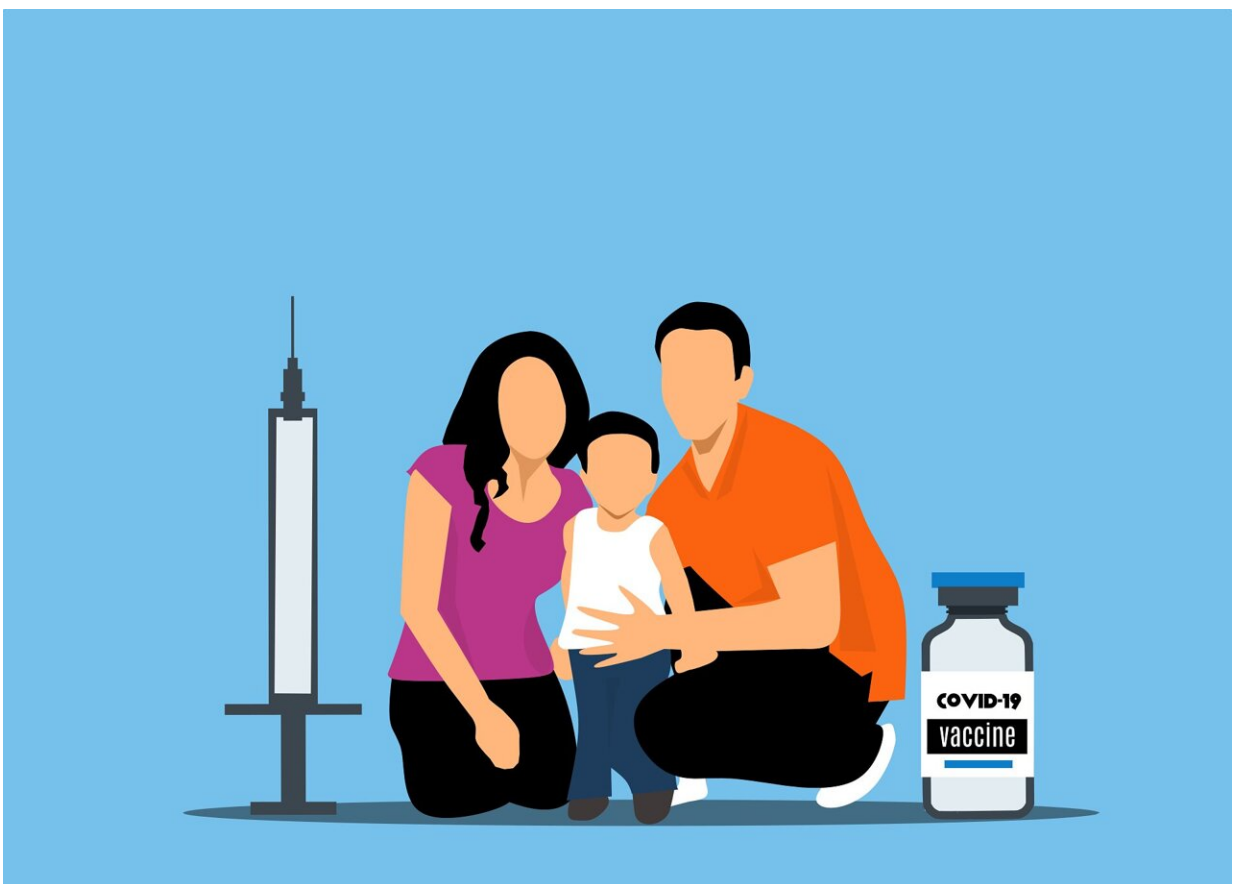


# COVID-19 vaccines for children: How parents are influenced by misinformation, and how to counter it

December 16 2021, by Jaime Sidani, Beth Hoffman, Maya Ragavan

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Since [COVID-19 vaccines became available](#) for children ages 5 to 11 in

early November 2021, many families have been lining up to get their school-age kids vaccinated prior to holiday travel and gatherings.

As of Dec. 14, [5.6 million U.S. children ages 5 to 11](#)—or about 19% of this age group—have received at least one dose of a COVID-19 vaccine. And 2.9 million, or about 10% of this age group, are fully vaccinated.

However, the [pace has begun to slow](#). Vaccination rates in this age group [vary widely across the country](#), and the U.S. is still far from reaching a threshold that would help keep COVID-19 infections in check.

We are a team of [medical](#) and [public health](#) professionals at the University of Pittsburgh. We have [extensive experience](#) researching [vaccine misinformation on social media](#) and [working with community partners](#) to [address vaccine hesitancy](#), counter misinformation and [promote vaccine equity](#).

Through this work, we have seen and studied the ways that anti-vaccine activists on [social media](#) target vulnerable [parents](#) who are trying to navigate the challenges of digesting health information to make appropriate choices for their children.

## **Social media and vaccine misinformation**

Anti-vaccine activists are a small but vocal group. According to research conducted by the non-profit Center for Countering Digital Hate, [just 12 social media accounts](#)—the "disinformation dozen"—are [behind the majority](#) of anti-vaccine posts on Facebook. Studies also show that only [about 2% of parents](#) reject all vaccines for their children. [A larger group](#), or about 20% of parents, can more accurately be described as vaccine hesitant, which means they are undecided about having their children receive vaccines [as recommended by the U.S. Centers for Disease and Control and Prevention](#).

[With regard to COVID-19 vaccines specifically](#), as of October 2021, about one-third of parents with children ages 5 to 11 years said they would get their child vaccinated right away. Another one-third said they would wait to see how the vaccine is working, and the last one-third said they would definitely not get their child vaccinated.

It can be difficult for parents to sort through the large amount of information available about COVID-19 vaccines—both true and untrue. In their search for answers, [some parents turn to social media platforms](#). The problem is, these parents are often targeted by anti-vaccine activists who are better organized and [more skilled at tailoring their messages](#) to the [varied concerns of people who are vaccine hesitant](#) in comparison to pro-vaccine activists.

Social [media](#), in particular, has been [a primary vehicle](#) for the spread of misinformation. Although sometimes misinformation is blatantly false, [other times it is more like a game of telephone](#). A kernel of truth gets modified slightly as it is retold, which ends up becoming something untrue. Unfortunately, exposure to COVID-19 misinformation has been shown to [reduce people's intent to get vaccinated](#).

## **Addressing parents' vaccine concerns**

So how can pediatricians and other health care professionals empower parents to feel confident in the choice to get their children vaccinated for COVID-19?

The answer may lie in working with communities to promote the vaccine as trustworthy instead of simply asking communities to trust it. We are part of the Pittsburgh Community Vaccine Collaborative, which is a community-academic partnership that seeks to ensure equitable access to the COVID-19 vaccines. Through that effort, we have focused on [building trustworthiness of the vaccines](#) and of the providers and health

systems that are offering the vaccines in their communities.

[Health care providers are a trusted source of information](#) for COVID-19 vaccine information, but they are not the only sources. [Research has found](#) that it is important to lean on the expertise and voices of [community partners](#), community health workers and religious leaders.

Our research suggests that pediatricians and public health professionals [can effectively use social media](#) to promote vaccination and provide families with reputable scientific information to address their questions and concerns. Results of a survey that was [recently published in Academic Pediatrics](#) found that 96% of parents used social media. Of those, 68% reported using it for [health information](#).

For example, [a pediatric group](#) we partner with [uses comedy combined with information](#) to combat myths and answer questions about the COVID-19 vaccines.

Social media is also an effective way to reach adolescents who can decide for themselves if they want [to get a COVID-19 vaccine](#) without their parents' consent ([in some cities and states](#)). Adolescents may also be able to influence their parents.

[Research shows](#) that parents who report high COVID-19 vaccine intention for themselves also report high COVID-19 vaccine intention for their children. Therefore, talking about vaccines as a family may be helpful in combating misinformation around the COVID-19 vaccine. In addition, parents who have had their children vaccinated can use social media to share their experiences and [make it feel more normal](#) and accepted among their peers.

We have also learned that promoting [media literacy](#), which encourages people to question the media information they come into contact with,

can empower parents to sift through the ["infodemic"](#) of COVID-19 vaccine information. While [social media platforms](#) have announced policies of removing vaccine misinformation, [research suggests](#) this is not always effective at reducing the influence of such misinformation. Learning how to find the source of a piece of information and thinking about who are the intended targets may help people determine whether the information is true or distorted.

## Next steps

Addressing COVID-19 vaccine [misinformation](#) can feel overwhelming. The [American Academy of Pediatrics](#) has [helpful information for parents](#) to support making decisions around the COVID-19 vaccine. Parents can also have conversations with their children about media literacy and evaluating information. And they can talk to their children—especially adolescent-age children—about how getting the COVID-19 vaccine can protect them and others.

Increasing COVID-19 [vaccine](#) rates for [children](#) and young people is important to promote their health and wellness, as well as to move closer to ending the pandemic.

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