Parents found it difficult to obtain objective information and advice about the combined mumps, measles, and rubella vaccine


QUESTION: What factors influence parents’ decisions about whether to accept the combined measles, mumps, and rubella (MMR) immunisation for their children?

Design
6 focus groups.

Setting
Avon and Gloucestershire, UK.

Participants
48 parents who were 22–48 years of age (mean age: 35 y, 90% mothers). Parents had accepted (3 focus groups) or not accepted (3 focus groups) MMR immunisation for their youngest child (14 mo to 3 y of age).

Methods
A moderator facilitated each group and asked open ended questions about child health, attitudes towards immunisation, the decision making process, the effects of the media and other influences on immunisations, and issues that were important to parents. The 1–2 hour discussions were tape recorded and transcribed. The data were analysed using the constant comparative method until theoretical saturation was reached.

Main findings
4 key factors influenced parents’ decisions about MMR immunisation. Beliefs about the risks and benefits of immunisation compared with the risks associated with contracting measles, mumps, or rubella: immunisers tended to stress the benefits of immunisation and the dangers of the diseases, but they were still concerned about the MMR vaccine and its possible association with autism and bowel disorders. Parents expressed that it was important to develop their child’s natural immunity through exposure to mild infections. Non-immunisers perceived that vaccines placed stress on a child’s immature immune system, and they were less fearful of diseases in general. Many parents thought that 3 separate vaccines for measles, mumps, and rubella would be safer. Parents expressed confusion about the role of breast feeding in promoting immunity and did not understand why immunisation was also necessary. Responses to information from the media and other sources about vaccine safety; media publicity about the possible link between the MMR vaccine, autism, and Crohn’s disease raised doubts in parents who had not previously questioned the safety of immunisation. Although parents realised that media reports could be sensationalised, the Department of Health statements did not reassure them because they felt their concerns had not been adequately addressed. Parents obtained information from several sources to investigate the safety of MMR immunisation but felt much of the information was biased. Confidence and trust in the advice given by health professionals and attitudes towards compliance with medical recommendations: parents found it difficult to have an open discussion with health professionals. They felt pressured, and often it was just easier to comply than to refuse. Some parents were afraid to ask questions and be labelled as a nuisance. Parents also felt uncomfortable about general practitioners (GPs) receiving payments for achieving immunisation targets. They could not be sure that GPs were motivated solely by what was in the best interests of the child. Virus on the importance of individual choice within government policy on immunisation: parents valued the ability to choose which, if any, immunisations their children would receive. They also wanted the options of single vaccines for measles, mumps, and rubella, and immunisation at an older age. They felt that the promotion of MMR immunisation was based on considerations of cost and convenience. Their main consideration was the health of their own child rather than the societal benefits of immunisation.

Conclusions
Parents found it difficult to get independent, objective, current information about the risks and benefits of the combined measles, mumps, and rubella (MMR) immunisation.
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*Evid Based Nurs* 2002 5: 122
doi: 10.1136/ebn.5.4.122

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