The Fear of Vaccinating Children in the 20th Century:
Struggle Between Health Care Providers and Parents

Sona Patel
Pitzer College
December 7, 2013
Abstract

Immunizing children caused tension between parents and health care providers. Parental fear was prompted by the scarcity of information, safety concerns, personal beliefs, and distrust in the government. Parents were weary of mercury content in vaccinations and over immunizing their child at a young age. Many families used alternating vaccine schedules as a result of their fear. In response, health care providers created incentive and educational programs to reduce anxiety about immunizing children. Text messages were used to remind parents of their child’s impending vaccinations. Nurses were trained to handle parental anxiety and remain unbiased when educating parents about vaccinations. In conclusion, this paper focuses on fear of immunization and the way in which health care providers have responded.

Keywords: children, vaccinations, parental fear, health care
The Fear of Vaccinating Children in the 20th Century:

Struggle Between Health Care Providers and Parents

In our society, healthcare providers struggle with parents about vaccinating children. Fear and anxiety are associated with immunizing children due to parental preferences and pre-conceived notions. In order to understand the complexity of this debate, one must question what a vaccine is. According to The Centers for Disease Control and Prevention (CDC), a vaccine is “a product that produces immunity therefore protecting the body from the disease” (CDC, 2012). Vaccines are “one of the most important life-saving measures of all time” (Luthy, Beckstrand, & Meyers, 2013). The U.S. government made vaccinations mandatory for school admittance in order to protect the children (Luthy et al., 2013). However, this governmental statement conflicts with the religious and political beliefs of parents. In response, health care providers have implemented various educational and incentive programs to put parents at ease. This paper delves into this struggle and represents the psychological aspect of this problem for both parents and healthcare providers.

Parent’s Fear

Parental anxiety can stem from a variety of circumstances, such as the lack of information, the fear of side effects, and their personal beliefs.

Lack of Knowledge

Parents questioned the benefits of the immunization due to minimal knowledge about the vaccinations. In response to the scarcity of information, parents allowed their philosophical beliefs to weigh heavily in the decision to vaccinate their children (Luthy et al., 2013). They would rather have their child develop a “natural immunity” to diseases than allow them to depend on an immunization (Luthy et al., 2013). Distrust in health care providers had led to the
usage of alternative forms of medicine that could be safer (Luthy et al., 2013). Parents also fear that receiving multiple immunizations at a young age could be more destructive than beneficial for the child (Luthy, Beckstrand, & Callister, 2012). In a recent study, 25% of parents preferred alternative schedules due to safety and 21% of parents preferred the delaying of vaccinations due to distrust in the expert’s vaccination schedules (Dempsey et al., 2011). Parental hesitation to vaccinate has influenced families to switch to alternative schedules (Dempsey, 2011).

**Safety Concerns**

In regards to safety, parents have been deterred from immunizing their children because of the usage of mercury. The “presence of thimerosal,” which is “the mercury-based preservative found among immunizations,” has been named one of the possible causes for autism (Zhang & Wheeler, 2008). Other effects of thimerosal are “immune dysfunction” and “attention deficit disorder” (Baker, 2008). Parents have been skeptical to place their children in situations where the vaccination’s benefits are overridden by the health repercussions.

**Political Orientation**

Parents also are influenced by their political beliefs and social status when deciding to immunize children. For example, “hierarchs and egalitarians” are “pro-vaccination” and believe that the “government should regulate vaccination” (Song, 2013). In opposition, “individualist and fatalists” are “anti- vaccination” and believe that “exemption from vaccination should occur in favor of religious choices” (Song, 2013).

**Medical Responses to Parental Fear of Immunization**

In order to approach the uneasiness of parents and prevent disease from spreading, health care providers have been seeking new ways to promote the immunization of children.
Programs

Multiple programs encouraged the public to immunize children. Incentive and educational programs have been tested in order to raise awareness and spread information about vaccinations.

State laws require immunizations for children who are in either public or private school. Therefore, incentive programs have been tested in order to promote vaccinations. In a school district in Utah, sixth-grade children who returned signed forms to receive immunizations at school would receive ice cream (Luthy, Thorpe, Dymock, & Connely, 2011). Other prizes to attract the attention of students included Ipods and gift cards (Luthy et al., 2011). Nurses were asked to teach a session every week regarding the Tdap vaccination and its purpose (Luthy et al., 2011). Overall, the intervention program was effective since the number of children who received the Tdap increased from 4% to 57% (Luthy et al., 2011). Another incentive program focused on convenience for parents by making the vaccines available at school (Middleman & Tung, 2011). This “alternative site for vaccinations” proved successful since low-income families were more willing to bring their children back after receiving the initial immunization at school (Middleman et al., 2011). In a recent program, a “perinatal immunization education” was used in in order to inform expectant mothers (Saitoh et al., 2013). Overall, “education increased women’s knowledge and ‘intention to vaccinate their children’” (Saitoh et al., 2013). In conclusion, programs were one of the successful methods used to inform families.

Communication

Health care providers informed families about their children’s due date for vaccinations through different forms of communication. More current forms of technology, such as text
messages, were used. Another method that was utilized was face- to- face communication between nurses and families.

**Text Messages.** In a recent survey, 31% of parents had never received a notification for their child’s vaccination (Clark, Butchart, Kennedy, & Dombkowski, 2011). Parents still accepted “traditional forms of communication like phone calls and direct contact with a pediatrician” (Ahlers-Schmidt et al., 2012). However, many parents were open to using text messages as reminders (Ahlers-Schmidt et al., 2012). 50% of the parents were “willing to register their cell phone numbers for future immunization messaging” (Clark et al., 2011). A problem that arose was the “lack of unlimited texting plans” that prevented families from receiving text reminders (Ahlers-Schmidt et al., 2012).

**Context of Text Message.** Health care providers also had to evaluate what to include in the vaccination text messages to parents. Usually, preferred content included the “child[’s] name, specific information regarding immunization, [and] physician information” (Ahlers-Schmidt et al., 2011). It was important to take “cultural values into consideration” when phrasing the messages (Ahlers-Schmidt et al., 2011). Health care providers also had to evaluate the phrasing of the text messages to ensure that it was positive and reassuring. There was a comparison of phrasing messages according to the gain frame (benefits), loss frame (costs of not participating), and mixed frame (pros and cons) (Gainforth, Cao, & Latimer-Cheung, 2012). The result was that the gain frame was the most effective and motivated mothers to have their sons immunized for HPV.

**Nurse Practitioners.** Another way to combat parental fear was to provide one on one interaction with nurses before the shot is administered. According to Fernbach, nurses should be attentive and patient with the parents’ anxiety (Fernbach, 2011, 324). Nurse practitioners should
clear any misconceptions and be resourceful for the parents by providing accurate information and clearly explaining the effects of the vaccine (Fernbach, 2011, 324). Nurses should provide information in a neutral manner and not try to force parents into making the decision to immunize their children (Austvoll-Dahlgren & Helseth, 2010). Overall, the delivery of information was crucial to the parent’s decision in immunizing their children.

**Conclusion and Future Studies**

The fear of immunizing children contributes to the struggle between health care providers and parents. The lack of information, personal beliefs, and misconceptions have deterred childhood immunization and has led parents to search for other alternatives. In response, health care providers have attempted to ease the parental anxiety through programs that provide incentives and educational awareness. Text messages and easier communication between nurses and parents has encouraged parents to take comfort in their child’s vaccination schedule and process. Future studies may deal with prevalent diseases that are easily spreadable in school environments. The lack of immunization may affect the health of children and their peers. In conclusion, child immunizations should be further examined and understood.
References


