



INSTITUT
SOCILOGICKÝCH STUDIÍ
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SOCIOLOGY OF HEALTH AND MEDICINE IN THE PUBLIC ARENA DURING THE COVID-19 PANDEMIC AND BEYOND

BOOK OF ABSTRACTS

ESA RN 16 MIDTERM CONFERENCE
PRAGUE 24-26 MAY 2023



DAY 1: WEDNESDAY 24 MAY

11:00 – 12.40 ECR Pre-conference Workshop Session 1

Chair: Jaroslava Hasmanová Marhánková (Charles University)

Healthcare professionals' approaches to pain and fear management during childhood vaccination: insight from three European countries

Esther Lermytte (Ghent University)

The ways in which pain and fear act as barriers to childhood vaccination is an under researched topic. Whilst some studies have applied quantitative methodologies to understand this, very few qualitative studies to date have been developed. Nevertheless, qualitative studies may help to provide a more in-depth understanding of childhood vaccination experiences. Data collected from ethnographic observations during childhood vaccination consultations in three European countries (i.e. Belgium, Italy and Portugal) show how the pain and fear management strategies applied by healthcare professionals (HCPs) during these consultations may ease vaccination or eventually contribute to the delay or refusal of childhood vaccination. The findings help to illustrate how HCPs manage the atmosphere during childhood vaccination consultations and how children's bodily experiences are acknowledged in this procedure by their parents and HCPs. Children's experiences of vaccination are understood with regard to both their positioning as social actors, co-constructing their social worlds, as well as the existing power dynamics between children, parents and adult society. This paper offers an innovative contribution to the sociology of childhood and the sociology of health and illness, as well as to scientific knowledge of vaccine hesitancy by offering insights into how children's vaccination experiences and management of pain and fear by HCPs and parents may impact on childhood vaccination.

Naturally (In)disposed: Lingering Affects of Medical Discourses on Boxing Bodies

Kristína Országhová (Charles University)

During the latter part of the nineteenth century natural sciences and medicine produced a large amount of theory on female bodily incapacity (Vertinsky, 1994). Anatomical drawings of sex differences between male and female bodies started to appear in French and German medical books (Schiebinger, 1986). They provided a visual representation of 'female' and 'male' categories that medicine began to increasingly understand as opposing and incommensurable binaries. This medical discourse also established an understanding that being female means being naturally indisposed - a narrative from which especially athletic bodies had hard times to escape. The articulation of female physical incapability (and male physical superiority) has been influential on the perception of what the appropriate physical exercises for women and men are. Drawing on the data generated and collected during my more than two-year ethnographic work among amateur boxing communities in Central and Eastern Europe I wish to argue that boxing bodies still suffer from lingering effects of the scientific and medical discourses on sexual differences of the 18th and 19th century Enlightenment. I propose to analyse this combat sport through the category of the gendered body on two levels: the actors' level (lived gendered boxing bodies) and the institutional level (culturally constructed gendered bodies within institutional regimes of boxing). On the level of the lived body, I will attempt to show how the narratives of physical inferiority and superiority according to gender affect individuals' socialisation into boxing and their sporting performance. Moreover, I suggest that gendered socialisation may be subject to different processes and set different social norms of behaviour for female and male boxers of different ethnicities and/or classes. In the analysis of the institutional regimes I will pay attention to the ways policies, regulations, and legal frameworks in boxing and sports at large are influenced by the concepts of the gendered body that is based on hierarchy and grounded in oppression.

13:10- 14:50: ECR Pre-conference Workshop Session 2

Chair: Jaroslava Hasmanová Marhánková (Charles University)

The relevance of social factors in depressive and anxiety symptoms. Ethnographic report from two outpatients' clinics

Gabriele Cerati (University of Milano-Bicocca)

Based on a year-long participant observation in two public outpatients' clinics in the city of Milan, Italy, this contribution analyse how social dynamics are involved in the occurrence of depressive and anxiety symptoms. The clinics are located in two different neighbourhoods characterized by different levels of poverty, unemployment, house ownerships, migration, and education. Within these two contexts, we consider notes taken from fifty clinical interviews and records about patients with depressive and anxiety symptoms. Part of the psychiatric and sociological literature consider these symptoms as reactive, implying that social dynamics and adverse events are involved in the emergence of them. The two contexts studied show that to the same symptoms correspond different social dynamics involved. While some adverse events like divorces, losses and physical illnesses are common in both contexts, the more deprived one shows issues concerning precarious working situations, conflictual and violent familiar relationships, debts, poverty, and social isolation, while the less deprived shows instead existential problems, high demands of self-realization, and high expectations from the family in patients' life and work goals. While these aspects are not mutually exclusive, the two contexts show the relationship between the lack of fulfilment of materialistic and post-materialistic needs and the emergence of reactive symptoms. The study is a starting point for discussing how to intervene in what is it called as "epidemic of depression": from one side through the fulfilment of economic and social needs; from the other, through cultural change, promoting healthier discourses regarding how we think about our life goals.

The public perception of aesthetic procedures in the Czech Republic

Michaela Honelová (Charles University)

Background: Aesthetic procedures is currently a popular medical specialty in societies. Despite the expansion of this medical specialty, more research attention needs to be paid to mapping the perception and acceptance of these procedures by Czech society. Therefore, this study aims to survey the perception of the aesthetic procedures by the society in the Czech Republic with the help of the SHARE survey.

Methods: The research results are based on a secondary analysis of data from SHARE Waves 81-Czech drop off in the population aged 50+.

Preliminary results: According to a representative survey of the Czech population over 50, over 50 % of women use anti-ageing cosmetics (but "only" 7 % of men of the same age). 7 % of respondents have undergone invasive surgical procedures. The declared most frequent (potential) reason is "doctor's recommendation", indicating the respondents' high trust in the medical profession and the role of expert knowledge. The second declared reason is "own feeling and the need to rejuvenate" (internalized ageism), cited by almost 40 % of women but only 19 % of men. The same gender differences exist when the procedure is prompted by reactions (pressures) from the social environment: women are almost twice as likely to be exposed to such suggestions or comments (14 % vs. 8 %).

15:10 – 16:50: ECR Pre-conference Workshop Session 3

Chair: Mario Cardano (University of Turin)

Spiritual assistance in palliative care in Turin and Rome (Italy)

Martina Vanzo (Catholic University of Sacred Heart)

Aim and objectives: The research aims to investigate how spirituality is expressed in the relationship between healthcare staff and patients within Italian palliative care. The intent is to analyze whether, and how, spirituality is integrated into the path of care and how these aspects of the daily life of a treatment department relate to institutional offerings on the management of religious diversity.

Research methods: chose a multimethod design with a predominantly qualitative core because the focus of the reflection is semi-structured interviews with the healthcare staff who form the palliative care team. However, to grasp the complexity of this panorama I also take into account quantitative aspects such as statistics on religious distribution and participation and mapping of practices. The field of research covers all the ways in which palliative care is provided in Italy and the two cities examined are Turin and Rome. These two cities were chosen because in the early 2000s they both started a project of interreligious dialogue to accommodate the religious and spiritual needs of non-Catholic patients.

Findings/expected findings: The main expected findings are: (a.) how spirituality is defined and expressed, particularly in a single-enominational state like Italy, where the Catholic religion manages to maintain its dominance despite the processes of secularization; (b.) what are the main therapeutic aspects of the integration of spirituality in the treatment path.

Sandwich generation and ever-married women's mental health: do "gone lovers" matter? The public perception of aesthetic procedures in the Czech Republic

Shuangshuang Liu (Ghent University)

Aims: Building on the stress process model, and adopting an intersectionality framework, this study highlights the formation of a stronger intergenerational family symbiosis system in China. It offers a more systematic understanding of the association between multigenerational caregiving and sandwich women's stress and extends previous research by exploring the mitigating effect of husbands.

Datasets and Methods: Data on ever-married women aged 18-52 from the 2015 wave of the China Health and Nutrition Survey (N=2593) is analyzed. Ordinary Least Squares (OLS) models were applied to investigate the association between sandwich membership, sandwich caregiving, and perceived stress. Grouped Ordinary Least Squares (GOLS) regressions were used to examine the husband's moderating effect.

Findings: Drawing upon China Health and Nutrition Survey data, the findings indicate that sandwich women have less stress than non-sandwich members. Particularly, among sandwich women, providing upward care has a stress-reducing impact while providing downward care has a stress-enhancing impact. Providing dual care does not have a significant effect, but sandwich women's stress reaches a peak when both generations need care. The husband living at home could not buffer the wife's stress. **Conclusion:** These analyses depict the vulnerability of Chinese sandwich-married women under the revival of patriarchy and the imbalanced population structure and warrant a sounder public care system.

DAY 2: THURSDAY 25 MAY

Venue: Faculty of Social Sciences, Charles University, Smetanovo nábřeží 6, Prague 1

9:00– 10:00: Keynote Lecture: Anna Durnová (University of Vienna) *Enhancing Emotional Awareness in Sociological Expertise*

Amid the current multiple crises, emotions play a crucial role in related societal debates. As expressions of our feelings, emotions are essential to our cognitive perception of the world. However, the structural dimension of emotions is often overlooked, which can be grasped through public framing and cultural representations. Certain emotions are accepted as understandable, while they can be seen as disqualifying or against the cause when expressed in other contexts. This is particularly true in debates around expertise, where emotions may be perceived as irrelevant or too subjective to include. However, it is crucial to understand the context in which emotions are presented because they shape and reshape values and beliefs through the meanings they convey. The meaning-making capacity of emotions also affects who has a voice in debates and how powerful that voice is. Therefore, analyzing emotions helps to identify where and by whom emotions are legitimized as part of expertise, and where they are not. These developments call for new formats of data collection and analysis that can reflect emotions in the field. Furthermore, they shed new light on the role of sociological expertise in dealing with the emotional societies in which we live, both as citizens and experts. Recognizing the structural dimension of emotions is key to enhancing emotional awareness in sociological expertise and its impact on the public presentation of such expertise. To illustrate the main stakes of such emotional awareness, the talk draws on insights from research on home birth and obstetric violence.

Parallel Sessions 1 (25 May, 10:30–12:00)

Primary care in transition: experiences of COVID-19 in European countries

Chairs: Stefano Neri (University of Milan), Elena Spina (Marche Polytechnic University) and Giovanna Vicarelli (Marche Polytechnic University)

GP as a lone rider in vaccination against (not only) COVID in the Czech Republic

Zuzana Kotherová, Olga Angelovská (Charles University)

The COVID-19 pandemic over the last two years has exposed the weaknesses of the Czech healthcare system. The main tool used to mitigate the epidemic was the introduction of recommended vaccination against COVID. The use of this tool reopened the question of under what conditions, for what vaccine and by whom it should be provided and applied. Vaccination, as such, has a long tradition in the Czech Republic, and primary care providers play an important role in it. Still, unlike in many other European countries, only a doctor can vaccinate. An amendment to the law is currently being discussed to allow other professions (e.g. pharmacists) to vaccinate. The adequately defined role and competencies of (not only) primary care workers are among the key components of any healthcare system. Based on the task shifting and task sharing concepts, efforts to strengthen primary care providers' roles may contribute to better health outcomes and system resilience. In our paper, we focus on Czech GPs and nurses' role in the field of vaccination, specifically in the case of child and adult vaccines covered by health insurance. First, the process of different vaccine administration is mapped to show under what conditions and by whom vaccination is provided and applied. Second, amendments to legislation in the field and the framing of vaccinators in the media space are analysed. Third, the position/potential support of key players to the issue is studied.

Choosing the right path: exploring learnings and weighing reform options for primary care in Italy and Montenegro

Lorraine Frisina-Doetter (University of Bremen)

According to the World Health Organization (WHO online), the primary care model is characterized by five core functions: (1) first contact accessibility, serving as a strategic and accessible entry point for health services; (2) continuity, promoting the development of long-term personal relationships between health care providers and patients; (3) comprehensiveness, providing a diverse range of promotive, protective, preventive, curative, rehabilitative, and palliative services; (4) coordination, organizing services and care across levels of the health system and over time; and (5) people-centred care, ensuring people have the education and support needed to make decisions and participate in their own care. However, primary care is not a one-size-fits-all model, rather a multitude of approaches exists (Kringos et al. 2015). As a result, policy makers are faced with the challenge of defining a primary care path that works best within their country's specific context of public health needs and health system characteristics. In the proposed paper, we explore comparative learnings from two countries in which a primary care model involving a physician-dominated approach has been in place for decades: the general practitioner (GP) model of the Italian National Health Service (NHS) and the chosen doctor model of Montenegro (WHO 2020), formerly a social insurance system and, as of January 2022, also an NHS. More specifically, the paper will first identify the evolution of primary care in both countries over the past two decades up to current post-pandemic reforms and related debates; second, it will explore the evidence on the performance of the physician-dominated model in fulfilling the five core functions of primary care. Finally, we will conclude by reflecting on the perspectives of primary care in the countries and by putting forth next steps for research and policy.

General Practice between Everyday Practice, Knowledge Production, and Evidence-Based Medicine. The emergence of "dissident" networks during the Covid-19 pandemic in Italy

Micol Bronzini (Marche Polytechnic University), Roberto Lusardi (University of Bergamo), Enrico Maria Piras (Fondazione Bruno Kessler)

Clinical practice has been radically altered by Evidence-based Medicine which has emerged as the dominant paradigm in medicine since the '90s (Timmermans, Epstein 2010). EBM hierarchizes the sources of evidence, assigning minimal value to clinical experience and producing new forms of exclusion in the process of knowledge production and decision-making (Callon 2007). This is especially the case for general practitioners whose contextual knowledge has been undervalued, although guidelines and protocols have traditionally struggled to become the basis of everyday practice in primary care (Greenhalgh 2012). The Covid-19 pandemic outbreak has partially modified this picture: evidence and protocols were missing and there was the need for rapid production and dissemination of knowledge 'in the wild'. For general practice, in its unprecedented position at the front line of countering an unknown phenomenon, the opportunity has opened to produce knowledge based on clinical experience. Given this background, the Italian case is quite interesting showing both several unresolved issues and innovative processes. Our contribution focuses on those networks promoting 'early in-home treatment' for patients with Covid-19. While regulative agencies advocated for inaction as far as evidence was lacking, these networks advocated a more pluralistic approach to evidence from the bottom up, including careful analysis of the real world, and claimed their proximity to the problem as a source of knowledge (Moreira 2012). Through interviews and document analysis, the paper reconstructs the process of self-organization of these networks and how professionals involved in them tried to reconcile everyday clinical practice and validated knowledge production by testing therapies and proposing treatment protocols. The research highlights the redefinition of the relationships between specialists and general practitioners and new kinds of professionalism. Moreover, the difficulty in being recognized as a legitimate subject of knowledge production clearly emerges, reconfirming the subordination of general practitioners in the health professions system.

New roles of online health communities: between lay expertise and fulfilling institutional gaps I

Chairs: Alberto Ardisson (University of Macerata); Iwona Leonowicz-Bukała, Monika Struck-Peregończyk (University of Information Technology Management in Rzeszow); Alessia Bertolazzi (University of Macerata)

Are online health communities filling healthcare institutions' information gaps? Evidence from Italy and Poland in a study on diabetes management

Alberto Ardisson (University of Macerata); Iwona Leonowicz-Bukała & Monika Struck-Peregończyk (University of Information Technology Management in Rzeszow)

The paper contributes to the debate concerning the increasing role of online health communities (OHCs) by discussing the main findings of research done in Italy and Poland regarding diabetes. Both working groups selected the most important OHCs (e.g. in terms of the number of members and daily interactions) following two different methodologies: the Italian group interviewed administrators and moderators (key actors), while the Polish one analyzed the content of the posts. The research aimed at studying the reasons why people turn to these channels, what their role in diabetes management is and what kind of interaction may arise between OHCs and public healthcare institutions. We can highlight three main topics in which OHCs play a significant role in both countries: 1) a general problem of information/formation gap ascribable to healthcare institutions, in line with previous Italian reports (Cittadinanzattiva, 2018). Given the lack of information received from healthcare institutions, people with diabetes or/and their caregivers turn to OHCs to satisfy their needs; 2) information gaps regarding medical therapy/treatment, which constitute basic diabetes literacy (e.g. carb counts, diabetes correction factor, 15-15 rule); 3) detailed and practical knowledge about new technologies (e.g. sensors, insulin pumps) The findings suggest that such information is provided by OHCs instead of public institutions, calling for a potential problem of social equity: indeed, all people with diabetes visit public diabetes centers, but not all of them are members of OHCs. In this sense, the lack of general and specific information, as reported above, could produce social inequities.

On the road with uncertainty. A netnographic study on brain cancer communities during the Covid-19 pandemic

Fabiola Balestrieri (University of Bologna)

Uncertainty is a condition that brain cancer patients and family members know at the time of diagnosis of the disease and that follows them throughout its course. Preparation for an uncertain future is also formed through the support received from online health communities, where lay experts can be found. The netnographic analysis was conducted on three Facebook groups supporting people with glioblastoma multiforme, the most aggressive of malignant brain tumors: "Glioblastoma and Smile," "Glioblastoma Multiforme (Grade 4)," and "GBM (Glioblastoma) Survival Guide." The three groups have more than 1,500 members, two have private access and one has public access. Non-participant observation looked at posts and comments published by members from March 2020 to December 2020, the earliest period of the Covid-19 pandemic. The content analysis revealed that the context of uncertainty experienced by brain tumor patients and their family members was also found during the Covid-19 pandemic. Although the research was limited to English and Italian speaking groups, its development through a participatory approach would allow some topics to be explored deeply and activate co-creation processes with participants.

(New?) importance of social media for people with disabilities in Poland during the Covid 19 epidemic

Dorota Żuchowska-Skiba (AGH University of Science and Technology)

During the Covid-19 epidemic, people with disabilities were particularly vulnerable to information exclusion, e.g. press conferences were not translated into Polish Sign Language, there were also no subtitles for the materials presented in the audiovisual media regarding the epidemic. Presentations showing putting on a mask, disinfecting hands were not supported by audio description, there were also no messages in plain language. In addition, during lockdown periods, the possibility of carrying out previous activities and using the support of volunteers and assistants was limited. During this period, social media played an important role, e.g. profiles of organizations

working for people with disabilities and activists with disabilities. According to the literature, social media was a space for building relationships between people with disabilities and building a community, often the purpose of which was to gain knowledge or learn new information (cf. Park 2022). During the epidemic, their role increased, as they often provided one opportunity to contact the wider environment and one's own community. They were a space where you could get emotional support, maintain social relations and receive information about the epidemic and the restrictions introduced. The purpose of the speech will be to show what content appeared on the profiles of people with disabilities and organizations working for people with disabilities in the period March 2020 - December 2021 in the context of the epidemic, health, health care, health protection and counteracting infections. Thanks to the observation of the Internet space, 10 social media profiles were selected for quantitative and qualitative analysis. This made it possible to recreate the discourse in social media that focused on the issue of health and caring for it in the context of the epidemic.

Pandemic sandbox- A netnography of an online community of mothers during the health crisis

Aleksandra Piłat-Kobla & Anna Prokop-Dorner (Jagiellonian University Medical College)

The restrictions imposed as a result of the COVID-19 pandemic have presented many parents with the challenge of simultaneously caring for their children and carrying out their work responsibilities. The disruption of social order and anxiety about their own health and of their loved ones added to the difficulties of daily life. These fears were fuelled by media coverage, including an increasing amount of intentionally misleading information, so-called fake news, rapidly flooding the media, especially social media. The netnography of one of the largest online communities of parents in Poland allowed us to describe mothers' needs, their mutual support during the health crisis, as well as to explore the ways in which community members search for information and to identify the types of sources considered credible. The research material included 1,241 posts and 34,111 comments collected during the first 13 weeks of the COVID-19 pandemic. From our analysis of the research material, we drew conclusions about the dynamics and structure of the bottom-up response to the epidemic, the potential of the online communities and challenges they face in the context of crisis.

Participatory and interdisciplinary approaches to renew investigation practices and overcome post-pandemic methodological challenges

Chairs: Concetta Russo & Alessandra Decataldo (University of Milano-Bicocca)

Guidelines in public health: where is the role of sociology?

Kateřina Ivanová (Palacký University Olomouc)

Public health includes communicable and non-communicable infectious diseases, environmental and occupational hazards, migration, natural, ecological and other disasters, including cross border health threats. Research in public health is part of the process of creating programs for health promotion and disease prevention, including health policy measures. Interventions resulting from research results can be group, population, preventive or repressive, organizationally determined on the basis of epidemiological, sociological, economic, etc. The principle of creating guidelines is EBPH – Evidence Based of Public Health, i.e. the synthesis of the methodologically best and most relevant available evidence, whether of a quantitative or qualitative nature. There is general agreement among experts on the importance of putting EBPH principles into practice, but the definitions of evidence, the methods to find this evidence, and when and how to use it are not clearly defined. In the broad field of EBPH, there is still a lack of conceptual frameworks establishing "how much" and "what quality" evidence is necessary, or at least sufficient, for political decisions about public health interventions and programs. There are also activities that reflect good practice when starting studies and creating them, the so-called EBR – Evidence Based Research. The need for harmonization and standardization of the development of guidelines, including their quality assessment and regular re-evaluation, is among the most fundamental requirements. Knowledge of a specific population is provided within the framework of long-term and regularly conducted population studies or, on the contrary, very sporadically from the results of investigations of ongoing epidemics. In 2021, the COVID-19 pandemic was defined as a dominant theme in the EBR area. The aim of the contribution is to explain the issue of EBPH and the creation of Public Health guidelines and to show the importance of sociological studies in the algorithm of their creation (de novo creation, adoption, adaptation, evaluation).

Relational care ethics and the dynamics of participatory research with disabled people during COVID-19

Cliona Loughnane, Claire Edwards (University College Cork)

This paper draws on the feminist ethics of care and critical disability studies to reflect on the politics and practices of researching with disabled people during and beyond pandemic times. It focuses on our experiences of working with a group of ten disabled people over a seven-month period, to explore their experiences of COVID-19 as part of a wider project designed to interrogate the social, political and ethical implications of the pandemic for future care relations in Ireland. Through a multi-method process of individual interviews, focus groups (many of which were undertaken online), and participant photographs, we worked with disabled people not just to articulate personal narratives of caring, but to collectively problematize and disrupt ableist, paternalistic conceptions of care in current care relations, practices and policies. Our paper reflects on the politics, practices, challenges and indeed affordances of the process of working with disabled people to develop what Brannelly and Barnes (2022: 55) term 'care-full research'. Key to our analysis is the recognition of the significance of interdependence and relationality in conceptualising how we think about research processes and relations (Brannelly and Barnes, 2022; McLaughlin, 2020). This means not just reflecting on the dynamics between all those involved in the research process, but recognising the diverse situated contexts (structures, spaces, social relationships) which participants bring to the process. We pay particular attention to the ways in which certain methods in our study enabled, but could also circumscribe, sometimes fraught and emotive conversations: for example, while the use of virtual technologies in the research was facilitative for many participants, it could also close down discussions in (online) group spaces. We therefore call for on-going reflection and interrogation of the ways 'care-full research' might proceed in practice, and its implications for how we as researchers engage with the world around us.

A critical reflection on the development of mobile app survey as a methodology to investigate intersectional inequalities

Charikleia Tzanakou (Oxford Brookes University), Roberto Cibin (Institute of Sociology, Czech Academy of Science), Audrey Harroche (Oxford Brookes University)

The COVID-19 pandemic has undeniably brought great disruption in everyday practices and lives across societies including social research on experiences and realities of individuals. Nevertheless, it has created opportunities for methodological innovation and creativity in conducting such research. In this article, we present an example of methodological creativity, interdisciplinary and participatory approach through the development of web and mobile app survey to capture intersectional experiences and realities before, during and after the COVID-19 pandemic. This survey methodology was developed as part of the European H2020 project RESISTIRÉ (RESponding to outbreakS through co-creaTive inclusive equality stRatEgies), which aims at understanding the unequal impacts of the COVID-19 outbreak and its policy responses on behavioural, social and economic inequalities in 31 countries (EU27 plus Iceland, UK, Serbia and Turkey). This project is underpinned by a gender+ approach that 'recognises that gender inequality and other inequalities are connected and are thus best addressed with those possible intersections in mind' (Verloo et al. 2011, p.4). In this article, we describe and critically reflect on the challenges and opportunities of developing an app survey methodology, translated in 14 languages as an appropriate social research tool to investigate inequalities across Europe. This study will facilitate discussions and better understanding on app methodologies for social research and will allow us to problematise when and how methodological tools should be used to ensure that they meet the purposes of social science research.

The use of the Design Sociology approach in pandemic research: reflection from the RESISTIRÉ project

Roberto Cibin (Institute of Sociology, Czech Academy of Science); Tereza Stöckelová (Institute of Sociology, Czech Academy of Science); Alain Denis (Yellow Window), Sofia Strid (University of Gothenburg)

This paper explores mechanisms in research design and methodologies with the potential to destabilise power dynamics in social research and deliver rapid response in situation of crisis. The case study is the Covid-19 focused EU funded research project RESISTIRÉ and its interdisciplinary, intersectional, and co-creative methodology. The pandemic and its socio-economic consequences have affected certain groups of people more severely, especially women and people belonging to vulnerable groups. From the beginning of the outbreak, a feminist ethos of care proved vital for

developing solutions to support those without a voice in the public arena and reassembling the shaken texture of social practices (Cozza and Gherardi 2020). To develop solutions in the face of the magnitude and depth of this crisis, social research must simultaneously tackle multiple dimensions and combine heterogeneous data. In our research, this has included the mapping and analysis of public policies and their practical consequences for people's everyday life; the analysis of statistics together with individual narratives and experiences usually invisible within the processes of datafication; the articulation of theoretical knowledge from different disciplines together with the situated knowledge from practical experience. RESISTIRÉ has worked to combine these different strategies of knowledge production to understand the impact of pandemic policies on gender and other inequality grounds and to create recommendations, research agendas and pilot projects. To this end, RESISTIRÉ connects different research methodologies and stakeholder engagement in the co-creation of ideas, working in parallel sessions and through different cycles. This process builds on a design-based approach aimed at creating solutions by alternating research processes with ideation, problem-solving and prototyping. We aim to offer a reflection on how the sociology of health and medicine can benefit from "design sociology" (Lupton 2017) with its future-oriented, practical and participatory approach.

Vaccine hesitancy I

Chair: Jaroslava Hasmanová Marhánková (Charles University)

Vaccine hesitancy in highly polarized society. The case of Poland

Michał Wróblewski (Nicolaus Copernicus University in Toruń)

Political polarisation leads to a fierce public debate, including in the case of topics related to scientific expertise. The example of the United States shows that partisan polarisation can be strongly linked to science scepticism, while attitudes towards phenomena such as climate change can be affected by political views (Rekker 2021). Strong political polarisation during the pandemic resulted in the replacement of the experts' debates on the safety, risks and effectiveness of health policies with political discourse and ideological preferences (Jiang et al. 2020). While enhancing the differences between the élites (establishment) and the rest of society, populist discourse is also conducive to the dissemination of conspiracy theories (Steckula, Pickup 2021), which may have a negative impact on vaccine attitudes and behaviours. Poland is one of the most polarized countries in the European Union (Patkos 2022), and at the same time one of the worst vaccinated countries in the EU against COVID-19. Moreover, in Poland, the number of refusals of preventive vaccinations has been growing rapidly for several years. The aim of the presentation is to answer the following questions: 1) can political polarization negatively affect attitudes towards vaccination?; 2) whether political polarization may weaken the role of factors positively shaping attitudes towards vaccination (e.g. social trust); 3) How might political polarization affect communication strategies and vaccination programmes? The material in the presentation will be based on the results of qualitative research (healthcare workers), quantitative research (Polish population) and the results of the European Social Survey.

The Vaccine Training Barometer: assessing healthcare providers' confidence to answer questions about vaccination and their need for training

Aurélië De Waele, Greet Hendrickx, Sara Valckx, Pierre Van Damme (University of Antwerp)

Healthcare providers (HCP) are seen by the public as the most trustworthy source of information about vaccination. If HCPs feel confident to address questions from patients concerning vaccination, they are a valuable partner to increase vaccine confidence in the public. However, it is not clear if HCPs feel confident to answer these questions. In the context of the Joint Action on Vaccination, the Vaccine Training Barometer was developed to assess how frequently HCPs receive questions about vaccination, how confident they feel to answer these questions, which questions they could not answer, and to what extent they need extra training. After a pilot test in Flanders, the Barometer was launched among HCPs in Flanders and Spain from November 2020 until January 2021. In both countries, HCPs received questions about vaccines frequently, and about two thirds of them indicated that the frequency of questions had increased over the past three months. Most questions were about side effects and safety of vaccines. In both countries, HCPs don't feel very confident to answer questions (33.3% feels confident in Flanders, 21.6% in Spain). A lot of HCPs received questions in the last three months that they could not answer (50.5% of participants in Flanders, 39.5% in Spain). In both countries, only 11.3% of the respondents felt they gained enough knowledge through their standard education to be able to answer questions about vaccines. Almost all respondents were willing to follow extra training on vaccination (Flanders: 94.4%, Spain: 96.2%). The Vaccine Training Barometer showed that HCPs often receive

questions about vaccines, but the majority does not feel confident to answer them and wants extra training. As such, the Barometer is a useful instrument to monitor the confidence of HCPs to answer questions on vaccination and to capture their training needs.

The onset of controversial communication on vaccination: influenza vaccination in Hungary
Katalin Kovács (HCSO Hungarian Demographic Research Institute)

In 2015 influenza caused nearly 6000 extra deaths in Hungary, considerably more than in any of the previous pandemic years. Vaccination coverage was low and had been declining for several years. Our study aimed to understand the reasons of this decline by exploring the alteration of the public image of influenza over time and to find a clue for this alteration. Public image of influenza was examined through the influenza-related publications of one popular Hungarian daily (“Népszava”) between 1990 and 2017. Lacking other dailies surviving this long period of time, we compare the content of various dailies representing the opposite political side in various years between 1990 and 2017 with the publication of Népszava of the same years. Vaccination behaviour was traced by the two waves of the European Health Interview Survey undertaken in 2009 and 2014. Influenza related press content was limited and dry during the 1990s and became more colourful only in the next decade. Messages uniformly suggested vaccination uptake. In 2009 the approaching epidemic predicted to be dangerous mobilized public health experts to advocate vaccination strongly but doubt regarding its usefulness also appeared in press first time. In 2009 the communication became extremely intense and polarized parallel to the political polarization fuelled by the coming elections in 2010. From 2011 influenza- and vaccine-related communication was again abandoned. Vaccination uptake between 2008/09 and 2013/14 was reduced in all subgroups of the population but highly educated. The decrease was larger than average in villages and in deprived regions. Controversial messages on vaccine effectiveness reduced vaccination uptake of people with lower education contributing to the onset of the previously non-existing social disparities in vaccination. Looking back from 2022, the controversial communication on vaccination regarding COVID-19 resembles the concepts formulated already in 2009.

Covid-19 vaccination attitudes in nurses and nursing students – Czech data and scoping review of international cross-sectional studies
Aleš Chrdle (České Budějovice Hospital)

The nurses have been more hesitant to seasonal influenza vaccination than other healthcare professions (HCW) and this pattern has repeated in covid-19 context. The real-life Czech population-wide data by the Institute of Health Information and Statistics show that covid-19 vaccine uptake in nurses compared to doctors diverge from the very beginning of vaccination and nurses approach a similar vaccine coverage to that of doctors much later both for the basic vaccination and the booster dose. We have also reviewed 58 studies with cross-sectional study design, including 95418 HCW of whom 33130 were nurses and 7391 were nursing students, from 44 countries in Europe, Americas, Africa and Asia. The nurses were less likely to accept vaccination compared to doctors and other HCWs at the onset, e.g. before vaccine rollout, and this difference decreased with time ($p = 0.022$). Being older ($n=25$ studies), being male ($n=23$), having higher degree of education ($n=7$), and having more years of clinical practice ($n=4$) were associated with higher vaccination acceptance. The main vaccine-related factors associated with higher vaccination intention were trust in the vaccine and its efficacy and safety, general vaccination acceptance and specifically having had influenza vaccination in previous years ($n=21$ studies). Seventeen studies identified an independent factor increasing vaccination acceptance to be a high level of “vaccine knowledge”, “vaccine literacy”, „understanding the vaccine” or “understanding benefits and barriers of vaccination”. It is especially the young and middle-aged female nurses whose educational needs appear to be unmet. Further research is warranted into the potentially modifiable factor of vaccine literacy to determine what needs to be shown so that the nurses feel comfortable accepting the vaccine. This is in keeping with the potential of developing nurses’ capacity to be leaders in delivering effective vaccine recommendations to the communities they serve. "Supported by Ministry of Health of the Czech Republic, grant nr. NU21-09-00300. All rights reserved."

Special session – book launch (starts 11 am)

Discussants: Mario Cardano (University of Turin) and Guido Giarelli (University "Magna Graecia" of Catanzaro)

Disability Welfare Policy in Europe: Cognitive Disability and the Impact of the Covid-19 Pandemic
Angela Genova (University of Urbino), Alice Scavarda (University of Turin), Maria Świątkiewicz-Mośny (Jagiellonian University)

Genova, A., Scavarda, A., & Świątkiewicz-Mośny, M. (Eds.). (2023). *Disability Welfare Policy in Europe: Cognitive Disability and the Impact of the Covid-19 Pandemic*. Emerald Group Publishing.

Disability Welfare Policy in Europe: Cognitive Disability and the Impact of the Covid-19 Pandemic analyses the impact of the Covid-19 pandemic on persons with cognitive disabilities and their families. Written from a Disability Studies perspective, this edited collection investigates education, employment, social and health care services in European case studies. Recognising how Covid-19 health surveillance has limited the rights of all persons, the chapters demonstrate how its impact has been even more severe on persons with cognitive disabilities and their families. Outlining the changes in welfare services during the Covid-19 pandemic that have led to new forms of segregation and hindered full participation of persons with disabilities in society on an equal basis with others, the collection chronicles a setback in the process of implementing the UN Convention for the Rights of Persons with Disabilities (UNCRPD). Within the framework of public sociology, Disability Welfare Policy in Europe: Cognitive Disability and the Impact of the Covid-19 Pandemic shows the failure of the attempts aimed at shifting disability policy into the mainstream. The authors highlight how persons with disabilities, their families, as well as personnel working in disability welfare policy have fought to keep the perspectives and rights of persons with disabilities on the policy agenda. If the Covid-19 health surveillance has rendered persons with disabilities invisible, how can they be made visible once again?

Parallel Sessions 2 (25 May, 13:00–14:30)

Risk perception, coping strategies and institutional responses to the COVID-19 health crisis in the older population

Chairs: Cristina Calvi (INRCA IRCCS -National Institute of Health & Science on Ageing) & Domenico Carbone (University of Eastern Piedmont)

Carers' experiences of caring for a friend or family member with dementia during the Covid-19 pandemic

Jessica Runacres (Staffordshire University)

This study aimed to explore carers' experiences of supporting a family member or friend with dementia through COVID-19 and investigate experiences of hope and resilience during this time. A qualitative longitudinal research (QLR) methodology was adopted in which 13 unpaid carers of individuals with dementia (10 females and 3 males, aged between 31 and 75 years) participated in a 1:1 virtual semi-structured interview at two time points approximately eight-weeks apart; this allowed for an in-depth exploration of the rapid changes in COVID-19 guidance and restrictions in England at the time of data collection (June – October 2020). QLR provided a unique understanding of carers experiences across time by generating comprehensive data that would have been less evident through cross-sectional or quantitative data alone. Interviews were transcribed and analysed through an inductive, semantic, (critical) realist approach to reflexive thematic analysis. Analysis resulted in the identification of 4 themes: 'COVID-19 impacted negativity upon everyday living'; 'carer resilience: adapting to COVID-19 to support their own wellbeing'; 'analysis of risk: safeguarding the person with dementia'; 'thinking about the future with COVID-19'. The results illustrated how the sudden changes which occurred during the pandemic negatively impacted on carers and people living with dementia in several ways, including additional responsibilities and taking away hope for the future. The importance of continued formal and informal support for carers and people living with dementia during COVID-19 were highlighted. Formal services, care homes, and organisations need to be supported to implement procedures to ensure a safe environment during future lockdowns or periods of social restrictions. This will increase confidence in accessing services and enable paid carers to continue supporting individuals with dementia. Results also illustrated the resilience of carers, who adapted to sudden changes which impacted negatively on their wellbeing and the wellbeing of the person living with dementia.

Changes in Volunteering of Older Adults in the Time of the COVID-19 Pandemic: The Role of Motivations

Davide Lucantoni (INRCA - IRCCS National Institute of Health and Science on Ageing)

The research investigates possible variations of the engagement in voluntary activities that older people may have experienced during the COVID-19 pandemic. This, taking into account their motivation to volunteer, as well as the direct or indirect experience of COVID-19 symptoms. The positive benefits of

volunteering in older age, both for individuals (in terms of improved health and psycho-social wellbeing) and society as a whole, are well-known. Despite that, too little research has been conducted on older volunteers during the pandemic. In Italy, older people's volunteering habits were highly challenged, due to the negative impact that physical and social restrictions put in place by national and regional governments have had on older population, to the point that such restrictions have been considered as ageist by a large part of the gerontological scientific community. This study was carried out on a sample of 240 Italian older volunteers. The results showed that older volunteers driven by social goals (e.g., chances to have social relationships), in particular, were able to keep on volunteering without needing to change their activities as a consequence of the COVID-19 pandemic. Furthermore, the research highlighted that the direct or indirect experience of COVID-19 symptoms did not particularly affect variations in voluntary activities of older people. These results have important implications for policy-making, given that volunteering can be considered as an opportunity to tackle the negative effects of self-isolation and physical distancing. Policy-makers should consider older people not only as passive receivers of health and social care, but also as useful providers of support, even in emergency situations.

Coping strategies with COVID-19 pandemic and their influence on the health, mental condition and social relations of older people in Poland based on a tracking and panel study

Piotr Paweł Laskowski & Łukasz Kiszkiel (University of Białystok)

The older people were the group considered most at risk and at the same time most severely affected by the pandemic. Recommendations to isolate, avoid social contact were directed primarily at the older people. This caused significant consequences in various areas of their lives due to behavioral changes, particularly with regard to health, mental state, social relations, etc. The pandemic state, due to the fear of getting sick, caused many older people to give up preventive examinations, visits to the doctor, meeting other people. The remedy and the beginning of a return to the pre-pandemic state turned out to be vaccines, but the priority of their uptake did not at all convince many older people to apply them. So what is the picture of older people nearly 3 years after the pandemic outbreak? The purpose of our presentation will be to present the behavioral strategies of older people and how they went through and coped with the pandemic. We will use the results of a survey conducted on a representative sample of Poles (N=1000). Our study was carried out at the third wave's peak of the pandemic, with record rates of daily cases and deaths associated with COVID-19 (March 2021). In order to track trajectories of change in a variety of areas: health, social relations, psychological well-being, economic situation, contact with health services, vaccine hesitancy, trust in institutions, adherence to strictures, physical condition, etc., we repeated a representative survey (N=1000), where 62% of respondents were from the first measurement in April 2022. Due to our strategy and usage of retrospective questions, we were able to capture the changes that the pandemic caused in the lives of older people and what trajectories of changes were in the subsequent years of the pandemic compared to younger people in Poland.

Social capital and all-cause mortality among people aged 50+ in Poland

Katarzyna Zawisza, Paulina Sekuła, Michalina Luśtyk, Beata Tobiasz-Adamczyk (Jagiellonian University Medical College)

The association between social participation and networks and all-cause mortality was confirmed in many studies, whereas some studies suggest marginal effect of social network. There is however less evidence on the associations between other components of social capital (perceived social support, trust) and mortality, especially from Central and Eastern Europe. Existing data on the associations of social capital and mortality also support the need for age and gender-specific analyses (e.g. positive impact of social networks captured within whole populations loses its significance for older adults). Besides, the relationships between various indicators of social capital and mortality may change in time, especially under the impact of a serious threat, such as the COVID-19 pandemic. The aim of this study was to verify social capital indicators as risk factors for 9.5 year all-cause mortality (8 years before COVID-19 pandemic and 1.5 year during of the pandemic) among men and women aged 50 years or older in Poland. The baseline cross-sectional survey was conducted in Poland in 2011 as a part of the COURAGE in Europe study. The analyzed sample included 3032 people (1186 men and 1846 women) randomly selected from the non-institutionalized Polish adult population aged 50 years or older. Face-to-face computer-assisted personal interviews using a structured questionnaire were conducted at respondents' homes by specially trained interviewers. The mean observation period in the cohort was 9.5 years. The following indicators of cognitive and structural social capital were considered: individuals' generalized trust, specific trust, social networks, social support and social participation. Cox proportional hazard models were used to identify hazards of all-cause mortality. Various patterns of all-cause mortality before and after the onset of the pandemic as well as across gender groups were observed, especially in case of trust indicators.

New roles of online health communities: between lay expertise and fulfilling institutional gaps II

Chairs: Alberto Ardisson (University of Macerata); Iwona Leonowicz-Bukała, Monika Struck-Peregończyk (University of Information Technology Management in Rzeszow); Alessia Bertolazzi (University of Macerata)

Professional online communities addressing the knowledge gap during the Covid-19 Pandemic. The case of the "early home therapies" network in Italy.

Micol Bronzini (Marche Polytechnic University), Roberto Lusardi (University of Bergamo), Enrico Maria Piras (Bruno Kessler Foundation)

Recent years have witnessed the questioning of epistemic institutions and expert knowledge as the sole holders of the role of defining what is true. The COVID-19 pandemic offered an unprecedented opportunity to investigate knowledge-making practices and the associated epistemic conflicts regarding the legitimization of knowledge. Besides the conflict between the scientific community and the social groups that opposed anti-scientific positions, the pandemic has also been the backdrop of a professional online communities which addressed the knowledge gap of the first pandemic waves. The COVID-19 pandemic posed a challenge to EBM, which requires that clinical decision-making takes into account guidelines elaborated and validated by international scientific agencies (Greenhalgh et al., 2022; Timmermans, Berg, 2010). This process may require years and is designed to answer "simple, focused questions in a stable context" (Greenhalgh et al., 2022), thus poorly adapting to complex and rapidly changing situations in a time of radical uncertainty (Pellizzoni 2003). But what happens when evidence is completely absent or still in the process of being established? To answer this question, the present contribution aims at analyzing the case of the so-called "early home therapies" for Covid-19 which considers the emergence of a community of practice of general practitioners and hospital specialists who, self-organising through social networks and instant messaging applications, developed and used a treatment protocol based on observational data collected during clinical practice. Starting from an empirical research conducted through interviews, online ethnography and documentary analysis, the work reconstructs the process of self-organisation and construction of the community of practice that has tried to reconcile daily clinical practice and the production of validated knowledge by experimenting with therapies and proposing treatment protocols. The analysis of the case allowed us to investigate the profession of the general practitioner caught in the unfinished transition towards the model of evidence-based medicine.

Online health communities on Facebook for patients with Type 1 Diabetes and their caregivers in Poland. Research project

Iwona Leonowicz-Bukała (University of Information Technology and Management in Rzeszow)

The proposed paper's main aim is to present a research project concerning the use of online Facebook groups to facilitate the management of type 1 diabetes in Poland. The project is an attempt to fill in the gap in the knowledge and literature on the topic of OHCs and their use in the management of chronic diseases in Poland, with a focus on T1D. As well as globally (International Diabetes Federation, 2021; Maahs et al., 2010), diabetes is a big challenge to Polish society and the health care system, and type 1 has been diagnosed more and more often in recent years (Kurzyńska 2019). This type of diabetes is characterized by an absolute deficiency of insulin secretion, thus the patients require daily insulin injection therapy (IDF 2021). Errors in therapy can directly threaten the patient's life (see Kurzyńska 2019). Studies show that the Internet can not only be the source of immediate health information for patients but also 'can help improve outcomes for those with diabetes through enhanced education and support' (Kaufman, 2010; Faraj et al., 2016) and be a tool of empowerment for patients with diseases where self-management is critical for the effects of therapy and wellbeing (Shaw & Johnson 2011). The main goal of the study is to answer the following research questions: 1. What are the roles and functions of the OHCs in social media in the management of a chronic disease? 2. What is missing in the Polish health care system that OHCs are delivering to their members? 3. What are the gains and risks of relying on OHCs in the management of a chronic disease? 4. What is the best possible way to use the potential of OHCs by the Polish health care system? The project will use quantitative and qualitative methods.

The power of social media in reproductive healthcare within and beyond the public healthcare system. The comparative study of Poland and Canada

Krystyna Dzwonkowska-Godula (University of Łódź)

The paper aims to discuss the online activity of grassroots groups and organizations which address reproductive health needs in Poland and Canada. It presents the results of the research project "Reproductive Politics and Reproductive Justice in Poland and Canada" 2021-2022, funded by The Polish National Agency for Academic Exchange (NAWA). Although in Canada, a country without an abortion law, abortion is treated and financed as a health service, access to it is unequal. In Poland, on the other hand, people face very restrictive abortion laws and the need to terminate a pregnancy outside the healthcare system. In both countries, grassroots groups and NGOs undertake interventions in the face of existing social inequalities in reproductive healthcare. On the one hand, they help people use available medical services. On the other hand, they offer unavailable services, creating an alternative to the public healthcare system. This paper focuses not only on access to abortion but also on such aspects of reproductive healthcare as access to contraception and preventing STDs. The analysis covers the online activities of selected organizations that heavily use social media to provide information and support of various kinds. In Canada, they include The Action Canada for Sexual Health and Rights, The Abortion Rights Coalition of Canada, and Planned Parenthood Ottawa. In Poland, they are the Foundation for Women and Family Planning, the Abortion Dream Team, Abortion Without Borders, and Lekarki Pro Abo (Doctors For Abortion). The following research questions are posed: 1) what role do these groups and organizations play in these selected areas of reproductive healthcare, and how do they use social media for those purposes; 2) what are the goals, forms, and addressees of their online activity; 3) do and how do they fulfil institutional gaps in reproductive healthcare?

Health and social theory

Chair: Monica Murero (University of Naples Federico II)

How Artificial Intelligence is reshaping the autonomy and boundary work of radiologists. A qualitative study

Linda Lombi (Catholic University of the Sacred Heart) & Eleonora Rossero (Eclectica+ Research and Training)

The application of artificial intelligence (AI) in medical practice is spreading, especially in technologically dense fields such as radiology, which could consequently undergo profound transformations in the near future. This article aims to qualitatively explore the potential influence of AI technologies on the professional identity of radiologists. Drawing on 12 in-depth interviews with a subgroup of radiologists who participated in a larger study, this article investigated: 1) whether radiologists perceived AI as a threat to their decision-making autonomy; and 2) how radiologists perceived the future of their profession compared to other healthcare professions. The findings revealed that while AI did not generally affect radiologists' decision-making autonomy, it threatened their professional and epistemic authority. Two discursive strategies were identified to explain these findings. The first strategy emphasized radiologists' specific expertise and knowledge of the field which extended beyond the interpretation of images (performed increasingly well by AI machines). The second strategy underscored the fostering of radiologists' professional prestige through developing expertise in using AI technologies, a skill that would distinguish them from other clinicians who did not possess this knowledge. This study identifies AI machines as status objects and useful tools in performing boundary work in and around radiological profession.

Towards conceptual reliability in understanding "health identity" and "illness identity" – an integrative review

Pelle Pelters (Stockholm University)

Background: Health identities and illness identities have been presented as important for the experience of health/illness and related behaviors. However, an abundance of different conceptual approaches is used to define what 'health identities' and 'illness identities' are, which questions conceptual reliability. **Aim:** The aim of the study is to review how health identities and illness identities are understood and related to each other in peer-reviewed scientific articles. **Method and data:** Scientific databases PsychInfo, Pubmed and Scopus have been screened to select data for an integrative review. 64 articles dealing with "health identity" and "illness identity" represent the final sample, on which a thematic analysis has been performed. **Results:** Health and illness identities are regarded as constructed, not essential identities. They can both be understood in terms of being, acting and evaluating, answering the question 'Who are you?', 'How do you deal with health/illness?' and 'How are people judged by their

health/illness?', respectively, but show differences between ways of being, acting and evaluating, too. The relation between health and illness identities can be described as either a binary (with a focus on illness identities) or as using health identity as all-encompassing umbrella term, which may or may not be connected to a spectrum of simultaneous health and illness identities. Conclusion: As the terms 'health identity' and 'illness identity' are indeed understood in a not necessarily compatible way, it is recommended to be clear about the employed conceptual version. In particular, it should be differentiated between applying 'health identity' in terms of 'health' or 'healthy living' and 'illness identity' as meaningful for the self or as a way of understanding symptoms of an illness. Moreover, ways of dealing with normality, normativity and identity construction reveal a neoliberally informed reconstruction of the hierarchical relation of superior health over inferior illness.

Social control in a self-medicated society: a systematic review

Ana García-Arranz & Salvador Perelló-Oliver (Rey Juan Carlos University)

Nowadays, increasingly complex health systems, excessive information, and a marketplace full of promising products are some factors at the root of a self-medicated society. In the last decade, the sale of over-the-counter (OTC) drugs has increased by 50.04% worldwide and is expected to rise a further 25.06% by 2026 (Euromonitor International, 2022). Additionally, COVID-19 has sky-rocketed their consumption in an act of self-preservation. In a global context in which all kinds of risks proliferate, the social perception of disease incorporates a mainly pharmacological approach. This perspective emerges as a new one of social control. Drawing on sociological theory, this proposal examines the role that scientific literature —focused on raising social awareness of the risks linked to these medications— gives to problematic influence of the media and advertising in the promotion of these products. The methodology has two parts: the first involved a comprehensive database search (WoS, Communication and Mass Media Complete, PubMed, and PsycINFO) of relevant studies published between 2000 and 2021. The second, consists in a residual analysis based on the corresponding contingency table. The corpus comprises 516 studies. Results show that 26.4% of the studies raise concern about the enormous influence of the media on the consumption of these products, and 29.7% indicate the need for greater restrictions of direct-to-consumer advertising of OTC drugs. Moreover, 36.4% of the literature evidences the absence of relevant and/or verified information, which leads to poor decision making, deficient self-management, and higher hospitalization rates. The study concludes with recommendations to take into account the sociocultural factors of the excessive and uncritical consumption of these products in today's society. It also points out the importance of pay more attention to the unavoidable responsibility of media in the promotion of products which may pose serious dangers to public health.

Vaccine hesitancy II

Chair: Luigi Gariglio (University of Turin)

Rethinking Vaccine Hesitancy towards Childhood Vaccinations: Beyond a Unidimensional Understanding

Mario Cardano (University of Turin), Dino Numerato (Charles University), Luigi Gariglio (University of Turin), Jaroslava Hasmanová Marhánková (Charles University), Alice Scavarda (University of Turin)

Although being widely used both in public health and social sciences, the concept of vaccine hesitancy in the context of childhood vaccinations is more a catch-all notion than a heuristic one (Peretti-Watel 2015). Many scholars (see, for instance, Sobo 2016) have recently put into light that dispositions and discourses on childhood vaccinations are complex, heterogeneous and dynamic. The contribution is aimed at discussing the limits of the unidimensional understanding of the parents' disposition toward childhood vaccinations based on the continuum between acceptance and refusal. Drawing on the results of a team ethnography, based on both in-depth interviews and participant observation in seven European countries (Belgium, Czech Republic, Finland, Italy, Poland, Portugal, UK), we intend to put into light the Boudon (2003) «good reasons» for parents' cautiousness, doubts, and scepticism about vaccination as well as their compliance. More than a fixed personality trait, the so-called vaccine hesitancy phenomenon emerges in an interactive social context, being fully open to changes rooted in parents' life courses, including their relations with health care professionals. The dispositions toward childhood vaccines have been considered as a particular expression of a general cultural feature of Western societies, based on the combination of a tendency to enhance the agency of citizens and patients and make them responsible for the consequences of their actions. We propose and discuss a three-dimensional typology of parents' discourses underpinning vaccine hesitancy that combines these

properties: referral system: lay vs expert; parents' disposition toward the information acquired: critical vs acritical; normative pressure acting: being a good parent and a good obeying citizen.

On the moral permissibility of opt-out strategies for childhood vaccination programmes

Didde Boisen Andersen (VIVE - The Danish Center for Social Science Research)

Studies suggest that parents' decision-making process concerning whether to vaccinate their child or not is highly affected with cognitive biases. Moreover, it is argued that these biases can be utilized to increase vaccination uptake via changes in the choice context (Guibilini et al 2019). Today most European countries employ an opt-in strategy where parents actively need to "opt-in" in order to get their child vaccinated. However, due to an increasing vaccine hesitancy among parents resulting in insufficient rates of immunization (Thomsen 2017), we might want to reconsider the national childhood programmes. For example, it seems possible to change the default pertaining to childhood vaccination so that children are vaccinated at day-care or school unless the parents choose to "opt-out". The paper provides a normative theoretical assessment of such opt-out strategies. We suggest that if opt-out childhood vaccine programmes are disrespectful of parental autonomy they are no more disrespectful than opt-in programmes, and if opt-out strategies are more likely to increase vaccine uptake they thereby seem preferable. Furthermore, since an opt-out childhood vaccination programme circumvents parental autonomy, some of the usual autonomy-based objections to such nudging strategies no longer apply. Also, childhood vaccination give rise to additional considerations such as avoiding harm to others and promoting equality, which might outweigh concerns of not interfering with parental autonomy. We argue that changing childhood vaccination programmes from opt-in to opt-out might in fact reduce social inequality in vaccine uptake, which is important both in terms of reducing overall social inequality in health and securing herd immunity by avoiding clustering of non-vaccinated children. It seems that the opt-in strategy supports choices that run counter to such important considerations.

Between psychology and sociology: how can we explain political differences in public attitudes to vaccines?

Jeremy Ward (French Institute of Health and Medical Research - INSERM)

The epidemic of COVID-19 has heightened concerns regarding a politicization of vaccination. Studies conducted in countries across the world have found varying degrees of political influence on attitudes to COVID-19 vaccination and other vaccines. The topic is of particular interest to social scientists as the political influence on perceptions of vaccines is an illustration of the fact that vaccination is not just about medicine and science. But academic discussions of this issue have mostly been dominated by the analytical tools developed by psychologists working on the case of the United States of America. These tools have focused on "top-down" explanations where the public discourses of politicians have a very strong effect on their sympathisers' attitudes to vaccines through cultural-cognitive mechanisms. This approach has enabled to identify many of the mechanisms that can explain why we see political differences in attitudes to vaccines. But it also comes with its limitations: it pays too little attention to disengagement and rejection of politics, it does not take into consideration the ambivalence of many parties on the issue of vaccination and it focuses too much on political parties' discourses, ignoring the other actors who are part of public debates. In this presentation, I will draw on a set of 37 surveys conducted in France during the COVID-19 epidemic as part of several ongoing projects on the evolution of attitudes to vaccines (2015-2027). I will discuss current explanations of political differences in attitudes to COVID-19 vaccination as well as other vaccines. The diversity of surveys will allow to explore the role of partisan identities but also of disengagement with politics. I will draw on French sociology of ordinary relations to politics and public institutions to discuss the strengths and limitations of the American cognitive-psychological approach.

Fake news, rumors, Misinformation: Are we inflating the Impact of Social Media on Vaccine Hesitancy?

Ève Dubé (Laval University)

Many experts consider the ubiquity of online "anti-vaccine" discourse or misinformation to be a key driver of low acceptance and uptake of COVID-19 vaccines, which limit the success of COVID-19 vaccination programs. The deliberate production and dissemination of false information on COVID-19 vaccines has objectively multiplied during the pandemic. Public health COVID-19 vaccination campaigns have faced many communication challenges, including polarization, politicization, and increasing public distrust of governments, public health authorities, and even science. This presentation brings together the findings from two longitudinal studies conducted in Quebec, Canada. First, social listening was done from April

2020 to October on social media (Facebook, Twitter, Tik Tok) and traditional Quebec media websites. Second, since March 2020, weekly cross-sectional online surveys are conducted to assess Quebecers' attitudes, perceptions and behaviours with regards to COVID-19 prevention, including vaccination. Our social listening analysis showed that online discourses around COVID-19 vaccination were mostly negative (e.g., emphasis on vaccines risks, lack of effectiveness). Some political parties, as well as newly formed groups against public health measures, have been prominent in the online discourse on COVID-19 vaccination. However, findings of the surveys show high level of COVID-19 vaccine acceptance (e.g., over 92% vaccinated with booster), but increasing vaccine hesitancy over time. Combining the findings from both projects highlight that distrust of vaccines and institutions is not homogeneous. Using social sciences concepts of stigma, blame, trust, and risk, we will go beyond a dichotomous vision (good vs. bad information, "pro" vs. "anti" vaccines) to discuss why some narratives on vaccines have been abundantly relayed in online, which actors have benefited from these discourses and which groups are more likely to be receptive to anti-vaccine rhetoric. Although data are localized, lessons learned in this project are of interest to an international audience.

The role of emotions in sociological research on health and medicine

Chairs: Catarina Delaunay (Interdisciplinary Centre of Social Sciences - CICS.NOVA) & Ana Patrícia Hilário (University of Lisbon)

Emotional Content in Educational Materials Related to COVID-19 - Universal vs Local Patterns

Magdalena Ślusarczyk, Maria Świątkiewicz-Mośny, Natalia Ożegalska-Łukasik (Jagiellonian University)

The pandemic period was full of different emotions. In the public space those related to anxiety, fear and uncertainty frequently appeared. Ulrich Beck argued that whereas the man of pre-modern society said 'I am hungry' and worried primarily about meeting the basic needs of life, in modern times, we say 'I am afraid'. Fear, anxiety, and a sense of threat is, in his view, what afflicts modern societies. It makes communicating in health and illness all the more challenging, especially when the audience is to be children and young people. The COVID-19 pandemic outbreak put us in the unique position of explaining a disease and a threat that we did not know, could not assess its impact, and did not know the potential time horizon. This paper examines how emotions were factored into the communication of COVID-19, the pandemic, and its impact. Following Hochschild's notion, we pose the question: What emotional labor have we done to support children and young people in times of pandemic? We also study what values and emotions are used and evoked in the educational materials on COVID-19 for children and young people and to what extent difficult emotions such as fear, a sense of injustice, sadness, and grief were introduced and managed. Our analysis is performed in three cultural contexts: Asian (China), European (Germany), and American (USA), based on 166 educational materials from 2020 about the COVID-19 pandemic dedicated to children and adolescents collected within the Jagiellonian University project "The virus in the crown and its secrets". Apart from the general outlook, we try to find commonalities and differences in approaches to emotions, how the narrative of the virus and pandemic story is built, and what attitudes are promoted.

Loneliness among youth and its association to both self-perceived health and risk of poor mental health: results from a cross-sectional study using a representative sample in Barcelona, Spain.

Sandra Escapa, Marga Mari-Klose, Albert Julià & Pedro Gallo (University of Barcelona)

Loneliness is a common and emotionally distressing experience. Although there is extensive sociological literature examining the health implications of social support and social integration along with a growing literature assessing the harmful impact of loneliness among the elderly there is scarce information regarding the potential health consequences of loneliness in earlier life stages. The aim of this paper is threefold: i) to examine the prevalence of loneliness among young adults in Barcelona; ii) to assess the associations of loneliness with mental health and self-perceived health; and iii) to study the modifying effect of several sociodemographic and socioeconomic variables. Using data from a randomly selected representative sample gathered in 2020, the Barcelona Youth Survey (N=1,407 aged 15 to 34), we analyze the relationship between health and loneliness through logistic regression analysis. According to our results, 11% of the youngsters in Barcelona feel alone frequently. Those feeling alone have a higher probability of suffering mental distress (OR=4.232 p<0.001) and a higher probability of having a bad self-perceived health status (OR=5,068 p<0.001). The association keeps statistically significant after adjusting by sociodemographic and socioeconomic variables. Loneliness during young age may be an overlooked pre-disease pathway for a range of health outcomes in adulthood. The results of this research indicate the importance of designing policies to combat loneliness from an early age.

The lack of emotions. Why do the Javanese not speak about emotions while describing mental illnesses?

Anna Skiba (University of Warsaw)

During research conducted by the author in Indonesia on cultural concepts of mental illnesses, she observed the absence of emotion in the descriptions of mental illnesses by the Javanese. One of the author's main research questions was "what are the symptoms of mental illness according to the citizens of Yogyakarta (Java, Indonesia)?" When answering the question, Indonesians almost exclusively talked about "visible" symptoms of mental illnesses, such as aggression, the lack of behavioral control, breaking cultural norms, and somatic symptoms. Few interviewees recalled emotions such as sadness, or being depressive mood while describing the symptoms of a mental illness. In her presentation, the author will not only show this absence (mostly by presenting other recalled symptoms) but will also take into consideration the reasons for this issue. In the author's opinion the cultural norms of Javanese culture, such as hiding emotions, the fear of shame, or the extraordinary respect for older people play a crucial role. The author argues that these norms greatly affect the interviewees' description of mental illnesses. The presentation will start with presenting the anthropological approach to illness. Then the author will share previous research on symptoms of mental illnesses in Indonesia. After the methodological part, the results of the study will be presented. The main body of the data comes from 31 individual in-depth interviews with the citizens of Yogyakarta about cultural concepts of mental illnesses, which were conducted in Yogyakarta (Java, Indonesia) in the years 2019-2020. Three groups of interviewees were included: practitioners of traditional medicine, representatives of Western medicine such as psychiatrists or psychologists, and students. The data gathered during the interviews is enriched by information collected through ethnographic observation. In the conclusion part, the author will take into consideration the potential explanations of the lack of emotions mentioned in the title.

The paradoxes of professional practice in ART: Emotion work between standardized conduct and an ethics of care

Catarina Delaunay & Luís Gouveia (Interdisciplinary Centre of Social Sciences - CICS.NOVA)

Professional practice within assisted reproductive technology (ART) is oriented by strict norms and standards, related to international guidelines, ethical regulations and statistical data. Reproductive doctors apply standardized treatment protocols and informed consent forms to women and couples with fertility problems; embryologists guide their classification work and decision-making by international embryo grading charts and time-lapse technology. Nevertheless, these health professionals sometimes have to manage their own emotions and feelings regarding either the procedures they apply, or the people and biological matter they deal with daily in their work environment. In this presentation, we aim to highlight the paradoxes of professional practice in ART, namely the complexity and challenging nature of emotion management by professionals working in healthcare settings that are marked by diverse and even opposing expectations: on the one hand, by standardized performance and cost-effectiveness, and, on the other hand, by an "ethics of care" and solicitude. Concomitantly, we intend to display the individual processes, personal experiences, and ultimate effects and outcomes for all the parties involved, of this reconciliation between different stances. We also plan to acknowledge how supportive or constraining this emotion work is perceived by the professionals themselves. The analysis draws from a research project on expert and lay meaning-making of human embryos in vitro based on a mixed-methods approach, including interviews with 69 ART beneficiaries and 49 health professionals. For this presentation, the focus is placed on the testimonies of 16 doctors and 20 embryologists working at public and private fertility units/clinics in Portugal.

Parallel Sessions 3 (25 May, 15:00 – 16:30)

Health care systems after the COVID-19 pandemic: sociological perspectives in the public debate

Chair: Giovanna Vicarelli (Marche Polytechnic University), Guido Giarelli (University Magna Graecia of Catanzaro)

Unmuting voices: adolescents and norms during the Covid-19 pandemic

Anna Rosa Favretto (University of Turin), Domenico Carbone (University of Eastern Piedmont), Cristina Calvi (INRCA IRCCS -National Institute of Health & Science on Ageing), Manuel Finelli (University of Modena and Reggio Emilia)

In Italy, as in many other countries, during the pandemic children and adolescents suffered a symbolic and relational marginalization, which emphasized their already rare and scattered participation in policy-making. The domestic confinement nine millions of children and adolescent had to endure implied a generalized neglect of their physical, relational and educational needs. The incapacitating vision which characterizes the way of children and adolescents are portrayed in Western contexts commonly results in their exclusion from the design of public policies and intensified during the pandemic. Nonetheless, throughout the Covid-19 confinements, the adolescents formulated thoughts and discussed among each other about the foundations and the effectiveness of the rules issued to tackle the crisis. This paper presents data collected during a pilot-research conducted with 134 adolescents (16-17 y. o., Turin) who participated in 18 focus groups. The discussions touched upon their life-management modalities during the pandemic and the challenges they encountered with an emphasis on how they experienced the new regulations applied. The data collected was discussed from the perspective of the KOL research and lead to finding out that the adolescents who participated in the survey were able to respond to the sociographic disruptions caused by the pandemic in reorganizing their lives also from a regulatory point of view. The research demonstrated that the health-related rules and provisions issued during the pandemic have become part of the legal socialization of adolescents who had also to reorient many of their usual behaviors, as much as adults did. Adolescents are rarely consulted and listened to when it comes to public health matters; however, their perspectives and experiences could prove their usefulness for pursuing a fairer intergenerational justice, as well as for the design of social policies addressing health protection issues in the societies the new generations will dwell for many years to come.

The Covid-19 pandemic from the prospective of the disaster research

Marilin Mantineo (University Magna Graecia of Catanzaro)

The Covid-19 pandemic has produced particularly significant effects on different sociological observation levels, causing short, medium and long term transformations. On a macrosociological level, important effects have been shown regarding health care access, the contrast between different models of viral containment and between health and economic objectives. In general, the public narrative regarding Covid-19 was concentrated on the containment measures governments put in place, which used a "virus-centric" approach because the virus was identified as the only problem to be tackled. However, the origin and spread of the contagion leads us to explore the connections between Covid-19 and the patterns of development and our contemporary lifestyles. The virus highlights the process of zoonosis, the environmental destruction due to our systems of production, the demographic increase in some areas of the planet and, essentially, the phenomena of globalization (Dei, 2020). The pandemic therefore represents an area in which sociology can and must resume thinking and developing new theories and issues of public analysis. The approach of disaster research can help us to explore what impact Covid-19 had on healthcare services and which methods of analysis should be used to understand the effectiveness of different healthcare systems. Since the late 1980s, Quarantelli and Wenger (1987) have described extreme events not only as events occurring instantaneously here and now, but also as processes (Turner, Pidgeon, 2001) with their own temporality and causally interconnected. This awareness highlights the need to analyse the time of the pandemic in a perspective capable of grasping its economic, ecological and social preconditions and the in-depth interactions between these three spheres. Analyzing Covid-19 through this perspective allows us to consider the vulnerabilities of our healthcare systems in a historical context and to identify the long-existing preconditions and dynamics that gave rise to a catastrophic situation.

Social sciences and the policy elite of the COVID-19 pandemic response in Switzerland

Michael J. Deml (University of Geneva)

Traditionally, literature on risk communication during health emergencies has focused on communication from experts, public health authorities, and community leaders to the general population. Less attention has been paid to risk communication between experts, authorities, and leaders in the shaping of health crises responses. Referred to as ‘policy elites,’ these individuals represent important, yet understudied, actors within the health system. I focus on the case of Switzerland’s COVID-19 pandemic response, part of which involved the creation of the Swiss National COVID-19 Science Task Force. In March/April 2020, experts from Swiss academic institutions organized and obtained a mandate from the federal government to provide “scientific knowledge to assist the political authorities and decision-makers in reaching decisions.” With the COVID-19 pandemic’s far-reaching social ramifications, it is important to understand how policy elites communicated about risks to society and to examine the space that was attributed (or not) to social science expertise in shaping policy responses. I therefore conducted 7 semi-structured, qualitative interviews with key informants from the policy elite (health authorities at federal and cantonal levels; expert members of the Task Force). I employ Gieryn (1983)’s concept of ‘boundary-work’ to underscore how scientific experts and public health practitioners demarcated their roles and responsibilities during times of great uncertainty. Participants agreed that more social science research and expertise were needed for the COVID-19 pandemic response, particularly insofar as they could contribute to population compliance to public health measures. Respondents commented on a lack of funding for social science research at the onset of the pandemic and their frustrations with the resulting insufficient social stratification data that could have better informed public policy efforts designed to mitigate the pandemic’s impact on social inequalities. Participants agreed that future preparedness efforts should include early and sustained involvement of social science perspectives.

Anti-institutionalist, complementary and alternative healthcare pathways

Chair: Ema Hrešanová (Charles University)

Pathologized, shaken, forced away: vegans’ experience with biomedicine

Tereza Stöckelová (Institute of Sociology, Czech Academy of Science) & Varvara Borisova (Faculty of Humanities, Charles University)

Plant-based diets are gaining popularity due to their environmental and health-related benefits, which are now widely recognized in the context of the climate crisis and pandemic of non-communicable diseases. The rising number of people adopting nutritional practices that significantly reduce or exclude the consumption of animal-based food is thus a new challenge for the public healthcare systems. We draw upon the qualitative data generated from July to November 2022 through semi-structured interviews with vegans in Czechia. The paper will zoom in on two issues: 1) We will focus on the ambiguity in vegans’ concept of a vegan diet and its impact on the body and health. On the one hand, vegans cherish their food as a moral act of care for animals, the planet, and themselves and often experience improvement in their subjective health and body perception after the transition; on the other hand, they also internalize the biomedical concept of fully plant-based food as deficient in some essential nutrients (such as the vitamin B12). We will discuss how vegans cope with such tension in their everyday life as well as in their self-narratives. 2) We will argue that healthcare professionals seem to have not yet developed an acceptance of veganism and instead continue to pathologize it, resulting in vegan patients having worse access to primary healthcare. Due to the lack of acceptance, vegans tend to put off or avoid seeing health professionals who are often judgmental of veganism and tend to attribute all vegans’ health problems to their ‘unconventional’ diet. We will discuss how vegans navigate healthcare in the context of the institutional resistance towards veganism, and what strategies vegans use to develop their own nutritional and medical knowledge.

Covid-19 as a catalyst for anti-institutionalist ‘careers’

Tim van Meurs (University of Amsterdam)

During the Covid-19 pandemic, anti-institutionalist sentiments seemed to have transitioned to the mainstream. Whereas aversion to (establishment) politics, science, and related institutions has been around for years, it has rarely resulted in such a consistent stream of (large-scaled) protests and explicit disregard for official health advice. While anti-institutionalism aligned with gradual formation of personal beliefs (e.g. one’s political beliefs) is likely to remain a deep-rooted sentiment, the Covid-19 pandemic was an extraordinary occurrence. This was evident from the various groups in society that were not

previously (vocally or actively) involved in anti-institutionalist discourses, but were in times of Covid-19. A pressing question that therefore remains is whether this involvement can be seen as a catalyst for further anti-institutionalist 'careers', or if it was a case-specific involvement that declined together with the decline of Covid-19 related discourse in the media and in everyday life. To this end, I will conduct in-depth interviews with Dutch citizens that, according to themselves, first developed feelings of anti-institutionalism during the Covid-19 pandemic, to answer the research question: How did Covid-19 shape citizens' anti-institutionalism, and how has it developed during and after the pandemic's heydays? These interviews will focus on how and why Covid-19 caused the interviewees to become anti-institutionalist, and on the form interviewees' anti-institutionalism took during, but especially after the heydays of the pandemic. This study can provide insights into the development of anti-institutionalist 'careers', following the 'deviant careers' approach more recently applied to studies about e.g., politically discontent citizens and vaccine-skeptics, and may offer indications about the formation of anti-institutionalist discourse during exceptional societal disruption, and its longevity in the medium- to long-term.

Social beliefs and lay perceptions towards dietary supplements in Spain. A quantitative analysis *Salvador Perelló-Oliver & Ana García-Arranz (Rey Juan Carlos University)*

In recent decades, a dominant message has been perpetuated in the collective imagination by the media, marketing, and even scientific circles on the search for long-term sustainable wellbeing, a holistic approach focused on self-care, and preventative health. This has been augmented by the global pandemic which has deepened the society's vulnerabilities. The aim of this proposal is to analyze social beliefs and perceptions towards dietary supplements in Spain. This country boasts one of the top European positions in "problematic literacy" (WHO, 2018) on health-related issues, while the consumption rate has increased by 47.57% since 2017. In this context, it remains striking that today's much more sophisticated and empowered consumers still hold as healthy products that may not have said properties and may even be harmful to the very health that they prioritise. Drawing on sociological and lay theory, sociocultural factors that shape and imbue social perceptions regarding this unfounded consumerism are examined. These beliefs are configured as a reflexive element in the contradictory relationship between the search for preventive health and the consumption of these innocuous or potentially innocuous products. The methodology is based on an original CAWI survey conducted in Spain in 2020 on a sample (n=1200 interviews) stratified by geographical area into the categories of population size, sex, and age with a confidence level of 95%, 2 sigma, and a sampling error of $\pm 2,89\%$. Results show that only 20.6% of those surveyed say they do not give any credence to marketing messages concerning these products. In turn, 75% still trust the false role attributed to these products in helping to cure illnesses; an assertion that, furthermore, is expressly forbidden by the European regulation. Implications for public health policy are made.

Doing research with children in a pandemic time

Chair: Stefania Fucci (University of Parma) and Francesca Zaltron (University of Eastern Piedmont)

Following COVID-19 protocol while doing research at a ECEC service

Carmen Maria Sanchez Caro (Université Paris Sorbonne Nord-USPN and Conservatoire Nationale des Arts et Métiers-CNAM)

Faced with the changes in the Covid-19 French regulations, the childcare services introduced some sanitary measures on a daily basis and updated weekly as this protocol was always changing. During 2020-2021, I conduct field research at a ECEC in Paris, to better understand children's everyday experiences in relation to professionals work organisations. Part of my methodology consisted on whole day focused observations of children and home interviews with families. With two lockdowns and a feeling of not knowing what was the right healthy measure, I need to adapt my methods to cope with the situation, and manage to build a trust relation with both children and professionals. Knowing their daily routine were no so much of a routine and I was a stranger to them. For the purpose of this proposal, I focus on the wearing of masks, as it was one of the Covid measures that question the most and was a permanent subject of discussion and changes. Whether I follow the same rules as the professionals or those of parents. If, as professionals, I wear my own mask or the masks distributed by the city; specially design for early childhood professionals as they allow children to see professionals mouth, helping the relation with children. From a methodological point of view, I want to reflect on the position of the social researcher in these circumstances. Two main issues will be discussed: how to apply and adapt the health measures and built a trust bond, and the role given by professionals to the researcher.

Participatory methods in health research with children: reflections from a research with hospitalized children during the pandemic

Roberta Bosisio, Giulia Maria Cavaletto, Federica Cornali, Manuela Olagnero, Giulia Storato (University of Turin)

The paper discusses the methodology adopted with hospitalized children attending primary and low secondary school during the pandemic in Italy. Part of a wider national research project on children's participation and identity construction in education and health systems, the research here presented focused on the experience of School in Hospital service as it is experienced by children who attended it. In particular, we wanted to explore the practices and meanings children had attached to schooling in hospital while they were living a double biographical transition – that from health to illness and that from childhood to adolescence – as well as the role played by the school in sustaining their agency. Within these aims and drawing from the mosaic approach (Clark and Moss, 2001), we proposed to the involved children a multi-method and multimodal workshop structured in three different activities. In defining the methodological path, we took the cue from research techniques which have been already adopted in health research with children, such as draw and tell/draw and write (Gibson et al., 2010) and photo-voice (Einberg et al., 2015). However, the already known challenges and constraints of conducting research with hospitalized children (Coyne et al., 2009) together with those posed by the pandemic, forced the researchers to constantly train their reflexivity and creativity to guarantee spaces for a real children's participation.

Rethinking the children's chronic illness management at school: making visible the “everyday life work” of children

Francesca Zaltron (University of Eastern Piedmont), Anna Rosa Favretto (University of Turin), Stefania Fucci (University of Parma)

This contribution analyse the complexity of daily care work in the management of children's chronic illnesses, using type 1 diabetes as an emblematic case and adopting the perspective of “illness trajectories” (Glaser, Strauss; 1968) in order to grasp the importance of the social labour carried out by all those involved in care pathways, including children. Our research questions focused on: 1) what happens when children return to school (after the diagnosis of type 1 diabetes), where the recognition of their competences and the promotion of autonomy, promoted by healthcare professionals, have to deal with the constraints posed by their minority; 2) the way in which care work changes following the delegation of responsibilities from the family to the school, as well as on the outcomes of the complex interaction between families, educational and health services. This work presents some findings of a research which involved 8 and 12 year-old children suffering from diabetes, their parents, teachers and health professionals who care for them. A relevant theme for the analysis of the work to be divided into illness trajectories is the recognition of childhood competences. The data reveal the existence of a plurality of factors (of a cultural and legal nature), interdependent on each other, which hinder their full recognition in the school environment. These factors also have important implications on the division of care work between school and family, since in cases where a balance in the division of tasks cannot be agreed upon, the burden of care falls on the families, especially on the mothers. In light of the research results, the case of the management of type I diabetes at school draws attention to the importance of rethinking the content and division of work and care responsibilities based on greater co-participation between all the actors, including children.

Vaccine hesitancy III

Chair: Alice Scavarda (University of Turin)

The conflicting social worlds of vaccine encounters between Finnish public health nurses and vaccine-hesitant parents

Petra Auvinen, Aapo Kuusipalo, Pia Vuolanto (Tampere University)

In the Finnish context, public health nurses are the primary vaccinators who meet with vaccine hesitant parents in the regular health check-ups of children that take place in child health clinics. This is where the social worlds (Clarke & Star 2008) of vaccine hesitant parents and public health meet. In our presentation, we explore the conflicting social worlds of vaccine encounters between Finnish public health nurses and vaccine hesitant parents by analyzing their distinctive relations. We use data from an ethnographic study that consist of twenty-four interviews with parents, twenty-five interviews of public health nurses and nearly fifty hours of observations of health examinations, vaccinations, and other activities at two Finnish child health clinics. We focus our discourse analysis on the interconnections

and conflictual understandings of the social worlds of parents and public health nurses. Our research questions are: What are the discourses that public health nurses and vaccine hesitant parents use when they talk about (their relations with) childhood vaccines in their encounters with each other and how are these discourses connected and/or disconnected from each other? What do these discourses enable or disable in the interaction between the parents and the professionals? Preliminarily, we have identified five discourses: best interests of the child, immunization decision-making, epistemic authority/agency, situational orientation, and supply and demand of knowledge. Through these discourses, we will discuss the possibilities of dialogue between these two social worlds of vaccination. The practical aim of the analysis is to identify areas for development in vaccine encounters in the Finnish context. The research received funding from the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 965280.

Healthcare professionals' approaches to pain and fear management during childhood vaccination: insights from three European countries

Esther Lermytte (Ghent University), Alice Scavarda (University of Turin), Ana Patrícia Hilário (University of Lisbon)

The ways in which pain and fear of needles act as barriers to childhood vaccination is an under-researched topic. Whilst some studies have applied quantitative methodologies to understand this, very few qualitative studies to date have been developed. Nevertheless, qualitative studies may help to provide a more in-depth understanding of childhood vaccination experiences. Data collected from ethnographic observations during childhood vaccination consultations in three European countries (i.e. Belgium, Italy and Portugal) show how the pain and fear management strategies applied by healthcare professionals (HCPs) during these consultations may ease vaccination or eventually contribute to the delay or refusal of childhood vaccination. The findings help to illustrate how HCPs manage the atmosphere during childhood vaccination consultations and how children's bodily experiences are acknowledged in this procedure by their parents and HCPs. Children's experiences of vaccination are understood with regard to both their positioning as social actors, co-constructing their social worlds, as well as the existing power dynamics between children, parents and adult society. This paper offers an innovative contribution to the sociology of childhood and the sociology of health and illness, as well as to scientific knowledge of vaccine hesitancy by offering insights into how children's vaccination experiences and management of pain and needle fear by HCPs and parents may impact on childhood vaccination.

Vaccination practices and vaccine hesitancy in Poland. Who's afraid of the hesitant parents?

Paulina Polak, Tadeusz Rudek, Maria Świątkiewicz-Mośny, Aleksandra Wagner (Jagiellonian University)

Vaccine hesitancy is defined by the medical world as a problem that needs to be solved. Mainstream media in Poland follow this reasoning, producing the effect of neglecting vaccine hesitancy and presenting social attitudes to vaccines as polarized: pro- and anti-vaxxers. In this paper, we go beyond this and ask questions: How does vaccine hesitancy manifest itself in real-life situations and practices? Is there space for understanding hesitancy in a healthcare system where time is the most valuable resource, family doctors are overworked and parents increasingly rely more on friends and internet knowledge instead of scientific data? Not to mention being heavily bruised by the pandemic and burdened with an influx of war refugees. Taking the view of hesitant parents, healthcare professionals, and ethnographic observation of actors involved in the situation of administering vaccines, we offer sociological insight into vaccination practices in Poland. We will show how vaccine hesitancy manifests itself in real-life situations and how it is dealt with by healthcare professionals. We will also pinpoint some of the most burning problems in vaccination practices to consider the possible ways of dealing with them. This presentation will be based on research carried out within the "VAX-TRUST - Addressing vaccine hesitancy in Europe" project. It included a series of observations carried out in 2022 in four vaccination centers in the southern Poland's region of Malopolska, situated in a large city (Krakow), small town and a countryside outpatient clinic. The results of observations will be supplemented by data from almost 60 interviews with parents and healthcare professionals, discussing vaccination practices, parents' vaccine hesitancy and the ways that HCPs deal with it.

Health and aging

Chair: Jaroslava Hasmanová Marhánková (Charles University)

Who shapes care? A look at how geriatricians in Italy and the United States shape (or fail to shape) societal understandings of aging and its needs

Francesca Degiuli (Fairleigh Dickinson University)

Traditionally, studies on long-term care and its organization focus on the intersection of three main institutions: the State, the market, and the family to explore the potential configurations of care provision. To this day, however, little to no attention has been paid to the role that doctors play in these processes, notwithstanding the fact that they are a key node through which the above-mentioned institutions connect. This paper starts to fill this gap by exploring the role that geriatric doctors play (or fail to play) in shaping how aging is understood by society at large, and the effects that this limited understanding has on the choices that individuals, families, and institutions make to address it. The paper is primarily based on qualitative interviews with geriatric doctors in the United States and Italy operating both in the private and public sector and, only secondarily, on participant observations at Italian geriatric conferences, and on the analysis of email threads of the American Geriatrics Society. The analysis of the data shows that the limited presence of geriatricians in both countries coupled with their limited power among stakeholders affect not only how aging is understood, but also how its needs are addressed at the micro-, meso-, and macro-level.

Frailty and social vulnerability among older adults in Italy

Flavia Atzori & Giovanna De Santis (Marche Polytechnic University)

Frailty and social vulnerability are important health concerns for older adults in an aging society. Frailty is a complex state of decline that affects physical, cognitive, and psychosocial functioning, leading to an increased risk of adverse health outcomes. Social vulnerability, on the other hand, refers to the increased susceptibility to harm or damage due to individual factors such as poverty, social isolation, and lack of access to healthcare and social support. In older adults, social vulnerability can exacerbate the negative impact of frailty and contribute to a decline in health and well-being. The interplay between these concepts highlights the importance of addressing both individual and social factors in promoting healthy aging. Preventive interventions that target the underlying causes of frailty and social vulnerability, such as improving access to healthcare and social support, as well as addressing poverty and social isolation, can help to reduce the negative impact of these conditions on older adults and improve their quality of life. Our contribution aims to expand the debate by studying the intersection between the concepts of frailty and social vulnerability. On one hand, we focused our attention on the theoretical debate in order to contribute to the development of a comprehensive conceptual framework for frailty and social vulnerability while focusing on older people living at home. On the other hand, we used data drawn from the Aspects of Everyday Life survey by ISTAT and the European Health Interview Survey (EHIS) to show how the concepts of frailty and social vulnerability can be operationalized and applied in order to gain insight into elderly health status in the Italian context, with a focus on spatial inequalities within the country.

Digital Innovation Aging: Failures and a Best Practice in Digital Health for Senior Patients During and Beyond the Covid-19 Pandemic

Monica Murero (University Federico II) & Stefania la Grutta National Research Council of Italy (IFT-CNR)

International evidence shows several benefits of the "dematerialization" of medical prescription (e-prescribing) for stay-at-home elderly during and beyond the COVID-19 emergency, particularly in countries where digital health practices were already diffused (Koster et al., 2020; Craston et al., 2020; Urik et al., 2020). In Italy, unprecedented e-prescribing protocols aiming at avoiding contacts at the point of care and relying on user's availability to use Information and Communication Technologies failed to reach the digitally illiterate, fragile, stay-at-home older population in great need of medications during the pandemic lockdown (Murero, 2021, 2022). This study presents how the initial failure of ICT-based digital health policy turned to partial success and critically reflects on the controversial future of digital health for digitally illiterate citizens. Our empirical findings (n=156, 2 years, ongoing) show that 1) innovative workers (interdigital agents)"invisibly" secured home medication to old people during the 2020 lockdown, substituting caregivers and volunteers: they turned innovation aging failure into success thanks to access to mobile technology and digital literacy; 2) in 2021 and 2022 health care providers, caregivers and even senior citizens broadly adopted e-prescribing; 3) innovative practices appear to affect the social health relation by (significantly) changing places of access to care, b) creating new.

socio-tech networked connections when fragile stay-at-home seniors suffer from (at least) one chronic condition (i.e., high blood pressure, diabetes). Previous literature showed the importance of situational practice and informal work supporting aging care (Miele et al., 2020; Fornasini et al., 2016; Bruni e Gherardi, 2007) besides "formal" regulation. Building on the theoretical work of Mol (praxiography, 2002, 2010) and Murero (interdigital communication theory, 2006, 2012), the presentation investigates, with an ethnographic approach, how e-prescription modifies trajectories of care (Glaser and Strauss, 1968) and family care re-organization (Riemann and Schütze, 1991) around older people disproportionately affected by COVID-19 severe complications (Mueller et al., 2020) and critically questions the limits of digital health future development and considers post-covid-19 digital health scenarios and innovations (i.e., serious games as digital therapeutics - SMILER) for fragile subjects, from teens to the elderly.

“Living in a different world”: older adults’ subjective representations of dementia and Alzheimer’s disease

Jaroslava Hasmanová Marhánková (Charles University)

Dementia and Alzheimer’s disease (AD) have come to symbolize the terrifying aspects of older ages. Despite the existence of discourses that challenge negative representations and emphasise the possibility of living well with dementia, the widespread metaphorical framing of AD and dementia represents these conditions as monstrous. How dementia as a condition is conceptualised may influence not only the level of anxieties it evokes but also access to early diagnosis, timely treatment and social inclusion of people living with dementia and their caregivers. Furthermore, understanding the cultural representations of AD and the emotional responses it evokes is even more critical in the context of the expansion of AD diagnosis. We use data from focus groups (N=15) and in-depth interviews (N=30) with older adults age 65+ living in the Czech Republic to explore how older adults understand the meaning of living with dementia and what language they use to describe and capture the nature of symptoms associated with dementia. The paper points out precisely three distinct features that framed the lay older adult’s representations of dementia: 1) blurring the lines between dementia as a specific health condition and representation of „dreaded“ old age, 2) constructing hierarchies between different conditions associated with dementia („good“ and „bad“ dementia) reflecting their impact on social relations and 3) transmission of suffering. Dementia was depicted as “contagious” in its effect on the family members who were, in a sense, depicted as the primary sufferers of the disease. The second part of the analysis focuses on the way the experience of caring for a family member diagnosed with dementia impact the language and attributes older adult employ while talking about dementia.

Health inequalities I

Chair: Stefano Neri (University of Milan)

Investigation of socio-economic and geographical inequalities in utilisation of health care services by the 50+ population in Greece in the period before, during the peak and after the economic crisis (2008, 2015, 2019) and the outbreak of COVID 19 (mid 2020)

Ismi Drakou (Panteion University)

The purpose of the research is to monitor the evolution of inequalities in access and use of health services by the 50+ population in Greece, at specific single points in time, at the beginning (2008), the peak of the financial crisis (2014), the exit of the Economic Adjustment Programmes (2018), as well as at the outbreak of COVID19 (mid 2020). Factors (socio-economic, health status, degree of urbanization, area of residence and insurance coverage) influencing the use of health services: (a) inpatient care and (b) outpatient care were studied. Material - Method: Three waves of the National Health Survey (EEY) were investigated at three points in time: 2009 (Wave1) with a sample of 3433 people 50+, 2014 EEY (Wave 2) with a sample of 3433 people 50+, and EEY year 2019 (Wave3). Moreover, the wave 8 of the Survey of Health, Ageing and Retirement in Europe in 2020 was investigated (SHARE CORONA Wave) at the outbreak of COVID19. After identifying the determinants of use, we perform separate analyzes for the probability of positive use and the amount of use for each type of health care using the logistic regression method - odds ratios (Negative Binomial and Truncated Negative Binomial Models). Results: (a) In terms of utilization: There is a small decrease in mean annual hospitalization, while there is a significant decrease in mean annual medical visits between Wave 1, Wave 2, and Wave 3. (b) In terms of evolution of inequalities in time, significant intra- and inter-regional geographic disparities for outpatient care are obvious in favor of sparsely populated areas in all three Waves. At the outbreak of COVID19 the inequalities increased and the limited use led to unmet care. These results indicate the impacts of the insufficient health and long-term care services for elderly in Greece that worsened during COVID.

It's all about the health of our children... Does the health policy matters?

Maria Świątkiewicz-Mośny & Magdalena Ślusarczyk (Jagiellonian University)

The development and implementation of health policies is one of the primary responsibilities of the state. Following the WHO, we define health policies as decisions, plans, and actions that are taken to achieve specific health goals in each society. Since the 1970s, WHO has promoted the Health for All programme to foster the health and well-being of people worldwide. The Health21 - the Health for All in the 21st Century framework of health policies for the European region is based on this foundation. Answering the WHO's initiatives National Health Programme was prepared in Poland in 2015. It is strategic document which main goals are increasing the life expectancy of Poles, improving their health-related quality of life, and reducing social inequalities regarding health. In 2021, the NHP 2021-2025 was launched. The strategic goal of the program is to increase the number of years lived in health and reduce social inequalities in health. The operational objectives are quite like those of the previous program. All goals mentioned above are still challenges. In the case of children and young people, there are both somatic and mental health. As both the statistics on illness and obesity among young people and their mental health problem are of concern, we pose the following questions. Do students in primary schools have the opportunity to learn about the key health challenges defined in the National Health Programme? What is the health content and how is it communicated to students? We will focus mainly on fostering of critical thinking as it is the key factor of health literacy. The analysis is based on the results of Workpackage2 in the Light project "Diagnosing and developing health capital – Health literacy of primary school students" carried out by the Jagiellonian University in the years 2021-2025.

Internal geographical mobility and health: evidence from ITA.LI, the Italian Longitudinal study

Mario Lucchini, Carlotta Piazzoni, Marco Terraneo (University of Milano-Bicocca)

A significant contribution to understanding the systemic health inequalities in our society comes from adopting a life-course perspective. According to this approach health inequalities result from a process of accumulation of social, material, and psychological advantages and disadvantages over time, starting from youth up to old age (Blane, 2006). Moreover, the life course research highlights that contexts matter: the geographical contexts, which are social, cultural, economic, environmental frameworks in which one is born, lives, and moves, have significant effects on people's health. The evidence of the effect of the internal migration of Italians on health outcomes is limited. For example, two studies analyse the effects of movements from southern to northern Italy on the mental health (Cardano and colleagues, 2018) and on epigenetics (Campanella and colleagues, 2015), focusing on post-Second World War migrations. This work aims to analyse whether and to what extent internal mobility in Italy affected people's health status, comparing the health outcomes of individuals who moved from south to north with those who have not migrated. We use data from the ITA.LI (Italian Lives) survey, conducted in 2019/2020 on all individuals aged 16 or over of a sample of around 5,000 Italian households. The first retrospective wave makes it possible to reconstruct geographical movements from individuals' birth up to the time of the interview recording when the movement took place, the origin and destination, and the duration of each episode. As a key tenet of the life-course approach is the emphasis on the sequences of life events (Dykstra & Hagestad, 2007), we applied sequence analysis, which is a data-driven approach to categorise trajectories ("sequences") based on their similarity to one another. It uses information on the duration, timing, and order of spells within a sequence, which the other approaches do not do or do as well.

17:00 – 18:00: Round Table 1: Public Sociology and Crises

Public Sociology and Covid-19

Chair: *Dino Numerato* (Charles University)

Speakers: *Daniel Benamouzig* (Sciences Po Paris), *Guido Giarelli* (University Magna Graecia of Catanzaro), *Ana Patrícia Hilário* (University of Lisbon, ICS-UL), *Daniel Prokop* (PAQ Research)

This round table will offer a reflection on sociologists' public involvement during the COVID-19 pandemic, with a specific focus on health and medicine. The following topics will be discussed: involvement of social scientists in the public health debates and healthcare decision-making within the context of professional biographies, balancing sociology of medicine and sociology in medicine, dynamics between sociology and social sciences more broadly and biomedical expertise, implications for future involvement of public sociology beyond the Covid-19 pandemic.

DAY 3: FRIDAY 26 MAY

Venue: Faculty of Social Sciences, Charles University, Smetanovo nábřeží 6, Prague 1

9:00– 10:00: Keynote Lecture: Dan Goodley (University of Sheffield)

Being Human as Praxis: Activists with intellectual disabilities as public intellectuals and theoretical provocateurs

The paper posits that being human as praxis - in relation to the lives of People with Learning Disabilities - offers a significant and original insight into critical and social theory across the social sciences and humanities. Drawing on postcolonial and critical disability theory I suggest that being human as praxis of People with Learning Disabilities is sophisticated and generative but is always enacted in a deeply disablist and ableist world. Drawing on experiences collated during the pandemic and beyond I explore being human as praxis in (i) a culture of disposability; (ii) the midst of absolute otherness and (iii) the confines of a neoliberal-ableist society. For each theme I start with a provocation, follow up with an exploration and end with a celebration (with the latter referencing the activism of people with learning disabilities). I conclude with some thoughts on simultaneously decolonising and depathologising knowledge production, the importance of recognition and writing for rather than with People with Learning Disabilities. This paper draws on a current research project entitled Humanising the Healthcare Experiences of People with Learning Disabilities:

<https://sites.google.com/sheffield.ac.uk/esrchumanisinghealthcare/home>

References and links

Goodley, D. (in press). Being Human as Praxis: For People with Learning Disabilities, Subjectivity.
Goodley D, Lawthom R, Liddiard K & Runswick-Cole K (2022) Affect, dis/ability and the pandemic. Sociology of Health and Illness.
Goodley D (2020) Disability and Other Human Questions. Emerald Publishing Limited

Parallel Sessions 4 (26 May, 10:30 – 12:00)

The impact of COVID-19 pandemic on the social construction of health and illness for and by persons with disabilities: call for a sociological reflexivity towards a public sociology

Chair: Maria Świątkiewicz-Mośny (*Jagiellonian University*), Angela Genova (*University of Urbino*)

Disability Health Policies: Changes on Policies and Services during the Pandemic in Italy
Angela Genova (University of Urbino)

The disability health policies result from the last decades' reform process in each European country in a path dependency perspective. Significant, non -incremental change is unlikely. Nevertheless, Covid-19 represents an exogenous shock, affecting the structure of disability health policies in Europe, as institutions and processes that form the infrastructural framework for policy decisions. From the one side, disability policies responses to the pandemic emergency might be considered in relation to the state-of- the-art of the policies at the arrival of the pandemic, as a result of policy reforms in the years before the pandemic. From the other side, the pandemic emergency outlines a conjuncture where contingency (pandemic as an exogenous shock) shows weakness in the structural aspect of the system (institutional policy context as the endogenous dimension) and, therefore, potentially calls for significant change. This study investigates how Covid-19 has affected social and health services related to cognitive disability in Italy. The analysis focuses on regulative aspects and on data from interviews to key informants and stakeholders. The results show that despite differences in the national and local regulative framework the Covid-19 pandemic (as exogenous shock) has had a severe impact on health and social services for cognitive disabled people, in a retrenchment process, limiting possibilities and

reducing achievements that had characterised the last decades, supported by the EU policy framework. Nevertheless, the pandemic has also pushed forward an innovative process based on the use of digital technology and on the cooperation between different services that could open the way towards improvements in service provision. This study, suggesting a meta reflexivity on the impact of Covid19 on services and on innovative practices, contributes to the European debate on disability health policies.

Perception of disability in the context of the Covid-19 pandemic in the Polish media - a return to the functional model model.

Milena Trojanowska (University of Łódź)

Disability is a phenomenon that is being discussed and debated more and more in various contexts, including in the mass media. The presented image of people with disabilities is both an emanation of social beliefs and their substance. The Covid-19 pandemic is a crisis situation that may have affected this image. This context provokes the formulation of the purpose of the analysis in the form of a search for differences in the media image of people with disabilities before and during the pandemic. Three models of disability were used for the analysis: medical, functional, social, which correspond to the three different perspectives from which disability is considered. The dimensions that differentiate these models are the historical dimension, the criteria adopted for disability, the attribution of causes and responsibility, and the perspective adopted from which the phenomenon is considered. Using media frame theory, the study has focused on two channels of communication: television daily news and social campaigns. This was a purposive selection. Prior to this, a desk research analysis was conducted - scientific articles published in Polish in peer-reviewed journals - to reconstruct the image of people with disabilities before the crisis situation. In a crisis situation, the image of people with disabilities is more often presented through the prism of the group, in terms of the thematic frame. In this context, the role of the state and state institutions in organizing support for people with disabilities is invoked. This trend is evident in both TV news and social campaigns. People with disabilities' lack of independence and social responsibility (neighbors, loved ones, all citizens) for the functioning of members of this group in times of crisis are emphasized. This image is close to the functional model of disability.

The disabling paradoxes of pandemic governance

Kateřina Kolářová (Charles University)

March 19, 2020 the Czech Republic declared a state of emergency. The subsequent lockdowns radically redrafted definitions of a 'safe' social interaction, as well as conceptualisations of individual and collective vulnerability, immunity, and disability/abledness. Mapping out the ways in which the pandemic of COVID-19 exacerbated disabling structures and heightened the social abandonment of disabled people in the Czech Republic, this paper traces out the limits of concepts of shared vulnerability/immunity that emerged early on in the pandemic and presented a radical enactment of collective solidarity. The pandemic harsh interruption of fantasies of ablebodiedness motivated anticipation that this experience will generate *crip empathy*, that it will help to demontage barriers, physical as well as social, structural as well as inter-personal. Now, as the pandemic seems to turn into a series of chronic health crises, it is painfully clear that the acknowledgement of shared vulnerability was a romanticisation that obscured inequalities further dramatized through the force of the viral agent. It is important to trace why the radical possibilities expressed in recognition of interdependency--'You're in my lungs, and I'm in yours' (in Thompson and O'Connor, 2020) or as formulated in its Czech pronunciation, "I protect you, you protect me"—failed. It is important to unpack how the pandemic governance meant to protect public health contributed both to ideological structures of compulsory abledness, as well as to structures of *disablism*. This paper interrogates how specific articulations of immunity, vulnerability and responsabilization relied on morality of health and ableism. It specifically zooms on the effects of the false binary distinguishing the acute from chronic health risks, on how concepts of "shared vulnerability" were flattened in the figure of "the vulnerable", and how notions of unjust redistribution of health risks from "the vulnerable" onto general public contributed to the death toll of the pandemic.

Gender and health

Chair: Francesca Sirna (Centre Norbert Elias CNRS)

On symptoms, diagnoses and treatments fulfilling sense to illness in practical clinical guidelines

Ana M González Ramos (The Spanish National Research Council)

Practical clinical guidelines are instruments for knowledge to assist practitioner and patient decision about health care. It is an instrument for making decision of practitioners, patients, stakeholders and

policy makers. With this purpose it has developed structured and sophisticated methodology to manage knowledge and experience on specific illness. The instrument guides on the procedures to manage robust information through scientific review and metanalysis. Increasing claim from gender medicine area has raised interest on collecting evidence sensitive to sex and gender differences on health care. However, there is scarce investigation on gender bias examination in clinical guidelines for practitioners, patients and other civil agents. Literature confirms lack of sex and gender information in the practical clinical guidelines based on their experience in medicine and health care, and as a result of review analysis based on content analysis of several guidelines. This work addresses the lack of sex and gender in the methodology used by participants in the elaboration of specific clinical guidelines. It examines GRADE methodology that contains specific norms and advices to construct robust clinical guidelines, and the methodology used in guiasalud (Spanish organism in charge of coordination and safeguard quality of medical guidelines). Although the second one is based in GRADE methodology, Spanish language and cultural differences create significant differences. The content analysis of these two instruments casts light on the androcentric and individual perspective of the biomedical model in medicine and how society (commanded by expert knowledge) understand illness. The analysis deeps into these handbooks looking for biases where social dimension including sex/gender dimension are missing. The results suggest that the thoughtful utilisation of this methodology is one of the sources of this omission. This is an ongoing project financed by the Spanish National Research Council and collaboration with guiasalud.org.

Ignorance as policy? Gender-based violence under Covid-19 pandemic in Czechia

Blanka Nyklová, Vanda Černožorská (Institute of Sociology, Czech Academy of Sciences)

In the paper, we draw on the fact that the issue of gender-based domestic violence is in Czechia not framed as a threat to public health as is often the case elsewhere. We argue that this position is made possible by actual, alleged and strategically used claims to different types of ignorance (Tuana 2006) that affect the whole system of prevention and assistance to survivors of this type of violence. To substantiate our claim, we offer an analysis based on two data sets focused on the effects of Covid-19 pandemic measures on the issue of domestic (esp. intimate partner) violence. The first one is an extensive explorative qualitative study conducted from April to December 2020 that used semi-structured interviews, interviews with clients of an assistance-providing organisation, and analyses of concrete cases from the period of the first pandemic lockdown in the Czech Republic. The second data set comprises policies aimed at gender-based violence as these were developed across the EU including Czechia. The government of the Czech Republic did not introduce any special measures to address domestic violence during any of the lockdowns or as part of any counter-pandemic measures. The issue of gender-based violence thus remained separate from public health policy focus even under the Covid-19 pandemic. This among other things means we do not have medical data on the issue from both before and during the pandemic, which then contributes to continuing with the framing of this type of violence as outside the scopes of health policy: we simply do not know (sic!) what the scale of the issue is.

Period poverty and risk of poor mental health among young women in Barcelona, Spain

Marga Mari-Klose, Albert Julià, Sandra Escapa & Pedro Gallo (University of Barcelona)

Many studies evidence a social gradient in relation to poverty and/or inequality and poorer mental health. Period poverty, understood here as the lack of access to menstrual products, has been gaining attention recently especially in low and middle-income countries as an overlooked aspect of gendered poverty. Much less is known about the prevalence of period poverty in high-income countries and its impact on mental health. The purpose of this study is to examine the association between period poverty and mental health (GHQ12) using a representative sample of young women aged 15 to 34 (N=647) in the city of Barcelona (Spain). From our sample, 15.3% of young women reported having experienced period poverty. Higher odds of risk of poor mental health were estimated for women facing period poverty (OR=1.85 p<0.05). This effect is statistically significant after controlling by their income status and level of material deprivation. Our results support the idea that, under equal economic conditions and other forms of material deprivation (such as being able to afford certain expenses in terms of household's basic needs), young women who experience difficulties in accessing and inappropriately using menstrual products are more likely to be at risk of poor mental health. For the first-time using quantitative data obtained from a representative sample of young population our investigation adds to the very scarce evidence on the severe consequences of experiencing period poverty by women.

From narratives to textual analysis in social sciences

Chair: Guido Giarelli (University Magna Graecia of Catanzaro) and Francesca Greco (University of Udine)

Relational narratives: the experience of women with dementia and their male spousal partners *Edward Tolhurst (Staffordshire University)*

It is vital to recognise that narratives are constructed in a relational context and are not hermetic phenomena. The emphasis of qualitative dementia research, however, tends to be placed on individualised accounts, with conversation and interaction granted insufficient attention. This paper addresses this matter by drawing upon a qualitative study that aimed to grasp the perspectives of women living with dementia, and their male spousal partners. Ten couples took part in the study, participating together in semi-structured joint interviews. The joint interview process generates several layers of data: the analytical process establishes the key subjective themes expressed by the woman with dementia and the carer respectively, and how these narrative themes intersect within conversation. This process not only allows textual evaluation of how respondents constructed stories related to their personal experience, but also how such accounts, and a shared perspective of the relationship, are negotiated via talk-in-interaction. In addition, both members of the couple draw upon different socio-cultural resources within this dyadic setting and engage with different, perceived, social and moral pressures. These relate to complex systemic (and gendered) discourses on illness and care, associated with matters such as vulnerability and dependency. In times of global crisis and intense pressures upon national economies, such moral challenges for people with dementia and family carers are likely to be exacerbated. Recognition of the negotiated basis of narratives can generate crucial insights into how multifaceted interactional contexts shape the experience of dementia and care. This enhanced relational understanding can accordingly help to inform policymakers and practitioners seeking to support people with dementia, and family carers.

The discursive construction of a crisis situation through online comments - the case of the peak period of COVID-19 illnesses in Romania *Cosmin Toth (University of Bucharest)*

In Romania, between 20-26 October 2021, it was a dark week, registering the highest number of deaths caused by the SARS-CoV-2 virus. This analysis attempts to look at how the discursive construction of decision-makers during a major public health crisis has been carried out. In order to achieve this objective, all the comments posted as reactions to the news on the topic of vaccination on the page of one of the most accessed news sites in Romania during the reference period were analyzed. As a methodological approach, content analysis was mainly used, but also methodological techniques specific to discourse analysis in order to obtain an in-depth understanding of the social construction of the crisis situation and the actors involved. As expected, given the critical period gone through, these comments were often made in an aggressive, or worried tone. However, the types of discursive construction as well as the target of these discourses was varied. Thus, the speeches were classified according to the level of aggressiveness, the structure and discursive mechanisms used, the type of reproach contained (moral or epistemic) as well as the targets of aggressiveness. Thus, direct and indirect critical and/or aggressive discourses have been identified, some of which are using rhetorical devices such as sarcasm or rhetorical questions. Regarding the targets of the analyzed critical discourses, the following categories have been identified: administrative authorities, the medical system, those who refuse vaccination, Romanians in general and other members from the forum. We estimate that this analysis allows the identification of the way in which, in times of crisis, blame is discursively assigned, the identities of heroes and anti-heroes are constructed, categories of members are created and thus the values and priorities regarding public health are (re)defined.

Social media communication, emotions, and public health *Francesca Greco (University of Udine)*

This paper analyzes the emotional dimensions characterizing the health communication on digital platforms and their relevance in the health contexts. Social media has become the virtual agora of the public discussion and is increasingly popular for sharing health information by both institutions and people who are involved in the promotion of public health and well-being. Lifestyle and health choices are largely influenced by public perception, and people express their opinions and feelings about them on online platforms. For this reason, the study of online communication and interaction allows for the

opportunity to extract useful information for the purpose of health promotion and disease prevention, which are the aims of public health. In this respect, we briefly overview the methods used to analyze online conversation, supporting them with examples on Covid-19, organ donation, and vaccination, and we highlight the main challenges to fostering actual and effective strategies of public health. In particular, this study presents a new approach to the analysis of social media communication: Emotional Text Mining (ETM), which is a method based on a socio constructivist approach aiming to identify the cultural symbolic categories, the collective representations, and the sentiment toward an event. ETM can be used on several kind of communication, from the analysis of interviews and focus group to the analysis of communication on digital platforms, and is suitable for both a small and a big amount of data.

Emotional text mining to explore self-care in children and young people with complex chronic conditions

Valentina Biagioli¹, Giulia Manzi¹, Francesca Greco², Giuseppina Spitaletta¹, Annachiara Liburdi¹, Rachele Mascolo¹, Orsola Gawronski¹, Riccardo Ricci¹, Emanuela Tiozzo¹, Ercole Vellone³, Teresa Grimaldi Capitello¹, Michele Salata¹, Massimiliano Raponi¹, Immacolata Dall'Oglio¹

(¹Bambino Gesù Children's Hospital, IRCCS; ²University of Udine, ³University of Rome "Tor Vergata")

Self-care in children and young people with complex chronic conditions is fundamental to promoting health over time. Self-care promotional approaches should start during childhood with the support of parents and be adapted to individual growth. This study describes the application of Emotional Text Mining (ETM) to explore the self-care behaviors in children and young people (range: 6 months-24 years) with complex chronic conditions and the contribution to self-care of the family members, health professionals, and schoolteachers. We conducted 7 online individual interviews and 25 focus groups with 104 participants, including 27 patients, 33 parents, 6 siblings, 33 healthcare professionals, and 5 schoolteachers. Content analysis of the transcripts was performed using ETM. The texts were collected in a large-size corpus (n. token = 176,824) with a rich vocabulary. ETM, using the associative links between the words, detected the general topics and the cultural-symbolic categories influencing the self-care behaviors of the respondents. The correspondence analysis detected four factors: 1) Self-care; 2) External settings; 3) Family; and 4) Management. The selected keywords (n=364) allowed the classification of 99.64% of the content units. Two optimal partitions were identified: a first with five clusters (themes) and a second one with nine clusters (sub-themes). The themes were interpreted as follows: 1) Self-care management; 2) Shift of agency; 3) Self-care support; 4) Daily self-care maintenance/monitoring; 5) Treatment adherence. The chi-square test on the cluster-type of the participants' contingency table revealed a statistically significant difference in the participant's self-care perception ($p < 0.001$), particularly between the family and health professionals or schoolteachers. Moreover, significant differences were found in relation to age group among patients and parents, particularly between the 6-13 and 18-24 years groups. In conclusion, ETM enabled the detection of important information about self-care behaviors during developmental age and the influencing factors.

Vaccine hesitancy IV

Chair: Alice Scavarda (University of Turin)

Natural intensive parenting and vaccine hesitancy: insights from Portugal

Joana Mendonça & Ana Patrícia Hilário (University of Lisbon)

The increasing number of anti-vaccination movements worldwide may compromise acquired group immunity and lead to the resurgence of once-eradicated diseases, highlighting the relevance of gaining a deeper understanding of the reasons underlying parents' choices on vaccination practices. The existing literature found that vaccine hesitant parents are highly critical of Western medical epistemology, seeking more natural approaches for their children care. This article intends to understand the ways in which natural and intensive parenting is interwoven with parents' decision to refuse or delay the vaccination of their children in Portugal. A qualitative research approach was adopted and therefore in-depth interviews were conducted with 31 vaccine hesitant parents. Our results revealed that hesitant parents shared the view of natural living as an immunity booster and, thus, an alternative to vaccination. Instead of immunising their children, vaccine-hesitant parents relied on natural practices such as de-medicalization of birth and childhood, extended breastfeeding, vegetarian/macrobiotic diet, and alternative educational models, to manage their children's health in a personalised way. This study offers an important contribution to sociology of health, by deepening the knowledge on vaccine hesitancy and natural intensive parenting. The findings of this study suggests that health authorities and health care professionals should pay particular attention to natural intensive parenting when addressing vaccine hesitancy.

“I can’t stay at home with my child” – the role of work-life balance strategies in the public discussions, interactions and decision-making processes regarding vaccination

Jaroslava Hasmanová Marhánková (Charles University)

The Czech Republic represents a country with a mandatory system of childhood vaccination. A child who has not completed the mandatory vaccinations cannot be admitted to preschool until the age of 5. The paper discusses the impact of this measure on the parental decision-making processes, interactions with healthcare professionals and activities and discourses employed by organisations uniting parents critical to vaccination. Our analysis is part of the VAX-TRUST project. It includes data from 30 in-depth interviews with vaccine-hesitant parents (all of them intentionally postponed or refused at least one of the compulsory vaccinations), 19 in-depth interviews with healthcare professionals (HCP) and 60 hours of observation at three different paediatrician surgeries during the consultation regarding vaccination. The paper points out the crucial impact of the sanction regarding the enrolment of unvaccinated children into preschool facilities on 1) activities and discursive strategies of parental organisations focusing on the critique of vaccination, 2) parental decision-making processes, 3) arguments and interactions during the consultations with HCPs, 3) construction of new milestones in the vaccination calendar for parents and HCPs and 4) reframing the debate regarding vaccination in terms of working-life balance. The paper discusses the impact of the measures regarding mandatory vaccination in the context of the family policies in the Czech Republic (availability of preschool facilities, gender division of labour and social expectation regarding the length of paternal leave).

The infrastructure of distrust: vaccination hesitancy among middle-class Russian parents

Ekaterina Borozdina (Tampere University)

While having a developed healthcare system, Russia demonstrates remarkable rates of vaccination distrust among the population. As the country’s authoritarian regime and social atomization hinder collective action, including anti-vaccination movement, such widespread and sustainable vaccination skepticism constitutes a particular research puzzle. This study employs qualitative interviews that were conducted in 2019-2021 in order to tackle this puzzle and explore contextualized sense-making behind Russians’ vaccination choices. In particular, the paper concentrates on the views and practices of parents from professional middle-class. The study points out the heterogeneity of their approaches to children vaccination. This heterogeneity of views translates into different behavioral patterns – complete refusal to vaccinate children or selective and delayed vaccination. While vaccination-hesitant parents with different views tend not to solidarize with each other, they share common institutional and online spaces, as well as bureaucratic workarounds and technological solutions. Relying on the STS literature, I suggest considering those diverse elements as an infrastructure of distrust, which is assembled by parents’ at the margins of the established welfare system and which contributes to sustainability of their vaccination skepticism. Analytically, this approach allows expending the discussion on health-related agency, in particular, it helps to discern the mundane tacit agency which the citizens execute through perpetually weaving and enacting an alternative socio-material network (in case of this study - an infrastructure of distrust in vaccination). This study also emphasizes class-based character of such implicit agency. It shows that the engagement with the infrastructure of distrust is not a universally available option as the process of navigating and sustaining this network requires educational, financial, and social resources.

Poster Session

Problematic practice in hunting for donors of body parts

Hana Konečná (University of Southern Bohemia), Jan Motal (Masaryk University)

Transplantation, transfusion and regenerative medicine has enormous potential in the treatment and improvement of patients' quality of life. It is, however, dependent on sufficient quality substances of human origin (blood, plasma, bone marrow, gametes, etc.). In the EU, the principle of voluntary and free donation applies in accordance with Article 3 of the Charter of Fundamental Rights of the EU, which prohibits the commercialization of the human body. However, compensation for the costs associated with the donation is acceptable - the donor should not be "penalized" for his good will. However, compensation should never be the motive for providing a body part. Stakeholders have their tools to attract a sufficient number of donors, mainly recruitment campaigns and advertising. We analyzed - on the basis of a preliminary theoretical definition of human dignity and its relation to advertising - selected methods of addressing the public. We will show how it matters not only what information is presented in advertisements, but also how it is presented and in what context. We especially draw attention to those

practices where donation is presented as "part of a health style" or is directly commodified - parts of the human body and the act of donation become figuratively "commodities", which thus degrades a person to the level of exchange common in trading. We consider this a particularly damaging practice that does not avoid trafficking in poverty, when it directly addresses (or appeals to) vulnerable social groups affected by social or economic crisis.

Development of aesthetic surgery in the Czech Republic: Scenario and expected changes in the practice of aesthetic surgery during and after the COVID-19 pandemic

Michaela Honelová (Charles University)

In Western societies, women's youth and physical beauty are accorded a high status. It is gendered, socially constructed ideas about the female body that influence how women experience their own ageing and how they talk about their 'ageing body'. Idealizations of youth and physical attractiveness often lead to pressure not only on older women to use different strategies to improve their appearance and slow down ageing. The coronavirus (COVID-19) disease was first reported in December 2019. The rapid and initially "invisible" spread of the virus has led to a large number of changes and reactions, including in the medical and healthcare fields. In the health sector, non-emergency surgical procedures have been gradually pushed back and many other measures have been taken so as to lighten the health system. However, it is not entirely clear how this pandemic has affected the aesthetic industry in the Czech Republic, which has been subject to different measures and restrictions than other health sectors. The presented results are based on an online questionnaire survey conducted in April and October 2021. The aim of the survey was thus to map the situation among Czech aesthetic surgeons and their working career before the pandemic, their changes in their professional life under the set scenario of the COVID-19 pandemic and the expected changes after the end of the pandemic measures. COVID-19 also create space for the emergence of new motives and factors that prompted Czech women to undergo cosmetic surgery procedures. These too are discussed within the study.

Sandwich generation and ever-married women's mental health: do "gone lovers" matter?

Shuangshuang Liu (Ghent University)

Building on the stress process model, and adopting an intersectionality framework, this study highlights the formation of a stronger intergenerational family symbiosis system in China. It offers a more systematic understanding of the association between multigenerational caregiving and sandwich women's stress and extends previous research by exploring the mitigating effect of husbands. Drawing upon China Health and Nutrition Survey data, the findings indicate that sandwich women have less stress than non-sandwich members. Particularly, among sandwich women, providing upward care has a stress-reducing impact while providing downward care has a stress-enhancing impact. Providing dual care does not have a significant effect, but sandwich women's stress reaches a peak when both generations need care. The husband living at home could not buffer the wife's stress. These analyses depict the vulnerability of Chinese sandwich-married women under the revival of patriarchy and the imbalanced population structure and warrant a sounder public care system.

"Sociodemographic factors and individual trajectories of self-rated health during the COVID-19 pandemic in Estonia" by Rainer Reile and Mall Leinsalu

Rainer Reile (National Institute for Health Development, Estonia)

Study focuses on the individual-level changes in self-rated health (SRH) during the COVID-19 pandemic in Estonia and analyses the role of both socio-economic factors and COVID-19 diagnosis in explaining the altering pathways of SRH. The analysis is based on the longitudinal data from Estonian National Mental Health Study. The nationally and regionally representative sample (n=18,729) of this population-based registry-linked study was enrolled in three survey waves between January 2021 to March 2022 (response rates 25%-31%). Weighted data on respondents (≥20 years) participating in all survey waves (n=2408) were included in the analysis. Individual health trajectories were calculated based on SRH in three study waves and grouped into improved, no change, and deteriorated SRH subgroups. Following regression analysis examined the socio-economic and pandemic-related correlates of less-than-good health status within and between groups of different health trajectories. In January 2021 (baseline), 33.8% of population reported good, 50.6% average and 15.6% poor SRH. Within 14 months, SRH had improved for 16.8%, deteriorated for 24.7% and remained the same for 58.5% of the population. Although socio-economic factors (except for age) did not predict SRH trajectory itself, stratified analysis by these groups for the SRH in last follow-up (February-March 2022) revealed several differences in socio-economic patterns. In addition to universal gradients by lower education and financial security, the odds for less-than-good SRH were higher for males and non-Estonians among those with deteriorated SRH. Having been diagnosed with COVID-19 was not associated with SRH in any of the

study waves nor did it predict SRH trajectories at the population level. These results suggest, that short-term changes in health might not necessarily be associated with socio-economic status itself. However, the findings also illustrate their profound role in shaping the differentials in health outcomes even during the pandemic.

Evaluation of the sense of coherence and self-esteem of the community dwelling older people in relation to the covid-19 pandemic

Radka Bužgová (University of Ostrava)

The aim of the cross-sectional study was to determine the sense of coherence of older people in the community based on the evaluation of the impact of COVID-19 restrictions on subjective evaluation of mental and physical health. The Sense of Coherence Scale (SOC-13), the Rosenberg Self-Esteem Scale (RSES), and two questions focused on assessing the impact of COVID-19 restrictions on mental and physical health were used for data collection. The SOC-13 scale consists of three components: comprehensibility (SOC_C), manageability (SOC_MA), and meaningfulness (SOC_ME). The research involved 1,369 older people from the Moravian-Silesian Region who met the inclusion criteria: 60 years or older, cognitively intact. The average age of the participants was 72.7 years; 77% were women. The average score for each scale was as follows: SOC-13 (mean=61.9; SD=9.9), SOC_C (mean=22.1; SD=4.8), SOC_MA (mean=18.4; SD=3.8), SOC_ME (mean=21.5; SD=3.7), RSES (mean=19.4; SD=3.4). Using the Spearman correlation coefficient, a correlation ($p < 0.001$) was established between the assessment of the impact of Covid-19 restrictions on mental health and SOC-13 ($r = -0.334$), SOC_C ($r = -0.289$), SOC_MA ($r = -0.218$), SOC_ME ($r = -0.272$), RSES ($r = -0.281$); and the evaluation of the impact on physical health and SOC-13 ($r = -0.334$), SOC_C ($r = -0.270$), SOC_MA ($r = -0.244$), SOC_ME ($r = -0.329$), RSES ($r = -0.227$). The predictors of the subjective evaluation of the impact of COVID-13 restrictions were confirmed, both mental health (significant factors: SOC_C, SOC_MA, SOC_ME, RSES [Model 1: $R = 0.356$; $R^2 = 0.127$; $p < 0.001$]) and physical health (significant factors: SOC_MA, SOC_ME, RSES [Model 2: $R = 0.299$; $R^2 = 0.089$; $p < 0.001$]).

Social contacts, silence, and quality of life of community dwelling older people during the covid-19 pandemic

Radka Kozáková (University of Ostrava)

The aim of this cross-sectional study was to investigate the perception of social contacts and loneliness of older people during the COVID-19 pandemic in relation to quality of life. Social support was evaluated with a Social Support 6 (SS-6) questionnaire of six elements. Quality of life was evaluated with Older People Quality of life brief – OPQOL_brief questionnaire. Furthermore, four questions focused on the evaluation of social contacts and loneliness during the COVID-19 pandemic were created. The research involved 1,369 older people from the Moravian-Silesian Region who met the inclusion criteria: 60 years or older, cognitively intact. The average age of the participants was 72.7 years; 77% were women. Almost 18% of older people reported that lack of social contacts made them feel lonely (more often widowers: $p = 0.020$; older than 75 years: $p = 0.040$; with less perceived social support: $p < 0.001$), 8.1% reported loss of meaning due to limitations of social contacts (more often divorced: $p = 0.009$; widowers: $p < 0.001$; older than 75 years old: $p < 0.001$; and with lower perceived social support: $p < 0.001$). Total 66.3% of older people reported a dissonant form of communication as insufficient (more often older people living alone: $p < 0.030$; with less perceived social support: $p < 0.001$). Older people who perceived loneliness due to lack of social contacts during COVID-19 ($p < 0.001$) and lack of distance communication ($p < 0.001$) reported worse quality of life. The perception of social support, assessment of loss of meaning, and loneliness (model: $R = 0.478$; $R^2 = 0.228$; $p < 0.001$) were predictors of a worse quality of life. The evaluation of social support and social contacts during the COVID-19 pandemic had an impact on the evaluation of quality of life.

Protective factors for postCOVID-19 conditions and implications for health inequality in older people in Europe.

Maika Ohno (Charles University)

Europe alone had 17 million people suffered from post-COVID conditions with symptom lasting at least three months in 2020 and 2021. The aim of this study was to investigate protective factors for post-COVID conditions in adults aged 50 years and older in Europe using data from the Survey of Health, Ageing and Retirement in Europe (SHARE) which was collected from June to August 2021. A study sample of 1909 who self-reported a positive COVID-19 test was included our multiple logistic regression models. In our fully adjusted model, being male, having higher education (tertiary education), healthy weight (BMI 18.5 to 24.9 kg/m²), no underlying health condition, COVID-19 vaccination and living in

countries other than the Visegrad Group had higher protective effect against post COVID-19 conditions. Further analyses showed that BMI in the high education group (mean 25.9 kg/m²) differed significantly as compared to medium (mean 27.8 kg/m²) and low education groups (mean 28.0 kg/m²). BMI of respondents with no comorbidity (mean 26.2 kg/m²) was significantly lower than respondents with comorbidities. There was a linear increase in mean BMI as the number of comorbidity increased, ranging from 27.4 to 29.0 kg/m². The Pearson's chi-squared test with Cramer's V revealed statically significant differences in education levels and BMI between the countries (the Visegrad Group vs non-Visegrad countries) ($p < 0.001$). Our study suggests that higher education attainment is a predictor for no post COVID-19 condition and is associated with lower BMI and fewer underlying comorbidities, which have been linked to social determinants of health.

A conceptual overview on life skills education and its relevance to daily-life-changes during the pandemic for adolescents

Gözde Okcu (University of Education Freiburg)

Background. Life skills is one of the most common approaches in the field of social work and education as well as prevention and health promotion, especially in the work with children and youth. With the aim to address social inequalities, life skills education is recommended by the WHO to the World Bank, UNICEF, global and national education policies, implemented and scientifically evaluated in hundreds of countries. However, a stand-alone life skills theory doesn't exist to this day, despite several contributions in developing conceptual frameworks. Without a theory driven implementation, the long-term effects on the reduction of social inequalities stay merely as assumptions. **Objectives and Methods** The aim of this research is to critically review and evaluate existing theoretical references, conceptual frameworks as well as premises and assumptions of the life skills approach and so to open the space for discussing what a life skills theory could be like. For this purpose, in the first phase, an extensive literature review is conducted, which aims to map life skills discourse streams and their conceptual structure. **Findings.** The preliminary findings indicate three discourse streams within life-skills practice and research: quality school education, health promotion and prevention, adult education. Further, a series of normative assumptions on causal relationship between risk-behavior, social-emotional skills and social environment are identified. These assumptions are partly contradictory, hardly backed up scientifically and the tense relationship between them is barely a subject of discussions in life skills discourses. Finally, these results are to be discussed in relation to the changes in daily lives of adolescents during the corona pandemic.

Parallel Sessions 5 (26 May, 13:00 – 14:30)

End of life and palliative care in the post-pandemic era: old problems and new perspectives

Chair: Guido Giarelli (University "Magna Graecia" of Catanzaro), Barbara Sena (University of Bergamo)

Dementia and the end of life: Negotiating a terminal condition

Bernhard Weicht (University of Innsbruck)

Dementia as a pressing issue for contemporary societies represents a major challenge for people with the condition and their close relations. Social scientific research on dementia and dying is surprisingly limited. Two aspects might be causing the lack of this particular focus: first, the literature on death in ill old age is mostly medical. Second, research on the experiences of dementia is often driven by political and moral considerations, as for example the emphasis on the possibilities of living well with dementia. However, two interrelated challenges affect the end of life experiences of people either having the condition or being related to a person with the condition: firstly, the effects and challenges of the condition contribute to a premature death, and, secondly, since the situation gradually deteriorates, one's life quality is repeatedly evaluated against a possible preference of death. In other words, both living with the condition and a possible early death can be considered individual and relational challenges. Against this background the question arises, how people diagnosed with the condition of dementia and their close relations negotiate a life worth living. Drawing on two empirical qualitative studies with couples in which one person had been diagnosed with dementia, this paper investigates how those affected reflect on the question of death and dying and how these reflections are negotiated within close relationships. It is argued that also within the context of dementia the evaluation of what considers a good life is negotiated relationally. Even one's own end of life is judged against one's

relational context. Highly individualized accounts can therefore not grasp the perspectives, experiences and meanings on/of the end of life for people with dementia and their close-ones.

Working at the Boundaries of Dying

Amalie M. Hauge & Didde B. Andersen (VIVE - The Danish Center for Social Science Research)

Pharmaceutical innovations are changing the implications of having an incurable, life-limiting disease. Expanding treatment opportunities have made it possible to improve and pro-long life of patients living with incurable diseases, invoking new ways of understanding and living with such diseases (Baszanger, 2012). At the same time, medical professionals are increasingly called upon to facilitate dignified deaths (Hart et al., 1998; Timmermans, 2005), i.e. to ensure that death happens peacefully, preferably at home (Broom, 2016; Collier and Broom, 2021) and without unnecessary medical interventions (Cottrell and Duggleby, 2016; Hart et al., 1998; Kearl, 1989). Such concerns have only become more pressing by the Covid-19-pandemic. How do medical professionals navigate these potentially opposing notions of doing good, when caring for patients living with life-threatening non-acute disease? In this study, we build on the sociology of dying and propose the concept 'transition work' to draw attention to work at the boundaries of dying, where medical efforts shifts from life-prolongation to good dying-facilitation. In investigating transition work and the challenges it involves, we study the Danish policy documents and clinical guidelines that frame treatment and care for patients in their life's final chapter. We focus on three – potentially - life-limiting diseases: Cancer (melanoma), chronic obstructive pulmonary disease (COPD) and dementia. These life-limiting diseases differ in important ways, notably by their different paces of decline: For cancer, the loss of functionality often happens abruptly, for COPD it happens gradually, and for dementia the cognitive and the physical functionality loss happen discordantly (Murray et al., 2005). Employing a 'prism methodology' (Svendsen et al., 2018) we let each case work as a 'prism' that elucidates the particularities and commonalities of the cases, enabling us to develop an in-depth understanding of transition work and identify cross-cutting themes and challenges.

The palliative field between "medicine" and "care": a sociological perspective on past and present medical-health training

Sonia Chiaravalloti (University Magna Graecia of Catanzaro), Eleonora Rossero (Eclectica+ Research and Training), Barbara Sena (University of Bergamo)

The field of palliative care (PC) is characterized by complexity, multi-professionalism and a plurality of perspectives and skills, to cover multiple diseases and life stages that require its intervention. Since the development of the hospice movement in the United Kingdom, the PC model of care adopts a holistic approach, providing not only clinical but also psycho-social support to patients and caregivers. PC expertise entails technical knowledge to manage pain control and other symptoms, as well as non-technical knowledge related to the ability to attune to the patient's needs, dealing with areas of human existence that biomedical specialties tend to avoid (e.g. end of life and the dying process). The growing legitimacy of this specialty has been sanctioned by the introduction of training courses: in 2014, 18 European countries offered dedicated programmes, but they are still now quite heterogeneous. The European Association for Palliative Care (EAPC) established in 2019 a working group aimed at developing uniform and comparable courses, to guarantee a consistent development of the specialty. This paper examines the specific contents and objectives of palliative care education and training, as well as learning methods syntonetic with the PC approach (e.g. narrative methods, role play and reflexive activities). It also aims to provide a critical and comparative analysis of different PC approaches in relation to the educational and training models adopted in some contexts. In particular, it focuses more closely on the case of Italy, where the School of Specialization in Medicine and Palliative Care has been recently established as a postgraduate education course (2020). The Italian programme – apparently addressing both "medicine" and "care" – will be compared with UK training curricula, considered the benchmark country for PC. The discussion explores the disciplinary contents, evaluating possible directions that could enhance the multidisciplinary vocation of palliative care, including medical humanities.

Women's Health

Chair: Lia Lombardi (Lumière University Lyon 2)

Emotional aspects of physical (in)activity throughout women's lifecourse

Assistant Maria Hybholt (University of Copenhagen)

In the social acceleration of modernity, the super woman ideology involves professional, familial, and leisurely obligations producing time pressure among women throughout life. Not being able to meet the

obligations, such as leisure-based physical activity, generates emotional consequences which require management. Inspired by the microsociological perspective of Arlie Hochschild (1983; 1997) the present study explores emotional consequences and emotion management related to being physically active or inactive throughout life. The study comprised 25 in-depth semi-structured individual interviews with Danish women (57-71 years) who have been either physically active (N=13) or physically inactive (N=12) during the last 20 years. Results suggest that the physically active women experience exercise as a meaningful activity that helps them manage the emotional consequences of their rushed everyday lives. For example, by creating a liberating space, by involving calming natural spaces, or by enabling a space for unintentional embodied cognition. Notably, women did not express health benefits as a principal motivation for participation. Conversely, the physically inactive women understood exercise as something that should be done because of the health benefits. Due to familial and professional obligations, however, they did not participate in exercise regularly, leading to feelings of shame. Being physically inactive became an emotional burden that had to be managed to create an appropriate publicly facial and bodily display. When health benefits functions as a stigmatizing social obligation among physically inactive women and not as reasons for life-long exercising, it seems highly relevant to discuss the purpose of the health-promoting focus on physical activity.

"I need to be fit to exercise". Teleoaffective misalignment through body evaluation and body projection practices for mothers.

Fiona Spotswood (University of Bristol) & Lauren Gurrieri (RMIT University)

This qualitative study foregrounds the role of the 'socio-cultural body' in the way inactive mothers from the UK envision the possibilities of engaging with exercise. 23 in-depth, online interviews were conducted during COVID-19 lockdowns, when the UK government was emphasising the importance of exercise to combat the effects of the pandemic. Our study illuminates that mothers routinely perform pre-performative practices when considering the possibility of exercise; namely body evaluation and projection practices. These practices are performed in relation to envisioned practices, and are done with, through and in relation to fleshy and idealised bodies. The pre-performative practices construct a 'failing' mothering body, which is collectively understood as insufficient and inappropriate to enact exercise. Mothers also draw on the culturally idealised 'exercising body'; an effortless thin and fit body entrenched in the teleoaffective structures of exercise practices. The exercising body is informed by marketing and media discourses that suffuse mothers' experience of exercise. Our research illuminates that 'teleoaffective misalignment' ensues when mothers envision exercise and routinely perform these practices. We define teleoaffective misalignment as misalignment between the beliefs and understandings in pre-performative practices and the teleoaffective structure of a practice. This misalignment brings negative affective intensity and further fuels pre-performative practice enactments centred around the body, locking affective displeasure into mothers' relationships with exercise. Exercise is consequently not successfully performed, and mothers exit the field. The body is strongly implicated in how pre-performative practices and teleoaffective misalignment serve to inhibit practice performance and has a role to play in how mothers form a relationship with exercise practices. Policy makers, social marketers and fitness marketers should pay attention to the cultural body ideals that are produced through marketing and media activity, and seek to understand their role in unequal opportunity, enjoyment and performance of exercise that negatively affect mothers.

"Oocyte self-preservation for non-medical reasons". A new medical and social challenge for human reproduction

Lia Lombardi (Lumière University Lyon 2)

Background and aims: This proposal concerns ongoing research, at the Université Lumière Lyon2, on the topic of the new medico-technological challenge of OPnM (Oocyte Self-Preservation for Non-Medical Reasons) and its impact on human reproduction; on gender relations and parenthood; including ethical and cultural changes, law modifications. It is therefore an interesting field of study for the social sciences, as well as for law, bioethics, biomedicine, and biotechnology. This research is carried out in three European countries (France, Italy, and Spain), detecting differences in laws, social protection systems (including health and gender policies), women's rights, and moral and ethical norms on procreation, family, and parenthood. The aim is to produce a comparative analysis between these three countries with similar cultural roots but with important differences in the political, legislative, and ethical-moral aspects related to OPnM. Approach and methodology: To develop this research and to capture the complexity of the OPnM theme, the analysis is conducted through four macro-contexts: 1. institutional; 2. socio-cultural; 3. economic; 4. medical. It consists of an 'integrated' research plan focusing on: 1. Systematic review of the literature, laws and empirical data on oocyte self-preservation in the three

target countries. 2. Field research using qualitative methods, conducted in the target countries and in medical centres and CECOS: 110 semi-structured interviews; 6 focus groups. Preliminary results: Data from secondary sources on oocyte self-preservation for medical and non-medical reasons in the three target countries. *Legislative analysis of Medically Assisted Procreation (MAP) and self-preservation of oocytes in the three target countries. *Bioethical approach to MAP and oocyte self-preservation in the target countries. *Medical and sociological approaches to oocyte self-preservation in the target countries.

Risk factors that influence the decision to perform a cesarean section in high income countries: a systematic review

Valeria Quaglia, Alessia Bertolazzi, Emmanuele Pavolini (University of Macerata)

Background: The increasing rates of elective cesarean section (CS) without a medical indication is a matter of global concern. In fact, CS are associated with adverse outcome for both mother and newborn. According to the available literature, increase in CS rates results from various factors, such as women's fear of birth, women's and healthcare providers cultural beliefs about CS, financial drivers (e.g. financial incentives), women's ethnicity, and fear of litigation. Objective: the aim of our study is to investigate which are the factors that influence the decision to perform an elective cesarean section in high income countries. Methods: We carried out a systematic review of the research evidence on the factors associated with the decision to perform a cesarean section in high income countries. For this purpose, three electronic databases were queried to search for indexed published studies: Scopus, Web of Science, and PubMed. After a preliminary screening of documents matching the query strings, 213 articles were selected. Inclusion criteria included (a) research focusing on factors that influence the decision to perform an elective cesarean section in high income countries; (b) empirical research; (c) publications in English language. Exclusion criteria instead included: (a) research not conducted in high income countries; (b) not empirical research (e.g. reviews, etc.); (c) publications not in English language; research focusing only on clinical factors. Results: The analysis revealed that there is a heterogeneity of factors that inform the decision to perform a CS. Overall, we identified four main factors, that will be presented and discussed: (a) factors related to women's demand; (b) factors related to healthcare professionals' beliefs and practices; (c) organizational factors; and (d) factors related to ethnic inequalities. Such findings also provide policy makers with useful decision support insights for decreasing elective CS rates.

Artistic inspiring approaches in health and illness research: Insights on the use of arts-informed methods

Chairs: *Ana Patrícia Hilário (University of Lisbon), Veronica Moretti (University of Bologna), Alice Scavarda (University of Turin)*

Improving the communication skills of healthcare professionals on vaccine hesitancy through comics

Ana Patrícia Hilário & Joana Mendonça (University of Lisbon)

Findings from the VAX.TRUST project suggest that healthcare professionals (HCPs) in Portugal often employ a paternalistic model of communication which does not consider the individuals needs and characteristics of parents when addressing vaccination. There is evidence that to tackle vaccine hesitancy healthcare professionals should replace the current paternalistic model, favoring a person-centred framework. This paper intends to address the role of comics to communicate research findings as well as to create effective interventions with HCPs. Whereas some studies have showed the importance of graphic medicine to build empathy and communication skills of HCPs, no studies to date acknowledged the role of comics to create a trusting relationship between HCPs and vaccine hesitant parents. The current paper intends to address this gap by demonstrating how comics were used to help HCPs approach vaccine hesitant parents with a non-judgmental and supportive demeanor. This paper highlights the role of comics when disseminating research findings, as well as developing interventions with HCPs.

Teaching and learning about Occupational Science through arts-informed methods

Nathalie Buhagiar & Lucia Buhagiar (University of Malta)

Two study units for students in their 1st and 2nd year of their 4 year honours undergraduate degree in Occupational Therapy at the Faculty of Health Sciences, University of Malta focus on teaching and

learning through arts – informed methods. These study-units aim to expose students to creative art forms for both personal and professional growth and reflecting Occupational Science concepts and health research. They give students an understanding of the fundamentals of creative art forms as a pre-requisite to their application in occupational therapy intervention. The art forms concerned with this study unit include: - performing arts,- visual arts, literature (e.g. creative writing); arts and crafts. The students also get to experience some of the various creative arts therapies such as music, dance/movement, drama and art. Students will also get the opportunity to participate in various community projects that use the creative arts therapeutically as well as a leisure occupation. These study units have been evaluated and refined. Insights and outcomes from both student learners and adult educators have revealed benefits in using arts informed methods to support OT students in both personal and professional development. These will be the focus of my presentation together with a practical overview of how this teaching and learning takes place. My presentation aims to share how a practical hands on approach using evidence from the arts can inform both teaching and learning. A testimonial from one educator on these modules who is herself a dance movement practitioner will support the presentation.

The use of participatory visual methods in research with cognitive disabled people: some methodological reflections

Alice Scavarda (University of Turin)

The contribution illustrates some methodological and ethical reflections on the use of participatory visual methods in researching cognitive disabled people's experiences. Drawing on a qualitative study on children, adolescents and adults with Autism and Down Syndrome, the contribution outlines both the benefits and the challenges related to the adoption of these research methods in the field of disability research. Participatory action research has recently gained prominence in the public health literature and one of its main applications is the study of disability. To take participants' perspectives into consideration visual methods are useful, particularly with cognitive disabled people. They ensure access to participants' emic categories and they offer them more control on the research process, however they are also methodologically and ethically challenging. The qualitative study applied Photovoice, spidergram, drawing and collage to investigate the management and resistance to stigma of a sample of cognitive disabled children, adolescents and adults. Results showed that these methods imply the risk of turning research into a form of advocacy and to adhere to a form of collaborative research, which embraces participants' points of view unquestioningly. They also present some unique ethical issues, related to the privacy protection of people pictured in them and to the public interpretation of images. Nonetheless, they allow the co- production of empirical materials, they create accessible research outcomes, easy to disseminate, and they foster participants' empowerment. Overall, the benefits outweigh the challenges, as long as the ethical and methodological issues are carefully considered.

Vaccine hesitancy V

Chair: Jaroslava Hasmanová Marhánková (Charles University)

The state of vaccine confidence in the EU in 2022

Emilie Karafillakis (University of Antwerp) & Rachel Eagan (London School of Hygiene and Tropical Medicine)

The COVID-19 pandemic has highlighted the challenges posed by low or decreasing vaccine confidence worldwide. To monitor trends and detect possible drops in vaccine confidence, the Vaccine Confidence Project has been measuring levels of vaccine confidence across the European Union since 2018. The Vaccine Confidence Index has been used to survey a nationally representative sample of 1,000 members of the general public and 100 healthcare professionals in every EU member state every two years. The latest 2022 survey shows that the important gains in vaccine confidence witnessed at the start of the COVID-19 pandemic in 2020 have now faded. While vaccine confidence for MMR and seasonal influenza vaccines has returned to pre-pandemic levels, confidence in HPV vaccination has further decreased. Important geographic variations in vaccine confidence have also been confirmed, with many Eastern European countries such as Slovakia and Latvia witnessing notable decreases in confidence. Younger age groups (18-34), lower levels of education, and Muslim respondents tend to have lower levels of confidence compared to higher age groups (<65), those with higher education, and atheists or agnostics, respectively. The 'gap' in vaccine confidence between older and younger age groups appears to be widening in 2022, highlighting a worrying trend with potential fallout for uptake of children's routine immunisation programmes. Vaccine confidence among healthcare professionals is extremely high across the EU, with lower levels of confidence in the safety of vaccines observed in

France, Greece and Austria. Healthcare professionals across the EU are highly likely to recommend the MMR, seasonal influenza, and COVID-19 vaccines to patients, though likelihood to recommend the HPV vaccine to patients and seasonal influenza and COVID-19 vaccines to pregnant women show high variability between countries. This study highlights vaccine hesitancy as a complex and context specific challenge, varying across time, place, sociodemographic characteristics, and vaccines.

A mixed methods study of health care professionals' attitudes towards vaccination in 15 countries

Abrar Alasmari (London School of Hygiene & Tropical Medicine)

Health care professionals are widely considered to be the most trusted source of information on vaccine-related topics. However, several are reporting their own hesitancy around certain vaccines, influencing their intention to vaccinate themselves as well as influencing their recommendations to their patients and target population. A mixed-methods approach was used including an online survey (n = 1,504) in 15 countries which aimed to determine drivers of HCPs vaccine confidence and examine how these drivers vary across nations. Thirty in-depth semi-structured interviews were conducted with 10 HCPs in a subset of three countries (France, Greece and Hungary) to explore barriers to HCPs vaccine uptake and their role in addressing vaccine hesitancy among patients. The survey's regression analysis identified that nurses/midwives and HCPs from Hungary, Italy, Romania and Switzerland were less confident in the safety, importance or effectiveness of vaccines in general. Morocco (35%), Turkey (53%) and Greece (69%) reported the lowest influenza vaccination coverage among HCPs. Morocco also reported the lowest rates of HCPs who were "highly likely" to recommend MMR vaccine (34%), HPV vaccine (31%) and Covid-19 vaccines (29%). More than third of HCPs reported a lack of trust in health authorities and in the information they provide. Thematic analysis revealed that concerns over the risk of side-effects associated with vaccines, preference for natural immunity, whether it was necessary to be vaccinated against influenza every year, not having any chronic disease risk factors, and vaccines mandates as the key barriers to HCPs vaccination against influenza and Covid-19. HCPs have an important role in vaccination and their confidence in vaccination and health authorities must be improved as this may affect their uptake of vaccines and influence their recommendations to their patients. Investigating the impact of political, socio-economic and cultural contexts on concerns about vaccination among HCPs is also necessary.

Measuring vaccination attitudes and behaviors of healthcare professionals across Europe using the International-Pro-VC-Be

Pierre Verger (Observatoire Régional de la Santé PACA)

Healthcare professionals (HCPs) play an important role in recommending, prescribing, and administering vaccines to the general public. HCPs themselves can have doubts regarding vaccination; their own vaccine confidence has been shown to directly impact their recommendation behaviors. Our study measured 10 different psychosocial factors of HCPs' vaccination attitudes and behaviors across European countries with an internationally validated questionnaire (International Professionals Vaccine Confidence and Behaviors; I-Pro-VC-Be). This 49-item tool was administered in HCPs across France, Germany, Finland, and Portugal, who participated in an online cross-sectional survey in spring 2022. We built continuous scores for each factor, then standardized and compared across countries. Multiple modified Poisson regression tested their associations with a score of HCPs' vaccine recommendation frequency. Among the 2,748 participants, factors of vaccine confidence varied between countries. For example, perception of a favorable vaccine benefit-risk balance (overall mean score: 92.7/100) was lowest in France where 60% of the participants had scores above this mean and highest in Portugal (79%). Trust in authorities (mean score: 82.2/100) was lowest in France (34% above mean) and highest in Finland (89%) and Portugal (91%). Commitment to vaccination (the extent to which HCPs are proactive in motivating patients to accept vaccination; mean score: 88.0/100) was lowest in Finland (35%), and highest in Portugal (91%). The following I-Pro-VC-Be factors (perceived vaccine safety, perceived benefit/risk balance, collective responsibility, commitment to vaccination, self-efficacy, and trust in authorities) were all strongly associated with higher quasi-routine vaccine recommendations (score >90%) but significant differences existed between countries. Our results suggest that the prevalence and contribution of vaccine confidence determinants vary substantially among Western European countries. It is important to understand the cultural and country-specific differences in vaccine attitudes and practices among HCPs in order to better target interventions to aid HCPs in vaccination.

COVID-19 Vaccine Hesitancy in Poland—Multifactorial Impact Trajectories

Lukasz Kiszkiel & Piotr Laskowski (University of Białystok)

Since the declaration of the SARS-CoV-2 pandemic confirmed by World Health Organization, work on the development of vaccines has been stimulated. When vaccines are commonly available, a major problem is persistent vaccine hesitancy in many European countries. The main objective of our study was to find out the multidimensional factors inducing this phenomenon in Poland. Our survey was conducted on a representative quota sample of Poles (N=1000) in March 2021, the very beginning of the national vaccination campaign. In it, we asked, among other things, about the willingness to vaccinate if it were available off-the-shelf. The vaccine hesitancy in the studied group reached 49.2%. Based on the collected data, we were able to identify multifaceted socio-demographic, economic, health, worldview (including religious) factors determining willingness to be vaccinated against SARS-CoV2. After a year, we repeated the measurement on the same respondents obtaining 622 successful surveys. Thanks to the panel approach, we were able to confront respondents' declarations with their actual behavior and, on this basis, indicate whether the declarations made a year earlier came true, and if not, why. Our survey also analyzed the vaccination behavior strategies towards respondents' children. In addition, to questions about vaccination, we included a number of thematic blocks relating to behaviour during the pandemic and adherence to restrictions, social life, psycho-social status, economic situation, health (including visits to the doctor, preventive examinations, etc.), passage of coronavirus, attitude to state institutions, conspiracy believes. Thanks to the two measurements, we have very valuable longitudinal data, which we are eager to present in the context of vaccine hesitancy in Poles population.

Parallel Sessions 6 (26 May, 15:00 – 16:30)

The impact of crises, resilience and strategies of adaptation

Chair: Catarina Delaunay (Interdisciplinary Centre of Social Sciences - CICS.NOVA)

Narratives of care and pandemic emergency. Evidence from a case study South Italy

Caterina Filareti (University of Salento)

The Covid-19 pandemic has prompted the digitization of medicine by bringing health systems closer to patient needs through innovative technological solutions. The discontinuation of routine health care services as well as social distancing regulations have highlighted the limitations of traditional health care and the need for remotely accessible skills and services. Digital health care is ideally suited to provide patient-centered care that is more convenient and more productive. Characteristics that make these tools indispensable in the response to the COVID-19 pandemic, but also a viable option in non-emergency situations to provide access to effective and equitable care (Schwamm H. Lee, 2020). This paper discusses autobiographical self-narrative as a tool to support care in cases of illness, from both the patient and professional perspectives. Narrative is rooted in social action and is an essential dimension of it (Poggio, 2004). Early empirical findings from a survey of cancer patients and former patients show the emergence of the need for care in post-pandemic times, highlighting a growing awareness of the issue in both patients and health care professionals. The data presented are the result of an initial exploratory research field survey conducted by conducting focus groups with only patients and with patients, physicians and stakeholders in 2021 and a round of qualitative interviews with cancer patients conducted in 2018. Patients interviewed urge an intake capable of offering answers on the communicative level of disease narrative, physicians in the oncology sector highlight a growing critical awareness of the shortcomings that characterize health care organizations with regard to patients' own demands for recognition of their experiential/emotional experience. Narrative medicine has become increasingly important as it fortifies clinical practice with narrative competence to recognize, absorb, metabolize, interpret, and be sensitized by disease stories (Charon, 2001), and Covid has been a turning point (World Health Organization, 2018).

Urban Agriculture: From Well-being to Resilience. Preliminary results

Cynthia Párraga (Ghent University and Escuela Superior Politécnica del Litoral (ESPOL))

In the last few decades, there has been growing interest in capturing this coupled socio-ecological nature of cities, primarily from a health perspective. The majority of studies focus on the psychological, recreational, and educational benefits provided by green spaces such as parks, forests, streams, and

community gardens (Wolch, Byrne, and Newell, 1820). In other words, these studies relate ecosystem service to well-being. Few of these studies explore how green spaces' contributions to well-being are translated into community resilience. The purpose of this study is to portray the role of Urban Agriculture (UA) practices on well-being and their influence on the community and individual resilience to shocks (such as COVID-19 pandemics). It is motivated by the scientific evidence on the capacity that UA has to strengthen community-based adaptive management (Young et al., 2006). Our research will be carried out in Belgium; since it has successful initiatives related to UA. To be more concrete, we chose Ghent as it leads the group of European green smart cities. Due to our research focusing on concepts like personal and social well-being we need an open and flexible way of obtaining this information. Therefore, we will carry out open-ended semi-structured interviews (with the help of photographs) addressed to citizens of Ghent. Considering that our research goals are focused on studying a particular phenomenon, we chose Grounded Theory to guide our research. The outcomes of this research will expose how the well-being gained from the practice of Urban Agriculture can contribute to community resilience in times of crisis.

To cure and be cured in marginality. A survey on the homeless, health and access to care
Giulia Mascagni (University of Siena)

Extreme marginality affects a statistically insignificant few. But in a period of strong pressures and social, economic and cultural changes, with a legacy of an unexpected and still unresolved pandemic, it proves necessary to investigate and address this highly complex issue, strongly interrelated with multiple spheres of life and "social justice" (Walzer 1983), and related areas of policy interventions. This research targets the homeless (Ethos 2017), investigating in particular the health and their – missed or completed, desired or denied – access to care paths, with the intention of responding (at least partially) to a precise cognitive need of those who, even within territorial boundaries and on average well-off socio-economic areas, live "at the extreme limit" (Gui 1996; Polin 2022). The survey lasted for one year (September 2021-September 2022), it compared two urban realities in central Italy and addressed two groups of interlocutors: the typically hard-to-reach one (Capello and Porcellana 2017; Fio. PSD 2018; Cortese et al. 2020; Hertzberg and Boobis 2022) of the homeless in the role of care-seekers; and that of healthcare professionals (doctors, nurses, social-health workers) in Accident and Emergency Hospital Departments with responsibility for potentially attending to difficult patients: addressing not only health problems but also social ones; 119 questionnaires were completed for the first group, and 25 in-depth interviews conducted for the second; and an additional 14 interviews with privileged witnesses active in local institutions and in the third sector added valuable inputs on the most recent critical issues, good practices in place and their functions, intervention strategies active at the local level. What emerged wants to support the reflection about how much and in which ways urban contexts can help; whether healthcare is really open; how much operators are able to listen and how much they are required to "impose".

Health inequalities II

Chair: Lucie Kalousová (Vanderbilt University)

The Changing European East-West Health Divide: Did COVID-19 Pandemic Follow the Pattern?
Liubov V. Borisova (Uppsala University)

The European East-West health divide takes its roots in the 1970s. However, since the start of the transition from planned economies and communism to market economies and democracy, inevitably, health care and health patterns have changed. The aim of this study is to explore the transformations of the European health divide over time (1980-2019) and analyse it during the pandemic of 2020-21. To explore the changes in the East-West health divide, a three-step analysis was performed. First, we performed cluster analyses in years 1980, 1985 and 1990 using the European Health for All Database (HFA-Db) of the World Health Organisation (WHO). The health indicators selected include mortality-based indicators of life expectancies, infant and maternal deaths. Second, same analysis was performed for years 2018-19. Third, again the same cluster analysis was performed on the same mortality-based dataset and dataset of excess deaths in 2020-22 on the datasets from different sources (WHO, World Bank, ECDC). Preliminary results suggest that, first, a clear two-group East-West health divide existed in the 1980s. However, by 2019 (and slightly earlier) more blurry borders exist, with three separate clusters identifiable. Second, the analysis of the pandemic years has changed the three-group separation, and yet again brought the divide closer to a two-group East-West health divide. It is important to note that the East-West European health divide has changed in the past 30 years due to major political, social and economic diversity in the region. The divide has not disappeared, but rather has

multiplied, and we can clearly observe (at least) three diverse health groups on the European continent nowadays. It is, however, challenged by pandemic and post-pandemic changes in health, mortality and health care challenges.

The Impact of the Covid-19 Pandemic on the Mental Health in Italy

Marco Ciziceno (University of Palermo)

The COVID-19 pandemic had detrimental effects on several spheres of people's lives. These dangerous effects are not limited to human health but include economic conditions, social relations, and personal biography (Bury, 1982; Cardano, 2010). While most attention has been paid to people's medical complications, few studies have looked at the possible direct and indirect effects of a pandemic on mental well-being. According to Eurofound (2020), between 2020 and 2021, the mental well-being index (WHO-5) in Italy fell below the average score of 50/100, below which a person is considered at risk of depression. In addition, vulnerable groups suffered more than others from the financial insecurity and physical restrictions caused by the pandemic. While the general population's health recovered relatively quickly after the massive use of vaccines, few studies have examined the long-term effects of the pandemic on people's mental health. This paper aims to fill this gap by examining the mental health of the Italian population after the pandemic shock. Recent data from the Ministry of Health Agency (AIFA) on the use of medicines before and after COVID-19 show a massive increase in the use of antidepressants in the Italian population after COVID-19. Descriptive analyses at the European level also show that Italy is more medicalized than other European countries. These data suggest that the pandemic has permanently lowered mental well-being in Italy in the medium and long term. The current situation in Italy also highlights the typical contradictions of modern "bionic" society (Maturó, 2010), where the use of medical treatment for mental health (i.e., anxiolytics) became culturally accepted (Illich, 1975) after the pandemic experience. This scenario opens the debate on the actions that policymakers need to take to facilitate the recovery of mental health levels in Italy, as well as initiatives to build mental health services in the future.

Vaccine hesitancy VI

Chair: Luigi Gariglio (University of Turin)

Connecting theories and interventions for reducing vaccine hesitancy in Europe. First findings from VAX-TRUST Project (RTD Project: 965280)

Maurizio Esposito, Lia Lombardi, Alessandra Sannella, Sara Sbaragli, Maria Ferrara, Elisa Langiano, Elisabetta De Vito (University of Cassino and Southern Lazio)

Aims: The main objective of this study is to build a flexible intervention model - within the VAX-TRUST project - to increase awareness of the complexity of vaccine hesitancy among healthcare professionals. An analysis of some sociological and non-sociological theories suitable for complex public health interventions was conducted to achieve this goal. We focused, above all, on the Actor-Network Theory (B. Latour) and the Social Worlds Theory (A. Clarke) and their theoretical/methodological frameworks. Both approaches have a sociological background based on the analysis of social action, interaction, communication, and interconnection of all elements (individual, structural, human, non-human) participating in the intervention. Our study answers two questions: what is the usefulness of these theories; can they be applied to interventions? **Methods:** We link theories to intervention to answer the above questions by taking as an example the quali-quantitative framework Six Stages in the Development of Quality Intervention (6SQuID), widely used in the public health interventions. The six steps of the 6SQuID are related to the vaccine hesitancy behaviour, also implying the sociocultural contexts involved in the project Vax-Trust. **Results/Discussion:** 1. The nature of perception is theory-driven and socially grounded. Situational analysis establishes how the topics of intervention are socially situated (spatial-temporal convergence). 2. Social change and the factors that produce a change in public health. E.g., according to ANT, change occurs through translation: a process of connections and translations that, in turn, needs interaction, negotiation, and closure of controversies. 3. The conceptualisation of context about networks of actors and their actions (ANT) by identifying the relevant components in a situation. According to the Social Worlds Theory, in situational analysis "the conditions of the situation are in the situation". 4. The topic of intervention evaluation. Understanding, developing, and evaluating complex interventions is essential for improving health and healthcare.

Interactions of doubt: Health professionals' encounters with parents over childhood vaccinations

Marie Henriette Madsen (VIVE- The Danish Center for Social Science Research)

Vaccine development is described as an important improvement and key element in both national and international health promotion policies. Much literature, however, reveals that vaccines in practice is both a simple solution and a contestable field (Berg and Blume, 2020; Paul et al. 2018; Colgrove 2006; Thomsen 2017). Importantly, vaccines also become contested when reaching the public debates and private spheres of the families (Leach 2007). Despite an overall trust in vaccines, parents searches for information on vaccines, weighs perceived health effects against risks and want to decide for themselves whether to vaccinate their children or not (Deml et al. 2022; Nordtug 2021). Vaccines as an arena of potential doubt and hesitancy became even more distinct with COVID-19 and the introduction of a new vaccine in a complex context of changing urgency and information overflow. The role of health professionals as experts and facilitators of national guidelines stands out as essential (Prior 2003), but interactions between parents searching for increased clarity about the benefits of vaccines and health professionals, is under-analyzed. This paper presents an analysis based on interviews with general practitioners and visiting nurses about possible options of vaccine guidance and professional dilemmas resulting from patient-professional encounters. The analysis shows how the quality of a knowledge statements is questioned by both specialist and lay people (Latour 1987, Latour 1998, Moreira 2011), and how acts of reasoning is based on negotiations including both formal procedures & ad hoc debates, experts & lay persons, and technical & political knowledge claims (Moreira 2011). These interactions of doubt is characterized as dialogical spaces between health professionals and parents, where health professionals allow different knowledge claims to be raised, and provide a space for a negotiation rather than trying to settle controversies.

Vaccine communication training for healthcare providers - an IMMUNION initiative

Greet Hendrickx (University of Antwerp), Aurélie De Waele (University of Antwerp), Sara Valckx (University of Antwerp), Brenda Janssens (University of Antwerp), Alba Godfrey (EuroHealthNet), Alison Maassen (EuroHealthNet), Pierre Van Damme (University of Antwerp)

Healthcare providers (HCP) are seen by the public as the most trustworthy source of information about vaccination. If HCPs feel confident to address questions from patients concerning vaccination, they are a valuable partner to increase vaccine confidence in the public. However, it is not clear if HCPs feel confident to answer these questions. In the context of the Joint Action on Vaccination, the Vaccine Training Barometer was developed to assess how frequently HCPs receive questions about vaccination, how confident they feel to answer these questions, which questions they could not answer, and to what extent they need extra training. After a pilot test in Flanders, the Barometer was launched among HCPs in Flanders and Spain from November 2020 until January 2021. In both countries, HCPs received questions about vaccines frequently, and about two thirds of them indicated that the frequency of questions had increased over the past three months. Most questions were about side effects and safety of vaccines. In both countries, HCPs don't feel very confident to answer questions (33.3% feels confident in Flanders, 21.6% in Spain). A lot of HCPs received questions in the last three months that they could not answer (50.5% of participants in Flanders, 39.5% in Spain). In both countries, only 11.3% of the respondents felt they gained enough knowledge through their standard education to be able to answer questions about vaccines. Almost all respondents were willing to follow extra training on vaccination (Flanders: 94.4%, Spain: 96.2%). The Vaccine Training Barometer showed that HCPs often receive questions about vaccines, but the majority does not feel confident to answer them and wants extra training. As such, the Barometer is a useful instrument to monitor the confidence of HCPs to answer questions on vaccination and to capture their training needs.

Communicating uncertainties. Expert bodies on Covid-19 in Poland

Tadeusz Rudek, Aleksandra Wagner, Paulina Polak, Maria Świątkiewicz-Mośny (Jagiellonian University)

The Covid-19 pandemic has become one of the most significant challenges for modern societies. The global scale of the phenomenon and the numerous uncertainties made it necessary for state authorities to conduct and justify immediate decisions concerning all aspects of social life. A critical factor that influenced the dynamics of the pandemic, also in the social sphere, was the vaccine and the discussions it brought. Urgent need of inventing vaccines put into the centre the problem of nonknowledge, uncertainty and risk in modern science. Shall experts openly communicate the uncertainties to the public or focus on the necessity of making decisions and convincing people? Referring to cognitive uncertainty

we will reflect on the role and public expectation towards expert bodies in Poland. Analysing the period from the announcement of a pandemic by WHO (11.10.2020) to January 2022. We will consider how different types of advisory bodies contributes to public communication on the Covid-19 vaccine. The sociological interpretation will be inspired by the concept of civic epistemologies defined on the ground of STS (Jasanoff). The analysis is based on 12 in-depth semi-structured interviews with members of the Medical Council at the Prime Minister of the Republic of Poland, the COVID-19 Team at the Polish Academy of Sciences and Representatives of Signatories of the Appeal of Scientists and Doctors Against Compulsory Vaccination Against Sars-Cov2 and Lockdown. The press analysis is a crucial component of the analytical material (March 11, 2020, to April 10, 2021). An in-depth analysis of the official positions of the mentioned councils and teams supplements the research material.

17:00 – 18:00: Round Table 2: Public Sociology and Crises

Impacts of the Ukrainian War on Health and Healthcare

Chair: *Marie Jelínková* (Charles University)

Speakers: *Magdalena Ślusarczyk* (Jagiellonian University), *Anastasia Riabchuk* (National University of Kyiv-Mohyla Academy), *Elena Tulupova* (Charles University)

This round table will offer a reflection on the impacts of the Ukrainian war on health and healthcare. The following topics will be discussed: access to healthcare, barriers and measures to overcome them, healthcare professionals in hosting countries, expectations of Ukrainian war refugees, the capacity of healthcare systems in hosting countries to manage the unexpected increase in patients and future challenges. The round table is organised in collaboration with the [Expert Group For Ukraine from the Faculty of Social Sciences, Charles University](#).

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