First Look: Early Research on Parental Attitudes about the COVID-19 Vaccination & Children Identifies Gaps and Suggests Steps to Decrease Hesitancy

March 31, 2021

Bethany Robertson and Adam Ukman

ParentsTogether survey shows parents have higher levels of hesitancy for vaccinating children against COVID-19, once approved, than for vaccinating themselves.

Study also finds that significant discrepancies exist by race and ethnicity, and across income levels.
Summary Findings

A survey of 971 members of ParentsTogether, a large scale, national parents organization, revealed that parents are 17% less likely to say they will definitely or probably vaccinate their children (when vaccines are approved for use in children) compared to their plans to vaccinate themselves.

The survey, conducted between March 7-12, 2021, showed that while 70% of parents plan to get or have already received the vaccine, only 58% of parents said they would probably or definitely vaccinate their children, indicating increased levels of hesitancy and questions about the necessity of vaccinating children.

The data also illustrated disparities in plans to vaccinate children along racial as well as income lines. Notably, these disparities most starkly surfaced among parents who say they are “not sure” about whether they will vaccinate their children. For example, Black and Hispanic parents are 70% more likely to report that they are unsure about vaccinating their children (34% unsure) than white parents (20% unsure). Similarly, low-income households earning less than $20,000 annually are almost twice as likely to say that they are “not sure” about vaccinating their children (30% unsure), compared to high-income households earning over $150,000 a year (16% unsure).

The path to higher vaccine acceptance is clear: Parents need more education and information to make them comfortable before deciding to vaccinate their child. Parents report anxiety about unknown side effects as their top concern, say they want to know more about the research, and need more evidence of the vaccine’s safety.

Familiarity is also key. The data show that knowing someone who has been vaccinated makes a parent twice as likely to say they will definitely vaccinate their child.
I. The Context: Looking Ahead to Approval of the COVID-19 Vaccine for Use in Children

As vaccinations of adults against COVID-19 accelerate across the country, major pharmaceutical companies like Pfizer and Moderna have only just begun testing the efficacy and safety of the COVID-19 vaccine for children.

In order to achieve herd immunity from COVID-19, experts estimate between 70-90% of the total population needs to get vaccinated. An often-missed piece of the drive towards ending the pandemic is that children – who make up 22% of the American population – may be an important part of reaching herd immunity. Additionally, as discussions continue across the country about how to safely reopen schools (and keep them open), the availability and uptake of childhood vaccination will be critical issues of concern for parents, teachers, administrators, and policy makers alike over the course of the next eighteen months.

As the country begins to navigate a landscape in which pediatric COVID-19 vaccinations are possible, it is essential to understand parental attitudes towards vaccinations. Once COVID-19 vaccinations are tested and approved for use in children, decreasing vaccine hesitancy among parents and caregivers – and critically, ensuring equitable distribution and uptake within diverse communities – will be an important new front in the fight to control the pandemic.

ParentsTogether, a national nonprofit parents organization of 2.5 million families across the United States, conducted a survey of a random sample of its members via Facebook Messenger from March 7-12, 2021, in an effort to understand parental attitudes towards vaccinating their children.
The survey, which had 971 parent and caregiver respondents, had the following goals:

- Benchmark parental attitudes towards self-vaccination and vaccination of their children
- Identify populations in which childhood vaccine hesitancy may be high
- For parents with uncertainty, identify current concerns that contribute to hesitancy
- If possible, determine factors that may help move parents towards greater vaccine acceptance, once COVID-19 vaccinations are demonstrated to be safe and effective for children

The pandemic’s toll on children has already been severe, and the ripple effects of school closures, economic hardship, and social isolation will reverberate for years to come in Generation COVID, or “Gen C.” As vaccines begin to offer a light at the end of the tunnel for adults, and as researchers begin to test the safety of the vaccines for children, understanding parental attitudes and questions around vaccinating their children against COVID-19 is a critical piece of the country’s pandemic response.

**II. Key Findings**

The survey’s primary finding that parents and caregivers are 17% less likely to say they will “probably” or “definitely” vaccinate their children than they are to vaccinate themselves is a helpful datapoint for policy makers and public health officials; it is also, in many ways, not surprising. Parents are balancing the challenge of protecting their children from a global pandemic while assessing the risks of a new vaccine – only now being tested in children – that will have limited opportunity for long-term studies before it begins to be administered to minors under the age of 16. Any efforts to decrease hesitancy among parents must be based in deep respect and understanding; while many parents’ decisions to vaccinate their children may be fraught with uncertainty, their decision making is grounded in a strong desire to make the best possible choices for their children’s short- and long-term health.
A. Gulf Exists Between Parental Attitudes on Vaccinating Themselves vs. Their Children

Across all parents in the survey, vaccine hesitancy is higher when asked about vaccinating their children versus vaccinating themselves. The data show this gulf is especially pronounced as a result of uncertainty rather than outright opposition, highlighting the opportunity and need to engage parents with more information and education about the vaccine as they make their decision.

- **Likely to Vaccinate**: 70% of parents plan to vaccinate themselves (or have already received the vaccine), while only 58% plan to vaccinate their children
- **Uncertain about Vaccination**: 15% of parents say they are “not sure” if they will get the vaccine, but that increases to 25% of parents who are uncertain about vaccinating their children
- **Unlikely to Vaccinate**: The survey reveals similar rates of resistance among parents who say they will “probably not” or “definitely not” vaccinate themselves (15%) and those who say the same for their children (17%)
B. Racial and Income Disparities Surface

Survey responses also reveal clear disparities in parents’ feelings towards vaccinating their children among racial and economic groups.

Attitudes by Race

Of parents who say they definitely or probably plan to vaccinate their children, Black parents express the lowest levels of vaccine acceptance, compared to parents of other races, reflecting a throughline of hesitancy among Black Americans in surveys regarding adult vaccination\(^3\) as well.

- **Likely to Vaccinate:** 39% of Black parents say they will “definitely” or “probably” vaccinate their children, lower than 53% of Hispanic parents, 65% of white parents, 75% of AAPI parents, and 61% of Native American/Alaskan Native parents.
When it comes to confirmed resistance to vaccination, Black parents are nearly twice as likely to say they will “probably not” or “definitely not” vaccinate their children as white or Hispanic parents.

- **Unlikely to Vaccinate**: 27% of Black respondents say they would “probably not” or “definitely not” vaccinate their children, compared to 15% of white parents and 13% of Hispanic parents.

Meanwhile, Black and Hispanic parents are 70% more likely to say they are “not sure” about vaccinating their children than white parents, indicating significant opportunities for targeted education about the vaccine to address parents’ concerns and questions.

- **Uncertain about Vaccination**: 34% of Black and Hispanic parents say that they are “not sure” about whether to vaccinate their children, compared to 20% of white parents and 17% of AAPI parents.
Attitudes by Income

As household income drops, there are significantly higher levels of vaccine hesitancy, particularly in households with income below $35,000.

- **Unlikely to Vaccinate**: 23% of households under $35,000 say they will “probably not” or “definitely not” vaccinate their children, compared to 8% of households with income over $75,000.

Similarly, the data show that in lower income households, there is significantly more uncertainty about the vaccine, with more parents reporting that they are “not sure” about whether to vaccinate their children.

- **Uncertain about Vaccination**: The lowest income households (those with annual HHI less than $20,000 a year) are almost twice as likely to say that they are “not sure” about vaccinating their children (30%) than are the highest income households earning over $150,000 a year (16%).

In terms of parents who say they “definitely” or “probably” will vaccinate their children, those with annual household incomes greater than $75,000 are significantly more likely to say that they will vaccinate (73%), compared to those with incomes under $35,000 (only 47%).

Even controlling for race and ethnicity, household income levels still significantly affect parents’ hesitancy to vaccinate their children, with lower income households expressing much more hesitancy to vaccinate their children against COVID-19.
C. Parents Might Feel Less Hesitant as More Adults Get Vaccinated

The survey shows that one of the most significant things public health advocates can do to encourage parents to vaccinate their children is to increase their awareness about people they know who have already been vaccinated. There is tremendous value in making those who are getting vaccinated more visible.

As more people get vaccinated – which at this point includes only people over 16 – parents are likely to begin to feel more comfortable about vaccination at-large, including their willingness to vaccinate their children. Knowing someone who has been vaccinated doubles the likelihood that a parent says they will “definitely” vaccinate their child.

- 44% of parents who know someone who has been vaccinated plan to vaccinate their children versus only 22% of parents who don’t know anyone

This familiarity also significantly decreases uncertainty, an indication that familiarity lessens the questions and concerns to some degree.

- Only 24% of parents who know someone who has been vaccinated say they are “not sure” about vaccinating their kids, compared to 40% of parents who don’t know someone who has been vaccinated feeling unsure

Lastly, controlling for race and income, of those who express an opinion about vaccinating their children, knowing someone who has been vaccinated increases the likelihood a parent responds that they will probably or definitely vaccinate their children from 51% to 74% – an almost 50% increase in vaccine acceptance.
III. What Parents Are Saying

Parents report a range of reasons for their hesitancy to vaccinate their children, though certain themes emerge, including:

- Concerns about short-term side effects
- Concerns about unknown long-term side-effects
- The speed of the vaccine's development
- Lack of opportunity for long-term studies / wanting to wait for more data

Although we did not identify that the types of concerns regarding childhood vaccination differed based on racial or economic factors, we hypothesize that relevant concerns captured in other studies regarding adult vaccination may influence parents’ thinking related to their children as well. Specifically, we know that vaccine hesitancy for some Black Americans stems from mistrust of the medical establishment, and recognize that these concerns are grounded in legitimate historical as well as present-day concerns, given the ways in which these communities have been failed. Separately, rural populations report higher levels of vaccine hesitancy, in some cases related to mistrust of the government, political influence, or different views on the impact of COVID-19 in their communities, and these factors may also be at play when considering vaccinating children.

Overall, when asked about questions or concerns, introducing a new vaccine to their children surfaces a general risk aversion for parents that doesn’t appear with the same level of concern when considering vaccinating themselves. Following is a sample representation of direct quotes from parents when asked “Are there specific questions you’d like answers to regarding children and the COVID-19 vaccine?”
“I’m concerned about long-term side effects, 10 years or more. I’m thinking about other medications that had side effects discovered years after they were generally accepted. I have received the vaccine and I want my children to get it as long as I can be reasonably certain that I’m not putting them at risk for something years down the line.”

“I would like to see the data regarding side effects and adverse events in children, and how many children were participants in clinical studies.”

“I just find it hard to give a child a vaccine that was developed so quickly. The ones that they are already required to take, we know the history on them. This one was done fast and how do we live with ourselves if there is a serious effect later down the road?”

“The other parent is against it and unless it becomes a requirement to return to school, I am unwilling to press the issue.”

“Due to the length of the studies out, I am less concerned about myself and possible long term side effects than if my younger child gets the vaccine and something pops up later in relation to the vaccine.”

“Is it true that Covid-19 vaccine causes health issues on genetic levels, like infertility, cancer, etc?”
IV. Implications for Public Health Advocates and Policy Makers

This report provides early insight into how parents and caregivers are thinking about the COVID-19 vaccine for their children just as vaccine trials are getting underway. It highlights the vast amount of uncertainty regarding parents’ decisions to vaccinate their children and makes clear how critical it is to proactively communicate with parents, educate them, and keep them informed about the vaccine trial research and safety data specifically related to children.

The disparity between parents’ acceptance of the vaccine for themselves versus their children also points to a risk aversion to unknown side effects that could affect children at a later time, rather than a blanket opposition to vaccines generally. In addition, because the virus that causes COVID-19 has generally affected children less severely than it has adults, parents are weighing the necessity of vaccinating their children, particularly as these are new vaccines that have shorter histories and a lack of longitudinal data. While this provides a challenge for advocates and policy makers promoting vaccination, it is also clear, based upon the prevalence of uncertainty reported, that parents remain open to learning more before making decisions.

The data in this survey offer some guidance for COVID-19 vaccine promotion efforts, including:

- **Leverage peer-to-peer influence campaigns.** The more that parents see others who have received the vaccine safely, the more likely they are to plan to vaccinate their children. Other research has highlighted Americans’ hesitancy to be one of the first to receive the vaccine, and respondents in this survey expressed an even greater need to see clear evidence of safety before vaccinating kids.
● **Focus on education that empathizes with parents’ desire to protect their children.** Parents have a lot of questions about the trials, the vaccine itself, and any potential short-term and long-term side effects. The general reticence to the vaccine many parents hold is largely borne out of the unknown and out of a desire to protect their children. Given their uncertainty and their desire to know more, it is essential that parents are engaged directly, proactively, and compassionately with answers to their legitimate questions. Additionally, parents need to know why vaccinating children may be an important part of protecting their children, themselves, and their communities from COVID-19.

● **Make deep investments in reaching communities of color.** COVID-19 vaccination promotion campaigns must be mindful of the higher levels of hesitancy in BIPOC communities regarding vaccines, as well as the historical and present-day roots of those legitimate concerns. Even as vaccine approval advances at a rapid pace, advocates must continue to call for ongoing, racially diverse clinical trials in order to address the concerns of diverse groups of parents. Public education and outreach efforts must leverage trusted voices from within communities with high rates of vaccine hesitancy; investments must be made in BIPOC-led community organizations and institutions to drive this work.

● **Engage in deep listening to the concerns of low-income communities.** The significantly higher rates of vaccine hesitancy in low-income communities suggests a need for additional research to understand parents’ particular concerns and questions. Additionally, public health advocates should invest in finding trusted messengers who can authentically reach lower-income parents.

● **Plan for long-term outreach.** Due to the speed of vaccine development and lack of longitudinal data, it’s likely that many parents may decide to “wait and see” before vaccinating their children. As a result, advocates should think about vaccination campaigns as an ongoing and long-term need that will require consistent communication and ongoing education with continual evidence and data around the vaccine’s impact on children.
Be aware of potentially conflicting parent sentiment around school reopening plans. For policy makers and school administrators, it is important to be aware of the range of attitudes parents may have regarding the vaccine. Many parents are already wondering whether vaccination will be required for children to return to the classroom. For some, that may mean they will only vaccinate their children if required (or that they may elect to disenroll from schools with that requirement); for others, that may mean reservations about returning to school until their own children or all children in the school have been vaccinated. This points to a complicated parental ecosystem that school leaders need to anticipate how to navigate when resuming in-person schooling.

As vaccine trials for children continue, adult and childhood COVID-19 vaccination campaigns take shape, and more people receive the vaccine, parents are likely to be flooded with both information and disinformation about vaccinating their children against the virus. Given this fluid environment, it will be important to continue to monitor parent sentiment, understand the shifting factors of their decision-making process, and develop local as well as national campaigns that respond to parents’ legitimate concerns.

As they consider whether to eventually vaccinate their children, caregivers continue to battle the daily challenges and traumas of parenting in a pandemic, from the pressures of remote school, to disproportionate job loss for mothers, to deep financial hardship, to the emotional toll of the pandemic on children and adults alike. Many parents have also navigated their own illnesses, or the illnesses and deaths of loved ones. And in the midst of these multiple crises, a pandemic of racialized violence has traumatized communities of color. After such a devastating and turbulent year, the vaccine brings welcome relief, as grandparents are able to see their grandchildren again, health care workers are better protected on the front lines, and teachers feel more confident returning to the classroom.

But even as the national vaccination rate climbs daily, it’s crucial to keep in mind the country’s approximately 68 million children ages 16 and under for whom relief is still not quite in sight, even as those children have borne so much of the brunt of the pandemic.
Endnotes
