

## Exploring the Choice to Refuse or Delay Vaccines: A National Survey of Parents of 6- Through 23-Month-Olds

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### ABSTRACT

**OBJECTIVE:** The purpose of this study was to assess respondents' self-reported choices for vaccinating their young children; knowledge, attitudes, and beliefs (KABs) about vaccination; and communication with their child's vaccination provider.

**METHODS:** A national telephone survey of 1500 parents of children aged 6 to 23 months was conducted in 2010. We calculated proportions of parents who had chosen—or planned—to refuse or delay 1 or more recommended vaccines, and proportions for responses to KABs and communication questions, stratified by vaccination choice (ie, refuse or delay).

**RESULTS:** The response rate was 46%. Among the 96.6% of respondents (95% confidence interval [CI], 95.5%–97.4%; weighted n = 1453) who had chosen for their child to receive at least 1 vaccine, 80.6% (95% CI, 78.8%–83.0%) reported that their child had received all vaccines when recommended and 86.5% (95% CI, 84.7%–88.2%) reported that their child would receive remaining vaccines when recommended. Respondents who considered not following recommendations,

but ultimately did, cited the physician's recommendation as the reason for vaccinating. Most vaccinators who reported past or planned deviations from recommendations cited only 1 vaccine that they would refuse and/or delay; all vaccines were mentioned. These parents reported approaching vaccination with serious concerns, while believing other parents did not. All parents cited "vaccine side effects" as their top question or concern. Almost all parents talked to a doctor or nurse about vaccines and, overall, satisfaction with communication was high.

**CONCLUSIONS:** Communication about vaccines is important to most parents, but may be challenging for providers, because parental choices vary; thus, efforts to improve and support vaccine communication by providers should continue.

**KEYWORDS:** childhood vaccination; communication; health knowledge; parental attitudes; patient compliance; treatment refusal

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### WHAT'S NEW

Most parents who reported past or planned deviations from recommendations cited only one vaccine that they would refuse and/or delay; all vaccines were mentioned. These parents reported approaching vaccination with serious concerns, while believing other parents did not.

PHYSICIANS WHO CARE for children report that parents' questions and concerns—and the time required during office visits to address them—have increased, placing pressures on the system of well child care.<sup>1</sup> Most parents report having questions or concerns about vaccines, but also report that they understand the benefits of vaccines and choose vaccination for their children.<sup>2–5</sup> Surveys regularly find that the

majority of parents cite the child's health care provider as their most trusted source of vaccine information.<sup>2–5</sup> In 1 survey, parents reported that information or assurances from a health care provider were the primary reasons that they chose to vaccinate after considering refusing or delaying a vaccine.<sup>6</sup> Nevertheless, for some parents, vaccine questions and concerns are related to decisions to refuse or delay 1 or more vaccines.<sup>7–10</sup>

To understand more about parents' decisions to vaccinate as recommended or not, we conducted a national telephone survey of parents and caregivers of children aged 6 to 23 months. For parents who reported deviating from the doctor's recommendation, we asked them to report, unprompted by a list of vaccines, which vaccines they refused or delayed. For all parents, we asked questions to assess knowledge, attitudes, and beliefs (KABs) about vaccinations for infants

and toddlers, as well as indepth questions to explore whether vaccination issues influenced their selection of the child's doctor, and perceptions of the communication about vaccines they have at the doctor's office.

## METHODS

### STUDY SAMPLE AND RESPONSE RATE

The sample was drawn from respondents to the Gallup Healthways Well-Being Index survey ([well-beingindex.com](http://well-beingindex.com)) who: (1) participated in Healthways during August 2009 to March 2010, (2) agreed to be re-contacted for additional surveys, and (3) were identified as having a child younger than age 2 years in the household. Healthways is a national telephone survey of adults that includes equal probability samples of list-assisted landline and wireless telephone numbers. For respondents who had a child younger than age 2 years, region, number of children younger than age 18, and household income were compared to assess differences among those who agreed to be re-contacted and those who did not. Those who did not agree to be re-contacted were more likely to report their household incomes as "Don't Know" or "Refused." No other difference was found. Further details of the methods of the Healthways survey have been described elsewhere.<sup>11</sup>

A total of 6039 Healthways respondents met all 3 criteria for inclusion in our re-contact survey. Surveys were conducted by telephone during March 23, 2010 to April 17, 2010; 4644 persons were contacted. Of these, 3189 agreed to proceed for a 69% cooperation rate. Of these, 2873 completed the screening process, which included verifying the presence of a child aged 6 months through 23 months living in the home, and 1524 were eligible to take the survey. Of these, 24 did not complete the survey. The final Council of American Survey Research Organizations response rate was 46%.<sup>12</sup>

Respondents gave verbal consent to proceed after the interviewer read them an informed consent statement. The research protocol for this study was reviewed and approved by the Institutional Review Board of Chesapeake Research Review, Inc (Columbia, Md).

### SURVEY INSTRUMENT DESIGN

The survey gathered information on respondent and child demographics and respondent vaccination choices, past and planned; KABs about childhood vaccination; and perceptions of communication about vaccines in the office or clinic where the child receives vaccines.

#### VACCINATION CHOICES

All respondents were first asked if their child had received any vaccines. For respondents who reported that their child had not received any vaccines, past and planned vaccination choices were analyzed separately. These respondents were asked to cite their top reason for non-vaccination to date and whether the child would receive vaccines in the future.

Those whose child had received at least 1 vaccine were asked if they had followed their doctor's vaccine recom-

mendations so far, or if they had refused and/or delayed any vaccines recommended at a health care visit in the past. Similarly, this group of respondents was asked if they planned to follow vaccine recommendations at health care visits in the future. "Refusing" was defined as deciding not to get a particular vaccine or vaccines for their child at any time, and "delaying" was defined as deciding to put off getting a vaccine or vaccines until later. In follow-up questions about refusing and/or delaying, this group of respondents was asked to list the vaccine(s) and the main reason for not following recommendations for each. These questions about vaccines and reasons for not following recommendations were open-ended; that is, respondents were not prompted with a list of recommended childhood vaccines or a list of reasons.

#### VACCINE KABs

All survey respondents were asked questions to assess their KABs about the safety and importance of vaccination, the seriousness of vaccine-preventable diseases, and the recommended number of vaccines. The questions were informed by constructs of the health belief model and by previous surveys of parents, and used Likert-type scales.<sup>13</sup> Attitudinal questions also included asking respondents to select the statement that best described how they approach childhood vaccines and then the statement that they believed best described how other parents approach childhood vaccines.

#### COMMUNICATION ABOUT VACCINES

All survey respondents were asked their top question or concern, if any, about childhood vaccines (open-ended) and their most trusted source of vaccine information (open-ended) as well as the following: "When selecting a doctor or clinic, was one of your considerations whether they would work with you to give the vaccines you wanted when you wanted them, or was this not one of your considerations?" Respondents were also asked with whom, if anyone, they talked about vaccines at the child's doctor's office or clinic. A multipart follow-up question probed satisfaction with this communication.

### DATA ANALYSIS

Among parents whose child had not received any vaccines, we assessed the top reason given for electing not to vaccinate and plans for vaccinating in the future. Among parents whose child had received at least 1 vaccine, we assessed the proportions who had received vaccines as recommended by their child's doctor, had not done so, planned to receive future vaccines as recommended, and planned not to do so, and for those not following recommendations, the vaccine(s), and the reasons for the choices. For the analysis of specific vaccines for which parents had not or did not plan to follow recommendations and the reasons, unweighted numbers are presented due to small numbers of responses for each vaccine.

For further analysis, all respondents were stratified into 2 mutually exclusive categories for vaccination choice: those who had followed the recommendations of their child's

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