BACKGROUND

Childhood vaccination is one of the most effective ways to prevent serious illnesses and deaths in children. However, worldwide many children do not receive all recommended vaccinations. Vaccine hesitancy or nonacceptance may be one contributing factor. Our understanding of what influences parents’ views and practices around childhood vaccination, and why some parents may not accept vaccines for their children is still limited. We conducted a Cochrane Qualitative Evidence Synthesis (QES) to fill to knowledge gap. Our QES links to four Cochrane Reviews of the effectiveness of interventions to improve coverage or uptake of childhood vaccination (Saetherdal 2014; Ouy-Ita 2016; Jacobson-Vann 2018; Kaufman 2018).

OBJECTIVES

1. Explore parents’ and informal caregivers’ views and practices regarding routine childhood vaccination, and the factors influencing acceptance, hesitancy, or nonacceptance of routine childhood vaccination;
2. Develop a conceptual understanding of what and how different factors reduce parental acceptance of routine childhood vaccination;
3. Explore how the findings of this review can enhance our understanding of the related Cochrane reviews of intervention effectiveness.

METHODOLOGY

Search methods: We searched MEDLINE (Ovid), Embase (Ovid; CINAHL, EBSCO), Anthropology Plus (EBSCO), Web of Science Core Collection (Clarivate Analytics), PsychINFO (Ovid) databases for eligible studies from 1974 to 2020, together with backward reference checking and forward citation searching to identify additional studies. Selection criteria: We included studies that utilised qualitative methods for data collection and analysis; focused on parents’ or caregivers’ views, practices, acceptance, hesitancy or refusal of routine vaccination for children aged up to six years; and were from any setting globally where childhood vaccination is provided.

Data collection and analysis: We devised a sampling frame to sample from the eligible studies, aiming to capture studies that were conceptually rich, relevant to the reviews’ phenomenon of interest, and from diverse geographical and income-level settings. We used a meta-ethnographic approach to extract and synthesise the evidence. We assessed methodological limitations of the included version of the Critical Appraisal Skills Programme (CASPP) quality assessment tool for qualitative studies. We used the GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative evidence) approach to assess our confidence in each finding. We integrated the findings of the review with those from the relevant Cochrane reviews of intervention effectiveness by mapping whether the underlying theories or components of trial interventions related to or targeted the factors influencing parental and views and practices of routine childhood vaccination identified by this review.

RESULTS

We included 145 studies in the review and sampled 27 of these studies for our analysis. Six studies were conducted in Africa, 7 in the Americas, 4 in South-East Asia, 9 in Europe, and 1 in the Western Pacific. Studies included urban and rural settings, and high-, middle- and low-income settings.

Our review developed various types and levels of findings (Figure 1 and 2). We identified 17 second order findings, each representing a specific factor influencing parental views and practices around childhood vaccination. We organised these second order findings into 4 overarching third order themes. Each theme represents a category of factors influencing parental views and practices around childhood vaccination.

CONCLUSION

Our synthesis provides a theory of how social process influence vaccination acceptance, thereby extending more individualistic models on vaccination decision-making. The synthesis findings guide the development of interventions to promote acceptability of childhood vaccination that are better aligned with the norms, expectations and potential concerns of target users.

References


