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Patterns of vaccination acceptance

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Abstract

Immunization is one of the major public health interventions to prevent childhood morbidity and death. The Expanded Programme on Immunization has gathered momentum worldwide since 1974. The range of vaccines in the programme is being expanded in the years to come. All across the globe, a high level of vaccination coverage has been reached and now needs to be sustained. In part, the coverage has been made possible by the broad acceptance of vaccinations, although there are variations resulting in different configurations of fully, partially and non-immunized children. Using the results of studies carried out by the Social Science and Immunization Project in Bangladesh, Ethiopia, India, Malawi, the Netherlands and the Philippines, this article describes and discusses patterns of vaccination acceptance and non-acceptance. It shows how context affects acceptance of vaccinations, and analyses the underlying reasons behind refusal and resistance. The article also develops conceptual tools for the analysis of acceptance and non-acceptance and discusses explanatory theoretical perspectives. © 1999 Elsevier Science Ltd. All rights reserved.

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Since the days of Jenner and Pasteur, inducing an immune response to infectious diseases by way of vaccination has become a widely applied intervention to keep people and animals healthy. In nineteenth-century Europe and its colonies, the state emerged as the keeper of public health, using smallpox vaccination and sanitary measures as its major instruments. The introduction of smallpox vaccination as a routine public health measure did not always proceed smoothly, however. Resistance came from various sources: effective traditional ways of preventing smallpox by way of variolation, religious objections, and disapproval of the leading role of the state (Arnold, 1993; Sköld, 1996; Egers and Streefland 1997). However, population-wide smallpox vaccination eventually became an established procedure. In this

sense, the nineteenth century may be seen as a gestation period for later developments in the field of vaccination.

In the twentieth century, the number of vaccines has increased considerably. Globally, the geographical and population coverage of vaccination programmes has expanded dramatically, and vaccination has served to eradicate smallpox, an often fatal disease that also led to disfigurement. Childhood immunization has emerged as a major preventive health strategy (Basch, 1994; Cutts and Smith, 1994; Mackett and Williamson, 1995; WHO/UNICEF, 1996). In 1974, in the aftermath of the successful Smallpox Eradication Campaign, the WHO's Expanded Programme on Immunization was launched. Subsequently, national vaccination programmes were organized across the globe under the auspices of the WHO and with support from UNICEF and bilateral donors. Initially, the programmes vaccinated against six diseases (polio, measles, neonatal tetanus, diphtheria, pertussis, tuberculosis), but depending on country-specific disease prevalence, the availability of new vac-

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cines and financial resources, ministries of health have begun to include other diseases as well, for instance hepatitis B and yellow fever. Vaccines against other diseases, already developed or expected to be developed, may be added in the future to the national vaccination programmes. Financial rather than managerial or techno-

logical restrictions appear to hinder inclusion of these other vaccinations. One vaccination, that against polio, may soon disappear from the national programmes as a result of imminent eradication of the disease (WHO/UNICEF, 1996).

Given technological innovation in immunization and strong global infrastructure for vaccination programming, this preventive strategy can be expected to continue¹. However, the continuity of national vaccination programmes is not guaranteed. In many countries these programmes are under various kinds of pressures. In some countries, political instability may interrupt routine immunization². After the initial surge of financial support for national vaccination programmes, such leading donors as UNICEF are gradually withdrawing their support, passing responsibility on to national governments. Vaccination services are also under pressure because the national health services of which they have become an integral part are deteriorating due to economic restrictions and diminished organizational resilience. National health services are dealing with increasing disease burdens, due for instance to the HIV/AIDS epidemic and/or an increasing incidence of malaria. Governments have failed to provide supplementary budgets to meet increased need. On the contrary, they have imposed budgetary restrictions and emphasized the need for cost recovery efforts (Chabot et al., 1995). Finally, the organizational culture of a vaccination program might be insufficiently adapted to the specific and often changing social and cultural environment (Streefland, 1995).

The continuity of vaccination programmes is not only a matter of the supply side. An intriguing and very important social phenomenon is the parents' worldwide acceptance of childhood immunization. In the 1980s, when immunization coverage was still relatively low, social science research on immunization understandably emphasized the social and cultural factors that could explain reluctance to accept vaccinations³. Now that vaccination programmes have been introduced on a worldwide scale and coverage has reached levels of 80% and higher, important questions are: How and why does vaccination acceptance become a prevailing social condition? How flexible is this demand if the quality of services deteriorates? When and why do parents not accept vaccination?

This article investigates variations in vaccination acceptance from various analytical angles and attempts to provide an explanatory framework. We discuss the variations in vaccination contexts. We explore theoretical perspectives that illuminate the meanings policy makers, health workers and parents attach to vaccination acceptance and refusal.

The article uses ethnographic material collected in the context of the Social Science and Immunization Project (SSIM) studies in Bangladesh, Ethiopia, India, Malawi, The Netherlands and The Philippines⁴. In

¹ Of course the global coalition of immunization stakeholders, which includes research institutes, WHO, the pharmaceutical industry, UNICEF, and bilateral donors, can exhibit friction and shifts in power balances from time to time (see on such points Walt, 1993, 1994). In this respect, it is interesting to follow the development of the Children's Vaccine Initiative. (CVI, 1997; Muraskin, 1996a,b).

² Political instability and civil war do not necessarily interfere with vaccination campaigns, as was clear from the case of specially brokered ceasefires for National Immunization Days in Afghanistan, The Philippines, and El Salvador.

³ See for an excellent bibliography of this research and discussion of the results: Heggenhougen and Clements (1987), Pillsbury (1990).

⁴ The Social Science and Immunization Project began in 1994 and includes both country and transnational studies. The collaborating institutes are: the Social Development Research Centre, De la Salle University, Manila, The Philippines; The Bangladesh Rural Advancement Committee, Dhaka, Bangladesh; The International Centre for Diarrhoeal Diseases Control, Dhaka, Bangladesh; the Centre for Development Economics, University of Delhi, Delhi, India; the Centre for Social Research, University of Malawi, Zomba, Malawi; the Department of Community Medicine, University of Addis Ababa, Addis Ababa, Ethiopia; The Medical Anthropology Unit, University of Amsterdam, Amsterdam, The Netherlands; the Global Health Studies Program, University of Iowa, Iowa City, USA, and the Royal Tropical Institute, Amsterdam, The Netherlands. The principal investigators of the country studies are: K.M.A. Aziz, Abbas Bhuiya and A.M.R. Chowdhury (Bangladesh); Mesfin Kassaye (Ethiopia); Veena Das and Ranen Das (India); Wycliffe Chilowa (Malawi); Anita Hardon and Pieter Streefland (The Netherlands); Pilar Ramos-Jimenez (The Philippines). The principal investigators of the transnational studies are: Veena Das and Paul Greenough (immunization and the state); Anita Hardon and Thavitong Hongvivatana (global programming and technology development); Pieter Streefland, Mushtaque Chowdhury and Pilar Ramos-Jimenez (social demand for vaccinations in relation to the coverage, quality and sustainability of vaccination programmes). Fieldwork was carried out in 1996 and 1997. The project has been financially supported by the Ministry of Foreign Affairs of Denmark, the Ministry of Foreign Affairs of The Netherlands, the University of Amsterdam, the University of Iowa, the Royal Tropical Institute, Amsterdam, and the Rockefeller Foundation. Working papers have been published in India and Malawi; a set of country monographs and synthesis papers on transnational studies will be published in 1999. See for background Greenough and Streefland (1998) and for recommendations Expanded Programme on Immunization (1998).

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