



## Touching the cornerstone: An illustrative example of the effects of stigma and discrimination on vaccine-hesitant parents

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### ABSTRACT

**Objectives:** The concept of vaccine hesitancy encompasses multiple views on the subject. However, there has been an increasing polarization of the discourse on vaccine hesitancy leading to the stigmatization of those parents who expressed doubts or concerns regarding vaccination practices. The present study aimed to explore the drivers and consequences of polarized discourses on vaccination in the Portuguese context. This paper is part of a broader study which aims to gain a deeper understanding about the phenomenon of vaccine hesitancy at the European level.

**Study design:** A qualitative research design was used.

**Methods:** The sample was comprised of thirty-one Portuguese vaccine hesitant parents who were interviewed. A thematic analysis of the transcribed interviews was performed which allowed us to identify key themes.

**Results:** The results showed that the labelling of vaccine-hesitant parents as 'anti-vaxxers' along with social media play a crucial role in promoting the polarization of vaccine-related attitudes. The stigmatization of vaccine hesitant parents has a disruptive impact on their social network leading them to search for online platforms where they can exchange vaccines-related information without being discriminated.

**Conclusions:** The stigma and discrimination experienced by vaccine-hesitant parents stimulated that hesitancy becomes more entrenched. Therefore, pluralism should be used to tailor vaccination promotion campaigns to different targets, promoting its reach and efficacy.

### 1. Introduction

Although scientific evidence to date shows that vaccination is key for the promotion of health through the prevention of several infectious diseases Worldwide, there has been an increasing questioning of vaccination practices and its benefits across the Globe which have led to the emergency of a broader spectrum of vaccine-related attitudes from total refusal to doubts about the efficacy and efficiency of immunisation [1]. The limited literature available suggests that vaccine-hesitant parents tend to be placed on the margins by public and social media through the demonization of 'anti-vaxxers' [2]. The polarization of vaccine-related attitudes has been found to edge vaccine-hesitant parents to feel or be discriminated [3]. The social distance towards vaccine-hesitant parents and their children often leads to their stigmatization [4]. Consequently, vaccine-hesitant parents tend to use in-person and online networks to manage stigma as well as to create social capital [5]. A recent study

conducted in Portugal confirms the polarization of the vaccination debate in the public and social media, which has been found to be marked by the discrediting of vaccine-hesitant parents [6]. Nevertheless, to date no studies have been conducted in the country about how stigma permeates the lives of vaccine-hesitant parents. The current study intends to address this gap by showing the ways in which the polarization of the discourse on vaccine-hesitancy contributes to the stigmatization and discrimination of vaccine-hesitant parents in the Portuguese context. Whereas Portugal has been found to be one of the European countries with the highest level of confidence in vaccines, health authorities in the country should be aware that vaccine uptake may change in the face of several societal changes including the increase of anti-vaccination groups in Europe. Therefore, it is important to better understand the phenomenon of vaccine hesitancy in Portugal.

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## 2. Methods

This paper is part from a broader study which aims to understand the underlying reasons for the delay or refusal of childhood immunisation in seven European countries. Here the focus will be on the Portuguese data.<sup>1</sup> Thirty-one parents were recruited using snowball sampling and advertising using Facebook ‘alternative’ lifestyle communities and Wardolf schools. Most of the parents interviewed were women (28 out of 31) and had a university degree (28 out of 31). The parents aged between 30 and 54 years old. The interviews were conducted online, after obtaining written verbal consent from participants, and lasted between 00:39 and 1:58 min. The parents had delayed or refused at least one recommended vaccine by the National Immunisation Programme.

The interviews were transcribed verbatim and thematic analysis based on the grounded theory was performed by following the steps by Braun and Clarke (2006, p.79)<sup>2</sup>: 1) open coding; 2) reduce to a family of codes; 3) creation of core categories; using Nvivo software.

The study obtained ethical clearance from the host research center of the study in Portugal.

## 3. Results

Following an inductive thematic analysis to identify themes within data set, we selected illustrative extracts and respective pseudonyms for the sake of participants’ anonymity.

When reasoning about their attitudes on vaccination practices, interviewed parents perceived themselves as being in the middle of the spectrum of vaccine hesitancy, therefore refusing to take extreme positions on this subject. This self-positioning led the interviewed parents not to engage in discussions on the topic of vaccine hesitancy as non-extremist views were perceived as not having place in the public debate, as explained by Nádia: “*It is extra polarised, or it is right or it is left, is not it? Is either 8 or 80 and I am on 40, 50 (laughs)*”.

Vaccine hesitant parents reported to be often labelled as ‘anti-vaccine’, ‘deniers’, ‘anti-science’, ‘ignorant’ and ‘medieval conspiracy theorists’. The labelling of parents who expressed some kind of questioning or concerns regarding vaccination practices reflects the polarization of the discourse on this subject, undermining the possibility of an open dialogue, as illustrated in Marta’s discourse: “*So because we are labelled at the very beginning of the debate, I think then there is never a dialogue and over the years this becomes exhausting (...) people do not listen to nor do they value us ...*”. In addition, parents’ labelling goes hand in hand with the perpetuation of the stereotype of vaccine hesitant parents as individuals refusing any type of health care based on scientific evidence (“*They immediately begin to stereotype [vaccine hesitant parents] as only relying on home remedies and homeopathy ...*”, Nádia).

The polarization of the discourse on vaccine hesitancy and the subsequent lack of an open dialogue on this matter had a disruptive impact in some parents’ social ties, namely regarding their family and friends, as reported by Márcia based on her personal experience: “*Vaccines are a breaking point, I lost a friendship because of it, it really is a fracturing issue.*” In another testimony, Marta, who formerly lived in the U.S., characterized the debate around vaccination as a “hotter topic” in this country than in Portugal, leading to fierce discussions between relatives. Because of this ostracization, the interviewed parents mentioned discussing vaccine-related issues ‘behind closed doors’, looking for spaces considered to be safe such as online forums.

<sup>1</sup> For further information on the methodology of the project please see: Cardano, M.; Numerato, D.; Gariglio, L.; Marhánková, J.; Scavarda, A.; Bracke, P.; Hilário, A.P.; Polak, P.; Vuolanto, P. A rapid team ethnography on vaccine hesitancy in Europe: methodological reflections, under review.

<sup>2</sup> Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>.

According to the interviewed parents, extreme positions on vaccine hesitancy are encouraged by biased social media which portray vaccines as an unquestionable good for the sake of public health. An example of this bias relied on the choice of people invited to discuss vaccine hesitancy on TV programmes by not approaching this issue in a serious and neutral way, focusing instead on labelling, accusing, and even “*public shamming*” vaccine hesitant parents. In another example, some interviewed parents reported their personal experience in Facebook groups focused on vaccination. Also in this case, parents did not find the desired dialogue space about the pros and cons of vaccination, given the polarization of attitudes in both directions (favouring and denying vaccines), as illustrated in Lisa’s discourse: “*I have already left that group because it got to the point where there was an exchange of accusations and I really like to discuss in a healthy way. I do not like when people start accusing, it is not funny*”.

Finally, the lack of an open dialogue on vaccination reinforced parents’ doubts about their children’s immunisation, leading them to postpone or even reject one or more vaccines (“*When the pro-vaccination discourse does not present the other side (...) when it is quite closed, it started to interest me more. And to relax more in the decisions not to vaccinate with certain vaccines.*”, Natália).

## 4. Discussion

The results of the present study allowed us to gain a deeper understanding regarding the polarization of the discourse on vaccine hesitancy. The interviewed parents strongly rejected being labelled as ‘anti-vaxxers’ as they did not recognize themselves as having extreme positions on vaccination. This reductionist view was perceived as the starting point for the stigmatization of vaccine hesitant parents and polarization of attitudes on this matter [7].

Furthermore, the results show that the stigma and discrimination experienced by these parents have a negative impact on their social ties. These results are in line with the findings of Wiley and colleagues [3] who noted that the labelling and stereotype of vaccine-hesitant parents promoted their separation from the ‘mainstream’. Indeed, these parents did not feel to be accepted because of their vaccination choices. As the parents in Wiley and colleagues study [3] the parents in our sample looked for safe spaces where they could find people aligned with their values.

Moreover, our results highlighted the role played by social media in polarizing the discourse on vaccination and, consequently, strengthening borders between opposing views. This is in line with Schimdt and colleagues’ [8] longitudinal study showing that most Facebook users only consume and produce information congruent with their initial beliefs and, inversely, tend to ignore dissenting content. Consequently, people were segregated in two polarised groups - pro-vaccines and anti-vaccines - only sharing homogeneous vaccine-information content and not communicating with each other.

The present study contributes to the literature on vaccine hesitancy by exploring the phenomenon of polarization of the discourse on vaccination in Portugal, namely its roots and consequences. In this study, vaccine hesitant parents had the opportunity to express their own views on how the subject of vaccination is discussed in Portugal and how the polarization influences their lives. The results suggest that the stigma and discrimination experienced by vaccine-hesitant parents does not increase vaccination but on the contrary stimulates that hesitancy becomes more entrenched [3]. Wiley and colleagues [9] have previously argued that the label ‘anti-vaxxers’ should only be used to refer to activities rather than to vaccine-hesitant parents.

On the practical side, the results obtained could inform public health entities’ strategies aiming to address vaccine hesitancy. These entities should condemn the label ‘anti-vaxxers’ [2] and contribute to the reframing of vaccine hesitant parents such as by embracing a great variability of legitimate concerns or doubts regarding vaccination [7]. The recognition of pluralism on the vaccination discourse should be used

to tailor vaccination promotion campaigns as this can act as a bridge to approach multiple views on the subject [10].

### Ethical statement

Ethical clearance was obtained from Instituto de Ciências Sociais, Universidade de Lisboa.

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### Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.puhip.2023.100438>.

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