

Parents’ perspectives on COVID-19 vaccinations for children: “I am not an anti-vaxxer. I am just trying to gather information and make the best decision”

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Introduction

Parents’ attitudes and intentions towards COVID-19 vaccinations for children aged 5-11 years have been examined extensively [1], but few studies have explored parents’ actual decisions to vaccinate their children [2]. **Vaccine uptake has been lower than anticipated** within this age group [3].

Objective

This study explored **parents’ decisions to vaccinate or not vaccinate their children against COVID-19**, and to understand the underlying forces shaping these decisions.

Methods

This **qualitative study**, informed by interpretivist theory, involved **in-depth interviews** with 20 parents/caregivers in the Greater Toronto Area from February to April 2022 (Table 1). Participants were purposively sampled from The Applied Research Group for Kids (TARGet Kids!) longitudinal cohort study, with at least 1 child aged 5-11 years [4]. Interviews were conducted by telephone/Zoom and transcribed; interpretive themes were generated using **reflexive thematic analysis**.

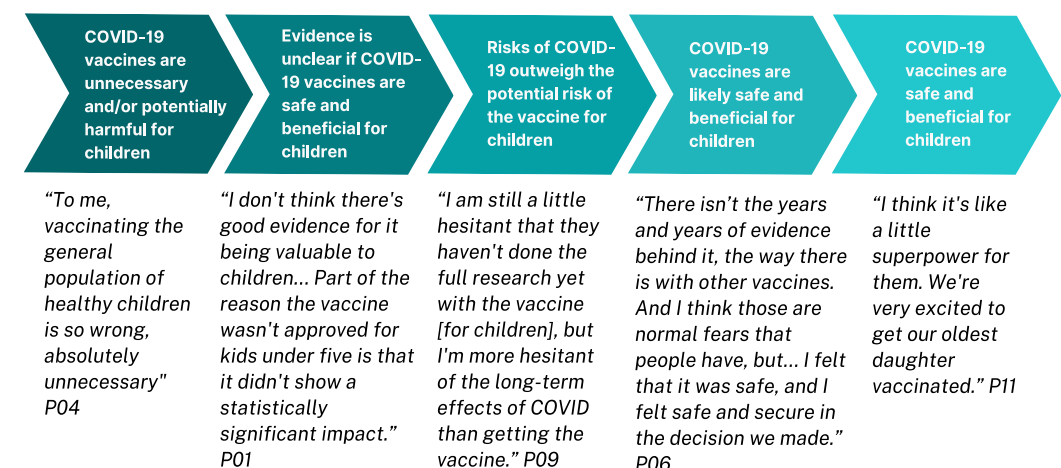
Table.1. Participant demographic characteristics

| Demographic Characteristic | N | Demographic Characteristic | N |
|-----------------------------------|----|--|----|
| Age of Parent | | Sex | |
| <30 | 0 | Male | 2 |
| 31-40 | 7 | Female | 18 |
| 41+ | 13 | | |
| Number of Children | | Country of Birth (Parent) | |
| 1 | 5 | Canada & US | 14 |
| 2 | 10 | Europe & Middle East | 3 |
| 3+ | 5 | South America & Caribbean | 3 |
| Household Income | | COVID-19 Vaccination Status of Parent | |
| <\$79,999 | 5 | Vaccinated | 17 |
| \$80,000 - \$149,999 | 7 | Unvaccinated | 3 |
| \$150,000 - \$200,000 | 6 | | |
| Missing | 2 | | |
| Highest Level of Education | | Previous COVID-19 infection of Parent | |
| Elementary or high school | 2 | Yes | 7 |
| College | 5 | No | 13 |
| University Degree | 13 | | |

Results

Our findings show that parents’ perspectives varied across a “continuum of concern” informing their decisions related to COVID-19 vaccination for their child(ren) (Figure 1).

Figure 1. The continuum of parental concerns about COVID-19 vaccines for children.



Intersecting forces shaped parents’ decisions, including:

- **Newness of COVID-19 vaccines** and perceptions regarding the supporting evidence;
- **Perceived politicization** of COVID-19 vaccine recommendations;
- **Social pressure and stigma** associated with COVID-19 vaccine hesitancy; and
- **Balancing individual versus collective benefits** of vaccination.

Parents are key stakeholders in COVID-19 vaccination decisions and expressed considerable difficulty sourcing evidence and weighing risks/benefits of vaccinating their children.

Conclusions

This study offers insights on the relatively low uptake of COVID-19 vaccinations for children aged 5-11 years and sheds light on the vaccination behaviours of parents.

- Parents’ experiences navigating this complex decision-making process are largely shaped by **how** COVID-19 evidence is communicated, and by **whom**.

Supporting Quotes

Newness of COVID-19 vaccines & evidence

“My main motivation for not doing it right now is, I just feel the comfort in the vaccine being around a longer time, like it being studied on more people and looking at the effects of it for a longer time, because it’s so new.” P13

Perceived politicization of COVID-19 recommendation

“I’m very uncomfortable with politicians selling vaccines on TV or on social media... I just feel it’s a decision that should have been between my doctor and myself for my children... Maybe if the government had stayed out of it, maybe we would have [gotten vaccinated].” P08

Individual vs collective benefit

“I do believe that the more people that are vaccinated, including children, the better it is for everybody... But for some reason, I think it’s just my own anxiety when it comes to [my] own children that something might happen, or they might get a reaction.” P03

Social pressure & stigma

“My daughter was going to be ostracized in school and my son was not going to be allowed to play baseball, we collectively made a decision to vaccinate our children...but I feel they were coerced into being vaccinated.” P04

Lessons Learned

- Public health efforts should emphasize both individual and collective risks/benefits of COVID-19 vaccinations for children.
- Healthcare providers are trusted sources of information and well-positioned for COVID-19 vaccine education.
- Personalized discussions between healthcare providers and families are needed to address the continuum of concern parents experience when making COVID-19 vaccination decisions.

References

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