

Study offers new clues about why some parents are against vaccinating their kids

6 December 2017, by Bob Yirka



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(Medical Xpress)—A team of researchers affiliated with multiple institutions in the U.S. has found a possible new explanation of some parents' reluctance to have their children vaccinated. In their paper published in the journal *Nature Human Behavior*, the group describes their study, what they found and why they believe they may have discovered a new way to change the minds of parents who are reluctant to have their children vaccinated.

Vaccinating [children](#) has been in the news the past few years as some parents have become concerned about possible side effects. Some parents have believe that vaccines may cause autism. Such claims have been taken seriously by health scientists, and studies have been conducted to find out if they may be true. To date, no evidence has found the claims to be true, but there still exists a group of people who are reluctant or refuse to have their children vaccinated. In this new effort, the researchers have taken a new look at the problem to better understand their reasons in the hope that a new approach might be developed to overcome their concerns.

To learn more, the researchers sent out surveys to 1000 adults who had at least one child aged 12 or younger. The parents were asked to rate themselves on six basic [moral values](#): fairness, authority, loyalty, harm, purity and liberty. The values were taken from Moral Foundations Theory, which cultural and social psychologists have developed to chart moral values across common cultures. Each of the parents was also asked questions to learn more about their attitudes towards vaccinating children.

In studying the survey results, the researchers found that 73 percent of the parents who responded had few concerns about vaccinations, while approximately 11 percent scored as hesitant and 16 percent as highly hesitant. But the team also found something else, those parents with a medium amount of hesitancy were much more likely to highly value purity as a moral value. And those parents with a high degree of hesitancy were much more likely to rate both purity and liberty as highly valued moral values—they were also less likely to rate authority as a high moral value.

The [researchers](#) suggest their results indicate that efforts to change the minds of concerned [parents](#) by health workers might work better if they phrased their message in ways that took relevant moral values into consideration.

More information: Avnika B. Amin et al. Association of moral values with vaccine hesitancy, *Nature Human Behaviour* (2017). [DOI: 10.1038/s41562-017-0256-5](#)

Abstract

Clusters of unvaccinated children are particularly susceptible to outbreaks of vaccine-preventable disease^{1,2}. Existing messaging interventions demonstrate short-term success, but some may backfire and worsen vaccine hesitancy³. Values-based messages appeal to core morality, which influences the attitudes individuals then have on

topics like vaccination^{4,5,6,7}. We must understand how underlying morals, not just attitudes, differ by hesitancy type to develop interventions that work with individual values. Here, we show in two correlational studies that harm and fairness foundations are not significantly associated with vaccine hesitancy, but purity and liberty foundations are. We found that medium-hesitancy parents were twice as likely as low-hesitancy parents to highly emphasize purity (adjusted odds ratio: 2.08; 95% confidence interval: 1.27–3.40). High-hesitancy respondents were twice as likely to strongly emphasize purity (adjusted odds ratio: 2.15; 95% confidence interval: 1.39–3.31) and liberty (adjusted odds ratio: 2.19; 95% confidence interval: 1.50–3.21). Our results demonstrate that endorsement of harm and fairness—ideas often emphasized in traditional vaccine-focused messages—are not predictive of vaccine hesitancy. This, combined with significant associations of purity and liberty with hesitancy, indicates a need for inclusion of broader themes in vaccine discussions. These findings have the potential for application to other health decisions and communications as well.

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