

Trust or Resistance?

Government Health Communications and Covid-19 Vaccination.

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Abstract

The aim of this thesis is to answer the research question: **How are government health communications understood and used by people to make decisions about Covid-19 vaccination?**

Social Representation Theory is used as theoretical framework to understand the respondents' pre-existing structured set of socially situated ideas and how they influence their understanding and use of a government health communication.

An online questionnaire was used with a combination of rating scales and open-ended questions, that aim to create a meaningful space for complex meaning-making and encapsulate the respondents' understanding and use of a government health communication.

The chosen government health communication is by the Danish health authority Sundhedsstyrelsen and is a recommendation that pregnant women should be Covid-19 vaccinated.

The data collection resulted in 92 respondents, but 49 were removed as they only partially completed the questionnaire (n=43). The mean age of the sample is 31.2 (SD= 12.5). The gender distribution is 35% male (n= 15) and 65% women (n=28).

The analysis of both quantitative and qualitative measures resulted in two main findings, and a series of minor findings.

The first main finding is that the understanding and use of a government health communication in respondents' decision making is highly influenced by two elements: Trust and Resistance.

A finding which reaffirms the scientific literature. However, by use of SRT as a theoretical framework, this thesis has been argued to contribute with an alternative understanding of how government health communications are used and understood by people to make decisions on Covid-19 vaccinations.

The second main finding is that the government health communication has influenced a good portion of the sample and facilitated a perception of much lower Covid-19 vaccine risk for pregnant women.

A finding that has been said to both contribute and reaffirm the scientific literature.

The thesis also had 4 minor findings:

1. The respondents' understanding of risk in some cases, have been influenced by their degree of familiarity with the object in question.
2. A historical analogy was used by one of the respondents, to understand and use the government health communication.
3. Non-scientific nationalistic cues have been argued to directly influence one's understanding of the Covid-19 vaccine's risk.
4. Those who trust a government health communication, can still have reservations, and worry about possible political motives.

The data provided in this thesis can be used to better understand how social representations can facilitate both trust and resistance to a government health communication. The data provided can also be used to potentially make future government health communications on Covid-19 vaccinations more effective and persuasive.

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Introduction

A respiratory disease called “COVID-19” was declared a pandemic by the World Health Organization (CDC Museum COVID-19 Timeline, 2023). The disease has at the time 118.000 cases in 114 countries and 4.291 deaths (CDC Museum COVID-19 Timeline, 2022). The strongest safeguards are tough restrictions on daily life and, more importantly, COVID-19 vaccinations (COVID-19 Vaccines, 2022). However, not all countries are equally receptive to COVID-19 vaccines (Understanding Vaccination Progress by Country, n.d.).

Additionally, the World Health Organization declared vaccine hesitancy as one of the top ten threats to global health in 2019 (Ten Threats to Global Health in 2019, n.d.).

This thesis will for this reason explore the notion of how people decide to vaccinate or not. I aim to understand the individual’s decision making within a social context, particularly as they encounter and make sense of official government health messages. I argue that this understanding will give us insight into how we persuasively communicate science. Individuals are not empty receptacles for information but rather already have a structured set of socially situated ideas that frame understanding. In this way, understanding individual’s decision-making considering social factors is an important resource in future pandemics or contexts where persuasively communicating science is paramount.

The foundation of my thesis will therefore be based on the following research question: **How are government health communications understood and used by people to make decisions about Covid-19 vaccination?**

Chapter 1 - Literature review

The first chapter of my thesis will seek to refine our understanding of vaccine hesitancy and government health communicated messages. There will for this reason be a review of relevant literature, which we will use as steppingstones, to answer my research question.

Inadequate communication

Bin Naem and Bhatti (2020) argue that the COVID-19 pandemic was an “infodemic”. A concept where an excessive amount of information concerning a problem makes the solution even more difficult (Naem & Bhatti, 2020, p. 233). Yet at the same time there was also insufficient information. Multiple studies show that people perceive to be insufficiently informed when it comes to COVID-19 vaccination which is giving participants doubts about both the effectiveness and the development speed of a Covid-19 vaccine. (Yıldırım et al., 2022; Zimmerman et al., 2022; Elbarazi et al., 2022; Tibbels et al., 2022; Paul et al. 2022; Morales et al., 2022; Simanjorang et al., 2022). Participants in these studies seem to be dissatisfied with the communicated information on things like the Covid-19 vaccine’s development process, the safety of receiving a vaccine and the contents of the vaccine.

Which is why, considering these studies, it might seem that the information that health officials have communicated, may have been inadequate. There are possibly specific requirements to the communicated message by parts of the public, which is influencing their decision-making. This substantiates the point, that we need a greater understanding of how government health communications are understood and used to influence vaccine decision-making. Furthermore, it would be insightful to understand the specific ingredients of inadequate communication.

Government Mediator

Research indicates that one of the major factors influencing Covid-19 vaccination rates, is whether the individual trusts the government or institution supplying the vaccine (Sapienza & Falcone, 2023; Adhikari et al., 2022). This is important to high-

light, as it indicates that distrust in a government can be an antecedent of vaccine hesitancy.

A study by Epperson et al. (2022) supports this point. They examined Covid-19 decision-making among urban Native Americans and discovered that participants were worried that the government was experimenting on them (Epperson et al., 2022). This sentiment echoed in other studies on ethnic minorities as well (Cáceres et al., 2022; Tibbels et al., 2022; Morales et al., 2022). The finding illustrates the importance of understanding the risk of deciding to vaccinate and the influence of a government mediator. In this case, a history of discriminatory acts causes distrust in the government which in turn leads to Covid-19 vaccine hesitancy.

Another study, by Stead et al. (2022) sought to research British citizens' opinion on mandating Covid-19 vaccination and vaccine passports. Their study showed that the participants had quite different opinions, as some participants saw vaccine mandates as necessary, whereas others perceived it as an overreach of state-power and vaccine-apartheid (Stead et al. 2022). I include this study, simply to substantiate and repeat the argument: we need an understanding of how government health messages are understood and used by people to make decisions about Covid-19 vaccinations.

Risk

It has now been argued that we need a greater understanding of how the common public understands a government health communication. It has also been argued that a government mediator will influence the communicated message and might make it riskier for some to receive a Covid-19 vaccine. Which is why, I will argue that we also need an understanding of the common public's risk-perception. As it might be insightful to how the individual evaluates the health authority's communicated message.

The notion of risk is a familiar concept and has always been embedded in the human condition. We live on borrowed time and are well aware of it. Considering these existential circumstances, one might assume that risk has been a common object of scientific inquiry. However, one would assume wrong. According to Mohun (2016) risk is "so ubiquitous, so pervasive, that it has often been analytically invisible" (p. 34). It was not until the 1950's that psychologists had an increasing interest in how lay people perceive risk (Joffe, 2003). This interest was mediated mostly through

research on cognitive processes, which meant a greater focus on the layman's calculation of probability; whether one would be affected by a particular risk (Joffe, 2003, p. 57). Kahneman, Slovic and Tversky (1982, as cited in Joffe, 2003) say that "Cognitive psychology is concerned with internal processes, mental limitations, and the way in which the processes are shaped by the limitations" (p. 56). This line of reasoning was hence mainly dominated by a focus on individual perceptual or cognitive errors and would inspire like-minded research on risk (Joffe, 2003).

The research and approach that is particularly relevant for this thesis and research on risk, is the Optimistic Bias tradition (Joffe, 2003). The Optimistic Bias tradition argues that people are too optimistic, when determining the risk of personally contracting or encountering certain dangers (Joffe, 2003, p. 57). Studies by Weinstein (1982) and Taylor (1989) support this argument, as their studies illustrate that people unrealistically expect few negative events in their future, and that these events are more likely to strike others than themselves (Joffe, 2003, p. 57).

The Optimistic Bias tradition has, according to Joffe (2003) therefore inspired much research and theory in the health risk sphere such as the Protection Motivation Theory (Rogers, 1975, as cited in Joffe, 2003), the Health Belief Model (Rosenstock 1974) and the Health Action Process Approach (Schwartzter, 1992, as cited in Joffe, 2003).

Joffe (2003) also argues that this focus on "cognitive tricks played by individual minds" resonates through much of the risk-literature (p. 57). Even among risk perception research that does not reside in the Optimistic Bias tradition, but still argue that humans unintentionally miscalculate their risks due to cognitive deficiencies (Joffe, p. 58). An example is Finucane et al. (2000) that argue the use of "affect" heuristics. Their research indicates that individuals use mental shortcuts based on emotions, when judging the risks and benefits of a hazard. The laymen are therefore again perceived as possessing a sort of deficit, however not due to optimistic reasoning, but emotions that limit their judgment.

The Deficit Model

The line of reasoning that argues unintentional miscalculation due to cognitive deficiencies has also been defined as the "deficit model," a term coined by Wynne (1982). The deficit model describes the belief, that the layperson is irrational and

lacking intellectually when measured against objective scientists (Joffe, 2003). This term is quite important, as it might highlight a fundamental issue within this field of research. I would argue that it is counter-productive and harmful to perceive the layperson as irrational and somehow deficit. It is an act of pathologizing the laypeople as the problem, simply because they do not act in accordance with the researchers' intentions. There is much more to a decision, than simply information processing. The problem of vaccine hesitancy is not rooted in an ignorant public or cognitive deficiencies. The problem resides in how we communicate science effectively and how we perceive the common public. The scientist cannot expect a layperson to respect the scientific process foretelling risk, if the authors of the communicated risk do not respect the readers' ability to understand the message, nor the readers' ability to make informed decisions considering the said message.

For this reason, my thesis will attempt to oppose the classical cognitive view, by having a theoretical framework that acknowledges the many nuances of individual meaning-making. Slovic (2016) substantiates this point, as he argues that humans are not analogous to information processing machines, but highly dependent on intuitive and experiential thinking, guided by emotional and affective processes. Moscovici's (1984) view supports this argument and adds that the cognitivist view of humans is a simplification. He argues that society is a source of meaning, rather than information (Moscovici, 1984). Joffe (2003) supports these arguments too and states that, the deficit model lacks an acknowledgment of humans inters-subjective realities and symbolic, meaning-making practices.

There has now been an elaboration of relevant literature to refine our understanding and study of how government health communications are understood and used by people to make decisions about Covid-19 vaccination. There will now be an elaboration of the thesis' theoretical foundation, which will operationalize our understanding of peoples' decision-making.

Chapter 2 - Theoretical Foundation

This second chapter will elaborate the theoretical foundation of this thesis. It will continue the argument of how future research may benefit from distancing itself from the so called “deficit model.” This will be by argument for Social Representations theory, as a promising alternative to the “deficit model,” focusing on how certain risk phenomena might be represented in the individuals’ knowledge repositories.

The end of this chapter will elaborate Social Representations Theory and its key concepts.

A case for Social Representations Theory

The dominant paradigm of research on risk during the 20th century has now been elaborated, and argued to be possibly lacking, in their conceptual assumption of the layman’s risk perception. This is where Social Representations Theory (SRT) might offer a more insightful angle.

SRT conceptualizes readings of risk quite differently, as they are perceived as meaningful representative entities in themselves, and not simply evaluated based on possible cognitive deficiency (Joffe, 2003). An example of this could be vaccine hesitancy. A study with a deficiency model-based framework would be prone to understand vaccine hesitancy as a miscalculation by the individual. This might be based on an optimistic bias like in the studies by Weinstein (1982) and Taylor (1989), or an effect heuristic like in Finucane et al. (2000). Nonetheless, the focus would be on the individuals’ cognitive mishaps. Whereas SRT, would argue that sociocultural, historical, and group-specific forces constitute inner experiences, thus making the collective “we” a part of the meaning-making of the “I” (Joffe, 2003, p. 60). This view therefore includes the many cultural and social processes that might influence the familiarization and understanding of a concept - or in this case, vaccination.

A good example of this, is a study by Miguel et al. (2022). They studied mothers’ representations of vaccines and children being vaccinated. Their study indicated that representations based on freedom of choice, preference for natural immunity, conspiracy theories and confidence in vaccines, were seen to influence their respondents’ decision-making. This supports the point, that there is much more to vaccine hesitancy than cognitive deficit.

Another point that makes SRT meaningful in this thesis, is its analytic focus on the question of how science diffuses and transforms into lay thinking (Joffe, 2003).

In the world of the scientist, a scientific theory will circulate and develop - yet remain a scientific theory (Farr, 1993). Simultaneously, the same scientific theory will circulate in lay circles, but transform into a social representation based on the public's preexisting ideas and concerns (Farr, 1993).

Moscovici and Duveen (2000) define and distinguishes between the reified world of the scientist and the consensual world of common sense. In the reified world, the familiar becomes unfamiliar by function of the scientific enterprise; to discover what is unknown (Farr, 1993). Whereas the consensual world of common sense takes the unfamiliar and makes it familiar - through social representations. Moscovici therefore argues that one needs to understand the social representations of science, if one wishes to effectively communicate science to the public (Farr, 1993, p. 195). An argument that is especially relevant for this thesis, as I seek to understand how government health communicated messages are understood and used by the public in their decision-making to vaccinate.

I will therefore argue that SRT is a possible insightful avenue to understand how the public understands science and risk of vaccines.

Social Representations Theory

Social representations theory was developed by Serge Moscovici in *La Psychanalyse: Son Image et Son Public* (Moscovici, 1961/76, as cited in Marková, 2012). It was originally developed to show how daily thinking and common sense characterized human rationality (Marková, 2019). Moscovici argues this in “*La Psychanalyse: Son Image et Son Public*” by illustrating how the science of Psychoanalysis would develop and transform into everyday thinking and culture (Marková, 2012).

The ontology and epistemology embedded in SRT will be elaborated in Chapter 3 - Method Framework. However, the core assumption of the Ego-Alter-Object is essential to briefly mention now, as it helps to understand SRT's key concepts.

The Ego-Alter-Object Triad

The triadic relation of Ego-Alter-Object is an acknowledgment and inclusion of the Ego's rich inter-subjective experience (Marková, 2012). The Ego does not perceive and understand the object in its objective whole but does so in relation to a specific Alter. The Ego, Alter and Object are therefore all interdependent (Marková, 2006).

The Ego is defined as an interchangeable myriad of things; the minority, the self, the individual and the group (Marková, 2019). Which is also the case for the Alter: the majority, others, groups, society (Marková, 2019). Marková (2012) uses the example of a mother-child interaction in a specific culture to demonstrate this, let us however contextualize the example to this thesis.

Let us again use the notion of vaccine hesitancy and add “Covid-19 vaccine” as Object, in the Ego-Alter triad. The mother and child are native Americans (Ego) with a cultural history of discriminatory government acts (Alter). There is now a government issued vaccine (Object) which is recommended to the Native American mother-child dyad. This vaccine (Object) would be evaluated and understood in relation with the Ego (Native American culture and history) and the Alter (discriminatory government). This would likely trigger sentiments of vaccine hesitancy, as the Object is understood in relation with an Ego-Alter that contains social representations of government distrust and Native American discrimination.

I have chosen to use this example, because something similar is seen in the study by Epperson et al. (2022), where Native Americans were reluctant to receive a Covid-19 vaccine, due to past discriminatory experiences by the government.

SRT can therefore be said to add color to our understanding of peoples' use of a government health communicated message, as the Alter is an infusion of culture, language, and communication into the subjective experience of forming knowledge (Marková, 2012).

Anchoring & Objectification

The Ego-Alter-Object triad has now been defined and said to be fundamental to understand the interdependence of Social Representations and individual sense-making. Another key concept which must be defined, is how social representations come to be at all. Social representations can be seen as “re-presentations” of the unfamiliar, to something accessible and familiar (Duveen & Moscovici, 2000). A development that

arises from two mechanisms: *Anchoring* and *Objectification* (Duveen & Moscovici, 2000; Farr, 1993).

The anchoring mechanism seeks to “anchor” unfamiliar ideas to ordinary categories and familiar images (Duveen & Moscovici, 2000). It is an act of naming and classifying an otherwise, alien, and unspeakable thing (Duveen & Moscovici, 2000). Moscovici (2000) uses the example of anchoring a stray boat to one of the buoys in a familiar social place (p. 42).

Once the alien object has been named, it can be assessed, communicated, and represented in our consensual world (Duveen & Moscovici, 2000). This also means that the images, ideas, and language shared within the group, within the consensual world, will steer the direction in which members familiarize the unfamiliar (Joffe, 2003). One should therefore also see anchoring as drawing on the shared knowledge of the past (Wagner, 1998, as cited in Joffe, 2003). An example of this, is the early referral of AIDS as a “gay plague,” and that sufferers should be “avoided like the plague” - due to its anchor “The great plague”, (Wellings, 1988, as cited in Joffe, 2003). Unfamiliar ideas can therefore be made familiar, by being linked to historically familiar episodes, or the culturally familiar (Joffe, 2003, p. 64)

The objectifying mechanism works in tandem with anchoring, and takes the anchored object, and places it in reality (Duveen & Moscovici, 2000). Objectification therefore draws on the current experiential world of the individual and not the past like with anchoring (Wagner, 1998, as cited in Joffe 2003). Moscovici (2000) states “*perceived at first in a purely intellectual, remote universe, it then appears before our eyes, physical and accessible*” (p. 49). The unfamiliar becomes saturated with something more familiar, concrete, and easier to grasp, thus re-representing. An example of this can be seen in the research by Moscovici (1976, as cited in Joffe, 2003), where the French Catholics saturated psychoanalysis with the image of confession and rejected the theory’s focus on sexuality (p. 64). Whereas groups such as the communists and bourgeoisie saturated psychoanalysis with different images, as sexual repression and confession was not as significant in their lives (Moscovici, 1976, as cited in Joffe, 2003, p. 64).

The key concepts of SRT have now been defined. The next chapter will elaborate the theory’s ontological and epistemological assumptions and its methodological consequences to this thesis.

Chapter 3 - Methodological Framework

The third chapter will be an elaboration of my methodological framework. I will define the chosen ontology and epistemology of my thesis. I will then elaborate the design of my study, based on my methodological considerations. Lastly, I will elaborate the themes that have emerged from representative codes in my data,

Ontological and Epistemological Assumptions

The theoretical framework of my thesis is constituted by Social Representations Theory (SRT). I have argued that SRT could be an insightful alternative to the deficiency model and allow a greater insight into the common public's understanding and use of a government health communicated message (Chapter 2). I will, for this reason, position my thesis within the ontological and epistemological assumptions of SRT.

The major difference which SRT provides in a scientific context, is the earlier defined Ego-Alter-Object relationship. The individual is perceived as a complex, meaning-making individual situated in, and related to, a social environment with its own historic and cultural knowledge repositories. One can therefore not “pick” an individual out of their meaning-making environment, as the individual will always actively experience through their interdependent Ego-Alter relationship. Marková (2006) defines this as “Dialogicality”: “...the capacity of the human mind to conceive, create and communicate about social reality in terms of the Alter” (p. 125). Which is why Marková (2006) argues that SRT is ontological by nature. The Ego and Alter cannot exist without the other, as they intersubjectively co-constitute and enrich one another by communication (p. 126). They are mutually responsible for the meaning-making of each other (Marková, 2006, p. 127).

Marková therefore argues that the epistemological assumption of SRT, is that knowledge is communicably generated by the Ego-Alter and that it is measurable in the Ego-Alter-Object triad tension (Marková, 2006). This is a contrast to much of traditional psychology research, as it enhances the classical self-object model. An argument which will be elaborated in the next section.

The ontological nature of SRT can also be seen as an epistemological bridge between two seemingly contradicting traditions of thinking.

The first is to the classical ego-object perception argued by Descartes and John Locke, where a mental representation functions as a mirror of objective reality (Marková, 2012). This tradition understands and sees the self's cognition as the only valid source of reality, much alike, the modus operandi within the deficit model, where cognition and individual processes are at the forefront. Here the Ego is perceived as an undifferentiated subject without culture (Marková, 2012). As Gellner (1998, as cited in Marková, 2012) argues: "We discover truth alone, we err in groups" (p. 3).

This perception reduces phenomena to purely individual processes and an epistemology that, as argued earlier, lacks an acknowledgment of humanity's cultural complexity and social relatedness. However, it is still important to include, as reducing phenomena upward to the purely collective and social is equally erroneous in the optics of SRT. Durkheim (1898, as cited in Marková, 2012) argued that knowledge and representations arises from social structures and is thus generated in social groups, institutions, and cultures. Durkheim defines collective representations as social facts, which found the basis of all human understanding, knowledge, and logic (Marková, 2012, 488). This too, would be an epistemological reduction of phenomena, but now a lack of insight into the individual processes that human beings possess. This is where SRT can function as an epistemological bridge. SRT and the triadic Ego-Alter-Object argues that knowledge is created in the tensions between individual and society, and these tensions are measurable by social representations. There is therefore an acknowledgement of both the importance of the cognitive, as well as the collective, as it is their inter-relatedness that presuppose dialogicality.

Study Design

The design of my study will be with intention of answering my main research question: **How are government health communication understood and used by people to make decisions about Covid-19 vaccination?**

First, I have had to choose a government health communication which the participants could evaluate and use for their decision-making. I have decided to use a mes-

sage by the Danish health authority “Sundhedsstyrelsen” (SST), as they are the primary mediator and political authority on health in Denmark.

Case text

The health communication I have chosen is SST’s recommendation that pregnant women should vaccinate against Covid-19 (Pjæce - Information Til Gravide Og Ammende Om Vaccination Mod Covid-19, n.d.) I have chosen this topic for four reasons, and it can be found in Appendix A.

The first reason is because Denmark no longer has a Covid-19 crisis. All restrictions have been lifted and there are no longer mandatory vaccinations by use of “Coronapas”, nor requirements of Covid-19 testing. There is consequently no longer a need, nor demand by the government, that the common public should vaccinate. However, this does not include at-risk populations, such as pregnant women. SST recommends that all pregnant women are Covid-19 vaccinated with the intention of protecting both the mother and the child. This choice of topic will therefore retain some ecological validity, in the sense that the participants are evaluating a government communicated message on Covid-19, despite no longer being in a pandemic.

The second reason I have chosen pregnant women as the case topic, is to allow for any possible ethical contentions. The Covid-19 pandemic illustrated that some perceived Covid-19 vaccination as an ethical breach and abuse of state-power (Stead, et al. 2022). These sentiments influenced their decision-making and perception of a government mediator. My use of pregnant women as a case, is to hopefully create some ethical considerations, which might be insightful to how the participants understand the government communicated message.

The third reason is again to enhance ecological validity by using an actual communicated message by the government, which the public has access to. My study therefore gets to be as close to reality as possible and analyze peoples’ actual understanding of a government health communicated message.

Fourth, the case of vaccinating pregnant women is still an unfamiliar phenomenon, compared to the general Covid-19 vaccinations which most have had to partake and familiarize themselves with. The field of social representations within the topic of pregnancy vaccinations are therefore still emerging and developing, which allows for

a “live” analysis of the respondents’ knowledge repositories and how its contents are used to understand this unfamiliar concept.

I have now presented the case text, which the participants of my study will evaluate. It is now relevant to define the methods of this study.

Method

The method I will be using is an online questionnaire. I chose this, because a questionnaire allows for an approach with both quantitative and qualitative measures (Creswell, 1994).

The measures I will be using, is a combination of 7-point likert rating scales and open-ended questions. The use of a 7-point likert scales allows for a numerical measure of specific psychological constructs (Nemoto & Beglar, 2014). The rating scales can therefore be based on research and theoretical frameworks, that each measure a specific part of a research question. (Nemoto & Beglar, 2014) In this case, the respondents will evaluate risk, persuasiveness, and trust (Appendix B). Respondents will therefore read a statement and rate their response on a scale from 1 to 7. I have chosen a scale of 7, rather than 5, because it gives the respondents more options, and allows for more nuances in their ratings (Joshi, et al. 2015).

A limitation of this method is that the rating scale will probably not provide a complete picture and understanding of a psychological phenomenon (Nemoto & Beglar, 2014). A rating scale attempts to access and assess an immediate mental state; however, it may not be accurately quantified, as humans are inherently subjective and complex (Wagoner, 2012). There is therefore possible merit in combining quantitative rating scales, with other measures that explore the psychological phenomena from a different angle (Nemoto & Beglar, 2014).

Wagoner (2012) argues that making a rating, is a complex sense-making process with meaningful constructive dynamics. A study by Wagoner & Valsiner (2005) showed that, there is much more complexity to choosing a rating, by slowing down the rating process, and establishing a space for meaningful elaboration. The respondents engage into a self-dialogue, where they negotiate their meaning and subsequent rating (Wagoner & Valsiner, 2005). A focus on the qualitative process by which the quantitative data is produced, will therefore allow for a much greater understanding

of the respondents' answers (Wagoner, 2012). Furthermore, this view functionally enables my theoretical framework, as I am to understand the respondents based on the Ego-Alter-Object premise. In the context of this thesis, it will allow me to study the individual's decision-making and understanding of government communicated science.

The quantitative 7-point likert scales will be used to get an overview of my data and so that I can see and use general trends within my sample. This can then be used to situate cases within it (Wagoner, 2009).

The qualitative open-ended questions will then allow me to interpret the meaning in people's decision making that took place in the process of their rating (Wagoner, 2009). This analysis will take place both at the general level through thematic coding, as well as at the single case level.

It is important to note, that the data provided from the 7-point likert scales will therefore not be used for inferential statistical analysis (which has its own limitations), as I will only look at the scales' frequencies. However, this aligns with my thesis' intentions, as I seek to understand the latent qualitative considerations behind each rating to answer my research question. The data provided by the quantitative scales will therefore solely be used to study general frequency trends and how they situate themes and single cases within them (Wagoner, 2009).

The methods of this study have now been defined. There will now be an elaboration of the analytical approach of my thesis.

Thematic Analysis

The analytical approach I have chosen is Thematic Analysis (TA). I have chosen TA because it allows a systematic identification of meaningful themes across a dataset (Braun & Clarke, 2012). TA is also an approach that seeks to identify patterns of meaning that are relevant to a particular research question (Braun & Clarke, 2012), which in this case is: How are government health communications understood and used by people to make decisions about Covid-19 vaccination?

Furthermore, TA is a flexible approach that permits the researcher to analyze both the semantic meanings in the data, as well as the latent meanings and assumptions causing the explicit statements (Braun & Clarke, 2006). This enables us to fully use

SRT, as we are interested in both the semantic meanings, as well as the possible Social Representations which lie behind their statements.

For this reason, the approach I will be using is a top-down deductive method. Which simply means, that I will be analyzing the data with a theoretical framework and intention in mind, which contrasts to an inductive approach (Braun & Clarke, 2012). However, that does not mean I will not let the data speak for itself in an inductive sense, as Braun & Clarke state (2012): “, coding and analysis often uses a combination of both approaches” (p. 58).

By use of TA, I will in the section “Codes & Themes” illustrate and define each theme have emerged from the data and their representative codes. Each representative code will also be coupled with contextualized examples from the data, to illustrate the respondents’ corresponding meaning-making strategies.

Data Collection

The data was collected by sharing a link and post on two social media platforms; Facebook and Linked-In. I chose this, as it would allow friends and family to “share” my posts, so that it could reach more potential participants. Given this approach the data collected is not representative but a convenience sample and is skewed towards those that use social media.

The data collection resulted in 92 respondents, but 49 were removed as they only partially completed the questionnaire (n=43). The mean age of the sample is 31.2 (SD= 12.5). The gender distribution is 35% male (n= 15) and 65% women (n=28). Most of the sample does not have children (72%, n = 31).

See Appendix E for the raw quantitative data.

There will now be an elaboration of the themes that have emerged in the data, as well as their representative codes.

Codes & Themes

The respondents’ answers were coded in accordance with the method of TA. There are 7 emerging themes (see Table 1). See Appendix C for definitions of each theme, representative codes, and illustrative quotes.

A percentage of 29.5 % (135 codes out of 457 codes) of codes were not included in the analysis, as they were either deemed irrelevant or not prevalent enough. See Appendix F for raw qualitative data and all codes.

The themes in Table 1 and Table 2 will be analyzed in combination with the quantitative results in Chapter 4.

Themes:	Prevalent codes they represent:
Health & Risk	Age-Related risk, Minority risk, Mild Symptoms and Natural Immunity
Trust	Trust in vaccines, High Safety testing, Low risk of side effects, None/Mild side effects, Regular Vaccine risk, Trust in SST, Trust in Experts, Good Intentions and None/Or Few worries
Mistrust/Skepticism	Vaccines are dangerous, False information, Political Motives, Sub-optimal government actions during Covid-19 and inconsistent attitudes
Good Communication	Logical argumentation and Specific convincing
Inadequate Communication	Lack of references and lack of specific information
Questionable Vaccine	Hasty development and Insufficient research
Familiar/Unfamiliar	Familiarization and Unfamiliar

Table 1. Overview of themes

Re-evaluation

The last question in the questionnaire is a repeated question, where respondents re-evaluate the risk of vaccinating pregnant women. However, this is after having read the SST case. The data presented in this question will therefore be coded exclusively, to see if any new themes emerge (see Table 2.). See Appendix D for definitions of each representative code and illustrative quotes. These themes will be analyzed in combination with the quantitative results in Chapter 4.

Theme:	Representative codes:
Trust	Trust in science, Trust in SST
Positive change	New information
No Change	Unchanged
Unconvincing	Insufficient research, Inadequate communication

Table 2. Overview of re-evaluation themes

Chapter 4.1 - Results

The intention of my thesis is to answer the research question: **How are government health communications understood and used by people to make decisions about Covid-19 vaccination?**

We will therefore first look at how the respondents have understood the SST health communication presented in the questionnaire. There will then be an analysis of how a government mediator has influenced the respondents' perception of the SST communication. Afterwards, we will analyze how the respondents have used the SST communication in their decision-making and explore any changes in their re-evaluation.

There will at the end then be an analysis of the respondents' representations of Covid-19 risk and Covid-19 vaccine risk, to understand how each perception is founded, and how it may have influenced the respondents' decision-making.

Understanding a Government Health Communication

The respondents were asked to read a communicated message by the SST, where the government recommends that pregnant women are Covid-19 vaccinated.

They were then asked to evaluate the persuasiveness of said message, and the scale results are quite noteworthy (Figure 1).

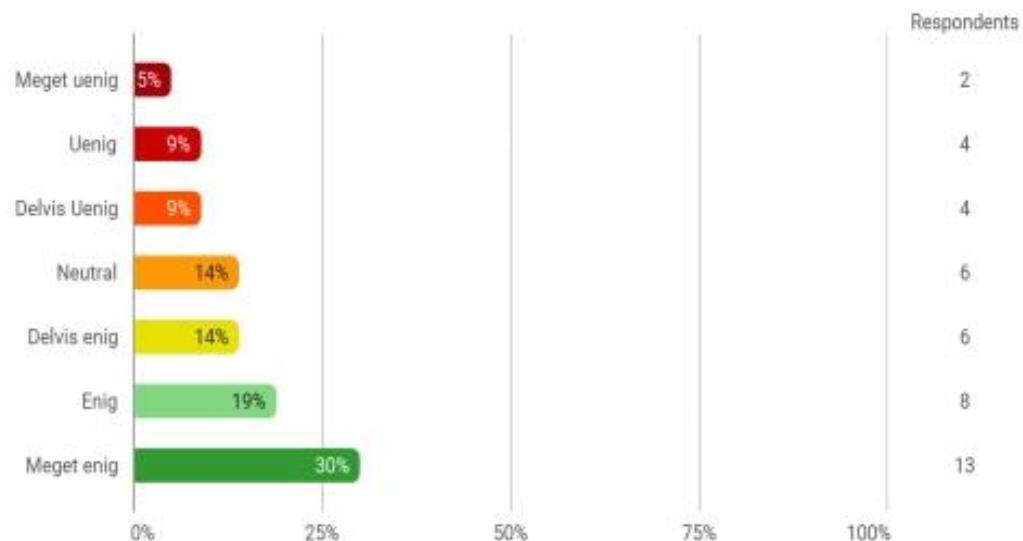


Figure 1 - Question: "Jeg føler mig overbevist af argumentationen"

There seems to be quite a spread, with a general trend towards “Meget Enig”. There are, however, many who are not persuaded. In fact, 37% including the “Neutral” group.

The qualitative measure illustrates three major themes within the sample, and two that are pervasive throughout the sample (See table 4).

Group:	Themes:	
Meget uenig	Mistrust/Skepticism (2), Questionable vaccine (1)	n=2
Uenig	Mistrust/Skepticism (2)	n=4
Delvis uenig	Inadequate Communication (2)	n=4
Neutral	Questionable vaccine (4), Inadequate Communication (2) Mistrust/Skepticism (2)	n=6
Delvis enig	Inadequate communication (4), Questionable vaccine (2)	n= 6
Enig	Inadequate communication (5), Trust (4), Questionable vaccine (2), Good communication (1)	n=8
Meget enig	Good communication (4), Trust (3), Questionable vaccine (2),	n=13

Table 4 - Question: “Beskriv dine overvejelser for og imod, i så mange detaljer som muligt”

The two major themes are: Questionable vaccine and Inadequate communication. These two themes are present in both ends of the scale, which indicates that they are not determined by degree of resistance to the communicated message, but seemingly latent throughout the sample.

Questionable vaccine

The theme of questionable vaccine is mapped on the rationale that there is insufficient research on the Covid-19 vaccine and that its development was too hasty (See Appendix C). The presence of this theme in almost all groups, seems to paint a picture, that almost all respondents have hesitations about the Covid-19 vaccine. A good example is by a respondent that answered “Meget enig”: *Det virker logisk og argumenterne giver mening. Det eneste jeg er skeptisk omkring er om stofferne fra vaccinen trænger ind til barnet. Det har men jo reelt ikke undersøgt med corona vac-*

cinen, så er den viden taget fra andre vacciner og kan man overføre den viden fra en vaccine til en anden

Here the respondent illustrates that they fully understand, and perceive the argumentation as logical, however, there is still the rationale that there is presently no research on using the Covid-19 vaccine on pregnant women.

Another example is by someone who answered “Meget uenig”, who simply stated: “*Falsk informationsgrundlag, da man endnu ikke kender omfanget af konsekvenserne.*” This respondent uses the same rationale as the previous example but shows a lot more resistance to the communicated message, as they perceive the argumentation to be based on false grounds.

In short, the Covid-19 vaccine as an object seems to inherently foster hesitations throughout the sample, as the respondents’ understanding is very much anchored by the quantity of Covid-19 vaccine research presently available.

Inadequate Communication

The second major theme is Inadequate Communication, and it is present by both those who are persuaded by the SST communication, as well as those more resistant to it (Table 4). This theme is mapped by respondents who argue that a lack of references, or the lack of a specific piece of information, has influenced their understanding and perceived credibility of the communicated text. A good example is by a respondent who answered “Enig”: “*Det eneste der gør mig en smule usikker, er at der ikke nævnes om der kan være bivirkninger for barnet - dette kunne fx. være i forlængelse af, at man ikke har mistanke om, at vaccinen overføres til barnet gennem moderkage/modermælk. En enkelt sætning om dette ville gøre mig mere sikker.*” What is noteworthy, is that a single sentence on side-effects for the child would have put this respondent’s mind at ease.

Another example is by a respondent who answered “Delvis uenig”: “*Kan vaccinen ikke skade fosteret hvis så man får mange symptomer?*”

This respondent seeks a specific piece of information as well, which in equal matter seems to influence her decision-making.

Another example worth highlighting is by a respondent who answered “Delvis enig”: “*Jeg er enig i ovenstående, men jeg synes generelt der mangler studier vedr risiko når man er vaccineret i forvejen i forhold til fordele ved at få endnu en booster. Jeg*

har generelt tillid til Sundhedsstyrelsen, men ville foretrække, hvis der blev henvist direkte til de studier som anbefalingen bygger på.”

Here the respondent clearly states to have a general sense of trust towards SST, however, they would prefer direct references to the studies the communication is based on. Which seems to have been the respondent's cause to answer “Delvis enig” rather than “Enig”.

In short, the government health communicated message, has left the respondents wanting and not completely satisfied. There is first, a need for direct references to studies. And second, a need for specific pieces of information within the communication.

Mistrust/Skepticism

The theme of Mistrust/Skepticism characterizes those who are more resistant to the health communication. An insightful example is by a respondent who answered “Uenig”: “*Jeg er ikke overbevist fordi Sundhedsstyrelsen fremstår som ensidig i deres information om covid og vacciner generelt. Der er en historik med at de ikke har anerkendt vaccine bivirkninger og når der spørges ind til dette oplever jeg at de ikke svarer ærligt, fordi de bare vil have alle vaccineret.*”

Here the respondent argues that SST has an agenda of getting everyone vaccinated, and that they are therefore dishonest about vaccine side effects. Another example is by one more who answered “Uenig”: “*Overordnet set er jeg uenig om statens push af vaccinen, som flere gange har vist sig ineffektiv, og ikke beskytter mod smitten uanset. Vurdering af hvor vidt symptomer mindskes har jeg svært ved at kunne se hvordan man overhovedet skulle kunne undersøge, blandt de fleste, vaccine eller ej, er symptomerne ikke alvorlige. Derudover er naturlig immunitet efter smitte, langt mere effektivt end vacciner.*”

This respondent also argues that SST has an agenda of pushing vaccines on the public, despite a perceived lack of research on the Covid-19 vaccine.

There are other insightful examples of resistance under this theme. They however require a more in-depth analysis, and will therefore be elaborated as a single case analysis in Chapter 4.2

In short, the respondents who are more resistant to the health communicated message and its persuasiveness, are influenced by a perception of latent political motives, driving the health communicated message.

Trust and Good Communication

The themes Good Communication and Trust seems to characterize those persuaded by the message and showing the least resistance to the communicated message.

The theme of trust is almost self-explanatory, as a respondent state "*Det kommer fra Sundhedsstyrelsen. Det har jeg fuld tillid til.*" Respondents are showing the least amount of resistance, based on their trust of SST and the experts within the institution. Another good example is "*Sundhedstyrelsen er en sikker og solid kilde, de vurderer hvad der ses ude i verdenen og hvordan det ser ud på sygehusene. Jeg ved personligt ikke meget så derfor er det godt at lytte til dem der ved noget frem for at gå med en eventuel mavefornemmelse.*"

The theme of good communication seems to be the exact opposite of the Inadequate communication theme. There are respondents who simply perceive the communicated text as well communicated: "*Det lyder fornuftigt og logisk.*" However, there are also those who are convinced by specific pieces of information: "*Det lyder til at der er flere fordele for både den gravide under graviditeten og for barnet hun føder, derudover er der som beskrevet ikke set statistiker eller lignende der peger på at det har givet bivirkninger ved de børn der er blevet født. Derfor har jeg givet den vurdering.*" Here the respondent states that their rating was influenced by the specific piece of information; that children will not experience side effects. Another good example is: "*Jeg fandt forklaringen om at det kun er de antistoffer der er produceret af moderen, der bliver optaget af barnet, overbevisende ift min tiltro til at vaccinen er sikker for gravide. Men nu er det jo selvørlig heller ikke mig der skal være gravid og vaccineres ;)*" Here the respondent states that the explanation on "anti-stoffer" was the convincing piece of information. This is quite interesting when compared to the theme "Inadequate Communication". It supports the point that specific pieces of information in the health communication can either persuade or form resistance among respondents.

In short, trust and good communication facilitates the least resistance and persuade respondents.

Understanding a Government Health Communication

To conclude: How have the respondents understood the SST health communication?

There are three takeaways:

The first is that inadequate communication and mistrust/skepticism of SST, facilitates resistance to the communicated health message.

The second, is that trust and good communication, which seems to be defined as containing key pieces of information and sensible argumentation, facilitates the least resistance and makes the government health communication persuasive. However, there are specific requirements to good communication. If those are not met, the communicated message will likely be perceived as inadequate communication, which will facilitate resistance.

The third takeaway is that the Covid-19 vaccine seems to inherently foster hesitations, as the respondents' understanding is anchored by the quantity of Covid-19 vaccine research presently available.

We have now analyzed how the respondents have understood the government health communicated message. We will now explore the respondents' perceived influence of a government mediator.

The Influence of a Government Mediator

The respondents were asked to rate their trust in SST and SST's communication of science.

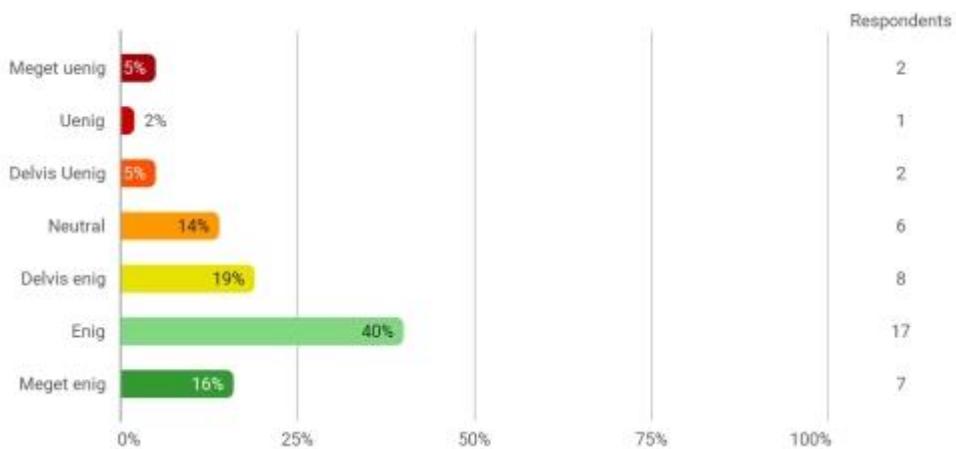


Figure 2. Question: Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab

75% of the respondents lean towards agreement. Furthermore, the biggest group is “Enig” with 40% of respondents. This paint quite a clear picture; 56% of the sample trusts SST and their communication of science.

There were two open-ended questions in combination with this rating scale and each provide insightful data.

The first a follow-up, where the respondents were asked to describe their considerations (Table 5)

Group:	Themes:	
Meget uenig	Mistrust/Skepticism (2)	n=2
Uenig	Mistrust/Skepticism (1)	n=1
Delvis uenig	Mistrust/Skepticism (1)	n=2
Neutral	Mistrust/Skepticism (2), Inadequate Communication (1)	n=6
Delvis enig	Mistrust/Skepticism (6), Trust (4),	n= 8
Enig	Trust (15), Questionable vaccine (1)	n=17
Meget enig	Trust (6)	n=7

Table 5 - Question 1: Beskriv dine overvejelser i så mange detaljer som muligt

There are two themes, which seem to both define and separate the sample: Mistrust/Skepticism and Trust.

Trust

The theme of Trust characterizes the large groups “Delvis enig”, “Enig” and “Meget enig”. Which is possibly unsurprising, considering the rating scale asked specifically about trust. It is nonetheless present, and surprisingly in different forms. There are some who focus on their expert knowledge such as: “*De er jo uddannede mennesker indenfor medicin og videnskabs verdenen. De ved jo godt hvad de snakker om*”. Here the respondent clearly relies on SST’s expert knowledge as a basis of their trust.

Whereas others simply trust SST as an institution, such as: “*Jeg er opdraget til at stole på Sundhedsstyrelsen. De har som regl uddybende forklaringer, og jeg har tidligere fundet referencer på deres hjemmeside der forklare deres anbefalinger*”. Here the respondent states that they were raised to trust SST, which also illustrates a basis of trust due to the culture they were raised in.

Another interesting form of trust is notion of good intentions. An example of this is: “*Jeg stoler overordnet på de vil os det bedste, andet giver ikke mening for mig, de vil ikke få noget ud af at skade hele befolkningen*”. I highlight the notion of good intentions, as seen by this example, because it is a specific form of reasoning their sense of trust. It is a form that will be quite relevant in the next question.

Another example of good intentions and expert knowledge is: “*De har den danske borgers bedste i sinde - de baserer typisk deres vurderinger på videnskab og erfaringer. Det er betydeligt mere sikkert end mange andre kilder. De er selvfølgelige ikke perfekte, men er et godt udgangspunkt for sundhedsinformation.*”

The last thing worth mentioning, is that Mistrust/Skepticism is also present in the group “Delvis enig”. This is interesting, as these respondents illustrate a combination of both Trust and Mistrust/Skepticism. A good example is: “*Jeg har faktisk stoler på viden fra Sundhedsstyrelsen. Men efter regeringens håndtering af Covid og mest af alt den magtfuldkommenhed, der har været i spil, har jeg fået tvivl om, hvorvidt Sundhedsstyrelsen bliver politisk presset til politiks styret kommunikation*” Here the respondent states that they trust SST but have doubts whether or not the institution is pressured by political motives. Another example is: *Jeg stoler på den viden de formidler men de er også en organisation som er påvirket af politikerne og ofte har et bestemt mål de vil hen til, så det kan farve eller udelukke viden fra deres formidling*. Here the respondent shows the same reasoning; that the communicated message might have political motives.

I highlight these examples of a combined sense of trust, yet Distrust/Skepticism due to possible political motives, because they will re-appear and be quite prevalent in the next question.

In short, the theme of Trust is present in most of the sample. The notion of trust seems to come in three forms: trust in SST, trust in expert knowledge and trust in their good intentions.

However, trust is also combined by with a degree of mistrust/skepticism, due to a perceived sense of political motives possibly influencing the SST communication.

Mistrust/Skepticism

The theme of Mistrust/Skepticism characterizes the opposite end of the scale. The qualitative measure also shows three nuances of Mistrust/Skepticism.

The first is the reasoning that SST is driven by political motives. An example of this is by a respondent that answered "Meget uenig": "*Sundhedstyrelsen har en agenda og staten generelt tjener mange penge på medicinal industrien, under corona har diverse medicinal virksomheder tjent styrtene med penge, imens staten har kunne øge deres kontrol og magt over befolkningen.*" This respondent states that SST is heavily influenced by political motives because the government seeks to gain power and raise control of the public, as well as profiting from the pharmaceutical industry.

Another example is by a respondent who answered "Delvis Uenig": *Det har jo vist sig, at SS har formidlet mod sine egne meninger (jvf. ny viden om Brostrøms manglende ønske om nedlukning)*". This respondent bases their Mistrust/Skepticism on the fact that a public health official from SST called Søren Brostrøm, stated that he was pressured by the former government to communicate a specific message to the public.

The two other nuances of Mistrust/Skepticism seem to go hand in hand; Inconsistent attitudes and Sub-optimal government actions during Covid-19.

A good example of this is by a respondent who answered "Delvis enig": *Jeg vil sige, jeg er mere skeptisk end inden corona, idet regeringen og sundhedsstyrelsen udviste en manglende pålidelighed, da de ændrede holdning til corona flere gange, hvor man stadig kan stille sig skeptisk over, hvor meget vi overhovedet ved om corona i dag og dets eftervirkninger*". This respondent that states the government and SST has lost reliability due to inconsistent attitudes during the pandemic, which has made the respondent more skeptical today.

In short, the theme of Mistrust/Skepticism is based on a perception of political motives by SST. This notion is present by both those who are prone to trust SST, as well as those who do not. Furthermore, some of the government's actions during the Covid-19 pandemic seems to have fostered skepticism.

There will now be an analysis of the second open-ended question to the trust in SST and their communication rating scale (Table 6).

Group:	Thematic Trends: Question 2 <i>Beskriv de bekymringer du kunne have vedrørende Sundhedsstyrelsen og deres formidling af videnskab</i>	
Meget uenig	Mistrust/Skepticism (2)	n=2
Uenig		n=1
Delvis uenig	Mistrust/Skepticism (1), Inadequate Communication (1)	n=2
Neutral	Mistrust/Skepticism (3), Inadequate Communication (3)	n=6
Delvis enig	Mistrust/Skepticism (5), Trust (2),	n= 8
Enig	Mistrust/Skepticism (5), Trust (3), Questionable vaccine (2), Inadequate Communication (2)	n=17
Meget enig	Trust (4), Mistrust/Skepticism (1)	n=7

Table 6

In the second follow-up question three themes emerge. The theme of trust will not be elaborated, as our focus is on the sample's worries. An example of the trust that has emerged is: " Ingen. Selvfølgelig begår man fejl i stressede tider, men jeg synes bestemt man skal lytte til uddannede mennesker".

The focus of this section will be on Mistrust/Skepticism as it emerges in almost all groups. The smaller themes of Inadequate Communication and questionable vaccine will be mentioned briefly at the end.

Mistrust/Skepticism

The perceived worry and influence of a government mediator seems to come in two shapes. Shape 1 is primarily present in the groups "Meget uenig" and "Neutral". And Shape 2 is present in the groups "Delvis Enig", "Enig" and "Meget enig".

Shape 1: SST is politically influenced and has political intentions.

The first shape is a perception that SST is politically driven, and thus has political intentions.

An example of is: "Da sundhedsstyrelsen er en statsenhed, bliver den påvirket af den gældende holdning blandt staten, som bliver påvirket af andre lande og organisa-

tioner, som har et endnu større samarbejde/profitabelt forhold til medicinal virksomheder” (Answered: Meget Uenig). This respondent perceives that SST is influenced not only by the politics of the government, but also other countries and organisations who might have an economic agenda. Another example is:

“Sundhedsstyrelsen er en del af embedsværket og varetager derfor også regeringens interesser, dvs. at de i mit hoved først og fremmest varetager statens interesser, og den viden de formidler vil derfor naturligt aldrig være direkte i modstrid med de politiske interesser. Derfor har jeg svært ved at anse den som objektive viden-skabsformidler” (Answered: Neutral). Here it is clear that politics is perceived as being a strong part of SST’s communication.

Shape 2: SST might be politically influenced.

The second shape is a perception and worry that SST might be politically influenced and has emerged in the groups: “Neutral”, “Delvis enig” and “Enig”. A good example is: *“Sundhedsstyrelsen vil sørge for at de flest mulige danskere har det så godt som de kan, hvilket betyder, at de gerne vil have at folk får vaccinen. Det er delvist politisk. Derfor kunne man frygte at deres skrivelser om vaccinen i højere grad er skrevet med positivt fortegn og at de i et vidst omfang undlader at informere om særlige bivirkninger. Med det sagt tror jeg på og lytter efter sundhedsstyrelsen.”* (Answered: Enig). This respondent worries that SST’s health communications might be politically influenced but would still trust them due to their good intentions.

This worry is echoed by many other respondents who have rated that they trust SST in some degree. Another example is: *“De kan påvirkes af politik, men synes i det store hele vi ikke har set alvorlige konsekvenser for den almene dansker.”* Here the respondent states that SST might be politically influenced, but it has not had any grave consequences for the public.

In short, political motives influencing SST seems to be greatest worry in the sample. It is by some, an inherent driver of SST communications. And by others, simply a potential influence.

Inadequate Communication and Questionable Vaccine

The smaller theme of inadequate communication, is based on a worry that a lack of references, makes it harder to evaluate the quality of the communicated science. An

example is: *Det kan godt være svært at gennemskue, hvor de helt præcis har deres viden fra, og derfor svært at vurdere kvaliteten af forskningen, der formidles.* Which simply substantiates the point that good communication is important.

The single appearance of the theme Questionable vaccine is much like with earlier questions: a worry that the Covid-19 vaccine is based on insufficient research. This is illustrated in the following quote: “*Hvorvidt det er grundigt undersøgt, jeg tror på de tror at det de fortæller er rigtigt og tror i bund og grund også det er rigtigt. Den eneste bekymring er bare hvorvidt vi har nok viden inden for området*”

The Influence of a Government Mediator

To conclude, the influence of a government mediator is twofold in this study. There are those who believe that a government health communication is inherently politically influenced, which facilitates mistrust, skepticism and resistance to the health communicated message.

On the other hand, there are those who trust SST and believe they have good intentions, which facilitates less resistance to the health communicated message. However, some in this group acknowledge that SST might be influenced by politics.

We will now look at how the sample has used the government health communication in their re-evaluation.

The Use of a Government Health Communicated Message

This section seeks to understand how the sample has used the SST communication in their re-evaluation. We will therefore start by looking at their first evaluation before reading the SST text, and then the results of their re-evaluation.

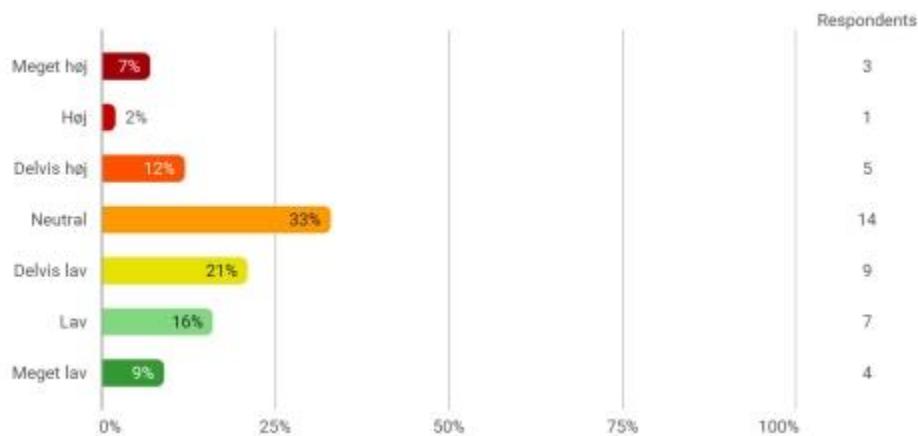


Fig. 3 Question: Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19

This rating scale seems to have resulted in quite an interesting spread. The vast majority is leaning towards the center, with the “Neutral group” as the largest group. This seems to indicate that respondents are evaluating the risk of Covid-19 vaccines quite differently, when it comes to vaccinating a pregnant woman. A point which will be elaborated later.

The qualitative measure gives quite a good insight into samples spread (Table 7).

Group:	Themes	
Meget høj	Questionable vaccine (3), Mistrust/Skepticism (1)	n=3
Høj	Questionable vaccine (1)	n=1
Delvis høj	Mistrust/Skepticism (3), Questionable vaccine (2)	n=5
Neutral	Familiar/Unfamiliar (9), Questionable vaccine (3)	n=14
Delvis lav	Familiar/Unfamiliar (4), Questionable vaccine (3), Trust (1)	n= 9
Lav	Familiar/Unfamiliar (3), Trust (3)	n=7
Meget lav	Trust (2)	n=4

Table 7. Beskriv dine overvejelser for og imod, i så mange detaljer som muligt

Familiar/Unfamiliar & Questionable Vaccine

The most important thing worth noting seems to be presence of two very prevalent themes.

The first is the theme “Familiar/Unfamiliar” which in this context is manifested as the direct opposite, question on Covid-19 risk - a point which will be elaborated later.

Here, the respondents are stating that they are too unfamiliar with vaccinations of pregnant women, making them unsure or unable to give an informed answer. An example is: “*Jeg har ikke sat mig ind i det overhovedet og har derfor ingen anelse*” (Answered: Neutral). Other respondents are attempting to elaborate their considerations, but also base it on unfamiliarity: “*Jeg er faktisk ikke helt inde i dette, men jeg tænker, det også afhænger af, hvor langt kvinden er i sin graviditet, da den kan give bivirkninger, og det at kroppen danner antistoffer kræver ressourcer*” (Answered: Delvis lav).

The takeaway here, is that unfamiliarity is a huge influence in the sample’s decision-making, which makes it quite interesting to see if there is a difference in their re-evaluation after reading the SST text.

The second theme worth noting is “Questionable vaccine”, which seems to emerge in almost all groups. This theme is manifested, just as in earlier questions, on the perceived insufficient research on the Covid-19 vaccine. An example is: “*Den synes jeg er svær. Ved ikke om man har nok information omkring sygdommen både i forhold til hvad vaccinen kan gøre mod baby, men heller ikke sygdommen*”. The Covid-19 vaccine is therefore still perceived as an object that almost inherently foster hesitations by a portion of the sample. It is however, not present in the groups “Lav” and “Meget lav”, which makes sense, as the theme of “Trust” is prevalent in these groups.

In short, the respondents’ evaluation of pregnant women vaccinating against Covid-19, is heavily influenced by unfamiliarity and hesitations about the Covid-19 vaccine, due to insufficient research.

Let us now look at their re-evaluation and compare (Fig. 4)

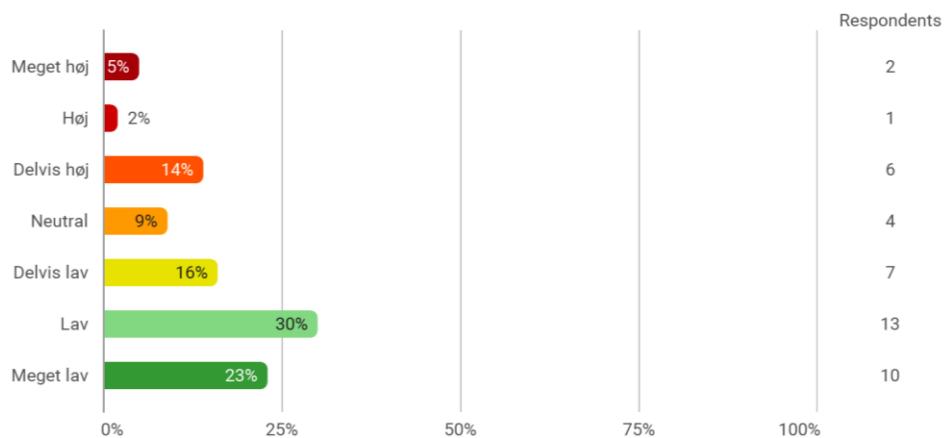


Fig. 4 Question: Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19

The rating scale shows a massive difference in ratings (Table 8).

Evaluation	Re-evaluation	Frequency Change (%)
Meget høj: 3	Meget høj: 2	-2%
Høj: 1	Høj: 1	0%
Delvis høj: 5	Delvis høj: 6	+2%
Neutral: 14	Neutral: 4	-24%
Delvis lav: 9	Delvis lav: 7	-5%
Lav: 7	Lav: 13	+14%
Meget lav: 4	Meget lav: 10	+ 14%

Table 8. Percentage change of frequencies in sample as a whole

It is quite clear that there are two noteworthy trends. The first one is that there is truly minor change in the more resistant groups “Delvis høj”, “Høj” and “Meget høj”. Which is possibly unsurprising, considering these groups might be more resistant to a government health communication.

The other noteworthy trend is that the groups “Lav” and “Meget lav” have gotten a massive increase in frequency. Whereas the group “neutral”, has had the largest loss in frequency. By simply interpreting this quantitative measure, one could argue that the SST case has had a considerable influence and shown that scientific communication works and has been well used in the decision-making of many. The next question will elaborate why this occurred, and support this point quite well (Table 9).

Group:	Themes	
Meget høj	Unchanged (1), Questionable vaccine (1)	n=2
Høj	Unchanged (1)	n=1
Delvis høj	Unchanged (4), Unconvinced (1), New information (1)	n=6
Neutral	No change (3), Unconvinced (2)	n=4
Delvis lav	Questionable vaccine (2), New information (1), Inadequate communication (1), Trust (1)	n= 7
Lav	New information (6), Unchanged (4) Questionable vaccine (2)	n=13
Meget lav	Trust (5), New information (2)	n=10

Table 9. Question: Beskriv dine overvejelser for og imod, i så mange detaljer som muligt

It is quite evident by the themes, that the groups “Meget høj”, “Høj” and “Delvis høj” are still resistent to the SST communication. An example quote is: “*Mit standpunkt har ikke ændret sig.*” One respondent from the group “Delvis høj” even stated that the SST communication was unconvincing: “*Mine overvejelser er lidt de samme som før. Udover det synes jeg ikke Sundhedsstyrelsens amfabeling var særligt viden-skabelig, og det gjorde mig derfor ikke mere positivt indstillet*”. This respondent states that the text was unscientific, which is most likely related to the lack of references, which many respondents have pointed out.

The groups who experienced the largest frequency increase were “Lav” and “Meget lav”. The themes in these groups illustrate that many have made their rating based on new information provided by the SST communication. A good example is: “*Min eneste overvejelse var ift hvad de langsigtede effekter kunne have på barnet, da vi selvfølgelig kun er et par år efter de første gravide fik vaccinationen. Jeg har nu lært det kun er moderens egne antistoffer barnet optager, så vi er all good*”. Here the respondent illustrates that they sought specific information, which then informed their rating. Another good example is: “*Det lyder som om, at der kan være nogle bivirkninger, der evt. kunne komplicere graviditeten for nogen, der allerede er sårbarer, men alt i alt lyder det som om, risiciene er langt større ved covid-19 end ved vaccination.*” In this example the respondent has learned the risk of Covid-19 is much higher than the risk of vaccination.

Another thing worth noting, is that the theme Familiar/Unfamiliar has disappeared, which one must assume indicates that the respondents feel informed enough to make a rating.

The Use of a Government Health Communicated Message

To conclude, it is evident by both the quantitative and qualitative measure that the SST communication has influenced the decision-making by a good portion of the sample and facilitated a perception of much lower Covid-19 vaccine risk for pregnant women. However, those initially resistant to the communication, remained resistant. This seems due to insufficient research on the Covid-19 vaccine and unconvincing communication.

We will now look at how the respondents' perceptions of risk may have influenced their decision-making.

The Risk of Covid-19 and its Vaccine.

We will start by looking at the sample's perceived risk of Covid-19. The rating-scale seems to illustrate a general trend towards "Lav" (Fig. 5). The groups "Delvis lav", "Lav" and "Meget lav" collectively encompass 63% of the sample. Which indicates that the general perception of having Covid-19 is not perceived as being particularly high risk.

The qualitative results explain this trend by the emergence of two general themes: Health & Risk and Familiar/Unfamiliar (Table 10).

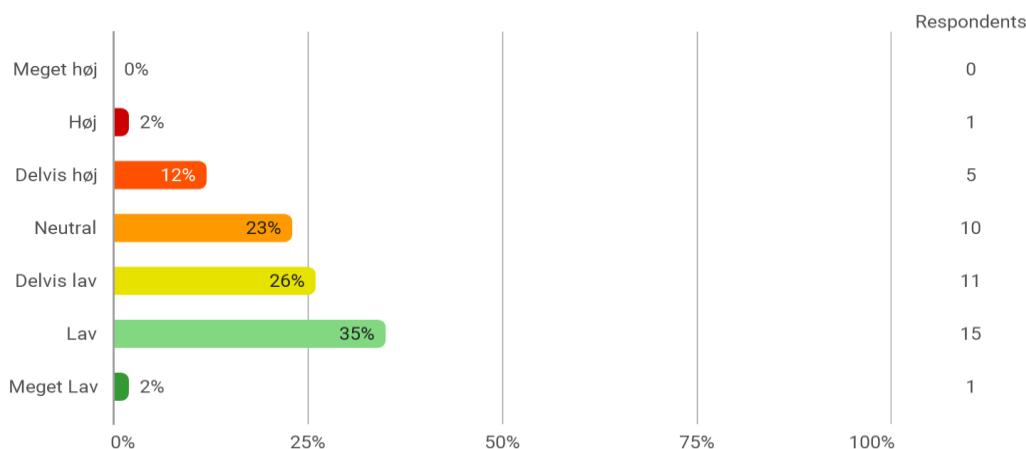


Fig. 5 Question: Vurder risikoen ved at have COVID-19 sygdommen generelt

Group:	Themes	
Meget høj		n=0
Høj		n=1
Delvis høj	Health & Risk (4)	n=5
Neutral	Health & Risk (6), Familiar/Unfamiliar (2), Trust (2)	n=10
Delvis lav	Health & Risk (9), Familiar/Unfamiliar (4)	n=11
Lav	Health & Risk (8), familiar/Unfamiliar (7), Trust (1)	n=15
Meget lav	Familiar/Unfamiliar (1)	n=1

Table 10. Question: Forklar din vurdering i så mange detaljer som muligt

Health & Risk: *De fleste raske personer klarer sig fint i gennem sygdommen, men nogle får senfølgere. Derudover kan folk med andre sygdomme eller ældre mennesker blive hårdere ramt.*

The theme Health & Risk emerges in almost all groups which paints quite a clear picture. Respondents are using their age, general health, natural immunity and perceived mild symptoms as factors influencing their perception of risk. The general risk of Covid-19 is therefore not at all perceived as high or dangerous for most. A good example of this is: *Min forståelse er at covid ikke generelt er farlig for unge og raske mennesker, og ved udsatte er overlevelsprocenten også forholdsvis høj.*

There is a single respondent who evaluated the risk as high, but the single frequency could not merit a whole theme.

This theme seems to be coupled with the second emergent theme Familiar/Unfamiliar.

Familiar/Unfamiliar: *Corona er vel i dag ligesom en influenza, så det afhænger mere af den individuelles helbred generelt*

The theme Familiar/Unfamiliar also emerge in almost all groups, and indicates that almost all respondents have familiarized themselves with Covid-19. It is no longer perceived as an unknown, potentially dangerous, disease, but as something as com-

mon as the flu: *Vurderer den ligesom almindelig influenza, ikke kritisk eller truende på nogen måde, men nogle kan blive dårlige og have behov for hjælp.*

This is quite interesting, if we compare it with the Familiar/Unfamiliar theme in the question on vaccinating pregnant women. In this case, respondents are basing their evaluations on familiarity, whereas in the other context, multiple respondents were unable to answer due to lack of familiarity. This seems to indicate that evaluations of risk are highly influenced by the respondents' degree of familiarity.

Trust: *Bør betragtes som enhver anden luftvejs virus nu da størstedelen af befolkningen er vaccineret.*

There is a very small theme of trust present in this question. It seems to be attached to trust in vaccines. Another example is: *Jeg tror at efter befolkningen i høj grad har modtaget de fleste vacciner, så selv hvis man er så uheldig at få Corona, så er eftervirkningerne af det ikke så store igen. I værste fald tror jeg de forsvinder relativt hurtigt for vedkommende.*

One can argue that it makes sense, that trust in vaccines has minor frequency, considering that the vast majority of the sample focuses on familiarity of Covid-19 and that it is safe for most. It is however surprising in general, considering the importance of Covid-19 vaccination during the pandemic. Then again, Covid-19 was not as familiar at that time.

In short, the risk of having Covid-19 is highly influenced by its familiarity and that it is safe for most. Furthermore, it has been argued that the respondents' general evaluation of risk, may be determined by the degree of familiarity with the concept.

There will now be an analysis of the respondents rating of the Covid-19 vaccine

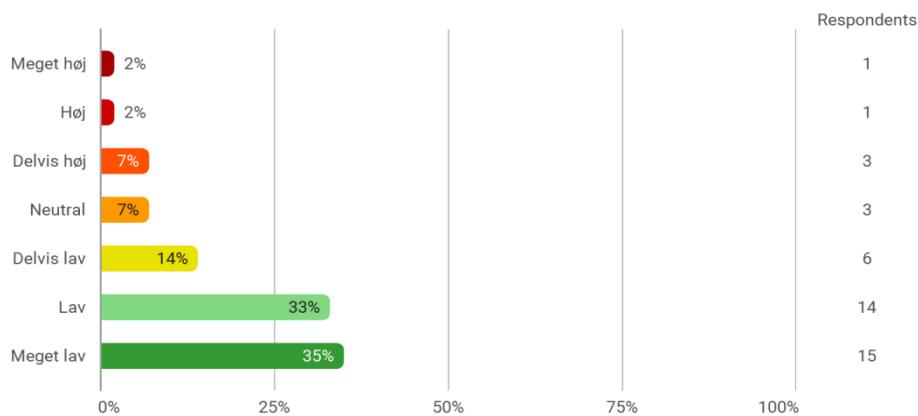


Fig. 6 Question: Vurder risikoen ved COVID-19 vaccinen

The second rating scale seems to have resulted in a much great accord among respondents, as the groups “Lav” and “Meget lav” are the largest, containing 68% of respondents. This seems to indicate that this sample perceives Covid-19 vaccine as quite safe. However, the qualitative measure paints a different picture, as two major themes appear: Questionable vaccine & Trust.

Group:	Thematic Trends:	
Meget høj	Questionable vaccine (1)	n= 1
Høj	Questionable vaccine (1)	n= 1
Delvis høj	Mistrust or Skepticism (2), Health & Risk (1)	n= 3
Neutral	Trust (1)	n= 3
Delvis lav	Trust (2), Questionable vaccine (2), Familiar/Unfamiliar (1)	n= 6
Lav	Trust (11), Questionable vaccine (4)	n=14
Meget lav	Trust (12)	n=15

Table 11. Question: Forklar din vurdering i så mange detaljer som muligt

Questionable Vaccine: *Vaccinen er blevet fremstillet ekstremt hurtigt ift. hvor lang tid det normalt tager og lave en vaccine. Der er ikke taget nok højde for bivirkninger, da man ikke har undersøgelser der viser ulempen/bivirkninger over en længere årrække.*

The major theme of Questionable Vaccine is present in almost all groups and at both ends of the scale. This illustrates that the majority of the sample perceives the Covid-19 vaccine as questionable due to its hasty development and insufficient research. A good example is: *Den stærkt forkortede og upspeedede test-proces og den nye vac-*

cine gør det umuligt at vide senfølger. This seems to correspond with the other questions, where the theme Questionable vaccine emerged as well. This substantiates the point and observation that the Covid-19 vaccine seems to inherently result in hesitations by many.

Trust: “*Jeg har tiltro til videnskab og vacciner, men der kan altid være bivirkninger selvfølgelig*”

The second theme of Trust illustrates an interesting contrast and supplement to the theme Questionable vaccine. They are those who seem to fully trust the Covid-19 vaccine, and others who trusts, but also have hesitations.

A good example of a very trusting respondent is: “*Altså ud over allergier til den, så tror jeg den er gennemtested nok til man nok ikke får problemer med den*”

Here the respondent trusts the Covid-19 vaccine, due to a good amount of testing. However, there are also those with traces of doubt. An example is: “*Den virkede til at være godt gennemtestet, men langtidseffekter har der ikke rigtig været mulighed for at teste.*” This respondent trusts the development proces, but also acknowledge that there is still insufficient research. Another good example is: “*Generelt er der observeret få bivirkninger i forhold til antallet af vaccinerede, men da det er en ret ny vaccine, kan det ikke udelukkes, at der kunne være bivirkninger på lang sigt*”. This respondent trusts the vaccine due to the low amount of side effects, and have answered “Lav” in the rating. However, they too have a need to acknowledge that there may be long term side effects, as the vaccine is still new.

Mistrust/Skepticism

There is a very small theme of Mistrust/Skepticism, which is based on the argument that the Covid-19 vaccine is dangerous and possibly lethal. An example of this is: *Tager udgangspunkt i rapporter om en overdødelighed blandt vaccinerede og et større antal af hjerteproblemer, e.g. hjertestop, blandt unge mennesker som har fået vaccinen.*

This theme has a very low frequency, and will therefore not be elaborated further in this section. There will however, be an in depth analysis of Covid-19 vaccine mistrust and skepticism in Chapter 4.2, as it is quite insightful.

In short, the Covid-19 vaccine is generally perceived as questionable due to its hasty development and insufficient research. There are those who fully trust the Covid-19 vaccine, but these respondent also argue that there is still insufficient research.

The Risk of Covid-19 and its Vaccine.

To conclude, the risk of Covid-19 and its vaccine are each rated quite differently. The risk of risk of having Covid-19 is highly influenced by its familiarity and that it is safe for most. Which is interesting when compared with the question on vaccinating pregnant women, as it indicates that some of the respondents' ratings are highly influenced by the objects' degree of familiarity.

However, the Covid-19 vaccine is generally perceived as questionable due to its hasty development and particularly its insufficient research. This theme is also present among those who trust the Covid-19 vaccine, which substantiates the point that the Covid-19 vaccine is inherently questionable and will foster hesitations by many.

We have now analyzed general trends in the rating scales and their combined open-ended questions. We now look at single cases, to enrich our understanding and better answer the research question.

Chapter 4.2 – Single Cases

This chapter will explore three specific cases of resistance. This is to get a more in depth understanding of resistance to a government health communication and give us a more elaborate insight into the complex meaning making of some of the respondents.

The first case will present a very resistant respondent. Here we will see how historical analogies, and a cultural environment, can facilitate resistance to the government health communicated message and Mistrust/Skepticism.

The second case will present a respondent who uses their national identity as a facilitator of trust, but remains resistant due to inadequate communication.

The third case will present a very resistant respondent and illustrate how social representations of the Covid-19 vaccine can facilitate resistance to a government health communicated message.

Case 1

The first case is by a male respondent. He is 24 years old and does not have any children.

The respondents' answers can be seen in Table 12.

Question:	Answer:
Vurder risikoen ved at have COVID-19 sygdommen generelt	Neutral
Vurder risikoen ved COVID-19 vaccinen	Delvis høj
Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Meget høj
Jeg føler mig overbevist af argumentationen	Meget uenig
Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab	Meget uenig
Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Høj

Table 12. Ratings by Case 1

We will now analyze 2 excerpts from this case.

The Nuremberg Code

The first excerpt is a particularly interesting one, as it illustrates how people can use historical analogies from their cultural knowledge repositories to understand SST's health communicated message.

The question that prompted this answer was: Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19.

The respondent starts their answer with the following:

"Jf. McCullough og Malone er det umuligt at vide hvilken virkning vaccinen har på gravide kvinder, men at det godt kan være at der er en negativ virkning.

The first thing worth noting is the reference to "Jf. McCullough og Malone" when evaluating the risk of vaccinating pregnant women. This illustrates an immediate inclusion of a specific Alter (two scientists), to understand and evaluate the Object (the Covid-19 vaccine).

The respondent continues:

Normalvis er man yderst forsiktig når det gælder vacciner til lige præcis disse grupper og man har historisk set altid udført meget grundige undersøgelser først. Derfor synes jeg at det er fuldkommen skandaløst at den danske sundhedsstyrelse anbefaler Covid-19 vaccinen til disse grupper, især da vaccinen er så uvæsentlig for fødedygtige kvinder."

Now the respondent includes a new Alter: Sundhedsstyrelsen. Whereas the former Alters' is still influencing the Ego. This new Ego-Alter relationship quite clearly creates tension. There are immediate representations of rigorous vaccine research requirements done on pregnant woman in the past, which the SST is not living up to. This seems to create a tension so strong that the respondent finds it scandalous that SST is recommending Covid-19 vaccinations to pregnant women.

The respondent continues:

"Måden hvorpå man har forsøgt at presse disse grupper til at lade sig vaccinere er ydermere kritisabel og i direkte strid med Nürnberg-kodekset som blev udarbejdet efter 2. Verdenskrig, hvor det blev forbudt at opfordre mennesker til at deltage i medicinske forsøg og at presse dem til at være med, hvilket jeg mener at Coronapas-set har gjort. Ironisk nok var 1930'ernes Nazityskland også det sidste eksempel på at befolkningsgrupper (jøder) skulle vise sundhedspapirer for at gøre brug af deres basale grundlovssikrede rettigheder".

Here the respondent elaborates and uses the Nuremberg Code from WW2 as a concrete historical anchoring to understand SST's recommendation of Covid-19 vaccinating pregnant women and the Covid passport (Corona-pas). An anchor, which can be said is metaphorically dropped in a harbor of World War 2 representations, as the respondent compares pregnant women with people that were forced to partake in medical experiments during WW2. There is also a visible objectification by the respondent, where the Covid passport gets familiarized based on the Jewish health documents from the 1930's in Nazi Germany. An objectification that plants the Covid passport in a garden with WW2 roots and subsequent emerging negative social representations. One of these emerging representations being the respondent's final statement:

"Dette er kort sagt en kæmpe forbrydelse imod enhver form for bioetik."

An interesting reference to include in this context, is the argued use and effect of historical analogies by Ghilani et al. (2017). According to Ghilani et al. (2017), historical analogies can represent how we see and feel about a current situation. Similar to the notion of anchoring seen in SRT (Marková, 2012). However, they can also define the roles of current actors and ascribe involved actors as villains, heroes, etc. (Ghilani et al. (2017). A study by Tierney (1992) illustrated this quite well, by showing how a Pearl Harbor analogy by Kennedy could invoke moral appraisals related to specific emotions embedded in the analogy, and therefore resist the use of airstrikes - especially those without warning. In the context of this case, SST is quite clearly ascribed as the villains in this narrative, akin to Nazis who experimented during the WW2. Which consequently invokes moral judgements that very clearly challenges SST's position to vaccinate pregnant women.

Ghilani et al. (2017) also argue that historical analogies can be highly influential in one's decision-making. As the particular historical anchor can constrain the range of imagined options and direct one's decision towards a specific choice (Ghilani et al., 2017, p. 280). In this case, the historical anchor is a breach of the Nuremberg code, which quite clearly facilitates resistance to any covid-19 vaccination of pregnant women.

Another interesting point is that research indicates that historical analogies have been used multiple times during the Covid-19 pandemic (Catlin, 2021; Lai, 2022; Banjeglav & Moll, 2021). A point which will be elaborated in the discussion, however, it

is relevant to mention now, as it illustrates an apparent unfamiliarity of Covid-19, which is initiating many historical anchors.

In short, this excerpt illustrates the use of a historical and cultural knowledge repository to understand and anchor Covid-19 vaccination of pregnant women, as well as the Covid passport. This results in a great resistance to Covid-19 vaccinations of pregnant women, as the respondent's decision-making is constituted by WW2 rooted social representations that all perceive SST as unethical and guilty of breaking bioethics. This point has been supported by research on historical analogies, that illustrate both the function and the apparent frequency during the Covid-19 pandemic.

We will now look at the second excerpt.

A Dangerous Covid-19 Vaccine

I have chosen this next excerpt to highlight how one's cultural environment can negatively influence one's understanding of the Covid-19 vaccine and develop resistance.

This answer emerged from the question: Vurder risikoen ved COVID-19 vaccinen.

The respondent begins with the inclusion of multiple researchers and doctors as an Alter to evaluate the Covid-19 vaccine:

"Min vurdering af vaccinens sikkerhed grunder både i lægefaglige eksperters ud-sagn samt personlige observationer.

Blandt eksperter bygger min viden fra en håndfuld. Dr. Peter McCullough, hjer-telæge og tidl. professor, hvis vidnesbyrd i den amerikanske højesteret var med til at præsident Joe Bidens vaccinemandat blev dømt forfatningsstridigt. Luc Montagnier, nobelprismodtager i medicin i 2008 for at have opfundet medicinen imod Hiv. Dr. Robert Malone som har været med til at udvikle mRNA-teknologien. Tre lægefaglige professorer fra Oxford, Harvard og Stanford som gik sammen under Covid-19 ned-lukningerne og skrev "The Great Barrington Declaration". Christine Stabell Benn, professor ved Syddansk Universitet".

This is exactly as seen in the earlier excerpt. There is the inclusion of the a scientific Alter, which informs the Ego and will frame the understanding of the object (Covid-19 vaccine.), which is visible in the next statement:

“Jeg tror vaccinen indeholder samme spike-protein som Covid-19 sygdommen, men i en højere grad. Jeg tror at den markante overdødelighed som er observeret i hele EU efter vaccineringen er begyndt kan forklares delvist af dette.

Dog tror jeg at de fleste menneskers immunforsvar kan klare at modtage vaccinen uden de store komplikationer”.

Here it seems that the respondents' chosen Ego-Alter relationship frame the vaccine (Object) with representations of death in Europe, and a dangerous spike-protein from the Covid-19 disease. Which makes it understandable, that the respondent would rate the risk of the Covid-19 vaccine as somewhat high. However, the most insightful part of this case, is in the following statement:

“Desuden tror jeg også at vaccinen kan udgøre en særlig fare for sportsatleter, hvilket er min egen grund til ikke at ville tage den. Jeg ville være bange for at falde om på en løbetur. Dette bygger jeg udelukkende på egne observationer fra det danske landshold i fodbold.”

Here the respondent no longer uses the earlier mentioned doctors as an Alter to understand the Covid-19 vaccine, but instead the respondent's own danish culture and observations within this culture, more specifically, danish football and handball:

“Siden Covid-19 vaccinationen er tre spillere på holdet blevet delvist invalideret under mystiske omstændigheder. Først fik Christian Eriksen hjertestop. Dernæst fik Kasper Dolberg type-1 diabetes, hvilket er typen man får som følge af usundhed, hvilket harmonerer ekstremt dårligt med det faktum at han er en mand i bedste alder og kondition. Sidst får Mikkel Damsgaard Leddegigt. Et andet sports-eksempel er fra det danske håndboldlandshold, hvor Mikkel Hansen, topatlet, pludselig fik en blodprop, hvilket jeg også mener er ekstremt underligt.”

Here the respondent uses a series of danish athletes' sudden health issues, as social representations of the Covid-19 vaccine's consequences. In other words, the respondent uses literal observations from within their cultural environment to understand the Covid-19 vaccine and represent them as Covid-19 vaccine risk.

The respondent continues:

“Disse skader kan godt ske ved et tilfælde. Men det faktum at de alle er sket i så kort et tidsrum, mener jeg gør det statistisk umuligt at der ikke må være en underliggende forklaring og her tror jeg personligt at denne er vaccinen.”

Here visible Ego-Alter-Object triad is visible. The Ego (“jeg”) uses the relation to the Alter, which is the cultural environment wherein the danish athletes exist, to understand the vaccine as the cause of the athletes’ health issues.

The respondent concludes with:

“Derfor tror alt i alt at der er en lidt større risiko for at blive skadet af vaccinen end af Covid-19 for utsatte grupper og jeg tror også at den skaber usandsynlige komplikationer hos yngre mennesker.”

In short, this excerpt has illustrated how a scientifically informed Alter, and one’s cultural environment, can contain social representations that form resistance to the Covid-19 vaccine, as they constitute one’s understanding and decision-making.

Case 2

The second case is by a female respondent who is 26 years old and have no children.
The respondent’s answers can be seen in Table 13

Question:	Answer:
Vurder risikoen ved at have COVID-19 sygdommen generelt	Lav
Vurder risikoen ved COVID-19 vaccinen	Lav
Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Neutral
Jeg føler mig overbevist af argumentationen	Delvis enig
Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab	Neutral
Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Neutral

Table 13. Ratings by Case 2

We will now analyze two excerpts from this case.

A Trust in the Danish

The first highlighted excerpt from this emerges based on the rating: Vurder risikoen ved COVID-19 vaccinen. I have chosen to highlight this excerpt because it illustrates how a nationalistic Ego-Alter-Object triad can facilitate trust in Covid-19 vaccines.

The respondent states:

"Jeg stoler forholdsvis meget på det danske sundhedssystem som jeg vil mene har ret strenge regler for hvad vi vil tillade at risikere. Generelt er det strenge regler i DK om hvad man må "indtage" afforskellig ting i fødevare og vi har et system der passer rigtig godt på os sammenlignet med andre lande. Derfor har jeg heller ikke været så bange for konsikvenserne ved vaccinen."

The respondent uses Denmark as its Alter, which results in multiple representations, that frames an understanding of the Covid-19 vaccine (object) as trustworthy. These representations are specifically on Danish food regulation, the Danish healthcare system, and a well-intentioned system that takes good care of their citizens - compared to other countries. A point which can be related to a study by Jensen et al. (2021). Jensen et al. (2021) argue that very few understand the technical differences between available Covid vaccines, and therefore draw on non-scientific cues to fill in gaps of information. One of these cues, is a vaccine's national origin. They argue that the perception of vaccine's national origin will influence one's attitude on the vaccine's quality and reliability (Jensen, et al. 2021). An argument which is supported by their study, where they discovered that a German population would use nationalistic mental shortcuts and prefer German vaccines over foreign vaccines (Jensen, et al. 2021). I highlight this study, as the respondent in this context may be drawing on similar non-scientific cues. In this case not a because the Covid vaccine has Danish manufacturer, but a Danish regulator and administer of the vaccines.

In short, social representations based on a national Alter, can facilitate trust in the Covid-19 vaccine. Furthermore, a study by Jensen et al. (2021) has been argued to support this point, as they argue that people use non-scientific nationalistic cues to perceive Covid-19 vaccines' quality and reliability.

Inadequate communication

The second excerpt emerges from the rating “Jeg føler mig overbevist af argumentationen” and its follow-up question. I have chosen to highlight this excerpt, as it will illustrate how inadequate communication can facilitate resistance to a government health communication, by an otherwise trusting individual.’

The respondent states:

Jeg ser ingen videnskabelige dokumentation som jeg godt kunne savne. Dette vil i højere grad overbevise mig om påstandende om at det mere sikker med vaccine end at risikere at bliver smittet med covid-19 uden.

Denne beskrivelse kræver rigtig høj grad af tillid til sundhedstyrelsen. Det meget uspecifikt, men med stor tillid til sundhedstyrelsen synes det at være tilstrækkeligt. Jeg har selv forholdvis meget tillid til styrelsen og derfor vil jeg mene det giver en lille tryghed.

Here the respondent states that they see no visible scientific documentation, as there are no references. The respondent also states that these references would make the message more persuasive and make her more certain about the vaccine. Which supports the theme and point of good communication, that was seen in Chapter 4.1.

The respondent also states that the health communication requires a high amount of trust towards SST to be sufficient. Which is why the respondent answered “Delvis enig” to the rating scale, as she does trust SST, as seen in the earlier section. However, the inadequate communication still facilitates a bit of resistance to the communicated message.

In short, this case has illustrated how an individual can have both trust in Covid-19 vaccines due to a nationalistic Ego-Alter-Object, and resistance to a government health communication, due to inadequate communication. This shows that trust in the government mediator might not always be sufficient when people make decisions about Covid-19 vaccinations.

Case 3

The third case by a man who is 27 years old and has no children.

The respondent's answers in the survey can be found in table 14.

Question:	Answer:
Vurder risikoen ved at have COVID-19 sygdommen generelt	Lav
Vurder risikoen ved COVID-19 vaccinen	Delvis høj
Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Delvis høj
Jeg føler mig overbevist af argumentationen	Uenig
Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab	Meget uenig
Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Delvis høj

Table 14. Ratings by Case 3

Three excerpts will now be analyzed.

A Lethal Covid-19 Vaccine

The first excerpt is a short one but illustrates a strong example of resistance to the use of Covid-19 vaccines. The respondent states:

Tager udgangspunkt i rapporter om en overdødelighed blandt vaccinerede og et større antal af hjerteproblemer, e.g. hjertestop, blandt unge mennesker som har fået vaccinen

Here it seems that the respondent uses a specific Alter, which contain a series of social representations that all influence his understanding of the risk of Covid vaccines. The used Alter is a scientific one, much like in Case 1, as the respondent draws upon a collection of reports that indicate a series of adverse health effects among the vaccinated, death, heart problems and heart attacks. These very serious effects then all seem to function as social representations of the Covid vaccines' risk which heavily influence the respondent to answer "Delvis høj" on the rating scale.

We will now look at the second and third excerpt and see how the respondent's social representations of Covid-19 vaccines risk, therefore seem influence their resistance of a government health communicated message.

Power & Control

The second excerpt emerges from the follow-up question to the rating scale: "Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab"

The respondent states:

Sundhedstyrelsen har en agenda og staten generelt tjener mange penge på medicinal industrien, under corona har diverse medicinal virksomheder tjent styrtene med penge, imens staten har kunne øge deres kontrol og magt over befolkningen.

This excerpt illustrates two fundamental points of resistance, which seem facilitated by very specific social representations. The first point of resistance, is that the inclusion of SST as an Alter, seems to create a tension where social representations of ill-intentioned money seem to emerge. The respondent argues that the SST has an agenda and political motive to recommend the Covid vaccine, as pharmaceutical third parties are heavily profiting off of vaccines. This is the first point of resistance, a political motive fueled by economic intentions. The second point of resistance seems to emerge from a very specific Ego-Alter relationship. In earlier cases, it seemed that the Ego was very much the respondent and the Alter, either some other group or the government. Now, it seems it is that the Ego who is the whole public (*befolkningen*) and the government remains the Alter. This new dynamic now illustrates social representations of government control and power upon the public. As the respondent argues that the Covid-19 vaccines are a means to increase their control.

The third and last highlighted excerpt supports and further elaborates this point.

The excerpt emerges from the 2nd follow-up question: "Beskriv de bekymringer du kunne have vedrørende Sundhedsstyrelsen og deres formidling af videnskab"

The respondent states:

Da sundhedsstyrelsen er en statsenhed, bliver den påvirket af den gældende holdning blandt staten, som bliver påvirket af andre lande og organisationer, som har et endnu større samarbejde/profitabelt forhold til medicinal virksomheder.

Here the respondent argues that because SST is a part of the government, it will therefore inherently be affected by the opinions of the state, which are affected by other countries and organizations that all have greater profitable relationships.

In short, this case has illustrated how tensions in the Ego-Alter-Object triad can facilitate strong resistance to a government health communication. A resistance based on social representations of mistrust/skepticism in both Covid-19 vaccinations and an ill-intentioned government mediator with political motives.

All data has now been analyzed. There will now be a discussion of findings and their contribution to the scientific literature.

Chapter 5: Discussion & Conclusion

This chapter will first present the two main findings of the thesis, as well as minor findings. The findings will then be discussed and put in relation to the scientific literature. There will then be a discussion of limitations of the study, as well as future research that could be worth pursuing. The chapter will then end with a conclusion of the thesis.

The intention of my thesis is to answer the research question: **How are government health communications understood and used by people to make decisions about Covid-19 vaccination?**

The research question is based on the premise, that humans are much more than empty receptacles for information and use an already structured set of socially situated ideas to frame their understanding. The chosen methods of the study, aimed to create a meaningful space for complex meaning-making, and encapsulate the respondents' understanding and use of a government health communication.

The analysis of both quantitative and qualitative measures resulted in two main findings, and a series of minor findings.

The first main finding is that the understanding and use of a government health communication in respondents' decision making is highly influenced by two elements: Trust and Resistance.

The element of trust has been seen to facilitate a lower perceived risk of the Covid-19 vaccine, as well as a positive understanding and perception of the government health communication and as well as government mediator of health in general. The element of trust is mainly constituted by three components: trust in the Covid-19 vaccine, trust in the government and effective communication.

The element of resistance, has been seen to facilitate a higher perceived potential risk of the Covid-19 vaccine, and a more hesitant understanding and perception of the government health communication, as well as a government mediator in general. The element of resistance is mainly constituted by three components: Mistrust/Skepticism to a government health communication due to perceived political motives, a perceived questionable Covid-19 vaccine due to its hasty development and insufficient

research, and inadequate communication due to lack of references and a lack of specific pieces of convincing information.

The second main finding is that the government health communication has been seen to highly influence a good portion of the sample and facilitated a perception of much lower Covid-19 vaccine risk for pregnant women. Which seems to indicate that that a government health communication is an effective way to deter vaccine hesitancy. However, those initially resistant to the health communication, remained resistant.

Minor findings

There were four minor findings which are relevant to include and present.

The first minor finding, is that the respondents' understanding of risk in some cases, have been influenced by their degree of familiarity with the object in question.

The second minor finding is that a historical analogy was used by one of the respondents, to understand and use the government health communication.

The third minor finding is that non-scientific nationalistic cues has been seen to directly influence one's understanding of the Covid-19 vaccine's risk.

The fourth minor finding, is that those who trust a government health communication, still have reservations, and worry about possible political motives.

The two main findings will now be discussed and related to the scientific literature.

1st Main Finding

The first main finding is that the understanding and use of a government health communication in respondents' decision making is highly influenced by two elements: Trust and Resistance. This finding seems to reaffirm several studies, which will now be elaborated.

Trust

The notion of trust has been mentioned earlier in the literature review, and that research indicates that Covid-19 vaccination rates, is highly influenced by whether the

individual trusts the government or institution supplying the vaccine, as well as trust in the quality and safety of the vaccine (Sapienza & Falcone, 2023; Adhikari et al., 2022). The result of this thesis reaffirms the importance of trust in Covid vaccination decision-making. A qualitative study by Ledford et al. (2022) study showed that, the complex information environment surrounding Covid-19 vaccination, cannot rely on knowledge translation alone, but requires trust to overcome hesitancy. A point which is echoed by the themes of both trust and mistrust/skepticism in this thesis. However, it is important to note that the results of this thesis also indicate, that trust alone is not enough. Effective communication is also important, as even those who trust the government communicated message, might perceive the Covid-19 vaccine as questionable, and the government communication inadequate. This is illustrated quite well in Case 2, where a respondent who trusts the Covid-19 vaccine due to trust in the Danish health authorities, is not persuaded by the government health communication due to a lack of references.

The design and theoretical framework of this study also contributes with a different understanding of trust. Trust is not simply seen as a “factor” in people’s decision-making, but as an influential element rooted in the individual’s preexisting socially structured ideas. A good example of this is in Case 2 as well, where the respondent used Denmark as an Alter, to facilitate trust in the Covid-19 vaccine. The analytical unit of trust in Covid-19 vaccines and a government mediator, is therefore embedded in the emerging tensions between individual and social environment.

A study by Adhikari et al. (2022) supports this point, as their literature review on Covid-19 acceptance indicates that preconceived perceptions of Covid-19 vaccines play a more important role in decision-making, than science-based information. The design of this thesis and use of SRT can therefore be said to explore those preconceived perceptions and illustrate how social representations influences both trust and resistance to a government health communication.

In short, the result of this thesis reaffirms the scientific literature on trust and emphasizes its importance to hinder vaccine hesitancy and resistance to government health communications. The thesis also provides an alternative understanding of trust, as it is understood by its foundational Ego-Alter-Object tensions and emergent social representations.

Resistance

The notion of resistance comes in three components: mistrust/skepticism, a perceived questionable vaccine and inadequate communication. These results reaffirm the scientific literature as well.

The literature review in the thesis included three articles, that illustrated hesitations to vaccination, due to the government mediator (Cáceres et al., 2022; Tibbels et al., 2022; Morales et al., 2022). These examples were based on research on ethnic minorities, however the results of this thesis, broadens the argument to the general public as well. This is mainly due to the design and theoretical framework of the thesis, as our understanding of mistrust/skepticism is rooted by the individual's preexisting socially structured ideas. A good example of this can be seen in Case 1, where a respondent uses a historical analogy and observations within his cultural environment, to understand and evaluate the Covid-19 vaccine's risk, as well as develop mistrust/skepticism towards the government. The design and theoretical framework of SRT can therefore be said to contribute, to the scientific literature, much like in the earlier section, as mistrust/skepticism is understood in relation to the individual's interrelated tensions with the environment and cultural repository.

The earlier mentioned research on the importance of trust, also illustrate that a lack of trust has an influence on respondents' decision making. The component of mistrust/skepticism will therefore not be further elaborated (Sapienza & Falcone, 2023; Adhikari et al., 2022)

The component of "questionable vaccine" seems to reaffirm the scientific literature as well. It was mentioned in the literature review that multiple studies contained respondents who perceived to be insufficiently informed on the Covid-19 vaccine and were therefore unconvinced (Yıldırım et al., 2022; Zimmerman et al., 2022; Elbarazi et al., 2022; Tibbels et al., 2022; Paul et al. 2022; Morales et al., 2022; Simanjorang et al., 2022) This seems to occur in this study as well, as the respondents in this sample seem to have been equally dissatisfied with the lack of research on Covid-19 vaccinations, as well as its hasty development. A component which is also present in both the trusting and more resistant respondents.

An interesting study by Allen et al. (2022) on medical mistrust, discrimination and Covid-19 vaccine behavior, argue that the science community should focus less on correcting individual beliefs and knowledge, and more on addressing and acknowl-

edging the underlying root causes underlying medical mistrust (p.1). The results of this thesis can be said to contribute to this point, as the results indicate specific underlying causes of mistrust within the sample. The design and theoretical framework of the thesis permits this understanding of underlying roots, as we have understood the respondents in the light of the Ego-Alter-Object triad. A good example of this can be found in Case 3, where a respondent develops resistance to the government health communication, due to an understanding of the Covid-19 vaccine, as a source of profit and control by the government. The tensions within the Ego-Alter-Object triad have therefore been able illustrate specific social representations of a questionable Covid-19 vaccine and its underlying causes. The two main ones in thesis being: the Covid-19 vaccine's hasty development and insufficient research on the Covid-19 vaccine.

The component of inadequate communication seems to be somewhat unique to this thesis as it has emerged from a specific health communication by SST. There are therefore no other studies that would show similar results. However, the notion of inadequate communication is not foreign in the scientific literature. A study Yang and Huang (2021) on health communication and trust during the Covid-19 lockdown in China, showed that there is a need for a better understanding of the target audience's perception of "good communication". The results in this study reaffirm this point, as some were convinced by specific pieces of information, and others were resistant due to lack of specific pieces of information and a lack of references.

A study by Oxman et al. (2022) on health communications during the pandemic can also be included as quite relevant. They argue that messages that are designed to be persuasive, limit people's ability to make informed choices and may damage public trust in authorities which negatively impacts compliance (Oxman et al., 2022, p. 1). One of the important strategies they recommend is honesty and transparency (Oxman et al., 2022). The result of this study supports this argument, as a lack of transparency due to lack of references, has been highly influential to many of the respondents' decision-making and has facilitated resistance to the government health communication.

In short, the different components of resistance seem to reaffirm the results in the scientific literature. However, the design and theoretical framework of the study con-

tributes with an alternative understanding of resistance, as it is understood and analyzed in terms of the individual's tensions within the Ego-Alter-Object triad and the emergent social representations.

The thesis can therefore be said to contribute to a deeper understanding of resistance to government health communications.

To conclude, the 1st main finding reaffirms the scientific literature. The design and theoretical framework of the thesis, contributes with an alternative understanding of how government health communications are used and understood by people to make decisions on Covid-19 vaccinations.

2nd Main Finding

The 2nd main finding is that the government health communication has had a positive influence on a good portion of the sample and facilitated a perception of much lower Covid-19 vaccine risk for pregnant women.

The result seems to greatly contribute to the scientific literature, as there are no qualitative studies on the social representations of a Danish government's health communication on Covid-19 vaccination. This main finding does however indirectly reaffirm many of the earlier mentioned studies, as trust and good communication are argued to be effective to deter Covid-19 vaccine hesitancy and resistance to a government health communication.

To conclude, the 2nd main finding can be said to both contribute and reaffirm the scientific literature. There are no studies on how social representations of Danish government health communications are used by people to make decisions about Covid-19 vaccination. However, there are multiple studies that illustrate trust and good communication as influences to deter resistance to a government health communication.

Minor Findings

The thesis had 4 minor findings which each has its own interesting contribution. The first minor finding is that the respondents' understanding of risk has in some cases, been influenced by their degree of familiarity with the object in question. This

finding aligns itself with Social Representations theory quite well, as one's familiarity with an object, depends on the preexisting social structures and the ideas situated within (Marková, 2012). The government health communication was also chosen for this exact reason, as most are still unfamiliar with the risk of Covid-19 vaccinating pregnant women.

The second minor finding is that a historical analogy was used by one of the respondents, to understand and use the government health communication. This minor finding is quite interesting, as it is in accordance with multiple studies on Covid-19 and the field of historical analogies (Catlin, 2021; Lai, 2022; Banjeglav & Moll, 2021; Arnold, 2020). This seems to highlight the apparent importance and influence of historical analogies when understanding Covid-19. This thesis therefore contributes to this field, however with an alternative understanding of historical analogies based on the theoretical framework of social representations theory. The example of this can be seen in Case 1, where a respondent uses a WW2 analogy to anchor the risk of Covid-19 vaccinating pregnant women.

The third minor finding is that non-scientific nationalistic cues has been seen to directly influence one's understanding of the Covid-19 vaccine's risk. This result is also seen in multiple other studies. The study by Jensen et al. (2021) has already been included in Chapter 4.2. However, other studies also show that a Covid-19 vaccine's country of origin has an influence on the perceived risk (Gramacho & Turgeon, 2021; Breakwell et al., 2022). This seems to reaffirm the result that nationalistic cues might be quite influential in the decision-making on Covid-19 vaccines. This thesis can be said to contribute to this concept, by use of SRT which allows for an analysis of how a cultural environment influences the Ego-Alter-Object triad. The example of this can be seen in Case 2, where a respondent uses Denmark as an Alter, to the understand the risk of Covid-19 vaccinating.

The fourth minor finding, is that those who trust a government health communication, still have reservations, and worry about possible political motives. This finding has already been partially elaborated earlier under "1st Main finding", however, to reiterate: the design and theoretical framework of this thesis, has allowed for an analysis of the respondents' tension and emergent social representations with a government Alter. This has resulted in a more nuanced understanding of trust in a government mediator, and therefore contributes to the field of vaccine hesitancy and health communication. A good example of this can be seen in Table 6, where multi-

ple respondents who trust SST state that, they worry SST might be politically influenced.

All findings have now been elaborated and discussed in relation to the scientific literature. The practical implications of the findings will now be elaborated.

Practical Implications

The findings of this thesis can be said to have five practical implications.

The first one is the provided alternative understanding and emphasis of the individual's complex decision making on risk and their understanding of a government health communication. It is a different standpoint than the one offered by the deficit model and the view of humans as empty receptacles for information. This alternative understanding can be used for more tailor-made health communications by both policymakers and health communicators in general, as the focus would be on accommodating the individuals' preexisting complexities, rather than a simple information transfer.

The second implication is the notion of effective and inadequate health communications. This thesis provides specific examples of both and can be used by policymakers and general health communicators, to inspire future health communications, as it is apparent that receivers of the communicated message have different specific needs.

The third practical implication is the argued importance of trust in its different nuances. Future policymakers and health communicators should use this thesis, and research with similar results, to understand the potential influence of a government health mediator. It is true that trust comes along way, however, a government mediator might inherently foster mistrust and skepticism, which should be acknowledged in the development of health communications.

The fourth practical implication is that government health communications do work and can quite effectively influence people's perception of Covid-19 vaccination risk. It is therefore a fruitful method, and one worth pursuing by policymakers in the future.

The last practical implication is the acknowledgment of vaccine hesitancy as a complex, meaningful entity, which requires specific interventions as seen in the earlier

practical implications. Future researchers and policymakers could use this thesis, and research with similar results, to understand vaccine hesitancy as a socially constituted concept, which emerges by the tensions within the Ego-Alter-Triad. Future interventions and communications could therefore be more tailor-made, to accommodate the different possible complexities.

Future research

The findings of this thesis can be said to have inspired four possible fruitful avenues for future research.

The first one is the notion of effective and inadequate government health communications. It could be quite insightful to research more government health communications and research how it may either falter or persuade the readers. This would allow for more tailor-made health communications and broaden the concept to more health communications than on Covid-19 vaccinations.

The second one is the notion of resistance to a government health communication. It could be quite insightful to exclusively research the different social representations that facilitate resistance, and further our understanding of its many possible nuances. This could be both in the context of resistance to Covid-19 vaccinations, as well as resistance to government health communications in general.

The third interesting avenue could be a repeat of a similar study, but in a different country with a possibly more resistant public. This would allow for different cultural tensions and social representations, which would provide a more nuanced understanding of both trust and resistance to government health communications.

The last possible fruitful avenue for future research, could be the repeated use of Social Representations Theory as a theoretical framework to understand risk in other contexts. It seems by this thesis, that the framework allows for an interesting analysis of Ego-Alter-Object tensions, that can be quite influential in people's decision-making. Further use of this theoretical framework could therefore provide a deeper understanding of risk and contribute to future health communications and the field of risk research.

Limitations

This thesis has a series of limitations which will now be elaborated.

The Sample

The first is that the results of this thesis should not be interpreted as representative of a population. The sample is very small and is a convenience sample skewed towards those who use social media. There is also a majority of female participants in the sample, which may have had some influence on the results. However, the influence of gender was not the aim of this study and has therefore not been analyzed. The influence of participants age may also have had an effect, but was not analyzed, as it was not the aim of this study. I have also removed 49 participants from the sample, as their surveys were only partially completed. This may have resulted in a loss of insightful data, which could have provided different findings.

The Context

This study was conducted in Denmark and had a sample of Danish respondents. The findings are therefore quite culturally rooted and would possibly be quite different in a different context and country.

The same goes for the chosen case example. The SST recommendation was very specific, and the results are therefore quite linked to that particular government health communication. A different government health communication on Covid-19 vaccination would possibly have provided different results and findings.

The Method

The chosen method of combining rating scales and open-ended questions has restricted other forms of analysis and possible generalizability. The use of, for example, inferential statistics or interviews, would have possibly provided very different results.

The use of thematic coding has also restricted the use of other types of coding and the findings they may have facilitated. The different themes were also thematically coded by a single researcher, which is also a limitation. This has possibly influenced the finding, as everyone has their own preconceptions and knowledge. For this reason, other researchers would possibly have found different codes within the results of this thesis.

The questionnaire and qualitative results were also in Danish, which means that some cultural linguistic features may not have been fully captured by the English language.

Social Representations Theory

The use of SRT has restricted this thesis to work within a specific realm of ontology and epistemology. Another framework would therefore possibly have yielded different meaningful results and another answer to the research question.

Conclusion

The intention of this thesis was to answer the research question: **How are government health communications understood and used by people to make decisions about Covid-19 vaccination?**

It can now be said, considering the findings of this thesis, that the answer to my research question is twofold.

The first answer is that the understanding and use of a government health communication in respondents' decision making is mainly influenced by two elements: Trust and Resistance. A finding which reaffirms the scientific literature. However, by use of SRT as a theoretical framework, this thesis has been argued to contribute with an alternative understanding of how government health communications are used and understood by people to make decisions on Covid-19 vaccinations.

The second answer to the research question, is that a government health communication by SST can influence and facilitate a perception of much lower Covid-19 vaccine risk for pregnant women. A finding that has been said to both contribute and reaffirm the scientific literature.

The thesis also had 4 minor findings:

5. The respondents' understanding of risk in some cases, have been influenced by their degree of familiarity with the object in question.
6. A historical analogy was used by one of the respondents, to understand and use the government health communication.
7. Non-scientific nationalistic cues have been argued to directly influence one's understanding of the Covid-19 vaccine's risk.
8. Those who trust a government health communication, can still have reservations, and worry about possible political motives.

The data presented in this thesis can hopefully be of aid in future pandemics or contexts, where persuasively communicating science is paramount.

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Appendix A: SST Health Communication



[corona | covid-19]



Information til dig, der er gravid eller ammer om vaccination mod COVID-19

...



Sundhedsstyrelsen anbefaler, at gravide og ammende bliver vaccineret mod covid-19

Vi ved, at gravide har en højere risiko end andre for at blive alvorligt syge, hvis de får covid-19. Når en gravid bliver alvorligt syg, er det også en belastning for barnet i maven, og øger bl.a. risikoen for at føde for tidligt. Derfor er det en god idé, at beskytte sig så godt som muligt mod alvorlig sygdom.

Vaccination vil både være med til at beskytte dig som gravid, men også dit barn i maven.

Anbefalningen bygger på en sundhedsfaglig vurdering, der konkluderer at vaccination mod covid-19 beskytter gravide og ammende effektivt mod alvorlig covid-19 sygdom og at vaccinen er sikker at bruge til gravide og ammende.

Covid-19 sygdom hos gravide og ammende

De fleste gravide og ammende vil få et mildt sygdomsforløb, hvis de bliver smittet med covid-19. Men nogle få gravide kan risikere at få et mere alvorligt covid-19 forløb.

I studier er der fundet en større risiko for indlæggelse på intensivafdeling blandt gravide, som får covid-19. De viser også, at der er en højere risiko for at føde for tidligt, hvis moderen har covid-19 og en øget risiko for alvorlig påvirkning af barnet i maven.

Risikoen for at få et alvorligt forløb med covid-19 er størst, hvis du fx også har diabetes, astma, hjerte-/karsygdom, er svær overvægtig eller er ældre end 35 år.

Sundhed for alle ❤ + ●

••• Vaccination
COVID-19

Er det sikkert for mit barn, at jeg bliver vaccineret mod covid-19 under graviditet og amning?

Vaccinerne mod covid-19 er givet til mange gravide og ammende verden over. De fleste lande i Europa anbefaler vaccination til gravide og ammende.

Sundhedsmyndighederne holder løbende øje med effekt og sikkerhed ved vaccinerne.

Der er ikke set øget risiko for aborter, misdannelser eller for tidlige fødsler hos gravide, der er vaccineret mod covid-19. Tværtimod beskytter vaccinerne både mor og barn mod alvorlige forløb og graviditets- og fødselskomplikationer.

Der er ingen mistanke om, at selve vaccinen overføres til barnet gennem moderkagen eller via modernmælken. Det er kun de antistoffer moderen danner på grund af vaccinen, der overføres til barnet. Selve stofferne, der er i vaccinen nedbrydes hurtigt i moderens krop.

Hvilke bivirkninger kan jeg forvente?

Gravide og ammende kan få de samme bivirkninger som andre efter vaccination. Der vil i langt de fleste tilfælde være tale om milde bivirkninger. De milde bivirkninger kan være træthed, hovedpine og feber og varer typisk et par dage. I sjældne tilfælde kan der opstå allergiske reaktioner, lige som hos andre.

Hvornår skal jeg vaccineres?

Du kan blive vaccineret under hele din graviditet, uanset hvilket trimester du er i. Det anbefales, at du bliver vaccineret så tidligt i graviditeten som muligt, for at du og dit barn i maven sikres bedst beskyttelse af vaccinen.

Hvis du ammer, kan du blive vaccineret med det samme. Det gælder uanset, hvor længe du har ammet, eller hvornår du har født.

Mere information og rådgivning

Hvis du ønsker mere information om vaccination mod covid-19, kan du læse mere på Sundhedsstyrelsens hjemmeside: www.sst.dk/da/corona/Vaccination/Grupper-for-vaccination/Gravide-og-ammende. Du kan også tale med din jordemoder eller læge, næste gang du kommer til kontrol. Hvis du ammer, kan du tale med din sundhedsplejerske.

Hvis du ikke ønsker at blive vaccineret

Hvis du ikke ønsker at blive vaccineret, mens du er gravid eller ammer, er det særlig vigtigt, at du følger Sundhedsstyrelsens råd for at forebygge smitte. Så beskytter du bedst både dig selv og dit barn.

Du vil stadig have mulighed for at blive vaccineret senere.

Følg stadig rådene om at forebygge smitte – især hvis du ikke er vaccineret



Bliv hjemme og bliv testet, hvis du har symptomer



Hold afstand



Luft ud og skab gennemtræk



Vask dine hænder tit eller brug håndsprit



Gør rent, særligt overflader som mange rører ved

Sundhed for alle ❤ + ●

 Vaccination
COVID-19

Pjece - Information til gravide og ammende om vaccination mod covid-19. (n.d.).

<https://www.sst.dk/da/udgivelser/2021/Pjece-Information-til-gravide-og-ammende-om-vaccination-mod-COVID-19>

Appendix B: Questionnaire

This Appendix contains the Questionnaire.

Køn

- (1) Mand
(2) Kvinde
(3) Andet

Alder

Har du børn?

- (1) Ja
(2) Nej

Er du eller din partner gravid på nuværende tidspunkt?

- (1) Jeg er gravid
(2) Min partner er gravid
(3) Nej

Ved at acceptere denne samtykkeerklæring bekræfter jeg, at jeg vil deltage i undersøgelsen. Jeg forstår, at deltagelse i undersøgelsen er frivillig og kan afbrydes når som helst uden konsekvenser for mig. Jeg forstår, at mine data behandles fortroligt og opbevares på sikker og forsvarlig vis i overensstemmelse med GDPR. Jeg forstår, at mine data anonymiseres, så det ikke vil være muligt at identificere mig.

- (1) Jeg accepterer

Vurder risikoen ved at have COVID-19 sygdommen generelt

- (1) Meget høj (2) Høj (3) Delvis høj (4) Neutral (5) Delvis lav (6) Lav (7) Meget lav

Forklar din vurdering i så mange detaljer som muligt

Vurder risikoen ved COVID-19 vaccinen

- (1) (2) Høj (3) (4) (5) (6) Lav (7)
Meget høj Delvis høj Neutral Delvis lav Meget lav

Forklar din vurdering i så mange detaljer som muligt

Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19

- (1) (2) Høj (3) (4) (5) (6) Lav (7)
Meget høj Delvis høj Neutral Delvis lav Meget lav

Beskriv dine overvejelser for og imod, i så mange detaljer som muligt

Tekst hentet fra Sundhedsstyrelsen:

Sundhedsstyrelsen anbefaler, at gravide og ammende bliver vaccineret mod

covid-19

Vi ved, at gravide har en højere risiko end andre for at blive alvorligt syge, hvis de får covid-19. Når en gravid bliver alvorligt syg, er det også en belastning for barnet i maven, og øger bl.a. risikoen for at føde for tidligt. Derfor er det en god idé, at beskytte sig så godt som muligt mod alvorlig sygdom. Vaccination vil både være med til at beskytte dig som gravid, men også dit barn i maven. Anbefalingen bygger på en sundhedsfaglig vurdering, der konkluderer at vaccination mod covid-19 beskytter gravide og ammende effektivt mod alvorlig covid-19 sygdom og at vaccinen er sikker at bruge til gravide og ammende.

Covid-19 sygdom hos gravide og ammende

De fleste gravide og ammende vil få et mildt sygdomsforløb, hvis de bliver smittet med covid-19.

Men nogle få gravide kan risikere at få et mere alvorligt covid-19 forløb. I studier er der fundet en større risiko for indlæggelse på intensivafdeling blandt gravide, som får covid-19. De viser også, at der er en højere risiko for at føde for tidligt, hvis moderen har covid-19 og en øget risiko for alvorlig påvirkning af barnet i maven. Risikoen for at få et alvorligt forløb med covid-19 er størst, hvis du fx også har diabetes, astma, hjerte-/karsygdom, er svær overvægtig eller er ældre end 35 år

Er det sikkert for mit barn, at jeg bliver vaccineret mod covid-19 under graviditet og amning?

Vaccinerne mod covid-19 er givet til mange gravide og ammende verden over. De fleste lande i Europa anbefaler vaccination til gravide og ammende. Sundhedsmyndighederne holder løbende øje med effekt og sikkerhed ved vaccinerne. Der er ikke set øget risiko for aborter, misdannelser eller for tidlige fødsler hos gravide, der er vaccineret mod covid-19. Tværtimod beskytter vaccinerne både mor og barn mod alvorlige forløb og graviditets- og fødselskomplikationer. Der er ingen mistanke om, at selve vaccinen overføres til barnet gennem moderkagen eller via modernmælken. Det er kun de antistoffer moderen danner på grund af vaccinen, der overføres til barnet. Selve stofferne, der er i vaccinen nedbrydes hurtigt i moderens krop.

Hvilke bivirkninger kan jeg forvente?

Gravide og ammende kan få de samme bivirkninger som andre efter vaccination. Der vil i langt de fleste tilfælde være tale om milde bivirkninger. De milde bivirkninger kan være træthed, hovedpine og feber og varer typisk et par dage. I sjældne tilfælde kan der opstå allergiske reaktioner, lige som hos andre.

Jeg føler mig overbevist af argumentationen

(1) <input type="radio"/>	(2) <input type="radio"/>	(3) <input type="radio"/>	(4) <input type="radio"/>	(5) <input type="radio"/>	(6) <input type="radio"/>	(7) <input type="radio"/>
Meget uenig	Uenig	Delvis	Neutral	Delvis	Enig	Meget enig

Beskriv dine overvejelser for og imod, i så mange detaljer som muligt

Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab

(1) <input type="radio"/>	(2) <input type="radio"/>	(3) <input type="radio"/>	(4) <input type="radio"/>	(5) <input type="radio"/>	(6) <input type="radio"/>	(7) <input type="radio"/>
Meget uenig	Uenig	Delvis	Neutral	Delvis	Enig	Meget enig

Beskriv dine overvejelser i så mange detaljer som muligt

Beskriv de bekymringer du kunne have vedrørende Sundhedsstyrelsen og deres formidling af videnskab

Du vil nu møde det samme spørgsmål som i starten, så vi kan undersøge hvorvidt dit standpunkt har ændret sig i løbet af undersøgelsen.

Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19

- (1) (2) Høj (3) (4) (5) (6) Lav (7)
Meget høj Delvis høj Neutral Delvis lav Meget lav

Beskriv dine overvejelser for og imod, i så mange detaljer som muligt

Afslutningsvist, skal du nu rapportere alt du kan huske fra Sundhedsstyrelsens anbefaling

Appendix C: Themes & Representative Codes

Theme 1: Health & Risk

The first theme of Health and Risk is based on an overarching argumentation that Covid-19 risk, and severity is influenced by the individual's general health and natural immunity. The participants would manifest this reasoning a bit differently as there are 4 representative codes. The codes' definitions can be seen in table 2.1 and illustrative data extracts are in table 2.2.

Code:	Definition:
Age-related risk	A reasoning that the severity of Covid-19 is dependent on one's age.
Minority risk	A reasoning that most will be fine, but a minority might experience consequences
Mild symptoms	A reasoning that Covid-19 only has mild symptoms
Natural Immunity	A reasoning that one is safe from Covid-19, due to one's general health and the diseases' lack of severity

Table 2.1: Code Definitions

Age-related risk	Minority Risk	Mild Symptoms	Natural Immunity
<i>For mig personligt vurderer jeg ikke risikoen stor, men generelt er der en vis risiko for befolkningen som helhed, dafor senfølgere. Denudover den jo kan ramme ældre ret hårdt</i>	<i>De fleste raske personer klarer sig fint i gennem sygdommen, men nogle som kan folk med andre sygdomme eller mennesker blive hårdere ramt.</i>	<i>Covid er ikke længere så stor en sundhedsrisiko for sygdommen, men nogle som før. Befolknigen bliver stadig ramt men symptomerne er langt sygdomme eller ældrefærdere og mildere end da mennesker blive hårdere det brød ud.</i>	<i>Personligt, er jeg sund og rask og uden sygdomme, så risikoen for mig er lav</i>
<i>Den er delvist lav, fordi COVID-19, som influenza, kan have fatale konsekvenser for ældre og syge mennesker. Derudover er de fleste vaccineret, og det gør, at jeg</i>	<i>For langt de fleste mennesker er risikoen virkelig lav. For enkelte mennesker er der en risiko.</i>	<i>Den har muteret i flere omgange og er blevet mildere. Nu er den mennesker er der en nærmest en influenza.</i>	<i>Pt på neutral. Tidligere da corona stadig var på sit højeste ville jeg nok have sat den på delvist høj. Dette skyldes at jeg er bekymret for hvad den kan</i>

<i>ikke har svaret "delvis høj" eller "neutral".</i>		<i>gøre mod mine bedsteforældre, men er selv bevidst om at jeg godt kan klare mig igennem covid-19</i>
<i>Min forståelse er at covid ikke generelt er farlig for unge og raske mennesker, og ved utsatte forholdsvis høj.</i>	<i>Risikoen for at få covid-19 på nuværende tidspunkt, vil jeg betragte er overlevelsesprocenten også som lav. Men risikoen i at have sygdommen er neutral. Nogle borgere oplever slemme følger af sygdommen, andre oplever middel følger mens de fleste (i hvert fald af hvad jeg har hørt) oplever ingen vedvarende følger.</i>	<i>Jeg vurdere det nu er en ganske almindelig sæson sygdom, der ikke har nogle alvorlige konsekvenser, hvis man ellers er sund og rask. For mig er den stadet lige over influenza.</i>

Table 2.2 Codes With Illustrative Data Extracts (Direct Quotes)

Theme 2: Trust

The second theme is mapped on respondents that use trust as an influence in their evaluation and decision-making. It is the biggest theme and is constituted by 9 prevalent codes, which can be found in Table 3.1.

An important note, is that the notion of trust emerges in two general shapes, depending on the object in question: Trust in Vaccines and Trust in SST.

Illustrative data extracts of both forms can be found in Table 3.2 and 3.3

Code:	Definition:
Trust in vaccines	A reasoning that is based on trust in vaccines.
High safety testing	A reasoning that the Covid-19 vaccine has been tested for safety
Low risk of side effects	A reasoning that vaccines are safe due to low risk of side effects
None/Mild side effects	A reasoning that the vaccine is safe, as it has either mild or no side effects
Regular vaccine risk	A reasoning that all vaccines and medicine have some

	degree of normal risk.
Trust in SST	A reasoning based on trust in SST
Trust in Experts	A reasoning that SST has experts and that they are therefore scientifically informed.
Good intentions	A reasoning that SST has good intentions
None/or Few worries	A reasoning that the respondents have none or very few worries regarding SST.

Table 3.1 Code definitions

Trust in vaccines	High Safety Testing	Low risk of Side effects	None/Mild Side effects	Regular Vaccine risk
Jeg har hørt om meget Altså ud over få gener ved vaccinen. allergier til den, så Der har selvfølgelig tror jeg den er været variation mellem gennemtested nok de forskellige firmaers til man nok ikke får vacciner, men generelt problemer med har jeg stor tiltro til den. vacciner.	Der er kun få, der får bivirkninger. Kender ingen der har bivirkninger	Fik Johnson, Johnson, ingen bivirkninger. Kender ingen der har bivirkninger	Det er meningen jeg skal have symptomer når jeg bliver vaccineret og overleve det. Så er haft ikke så bekymret for den smule ubehag jeg ville føle. Og, jeg er i midt tyverne, jeg burde være okay.	
Jeg har tiltro til Den virkede til at videnskab og vacciner, være godt bliver ramt af men der kan altid være gennemtestet, men bivirkninger, ligesom bivirkninger selvfølgelig langtidseffekter har få bliver ramt af ved vaccinen, som eller man kan få der ikke rigtig forlængede symptomer jeg finder småsymptomer osv. Men været mulighed for efter COVID-19, men betydningsfulde, fra risikoen er for mig at se, at teste. igen vurderer jeg troværdige kilder. så lav at man bør tage denne risiko som lav. Jeg har i hverfald ikke erfaret at mange har oplevet bivirkninger efter vaccinen.enswr	Igen er der få som bliver ramt af har set/hørt/læst bivirkninger, ligesom bivirkninger få bliver ramt af ved vaccinen, som eller man kan få der ikke rigtig forlængede symptomer jeg finder småsymptomer osv. Men været mulighed for efter COVID-19, men betydningsfulde, fra risikoen er for mig at se, at teste. igen vurderer jeg troværdige kilder. så lav at man bør tage denne risiko som lav. Jeg har i hverfald ikke erfaret at mange har oplevet bivirkninger efter vaccinen.enswr	Jeg synes ikke jeg set/hørt/læst bivirkninger få bliver ramt af ved vaccinen, som eller man kan få der ikke rigtig forlængede symptomer jeg finder småsymptomer osv. Men været mulighed for efter COVID-19, men betydningsfulde, fra risikoen er for mig at se, at teste. igen vurderer jeg troværdige kilder. så lav at man bør tage denne risiko som lav. Jeg har i hverfald ikke erfaret at mange har oplevet bivirkninger efter vaccinen.enswr	Alle vacciner har en lille risiko; Folk kan være allergiske til den bivirkninger	
Jeg tror at efter Der sidder en flok befolkningen i høj grad forskere som har modtaget de fleste gennemtestet, der vacciner, så selv hvis kan man er så uheldig at få Corona, så er der eftervirkningerne af det ikke så store igen. Idet af befolkningen	Der er selvfølgelig en risiko for nogle bivirkninger, men jeg ikke hørt noget risiko for at disse er om farlige er så vidt jeg ejeller ved meget lavere end gælder for største risikoen for at blive så hårdt ramt af covid-19,	Pfizer som de fleste har fået, der har bivirkninger for nogle mennesker ved en bivirkning for nogen vurderer den derfor som sikker	Der vil altid være bivirkninger for nogle mennesker ved en bivirkning for nogen vurderer den derfor som sikker	

vørste fald tror jeg de forsvinder relativt hurtigt for vedkommende.	at det er farligt.	samme tid - og så kommer historierne jo frem. Det er selvfølgelig stadic træls for dem der får slemme senfølger og bivirkninger heraf!
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Table 3.2 Codes On Trust (Vaccine form) With Illustrative Data Extracts (Direct Quotes)

Trust in SST	Trust in Experts	Good Intentions	None/Or few worries
Sundhedsstyrelsen er en sikker og solid kilde, de vurdere hvad der ses ude i verdenen og hvordan det ser ud på sygehusene. Jeg ved personligt ikke meget så derfor er det godt at lytte til dem der ved noget frem for at gå med en eventuel mavefornemmelse.	Sundhedsstyrelsen har faglige eksperter og studier bag sig og derfor meget troværdige.	Sundhedsstyrelsen vil bedste for samfundet generelt men kan ikke tage højde for enkelte individer som ikke passer ind i den brede målgruppe men har brug for særlig håndtering	Ingen. Selvfølgelig begår man fejl i men jeg synes bestemt man skal lytte til uddannede mennesker
Jeg stoler på at de har undersøgt informationen og den ikke giver falsk viden.	De er jo uddannede mennesker indenfor medicin og videnskabs verdenen. De ved jo godt hvad de snakker om	Generelt har vi et godt med gode institutioner. Omvendt havde SST en stor rolle i at promovere covid-19-vaccinerne uden, at de måske ikke var undersøgt helt igennem. Men jeg stoler da på, at SST virker ikke vil anbefale en vaccine uden, at det var helt sikkert	Har ikke mange, så skal det være folk der bevidst bedriver falsk videnskab, der bliver opdaget. Det usandsynligt.
Jeg er opdraget til at stole på Sundhedsstyrelsen. De har sundhedsstyrelsen som regel uddybende informeret af de mest forklaringer, og jeg har tidligere fundet referencer på deres hjemmeside der forklarer deres anbefalinger	Jeg tænker, at sundhedsstyrelsen informerede kvalificerede eksperter på noget ud af at skade hele området, så jeg er heller ikke særligt bekymret om, om de spredt misinformation. Med det sagt vil jeg altid læse om information fra flere forskellige kilder, inden jeg selv tager en beslutning	Jeg stoler overordnet på de vil eros det bedste, andet giver ikke mening for mig, de vil ikke få bekymringer på noget ud af at skade hele befolkningen.	Jeg har ikke rigtig nogle bekymringer

Table 3.3 Codes on Trust (Sundhedsstyrelsen Form)

Theme 3: Mistrust/Skepticism

The third theme is mapped on perceptions of mistrust and skepticism. The theme is based on 5 representative codes, that each demonstrate varying degrees of mistrust and skepticism. Definitions of each code can be found in table 4.1 and illustrative data extracts in table 4.2.

Code:	Definition:
False information	A reasoning that the government health communicated message is based on false information
Political Motives	A reasoning that the government health communicated message has a political agenda
Vaccines are dangerous	A reasoning that vaccines are dangerous
Sub-optimal Government actions under Covid-19 Pandemic	A reasoning that actions during Covid-19 pandemic has damaged government's credibility
Inconsistent Attitudes	A reasoning that inconsistent attitudes during Covid-19 has damaged credibility and trust.

Table 4.1 Code definitions

False information	Political Motives	Vaccines are dangerous	Sub-optimal Government actions under Covid	Inconsistent Attitudes
Falsk informationsgrundlag, da man endnu ikke har en agenda og i staten generelt tjener af mange penge konsekvenserne.	Sundhedsstyrelsen har en agenda og i rapporter om en overdødelighed af medicinale industrien, og et større antal af virksomheder tjent imens staten har	Tager udgangspunkt i rapporter om en overdødelighed blandt vaccinerede til hjerteslukning, blandt unge mennesker som har fået vaccinen.	Som udgangspunkt stoler jeg altid på mere skeptisk end videnskab. Min tillid til regeringens regering og sundhedsstyrelsen under corona har hjerteproblemer, e.g. håndtering af covid-19 er dog faldet en del, og det smitter af virksomheder til styrtene med penge, har fået vaccinen.	Jeg vil sige, jeg er iinden corona, idet regeringen og sundhedsstyrelsen under corona har hjertestop, blandt 19 er dog faldet en del, og det smitter af virksomheder til styrtene med penge, har fået vaccinen. på min tillid til deres corona flere gange, anbefalinger. hvor man stadig kan

	kunne øge deres kontrol og magt over befolkningen.			stille sig skeptisk over, hvor meget vi overhovedet ved om corona i dag og dets eftervirkninger
Jeg hæfter mig ved flere forhold.	Jeg stoler på den viden de formidler også at vaccinen kan udgøre en særlig anbefalinger under Serum Institut med erfaring for sportsatleter, corona mener jeg har videre er interesseret skulle være er effektiv påvirket af politikerne hvilket er min egen været mere i at man følger deres imod Covid-19. Ifølge og ofte har et bestemt grund til ikke at ville "krisebaserede" endanvisninger. Men lad Pfizers egne tal dække mål de vil hen til, så tage den. Jeg ville nødvendigt. os nu være ærlige. De den 7% imod det kan farve eller være bange for at sygdomsforløb efter at udelukke viden fra falde om på en have været i kroppen i 6 dages formidling løbetur. (Continues) mdr... (Continues)	Desuden tror jeg også at vaccinen kan udgøre en særlig anbefalinger under Serum Institut med erfaring for sportsatleter, corona mener jeg har videre er interesseret skulle være er effektiv påvirket af politikerne hvilket er min egen været mere i at man følger deres imod Covid-19. Ifølge og ofte har et bestemt grund til ikke at ville "krisebaserede" endanvisninger. Men lad Pfizers egne tal dække mål de vil hen til, så tage den. Jeg ville nødvendigt. os nu være ærlige. De den 7% imod det kan farve eller være bange for at sygdomsforløb efter at udelukke viden fra falde om på en have været i kroppen i 6 dages formidling løbetur. (Continues) mdr... (Continues)	Stoler generelt på dem, men nogle konsekvenser af Statens anbefalinger under Serum Institut med erfaring for sportsatleter, corona mener jeg har videre er interesseret skulle være er effektiv påvirket af politikerne hvilket er min egen været mere i at man følger deres imod Covid-19. Ifølge og ofte har et bestemt grund til ikke at ville "krisebaserede" endanvisninger. Men lad Pfizers egne tal dække mål de vil hen til, så tage den. Jeg ville nødvendigt. os nu være ærlige. De den 7% imod det kan farve eller være bange for at sygdomsforløb efter at udelukke viden fra falde om på en have været i kroppen i 6 dages formidling løbetur. (Continues) mdr... (Continues)	Det er en naturlig konsekvens at Statens Serum Institut med erfaring for sportsatleter, corona mener jeg har videre er interesseret skulle være er effektiv påvirket af politikerne hvilket er min egen været mere i at man følger deres imod Covid-19. Ifølge og ofte har et bestemt grund til ikke at ville "krisebaserede" endanvisninger. Men lad Pfizers egne tal dække mål de vil hen til, så tage den. Jeg ville nødvendigt. os nu være ærlige. De den 7% imod det kan farve eller være bange for at sygdomsforløb efter at udelukke viden fra falde om på en have været i kroppen i 6 dages formidling løbetur. (Continues) mdr... (Continues)

Table 4.2 Codes With Illustrative Data Extracts (Direct Quotes)

Theme 4: Good Communication

This theme is mapped by respondents that have perceived good communication as an influence in their decision-making. Definitions of the representative codes can be seen in table 5.1 and data extracts in table 5.2.

Code:	Definition:
Logical Argumentation:	A reasoning that the communicated message has a logical argumentation, thus making it convincing
Specific convincing	A reasoning that a specific piece of information convinced the respondent

Table 5.1 Code Definitions

Logical Argumentation:	Specific convincing:
<i>Det virker logisk og argumenterne giver mening. Det eneste jeg er skeptisk omkring er om stofferne fra vaccinen trænger ind til barnet. Det har men jo reelt ikke undersøgt med corona vaccinen, så er den viden taget vaccine til en anden</i>	<i>Det lyder til at der er flere fordele for både den gravide under graviditeten og for barnet hun føder, derudover er der som beskrevet ikke set statistiker eller lignende der peger på at det har givet bivirkninger ved de børn fra andre vacciner og kan man overføre den viden fra en der er blevet født. Derfor har jeg givet den vurdering.</i>
<i>Det lyder fornuftigt og logisk.</i>	<i>Jeg fandt forklaringen om at det kun er de antistoffer der er produceret af moderen, der bliver optaget af barnet, overbevisende ift min tiltro til at vaccinen er sikker for gravide. Men nu er det jo selvfølgelig heller ikke mig der skal være gravid og vaccineres ;)</i>
<i>Jeg synes, de får forklaret fordelene og ulemperne rigtig godt, og det er let at forstå</i>	

Table 5.2 Codes With Illustrative Data Extracts (Direct Quotes)

Theme 5: Inadequate Communication

This theme is mapped by participants' that perceived the government health communication as somewhat inadequate. This does not mean that it directly fostered mistrust and skepticism, however, it seems to have influenced credibility and persuasiveness. See table 6.1 for definitions and table 6.2 for illustrative data extracts.

Code:	Definition
Lack of specific information	A reasoning that the communicated message lacked a specific information to convince respondent
Lack of references	A reasoning that the communicated message lacks references, which is damaging credibility

Table 6.1 Code definitions

Lack of specific information:	Lack of references:
<i>Det eneste der gør mig en smule usikker, er at der ikke nævnes om der kan være bivirkninger for barnet - dette kunne fx. være i forlængelse af, at man ikke har mistanke om, at vaccinen overføres til barnet gennem moderkage/modermælk. En enkelt sætning om dette ville gøre mig mere sikker</i>	<i>Det er ikke gribene eller velargumenteret nok. Det er lidt sådan "source? Trust me bro" agtig. Og hvis man ikke stoler på dem så dur det jo bare ikke</i>
<i>Kan vaccinen ikke skade fosteret hvis så man får mange symptomer?</i>	<i>Teksterne fremviser mange af samme konklusioner, hvilket er med til at bekraefte hinanden. Jeg er dog</i>

	stadic nysgerrig overfor hvor disse tekster stammer fra og hvor meget forskning de bygger på.
Imod: Jeg tænker, det stadig afhænger af tidspunktet i en graviditet, og jeg kan da også undre mig over, om det afhænger af kvindens symptomer i graviditeten, særligt i den første trimester... (continues)	Jeg ser ingen videnskabelige dokumentation som jeg godt kunne savne. Dette vil i højere grad overbevise mig at risikere at bliver smittet med covid-19 uden. Denne beskrivelse kræver rigtig høj grad af tillid til sundhedstyrelsen. Det meget uspecifikt, men med stor tillid til sundhedstyrelsen synes det at være tilstrækkeligt. Jeg har selv forholdsvis meget tillid til styrelsen og derfor vil jeg mene det giver en lille tryghed.
Ud fra anbefalingerne synes jeg også det kan være svært at vurdere hvor stor en risiko et CV-19 sygdoms forløb er hos en gravid, og hvor ofte det kan medføre komplikationer. Der er uden tvivl en risiko, men jeg ved ikke om risikoen er stor nok til at jeg mener det er man kunne frygte ved at vaccinere gravide gennemgås, 'nødvendigt' at blive vaccineret.	Det bliver i sig selv ret overbevisende for mig, fordi det kommer fra Sundhedsstyrelsen, og jeg derfor går ud fra, at der ligger forskning bag. Der omtales studier og andre landes erfaringer, og de indvendinger eller ting hvilket også er et plus. Jeg kunne dog godt savne lidt mere specifikke henvisninger til studier - HVILKE studier?

Table 6.2 Codes With Illustrative Data Extracts (Direct Quotes)

Theme 6: Questionable vaccine

The 6th theme is mapped by respondents that have argued doubts about the vaccine in their decision-making. The theme is constituted by two seemingly interrelated codes. See code definitions in table 7.1 and illustrative data extracts in table 7.2.

Code:	Definition:
Hasty development	A reasoning that the Covid-19 vaccine was developed a bit too quickly
Insufficient research	A reasoning that there is insufficient research on the Covid-19 vaccine and possible long-term consequences

Table 7.1 Code definitions

Hasty development:	Insufficient research:
Vaccinen er blevet fremstillet ekstremt hurtigt ift. hvor lang tid det normalt tager og lave en vaccine. Der er ikke taget nok højde for bivirkninger, da man ikke har undersøgelse der viser ulemper/bivirkninger over en	Personligt ville jeg være en anelse mere tilbageholdende med at sige ja med det samme til vaccine, hvis jeg var gravid. Ingen fordi denne vaccine er kommet så hurtigt i stand at man ikke reelt har fået at forske i hvilken

<i>længere årrække.</i>	<i>påvirkning det kan have.</i>
<i>Ja ser det som en fornuftig tilgang at vi kollektivt gøre brug af denne. Selyfølgelig kan man blive lidt mere skeptisk ifm. med denne vaccine, da forløbet er meget hurtigt. Men jeg har en tro på at det er gjort inden for fornuftige forhold. Så må tiden vise, hvorvidt denne vaccine har kunne have haft bivirkninger.</i>	<i>Jeg har generelt tillid til Sundhedsstyrelsen, men de kan kun bygge deres anbefalinger på nuværende studier og på nuværende tidspunkt er der ikke langtidsstudier, da vaccinen fortsat er relativ nu. Og som tidligere nævnt, så mangler der studier vedr. gravide, der er allerede er vaccinerede i forhold til fordele/ulemper ved en 3. Booster.</i>
<i>Den stærkt forkortede og upspeedede test-proces og den nye vaccine gør det umuligt at vide senfølger.</i>	<i>Det er jo gode argumenter - men der har ikke været nogle langitudinale studier, så det er svært at sige med virkningerne på sigt.</i>

Table 7.2 Codes with Illustrative Data Extracts (Direct Quotes)

Theme 7: Familiar/Unfamiliar

This theme is mapped on respondents' use of familiarity in their decision-making. Multiple respondents seem to use the degree of familiarity as a large influence in their evaluation of risk. See definitions of representative codes in table 8.1 and illustrative data extracts in table 8.2.

Code:	Definition:
Unfamiliar	A reasoning that the respondent is too unfamiliar with pregnancy vaccinations to answer.
Familiarization	A reasoning that Covid-19 is like the common flu or something similar

Table 8.1 Code definitions

Unfamiliar:	Familiarization:
<i>Det ved jeg ærligt talt ikke særlig meget om. Jeg kunne forestille mig, at gravide frarådes at få vaccinen. Jeg synes ikke, jeg kan vurdere for og imod, når jeg ingen viden har på området.</i>	<i>Langt størstedelen oplever en almindelig influenza eller ingen symptomer.</i>
<i>Dette er et emne jeg ikke selv har sat mig ind i da det ikke er relevant for mit pt. derfor har jeg også svært ved at vurdere risikoen. Jeg vil generelt være mere nevøs for hvad jeg "indtog" under en graviditet, og det kunne måske gøre mig lidt mere skeptisk overfor konsekvenser af vaccinen.</i>	<i>Corona er vel i dag ligesom en influenza, så det afhænger mere af den individuelles helbred generelt</i>
<i>Jeg forestiller mig den er lav, men jeg har ikke nogen</i>	<i>De fleste sunde mennesker oplever ikke at blive mere</i>

viden om emnet. Jeg ved dog at gravide godt kan blive syge end af anden influenza.
vaccineret og derfor har jeg en tiltro til at nogle med
stor viden på området har truffet den beslutning på et
oplyst grundlag

Table 8.2 Codes With Illustrative Data Extracts (Direct Quotes)

Appendix D: Themes & Codes (Re-evaluation)

Theme 1: Trust

This theme is the same as defined in appendix C.

Theme 2: New information

This new theme is based on respondents that use newly gained knowledge in their rating.

See table 10.1 for definitions and Table 10. 2 for representative codes with illustrative data excerpts.

Code:	Definition
New Information	A reasoning based on newly gained information from the SST communication

Table 11.1

New Information
<i>Min eneste overvejelse var ift hvad de langsigtede effekter kunne have på barnet, da vi selvfølgelig kun er et par år efter de første gravide fik vaccinen. Jeg har nu lært det kun er moderens egne antistoffer barnet optager, så vi er all good 🌟</i>
<i>Hvis man ikke formoder vaccinen "når" barnet, kan jeg ikke se hvordan det skulle påvirke barnet</i>
<i>Det lyder som om, at der kan være nogle bivirkninger, der evt. kunne komplikere graviditeten for nogen, der allerede er sårbare, men alt i alt lyder det som om, risiciene er langt større ved covid-19 end ved vaccination.</i>
<i>Efter informationen tror jeg på den er lav, den er dog ikke helt i top, da jeg stadig er nervøs for hvor dækkende den viden er</i>

Table 11.2 Codes With Illustrative Data Extracts (Direct Quotes)

Theme 3: No change

The new theme is mapped by respondents that explicitly state that there has been no change in their rating. See Table 12.2 for illustrative data extracts.

Code:	Definition
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Unchanged	A reasoning that is unchanged after having read the SST Case.
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Table 12.1

Unchanged:
<i>Mener stadig den er lav med samme argumenter som før.</i>
<i>Mit standpunkt har ikke ændret sig.</i>
<i>Det har ikke ændret sig.</i>
<i>Stadig samme forbehold.</i>

Table 12.2 Codes With Illustrative Data Extracts (Direct Quotes)

Theme 4: Unconvinced

This new theme is mapped on respondents that explicitly claim that they were not convinced by the SST communication.

Code:	Definition
Unconvinced	A respondent that states to be unconvinced by the SST communication

Table 12.1

Unconvinced
<i>Mine overvejelser er lidt de samme som før. Udover det synes jeg ikke Sundhedsstyrelsens afsløring var særligt videnskabelig, og det gjorde mig derfor ikke mere positivt indstillet</i>
<i>Jeg synes ikke rigtig at beskrivelsen fra sundhedsstyrelsen har ændret noget idet at det var meget savgt begrundet argumentation.</i>
<i>Samme som sidst er jeg i tvivl om det er godt for gravide og fosteret at få medicin og specielt vacciner under graviditet</i>

Table 12.2

Theme 5: Questionable Vaccine

This theme is the same as defined in appendix C.

Theme 6: Inadequate Communication

This theme is the same as defined in appendix C

Appendix E: Quantitative Raw Data

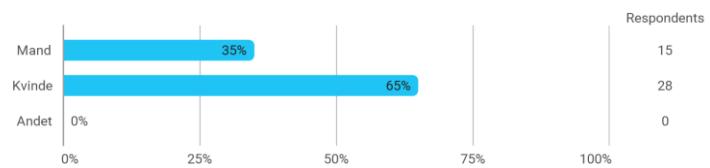
This appendix is the raw quantitative data from the questionnaire.

Alder

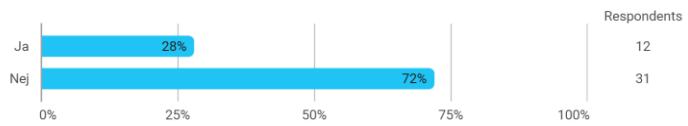
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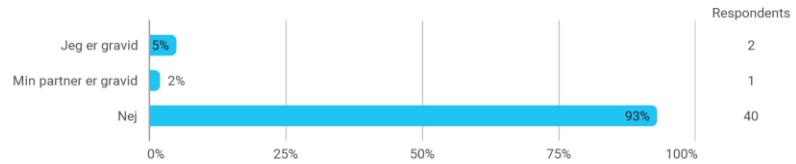
Køn



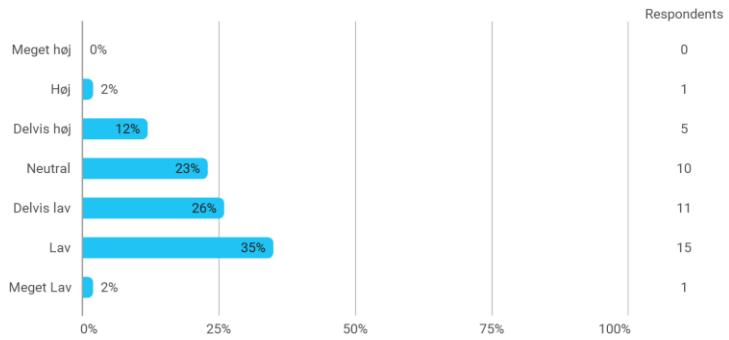
Har du børn?



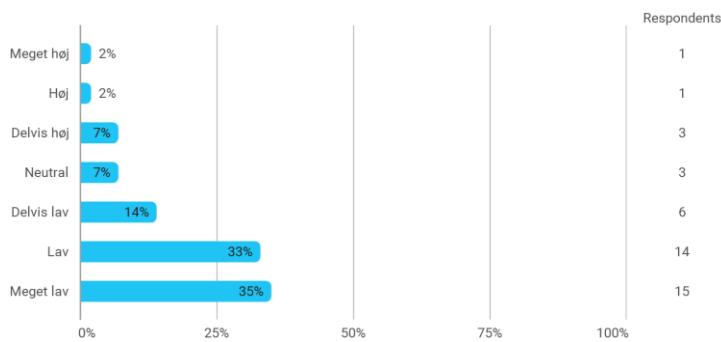
Er du eller din partner gravid på nuværende tidspunkt?



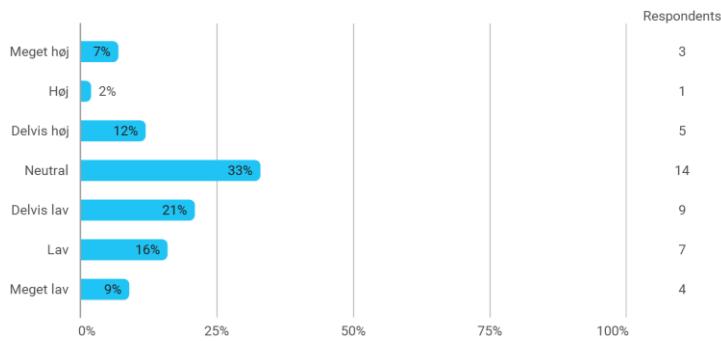
Vurder risikoen ved at have COVID-19 sygdommen generelt



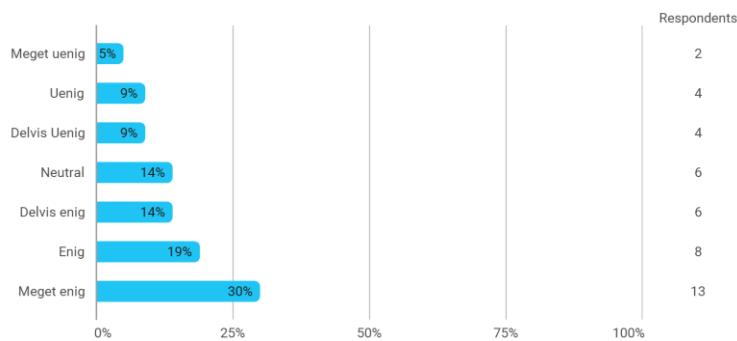
Vurder risikoen ved COVID-19 vaccinen



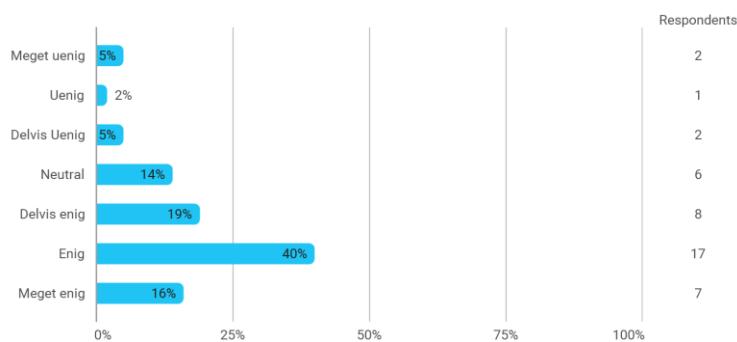
Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19



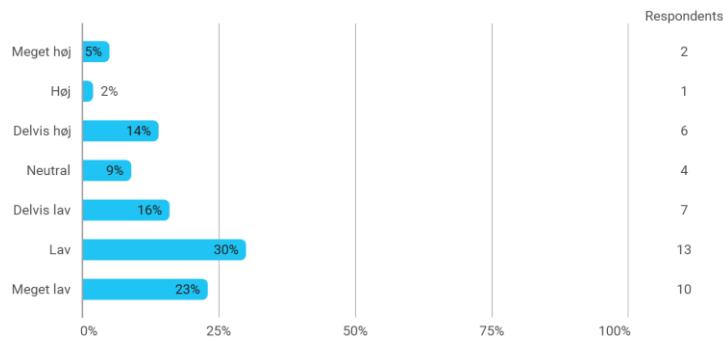
Jeg føler mig overbevist af argumentationen



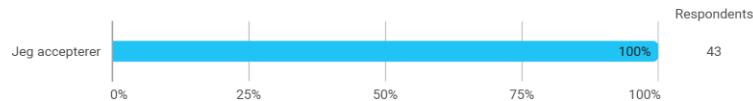
Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab



Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19



Ved at acceptere denne samtykkeerklæring bekræfter jeg, at jeg vil deltage i undersøgelsen. Jeg forstår, at deltagelse i undersøgelsen er frivillig og kan afbrydes når som helst uden konsekvenser for mig. Jeg forstår, at mine data behandles fortroligt og opbevares på sikker og forsvarlig vis i overensstemmelse med GDPR. Jeg forstår, at mine data anonymiseres, så det ikke vil være muligt at identificere mig.



Appendix F: Qualitative Raw Data & Codes

Vurder risikoen ved at have COVID-19 sygdommen generelt	Forklar din vurdering i så mange detaljer som muligt	CODING:
Neutral	Risikoen for at få covid-19 på nuværende tidspunkt, vil jeg betragte som lav. Men risikoen i at have sygdommen er neutral. Nogle borgere oplever slemme følger af sygdommen, andre oplever middel følger mens de fleste (i hvert fald af hvad jeg har hørt) oplever ingen vedvarende følger.	Code: Minority at risk
Neutral	Bør betragtes som enhver anden luftvejs virus nu da størstedelen af befolkningen er vaccineret.	Code: Trust in Vaccines
Neutral	Risikoen for <i>hvad</i> ang. At have fået corona?	
Neutral	Pt på neutral. Tidligere da corona stadig var på sit højeste ville jeg nok have sat den på delvist høj. Dette skyldes at jeg er bekymret for hvad den kan gøre mod mine bedsteforældre, men er selv bevidst om at jeg godt kan klare mig igennem covid-19	Code: Natural Immunity
Neutral	Jeg vurderer den som neutral, da det både kan have ekstreme konsekvenser for nogle, specielt de med dårligere immunforsvar og lignende, mens det for andre kan være meget nemt og overkommelig at have corona.	Code: Minority at risk Code: Natural Immunity theme
Neutral	For de fleste er den ikke slem. Men hvis man har en sygdom i forvejen eller har et lavt immunforsvar, kan den være meget farlig	Code: Minority at risk Code: Natural Immunity theme
Neutral	Vurderer den ligesom almindelig influenza, ikke kritisk eller truende på nogen måde, men nogle kan blive dårlige og have behov for hjælp	Code: Familiarization
Neutral	Generelt vurderer jeg, at den er lav, hvis man er sund og rask og vaccineret. Men kan have mere alvorlige følger, hvis man er i en risikogruppe.	Code: Natural Immunity Code: Trust in vaccines
Neutral	Det virker meget blandet hvorvidt der er stor risiko forbundet til at få Covid. De fleste klare sig, men at mindske infektion er sikre end at satse på at størstedelen bare klare det fint.	Code: Minority at risk Code: Caution

Neutral	<p>Min risikovurdering er at faren er stærkt afhængig af individet.</p> <p>Blandt folk som er overvægtige, over 60 år, har kroniske sygdomme eller er rygere vurderer jeg at en stor gruppe kan få et svært forløb med sygdommen. Ved folk som derimod er under 60 år, sunde og ikke har nogle kroniske sygdomme vurderer jeg faren som stort set ikke-eksisterende ligesom ved almindelig influenza, omend sygdomsforløbet kan være rigtig ubehageligt.</p> <p>En anden veldokumenteret faktor for hvor hårdt man rammes af Covid-19 er mængden af C-vitamin som en person har i kroppen. Herudover tror jeg også at et velstimuleret og engageret immunforsvar er vigtigt i kampen mod vira og dette kan muligvis forklare den overdødelighed på 10% som har været i Danmark efter at man har afskaffet alle restriktioner, da en stor gruppe ældre har fået svækket deres naturlige immunforsvar og nu står svagere imod sygdomme generelt, hvis altså ikke forklaringen skal findes i vaccinen.</p> <p>Hvis man ser på tallene fra CDC, den amerikanske sundhedsstyrelse, har 75% af folk som dør med Covid-19 omkring fire andre underliggende/kroniske sygdomme som i forvejen er ved at slå dem ihjel og derfor kan det også være svært vurdere hvorvidt folk dør med eller af Corona. I Danmark blev det bekræftet af en medarbejder fra sundhedsstyrelsen at det reelle tal for folk som er direkte bevisligt døde af Covid-19 var på 2 mennesker. Derfor synes jeg også at den reelle dødelighed af sygdommen er behæftet med en enorm usikkerhed.</p>	<p>Code: Natural Immunity</p> <p>Code: familiarization</p> <p>Code: Distrust (in Covid-19 Statistics)</p> <p>Code: Chronic Diseases</p>
Meget Lav	Risikoer er lige så høj som almindelig influenza.	Code: familiarization
Lav	<p>For det fleste mennesker anses det vel at være en sygdom der har influenza-lignende symptomer - altså går det over igen.</p> <p>Jeg har selv haft corona flere gange, og jo, jeg har været en smule syg, men ikke mere end jeg ville være ved en normal forkølelse. Jeg ville derfor ikke vurdere risikoer som høj.</p>	<p>Code: familiarization</p> <p>Code: personal experience</p>
Lav	Corona er vel i dag ligesom en influenza, så det afhænger mere af den individuelles helbred generelt	<p>Code: familiarization</p> <p>Code: Natural Immunity</p>
Lav	De fleste sunde mennesker oplever ikke at blive mere syge end afanden influenza.	Code: familiarization

Lav	Jeg tror at efter befolkningen i høj grad har modtaget de fleste vacciner, så selv hvis man er så uehdig at få Corona, så er eftervirkningerne af det ikke så store igen. I værste fald tror jeg de forsvinder relativt hurtigt for vedkommende.	Code: trust in vaccines
Lav	Synes det kommer an på mange faktorer, men den generelle danske er rask og ung nok til at kunne klare det uden problemer. Derudover er det danske sygesystem i stand til at redde de fleste borgere med det (sålænge pandemien ikke eksploderer)	Code: natural (national) immunity
Lav	For langt de fleste mennesker er risikoen virkelig lav. For enkelte mennesker er der en risiko.	Code: Minority at risk theme
Lav	Personligt, er jeg sund og rask og uden sygdomme, så risikoen for mig er lav	Code: Natural Immunity
Lav	Både min mand og són er i risikogruppe, men efter at have haft corona og de ikke blev mere syge end resten af husstanden, tager vi det meget afslappet nu. Men vi var hunderæde de første 1,5 år hvor vi isolerede os fuldstændigt af frygt for at særligt vores són (som var meget syg med lungerne og ofte blev indlagt som følge deraf) skulle blive meget syg.	Code: personal experience
Lav	Langt størstedelen oplever en almindelig influenza eller ingen symptomer.	Code: Minority at risk Code: familiarization
Lav	Svare til andre infektionssygdomme, hvor der er enkelte grupper som er i risiko for alvorlige bivirkninger.	Code: familiarization
Lav	Jeg vurderer det nu er en ganske almindelig sæson sygdom, der ikke har nogle alvorlige konsekvenser, hvis man ellers er sund og rask. For mig er den stadig lige over influenza.	Code: Natural Immunity Code: familiarization
Lav	For mit vedkommende anser jeg den sundhedsmæssige risiko ved sygdommen som det samme som ved at have forkølelse eller influenza, og da disse er normale sygdomme, mange af os rammes af et par gange årligt, anser jeg ikke covid-19 som noget særligt at bekymre sig om. Dertil ligger også, at Covid-19 som influenza og forkølelse for majoriteten af befolkningen går over af sig selv igen, når immunforsvaret har formået at bekæmpe sygdommen.	Code: familiarization Code: natural Immunity
Lav	For langt de fleste har det ikke de store konsekvenser, selvom der selvfølgelig er nogle der bliver påvirket mere end andre.	Code: Minority at risk theme

Lav	Jeg kan ikke forestille mig at gravide generelt skulle være særligt utsatte for risiko ved Covid 19. Hvis gravide i al almindelig var særligt sårbar for virus ville vi vel have evidens for det. Men gravide bliver også syge af forskellige virus uden at det, mig bekendt, er en særlig risiko. Men der kan naturligvis være tale om gravide i særlig risikogrupper, der kan være sårbar mht diverse vira/infektioner.	BELONGS IN COVID PREGNANCY EVALUATION
Lav	Jeg vil mene risikoen er lav. Dette baserer jeg på baggrund af egne erfaringer med sygdommen samt bekendte og generelt hvad jeg har hørt om dødeligheden i DK. Jeg kan dog stadig være i tvivl efter den mediedækning man har set fra andre lande hvor man steder ikke har kunne følge led dødeligheden. Jeg tænker også den har muteret sig til en mildere variant med laver risiko for dødelighed.	Code: Personal Experience Code: Low Mortality Rates Code: Distrust in Media Coverage
Høj	Covid kan ramme langt de fleste mennesker og selvom man er rask og ung kan det stadig få langvarige mén især hvis individet er påvirket af andre faktorer såsom stress, depression, somatiske lidelser osv. Derudover kan Covid være dødelig for individer med underliggende sygdomme.	
Delvis lav	Min forståelse er at covid ikke generelt er farlig for unge og raske mennesker, og ved utsatte er overlevelsesprocenten også forholdsvis høj.	Code: natural immunity Code: high survival rate Code: age-related risk
Delvis lav	Den har muteteret i flere omgange og er blevet mildere. Nu er den nærmest en influenza.	Code: mutations Code: familiarization Code: mild symptoms
Delvis lav	De fleste raske personer klarer sig fint i gennem sygdommen, men nogle får senfølgere. Derudover kan folk med andre sygdomme eller ældre mennesker blive hårdere ramt.	Code: Minority at risk Code: natural immunity Code: possible long term consequences Code: age-related risk
Delvis lav	Jeg er uni studerende så min krop møder det nok, men so far går det godt med at nedkæmpe den, så er ikke så bekymret for at blive syg med det. Det er også relativt normaliseret nu, og det påvirker helt sikkert også min holdning. Ville nok tænke andrledes om det hvis jeg var 80 år.	Code: natural immunity Code: familiarization Code: age-related risk
Delvis lav	Har haft det to gange, den ene gang værre end den anden. Overlevede uden at blive indlagt, og selvom det var hårdt, så var der ingen bivirkninger.	Code: personal experience
Delvis lav	De fleste bliver blot meget syge.	Code: non-lethal

Delvis lav	Jeg har en vurdering af at faren ved covid blev overdrivet helt vildt. Selvfølgelig var der nogle der blev ramt hårdt, men så var det heller ikke værre	Code: overreaction Code: Minority at risk
Delvis lav	Covid er ikke længere så stor en sundhedsrisiko som før. Befolkningen bliver stadig ramt men symptomerne er langt færre og mildere end da det brød ud.	Code: health categorization Code: mild symptoms
Delvis lav	Den er delvist lav, fordi COVID-19, som influenza, kan have fatale konsekvenser for ældre og syge mennesker. Derudover er de fleste vaccineret, og det gør, at jeg ikke har svaret "delvis høj" eller "neutral".	Code: trust in vaccines Code: age-related risk Code: familiarization
Delvis lav	Mit indtryk er, at det for de fleste opleves som en slem influenza (hvis overhovedet det), men at folk, der er sårbare i forvejen, kan risikere komplikationer. Desuden har der så vidt jeg ved også været en del tilfælde, hvor folk, der ellers var sunde og raske, blev meget hårdt ramt.	Code: familiarization Code: Minority at risk Code: possible risk for all
Delvis lav	..	
Delvis lav	"Så vidt jeg ved, er dødeligheden ret lav for langt de fleste mennesker under omkring 60 år uden sundhedsmæssige risikotilstande". Der kan være senfølger af sygdommen, men for langt de fleste - som jeg husker - vil det ikke være noget, der betyder, at man ikke kan leve et godt og sundt liv. Dog kan man risikere at skulle indlægges på hospital med sygdommen, og hvis der ikke er nok ressourcer til at blive behandlet ordentligt, kan man komme i fare	Code: age-related risk Code: Minority at risk Code: possible hospitalization Code: trust in health system
Delvis høj	For mig personligt vurderer jeg ikke risikoen stor, men generelt er der en vis risiko for befolkningen som helhed, da den jo kan ramme ældre ret hårdt	Code: age-related risk Code: national risk (as the old may be at peril?)
Delvis høj	Alle sygdomme har en risk, men COVID-19 risk da det var en ny sygdom med 0 forsvar vill altid være højere en sygdomme vi kender . Ligemeget hvad personlige meninger ville være, better safe than sorry.. USA 1 million amerikanere døde, størstedelen var ældre, men det betyder ikke at de unge har ret til at lade dem dø. Lytte til videnskaben og deres forslag for at undgå død er altid toppen a listen..	Code: novel disease Code: Caution Code: high mortality Code: social responsibility Code: age-related risk Code: trust in science
Delvis høj	Der har vist sig relativt mange følgevirkninger. Men sygdommen er ikke livsfarlig for ikke-svagelige.	Code: many side-effects Code: natural immunity

Delvis høj	Afhænger vel af ens generelle helbred og de muligheder man har, afhængigt af hvor man bor henne i verden og socioøkonomiske status.	Code: natural immunity Code: geographic related-risk Code: socioeconomic related risk
Delvis høj	Risikoen er højere end ved eksempelvis forkølelse, Roskildesyg og influenza, men langt fra livstruende.	Code: Non-lethal

Vurder risikoen ved COVID-19 vaccinen	Forklar din vurdering i så mange detaljer som muligt	CODING
Neutral	Risikoen for hvad ang. Corona vaccine?	
Neutral	Jeg er hverken for eller imod den vaccine. Jeg har den udelukkende for at kunne arbejde i udlandet	Code: practical necessity
Neutral	Tror risikoen ved corona vaccine er sammenlignelig med mange andre vacciner - f.eks. influenza.	Code: regular vaccine risk
Meget lav	Jeg har hørt om meget få gener ved vaccinen. Der har selvfølgelig været variation mellem de forskellige firmas vacciner, men generelt har jeg stor tiltro til vacciner.	Code: trust in vaccines Code: low discomfort
Meget lav	Kun få har oplevet alvorlige bivirkninger og de vacciner er for det meste taget af markedet.	Code: low risk of side-effects Code: low degree of access to risky vaccines
Meget lav	Vacciner er lavet for at undgå død, ligemeget vilken vaccine det er.	Code: preventing death
Meget lav	Jeg synes ikke jeg har set/hørt/læst om bivirkninger ved vaccinen, som jeg finder betydningsfulde, fra troværdige kilder.	Code: None/Mild side effects
Meget lav	Det er meningen jeg skal have symptomer når jeg bliver vaccineret og overleve det. Så er ikke så bekymret for den smule ubehag jeg ville føle. Og, jeg er i midt tyverne, jeg burde være okay.	Code of age related risk Code: Regular vaccine risk
Meget lav	Fik Johnson-Johnson, ingen bivirkninger. Kender ingen der har haft bivirkninger	Code: personal experience Code: None/Mild side-effects
Meget lav	Der er kun få, der får bivirkninger.	Code: Low risk of side-effects
Meget lav	Alle vacciner har en lille risiko; Folk kan være allergiske til den eller man kan få småsymptomer osv. Men risikoen er for mig at se, så lav at man bør tage den. Så længe man er obs på hvilke reaktioner man får og kontakte hjælp hvis det bliver nødvendigt.	Code: Low risk of side-effects Code: Means justifies the end Code: Regular vaccine risk

Meget lav	Altså ud over allergier til den, så tror jeg den er gennemtested nok til man nok ikke får problemer med den.	Code: High Safety Testing
Meget lav	få har oplevet bivirkninger, som heller ikke har de store konsekvenser	Code: Low Risk of side-effects
Meget lav	Der er selvfølgelig en risiko for nogle bivirkninger, men risikoen for at disse er farlige er så vidt jeg ved meget lavere end risikoen for at blive så hårdt ramt af covid-19, at det er farligt.	Code: Low risk of Side-effects Code: Means justify the end
Meget lav	Vacciner er sikre - tror til gengæld ikke helt at den har en optimal effekt, men tænker ikke der er risiko ved selve vaccinen	Code: Trust in vaccines Code: Vaccines are safe
Meget lav	Der vil altid være bivirkninger for nogle mennesker ved en vaccine, men det føles bare 'vildere' med denne, da langt flere mennesker har taget samme vaccine på samme tid - og så kommer historiene jo frem. Det er selvfølgelig stadig træls for dem der får slemme senfølger og bivirkninger heraf!	Code: Regular vaccine risk
Meget lav	Godt testet	Code: High Safety Testing
Meget lav	Jeg vurderer ikke der er nogle udpræget risiko ved CV-19 vaccine andet end de midlertidige bivirkninger	Code: Temporary Side-effects
Meget høj	Vaccinen er blevet fremstillet ekstremt hurtigt ift. hvor lang tid det normalt tager og lave en vaccine. Der er ikke taget nok højde for bivirkninger, da man ikke har undersøgelser der viser ulempen/bivirkninger over en længere årrække.	Code: Insufficient Research Code: Hasty Development Reference: 1a
Lav	Igen er der få som bliver ramt af bivirkninger, ligesom få bliver ramt af forlængede symptomer efter COVID-19, men igen vurderer jeg denne risiko som lav. Jeg har i hvertfald ikke erfaret at mange har oplevet bivirkninger efter vaccinen.	Code: Low risk of side-effects Code: Personal experience
Lav	Vaccinen danner antistoffer så vidt jeg forstår, så jeg tænker, den gör en mere modstandsdygtig, men selvfølgelig kan man også overveje, om vi i fremtiden vil opbygge lavere modstandskraft af natur	Code: Protection
Lav	Vaccinen er blevet udviklet hurtigt og man har derfor ikke haft mulighed for at se følgevirkerne af vaccinen. Med det sagt, er den udviklede af kompetence fagfolk i en tid, hvor man har stor viden om vacciner. Jeg forstår foreldre, der er tilbageholdende med at vaccinere især deres børn, men jeg er støtter personligt op om vaccinen og har selv fået den.	Code: Hasty Development Code: Trust in vaccines

Lav	Jeg har tiltro til videnskab og vacciner, men der kan altid være bivirkninger selvfølgelig	Code: Trust in Science Code: Trust in vaccines
Lav	Forbigående lettere symptomer efter vaccination. Forsvandt hurtigt - ligesom effekten vil jeg tro:)	Code: None/mild side effects Code: Vaccines ineffective
Lav	Ja ser det som en fornuftig tilgang at vi kollektivt gøre brug af denne. Selvfølgelig kan man blive lidt mere skeptisk ifm. med denne vaccine, da forløbet er gået meget hurtigt. Men jeg har en tro på at det er gjort inden for fornufte forhold. Så må tiden vise, hvorvidt denne vaccine har kunne have haft bivirkninger.	Code: Hasty Development Code: Possible Long-term side-effects Code: Trust in vaccines
Lav	Ren samfundsmaessigt så tror jeg statistisk at risici for følger er meget lave.	Code: Low risk of side-effects
Lav	Pfizer som de fleste har fået, der har jeg ikke hørt noget om bivirkninger eller andet, jeg vurderer den derfor som sikker	Code: High safety Code: None/mild side effects
Lav	Vaccinationen svarer til andre former for vaccination - eksempelvis vaccination mod influenza.	Code: Regular vaccine risk
Lav	Der er lavet kliniske studier, der ikke peger på alvorlige bivirkninger! Men dog er der, i sagens natur, ikke langtidsdata på vaccinerne. Dog er der helt utrolig mange mennesker på verdensplan, der er vaccineret og vi må antage at meget alvorlige bivirkninger måtte været kommet frem!	Code: None/mild side effects Code: Insufficient research
Lav	Generelt er der observeret få bivirkninger i forhold til antallet af vaccinerede, men da det er en ret ny vaccine, kan det ikke udelukkes, at der kunne være bivirkninger på lang sigt.	Code: Low risk of side-effects Code: Insufficient research
Lav	Kun få har haft konsekvenser og synes det man høre virker meget anekdotebase ret.	Code: Few have consequences
Lav	Der vil altid være bivirkninger ved enhver form for medicin, men eftersom det er meget sandsynligt, at man vil komme til at få corona på et eller andet tidspunkt, vurderer jeg, at det gennemsnitligt vil være en bedre beslutning at risikere konsekvenserne ved en vaccine end konsekvenserne ved at have corona uden vaccination	Code: Regular vaccine Risk Code: The end justify the means

Lav	Jeg stoler forholdsvis meget på det danske sundhedssystem som jeg vil mene har ret strenge regler for hvad vi vil tillade at risikere. Generelt er det strenge regler i DK om hvad man må "indtage" af forskellig ting i fødevarer og vi har et system der passer rigtig godt på os sammenlignet med andre lande. Derfor har jeg heller ikke været så bange for konsikvenserne ved vaccinen. Jeg havde også en del tillid i den konkurrence der har været om at finde en effektiv vaccine der har gjort at mange lande har sat deres bedste folk på opgaven til at lave en god og effektiv vaccine. Selvfølgelig har der fra min side også været overvejelser omkring at vaccinen er lavet på så kort tid, men jeg tænker dog at dette blot er fordi der normalt ikke bliver sat så mange kræfter ind på en vaccine og at liges denne vaccine var af global interesse. derfor var det muligt at udvikle den så hurtigt.	Code: Trust in danish authorities Code: Trust in danish regulation Code: Capitalism Competition
Høj	Den stærkt forkortede og upspeedede test-proces og den nye vaccine gør det umuligt at vide senfølger.	Code: Hasty Development Code: Long-term side effects Reference 2a
Delvis lav	Jeg stoler på at vaccinerne er den bedste mulighed vi har og at de er sikre at få, da jeg også stoler på at regeringen/sundhedsstyrelsen vil os det bedste, men som alt andet ved jeg selvfølgelig der kan være bivirkninger. Overordnet tror jeg der er mere positivt over at tage vaccinen.	Code: Trust in vaccines Code: Ordinary risk Code: Trust in Authority
Delvis lav	Tror ikke den skader i de fleste tilfælde.	Code: Low risk of damage
Delvis lav	Den virkede til at være godt gen-nemtestet, men langtidseffekter har der ikke rigtig været mulighed for at teste.	Code: High safety testing Code: Insufficient research
Delvis lav	Har ikke nok viden på området til at vurdere anderledes.	Code: Unfamiliar
Delvis lav	De nuværende vacciner mod covid-19 har jeg ingen bekymring ift. da de er gennemtestet. Jeg var dog ret forbeholden, da Johnson og Johnson vaccinerne blev brugt rundt omkring i verden, og det viste sig, at de havde voldsomme bivirkninger for særligt unge kvinder, fordi vaccinerne ikke var blevet undersøgt tilstrækkeligt ift. bivirkninger, herunder hvorvidt der var forskelle på bivirkninger på tværs af køn. Det gav mig på daværende tidspunkt en mere tilbageholden holdning til covid-19 vacciner, da jeg syntes, at Johnson og Johnson vaccineen indikerede, at man pga den presserende situation havde forhastet vaccineudviklingen og taget vacciner i brug, som ikke var velundersøgte nok til under andre omstændigheder at være blevet godkendt til brug.	Code: Trust in current* vaccines Code: Hasty development of Johnson & Johnson Code: Insufficient research
Delvis lav	..	

Delvis høj	<p>Personer med vaccinen kan stadig smitte, men man skulle ikke blive ligeså syg. Folk opførte sig som om de ikke kunne smitte mere. Derudover blev der ikke oplyst tilstrækkeligt og ærligt om bivirkningerne.</p>	<p>Code: Insufficient communication Code: Dishonesty (about side-effects)</p>
Delvis høj	<p>Tager udgangspunkt i rapporter om en overdødelighed blandt vaccinerede og et større antal af hjerteproblemer, e.g. hjertestop, blandt unge mennesker som har fået vaccinen.</p>	<p>Code: Vaccines are dangerous Code: Vaccines cause death and heart problems Reference 3a*</p>

Delvis høj	<p>Min vurdering af vaccinens sikkerhed grunder både i lægefaglige eksperters udsagn samt personlige observationer. Blandt eksperter bygger min viden fra en håndfuld. Dr. Peter McCullough, hjertelæge og tidl. professor, hvis vidnesbyrd i den amerikanske højesteret var med til at præsident Joe Bidens vaccinemandat blev dømt forfatningsstridigt. Luc Montagnier, nobelprismodtager i medicin i 2008 for at have opfundet medicinen imod Hiv. Dr. Robert Malone som har været med til at udvikle mRNA-teknologien. Tre lægefaglige professorer fra Oxford, Harvard og Stanford som gik sammen under Covid-19 nedlukningerne og skrev "The Great Barrington Declaration". Christine Stabell Benn, professor ved Syddansk Universitet.</p> <p>Jeg tror vaccinen indeholder samme spike-protein som Covid-19 sygdommen, men i en højere grad. Jeg tror at den markante overdødelighed som er observeret i hele EU efter vaccinationen er begyndt kan forklares delvist af dette. Dog tror jeg at de fleste menneskers immunforsvar kan klare at modtage vaccinen uden de store komplikationer. Desuden tror jeg også at vaccinen kan udgøre en særlig fare for sportsatleter, hvilket er min egen grund til ikke at ville tage den. Jeg ville være bange for at falde om på en løbetur. Dette bygger jeg udelukkende på egne observationer fra det danske landshold i fodbold. Siden Covid-19 vaccinationen er tre spillere på holdet blevet delvist invalideret under mystiske omstændigheder. Først fik Christian Eriksen hjertestop. Dernæst fik Kasper Dolberg type-1 diabetes, hvilket er typen man får som følge af usundhed, hvilket harmonerer ekstremt dårligt med det faktum at han er en mand i bedste alder og kondition. Sidst får Mikkel Damsgaard Leddegårt.</p> <p>Et andet sports-eksempel er fra det danske håndboldlandshold, hvor Mikkel Hansen, topatlet, pludselig fik en blodprop, hvilket jeg også mener er ekstremt underligt. Disse skader kan godt ske ved et tilfælde. Men det faktum at de alle er sket i så kort et tidsrum, mener jeg gør det statistisk umuligt at der ikke må være en underliggende forklaring og her tror jeg personligt at denne er vaccinen.</p> <p>Derfor tror alt i alt at der er en lidt større risiko for at blive skadet af vaccinen end af Covid-19 for utsatte grupper og jeg tror også at den skaber usandsynlige komplikationer hos yngre mennesker.</p>	<p>Code: Natural Immunity Code: Vaccines are dangerous Code: Personal experience</p>
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Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Beskriv dine overvejelser for og imod, i så mange detaljer som muligt	Coding:
Neutral	Er lidt usikker på om det er tilstrækkeligt undersøgt om vaccinen kan give problemer ved graviditet. Nok mest nervøs for risiko for abort.	<p>Code: Insufficient Research Code: Possible risk of Abortion</p>

Neutral	.	
Neutral	Personligt ville jeg være en anelse mere tilbageholde med at sige ja med det samme til vaccine, hvis jeg var gravid. Ingen fordi denne vaccine er kommet så hurtig i stand at man ikke reelt har nået at forske i hvilken påvirkning det kan have.	Code: Hasty development Code: Insufficient Research
Neutral	Jeg ser ikke nødvendigvis at der skal være forskel, og tror at den er ligeså sikker at få hvis det er det der er vurderet - dog er jeg ikke sikker på hvad man har vurderet.	Code: Unfamiliar Code: Trust in authority
Neutral	Det aner jeg simpelthen intet om	Code: Unfamiliar
Neutral	Det har jeg ikke sat mig ind i	Code: Unfamiliar
Neutral	Jeg synes det er risikabelt at tage vaccine som gravid men andre skal være frie til det. Usikkert om jeg selv vil en dag	Code: Risky
Neutral	Den synes jeg er svær. Ved ikke om man har nok information omkring sygdommen både i forhold til hvad vaccinen kan gøre mod baby, men heller ikke sygdommen	Code: Insufficient research
Neutral	Det ved jeg ærligt talt ikke særlig meget om. Jeg kunne forestille mig, at gravide frarådes at få vaccinen. Jeg synes ikke, jeg kan vurdere for og imod, når jeg ingen viden har på området.	Code: Unfamiliar Code: Pregnant women should probably not vaccinate
Neutral	Jeg har ikke sat mig ind i det overhovedet og har derfor ingen anelse.	Code: Unfamiliar
Neutral	Jeg er ikke sat ind i det. mangler måske en 'ved ikke' valgmulighed?	Code: Unfamiliar
Neutral	Har ikke nok viden på området til at vurdere anderledes.	Code: Unfamiliar
Neutral	Det har jeg ikke undersøgt nærmere.	Code: Unfamiliar
Neutral	Det aner jeg ikke. Kender ikke nok til det.	Code: Unfamiliar
Neutral	Dette er et emne jeg ikke selv har sat mig ind i da det ikke er relevant for mit pt. derfor har jeg også svært ved at vurdere risikoen. Jeg vil generelt være mere nevøs for hvad jeg "indtog" under en graviditet, og det kunne måske gøre mig lidt mere skeptisk overfor konsekvenser af vaccinen.	Code: Unfamiliar Code: Nervous of injecting something during pregnancy

Meget lav	En mor der elsker sit ufødte barn skulle nok tænke på barnet og fremtiden og ikke personlige politiske meninger fordi barnet er ikke politisk og skulle være prioriteret først.	Code: Ethical Responsibility Code: Trust in vaccines
Meget lav	Der er kun få, der får bivirkninger.	Code: Low risk of side-effects
Meget lav	Jeg har endnu ikke hørt om tilfælde hvor det skabte problemer, føler der var en undskyldning brugt af anti vaxxere	Code: Personal Experience Code: Opposition is misinformation by the Anti-vax
Meget lav	Jeg tænker at det er den samme risiko som ved almene borgere. Der kan måske være en lidt større risiko for barnet, men jeg har ikke hørt om at den skulle være stor.	Code: regular vaccine risk
Meget høj	Det samme som ovenstående.	Code: Insufficient Research Code: Hasty Development Code: Risk of long-term side-effects *Reference 1a
Meget høj	Der er ikke forsøkt tilstrækkeligt i hvordan vacciner påvirker fostret. Man laver generelt ikke forskning i sundhedssektoren på kvinder, så man kender ikke konsekvenserne.	Code: Insufficient Research Code: Insufficient research on women*
Meget høj	Jf. McCullough og Malone er det umuligt at vide hvilken virkning vaccinen har på gravide kvinder, men at det godt kan være at der er en negativ virkning. Normalvis er man yderst forsigtig når det gælder vacciner til lige præcis disse grupper og man har historisk set altid udført meget grundige undersøgelser først. Derfor synes jeg at det er fuldkommen skandaløst at den danske sundhedsstyrelse anbefaler Covid-19 vaccinen til disse grupper, især da vaccinen er så uvæsentlig for fødedygtige kvinder. Måden hvorpå man har forsøgt at presse disse grupper til at lade sig vaccinere er ydermere kritisabel og i direkte strid med Nürnberg-kodekset som blev udarbejdet efter 2. Verdenskrig, hvori det blev forbudt at opfordre mennesker til at deltage i medicinske forsøg og at presse dem til at være med, hvilket jeg mener at Coronapasset har gjort. Ironisk nok var 1930'ernes Nazityskland også det sidste eksempel på at befolkningsgrupper (jøder) skulle vise sundhedspapirer for at gøre brug af deres basale grundlovssikrede rettigheder. Dette er kort sagt en kæmpe forbrydelse imod enhver form for bioetik.	Code: Insufficient research Code: Vaccine is dangerous Code: Sundhedsstyrelsen is scandalous Code: History requires more research Code: Authorities are pressuring Pregnant women to vaccinate Code: Covid pass is a breach of "Nürnberg-Codex" Code: Comparison to Nazi-Germany Code: Breach of Ethics
Lav	Kender ikke de konkrete forskelle for gravide og ikke-gravide, men mit bud er lav	Code: Unfamiliar

Lav	Dem der ved mest omkring vaccinernes effekter på gravide og senere barnet, anbefaler at gravide bliver vaccineret. Generelt forsøger jeg at have tiltro til folk, der er uendeligt mere vidende indenfor et emne, end jeg er. Jeg ville dog gerne vide hvordan man kan være sikker på at barnet ikke påvirkes af moderens vaccine, mange år inde i deres liv, da vaccinen ikke har eksisteret længe nok. Men mon ikke de kloge kan forklare det :)	Code: Trust in experts Code: Insufficient research
Lav	Gravide vil altid være i let øget risiko ved covid infektion og derfor opvejer vaccinens mange fordele de få ulemper den har	Code: Trust in Vaccines
Lav	Jeg forestiller mig den er lav, men jeg har ikke nogen viden om emnet. Jeg ved dog at gravide godt kan blive vaccineret og derfor har jeg en tiltro til at nogle med stor viden på området har truffet den beslutning på et oplyst grundlag	Code: Unfamiliar Code: Personal Experience Code: Trust in experts
Lav	Jeg har hørt lidt om at vaccinerne er hårdé ved gravide kvinder, men samtidigt tror jeg stadig Covid er værre for dem end en 'mini dose' af sygdommen	Code: Covid is worse than Vaccines
Lav	Ved ikke så meget, men antager alt er ok	Code: Unfamiliar
Lav	Samme som ovenstående, men som alt med gravide kvinder er der en smule større risiko end hvis man ikke er gravid og ellers er sund og rask	Code: Slightly more risky
Høj	Samme argument som ovenstående	Code: Hasty Development Code: Possible long-term side-effects Reference 2a*
Delvis lav	Jeg har ikke sat mig meget ind i dette, men jeg ved at gravide kvinder først ikke måtte få vaccinen som alle andre, og at den skulle gennemtestet mere. Dette ser jeg som en positiv ting, og vi ved selvfølgelig ikke endnu om vaccinen har haft/vil have en effekt på børn født under corona, hvor deres mor har modtaget vaccinen, jeg igen tror jeg det ville været få tallet der oplever problemer.	Code: Unfamiliar Code: Insufficient research Code: Minority at risk
Delvis lav	Jeg er faktisk ikke helt inde i dette, men jeg tænker, det også afhænger af, hvor langt kvinden er i sin graviditet, da den kan give bivirkninger, og det at kroppen danner antistoffer kræver ressourcer	Code: Unfamiliar Code: Contingent on stage of pregnancy Code: Possible side-effects

Delvis lav	<p>For: Jeg kunne forestille mig at risikoen for at få covid mens man er gravid er højere. Man har mindre at kæmpe imod med, hvorfor sygdommen kunne påvirke både mor og barn værre end, hvis en "almindelig" person fik covid. Derfor kunne vaccinen hjælpe til både at beskytte mor og barn - og naturligvis alle omkring dem.</p> <p>Imod: Vaccinen er relativt ny og vi har endnu ikke set, om der opstår gener for folk på længere sigt. Det er endnu ikke muligt at sage, om vaccinen har konsekvenser for børnene senere i deres liv.</p> <p>Jeg har ikke nok viden om det medicinske aspekt, så jeg ved reelt ikke hvad risikoen er. Jeg er nysgerrig på, om man generelt giver gravide kvinder vacciner.</p>	Code: Protection Code: Insufficient research Code: Unfamiliar
Delvis lav	Tænker ikke det er anerledes fra alle andre personer	Code: Regular vaccine risk
Delvis lav	Ved ikke nok	Code: Unfamiliar
Delvis høj	Jeg sætter den på delvis høj, fordi jeg generelt synes man skal stille sig kritisk overfor nye vacciner og medicin. Ganske vist er vaccinen (angiveligt) gennemtestet, men når det kommer til sine børn ve og vel, er almindelig sund fornuft meget godt	Code: New vaccine/Insufficient research Code: Vaccine is (possibly) dangerous Code: Ethical Responsibility to children
Delvis høj	Tror ikke at noget som helst skal direkte til det uføde barn	Code: Vaccine is (possibly) dangerous
Delvis høj	Er ikke blevet overbevist om, at det skulle være særlig godt at blive vaccineret. Giver det f.eks. barnet en særlig immunitet.	Code: Unconvinced
Delvis høj	Jeg synes baseret på tidligere erfaringer med Johnson og Johnson vaccinen, at der er grund til at være forbeholden overfor vaccination af gravide, da vi ikke kender bivirkninger ved vaccinerne godt nok endnu bl.a.ift. blodpropper, og det let kan tænkes at kunne påvirke et foster inde i sin mors mave. Der er mange ting, som gravide kvinder bliver bedt om at holde sig fra under graviditet, fordi det kan være sundhedsskadeligt for barnet, og jeg synes ikke, at vaccinerne er velundersøgte nok til, at man egentlig kan stå inde for, at den ikke vil vise sig at være skadelig eller have bivirkninger for barnet, eftersom vaccinen er så ny og derfor også lidt testet ift. bivirkninger. Udover det synes jeg af ethiske årsager ikke, at det er det uføde barns ansvar at være med til at fikse en pandemi - ansvaret bør ligge hos de voksne og ikke barnet.	Code: Johnson and Johnson showed one should be cautious Code: Vaccine is dangerous (for fetus) Code: New Vaccine Code: Insufficient research Code: Ethical Responsibility to children (Children should not fix the pandemic)

Delvis høj	Generelt er der bare ikke det store grundlag for vaccinationen. Ville mene at de samme risici som i tidligere spørgsmål gør sig gældende blandt gravide.	Code: Lack of basis Reference 3a* Code: Vaccines are dangerous Code: Vaccines cause death and heart problems
Delvis lav	Da vaccinen fortsat er ny og fostre er meget påvirkelig, så kan det ikke udelukkes, at det kan føre til bivirkninger på sigt. Hvis jeg havde været gravid og uvaccineret, da corona var på sit højeste, ville jeg klar lade mig vaccinere, da jeg vurdere, at risikoen for bivirkninger er mindre ved vaccinen end ved et sygdomsforløb. Men i nuværende situation, hvor jeg er gravid, men vaccineret 3 gange og har haft covid 2 gange (seneste i sommers) og hvor covid er mindre udbredt og den dominerende variant giver et mindre alvorligt sygdomsforløb, så er jeg mere i tvivl.	Code: Vaccine is new Code: Fetuses are fragile Code: Already Vaccinated Code: Personal experience with covid Code: Doubtful as Covid is no longer as dangerous
Delvis lav	Tænker det handler om et forsigtighedsprincip når man har været forsigtige med vaccineringen af gravide. Dog virker det til at være mere risikabelt at få Corona når man er gravid end når man bliver vaccineret.	Code: Favor caution Code: Covid is more dangerous than Vaccination
Delvis lav	Jeg ved ikke noget om risikoen ved at få vaccinen som gravid, så jeg gætter blot her. Jeg forestiller mig, at der også kan være risikoer ved at få corona uden at være vaccineret, hvis man er gravid	Code: Unfamiliar Code: Vaccination may protect?

Jeg føler mig overbevist af argumentationen	Beskriv dine overvejelser for og imod, i så mange detaljer som muligt	Coding:
Uenig	Føler mig kun overbevist om argumenterne for en vaccine som gravid, hvis man udover at være gravid også er i risikogruppe (hjertekarsygdomme, diabetes, astma, overvægt mm.).	Code: Lack of “At risk” groups.
Uenig	Jeg er ikke overbevist fordi Sundhedsstyrelsen fremstår som en-sidig i deres information om covid og vacciner generelt. Der er en historik med at de ikke har anerkendt vaccine bivirkninger og når der spørges ind til dette oplever jeg at de ikke svarer ærligt, fordi de bare vil have alle vaccineret.	Code: Too one-sided (Too Positive Framing) Code: History of not acknowledging side-effects Code: Dishonest Code: political motives (They want everyone vaccinated, thus are dishonest in answers)
Uenig	“gravide har en højere risiko end andre for at blive alvorligt syge” vs “De fleste gravide og ammende vil få et mildt sygdomsforløb”. Udsagnene er en smule modsigende. Til gengæld bakker de op med statistik (ville dog gerne have set tallene selv)	Code: Contradictory in their statements Code: Lack of visible statistics

Uenig	Overordnet set er jeg uenig om statens push af vaccinen, som flere gange har vist sig ineffektiv, og ikke beskytter mod smitten uanset. Vurdering af hvor vidt symptomer mindskes har jeg svært ved at kunne se hvordan man overhovedet skulle kunne undersøge, blandt de fleste, vaccine eller ej, er symptomerne ikke alvorlige. Derudover er naturlig immunitet efter smitte, langt mere effektivt end vacciner.	Code: Disagree with Government agenda (political motives)
Neutral	Altså det et fint nok staten anvender empiri for at understøtte sine påstande. Men corona kom i 2020, og vaccinen kom i 2021 (cirka). Det er stadig en relativ ny sygdom i Vesten, og vaccinen i mod corona er endnu nyere. Så den empiri der eksisterer indenfor feltet er naturligvis stadig ny i forhold til anden forskning inden for medicin. Ydermere er staten fra politisk side interesseret i at så mange borgere som muligt tager vaccinen, hvorfor at policy og herunder framing af vaccinen naturligvis er i positivt favør for vaccinen.	Code: New vaccine Code: Insufficient Research Code: political motives Code: Too Positive Framing
Neutral	Samme argumentation som tidligere. Ikke nok viden over tid	Code: Insufficient Research
Neutral	Mangler kildehenvisninger og belæg	Code: Lack of References
Neutral	Argumentationen baseres alene på en sundhedsfaglig vurdering - konsekvenserne af vaccinationen kendes ikke - hverken på gravide eller ikke- gravide.	Code: Insufficient Research

Neutral	På sin vis kan jeg sagtens følge Sundhedsstyrelsen argumentation, og det lyder ganske fornuftigt. Samtidig brugte mange lande som sagt også Johnson og Johnson indtil, man på et tidspunkt indså, at den havde alvorlige bivirkninger. Jeg synes som udgangspunkt, at hele vaccineudviklingen er gået lidt for hurtigt ift. at leve op til de videnskabelige undersøgelser omkring bivirkninger, som man plejer at bruge i udvikling af vacciner. Jeg mangler lidt nogle videnskabelige kilder og uafhængige forskningsstudier, der underbygger deres anbefaling for at kunne anse den som pålidelig, og som jeg kan gå ind og læse. Dertil har der været lidt for mange hurtige beslutninger fra regeringen side på det seneste med afgang af mink under Covid-19, hvor det har vist sig, at regeringen og embedsværket har sprunget over nogle fundamentale skridt ift. lovgivning og indledende analyser, som burde have været lavet, men som blev sprunget over pga. tidsnød og det presserende ved situationen. Det har generelt svækket min tillid til, at jeg alene kan bruge dem som troværdig kilde, og givet mig et større behov for selv at faktatjekke deres anbefalinger og håndteringer under covid-19 fra uafhængige kilder.	Code: Hasty Development Code: Lack of references Code: Sub-optimal government decisions during pandemic Code: Should include independent authorities Code: Loss of trust
Neutral	Jeg kan undre mig over argumentation for tale for at alle gravide skal vaccineres, når det fremgår ar de fleste gravide kun får milde symptomer. Der ville, i min optik, være mere naturligt at det var gravide i risikogruppen, der skulle anbefales vaccine og ikke alle.	Code: Lacks necessity
Meget uenig	Falsk informationsgrundlag, da man endnu ikke kender omfanget af konsekvenserne.	Code: False information (due to insufficient research) Code: Insufficient research

Meget uenig	<p>Jeg hæfter mig ved flere forhold. Først mener jeg ikke at det sandt at vaccinen skulle være er effektiv imod Covid-19. Ifølge Pfizers egne tal dækker den 7% imod sygdomsforløb efter at have været i kroppen i 6 mdr. Så vidt jeg ved kan kvinder i det fødedygtige aldersstrata ikke få opfølgende vaccinationer, hvilket i min mening må betyde at de er marginalt bedre beskyttet ved at tage vaccinen. Dernæst mener jeg heller ikke at de kan vide at vaccinen er sikker. For at få svar på en videnskabelig problemstilling skal man undersøge problemet. Megen forskning på universiteter er delvist sponsorerede af medicinalindustrien, som jeg ikke tror har nogen interesse i at kunne få dårlig omtale ved deres produkt som de har tjent uanede mængder penge på. Jeg mener også generelt at sundhedsstyrelsens troværdighed er ekstremt lav, da de før har taget fejl i afgørende spørgsmål. Dette gælder blandt andet under vinteren 2022 hvor de var med til at fremme et narrativ om at uvaccinerede personer udgjorde en potentiel fare imod vaccinerede som undrede sig over hvorfor de stadigvæk blev møgsyge af Covid-19 på trods af deres vaccination, fordi uvaccinerede i højere grad skulle være potentielle smittebærere. Sundhedsstyrelsen deltog sågar på et pressemøde hvor statsminister Mette Frederiksen udtalte at det skulle overvejes hvorvidt uvaccinerede på sigt skulle have lov at være en del af samfundet på grund af netop dette. Historien om smitte viste sig at være forkert kort tid efter. Det er ligeledes indrømmet af Pfizers CEO Anthony Bourla at han hele tiden godt viste at de uvaccinerede ikke smittede mere og det samme gælder den danske virolog Allan Randrup, for hvem historien blot var et afpresningsmiddel.</p> <p>Det at sundhedsstyrelsen blåtempler statsminister Frederiksens udsagn, hvor hun truer eksistensgrundlaget for 10-15% af befolkningen, uvaccinerede som har bidraget til Danmarks velstånd og velstand igennem generationer pludselig fra den ene dag til den anden kun måske kan få lov at være borgere, har for mit vedkommende skabt en ekstrem mistillid til sundhedsstyrelsen. Denne fandtes ikke før Covid-håndteringen.</p> <p>Generelt set tror jeg at den moderne videnskab sagtens kan begå fejl. I middelalderen var det videnskab at hælde kviksølv i sår. Min tiltro til mennesket ufejlbarlighed har ikke grundlæggende ændret sig og jeg tror sagtens vi kan begå videnskabelige fejl den dag i dag. Man troede også i 1960'erne at DDT var et vidundermiddel.</p>	<p>Code: False information (Vaccines are actually ineffective)</p> <p>Code: Science is backed by the medicinal industry</p> <p>Code: Economic Agenda (Profiting off vaccines)</p> <p>Code: Sundhedsstyrelsen has low credibility due to errors</p>
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Meget enig	I forhold til før jeg læste dette fra Sundhedsstyrelsen, så bliver min argumentation bekræftet i form af, at de allerede har testet vaccinen og vurderet den risikofri for gravide og ammende, hvilket er positivt. Jeg tror på, at ingen vil sætte gravide og ammende i fare bare for at få dem vaccineret.	Code: Safe Code: Good intentions (by Sundhedsstyrelsen)
Meget enig	Jeg fandt forklaringen om at det kun er de antistoffer der er produceret af moderen, der bliver optaget af barnet, overbevisende ift min tiltro til at vaccinen er sikker for gravide. Men nu er det jo selvfølgelig heller ikke mig der skal være gravid og vaccineres ;)	Code: Specific Convincing information (anti-stoffer)
Meget enig	Det lyder fornuftigt og logisk.	Code: Logical Argumentation
Meget enig	Mankind skal lære at tænke IKKE kun på os selv men på verden i en enhed, det ville hjælpe på fremtiden.	Code: Ethical Responsibility
Meget enig	Det lyder til at der er flere fordele for både den gravide under graviditeten og for barnet hun føder, derudover er der som beskrevet ikke set statistiker eller lignende der peger på at det har givet bivirkninger ved de børn der er blevet født. Derfor har jeg givet den vurdering.	Code: Specific convincing information (Lack of side-effects)
Meget enig	Jeg er 100% for vaccinen er gravide. Mine argumenter for er at jeg stoler på den faglige vurderinger af eksperter, og vil derfor blive vaccineret hvis jeg var gravid selv. Da jeg selv var syg med covid var det meget ubehageligt, og vil ikke ønske de symptomer for en gravid kvinde oveni hendes graviditet, og slet ikke et spædbarn. Jeg antager lungesygdomme er rigtig svære for babyer at nedkæmpe.	Code: Personal Experience Code: Trust in SST
Meget enig	Det kommer fra Sundhedsstyrelsen. Det har jeg fuld tillid til.	Code: Trust in SST
Meget enig	Intet at bemærke	
Meget enig	Jeg var altid for vaccine ift. gravide og det lyder meget som det jeg selv har tankt. Det er ikke optimalt for gravide at have småsymptomer i deres graviditet, men den udlicher klart faren ved at få Covid hvis man gør intet. Det kunne godt være bekymrende for nogen, at effekterne på fødsel og videre udvikling endnu er ukendt, men endnu engang ville jeg være mere bekymret for at risikere Covid mens jeg var gravid end en vaccine.	Code: Covid is more dangerous than vaccine Code: Insufficient research

Meget enig	Det virker logisk og argumenterne giver mening. Det eneste jeg er skeptisk omkring er om stofferne fra vaccinen trænger ind til barnet. Det har men jo reelt ikke undersøgt med corona vaccinen, så er den viden taget fra andre vacciner og kan man overføre den viden fra en vaccine til en anden	Code: Logical argumentation Code: Insufficient research
Meget enig	Så fint	
Meget enig	Der sidder en flok forskere som har gennemtestet, der kan være undtagelser, men deres forskninggælder for største del af befolkningen	Code: High safety testing
Meget enig	Jeg synes, de får forklaret fordelene og ulempene rigtig godt, og det er let at forstå	Code: Good communication
Enig	Imod: Jeg tænker, det stadig afhænger af tidspunktet i en graviditet, og jeg kan da også undre mig over, om det afhænger af kvindens symptomer i graviditeten, særligt i første trimester. For: Det giver god mening, at det ikke er alle, som bliver ramt, og tilfældene er højere, jo ældre og mere sårbar man er, ligesom med andre sygdomme	Code: Lack of specific information (1.st trimester symptoms) Code: Logical argumentation
Enig	Teksten addreserede mange af de bekymringer jeg havde. Det virker til at konsekvenserne af at få covid-19 mens man er gravid er langt større end dem af at få vaccinen. Det tyder på at bivirkningerne er nogelunde ens som for personer, der ikke er gravide. Der bliver holdt øje med de gravide kvinder - så forskningen er stadig i gang, hvilket er forsikrende. De kender dog ikke langtidsfølgerne for børnene, hvilket er den eneste grund til at jeg kun valgte "enig" og ikke "meget enig". Fra et personligt standpunkt havde det været rart med en disclaimer "vi kender selvfølgeligt ikke langtidsfølgerne mv..." men jeg er opmærksom på og bevidst omkring at en sådan kommentar potentielt ville afskrække mange fra at få vaccinen - potentielt også mig selv. Jeg synes derfor denne beskrivelse er passende og ærlig.	Code: Lack of specific information Code: Insufficient research
Enig	Stoler generelt på vacciner. At indlede med at vacciner er givet i mange andre lande synes jeg dog ikke burde være et af de første argumenter.	Code: Trust in vaccines
Enig	Det eneste der gør mig en smule usikker, er at der ikke nævnes om der kan være bivirkninger for barnet - dette kunne fx. være i forlængelse af, at man ikke har mistanke om, at vaccinen overføres til barnet gennem moderkage/modermælk. En enkelt sætning om dette ville gøre mig mere sikker	Code: Lack of specific information

Enig	Jeg stoler på at de har undersøgt informationen og de ikke giver falsk viden.	Code: Trust in SST Code: Good intentions
Enig	Det bliver i sig selv ret overbevisende for mig, fordi det kommer fra Sundhedstyrelsen, og jeg derfor går ud fra, at der ligger forskning bag. Der omtales studier og andre landes erfaringer, og de indvendinger eller ting man kunne frygte ved at vaccinere gravide gennemgås, hvilket også er et plus. Jeg kunne dog godt savne lidt mere specifikke henvisninger til studier - HVILKE studier?	Code: Lack of references Code: Trust in SST
Enig	<p>Jeg føler mig overbevist om at der ikke er nogen grund til at tro CV-19 vaccine udgør en større risiko for gravide end så meget andet. Med det sagt vil jeg samtidig vurdere at der unægteligt må være mindre data til rådighed sammenholdt med f.eks. influenza vaccine, da CV-19 + vaccine kun er et par år gammelt, og derfor må det også være forbundet med en lidt større usikkerhed.</p> <p>Ud fra anbefalingen synes jeg også det kan være svært at vurdere hvor stor en risiko et CV-19 sygdoms forløb er hos en gravid, og hvor ofte det kan medføre komplikationer. Der er uden tvivl en risiko, men jeg ved ikke om risikoen er stor nok til at jeg mener det er 'nødvedig' at blive vaccineret.</p>	Code: Insufficient research (New vaccine) Code: Lack of specific information (How big is the actual risk?)
Enig	Sundhedstyrelsen er en sikker og solid kilde, de vurdere hvad der sesude i verdenen og hvordan det ser ud på sygehusene. Jeg ved personligt ikke meget så derfor er det godt at lytte til dem der ved noget frem for at gå med en eventuel mavefornemmelse.	Code: Trust in SST Code: Trust in Experts
Delvis Uenig	Stadig så få ting til det ufødte barn.	
Delvis Uenig	Kan vaccinen ikke skade fosteret hvis så man får mange symptomer?	Code: Lack of specific information (Many symptoms?)
Delvis Uenig	<p>Altså nu er jeg jo enig med hvad der står, og tror på de faktum der er, så kunne også være enig. Men det er skrevet på så kedelig en måde at jeg ikke ville mene jeg kan bliver overbevist af det. Der er ikke så meget der bakker argumentet op i min optik, andet end at sundhedstyrelsen siger det.</p> <p>derfor ville jeg nok vurdere at hvis jeg var uenig i det fra start, ville jeg nok stadigvæk være uenig efter at have læst teksten</p>	Code: Boring Code: Not convincing

Delvis Uenig	Min vurdering bunder i kommunikationen og anbefalingerne gennem hele coronakrisen. Man anbefalede på et tidspunkt at vaccinere små børn for at passe på ældre - det er i min optik helt forkert at ville vaccinere én gruppe for at beskytte en anden. Beskrivelsen er fortsat svag ift. hvor stor mængde der er tale om "mange gravide og ammende" - hvor mange er mange? Det vil til enhver tid være vigtigere for mig, at have en konstruktiv og faglig dialog med min praktiserende læge. Jeg mener nogle vacciner er nødvendige og har gjort verden bedre. Men måske er det ikke nødvendigt at vaccinere mod alt - f.eks. mildere sygdomme	Code: Personal doctor is favored Code: Ethical Breach Code: Unnecessary vaccination Code: Lack of specific information (Quantity of pregnant women)
Delvis enig	Vil gerne se langtidsstudier.	Code: Lack of specific information (to longitudinal studies)
Delvis enig	Teksterne fremviser mange af samme konklusioner, hvilket er med til at bekræfte hinanden. Jeg er dog stadig nysgerrig overfor hvor disse tekster stammer fra og hvor meget forskning de bygger på.	Code: Lack of references Code: "Echo-chamber"
Delvis enig	Det er jo gode argumenter - men der har ikke været nogle longitudinale studier, så det er svært at sige med virkningerne på sigt.	Code: Insufficient research (longitudinal studies)
Delvis enig	..	
Delvis enig	Jeg er enig i ovenstående, men jeg synes generelt der mangler studier vedrørende risiko når man er vaccineret i forvejen i forhold til fordele ved at få endnu en booster. Jeg har generelt tillid til Sundhedsstyrelsen, men ville foretrække, hvis der blev henvist direkte til de studier som anbefalingen bygger på.	Code: Insufficient research Code: Lack of references
Delvis enig	Jeg ser ingen videnskabelige dokumentation som jeg godt kunne savne. Dette vil i højere grad overbevise mig om påstandende om at det mere sikker med vaccine end at risikere at bliver smittet med covid-19 uden. Denne beskrivelse kræver rigtig høj grad af tillid til sundhedstyrelsen. Det meget uspecifikt, men med stor tillid til sundhedstyrelsen synes det at være tilstrækkeligt. Jeg har selv forholdsvis meget tillid til styrelsen og derfor vil jeg mene det giver en lille tryghed.	Code: Lack of references

Jeg stoler på Sundhedsstyrelsen og deres formidling af videnskab	Beskriv dine overvejelser i så mange detaljer som muligt	Beskriv de bekymringer du kunne have vedrørende Sundhedsstyrelsen og deres formidling af videnskab	KODNING AF 1. Spørgsmål	KODNING AF 2. Spørgsmål
				115

Uenig	Samme svar som i sidste spørgsmål. Jeg oplever dem ikke som ærlige omkring bivirkninger og mulige negative konsekvenser, samt hvad vacciner ikke kan.	At de formidler ensidigt.	Code: Dishonest communication Code: Vaccines are (possibly) dangerous	Code: One sided communication
Neutral	.	Ligesom mange andre formidlere af viden-skab, kan Sundhedsstyrelsens forskning og dermed anbefalinger, være betalt af andre firmaer (eks. Medicinalindus-trien).		Code: Economic agenda (Payed by the medicinal industry)
Neutral	Vi er trods alt blevet klogere end blindt at stole på myn-dighederne og deres anbefalinger.	Det politiske motiv bag.	Code: No blind trust	Code: Political Mo-tives
Neutral	Der er så meget i Sundhedsstyrelsen de er nødt til at skrive da det går ud til en hel befolkning så selvfølgelig skal der laves en masse foran-staltninger men det er ikke altid jeg er enig når det skal ud til den enkelte borge	Hvem retter det sig egentlig til og hvor har de deres belæg fra?	Code: Occasional Disagreement	Code: Lack of references
Neutral	Stoler generelt på dem, men nogle anbefalinger under corona mener jeg har været mere ”krisebaserede” end nødvendigt.	Om de har en politisk agenda	Code: General Trust Code: Sub-optimal Government actions under Covid	Code: Political motives
Neutral	Som udgangspunkt stoler jeg altid på videnskab. Min tillid til regeringens grun-dighed i håndtering af covid-19 er dog faldet en del, og det smitter af på min tillid til deres anbefalinger.	Sundhedsstyrelsen er en del af embedsvær-ket og varetager derfor også regerin-gens interesser, dvs. at de i mit hoved først og fremmest varetager statens interesser, og den viden de for-midler vil derfor naturligt aldrig være direkte i modstrid med de politiske interesser. Derfor har jeg svært ved at anse den som objektive videnskabsformidler. Ædover det syntes jeg, at der var lidt for fakta i deres tekst, så deres anbefaling blev for ”lidt” viden-skabelig i min optik.	Code: General Trust in science Code: Sub-optimal Government actions under Covid	Code: Political motives Code: Subjective Code: Lack of references

Neutral	Som tidligere skrevet synes jeg godt der kunne bruges videnskabelig dokumentation for de påstande som frembringes, som man selv kunne undersøge næremore hvis man ønskede større indsigt og sikkerhed. Det at man bedre selv kunne tage stilling til påstandene vil også skabe større genemsigtighed også ville det også skabe større tillid til sundhedstyrelsen.	Jeg kan godt frygte den manglende genemsigtighed kan skabe mistillid og give sundhedstyrelsen. Den meget ukonkrete formidling af anbefalinger til borgerne giver ikke meget rygdækning til de argumenter der præsenteres og det kan godt frygtes at det giver råderum for sundhedstyrelsen at komme med ukorrekte oplysninger.	Code: Lack of references	Code: Lack of references Code: Sundhedsstyrelsen is allowed to spread misinformation
Meget uenig	Sundhedstyrelsen har en agenda og staten generelt tjener mange penge på medicinal industrien, under corona har diverse medicinal virksomheder tjent styrte med penge, imens staten har kunne øge deres kontrol og magt over befolkningen.	Da sundhedsstyrelsen er en statsenhed, bliver den påvirket af den gældende holdning blandt staten, som bliver påvirket af andre lande og organisationer, som har et endnu større samarbejde/profitabelt forhold til medicinal virksomheder.	Code: Economic agenda Code: Political motives Code: Power and Control	Code: Economic agenda Code: Political motives
Meget uenig	Myten om at uvaccinerede skulle smitte i højere grad end vaccinerede blev afvist i vinteren 2022 i det videnskabelige tidsskrift "The Lancet". Hvis sundhedsstyrelsen hæftede sig ved videnskab havde de ikke promoveret det enormt mistillids-skabende narrativ som de gjorde.	Jeg tror de er præget af et ekkokammer hvor modstridende forskeres holdninger ikke bliver ordentligt repræsenteret. Jeg tror at sundhedsstyrelsen igennem Covid-19 har været ekstremt politisk styret af regeringen. Et godt eksempel på dette er Søren Brostrøms kovending i spørgsmålet om mundbind. Han var oprindeligt modstander, men pludselig kom han under politisk pres og blev tilhænger. Da Kåre Mølbak begyndte at tale imod regeringens opfattelse af Covid-19 narrativet forsvandt han også pludselig ud af fortællingen på pressemøderne.	Code: Unscientific Code: Inciting distrust Code: Political motives	Code: Echo-chamber Code: Political motives

Meget enig	Som tidligere nævnt, så mener jeg ikke jeg har noget at skulle have sagt indenfor et emne, jeg ikke ved nok om. Jeg foretrækker at lytte til de professionelle. Det kræver selvfølgelig at man har en stor mængde tiltro til staten og dens apparater, men jeg var svært ved at se hvad de skulle få ud af at gøre os alle ondt.	Umiddelbart er jeg ikke bekymret for Sundhedsstyrelsens formidling af viden-skab. Jeg tror hvis der skulle være noget jeg var bekymret for, ville det være at mennesker der er uenige (fx antivaxxers), med Sundhedsstyrelsens videnskab ikke ville bruge tiden til at læse argumentationen for vaccinens sikkerhed.	Code: Trust in experts Code: Good intentions	Code: Anti-vaxxers
Meget enig	Sundhedsstyrelsen har faglige eksperter og studier bag sig og er derfor meget troværdige.	Sundhedsstyrelsen vil det bedste for sam-fundet generelt men kan ikke tage højde for enkelte individer som ikke passer ind i den brede målgruppe men har brug for særlig håndtering	Code: Trust in experts	Code: Good intentions
Meget enig	Jeg stoler overordnet på de vil os det bedste, andet giver ikke mening for mig, de vil ikke få noget ud af at skade hele befolkning-en.	Jeg har ikke helt nogen tror jeg, jeg stoler overordnet på dem men synes selvfølgelig man til en vis grad skal være kritisk og evt. holde øje med forskning osv.	Code: Good intentions	Code: Critical thinking
Meget enig	Jeg er opdraget til at stole på Sundhedsstyrelsen. De har som regl uddybende forklaringer, og jeg har tidligere fundet referencer på deres hjemmeside der forklare deres anbefalinger	Jeg har ikke rigtig nogle bekymringer	Code: Trust in SST	Code: None/or Few worries
Meget enig	Vi har ikke mange problemer med korruption i Danmark. Vi har også meget meget få problemer med uehdige stof-fer/midler i medicin, fødevarer mm. Det er i høj grad Sundhedsstyrelsen m.fl. Skyld.	Har ikke mange, så skal det være folk der bevidst bedriver falsk videnskab, der ikke bliver opdaget. Det virker dog usandsynligt.	Code: Low corruption	Code: None/or Few worries Code: Fake science
Meget enig	De er jo uddannede mennesker indenfor medicin og viden-skabs verdenen. De ved jo godt hvad de snakker om	Ingen. Selvfølgelig begår man fejl i stressede tider, men jeg synes bestemt man skal lytte til uddannede mennesker	Code: Trust in experts	Code: None/or Few worries Code: Everyone makes mistakes

Meget enig	De har den danske borgers bedste i sinde - de baserer typisk deres vurderinger på videnskab og erfaringer. Det et betydeligt mere sikkert end mange andre kilder. De er selvfølgelig ikke perfekte, men er et godt udgangspunkt for sundhedsinformation.	De kan påvirkes af politik, men synes i det store hele vi ikke har set alvorlige konsekvenser for den almene dansker.	Code: Good intentions Code: Everyone makes mistakes Code: Scientifically informed	Code: Political motives
Enig	Jeg tror på at man indenfor Sundhedsstyrelsen samler sig den nyeste viden omkring sygdomme og at man er ærlig overfor befolkningen. Grunden til at jeg vælger "enig" og ikke "meget enig" er, at de selvfølgelig har et bias, som altid vil forekommer når man arbejder indenfor vidensformidling, da de skal formidle viden til en bestemt befolkningsgruppe.	Ligesom foroven så kan der ligge et bestemt bias, som kan skabe minimal bekymring, men generelt set, så er jeg ikke bekymret.	Code: Good intentions Code: Bias	Code: Possible bias
Enig	Det gør jeg. Alle kender til skräck-tilfælde, men der er ingen grund til at skrive disse ind og gøre folk mere nervøse. Folk har en tendens til at tro, at de føler symptomer eller få det være, hvis de kan se en liste med symptomer foran dem.	Sundhedsstyrelsen vil sørge for at de flest mulige danskere har det så godt som de kan, hvilket betyder, at de gerne vil have at folk får vaccinen. Det er delvist politisk. Derfor kunne man frygte at deres skrivelser om vaccinen i højere grad er skrevet med positivt fortegn og at de i et vidst omfang undlader at informere om særlige bivirkninger. Med det sagt tror jeg på og lytter efter sundhedsstyrelsen.	Code: Trust in SST	Code: Good intentions Code: Political motives Code: One-sided
Enig	Har tiltro til de danske myndigheder	Eneste kunne være al den snak med politisk indvirkning, men generelt har jeg tiltro til fagligheden	Code: Trust in danish authorities (Trust in SST)	Code: Political motives Code: Trust in experts
Enig	Sundhedsstyrelsens information var fornuftig og relevant; hvorimod politikerne køre helt op i panik.	De lod sig tryne af statsministeren. Jeg kunne bedre acceptere den måde sverige håndterede magtbalancen mellem myndigheder og politikere.	Code: Sundhedsstyrelsen sensible contrary to Politicians	Code: Too controlled by the state-minister (Political Motives)

Enig	Vi har kun viden-skaben til at lære fra, uden den ville verden stoppe med at fre-mad..	Science skal være universalt så vi all er på samme side med alle vores problemer or udfordringer..	Code: Trust in science	Code: Universal science
Enig	Jeg stoler generelt på Sundhedsstyrelsen. Jeg stoler på der er nogle eksperter der ved meget mere om jeg nogensunde kommer til at gøre om fx. kost og sundhed, som udformer fx. kostrådene. Dog synes jeg også det er sundt at være skeptisk	Det ved jeg ikke på stående fod	Code: Trust in SST Code: Healthy skepticism	
Enig	I et land som DK ser jeg god grund til at have tiltro til bl.a. Sundhedsstyrelsen.	Den eneste umiddel-bare bekymring ligger i hvorvidt der er andre personer/ organisationer der har et kritisk blik på Sundhedsstyrelsen, for man herved sikre at de kan tage evt. kritik op til over-vejelse. Men igen, tror jeg forudsætning-en for at dette, netop er mulig i DK, hvorimod andre mindre demokratiske og mindre velfærds-statslige lande, ikke ville kunne sikre at fx deres Sundhedsstyrelse ville blive "overvåget"/ blive evalueret af andre organisationer.	Code: Trust in SST Code: Trust in Denmark	Code: "Supervision"
Enig	EU har strikse regler når det kommer til vacciner. Jeg ser ingen grund til at Danmark ville ønske at forgife deres befolkning med vilje. Ja, vaccinen blev udviklet hurtigt men det var en ver-denspendami og en nødvendighed. Jeg har tiltro til at beløn-ningen opvejer risikoen ved at tage vaccinen.	Jeg synes det er fint de er transparente om potentielle risici og ubehag vaccinen kunne medfører. Det eneste punkt jeg forstår ville bekymre, er angående videreudvikling af barnet men de påvejede det på en velfungerende måde.	Code: Good intentions Code: Pandemic Necessity	Code: Good Transparency
Enig	Stoler på sundhedsstyrelsen og hvad de siger. Men synes det kunne være mere gribende eller overbevisene ift det tidligere spørgsmål	Det er ikke gribene eller velargumenteret nok. Det er lidt sådan "source? Trust me bro" agtig. Og hvis man ikke stoler på dem så dur det jo bare ikke	Code: Trust in SST Code: Less convincing	Code: Lack of references Code: Lack of argumentation

Enig	Tror på det er en troværdig kilde	Hvorvidt det er grundigt undersøgt, jeg tror på de tror at det de fortæller er rigtigt og tror i bund og grund også det er rigtigt. Den eneste bekymring er bare hvorvidt vi har nok viden inden for området	Code: Trust in SST	Code: Insufficient research
Enig	Mit generelle indtryk er, at de følger med i forskningen løbende og undersøger tingene, inden de melder noget ud og kommer med råd.	Det kan godt være svært at gennemskue, hvor de helt præcis har deres viden fra, og derfor svært at vurdere kvaliteten af forskningen, der formidles.	Code: Trust in experts	Code: Lack of references
Enig	Det er baseret på videnskab.	At der er et politisk incitament bagved.	Code: Trust in experts	Code: Political motives
Enig	Har valgt at stole på fagkundskaben	De tager også en fejl ind imellem, men bedste bud nu, selv om nye undersøgelser kan modbevise	Code: Trust in experts	Code: Everyone make mistakes
Enig	Jeg ser Sundhedsstyrelsen som det bedste af de mulige alternativer	Der er risiko for politisk påvirkning	Code: Best option	Code: Political motives
Enig	Jeg stoler rigtigt meget på sundhedstyrelsens formidling af viden-skab og tror på at den information jeg kan få fra sundhedsstyrelsen er mere pålidelig end information jeg kan få nogen andre steder, (nettet, medicinal virksomheder, mv.).	Jeg kan en sjælden gang blive i tvivl om sundhedstyrelsens anbefalinger er mere henvendt på at tilgodestille det brede samfund frem for individet. Jeg kan til tider blive i tvivl om man skal følge en anbefaling for gavne fælleskabet eller for at passe på sig selv og sine nærmeste. Begge er vigtige, men det er vigtigt at forstå for tillidens skyld.	Code: Trust in SST	Code: Sundhedsstyrelsens target group
Enig	Jeg har generelt tillid til Sundhedsstyrelsen, men de kan kun bygge deres anbefalinger på nuværende studier og på nuværende tidspunkt er der ikke lang-tidsstudier, da vaccinen fortsat er relativt ny. Og som tidligere nævnt, så mangler der studier vedr. gravide, der er allerede er vaccinerede i forhold til fordele/ulemper ved en 3. Booster.	Se ovenstående	Code: Trust in SST Code: Insufficient research (longitudinal studies)	Code: Trust in SST Code: Insufficient research

Enig	Jeg tænker, at sundhedsstyrelsen er informeret af de mest kvalificerede eksperter på området, så jeg er heller ikke særligt bekymret om, om de spredt misinformation. Med det sagt vil jeg altid læse om information fra flere forskellige kilder, inden jeg selv tager en beslutning	At de måske ikke formår at formidle videnskaben præcis, som forskerne ville. Der kan blive tabt information i oversættelsen	Code: Trust in experts Code: Multiple sources	Code: Possible miscommunication of science
Delvis Uenig	Det har jo vist sig, at SS har formidlet mod sine egne meninger (jvf. ny viden om Brostrøms manglende ønske om nedlukning).	Vil være alt for omfattende. Men jeg har ingen problemer med videnskab, men MEGET imod politikeres og erhvervslivs indblanding i viden-skab/forskning.	Code: Political Motives	Code: Politics and corporations influence of science Code: Political Motives
Delvis Uenig	Det virker til at de godt kan dreje konklusionerne lidt og måske også overdrive resultaterne. Det er dog sagt ud fra ren intuition	De præsenterer viden-skaben med lidt for mange følelser involveret.	Code: Spinning of results	Code: Inadequate Communication
Delvis enig	Jeg vil sige, jeg er mere skeptisk end inden corona, idet regeringen og sundhedsstyrelsen udviste en manglende pålidelighed, da de ændrede holdning til corona flere gange, hvor man stadig kan stille sig skeptisk over, hvor meget vi overhovedet ved om corona i dag og dets eftervirkninger	Jeg kunne da bekymre mig om kvaliteten og at de måske i deres formidling er lidt til den positive side	Code: Inconsistent attitudes	Code: Too positive Code: Quality of science

Delvis enig	Det er en naturlig konsekvens at Statens Serum Institut med videre er interesseret i at man følger deres anvisninger. Men lad os nu være ærlige. De har angivet alt muligt i øst og vest i løbet af corona pandemien, fordi de løbende er blevet klogere. Og det samme kan siges om vaccinen. Man kender IKKE til de langsigtede konsekvenser, fordi der ikke er gået lang nok tid til at kunne indsamle empiri, som kan underbygge påstandene validt.	Staten ønsker at skabe ro og orden, fordi et samfund i kaos og panik er dyrere end et samfund i ro og orden. Så fra et samfundsmaessigt og økonomisk perspektiv giver det logisk mening at staten og herunder dets Seruminstut støtter op om vaccinen. Ydermere har staten med sine med EU-lande investeret massivt i foretagendet. Der er sikkert et lægefagligt perspektiv, som er relativt validt, men der skal ikke herske nogen tvivl om, at det lægefaglige personale har været under et stort politisk pres for at godkende vaccinen hurtigst muligt	Code: Inconsistent attitudes Code: Insufficient research	Code: Economic Agenda Code: Political motives
Delvis enig	Tænker at de lytter til videnskabsfolk	At de ikke helt lytter til videnskabsfolk	Code: Scientifically informed	Code: Not* scientifically informed
Delvis enig	Jeg stoler på den viden de formidler men de er også en organisation som er påvirket af politikerne og ofte har et bestemt mål de vil hen til, så det kan farve eller udelukke viden fra deres formidling	Står ovenfor	Code: Political motives	Code: Political motives

Delvis enig	Se nedenstående	<p>Generelt stoler jeg på Sundhedsstyrelsen, men jeg synes, at der igennem corona-pandemien har været mange beslutninger som er taget (for) hastigt, og det har ofte været et leverance-spørgsmål.</p> <p>Eksempelvis startede de med ikke at tilråde mundbind og andre værnemidler grundet den manglende beviselige effekt, men da der var nok værnemidler på lager, ændredes anbefalingerne. Det samme for vaccination af børn - først var det ikke nødvendigt fordi de fik et meget mildt forløb, men pludselig var det nødvendigt at vaccinere alle børn fordi de (selvfølgelig) også kunne smitte andre. Synes der har været for mange kovendinger til, at de i corona-regi har haft min fulde tiltro</p>	Code: Trust in SST Code: Inconsistent attitudes (fosters mistrust)	Code: Trust in SST Code: Inconsistent attitudes (fosters mistrust)
Delvis enig	Såfrem de fremlægger belæg er det okay troværdigt, dog affer jeg ikke at udtagelserne kan være politisk påvirket	Politisk påvirkning og en mangel på undersøgelser der går udenfor traditionel positivistisk viden-skab	Code: Trust in SST Code: Political motives	Code: Political motives Code: Too positivist
Delvis enig	Jeg har faktisk stoler på viden fra Sundhedsstyrelsen. Men efter regeringens håndtering af Covid og mest af alt den magifuldkommenhed, der har været i spil, har jeg fået tvivl om, hvorvidt Sundhedsstyrelsen bliver politisk presset til politiks styret kommunikation	Jeg har selv forsøkt i hvordan budskaber ændres og deles samfundet. Og ved at magt spiller ind i formidling. Jeg har bekymringer ved Mette Frederiksens manglede evne til at tage kritik til sif eller indrømme fejl retrospektivt. Og derfor kan jeg være bekymret for om formidling af videnskaben lider under magtens pres	Code: Trust in SST Code: Political motives	Code: Political motives (Communicated science is too influenced by politics)

Delvis enig	Generelt har vi et godt sundhedssystem i Danmark med gode institutioner. Omvendt havde SST en stor rolle i at promovere covid vaccinerne uden, at de måske var undersøgt helt igennem. Men jeg stoler da på, at SST ikke vil anbefale en vaccine uden, at det var helt sikkert	Der er mange tekstfelter i dit spørgeskema. Det mindsker svarprocenten ;). Hilsen en analytiker	Code: Good intentions Code: Good danish health institutions	
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Vurder risikoen ved at gravide kvinder vaccinerer sig mod COVID-19	Beskriv dine overvejelser for og imod, i så mange detaljer som muligt	CODING:
Neutral	.	
Neutral	Samme som sidst er jeg i tvivl om det er godt for gravide og fosteret at få medicin og specielt vacciner under graviditet	Code: Unchanged Code: Unconvcing
Neutral	Samme overvejelser som tidligere	Code: Unchanged
Neutral	Jeg synes ikke rigtig at beskrivelsen fra sundhedstyrelsen har ændret noget idet at det var meget savgt begrundet argumentation.	Code: Unchanged (Code: Unconvincing
Meget lav	Jeg tror på at Sundhedsstyrelsen ved "bedst" og at deres beslutning om at vaccinere gravide og ammende kvinder er baseret på kvalificerede forskning. Jeg vurderer derved risikoen som minimal, da de samme bivirkninger kan forekomme hos folk der ikke er gravide.	Code: Trust in SST
Meget lav	Min eneste overvejelse var ift hvad de langsigtede effekter kunne have på barnet, da vi selvfølgelig kun er et par år efter de første gravide fik vaccinen. Jeg har nu lært det kun er moderens egne antistoffer barnet optager, så vi er all good 🤪	Code: New knowledge
Meget lav	Jeg er enig med Sundhedsstyrelsen	Code: Agree with SST
Meget lav	Jeg stoler på videnskaben, men som vi ved nu intet står stille så videnskaben i dag er ikke det samme imorgen, evolution	Code: Trust in science
Meget lav	For: Sundhedsstyrelsen. I mod: Sølvpapirshatte	Code: Trust in SST?
Meget lav	Intet nyt at bemærke	Code: Unchanged

Meget lav	Ja altså sagde jeg var usikker på om der var noget og sundhedsstyrelsen sagde der ikke var, så siden jeg stoler på dem så er jeg nu mere sikker	Code: Trust in SST Code: New Information
Meget lav	Super fint	Code: Agree with SST
Meget lav	Læst	
Meget lav	Stærkt agumentation fra sundhedsstyrelsen. Har ikke hørt meget der siger imod ud over folk som "føler" usikkerhed. I sådan situationer skal personer med ekspertise forklare og skabe sikkerhed for den gravide.	Code: Good Communication Code: Trust in SST
Meget høj	Samme.	Code: Unchanged
Meget høj	Forskning er ikke fyldestgørende.	Code: Insufficient research
Lav	Jeg tænker, det afhænger af den enkeltes graviditet samt alder og den enkeltes helbred	Code: Dependant on the individual pregnancy
Lav	Min holdning har ikke ændret sig meget, men det er et mere sikkert svar nu. Jeg vil dog aldrig med en vaccine som ikke er blevet testet gennem flere år kunne sige at jeg tror chancen er meget lav. Men jeg ville, hvis jeg selv var gravid nu, være helt okay med at få vaccinen - jeg ville have bekymret mig mere før.	Code: New knowledge Code: Insufficient research
Lav	Har ikke ændret sig	Code: Unchanged
Lav	Hvis man ikke formoder vaccinen "når" barnet, kan jeg ikke se hvordan det skulle påvirke barnet	Code: New Information
Lav	Igen, der er en grund til vaccinen er anbefalet, jeg har kun mødt gravide kvinder som her mødt lave symptomer, og derfor ikke være bekymret ved det	Code: Low side-effects
Lav	Covid er en større risiko end vaccinen, på trods af at vaccinen kan give midlertidig ubehag. Selvfølgelig er der stadig de samme overvejelser om allergi som der var tidligere.	Code: Covid more risk
Lav	Det virker ikke som om det er så meget anderledes en når mennesker under almindelige omstændigheder bliver vaccineret	Code: New information
Lav	Efter informationen tror jeg på den er lav, den er dog ikke helt i top, da jeg stadig er nervøs for hvor dækkende den viden er	Code: Insufficient research Code: New information

Lav	Det lyder som om, at der kan være nogle bivirkninger, der evt. kunne komplikere graviditeten for nogen, der allerede er sårbare, men alt i alt lyder det som om, risiciene er langt større ved covid-19 end ved vaccination.	Code: New information
Lav	Jeg vurdere stadig er at risiko'en er lav, men som sagt en smule højere hos gravide end ellers.	Code: Unchanged
Lav	Mener stadig den er lav med samme argumenter som før.	Code: Unchanged
Lav	Den er lav, da det er en gennemtestet vaccine, men igen, så kan langtidseffekter ikke udelukkes.	Code: Trust in science Code: Insufficient research
Lav	Så vidt jeg ved nu, er der ikke nogle særlige risici ved at blive vaccineret som gravid, end hvis du ikke var gravid. Der er altid risici ved medicin, men videnskaben peger på, at det for de fleste klart er fordelagtigt at blive vaccineret frem for ikke at blive vaccineret	Code: New information
Høj	Mit standpunkt har ikke ændret sig.	Code: Unchanged
Delvis lav	Alle er nervøse under graviditet - der skal solid forskning til- over lang tid.	Code: Insufficient research
Delvis lav	For, pga. det bekræftes flere gange i teksten at vaccine er god mod, fordi der ikke står hvor kilden er fra	Code: Good Communication Code: Lack of references
Delvis lav	Jeg kunne efter se at der virker til at være flere fordele end ulemper, og ændrer derfor min vurdering til at sige den er ligesom ved alle andre. Dermed at det overordnet er bedre at vaccinere sig, men der selvfølgelig altid er chance for bivirkninger.	Code: New information
Delvis lav	Tror slet ikke det ufødte barn skal have noget udefra	Code: Dangerous vaccine
Delvis lav	Studier indtil nu viser det er sikkert, men man ved ikke med langtidseffekten.	Code: Insufficient research
Delvis lav	Afhænger igen af kontekst, tror det er svært at generализere	Code: Depends on context
Delvis lav	Igen - for mange tekstmønstre. Det er besværligt og svært at analysere på	
Delvis høj	Det samme som før. Almindelig sundt fornuft er alfa og omega ift hvad man kan forvente af en stat under pres	Code: Political motives?

Delvis høj	Det virkede til at vaccination af gravide var et forsøg man var igang med (man holdt øje med bivirkninger her og i andre lande, men indtil videre er der ikke noget farligt)	Code: New information
Delvis høj	Stadig samme forbehold.	Code: Unchanged
Delvis høj	Jeg mener ikke mit standpunkt er ændret	Code: Unchanged
Delvis høj	Mine overvejelser er lidt de samme som før. Udover det synes jeg ikke Sundhedsstyrelsens amfabeling var særligt videnskabelig, og det gjorde mig derfor ikke mere positivt indstillet	Code: Unchanged Code: Unconvincing
Delvis høj	Det har ikke ændret sig.	Code: Unchanged

