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Determinants of Vaccine Hesitancy Among Parents and Caregivers

Priya Srivastava Rowan Univeristy

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Determinants of Vaccine Hesitancy Among Parents and Caregivers

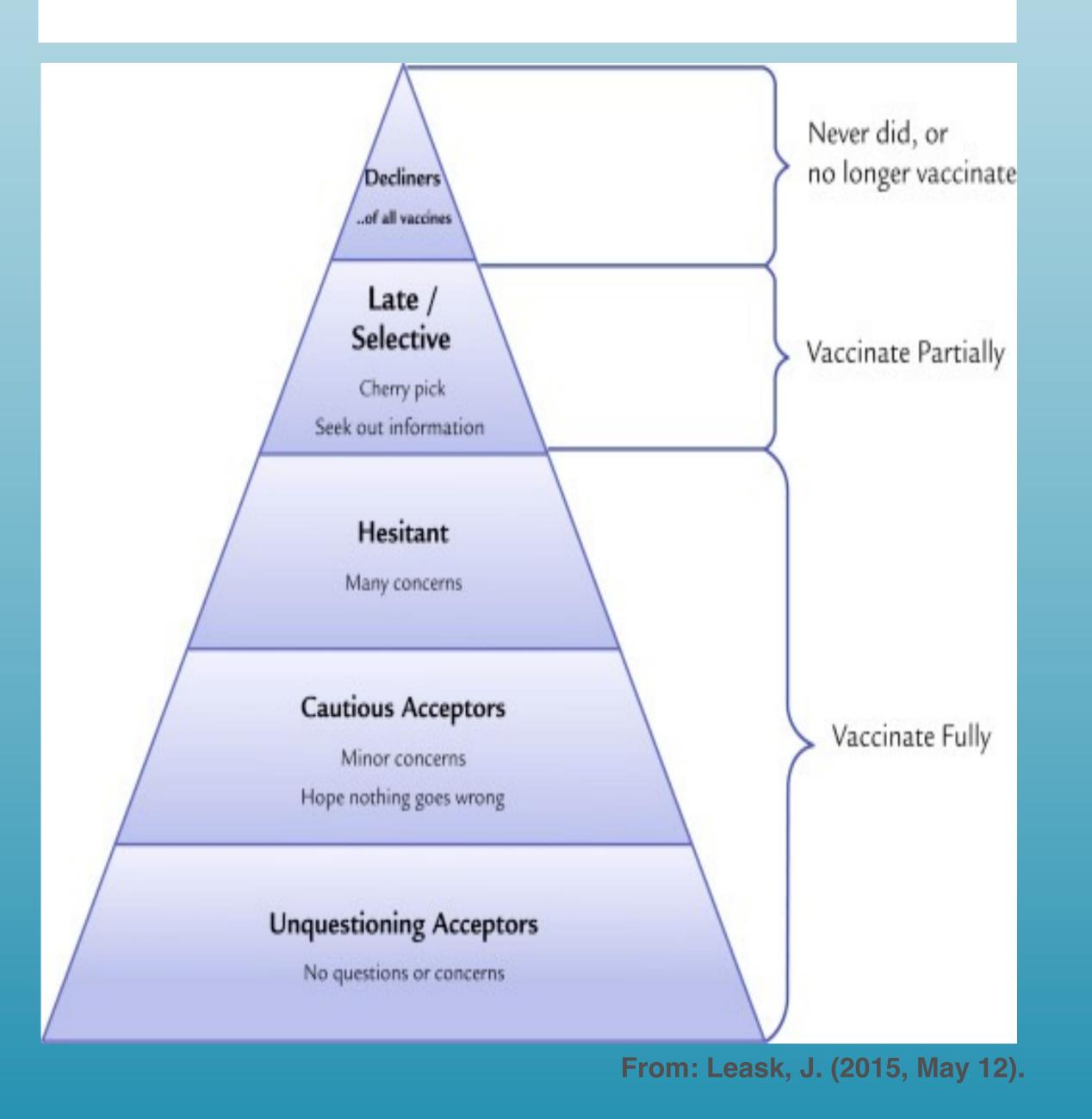


Priya Srivastava

OMS II | Rowan-Virtua School of Osteopathic Medicine

BACKGROUND

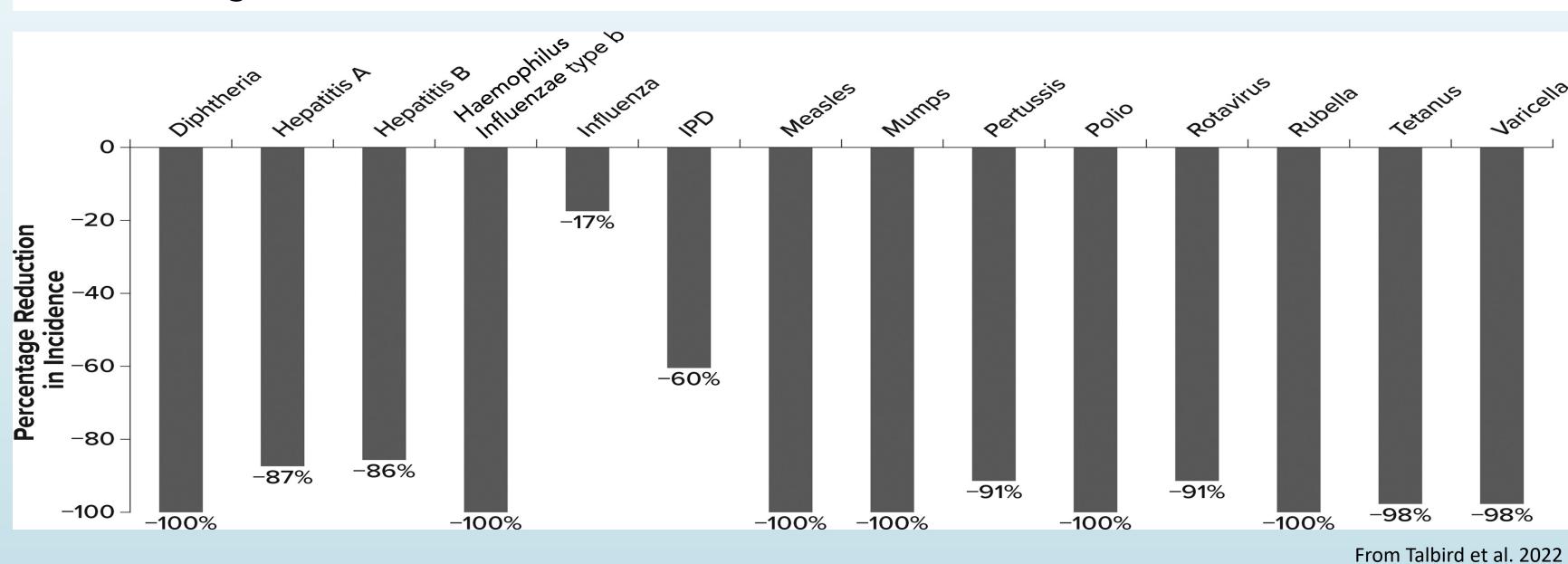
- Vaccination efforts in the United States and globally are one of the largest contributors to pediatric preventative health
- Routine immunizations in the U.S for children
 ≤ 10 years old cover 14 vaccine- preventable diseases
- As a result, an estimated 732,000 deaths, 21 million hospitalizations and 322 diagnosed cases of diseases have been prevented between 1993 and 2013.
- Vaccines remain a point of contention with pediatricians and their patient's caregivers
- Many parents maintain hesitancy to give vaccines; due to a number of reasons
- Perceived risk and fear of side effects from vaccines more than the disease itself, can cause out of proportion concern
- Misinformation spread through the media as well as social media platforms can contribute to hesitancy
- seen during the COVID-19 vaccination efforts

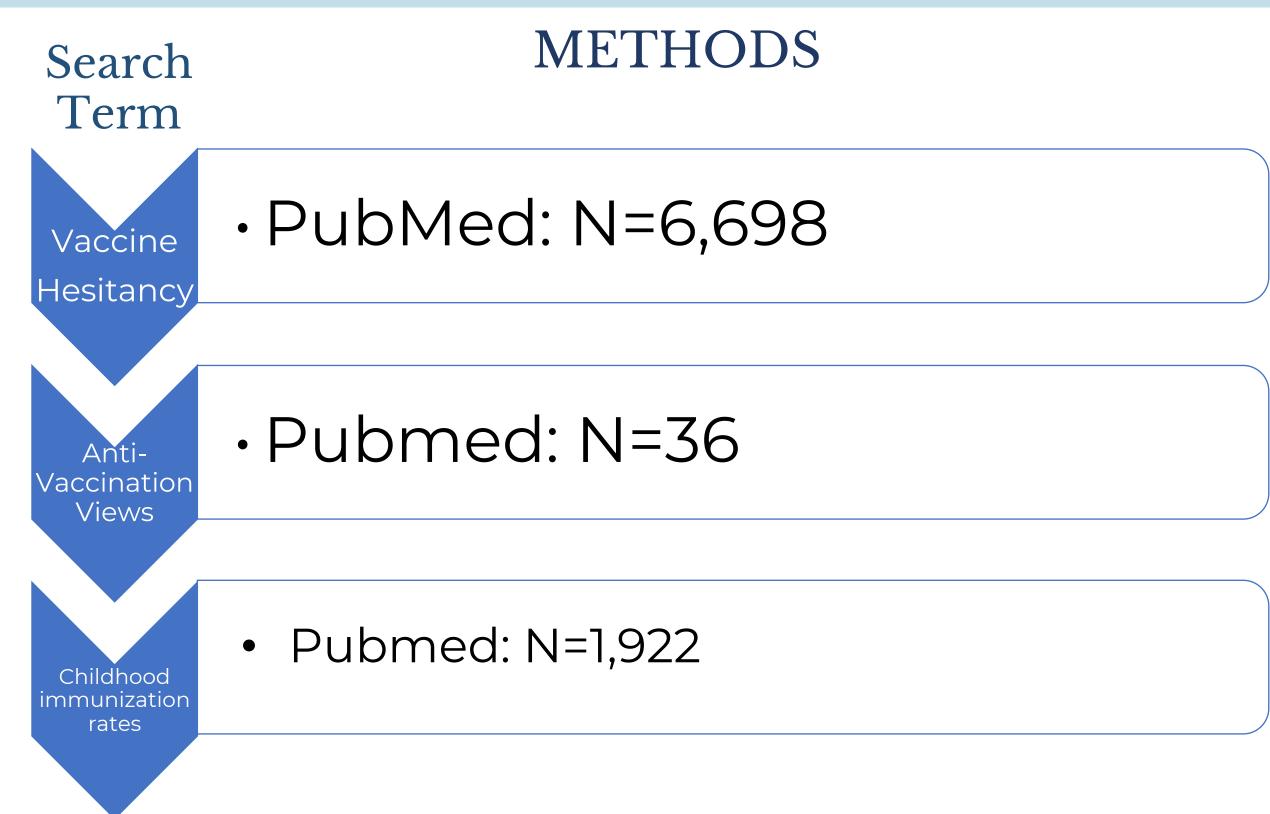


The spectrum of vaccine hesitancy can be visualized here.

SIGNIFICANCE

- Understanding the determinants of vaccine hesitancy will allow healthcare workers and those working on vaccine efforts to better approach parents and caregivers who are against vaccination
- This is relevant globally in countries like the Philippines and China where vaccine hesitancy is also present
- As depicted below, incidence of multiple diseases has been substantially reduced following vaccination





Research design: Literature Review
Database: Pubmed

Articles Screened: 8,656
Articles after filters applied: 2,056

Filters:
Years: 2010-2024
Exclusion of Abstracts

Articles selected: 12

RESULTS

Main Determinants of Hesitancy

- SES and demographic of patients and caregivers
- Shared decision making model between physicians and caregivers
- Fear of risk of vaccine; risk of vaccines are visible, benefit is not as apparent

Using different approaches to conversation about vaccine hesitancy has yielded different results

DISCUSSION

The reasons for vaccine hesitancy vary. Among them, the main targets of change for reducing vaccine hesitancy is the **shared decision making model** between physicians and caregivers. To work towards reducing vaccine hesitancy, researchers encourage the spread of unbiased, trustworthy, scientifically based information given by physicians to their patients

- 1. This is the most effective way that is met with the least resistance
- 2. Establishes trust between patient and physician

The structuring of choices can be effective tools in tackling vaccine hesitancy and guiding behavioral change. Decisions are frequently influenced not just by the substance of the choice but also by **how options are presented**, referred to as **choice architecture**. The following components of a conversation between the two parties are encouraged to be taken into account:

Presumptive Recommendations

Presumptive vs. Participatory Approaching Conversations About Vaccines

Story Telling Disconfirmation Bias

CONCLUSION & FUTURE DIRECTION

- In the future, it will be important to understand the best way to approach conversations about vaccines
- Presumptive way or participatory approach:
 - **Presumptive approach** has shown to be promising: The doctor employs language that assumes the caregiver intends to vaccinate their child.
- Participatory Approach has less success: The doctor invites the parent or caregiver to give their opinion regarding vaccination, in an open-ended format
- Altering such conversations, as well as encouraging motivational interviewing has potential to increase immunization rates in children
- Additionally, strengthening state policies regarding childhood immunization car do so as well