Is stronger religious faith associated with a greater willingness to take the Covid-19 vaccine? Evidence from Israel and Japan

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Abstract

Finding a vaccine against Covid-19 is a major step in fighting the epidemic. However, an equally important element in overcoming the epidemic is convincing people to take the vaccine. Doing so has become increasingly important given the discovery that new mutations of the disease might be resistant to the current vaccine. Therefore, people may need to be vaccinated repeatedly.

Previous studies have provided conflicting results with regard to the issue of how religions (including their denominations) and people's degree of faith correlate with intentions of getting vaccinated. The current study investigates the association between religious faith and intentions to become vaccinated against Covid-19 in Israel and Japan. Most of Israel's

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population is monotheistic and Japan is a country of mostly non-believers. Therefore, our findings might be applicable to various countries that differ in their religions and levels of religiosity. We conducted almost identical large-scale surveys four times in Israel and five times in Japan from March to June 2020 to obtain panel data. The data was collected before a real vaccine was available to the public. We found that willingness to pay (WTP) for receiving a reliable vaccine depends on people's level of religiosity in a non-linear way. More specifically, the results imply that those with low or moderate levels of faith are more willing to buy the vaccine. In contrast, those who have more faith are less willing to do so. Therefore, the relationship between the willingness to take the vaccine and faith takes an inverted U-shape in both countries. To the best of our knowledge, this non-linear relationship between one's degree of religious belief and the willingness to be vaccinated has not been reported before. As for the comparison between the two countries, we found that the effect of religion is stronger in Israel than in Japan. These findings hold even when controlling for sociodemographic variables; risk aversion; probability to be infected; health status; severity of the disease if infected, and many other controls.

Two other factors that play a role in this relationship are religious denomination in Israel and identifying with a religion in Japan.

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