



# Children and Young People's attitudes towards vaccinations – what they know and what they have to say

A Royal Society for Public Health Study

Executive Summary

March 2023

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Whilst overall, vaccination programmes work well in the UK, there are particular groups and communities who we know have concerns about vaccines, the vaccination system, and who are not being reached by traditional means.

**RSPH carried out new research – the first of its kind – which listened to children and young people’s perceptions, concerns and experiences of vaccines.**

Vaccines save lives and high uptake levels protect communities and people of all ages. Most vaccinations in the country are given to children and young people (CYP), however uptake is below the recommended levels in all four nations. Given this, and the impact that a decrease

in uptake could have on our nations’ future health, the RSPH carried out research with a sample of CYP from across the UK to understand their experiences, perceptions and attitudes towards vaccines.

This is the first time that CYP have been asked about their views and have had a chance to share what they think about vaccines, what they know about them, and where they get information from, alongside their fears and concerns. We partnered with Dubit, a specialist children and young people research agency, to conduct qualitative and quantitative research with CYP.

### The majority think vaccines are important to their health and trust them

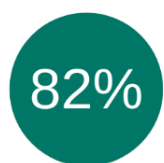
It is very positive that 9 in 10 CYP think that vaccines are important to their health and 8 in 10 trust them. However, these numbers vary by nation and ethnicity. Approximately 3 in 5 correctly identified how vaccines work in our bodies, and this knowledge increased with age.

CYP know that there are vaccines for polio (73%), tetanus (74%) and measles(76%). Numbers are much higher for flu (89%) and Covid-19 (98%), but considerably lower for HPV (52%) and meningitis (57%). This is of particular interest as the participants are in the age group that will or have already been offered an HPV vaccine.

Other findings are cause for concern and highlight where action is needed. Knowing that a vaccine exists does not automatically translate into knowledge that it is available to them. For example,



think vaccines are important to their health



trust vaccines



understand what vaccines do and how they work

even though 98% know that there is a vaccine for Covid-19, only 84% knew they could have it. The gap is also significant for HPV: 52% know the

vaccine exists, but only 39% know it is available to them.

### Sources of information

Websites are where most CYP (92%) go to when looking for information about vaccines, with the majority accessing the NHS website (75%). This was positive as the NHS is an official source of information, which is regularly reviewed. Half (49%) said they access information via social media, with Tik Tok and Instagram ranking first (29%) and second (26%). Whilst this may be a concern given reliable information can be harder to manage on social media, it is overall a positive that CYP are accessing information.

With offline resources, parents were the go-to person for vaccine information. GPs and school nurses follow, but this differs with ethnicity, for example, black children are more likely to go to their close friends for information than they are to ask school nurses.

### Factors encouraging them to have a vaccine

When asked about what would encourage them to have a vaccine, answers showed that trust and a sense of community play a role. Being given information by someone they trust was the number one reason (71%), followed by seeing people they trust having it too (68%) and finally being told it will protect others (65%). More than half said that being able to have it near their homes or at school would also encourage them to have a vaccine (55% and 53% respectively).

### Decision-making process

Over half (56%) think that the decision to have a vaccine should be made jointly with their parents. This also varied with ethnicity, with 58% of young white people saying they want to share this decision with their parents, compared with 46% of their Asian peers. This highlights the potential influence that parents have and how they play a role in supporting children with their vaccination.

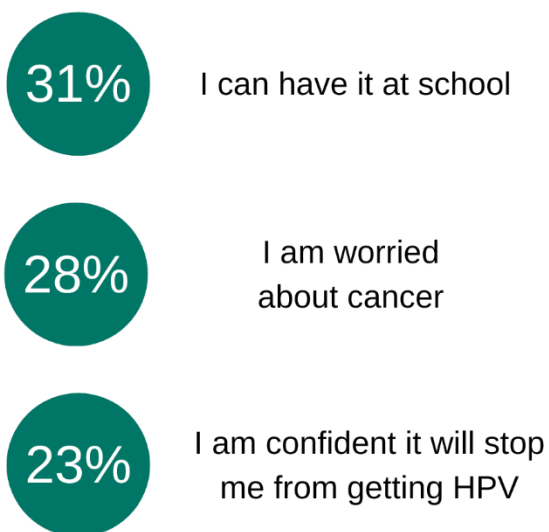
### General concerns

CYP have personal concerns of their own as well. Three in five worry about side effects, and more than half worry about vaccine safety. Pain troubles this group, with 55% worried that it will hurt, and many reporting a fear of needles. CYP from Asian, black and mixed-race backgrounds are more worried about the potential costs of vaccines than their white peers, indicating that currently available information may not be suitably designed and disseminated for all audiences.

### HPV vaccine

RSPH analysed attitudes and perceptions of the HPV vaccine because of its impact on HPV-related cancer elimination and falling uptake. Some boys reported not being aware that they were entitled to having the vaccines. Only 55% of 12-to-16-year olds said they had heard about the HPV vaccine, and even less (45%) remember being offered the vaccine. However, approximately 8 in 10 of 12-16-year-olds reported having the vaccine when it was offered.

## CYP would have the HPV vaccine because:



Among the group of CYP who have not yet been offered the HPV vaccine or have declined it, 30% said they would not have the vaccine because they do not know enough about HPV or about the HPV vaccine. On the other hand, 31% of 11-16-year-olds who have had, will have, or are unsure about having the vaccine explicitly said being able to have the vaccine at school encourages them to take it.

Whilst not necessarily a surprise, few CYP understand how vaccines are developed, with only 1 in 5 being able to correctly identify their development process. This does not seem to affect their knowledge of how vaccines work and their trust in this medicine.

## Policy recommendations

### 1. Stakeholders (behaviour change experts, information and education specialists) should make clear and age-appropriate information available for CYP.

This should address concerns about side effects and safety, and boost knowledge about diseases.

### 2. There needs to be a joined-up, collective effort to increase awareness of which vaccines are available to CYP.

Given the range of ways CYP find information, this would include a variety of key organisations and professionals including schools, the public health workforce, and social media companies. Young Health Champions, who are part of communities, could also play a key role in developing and communicating information to the right people in the right way.

### 3. Parents should be supported and have access to trustworthy information.

CYP told us that parents are their “go-to” person. We must help parents

and families with the right information and approaches to discussing vaccines, so they feel reassured when supporting their own child.

### 4. We must develop a tailored strategy to deliver information and vaccines to CYP with black, Asian or mixed ethnicity, and those living in areas where uptake is low.

We know that public health interventions work well at the local level. These should be led by the needs of groups and communities and include bespoke interventions, tailored to local needs and draw on previous successful vaccine programmes.

### 5. Schools, including school nurses, teachers and local community groups must be further supported, so they can better help CYP and parents.

Schools are at the heart of immunisation programmes. Proper funding is essential, so that schools are adequately supported with vaccine programmes.

**6. Increase the numbers of the public health workforce and provide them with proper funding and support, so they can help children and families.** It is not just school nurses who provide public health support – there are a range of

vaccine specialists and support workers who lead in this area. The right funding, budgetary prediction, and support are needed so that excellent services can be developed and delivered, and the workforce can grow.



MSD UK has funded this project and has had no editorial input into content

For further information, please send an email to the RSPH Policy team at [policy@rsph.org.uk](mailto:policy@rsph.org.uk)

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