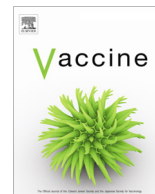




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'The Unhealthy Other': How vaccine rejecting parents construct the vaccinating mainstream

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ABSTRACT

To address the phenomenon of vaccine hesitancy and rejection, researchers increasingly recognise the need to engage with the social context of parents' decision-making. This study examines how vaccine rejecting parents socially construct the vaccinating mainstream in opposition to themselves. We analyse qualitative data from interviews with parents in Adelaide, South Australia. Applying insights from Social Identity Theory (SIT), we show how these parents bolster their own sense of identity and self-belief by employing a discourse that casts vaccinators as an Unhealthy Other. We demonstrate how the parents identify vaccination as a marker of parental conformity to the 'toxic practices of mass industrial society', linking it to other ways in which membership of the consumerist mainstream requires individuals to 'neglect their health.' This is explored through themes of appearance, diet, (over) consumption of pharmaceuticals, inadequate parenting values and wilful or misguided ignorance. This construction of the Unhealthy Other elevates the self-concept of vaccine hesitant and rejecting parents, who see themselves as part of an enlightened, but constantly besieged, group of healthy and virtuous parents. It is common for the vaccinating mainstream to present vaccine hesitant and rejecting parents as a group subject to epistemic closure, groupthink, confirmation bias and over-confidence in their own expertise. However, vaccine hesitant and rejecting parents also see mainstream society as a group—a much larger one—subject to the same problems. We suggest the need to mitigate the 'groupness' of vaccination and non-vaccination by extending the practice of vaccination to recognisable practitioners of holistic health.

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1. Introduction

Parents' decisions to reject vaccines pose a significant public health problem in many parts of the developed world. Researchers looking for solutions increasingly recognize that parental decisions around vaccination are not purely individual choices, but social ones [1–3]. Social context matters greatly to parents' decisions, as does their understanding of their place within broader groups, communities and societies. This article examines how vaccine rejecting (VR) parents socially construct the vaccinating mainstream in opposition to themselves [4,5]. Applying insights from Social Identity Theory (SIT) to interviews with VR parents, we show how these parents bolster their own sense of identity and self-belief by a discourse that casts vaccinators as an Unhealthy Other. They identify vaccination as a marker of parental conformity to the

'toxic practices of mass industrial society', linking it to other ways in which membership of the consumerist mainstream requires individuals to 'neglect their health'.

Other scholars have identified vaccine rejecting parents' perceptions that their caregiving practices are superior to those of others, who may consequently suffer illness or even benefit from vaccines [6–9]. Amongst Elisa Sobó's extensive contribution to the field is the consideration that 'opting out' of vaccination may be first and foremost an act of 'opting in' to a particular community [2]. We build on the work of these peers to explain and illustrate how construction of an Unhealthy Other elevates the self-concept of VR parents, who see themselves as part of an enlightened, but constantly besieged, group of healthy and virtuous parents, and to offer a theoretical basis for how this may reinforce their decisions not to vaccinate.

Recent research has established that VR parents engage in specific behaviours oriented around 'the natural' that, in their view, negate the need for them to vaccinate their children [7,10–13].

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Reich attributes this to a confluence of ‘healthism’ [14] and parenting philosophies that hold parents highly accountable for the well-being of their children [7]. Parents may, therefore, reject vaccines as part of a lazy ‘quick fix’ and pursue, instead, more holistic approaches to health that allow them to take personal responsibility as a result of having ‘educated’ themselves [9,15,16]. Elsewhere, we have built on Antonovsky’s concept of ‘salutogenesis’ [17], a health promotion philosophy designed to maintain a body undergoing inevitable decay, to show how parents perceive practices such as eating organic food, eschewing ‘chemicals’, and pursuing alternative schooling and complementary and alternative medicine (CAM) make parents feel safe and responsible for their children’s health and well-being [16,18]. Responsibilised and armed with a clear ethos, VR parents have a self-perceived clear, logical and internally justifiable rationale for their self-identification as a social group [16,18]. What merits further attention is how they construct an identity for ‘other’ parents who follow mainstream health and lifestyle practices, and how this informs their own self-perception. By analysing this phenomenon we hope to improve vaccine communications and delivery across cultural divides.

Social Identity Theory (SIT) and its progeny, Self-Categorisation Theory (SCT), illuminate how non-vaccinators’ discursive construction of the vaccinating mainstream forms part of their identification process. SIT and SCT have been developed by social psychologists over many years in experimental settings [19–21]. SIT posits that individuals strive for a positive self-concept, which can be derived from identification with groups they value highly. SCT shows that individuals understand their social “ingroup” by contrast to “outgroups”, and that they accentuate the similarities within their group and the differences to those outside it [22,23]. One way individuals may enhance the esteem of their ingroup is to denigrate outgroups [19,24]. SIT holds that the stereotypes informing these group processes are not simply “faulty distortions” in cognition [25]. Stereotyping of others is a means by which group members make sense of the world outside their group and justify their own actions, which Tajfel called the “ideologizing function” of stereotypes [26]. Here, we suggest that the negative stereotypes of the Unhealthy Other reinforce our participants’ decisions not to vaccinate, by increasing the value of the group to which they belong. It is common for the vaccinating mainstream to present VR parents as a group subject to epistemic closure, groupthink, confirmation bias and over-confidence in their own expertise [27]. However, it is vital to understand that VR parents also see mainstream society as a group—a much larger one—subject to the same problems.

2. Methods

Researchers advertised the study and approached potential participants at an organic market in Adelaide, South Australia, who self-identified as being vaccine hesitant. Participants were asked to share Information Sheets with other parents in their networks, who then contacted the researchers to be interviewed. Following explanation of the study and the provision of informed consent, 20 interviews were conducted by a research assistant. A list of indicative topics informed semi-structured questions and probes regarding beliefs, attitudes and practices around illness and health, social networks, information sources, political persuasions and how these interacted with vaccination decisions. Interviews lasted approximately an hour, and were audio recorded and transcribed in full. Interviews continued until data saturation was met.

The sample included 10 parents who had never vaccinated their children, 5 who had ceased, 2 who were selectively vaccinating and 3 who had delayed but were now up to date. Such diversity was not

explicitly sought, but expected on the basis that ‘vaccine hesitancy’ has been used to cover a range of beliefs and behaviours [28,29]. While all transcripts were analysed for this study, almost all the respondents cited were currently eschewing all vaccines. Demographically, all but three participants were women. They had individual incomes ranging from \$15,000 a year to above \$150,000 a year, reflecting a diverse range of occupations, from combining parenting with yoga teaching and massage to professions including project management and psychology. Participants were aged between 36 and 50. Half had a university qualification, others had vocational diplomas or were currently studying. Eight identified as Greens voters, one supported the centre-left Labor party, two supported other parties (not specified) and nine professed non alignment. This sample does not reflect the Australian population at large, and instead may be seen to reflect the kinds of Australians that shop at urban organic markets, and their friendship networks. From a SIT/SCT perspective this is a useful feature of the sample rather than a drawback, because respondents draw upon the same group identities and have similar views of the Australian mainstream as being outside of the groups with which they identify.

The lead author analysed all transcripts using NVivo 10. The last author contributed to analysis of the transcripts and the team discussed emerging themes. Participants’ construction of the “Unhealthy Other”, their vaccinating opposite, emerged from the data rather than having been specifically probed. It became a central node, and was further divided into sub-themes, separately coded as topics of interest to the parents’ construction of self.

The Flinders University Social and Behavioural Research Ethics Committee provided ethical approval under project number 6976. More detailed accounts of the methods and analysis can be found in earlier publications by members of the team [16,18,30].

3. Results

Our results demonstrate how VR parents create and then malign a category of people as their explicit opposites, thereby strengthening their own in-group identities. This category displays the following characteristics: symptoms of poor health; over-consumption of medicine to conform to Western lifestyle expectations; disengagement from nurturing children and self-care; and ignorant, uncritical or fearful conformity.

3.1. *They don’t look healthy*

The physical poor health of the people with whom the VR parents compared themselves was noteworthy. Participants described unnamed vaccinated families that would regularly be burdened by illness, whereas their own families were not.

Even just like earaches, small, common ailments. Like the difference I see between – my kids are at the same age as the kids that they interact with whose parents don’t necessarily follow the same kind of health philosophy as us – their kids are struggling. Like they have problems with their ears, they need grommets and they’re constantly – there’s always somebody who’s got gastro (Roz).

Roz, like all our participants, referred to ‘we’ and ‘us’ when talking about lifestyle and parenting practices, as the prelude to then talking about ‘they’ or ‘them’.

Evan recalled his daughter, the only unvaccinated baby in her mother’s group, as

the only one with her head up, clear eyes, looking round the room with no dribble. All the rest ... all about the same age, couldn’t hold their heads up yet. Drooling. Rashes. Eyes wobbling. No strength ... She was definitely way different to those

other kids... She was just undamaged – unaffected. I think all those needles get them for a little bit.

Parent soften spoke about the perceived superiority of their own child's health. "I know so many people that haven't vaccinated their children and they're healthier than any other children I have ever known," said Katie.

Parents did not only apply this characterisation to children of their contemporaries. Roz criticised her parents, whom she thought were trapped in an unhealthy cycle in which their lifestyle and Western medicine kept them ill.

It's just been perpetual, like going to the doctor, going to the hospital, having surgeries trying...to fix things. And then I see what they eat, and... they're eating things that are actually reducing their health. And then they're going back to the doctor and saying 'I need a tablet for this because this isn't fixed.' So then they're just adding to their ill health.

For Cally, even doctors appeared unhealthy: "[T]hey don't look healthy... [E]ven nurses and stuff, they don't... [I]t concerns me that they don't look healthy."

3.2. 'Have something frozen. Stick it in the microwave.'

Participants in this study saw food that was fresh, organic and home-grown as a marker of responsible living, while the rest of society sought commercially-dictated and unhealthy fixes. "[M]y brother and his wife vaccinate their child and take it to McDonalds and do a lot of things with her that I won't do with my child," said Charlotte, who was also appalled by Australian celebrity personal trainer Michelle Bridges. "She's promoting frozen and packaged food as 'healthy'. 'Don't be a freak and grow your own food. Here, have something frozen. Stick it in the microwave.'"

Occasionally, the parents represented their own lives as temporally bifurcated between healthy and unhealthy. Steve, recalling his youth, recounted poor food choices leading to dire consequences of ill health and pharmaceuticals:

I remember going once [to the GP] when I was about 18 or 20, when I had a – you know, had the reins to myself. I had a really bad sore throat and I knew that there were natural remedies for it but, you know, living the young adult / late teen life, eating the Maccas [McDonalds] and drinking – not alcohol, but just – thickshakes from Maccas [McDonalds]. And finding out that I'd got this really bad sore throat, and I succumbed to antibiotics. That was my only one time I've ever been medicated.

Steve also talked about his extended family and complained that their choices made it hard to restrict his own children's junk food intake. "[W]hen you've got other family members and friends, and kids, who like sugary – you know, you get a taste for processed foods and sugary foods."

3.3. 'Take a pill, go back to work.'

Like Roz's parents and Steve during the "Maccas years", unthinking consumption of Western medicine was also a significant distinction between the VR parents and those against whom they defined themselves. "I know a lot of people who give [baby Panadol] like it's water," said Malinda. The unwillingness of many people in contemporary society to stop, rest and allow bodily recovery was part of this. Vanessa described "ads on TV about having Panadol to go out with your friends that night." She attributed people wanting a quick "fix" for headaches to "the sense of entitlement of society." In this way, she constructed herself in express opposition to who do not undertake sustained and non-pharmaceutical efforts at illness prevention or symptom management, or allow their bod-

ies to be ill. (For more on the intensive strategies parents employ, see [15,18].) "When we're sick," she continued, "we need to be kept home. We need to be nurtured... We don't need to go to school; we don't need to go to work." Referencing a well-known Australian television advertisement, she declared:

We shouldn't have to "soldier on" with a Codral flu tablet. [W]hen we get sick, to me, it's a sign that our body is saying, "Slow down." ... So they're telling people, "... [D]on't stay in bed and rest. Take a pill, go back to work.

This resistance to being an industrial "soldier" was echoed by Dianne, who suggested belief in vaccination's effectiveness was misguided, since poor lifestyles and Western consumerism were making people sick anyway.

We think we're going to be safe because we're vaccinated, but actually a lot of the people get sick because... they're not living a good life. They're drinking a lot, they're smoking a lot. You know, they're overweight, or they're not looking after themselves, and a lot of people are so in the system that they just... they want the next boat or they've got to get a car which is better than their next door neighbour, or they've got to have a nice house, and they're working so hard trying to create these things that they're neglecting themselves and then neglecting what their bodies need.

3.4. 'Why do they have children... in the first place?'

In the opinion of the participants, those who relied upon vaccination for wellness demonstrated poor values: not sufficiently tending to children at home, or indeed having children for reasons that seemed unfathomable. They attributed this to economic and social structures as well as parental agency. In Vanessa's view, contemporary society was not 'family supportive,' with one parent or grandparents able to look after children. "There's very little support for Mums to stay at home with their kids," agreed Charlotte,

which drives me crazy, because ultimately, until a child goes to school, they need their mum. They don't want to be in care. [T]here needs to be more support so that women can stay at home longer, or men, whatever... I mean, why do they have children, do you know what I mean, in the first place?

Thus far, we have not reported any 'othering' data from the five parents in this study who were vaccine hesitant rather than vaccine rejecting. This is because the hesitant parents did not engage in a discourse that overtly constructed themselves as different from vaccinators. However, at this point we refer to Alice, who had ultimately vaccinated, to show how she applied a similar punishing logic to herself:

[W]e push them to go to childcare. So we don't want them to catch stuff, so we have to get them vaccinated before they go. So part of it is just fitting into the whole way we live... [T]he sole reason I got [son's name] chickenpox vaccinated was because he was in childcare. So maybe it's a personal judgement on myself... if you were a stay at home Mum, in reality, how many kids are your kids going to get exposed to?

3.5. 'Maybe you do need vaccinations'

Some participants argued that people living less healthy lifestyles from themselves might actually benefit from vaccination, and this construction shows, as we have reported elsewhere, how they saw their unvaccinated children as distinct from children unvaccinated due to disadvantage [18]. "I understand the

government wanting people to vaccinate,” said Dianne. “Especially the families who are just not vaccinating because they can’t be bothered, or the parents are so out of it that they don’t have that care for their children to even think about health.” Steve concurred: “If you don’t want to address that side, well, maybe you *do* need vaccinations, because your body... doesn’t get the right nutrients it needs.” Other parents, however, saw vaccination as toxic for everybody.

3.6. *The masses kinda stay together*

Participants presented the complicity of vaccinating parents in their own or their children’s poor health in a variety of ways, some of which ascribed agency to these parents, and others which contextualised their choices as arising from ignorance or fear.

Ill-informed ignorance was a significant trope. Sometimes this was discussed in sympathetic terms. Charlotte worried about “a vulnerable mother who hasn’t heard the other side of vaccinations or hasn’t heard that breast milk is better than putting them on the bottle...” Natalie was concerned about saying things that would upset vaccinators, since they had made a decision “that they could now do nothing about. They’ve already given it to their kids...”

The parents had less tolerance for what they framed as *wilful* ignorance. “No one’s really interested in hearing the other side,” suggested Natalie. “What I’ve found is people don’t want to know the truth,” said Evan. “A lot of the people who are pro-vaccination, I find that ... they haven’t done much research,” said Daisy. “They just think it’s wrong that I’m doing what I’m doing.” Anna, by way of a wide-ranging discussion including US politics, said, “I just think the majority don’t think.” Vanessa believed, “The public are listening to the front page of the paper.”

Several participants used the language of ‘sheep.’

[M]ost people don’t have a choice because they don’t *realise* there’s a choice. They just go with it like sheep. (Steve).

[M]ost people are asleep on the planet. We’re literally like sheep ... we’ve got to start fucking getting educated ... I just had the vision of people – most people – just feeding out of troughs... (Owen)

Cally thought that her mother exercised poor reasoning in remaining part of the pro-vaccinating mainstream.

My mum won’t research it because she knew someone who had polio. One person who had polio and had the callipers on. And I said, “Yeah, but how long were the callipers on for?” “Oh, I can’t remember, I was a kid.” So she had one incident, and she has based her whole decision on that.

Cally’s mother was afraid of disease, and this was, for her, a reason to vaccinate. However, Cally and other participants thought that such fear produced wilful ignorance. They represented vaccinators as so fearful in general that they were afraid to face the truth about vaccines. “The people I know that do vaccinate, it’s very clear from their language that it’s all about fear,” said Natalie. Evan told this story of fear through fluoridation of water, which he also considered to be making people compliant.

It’s actually toxic waste, and we are actually using this waste in our waters. It’s not in there for our teeth. It’s in there to make us submissive, and to get rid of the toxic waste that they didn’t know what to do with ... They know that it’s toxic ... but people still refuse to actually look at that kind of information and take it on ... because the masses kinda stay together, and I think that’s what this vaccination thing is about. They are scared.

4. Discussion

Analysing the above, we identify a two-stage process occurring for participants’ differentiation from the vaccinating mainstream. The first stage involves representing differences that are significant markers, but do not translate into active inter-group dynamics. The second stage mobilises the latter. Through both stages, vaccine rejecting parents construct an Unhealthy Other against which they emerge as superior in terms of health, lifestyle and decision-making.

One significant marker of differentiation is that the overall health practices of the vaccinating mainstream are categorically inferior to the participants’ own, making children of the vaccinating group recognisable by their visibly poorer health. Because the vaccinating mainstream is the large majority of people, this involves respondents pathologizing the “normal” in childhood health and development. Roz describes “common ailments” as the problem of kids who are “struggling” because their parents “don’t necessarily follow the same kind of health philosophy as us.” Evan’s account of babies as “Drooling. Rashes. Eyes wobbling. No strength” may sound like a description of normal infants, but he attributes these characteristics to “the needles” that “get them for a little bit,” in contrast to his own unvaccinated daughter who was “the only one with her head up, clear eyes, looking around the room with no dribble.”

This sense of group superiority extends beyond childhood health to lifestyle more generally [18]. Roz’s description of her own parents depicts people reliant on doctors and the medical establishment because of their unhealthy lifestyles. Dianne similarly identifies the cause of sickness as “not living a good life,” suggesting that for this reason, most vaccinators will get sick anyway. Poor diet, consumerism, and lack of work-life balance are all interconnected pathologies in this view. They result in the mainstream not recognising or valuing what is important, including that mothers – or perhaps fathers – should be providing high-input care for their children. (Alice, the sole vaccinator in the sample to reproduce this discourse, ultimately judges herself lacking by its logic.)

The distinction drawn between thought and non-thought is also noteworthy, with its two possible framings of the vaccinating mainstream. More generous framings attribute a lack of thought and awareness to those who vaccinate, whereas more judgemental framings invoke a paralysing fear: the ‘see-no-evil’ monkey placing his hands over his eyes rather than facing the truth about vaccines. Hobson-West found that “vaccine critical” organisations sometimes framed laziness (non-investigation of vaccines) in a sympathetic way, but ultimately such invocations appeared to work for the “rhetorical purpose” of ‘negatively contrast[ing] the usual passive acceptance of vaccination with the minority of parents who are free thinkers.’ (The term ‘sheep’ was used here too.) She notes that such framing precludes the idea that one could decide to vaccinate after engaging in a reasoned decision-making process [9]. As with our participants, vaccination instead became the province of the pitifully or wilfully ignorant.

The second stage of the identification process sees parents describing and participating in active inter-group dynamics. Here, the vaccinating mainstream is not merely a separate category of person, but one that is problematic for the participants’ well-being and social identity, grating against and hence further defining it.

One locus for this is culture wars around health. Charlotte takes umbrage at the marketing of frozen dinners as ‘healthy,’ linking this to what she perceives as a negative framing of people who are *actually* healthy in growing their own food. The mainstream is appropriating natural health (a key virtue-signal for salutogenic parents), distorting and defiling it, selling it back to them as a

packaged commodity, and insulting them to boot ('freak'). Such a poorly behaving mainstream pushes out the participants further and solidifies their oppositional identity.

Another locus of inter-group dynamics lies in the Unhealthy Other tempting and contaminating those who are attempting to live salutogenically. Steve struggles to limit his children's sugar intake while the extended family lives otherwise. Here, then, the Unhealthy Other is a blockage to the purity and virtue of those whose identity is centred upon living well.

Finally, participants depict representatives of the vaccinating mainstream as judgemental instigators of social conflict, and unjustifiably so, since they follow poor epistemic practices (processes of reasoning). Daisy's opponents in arguments "don't know why she's wrong, just that she is." Cally's mother draws upon a sample of one polio victim. Vaccinators do indeed commit several of the same epistemic vices as non-vaccinators, providing succour to these representations [27]. Our VR parents see the Unhealthy Other's weaknesses and assign them causality for behaviour that divides and differentiates the groups.

These powerful representations of the Unhealthy Other, and their mobilisation towards inter-group distinction and conflict, should provide health professionals and policymakers pause for thought. Whilst we cannot address all markers and mobilisations here, we have one key take-home message. Framed convincingly by these parents, Western medicine too often presents health as a means – witness Roz's parents eating their way through pills to mitigate against poor diet, or the entire industry of pep-me-ups, from painkillers to stimulants providing *functional* health so that people can stay working, consuming and plugged into "the system" (Dianne). *Holistic* health is qualitatively different; not a means but an end. As long as vaccinations are framed instrumentally, as an enabler of (toxic) modern life, they act as a marker for what *not to be* for the parents in this study, even as the rest of the population accepts functional health aids as acceptable or necessary.

When it comes to engaging with vaccine hesitant parents, then, the more that vaccination can be relocated from the medical establishment, the less likely they are to see it as an instrument of a hostile and imposing outgroup. Additional research (by us and others) that provides keys to in-group construction (rather than focusing on out group denunciation, as we do here) could provide some answers. We know that the parents in this study – and vaccine refusing and hesitant parents internationally – tend to engage with CAM professionals and seek out low-intervention or 'alternative' childbirth (which would involve midwifery care) [10,13,15,27,31]. Accordingly, attention could be given to training such a cohort of vaccination providers who identify with – and are identified as – the holistic health in-group, but are nonetheless committed to vaccination. This is not as outlandish as it may sound. In parts of Australia, Indigenous health workers (not nurses or doctors) are trained and certified to administer vaccines, on the basis that they have reach and trust in communities that the existing medical establishment is poor at accessing. Midwives in public hospital settings already deliver maternal and infant vaccines. Midwives in private practice and chiropractors – many of the latter do support vaccination [32] – could be awarded eligibility and training to vaccinate, and access incentive payments currently available to GPs. Whilst many providers would not take up the opportunity, extending vaccination into non-traditional settings could help remove vaccination and non-vaccination as markers of out-group and in-group identity.

4.1. Strengths and limitations

An interdisciplinary authorship team spanning political science, sociology and vaccine social science facilitated our use of social identity theory to 'turn the mirror' to the vaccinating mainstream.

Numerous team discussions enhanced the validity of the results. The sample size, though standard to qualitative research, is a limitation to generalisability. The construction of the Unhealthy Other was not probed, but rather emerged through the interview process. Further details of its construction could be explicitly probed in future studies.

5. Conclusion

This study increases our understanding of the social dimensions of non-vaccination. In conformity with the expectations of SIT and SCT, non-vaccinating parents see themselves as part of a healthy group. This is accentuated by the unhealthiness of the vaccinating mainstream, which they discussed at length in interviews. We suggest mitigating the 'groupness' of vaccination and non-vaccination by extending the practice of vaccination to recognisable practitioners of holistic health.

Contributions

The last author led the study. Additional study contributors who were not authors are acknowledged below. The lead author led the data analysis with input from the last author. The lead author and DS led the writing of the manuscript, which was approved by all authors.

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Conflict of interest

DS and PW report no conflict of interest. KA has previously received travel and accommodation funding from GSK. She was previously employed by the Immunisation Alliance of Western Australia to conduct vaccination social science research funded by an unrestricted grant from Sanofi.

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