December 07). What are the Main Causes of Vaccine Hesitancy?. News-Medical. Retrieved October 13, 2023 from <https://www.news-medical.net/health/What-are-the-Main-Causes-of-Vaccine-Hesitancy.aspx>.

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# 1.0 Research question

The research question that is central in this project is: “How does governmental (mis)trust influence vaccine hesitancy among parents in Amsterdam Nieuw-West and what are the needs of these parents concerning trust in the government?” In order to answer this research question, there are several primary objectives. The first objective is to gain insight into why parents have governmental (mis)trust. The second objective is to understand how the use of the YUTPA-framework contributes to understanding why the parents have trust. The third objective is to investigate how this governmental (mis)trust relates to vaccine hesitancy. The fourth objective is to understand what the needs of parents are to have trust in the government. The fifth objective is to understand how the designing trust project from the municipality of Amsterdam could contribute to understanding and increasing trust of parents in the government. By focussing on these five primary objectives, a better understanding of the relationship between governmental (mis)trust and vaccine hesitancy can be achieved, and as such answer the research question.

## 2.0 Methodology

Data was obtained through two main means, namely conducting interviews with four parents and organizing a workshop in collaboration with the GGD and the municipality. The interviews were conducted with parents from Amsterdam Nieuw-West, which is of high importance as this sample represents the target population. A part of this sample was recruited at the OKT (Ouder en Kind Team) in Amsterdam Nieuw-West. As the target group was parents with children under the age of four from Amsterdam Nieuw-West, this was an appropriate environment to find suitable participants for our interviews. Other participants were recruited at the shopping mall in Amsterdam Nieuw-West and through personal connections from one of the researchers. The interviews were either conducted through Teams or by a phone call. The interview questions were drafted prior to the interviews, to assure valuable information was collected in relation to our research question and objectives. The interview questions were provided with constructive feedback from the municipality and the GGD, to ensure that the questions were suitable for this research and would provide relevant information for both organizations. By formulating clear objectives, a framework is offered to guide the nature of the questions that should be asked.

Prior to starting each interview, a recorded consent process took place, whereby the interviewer explained the nature and purpose of the interview and asked for permission from the participant and the extent to which their answers/data may be used, considering the possibility of, for example, anonymity and deleting data after a set amount of time, ensuring ethical considerations are maintained.

The qualitative data from the interviews was collected using a deductive analysis. The interviews were transcribed and re-read. Initial codes were generated by systematically labeling and categorizing meaningful segments of the data. This involved identifying key concepts or patterns. The coding was checked by two people, to minimize bias. After this process codes were grouped together based on similarities to form potential themes. These themes represent patterns relevant to the research question

and are named in a way that captures the essence of the data they encompass. This can be, for instance, demonstrating what themes are most prevalent in determining vaccine hesitancy. In this way different quotes from the interview are presented by each theme and put into a codebook. By the use of this codebook, an answer to the research question could be formulated. The final answers to the research questions were formulated by the results of the interviews as well as the workshop.

During the research, data was collected in an ethical and responsible way. As mentioned before, informed consent has been asked during the interview since the interview would take place via Teams or via a phone call. The participants were asked if they gave permission to use the interview outcomes for research purposes and to record the interview. In advance of conducting the interview, there was a comprehensive explanation about the research, what the focus of discussion would be during the interview and if there were any questions. Additionally, it was emphasized that if participants felt uncomfortable about anything, they were always encouraged to communicate it or halt the interview. All of this was discussed to ensure that parents perceived the interview as respectful and sincere. Finally, all data was processed anonymously in the report, and all the interview recordings would be deleted after being anonymously transcribed.

As previously mentioned, in addition to the interviews, a workshop in collaboration with the Municipality of Amsterdam was conducted. During this workshop, the YUTPA-framework was used which contains four dimensions: time, place, relation and action. These dimensions all contain four different factors, such as 'Duration of involvement' for time and 'Involvement' for relation (Nevejan, 2023). This framework was used during the workshop to gain more understanding in what influences trust in this specific context of vaccine hesitancy. The participants of the workshop included youth nurses, youth doctors assistants, a GGD communication adviser, OKT-employees and parents from Amsterdam Nieuw-West. During the workshop, the participants were divided into two groups based on a case study. In this case study, one group represented the parent of the child and the other group represented the healthcare professional. All of the participants filled in a survey where they had to give each factor a grade from one to ten. This grade showed to what extent each factor influences trust in their case specifically. After filling in this survey, the differences in answers between the two groups were discussed which started a discussion about the differences in perspectives between these two groups.

## 3.0 Findings and Interpretations

### 3.1 Findings

The first interviewee was a parent of a single child aged eight weeks old. They lived in Amsterdam Nieuw-West for two years, and had an easy-going attitude towards vaccines. A quote that showcases this attitude is: *"Yeah, I'm not too difficult about it. ... I don't delve further into whether there are other things. I think, well, okay, then I'll take that shot. There are so many other things we just take without knowing what's actually in them."*

The parent studied at HBO level, making them belong in the category of highly educated. They did not follow any particular religion or beliefs. They got their information concerning vaccines from the consultation agency.

The parent wanted the government to do more about misinformation, but doubted if it was possible, since nowadays people can make things up themselves. They recommended promoting vaccination through billboard advertising.

The second interviewee was also a parent of one child, but aged two years. They lived their whole life in Amsterdam Nieuw-West, though first in Oud-West, then Nieuw-West. They studied at MBO level, then HBO level, making them highly educated. They believe in Islam, which according to them endorses anything that is healthy.

They acquire information about vaccinations online, but since their child was born they started talking to other parents and asking them about it as well, since these parents have first-hand experience.

The parent trusts vaccines in the 'Rijksvaccinatieprogramma' because they have existed for a very long time. In contrast to these vaccines, they have less trust in new emerging vaccines such as COVID-19 vaccines.

Another factor that plays a role in trusting vaccines is their direct environment (family and friends). If people close to them have taken a specific vaccine, the parent is more inclined to trust it.

The parent felt that the GGD could improve their communication. At times, the parent came to an appointment, only to be told that the child would get the vaccine that same day. While these details can be found online in the child file, the parent found it better to be informed in advance through email for example. Also, at times, the nurse would inform them that the child will get a vaccine, but not specify for what unless the parent specifically asks for the details.

Another point brought up several times during the interview is the pushy nature of the health institutions. To quote a few of them: *"But I do notice they tend to push it a bit", "... when I did Pedagogy, for example, I did notice they were really all about convincing parents that all those vaccinations are good, I had that too. So we found that a bit odd", "... I did get that feeling of "it must be done." Of course, ultimately, the parent decides, but there's this notion that you must keep pushing in their heads that it's simply better, blah, blah, blah. And they even had examples, for instance, I had a project once, and it was quite coincidentally about vaccinations. And they kept saying, they even mentioned convincing people of different faiths, like some Christian people or something".*

Finally, the parent did not like that there was a different consultant each time. They would have preferred having the same person to talk to for the first years. They said *"that was a bit annoying because why don't I just have one fixed person for all my appointments, especially because it's a child, so it would also be*

*more familiar for her and because she's so young. But yeah, I don't know, that also varies a lot. But personally, I don't find that so nice."*

The third interviewee was also a parent of one child, aged two years. They have lived in Amsterdam Nieuw-West for six years. They followed a WO level study, and believe that this plays a role in the ability to find credible information. They are an Old Catholic Christian, and according to them, Christianity leaves it up to their own conscience, in regard to whether the religion is in favor or against getting vaccinated.

The parent adheres to the entire 'Rijksvaccinatieprogramma'. They believe that vaccines are helpful because in places where people are more hesitant to take them, some communicable diseases resurge. The parent believes that the child health center could improve in terms of information provision and how they handle obviousness. They said "*I do think that at the child health center sometimes yeah that sometimes it could be better in terms of information provision or at least also the obviousness with some things yeah how they are dealt with, so to speak.*"

The parent mentions that information about vaccines is available in different languages in paper-form, but it is not available in all languages orally, which thus highlights the problem of the language barrier in communicating information about vaccines to parents who speak languages other than Dutch. The parent acknowledges that this is hard to improve due to the lack of employees and the costs to achieve this. Another way to reduce vaccine hesitancy is through personal contact. They said "*I do think that's the way if you really have doubter's, to try and really have direct and personal contact with people.*"

The fourth interviewee had three children, the older aged six years, the middle two years and the younger just eight months. The parent vaccinated their first child, but not the other two. There were several reasons given. They said that there was not a valid reason to vaccinate their child. Also, older populations did not take vaccines, yet lived healthily. They also heard from other people that there was no longer trust in vaccinations, and that the content of the vaccines was not known to them. Finally, they said they were befriended with a doctor who recommended that they should not get vaccinated. Specifically, they said "*I am also friends with a doctor, with whom I worked before. And they also advise against, specifically not to vaccinate*", "... *what I've heard from him, and all those sources he also sends. Conversations we've had together, so he also says you really shouldn't do it.*"

This parent has lived two to three years in Naarden, six years outside of the Netherlands, and the rest of their life in Nieuw-West. They followed a HBO study and believe in Islam. They were unsure of the stance of Islam towards vaccinations.

Another interesting aspect is that when they communicated to health professionals in Naarden that they did not want to vaccinate their child, the health professionals were very confused and asked many questions. But in Amsterdam Nieuw-West, more acceptance was shown as more parents are unlikely to vaccinate their child.

When asked if the government could do something to make them regain trust in vaccines, they said "*Yeah, look, if they come with scientists, and honestly prove that it has no effect or no impact. Only yeah, it seems difficult to me, then you really have to involve a child from the previous generation, and a child from the next generation, I think. And then you can really see the differences—it takes a long time, let me put it that way, to see it, or to notice it*".

During the workshop, several topics were discussed. The notes can be found in appendix 6.3.

Most attendants agreed that the duration of the appointments is an important factor affecting trust. If a meeting is too short, the parent would not be able to ask all their questions, and the staff would be overwhelmed on which information to give and which to leave out. However, the appointments should also not be too long, as some parents or children have no interest in talking to the staff. In such cases, it is better to end the meeting earlier. A possible solution is to offer the possibility to book back-to-back meetings to have more time. In the case of parents who are not interested in vaccinating their children, there should be a period of time before booking the next appointment which would allow the parent more time to consider their options regarding vaccinations.

Another important point made by a parent is that the government and health institutes should give both the positive and negative aspects of vaccinations, including potential long term side-effects. Parents feel like only the positive aspects are shared which may result in the parent feeling pushed into a certain direction.

Also, there is too much information on the RIVM website concerning vaccines. Having too much information can be overwhelming and confusing to parents which could lead to potential hesitation. Guidance from healthcare professionals is necessary as parents base much of their information on what they hear from the direct environment, thus personal contact is very important, as it facilitates open communication between the healthcare provider and parent on any questions they have regarding vaccines.

When a vaccine hesitant parent comes to the OKT or consultation agency with their doubts, the staff should give them attention, listen to their fears, acknowledge the rumors such as side-effects of vaccines, and inform them that such cases are extremely rare.

One of the detrimental actions of the GGD is the continuous change in protocols. According to the YUTPA-framework, one of the factors that lead to trust is rhythm. When people get used to something or someone, trust builds up. When people get used to certain protocols, for example, taking a specific vaccine at the age of nine, they trust that vaccine, since the action has been done several times. But if the protocol suddenly changes, and now that vaccine is given at the age of seven, for example, this leads to confusion, questions and doubts. Protocols should only be changed when absolutely necessary.

## 3.2 Interpretations

Throughout the interview process, many of the parents noted that when they have questions about vaccinations, they tend to ask those in their direct environment, whether that is other parents, family, and sometimes healthcare providers. The parents tend to prefer to talk to someone they know and trust rather than read about one anonymous person's experience online (Interview 2). Some of the parents noted when reading information online, they try to read credible sources, but not all parents do. The parents who have pursued higher education noted they knew how to find credible sources regardless if their degree was health based (Interview 3). It is unsure if this is also the case for people who have not pursued higher education. It was also found that parents who are surrounded by people who are pro-vaccination are more likely to vaccinate their children.

One way to help foster these conversations between parents regarding vaccinations is to have them take place during parent-child groups such as at the OKT. This would allow parents to ask one another questions with a healthcare provider present as well. An idea discussed during the workshop was to have parents write down questions on a piece of paper and then the healthcare provider picks out the questions so the group can discuss, which allows the parents to remain anonymous when asking questions.

The second overarching theme discussed was having more accurate and detailed information about vaccines being readily available and accessible. Some of the parents noted that they wish they would be told the positive and negative aspects of taking a vaccine in order to make a better decision (Interview 4). They feel if they are only told the positives then they do not know all the information which makes them more hesitant. With misinformation spreading rapidly online, especially social media, the parents noted they would prefer to hear healthcare professionals acknowledge this and then explain why it is not true. A study in the Netherlands found that social media was the main source of information for six percent of participants, and that the six percent were mainly individuals who are vaccine hesitant (Engbersen et al., 2021). By the healthcare professional presenting all the facts, as well as acknowledging the misinformation, trust is built and the conversation with the parent is more fluid (Workshop).

Another idea considered during the workshop and one interview is using social media as a way to answer questions parents have regarding vaccines. Short videos are more efficient in grabbing and keeping attention compared to readings or other advertisements, but all would be beneficial to increase the accessibility of information. Oftentimes the amount of information someone can find online can be overwhelming, especially for a first time parent, so it would be useful to have the information be concise and have longer conversations in person.

Additionally, in Amsterdam Nieuw-West, there is a large population of non-Dutch residents who might not speak or be comfortable speaking Dutch. Because of this, information on vaccines should be available in more languages such as Turkish, Arabic, and English to help reduce the language barrier and make information more accessible (Interview 3). Language barriers which cause a lack of comprehensive knowledge and understanding lead to vaccination hesitancy, so anyway to make the information more accessible is ideal (Asiran, 2022).

Finally, the third theme found throughout is that consultations between parents and healthcare professionals should be improved. Consultation appointments should be longer in order to give parents more time to ask questions and make their decision without feeling rushed. During the workshop, a staff member at the OKT mentioned booking two appointments back to back in order to give the healthcare provider ample time to answer any questions a parent might have. Some of the healthcare providers have noted feeling overwhelmed or stressed when trying to answer all of a parent's questions in the short twenty minute appointment which tends to lead to their answers not being clear and complete. This leaves the parent still feeling confused and also pushed to vaccinate their child when they are unsure. By increasing the consultation appointment times, the healthcare provider can provide reassurance to the parent which helps build trust, as well as making sure the parent does not feel judged for having questions or being hesitant.



One parent mentioned that in the first two years of their daughter's life she saw a different healthcare professional at every vaccination appointment (Interview 2). Even though all of them were helpful and kind, it would have been nice for the child to see the same person every time which would build familiarity and trust between the OKT and the family.

### 3.3 Decolonizing Global Health

Throughout the course and workshops given the concept of decolonizing global health research and useful insights on research methods have been enlightened, which in turn were translated in the investigation approach. Becoming aware of the importance of decolonizing global health research has helped in becoming a more objective investigator, rather than letting personal ideas and perspectives interfere with the interpretation of findings. It is crucial to recognize the interaction and risk of misjudgement of one's personal identity with the research at hand; it is important to be aware of one's situational positioning in relation to the research, for example how one's privileges, physical attributes or social factors may interfere with interpreting the true reality of the situation. When obtaining data through interviews, it was crucial to obtain a neutral stance in regards to vaccine hesitancy, in order to firstly remain respectful to opposing ideas, and secondly to understand the true essence of the participants' views, as a result providing the most useful insights. For example, as researchers you could have the knowledge on health and vaccines. However, as a researcher the goal is not to convince the participant what is a good health choice, but to really understand their underlying choices and point of view on vaccination. This shows the importance of having an open mind as a researcher towards participants and make them feel comfortable enough to not let them feel as if the researcher has the power. In regards to decolonizing global health research, it is important to remain aware of how due to personal privileges, one is sometimes incapable of truly and wholly understanding opinions posed by those who may not have the same privileges. An example of such a situation could be that not all participants have experienced the same level of education as the researchers did; those with a higher degree of education have more access to resources to become knowledgeable on topics such as vaccine hesitancy, which those with a lower degree of education may miss out on. As said before, it is important to make participants feel their voice is as important as someone with a higher degree. To ensure that parents do not feel as if their voice and point of view is less powerful and meaningful as those of a researcher, it is important to maintain a balanced relationship between the researcher and participant, in other words making sure there is an equal power dynamic between the researcher and the participant.

## 4.0 Discussion

### 4.1 Conclusion

Out of the research that was conducted through conducting interviews with four parents from Amsterdam Nieuw-West and the YUTPA-workshop with two parents from Amsterdam Nieuw-West and healthcare professionals, there were three main conclusions that stood out. Firstly, a major influential factor was the direct environment, whether their parents or others in their close environment such as friends are vaccinated or have their kids vaccinated. It was found that when their close and direct environment were in favor of vaccinations, the parents were more inclined to get vaccinated. Secondly, a possible suggestion for improvement would be to provide accurate and extensive information showing both perspectives of why or why not one should be vaccinated, including both positive and negative aspects, rather than providing biased information, pushing parents into a certain direction. Thirdly, within the consultation appointments and consulting health professionals, it is important for parents to receive sufficient support and enough time to decide on whether to get vaccinated or not. Emphasis should be put onto building a better relationship between the parents and health professionals, building up trust and making parents feel heard, comfortable and safe within that environment, and as a result motivating parents to engage in an open and honest conversation about the topic.

The data collected through the interviews and workshop indicate that governmental (mis)trust is a product of varying factors, differing per individual. Reflecting on the research question, namely: *“How does governmental (mis)trust influence vaccine hesitancy among parents in Amsterdam Nieuw-West and what are the needs of these parents concerning trust in the government?”*, it is clear that there are specific needs that need to be fulfilled in order for there to be increased trust between the parents and the government, as expressed through the interviews and workshop. Such needs primarily include transparency, honesty and consideration from health professionals. Despite not having a large participant pool with hesitant parents, useful insights were able to be drawn in regards to what factors are important in achieving successful trust between the government and parents.

### 4.2 Strengths

The TGHC project was accompanied by various strengths and weaknesses.

The first strength for the project was that there was a focus on a specific target group of parents of children between the age of 0-4 years old. This was a strength because by narrowing down on this specific target group, the findings are more accurate and relevant. This is because by conducting interviews within this target group where they are asked questions ranging from how their educational level, religion or background, etc. may affect their view on vaccines and their decision to get their children vaccinated, the results show how parents of children within this specific age group view vaccines in the realm of being affected by the aforementioned factors. Therefore, these findings allow for more accurate inferences to be made regarding how vaccination hesitancy and its relation to governmental mistrust may manifest in parents of this target group compared to, for example, parents of children between the age of 12-16, as it shows how their behavior in the context of these factors is influenced, as opposed to a parent of an older child. Furthermore, the findings are also more relevant for this target group of parents because it will

allow them to gain insights into how, for example, other parents of this target group view vaccines and what influences their decision to get their children vaccinated. This can in turn be beneficial for the vaccine hesitant parents because by gaining insights into the factors that result in certain parents being inclined to vaccinate their children.

The second strength was that interviews were conducted with four different parents. The use of different parents, vaccine hesitant or not, allowed for insights into how the knowledge differs between parents. Their experience with the government, personal-, migration-, educational- or religious background, influences their decision on whether to vaccinate their child or not. This is also beneficial because by asking the parents about what they think that the government can do to address the governmental mistrust of the vaccine hesitant parents, it allowed to gain insights into the different ways that the parents see that mistrust in vaccines regarding the government is being manifested. This can range from misinformation, to a lack of health awareness campaigns addressing the safety and necessity of vaccines, as well as a lack of information being conveyed by health professionals about both the advantages and disadvantages of vaccines.

The third strength was that, in addition, to conducting interviews with parents of children between the age of 0-4 years old, a workshop was also conducted involving two parents of children between 0-4 years old, as well as involving youth nurses, communication advisors and doctor assistants from the GGD, and a senior policy realization employee of the youth health care. This was a strength because throughout this workshop, the parents as well as the healthcare professionals involved, had to conduct various activities in the context of the YUTPA framework in which they voiced their opinion on healthcare provision with regards to vaccines, vaccine hesitancy and the link of this with governmental mistrust.

The different activities conducted in this workshop were useful because they offered insights into how parents view the involvement of the healthcare services provided by the government in Amsterdam Nieuw-West regarding vaccines. In addition to this, their own opinion was expressed on what they think that these healthcare provision services should do to make vaccine hesitant parents more inclined to get their children vaccinated.

The fourth strength was that the participants selected for the interviews and workshop, were not selected based on their race, ethnicity, gender, or religious beliefs. This was a strength, because by not selecting them based on these characteristics, the results of this study will not lead to a marginalized group being stigmatized as a result of, for example, their religion prohibiting them from getting their children vaccinated. This is also very ethically and societally important, as it is evident that there are a wide range of marginalized groups and people with different economic statuses. By presenting a report addressing a sensitive topic such as vaccine hesitancy, it is essential to remain objective and not unintentionally stigmatize these marginalized groups even further. This ensures that they are not unintentionally the victim of stigmatizing and culturally insensitive information being conveyed about their decision to not vaccinate their children.

The fifth strength was the content of the interview questions, which can be found in appendix 6.1. By asking the parents about different social characteristics, it allowed to gain insights into how vaccine hesitancy and its relation to governmental mistrust can be influenced. Take for instance someone having

an unpleasant interaction with the municipality, making them hesitant to get their child vaccinated. If a parent has had a bad experience with vaccine provision in another country compared to The Netherlands they parent may be more hesitant to trust governmental vaccine provision services. Thus, by covering a broad range of characteristics, it allows one to gain insights into the complex interplay of factors that could potentially cause a parent to be vaccine hesitant and experience governmental mistrust. This could also result in marginalized groups not being stigmatized as the interview questions do not solely ask if, for example, the religion of a person may prohibit them from getting vaccinated, but instead also extends to other questions asking whether governmental interaction or educational status could affect vaccine hesitancy.

The sixth strength was that all interviews with the parents were conducted by two people and recorded. By conducting the interview with parents by two people and recording the interview, it allows for the parent being interviewed to feel less intimidated as they are now being interviewed by two people instead of one, which can facilitate more open communication between the parent and interviewer (Holyoake, 2020). Additionally, recording this interview and transcribing the interview based on this recording, helped reduce bias in our investigation, as individual interpretations were not incorporated of what the parent said during the interview, but instead each word the parents said themselves was written based on the transcripts, which helped make the results more accurate (Bush, 2023).

The seventh strength was that bias was also reduced by having two people check the final coding because it gives insight into whether both researchers have the same interpretation of the interview answers being presented, and it helps reduce bias.

The final strength was that the confidentiality of all parents interviewed was maintained throughout this project. This is an ethical strength because by ensuring that the results of the parents are anonymised, it maintains the dignity and privacy of the participants who may not want other people to know their reasons for being vaccine hesitant and why they may have mistrust in the government and this also allows for more accurate results to be obtained for this study as they will be more inclined to give honest responses as their confidentiality is being maintained (Hecker & Kalpokas, 2023).

## 4.3 Weaknesses

This TGHC project was as said above accompanied by some weaknesses. The first point that made the research more challenging was to find participants willing to take part in the study. The research aims to discover the underlying reason why some people in Amsterdam Nieuw-West hesitate to vaccinate their children through the ‘Rijksvaccinatieprogramma’ due to mistrust in the government. Because vaccination is a complex and sensitive topic today, where people do not always dare to express their thoughts and opinions, it was difficult to find participants willing to engage in a conversation for the research. In order to obtain a clear understanding of where vaccine hesitancy and reduced trust in the government stem from, it is important to speak with both residents who have hesitations about vaccination and those who do not. As residents were approached on the street for recruitment, it was difficult to directly inquire if they had hesitation towards vaccines. A very general approach was necessary to initiate conversations about vaccination for the interviews. As a result of not being aware of whether the parent was hesitant or

not at first sight, the participant pool did not consist of an equal distribution of hesitant and non hesitant parents; three parents were non hesitant, and one parent was hesitant. In order to have a broader insight into the topic of interest, it would have been preferable if there were more hesitant parents included in the participant pool. Despite this, the participants provided valuable information to identify where trust lies towards vaccinating and the government, it would have been highly beneficial to also converse with residents who held different views. In the future, residents could be recruited in collaboration with the GGD, who might already be acquainted with individuals hesitant about vaccination and have established trust, allowing an open conversation/interview. If there had been more time available to recruit participants, it would have made it easier.

Considering the number of participants who were interviewed, the research would have provided more insights if more participants could have been interviewed and had participated in the workshop. The research would have been stronger if more residents from Amsterdam Nieuw-West had been involved, in order to make a more accurate generalization and real life representation. If conclusions are drawn from a larger participant pool, it may be easier to apply such conclusions to the general public and a larger domain. Therefore, in the future more residents could be recruited and potentially more workshops could be conducted to gain insights that resonate with as many residents as possible.

Apart from the weaknesses in providing information and data during the study, there were also shortcomings in analyzing the data. The interviews and the workshop were conducted in Dutch, whereas the data was analyzed in English after translation. This translation in language might have led to potential misunderstandings such as the participant not understanding the context or intended meaning of the question; such misunderstanding could lead to inaccurate results.

Consideration must also be given to decolonizing, as discussed earlier. None of the researchers are from Nieuw-West themselves or have children, which complicates interpreting everything accurately and avoiding the influence of preconceptions. It is crucial to eliminate any bias and remain a neutral stance, in order to interpret the true reality of the data. Thus it is important to interpret the data objectively and to be aware of any personal perspectives on the subject, keeping them separate from what is being communicated.

## 5.0 Plan for the next phase

For the next phase, the results from both the interviews as well as the workshop will be communicated and compared with the municipality of Amsterdam and the GGD. This way aspects that stood out can be evaluated and used to create a better understanding about governmental trust and willingness to vaccinate. This information can be used to create more awareness about what could be changed in terms of for instance providing information about vaccinations to parents.

Another part of the next phase will entail an evaluation of the YUTPA-workshop, to be able to make improvements for possible future workshops. During this evaluation the collaboration between the researchers and the partners, to be able to improve future collaborations in a transdisciplinary way. Another part of this evaluation will include a discussion on what other expectations the partner has and would like to achieve.

## 6.0 Appendix

### 6.1 Interview questions

#### Interview questions Municipality of Amsterdam

*Goedemorgen/ middag,*

*Wij zijn ...&..., studenten aan de Vrije Universiteit en wij zullen een gesprek afnemen over vaccinatiebereidheid en vertrouwen in vaccinaties.*

*Wij willen met dit gesprek meer inzicht krijgen in hoeverre ouders uit Amsterdam Nieuw-West bereid zijn om hun kind te laten vaccineren met het Rijksvaccinatieprogramma. Hierbij willen wij kijken naar de vaccinatie voor bof, mazelen en rode hond. Wij willen graag uw mening horen over vaccinaties en om echt een stem te horen vanuit de ouders zelf uit Amsterdam Nieuw-West.*

*Tijdens dit interview wordt er een opname gemaakt. Deze opname wordt na onze analyse verwijderd. U zal anoniem blijven gedurende dit interview, dus uw naam en gegevens zullen niet besproken worden tijdens dit interview. Mocht u zich niet op uw gemak voelen met het beantwoorden van een vraag, dan bent u vrij om hier geen antwoord op te geven. Dan zullen wij doorgaan naar de volgende vraag. Bent u hier oke mee en geeft u toestemming aan ons om dit gesprek op te nemen?*

*1) Ik zal eerst een paar algemene vragen stellen:*

- Hoe lang woont u al in Amsterdam Nieuw-West?
- Hoe veel kinderen heeft u?
- Hoe oud is/zijn uw kind(eren)?

*2) Nu zullen we vragen stellen over verschillende thema's. Ik zal beginnen met een aantal vragen over de BMR vaccinatie..*

- Was u bekend met de BMR vaccinatie?
- Welke van de geadviseerde vaccinaties heeft uw kind tot nu toe gekregen?
- **Zo ja: Welke vaccinaties hebben zij gehad?**
- **Zo nee: Bent u van plan om uw kind te laten vaccineren?**
- **Is er een reden dat u er voor gekozen heeft om uw kind te laten vaccineren?**
- **Zo nee: Is hier een reden voor dat uw kind geen vaccinatie heeft gehad?**
- Hoe kijkt u persoonlijk naar vaccinaties?

*3) Nu volgt een aantal vragen over uw achtergrond:*

- Hebben uw ouders u laten vaccineren toen u jong was?
- Hadden zij hier een reden voor?
- In hoeverre denkt u dat dit invloed heeft op uw beslissing om uw kind te laten vaccineren?
- Kiest u zelf om u te laten vaccineren? Hierbij kunt u aan bijvoorbeeld het COVID-19 vaccin denken.
- Welke overweging maakt u om uw kind te laten vaccineren en is dit verschillend per vaccin?
- Laat u zich vaccineren bij eventuele vaccinaties voor vakanties?

- In hoeverre denkt u dat dit invloed heeft op uw beslissing om uw kind te laten vaccineren?
- 4) *Nu zullen wij enkele vragen stellen over uw levensovertuiging*
- Wat zijn uw levensovertuigingen? (Als ze vragen wat levensovertuiging is: Bijvoorbeeld religie, levensstijl, opvattingen over de wereld, geloof dat het lichaam het zelf beter kan, enzovoort.)
  - Hoe kijkt uw levensovertuiging naar vaccinaties?
  - Sluit uw eigen visie op vaccinaties aan bij uw levensovertuiging?
  - Zijn er eventueel andere culturen of levensovertuigingen die invloed hebben op hoe u naar vaccinaties kijkt?
- 5) *Het volgende thema gaat over uw achtergrond*
- Heeft u voor Nederland in een ander land gewoond?
  - Bent u in Nederland geboren?
  - Zo ja: Welk(e) land(en)?
  - Waren er in dit land vaccinaties beschikbaar?
  - Was vaccineren in dit land een vrije keuze of was dit verplicht?
  - (In Nederland is het een vrije keuze, en hoe denkt u dat dit invloed heeft op uw beslissing om uw kind te laten vaccineren?)
- U mag dit een cijfer geven van 1-7
- 6) *Nu willen wij graag enkele vragen stellen over uw opleiding*
- Wat voor opleiding heeft u gevolgd? Bijvoorbeeld middelbare school, MBO, HBO of universiteit.
  - Welke opleidingsrichting heeft u gevolgd?
  - In hoeverre heeft dit invloed gehad op uw houding ten opzichte van vaccinaties?
  - Betreft u dit ook op de overweging om uw kind te laten vaccineren?
  - Waar haalt u uw informatie vandaan om geïnformeerd te worden over vaccinatie? Welke bronnen gebruikt u
  - Waardoor heeft u vertrouwen in de bron waar u uw informatie vandaan haalt?
  - Welke personen naast de bronnen vertrouwt u het meest, in het geval van juiste informatie krijgen (bijvoorbeeld huisarts)?
- 7) *Nu willen wij graag een paar vragen stellen over uw ervaring met de overheid*
- Bent u vaak in aanraking gekomen met de Nederlandse overheid, zoals bijvoorbeeld de GGD, belastingdienst of de gemeente?
  - Hoe ervaarde u dit?
  - In hoeverre denkt u dat dit een invloed heeft op de beslissing om uw kind te laten vaccineren? Dit mag weer op een schaal van 1-7
  - Wat is uw mening over de Nederlandse omgang met vaccinaties? Hierbij gaat het om het in Nederland een vrije keuze is om te laten vaccineren
  - Met migratieachtergrond: Wat zijn uw ervaringen met de (...) overheid?
  - In hoeverre denkt u dat dit invloed heeft op uw beslissing om uw kind te laten vaccineren?
  - Waarom denkt u dat dit wel of geen invloed heeft?

- 8) Als laatste thema willen wij graag uw behoeftes van de overheid bespreken.
- Zijn er mogelijk dingen die de overheid kan verbeteren om ervoor te zorgen dat uw vertrouwen verandert in de overheid?
  - Zijn er specifieke dingen die de overheid kan doen of veranderen om ervoor te zorgen dat u (en wellicht mensen om u heen) meer bereid bent om uw kind te laten vaccineren?

*Dit waren alle vragen voor nu, dus dit is het eind van het interview. Heeft u nog vragen aan ons? Bedankt voor uw tijd!*



## 6.2 Coding of the interviews

### 6.2.1 Coding interview 1

<b>Interview fragment</b>	<b>Open code</b>	<b>Summarizing code</b>
<i>And how old is your child?</i> <b>Interviewee:</b> 8 weeks this week.	Information respondent	General context
<i>And what type of education did you pursue? Like, at what level? For example, MBO or HBO.</i> <b>Interviewee:</b> HBO.	Information respondent	General context
<i>Do you have beliefs, and if so, what are they?</i> <b>Interviewee:</b> No.	Information respondent	General context
<i>And which of the recommended vaccinations has your child received so far?</i> <b>Interviewee:</b> None.	Received vaccinations	General context

<p><i>Is there a reason you've chosen to vaccinate your child?</i></p> <p><b>Interviewee:</b> Um, well, not specifically. Why wouldn't my child get it? A bit like that.</p> <p>I think she'll get the first one next week</p> <p><i>What considerations do you have about vaccinating your child? Is this different for each vaccine?</i></p> <p><b>Interviewee:</b> No, there's no difference. No.</p> <p>I had it myself when I was younger, so why would I choose not to vaccinate her now?</p>	<p>Decision on getting their child vaccinated</p>	<p>Willingness to vaccinate</p>
<p>Yeah, I'm not too difficult about it. No, no, I don't have a problem with it.</p> <p>Then we had to get all sorts of vaccinations and shots, about 300/400 euros. You can imagine it doesn't bother me much if I have to get a shot.</p>	<p>Own personal view on vaccinations</p>	<p>Willingness to vaccinate</p>

<p>I think the whole vaccination program isn't there for no reason. I assume it's the best for my child.</p>	<p>Trust in government vaccine-program</p>	<p>Trust in government</p>
<p><i>Where do you get your information from when you want to learn about vaccinations?</i>  <b>Interviewee:</b>  I think from you. From the health center, from the municipality.</p>	<p>Information source on vaccinations</p>	<p>Trust in government</p>
<p>But just normal, not that I thought the contact was bad or anything. I was just well-assisted, yeah, it's not like I now think I had a really bad experience there, no.</p>	<p>Contact with government</p>	<p>Trust in government</p>
<p><i>What is your opinion on the Dutch approach to vaccinations, the fact that it's a free choice?</i>  <b>Interviewee:</b>  Well, I think that's only fair. I don't think you can force people to take the vaccination. I think everyone can decide what's good for themselves. And to make a well-considered decision about it, yes.</p>	<p>View on Dutch policy vaccinations</p>	<p>View on government actions</p>
<p>No, well, a lot of fake news is spread, but I don't think that's necessarily done by the government. So can the government do something now to change my opinion about the government, I don't think so.</p>	<p>View on possible flaws of the government</p>	<p>View on government actions</p>

<p>Um, yes, maybe campaigns. Yes, billboards on the street.</p> <p><i>So basically providing more information?</i></p> <p><b>Interviewee:</b> Yes, because I have to say, I don't think much is done about that, right? To make it known: "Participate in the National Government Program." Or is there? I've never really seen anything about it.</p> <p><i>But basically, making it more known that those flyers, for example, are available? A bit clearer?</i></p> <p><b>Interviewee:</b> Yes. And if they want more children to get vaccinated, then I would invest more in that.</p>	<p>Possible improvements for the government</p>	<p>View on government actions</p>
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## 6.2.2 Coding interview 2

Interview fragment	Open code	Summarizing code
<p><i>How old is your child?</i></p> <p><b>Respondent:</b> Just turned two, just turned two.</p>	Information respondent	General context
<p><i>Do you have certain beliefs or a worldview or faith that influences your view on vaccination?</i></p> <p><b>Respondent:</b> No, no. You know, I'm just a Muslim. I believe in Islam, and with us, they say that if something helps, then you should do it, you know. That's what it's meant for, you know.</p>	Information respondent	General context
<p><i>And may I ask what kind of education you've had?</i></p> <p><b>Respondent:</b> Yes, I've done multiple courses. For example, first, I did Marketing and Communication in MBO (Intermediate Vocational Education), then I made a complete switch. I studied European Studies in HBO (Higher Vocational Education), and then I also studied Pedagogy. So yeah, it's quite varied.</p>	Information respondent	General context

<p>It's purely because, well, I've had those vaccinations myself, and I heard it from my parents, my brother had it, my sister had it. You know, it's more like, okay, everyone has already had it, what could go wrong, you know. So it's more based on the trust of what I've seen around me.</p>	<p>Decision on getting their child vaccinated</p>	<p>Willingness to vaccinate</p>
<p>It's been around for so long, there's been enough research done. It appears to be very helpful, you know, that it really helps against certain diseases. And it hardly ever happens anymore that someone gets such a disease because of that vaccination. So yeah, it's more about the trust in, yeah... How long it's been around, you know.</p> <p>But for example, the COVID vaccine, okay, that's been around for a year or two, eleven, two, three, I don't know. See, that's not trustworthy.</p>	<p>Influential factor trust in vaccinations</p>	<p>Trust in vaccinations</p>
<p><i>You do look quite positively at those vaccinations because of that, or do you not really have a strong opinion about it?</i></p> <p><b>Respondent:</b> Um, not particularly</p>	<p>Own personal view on vaccinations</p>	<p>Willingness to vaccinate</p>

<p>positive, but yeah, no opinion.</p>		
<p>I did think, yeah, as a parent, I should ask more about it. But I also find it a bit odd that they haven't been more specific about it themselves, you know. They'd say, oh, you're getting a vaccination. But then I had to ask myself each time, for what?</p> <p>Yeah, it wasn't so clear, no. Sometimes yes, other times no. And then I think, yeah, okay, but for what reason did my child actually get a vaccination?</p> <p>And then, coincidentally, I see, "Oh, your child has the next appointment, for a shot, you know." You only see it when you log in. But it wasn't told to me beforehand.</p> <p><i>Would you have wanted to be better informed about that?</i></p> <p><b>Respondent:</b> Yeah, definitely. It would be nice if they could say beforehand.</p>	<p>Provided information on vaccinations</p>	<p>View on government actions</p>

<p>It doesn't have to be very complicated. But if they just tell me beforehand, for example, "Next appointment." Or receive an email about it. But it doesn't have to be a whole conversation or a flyer sent home or something.</p> <p><i>So are there potential things the government can improve to perhaps enhance your confidence with the government?</i></p> <p><b>Respondent:</b> No, not particularly, but it would be nice. But I don't know if it's exactly the government or municipality, but just that clarity about vaccinations.</p>	<p>Possible improvements on provided information</p>	<p>Improvements on government actions</p>
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<p><i>And which opinions do you find especially important to hear about this?</i></p> <p><b>Respondent:</b> Well, I'd say from people who are close, you know, who you've known for a very long time, so for example, my parents, imagine if they've had it themselves, okay, they'll honestly tell you what it really is, you know. And also, from their own experience, a doctor, yeah, no matter how good they are, they'll always say, "Oh, it's fine," because they're a doctor, you know.</p> <p><i>Do you think that there should be more of a second side of the story told? Or?</i></p> <p><b>Respondent:</b> Yeah, definitely. Yeah, for sure, for sure. Yeah, how else would you know if it's good or not, you know? Or if it's true or not.</p>	<p>Influential factor trust in vaccinations</p>	<p>Trust in vaccinations</p>
<p><i>Do you feel that the Netherlands sort of gives you a feeling that you have a choice regarding vaccination?</i></p> <p><b>Respondent:</b> Definitely. Yes, if I don't want to, I simply won't do it. That's quite nice, yeah, haha.</p>	<p>View on Dutch policy on vaccinations</p>	<p>View on government actions</p>

<p>But I do notice they tend to push it a bit.</p>		
<p>Yeah, yeah, yeah, I did get that feeling of "it must be done." Of course, ultimately, the parent decides, but there's this notion that you must keep pushing in their heads that it's simply better, blah, blah, blah.</p> <p>And they kept saying, they even mentioned convincing people of different faiths, like some Christian people or something. That they don't want it in certain areas in the Netherlands or villages. I really can't remember, but sort of like they don't want it. How can you best convince them? That was the theme, and then I thought, just leave those people alone. If they don't want it, it's their own problem, haha. But yeah, it was kind of pushed, that's what I meant.</p>	<p>View on Dutch educational policy on vaccinations</p>	<p>View on government actions</p>

<p>Mostly because now, for example, at first just the internet and such, but now that I have a child myself, I think, okay, I'll ask another parent. Because they have a different experience than what's just online or on the internet, you know. It's really, yeah, how do you say it, they have experienced it themselves.</p> <p><i>So you would say that you might trust more just talking to people who have experienced it and know how the process works?</i></p> <p><b>Respondent:</b> Yes.</p>	<p>Information sources on vaccinations</p>	<p>Trust in government</p>
<p>No, just fine, just fine, that's well, yeah. But yes, that's a personal experience. Every time, I got a different, how do you call it, a different person who talked with me, you know. So that was a bit annoying because why don't I just have one fixed person for all my appointments, especially because it's a child, so it would also be more familiar for her and because she's so young. But yeah, I don't know, that also varies a lot. But personally, I don't find that so nice.</p> <p>But they were all good, though, don't get me wrong, haha.</p>	<p>Contact with government</p>	<p>Trust in government</p>

### 6.2.3 Coding interview 3

Interview fragment	Open code	Summarizing code
<p><i>How many children do you actually have?</i> <b>Respondent:</b> Uh, one daughter.</p> <p><i>And how old is she?</i> <b>Respondent:</b> Two.</p>	Information respondent	General context
I studied history at the University of Amsterdam and then theology at the University of Tilburg.	Information respondent	General context

<p><i>Do you follow a certain religion? Or a certain stream of thought? Or lifestyle?</i></p> <p><b>Respondent:</b> Uhh I am Christian.</p> <p><i>How does Christianity view vaccinations?</i></p> <p><b>Respondent:</b> Yes, I am - very specifically I am Old Catholic, and that is a rather liberal movement, within Christianity. So yeah, insofar there are not very specific ideas, for or against vaccinating. Or that it yeah that there is something strongly advocated, it's really left to the conscience of the parent.</p> <p>You can argue that maybe we should leave everything to God, so I won't vaccinate. but yeah, I think you can also reason the other way. So there are vaccinations because God wants us to not get sick, so to speak.</p>	<p>Information respondent</p>	<p>General context</p>
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<p><i>That MMR vaccination. Are you familiar with that?</i>  <b>Respondent:</b>  Yes.</p> <p><i>Did they give you good information or could it have been better?</i>  <b>Respondent:</b>  Uh, I think so? No, I think we were well informed. Uh, yeah.</p> <p><i>To what extent you notice that, but that within the GGD in Nieuw-West, that it is conveyed well that there are people there who can deal with those language barriers? Or do you think that information doesn't always reach them well?</i>  <b>Respondent:</b>  Well, they try - what I do notice is that they at least in written communication try to make that more inclusive, so that they indeed also make things available in Turkish, and in Arabic, uhhh.</p>	<p>Provided information on vaccinations</p>	<p>View on government actions</p>
<p><i>Do you just follow the vaccination program completely, or?</i>  <b>Respondent:</b>  Yes.</p>	<p>Received vaccinations</p>	<p>General context</p>

<p><i>Do you have specific reasons why you followed that program? Or?</i></p> <p><b>Respondent:</b> Um, well, because as I said, it's precisely that consideration that where people don't do it, that you see those contagious diseases resurging. Um, yeah, so it does, that it does something, and that it actually does something good, that, uh, yeah, that, essentially.</p> <p>I have umm insofar with the national vaccination program, I think well thought out.</p>	<p>Decision on getting their child vaccinated</p>	<p>Willingness to vaccinate</p>
<p>I think I am, that I always have the idea of yeah if you then look and especially with those really many of those vaccines from the national vaccination program, they've been around for quite some time. And there haven't really been very shocking things usually coming from them, as far as I know.</p>	<p>Influential factor trust in vaccinations à Age of vaccination</p>	<p>Trust in vaccinations</p>
<p><i>Do you have- from the Netherlands, do you have the idea that you have a choice to vaccinate your child, or not? Umm how do you view that?</i></p> <p><b>Respondent:</b> Yes, I do think I have a choice in that!</p> <p>Generally and fundamentally, I think you're free not to vaccinate. And I think that's good.</p>	<p>View on Dutch policy on vaccinations</p>	<p>View on government actions</p>

<p>I usually end up thinking that the - the risk yeah of such a side effect is just so small that I think the benefits of that vaccine outweigh that, so to speak.</p>	<p>Own personal view on vaccinations</p>	<p>Willingness to vaccinate</p>
<p>I do think that at the child health center sometimes yeah that sometimes it could be better in terms of information provision or at least also the obviousness with some things yeah how they are dealt with, so to speak.</p> <p><i>But for example, in Rotterdam, they make videos, in Dutch, Arabic, and Turkish. And that also appeals to people nowadays, you know? Many people are on TikTok, they want short and informative videos. Maybe this is a new way instead of flyers, making videos in different languages might make it easier.</i></p> <p><b>Respondent:</b> Yes, I think that's good. Especially the younger generation, they might not read much, so short informative videos are a good idea.</p>	<p>Possible improvements on provided information</p>	<p>Improvements on government actions</p>



<p><i>And how do you think your education influenced your views on vaccinations? Maybe from your academic side or the level of your education. Do you think it has an impact?"</i></p> <p><b>Respondent:</b>  Yes, I think so. Yeah. It's, yeah. You often read in the news that vaccine acceptance is higher among highly educated people. But yeah, I also come from an environment where it was common to get vaccinated, so that also plays a role. And yeah, maybe you're more capable of finding the right information if you have questions. That way, you might dig deeper when you come across misleading information online about someone going blind due to vaccination. You might look into how common that actually is and whether it's serious or not.</p>	<p>Influential factor trust in vaccinations à high education</p>	<p>Trust in vaccinations</p>
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<p>Usually when I really want to know about something, I check the RIVM website. Yeah. If I want more information, I might look at other sources on the internet, but I try to see if they're scientific sources. But it depends on their credibility.</p> <p><i>But you don't consult doctors or anyone to get informed. Just from the internet?"</i></p> <p><b>Respondent:</b> Oh yeah! No, at the health center, we do talk to the doctor, and they're available for questions if we have any. Yeah. I know we didn't really do that with the national vaccination program, but with COVID, my wife was pregnant, and there was a discussion about whether pregnant women should get vaccinated. So, we had several discussions with both the health center and our GP about what would be wise in this situation."</p> <p><i>Yeah. So, in that sense, you prefer going to a doctor first.</i></p> <p><b>Respondent:</b> Yeah. Yeah, if there's real doubt, then we make an appointment with the GP, yeah.</p>	<p>Information sources about vaccinations</p>	<p>Trust in government</p>
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<p>Overall, I have a positive view of it. I think it's great that it's available for parents to ask questions and get a good check-up for their child.</p> <p>However, they are very focused on their standard growth charts. And sometimes, that can be a bit excessive. Or, at least, if your child deviates slightly from their standard, they quickly get worried, and you think, well, some kids might be slower or faster in certain things than others. Of course, if something is very concerning, you should look into it. But they are very focused on their standard measures, and I think you sometimes need to take that with a grain of salt."</p> <p><i>Do you feel that if you disagree with their advice, they are open to discussing it and finding a middle ground?</i></p> <p><b>Respondent:</b> I think you need to be quite assertive. Yeah, we did tell them that we disagreed strongly and that we wouldn't follow the advice. And they agreed to that. So, you can talk about it. But you have to do that and be willing. Yeah."</p>	<p>Contact with government</p>	<p>Trust in government</p>
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<p><i>Are there possibly still things that you think could be improved by the government to gain more clarity about vaccination or to gain more trust?</i></p> <p><b>Respondent:</b> Uhh yes, I think having conversations with people is probably always a good thing if you really notice that well, there are really large groups of people who do not vaccinate and that's something we would actually want.</p>	<p>Possible improvements to increase trust</p>	<p>Possible improvements on government actions</p>
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## 6.2.4 Coding interview 4

Interview fragment	Open code	Summarizing code
<p><i>How many children do you have?</i>  <b>Respondent:</b>            I have three children.</p> <p><i>How old are your children?</i>  <b>Respondent:</b>            Six, two, and eight months.</p>	Information respondent	General context
<p><i>What are your beliefs?</i>  <b>Respondent:</b>            I am Muslim. 'Elhamdoe Lilah'. I uhh, believe in Islam.</p>	Information respondent	General context
<p>The highest I pursued was HBO, which I didn't finish.</p>	Information respondent	General context
<p>When I was ten, I lived in Egypt for a while. That was five or six years. I lived in Egypt for six years, and then came back here.</p> <p>So, it's not mandatory there to vaccinate like in the Netherlands, you have a free choice.</p>	Information respondent	General context
<p><i>Which of the recommended vaccinations has your child received so far?</i>  <b>Respondent:</b>            None.</p> <p><i>Do you plan to vaccinate your child?</i>  <b>Respondent:</b>            No. I vaccinated my first</p>	Received vaccinations	General context

<p>oldest child, who is six years old.</p>		
<p><i>And is there a reason why you haven't vaccinated your children?</i></p> <p><b>Respondent:</b> Yes, because, I don't know- I've heard from many other people that there's no longer trust in it. And, you don't know what's in those vaccines. So, yeah. All the older folks earlier, none of them took vaccinations, and they're still, well, healthy and everything is good, so, yeah, that's a bit of the reason.</p>	<p>Influential factor trust in vaccinations à environment</p>	<p>Trust in vaccinations</p>
<p><i>Were you vaccinated by your parents when you were young?</i></p> <p><b>Respondent:</b> Yes.</p> <p><i>Did they have a specific reason for this?</i></p> <p><b>Respondent:</b> No.</p> <p><i>To what extent do you think that the fact your parents vaccinated you influenced your decision to vaccinate or not vaccinate your child?</i></p> <p><b>Respondent:</b> No, it didn't. They didn't influence my choice, so to speak.</p>	<p>Non-influential factor trust in vaccinations à contradicting</p>	<p>Trust in vaccinations</p>
<p>I haven't really had a reason to do it so far. There's no good reason to do it, so to speak.</p>	<p>Decision on getting their child vaccinated</p>	<p>Willingness to vaccinate</p>

<p><i>Where do you get your information from? To be informed about vaccination?</i></p> <p><b>Respondent:</b>  Yes, a little bit of Googling, I have—I am also friends with a doctor, with whom I worked before. And uhh, they also advise against, specifically not to vaccinate.</p> <p>It's really what you hear from people, plus what I've heard from him, and all those sources he also sends. Conversations we've had together, so he also says you really shouldn't do it.</p>	<p>Information sources about vaccinations</p>	<p>Trust in government</p>
<p><i>How do you experience the interaction with the GGD or other authorities?</i></p> <p><b>Respondent:</b>  Good.</p> <p>And then here with my youngest daughter, when they asked if she had been vaccinated or should be vaccinated, when we said no, we're not doing that. Yeah, it wasn't a problem for them. They didn't really care.</p>	<p>Contact with government</p>	<p>Trust in government</p>
<p>I think it's good that you have that free choice. Because ultimately it's your own body. And it's your property, so you should decide for yourself whether or not. Uhh nobody should force you to get a vaccination, and you don't know what's in it.</p>	<p>View on Dutch policy on vaccinations</p>	<p>View on government actions</p>

<p>At that time yeah you're young, because I was I was also young when I had my first child. I thought yeah, I've done it, now I'll do it for my child too. But yeah, afterwards you start thinking, you read a bit, and you hear stories here, stories there, and then you also get sources, with this and that, that you can read. And you think yeah, then rather not.</p>	<p>Influential factors trust in vaccinations à information sources</p>	<p>Trust in vaccinations</p>
<p><i>Can the government do something to reduce those side effects? And would that make you more willing to vaccinate your child or something else?</i></p> <p><b>Respondent:</b> Yeah, look, if they come with scientists, and uhh and honestly prove that it has no effect or no impact. Only yeah, it seems difficult to me, then you really have to uhh involve a child from the previous generation, and a child from the next generation, I think. And then you can really see the differences—it takes a long time, let me put it that way, to see it, or to notice it.</p> <p><i>Yeah, you mean the long long-term effects.</i></p> <p><b>Respondent:</b> Exactly.</p>	<p>Possible improvements on gaining trust à show long-term effects</p>	<p>Improvements on government actions</p>



## 6.3 Workshop Notes

### **YUTPA AIM:**

Greater understanding of where mistrust lies

### **Duration of Involvement:**

OKT: 5.3

Parents: 6

### **Reciprocity:**

OKT: Insufficient

Parents: Sufficient

### **Involvement:**

OKT: higher

PARENTS: lower

### **Factor 1: Relationship-Involvement**

OKT=7.3:

Parent=5.4

### **OKT Slotervaart Case**

#### **OKT Staff Opinion 1:**

-Based on the case study, space is given to the mother to ask questions or to return, but there is a lack of depth or targeted questions, they keep turning around the core issue. This creates a dilemma, as parents are unsure whether to vaccinate or not. The parent expresses emotions in her case, and seeks confirmation but receives a generic answer. More probing is needed. The response remains general, and too much information is given in one sentence. "Good that you share your concerns with me" shows the staff's understanding, but then they start their own story saying "it is dangerous not to vaccinate your child".

-When the grandmother says "As a child, she had all vaccinations," it's a missed opportunity.

In a consultation, it's not good to give so much information about vaccines to the mother. Take separate time to provide her with additional information about vaccines. On the other hand, the mother keeps coming back, so there is indeed trust, because she attends all appointments.

#### **OKT Staff Opinion 2:**

-All the misinformation keeps coming in, and the fact that within those short 20 minutes, the staff has to answer all parents' questions, is too short, so there needs to be more time to address parents' hesitation.

#### **Parent's Opinion on Vaccinations:**

-More information should be provided. She vaccinated her first child but eventually had doubts about the coronavirus vaccine's contents, so they want to wait to vaccinate their children again later. More involvement is needed from the health sector, more information should be given about the pros and cons of vaccines, and parents are afraid of the side effects of vaccines. There needs to be more room to get a truthful story from the staff, so a conversation is necessary, especially in the age of social media

misinformation. The parent feels she can ask her questions, but the answer is not as she would like. Amsterdam had no problem when she did not vaccinate her child. Also, not too much information should be given about vaccinations because that also leads to hesitation. They should do something via social media to address this hesitation. She finds that social media ads don't work for vaccine information, it really needs to come more from the staff.

-The RIVM website has too much information about vaccinations, so it is necessary to coach parents, because parents base much of their information on what they get from their community, parents, and playground.

### **Staff Opinion:**

-The social media aspect needs to be highlighted more.

-She only looks at the positive side as a staff member, so she finds it difficult to mention the downsides. Parents really want to know whether the downsides seen on social media are true or not about the vaccine. The HPV leaflet states that no fertility research has been done, so parents need to be explained that their confusion is understood, but actually X, Y, Z is meant instead of what is written in the leaflet.

-Parents appreciate it when a professional themselves mentions the misinformation and rumors they hear about vaccinations on social media and in society.

-Concern about autism, or no sex before marriage, such fragments should be mentioned by a professional so that parents know that you as a staff member are keeping up with what is happening so they do trust what the staff says. As a staff member, you should make double consultations or extra appointments so that you make time for parents to address their concerns about vaccines.

-Ask if parents would be interested in having a conversation with other parents but not about the topic of vaccinating. Only once they are in should they know it's about vaccines.

-You must coordinate with each other when you have a conversation with parents. You must check why parents come and what is at play. You must indicate what you think is important for the child's health. Let the parent determine the agenda more, instead of listing an agenda about what needs to be done.

### **Handling the topic of vaccination in a group:**

-A middle way is a special method to write down your question on a piece of paper, and then a professional picks out that piece, and then you can discuss it as a group.

### **Second Factor: Reciprocity**

OKT=4.4.

Parents: 6.4.

Staff opinion

-Parents should cancel on time if they cannot come to an appointment, but we provide them our service and they must have trust in us. Without trust, there is no reciprocity.

-Look at parents' body language to see if they have trust, so mention what you see in their body language. Some parents do not come back for an appointment if they did not have a pleasant time at their previous appointment, you have to make sure that parents feel welcome and genuinely involved. You must see parents as they are, because then they are more willing to engage in conversation. Give parents space, and let go for a while if you notice that they don't want to be there. Acknowledge that the parent doesn't want to be there. A colleagues' attitude saying things must be done in a certain way is not efficient because

then parents are less willing to come to appointments with a good attitude. A positive conveyance of information is needed.

- If parents find it difficult to make an appointment for vaccinations, they feel that the health clinic is taken for granted.

- Political trust divides the country, because parents see the municipality as the government. With coronavirus, there was also a lot of misinformation that needs to be addressed. When people still got coronavirus after their vaccination, they became more uncertain.

- Ages change for specific vaccines such as MMR from 0-4 to 0-2, this reduces the trust parents have in vaccinations.

## **Part 2**

Ideas:

- Empathy, tuning in, seeking and moving along with parents, know what's happening in society, be sincere and take parents seriously. Give everyone space. Customer friendliness towards the client, especially in communication about vaccinations.

- Talking about a case of a sick child where you say one vaccination is enough but actually insist on two is not good.

- The continuous change of schedules makes it difficult for healthcare providers to explain to parents. If parents adamantly do not want it, then you must respect their choice. There is also a language barrier with some of the parents, and parents sometimes do not have good information and what it is for, which leads to them not vaccinating.

- Give compliments about everything that goes well.

- Listen to the parents.

- It's difficult to be comfortable in the consultation room.

- Presence outside the OKT.

- Group care centering.

- Answer questions and concerns on social media.

- Look for neighborhoods where vaccination shortages may occur.

- Have a conversation about what people want to know about vaccinations, what questions and concerns they have.

## 7.0 Bibliography

- Asiran, A. (2022, October 26). *Patients with migrant backgrounds face discrimination in Netherlands: Report*. Anadolu Ajansı. Retrieved October 18, 2023, from <https://www.aa.com.tr/en/europe/patients-with%20migrant-backgrounds-face-discrimination-in-netherlands-report/2721533>
- Bush, D. (2023, July 26). *7 reasons why you should record all your interviews*. LinkedIn. Retrieved December 10, 2023, from <https://www.linkedin.com/pulse/7-reasons-why-you-should-record-all-your-interviews-darren-bush#:~:text=Recording%20interviews%20allow%20for%20a,their%20performance%20is%20thoroughly%20evaluated.>
- Engbersen, G., Van Bochove, M., De Boom, J., & Bussemaker, J. (2021). *De laag-vertrouwen samenleving: De maatschappelijke impact van COVID-19 in Amsterdam, Den Haag, Rotterdam & Nederland*. In Impact corona. Erasmus School of Social and Behavioural Sciences & Kenniswerkplaats. Retrieved 13 October 2023, from [https://www.impactcorona.nl/wp-content/uploads/2021/11/Def\\_-1-november\\_rapport\\_laag-vertrouwensamenleving\\_def83.pdf](https://www.impactcorona.nl/wp-content/uploads/2021/11/Def_-1-november_rapport_laag-vertrouwensamenleving_def83.pdf)
- Hecker, J., & Kalpokas, N. (2023, September 14). *Preserving privacy and confidentiality in research*. ATLAS.ti. Retrieved December 10, 2023, from <https://atlasti.com/guides/qualitative-research-guide-part-1/confidentiality-privacy-research#:~:text=The%20ethical%20principle%20of%20confidentiality%20in%20research&text=This%20ethical%20principle%20is%20vital,and%20depth%20of%20research%20data.>
- Holyoake, M. (2020, November 2). *Too many cooks: How many interviewers is optimal?* LinkedIn. Retrieved December 10, 2023, from <https://www.linkedin.com/pulse/too-many-cooks-how-interviewers-optimal-mark-holyoke>
- Nevejan, C. (2023, April 7). *Vormen van vertrouwen (essay)*. Openresearch.Amsterdam. Retrieved December 14, 2023, from <https://openresearch.amsterdam.nl/page/95507/vormen-van-vertrouwen-essay>