

Trust in science and COVID-19 vaccination: the role of institutional trust^{1,2}

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This study aims to investigate the moderating role of institutional trust (i.e., trust in the authorities and trust in the healthcare system) in the relationship between trust in science/official modern medicine and the attitudes of young people towards getting the COVID-19 vaccine. The sample consisted of 791 participants from Serbia (59.9% female), with an age range between 15 and 25 ($M = 18.25$, $SD = 2.670$). All trust-related measures, including trust in science, official modern medicine, the authorities and healthcare system had significant main effects in all tested models, indicating that, with an increase in the trust-related measures, the attitudes towards getting the COVID-19 vaccine tended to get more positive. Two out of four tested interactive effects were statistically significant: the inte-

1 Part of the sample was used in the preparation of the first author's Master thesis: Janić, O. (2022). *Institucionalno poverenje kao moderator u relaciji između poverenja u nauku i stavova mladih prema vakcinaciji protiv COVID-19* [Master rad, Filozofski fakultet, Univerzitet u Novom Sadu]. http://remaster.ff.uns.ac.rs/materijal/punirad/Master_rad_20220908_psi_320017_2021.pdf

The results were presented in the proceedings of the conference:

Janić, O. (2023). Institutional trust as a moderator in the relationship between trust in science and youths' attitudes towards COVID-19 vaccination. In the *Proceedings of the XXIX Scientific Conference Empirical Studies in Psychology* (pp. 144-5), University of Belgrade, Faculty of Philosophy, Institute of Psychology and Laboratory of Experimental Psychology.

2 The research was conducted as a part of the project (Project ID: 142-451-2303/2022-01): "COVID-19 vaccine hesitancy among adolescents: determinants and implications for public health", funded by Provincial Secretariat for Higher Education and Scientific Research, Autonomous Province of Vojvodina, Republic of Serbia.

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ractive effect of trust in science and trust in healthcare, and trust in the official modern medicine and trust in healthcare on the attitudes towards getting COVID-19 vaccine. The study results suggest that distrust in the healthcare system is a vulnerability factor in the afore-mentioned relationship. This prompts a critical examination of the factors and conditions contributing to the pervasive lack of trust among young people in Serbia towards the institutional entities that shape and perpetuate perceptions and attitudes towards vaccination.

Keywords: attitudes towards getting the COVID-19 vaccine, institutional trust, trust in science, adolescents

Introduction

Long-term efficacy of public health policies against a pandemic, such as that of COVID-19, depends on reaching herd immunity within a significant portion of the population. This immunity can be achieved either through natural exposure to the virus over time or through mass vaccination efforts (Randolph et al., 2020). However, the first approach places a considerable strain on healthcare resources (Paul et al., 2021) and contributes to a substantial global mortality rate (Randolph et al., 2020). Consequently, mass immunization is advocated as a necessary measure to effectively control the spread of the virus (Paul et al., 2021). Since the COVID-19 vaccination is not mandatory in most countries, the success of vaccination programmes critically depends on the public intention to partake in immunization. This intention, in turn, is heavily influenced by individual attitudes towards the safety, efficacy, and utility of the available vaccines (e.g., Seddig et al., 2022; Soares et al., 2021).

In December 2020, Serbia joined the ranks of the European countries that initiated the COVID-19 vaccination campaigns, following the lead of Great Britain and Switzerland (Šiđanin et al., 2021). From that point until mid-September 2021, approximately 2.7 million individuals (roughly 43.64% of the population) received the vaccine in Serbia (Šiđanin et al., 2021). However, according to the data released by the Institute of Public Health in July 2021, the individuals aged 18 to 24 had the lowest vaccination coverage (approximately 15%), which had significant consequences for managing the progression of the pandemic (Šiđanin et al., 2021). Although the youth population may not have been initially considered a high-risk group from a public health perspective, achieving successful outbreak mitigation requires a coordinated effort across generations (Ilić et al., 2022). In terms of long-term vaccination behaviour, today's youth are the ones who will later create and comply with the public vaccination policies, not only for COVID-19 immunization, but also for the vaccination their children will receive (Frech, 2012). Given the relatively low vaccination coverage observed among the youth population,

it becomes imperative to undertake a thorough investigation into the factors that influence their intention to receive the COVID-19 vaccine. By identifying these factors, evidence-based programmes can be developed and implemented to effectively increase the vaccination coverage within this specific group.

Trust in science and attitudes towards COVID-19 vaccination

In the context of a pandemic, the importance of trust in science becomes crucial amid collective distress and confusion, potentially fuelling the spread of conspiracy theories (Lamot et al., 2022). Trust in science involves an individual's decision to depend on science and scientists, even with limited understanding of scientific principles. This entails acknowledging the risk of not personally grasping the entirety of the truth and consequential vulnerability. It is grounded in the expectation that scientists will make well-founded claims and that science will bring benefits to the society (Winterlin et al., 2022).

The COVID-19 pandemic has highlighted the pivotal role of science and scientists in a society. Research across various countries suggests that people are more likely to trust and follow the guidance of experts, especially scientists, during a pandemic compared to the non-pandemic situations (Wissenschaft im Dialog/Kantar, 2020; ARC Rinek i Opinia, 2020; Edelman Trust Barometer, 2020; Kossowka et al., 2021). For example, Germany experienced a significant rise in the public trust in science following the onset of the COVID-19 pandemic (Bromme et al., 2022). However, a longitudinal study including 12 countries unveiled a substantial decline in trust in scientists in certain countries, such as Italy, France, Brazil, and the USA, during the pandemic. This decline in trust was associated with an increase in public resistance to non-pharmaceutical preventive measures and a decrease in willingness to get vaccinated against COVID-19 (Algan et al., 2021).

Numerous studies have pointed to the positive association between trust in science and favourable attitudes towards COVID-19 vaccination, ultimately resulting in a higher intention to get vaccinated (Allington et al., 2021; Jennings et al., 2021; Jensen et al., 2021; Petravić et al., 2021; Thaker, 2021; Troiano & Nardi, 2021). Conversely, distrust in science has been found to be positively associated with negative attitudes towards COVID-19 vaccination and reluctance to receive the vaccine (e.g. Seddig et al., 2022; Soares et al., 2021; Troiano & Nardi, 2021; Carrieri et al., 2023). Furthermore, research indicates that distrust in medicine and the outcome of medical research is positively associated with the negative attitudes towards COVID-19 vaccination (Cook et al., 2021).

Institutional trust and attitudes towards COVID-19 vaccination

Institutional trust pertains to the conviction held by individuals “that entities like the government, judicial system, and medical establishment function in a manner that is predictable, just, fair, and transparent, ultimately serving the best interests of citizens” (Seddig et al., 2022). Therefore, trust in institutions is intricately connected to how these institutions are perceived in terms of legitimacy and their commitment to the laws or regulations and social expectations (Seddig et al., 2022).

In contemporary societies, maintenance of social and political stability and the advancement of democratic principles heavily rely on the public’s trust in institutions (Džunić et al., 2020). Yet, in Eastern and Central European post-socialist nations, a prevailing sense of scepticism and distrust towards almost all institutions persists (Pjesivac, 2016). The Republic of Serbia ranks low on the list of European countries, exhibiting one of the lowest levels of institutional trust (Pešić et al., 2021), as well as a worrisome pattern of diminishing confidence in national institutions (Gallup Balkan Monitor, 2010). This lack of trust is especially pronounced among the younger population (Popadić et al., 2019).

In the context of the COVID-19 pandemic, the significance of institutional trust has become pivotal in effectively executing large-scale vaccination initiatives, with a particular emphasis on trustworthiness of recommendations from the authorities (Gonzalez-Melado et al., 2021). Numerous studies have demonstrated a positive association between trust in political institutions and favourable attitudes towards COVID-19 vaccination, as well as the individuals’ intention to get vaccinated (Seddig et al., 2022; Troiano & Nardi, 2021). Similar associations have been found between trust in the healthcare system (Al-Amer et al., 2021; Jennings et al., 2023), trust in doctors (Stasiuk et al., 2021), trust in health worker recommendations (Al-Amer et al., 2021), and individuals’ intention to receive the COVID-19 vaccine.

The role of institutional trust in the relationship between trust in science and the attitudes towards getting COVID-19 vaccine

Attitudes towards COVID-19 vaccination are contingent upon various levels of trust. Initially, individuals must believe in the existence of the disease, recognize its severity, and view it as a significant threat to their personal health and well-being. Subsequently, confidence in vaccines as a product becomes paramount, encompassing trust in medicine as a scientific discipline, as well as faith in vaccine manufacturers. Furthermore, trust in the regulatory bodies overseeing the vaccine development and distribution, as well as trust in the

healthcare professionals and their counterparts involved in administering the vaccines, play an important role. In spite of this, the general public primarily receives information regarding the diseases and their corresponding vaccines through political authorities, medical practitioners, and health officials tasked with conveying and implementing recommendations from the scientific community (Mousoulidou et al., 2022).

Therefore, trust in vaccines (their safety, efficacy, and utility) is derived from the trust individuals place in the systems, institutions, and agencies involved in the immunization programmes. Consequently, it would be overly simplistic to assume that the association between trust in the official medical science and attitudes towards COVID-19 vaccination remains unaffected by other entities participating in immunization programmes, such as legitimacy of political institutions or the healthcare system (Velikonja et al., 2021). Particularly, this holds true when considering the politicization of the pandemic evident in various Eastern European countries, where institutional trust is generally low, as observed in the case of Serbia (Mihelj et al., 2022; Štětka, & Mihelj, 2024). This situation prompts a re-evaluation of the idea that science operates independently of its political environment. Thus, the objective of this research is to explore whether institutional distrust acts as a vulnerability factor in the relationship between trust in science/official modern medicine and the attitudes towards COVID-19 vaccination.

The present study

This study aims to identify the factors that encourage or hinder greater coverage of vaccination in the youth population. Specifically, it has a twofold purpose: (1) to investigate the moderating role of trust in the authorities in the relationship between trust in science/official modern medicine and the attitudes towards vaccination; (2) to examine whether trust in the health system moderates the relationship between trust in science/official modern medicine and the attitudes towards COVID-19 vaccination among young people.

Method

Sample and procedure

The sample consisted of 791 young people from Serbia (59.9% female), with an age range between 15 and 25 ($M = 18.25$, $SD = 2.670$). The questionnaires were administered in two ways: 1) online via the Facebook platform, and 2) in a group setting during class time using a paper-and-pencil format. Only

the participants who signed an informed consent and indicated willingness to participate in the study were included. Completing the questionnaire required approximately 15 to 20 minutes. Data collection was conducted in the summer of 2022. The study was approved by the Ethics Committee at the Department of Psychology, Faculty of Psychology, University of Novi Sad (Approval Code: 202206142223_p3JQ).

Instruments

At the beginning of the survey, participants were asked to imagine that the number of COVID-19 infections increased over the next few months (with several thousand new cases and about a hundred deaths due to COVID-19 per day) and that health experts had unanimously agreed that adolescents aged 15 and older should receive the COVID-19 vaccine. After that, participants were asked to respond to the items designed to measure the following variables:

Attitudes towards COVID-19 vaccination. Attitudes were assessed using five items that measured both the positive and negative attitudes towards vaccination. Participants were asked to rate on a 7-point scale the extent to which vaccination against COVID-19 would be *harmful – beneficial, unnecessary – necessary, bad – good, not enjoyable – enjoyable, and stressful – relaxing* (Lueck & Spiers, 2020). In the present sample, internal consistency reliability was high ($\alpha = .95$).

Trust in science. Trust in science was measured using a single-item scale (“*How much trust do you have in science?*”), rated on an 11-point scale from 0 = *I have no trust at all* to 10 = *I have complete trust*.

Trust in official modern medicine. Trust in official modern medicine was measured with a single-item scale (“*How much trust do you have in official modern medicine?*”), rated on an 11-point scale from 0 = *I have no trust at all* to 10 = *I have complete trust*.

Trust in the authorities. Trust in the authorities was measured using a four-item scale (trust in the government, trust in the President, trust in politicians and trust in crisis headquarters), rated on an 11-point scale from 0 = *I have no trust at all* to 10 = *I have complete trust*. In our sample, internal consistency reliability was adequate ($\alpha = .903$).

Trust in healthcare. Trust in healthcare was measured using a two-item scale (trust in doctors and trust in the healthcare system), rated on an 11-point scale from 0 = *I have no trust at all* to 10 = *I have complete trust*. The correlation between these two items was very high and positive ($r = .76$), and the Spearman-Brown reliability coefficient was .89.

Data analysis

The afore-mentioned assumptions were tested using the hierarchical regression analysis (HRA) in JASP 0.11.1.0 (JASP Team, 2019). In Step 1 of the HRA, we entered the main effects of the predictor (e.g., trust in science) and moderator (e.g., trust in the authorities) variables in the model, followed by the two-way interaction (i.e., the interactive effect between the predictor and moderator variable) entered in Step 2. To facilitate the interpretation of two-way interactions, we followed the procedure recommended by Dawson and Richter (2006). In other words, we conducted a simple slope test to evaluate the significance of the slope, “whether the relationship between the independent variable and the dependent variable is significant in the case of different levels of the moderator” (Dawson & Richter, 2006). Different levels of the moderator (high and low) corresponded to +/-1 standard deviation. In addition, to facilitate the interpretation and gain better understanding of the interactions, we plotted the significant interactions.

The missing data percentage was low (2.14%), and these data were handled using the multiple imputation method.

Results

Descriptive statistics and correlations between the study variables

Descriptive statistics and correlations between the study variables are shown in Table 1. The participants reported the attitudes towards getting vaccinated, trust in science and trust in official modern medicine above the theoretical average, and trust in the authorities and trust in healthcare below the theoretical average. All variables had a statistically significant and positive correlation with each other ($p < .01$), in the range between .28 and .79.

Table 1

Descriptive statistics and correlations between the study variables

	1	2	3	4	5
1. Attitudes towards COVID-19 vaccination	-				
2. Trust in science	.432**	-			
3. Trust in official modern medicine	.470**	.787**	-		
4. Trust in the authorities	.235**	.237**	.304**	-	
5. Trust in healthcare	.323**	.542**	.641**	.411**	-
M	3.47	6.05	5.69	1.66	4.20
SD	1.82	3.22	3.24	2.38	3.03
Skewness	.243	-.527	-.418	1.50	.106
Kurtosis	-.878	-.853	-.976	1.69	-1.02

** $p < .001$

The moderating role of trust in the authorities and healthcare in the relationship between trust in science/official medicine and the attitudes towards getting a vaccine

Trust in science and trust in official modern medicine had significant main effects in all tested models, indicating that, with an increase in trust in science and official modern medicine, the attitudes towards getting COVID-19 vaccine get more positive. Similarly, trust in the authorities and trust in healthcare had significant main effects in all tested models, indicating that, with the growth of institutional trust, the attitudes towards getting the COVID-19 vaccine also increase. Two statistically significant interactive effects were registered: the interactive effect of trust in science and trust in healthcare, and trust in official modern medicine and trust in healthcare on the attitudes towards getting a vaccine against the coronavirus.

Table 2
Hierarchical regression analysis

	R	ΔR^2	B	SE	β
Model 1					
Step 1	.216**	.047**			
Trust in science			.705	.062	.383**
Trust in the authorities			.375	.071	.178**
Step 2	.218**	.001			
Trust in science			.737	.067	.400**
Trust in the authorities			.329	.080	.157**
Interactive effect			.108	.086	.047
Model 2					
Step 1	.215**	.046**			
Trust in science			.541	.078	.294**
Trust in healthcare			.435	.085	.217**
Step 2	.229**	.006**			
Trust in science			.638	.082	.346**
Trust in healthcare			.408	.085	.203**
Interactive effect			.232	.063	.127**
Model 3					
Step 1	.241**	.058**			
Trust in official modern medicine			.770	.062	.419**
Trust in the authorities			.315	.071	.150**
Step 2	.241**	.000			
Trust in official modern medicine			.793	.069	.431**
Trust in the authorities			.281	.086	.133**
Interactive effect			.061	.088	.027
Model 4					
Step 1	.229**	.052**			
Trust in official modern medicine			.692	.088	.376**
Trust in healthcare			.258	.096	.129**
Step 2	.234**	.002*			
Trust in official modern medicine			.750	.092	.407**
Trust in healthcare			.244	.096	.122**
Interactive effect			.146	.068	.075*

** $p < .001$; * $p < .05$

The moderating role of trust in healthcare in the relationship between trust in science and the attitudes towards getting the COVID-19 vaccine

Trust in healthcare had a statistically significant moderating role in the relationship between trust in science and the attitudes towards getting the COVID-19 vaccine (Table 2, Figure 1). Young people with higher trust in healthcare generally had a higher score on the attitudes towards getting the COVID-19 vaccine, both in the conditions of low and high trust in science. With the increase in trust in science, the attitudes towards getting the COVID-19 vaccine get more positive, but with the stronger correlation between trust in science and the attitudes towards vaccine among those with higher trust in healthcare.

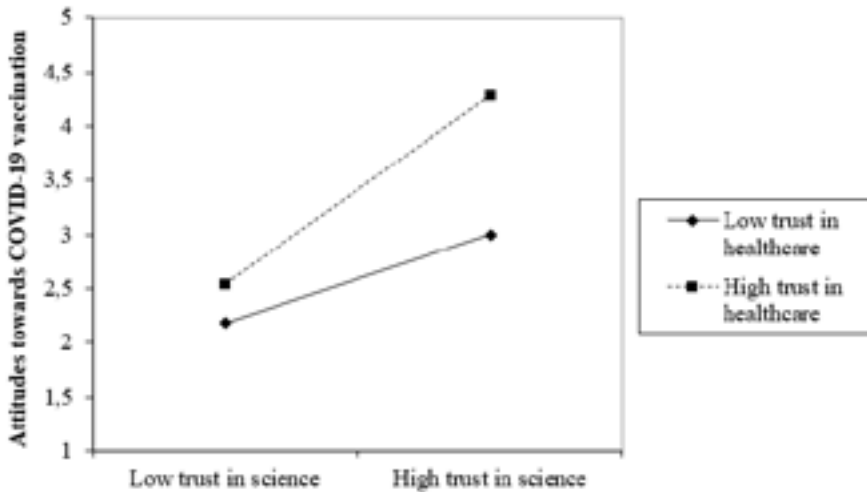


Figure 1

The moderating role of trust in healthcare in the relationship between trust in science and the attitudes towards getting the COVID-19 vaccine

The moderating role of trust in the healthcare system in the relationship between trust in official modern medicine and the attitudes towards getting COVID-19 vaccine

Trust in healthcare had a statistically significant moderating role in the relationship between trust in official modern medicine and the attitudes towards getting the vaccine against coronavirus (Table 2, Figure 2). Young people with higher trust in healthcare generally had higher score on the attitudes towards getting the COVID-19 vaccine, both in conditions of low

and high trust in official modern medicine. With the increase in trust in official modern medicine, the attitudes towards getting vaccine get more positive, but with the stronger correlation between trust in official modern medicine and the attitudes towards getting the vaccine among those with higher trust in healthcare.

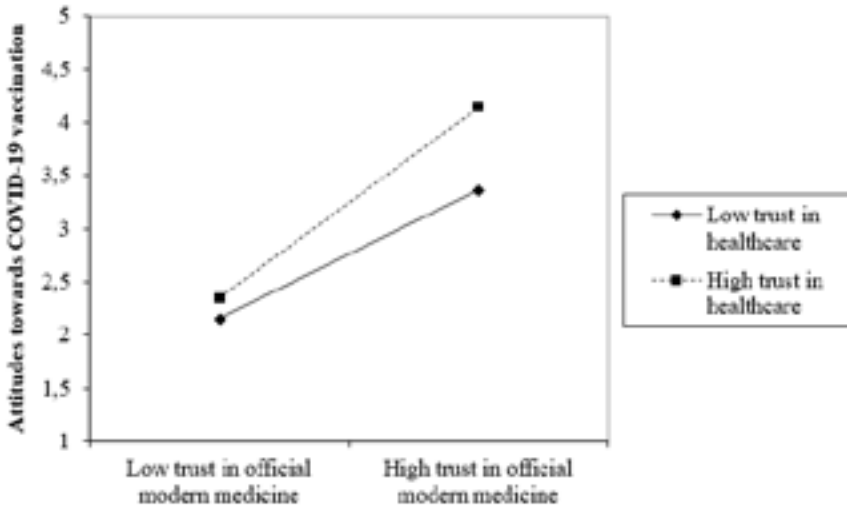


Figure 2

The moderating role of trust in healthcare in the relationship between trust in official modern medicine and the attitudes towards getting the COVID-19 vaccine.

Discussion

The main goals of the present study were to investigate the moderating role of institutional trust (i.e., trust in the authorities and trust in the healthcare system) in the relationship between trust in science and official modern medicine and the attitudes towards getting the COVID-19 vaccine among young people. The present study aimed to enhance our understanding of the attitudes of young people towards vaccination against the coronavirus, as well as the factors that contributed, but also represented a barrier to greater coverage of vaccination in this demographic group.

Attitudes towards getting the COVID-19 vaccine: the importance of trust

Our findings suggest that trust in science, official modern medicine, the authorities and the healthcare system positively predicts positive attitudes

towards getting the COVID-19 vaccine. These findings are in line with the study conducted by Seddig and colleagues (Seddig et al., 2022), who found that trust in science and trust in politics positively predicted the intention to get the COVID-19 vaccine. Seddig and colleagues (Seddig et al., 2022) emphasized that the importance of trust in science in explaining the vaccination attitudes and intentions suggests that public health policies should be created in such a way as to include scientifically credible, precise, and persuasive messages, which were at the same time easy to understand. These authors (Seddig et al., 2022) also suggested that, in the context of public debates in the media, scientists should be more involved in supporting the transfer of vaccination knowledge. Similarly, previous studies found that low trust in science contributed to the COVID-19 vaccine hesitancy (Allington et al., 2021), poor knowledge about vaccines (Battiston et al., 2021), low vaccine confidence (Sturgis et al., 2021), and low vaccine acceptance across multiple countries (Rozek et al., 2021). In accordance with the findings of their study conducted on the samples from 17 countries, Rozek et al. (2021) suggested that the best way to start developing the approaches for reducing vaccine hesitancy was by boosting trust in science and domestic healthcare professionals. These authors also argued that, in cases where that was possible, politicians should delegate the communication of vaccine safety, efficacy, utility, and distribution protocols to scientists and healthcare professionals. This conclusion is especially meaningful in the context of high trust in science, and low trust in politicians and political institutions in a large number of primarily poor countries (e.g., Wintterlin et al., 2022).

In the conditions of low trust in the authorities and healthcare system in our country, institutional trust is a significant predictor of young people's positive attitudes towards getting the COVID-19 vaccine. The established positive contribution of institutional trust in explaining young people's attitudes towards vaccination is in line with the studies that showed that trust in the government can reduce vaccine hesitancy (De Freitas et al., 2021) and increase vaccination intention (Trent et al., 2021). According to De Freitas and colleagues (2021), people who trust the government and state institutions will also have more trust in their ability to deliver or distribute vaccines efficiently and fairly. Our findings are also in line with the previous studies that showed that COVID-19 hesitancy was associated with low trust in scientists and healthcare providers, but the correlation was weaker between vaccine hesitancy and trust in government (Bajos et al., 2022). However, in the conditions of extremely low institutional trust in Serbia (Jovanović, 2016), the question arises whether it is even possible to rely on this aspect of trust when creating public health policies, as well as whether it would be the best strategy, given the lower association between trust in the authorities and attitudes towards vaccination.

Moderation role of institutional trust in the relationship between trust in science/official modern medicine and attitudes towards getting the COVID-19 vaccine

Our findings suggest that trust in the healthcare system moderates the relationship between trust in science/official modern medicine and youth's attitudes toward vaccination. More precisely, in the conditions of low trust in the healthcare system, the association between trust in science/official modern medicine and positive attitudes towards vaccination is weaker. This finding suggests that low trust in the healthcare system, which is consistently recorded in our country, may represent a vulnerability factor in the relationship between trust in science and positive attitudes towards vaccination. This result is in line with the previous findings (Chen et al., 2022) which suggested that a lower level of trust in healthcare professionals might strengthen the association between belief in misinformation and getting vaccinated against COVID-19. According to Larson and colleagues (Larson et al., 2018), in poorer countries, it is particularly important to examine the interaction effects between different dimensions of trust in the context of vaccination, due to years of experience of inequality and injustice in the healthcare system. Trust in the product (vaccine) or the creator of the product (e.g. scientists) may have a lower effect on the intention to vaccinate if the product needs to be applied in a system that we perceive as corrupt (Larson et al., 2018).

Our findings also suggest that trust in the authorities (the government, the President of the country, politicians, and crisis headquarters) does not moderate the relationship between trust in science/official modern medicine and the attitudes towards vaccination among youth. Although this finding is contrary to our expectations, it can be explained by the fact that young people are rarely informed via the sources of information (e.g., television, mass media) through which politicians communicate about the pandemic (Astigarraga-Agirre, 2016). Additionally, previous research indicated that although young people obtained political information primarily through social media, their trust in political information was extremely low (Saleh, 2020). The results of this study (Saleh, 2020) also showed that mistrust in politicians led to lower interest among young people to follow political information, fewer interactions with other net users regarding the topic of politics and a decline in social and political engagement.

Limitations and directions for future studies

Previous studies (e.g., Damnjanović et al., 2023) that tackled the trust-related measures as moderators in the Serbian vaccination context focused mainly on the relationship between the attitudes towards immunization and

vaccination intention. To our knowledge, this is the first study in our area that has examined the moderating role of institutional trust in the relationship between trust in science/official modern medicine and young people's attitudes towards vaccination against the coronavirus. This study offers important findings on how to organize the communication of prevention and promotion programmes in the crisis context.

Nevertheless, our study has several limitations. First, it was conducted on a convenient sample and in only one cultural setting, so it could be replicated on a representative sample of youth and in diverse cultural and cross-cultural contexts. The second, and possibly the most significant limitation of this study, is that it is cross-sectional, which makes it difficult to draw cause-and-effect inferences or assess the behaviour (vaccination) itself. Finally, this study should be replicated on the sub-samples for which vaccination information is more difficult to get, and on those with less control over the vaccination procedure (for example, hard-to-reach, marginalized, and rural communities). Also, comparing the subsamples of secondary-school students and adults and young people in Serbia could be potentially useful. Future studies could also address potential predictive effects of the attitudes towards the COVID-19 vaccine on other vaccine-related attitudes.

Conclusion

Overall, this study highlighted the significance of institutional trust and trust in science/official modern medicine in encouraging the positive attitudes towards vaccines among young people. The study also showed that low trust in the healthcare system might represent a vulnerability factor in the relationship between trust in science/official modern medicine and positive attitudes towards vaccination.

Practical implications of our research encompass the necessity for addressing the issues of trust in facilitating health-protective behaviours among young people. Some of the guidelines would certainly include developing the interventions based on theoretical models and empirical research findings, using multiple strategies as opposed to a single strategy, and tailoring the intervention strategies to the context and specificities of the target group (for a more elaborate view, see Lazić et al., 2023).

Still, it is paramount that we do not frame institutional distrust as a personal deficit and solely focus on the strategies to enhance trust within a particular group of people with perceived "deficiencies", while remaining oblivious to the socio-political dimension of (dis)trust. The findings of this study (e.g., low registered trust in the political authorities and the healthcare system) also highlight the issues at the societal (state/institutional) level that need to be addressed. This paves the way for taking into consideration the

studies conducted in other social and humanistic sciences (such as sociology, political science, history, etc.) that unravel the socio-political dynamics shaping our health behaviour. This also implies considering the concept of change and intervention not just at the individual and group level, but at the socio-political and institutional level as well.

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DATUM PRIJEMA RADA: 2024/03/07

DATUM PRIHVATANJA RADA: 2024/10/04

Poverenje u nauku i vakcinacija protiv COVID-19: uloga institucionalnog poverenja

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Cilj ovog istraživanja je da ispita moderirajuću ulogu institucionalnog poverenja (tj. poverenja u vlast i poverenja u zdravstveni sistem) u odnosu između poverenja u nauku / zvaničnu savremenu medicinu i stavova mladih prema vakcinaciji protiv COVID-19. Uzorak se sastojao od 791 mlade osobe iz Republike Srbije (59,9% žena), uzrasta između 15 i 25 godina ($AS = 18.25$, $SD = 2.670$). Sve mere vezane za poverenje, uključujući poverenje u nauku, zvaničnu savremenu medicinu, vlast i zdravstveni sistem, imaju statistički značajne glavne efekte u svim testiranim modelima, što ukazuje na to da sa povećanjem mera povezanih sa poverenjem stavovi prema vakcinaciji protiv COVID-19 postaju pozitivniji. Dva od četiri te-

stirana interaktivna efekta bila su statistički značajna: interaktivni efekat poverenja u nauku i poverenja u zdravstveni sistem, kao i poverenja u zvaničnu savremenu medicinu i poverenja u zdravstveni sistem u vezi sa stavovima prema vakcinaciji protiv COVID-19. Rezultati istraživanja sugerišu da je nepoverenje u zdravstveni sistem faktor vulnerabilnosti u pomenutom odnosu. Ovi nalazi otvaraju prostor za kritičko ispitivanje faktora i uslova koji doprinose rasprostranjenom nedostatku poverenja među mladima u Srbiji prema institucionalnim entitetima koji oblikuju percepcije i stavove prema vakcinaciji.

Ključne reči: stavovi prema vakcinaciji protiv COVID-19, institucionalno poverenje, poverenje u nauku, adolescenti