Inégalités sociales et décisions vaccinales en contexte de controverse

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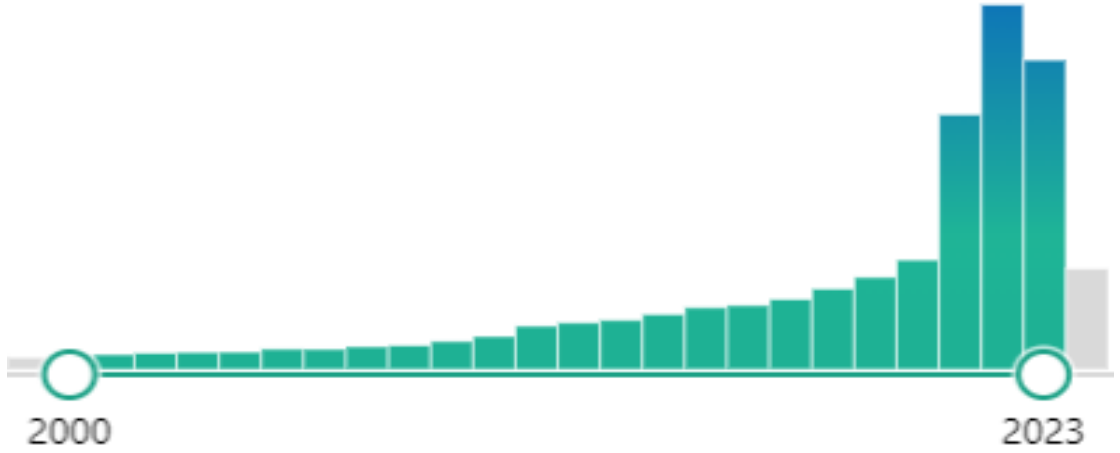
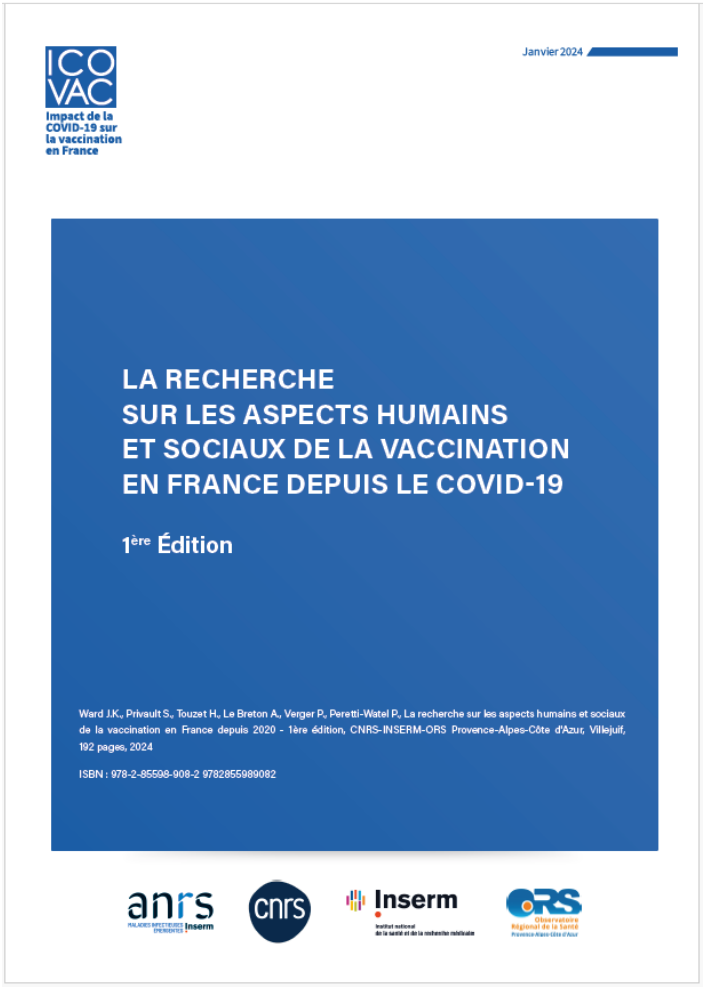
Ce que le Covid-19 a fait à la recherche en SHS sur les vaccins

Figure 1: Evolution of the number of papers referenced in Pubmed® on the topic of vaccine attitudes and uptake between 2000 and 2023 (max:4333 in 2022, min:82 in 2000)

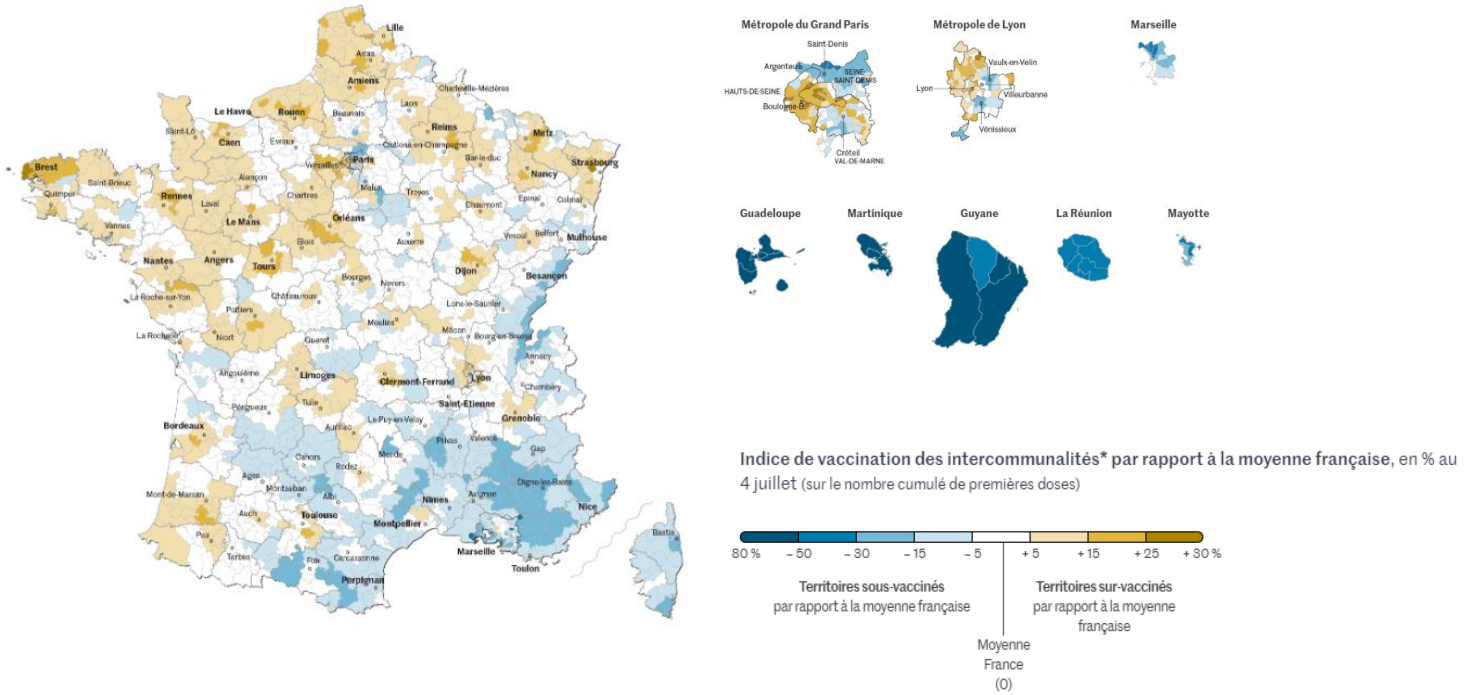


Ward et al, *Context matters: How to research vaccine attitudes and uptake after the COVID-19 crisis*, Human Vaccines and Immunotherapeutics, 2024.



https://shs-vaccination-france.com

Inégalités de vaccination contre le Covid-19



Vigneron, Le Monde, 25 juillet 2021.

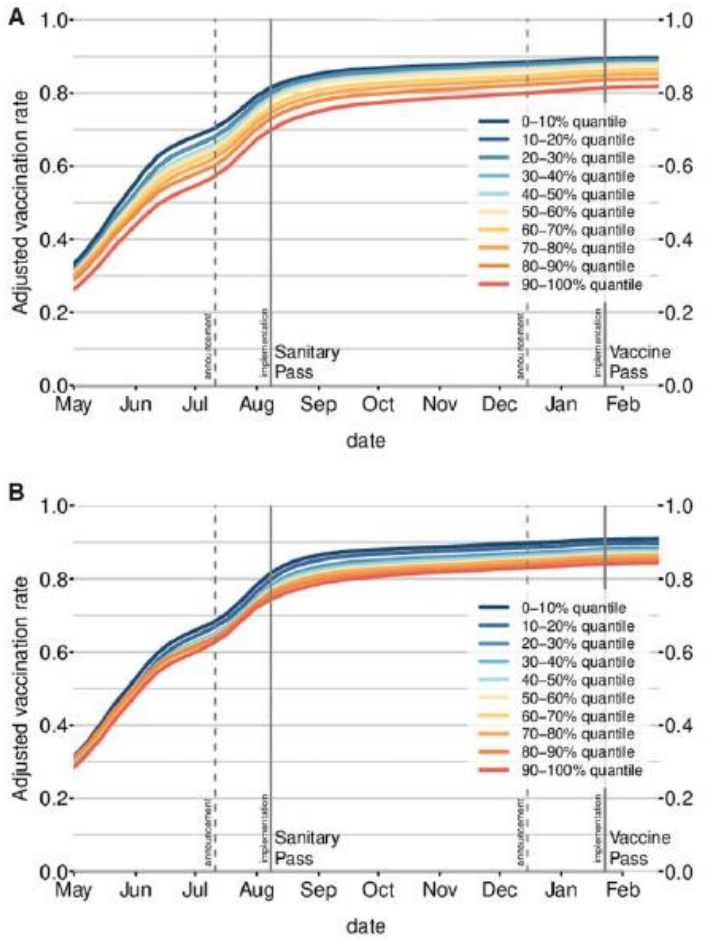


Figure 2 Age-adjusted vaccination rates among adults, over time, by decile of each indicator [(A) unemployment rate; (B) immigrant rate; and (C) Asselineau vote rate]. The vertical lines indicate the dates of announcements and implementations of the sanitary and vaccine passes

Débarre et al, *The French Covid-19 vaccination policy did not solve vaccination inequities: a nationwide study on 64.5 million people*, European Journal of Public Health, 2022.

Voir aussi:

Ramblière et al, *Caractéristiques et parcours vaccinal des personnes en situation de précarité vaccinées contre la Covid-19 sur un lieu de distribution alimentaire à Paris*, Bulletin Epidemiologique Hebdomadaire, 2022.

Roederer et al, *Estimating COVID-19 vaccine uptake and its drivers among migrants, homeless and precariously housed people in France*, Communications Medicine, 2023.

Scronias et al, *Persistence of major socio-economic inequalities in childhood measles–mumps–rubella vaccination coverage and timeliness under vaccination mandates, France, 2015 to 2024*, Eurosurveillance, 2025.

Inégalités de vaccination au-delà du Covid-19

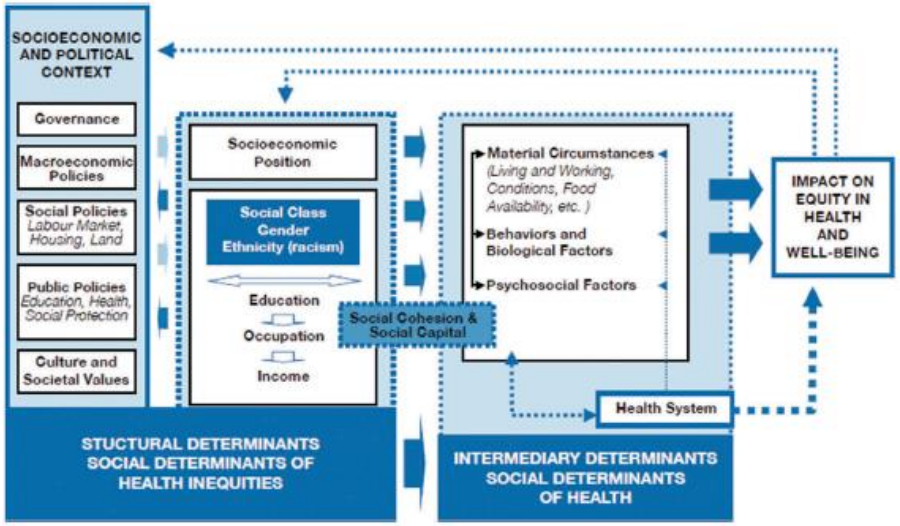


Figure 1. Diagram of the conceptual framework for action on the social determinants of health, World Health Organization Commission on Social Determinants of Health (WHO CSDH). Reprinted with permission from WHO from Solar and Irwin [18, p. 6], Executive summary, Copyright (2010).

Bocquier et al, *Socioeconomic differences in childhood vaccination in developed countries: a systematic review of quantitative studies*, Expert review of vaccines, 2017.

Table 1. Number of studies reporting results about various associations between socioeconomic status (SES) and vaccination uptake, by type of vaccine and country.[a]

Vaccine/country	Higher rates of vaccine uptake among high-SES children	Lower rates of vaccine uptake among high-SES children	No significant association	Mixed results[b]	Total
Series of recommended vaccines	**12**	**2**	**6**	**0**	**20**
Canada	1 [58]$^{F\text{-}all}$	0	1 [59]$^{F\text{-}all}$	0	2
US	6 [39,41–44,60]$^{F\text{-}lowSES}$	1 [40]$^{F\text{-}lowSES}$	2 [45]$^{F\text{-}all}$, [61]$^{F\text{-}lowSES}$	0	9
Belgium	2 [46,47]$^{F\text{-}all}$	0	0	0	2
Greece	1 [48]$^{F\text{-}all}$	0	1 [62]$^{F\text{-}all}$	0	2
Ireland	1 [49]$^{F\text{-}all}$	0	0	0	1
Italy	0	0	1 [63]$^{F\text{-}all}$	0	1
UK	0	1 [50]$^{F\text{-}all}$	0	0	1
Australia	1 [64]$^{F\text{-}all}$	0	1 [51]$^{F\text{-}all}$	0	2
MMR	**2**	**5**	**5**	**1**	**13**
US	1 [44]$^{F\text{-}lowSES}$	0	0	0	1
Belgium	1 [46,52]$^{F\text{-}all,\ c}$	0	1 [47]$^{F\text{-}all}$	0	2
Germany	0	2 [53,54]$^{F\text{-}all,\ d}$	0	0	2
Ireland	0	0	0	1 [55]$^{F\text{-}all,\ b}$	1
Italy	0	0	2 [63,65]$^{F\text{-}all}$	0	2
UK	0	3 [66–68]$^{F\text{-}all}$	1 [69]$^{F\text{-}all}$	0	4
Australia	0	0	1 [51]$^{F\text{-}all}$	0	1
Pneumococcal infections, meningitis C, varicella	**4**	**1**	**3**	**0**	**8**
US	3 [39,41,56]$^{F\text{-}lowSES}$	0	0	0	3
Belgium	1 [47]$^{F\text{-}all}$	0	1 [46]$^{F\text{-}all}$	0	2
Greece	0	1 [62]$^{partial\text{-}F,\ e}$	0	0	1
Italy	0	0	1 [63]$^{F\text{-}all}$	0	1
Australia	0	0	1 [51]$^{F\text{-}all}$	0	1
Seasonal influenza	**1**	**1**	**1**	**0**	**3**
Canada	0	1 [70]$^{F\text{-}all}$	0	0	1
US	1 [71]$^{F\text{-}lowSES}$	0	1 [72]$^{F\text{-}lowSES}$	0	2
Rotavirus	**2**	**0**	**0**	**0**	**2**
Belgium	2 [57,73]$^{partial\text{-}F}$	0	0	0	2
Hepatitis B	**1**	**1**	**0**	**0**	**2**
Belgium	1 [46]$^{F\text{-}all}$	0	0	0	1
Germany	0	1 [53]$^{F\text{-}all}$	0	0	1
Hepatitis A	**0**	**1**	**0**	**0**	**1**
US	0	1 [74]$^{F\text{-}lowSES}$	0	0	1
Polio, pertussis, Hib separately	**3**	**0**	**0**	**0**	**3**
US	1 [44]$^{F\text{-}lowSES}$	0	0	0	1
Belgium	1 [46]$^{F\text{-}all}$	0	0	0	1
UK	1 [66]$^{F\text{-}all}$	0	0	0	1

Hib: *Haemophilus influenza* type b; MMR: measles, mumps and rubella; UK: United Kingdom; US: United States; F-all: vaccines free for all children; F-lowSES: vaccines free for disadvantaged children only; Partial-F: vaccines partially free.

[a]Countries are sorted by World Health Organization (WHO) region, and then by alphabetic order.

[b]Results differed with the SES indicator used (Ireland, 2007, children aged 5 years: higher odds of not receiving MMR vaccine among children with mothers who had a higher level of education, and with a family income <£300 per week) [55].

[c]Two articles from the same study.

[d]In one [54] of these two German studies, the association between a high SES and non-immunization against MMR was no longer significant when parental reservations about vaccination were included in the model.

[e]In this study, the outcome was: 'age-appropriate immunization with three vaccines (meningococcal C, 7-valent pneumococcal, varicella) at 24 months.'

Voir aussi:

Santé Publique France, *Bulletin National de Vaccination*, Santé Publique France, 2024.

Inégalités sociales et attitudes à l'égard des vaccins durant la crise Covid-19

Intentions de vaccination contre le Covid-19:

Alleaume et al, *Intention to get vaccinated against COVID-19 among the general population in France: Associated factors and gender disparities*, Human vaccines & immunotherapeutics, 2021.

Bajos et al, *The social specificities of hostility toward vaccination against Covid-19 in France,* PLOS ONE, 2022.

Bajos et al, *When Lack of Trust in the Government and in Scientists Reinforces Social Inequalities in Vaccination Against COVID-19,* Frontiers in Public Health, 2022.

Roederer et al, *Estimating COVID-19 vaccine uptake and its drivers among migrants, homeless and precariously housed people in France*, Communications Medicine, 2023.

Santé Publique France, *Comment évolue l'adhésion des Français aux mesures de prévention contre la Covid-19 ?*, Santé Publique France, 2020-2022.

Schwarzinger et al, *COVID-19 vaccine hesitancy in a representative working-age population in France: a survey experiment based on vaccine characteristics*, Lancet Public Health, 2021.

Ward et al, *The French public's attitudes to a future COVID-19 vaccine: The politicization of a public health issue*, Social Science and Medicine, 2020.

Voir aussi les notes issues des projets COCONEL, COVIREIVAC, SLAVACO, ICOVAC: https://shs-vaccination-france.com/le-projet-icovac/ et http://www.orspaca.org

Vaccins en général et autres vaccins:

Bajos et al, *The social specificities of hostility toward vaccination against Covid-19 in France*, PLOS ONE, 2022.

Vaux et al, *Vaccination acceptability in the French general population and related determinants, 2000–2021*, Vaccine, 2023.

Ward et al, *Explaining Political Differences in Attitudes to Vaccines in France: Partisan Cues, Disenchantment with Politics, and Political Sophistication*, Journal of Health Politics, Policy and Law, 2024.

Une forte évolution de la différenciation sociale des attitudes vaccinales

From 2005, irrespective of the Health Barometer survey year, vaccination acceptability was higher among the highest income earners and those with an advanced (tertiary) level of education. From 2019, acceptability was also significantly higher in middle-income earners, and from 2020 in those with an intermediate level of education (upper secondary or post-secondary non tertiary). Acceptability increased in 2021 in these populations, returning to the pre-2009 pandemic level for the highest income earners, and coming close to that level for those with an advanced level of education. Conversely, for those reporting the lowest incomes and those with an intermediate level of education, acceptability remained lower than the pre-2009 pandemic levels (76.9% in 2021 versus 89.7% in 2005, and 77.9% versus 89.3% respectively). Economic and education levels have been identified as determinants of vaccine uptake and acceptability (and therefore hesitancy) in many studies [35–37]. Nevertheless, in others studies, parents with the highest levels of education and highest levels of income were also shown to be more likely to join anti-vaccination movements and to demand the right to be informed about vaccines and to make their own choices [38]. The conclusions of our study are worrying because they tend to show a widening social and economic gap in terms of vaccine acceptability over time.

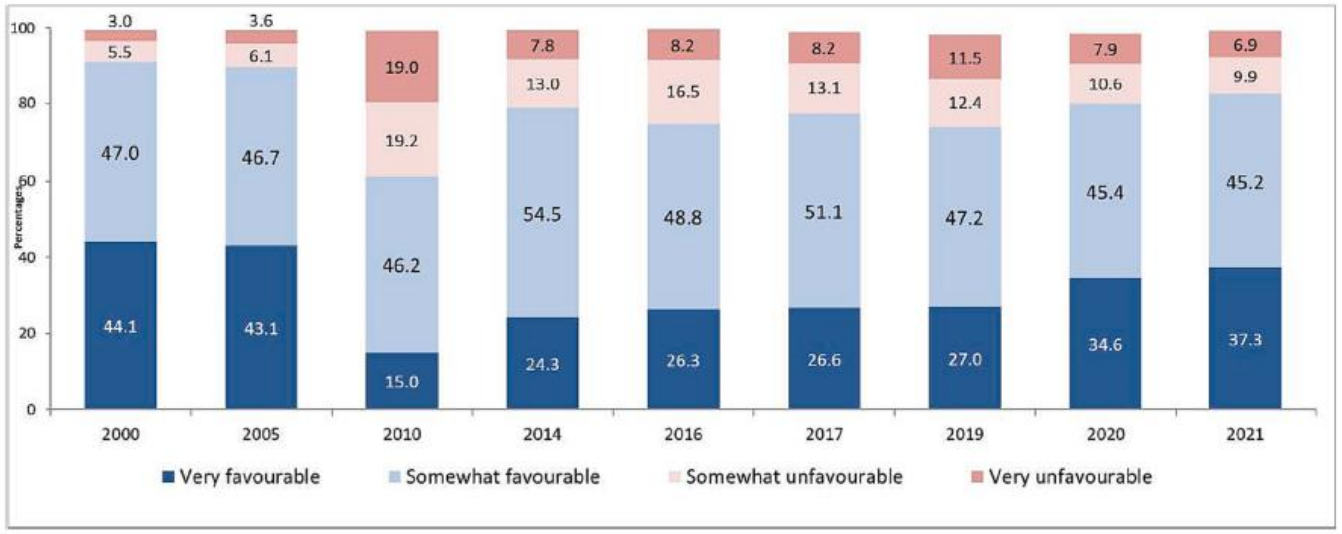


Fig. 1. Vaccination acceptability in the French general population (18–75 years) (%), France, 2000–2021.

Vaux et al, *Vaccination acceptability in the French general population and related determinants, 2000–2021*, Vaccine, 2023.

Le paradoxe de la confiance

		Part des défavorables aux vaccins en général	Part de ceux qui n'ont pas l'intention de se faire vacciner contre le COVID	Part des défavorables au vaccin contre l'hépatite B	Part des défavorables au vaccin contre les HPV	Part des défavorables au vaccin contre la grippe	Part des défavorables au vaccin contre la rougeole
Sexe	Femme	25%	16%	24%	21%	34%	8%
	Homme	18%	14%	15%	11%	25%	6%
Age	18-24 ans	29%	22	21%	23%	34%	9%
	25-34 ans	32%	22	13%	18%	36%	8%
	35-49 ans	25%	21	21%	19%	34%	8%
	50-64 ans	21%	10	24%	16%	30%	6%
	65-74 ans	12%	9	19%	11%	24%	6%
	75 ans et plus	10%	5	14%	10%	16%	7%
Diplome	Inf érieur au BAC	28%	15	22%	17%	33%	9%
	Bac	22%	18	20%	17%	31%	6%
	Bac+2/3	17%	14	18%	16%	28%	6%
	Supérieur à bac+5	15%	9	15%	14%	23%	7%
Revenu mensuel	0-1000€	33%	20	21%	21%	36%	15%
	1000-2000€	30%	19	23%	19%	35%	11%
	2000-4000€	18%	13	18%	15%	29%	5%
	4000€ et plus	11%	7	15%	12%	19%	3%
	Non renseigné	20%	16	19%	15%	27%	6%
Proximité partisane	Droite (11%)	11%	7	14%	11%	18%	3%
	Centre (13%)	6%	5	11%	6%	12%	2%
	Gauche	12%	10	19%	15%	26%	8%
	Ecologistes (6%)	26%	17	21%	18%	31%	10%
	Extrême gauche (8%)	28%	22	21%	23%	33%	10%
	Extrême droite (14%)	29%	18	19%	20%	38%	8%
	Aucune formation politique (37%)	26%	18	23%	18%	36%	8%
	Une autre formation politique (3%	41%	27	25%	29%	34%	13%
Confiance dans la science	Très confiance (21%)	8%	4%	10%	9%	15%	3%
	Plutôt confiance (59%)	19%	13%	19%	15%	29%	6%
	Plutôt pas confiance (11%)	43%	30%	32%	27%	48%	14%
	Pas du tout confiance (4%)	68%	64%	37%	38%	61%	23%
	NSP (6%)	32%	25%	17%	17%	36%	11%
Confiance dans les agences gouvernementales de santé	Très confiance (5%)	11%	6%	11%	15%	14%	7%
	Plutôt confiance (34%)	11%	5%	13%	11%	20%	3%
	Plutôt pas confiance (30%)	24%	15%	23%	20%	33%	8%
	Pas du tout confiance (21%)	38%	36%	29%	23%	45%	13%
	NSP (9%)	24%	16%	14%	12%	29%	7%
Usage des réseaux sociaux comme source d'information	Première source d'information (7%	34%	33%	20%	19%	35%	5%
	Pas première source d'information (93%)	21%	14%	19%	16%	29%	7%
	Parmi les trois principales sources d'information (27%)	33%	26%	23%	19%	36%	8%
	Pas parmi les trois principales sources d'information (73%)	18%	12%	18%	15%	27%	7%

Ward, *D'une pandémie à l'autre : la France est-elle un pays d'antivaccins ?*, in Senik, 2022.

Voir aussi:

Brownlie, Howson, *'Leaps of Faith' and MMR: an empirical study of trust,* Sociology. 2005

Hobson-West, *Trusting blindly can be the biggest risk of all': organised resistance to childhood vaccination in the UK,* Sociology of Health and Illness, 2007.

Peretti-Watel et al, *'I Think I Made The Right Decision … I Hope I'm Not Wrong'. Vaccine hesitancy, commitment and trust among parents of young children*, Sociology of Health and Illness, 2019.

Multiplication et politisation des débats publics sur les vaccins

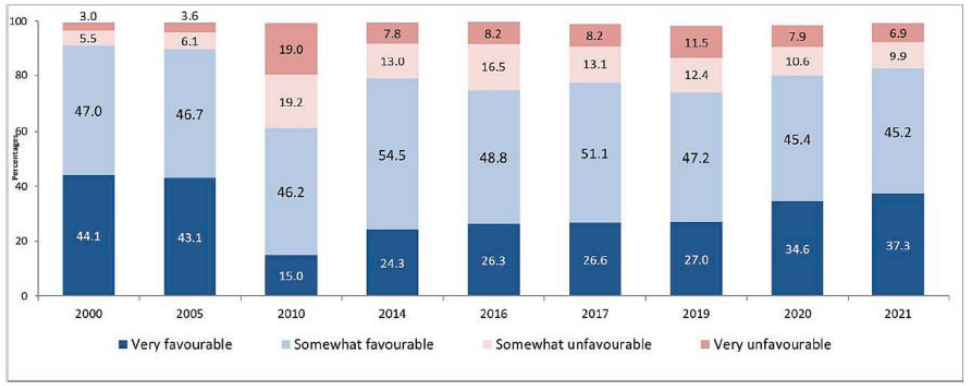
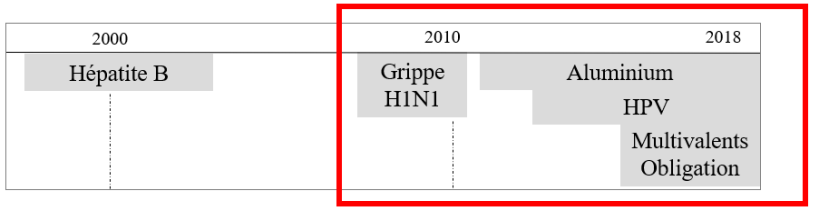
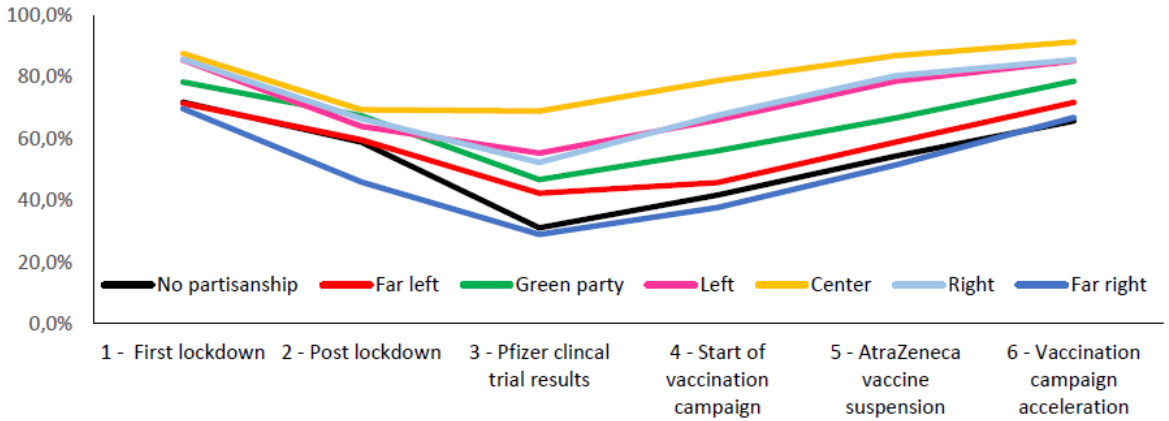


Fig. 1. Vaccination acceptability in the French general population (18–75 years) (%), France, 2000–2021.





Ward et al, *Partisan cues provide a very limited explanation of political differences in intentions to vaccinate against COVID-19 in France*, Psyarxiv, 2022.

Variable		Model 4	
		"Non-hesitant" vs sample	"Distrustful of vaccines in general" vs sample
		β	β
Sex (ref. Men)	Women	-0.16***	0.05
Age (Ref. 18-24)	25-34	-0.09	-0.08
	35-49	0.06	-0.33***
	50-64	-0.04	-0.53***
	>64	-0.06	-0.76***
Monthly income (Ref<1000€)	1000-1500€	0.04	0.03
	1500-2000€	0.09	-0.26*
	2000-3000 €	0.04	-0.35***
	3000-4000 €	0.18	-0.62***
	≥4000 €	0.32 **	-0.73***
	Missing data	-0.04	-0.17
Partisan proximity (Ref. Center)	Far left	-0.32**	0.48 ***
	Green party	-0.23*	0.53 ***
	Left	-0.08	0.21
	Right	0.01	0.17
	Far right	-0.27*	0.44 **
	No party	-0.31**	0.38 **
Institutional trust score		0.30 ***	-0.50***
Institutional trust score* partisan proximity	Far left	0.02	0.14
	Green party	0.03	0.11
	Left	0.02	0.23 *
	Right	-0.13*	0.13
	Far right	0.08	0.09
	No party	0.11 *	0.05
Political sophistication score		0.12 *	-0.34***
Political sophistication score* partisan proximity	Far left	0.07	0.12
	Green party	0.12	0.27 *
	Left	0.06	-0.02
	Right	0.06	0.13
	Far right	0.02	0.1
	No party	0.07	0.07
	Rsquare	0.16	0.24

Ward et al, *Explaining Political Differences in Attitudes to Vaccines in France: Partisan Cues, Disenchantment with Politics, and Political Sophistication*, Journal of Health Politics, Policy and Law, 2024.

Forces et limites des explications déficitaires

Table 2 (without confidence)	Binomial regression model (non-hesitant vs rest as reference)		Binomial regression model (selectively vs distrustful as reference)	
Characteristic	Non-hesitant		Selectively	
	aOR[1] (95% CI[2])	p value	aOR[1] (95% CI[2])	P value
Gender				
Female	-	-	-	-
Male	1.48 (1.23,1.79)	**<0.001**	0.99 (0.76,1.29)	**>0.9**
Age				
18-24	-	-	-	-
25-34	0.74 (0.50,1.10)	0.14	1.09 (0.66,1.79)	0.7
35-49	0.95 (0.67,1.35)	0.8	1.33 (0.83,2.11)	0.2
50-64	0.97 (0.69,1.37)	0.9	2.70 (1.69,4.31)	**<0.001**
65-74	1.13 (0.77,1.64)	0.5	3.18 (1.86,5.47)	**<0.001**
75+	1.25 (0.84,1.85)	0.3	3.86 (2.15,6.93)	**<0.001**
Degree				
No degree	-	-	-	-
Baccalaureate	1.12 (0.88,1.44)	0.4	1.50 (1.08,2.07)	**0.014**
Undergraduate	1.46 (1.15,1.86)	**0.002**	1.85 (1.33,2.59)	**<0.001**
Postgraduate	1.44 (1.02,2.01)	**0.036**	3.16 (1.89,5.29)	**<0.001**
Salary				
Less than 1000 euros	-	-	-	-
1000-1500 euros	0.92 (0.60,1.39)	0.7	0.57 (0.33,0.99)	**0.047**
1500-2000 euros	0.95 (0.63,1.44)	0.8	0.70 (0.41,1.19)	0.2
2000-3000 euros	0.77 (0.52,1.13)	0.2	1.06 (0.64,1.75)	0.8
3000-4000 euros	0.84 (0.56,1.27)	0.4	1.08 (0.63,1.86)	0.8
More than 4000 euros	1.02 (0.69,1.50)	>0.9	0.64 (0.38,1.06)	0.081
Health Literacy Level				
Very low (<26)	-	-	-	-
Low (26-31)	1.65 (1.26,2.16)	**<0.001**	1.43 (1.02,2.01)	**0.037**
High (32-36)	2.14 (1.63,2.81)	**<0.001**	1.74 (1.21,2.50)	**0.003**
Very High (36+)	2.57 (1.97,3.37)	**<0.001**	1.56 (1.08,2.24)	**0.017**
[1]OR: odds ratio, [2]CI= Confidence interval				

Table 1	Binomial regression model (non-hesitant vs rest as reference)		Binomial regression model (selectively vs distrustful as reference)	
Characteristic	Non-hesitant		Selectively	
	aOR[1] (95% CI[2])	p value	aOR[1] (95% CI[2])	p value
Gender				
Female	-	-	-	-
Male	1.47 (1.21,1.78)	**<0.001**	0.97 (0.74,1.27)	0.8
Age				
18-24	-	-	-	-
25-34	0.93 (0.62,1.40)	0.7	1.40 (0.84,2.33)	0.2
35-49	1.11 (0.77,1.60)	0.6	1.66 (1.03,2.69)	**0.039**
50-64	1.09(0.76,1.70)	0.6	3.27 (2.02,6.10)	**<0.001**
65-74	1.15 (0.78,1.70)	0.5	3.50 (2.01,6.10)	**<0.001**
75+	1.32 (0.88,2.00)	0.2	4.22 (2.31,7.70)	**<0.001**
Degree				
No degree	-	-	-	-
Baccalaureate	1.17 (0.90,1.50)	0.2	1.61 (1.15,2.24)	**0.005**
Undergraduate	1.39 (1.08,1.78)	**0.010**	1.80 (1.27,2.53)	**<0.001**
Postgraduate	1.25 (0.88,1.77)	0.2	2.91 (1.71,4.95)	**<0.001**
Salary				
Less than 1000 euros	-	-	-	-
1000-1500 euros	0.93 (0.60,1.45)	0.8	0.55 (0.31,0.95)	**0.032**
1500-2000 euros	0.96 (0.63,1.46)	0.8	0.69 (0.41,1.16)	0.2
2000-3000 euros	0.72 (0.48,1.06)	0.10	0.99 (0.60,1.82)	>0.9
3000-4000 euros	0.80 (0.53,1.22)	0.3	1.05 (0.61,1.82)	0.9
More than 4000 euros	0.99 (0.66,1.47)	>0.9	0.58 (0.35,0.96)	**0.035**
Healthcare system confidence Level				
Not confident (<13)	-	-	-	-
Somewhat not confident (13-16)	2.13 (1.59,2.84)	**<0.001**	1.60 (1.18,2.17)	**0.003**
Somewhat confident (17-19)	3.39 (2.43,4.71)	**<0.001**	3.09 (1.98,4.84)	**<0.001**
Confident (19+)	4.86 (3.58,6.59)	**<0.001**	4.21 (2.73,6.47)	**<0.001**
Health Literacy Level				
Very low (<26)	-	-	-	-
Low (26-31)	1.36 (1.03,1.81)	**0.031**	1.28 (0.91,1.81)	0.2
High (32-36)	1.50 (1.12,2.00)	**0.006**	1.33 (0.91,1.94)	0.14
Very High (36+)	1.76 (1.32,2.34)	**<0.001**	1.19 (0.81,1.75)	0.4
[1]OR: odds ratio, [2]CI= Confidence interval				

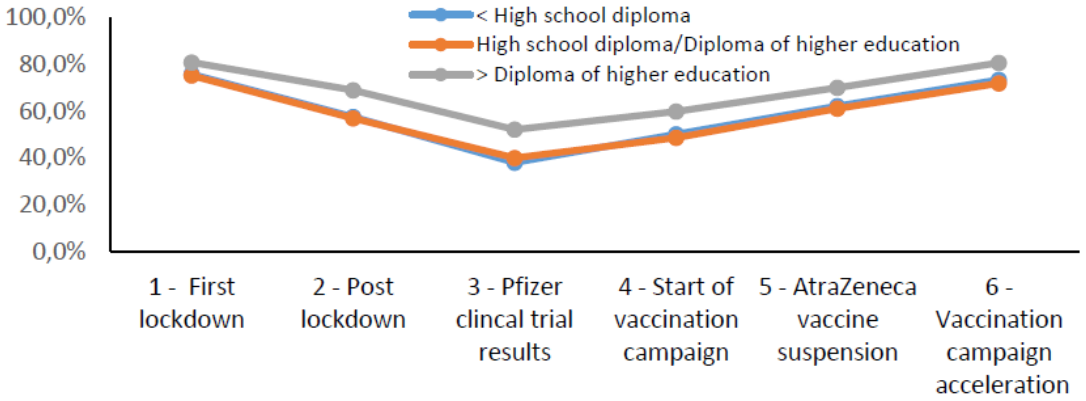
Khoury et al, *Health Literacy and Health Care System Confidence as Determinants of Attitudes to Vaccines in France: Representative Cross-Sectional Study*, JMIR PHS, 2024.

Forces et limites des explications déficitaires

Ward et al, *Explaining Political Differences in Attitudes to Vaccines in France: Partisan Cues, Disenchantment with Politics, and Political Sophistication*, Journal of Health Politics, Policy and Law, 2024.

Variable			Model 0		Model 4	
			Factors associated with "Non-hesitant"	Factors associated with "Distrustful of vaccines in general"	Factors associated with "Non-hesitant"	Factors associated with "Distrustful of vaccines in general"
			β	β	β	β
Sex (ref. Men)		Women	-0.26***	0.20 ***	-0.17***	0,07
Age (Ref. 18-24)		25-34	-0,17	0,05	-0,08	-0,12
		35-49	0,07	-0.32***	0,08	-0.40***
		50-64	0,13	-0.69***	0,01	-0.65***
		>64	0.34 ***	-1.25***	0,01	-0.88***
Monthly income (Ref<1000€)		1000-1500€	0,03	0,04	0,03	0,06
		1500-2000€	0,06	-0.23*	0,07	-0,21
		2000-3000 €	0,11	-0.42***	0,02	-0.30**
		3000-4000 €	0.27 **	-0.70***	0,13	-0.53***
		≥4000 €	0.51 ***	-0.96***	0.25 *	-0.62***
		Missing data	-0,09	-0,11	-0,08	-0,12
Partisan proximity (Ref. Center)		Far left			-0,22	0.70 **
		Green party			-0,07	0.87 **
		Left			-0,29	0.66 *
		Right			-0,28	0,52
		Far right			-0,09	0.61 **
		No party			-0.24	0.57 *
Education (Ref<Bac)		Bac	0.28 ***	-0.44***	0,28	-0,42
		> Bac	0.46 ***	-0.65***	0,20	0,20
Education*partisan proximity	Far left	Bac			-0,19	-0,02
		> Bac			-0,07	-0,52
	Green party	Bac			-0,29	-0,01
		> Bac			-0,18	-0,64
	Left	Bac			0,22	-0,36
		> Bac			0,36	-0.88*
	Right	Bac			0,25	-0,05
		> Bac			0.48 *	-0.73*
	Far right	Bac			-0,25	0,08
		> Bac			-0,28	-0,48
	No party	Bac			-0,17	0,22
		> Bac			-0,04	-0,54
Institutional trust score					0.30 ***	-0.52***
Institutional trust score*partisan proximity		Far left			0,02	0,15
		Green party			0,03	0,13
		Left			0,02	0.27 **
		Right			-0.13*	0,16
		Far right			0,09	0,11
		No party			0.11 *	0,06
Political sophistication score					0.11 *	-0.34***
Political sophistication score*partisan proximity		Far left			0,07	0,15
		Green party			0,12	0.31 **
		Left			0,04	0,02
		Right			0,06	0,15
		Far right			0,03	0,12
		No party			0,07	0,10
		Rsquare	0,04	0,11	0,16	0,24

Forces et limites des explications déficitaires



Ward et al, *Partisan cues provide a very limited explanation of political differences in intentions to vaccinate against COVID-19 in France*, Psyarxiv, 2022.

Bajos et al, *The social specificities of hostility toward vaccination against Covid-19 in France,* PLOS ONE, 2022.

Table 2. Social characteristics associated with attitudes regarding the Covid-19 vaccine.

	Yes probably	Yes maybe	Probably not	Certainly not	You do not know	Total
Total	29824 (33.2)	23446 (27.2)	9460 (10.3)	11056 (13.9)	12069 (15.4)	85855 (100)
————————Sex:						
Men	16702 (39.7)	10865 (27.9)	3468 (8.7)	3707 (11)	4282 (12.7)	39024 (48)
Women	13122 (27.3)	12581 (26.5)	5992 (11.8)	7349 (16.6)	7787 (17.8)	46831 (52)
————————Age:						
18–24	2892 (31.8)	2276 (25.8)	991 (11)	1440 (18)	1091 (13.4)	8690 (10.6)
25–34	2428 (23.3)	2659 (25.4)	1623 (14.9)	2237 (22.4)	1361 (13.9)	10308 (13.3)
35–44	3972 (25.3)	3971 (26.1)	2135 (13.8)	2550 (18.5)	2151 (16.3)	14779 (15.7)
45–54	5168 (29.3)	4650 (27.6)	2029 (11.6)	2141 (14.4)	2670 (17.2)	16658 (16.5)
55–64	5747 (33.4)	4694 (30.2)	1538 (9.4)	1534 (10.8)	2376 (16.3)	15889 (15.8)
+ 65	9617 (45.1)	5196 (27.1)	1144 (5.8)	1154 (7.3)	2420 (14.7)	19531 (28.1)
————————Formal education:						
No diploma	1273 (28.8)	1198 (27.5)	355 (7.4)	724 (16.1)	869 (20.2)	4419 (10.8)
Primary education	2507 (35.8)	1911 (27.5)	587 (7.6)	746 (10.9)	1118 (18.1)	6869 (12.4)
Vocational secondary	5052 (29.7)	4636 (27)	1619 (9.2)	2495 (15.9)	3110 (18.2)	16912 (21.1)
High school	5867 (30.7)	4952 (26.4)	2273 (12)	2865 (16.1)	2648 (14.8)	18605 (20.8)
High school + 2 to 4 years	8502 (33.1)	6963 (27.8)	3158 (12.5)	3148 (13.5)	3166 (13.1)	24937 (23)
High school + 5 or more years	6623 (45.6)	3786 (26.9)	1468 (10.6)	1078 (8.4)	1158 (8.5)	14113 (11.9)

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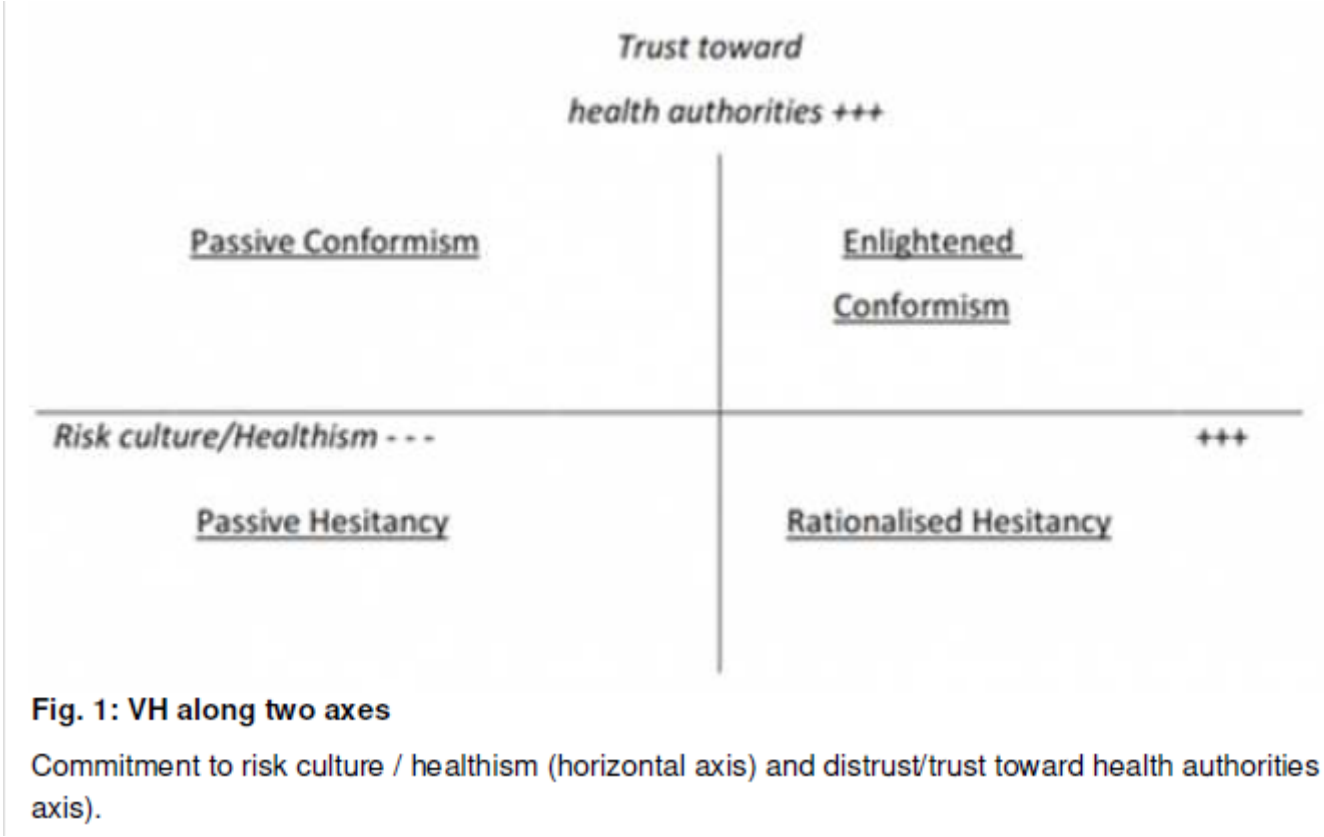

Fig. 1: VH along two axes

Commitment to risk culture / healthism (horizontal axis) and distrust/trust toward health authorities (vertical axis).

Peretti-Watel, *Vaccine hesitancy: clarifying a theoretical framework for an ambiguous notion*, PLOS Currents, 2015

Voir aussi:

Alleaume et al, *Intention to get vaccinated against COVID-19 among the general population in France: Associated factors and gender disparities*, Human vaccines & immunotherapeutics, 2021.

Attwell et al, *"Do-it-yourself": Vaccine rejection and complementary and alternative medicine (CAM)*, Social Science and Medicine, 2018.

Berezin, Eads, *Risk is for the rich? Childhood vaccination resistance and a culture of health*, Social Science and Medicine, 2016.

Peretti-Watel et al, *Attitudes toward vaccination and the H1N1 vaccine: poor people's unfounded fears or legitimate concerns of the elite?*, Social Science and Medicine, 2014.

Reich, *Calling the shots: Why parents reject vaccines*, NYU Press, 2016.

Merci pour votre attention

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