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Major Article

The behind-the-scenes activity of parental decision-making discourse regarding childhood vaccination

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Antivaccination parents

Background: Vaccine compliance has long been a cause for concern for health authorities throughout the world. However very little effort has been made to examine parental discourse during the decision-making process.**Methods:** An online survey was conducted (N = 437) to examine predictors of parents' attitudes regarding childhood vaccination.**Results:** Hesitant parents were 4 times more likely to conduct intrafamily discussion regarding vaccination compared with provaccination parents (Exp[B] = 4.26). There were no significant differences between hesitant and antivaccination parents with respect to intrafamily discussion. Hesitant parents were also 4 times more likely than provaccination parents to report intrafamily disagreements regarding vaccination (Exp[B] = 4.27). They were also twice as likely as antivaccination parents to express disagreements regarding vaccination within their families (Exp[B] = 2.33). Likewise, Jewish parents were significantly more likely to define themselves as vaccination-hesitant, whereas Muslim parents were significantly more likely to be provaccination.**Conclusions:** To improve the way health organizations communicate information about vaccines and increase parental trust in immunization programs, we should not only look at the level of understanding, perceptions, and biases of different groups, but also thoroughly examine parents' decision-making processes and the discourse during this process. We must communicate risk to all groups, including the provaccination group, to improve parents' decision making and the process of informed consent.

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The issue of vaccine compliance has long been a cause for concern for health authorities throughout the world.¹ Although direct opposition to vaccination is not very common,^{2,3} in recent years, the trend of vaccination hesitancy has gained considerable attention.^{4,5} This trend, in which benefits and dangers of vaccines are evaluated rationally,⁶ is reflected in the growing number of parents who delay vaccination for their children or refuse certain vaccines.⁵

Vaccine compliance

The literature regarding child vaccination includes 2 dominant classes of studies. The first examines the issue of vaccine compliance to understand the barriers to parental willingness to follow vaccination schedules. These studies outline various factors affecting vaccination hesitancy, including concerns about vaccine safety,⁷ concern about side effects,⁸ and fear of immune system overload.⁸ Other barriers identified include religious beliefs,⁹ ethical considerations,^{10,11} ideological concerns,⁷ distrust of the medical establishment,^{10,12} and distrust of physicians.¹³ It was found that individual-level factors, such as socioeconomic, race, and education level directly influence each person's concept of the risks and benefits of vaccination versus the risks and sequelae of vaccine-preventable diseases.¹ The second class of studies¹⁴⁻¹⁷ identifies

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various groups of parents based on their perceptions regarding vaccination—provaccination, antivaccination, or hesitant—and addresses specific communication strategies that could potentially be utilized to target these groups.¹⁵

These groups are characterized in different studies according to various criteria. For instance, some studies emphasize perception of vaccine safety¹⁸ and efficacy, whereas other studies examine the ways in which parents assess information,¹⁹ perceive the risks and benefits of vaccines,²⁰ and characterize worries and concerns.²¹ Nevertheless, although studies propose that differences between supporters and opponents of childhood vaccination cannot be easily outlined because there are many overlaps between these groups, the dualistic categorization of supporters and opponents is still used by scholars and practitioners. Characterizing the different groups²² arose from our desire to decipher the cognitive decision-making process, mainly of nonvaccinating parents, while addressing the ways parents analyze cost–benefit¹⁵ in the context of vaccines, their perception biases,²³ the effects of media framing,²⁴ and the way parents interpret vaccine information.

Behind-the-scenes discourse

To the best of our knowledge, almost none of the studies regarding child vaccination have focused on the discourse held by parents during the decision-making process. This refers to discussions and disagreements between parents in the private sphere. To bridge this gap, the current study offers an empirical examination of how this discourse is held within 3 distinct groups of parents in Israel: provaccination, antivaccination, and hesitant parents. The study contributes to an understanding of the nature of parents' discourse at home, which serves as the basis for their vaccine decisions. Such an understanding is essential for health organizations.

Child vaccination in Israel

In Israel, compliance with childhood vaccination programs is generally very high. Nevertheless, despite the accessibility of routine childhood immunizations, thousands of children are not immunized.²⁵ The reasons for vaccination refusal or hesitancy in Israel are concordant with those found in other Western countries.

Interestingly, an Israeli Ministry of Health report²⁶ on the health status of Israelis shows that the rate of Arab children who receive routine immunizations tends to be somewhat higher than Jewish children (97% among Arabs compared with 92% among Jews). There have been no studies in Israel explaining the phenomenon of higher compliance of national minority groups compared with the dominant Jewish group. The present examination of provaccination, antivaccination, and hesitant parents also takes into account the religious–ethnic variable in the 3 groups.

METHOD

Study design

The main objective of this study was to outline the childhood vaccination decision-making process among provaccination, antivaccination, and vaccine-hesitant parents. The study involved a quantitative questionnaire administered to a demographically diverse sample of parents. The measurement instrument was developed based on recent studies that diagnosed behavior patterns and determinants of vaccine hesitancy across various populations.^{27,28} In particular, the survey included questions on self-reported assessment of adherence with the vaccination schedule, perceived social norms, sources of vaccine-related information, intrafamily de-

cision making, and trust in health organizations. Demographic data were also collected.

Participant recruitment

An online survey within a study was conducted to examine parents' decision-making process regarding vaccinating their children. The target population of this study was Jewish and Arab parents of children younger than age 14 years because we focused on childhood routine vaccines. The survey was created and distributed via Google Docs online software (Google, Mountain View, CA) from December 22, 2015, to April 4, 2016. This platform enables creating interactive online questionnaires and distributes via e-mail or social media outlets. Parents in the study were contacted once for completion.

Keeping in mind that attitudes toward vaccination were expected to correlate with religious affiliations, a nonrandom stratified sampling plan was used to ensure a final sample that was representative of religious affiliations in Israel. Sample size was calculated with a power assessment based on the results of a pilot study that estimated the frequency of vaccination hesitancy within the general population. Specifically, the parameters used in the a priori power analysis included $\eta_p^2 = 0.15$, $\alpha = 0.05$, $1 - \beta = 0.80$, and $k = 3$, which resulted in a total sample size of 432.

Respondents were recruited from online parent communities and later screened for selection criteria. Researchers distributed the URL for the online survey through 6 different social media forums that targeted Hebrew-speaking and Arabic-speaking parents, the 2 main languages spoken in Israel. Vaccination hesitancy was estimated with a multiple-choice question that asked respondents whether they follow the Israeli childhood immunization schedule. Respondents who answered "yes" were coded as "pro," respondents who answered "no" were coded as "anti," whereas respondents who selected intermediary options (ie, "for some children and not for others," "for some vaccines and not for others," and "I support vaccines but not the schedule"), were coded as "hesitant."

The survey was distributed through 3 social media outlets. The first was Facebook groups (after receiving consent). We studied the groups' orientation in advance by reading their posts and messages online. The second included general forums for parents, where they discuss family issues with other parents. The third was the WhatsApp application for smartphones. This social media outlet was particularly useful in approaching the Arab population in Israel because they do not have Facebook groups focused on vaccination.

Questionnaire

The questionnaire related to issues concerning the decision-making process, including vaccination norms in their community, as an influence on their decision. Some questions dealt with information sources and level of trust in those sources. Other questions addressed the decision-making process: Who is in charge of the children's health? Who decides whether or not to vaccinate? and, Who brings children to vaccinations? We chose to examine whether there were debates and conflicts surrounding vaccination in the household, and how the parents resolved them. The last set of questions covered sociodemographic information.

To assess intrafamily discussion, respondents were asked whether there was any discussion regarding child vaccination within their household, using binary response options (ie, yes/no). A similar item with a binary response option assessed intrafamily disagreements, where respondents were asked whether there were any disagreements regarding childhood vaccination within their household. To measure perceived social norms, respondents were requested to assess whether parents in their close environment

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