



# I Immunise: An evaluation of a values-based campaign to change attitudes and beliefs



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## ARTICLE INFO

### Article history:

Received 1 May 2015

Received in revised form

21 September 2015

Accepted 23 September 2015

Available online 11 October 2015

### Keywords:

Immunisation

Vaccination

Vaccine hesitancy

Behaviour change

Community

Campaign

## ABSTRACT

This paper presents results of a study determining the efficacy of a values based approach to changing vaccination attitudes. It reports an evaluation survey of the “I Immunise” campaign, conducted in Fremantle, Western Australia, in 2014. “I Immunise” explicitly engaged with values and identity; formulated by locals in a community known for its alternative lifestyles and lower-than-national vaccine coverage rates. Data was collected from 304 online respondents. The campaign polarised attitudes towards vaccination and led some to feel more negatively. However, it had an overall positive response with 77% of participants. Despite the campaign only resonating positively with a third of parents who had refused or doubted vaccines, it demonstrates an important in-road into this hard-to-reach group.

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## 1. Introduction

Vaccine hesitancy in the developed world is a concern for governments, health practitioners, academics and communities. Whilst a growing literature informs the efforts of policy-makers and health professionals [1–6], community, social identity and lifestyle remain underutilised sites to enact social change in vaccine attitudes.

Particular communities have more reason than others to be concerned about vaccine hesitancy, because when refusers cluster, local vaccination rates will be lower than national averages, threatening herd immunity [7]. This has inspired some to form action groups to promote vaccination at local, national and international levels [8]. In Australia, the Stop the Australian (Anti)Vaccination Network Facebook group counters the nation’s most prominent anti-vaccination organisation [9], while Northern Rivers Vaccination Supporters provides support and information for parents in a geographical region with some of the lowest vaccination coverage rates in the country [10–12].

Vaccine interventions deriving from communities utilise local advocates, a model well utilised by Northern Rivers Vaccination

Supporters. Information, including the reporting and translation of scientific data, is important, but community-based interventions can employ mechanisms building upon social norming, values-framing and story-telling. Evidence suggests that ‘letting people know what other people do is one of the most effective ways of increasing that behaviour’ [13]. Studies of other contested issues suggest that leading with values instead of facts can be an effective way of challenging ideologically loaded beliefs [14]. Moreover, emphasising shared values, identity and lifestyle of local advocates is important, because behaviour change literature shows that trusted and like-minded sources are more likely to influence peers [15]. Sharing messages through stories is a strategy vaccine advocates have employed, explicitly borrowing successful tactics from the opposition [8]. This relationship between information, values, identity, lifestyle and story-telling can be conceptualised as a social-identity theory based approach to (lasting) attitudinal change, advanced as best practice by leading policy researchers [15]. Such an approach takes seriously the social relationships between humans, the ways in which identities are formed within and through these relationships, and the construction of social norms that encourage us to act in ways that affirm them [16].

This article evaluates a research project conducted around a community intervention in Fremantle, Western Australia, run by the Immunisation Alliance of WA, the nation’s first not-for-profit pro-vaccination advocacy organisation [17]. Fremantle reports amongst the lowest vaccination coverage rates in Australia, with

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85.6% of one and five-year olds fully immunised, and 86.6% of two year olds [12]. The “I Immunise” campaign used community advocates and explicitly appealed to (because it derived from) local values around social justice, parenting and alternative lifestyles.

“I Immunise” built from a set of observations linked to the broader evidence relating to behaviour change (above), and vaccination behaviours (examined below). We hypothesised that Fremantle’s low vaccination rates derived at least in part from its prominent alternative lifestyle community. Alternative lifestyles, in particular attitudes towards health and medicine, can impact on how parents think and act with regard to vaccines [2,18,19], as can the geographical clustering of like-minded families [3,7,10,19,20]. The campaign designer’s experiences within the Fremantle alternative community via home-birthing, breastfeeding, baby-wearing and cloth-nappying forums, indicated that vax-hesitant views were hegemonic in these settings. Highly educated parents have much higher levels of concern about vaccine safety than those with less education [3]; researchers have noted that middle class mothers are more likely to question vaccination, and ‘can have a disproportionate influence on others in opinion formation’ [21]. In Fremantle’s birthing and infant scene, educated, middle-class parents learnt from each other to prioritise particular parenting practices instead of vaccination to protect children; a tendency mirrored in similar demographics elsewhere [22,23]. Self-styled experts on one aspect of parenting, such as breastfeeding or natural birth, could claim authority on vaccines and influence discourse in peer-groups, demonstrating the phenomenon of ‘bandwagoning,’ with parents informed by the decisions of those around them [24,25]. We sought to communicate that ‘others in the community have made good choices on the basis of accurate information’ [25] (p. 185). However, what we really emphasised was the values and lifestyle of campaign participants. By appealing to shared identification, we sought to persuade people to vaccinate for reasons that would be salient to them [3,13].

There were two distinct audiences for the “I Immunise” campaign. Leask et al., in their five-fold typology of parental attitudes and behaviours, identify ‘hesitant’ parents as those who vaccinate but with significant concerns, and ‘late or selective vaccinators’ who cherry-pick or delay vaccines [1] – together, these were our ‘fence-sitters’. Our other audience was made up of what Leask et al. call ‘unquestioning acceptors’ and ‘cautious acceptors’ [1]. However, we focused on parents’ outward stance towards vaccination rather than their inward feelings, conceptualising ‘in the closet’ and ‘out and proud’ vaccinators. The latter featured in the campaign, whereas the former were its second target audience. Given the hegemony of vax-hesitant views in the alternative community, we expected many parents who fully vaccinated kept this quiet to avoid conflict with peers. By encouraging these individuals to move out of the closet and claim legitimacy as ‘alternative’ parents, the campaign sought to alter community discourse; a strategy advocated in general terms by Brunson, who found that the vaccination attitudes prevalent in a parent’s network are a stronger predictor of vaccine acceptance than the parents’ own perceptions [26].

The aim of this study was to determine if such a values-based approach is an effective tool for changing attitudes and behaviour regarding vaccination.

## 2. Materials and methods

The “I Immunise” campaign featured six Fremantle residents who identified as living an alternative lifestyle. Campaign development involved collaborating with each spokesperson to develop a 300-word testimonial outlining why vaccination was part of his or her alternative lifestyle. These testimonials featured on a website along with professional photographs of the spokespeople in

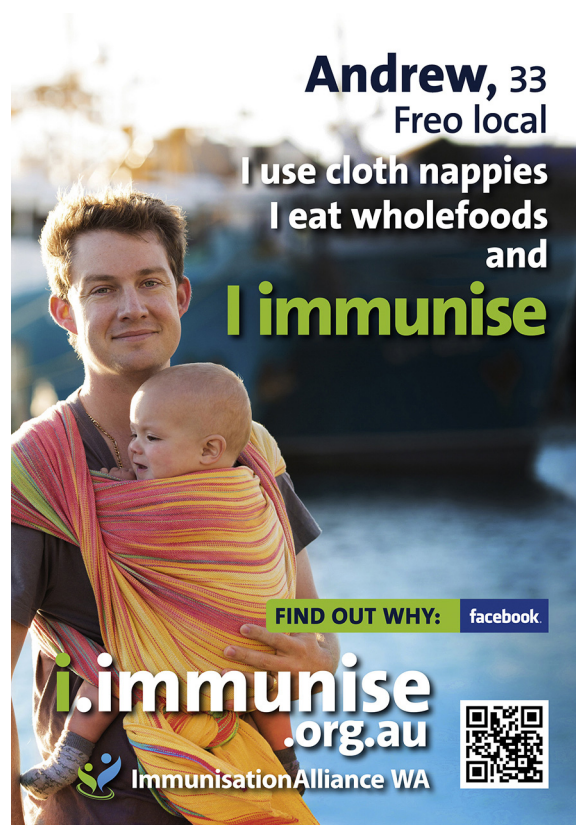


Fig. 1. “I Immunise” poster.

iconic Fremantle locations. Each spokesperson’s testimonial was distilled into a poster, listing first name, age, number of children and two core lifestyle attributes, followed with the words, “I Immunise.” Lifestyle attributes included home-birthing, breastfeeding, baby-wearing and eating wholefoods. One mother breastfed in her photograph; a father wore his baby son in a wrap made by his artisan wife (see Fig. 1 below) [27].

Two posters became billboards, erected for a month; others became large signs displayed on public buildings. Four featured as weekly advertisements in the independent newspaper, *The Fremantle Herald*. Each poster became a meme on the I Immunise Facebook page, including one which ‘went viral’ with 12,086 views as of August 2014 [28]. The series of six posters were distributed to doctors’ surgeries, child health clinics, maternity services, childcare centres, playgroups and private businesses in Fremantle, where many of them remain on display. The campaign attracted local state and national media attention, particularly after the billboards were vandalised by supporters of the Australian Vaccination Sceptics Network [29].

The campaign was evaluated by collecting qualitative and quantitative data via an online survey. The survey targeted participants’ attitudes and experience of the campaign, and asked them to articulate whether it had affected their thoughts, feelings or behaviour towards immunisation. Advertising literature acknowledges the role that both emotions and rational thought play in influencing attitudes and behaviour, as behaviour is not always the result of rational and/or conscious thought [32]. As a result, increasingly research looks at the impact of advertising on both emotions and rational and/or conscious thought. Consequently, questions were posed to participants asking them to articulate separately how the campaign may have affected their thoughts about immunisation, how they feel about immunisation and their subsequent behaviour regarding immunisation after seeing the campaign. The impact on

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