

How parents make decisions about their children's vaccinations



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ABSTRACT

Background: Continued parental acceptance of childhood vaccination is essential for the maintenance of herd immunity and disease prevention. As such, understanding parents' decision-making in relation to their children's vaccinations is vitally important.

Objective: This qualitative study sought to develop an understanding of the general process parents go through when making decisions about their children's vaccinations.

Methods: Interviews were conducted with U.S.-born parents living in King County, Washington who had children ≤ 18 months of age. These interviews were recorded and transcribed verbatim.

Results: Through the application of grounded theory, a general decision-making process was identified. Stages in this process included: awareness, assessing and choosing, followed by either stasis or ongoing assessment. The greatest variation occurred during the assessing stage, which involved parents examining vaccination-related issues to make subsequent decisions. This research suggests that three general assessment groups exist: acceptors, who rely primarily on general social norms to make their vaccination decisions; reliers, who rely primarily on other people for information and advice; and searchers, who seek for information on their own, primarily from published sources.

Conclusions: These results imply that one-size-fits-all approaches to vaccination interventions are inappropriate. Instead, this research suggests that interventions must be targeted to parents based on how they assess vaccination.

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1. Introduction

Vaccination is meant to prevent disease, and according to recent studies it is extremely successful at doing so [1,2]. This success, however, is precarious. It depends on the maintenance of herd immunity, which in turn depends on the continued acceptance of vaccination, particularly among parents who must decide whether or not to vaccinate their children.

In an effort to understand why some parents do not accept complete and on-time vaccination, research has been conducted on a variety of topics including: parents' knowledge, attitudes and beliefs about vaccines and vaccine-preventable diseases (VPD) [3–9]; the role health care providers play in parents' decision-making [10–13]; and parents' perceptions of and experiences with barriers to vaccination [14–20]. While this research offers valuable insights into particular aspects of parents' decision-making, less research has been conducted on *how* parents actually reach their vaccination decisions. This paper describes the results of a

qualitative study that examined parents' vaccination decision-making in order to develop a clearer understanding of this process.

2. Methods

Data for this study were drawn from interviews with parents. Participation was limited to U.S.-born parents whose children were ≤ 18 months of age. These recruitment criteria were chosen to ensure comparability in the sample. Participation was further limited to parents living in King County, Washington, a large, diverse county in western Washington State, historically known for lower than average vaccination rates [21,22].

Parents were recruited to participate through a variety of methods including: flyers hung in parks and community centers, emails sent to parenting listservs, and short presentations made to community groups. All interviews were conducted by the author, an anthropologist, and were recorded and transcribed verbatim. The protocols of this study were approved by the University of Washington IRB.

Grounded theory, particularly as described by Charmaz [23], informed both the data collection and analysis in this study. Following the tenants of this approach, the initial recruitment of parents was purposeful to ensure a sample of parents who made all types of vaccination decisions and who were also diverse in terms of

Abbreviations: VPD, vaccine preventable diseases.

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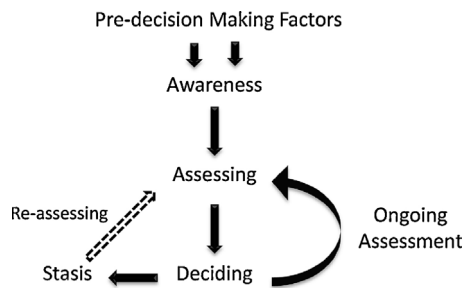


Fig. 1. The model of parents' decision-making process.

age, education and income; characteristics that previous studies [22,24–27] suggested play a role in vaccination decision-making. Interviews with parents at this stage were open-ended and focused on how parents reached their vaccination decisions.

In compliance with the methodology of grounded theory, coding occurred simultaneously with data collection. Initial coding was open and close to the text, meaning that codes were developed to reflect the actions, intentions and meanings of the respondents, often using their own words. As additional interview texts were coded, constant comparison provided a means to group similar codes into categories.

Once preliminary categories were identified, recruitment of participants shifted from selecting a diverse sample to selecting participants who were able to provide insights that addressed specific questions identified in the emerging analysis. Called theoretical sampling, this process also resulted in the development of more focused interview questions. Topics explored in the resulting semi-structured interviews included: the steps parents took to reach their vaccination decisions, the sources of information they considered, their feelings about their current vaccination decisions and their future vaccination plans. Data collection continued in this vein until all questions in the emerging analysis were answered and the resulting model was fully developed.

Analysis at this stage continued to occur simultaneously with data collection. Coding, however, moved from open, close coding to theoretical coding, which involved making comparisons between codes and categories and categories and categories in order to further define them. Memo-writing, including model drawing, facilitated these comparisons. This process ultimately led to the development of the theoretical model presented in this paper.

As a final step to evaluate the validity of the results, 4 parents who participated in interviews were asked to read and comment on the model. These parents were diverse in terms of their vaccination decisions and were generally representative of the larger sample. Additionally, 4 parents who were not included in any part of this research were also asked to read and comment. After parents' responses were received they were carefully considered, and as a result a few minor adjustments were made.

3. Results

Interviews were conducted with 15 mothers and 3 couples (Table 1). The findings of this research suggest that the process of parents' vaccination decision-making is complex, but that a general process does exist (Fig. 1).

3.1. Pre-decision making factors

Parents do not enter the vaccination decision-making process as blank slates; their personalities, backgrounds, and previous life experiences influence their decision-making as well as the decisions they ultimately reach. While life experiences are highly

Table 1
Parents' and children's demographic characteristics.

Parents' demographic characteristics ^a	
Age range (in years)	18–40 (29 median)
Percent white	83.3
Highest level of education (percent)	
Less than high school	5.5
High school	5.5
Some college	11.1
Atleast a BA/BS	77.8
Household income (percent)	
<\$25,000	16.7
\$25–50,000	22.2
\$50–75,000	11.1
\$75–100,000	16.7
>\$100,000	33.3
Children's demographic characteristics	
Age range (in months)	3–18 (8 median)
Percent first born	55.6
Percent male	44.4
Vaccination status (percent)	
Completely vaccinated	38.9
Partly vaccinated	38.9
Completely unvaccinated	22.2
Type of health insurance (percent)	
Private	61.1
Medicare/Medicaid	33.3
No insurance	5.5

^a When couples were interviewed, only data from the parent self-selected to be the parent most responsible for making the vaccination decisions is included in this table.

individualized – it is unlikely that any two parents will have identical experiences let alone identical reactions to them – there was one pre-decision making factor that all participants in this research had in common and that was highly influential in the ultimate decisions many of them reached: exposure to general social norms.

Using the definition of norms provided by Ellickson [28], that norms are behaviors considered “normal” and behaviors that enforced by some type of social punishment, it is clear that vaccinating was the general social norm for participants in this study. The idea that childhood vaccination is normal was pervasive in the interviews. Using words such as “normal,” “the right thing,” and “natural,” participants who made all types of vaccination decisions routinely described childhood vaccination as a customary and expected part of life; as one participant described: “It felt natural, it's like you're just supposed to do it.”

The existence of social punishments was also apparent. Many vaccinating participants expressed negative opinions about parents who did not completely vaccinate and in some cases even anger. Using words like “lazy,” “selfish,” and “irresponsible,” these participants suggested that parents who did not vaccinate were not doing what was right for the community or their individual children. These negative opinions, in turn, impacted relationships, as one participant explained: “I don't talk about it [partially vaccinating]. When I did one of my friends started saying ‘That's crazy! You've got to get vaccinated’ and ‘I can't believe you wouldn't do that.’ So I don't talk about it anymore. I don't want my friends to judge me.”

3.2. Awareness

Actual decision-making begins when parents enter the awareness stage and become cognizant of vaccination as an issue that directly impacts their children. While parents may have a general concept of vaccination prior to this point, until they consider their own children's vaccinations they have not entered the awareness stage. Once parents become aware of vaccination in this way, they

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