Factors influencing parents’ views and practices around routine childhood vaccines: implementation considerations

Background

The Cochrane review points to several factors that influence parents’ vaccination views and practices. Parents’ vaccination ideas and practices may be influenced by their broader ideas and practices surrounding health and illness; by the ideas and practices of the people they mix with socially; by wider political issues and concerns, and particularly their trust (or distrust) in those associated with vaccination programmes; and by their access to and experiences of vaccination services and their frontline healthcare workers.

Childhood vaccination is one of the most effective ways to prevent serious illnesses and deaths in children. However, many children do not receive all recommended vaccinations. A better understanding of what influences parents’ views and practices around childhood vaccination can help us plan and implement strategies to promote vaccination.

Who is this summary for?

This summary includes questions that are drawn from the findings in a Cochrane Review, and that may help implementation agencies, ministries of health, programme managers, healthcare facilities and other stakeholders to plan, implement, or manage childhood vaccination programmes.

About the review

A Cochrane Review of qualitative research explored factors influencing parent’s views and practices around child vaccines. (Cooper et al 2021). The review analysed 27 qualitative studies from Africa, the Americas, South-East Asia, Europe, and the Western Pacific and included urban and rural settings, as well as high- middle- and low-income settings.

How up-to-date was this review?

The review authors searched for studies that had been published up to July 2020.
Prompts for planners and implementers

1. Have you considered the broader beliefs and practices parents in your target setting have about health and illness, and the role they perceive vaccination to play within these?
   • For instance, might parents hold religious beliefs, naturalistic views about health and illness, or beliefs about infants and their immune systems that might increase or decrease acceptance of vaccination? Might parents perceive personal responsibility and choice regarding health and healthcare decision-making as more important than collective responsibility?
   • How could the intervention(s) be tailored to the health beliefs and practices of parents in your setting? For instance, does your vaccination communication acknowledge these beliefs and practices and attempt to address the concerns, questions and tensions they may give rise to?

2. Have you taken into account the social networks and groups in which parents in your target setting reside or are affiliated?
   • What social, cultural, religious or geographical groups do parents in your setting belong to? What are the common vaccination views and practices within these groups? For instance, is vaccination generally supported, or alternatively might non-vaccination be a social norm?
   • How could the intervention(s) incorporate these groups?
   For instance, could you involve influential individuals within these groups in the design, planning, and/or delivery of the intervention(s)?

3. Have you considered how parents in your setting perceive the authorities associated with vaccination programmes?
   • Are parents distrustful towards the authorities associated with vaccination programmes, for instance government, healthcare workers, medical researchers, the pharmaceutical industry, global health agencies, or other relevant stakeholders?
   • If so, what are the reasons for this distrust? For instance, might parents perceive stakeholders to be driven by motives other than the best interests of their child, such as financial gain? Might parents be aware of ‘scandals’ related to vaccination or other health-related issues? Might it be that other concerns and priorities (e.g. food, sanitation, housing, income, employment, general healthcare) are not being met, and might nonacceptance of vaccination be a form of resistance or a mechanism to have these concerns and priorities addressed?
   • How could the intervention(s) be tailored to address these issues?
   For instance, could you include dialogue-based approaches inviting open discussion about the reasons for distrust and how services could be reorganised in ways that might increase trust? Could you provide a wider range of basic services or goods along with vaccination? Could you collaborate with groups or individuals that are trusted by parents (e.g. non-governmental organisations, local opinion leaders etc.) in the design, planning or delivery of the intervention(s)?

The authors’ perspective

The questions and prompts presented here were informed by the review authors’ perspective that regards adherence to the currently recommended vaccines as an important public health measure. They also recognise the importance of supporting an individual’s right to make their own decision about vaccination, including having access to evidence-based information about vaccination, such as side effects, evidence gaps and uncertainties. This perspective may not be shared in all settings. It is therefore important to consider what the vaccination values, aims and policies are in your setting, and how these may potentially diverge from the perspective provided here.

Applicability to your setting

The studies in our review took place in settings or amongst populations that may differ from your own. Not all the questions and prompts here will therefore necessarily be applicable. Similarly, our review suggests that parents may accept some vaccines for some diseases, but not others. Successful development and implementation of interventions will require an understanding of, and then tailoring to, the target setting and the target vaccine and disease.
4. Have you considered the social or economic challenges parents in your setting may face in accessing vaccination services?
• For instance, do parents need to travel long distances to get to vaccination services? Might parents have demanding daily schedules that make it difficult to take time out for vaccination?
• How could you target the barriers parents face in accessing vaccination? For instance could you provide vaccination outreach or mobile vaccination teams that bring vaccination closer to where parents live?

5. Have you considered whether there are features of vaccination services in your setting that parents might find undesirable or inconvenient?
• For instance, might vaccination involve formal or informal costs for parents? Might parents experience long waiting times? Are regular vaccine stock-outs an issue in your healthcare facility? Might there be procedures (e.g. those pertaining to the vaccination booklet) that parents might find constraining or complicated to follow?
• How could the intervention(s) be tailored to address undesirable or inconvenient features of the vaccination services? For instance, if vaccine stock-outs are a regular feature of your health facility, can you identify what the underlying reasons for stock-outs are and how these problems could be addressed? Could the logistical procedures parents need to follow for vaccination be potentially redesigned, so they are more responsive to parents’ needs and circumstances? Could the physical environment at your health facility be reorganised to facilitate more efficient vaccination delivery? Could aspects of vaccination programmes (e.g. healthcare worker incentives for vaccination) that foster parents’ distrust be rethought and restructured?

6. Have you considered the ‘social’ nature of vaccination services, and how this might be experienced by parents?
• For instance, might some parents experience attendance of vaccination services as a positive social event, one whereby they receive affirmation about themselves and their children? Alternatively, might some parents (e.g. poorer women, immigrants, fathers) feel judged or alienated by others when attending vaccination services?
• Could the intervention(s) draw upon and promote the positive social aspects of vaccination services? At the same time, could the delivery of vaccination be rethought and restructured so that less integrated parents might feel less judged or alienated when attending vaccination services?

7. Have you considered how parents in your target setting feel about the interactions they have with healthcare workers?
• For instance, do they feel supported, or alternatively mistreated by healthcare workers? Do they feel they can have open, respectful discussions with healthcare workers in a caring, sensitive and non-judgemental way? Do they feel they can ask healthcare workers questions and are given clear and respectful answers? Do parents perceive the vaccination information they receive from healthcare workers as impartial, balanced, independent and transparent?
• Have you considered intervention(s) that specifically target healthcare workers, for instance by making them aware of the influence their interactions with parents may have, providing them with training in communication skills or increased supervision and support, or adapting the types of vaccination information healthcare workers have access to and provide to parents.
The questions presented in this summary are from a Cochrane Review. The review authors have searched for, assessed and summarised relevant qualitative studies using a systematic and predefined approach. They have then used the review findings to develop a set of questions for implementers.

Reference
The information for this summary is taken from the following Cochrane review:

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