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'Hesitant compliers': Qualitative analysis of concerned fully-vaccinating parents

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ABSTRACT

Objective: Some parents are hesitant about vaccines and yet still vaccinate their children. Vaccine behaviours are not fixed and parents who are concerned but nonetheless adherent to standard schedules could switch to an unconventional schedule, delaying or cherry-picking vaccines. There is a need to better understand vaccine hesitancy in specific contexts, acknowledging cultural and geographical variation, to ensure interventions targeting hesitancy are well directed and received.

Methods: To identify the behaviours, knowledge and attitudes of 'hesitant compliers' in Perth, Western Australia, nine one-on-one in-depth interviews were conducted with vaccinating parents of children (<5 years) who were identified as being hesitant. Interview transcripts were analysed qualitatively and themes developed inductively, following a constructivist paradigm.

Results: Parents saw vaccination as important for themselves and their community, despite their limited knowledge of vaccine preventable diseases. Parents reported concerns about potential side effects, and worried about the safety of the measles-mumps-rubella (MMR) and seasonal influenza vaccines. Concerned about the role of anti-vaccination information in the community, some sought to isolate themselves from parents who did not vaccinate, although others were concerned that this could entrench non-vaccinators' behaviours. Parents' views were all underlaid by two pivotal 'vaccine-related events' that had occurred in the community: the severe injury of a baby from seasonal influenza vaccination in 2010, and the death of a baby from whooping cough in 2015.

Conclusions: Parents interpreted pivotal vaccine-related events in the community as requiring them to take personal responsibility for vaccine decisions. Their reports of continued vaccine fears (evident in international studies in recent decades) demonstrate that vaccine scares have long lasting effects. With vaccine rates high and stable, current strategies appear to have little impact on addressing parental vaccine concerns. Further research is required to determine the prevalence of hesitancy amongst vaccinating parents and identify critical points for intervention.

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1. Introduction

Childhood vaccination provides direct protection while also helping to maintain protection against disease across populations through community immunity [1]. Although most people accept vaccination as necessary, it may cause concern for varied religious, safety or political reasons [2]. In the last decades, community

concern about vaccination has grown internationally, with debates about its safety [3] and movements against vaccination maintaining traction in the digital age [4]. This is occurring despite efforts of healthcare providers and policymakers to address parental anxieties both in the clinic and the community, with recent reviews finding a lack of evidence for successful interventions in either setting [5,6]. Parental perceptions lie along a spectrum [7] with around one quarter of parents categorised as 'vaccine hesitant' in international studies [8]. Given that vaccine uptake internationally is high, a significant proportion of parents are accepting all

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Table 1
Semi-structured interview question guide.*

Question	Theme
Do you currently observe the recommended immunisation schedule for your child? What are your reasons for doing this?	Behaviour
Have you ever delayed your child receiving an immunisation?	Behaviour
What are your reasons for doing this?	
What is the most common information source you turn to for information about vaccines? Why?	Behaviour
Are you comfortable with discussing your vaccination concerns with your doctor? Why/Why not?	Behaviour
Has your child attended any places where vaccines have been required? If so, where? How does this influence your maintenance of immunisations?	Behaviour
Are vaccinations something you discuss freely with other parents? What do you talk about?	Behaviour
When you hear about a negative story related to vaccinations, what do you do?	Behaviour
Do you ever hear any positive vaccination stories? What are they?	Behaviour
Do you feel that there is adequate information provided to you about vaccinations?	Behaviour
Do you believe that childhood vaccinations are still important and why?	Knowledge
Which vaccinations do you think are the most important for children?	Knowledge
What has influenced your attitudes and beliefs towards vaccinations?	Attitudes
How have the vaccination experiences of your family and friends influenced your thoughts and decisions about vaccinations?	Attitudes
What are your main concerns regarding childhood vaccinations?	Attitudes
How safe do you think immunisations are for children?	Attitudes
Are you concerned that vaccinations will not work?	Attitudes
Do you believe that children receive too many immunisations?	Attitudes
Do you think it is preferable for a child to have multiple vaccines in one shot or individual vaccines?	Attitudes
Do you know anyone who has had a bad reaction to a vaccination?	Attitudes
How concerned are you that your child might get a serious side effect from a shot?	Attitudes
Do you think that the side-effects of vaccinations are less dangerous than the disease of which they inoculate against?	Attitudes
What are the reasons why you believe vaccination is important?	Attitudes
Are there any immunisations you would reconsider getting for your child?	Attitudes
Would you ever delay childhood immunisations for a specific reason?	Attitudes
Do you worry about the effects of under-vaccination in the community?	Attitudes
In your opinion, why do some people refuse to vaccinate their children?	Attitudes
Do you remember any events in the past that would discourage you from getting a vaccine for your children?	Attitudes
Do you trust the healthcare system in making decisions about which vaccines to provide?	Attitudes
Do you think vaccines should be compulsory? Why or why not?	Attitudes
What are your thoughts on the 'No Jab, No Pay' policy announced recently by the Federal government?	Attitudes

* Closed ended questions were followed up with open ended probing questions.

vaccinations for their children despite unease about the vaccination process. [9,10].

The hesitancy experienced by individuals regarding vaccination can develop over time, and parents can change their minds about vaccinating. A US study of 228 postpartum mothers found that while 29% worried about vaccinating their infants for reasons like safety, poor efficacy and mistrust, 96% nonetheless planned to accept recommended vaccinations [11]. Another US study found that one third of parents currently following alternative vaccine schedules had previously adhered to the standard schedule [12]. This suggests that vaccine behaviours are not fixed, and parents who are concerned but nonetheless adherent to standard schedules could switch to an unconventional schedule, delaying or cherry-picking vaccines. Consequently, these parents constitute an important target group for health professionals and policymakers seeking to maintain high and stable vaccination coverage rates.

Accordingly, there is a need to better understand vaccine hesitancy in specific contexts, acknowledging cultural and geographical variation, to ensure interventions targeting hesitancy are well directed and received appropriately. This exploratory study fills a research gap with regards to qualitative studies exploring parental vaccine hesitancy in Australia; we only know of one other recent published study [13]. In seeking to provide a better understanding of the cohort of parents who vaccinate despite concerns, we focused on the behaviour, knowledge and attitudes of parents who self-reported compliance with the Australian vaccine schedule despite expressing moderate concerns about childhood vaccinations – so called 'hesitant compliers' [14]. We conducted this study in Perth, Western Australia (WA), which had recently been impacted upon by two pivotal events – the injury of a baby from seasonal influenza vaccination, and the death of a baby from pertussis disease (whooping cough). At the time of this study, vaccination in Australia was not compulsory but was linked to federal

government financial incentives. In Australia, there are seven time points for vaccine delivery from birth to four years, plus an annual seasonal influenza vaccine. The latter is funded in Western Australia for children under five years but is not formally part of the national incentivised childhood vaccination schedule [15].

2. Methods

To collect and analyse our data exploring the views of hesitant compliers, we employed a qualitative approach theoretically guided by the paradigm of constructivism. Constructivism accepts the idea of multiple realities, recognising that knowledge is generated through the relationship between the investigator and participant. [16] Accordingly, in-depth semi-structured interviews were employed to facilitate a participant-driven discussion (see Table 1 for guide questions). We recruited parents who fit the study criteria detailed below. The study was approved by The University of Western Australia Human Research Ethics Committee (RA/4/1/7447) and conducted by a trained qualitative researcher under supervision.

Purposive recruitment was conducted through the non-governmental organisation Playgroups WA. Researchers posted study information on the Playgroups WA Facebook page, monthly newsletter, and directly invited 97 playgroup coordinators to disseminate recruitment information. This initial information was framed broadly as seeking the views of parents with a child under 5 years old with regard to vaccination. Parents who responded were then screened via email to ascertain eligibility, based upon (a) *currently observing the recommended vaccination schedule for their child/ren*; and (b) *reporting concerns or apprehensions about vaccines or the vaccination process*. Previous studies conceptualizing parental vaccine hesitancy have used a range of questions on a range of parents to arrive at classifications of parents as 'hesitant,'

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