

Parents' vaccine intentions influenced by how benefits are communicated

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How do parents decide whether to vaccinate their child? In a study designed to formally look at the content of parent-targeted communications about the benefits of vaccination for measles, mumps and rubella, Indiana University School of Medicine investigators report that the framing of these messages influences parents' intentions to immunize their children.

The investigators report that [parents](#) who viewed informational material highlighting direct benefits to their own child were the most likely to subsequently indicate that they would have their baby vaccinated for MMR, short for measles, mumps and rubella (German measles).

"Vaccine Message Framing and Parents' Intent to Immunize Their Infants for MMR" appears online in advance of publication in the September issue of the peer-reviewed journal *Pediatrics*, a publication of the American Academy of Pediatrics.

Led by social psychologist and pediatric health services researcher Kristin S. Hendrix, Ph.D., the study authors conducted a national online survey of 802 parents of infants younger than 12 months to determine their willingness to have their child vaccinated for MMR. The first MMR [vaccine](#) is recommended at 12 months. According to the Centers for Disease Control, the safety record of the MMR vaccine is very good. Measles is the most deadly of all childhood rash/fever illnesses and very easily transmitted, making it a significant public health threat, as evident in multiple outbreaks in recent months. Vaccination is by far the best

tool for prevention.

"If we are going to increase childhood vaccine acceptance, we need to communicate more effectively about the benefits of vaccines, to help parents feel that they are making a more informed decision," said Dr. Hendrix, an assistant professor of pediatrics and a Regenstrief Institute and IU Center for Bioethics affiliated scientist.

The study tested various communications about the benefits of MMR vaccination. Each parent was given one of four messages and was instructed to keep his or her infant in mind when responding to the information:

1: Standard information statement from the Centers for Disease Control describing MMR and the MMR vaccine, including who should receive the vaccine, when they should receive it, contraindications, vaccine risks and what to do in the event of a serious reaction to the vaccine.

2: CDC information statement plus additional information highlighting the MMR vaccine's direct benefits to the child receiving the vaccine.

3: CDC information statement plus additional information highlighting the MMR vaccine's benefits to society at large.

4: CDC information statement plus additional information highlighting the MMR vaccine's direct benefits to the child receiving the vaccine as well as benefits to society at large.

Parents who saw text highlighting direct benefits to their own child (message 2) were significantly more likely to indicate that they would have their infant vaccinated than either parents who received language conveying only basic CDC information about MMR and the MMR vaccine (message 1) or those parents who received information stressing

[societal benefits](#) (message 3). Combining details about societal benefits with information on benefits to one's own child (message 4) had the same impact on parents' vaccine intentions as information emphasizing the benefits only to the child (message 2).

"For parents in our study, mentioning the direct positive impact for their own child trumped mention of societal benefits," Dr. Hendrix said. "To me, this indicates that health care providers and public health officials should be explicit in mentioning the [benefits](#) of MMR vaccination directly to the child to help counter parents' over-inflation of risk of vaccination and related anxiety. However, we know community immunity is a critical societal benefit of vaccination, and perhaps there is a way to more compellingly communicate this to parents."

Parents who were planning to vaccinate their child as well as those who were hesitant to do so were surveyed for this study. A follow-up study is being developed to specifically target parents who say they are hesitant to vaccinate their [child](#).

"We were surprised to find that pointing out that vaccinating their children could benefit others had no influence on parents' intention to vaccinate," said study senior author Stephen M. Downs, M.D., M.S. He is the Jean and Jerry Bepko Professor of Pediatrics, director of Children's Health Services Research at IU School of Medicine and a Regenstrief Institute investigator. "In studies of people considering vaccines for themselves, talking about benefit to society increased their intention to receive the vaccines. This didn't happen among parents."

Provided by Indiana University

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