



Public attitudes toward child undervaccination: A randomized experiment on evaluations, stigmatizing orientations, and support for policies



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ARTICLE INFO

Article history:

Received 9 August 2016

Received in revised form

2 May 2017

Accepted 5 May 2017

Available online 6 May 2017

Keywords:

United States

Vaccinations

Vaccine hesitancy

Stigma

Public attitudes

Policy

Survey-embedded experiment

Vignette experiment

ABSTRACT

Child undervaccination is a complex public health problem and a contentious social and political issue. Efforts to increase vaccination coverage require understanding how the public evaluates different reasons for child undervaccination, which may influence attitudes, stigmatizing behaviors, and support for vaccination policies. We conducted a vignette experiment with a United States national online sample ($n = 1469$) to investigate how and why different undervaccination actions shape evaluations (blame, anger, sympathy, differentness, credibility, dangerousness), stigmatizing orientations (social distance, discrimination), and support for particular policies (e.g., research funding, belief exemptions, fines). Each participant was randomly assigned to read one of four vignettes that described a mother who either refused vaccines, delayed vaccines, encountered social barriers to obtaining vaccines, or was up-to-date on vaccines for her child. Compared to the up-to-date condition, each undervaccination action predicted significantly more negative evaluations and stigmatizing orientations. Vaccine refusal was the most negatively appraised. Differences in social distance and discrimination were explained by negative evaluations about the parent. These evaluations and orientations predicted support for a range of policies. Negative parental evaluations were associated with increased support for more severe policies. We discuss the implications of these findings for addressing undervaccination and informing health scholarship on stigma.

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Substantial public support for child vaccinations exists in the United States; yet anti-vaccine activism, increased rates of parents seeking non-medical exemptions, and recent vaccine-preventable disease outbreaks have made vaccination coverage not only a pressing public health concern, but also a major news focus and contentious political issue (Ipsos, 2015; Gallup, 2015; Wang et al., 2014). Immediately following the 2014–2015 Disneyland measles outbreak, the California vaccination initiative (SB 277) ignited fierce debate. Though SB 277, one of the strictest vaccination bills in the US, was signed into law, vaccination policies, particularly with respect to non-medical exemptions, vary in most other states. Hence, questions about what governments should do to ensure herd immunity still fuel arguments among politicians, interest

groups, and the general public.

Child undervaccination—the extent to which a child is not up-to-date on all recommended vaccinations—is a complex US public health issue in terms of causes, prevalence, and sociodemographics. However, scientific, media, and political attention regarding undervaccination is often focused on vaccine-hesitant parents—i.e., parents who refuse or delay any vaccinations for their children. While refusal or delay is most prevalent among white, higher socioeconomic status (SES) parents, undervaccination due to access barriers and perceived vaccine risk exist for lower SES and racial-ethnic minority families (Smith et al., 2004; Smith et al., 2010; Gowda and Dempsey, 2013).

Amidst this political context and public health complexity, how does the American public evaluate and react to undervaccinated children and parents? And how do these reactions influence public support for vaccination policies? Using a survey-based vignette experiment, we investigate how and why attitudes toward undervaccinated children and their parents depend on why the child is

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undervaccinated (i.e. parent's choice to refuse or delay vaccinations versus access barriers). And we demonstrate how these perceptions, in turn, affect stigmatizing attitudes towards such families (i.e. social distance and discrimination) as well as support for specific vaccination policies. Together, our findings inform vaccination research and policy, while also extending health research on stigma more generally.

1. Background & study motivation

History is replete with examples where public fear of infectious diseases (e.g., leprosy, cholera, HIV/AIDS) led to the stigmatizing of social groups perceived as posing risks for spreading disease (e.g., the impoverished, immigrants, gay men). Stigma, however, is not always a “retrograde force,” as witnessed by the anti-tobacco movement, and has been argued to be a potentially effective—though debated—tool for improving public health in certain circumstances (Bayer and Stuber, 2006).

As conceptualized by Link and Phelan (2001), stigma consists of five inter-related components: 1) people distinguish and label certain persons as different; 2) as a result of dominant cultural beliefs, these labeled persons are linked to undesirable characteristics (stereotyping); 3) the label is used to achieve a separation of “us” from “them” (differentness); 4) labeled people encounter status loss that results in unequal outcomes for them versus the rest of society (discrimination); and 5) stigma depends upon the existence of social, economic, and political power that enables the preceding components to emerge. Research using this framework has established that cultural attitudes shape individual and societal responses to health conditions and behaviors (Phelan, 2005; Stuber et al., 2008), including decisions about interventions (e.g., Barry et al., 2014).

Though prior work has examined vaccine hesitant mothers' experiences and perceptions of stigma (Reich, 2016), to our knowledge, no study has systematically examined how child undervaccination influences people's evaluations, stigmatizing reactions, and support for policy. As a canonical, political, and practical public health issue, child undervaccination is an ideal lens through which to investigate three central questions about predictors and consequences of stigma.

1.1. Is undervaccination stigmatizing for the parent and the child?

First, undervaccinated children are at high risk for acquiring and spreading infectious diseases to children and adults who are either unable to be vaccinated or insufficiently protected by vaccinations. A child's vaccination status primarily depends upon her/his parents who may refuse, delay, or be unable to obtain vaccinations for the child. As such, given the health implications for the child and community, undervaccination, regardless of the reason for it, is likely to engender stigma towards both the parent and child (Reich, 2016). In addition to fear of disease risk, stigmatizing attitudes towards the undervaccinated child may stem from courtesy stigma via the parent's stigmatized status derived from others' judgments and evaluations (Goffman, 2009; Mehta and Farina, 1988). Together, these factors may predict social distancing and discrimination towards the parent and child.

1.2. Do stigmatizing attitudes depend on the reason for undervaccination?

Second, the extent of stigmatizing attitudes may depend on why a child is undervaccinated. Research on attribution theory—which proposes that people's causal attributions (e.g., person versus situation; internal versus external cause) influence their beliefs,

emotions, and behavior—finds that people are more likely to (a) blame someone if they believe that the situation was *within* that person's control (e.g., a choice), but (b) have sympathy if the situation was *outside* the person's control; with (c) greater blame and negative emotions predicting stigmatizing attitudes and behaviors (Corrigan, 2000, Corrigan et al., 2003; Weiner et al., 1988). Based on this *attribution theory* perspective, people may be more likely to blame and express anger toward parents who intentionally choose to refuse or delay vaccinations for their children, but more likely to express sympathy for a parent who encounters barriers to accessing vaccinations. In turn, more negative attributions should predict greater stigmatizing attitudes in social distance, discrimination, and policy preferences.

Stigma, however, may not solely depend on causal attributions for the condition (i.e., within or outside personal control), but instead on judgments about the stigmatized person. As noted above, a core component of the stigma process is people judging someone as different from themselves—i.e. distinguishing “us versus them” (Link and Phelan, 2001). This judgment is particularly relevant for undervaccination. Parenting practices are highly judged in North American culture, with mothers often handling the majority of parenting responsibilities and thus being commonly scrutinized—notably for child development and health issues, including vaccination decisions (Azar et al., 2005; Lee et al., 2010; Reich, 2016). In addition to these cultural expectations, media coverage of undervaccination has heavily focused on “anti-vaxxer” parents (mostly mothers), who refuse vaccinations for their children. This small, but vocal proportion of parents of the total undervaccinated population—more likely to be white and higher SES and thus with greater capacity to undertake healthy practices—are (a) known for rejecting certain evidence-based medical recommendations, (b) engaging in emotionally-, time-, and (often) financially-absorbing “intensive mothering” practices centered extensively on managing a child's development; as well as (c) often identifying with essentialist notions of mothers as the best caregivers for their children (Reich, 2016; Hays, 1998). Popular media has even characterized anti-vaxxers as dangerous (e.g., Sriram, 2015). This attention paid to anti-vaxxers has contributed to misconceptions and even stereotypes about other vaccine-hesitant parents who refuse or delay vaccinations for their children (e.g., Haelle, 2015).

Based on these abovementioned factors, we consider what we term the *mother judgment* perspective, whereby people may be more likely to negatively evaluate (a) any mother of an undervaccinated child (regardless of the reason for undervaccination) and (b) more so a mother who chooses to refuse/delay vaccinations in terms of perceiving the mother as different from oneself and others, lacking credibility as a parent, and risking danger to the health of her child and others in the community (Corrigan et al., 2003). Additionally, increases in perceived differentness, lack of credibility, and dangerousness should predict greater stigmatizing reactions (e.g., desired social distance and discrimination) and support for policies to address undervaccination.

Together, these attribution theory and mother judgment perspectives offer insights into how people may evaluate and react to different undervaccination reasons (e.g., choice versus constraint).

1.3. What are the policy consequences of undervaccination attitudes?

Third and finally, these evaluations and stigma-related attitudes may influence support for policies to address undervaccination. Understanding how the public assesses health issues is critical for developing best public health practices (Link et al., 1999)—especially since public health policy is determined by public

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