Intention to vaccinate and vaccination behaviour of parents with regard to hepatitis B vaccination of their child

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The primary aim of our study is to link stated preferences of parents of newborn children for hepatitis B vaccination to actual vaccination behaviour. The secondary objective is to determine the external validity of the Discrete Choice Experiment as...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Viral infectious disorders
Study type	Observational non invasive

Summary

ID

NL-OMON35992

Source
ToetsingOnline

Brief title
Parent's willingness to vaccinate their child with hepatitis B vaccine

Condition

- Viral infectious disorders

Synonym
not applicable

Research involving
Human

Sponsors and support

Primary sponsor: RIVM
Source(s) of monetary or material Support: geld van Ministerie van VWS aan RIVM

Intervention

Keyword: Discrete Choice Experiment, external validity, hepatitis B, vaccination

Outcome measures

Primary outcome

The objective of the data gathered with this intervention is to compare the stated preferences (i.e. behaviour as reported in the Discrete choice experiment that was presented in the questionnaire phase of the research) with the actual behavior of the respondents when having to decide whether to vaccinate their child with the Hepatitis-B vaccin.

First, the data from the questionaire will be used to predict to which extent respondents are likely to decide to vaccinate their child. For this, the data from the DCE will be combined with data from questions from the questionnaire, resulting in an estimation per parent on how likely they are to have their child vaccinated. The indepent parameters that contribute to the likelihood of vaccination will consist of (estimated) risk of becoming infected with Hepatitis B virus, (estimated) risk of side effects of vaccination, the manner of vaccination, information from formal sources, information from informal sources and behaviour of the peer group. The dependent variable will be the choice either or not to vaccinate, as expressed in the Discrete Choice Experiment.

Subsequently, this predicition will be compared with the actual vaccination behavior of the parents when they are given the opportunity to vaccinate their

child.

Secondary outcome

The parameters that contribute to agreement between stated preferences for hepatitis B vaccination and actual vaccination behaviour. These include attitude of the parents towards vaccination, knowledge on the disease concerned, (perceived) barriers to vaccination, opinions of friends and family towards vaccination. Data on these parameters have been collected during phase 1 of the research.

Study description

Background summary

Discrete choice experiments (DCE) are increasingly used in the field of health economics to study choice preferences of individuals. A critique on DCEs is that its* external validity may be restricted since results are limited to stated (hypothetical / without burden) preferences while actual behavior may differ from stated preferences. As very little research has been conducted on this potential methodological pitfall in DCEs, this study aims to link the stated preferences of young parents for hepatitis B vaccination of their newborn child with their actual vaccinating behavior.

In the first phase of this study a DCE-questionnaire was distributed among 2000 parents, who gave birth to a child in the previous two weeks. The questionnaire was distributed on March 23, 2011. These parents were asked to study four choice situations each containing two scenarios. For each of the four choice situations, parents were then asked to indicate in which scenario they were more likely to vaccinate their child against hepatitis B. The scenarios contained items on; the information about the protection of the vaccine; risk of side effects; manner of vaccination (single vaccination or part of cocktail); information from formal institutions emphasizing safety (GP, infant welfare centre, national health authority); information from other (informal) sources emphasizing risks (TV, social media, friend); and social context (all friends vaccinate their children versus none of the friends and relatives vaccinate their children).
An accompanying questionnaire measured the DCE scenario items on the individual level. This included questions on the respondents* estimation of the protection

of the vaccine, side effects, opinion on manner of vaccination, their use of formal sources for information, their use of informal sources for information and vaccination behavior of their friends.

In the second phase of this study, parents* actual behavior with regard to acceptance of hepatitis B vaccine will be tested. In order to do that, the parents who returned the questionnaire and indicated that they are willing to participate in further research will be offered to vaccinate their child against hepatitis B. Parents are free to either accept or reject this vaccination offer. Their response and the concordance between their answers to the questionnaire as distributed in phase 1 of the study and acceptance of vaccination will be the subject of phase 2 of our study.

Study objective

The primary aim of our study is to link stated preferences of parents of newborn children for hepatitis B vaccination to actual vaccination behaviour. The secondary objective is to determine the external validity of the Discrete Choice Experiment as used in phase one of the study as a tool for predicting people*s behavior and to study the association of background characteristics of parents with the agreement (if any) between hypothetical preferences (choices made in the Discrete Choice Experiment) and revealed preferences (actual vaccination behaviour).

Study design

This study is an observational study including parents of newborn children who indicated that they were willing to participate in further research. This study only includes subjects from a previous questionnaire-based study (protocol number 11-069/C). Within the current study parents are given the opportunity to have their child vaccinated with a vaccine that has a hepatitis B component in addition to the regular vaccination components (diphtheria, tetanus, pertussis, poliovirus and Haemophilus influenzae type b) that every child in the Netherlands is offered within the context of the National Immunisation Program. This study does require that parents provide information on whether or not they have their child vaccinated with a vaccine including hepatitis B or with the regular vaccine (without hepatitis B) only.

Study burden and risks

There is no additional burden for parents to participate in this phase of the study (except returning the answering card including informed consent). Children will receive a 6-valent vaccine instead of a 5-valent vaccine, but no additional adverse events are expected to occurr with this vaccine. The vaccine has been used (since 2003) in the National Immunisation Programme for over 300,000 newborns (born in families with at least one parent from a hepatitis B

endemic country) without any major problems. The 6-valent vaccine will bring the child additional protection to hepatitis B infection, compared to the 5-valent vaccine.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Children (2-11 years)
Elderly (65 years and older)

Inclusion criteria

Parents of children born between March 8th, 2011 and March 22nd, 2011, who have responded to a questionnaire on hepatitis B vaccination and have indicated that they are willing to participate in further research.

Exclusion criteria

No exclusion criteria.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Other

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-05-2011
Enrollment:	400
Type:	Actual

Ethics review

Approved WMO

Date:	28-04-2011
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL36516.041.11