

Factors that influence parents' views and practices regarding routine childhood vaccination: Findings from a Cochrane qualitative evidence synthesis

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Factors that influence parents' views and practices regarding routine childhood vaccination: Findings from a Cochrane qualitative evidence synthesis

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Review editor: Claire Glenton

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Objectives

1. Explore parents' views and practices regarding routine childhood vaccination and the factors influencing acceptance, hesitancy, or nonacceptance of routine childhood vaccination;
2. Develop a conceptual understanding of what and how different factors reduce parental acceptance of routine childhood vaccination;
3. Explore how the findings of this review can enhance our understanding the related Cochrane reviews of intervention effectiveness (Saeterdal 2014; Oyo-Ita 2016; Jacobson 2018; Kaufman 2018).



Cochrane Database of Systematic Reviews

Factors that influence parents' and informal caregivers' views and practices regarding routine childhood vaccination: a qualitative evidence synthesis (Review)

Cooper S, Schmidt BM, Sambala EZ, Swartz A, Colvin CJ, Leon N, Wiysonge CS

Cooper S, Schmidt B-M, Sambala EZ, Swartz A, Colvin CJ, Leon N, Wiysonge CS.
Factors that influence parents' and informal caregivers' views and practices regarding routine childhood vaccination: a qualitative evidence synthesis.
Cochrane Database of Systematic Reviews 2021, Issue 10. Art. No.: CD013265.
DOI: 10.1002/14651858.CD013265.pub2.

Study inclusion criteria

- **Types of studies:** primary studies that used qualitative research methods for data collection and analysis
- **Types of participants:** parents or informal caregivers
- **Types of interventions:** routine childhood vaccination
“Routine’ childhood vaccination”: WHO-recommended routine vaccines for children under six years of age as part of the Expanded Programme on Immunization (EPI).
- **Setting:** any setting globally where childhood vaccination is provided and irrespective of the vaccination setting or mode of delivery (e.g. healthcare facilities or fixed outreach sites, by mobile health teams in communities etc.)

Identification of studies

▪ Searching

Electronic searches (Up until 30 June 2020): PDQ-Evidence (pdq-evidence.org) for related reviews; MEDLINE (Ovid); Embase (Ovid); CINAHL (EBSCO); Anthropology Plus (EBSCO); Web of Science Core Collection (Clarivate Analytics); PsycINFO (Ovid)

Searching other resources: Reviewed reference lists and conducted a cited reference search on Web of Science for all included studies and key references (i.e. relevant systematic reviews)

▪ Screening

Duplicate title/abstract and full text screening

Synthesis Methods

1. Synthesis methodology:

Meta-ethnography

[Noblit 1988; eMERGEe reporting guidance-France 2019]



aggregative

descriptive

configurative

explanatory



2. Assessment of methodological limitations:

Adapted CASP

1. Are the setting(s) and context described adequately?
2. Is the sampling strategy described, and is this appropriate?
3. Is the data collection strategy described and justified?
4. Is the data analysis described, and is this appropriate?
5. Are the claims made/findings supported by sufficient evidence?
6. Is there evidence of reflexivity?
7. Does the study demonstrate sensitivity to ethical concerns?
8. Any other concerns?

CASP
Critical Appraisal
Skills Programme

www.casp-uk.net
info@casp-uk.net
Submission Point, Mail
New College 10/2/10

CASP Checklist: 10 questions to help you make sense of a Systematic Review

How to use this appraisal tool: Three broad issues need to be considered when appraising a systematic review study.

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

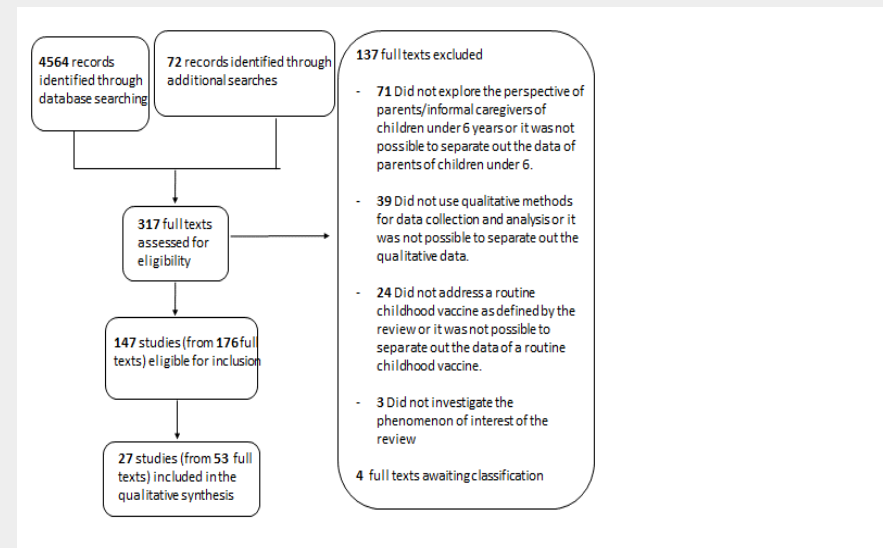
3. Assessment of confidence in the synthesis findings:

GRADE CERQual

GRADE CERQual

Studies included in the analysis

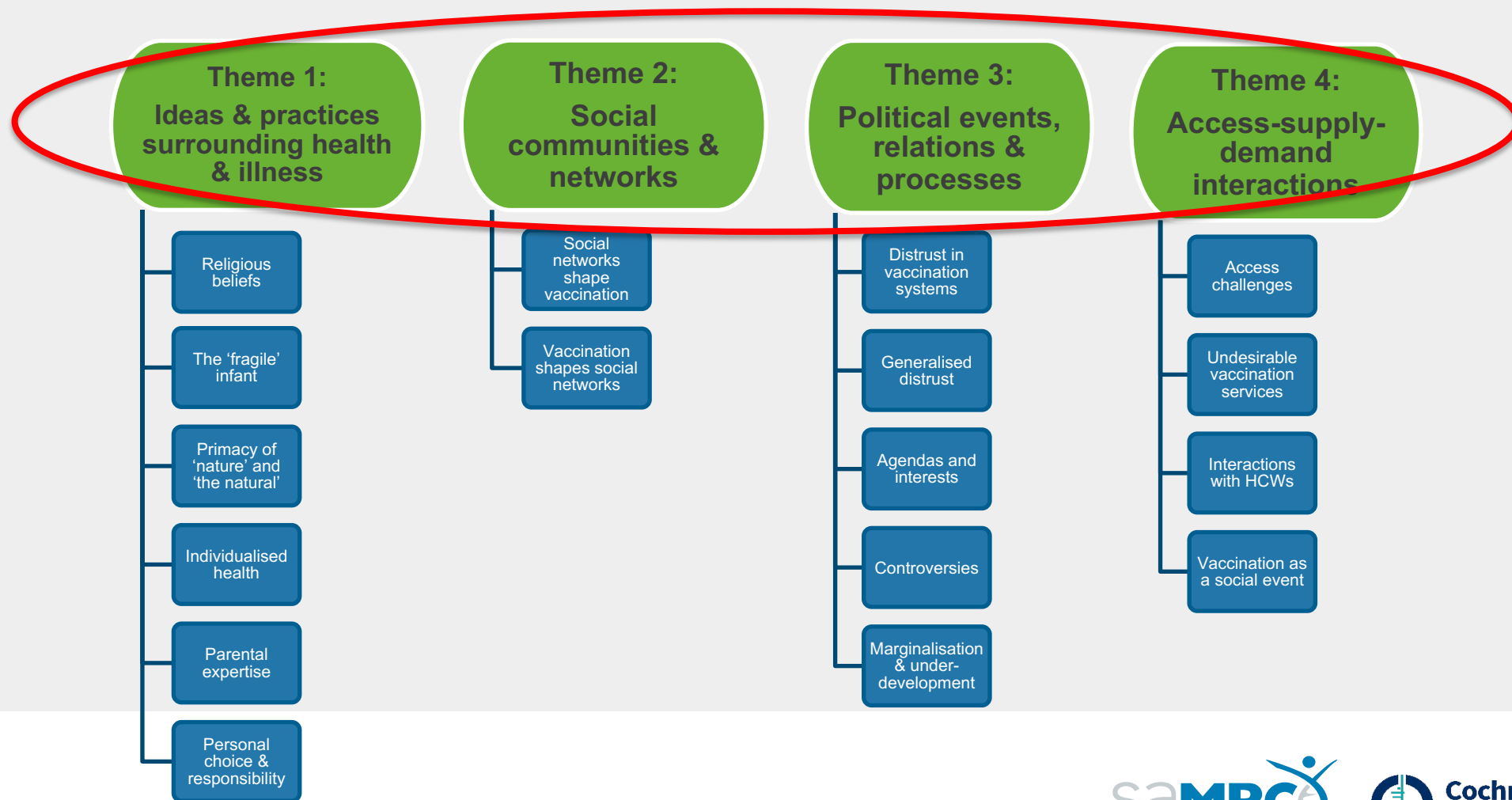
- **Eligible studies:** 145 studies from 176 full texts
- **Sampled studies:** 27 studies from 53 full texts (50 articles; 3 books)
- **Sampled studies per country income-level:** 11 from LMICs; 16 from HICs
- **Sampled studies per WHO region:**
 - 6 from Africa
 - 6 from America
 - 4 from South-East Asia
 - 10 from Europe
 - 1 from Western Pacific
 - 0 from Eastern Mediterranean



What were some of the main review findings?

- 4 overarching themes

- Each theme represents a category of factors influencing vaccination views and practices



Four third-order (review author) themes

Theme 1:

Ideas & practices surrounding (child) health & illness

Parent's ideas and practices regarding vaccination may be influenced by their broader ideas and practices surrounding health and illness generally, and specifically with regards to their children, and the role, within this context, they see vaccination to play.

Religious beliefs

[Low confidence]

Primacy of
'nature' and 'the
natural'

*[Moderate
confidence]*

The 'fragile'
infant

[High confidence]

Personal choice
& responsibility

*[Moderate
confidence]*

Parental
expertise

*[Moderate
confidence]*

Individualised
health

*[Moderate
confidence]*

Theme 2: Social communities & networks

Parents' vaccination views and practices and the social networks they inhabit exist in a mutually reinforcing relationship, both shaping and being shaped by each other.

Social networks shape
vaccination views &
practices
[High confidence]

Vaccination views &
practices shape social
networks
[Moderate confidence]

Theme 3: Political events, relations & processes

Parent's ideas and practices regarding childhood vaccination are often entangled with wider political issues and concerns:

“Vaccination is at one and the same time a microtechnological and macro-political experience” (Leach and Fairhead 2007)

Trust/distrust in
vaccination systems
[High confidence]

Generalised distrust
[Low confidence]

Agendas and
interests of expert
systems
[Moderate confidence]

Controversies or
scandals
[Low confidence]

Marginalisation &
under-development
[Moderate confidence]

Theme 4: Access-supply-demand interactions

“Parent’s ideas and practices regarding childhood vaccination may be influenced by their access to and experiences of vaccination services”

Access challenges

[High confidence]

Undesirable
vaccination
services

*[Moderate
confidence]*

Interactions with
HCWs

[High confidence]

Vaccination as a
social event

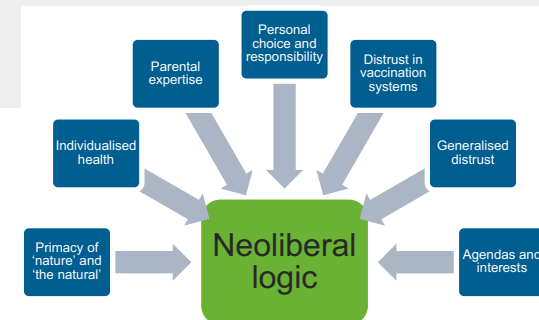
[Low confidence]

Two higher-level concepts:

Each concept represents a potential pathway to vaccine hesitancy:

1. Neoliberal logic [*Moderate confidence*]

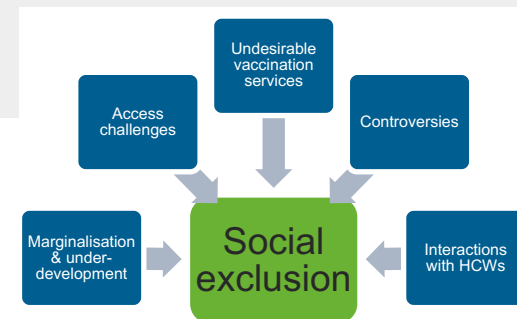
- Health and healthcare decisions are matters of individual choice and personal responsibility
 - ✓ You as a responsible person must take care of your own health and make the right healthcare decisions
 - ✓ Health-related risks can and must be examined and managed on an individual level
 - ✓ You must educate yourself and critically question information
 - ✓ You only have yourself to blame for undesirable health outcomes
- Vaccination programmes and health-promotion messages promote a different logic
 - ✓ Community obligation and the health of the 'herd'
 - ✓ Population level risk-benefit statistics rather than individual health needs and vulnerabilities
 - ✓ Ask us to trust the science and follow doctors' instructions rather than make independent decisions
- For some parents, the tensions between these logics is absolute and unacceptable, leading to vaccine hesitancy



Two third-order (review author) concepts:

2. Social exclusion *[Moderate confidence]*

- Many potential dimensions of social exclusion – poverty/ inequality; residential segregation; lack of political representation/power; discrimination; unequal respect and protection of rights
- Various potential underlying mechanisms to vaccine hesitancy:
 - ✓ **Damage trustful government-citizen relations:** communities may lose confidence that those in power have their best interests at heart. In turn distrust the benefits/safety/motivations of vaccination programmes
 - ✓ **Produce a climate of alienation and anger:** form of resistance against authorities or a “bargaining point” to have principal concerns and priorities addressed
 - ✓ **Generate frustration and demotivation around accessing vaccination:** passive nonacceptance due to the time, effort and (opportunity) costs of vaccination



Overarching line-of-argument

Parents' views and practices regarding routine childhood vaccination can be conceptualized as complex and dynamic social processes that reflect multiple webs of influence, meaning and logic

- Vaccination views a 'process', rather than a fixed 'stance'
 - Potential to change?
- Through vaccination decisions, parents often communicating not just what they think about vaccines, but also who they are, what they value, and with whom they identify
 - Hesitancy/refusal often not about 'ignorance' or 'misinformation'
 - Hesitancy/refusal not necessarily about irrational forms of thinking
- We need to appreciate parents' social worlds and values, and the kinds of logic around vaccination these give rise to
 - Could provide avenues for more effectively and sensitively bridging the goals of immunisation programmes with those of parents who decide against vaccination for their children



Thank you!