



Taming the fear of voice: Dilemmas in maintaining a high vaccination rate in the Netherlands



Els Geelen ^{a,*}, Hans van Vliet ^b, Pieter de Hoogh ^c, Klasien Horstman ^a

^a Dep. Health, Ethics and Society, Research School Public Health and Primary Care (Caphri), Faculty Health, Medicine and Life Sciences, Maastricht University, The Netherlands

^b Centre for Infectious Disease Control, National Institute for Public Health and the Environment, P.O. Box 1, 3720 BA Bilthoven, The Netherlands

^c Department for Vaccine Supply and Prevention Programmes, National Institute for Public Health and the Environment, P.O. Box 1, 3720 BA Bilthoven, The Netherlands

ARTICLE INFO

Article history:

Received 14 May 2015

Received in revised form

26 January 2016

Accepted 27 January 2016

Available online 2 February 2016

Keywords:

The Netherlands

Vaccination

National Immunization Programme

Exit

Voice and loyalty

Resilience

Experimentation

ABSTRACT

In the context of international public debates on vaccination the National Institute for Public Health and the Environment (RIVM), the Dutch public health body responsible for the National Immunization Programme (NIP), fears that the high vaccination rate of children in the Netherlands obscures the many doubts and criticisms parents may have about vaccination. The question arises as to how the robustness of this vaccination rate and the resilience of the NIP can be assessed. To answer this question, we explore the vaccination practices and relationships between professionals and parents using qualitative methods. Drawing on Hirschman's concepts of *exit*, *voice* and *loyalty*, we distinguish between two different approaches to vaccination: one which enforces parental loyalty to the vaccination programme, and one which allows for voice. The analysis shows that due to their lack of voice in the main vaccination setting, parents' considerations are unknown and insight into their loyalty is lacking. We argue that the Dutch vaccination programme is caught between the insecurity of enforced parental loyalty to the NIP and the insecurity of enabling parental voice and negotiating space. We conclude that to increase the resilience of the NIP, experimenting with voice and exit is inevitable.

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1. Introduction

In recent decades, international public debate on the issue of vaccination has been growing. The introduction of new vaccines can give rise to fierce debate, as evidenced by the experiences with vaccinations against pandemic influenza A (H1N1) and human papillomavirus (HPV) (Bults et al., 2011). Existing vaccination programmes, too, are subject to public scrutiny, with even parents who are in favour of vaccination expressing doubts and criticisms (Blume, 2006; Casiday, 2007; Hobson-West, 2007; Largent, 2012; Leach and Fairhead, 2007; Poland and Jacobson, 2011; Streefland et al., 1999). In the Netherlands, public debate on the pros and cons of vaccination has fanned concern that, despite the high vaccination rates, the National Immunization Programme (NIP) may be vulnerable.

* Corresponding author. Maastricht University, PO Box 616, 6200 MD Maastricht, The Netherlands.

E-mail addresses: e.geelen@maastrichtuniversity.nl (E. Geelen), hans.van.vliet@rivm.nl (H. van Vliet), pieter.de.hoogh@rivm.nl (P. de Hoogh), k.horstman@maastrichtuniversity.nl (K. Horstman).

Focused on vaccinating children up to the age of 18 years, the NIP is organized by the National Institute for Public Health and the Environment (RIVM), which is responsible for infectious disease control in the Netherlands. The vaccinations are, for the most part, carried out by child welfare professionals free of charge. Over the last two decades, an increasing number of vaccines have been included in the programme: the pneumococcus, meningococcus C and human papilloma virus vaccines are now provided separately, while the vaccines against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and hepatitis B on the one hand and those against measles, mumps and rubella on the other are combined. For decades, 90%–95% of all children in the Netherlands have been vaccinated for almost all diseases included in the programme. Only a small minority of parents – those who belong to certain religious groups, subscribe to an anthroposophical view or are concerned about the adverse effects of vaccination – postpone vaccination or refuse to have their children vaccinated at all.

Although this high vaccination rate as such is considered positive, it cannot simply be interpreted as an indication of firm public trust in and loyalty to the vaccination programme, especially in the

longer run. In fact, the robustness of the vaccination rate is regarded as insecure: representatives of the RIVM worry that the parents who openly criticize or express doubts about vaccination may be merely the tip of an iceberg. The behaviour of the traditional opponents of vaccination in the Netherlands – certain Protestant and anthroposophical parents, who can be identified by region – is considered 'known' and 'predictable'. Few efforts are made to persuade these groups of the benefits of vaccination, as medical arguments do little to sway their convictions (Ruijs, 2012). Only in the event of outbreaks of infections such as measles are Protestant parents offered the opportunity to vaccinate their child 'in secret'; that is, without the knowledge of the local religious community. By contrast, the motivations of the many parents who *do* vaccinate their children are 'unknown', and thus 'unpredictable'.

Uncertainty about the robustness of vaccination programmes is by no means alleviated by studies into parental motives (Betsch et al., 2010; Larson et al., 2014; Tickner et al., 2007; Yaqub et al., 2014). Tickner et al. (2007), for instance, have shown that many parents have their children vaccinated not because they believe it to be important, but because it is expected of them. Larson et al. (2014) conclude that 'vaccine hesitancy' is a complex and context-specific phenomenon, whereby vaccine acceptance or refusal cannot be easily identified with specific parent groups. Betsch et al. (2010) found that parents are susceptible to media exposure, and that the rapid transmission of media reports online may lead to an unexpected decrease in the vaccination rate. Against the backdrop of these studies, the RIVM is reluctant to interpret the high vaccination rate as a solid indication of the long-term sustainability of the NIP.

As a consequence, the RIVM is developing a system to monitor the determinants of acceptance of vaccination among parents and child welfare professionals, with the aim of predicting dissatisfaction and intervening in a timely manner to prevent a decrease in the vaccination rate (Harmsen, 2014). According to an RIVM-commissioned study,

[t]he overall full vaccination coverage in the Netherlands does not give full information on the (changing) motivation of parents to vaccinate or not. Parents who still choose to vaccinate their child might have some doubts. In addition, they may not make a deliberate decision to vaccinate their child. Unexpected factors from outside the NIP (e.g. epidemics, media, disagreeing professionals, and anti-vaccination lobbying) can influence and alter parents' attitude towards vaccination, which may result in a lower vaccination coverage. (Harmsen, 2014: 10)

This quote illustrates the struggles of a public health body in an age in which parents do not unquestioningly follow expert advice. Harmsen feels that the RIVM is unable to control parental vaccination behaviour, and depicts parents as being vulnerable to 'unexpected factors' and the vagaries of the media and public debates. There seems to be a fear that parents will be influenced by 'unscientific' forces and inclined to place their trust in anti-vaccination voices sooner than the public health body. The RIVM, meanwhile, favours parents who 'make a deliberate decision', but also makes clear that a 'deliberate decision' is considered a decision to participate in the vaccination scheme of the NIP.

To gain deeper insight into these concerns about parental vaccination behaviour, this qualitative study explores vaccination practices and the interactions between professionals and parents in everyday child welfare in the Netherlands. We first introduce the concepts exit, voice and loyalty, as developed by the economist Alfred O. Hirschman (1970). His theory on the various ways in which citizens can engage with public institutions offers a fruitful approach to reflect on the distinct vaccination settings and different

relationships between professionals and parents. We relate this theory to insights from contemporary science and technology studies, which emphasize the importance of orchestrating both experts' and citizens' voices. Subsequently, we explain the methodology used and present the results of our analysis. We then return to the issue of parental loyalty in Dutch vaccination practice, asserting that to strengthen the resilience of vaccination programmes, the focus should not be on taming parents by preventing voice. Instead, it should be on taming the *fear* of parental voice, and on prudently experimenting with exit and voice in vaccination programmes.

2. The need for voice in public health

To understand vaccination settings in the Netherlands and the relationship between professionals and parents, we draw on Hirschman's (1970) classic study on the functioning of public and private organizations and the role of loyalty in that process. Hirschman identifies two learning or feedback strategies – exit and voice – that help to increase the resilience of institutions. Learning from *exit* implies that an organization receives feedback on the quality of its service or product by the simple act of clients switching to a competitor. Learning from *voice* refers to the organization receiving feedback through its interaction with clients. However, as Hirschman argues, clients are not 'rational choosing subjects' but emotional beings: when they doubt the quality of a service or have a negative experience with it, competing factors (such as a sense of attachment) mean they may not immediately stop making use of it. This implies that organizations that rely on exit as their sole feedback strategy receive little information as to how users actually feel about their service, and whether their apparent loyalty is genuine. Learning through voice assumes some measure of loyalty on the part of users, in that they make the effort to share their experiences and trust the organization to take their comments seriously. At the same time, through this process the organization and users get to know one another, which serves to increase loyalty further. To achieve optimal learning, Hirschman argues, both exit and voice feedback strategies are needed. In situations where exit is not an option – as in the former communist countries of Eastern Europe – voice did not function either: citizens were permitted neither to leave the country nor to publicly express ideologically suspect opinions. However, there is no recipe for the balance between exit and voice: in practice it must be found through trial and error.

For the purposes of the present study, it should be noted that in the case of complex public goods Hirschman considers voice a much richer learning strategy than exit. This is because voice is not only instrumental in fostering loyalty to the public realm, but also important intrinsically in that it contributes to the democratic character of public institutions. Moreover, as many public services operate as (semi-)monopolies and competition is lacking, the organization depends on voice to receive feedback on the quality of its service. When no opportunities for voice are available, people often express themselves in other ways, eventually going 'underground' or on the internet, where few checks and balances are in operation. For example, the refusal of many girls to accept HPV vaccination can be considered, in Hirschman's terms, an example of exit, and an unexpected one at that. As the RIVM had not organized voice concerning HPV, girls, parents and others expressed and discussed their ideas in the press and on social media. These public discussions made clear that the RIVM had little understanding of the ideas, values and experiences of parents and their daughters. In this case, increasing the organized opportunity for voice could have helped to reduce exit.

Particularly for complex public goods like vaccination, education

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