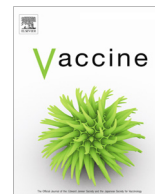




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'The Unhealthy Other': How vaccine rejecting parents construct the vaccinating mainstream

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ABSTRACT

To address the phenomenon of vaccine hesitancy and rejection, researchers increasingly recognise the need to engage with the social context of parents' decision-making. This study examines how vaccine rejecting parents socially construct the vaccinating mainstream in opposition to themselves. We analyse qualitative data from interviews with parents in Adelaide, South Australia. Applying insights from Social Identity Theory (SIT), we show how these parents bolster their own sense of identity and self-belief by employing a discourse that casts vaccinators as an Unhealthy Other. We demonstrate how the parents identify vaccination as a marker of parental conformity to the 'toxic practices of mass industrial society', linking it to other ways in which membership of the consumerist mainstream requires individuals to 'neglect their health.' This is explored through themes of appearance, diet, (over) consumption of pharmaceuticals, inadequate parenting values and wilful or misguided ignorance. This construction of the Unhealthy Other elevates the self-concept of vaccine hesitant and rejecting parents, who see themselves as part of an enlightened, but constantly besieged, group of healthy and virtuous parents. It is common for the vaccinating mainstream to present vaccine hesitant and rejecting parents as a group subject to epistemic closure, groupthink, confirmation bias and over-confidence in their own expertise. However, vaccine hesitant and rejecting parents also see mainstream society as a group—a much larger one—subject to the same problems. We suggest the need to mitigate the 'groupness' of vaccination and non-vaccination by extending the practice of vaccination to recognisable practitioners of holistic health.

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1. Introduction

Parents' decisions to reject vaccines pose a significant public health problem in many parts of the developed world. Researchers looking for solutions increasingly recognize that parental decisions around vaccination are not purely individual choices, but social ones [1–3]. Social context matters greatly to parents' decisions, as does their understanding of their place within broader groups, communities and societies. This article examines how vaccine rejecting (VR) parents socially construct the vaccinating mainstream in opposition to themselves [4,5]. Applying insights from Social Identity Theory (SIT) to interviews with VR parents, we show how these parents bolster their own sense of identity and self-belief by a discourse that casts vaccinators as an Unhealthy Other. They identify vaccination as a marker of parental conformity to the

'toxic practices of mass industrial society', linking it to other ways in which membership of the consumerist mainstream requires individuals to 'neglect their health'.

Other scholars have identified vaccine rejecting parents' perceptions that their caregiving practices are superior to those of others, who may consequently suffer illness or even benefit from vaccines [6–9]. Amongst Elisa Sobó's extensive contribution to the field is the consideration that 'opting out' of vaccination may be first and foremost an act of 'opting in' to a particular community [2]. We build on the work of these peers to explain and illustrate how construction of an Unhealthy Other elevates the self-concept of VR parents, who see themselves as part of an enlightened, but constantly besieged, group of healthy and virtuous parents, and to offer a theoretical basis for how this may reinforce their decisions not to vaccinate.

Recent research has established that VR parents engage in specific behaviours oriented around 'the natural' that, in their view, negate the need for them to vaccinate their children [7,10–13].

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Reich attributes this to a confluence of ‘healthism’ [14] and parenting philosophies that hold parents highly accountable for the well-being of their children [7]. Parents may, therefore, reject vaccines as part of a lazy ‘quick fix’ and pursue, instead, more holistic approaches to health that allow them to take personal responsibility as a result of having ‘educated’ themselves [9,15,16]. Elsewhere, we have built on Antonovsky’s concept of ‘salutogenesis’ [17], a health promotion philosophy designed to maintain a body undergoing inevitable decay, to show how parents perceive practices such as eating organic food, eschewing ‘chemicals’, and pursuing alternative schooling and complementary and alternative medicine (CAM) make parents feel safe and responsible for their children’s health and well-being [16,18]. Responsibilised and armed with a clear ethos, VR parents have a self-perceived clear, logical and internally justifiable rationale for their self-identification as a social group [16,18]. What merits further attention is how they construct an identity for ‘other’ parents who follow mainstream health and lifestyle practices, and how this informs their own self-perception. By analysing this phenomenon we hope to improve vaccine communications and delivery across cultural divides.

Social Identity Theory (SIT) and its progeny, Self-Categorisation Theory (SCT), illuminate how non-vaccinators’ discursive construction of the vaccinating mainstream forms part of their identification process. SIT and SCT have been developed by social psychologists over many years in experimental settings [19–21]. SIT posits that individuals strive for a positive self-concept, which can be derived from identification with groups they value highly. SCT shows that individuals understand their social “ingroup” by contrast to “outgroups”, and that they accentuate the similarities within their group and the differences to those outside it [22,23]. One way individuals may enhance the esteem of their ingroup is to denigrate outgroups [19,24]. SIT holds that the stereotypes informing these group processes are not simply “faulty distortions” in cognition [25]. Stereotyping of others is a means by which group members make sense of the world outside their group and justify their own actions, which Tajfel called the “ideologizing function” of stereotypes [26]. Here, we suggest that the negative stereotypes of the Unhealthy Other reinforce our participants’ decisions not to vaccinate, by increasing the value of the group to which they belong. It is common for the vaccinating mainstream to present VR parents as a group subject to epistemic closure, groupthink, confirmation bias and over-confidence in their own expertise [27]. However, it is vital to understand that VR parents also see mainstream society as a group—a much larger one—subject to the same problems.

2. Methods

Researchers advertised the study and approached potential participants at an organic market in Adelaide, South Australia, who self-identified as being vaccine hesitant. Participants were asked to share Information Sheets with other parents in their networks, who then contacted the researchers to be interviewed. Following explanation of the study and the provision of informed consent, 20 interviews were conducted by a research assistant. A list of indicative topics informed semi-structured questions and probes regarding beliefs, attitudes and practices around illness and health, social networks, information sources, political persuasions and how these interacted with vaccination decisions. Interviews lasted approximately an hour, and were audio recorded and transcribed in full. Interviews continued until data saturation was met.

The sample included 10 parents who had never vaccinated their children, 5 who had ceased, 2 who were selectively vaccinating and 3 who had delayed but were now up to date. Such diversity was not

explicitly sought, but expected on the basis that ‘vaccine hesitancy’ has been used to cover a range of beliefs and behaviours [28,29]. While all transcripts were analysed for this study, almost all the respondents cited were currently eschewing all vaccines. Demographically, all but three participants were women. They had individual incomes ranging from \$15,000 a year to above \$150,000 a year, reflecting a diverse range of occupations, from combining parenting with yoga teaching and massage to professions including project management and psychology. Participants were aged between 36 and 50. Half had a university qualification, others had vocational diplomas or were currently studying. Eight identified as Greens voters, one supported the centre-left Labor party, two supported other parties (not specified) and nine professed non alignment. This sample does not reflect the Australian population at large, and instead may be seen to reflect the kinds of Australians that shop at urban organic markets, and their friendship networks. From a SIT/SCT perspective this is a useful feature of the sample rather than a drawback, because respondents draw upon the same group identities and have similar views of the Australian mainstream as being outside of the groups with which they identify.

The lead author analysed all transcripts using NVivo 10. The last author contributed to analysis of the transcripts and the team discussed emerging themes. Participants’ construction of the “Unhealthy Other”, their vaccinating opposite, emerged from the data rather than having been specifically probed. It became a central node, and was further divided into sub-themes, separately coded as topics of interest to the parents’ construction of self.

The Flinders University Social and Behavioural Research Ethics Committee provided ethical approval under project number 6976. More detailed accounts of the methods and analysis can be found in earlier publications by members of the team [16,18,30].

3. Results

Our results demonstrate how VR parents create and then malign a category of people as their explicit opposites, thereby strengthening their own in-group identities. This category displays the following characteristics: symptoms of poor health; over-consumption of medicine to conform to Western lifestyle expectations; disengagement from nurturing children and self-care; and ignorant, uncritical or fearful conformity.

3.1. *They don’t look healthy*

The physical poor health of the people with whom the VR parents compared themselves was noteworthy. Participants described unnamed vaccinated families that would regularly be burdened by illness, whereas their own families were not.

Even just like earaches, small, common ailments. Like the difference I see between – my kids are at the same age as the kids that they interact with whose parents don’t necessarily follow the same kind of health philosophy as us – their kids are struggling. Like they have problems with their ears, they need grommets and they’re constantly – there’s always somebody who’s got gastro (Roz).

Roz, like all our participants, referred to ‘we’ and ‘us’ when talking about lifestyle and parenting practices, as the prelude to then talking about ‘they’ or ‘them’.

Evan recalled his daughter, the only unvaccinated baby in her mother’s group, as

the only one with her head up, clear eyes, looking round the room with no dribble. All the rest ... all about the same age, couldn’t hold their heads up yet. Drooling. Rashes. Eyes wobbling. No strength ... She was definitely way different to those

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