

UNVACCINATED, JUST LIKE EVERYBODY ELSE. VACCINE HESITANCY IN A ROMANIAN RELIGIOUS COMMUNITY

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Abstract

Vaccine hesitancy was a widespread phenomenon during the COVID-19 pandemic. It held back large-scale immunization in countries where vaccines were available and it aggravated the pandemic. The way we understand vaccine hesitancy in postmodern societies emphasizes individual risks, reflexivity, and patients making informed decisions. But how is vaccine hesitancy experienced in traditional communities? We explored answers to this question through ethnographic interviews conducted in the least vaccinated village in Romania. In this Pentecostal community, vaccination decisions were made at the community level, where an informal norm of vaccine refusal was dominant. This norm emerged through two types of interactions – local and mediated interactions – as collective discussions were centred on religious interpretations of Biblical fragments and on information from TV shows and social media about the adverse effects of vaccines. People formed symbolic alliances with influential actors in their community who were unvaccinated, such as the mayor and the pastor, and with citizens from Western European countries who also refused COVID-19 vaccination. Mainstream fears of vaccination were expressed during the interviews, concerning paralysis and death resulting from vaccination and mistrust in official authorities. Vaccination accentuated pre-existing differences in status, demarcating people with a high level of education working at the village hall, who were vaccinated, from those with a lower socio-economic status, who were not vaccinated.

Keywords

COVID-19, vaccination, traditional society, religion, Pentecostal community, informal norm

Introduction

COVID-19 vaccination efforts were met with hesitancy and resistance in many countries around the world. The social construction of health-related risks, reflexivity, making informed decisions, and being highly sceptical of expertise are all explanations for the vaccine hesitancy phenomenon in postmodern societies. But how are vaccination decisions made in small traditional communities? In this study, we investigated hesitancy of COVID-19 vaccination in a religious community in Romania, aiming to assess the specific elements involved in the social construction of hesitancy in such a community.

The very low vaccination rate in this village from Ialomița county (South-Eastern Romania) was first discussed in a journalistic article from Libertatea, published in August 2021. At the time, the vaccination rate was 0.21% in this village. The vaccination rate increased slowly over the next several months, reaching 0.91% in December 2021. Today, the vaccination coverage is at the 1% level, while the national vaccination coverage is 42% (CNCAV, 2021). Therefore, this village represents a statistical outlier that is reflective of particular social dynamics which systematically discourage vaccination against COVID-19. In this paper, we

examine the social conditions that shape the vaccination behaviour in this village, relaying on theoretical considerations on community life and on qualitative data collected through ethnographic interviews.

A community is a social arrangement formed of people who have common beliefs and values. The relationships among community members are direct and multidimensional. Another characteristic of community life is the reciprocity involved in all social relations (Pitulac, 2011). Members of a community benefit from a high level of integration (Bagnasco, 2009), which enables a social construction of reality (Berger & Luckmann, 1966) that prioritizes internal similarity and emphasizes distinctions from other communities (Cohen, 1992). Therefore, the community life consists of direct, personal contacts among members who collectively produce and share a cultural framework for their everyday life. In this context, informal norms play a key role for community life. Informal norms are “the product of daily interactions resulting in a set of routines, cognitive scripts, practical reasoning, practices, classifications, frames of reference, procedures and typifications of varied temporal scope and depth” (Sardan, 2013, p. 290). Informal norms guide the behaviour and ensure the high level of integration characteristic to the community. Since informal norms regulate community life and help members to manage various social situations, such norms could also be developed to deal with uncertainties related to COVID-19 vaccination.

Methodology

The method that we used for this research is the ethnographic interview. The ethnographic interview is not “an isolated event in a neutral environment but part of a series of interactions and observations” (Rinaldo & Guhin, 2019). The researcher has to emerge him/herself in the cultural context of the respondents, to spend some time in their community in order to observe their everyday life and their experience. This type of interview is unstructured and open-ended, which allows the researcher to collect descriptive data and to observe how respondents communicate cultural meanings. The focus of ethnographic interviews is to understand the experience of respondents from their point of view (Bauman & Adair, 1992).

Taking into account these methodological considerations, we travelled to this particular village in Ialomița in September 2021. We previously contacted the Pentecostal pastor by retrieving his contact information from the journalists who investigated the vaccination behaviour in this area. Following a phone discussion with the pastor, we decided to explore the community and to engage in spontaneous ethnographic interviews with locals in the first part of our research and then to meet with the pastor and other members of the Pentecostal church contacted by him.

We interviewed 10 people in total. Seven of them were men and three were women. Their age ranged from 18 to 45 years old. We approached them on the street, by stating our interest in the vaccination topic and our status as doctoral students at the University of Bucharest. We guaranteed the anonymous character of the discussion, which was very important for our informants, who expressed their fear of being recorded. Some of the respondents recommended us to approach specific people in their community (a saleswoman, the postman wife) to further engage in the discussion on COVID-19 vaccination in their village. The interviews were unstructured. We opened the discussion with the request to speak about vaccination against COVID-19 and then followed the lead of the respondents, aiming to understand their point of view. We asked questions for clarifications and additional details to enrich the descriptive data and the cultural meanings developed by this community as regards vaccination. We took audio notes after the interviews as a means to systematically record the

data and at the same time to preserve the embeddedness in the community context during the ethnographic interview.

Results

The ethnographic interviews that we conducted in the village allowed us to understand the perspective that people in this community have on COVID-19 and vaccines and why vaccine refusal is the dominant behaviour in this village. In this village from Ialomița there is a rural, religious community. People have direct, personal contacts with each other and they are highly involved in the community life. Religiosity is particularly important for this community, where the Pentecostal denomination is significant, in contrast with the distribution of religious denominations at country level (Orthodox Christians are the dominant religious group in Romania).

During the fieldwork activity that we conducted in this village, some of the locals tended to speak very briefly about their vaccine decisions. This was later explained by the Pentecostal pastor as a lack of vocabulary that would allow them to express themselves in a more detailed account. This would be the consequence of a low level of formal education (some of these people were illiterate), as the pastor mentioned, and they would also lack the interest to develop a vocabulary on this topic. Therefore, some people simply assessed the dominant behaviour in the community and conformed to it, without questioning it any further.

During the interviews, a consistent concern for most people was that of being recorded. They particularly feared that their image and/or discourse could get in the media and they could see themselves on TV. This concern can be related to the media investigation from Libertatea that was carried out in the village previously. This article explored the refusal of COVID-19 vaccination in the village from a journalistic perspective. The former mayor was interviewed for this investigation, as well as other members of the community. The journalists took photos of some people and attributed quotes to them, so their participation was not anonymous. Their contribution to a journalistic material that emphasizes the failure of the vaccination campaign in this village could have attracted some (formal or informal) consequences, which would explain their reluctance to being recorded.

We identified several themes within the ethnographic data and we structured the results around these aspects that are invoked by the people in this village to account for their rejection of COVID-19 vaccination.

The informal norm of vaccine refusal

People in this village decided to refuse COVID-19 vaccination based on the informal norm in their community. This norm emerged at the community level, as a result of collective discussions which often take place in religious settings. The informal norm was also strengthened by the influence of local authority figures who were not vaccinated, such as the mayor and the pastor.

Given that community life is based on a high level of integration and internal similarity, it is highly important for a member of the community to be like everyone else. Under these circumstances, rejecting the COVID-19 vaccine is defined as the right thing to do. When discussing their refusal of vaccination, people accounted for their behaviour by saying that “*no one here wants to get vaccinated*” and that they decided together that they would not get vaccinated. They approached the topic of vaccination with the certainty that they had made the right decision and the proof was that (almost) everybody else in their community made the same decision.

Among our respondents, there was also the wife of the postman. Other members of the community had previously mentioned that the postman was one of the few people in this village

who got vaccinated. We were able to interview his wife, but she insisted that her husband was not vaccinated and that nobody in their family wanted to receive the vaccine. When we later interviewed other people, they emphasized that the postman was certainly vaccinated. Maybe his wife told the truth about his unvaccinated status, or maybe she tried to hide the fact that her husband deviated from the informal norm that was dominant in their community.

Religious motives

There is a religious community in this village and the Pentecostal religious teachings are particularly important for the everyday life of people living in this village. Their refusal of COVID-19 vaccination was influenced by religious beliefs and depended on how they collectively negotiated interpretations of religious writings. Collective discussions of the religious meanings and implications of vaccination were the premise for the emergence of the informal norm that discouraged vaccination against COVID-19.

The main religious motive that was advanced by the respondents was the conviction that God protects them against the disease. Therefore, God renders vaccines and other health measures useless. Most people gave a limited religious account to justify their vaccine refusal, emphasizing that they rely on God to protect their health and not advancing other religious motives. However, the pastor engaged in a more detailed presentation of religious motives for vaccine refusal in the community. The religious motives that led to rejection of COVID-19 vaccination were based on interpretations of some fragments in the Bible that associated the vaccine with the Mark of the Beast. According to these interpretations, people were given the option to choose between Christ and the Mark of the Beast. In this context, the vaccine represented the Mark of the Beast, so refusing the vaccine was the right choice, because it meant they chose Christ. Another religious interpretation identified the tell-tale signs of the Apocalypse. Interdictions to sell and to buy products, which were part of the set of governmental restrictions to contain the pandemic, were associated with the religious narrative that signals the Apocalypse. Additional interpretations target the transformations that would occur after vaccination - the blood becomes plasma, people cannot feel pain anymore, and they are dehumanized.

In our interview, the pastor rejected these religious interpretations. He said they were erroneous and that the signs of the Apocalypse would be very different from the realities of the pandemic - they would be crystal clear, without any controversy. He thought that choosing Christ and the right religious path in the eventuality of the Apocalypse would not require such textual interpretations and associations, but obvious choices. He also said that these religious interpretations were available on social media and people in the community found them online and then engaged in such religious debates in the village.

Symbolic alliances

When discussing their vaccination choice, people made reference to others who had made the same decision: "*The mayor didn't get vaccinated, either!*"

Authority figures in the community who did not get vaccinated, such as the mayor and the pastor, legitimized this choice. One of the respondents even said that the mayor told them to not get vaccinated. According to these accounts, an official authority figure in the community reinforced anti-vaccination at least implicitly, by refusing the vaccine for himself.

The pastor seemed to have a slightly different position. He did not seem to encourage anti-vaccination, but he leaned towards vaccine hesitancy. He rejected religious interpretations that go against vaccines, but seemed concerned about non-religious issues related to COVID-19 vaccination (such as the limited efficacy of vaccines and the restrictions that affect unvaccinated people). He publicly declared that he might get vaccinated, but avoided to say

that he had made a decision in this regard. He put a stronger emphasis on his vaccination intentions privately (in a separate discussion with the researchers), saying that he had not had the time to get vaccinated yet, but intends to do so as soon as possible.

Among the non-vaccinating examples invoked by the informants, there are also people from Western countries (France, Germany, and Switzerland) who refuse and publicly protest against COVID-19 vaccination. A strong emphasis was put on the story of 3000 doctors from France who signed an open letter refusing COVID-19 vaccination at the expense of their jobs, which was used as a legitimization rhetoric for vaccine refusal. These symbolic alliances, either with local or foreign actors, strengthened the informal norm of non-vaccination in the village. These examples showed that vaccine refusal was not an individual, isolated, or singular decision, but it was part of a collective logic of not getting vaccinated against COVID-19.

Alternative framework for disease and death

At the community level, people elaborated a distinctive framework to make sense of the COVID-19 disease. They challenged the official understanding of risk behaviours that lead to infection and the severity of the disease. They also anchored the experience of the disease and the possible death associated with it in the cultural framework embedded in their community life.

Some of the informants found the official recommendation to wash one's hands as often as possible to be controversial. This recommendation prompted interpretations of COVID-19 as the "*disease of the dirt*", which had stigmatizing implications for them. They saw themselves and their community as part of a civilized world, where hygiene was an important aspect of everyday life: "*What do they mean? That we do not wash our hands? Of course we wash our hands. People are not like in the old days*".

In this context, they were sceptical that someone could be infected with COVID-19 because s/he did not wash his/her hands, since hygiene measures were widespread even in rural areas and also because people with a higher socio-economic status seemed to be exposed to the risk of infection to a similar extent: "*Iohannis and others do not wash their hands?*".

The experience of the COVID-19 disease was common among people in the community (many people were infected and hospitalized, especially during the first wave of the pandemic), but the experience of COVID-19 death was less common (only one person died in the village). Moreover, death is conceived as inevitable and it is followed by the afterlife, as part of God's plan. For people in this community, death is a natural state. Death is one's destiny, so it is not something that is worth fighting against. Medical interventions are disruptive of something that is defined as the natural order of disease and death. Therefore, the promise of health and extended life offered by the vaccine does not fit into this framework, which relies on religious teachings to make sense of disease and death.

People said they were content with the information campaign on COVID-19 vaccines. They did not want additional information and did not think that the involvement of politicians in this campaign affected their decision. They emphasized that they already had all the information they needed and nothing should be changed in the information campaign. They also said they did not want to see more doctors involved in these information activities. An aspect related to this information environment is that the family doctor is rather absent from the community life. People did not talk about the family doctor and did not get in touch with him/her for medical treatments. Instead, they dealt with their medical problems at home, relying on common knowledge.

In addition, interviewees said that a mobile caravan for vaccination would not convince them to get vaccinated. Therefore, the low vaccination coverage in this village was not caused by the lack of access to vaccination. Even in the absence of a mobile caravan, the village is

situated at a distance of 4 kilometres to the closest town, where there are vaccination centres. Many people travel frequently to this town, with their personal cars or public means of transportation. The vaccination rate in the closest town was over 44% in December 2021, whereas in this village the rate was still below 1%. This is a considerable difference as regards the vaccination behaviour, despite the high geographical proximity.

Mainstream fears of vaccination

Some of the motives that were advanced for vaccine refusal in the village are also found in other social areas, being pervasive within the anti-vaxx and vaccine hesitant discourses. One of these motives is the fear of adverse effects of vaccines. People in this village discovered most of the stories about adverse effects in media – TV shows and social media. They also told the story of a young man, a migrant, who got vaccinated in Germany and felt sick immediately after vaccination. The adverse effects of COVID-19 vaccines that were brought to discussion were paralysis and death. A young man who participated in the interviews exclaimed: “*The vaccine kills you!*”

The information that these people retrieved from social media shows that even though the village is a local society, it is also connected to digital areas. We have seen many children and young people using their smartphones and the pastor talked about social media as an important and influential factor for vaccine information in the village. Social media was frequently invoked during the interview by the cowboy of the village. Despite being described as socially isolated, because he spent the whole day with animals, he used social media and kept up with current events. Being socially active in the online arena, he was willing to discuss not only vaccination, but also tangential topics, such as the death of Petrică Cercel. Cercel was a singer of manele (music genre) who had recently died of COVID-19. This was one of the main events at the time when we conducted the interviews and the cowboy was very moved by this, linking the topic of COVID-19 vaccination to the death of Cercel. The cowboy was not vaccinated and was afraid of adverse effects of vaccines.

The vaccine was seen as providing people with social benefits by enabling them to participate in the economy of experiences. The vaccine was not seen as providing people with health benefits. The perceived lack of health benefits was caused by the fact that the vaccine did not completely remove the risk of infection. In this context, vaccinated people were seen as having no health-related advantage over unvaccinated ones: “*What is the difference between us, unvaccinated, and you, vaccinated? That you can go to a café and we cannot*”. In light of these limited health benefits, it did not seem to them that vaccines are worth the risk, the risk being socially constructed in stories of adverse effects and religious interpretations of COVID-19 vaccines.

Another motive for not getting vaccinated that was also common outside this village was the perceived discord among doctors and among politicians. Actors from these two categories of official authorities contradicted each other with regard to the safety and efficacy of vaccines and people in the community did not know whom to trust. Respondents were particularly distrustful of politicians: “*No one trusts them anymore*”.

Politicians from all parties across the political spectrum were depicted as fighting against each other in the political arena, being obsessed with power, and not caring about ordinary people. The political context at the time of this research was marked by the dissolution of the Government coalition and general instability. Therefore, respondents from this village considered that politicians were not really interested in protecting people, but in getting access to or maintaining political power despite the negative effects that their actions had for the general population.

Vaccination as splitting in the community

Vaccination generated intracommunity tensions and splitting, as the decision to get vaccinated was associated with a higher socio-economic status. People who got vaccinated in this village had a higher level of formal education and most of them worked at the village hall. At the community level, this context was played out as an epistemic privilege that pertains to vaccinated people. Unvaccinated members of the community claimed that the vaccinated ones treated them as inferior in terms of educational status and intellectual abilities: *“When they have three extra years of schooling, they think they understand better”*.

This splitting in the community was not caused by vaccination per se, but by the symbolic power of education. Education forged gaps among people, increasing the social distance between social categories in the context of vaccination. Therefore, vaccination accentuated pre-existing differences in status.

How to encourage vaccination in the village?

When discussing the options available to increase the vaccination rate, the measures that were already in place were considered inappropriate for stimulating the vaccination behaviour. The interviewees rejected the positive reinforcement that was offered by the Romanian authorities for vaccination, which consisted in offering vouchers with the value of 100 RON or mititei (traditional food). These measures were offensive to them, because they perceived it as an attempt to convince people to give up on their values in exchange for some material benefit. Therefore, vaccination rewards were unethical from the point of view of our informants.

According to the pastor, for this community, the change in vaccination behaviour could start in the family. If someone (a man) decided to get vaccinated, his family would follow his example - both the nuclear and extended family. The next stage in this social process would be that neighbours would follow the example of a given family. Therefore, the pro-vaccination behaviour would be transmitted within the community by the family, as the vector of community change. Given that this is a small community within which informal norms and internal similarity are particularly important for members, the vaccination rate could increase if some of the influential members decided to get vaccinated.

Discussion and conclusion

Throughout the pandemic, Romania was confronted with disparities in vaccination coverage across the country, despite the general availability of vaccine doses and vaccination centres. Vaccination rates vary between over 50% in large urban areas and below 10% in small rural communities. Disparities in vaccination coverage have been registered in other countries, too, from high discrepancies in India (Panda et al., 2021) to smaller differences in the United States (Murthy et al., 2021). We investigated the experience of vaccine refusal in a small village with the lowest vaccination rate in Romania – 0.6% at the time of this research (September 2021). We conducted ethnographic interviews with 10 locals in a village from Ialomița county, a Pentecostal community where people are highly invested in maintaining the internal similarity and the high level of integration. Pentecostals have faith in the unmediated relation between humans and God, which is marked through the baptism with the Holy Spirit. They believe in supernatural healing offered by God. One of their healing rituals consists in rubbing oil on the skin of the person who suffers from a disease or illness (Anghel, 2015).

In the village where we conducted the ethnographic interviews, vaccine-related decisions were made in a very different way compared with people living in postmodern social arrangements. In this village, vaccination decisions were made at the community level and a strong emphasis was put on the informal norm of refusing vaccination. The informal norm

emerged at the community level, through two types of interactions – local and mediated interactions. At the local level, collective discussions were centred on religious interpretations of Biblical fragments and on information from TV shows and social media about the adverse effects of vaccines. The latter was retrieved through mediated interactions, as people are connected to mass media and also to the digital arena. In addition, at the local level there are influential actors who refused COVID-19 vaccination and legitimized this choice. If the mayor and the pastor were not vaccinated, members of this community followed their example and justified their behaviour by drawing attention to these influential examples in their community, thus forming symbolic alliances. Other symbolic alliances were formed with distant people, from France, Germany, and Switzerland, who also refused COVID-19 vaccination and publicly protested against vaccines and pandemic restrictions.

The experience of the disease and the possible death associated with it are anchored in the cultural framework embedded in community life. God protects the believers from disease, so the vaccine is useless as a means to protect one's health. On the other hand, death is considered inevitable and it is followed by the afterlife. These cultural meanings render the vaccine and its promise of long, healthy life an alternative to the religious path. Religiosity is highly valued in this community and people protect this cultural framework of disease and death at the expense of vaccination. There are various motives circulating in this community, as we presented in the Results section. However, the religious motives weigh more, as they have a powerful role for the stability of the community.

In addition, the lack of trust in official actors, such as doctors and politicians, was advanced as an explanation for vaccine refusal. In Romania, the lack of trust in public authorities has been a stringent problem for years and in the context of the pandemic, it discouraged a considerable number of people from getting vaccinated. Mistrust is one of the mainstream factors of vaccine refusal in Romania and in other countries, too, as it emerges from ecological-level studies (Rughiniş et al., 2022). The lack of trust in official authorities accentuates the fear of adverse effects of vaccines.

Vaccination accentuated pre-existing differences in status, demarcating people with a high level of education and prestigious occupation, who were vaccinated, from those with a lower socio-economic status, who were not vaccinated. The Pentecostal pastor envisaged a possible change in vaccination behaviour that would start at the family level and would later spread within the community, as a result of social influence processes and trust among community members.

The strongly woven community life consolidated the informal norm of vaccine refusal. In a village, people want to be like everybody else in their community (Onuf, 2018). They are attentive to the informal norm of the group, and they conform to it. In this case, the informal norm dictated refusal of COVID-19 vaccines. People were not particularly interested in medical information regarding COVID-19 and vaccines against this disease. When it came to deciding on COVID-19 vaccination, the most important aspect was that everybody else in their community refused vaccines, hence vaccine refusal became the right decision for them.

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