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Religiosity and University Students' Attitudes About Vaccination Against COVID-19

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Abstract: During the COVID-19 pandemic; it transpired that there were different influences contributing to the people's (un)willingness to be vaccinated. In our research, we start from the assumption that religiosity may be one of the reasons for such behaviour. The online snowball sample covered 361 students of the teacher education faculties in Serbia. The questionnaire consisted of questions referring to the attitudes about vaccination and the questionnaire about religiosity. The independent variable was the level of the students' religiosity, while the dependent variables referred to their attitudes about vaccination. The data were processed with the aid of non-parametric and descriptive statistics and ANOVA. The results showed that there were differences in the students' attitudes about vaccination and that the level of religiosity had an important role in the shaping of the students' awareness of the importance of vaccination. Thus, the starting hypothesis was confirmed that religiosity is one of the factors of influence contributing to the formation of the attitudes about vaccination against COVID-19, which affected the health-risky behaviour among young people during the pandemic of this disease.

Keywords: COVID-19 pandemic; vaccination; religiosity; university students'; Serbia

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1. Introduction

1.1. COVID-19 and Vaccination

If we start from the (currently) valid "Wuhan" assumption about the emergence and expansion of the COVID-19 pandemic (Zhou et al. 2020), we can state that it is the pandemic which in the shortest time in the history of medicine affected whole humankind. The SARS-CoV-2 virus is a biological phenomenon, but its pandemic is a social phenomenon. Moreover, it also caused numerous controversies regarding the emergence of the virus, its spread, symptom recognition, determining the infection, mortality rate, course and length of the disease, relatively rapid invention of the vaccine, etc., which directly affected society, culture, economy, everyday life and work worldwide. Therefore, the COVID-19 pandemic became the focus of interest of numerous social sciences (Šuvaković 2020a, 2020b; Jović 2020; Tsekeris and Zeri 2020; Pavlović and Petrović 2020; Savić Marković 2020; Čović 2020; Mugano 2020; Stilhoff 2020; Čikić and Bilinović Rajačić 2020; Vučetić et al. 2020; Vasojević et al. 2021; Vuletić 2021; Matthewman 2021; Deflem 2022; Šuvaković et al. 2022; Petrović and Miltojević 2023), as well as humanities (Bradbury et al. 2021; Slijepčević Bjelivuk

and Nikolić 2022), but also technical-technological sciences (Petrović et al. 2021; Janković 2020), etc.

Although Chinese scientists isolated the virus immediately after the first reported case in Wuhan and sequenced it (Wu et al. 2020), it was only the initial—although indispensable—step towards the invention of the vaccine against this disease and potentially of medications. The advancing globalization process and increasing openness and connection of China both with the rest of the world, and inside the country itself (Šuvaković 2022, p. 12), particularly when it comes to air traffic[1], created more than favourable conditions for the pandemic outbreak. "Earlier experience had shown that one of the downsides of increasing globalization is how impossible it is to stop a rapid international diffusion of new diseases. We live in a highly connected world where almost everyone travels. The human networks for potential diffusion are vast and open." (Harvey 2020).

The first reaction of the majority of the countries was to apply the measures of quarantine nature, from introducing the state of emergency to the prohibition of going out to the whole population or some of its parts (primarily those 65+ years old, who were considered the most threatened). Of course, such a situation could not last long because it affected all social and particularly economic processes. Thus, with time, the applied measures were relaxed, with the increasing probability of people becoming infected and ill.

In that period, the pharmacological concerns worked intensively on inventing a vaccine that would be efficient in preventing the further spread of the pandemic. Naturally, the vaccine could have been developed before the pandemic as well, and not in its peak, but the obstacle was posed by the issue of the pharmaceutical companies making maximum profits (Chomsky 2020). Moreover, vaccination is considered the most important measure in the prevention of diseases that pose a danger to public health, and, at the same time, the most significant achievement in the history of medicine. Insufficient knowledge about vaccines (both in general and about specific vaccines), but also about the vaccination process itself and the functioning of infectious diseases and epidemiology rules, and that is why negative attitudes about vaccines and vaccination are based on anti-scientific opinions and, quite frequently, on quackery; they emerge as a result of complex interaction of personal, social, anti-cultural and sub-cultural, economic, religious[2] and political factors, reducing the probability of the broadest vaccination scope (Kilic et al. 2021; Jandrić Kočić 2022). This directly affects the length and outcome of a pandemic and/or epidemic caused by an infectious disease, the health of individuals, but also public health in general.

In the case of COVID-19, it turned out that, besides medical factors, there were also other, primarily political factors that could contribute to the attitude towards vaccination in general, and then towards the choice of a specific vaccine. Namely, having in mind that every country sovereignty decided about the declaration of the state of emergency, isolation and quarantine rules[3] (the length and rules of functioning of both the infected and the healthy who had to continue doing their jobs in a usual manner, but in modified circumstances, so that life in the "new reality" could also function smoothly), the beginning of internal "opening" (lifting the state of emergency in the whole territory or in some regions), as well as external opening of the borders to foreign passengers, at one moment the question arose about foreign citizens entering certain countries, first of all Australia and the USA, depending solely on their vaccination status. The passage of time and obtaining more scientific information about the virus and the disease made the condition for entering some countries no longer solely a negative PCR test immediately before travelling—minimum 48 h, or the proof of previous COVID-19 infection—but the vaccination status was also requested (whether someone has been vaccinated or not; with how many doses, and with what vaccine, because not all vaccines were accepted in different parts of the world, whereas the reason for refusing some of the vaccines was most often a set of interconnected

medical, economic and political reasons, based on which every country decided on its own about accepting a certain vaccine, regardless of the recommendations of the WHO). All of the above led to the response to vaccination, initially quite good, dropped and covered up to approximately 60% of the 18+ population by the end of 2022 (with two doses). Moreover, the Government of the Republic of Serbia provided free vaccination to all citizens in a timely manner, as early as the last quarter of 2020, almost simultaneously with it beginning in the USA and the EU. Vaccination being free of charge represented an important economic incentive for it, which was followed by the measure of granting financial support to those who were vaccinated, which was quite a large expense for the budget, but definitely smaller than the indefinite lockdown, and thus the suspension of all economic activities. As many vaccine brands were provided: Pfizer-BioNTech, Sputnik V, Sinopharm, Oxford/AstraZeneca and Moderna, which arrived successively, whereas smaller quantities of Pfizer-BioNTech were intended for primarily medical staff, while subsequently arrived large quantities of Sinopharm and Sputnik V, which enabled the broad scope of vaccination. It was possible for individuals to choose the vaccine type and the number of received doses (Radulović 2022). This was definitely questionable from the medical perspective, but quite important from the aspect of ensuring trust in the vaccine to be chosen by individuals, while the largest number of medical staff and the Crisis Headquarters members appealed for vaccination. In addition, the sanctioning policy to individuals violating the quarantine rules, particularly during the state of emergency, due to irresponsible actions and making property/legal gain, did not give full results, although, to tell the truth, it was consistently applied only during the emergency state. On the other hand, anti-COVID-19 vaccination did not impose the principle of obligation, but was on a voluntary basis, with an emphasis on the appeals to the population to trust the state and medical profession (Stanojević et al. 2022), on civil responsibility and, in the end, on the conscience of every individual. This principle of functioning is completely in line with the earlier attitudes about mandatory vaccination within the EU, where 2/3 of the member-states do not legally prescribed mandatory vaccination (Ristivojević and Samardžić 2018). However, the COVID-19 pandemic managed to change these regulations to a certain degree, so Australia, Canada, Croatia, Czech Republic, Denmark, France, Greece, Hungary, Italy, Poland, Russia, Saudi Arabia, Turkey, Malaysia and Ukraine introduced mandatory vaccination against COVID-19 for certain groups of population which were assessed to be the most threatened by getting infected and by fatal outcome (the elderly, medical staff and civil servants). The countries believing that the right to life was the most basic of all civil rights and freedoms included Austria, Vatican, Indonesia, Turkmenistan and Tajikistan, where vaccination against COVID-19 became a legal obligation for all adult citizens, whereas the state guaranteed the quality and safety of the vaccine and had to pay adequate damages in the event of any complications and life-threatening undesired consequences for the patient (Radulović 2022). Finally, a particularly encouraging measure for the vaccination of younger population in Serbia was the obligation of having a digital certificate as proof of vaccination when visiting catering facilities after 8 p.m.

1.2. COVID-19 and Religion

It is a notorious fact that in the times of crises, man turns to God. Therefore, the religious (confessional) identity, as one of the earliest and perhaps the most important acquired elements of the personal and collective identity (Milošević 2011; Popić 2024; Trifunović 2014), is manifested in such crisis situations as was the one during the COVID-19 pandemic. That is when religiosity is manifested as a sociological concept denoting numerous aspects of religious activity, commitments and beliefs (religious doctrines), as well as of religious expectations strongly affecting all aspects of personal life, in which its practical importance

is reflected (Azam et al. 2011).The research has shown that during great personal, national and even planetary crises, such as wars, natural disasters, catastrophes and accidents caused, directly or indirectly, by the human factor, religion becomes a way of preserving mental health both of the individual and the community (Begović 2020; Bentzen 2021; Pirutinsky et al. 2020). On the other hand, every religion prescribes, apart from a set of beliefs, certain rituals and the practice of rite performing which constitute an exact form of manifesting every individual's religious beliefs. Some authors, therefore, speak about internal and external religiosity (Allport 1950; Tadić et al. 2022), while the pronounced presence of internal religiosity does not necessarily mean the simultaneous pronounced presence of manifesting external religiosity. However, the crisis intensity and the death risk perception definitely affect both of these, which was proved by the COVID-19 pandemic (Boguszewski et al. 2020; Linke and Jankowski 2022; Sisti et al. 2023; Tadić et al. 2022). The church or some other religious community tried, in line with its own beliefs and dogmas, to respond to the challenges placed by the pandemic before believers (Begović 2020; Lee et al. 2022), as well as before religious institutions in relation to performing different services and rites. Therefore, religious rites were sometimes cancelled (Lee et al. 2022; Linke and Jankowski 2022; Sisti et al. 2023; Pirutinsky et al. 2020) since at the very beginning of the pandemic they proved to be high risk factors (Lee et al. 2022), and were transmitted via television or Internet (Sisti et al. 2023) or adapted in some other way (Sulkowski and Ignatowski 2020).

However, some religious communities were not ready for concessions, thinking that religious principles and dogmas did not affect (Bentzen 2021; Sisti et al. 2023) or that believers themselves needed to be united with God in their union with the Church, thus feeling stronger in facing the pandemic crisis, believing that their participation in religious rites would not harm their health, which made them the object of serious stigmatization (Antonić 2021; Mirović 2020). A question arose not only about the relationship between religion and the attitudes towards protection measures against COVID-19 (Pirutinsky et al. 2020; Sisti et al. 2023; Tadić et al. 2022), but also about the consequences the COVID-19 pandemic had on different aspects, primarily external religiosity. The dominant topics in the research of religiosity at the time of the COVID-19 pandemic were: consequences of a number of pilgrimages and other mass religious gatherings and ritual practices on the spread of COVID-19, particularly at the beginning of the pandemic (Linke and Jankowski 2022); difficulties in explaining the dangers of the new situation to small and closed religious groups which strictly observe the dogmas regulating all aspects of social life, including the use of techniques and technology (Trepanowski and Drążkowski 2022); attempts to "cure" COVID-19 patients by alternative non-medical methods; public proclamation of the resistance to vaccination and care for the compatibility of the vaccine content with religious beliefs, but also of the acceptability of vaccinating believers during Ramadan fasting period (Ali et al. 2021); the misuse of the COVID-19 pandemic for the purpose of discrimination and spreading religious intolerance towards certain groups and religious confessions (Sarkar 2020); the importance of the role of religious leaders and priests in the fight against the COVID-19 pandemic (Begović 2020; Sulkowski and Ignatowski 2020); and, lastly, the role of religion as a means of overcoming the stress caused by the COVID-19 pandemic and preserving mental health during the pandemic and the state of emergency (Sisti et al. 2022, 2023).

1.3. Religiosity and Conspiracy Theories

Conspiracy theories, just as religiosity, are complex phenomena whose conceptualization and operationalization are neither simple nor there is a methodological consent about them. Religiosity may be established through a simple question: do you believe

in God (whereas there is a binary option of declaration or a scale is taken with the aid of which an individual makes his/her own of the degree of belief) via an individual's declaration about his/her confessional affiliation, via social sets of questions about different beliefs and opinions (e.g., do you belief in afterlife; do you believe in reincarnation, etc.) or via psychological measuring instruments, where the theory in the background of the measuring instrument determines whether religiosity is seen as a singular construct or as a multidimensional phenomenon. If religiosity is treated as a multidimensional construct, the number of encompassed factors may vary from questionnaire to questionnaire, including their content, although they may refer to the research into the same aspect of the functioning of a religious person. This refers to conspiracy theories in a similar manner. There are various theoretical opinions about whether conspiracy theories are an isolated phenomenon or whether an individual believes in one conspiracy regarding a specific phenomenon or event, or whether it is, however, a personal predisposition that makes an individual receptive to believing in conspiracy theories in general, regardless of their content (history, politics, pop culture), the time dimension of the event (whether the event takes place in the past, in the present or whether its consequences and effects are yet to be expected in the future), or the phenomena to which a conspiracy theory refers, the level of personal affliction by the phenomenon dealt with in such a theory (whether we know the person who is the subject of the conspiracy theory, whether we belong to a group to which the conspiracy theory refers, whether we are contemporaries of the topic dealt with by the conspiracy theory, how it is, in fact, relevant for an individual's life, etc.). Conspiracy theories also differ by their current nature (they may fall into oblivion relatively quickly and then become current again after a period of time), the object against which they are directed (individuals, groups, different social phenomena), as well as the perpetrator of conspiracy and the intended goal. In an attempt to determine common determinants of conspiracy theories with different content, Pipes states that conspiracy theories usually contain three basic elements: "a powerful secret and evil group which strives towards global hegemony, naïve people and agents who expand the influence of the group to the world, thus enabling it to succeed, and a brave and ready group which urgently needs help to prevent a catastrophe" (Pipes 1997, p. 22). They try to explain the origin and causes of important social events and phenomena, citing hidden schemes of concealed powerful structures or individuals, with the intention of gaining personal benefits, at the expense of society on the whole, a group of people or a specific individual (Bale 2007; Cichocka et al. 2016; Douglas et al. 2019; van Prooijen and van Lange 2014).

Different aspects of conspiracy theories are the research subject of several sciences: psychology, sociology, history, medicine and others. For example, Popper (Popper 1962) claims that conspiracies are not frequent and do not significantly change the character of social life, as opposed to conspiracy theorists who claim that conspiracies drive history. Pipes believes that conspiracy theories "are closely related to great events in European history, starting from 1750" (Pipes 1997, p. 171). The research into psychological factors of conspiracy theories are focused primarily on establishing whether believing in a conspiracy theory is an isolated case, depending on the content of the theory itself or, as stated by Moscovici's (1987), there is a type of "conspiracy mentality", i.e., a predisposition inside the personality making an individual receptive to believing in conspiracy theories in general (Frenken et al. 2023; Imhoff and Bruder 2014; Swami et al. 2011; Teličák and Halama 2021; Yendell and Herbert 2022). In addition, psychology is also interested in the connection between conspiracy theories and psycho-pathological phenomena such as schizotypy and paranoid ideation (Barron et al. 2014; Darwin et al. 2011). Sociological research in the domain of conspiracy theories are focused on exploring the connection between conspiracy theories and socio-demographic characteristics such as gender (Asprem and Dyrendal

2015; Ladini 2022; Mancosu et al. 2017; Marchlewska et al. 2019; Ward and Voas 2011), age (Ladini 2022), education (Mancosu et al. 2017; van Prooijen et al. 2015; van Prooijen 2017), property status (Freeman and Bentall 2017; Uscinski and Parent 2014), nationality (Farkhari et al. 2022; Mancosu et al. 2017; Oliver and Wood 2014; Swami et al. 2011), affiliation to certain (most frequently marginalized or minority) groups and social identity—importance and value attached to a particular social group membership (Mashuri and Zaduqisti 2014; van Prooijen and Douglas 2018). Furthermore, sociological research points to the fact that conspiracy theories may also have an important social function, such as justifications for attacking alleged enemies, an ethnic group or a whole nation. On the other hand, Łowicki et al. (2022) emphasize that social sciences are too focused on attempts to determine the factors which contribute to the acceptance of conspiracy theories, the strength of their belief, distribution, connection with other beliefs, as well as their consequences, while overlooking the fact that their main research goal should be the demystification of these conspiracy theories and establishing whether each of these conspiracy theories is actually true or not.

What should be emphasized is that the popularity of conspiracy theories, as well as their constantly increasing number, is due to the increasing interest in New Age movement and spiritualism and its practices, and with the tendency of postmodernism for relativization and constant re-examining and self-examining of the Truth and various kinds of truths, and whether this phenomenon has been recognized as conspirituality. Conspirituality refers to a politico-spiritual philosophy in which beliefs in secret powerful agents are combined with the conviction that humanity is undergoing a shift in consciousness (Ward and Voas 2011), whereas the coherence of beliefs does not play any role whatsoever: an individual may simultaneously believe in conspiracy theories which are in a collision by their content and meaning (Goertzel 1994; Swami et al. 2011; Wood et al. 2012).

As for the relationship between religiosity and conspiracism, some authors (Robertson 2017; Robertson et al. 2018) speak of three possible ways of interpreting the relationship: conspiracism as religion (aims to highlight analogies and differences between the two concepts by examining, for instance, whether a conspiracist worldview shares similar traits with a religious worldview), conspiracies in religion (identify those religions characterized by a conspiracist narrative), and conspiracies about religion (refer to the demonization of certain religions with the argumentation that they are part of a big conspiracy).

The research results regarding the connection between religiosity and believing in conspiracy theories are not unambiguous and different authors agree that the above-described methodological problems in the operationalization of both constructs largely contribute to it. For example, several researchers have reached a conclusion about the existence of a positive correlation between religiosity and believing in conspiracy theories, but the degree of this connection differs depending on the manner of measuring these two concepts (Frenken et al. 2023; Jasinskaja-Lahti and Jetten 2019; Łowicki et al. 2022; Stasielowicz 2022; Yendell and Herbert 2022; Walker and Vegter 2023; Wood and Douglas 2018). On the other hand, some authors give an argument that certain constructs such as conformism, the need for safety, conservatism, traditionalism, belief replacement hypothesis, analytic cognitive style, generalized interpersonal trust, authoritarianism, trust in authorities, institutions and science, compensatory control, patternicity and agenticity (general human tendency towards detecting patterns and agency in nature) may be mediators, modifiers and even common causes of both phenomena (Chan 2018; Esmer and Pettersson 2007; Farkhari et al. 2022; Farias 2013; Jedinger and Siegers 2024; Kay et al. 2010; Ladini 2022; Newheiser et al. 2011; Norris and Inglehart 2004; Rutjens and Kay 2017; Schwartz and Huismans 1995). It should also be noted that some authors believe that conspiracy theories play the role of universal secular religions and that conspiracy theories are, in fact, also aimed at giving

order to the randomness of the world—for instance, by attributing the cause of a natural catastrophe either to a vengeful God or to a conspiracy (Wood and Douglas 2018).

However, what has been concerning in the past few years is the expansion of conspiracy theories in the domain of social sciences into the domain of medicine (Jolley and Douglas 2014), particularly at the level of public health and suppression of different contagious diseases through vaccination. This type of conspiracy theories, known as "Big Pharma" is "shorthand for an abstract entity comprised of corporations, regulators, NGOs, politicians and often physicians, all with a finger in the trillion-dollar prescription pharmaceutical pie" (Blaskiewicz 2013, p. 259). Individuals who believe in such conspiracy theories tend not to have a negative reputation of the pharmaceutical industry per se, but of their personal image of the pharmaceutical companies. This type of conspiracy theories is also accompanied by the formation of different anti-vaxxer groups. These groups begin functioning by all rules of the civic activism (the foundation of the movement, organization of panels and protests, refusing vaccination under the threat of legal sanctions, active promotion of refusing the vaccination procedure, etc.), by cutting the freedom of choice as the first and foremost human right.

This trend is pronounced not only in Serbia, but also in ex-Yugoslav republics (Jandrić Kočić 2022; Radovanović 2017). With the breakup of Yugoslavia which was an organized country, founded on the principles of secularity (Gavrilović and Đorđević 2018) and promoting science as a benchmark of social progress, vaccination that used to be indisputably treated as a matter of public health, and not a matter of individual's free will and more than free interpretation (regardless of the level of education and expertise), left the domain of medical sciences and increasingly moved to the terrain of medical law (Draškić 2018; Ristivojević and Samardžić 2018), and of human rights in general (see Čović and Nikolić 2022; Kljakić 2022; Lukić 2023). The experts from both sciences see the main reasons for this shift in the increased influence of tabloids and different social networks (Jevtović and Bajić 2020), while there is an impression that the danger from the outbreak of the disease against which vaccination is performed, of its spread and consequences on individuals and population, is underestimated to the benefit of the debate regarding the quality and efficiency of the specific vaccine (Draškić 2018), led by the medically incompetent people.

1.4. Vaccination, Religiosity and Conspiracy Theories

Having in mind decade-long public actions of the anti-vaxxer lobby in Serbia, the invention of the anti-COVID-19 vaccine immediately triggered different types of CT, which is in accordance with (Stephens 2020), who emphasize that especially important negative social outcome of the pandemic is a rise in various types of conspiracy beliefs. After the arrival of the first vaccine contingents in Serbia, there was great interest in vaccination which gradually decreased afterwards. Different questions arose, such as: whether the nine-month period (approximately, depending on the vaccine type) for the development and testing is sufficient to speak with certainty about the safety and reliability of the vaccine by medical criteria for vaccine testing; whether we are "chipped"; whether the "authorities" gain political benefits by performing mass vaccination; whether the vaccine should be given to people who have already had COVID-19; what happens if we get infected between the first and the second vaccine doses; what the undesired effects of the vaccine are; whether women will be able to get pregnant; how long protection lasts; whether protection is absolute and why it is not absolute; whether other anti-pandemic measures (wearing masks and observing the physical distance) are necessary and beneficial are (Lukić and Arsić Arsenijević 2023) and are a potential replacement for vaccination; whether the vaccine protects from all virus mutation forms, etc. Along with the vaccination process, further questions were asked about vaccines: what share of the vaccinated in population is

necessary for reaching collective immunity; uncertainty regarding the conditions under which the vaccine was developed, stored and transported; whether it is possible to combine vaccines; whether there are differences in age and health groups in which a certain vaccine dose is more acceptable than in others (Catić-Đorđević et al. 2021), as well as the question of not entirely medical, but quite life-concerning and even (geo)political character: which vaccine to choose.

The research conducted regarding different factors that contribute to anti-COVID-19 vaccination has shown that different nations are distinct in their receptiveness to various forms of beliefs in conspiracy theories related to COVID-19, with the inhabitants of Bulgaria and North Macedonia standing out, and followed by slightly less susceptible to these influences—the citizens of Slovakia, Bosnia and Herzegovina, Serbia and Croatia (Jabkowski et al. 2023). Some anti-vaxxers who tend to believe in different conspiracy theories believe that vaccines are actually a biological weapon aimed at reducing the human population numbers on Earth, whereas the main target of such elimination is a special group of people (Tadić et al. 2022), or that vaccines are a means of chipping people in order to achieve mass control of groups and individuals and their thoughts and acts. These two phenomena, apart from being interrelated, also correlate with other factors of social influence, such as the level of education (Al-Mohaithef and Padhi 2020; Biasio et al. 2021; Chen et al. 2021; Chen et al. 2022; Jandrić Kočić 2022; Lazarus et al. 2021; Maleva et al. 2021; Pogue et al. 2020; Ukropina et al. 2022), the quality of life (Pogue et al. 2020; Tadić et al. 2022; Trepanowski and Drążkowski 2022; Ukropina et al. 2022), the country's economic status (Al-Mohaithef and Padhi 2020; Bentzen 2021; Chen et al. 2021; Chen et al. 2022; Linke and Jankowski 2022; Maleva et al. 2021; Pogue et al. 2020; Trepanowski and Drążkowski 2022), political orientation (Agley 2020), the degree of trust in science and scientists (Agley 2020; Tadić et al. 2022), even religiosity and confession (Lahav et al. 2022; Sisti et al. 2023; Trepanowski and Drążkowski 2022) and the level of religiosity and, in general, the importance and power of the influence of religion in a society (Jabkowski et al. 2023; Lahav et al. 2022; López-Cepero et al. 2022; Trepanowski and Drążkowski 2022), as well as some personal characteristics such as gender (Al-Jayyousi et al. 2021; Maleva et al. 2021; Ukropina et al. 2022), age (Khankeh et al. 2021; Mohamed et al. 2021), nationality (Begović 2020; Lahav et al. 2022; López-Cepero et al. 2022), etc.

On the other hand, the research indicates that the connection between vaccination and religiosity is rather unambiguous: regardless of other factors such as age, nationality, GPD, confession, vaccine availability, etc. High religiosity, both at individual and personal levels, is an indisputable predictor of the vaccinal status (Martens and Rutjens 2022). The reasons for it should not be searched solely in the unpreparedness of medical and pharmaceutical response to COVID-19 and the concern regarding the speed of vaccine discovery, effectiveness and safety, but also in the "science-religion choice" dilemma (Mao et al. 2024). This dilemma significantly affects all forms of the vaccination process in general, regardless of the actual disease. In fact, the countries whose population is religious to a large extent (both by the number of believers and by the level of religiosity they manifest), have lower vaccination rates, lower vaccination coverage rates, slower vaccination speeds, lower vaccine confidence and vaccination intention, more negative attitude towards vaccination generally and more vaccine hesitancy in comparison to those countries whose population has a higher percentage of trust in science (Cadeddu et al. 2021; Lazarus et al. 2022; Mao et al. 2024; Sturgis et al. 2021; Upenieks et al. 2022; Winter et al. 2022). Distrust in science is one of the most important motives for refusing vaccination in general (Kabat 2017; Larson et al. 2022; Pertwee et al. 2022; Rutjens et al. 2021), while this motive among believers is further enforced by the belief that vaccination is opposed to the dogmatic principles of their religion, as well as that is the way of changing God's will in terms of

deciding about life and death, etc. (Galang 2021; Garcia and Yap 2021; Hatala et al. 2022). However, some studies during the COVID-19 pandemic indicate that there is a way of overcoming the "science-religion choice", dilemma, and that science and religion do not necessarily have to be opposed to each other in an individual's value system (Ecklund and Scheitle 2018; Eriksson and Vartanova 2022). Namely, studying vaccination-related problems during the COVID-19 pandemic showed that there were ways of bridging the gap between these two, if not mutually exclusive, at least incoherent values. The first way is more of a secular nature and refers to the further clarification by the highest religious leaders regarding the attitude of their respective religions towards vaccination and the violation of religious principles and teachings (Begović 2020; Mao et al. 2024), where their ultimate authority is placed in the service of public health and, after all, the victory of life over death. The second approach is more of a scientific nature and it refers to the methodological treatment of religiosity itself. As a matter of fact, in his research, Ladini (2022) found that believers who regularly go to their places of worship and attend religious services and rituals tend to believe less in the Big Pharma conspiracy theory, which, in turn, may reduce the negative attitude towards vaccination. This may be explained by calling for the distinction between internal and external religiosity referred to by Allport (1950), where the attendance of religious services may be considered a form of the external component of religiosity (as opposed to negative components such as the functional one (use/abuse of the manifestation of religiosity for the purpose of personal gain or aimless ritualism, according to Erikson 1982), as a form of pro-social behaviour in the function of social activism and care not only for people in ones' own religious community, but also on a larger scale. The third approach might lead to church officials paying greater attention during their sermons and addresses, thus, being directed towards demystification of conspiracy theories against vaccination, which in their arguments cite religious beliefs and teachings. Namely, Łowicki et al. (2022) states that religious fundamentalism is highly positively related to the conspiracy theories regarding COVID-19, which directly resulted in the refusal of that group of believers and extreme religious communities not only to be vaccinated, but also to observe anti-pandemic measures. On the other hand, the intensity of believing in conspiracy theories was directly related to the failure to observe anti-pandemic measures and to the vaccinal status (Bierwiaczonek et al. 2020; Cislak et al. 2021; Kowalski et al. 2020; Romer and Jamieson 2020). That is why the further process of expanding the knowledge corpus about the connection between religiosity and vaccination gained during the COVID-19 pandemic is an important task for future researchers of this topic, whereas attention should be paid not only to different ways in which different components of the religiosity concept are related to attitudes towards vaccination, but also to the possibility that confessional affiliation and denomination, and not only nationality, may be significant moderators in establishing the mutual relationship between religiosity and vaccination (Alhawari et al. 2020; Chakhunashvili et al. 2024; Hansen and Pickering 2024; Jin et al. 2024; Morrison et al. 2015; Nikolić and Petrović 2024).

1.5. Religion in the Republic of Serbia

In Serbia, the Constitution from 2006 (Constitution of the Republic of Serbia 2006) and the pertaining Law on Churches and Religious Communities (2006) reaffirmed the right of freedom of confession, which had also been guaranteed by the highest legal acts, then prohibited religion-based discrimination, and granted autonomy to churches and religious communities. According to this Law, five churches (Serbian Orthodox Church, Roman Catholic Church, Slovak Evangelical Church, Reformation Christian Church and Evangelical Christian Church) and two religious communities (Islam religious community and Jewish religious community) were granted the status of *traditional religious communities*

in Serbia. In the Register of Churches and Religious Communities, there are 36 registered churches and religious communities (Ministry of Justice 2024). However, regardless of the number of officially registered religious communities, the data from the latest census from 2022 (Figure 1) show that the communities with the largest number of believers in the territory of the Republic of Serbia are the Serbian Orthodox Church (81.04), the Islam religious community (4.19) and the Roman Catholic Church (3.87)[4].The 2022 Census (RZS 2022) shows that 90.02% of the inhabitants in the Republic of Serbia declare as believers of one of seven traditional religious communities (Figure 1).

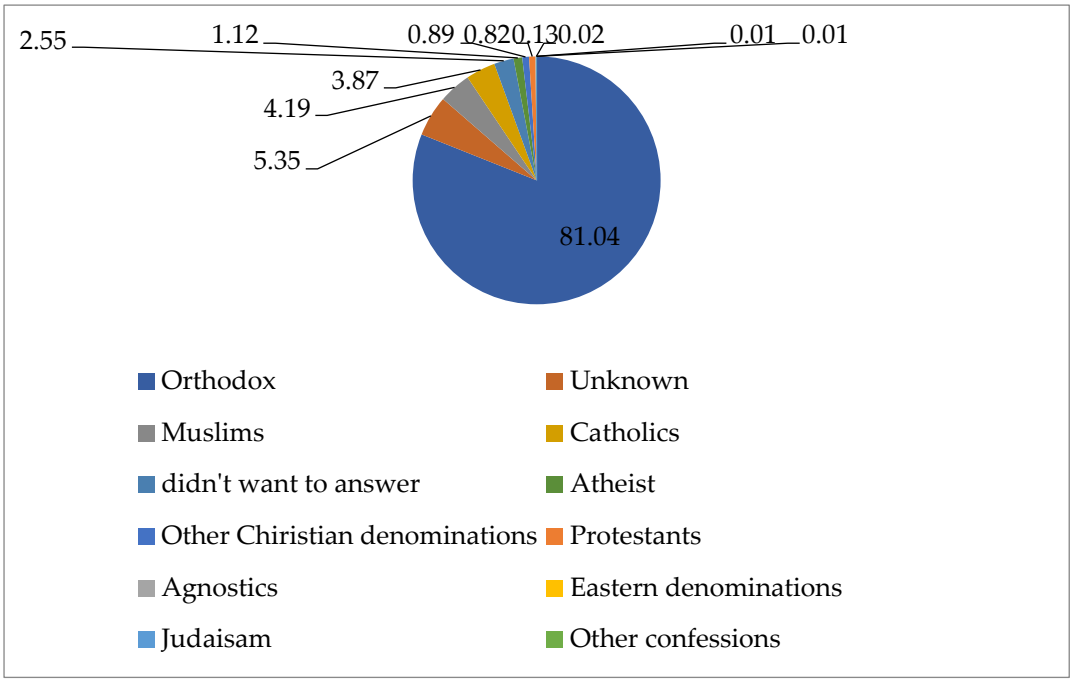

Figure 1. The population of the Republic of Serbia by confession from the 2022 Census shown in percentages (adapted according to the data of RZS 2022).

From Figure 1, it is evident that one part of the population declares themselves as atheists. However, in comparison to the previous period, their number has been halved (Šuvković et al. 2023a). Moreover, it can be concluded that 94.81% of the inhabitants of the Republic of Serbia declare themselves as believers, which is also an increase in comparison to 61% listed by Kuburić and Stojković (2004) in their research. The periods of social crises—the breakup of Yugoslavia, the collapse of socialism[5], economic sanctions, wars in ex-Yugoslavia territory—significantly contributed to the return to religion in all parts of former Yugoslavia, particularly in those with dominant Orthodox believers, due to the worse treatment of the Serbian Orthodox Church (SOC) in comparison to other churches and religious communities (Blagojević and Jovanović-Ajzenhamer 2021; Pantić 1993; Bishop of Raška and Prizren Pavle 2013; Janjić 2018; Šuvković et al. 2023a, 2023b). Another big step forward, contributing not only to the decreasing trend in the number of atheists, but also to the increasing number of people who declare themselves as believers, not only when it comes to Orthodox Christianity, is the re-introduction of Religious Education into the educational system in 2001, first as an optional subject, and in 2002 as a compulsory subject in alternation with Civic Education in the system of primary and secondary education (Regulation on the organization and realization of Religious Education and alternative subjects in primary and elementary schools, Government of the Republic of Serbia 2001). The total length of attending Religious Education may be 11 or 12 years, depending on whether a student has enrolled in a three-year or a four-year secondary school, or 8 years,

since in the Republic of Serbia it is compulsory to complete primary school education. A parent and/or custodian chooses the compulsory subject on behalf of a student in the primary school (Religious Education or Civic Education), while a secondary-school student makes this decision independently, but parents must be informed about this decision. The subject is designed by the German confessional model, and it takes place one lesson per week and is taught by Religious Education teachers. In schools, Religious Education is organized and performed solely for the believers of the churches and religious communities recognized by the Law on Churches and Religious Communities (2006), regardless of the number of students opting to attend Religious Education in a given school.

Religious Education as a school subject has been well accepted by both students and parents, while its teachers also notice that attending Religious Education has mainly an educational effect on students; it develops an integral worldview, encourages the development of personality and constitutes a foundation for responsible and engaged life in society (Marković 2018; Todorović et al. 2024; ZUOV 2013). The phenomenon of the connection between religiosity and the readiness for social activism in the community is also discussed by other studies (Froese and Jones 2021; Jang et al. 2023; Loveland et al. 2005). All these data further clarify the fact that interest in attending Religious Education does not decrease with the passage of years. Official data of the Ministry of Education of the Republic of Serbia show that Religious Education is attended by 448,925 students and that the greatest interest in it is during the first four grades of primary school, where class teachers are in charge of the entire teaching process (Đorđević 2024). Recent research results show that 78% of students attended Religious Education throughout their schooling (Šuvaković et al. 2023b). Some older research states that 58% of students attended Religious Education during their schooling. Additionally, Religious Education is chosen by primary-school students, girls, children from rural regions, and children whose parents have a lower level of education, or children who come from blue-collar families (Marković 2018). Other authors state that Religious Education is attended by 65% of students, most frequently in secondary art schools and among village children (Đorđević 2024). Furthermore, it is also possible for the students to choose Religious Education instead of Civic Education that they formerly attended during their schooling, and vice versa. The research by Šuvaković and associates (Šuvković et al. 2023a) also shows the existence of confessional differences concerning the attendance of Religious Education: 93.1% students of Islam confession attend Religious Education, while that number among Orthodox Christians is 65.3%. The following dilemmas have arisen within the monitoring of the quality of the Religious Education subject:

(a) Whether textbooks are sufficiently adjusted in its content to be understood by students from lower grades;
(b) Whether it is necessary to improve the curriculum (ZUOV 2013);
(c) Whether Religious Education should be kept in the existing (confessional) form or adjust it in such a way as to be designed by the combined model[6] (Šuvaković et al. 2023b);
(d) Unresolved work status of Religious Education teachers (Bishop Irinej of Bačka 2023), as many as 2160, out of whom 1756 are in charge of children of Orthodox Christianity, 209—of Islam, 157—of Roman Catholic, and 38—of Protestant confession (Ministry of Education 2024).

Based on the crossed data about confessions from the 2022 Census (RZS 2022) and the Ministry of Education (2024) about the number of Religious Education teachers in comparison to confessions, as shown in Table 1,we can conclude that the largest number of Religious Education teachers in comparison to the number of believers in Serbia is among Muslims, while the smallest number is among Orthodox Christians.

Table 1. The relationship between the number of Religious Education teachers and the number of believers in the Republic of Serbia.

Religion	Number of Believers	Number of Religious Education Teachers	Ratio
Orthodox	5,387,426	1756	3068
Muslim	278,212	209	1331
Catholic	257,269	157	1639
Protestant	54,678	38	1438
Total	5,977,585	2160	2767

Anyway, religious communities, at least in Serbia, had great understanding for the requests of healthcare authorities regarding the prevention of the spread of the virus.

Bearing in mind the above-mentioned, the aim of our research was to examine the attitudes of teacher education students in Serbia about anti-COVID-19 vaccination, as well as to see whether those attitudes were related to the level of religiosity as an element of personal identity, which is acquired quite early, passed on and shaped thanks to various agents of socialization, but also manifested in different habits, behaviour and attitudes. Numerous studies show that, regardless of the education level and the development of science and technology, religion has an important place in modern man's life and that 84% of the human population on the planet declare themselves as believers (Bentzen 2021), while the share of believers in the total population of Serbia, according to the 2022 Census, is 90.86% (RZS 2022). The attachment to religion is definitely encouraged by religious instruction which was introduced throughout the entire system of primary and secondary schools in Serbia by the confessional model (Avramović 2016; Bazić and Sekulić 2017; Šuvaković et al. 2023b; Todorović 2013; Todorović et al. 2024), and which is attended as an optional subject by 2/3 of the school children/students (Šuvković et al. 2023a).

More recently, vaccination as a phenomenon has become quite a complex issue whose study is no longer limited solely to the area of medicine and the questions of efficiency, production technology, application and undesired effects. The questions related to vaccination are becoming the subject of scientific debates and research in other sciences as well, such as law, economics, psychology, sociology, etc. When it comes to COVID-19, its complexity, speed of contagion, and global consequences on the world's economy and restriction of the freedom of movement, it comes as no surprise that studying the COVID-19 pandemic has also become the subject of interest in different religious communities and of theological research (Marshall 2022). Namely, in March 2020, Georgetown University, in cooperation with Berkley Centre for Religion, Peace and World Affairs, the World Faiths Development Dialogue and the Joint Learning Initiative on Faith and Local Communities founded a digital repository of the papers from the field of religion with the topic of COVID-19 (Faith and COVID-19: Resource Repository, https://covidfaithrepository.georgetown.domains/database/, accessed on 13 December 2024). However, what should be pointed out is that in the initial period of researching religiosity and COVID-19, the emphasis was placed on researching the connection between the virus spread and the practice of religious rites (Canete 2021; Tan et al. 2022; Yezli and Khan 2021), then the dangers related to certain confessions (Andrade 2021; Lahav et al. 2022; Sarkar 2020; Sisti et al. 2023), and only later on the research into the attitudes of different religious communities towards vaccination (Chakhunashvili et al. 2024; Hansen and Pickering 2024).It should also be noted that the vaccination issue during the COVID-19 pandemic was merely the continuation of the existing public debate regarding the effects and side effects of the previous vaccines, and the compulsory character of vaccination (Al-Jayyousi et al. 2021; Bendau et al. 2021; Benin et al. 2006; Yeh 2022), as well as the study

of the phenomena related to the vaccination process, such as emotional epidemiology (Ofri 2009), vaccinal skepticism (Gowda and Dempsey 2013)and vaccine hesitancy (Wang et al. 2015; WHO 2019b). During the COVID-19 pandemic it only transpired that religion might have a certain role in the decision-making process regarding vaccination against diseases, which has not been given special attention so far (Marshall et al. 2020). The research to date shows that "the important others" (role models) may affect the acceptance and course of vaccination: government representatives, celebrities, religious leaders, experts, students and parents (Benin et al. 2006; Betsch and Sachse 2013; Earnshaw et al. 2020; Eguia et al. 2021; Jovanović et al. 2023; Marshall 2022; Opel et al. 2011; Sallam et al. 2021). However, just as students of medicine with their expert authority in the future may be an important factor contributing to the protection of public health (Jovanović et al. 2023), an equally important factor may also be students of education faculties, since they can also transfer knowledge about the importance of vaccination and the care for public health, particularly regarding children's health. With their authority and knowledge, they may influence the parents' attitudes in favour of or against children's vaccination[7]. This is also indicted by Gowda and Dempsey (2013) who emphasize that in the future, it is necessary to develop new information technologies which will provide educational material about vaccination, harmonized with the vaccinal skepticism issue regarding each vaccine, but also the personalization of communication, i.e., engagement of vaccination advocates who may directly contact the interested parties. The attitudes about vaccination are not only a matter of every individual's personal decision, but also, a matter of public health of a certain population, nation or inhabitants. That is why it is very important to consider the influencing factors regarding the vaccination of the teacher education students, as teachers of the future generations, and their role as personal models. On the other hand, the return of Religious Education to the educational system of the Republic of Serbia has definitely affected the values of young generations for more than two decades of its presence. "Through the process of learning about religion, ritual services and religious education, religious institutions constantly point to religious and traditional values and norms, trying to make them prevalent in private and social life. In it, special attention is dedicated to the education of younger generations, which may be best seen in the aspiration of religious institutions to have the greatest possible influence in formal education" (Bazić 2011, p. 350). In this manner, Religious Education and formed religiosity could lead to the formation of attitudes and worldviews of the future teachers and educators about important life matters, which they will be able to pass on to younger generations in the future, not only regarding the relationship between religiosity and social activism and pro-social behaviour, whose connection with religiosity is dealt with by former research (Froese and Jones 2021; Jang et al. 2023; Loveland et al. 2005), but also regarding greater engagement in the sphere of public health. During its historical development, education has been connected, on a larger or smaller scale, with religion in various ways: literacy of the population, formation of schools, sermons made for the broad audience of believers, etc. (Avramović and Kuljić 2009), while through Religious Education and education, a direct influence is realized on the formation of religiosity as well. The return of Religious Education in Serbia is particularly important, since decades-long suppression of religion in former Yugoslavia led to the creation of new forms of social consciousness, under the influence of which man's fate is becoming more and more uncertain (Ivanović 2015). Avramović and Kuljić (2009) also point out that religion has several socio-cultural functions: cognitive, cultural, communicational, ethical, psychological, identity, integrative, legitimizing, political and within each of the above-listed functions, it is possible for religion to have an effect on the formation, maintenance and/or change of the attitudes regarding different social matters, even in the sphere of public health.

2. Results

When it comes to the attitudes about vaccination, only 10% of the students admit that during the COVID-19 pandemic, they did not observe the prescribed anti-pandemic measures. On the other hand, although they could choose one of several offered answers, the respondents did not do it, but chose only one. The anti-pandemic measure definitely observed by the largest number of the students is wearing a mask in different forms of environment: indoors 52%, public transport 6.4% and outdoors 2.8% (Figure 2).

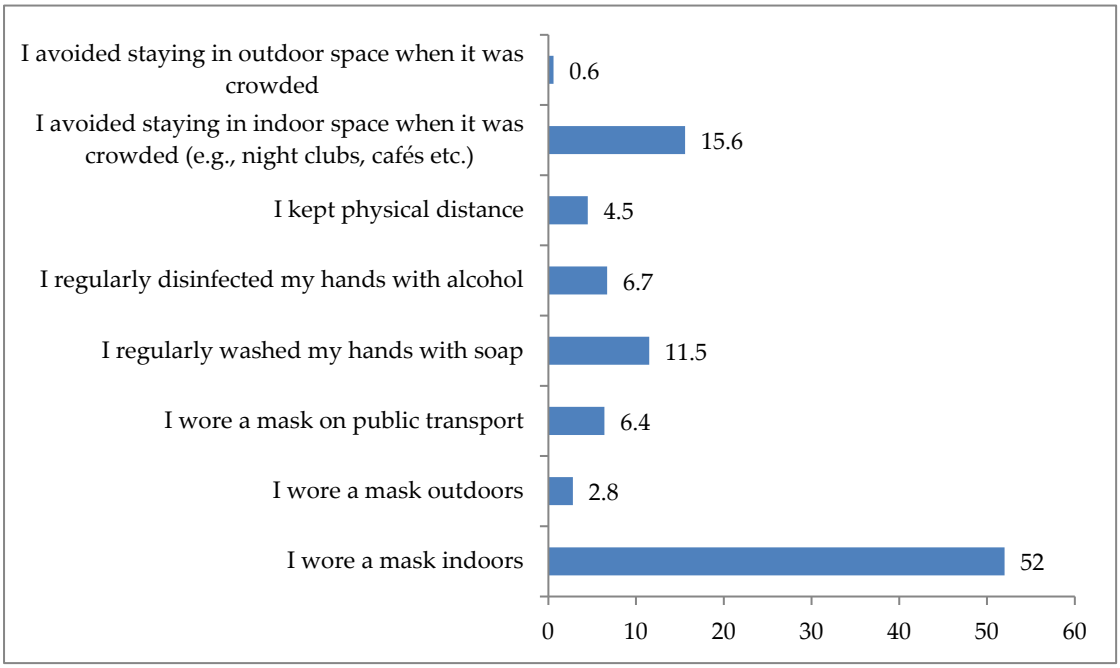

Figure 2. Anti-pandemic measures observed by the students during the COVID-19 pandemic.

As for vaccination itself, 72.6% of the students did not receive any vaccine dose. Out of the remaining 27.4% vaccinated students, 4% had only one dose, 68% two doses and 28% three doses. Their reasons for vaccination are show in Figure 3. In the largest number of cases, or 47%, it was to protect own health.

Speaking of the type of vaccine they received, 1%of them opted for Oxford/AstraZeneca, 49% for Pfizer-BioNTech, 3% for Moderna, 40% for Sinopharm and 7% for Sputnik V. The reasons listed by the students in favour of the anti-COVID-19 vaccine are given in Figure 4. Out of the total number of the vaccinated students, regardless of the number of doses, the most dominant reason for choosing a specific vaccine was the opportunity to travel abroad (71.4%).

Unlike the questions about the observed measures, where they chose only one answer, when it comes to the question about the reasons against vaccination, where the possibility of giving several answers was offered, the students were much more specific. All those who were not vaccinated offered at least some explanation: 47.89% gave only one answer, 21.07% two, 15.33% three and 15.71% four or more answers. Out of all the offered reasons, two were distinct (Figure 5): mistrust in the vaccine quality—63.98%, and the attitude that the vaccine does not prevent being infected from COVID-19 (33.72%). Religion, if we look at both parameters ("my religion does not permit vaccination" and "the church/religious community I belong to would be against it"), was not an influential factor in their answers—1.91%. Religious dogma, except for some smaller confessions (e.g., Jehovah's Witnesses) has nothing against medical achievements. However, religion generally relies on belief, and not on the search for rational findings. Hence, people who

"live" on social media, who easily accept various false or semi-true information placed on social media, including conspiracy theories, etc. and who are also religious (see Figures 5 and 6 also, and the direct correlation between the level of religiosity and the strong belief that SARS-CoV-2 is an artificially-made virus) begin to refuse to accept the achievements of medicine and other sciences. It is not necessarily the product of a religious doctrine, but it may be; as a rule, it is the product of the local religious integration, the traditions connected with the strengthening of religion, etc. In any case, direct correlation between the level of religiosity and the vaccinal status undoubtedly exists: it has been established both in our and in other studies, not only regarding the anti-COVID-19 vaccine, but regarding other vaccines as well (see the footnote about parents refusing their children's MMR vaccination). A direct correlation has also been confirmed between the resistance towards the compulsory status of the anti-COVID-19 vaccine and the level of religiosity. The conclusion referring to the relation between being a believer and being vaccinated against COVID-19 would be. "I would like to be allowed to decide based on my free will, and I would like that decision to allow me not to be vaccinated".

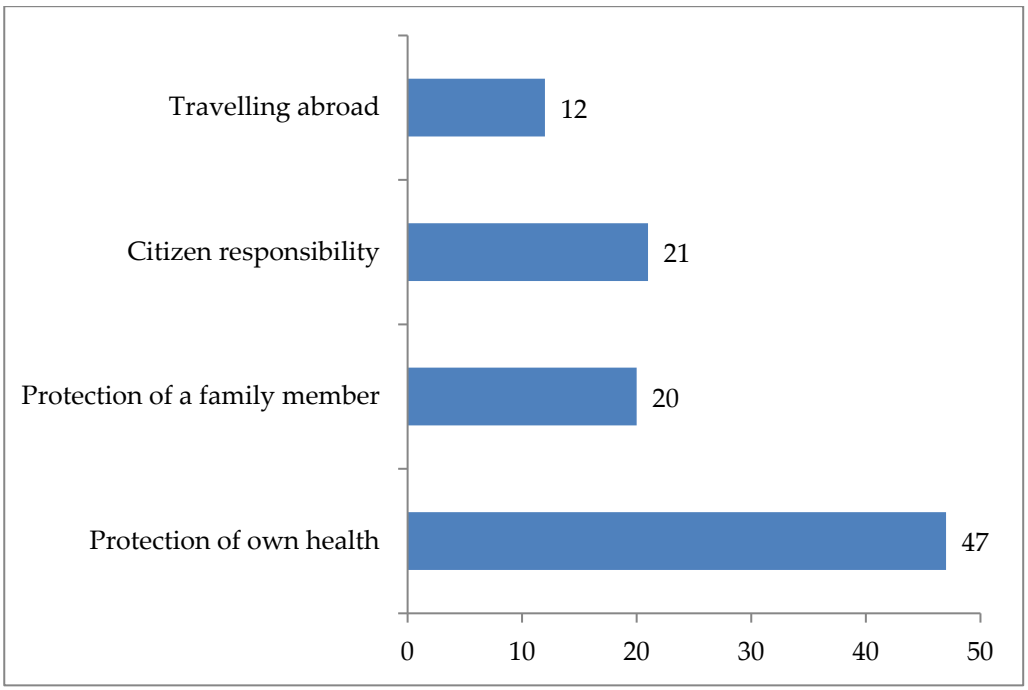

Figure 3. Students' reasons for vaccination against COVID-19 (%).

It transpired that there was also a statistically significant difference in the level of religiosity and the opinion about the way in which the virus was made (χ^2 = 11.167, df = 2, $p < 0.004$). The students with a high level of religiosity in a much larger share believed that COVID-19 was made artificially (Figure 6), although more than ¾ of those with a low level of religiosity shared that opinion as well.

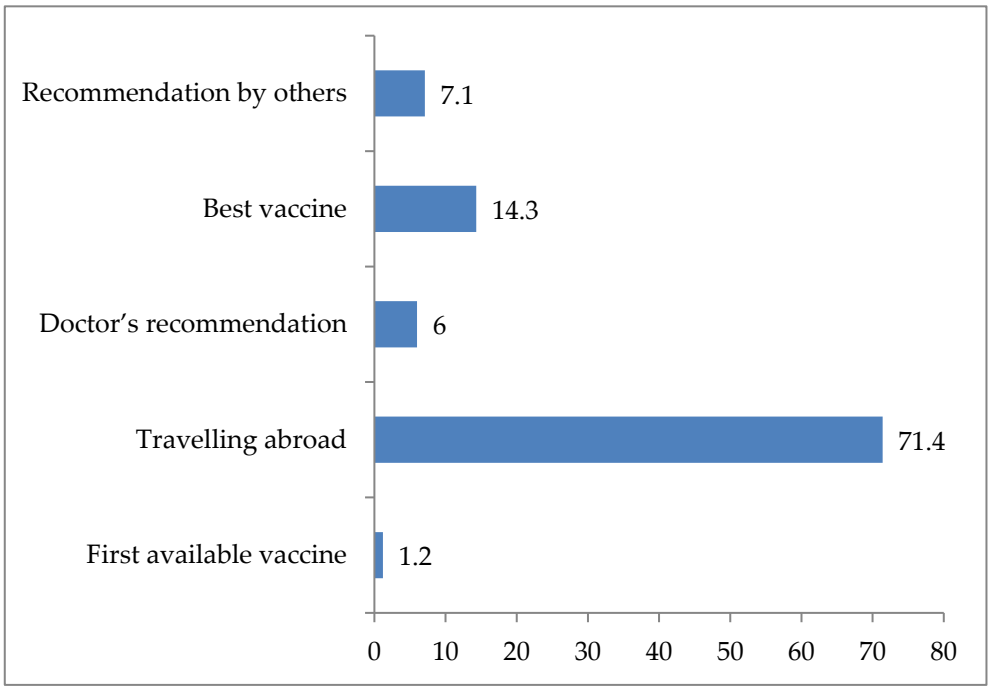

Figure 4. Vaccinated students' reasons for the choice of a specific vaccine against COVID-19 (%).

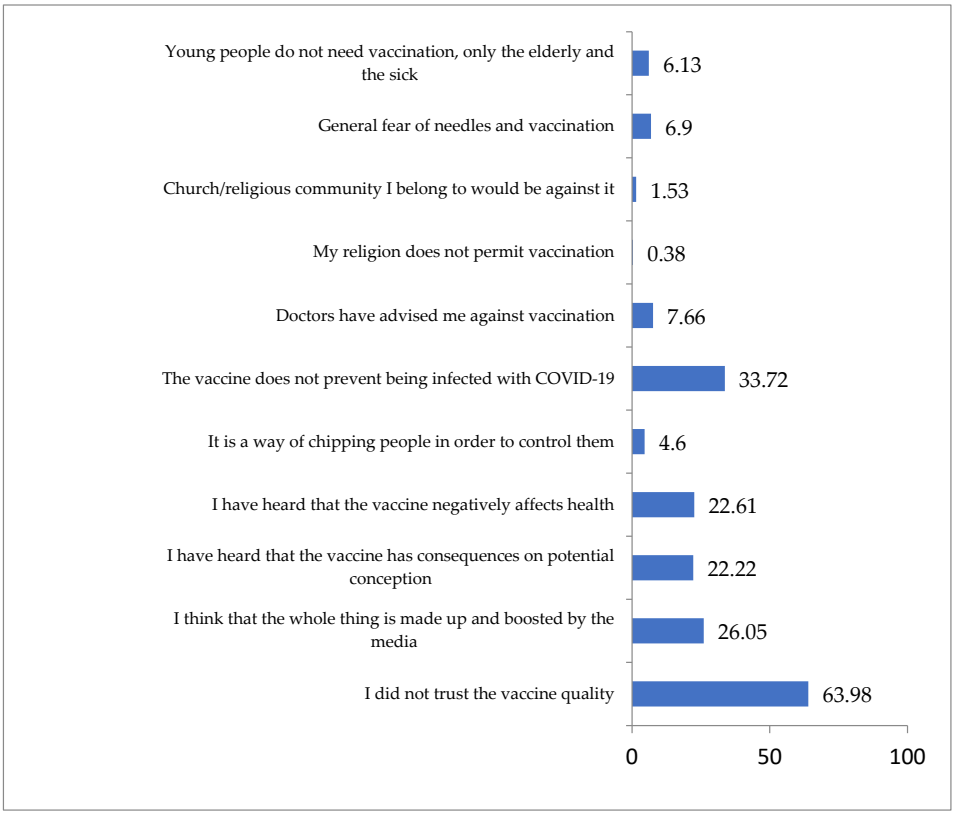

Figure 5. The reasons given by the students to justify their avoidance of vaccination (%).

However, in line with the previously obtained data about the high level of non-vaccination and a large number of self-justifications for non-vaccination, there is also information that only 13.02% of the students are in favour of mandatory vaccination, while approximately the same percentage of them, or 13.85%, think that COVID-19 was made artificially. On the other hand, the data about personal contact and experiences with COVID-19 vary (Figure 7): slightly under half of the students were infected with COVID-19,

with mild symptoms, which, of course, can be medically explained by the fact that these are young people, most of whom have no comorbidities. Moreover, although they witnessed death cases caused by COVID-19 in their immediate environment, it seems that those were not their family members.

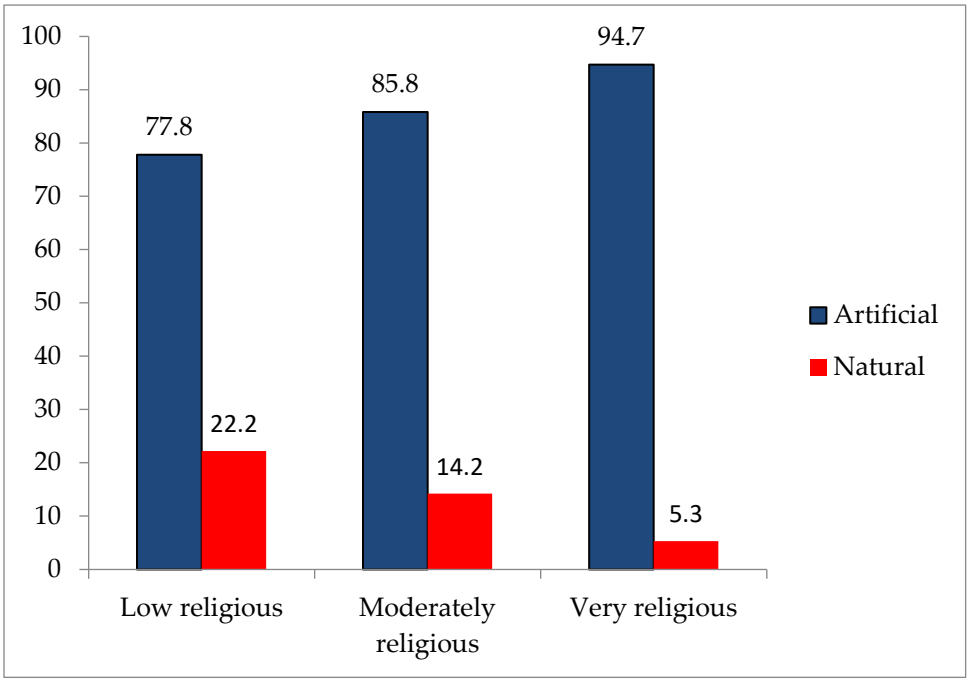

Figure 6. The relationship between religiosity and the opinion about the cause of the COVID-19 virus (%).

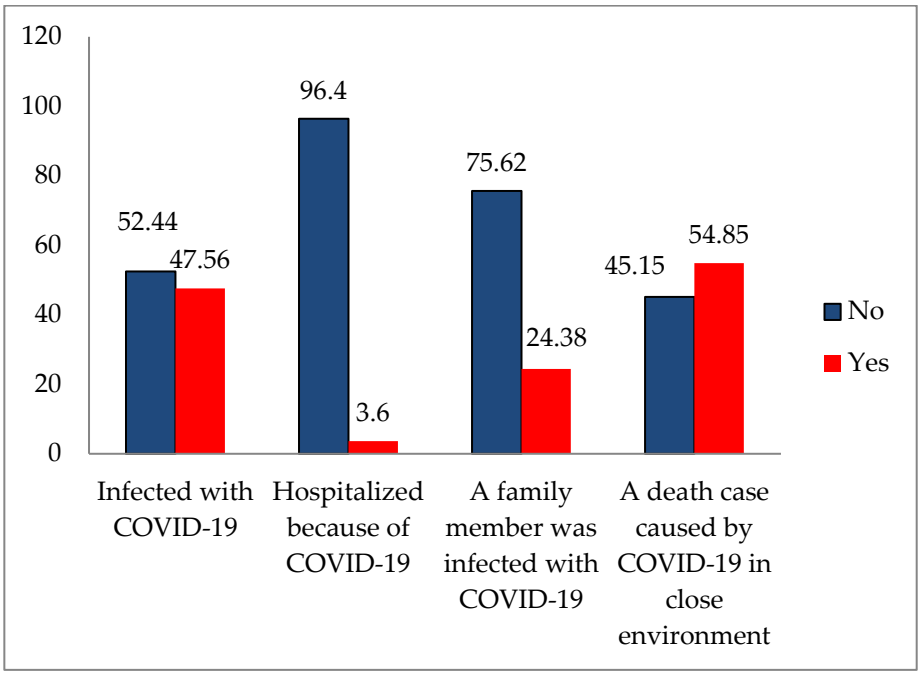

Figure 7. Students' experience with COVID-19 (%).

When it comes to the relationship between vaccination and religiosity, it turned out that there was a statistically significant difference in the level of religiosity between the students who were vaccinated and those who were not ($\chi^2 = 29.079$, df = 2, $p < 0.000$). The students with a high level of religiosity were almost reluctant to be vaccinated against

COVID-19 (91.6% of them), but among those who claimed to have a low level of religiosity, this share was also absolute majority—56.7% (Figure 8).

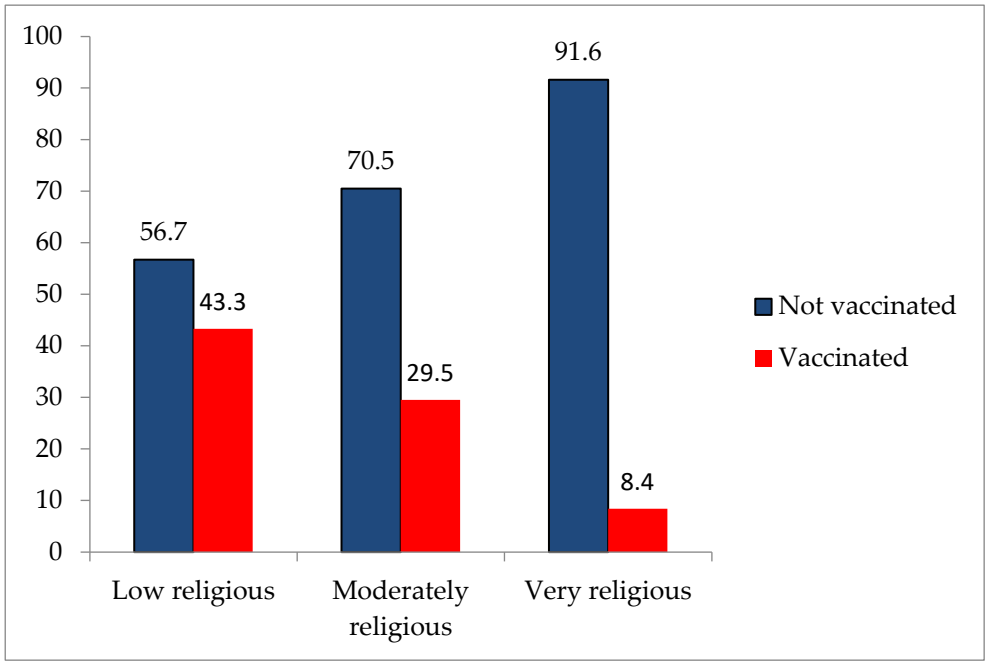

Figure 8. The relationship of religiosity and vaccination (%).

Statistically, significant differences were also obtained regarding the university students' attitude about mandatory vaccination and their religiosity (χ^2 = 15.006, df = 2, $p < 0.001$). The students with a high level of religiosity were in a far larger number against mandatory vaccination (Figure 9), although it should be noted that mandatory vaccination was also opposed to by more than ¾ students who declared to have a low level of religiosity.

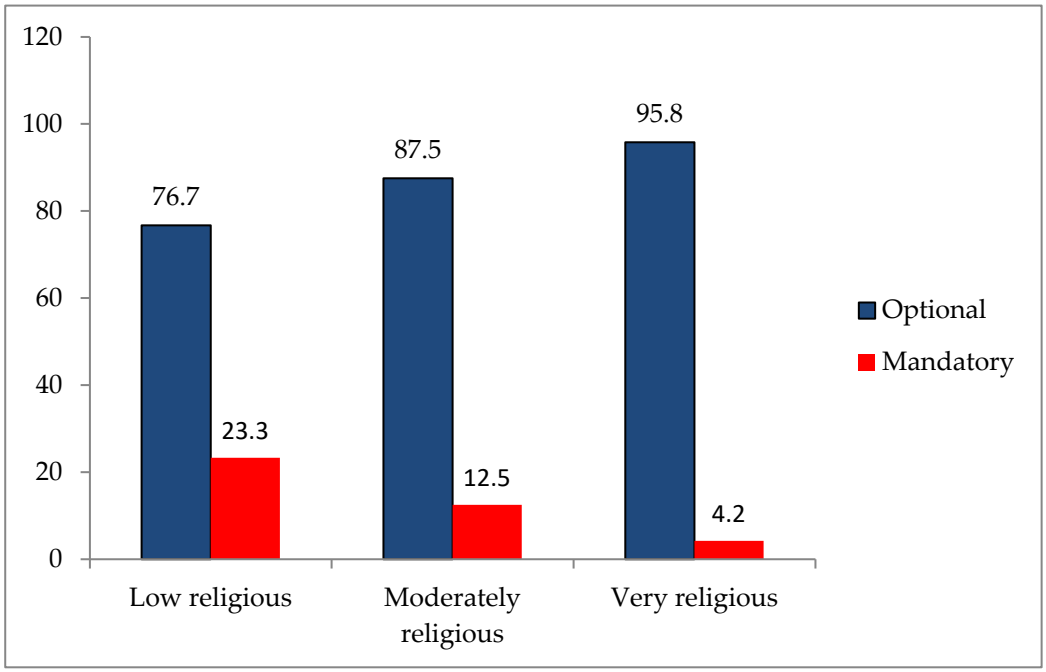

Figure 9. The relationship of religiosity and the attitude towards mandatory vaccination (%).

As for the remaining dependent variables (whether they had COVID-19, whether some of their family members had COVID-19, whether they were hospitalized, and whether there

were death cases caused by COVID-19 in their immediate environment), no statistically significant differences were obtained regarding the level of religiosity, which was expected.

3. Materials and Methods

Sample: In the research, the virtual exponential non-discriminative snowball sample was applied (Parker et al. 2019). This type of sample has become quite frequent in social sciences, qualitative surveys and, by its type; it belongs to appropriate samples, i.e., those that are not founded on probability. Nevertheless, unlike the ordinary appropriate sample, the snowball sample is specific for the attempt at its objectivization through a large number of points from which the questionnaire is approached.

The sample included 361 students (Table 2) of basic and master academic studies at all teacher education faculties in Serbia: Belgrade (with the departments in Novi Pazar and Vršac), Sombor, Subotica, Užice, Jagodina, Vranje and Leposavić. The university students' average age was M = 22.73 (SD = 4.24). The survey also included male students, but having in mind large disproportion and pronounced domination of women in the total student population of teacher education faculties in Serbia of more than 91% (RZS 2021), the comparison by gender was impossible. Also, the comparison by cohort was not impossible since the range of age of students varied from 19 to 40.

Table 2. Sociodemographics of the sample.

Sex		**Department**		**Year of Study (Mean Age)**				
male	female	teacher	educator	first	second	third	fourth	fifth
15	336	203	158	82	67	87	74	51

Procedure: In the research, the survey method applied was the online survey[8] by using the Google questionnaire as an instrument. The survey was conducted during May and June 2022. The researchers delivered the link with the questionnaire to all teacher education faculties in Serbia, with the request to put them on their respective websites; to the students whose e-mails they had, asking them to forward the questionnaire to their fellow students from their own or some other teacher education faculty in Serbia; to the student parliaments of teacher education faculties, asking them to put the links on the already existing student groups usually used by the students from their faculties for mutual communication, on different social networks (Facebook, Viber, e-mail. . .). In this manner, several dozen different entry points to the questionnaire were provided, which practically eliminated partiality. The survey was anonymous and voluntary.

Instruments: The survey questionnaire consisted of several batteries:

1. Socio-demographic features: gender, year of study, major subjects
2. Religiosity scale (Ljubotina 2004—version of Stiplošek 2002). Here, it is important to note that there are different approaches in examining the concept of religiosity (Matejević and Stojanović 2020). The majority of sociological studies see religiosity as the individual's self-assessment, meaning that, the attitude about religiosity is treated as a dichotomous variable ("Do you consider yourself a believer?"), the assessment on five-degree Likert scale ("How religious are you?" or "How often do you go to church?") (Matejević and Stojanović 2020), with the answers ranging from "not at all" to "absolutely" or "quantified") or it is treated as a confessional question, where the individual's religiosity is practically made equal to religious affiliation (Lebedev 2005). However, both in sociology and in other sciences (e.g., psychology), there are also different approaches trying to quantify religiosity and determine the level of religiosity of each individual, as well as to examine in further detail the

structure of the concept of religiosity itself (Matejević and Stojanović 2020), most often using the dimensions of religiosity and the multi-dimensional approach (Blagojević 2012). In our research, we opted for this approach and in determining the level of university students' religiosity, we used the scale of religiosity assessment, which was constructed and reduced by Ljubotina, based on the theoretical concept of Glock and Stark (Ljubotina 2004; Stiplošek 2002). The religiosity scale originally had five dimensions of religiosity (belief, ritual, experience, knowledge, consequences) and contained 32 statements. Using the factor analysis, Ljubotina established the presence of three dimensions contained in 24 items. The first dimension is spirituality—which denotes belief and religious experiences of an individual. Religiosity is presented as a personal choice and may be perceived as a primary aspect of religion. In general, in psychological terms, we can see it as intrinsic religiosity in a narrower sense. It is represented by statements such as: "I sometimes feel the presence of God or a Divine being". The ritual dimension of religiosity is represented by the statements such as "I know basic prayers". It refers to the practice of different rituals and rites prescribed by the religious community. The third dimension is the influence of religion on behaviour. It is represented by the statements such as "I am not in favour of marriage with a member of other religion". It refers to the degree of application of religious principles in everyday life. Each sub-scale has eight items, two of which are scored reversely. The result range in the original version of the scale was from 0 to 72, since the respondents answered on a scale from 0—completely false, to 3—completely true. In our research, we used five-degree Likert scale (from 1—I do not agree at all, to 5—I completely agree), on which the respondents assessed the extent to which they agreed with the listed statements. In this manner of assessment, the scores reached on the scale ranged from 24 to 120. The higher result on the scale points to the higher level of religiosity. Moreover, further modification in our research referred to the technical adjustment of the item content, since Ljubotina's original scale was designed only for Catholic believers (e.g., "I regularly go to places of worship—church, mosque, synagogue, etc." instead of "I regularly go to church (the temple of God"). In our research, it was done in such a manner as to suit all monotheistic confessions present in our country. However, there is no information whether the previous version used in our country (Gojković et al. 2019; Matejević and Stojanović 2020) was adapted. The reliability of the religiosity scale in our research, as well as in previous research (Matejević and Stojanović 2020) determined Cronbach's $\alpha = 0.96$ is quite high, with Cronbach's $\alpha = 0.94$. Considering the high coefficients of correlation between the sub-scales, which correlated positively ($r = 0.51$ to 0.78), and the fact that the sub-scales correlated highly positively with the total score on the religiosity scale ($r = 0.74$ to 0.94), and that it was to determine the level of religiosity and not of individual components, the further data analysis took into account only the total score in the religiosity questionnaire.

3. The university students' attitudes about various aspects of vaccination:
   (a) Whether during the COVID-19 pandemic they observed the prescribed anti-pandemic measures, and if yes, which ones,
   (b) Whether they are vaccinated, how many doses and which vaccine they had,
   (c) The university students' reasons for and vaccination,
   (d) The attitude about mandatory anti-COVID-19 vaccination,
   (e) The opinion about the way the COVID-19 virus was made,
   (f) Experiences with COVID-19 during the pandemic (whether they or some of their family members had COVID-19, whether they were hospitalized

and whether there were death cases from COVID-19 in their immediate environment).

Variables: The independent variable in this research was the level of the university students' religiosity shown through affiliation to one of the three categories of respondents: low religious, moderately religious and quite religious. The categories were formed on the basis of classifying the results obtained on the religiosity scale in line with the principles of grouping of the analysis of variance (ANOVA): the respondent was categorized as low religious if his/her score on the religiosity scale was among the lowest 25% results; as moderately religious if the score on the religiosity scale was between 25% and 75%, and as quite religious if the score on the religiosity scale was among the top 25% results. Table 3 shows the relationship between the number of respondents and the categories established based on the obtained scores on percentiles. In addition, if we take into account that the theoretical arithmetic mean is at the fiftieth percentile M = 2.50, and that the actual arithmetic mean is M = 3.54 (SD = 0.84), we can conclude that the students participating in our research are generally above-average in religiosity, including the comparison with the results obtained by other researchers in their samples (Matejević and Stojanović 2020).

Table 3. The relationship between the results on the religiosity scale and the number of respondents vs. the categories determined according to the scores obtained on key percentiles.

	Low Religious (Result in Category 0–25%)	**Moderately Religious (Result in Category 25–75%)**	**Highly Religious (Result in Category 25% of the Highest 75–100%)**
M	1.00–3.06	3.07–4.19	4.20–5.00
N	90	176	95

The dependent variables in the research were the university students' attitudes about different aspects of vaccination: whether during the COVID-19 pandemic, they observed the prescribed anti-pandemic measures (yes or no), which ones (I wore a mask indoors; I wore a mask outdoors; I wore a mask in public transport; I regularly washed my hands with soap; I regularly disinfected my hands with alcohol; I kept the physical distance; I avoided staying in indoor space that was crowded), whether they are vaccinated (yes or no), with how many doses, with which vaccine (Sinopharm, Sputnik V, Pfizer-BioNTech, Oxford/AstraZeneka, Moderna), what their reasons for vaccination were (protection of own health; protection of some of their family members; vaccination is a form of civil responsibility; travelling abroad), what the university students' reasons against vaccination were (I did not trust the vaccine quality; I think the whole thing is made up and boosted by the media; I have heard that the potential consequence of the vaccine is its effect on conception; I have heard that the vaccine negatively affects health; it is a form of chipping people in order to control them; the vaccine does not prevent being infected with COVID-19; doctors have advised me against vaccination; my religion does not permit vaccination, the church/religious community I belong to would be against it; fear of needles and of vaccination in general; young people do not vaccination, but only the elderly and the sick need it); whether vaccination should be general and mandatory (yes or no); the opinion about the way in which the COVID-19 virus was made (in a natural or an artificial way); whether they had COVID-19; whether some of their family members had COVID-19; whether they were hospitalized or whether there were death cases from COVID-19 in their immediate environment).

Data processing methods: The data were processed in the program SPSS 22.0. More specifically, frequencies, percentages, χ^2 test, ANOVA and descriptive statistics measures were used in data processing.

4. Discussion

Although only 10% of the students admit that during the COVID-19 pandemic they did not observe the prescribed anti-pandemic measures, this information seems relevant because, although they could choose several offered answers, the respondents did not do it, but chose only one option. Since it turned out that the students with a higher level of religiosity were vaccinated in smaller numbers, it may be assumed that the majority of them had a similar attitude towards the observation of the measures. This is corroborated by the results of the previous research about observing measures and religiosity, although, to tell the truth, they were not unequivocal. Thus, some studies resulted in the fact that the religious respondents observed the measures on a larger scale (Pirutinsky et al. 2020), while the results of most studies referred to the fact that greater religiosity was related to lower observation of anti-pandemic measures (Boguszewski et al. 2020; Drążkowski and Trepanowski 2021; Lahav et al. 2022). The third group of studies found that some measures were less acceptable than others (Linke and Jankowski 2022; Boguszewski et al. 2020). The anti-pandemic measure which was definitely observed by the students to the largest extent (61.2%) was wearing a mask in different types of environments, which is opposite to the results obtained by other researchers (Boguszewski et al. 2020). The second-ranked was the observation of the physical distance in different types of environments (20.7%), which is opposite to the results obtained by other researchers (Boguszewski et al. 2020). Hygiene habits were ranked third (18.2%), but we could not find any comparative data about it in the literature, unlike other researchers who reported that there was also resistance among the respondents with a higher level of religiosity to COVID-19 testing (Linke and Jankowski 2022).

Vaccination was a rather unpopular means of fighting against COVID-19 among the students: 72.6% did not receive any vaccine dose, which is more in comparison to the general 18+ population in the Republic of Serbia where, according to the official data, 50% opted for at least one vaccine dose by the end of September 2021 (Batut 2022). Most vaccinated students received two vaccines doses (68%), which is higher as compared to 30% of the general 18+ population that received two doses, while three doses were received by 28% of the students, as compared to only 7% of the vaccinated population in the Republic of Serbia (Batut 2022)[9]. This leads us to a conclusion that the students were difficult to mobilize for vaccination, but, once they decided to be vaccinated, they were quite consistent in observing the recommendations. The reasons they listed in favour of vaccination were: protection of their own health 47%, as compared to 41.8% of those who were vaccinated (Tadić et al. 2022); protection of family members 20% (67% vs. 85% in combination with the care for their own health as obtained by Catić-Đorđević et al. (2021); civil responsibility 21% vs. 33.5% as obtained by Tadić et al. (2022); travel 12% vs. 22% as obtained by Catić-Đorđević et al. (2021).

As for the type of vaccine received by the students, the largest number of them opted for Pfizer-BioNTech (49%) and Sinopharm (40%), which is in line with the data that 62.6% of the vaccinated population chose Sinopharm (Batut 2022) and that the young mostly opted for Pfizer-BioNTech—53.06% and Sinopharm 37.41% (Catić-Đorđević et al. 2021). The reasons for choosing a specific type of vaccine were the opportunity to travel abroad 71.4% (as compared to 12% obtained by Catić-Đorđević et al. 2021), doctor's recommendation 6% (as compared to 9% obtained by Catić-Đorđević et al. 2021) and other trustworthy persons 7.1% (as compared to3% obtained by Catić-Đorđević et al. 2021), trust in the vaccine (but also in the vaccination process itself) 14.3%, (as compared to 39% obtained by Catić-Đorđević et al. 2021, and 52.6% obtained by Tadić et al. 2022), availability 1.2% (as compared to 37.17% obtained by Catić-Đorđević et al. 2021).

Since only 27.4% of the students were vaccinated, it is not surprising that the question about their reasons against vaccination was answered on a much larger scale: 47.89% gave only one answer, 21.07% two, 15.33% three and 15.71% four or more answers, which is in line with the results obtained by López-Cepero et al. (2022). Of all the offered reasons, two are distinct: mistrust in the vaccine quality—63.98%, and the attitude that the vaccine does not prevent one from getting infected with COVID-19 (33.72%). Moreover, some other reasons were exclusively of quasi-medical nature (the opinion that young people do not need vaccination, but that only the elderly and the sick need it—6.13% (as compared to 31.1% obtained by Tadić et al. 2022). Old age also appeared as an important factor indecision-making in other studies (Ukropina et al. 2022), as well as fear of needles and the vaccination process itself 6.9%, doctor's recommendation against vaccination for some reason 7.66% (Tadić et al. 2022, also obtained 7.8% and Eguia et al. 2021 obtained 0.51%), information about the negative effect on the possibility of conception and having children 22.22% (similar results were obtained by Lahav et al. 2022) and generally negative effects on individual's health 22.61% (Tadić et al. 2022, obtained 56.7%). The university students' attitudes obtained in our research are a manifestation, first of all, of the crisis of the trust in medical science, caused by pharmacology commercialization. Sadly, this includes irresponsible actions of certain doctors who advocated anti-vaccination even before the outbreak of the COVID-19 pandemic, while never suffering any consequences, not even ethical ones, years-long anti-vaxxing activities of some public figures, are largely formed under the influence of the media, i.e., social networks that make it possible to place both truths and non-truths, fictions and illusions, spreading "apocalyptic myths and conspiracy theories that bring science and democracy in question" (Castells 2022, p. 120), rather than traditional mass media.

On the other hand, the elements of believing in conspiracy theories may be found in the attitudes that vaccination is a form of chipping and controlling people (4.6%, which is still lower than 10% obtained by Tadić et al. 2022), and that the risk of COVID-19 infection and its consequences on an individual and society is over exaggerated and a matter of media manipulation (26.05%, similar to 20% obtained by Tadić et al. 2022). In our research, 84.15% of the students believe that the COVID-19 was made artificially, while results obtained by Tadić et al. (2022) show that 38% of the respondents believed so, which is in line with the findings of Jabkowski et al. (2023)—that the tendency to believe in different forms of conspiracy theories is generally, and in the event of COVID-19, characteristic for the Balkan countries. Other authors have also obtained data that believing in conspiracy theories correlates positively to the resistance to vaccination, thus posing a threat to public health (Allington et al. 2023; Boguszewski et al. 2020; Eguia et al. 2021), but also to religiosity (Jabkowski et al. 2023). Religion, if we look at both parameters ("my religion does not permit vaccination" and "the church/religious community I belong to would be against it"), was not an influential factor in their answers—1.91% (which is still lower than 5.6%, as obtained by Tadić et al. 2022) and is not in line with the research data showing that religion is the main cause of refusing vaccination (Lee et al. 2022).

The data about the high level of non-vaccination and a large number of self-justifications for non-vaccination are also corroborated by the fact that that only 13.02% of the students are in favour of mandatory vaccination, which is still somewhat more than 6% obtained by Tadić et al. (2022). The reason for this may be the fact that slightly under half of the students had COVID-19, with mild symptoms, and that, although they had experiences with the death cases caused by COVID-19 in their immediate environment, the deceased were not members of their close family, which is in line with the data obtained by other researchers as well (Lahav et al. 2022; Ukropina et al. 2022; Trepanowski and Drążkowski

2022). On the other hand, experiences with being infected with COVID-19 were not related to the level of religiosity.

The obtained data show that the students with a high level of religiosity were vaccinated against COVID-19 in a far smaller number, that in a far larger number they oppose mandatory vaccination and think that COVID-19 was made artificially, which is in line with the data obtained by other researchers as well (López-Cepero et al. 2022; Lahav et al. 2022; Boguszewski et al. 2020), but not in line with the obtained results about religiosity not being related to vaccination (Kilic et al. 2021). Some of the factors obtained by other researchers, which may be relevant for examining the attitudes towards vaccination, are the level of trust in science (Allington et al. 2023), mistrust in the government and/or public health institutions (Lahav et al. 2022; Ristivojević and Samardžić 2018), the belief that vaccination is necessary only for certain risk groups (Tadić et al. 2022), the work place, since some jobs could be efficiently performed working from home as well, while others were exposed to a high degree of risk, e.g., medical staff, police and army (Catić-Đorđević et al. 2021; Petrović et al. 2021), as well as the service sector in general, while, regarding religiosity, the mediating factors could be confession (Lahav et al. 2022; Trepanowski and Drążkowski 2022)—although several studies showed, on the contrary, that confessional affiliation and religiosity were not an important vaccination factor (Harapan et al. 2020), active promotion of the public health campaign in religious communities by religious authorities (Begović 2020; López-Cepero et al. 2022), if necessary in collaboration with medical experts (Williams et al. 2020), as well as active approval and promotion of vaccination by supreme religious leaders (Begović 2020). On the other hand, within the medical profession itself, there are opinions that the awareness of the importance of vaccination is not sufficiently high among medical staff either: the students of the final year of basic studies of medicine assess their own knowledge from epidemiology as average, while 2/3 believe that they do not possess sufficient knowledge either to persuade someone into vaccination, while under 2/3 of the final-year students believe that they have sufficient knowledge and abilities to convince a patient about the necessity of vaccination (Jovanović et al. 2023). Some of the recommendations regarding this topic include the improvement of curricula at the faculties of medicine (Jovanović et al. 2023; Mitrović et al. 2019), examining the beliefs about the health of religious communities and forming the model such as "Health Belief Model" (HBM) and "Tailoring Immunization Programs" (TIP) (López-Cepero et al. 2022; WHO 2019a), allotting more funds for the campaigns as an instrument of primary prevention (Draškić 2018), including modern information-communication technologies and social networks as media through which it is possible to reach message recipients (Mitrović et al. 2019), as well as the choice of adequate message carriers to target groups (Begović 2020; Jevtović and Bajić 2020; Mitrović et al. 2019).

5. Conclusions

The concepts of health and disease are deeply rooted in religious beliefs, contained in answers to moral, epistemological and ontological questions of religion, which may also affect the attitudes and behaviour of believers and leave both positive and negative consequences on their individual health and also the health of the community, especially in the event of a pandemic, when religiosity of an individual may affect the attitudes about observing anti-pandemic measures and, in particular, about vaccination, which directly leads to the consequences on the health of individuals and the length of the pandemic, as was the case with the COVID-19 pandemic. Knowledge of the specific features of different confessional beliefs may substantially contribute to the creation of public health policies and to the raising of the vaccination level, particularly when scientific findings are publicly supported by religious leaders. On the other hand, religious dignitaries throughout the

world have shown a high level of care for the community, including the dignitaries of the main traditional religious communities in Serbia, but perhaps they have not been supported in it by the medical profession in a desired manner. Among the students of the teacher education faculties in Serbia, it transpired that the level of religiosity was directly related to the vaccination status, but also to some of the beliefs about the importance of anti-COVID-19 vaccination. This finding may also be an indicator of the overestimated influence of traditional religious communities on believers' behaviour in Serbia, which should definitely be the subject of more profound research, both in the context of the COVID-19 pandemic and outside it. In any case, slightly more than the ¼ of the student population being covered by anti-COVID-19 vaccination in Serbia cannot be explained in a monocausal manner. In our opinion, non-vaccination of students is to a larger extent the consequence of superstition and succumbing to (dis)information on social media than the university students' religious beliefs, although it should certainly not be ignored as a factor, which is corroborated by the results we obtained.

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Data Availability Statement: Data presented in this study are available upon request from the corresponding author. The data is not publicly available because it was collected solely for the purpose of scientific research.

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Notes

1 "The transmission of coronaviruses follows aviation lines [. . .] Aviation provided the primary entry point for the virus" (Malm and Mealy 2020).

2 This does not refer only to vaccination. For example, Jehovah's witnesses do not accept blood transfusion because of religious reasons.

3 Epidemiologically looking, these terms do not have the same meaning. Self-isolation refers to the legal obligation of a healthy person to be self-isolated during a certain period if he/she has come to our country from abroad, or if he/she was in contact with a potentially infected person, without being aware of it, or if that person belongs to a certain age group, etc. Isolation refers to placing in isolation the person with the COVID-19 symptoms, but has tested negative. Because of the mass character, isolation at home was usually applied. Finally, quarantine refers specifically to staying in hospital, i.e., hospitalization of the infected, particularly those with a more serious form of this disease. When speaking of quarantine measures, in this paper we refer to the whole spectrum of measures which are, naturally, distinguished by epidemiology.

4 This year, for the first time in the history of the Catholic Church in Serbia, Pope Francis, has appointed László Német, a Belgrade archbishop, for a cardinal.

[5] This trend can also be observed in other Eastern bloc countries after the collapse of real socialism (Berger 1999; Ramet 2014; Kulska 2020; Flere and Klanjšek 2014; Blagojević 2012; Petrović 2011; Petrović and Šuvaković 2013; Vukomanović 2001; Raduški 2018). However, it should be noted that the specific nature of the return to religion in the countries founded after the breakup of Yugoslavia also lies in the fact that religious affiliation was at the same time considered an important feature of national identity (Bodrožić 2014; Mitrović 2021; Šuvković et al. 2023a; Popić 2024; Vučković 2024; Šuvaković 2024, p. 672).

[6] In one part of schooling, it may be confessional, while in higher grades it may be based on the scientific attitude towards religion as a social phenomenon. However, neither the religious communitiesin Serbia nor the big majority of our respondents would accept the combined model (8%), but would instead choose exclusively the confessional model (62%), while others think that religion should be studied as a social phenomenon (24%) or that it should be displaced from schools (6%) (Šuvaković et al. 2023b).

[7] In Serbia, there are places with the local epidemic of measles due to the non-vaccination of children, although the MMR vaccine is legally prescribed as compulsory. Although the last national epidemic of measles occurred in 2017, it was followed by a substantial decrease in the share of the vaccinated people, thus contributing to local epidemics, for example in Novi Pazar and Tutin (Batut 2023).

[8] The online survey is, by its type, a form of a written survey because it "implies written communication between the interviewer and the respondent", whereas its specific feature is that it is given in electronic form, i.e., that it is distributed via the Internet (see Šuvaković 2000, pp. 110, 113).

[9] All the data we give for general 18+ population refer to the period until 30 September 2021. Since vaccination continued after that date as well, with undertaking a whole spectrum of measures for its broader scope, the data we have given here should not be considered final, but only precisely processed and available. According to the assessments by some of the members of the Crisis Headquarters for the fight against COVID-19, the share of 18+ population that was vaccinated with minimum two doses until the end of 2022 was not below 60%. We consider these data valid.

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