

Wilfrid Laurier University

Scholars Commons @ Laurier

---

Sociology Major Research Papers

Sociology

---

2016

**"If we can prevent children from dying unnecessarily, I don't see a downside": An analysis of Vaccinations, Children, Parenting and Vulnerability in Parents and Today's Parent articles about Childhood Vaccinations**

Cory Runstedler

Wilfrid Laurier University, runs9270@mylaurier.ca

Follow this and additional works at: [https://scholars.wlu.ca/soci\\_mrp](https://scholars.wlu.ca/soci_mrp)

---

**Recommended Citation**

Runstedler, Cory, "If we can prevent children from dying unnecessarily, I don't see a downside": An analysis of Vaccinations, Children, Parenting and Vulnerability in Parents and Today's Parent articles about Childhood Vaccinations" (2016). *Sociology Major Research Papers*. 8.

[https://scholars.wlu.ca/soci\\_mrp/8](https://scholars.wlu.ca/soci_mrp/8)

This Article is brought to you for free and open access by the Sociology at Scholars Commons @ Laurier. It has been accepted for inclusion in Sociology Major Research Papers by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact [scholarscommons@wlu.ca](mailto:scholarscommons@wlu.ca).

**"If we can prevent children from dying unnecessarily, I don't see a downside":  
An analysis of Vaccinations, Children, Parenting and Vulnerability in *Parents* and *Today's  
Parent* articles about Childhood Vaccinations**

By

Cory Runstedler

Honours B.A. University of Waterloo, 2015

Major Research Paper

Submitted to the Department of Sociology

In Partial Fulfilment of the Requirements for the Master of Arts

Wilfrid Laurier University

© Cory Runstedler 2016

## **Abstract**

Since the beginning of the twentieth century, children have been presented by the media and perceived by society as increasingly vulnerable. While using the discussion of childhood vaccinations in parenting magazines as a cultural site, this research explores the presentation of vaccinations, children, parenting, and vulnerability. Methodologically, I conducted a content analysis of 44 articles combined from *Parents* and *Today's Parent* that focus on childhood vaccinations. Throughout the articles children were continually presented as vulnerable, and parents were presented as being responsible caretakers. In addition, a shift was noted where parents were expected to become experts themselves about vaccinations, instead of trusting the expertise of their doctors. The results, support existing literature that parenting magazines target middle-class mothers by supporting middle class ideals; Canadian and American publications distribute a similar message in their articles, that children are vulnerable; and individualism is increasing as parents become more educated about vaccines. This research also supports risk society theory through the identification of risks as being in a continuous cycle of change. The results extend existing literature by revealing that children are continually presented as vulnerable and at risk from a variety of aspects in contemporary society.

## **Acknowledgments**

First, I would like to express my sincere gratitude to my supervisor Dr. Linda Quirke, for her patience when brainstorming my research ideas; her encouragement and support through the ever-changing focus of this research project; and her willingness to provide her time throughout the entire project.

Second, I would like to thank my reader Dr. Glenda Wall for her support, guidance, and input throughout the course of this project.

Third, I am grateful for the encouragement and support of my cohort, as we worked through the coursework and discussed our research topics together, while always supporting each other.

Fourth, and finally, I would like to thank my family. Particularly I would like to thank my parents for their support and encouragement through my entire post-secondary education, and the home cooked meals that forced me to take a needed break from my studies. I would also like to thank my partner and her family for their continued support, encouragement, and advice throughout my entire post-secondary education.

## Table of Contents

<b>Introduction.....</b>	<b>1</b>
<b>Literature Review .....</b>	<b>4</b>
The Return of Preventable Diseases .....	4
Increased Perceived Risk and Threat to Children.....	7
Middle-Class Mothering .....	9
Why Study Parenting Magazines? .....	12
<b>Theoretical Perspectives.....</b>	<b>14</b>
<b>Methods.....</b>	<b>18</b>
Sample.....	18
Procedure .....	19
Coding.....	21
<b>Analysis .....</b>	<b>24</b>
Information About the Articles.....	24
Vulnerable Child.....	27
Threats of Everyday Life .....	29
Continued Threat from Preventable Diseases.....	31
Adult Supervision Required.....	32
The Presentation of Parents .....	34
Social Class.....	38
Positive and Negative Discussion of Childhood Vaccines.....	42
Changes Over Time .....	44
<b>Discussion .....</b>	<b>48</b>
<b>Conclusion .....</b>	<b>54</b>
<b>References.....</b>	<b>59</b>

# Introduction

Before the twentieth century, children were seen as being relatively resilient and independent, but beginning in the early twentieth century, children were increasingly perceived as more passive, vulnerable, and lacking agency. Children were removed from the workforce, and the media began to focus on issues facing children in ways that made them appear more vulnerable (Zelizer 1985; Golden 2005; Casiday 2007; Rutherford 2011; Wall 2013). This social change is important to analyze because it influences many different members of society including parents, children, and citizens with no children. As the perceived vulnerability of children increases, so does the perceived need to protect children. This can lead to the creation of new laws, increased surveillance, and the reduced freedom of children to ensure their safety. Given the contribution of the media to children being perceived as vulnerable, their role in cultural and social changes over time should be analyzed. Additionally, the portrayal of vaccines in parenting magazines needs to be analyzed because parenting magazines reflect changing understandings of risk, children, and parental responsibility. In particular, I argue that an analysis of parenting magazines is an important source to use to understand the cultural norms and practices of parents over time. Therefore, my research uses parenting magazines to analyze the role of the media in social perceptions of children as vulnerable and the expectations of parents. This research aims to provide the reader with an outlook on how parenting magazines portray children, parents, and vulnerability.

Specifically, I undertake a thematic analysis using an inductive and semantic approach to analyze articles that discuss childhood vaccinations, in *Parents*, an American magazine, and *Today's Parent*, a Canadian magazine. While using the discussion of childhood vaccinations as a cultural site, this research asks, how has the discourse around the vulnerability and needs of

children changed in Canada and the United States over time? The discussion of childhood vaccinations is an effective site for studying vulnerability of children because vaccines are intended to protect children and reduce risk, but have also been identified as a risk by some individuals. This can lead to multiple perspectives being presented within the articles, providing a greater understanding of vulnerability, as different perspectives will identify vulnerability differently. The research also addresses: how is the vulnerability of children presented in parenting magazines? How are parents discussed and presented? Since, Canada and the United States have differing regulations of required vaccinations for school attendance and different vaccination rates, do the magazines from these countries discuss vaccines and the vulnerability of children differently? Furthermore, the portrayal of vaccines in parenting magazines is important to analyze because they reflect changing understandings of risk, children, and parental responsibility. Parenting magazines may be one tool parents use to help them identify risks and how to mitigate it. These expectations demonstrated in magazines can identify what a good parent is. To examine the aforementioned questions, I analyze 44 articles on childhood vaccination to understand how children, parents, vaccines, and vulnerability were discussed in Canadian and American publications, between 1984 and 2015.

The following literature review will focus on the return of preventable childhood diseases, middle-class mothering, the increase of perceived risk for children, and the usefulness of studying parenting magazines. Understanding the return of preventable diseases provides justification for this research as it shows that there is a change occurring within society regarding the need for childhood vaccinations. Increased perceived vulnerability of children needs to be discussed to place the findings within a risk society and neoliberalism theoretical framework, to understand the messages being portrayed by the articles. Middle-class mothers are the target

audience for parenting magazines, so it is important to understand what constitutes middle-class mothering. Finally, understanding how past research has studied parenting magazines is important as it helps provide a guideline for this research and justifies parenting magazines as worthy of study. As no past research has focused on parenting magazine articles about childhood vaccinations, the literature provides a framework and support for this research, while this research adds to the existing literature.



# Literature Review

## The Return of Preventable Diseases

In the early twentieth century, with rapid advancements in medical science, vaccinations began to eradicate many deadly diseases (Rutherford 2011; Reich 2016). By 1925, diphtheria and smallpox had almost been eliminated among New York schoolchildren, largely due to mass inoculation (Zelizer 1985). Vaccines have virtually eliminated many diseases including polio, smallpox, rubella, mumps, measles, and diphtheria across North America, leading to a reduction in health care costs and increased life expectancy (Reich 2014).

A major reason vaccines are successful in North America is because they are mandatory for school attendance in most regions, though some children are exempt due to religious beliefs or medical conditions (Colgrove 2010; Reich 2014, 2016). Currently, with guidance from the Centers for Disease Control and Prevention, all states require proof of vaccination or an exemption for school attendance (Centers for Disease Control and Prevention 2015(b)). However, Canada does not have a national vaccine policy; only Ontario and New Brunswick require proof of vaccination or an exemption for school attendance (Walsh 2014). This may help to explain Canada's lower vaccination rates, which will be discussed later in this research.

The United States Centers for Disease Control and Prevention (CDC), the Public Health Agency of Canada (PHAC), and the World Health Organization (WHO) have identified more than two dozen preventable diseases through vaccines including: hepatitis B, tetanus, polio, diphtheria, rotavirus, pneumonia, meningitis, measles, mumps, rubella, and chickenpox (Public Health Agency of Canada 2013; Centers for Disease Control and Prevention 2016(a)). Many people who contract and spread these diseases are unvaccinated children and adults, members of

a vulnerable population, including individuals with a weakened immune system, and children too young to be vaccinated (Brady 2015; Centers for Diseases Control(c)).

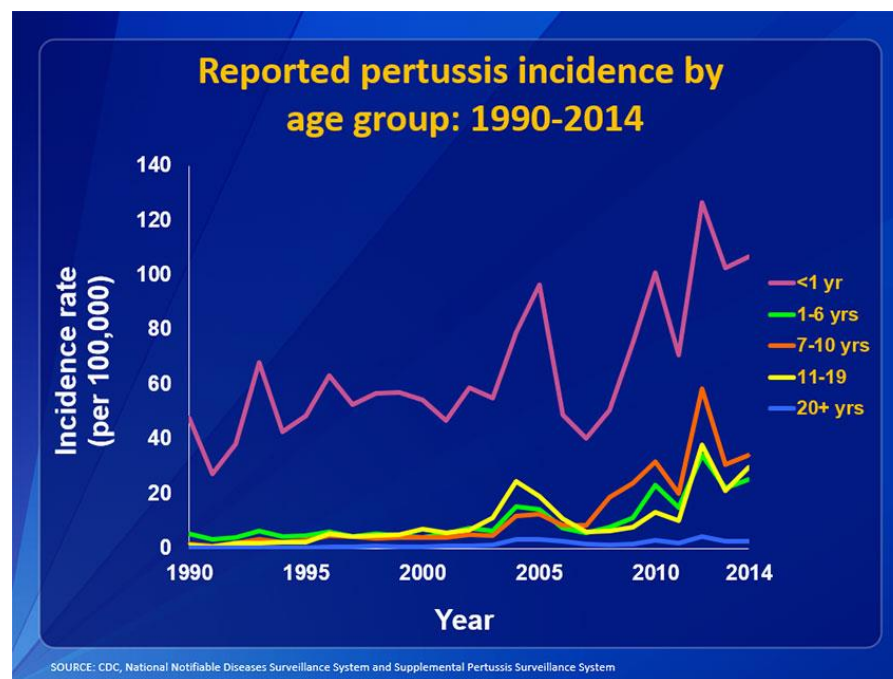
Vaccines are recommended to ensure herd immunity within the community. Herd immunity prevents the spread of contagious diseases to individuals who cannot be vaccinated because they are too young or due to medical conditions (Reich 2014, 2016). Medical conditions that can prevent an individual from being vaccinated can include: allergies to vaccine ingredients, receiving medical treatment or having a medical condition that lowers their immune system (Reich 2014, 2016). To achieve herd immunity, public health agencies attempt to vaccinate eighty to ninety-five percent of the population (Reich 2014, 2016). American vaccination rates achieve herd immunity for all diseases except pneumococcal infection (82%), and Canada only achieves herd immunity for four of the ten diseases for which vaccines are available (Polio, Measles, Mumps, and Rubella) (See Table 1).

**Table 1: Percent of Individuals Under Three Years of Age Vaccinated**

Immunization coverage by antigen for children under three years of age 2013		
Vaccine	Immunization coverage (%)	
	Canada	United States
Diphtheria	77.4	94.1*
Pertussis (whooping cough)	77	94.1*
Tetanus	77	94.1*
Polio (IPV)	91.1	92.7
Haemophilus influenza type b (Hib)	72.7	93.7
Measles	89.6	91.9**
Mumps	89.2	91.9**
Rubella	89.2	91.9**
Varicella (chicken pox)	73.1	91.2
Pneumococcal infection	79.3	82
*Reported as DPT/DTaP Vaccine **Reported as MMR Vaccine Based on combined parent and health care provider records. Source(s): Childhood National Immunization Coverage Survey (Statistics Canada 2015). National Immunization Survey (Centers for Disease Control and Prevention 2015(a))		

Medical professionals highly recommend vaccines that prevent these diseases, but in recent years there has been a rising number of cases of some of these illnesses (Brady 2015; Centers for Diseases Control 2015(c)). One example is the number of Pertussis (Whooping Cough) cases in the United States increasing by 250% from 2000 to 2010 (See Figure 1) (Song 2014). Another example is measles (rubeola), which was deemed eliminated in the United States in 2000, but in 2014 there were 667 reported cases in 27 states (Centers for Disease Control and Prevention 2016(b)).

**Figure 1: Number of Reported Pertussis Cases in the United States**



The return of these diseases has led to a growing public health concern in Canada and the United States (Song 2014). There are many viewpoints regarding childhood vaccines from groups such as: parents who choose to vaccinate their children, parents who choose to not vaccinate their children (often labeled “anti-vaxers”), public health officials who support childhood vaccinations, and a few medical professionals who do not support vaccines (Song 2014). Commonly anti-vax parents believe that the threat of disease is diminishing because of

the advancement of medicine and consider the potential side effects of vaccines much worse than contracting the potential disease itself (Song 2014; Reich 2016). As Reich (2014) found, many anti-vax parents argued that a parents' primary role is to protect their children's bodies from harm, including public health interventions that might have serious side effects. In comparison, parents who vaccinate their children are more likely to identify the diseases as being a serious health threat (Song 2014). Most health care professionals support the importance of childhood vaccinations, both for the health of individual children and the general public (Rutherford 2011). With multiple opinions regarding the value of childhood vaccination, it is important to analyze how these different perspectives are presented in parenting magazines.

### **Increased Perceived Risk and Threat to Children**

Children were considered more independent and resilient in the early twentieth century than they presently are (Golden 2005; Casiday 2007; Rutherford 2011; Wall 2013). Now they are portrayed as needing to be taken care of, as more passive and vulnerable (Golden 2005; Casiday 2007; Rutherford 2011; Wall 2013). The North American view of children has transformed from being independent to requiring constant adult protection and supervision (Golden 2005; Casiday 2007; Rutherford 2011; Wall 2013). Children often spend more time inside the house, participate in more supervised activities, and are usually accompanied outside of the house by an adult more than in the past (Zelizer 1985; Rutherford 2011; Wall 2013).

The media contribute to the perception that children are increasingly at risk by continually portraying children as vulnerable. They use the term "fear" when discussing issues involving children more than in stories involving adults (Altheide 2002; Golden 2005). Fear for the safety of children increased dramatically in the 1980s, 1990s, and since the terrorist attacks of 2001, general anxiety about the risk to children has become the "new norm for parents"

(Rutherford 2011:159). The 2001 attacks also lead to fears of bio-terrorism that could affect childhood vaccinations (Arnup 2004). The media have played a major role in the increased perception that children need to be protected.

Society recognizes that children need to be protected, and that it is the parent's responsibility to protect them (Wall 2013). In the 1970s, parents were increasingly charged with individual responsibility for keeping their children safe, which has continued to increase into the twenty-first century (Rutherford 2011; Wall 2013). With the rise of new forms of media, it is the parent's responsibility to ensure that their child is supervised and their every action is monitored. No longer are parents able to leave their children unsupervised playing outside; they must ensure that their children are supervised at all times (Rutherford 2011). According to Wall (2013), the expansion of parental responsibility can be caused by children being conceptualized within society as requiring more individual attention, supervision, and direction. Parents are constantly expected to invest more time and money, and be more involved in their children's activities, such as paying for multiple after school activities, or volunteering as a coach (Zelizer 1985; Marshall 1991; Hays 1996; Sayer et al. 2004; Rutherford 2009).

According to Hays (1996), if parents use 'proper techniques' to raise their children, experts suggest it will lead to the betterment of society as a whole. Throughout the twentieth century, parents have been increasingly exposed to experts informing them how to raise their children to ensure they are healthy, well-disciplined, members of future society (Arnup 2002). Parents are continually being presented with societal expectations including that it is their responsibility to ensure that their children are protected and cared for. Vaccinations are one tool that parents can use to protect their children.

Alternatively, vaccines can also be seen as a risk to a child's health because of its

potential side effects. Parenting magazines are constantly presenting new information and advice to parents regarding vaccinations and diseases. Examining the different messages presented by parenting magazines is important, as there are many conflicting ideas about whether or not vaccinating children is beneficial. The magazines also reflect taken-for-granted assumptions about good parenting and the needs of children's.

### **Middle-Class Mothering**

Middle-class mothers are the target market for parenting magazines, so understanding what middle class mothering entails is important for this research. As Hays (1996) discusses in her work, childcare is primarily the role of the mother. Mothers are expected by society to use child-centered methods combined with expert guidance to raise their child (Hays 1996; Reich 2016). This can include a mother requesting an alternate vaccination schedule that her and her doctor have decided is better for her individual child. Children are viewed as an important cornerstone of society, innocent, and pure, therefore the mother's role to care for and protect their children is important to their family and also to society (Hays 1996; Reich 2016).

Mothers are responsible for managing their child's health and activities (Lareau 2003; Reich 2016). Even if both parents are present in the home, childcare responsibilities fall on the mother, as the father often completes household chores such as repairing the house or lawn care, and not childcare chores (Wilson, Beaton, and Brophy 2008). Societal expectations of mothers are high – they are expected to be highly involved in the child's life, and more involved in raising children than fathers (Lareau 2003). Mothers invest time, money, and emotional labour, while being responsible for the physical, emotional, and psychological health of their children, as healthy children signify good mothering (Zelizer 1985; Marshall 1991; Hays 1996; Sayer et al. 2004; Singh 2004; Blum 2007; Rutherford 2009; Wall 2010; Reich 2014; Reich 2016). At the

dawn of the twentieth century, with the rise of science and new medical care, mothers have gained a new role with increased responsibility as the domestic guardian (Arnup 2002; Rutherford 2011; Reich 2016). Mothers are expected to determine the best practices to better their children and ensure their child receives the proper medical treatment (Arnup 2002; Rutherford 2011; Reich 2016). Frequently mothers feel that they are the most qualified individuals to make these decisions as they raise their children and care for them daily, so they know the child better than a doctor who occasionally sees the child (Reich 2016). Mothers' choices have important consequences for their children, especially regarding vaccinations (Casiday 2007).

Middle-class mothers engage in what Lareau (2003) calls *concerted cultivation*, which includes enrolling children in many age-specific organized activities that transmit important life skills (Wall 2013). *Concerted cultivation* dominates family life and creates enormous labour (Kohn and Schooler 1983; Lareau 2003; Wall 2013; Reich 2016). The goal of *concerted cultivation* is to nurture a child's talents (Lareau 2003). Working-class and poor mothers focus on what Lareau (2003) calls *accomplishment of natural growth*, where children are provided with love, food, and safety without focusing on the development of special talents (Wall 2013). Another difference between middle-class and working-class mothers is how comfortable they are with addressing, carrying a discussion with, and questioning individuals who have authority over their children, including doctors and teachers. Middle-class mothers are more likely than working-class mothers to confront a doctor if they have questions about their child's health or suggested treatment (Lareau 2000; Clarke 2010). Middle-class mothers may prompt their children to ask questions while conversing with doctors and encourage them to feel comfortable doing so, and even allow them to interrupt doctors and other authority figures (Lareau 2003).

Parenting magazines have quoted doctors saying that parents should discuss and ask them questions in regards to their children's health, which has normalized talking to doctors (Clarke 2010). This allows middle-class mothers to use doctors as a source of information and guidance through expert advice enabling mothers to become experts themselves.

Jennifer A. Reich recently published a book titled, "Calling the Shots: Why Parents Reject Vaccines" (2016). She interviewed parents who chose not to vaccinate their children to understand why and how they make these decisions. All of the parents, mostly mothers, in her study can be classified as middle class, white, college educated individuals (Reich 2016). One major trend was that these middle-class mothers engaged in "individualist parenting," where parents expend time and energy to ensure their own children are healthy, while often ignoring the greater issues around them (Reich 2016). This focus on their own children is part of the reason these parents choose to not vaccinate their children. These parents weigh the risk of the vaccine against the likelihood of their child contracting the disease, and fail to account for the greater good of vaccines (Reich 2016). The parents in her study identify themselves as the best individual to determine what is best for their child (Reich 2016). The reasons behind this are that the parent intimately knows their child and understand the child's individual health needs, and can accurately assess the individual risks (Reich 2016). Overall, the middle-class parents in this study felt that they were informed enough to question the standard public health mandate that their doctors support, and to weigh the individual threat of the disease on their child.



## **Why Study Parenting Magazines?**

Parents can use parenting magazines to identify the current social norms of raising children (Hays 1996; Rutherford 2011). Parenting magazines both draw on and represent whatever the societal norms of ideal parenting practices are at the time of publication. One example that demonstrates a parental norm would be a magazine publishing a story that most parents are vaccinating their children for all diseases except chickenpox, as it is seen as a rite of passage to contract this disease. Parents make informed decisions about their child's healthcare, and parenting magazines can be one source of this information (Clarke 2008). Therefore, parenting magazines can be useful for researchers as a generalized measure of cultural ideals (Hays 1996; Quirke 2006; Rutherford 2009; Rutherford 2011, Milkie and Denny 2014).

Parenting magazines publish articles from a wide variety of authors, and historically reach a wider audience than books (Rutherford 2011). Multiple authors contribute to the magazine articles allowing for various viewpoints on a similar topic to be expressed. I analyzed 44 articles published in parenting magazines and very few of them were written by the same author. The combination of multiple authors and a wide audience make parenting magazines a great medium for researchers, as they can represent societal norms at the time of publication.

Parenting magazines are a form of media that provide parents with information. Therefore, it is imperative to understand the tools the media use when delivering a message. The media, including parenting magazines, can create a discourse that differs from the general agreement of the scientific community (Clarke 2008). This discourse can influence how an issue is publicly defined, debated, and resolved (Clarke 2008). Journalistic balance involves presenting all sides of an issue in an objective manner (Clarke 2008). Accuracy involves verifying facts, avoiding errors, and ensuring that the perspective with the most supportive evidence is conveyed

(Clarke 2008). However, by presenting both sides of an issue, the media can give the erroneous impression of uncertainty, which can suggest that opposing perspectives are both supported by evidence (Clarke 2008). This can create confusion in cases such as the autism-vaccine controversy where the media present both sides of the debate; but the majority of the medical community and scientists only support the claim that vaccines do not cause autism. The autism-vaccine controversy began in 1998 when an article by Andrew Wakefield was published in the *Lancet* stating that the MMR (Measles, Mumps, and Rubella) vaccine could cause children to develop autism. Despite an overwhelming body of scientific evidence that does not support this finding, the debate continues to unfold. The autism-vaccine controversy can be viewed as a failure of health officials to maintain public faith in childhood vaccinations, or as a misinterpretation of the risk of vaccines on the part of the public (Clarke 2008).

## Theoretical Perspectives

Two theoretical paradigms that apply to the discussion of childhood vaccinations and vulnerable children in parenting magazines are risk society theory and neoliberalism. The theory of risk society deals with the widespread uncertainty, anxiety and sense of impending, unpredictable danger that is part of today's society (Giddens 1991; Beck 1992). Within this perspective, people's consciousness is an important aspect of an individual's experiences, which in turn influences the way individuals forge their identity (Golden 2005). Based on their own experiences and beliefs, different members of society identify different aspects of life as being a risk or threat, often based on the generation they belong to and their economic standing (Casiday 2007). One example is that older and poorer individuals are more likely to fear being the victim of criminal acts than younger and richer people (Pantazis 2000). Therefore, the understanding of risk is individual and can change based on experience and often influences how individuals make choices. This directly applies to the debate on childhood vaccinations that is being presented in this research. A parent who has witnessed the harm the diseases can cause will likely identify the disease as high risk, whereas a parent who has not witnessed the disease may not identify it as high risk. Consequently, one parent will choose to vaccinate their child to protect them from this risk, while the other may not, as they may not perceive it as a risk that needs to be prevented. This is important to understand when analyzing if parents choose to vaccinate their children, and specifically how the parenting magazines present risk for individual parents to interpret.

In the twenty-first century, meeting the needs of children while also avoiding risk requires careful research and planning by parents (Wall 2013). Due to exposure to the media in Canada and the United States, fear has become a central feature of everyday life and often influences parents' planning (Altheide 2002). The media use images and discussion of threats to

children such as previously mentioned illnesses and emerging bio-terrorism, to create an increased sense of fear (Altheide 2002). Altheide (2002) suggests that children were a dominant theme in newspaper articles with headlines that included the word “fear” and that very association between “fear” and “children” has increased over time. Altheide (2002) found that *Los Angeles Times* articles with the word “fear” in the title were associated with stories about children (28%), schools (28%), and community (30%), showing the dominance of “fear” and child-related topics. The media also promote fear for children’s wellbeing by reporting stories and emphasizing the impact the topic could have on children. An example is the media heavily reporting the story that before the United States bombed Iraq, President Clinton framed the inspection of weapons of mass destruction in terms of risk to the world’s children (Altheide 2002). Hence, through the association of fear and anxiety with children the media can create a sense of children being vulnerable.

Neoliberalism is a second relevant theory that is connected to a cultural focus of risk management and individual control, showing that children have greater needs compared to adults and parents are demonstrated as having greater responsibility (Wall 2013). With the rise of individualism, putting oneself before others or society became a common action, where members of society began to act more for themselves rather than the community they live in. As Reich (2016) demonstrates in her work, parents now focus more on an individual cost-benefit analysis with less regard for the societal benefit. Life has become a planning project involving anticipating and managing risk, and making decisions based on their set of knowledge to ensure the individual’s future success (Beck-Gernsheim 1996; Smith 2012; Wall 2013, Reich 2016). If people do contribute to the betterment of society, by donating to a food bank for example, there is a selfish purpose behind this act; they do this to ensure that measure of assistance is returned to

them later in life if needed (Woodcock 2012). Therefore, individuals may help society as a whole, but it is from a personal selfish mindset (Smith 2012).

Furthermore, neoliberal risk discourse assumes that individuals are responsible for recognizing and mitigating risk within their lives (Beck-Gernsheim 1996; Smith 2012; Wall 2013). If individuals educate themselves, they can anticipate and influence outcomes, where good outcomes are not a result of luck, but rather they are achieved through planning and management of life (Wall 2013). A parent may research to determine which vaccines their child should receive and which to avoid. Reich (2016) calls this *individualist parenting*, expending time and money to strategize how to ensure their children are healthy while ignoring the larger issues around them. A neoliberal perspective allows a better understanding on the mother, as mothering is more child-centered as mothers engage in activities that they determine are best for their children. This shift aligns with neoliberal viewpoints and the rise of risk (Wall 2013).

Together, risk society and neoliberalism position children as needy, vulnerable, and dependent (Wall 2013). Risk society recognizes that people determine what they deem to be a risk. This applies to childhood vaccinations, as anti-vaccine parents deem the vaccines to be a threat and others deem the preventable disease to be the greater risk (Reich 2016). Parenting magazines can provide information that allows parents to form their own opinions. So it is important to understand how vaccinations are discussed and the implications of cultural understandings of risk and children. Neoliberalism addresses parental responsibilities, specifically focusing on the mother, in regards to ensuring the health of her children and the necessity to plan all aspects of life. Choosing to vaccinate is one way a parent may choose to protect their child's health. Therefore, the portrayal of vaccines in parenting magazines is

important to analyze, because they reflect changing understandings of risk, children, and parental responsibility.

## Methods

### Sample

I analyzed articles from both *Parents* magazine and *Today's Parent*. These two magazines were chosen because the two of them have continuously been used in scholarly work, specifically sociological research. *Parents* is America's leading parenting magazine founded in 1926 (Meredith Corp. 2016). *Parents* magazine has 13.7 million combined print and digital subscribers with 1 million Twitter followers, 163 thousand Pinterest followers, and 1.5 million Facebook likes (Meredith Corp. 2016). *Today's Parent* was founded in 1984 and is Canada's most popular parenting magazine (Rogers Media Inc. 2016). It has 1.85 million combined print and digital subscribers with 1.2 million Twitter followers, 14 thousand Pinterest followers, and 98 thousand Facebook likes (Rogers Media Inc. 2016). Analyzing two popular parenting magazines means that the data and findings are comparable, as both are a dominant source of data in academia. For academics studying parenting trends in Canada and the United States, both magazines are said to discuss similar topics in regards to parenting advice and strategies (Hays 1996; Quirke 2006; Rutherford 2009, 2011; Milkie and Denny 2014). Finally, both magazines publish twelve issues a year (Meredith Corp. 2016; Rogers Media Inc. 2016). All of these components allowed me to analyze them individually and draw comparisons in my collected sample of articles published between 1984 and 2015.

Articles from both magazines were found using the truncated search term "vaccin\*". This allowed for search terms such as vaccine, vaccination, vaccinate etc. to be found within one search. The term "immuniz\*" was also used, but returned fewer results, which were already found using "vaccin\*", so I will focus on the results returned from "vaccin\*". *Parents* articles were collected using a subject search option where articles are labelled and organized by topics they discuss. This search returned 63 articles that were indexed by the database to focus on the

discussion of terms related to “vaccin\*”. The indexed search engine for *Today’s Parent* does not allow a subject search, so articles were sought using a keyword search option, where 125 articles that contained the words pertaining to “vaccin\*” were returned. When searching *Parents* magazine, the subject search returned fewer articles that were not included in this research, because it only returned articles that focused on discussing vaccines, instead of a keyword search that returned all articles that mentioned the word “vaccin\*” within them.

The search within *Parents* articles returned 63 results. Of these, 27 were specifically about childhood vaccines and will be used for this research. The search within *Today’s Parent* returned 125 results; 17 were specifically centralized on childhood vaccinations and will be used for this research. This resulted in 44 articles in total to be analyzed within my research. Articles from both publications were rejected if they focused on animal vaccines or a specific illness such as autism or chicken pox, where vaccines were mentioned only in passing. Overall, if the article only mentioned vaccines for two sentences or less, it was not included in the sample.

## **Procedure**

A content analysis aims to summarize a phenomenon, through the use of descriptive categories and concepts (Elo & Kyngas 2007). This is useful for this research, because it summarizes the discussion of childhood vaccinations, parenting, children, and risk in parenting magazines, over time and location. The content of the parenting magazines can be argued to represent the social norms and practices of the time. Hence, analyzing the magazines over time and across Canada and the United States allows this research to develop a condensed description of the discussion and presentation of children, parenting, and vulnerability in parenting magazines articles on childhood vaccinations.



After collecting the sample of articles, I assessed them using a thematic analysis with an inductive and semantic approach, analyzing how the magazines portray childhood vaccinations. As Braun & Clarke (2006) state, a thematic analysis is used to identify, analyze and report patterns in the data. A thematic analysis uses easily compared themes of how the magazines have discussed childhood vaccinations over time and across Canada and the United States. The comparison over time chronicled whether a theme continued over many years, or if similar themes regarding how vaccines are discussed appeared together in particular years. I quantified and compared the number of times a theme appeared. As indicated in past research, thematic analysis also allows for a quantitative and qualitative analysis of the data (Kitzinger 1999; Quirke 2006; Clarke 2010; Wall 2013; Milkie and Denny 2014).

The inductive approach to thematic analysis conducts a bottom up approach, beginning with an idea and general question and turning to the data to find a solution instead of using the data to support a preconceived hypothesis. An inductive approach involves developing themes closely related to the data and not placing the data within a pre-existing framework, and it is not restricted by attempting to support a specific premise (Braun & Clarke 2006; Elo & Kyngas 2007). I developed themes based on the 44 articles, and used them to analyze the data over time and across the two publications.

I used grounded theory, but did not commit to all aspects of it. Grounded theory should develop as many codes as possible in the beginning, and then be able to generalize the categories and relate them to one another by the end (Glaser and Strauss 1967). I began developing codes by analyzing the abstracts of the articles, which is where a majority of the codes were developed. While analyzing all of the articles, I was accepting of new codes and developed a few more while analyzing the first two articles, but after that there were no new codes added. This allowed

for the development of as many codes as possible. These codes were then organized into five themes, which are used as subheadings in the analysis portion of this research. Similarities were found between multiple codes, and they were combined to develop the themes, therefore there is not one code per theme.

Grounded Theory is the systematic generation of a theory through research instead of conducting research based on a theory (Dey 2004). However, I recognized risk society and neoliberalism early, and used them as a guiding tool for my methodology. Although the research recognized theory at the forefront, it still benefited from a largely inductive, exploratory approach.

## **Coding**

I used open coding which involves the categorization of data by establishing codes to convey the meaning of the material through close comparison of different data passages (Weston et al. 2001; Dey 2004). At this level, the data were used to determine the categories for the coding process, without input from an overarching theory (Dey 2004). Risk society and neoliberalism as theoretical paradigms were used to guide the research questions, but were not used in the development of codes (Dey 2004). There were no codes that could be used from past research, so the coding themes developed naturally from the data, making the open coding stage very important. This led to the addition of some codes after analyzing a few articles where a new code was identified. Open coding allowed for general codes such as the positive or negative discussion of vaccines or doctors to surface. The codes were later categorized into groups such as if the article was positive or negative towards vaccinations.

Furthermore, I analyzed how magazines discussed the vulnerability of children over a period of time.

I began by analyzing the articles' abstracts and later the entire articles to identify instances of children being presented as vulnerable, presentation of parents, and how vaccines were discussed (see Table 2).

**Table 2: Description of what is included within the codes**

Topic	Description
Vulnerable Child	Threat from vaccines; threat from diseases; threats from everyday life; need to be protected; horror story; personal account of reactions to vaccines or diseases
Strong Children	Healthier than children in the past; vaccines help to make them strong; independent
Vaccination Debate	Vaccines are good; vaccines are harmful; vaccines protect everyone; vaccines are not to be trusted
Responsibility of Parents	Parents are responsible for protecting their children; parents are expected to protect all children; what are parents expected to do to protect the children
Parents Should Talk to Their Doctors	Parents should do as their doctor tells them; doctors should be used as a source of information; parents should have questions for their doctors when their child is vaccinated
Parents Need to be Educated	Parents should be educated and make their own decisions; making informed decisions is important;
Support for Argument	Quoting doctors; using scientific method or statistics; personal accounts from parents/grandparents

When coding the articles, these topics were not considered mutually exclusive. For example, when discussing recent outbreaks of preventable diseases, an article states,

Infectious disease specialists say these cases are due to a breakdown of what's known as "herd immunity." In order for a community to be fully protected against the disease, 80 to 90 percent of its population needs to have been vaccinated, says paediatrician Lance Rodewald MD, director of the Immunization Services Division of the CDC. ("Vaccines: Getting to The Point." *Parents* 2008).

This passage was coded as presenting children as vulnerable and the use of doctors' quotes to support their argument. Another example in *Today's Parent* demonstrates the importance of vaccines, strong children, and parental responsibility stating,

We parents today sometimes find ourselves growing complacent about the miraculous gift of life vaccines offer our children. It is easy to forget that once upon a time polio epidemics swept through whole towns leaving in their wake large

numbers of paralyzed and dead children. Thank goodness that can never happen again and our children are depending on us to make sure that it doesn't. ("Our Guardian Vaccines." *Today's Parent* 1984).

This passage was coded as vaccines making children strong, vaccines are important, and parental responsibility.

## Analysis

Before discussing the analysis, an explanation of risk and vulnerability is required. The Merriam-Webster dictionary defines risk as, “someone or something that may cause something bad or unpleasant to happen.” Vulnerable is defined as, “easily hurt or harmed physically, mentally, or emotionally.” Based on these definitions, children can be at risk from disease or vaccinations, but overall they are seen as vulnerable. The articles did not always address specific risk factors facing children, but constantly presented children as vulnerable. Therefore, this analysis will focus on the presentation of children as vulnerable which includes the mention of particular risk factors. The following subheadings: “Vulnerable Child,” “The Presentation of Parents,” “Social Class,” “Positive and Negative Discussion of Childhood Vaccines,” and “Changes Over Time,” are the themes that were developed from the analysis of the codes. “Information About the Articles”, provides a summary of the general themes that occurred in the article, and examples of how passages were coded.

### Information About the Articles

Attention to childhood vaccinations in parenting magazines has changed over time. *Parents* magazine regularly discussed childhood vaccinations since 1984. *Today's Parent* began to focus on childhood vaccinations in the last six years, almost a third of the articles analyzed were published since 2010. Both publications focus on educating parents about vaccinations, and delivering a public service announcement that vaccines are good and essential to the wellbeing of a community. Regardless of the time period or publication, the general message about vaccines is that vaccines are good and parents should ensure their children are vaccinated if they are able to be. This general message is summarized nicely by *Parents* stating, “‘The overwhelming picture,’ summarizes Dr. Halsey, ‘is that vaccines are beneficial and keep children healthy. And that’s

exactly what all of us want – parents, health-care providers, and the people who make the vaccines.” (“There Are Just Too Many Shots.” *Parents* 2015). Overall, passages such as this demonstrate that vaccines are intended to improve the health of society, and therefore parents should vaccinate their children.

There were two relevant themes in the two magazines, the vulnerability of children and the responsibility of parents, which occur individually in over half the articles analyzed. The following passages demonstrate examples of these themes and how they were coded. When discussing childhood vaccinations, vulnerability of children is dominant in both publications as they discuss the threat of the vaccines, diseases and other aspects of everyday life. In a *Parents* article discussing the diphtheria, pertussis, and tetanus (DPT) vaccine, in a section discussing the risks and benefits of the vaccines, the article demonstrates that though there are potential side effects from the vaccine, they are minimal and there are greater risks facing children in their daily lives. While discussing the potential risks associated with vaccines, the article mentions that,

According to the American Academy of Paediatrics, each year about 50 to 75 children will suffer serious neurological injury, and there will be a few deaths. Even this figure may be too high, since an injury that occurs within 30 days of immunization and that cannot be tracked to another source is considered, but may not actually be, related to a vaccine.

This is a very small risk, much smaller than the ones children are exposed to everyday in cars, in the home, and on the street. By comparison, every year 250 children under the age of four drown in bathtubs or home swimming pools, and over 400 are killed in automobile accidents. (“The DPT Dilemma.” *Parents* 1987).

This passage presents children as vulnerable in a variety of situations including playing in the backyard, riding in a car, or even taking a bath, with vaccines posing a minor risk. Passages such as this demonstrate that the risks from the side effects of vaccines are insignificant and acceptable compared to the risks children face in everyday life.

Occasionally children are presented as strong and not vulnerable as demonstrated in the following passage,

Your infant is already exposed to thousands of germs on a daily basis (whether or not he's in childcare). Even if your baby got 11 shots at the same time, he would need to use only about 0.1 percent of his immune system to respond. ("Hot Topic: Vaccines and Autism." *Parents* 2008).

This passage presents children as strong, as their immune system can protect them from the viruses in the vaccines and from daily encounters with germs. Passages presenting children as strong only appear in eighteen percent of the articles, making it a small contribution to the overall discussion as the main focus was presenting children as vulnerable.

The articles did not only focus on children, they also presented expectations of parents. The presentation of parents within the articles was deciphered in three categories including: needing to be educated, encouragement to talk to their doctor, and responsibility to protect all children. These categories are not considered mutually exclusive. Often passages encouraging parents to talk to their doctors deliver a straightforward message. For instance, "You should also ask your doctor to carefully explain the normal range of adverse reactions so that you can be alert to anything out of the ordinary that may occur" ("The DPT Dilemma." *Parents* 1987). This passage is coded as encouraging parents to talk to their doctors and that need for parents to be educated because it urges parents to be informed about the side effects.

The responsibility of parents to protect their children is the most popular topic regarding the presentation of parents. By protecting their children, parents are also informed that they are protecting all children as the vaccine process can stop the spread of the disease to others. Often these quotes are straightforward and presented as such in *Today's Parent*,

As a parent you can contribute to the health of the Canadian population by knowing what immunizations your children require, by ensuring that they receive them at the recommended intervals either from your private physician or public health unit, and

by keeping accurate records of immunization status up to date – your children are depending on you. (“Our Guardian Vaccines.” *Today’s Parent* 1984).

This passage blatantly states that children are relying on their parents to protect them. The passages discussing parental responsibility can also target a parent’s desire to not be labelled a bad parent,

In case you need a reminder to make sure your children are caught up on all of their immunizations: A new study has linked the recent pertussis (whooping cough) outbreak in California to children who weren’t vaccinated, and cases of measles are on the rise for the same reason. (“Check Up on Vaccines.” *Parents* 2014).

This is coded as parental responsibility because it directs parents to vaccinate their children and implies if they do not vaccinate, then they are harming all children.

## **Vulnerable Child**

Vulnerability of children has been a popular topic within the articles that were analyzed with 37 of the 44 articles (84%) discussing children as being vulnerable. Therefore, it is pertinent to look at and understand how vulnerability is presented within these articles. Only 8 of the 44 articles (18%) mentioned children being strong, and these are often small passages in articles that also present children as vulnerable. When a child is discussed as being strong, the vaccine was illustrated as being the reason of their invulnerability and ability fight off the diseases. For example, an article in *Parents* stated the following as a mean to characterize the vaccine in a positive light when it comes to looking at the invulnerability among children,

Even infants produce antibodies, substances that fight off unwelcome bacteria and viruses. A vaccine contains antigens, weakened versions or parts of disease-causing germs: these will prompt your baby’s immune system to make antibodies. If a child is ever exposed to the actual germ, these antibodies will attack it before it causes the disease. The result is that your baby develops immunity without having to suffer through the illness or its complications, says Dr. Orenstein. (“Why Babies Need Shots.” *Parents* 2008).



The other common discussion about strong children is that their immune system successfully fights off more attacks in day-to-day life than required when receiving a vaccine. *Today's Parent* provides a similar example to *Parents* suggesting,

When babies are born, they immediately develop an active immune response to their non-sterile environments. Within days their skin, nose, throat and intestines are covered with tens of thousands of bacteria. "The 11 or 12 vaccines that children receive in the first two years of life are just a drop in the ocean when compared with the tens of thousands of environmental challenges that babies successfully manage every day," according to the Children's Hospital of Philadelphia. ("Needling Doubts." *Today's Parent* 2011).

Passages such as this discuss children as being strong, but also demonstrate how vulnerable they are in day-to-day life. This works as a paradox, although children are rarely presented as being strong individuals, when it is done so, the article also works to perpetuate this idea of vulnerability amongst children.

Seven articles did not present children as vulnerable or strong, instead they focused on providing information about the vaccinations as demonstrated by *Today's Parent* discussing the DPT vaccine,

This three-in-one vaccine protects children from diphtheria, pertussis (also known as whooping cough) and tetanus (or lockjaw). Children should get three injections in the first year of life (usually at two, four and six months) and a fourth injection when they are 18 months old. A fifth injection or booster is given before they enter school (at four to six years of age). ("Sure Shots: Your Child's Vaccinations." *Today's Parent* 1994).

Passages and articles such as this do not characterize children on the basis of vulnerability. Instead, they aim to provide in-depth information on the vaccines and the diseases they prevent to parents. Doing so, gives the parent the power to decide what route to go and how they themselves think of their own children in regards to vulnerability.

Both publications discuss the topic of vulnerable children in similar ways when writing about childhood vaccinations. Children being presented as vulnerable was the most dominant subject matter in both publications throughout the entire time period that was analyzed. Children were portrayed as being at risk from everyday activities such as playing in the park, and the continued threat of preventable diseases. The possible solution presented in the articles to address these threats was increased adult supervision. Often these risks were presented as a justification for parents to vaccinate their children.

### Threats of Everyday Life

Throughout both publications, one common theme about the vulnerability of children is the threats they face in everyday life. These threats are often discussed in conjunction with the discussion of vaccines or diseases as risks. The articles emphasize the high risk that the preventable diseases still pose to children. This appeals to parents' assumed fear of risks facing their children and their desire to ensure the child's safety. Parents are presented in the articles as being concerned parents in regards to the risks their children face more in the event of a kidnapping for example, instead of being highly focused on diseases. The following passages encourage this heightened awareness and ensure that parents include deadly preventable diseases in their concerns. This is demonstrated in an article from *Today's Parent* that states, "We worry about car accidents, kidnappers and terrorism, but not polio." ("Hot Shots: Some would have you believe vaccines do more harm than good. Here's why that's wrong." *Today's Parent* 2002). This implies that preventable diseases and car accidents should be an equal concern for parents. Along with informing parents that they should be concerned about preventable diseases, in *Parents*, there is a reminder to parents that the diseases also pose a threat in daily life, "Even if you're a stay-at-home kind of family, your child can catch contagious diseases from a neighbour,

a friend, or complete stranger who sneezes as she walks by you in the grocery store.” (“Why Babies Need Shots.” *Parents* 2008). Both of these passages represent the continued message that preventable diseases are still a threat to children and that parents need to fear and prevent risks to their children.

When supporting vaccinations, the articles occasionally demonstrate that there are greater threats facing children in their everyday lives than side effects from the vaccines. *Parents* demonstrates this, stating,

This is a very small risk, much smaller than the ones children are exposed to everyday in cars, in the home, and on the street. By comparison, every year 250 children under the age of four drowned in bathtubs or home swimming pools, and over 400 are killed in automobile accidents. (“The DPT Dilemma.” *Parents* 1987).

The articles assume that parents are worried about their children on a daily basis and use this assumed concern to encourage parents to vaccinate their children. What is said throughout such an article is that, the vaccine can protect their child as it poses a less severe risk than other concerns parents may have such as their child drowning.

The above passages present children as being vulnerable within their daily lives with threats posed both from the diseases and everyday activities. They assume that parents are already worried about daily threats that face their children including, kidnapping and car accidents, and use this pre-existing fear as justification to vaccinate children. Good parents are assumed to be concerned about these risks and vaccinate their child. These passages often focus on sickness in general and not on the deadly preventable diseases. The message that is distributed is that children are constantly at risk, because of the fact that they are simply children, and it is the parents responsibility to do whatever they can to protect their children at all times.

## Continued Threat from Preventable Diseases

Another focus when discussing vulnerable children are the threats that the preventable diseases place on the child. Though some diseases have been eradicated from the planet or eliminated from the child's country of residence, they are still a serious threat. Many times these vulnerabilities among children are presented in a shockingly vivid depiction. As *Today's Parent* demonstrates,

Like the feathery seeds of a milkweed plant on a windy day, microscopic viruses and bacteria are propelled into the air by a cough, a sneeze, and softly land on a hand, a toy, a cup. With the germs now on her hands, a baby need only rub her tired eyes or scratch her itchy nose to unwittingly infect herself. ("Needle Points: Prickly Questions About Vaccinations." *Today's Parent* 1997).

This depiction manipulates a pleasant visual of milkweed floating through the air into a serious concern for the wellbeing of a child. This portrays children as so vulnerable that there is little society can do to protect them, as disease are thought as being present all around us. *Parents* discusses the continued threat from these diseases, and places the onus on the parents when they state,

Just because there haven't been cases of certain diseases in your neighbourhood, don't assume that your child won't come into contact with them. Measles, whooping cough, and tetanus cause about 3.2 million deaths annually worldwide. ("Keeping Your Baby Safe From Disease." *Parents* 2005).

These passages address the severity of the preventable diseases that people do not think exist anymore, and emphasize that they do still exist and can possibly be fatal to children. The passages also place the responsibility on the parent, stating that their children may come into contact with the diseases, and it is their responsibility to protect their children. Stating, "...don't assume that your child won't come into contact with them," leaves the severity open for

interpretation. As this quote is quite open, it is the parent's responsibility to read between the lines and to take any means necessary to protect their children

Children are still at risk from very dangerous preventable diseases even though these diseases are not as common as they once were. Though parents may not have experienced the diseases first hand, the articles attempt to demonstrate that the diseases are still a serious threat. In addition to the earlier passages demonstrating that children are at risk from everyday activities that could make them sick, these passages expand on this theme to demonstrate that children can contract serious deadly illnesses through mundane activities such as sucking their thumb. These passages show that children are at risk from the exact diseases that vaccines prevent, and that these diseases could kill children.

#### Adult Supervision Required

A third common practice when discussing the vulnerability of the children is the mentioning of heightened adult supervision that is required to ensure children are safe. *Today's Parent* provides an excellent example of this, stating,

From the moment you first cradle your newborn, the urge to protect him from danger is overwhelming. You make sure he is warm and fed, baby-proof your home, peek into his crib at night to see if he's still breathing. ("Immune Proficiency." *Today's Parent* 2003).

Another example is when *Today's Parent* states,

After the vaccination watch your child very closely for adverse reactions. Although mild fever, some pain, swelling and irritability is normal, the Ontario Ministry of Health recommends that you contact your doctor should your child: develop a temperature of more than 104°F (rectal); cry constantly for more than three hours; have a high-pitched cry; become limp or pale; become excessively sleepy or have difficulty waking; or suffer a convulsion (this may range from twitching, rolling eyes, shaking or sucking a rapidly to a full seizure). ("New Needles." *Today's Parent* 1987).

In addition to being hyper-vigilant to protect their children from risks in their home, parents should also closely watch their children after receiving a vaccine to ensure their wellbeing. These passages deliver a message that minor side effects from vaccines are acceptable and acknowledged as a part of protecting children. Furthermore, *Parents* reminds parents that the preventable diseases are currently a risk to their children. If they do not vaccinate their children, their children could contract the disease and in part, encourage an outbreak that could place other members of society at risk. Articles draw on and encourage a parent's desire to contribute to the greater good and not potentially harm community members,

In case you need a reminder to make sure your children are caught up on all of their immunizations: A new study has linked the recent pertussis (whooping cough) outbreak in California to children who weren't vaccinated, and cases of measles are on the rise for the same reason. ("Check Up on Vaccines." *Parents* 2014).

These passages and many others focus on the role of the parent to protect their child, and it is the parents responsibility to ensure their child is protected and by extension ensuring the safety of all children. Parents need to that nothing in the house will harm their child and ensure that the products they provide for their child are indeed safe for them. Parents also need to have their children vaccinated and monitor them to make sure these are kept up to date, and monitor them closely after having them vaccinated. All of these expectations increase the amount of time parents need to invest in protecting their child.

The above passages recognize that children are at risk from a variety of threats, but their overarching focus is to emphasize that parents need to protect and ensure the safety of their children. The children could be at risk from side effects of the vaccines, the disease, unvaccinated children, or household dangers. All of these threats can be prevented and it is the parent's responsibility to ensure that the children are protected.

Both publications present children as vulnerable and as facing risk from diseases, everyday life, and to a lesser extent the vaccines themselves. They both propose that the solution to these issues is the increased responsibility and supervision of parents. The difference between the two publications is the consistency of the discussion, as *Today's Parent* only began the discussion nineteen years ago, but *Parents* began in 1985.

## **The Presentation of Parents**

It is important to understand how parents are represented in the articles that they are reading. The presentation of parents within these articles can inform the reader what a good parent is, and informs parents what is socially expected of them. Mothers have a dominant presence in the articles compared to fathers as they are often quoted, whereas there are only four quotes from fathers.

Fathers are only presented in the articles two ways, either as a medical professional, or in association with the child's mother. Quotes from a doctor, who also identifies as a father, always involve him mentioning that his children are fully vaccinated. When discussing his interactions with new parents, a father who is quoted because he is a doctor mentions that, "Many parents find it comforting that my two children, ages 8 and 12, are fully immunized." ("I Won't Treat Unvaccinated Children." *Parents* 2015). Again, while examining the autism-vaccine controversy, a father, who is a doctor, presents his professional opinion with the following statement, "'From the scientific point of view, it's a dead issue,' Scherer says. Both of his school-aged children have been fully immunized." ("Needling Doubts." *Today's Parent* 2011). The other presentation of fathers in the articles is quoting them along with the child's mother. After a mother and father finish discussing the reasons they vaccinated their children, the father states, "Why would we make any people suffer the consequences of the disease themselves if we can

help it?” (“Needle Points: Prickly Questions About Vaccinations.” *Today’s Parent* 1997).

Additionally, while another mother and father are reviewing the reasons they vaccinated their children the father states, “I’m in favour of doing what we need to do to make our kids the healthiest they can possibly be.” (“The Chicken-Pox Shot.” *Today’s Parent* 2013). These four passages are the only quotes from fathers present in the analyzed articles. One difference that can be noted between *Parents* and *Today’s Parent* is that *Parents* only quoted a father once, and it was while quoting him as a doctor, demonstrating that they are not concerned with presenting fathers in their articles about childhood vaccinations. These passages demonstrate that a father is unable to make a decision on his own in regards to vaccinations, unless he is a medical expert. This places more responsibility upon the mothers, as they are instructed to make the right decisions to ensure their child’s wellbeing.

Quotes from various mothers are used to introduce common misconceptions or experiences that parents reading the articles may share. This includes a mother recalling her friend questioning her choices, a mother discussing how the constant bombardment of information from the media has made her confused, or a mother discussing her concerns about vaccines. As an article is discussing a mother who is questioning vaccines they mention that, “Molin contends that just as with the overuse of antibiotics, ‘the same thing, I think, is happening with vaccines.’” (“Pox Shot: Does Your Child Need the Needle.” *Today’s Parent* 2000). The next paragraph in the article reacts to this sharing that,

Paediatrician Barbara Law is well practised at countering the concerns that Molin and other parents raise. While acknowledging that there is a small amount of scientific evidence suggesting that using too many vaccines may cause one to interfere with another, Law counters that vaccines are subject to rigorous testing before they are licensed. (“Pox Shot: Does Your Child Need the Needle.” *Today’s Parent* 2000).



When a mother is quoted questioning vaccines, the article disproves this common belief right away using scientific knowledge. This demonstrates that quotes from mothers can be used as an opportunity to introduce common misconceptions or arguments in order to refute them. These articles assume that parents reading these articles may share these beliefs and aim to disprove them and encourage the vaccination of children.

A common focus of quotes from mothers is presenting the importance of vaccines. These quotes add a personal aspect to the message of vaccinations, which is largely discussed by medical professionals and scientific research. A mother whose daughter suffered serious side effects from a vaccination, supports vaccines when sharing her personal opinion,

When my son was born two years later, I made sure he got all his shots, even though it took a lot of strength to do it. And I finally allowed my daughter to get the rest of hers too, one by one; I have one more to go. (“I’m Not ‘Anti-Vaccine,’ But...” *Parents* 2015).

Though she has personal reasons to not support or trust vaccines, the mother still understands and expresses the importance of vaccines. Another mother recounts her choice to vaccinate her children and provides a personal reason for doing so when she shares,

When my children were young, immunization against diphtheria, tetanus, and pertussis (whooping cough) was routine. Perhaps I was more conscientious than the average parent because I had vivid memories from my own childhood of my newborn sister’s devastating, but fortunately not fatal attack of whooping cough. But like most parents, I simply took my children for their DPT shots, soothed them through the minor reactions, and never gave immunization a second thought. (“The DPT Dilemma.” *Parents* 1987).

These passages demonstrate that a good parent is one who vaccinates their child and who cares for them by accepting the side effects as a minor issue. The use of mothers’ quotes adds a personal experience and connection to deliver the message that vaccines are important.

The most common presentation of parents within the articles is that they need to care for and protect their vulnerable children. The discussion pertaining to the parental responsibilities

around vaccinations are founded upon this shared social norm of protecting their children. This sense of responsibility can range from the parent ensuring that the preventable diseases do not return, to taking responsibility for the treatment their child is receiving in the first place. The first issue of *Today's Parent* for example, published an article that highlights this sense of parental responsibility that is internalized by the parents, resulting in them being more hyper-vigilant regarding their child's wellbeing,

We parents today sometimes find ourselves growing complacent about the miraculous gift of life vaccines offer our children. It is easy to forget that once upon a time polio epidemics swept through whole towns leaving in their wake large numbers of paralyzed and dead children. Thank goodness that can never happen again and our children are depending on us to make sure that it doesn't. ("Our Guardian Vaccines." *Today's Parent* 1984).

This passage places responsibility on parents to protect children and keep deadly disease at bay. By refusing to vaccinate their children, a parent is placing not only their child at risk, but also all children. Later *Parents* introduces the idea that parents should ensure their children are safe and should only allow them to interact with vaccinated children,

I urge you not only to see that your own children receive the basic immunizations but also to be sure that others with whom they may come in contact, including older siblings of those contacts, have also been immunized against measles and other preventable childhood diseases. ("Immunization Basics" *Parents* 1986).

The responsibility of parents is quite demanding; they are expected to ensure their children are safe, including monitoring the vaccination schedules of the children their child is interacting with. The message that parents are responsible for protecting their children and by extension all children, is present throughout the articles that were analyzed regardless of the time of publication. As demonstrated in *Parents*, "At the heart of the vaccine debate is the idea that when

you immunize your children you don't just protect them – you help shield your entire community.” (“Vaccines: Getting to The Point.” *Parents* 2010).

As time progresses more responsibilities are introduced for parents. In addition to protecting and strictly supervising their children, parents are additionally responsible for being educated about the vaccines and the treatment plans their children are receiving,

There are other options, too. For example, parents can request that their child receive only the diphtheria and tetanus without the pertussis part of the DPT vaccine if this is the component they most want to avoid. They can also ask to have their child's blood tested after the first MMR shot to see if she has developed the immunity by that point, thus dispensing with the need for a second dose. (“Needle Points: Prickly Questions About Vaccinations.” *Today's Parent* 1997).

Parents are expected to be educated about the vaccinations in order to protect their children. This responsibility assumes that the parents have time and resources to spend educating themselves about the vaccines, and the ability to check-in on other children's vaccination records, which may not always be the case for parents reading these articles.

## **Social Class**

Past research has demonstrated that parenting magazines target middle-class parents, and my research supports this. The articles support middle-class ideals such as being comfortable talking to a doctor or requesting an alternate treatment plan. Also, the articles often offer advice that is only obtainable by middle-class parents including spending additional time and money to ensure their child's wellbeing. Along with these subtle middle-class messages, two articles blatantly separated the poor and middle-class families.

The two articles that mention poor families are both *Parents* articles. The first is “The DPT Dilemma,” (1987) discussing how lawsuits against pharmaceutical companies could increase the price of vaccinations, “which will be passed onto parents; ... and perhaps most

troubling, a threat to the health of the nation's children, particularly those from poor families.” Later *Parents* mentioned “...immunization rates are lower among black people, poor children, and children that live in urban areas, such rates are not restricted to these groups.” (“America’s Vaccine Crisis.” *Parents* 1993). Both of these articles address the struggle for low-income families to afford childhood vaccinations, placing them at a greater risk. In 1993, the American government made all childhood vaccinations free, eliminating this class gap (Centre for Disease Control and Prevention 2014). After 1993, there was no longer a discussion of those who are part of a low-income household being unable to access the vaccines, or any direct comparisons of class in *Parents*. I feel this did not occur in *Today’s Parent*, because in Canada the provinces and territories determine their own vaccination schedules and distinguish which vaccines are paid for by the government, so there is no overarching mandate that can be discussed (Government of Canada 2016). Therefore, directly comparing working-class and middle-class references was not dominant in the articles analyzed.

Middle-class privilege is occasionally present in articles that mention activities that most likely only middle-class families can partake in such as traveling, or extra curricular activities. *Parents* mentions that “With the rise in international adoption and travel, serious illnesses are only a plane ride away.” (“Vaccination Myths and Facts.” *Parents* 1999). It is likely that only middle-class families will be engaging in international adoption and travel, and therefore, this risk only applies to middle-class children. However, this passage is a rare example focusing on concerns facing only middle-class children, instead the articles demonstrate how all children are at risk and not just middle-class children,

Just because there haven't been cases of certain diseases in your neighbourhood, don't assume that your child won't come into contact with them. Measles, whooping cough, and tetanus cause about 3.2 million deaths annually worldwide. Kids who visit countries where children aren't routinely immunized or who have

contact with unimmunized individuals from those countries are also vulnerable. (“Keeping Your Baby Safe From Disease.” *Parents* 1995).

This passage states that children who travel, likely middle-class children, are at risk from the diseases, but so are children who do not travel, likely working-class children, because infected individuals could be bringing the disease to the child’s country of residence.

Therefore, all children are at risk and not just middle-class children. *Today’s Parent* demonstrates a similar passage discussing the continued threat of preventable diseases to all children, stating the following,

... many vaccine-preventable diseases, such as measles, still circulate elsewhere in the world - so all it takes is for one traveller to unsuspectingly bring the bug into Canada and an outbreak can occur, particularly among groups that don't practise immunization. (“Vaccine Update.” *Today’s Parent* 2007).

This still addresses the idea of travel placing children at risk, but it is the people traveling to the child’s country who are creating that very risk. All in all, the articles do not focus on only middle-class activities, they instead discuss threats that all children face regardless of their social class.

The middle-class target market is apparent in articles that suggest parents should talk to their doctors. Middle-class mothers are more likely than working-class mothers to confront a doctor if they have questions about their child’s health or suggested treatment (Lareau 2000; Clarke 2010). The articles from both publications often suggest that parents should be informed about vaccines and should communicate with their medical practitioners about any concerns or questions that they may have. *Parents* demonstrates this relationship between the doctor and parent,

Combination vaccines: you can limit the number of shots your baby receives by requesting combination vaccines, which protect your child against multiple diseases with a single shot. “Only 50% of paediatricians in private practice are now using

combination vaccines, so parents need to ask for them,” says Dr. Pichichero. (“Why Babies Need Shots.” *Parents* 2008).

*Parents* urges middle-class parents to question their doctors in regards to vaccination schedules and its procedures as well. For instance, “When it’s time for your child to get a DTP vaccine, which protects against diphtheria, tetanus, and pertussis, ask your doctor to give the shot in the thigh, rather than the arm.” (“Vaccine Pointer.” *Parents* 2013). Both of these passages involve the parent being informed and comfortable enough with their doctor to ask questions and make certain requests. This is a middle-class mindset that the articles are portraying as working-class mothers may not feel comfortable asking questions.

Along with having time to be informed about vaccines, the articles occasionally mention that parents should devote their time towards picking a doctor who is appropriate for their specific family. *Today’s Parent* exemplifies this, “You need to feel confident that the doctor will listen to your concerns seriously - and above all, should your child have an adverse reaction to an initial vaccination, that the doctor will take this new information very seriously.” (“Needle Points: Prickly Questions About Vaccinations.” *Today’s Parent* 1997). Again this involves a parent setting time aside outside their list of tasks to determine which doctor is best for them and their family, instead of just going to the nearest doctor as a working-class family may do.

When discussing talking to a doctor in the two magazines, the articles often present middle-class ideals. Often these passages involve instructing the reader on how to talk to their doctor, as demonstrated by *Parents*,

Make sure you understand exactly whatever the doctor wants you to do; Ask for specific instructions and write them down. It’s all too easy to forget them by the time you get home. Have any questions ready for your doctor, and remember one of the main reasons for healthy baby check ups is to answer your questions. (“A Visit to the Doctor.” *Parents* 1985).

This could instruct both middle-class and working-class parents on how to engage with a doctor, but it is supporting middle-class ideals that parents should always be informed and converse with their doctor. Most of the advice passages about talking to a doctor are directed at middle-class parents and encourage middle-class ideals.

### **Positive and Negative Discussion of Childhood Vaccines**

When analyzing *Parents* and *Today's Parent*, I categorized the passages that discussed vaccines as either negative or positive, with the positive discussion of vaccines being a dominant focus of both magazines. Negative passages were not necessarily attacking vaccines, but instead were passages that presented a negative aspect of vaccines. This included discussing the side effects of vaccines or the concerns individuals expressed about vaccines. This could include a grandmother recounting the suffering of her granddaughter's first DPT vaccine in "The DPT Dilemma" (*Parents* 1987), or *Today's Parent* addressing concerns of a mother based on what she has heard in the media in "Needling Doubts" (2011).

Negative discussions of vaccines are rare and often immediately invalidated. One example of such an instance is in the *Parents* article titled "I'm Not 'Anti-Vaccine,' But..." (2015), which is a short editorial from a mother whose child suffered side effects from a vaccine and begins her article with recalling the suffering her child faced. Therefore, most of the text of this article is devoted to telling this story, but the message of the article remains to be towards vaccinating children. After discussing the suffering her child faced, the anonymous mother states,

At the same time, the anti-vaccination movement was gaining traction. I found myself angry at the parents who were opting out by citing "personal beliefs" or religious exemptions. How would my kid be protected against diseases if so many parents were skipping them? When my son was born two years later, I made sure he got all his shots, even

though it took a lot of strength to do it. (“I’m Not ‘Anti-Vaccine,’ But...” *Parents* 2015).

Most of the negative discussions of vaccines are in the form of personal accounts of mothers whose child suffered from these vaccines. These negative discussions present the vaccines as being a risk for children, but the magazine still demonstrates that the diseases are a greater risk and parents should vaccinate their children to ensure their protection.

The positive passages discuss the great accomplishments of vaccines, and the benefits they provide to individuals and society as a whole. *Parents* demonstrates this when discussing pertussis, recalling that,

Before the advent of routine vaccination in our country, there were some 265,000 cases each year, with the death rate of almost three percent – nearly 1 in every 33 children who fell ill. And that would still apply today, were vaccinations to be abandoned; unlike most bacterial infections, pertussis is not treatable with antibiotics once symptoms have appeared. (“The DTP Controversy.” *Parents* 1985).

This illustrates the advancements in medicine and the importance of vaccines. This passage also mentions that the disease could pose a serious risk to the wellbeing of children if parents stopped vaccinating.

Both publications encourage parents to get their children vaccinated. As *Today’s Parent* argues,

... regardless of what stories you might have heard, immunizations are safe, much safer than the chance of getting the diseases they prevent. “The chance of a serious complication from a vaccine is less than one per million,” notes Robert Bortolussi, chair of the Canadian Paediatric Society’s infectious disease and immunization committee. (“What’s the Point of Immunizations?” *Today’s Parent* 2008).

Both publications often present the side effects as a possibility, but then argue that the slight risk is better than the actual disease. This is blatantly mentioned in articles, for example, “Each of the vaccines currently given to babies is for an infection that can be extremely dangerous, even fatal,



to a child.” (“Shot Scares.” *Today's Parent* 2003). The potential side effects of vaccines are discussed and used as a means of justification for parents to vaccinate their children, because the other risks that the vaccines prevent are far much worse for the child.

## **Changes Over Time**

Based on past literature, I expected to find children presented as being less vulnerable in the earlier articles and presented as more as time progressed, however this is not the case. Children are continually presented as vulnerable throughout both publications. Vaccines are presented to pose less of a risk to children than other threats, and this was used as a rationalization for parents to vaccinate their children. The articles assume that parents worry about their children and want to reduce the number of risks threatening them, therefore vaccinating their children is the best option. *Parents* discusses an outbreak of measles and suggests that unvaccinated children are the root cause when they state,

As it happens, close to a third of the children struck in the epidemic were too young for routine immunization, which is given at fifteen months. But the illness – among the most contagious known – was spread to those infants from toddlers who should have been vaccinated. (“Immunization Basics.” *Parents* 1986).

*Today's Parent* also note that these unvaccinated children are causing outbreaks that are placing other children at risk,

The 150-person measles outbreak that began in Disneyland, as well as cases closer to home, are signs that some parents are forgoing vaccinating their children from immunization-preventable diseases. (“Are Alternative Vaccination Schedules Safe?” *Today's Parent* 2015).

Both of the sample pieces continuously submit to the idea that unvaccinated children will result in more harm and greater epidemics among the population.

The discussion of the threat of everyday life has continued to exist in these articles as well. Regardless of the time of publication, children were presented as vulnerable from risks in

their daily lives, including riding in a car or interacting with family, friends, or strangers. *Parents* notes the risks children face in their everyday life, stating, “By comparison, every year 250 children under the age of four drowned in bathtubs or home swimming pools, and over 400 are killed in automobile accidents.” (“The DPT Dilemma.” *Parents* 1987). *Today’s Parent* also recognizes the risks of daily interactions with individuals stating, “Kids who visit countries where children aren’t routinely immunized or who have contact with unimmunized individuals from those countries are also vulnerable.” (“Keeping Your Baby Safe From Disease.” *Parents* 1995). Regardless of year of publication, this trend of children being presented as at risk from and during daily routines of life has continued. The above passages represent older articles, and the message continues with more recent articles stating, “Even if you’re a stay-at-home kind of family, your child can catch contagious diseases from a neighbour, a friend, or complete stranger who sneezes as she walks by you in the grocery store.” (“Why Babies Need Shots.” *Parents* 2008). These passages demonstrate that the articles assume good parents worry about these everyday risks, and use this underlying anxiety and fear to convince parents to vaccinate their children.

One change that did come to arise over time is a shift from informing parents converse with their doctors to a large focus on the parent’s responsibility to protect their children. This was the shift from parents trusting the expertise of doctors to becoming an expert themselves. Older articles instruct parents to talk to their doctors about the vaccines and follow their instructions, relying on the expertise of the doctors. *Today’s Parent* demonstrates this when they mention,

Many doctors now believe that giving a child acetaminophen prior to receiving a vaccination can reduce fever, pain and irritability. However, others feel that it may mask important reaction symptoms. Ask your doctor about this when you book your appointment. (“New Needles.” *Today’s Parent* 1987).

Around 2000, the focus began to change and parents were informed about their responsibility to become experts themselves, so they took to researching about the vaccines themselves, instead of gaining access to information from their physicians. What this shift exemplifies, is that life has become something that is constantly being planned, and individuals become responsible for making decisions at their own discretion. *Today's Parent* demonstrates this by informing parents that,

Beyond ensuring your child is protected, keeping her on the provincially recommended vaccination schedule makes it simple to keep track of when she's due for a shot. It's also vital to maintaining "herd immunity," in which the immunity of others protects those who are not or cannot be vaccinated, explains Henry. ("Are Alternative Vaccination Schedules Safe?" *Today's Parent* 2015).

Parents are expected to devote time to ensure that their child is adhering to the suggested vaccination schedule. This passage also assumes that parents want to ensure the safety of others in society and use this as a justification for vaccinating their children. This demonstrates the shift from parents relying on their doctor's expertise to now being solely responsible to become experts themselves in order to protect their children.

Discussing the side effects of vaccines as minor was common in the past, but around 1997 the focus shifted to refuting myths about vaccines.

Possible side effects: mild swelling of the salivary glands after the mumps vaccination has been reported rarely. Allergic reactions including rash, itching, and blotchiness have been associated with the mumps vaccination— although these do not necessarily occur right away. However reactions are uncommon, usually mild, they don't last long. ("Immunizations: A Complete Guide." *Parents* 1988).

These side effects are often mentioned, but then immediately dismissed as being minor and acceptable. This dismissal then shifts to myths about vaccinations. This trend is important to understand, because the magazines began to largely focus on defending the vaccination of children from false accusations, and have decreased the time and effort put towards informing

parent about the vaccines. This shift occurred in 1997 demonstrating that the discussion of myths had begun in the lay public. In 1998 the *Lancet* published Wakefield's article connecting autism and the MMR vaccine, which demonstrated that the discussion of greater side effects had reached the scientific community. Therefore, around this time it can be assumed that there was a shift in the discussion about vaccines within society, and the parenting magazines needed to address this shift. These myths have continued to develop and the parenting magazines need to address them to ensure their message that vaccines are important is heard,

Myth: Since most children are already vaccinated, it's no big deal if a few kids aren't.

Fact: Immunization doesn't protect just individual children: it protects the entire community. Unvaccinated children and adults serve as a reservoir for infection, which they can then pass on to other susceptible individuals, including the small percentage of immunized kids who don't respond to a specific vaccination, and children who were behind on their vaccination schedules, and those who can't be vaccinated because of medical problems. ("Vaccination Myths and Facts." *Parents* 1999).

In addition to dismissing the myth that not everyone needs to be vaccinated, this quote also demonstrates the parental responsibility that increased in recent years, and the vulnerability of children that has continued throughout. The message that children are vulnerable continued throughout the time period that was analyzed, but there was a shift from parents trusting the expertise of doctors to needing to become experts themselves. Additionally, there was a shift pertaining to the discussion of childhood vaccinations where the parenting magazines now spend more time disproving myths about vaccines than discussing the vaccines themselves. This demonstrates a shift within society that the lay public is becoming more informed and questioning vaccines more.

## Discussion

Both *Parents* and *Today's Parent* continually perceive children as vulnerable. The major concern in both magazines is the threat to children from everyday life, its interactions and preventable diseases. These daily threats include catching a cold from a toy at daycare, catching whooping cough from a neighbour, and the exposure to unvaccinated children. Past research suggests that children are at an increased risk and therefore require more attention and protection than in the past, but my research did not find an increase, instead it was continual (Wall 2013).

One aspect of risk society focuses on the role the media play in the creation of fear (Altheide 2002). The media, including parenting magazines, provide examples of the possible threats children could face including car accidents or tetanus on the playground (Hughes 1987; Levine 1987; Rogers 1997; Hoffman 2002; Reich 2003; Hume 2006; Haaf 2007; Gottesman 2008; Heyworth 2010; Kaye 2011). Though the parenting magazines did not use the term “fear” as Altheide (2002) and Golden (2005) suggest, they portray fear and create a shared sense of anxiety through children being harmed or dying when discussing childhood vaccinations. The articles present vaccines as the most minor threat children come across and therefore, the articles encourage parents to vaccinate their children.

By continually discussing the various threats children come to face, the media, including parenting magazines, build a general anxiety towards the vulnerability of children (Altheide 2002; Golden 2005). The parenting magazines assume that good parents worry about their child's safety and carry this general anxiety about mitigating risk. Neoliberalism addresses a cultural focus on risk management, individual control, and the plans that work to mitigate risk (Wall 2013). Additionally, risk society involves a parent identifying what they determine to be a risk and the different ways that they address these concerns they have in regards to high or low

level risk (Casiday 2007). The child's parent needs to manage these daily risks and devote time to planning certain actions and activities amongst the family.

This can involve the parents devoting time and energy into educating themselves about vaccinations and locating the appropriate doctor for their families. Reich (2016) calls this *individualist parenting*, which she defines as expending time and money to strategize how to ensure their children are healthy. Parents began to use individualistic parenting techniques to ensure their child's wellbeing. They were expected to put time and money towards their children due to this fixation on health and preventable diseases. This directly relates to neoliberalism, which identifies planning based on individual benefit. Often this is only available to middle-class parents who have the time and resources to devote to educating themselves about vaccinations.

As Reich (2016) found, middle-class parents educate themselves in order to question the standard practices their doctor supports and this leads to them developing their own individual treatment plan. This appears to be a distinct finding in her research as I find that parenting magazines encourage parents to talk to their doctors for advice, but not question their practices. Talking to their doctors for advice without questioning their authority allows parents to educate themselves and make an informed decision regarding vaccinations. This information is then used to mitigate risk and ensure the wellness of their child.

The parenting magazines inform parents that they are responsible for protecting their children, which by extension protects all children. This involves planning the treatment of their child and also the interactions their children have on a routine basis to ensure they are safe. This planning to avoid risk aligns with neoliberal theory as the individual may be vaccinating for their child's individual protection. Some parents do not conform to the social expectation of vaccinating their child and instead tend to focus only on the individual benefits (Reich 2016).

The parenting magazines highlight the personal benefits of vaccines, but they also mention that vaccinating children benefits society as a whole.

Though all children are presented as being at risk in both publications, the solutions they provide are often targeted and may be only attainable by middle-class parents. Generally, the solution is to vaccinate children to ensure their safety. However, these articles often go beyond simply vaccinating children and suggest that parents should discuss matters with their doctors, as well as educate themselves on the vaccines before they vaccinating their children. Consequently, it is suggested that just vaccinating their children is not enough and parents also need to be informed, in order to truly protect their children from the threat of these disease. This demonstrates neoliberalism where beneficial things do not occur because of luck but instead they occur because of careful planning (Wall 2013). Living in a country where vaccines are subsidized by the government could be luck, but if the parent is educated and chooses to vaccinate their children at the right doctor's office, this is achieved through careful planning.

Some authors in the two magazines mention that the vaccine may harm the child instead of protecting them (Pomeranz 1985; Hughes 1987; Levine 1987; *Parents* 1991; Kump 1996; Rogers 1997; Partridge 2000; Hoffman 2002; Sheehan 2002; Haaf 2006; Kaye 2011). *Parents* often demonstrated this through lay advice, recounting first hand accounts from mothers whose children suffered an adverse reaction to a vaccine, but the mother still supports childhood vaccinations. In *Today's Parent*, the negative discussion of childhood vaccinations often involves expert advice including scientific information and statistics on the side effects to provide the reader with a greater understanding of vaccines. Though there is some negative discussion, both magazines focus on the positive discussion on vaccines, and both deliver the message that childhood vaccinations are safe.

The theory of risk society deals with the widespread uncertainty, anxiety and sense of impending unpredictable danger that is part of today's society (Giddens 1991; Beck 1992). By discussing the negative aspects of vaccines, articles can create a sense of uncertainty and danger. Presenting both sides of an issue can give the impression of uncertainty, which can suggest that opposing perspectives are both supported by evidence (Clarke 2008). This can lead to parents needing to educate themselves further, in order to protect their children. This could lead to the magazine achieving the opposite of their goal, which is to ensure parents understand the importance of vaccinations. As individuals are responsible for mitigating the risk in their daily lives according to neoliberalism, the confusion arising from mixed messages of parenting magazines could make planning more confusing for them. This could lead to a parent delaying their decision until they receive more information, which could only increase the risk of preventable disease among children.

Regardless of the time period, deadly diseases, daily life, and even the vaccines themselves pose a risk to children. However, two shifts did occur in the past, which continues to hold currently. One shift entailed the parent becoming experts themselves on the current vaccinations and possible side effects, instead of relying on the expertise of medical practitioners as they did in the past. The shift from talking to doctors to parents now being responsible for their own decisions align with neoliberal viewpoints, as individualism has risen and life has now become a planning project where individuals are responsible for making their own decisions (Beck-Gernsheim 1996; Smith 2012; Wall 2013, Reich 2016).

Another shift that occurred was moving from discussing and accepting minor side effects in the past to simply disproving myths of major side effects presently. It would appear that parents have always been concerned about the side effects of the vaccines, but the discussion has



changed. In the past, the risks that were discussed were the real minor side effects of the vaccines such as fever or redness. Recently, the discussion has shifted to people associating the vaccines with more severe and debated side effects such as autism or sudden infant death. These ‘side effects’ may occur soon after the vaccinations are administered, but there is no evidence to prove they are connected, and most scientific evidence proves that they are not connected. It can be perceived that parents are now accepting of the minor side effects that are associated with the vaccines and are now paying more attention to these more serious potential side effects. This aligns with risk society as the risk has changed over time and parents are identifying changing risks that they need to mitigate.

In order to protect their children, parents need to be more educated about vaccines and treatment options. Parents need to make educated decisions, because the wellness of their children is a judgment of their parenting and if something negative happens, the parents are the ones to blame (Reich 2016). Because of this, parents are not just attempting to manage the risk their child faces from the diseases, but they are also managing the risk that they may be labeled as a bad parent in the near future. The parenting magazines present the importance of vaccines, and do not present another side. Therefore, parenting magazines ignore the fact that not all parents have middle-class resources and can portray a good parent as a parent that is informed and vaccinates their children.

Devoting time to educating themselves, finding the right doctor, and investing monetary means into the wellness of their children are how the articles portrayed a good parent, a middle-class parent. Beyond being part of the middle-class, to be a good parent they also needed to intensively watch their children to ensure their safety. This included knowing the vaccination history of the children their children are playing with and intently watching their child after

receiving a vaccination for any potential side effects. Mothers are the dominant parent discussed in the articles, as fathers were presented as only making decisions in agreement with the mothers. Agreeing with past literature, the mother is presented as the parent who is responsible for ensuring the safety and wellbeing of their children. Thus, my analysis and past research indicates that a “good parent” is a middle-class mother who can devote time and resources to ensuring that her children are protected, vaccinates her children, intensively watches her children including their interactions with other children, and one who worries about the risks that face their child on a daily basis.

Past research and my research found that parenting magazines target middle-class mothers and support *concerted cultivation*, as they encourage parents to invest materials and time into the wellness of their child. This can include talking to doctors or educating themselves before making a decision. When parents talk to their doctors in front of their children it can demonstrate to the child that talking to the doctor is a regular activity. The magazines also focus on the responsibility of parents and provide solutions that may only be available to middle-class parents such as devoting time to educating themselves about vaccines or talking to their doctor to ensure their children are protected from the risks they face.

Overall, in *Parents* and *Today's Parent* the message is that children are vulnerable. The use of negative personal accounts and poetic phrasing such as, “When I saw our paediatrician pull out a rose coloured vaccine vial and a disposable syringe at my daughter’s second month check-up my heart missed a beat,” (“Our Guardian Vaccines.” *Today's Parent* 1984), delivers the message that all children are at risk. Parents are responsible for ensuring the safety and protection of their children and by extension all children within society.

## Conclusion

Both *Parents* and *Today's Parent* continually discuss children as being vulnerable and the expectation of parents to be responsible for the protection of their children. My research analyzed how parenting magazines discuss childhood vaccinations, children, parenting, and vulnerability by analyzing themes from *Parents* and *Today's Parent* magazines. Past research and my research found that *Parents* and *Today's Parent* are quite similar in their discussion with only minor differences (Quirke 2006; Rutherford 2009; Clarke 2010; Wall 2013; Milkie and Denny 2014). This likely occurs because they are both magazines published in North America with similar audiences. My research expanded on prior research by focusing on the discussion of childhood vaccinations in parenting magazines. I added the insight that within parenting magazines, the focus is positive and endorses vaccinations by discussing other risks that pose a greater threat to children (Casiday 2007; Clarke 2008; Reich 2014; Song 2014; Reich 2016). There has not been research conducted to understand both childhood vaccinations and the presentation of them within parenting magazines, which this research addressed. My research has progressed the understanding of a good parent as not just being a middle-class parent who vaccinates their children. On the contrary, a good parent is also one who educates themselves about risks, plans a solution, and is also hyper vigilant observing their children. These expectations of parents are high and likely only obtainable by a few parents if any.

Understanding the media and the discussion of childhood vaccinations in parenting magazines is important, because these magazines can be used as a cultural barometer to understand the trends and norms of parenting (Hays 1996; Rutherford 2011). This analysis also allows for a comparison over time and space, and allows the researcher to map changes, if any, through time and geographic location. Studying parenting magazines to understand the

discussion of childhood vaccinations is an effective site to examine changing understandings of children, parenting, and vulnerability over time.

My research focused on the question of, while using the discussion of childhood vaccinations as a cultural site, how has the discourse around the vulnerability and needs of children changed in Canada and the United States over time? My research found that the vulnerability of children was consistent throughout the time analyzed. Children were presented as vulnerable from preventable diseases and risks in their daily lives including car accidents or kidnappings. These risks of everyday life were presented in comparison to the potential side effects of vaccines, and the risk from everyday life was identified as more severe than the side effects of vaccines. This was used as a justification for parents to vaccinate their children. Over time, parents were presented with more responsibility as a shift occurred from parents trusting the doctor and their expertise to becoming experts themselves as a means to protect their children. In addition to this shift, the discussion about negative aspects of vaccines also shifted from discussing the minor and acceptable side effects of vaccines to disproving myths about potentially severe side effects. Along with past research my research found that a “good parent” is a middle-class mother who invests time and money into protecting their child, worries about the risks facing their child, vaccinates their child, and intensively watches their child and their interactions.

## Source Material Citations

### From Parents

- Anonymous. 1991. "The Whooping-Cough Vaccine Update." *Parents* 66(10):36.
- Anonymous Mother. 2015. "I'm Not "Anti-Vaccine," But..." *Parents* 90(10):64.
- Bernstein, Andrew. 2015. "I Won't Treat Unvaccinated Children." *Parents* 90(10):63.
- Brown, Ari. 2008. "Hot Topic: Vaccines and Autism." *Parents* 83(7):38.
- Butler, Rachael. 1988. "Immunizations: A Complete Guide." *Parents* 63(9):181.
- Friedman, Mel, and Ellen Weiss. 1993. "America's Vaccine Crisis." *Parents* 68(12):38-39,40, 43.
- Gibson, Janice. 1985. "A Visit to the Doctor." *Parents* 60(5):146.
- Gottesman, Nancy. 2008. "Why Babies Need Shots." *Parents* 83(7):34, 36.
- Greider, Katharine. 1998. "The chicken pox shot." *Parents* 73(5):43-44.
- Halle, Tara. 2015. "There Are Just Too Many Shots." *Parents* 90(10):60, 62-66, 68.
- "Health News." 2013. "80?" *Parents* 88(2):40.
- "Health News." 2013. "Vaccine Pointer." *Parents* 88(7):66.
- "Health News." 2014. "Waiting to get the MMR vaccine." *Parents* 89(5):72.
- "Health News." 2014. "Check Up on Vaccines." *Parents* 89(3):58.
- Heusel, Catherine. 1999. "Vaccination Myths and Facts." *Parents* 74(9):69-73.
- Heyworth, Kelly King. 2010. "Vaccines: Getting to The Point." *Parents* 85(5):148-150, 152, 210-211.
- Hume, Sandra. 2006. "Vaccine Update 2007." *Parents* 81(12):119-121, 200-201.
- Karlsrud, Katherine, and Dodi Schultz. 1990. "Which Vaccines Does Your Baby Need?" *Parents* 65(6):172.
- Karlsrud, Katherine, and Dodi Schultz. 1992. "Vaccine Update." *Parents* 67(8):144.
- Karlsrud, Katherine, and Phyllis Schneider. 1995. "Keeping Your Baby Safe From Disease."

*Parents* 70(7):57-58.

Katz, Lilian. 1988. "Measles—Is It Back?" *Parents* 63(2):181.

Kump, Theresa. 1996. "Childhood without chicken pox?" *Parents* 71(4):39-40.

Levine, Carol. 1987. "The DPT Dilemma." *Parents* 62(4):228, 230-231.

Pomeranz, Virginia, and Dodi Schultz. 1985. "The DTP Controversy." *Parents* 60(12):160.

Pomeranz, Virginia, and Dodi Schultz. 1986. "Immunization Basics." *Parents* 61(11):242.

Sheehan, Jan. 2002. "Vaccine Update." *Parents* 77(9):132-134, 136, 138.

Winters, Catherine. 1997. "Vaccine tracker." *Parents* 72(11):55.

From Today's Parent

Anonymous. 1994. "Sure Shots: Your Child's Vaccinations." *Today's Parent* 11(5):60-61.

Anonymous. 2003. "Shot Scares." *Today's Parent* 20(2):20.

Cerny, Dory. 2015. "Are Alternative Vaccination Schedules Safe?" *Today's Parent* 32(5):28.

Goldberg, Susan. 2013 "Boys and HPV." *Today's Parent* 30(8):62.

Haaf, Wendy. 2006. "Pox Talk." *Today's Parent* 23(3):41-44.

Haaf, Wendy. 2007. "Vaccine update." *Today's Parent* 24(5):87-88,90,92.

Haaf, Wendy. 2008. "What's the Point of Immunizations?" *Today's Parent* 25(10):117-118.

Haaf, Wendy. 2013 "The Chicken-Pox Shot." *Today's Parent* 30(2):44.

Hoffman, John. 2002. "Hot Shots: Some would have you believe vaccines do more harm than good. Here's why that's wrong." *Today's Parent* 19(2):48.

Hughes, Maureen. 1987. "New Needles." *Today's Parent* 4(9)

Kaye, Marcia. 2011. "Needling Doubts." *Today's Parent* 28(10):69-70,72,74.

MacDonald, Jody. 1984. "Our Guardian Vaccines." *Today's Parent* 1(1):14-15.

Partridge, Katharine. 2000. "Pox shots: does your child need that needle?" *Today's Parent* 17(8):41.

Pitman, Teresa. 2007. "12-14 Years: HPV vaccine." *Today's Parent* 24(9):178,180.

Reich, Dahlia. 2003. "Immune Proficiency." *Today's Parent* 20(9):49-52.

Rogers, June. 1997. "Needle Points: Prickly Questions About Vaccinations." *Today's Parent* 14(3):64-68.

Wood, Alison. 2010. "HPV vaccine for boys." *Today's Parent* 27(6):44.

## References

- Altheide, David L. 2002. "Children and the Discourse of Fear." *Symbolic Interaction* 25(2):229-250.
- Arnup, Katherine. 2002. Education for Motherhood: Creating Modern Model Citizens. In Robert J. Menzies, Dorothy E. Chunn, and Robert L. Adamoski (Eds.), *Contesting Canadian Citizenship*. Ontario: Broadview Press.
- Arnup, Katherine. 2004. Vaccination. In Gerald Hallowell (Eds.), *The Oxford Companion to Canadian History*. Oxford: Oxford University Press.
- Beck, Ulrich. 1992. *Risk Society: Towards a New Modernity*. London: Sage.
- Beck-Gernsheim, Elisabeth and Martin Chalmers. 1996. Life as a planning project. In Scott Lash, Bronislaw Szerszynski, and Brian Wynne (Eds.), *Risk, Environment and Modernity: Towards a New Ecology*. London: Sage.
- Blum, Linda A. 2007. "Mother-blame in the Prozac nation." *Gender & Society* 21(2):202-226.
- Brady, Mark P. 2015. "Re-emergence of 5 Vaccine-Preventable Diseases." *Medscape*. Available at: <http://reference.medscape.com/features/slideshow/vaccine-preventable-diseases#page=1/>. Accessed on: September 27, 2016
- Braun, V. and V. Clarke. 2006. "Using thematic analysis." *Qualitative Research in Psychology*, 3(2), 77-101.
- Casiday, Rachel Elizabeth. 2007. "Children's health and the social theory of risk: Insights from the British measles, mumps and rubella (MMR) controversy." *Social Science and Medicine* 65:1059-1070.
- Centre for Disease Control and Prevention. 2014. Vaccines for Children Program (VFC). Available at: <http://www.cdc.gov/vaccines/programs/vfc/about/index.html>. Accessed on: September 27, 2016.
- Centers for Disease Control and Prevention. 2015(a). National Immunization Survey. Available at: <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/figures/2014-map.html/>. Accessed on: September 27, 2016.
- Centers for Disease Control and Prevention. 2015(b). State School and Childcare Vaccination Laws. Available at: <http://www.cdc.gov/phlp/publications/topic/vaccinations.html/>. Accessed on: September 27, 2016.
- Centers for Disease Control and Prevention. 2015(c). Vaccines and Preventable Diseases. Available at: <http://www.cdc.gov/vaccines/vpd-vac/>. Accessed on: September 27, 2016.



- Centers for Disease Control and Prevention. 2016(a). Immunization Schedule. Available at: <http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html/>. Accessed on: September 27, 2016.
- Centers for Disease Control and Prevention. 2016(b). Measles Home. Available at: <http://www.cdc.gov/measles/cases-outbreaks.html/>. Accessed on: September 27, 2016
- Clarke, Christopher E. 2008. "A Question of Balance: The Autism-Vaccine Controversy in the British and American Elite Press." *Science Communication* 30(1):77-107.
- Clarke, Juane. 2010. "The Domestication of Health Care: Health Advice to Canadian Mothers 1993 – 2008 in Today's Parent." *Family Relations* 59(4):170-179.
- Colgrove, James. 2010. The coercive hand, the beneficent hand. In Keith Wailoo, Julie Livingston, Steven Epstein, and Robert Aronowitz (Eds.), *Three Shots at Prevention* (pp. 3-20). Baltimore, MD: The Johns Hopkins University Press.
- Dey, I. 2004. Grounded theory. In C. Seale, G. Gobo, J. F. Gubrium & D. Silverman (Eds.), *Qualitative research practice* (pp. 80-93). London: Sage Publications.
- Elo, Satu. and Helvi Kyngas. 2007. "The qualitative content analysis process." *Journal of Advanced Nursing* 62(1):107-115.
- Giddens, Anthony. 1991. *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge: Polity Press.
- Glaser, Barney G and Anselm L. Strauss. 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago, Aldine Publishing Company.
- Golden, Deborah. 2005. "Childhood as a Protected Space? Vulnerable Bodies in an Israeli Kindergarten." *Ethnos* 70(1):79-100.
- Government of Canada. 2016. Provincial and Territorial Immunization Information. Available at: <http://healthycanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/children-enfants/schedule-calendrier-eng.php>. Accessed on: September 27, 2016.
- Green, Judith. 1997. "Risk and the Construction of Social Identity: Children's Talk about Accidents." *Sociology of Health and Illness* 19(4):457-479.
- Hays, Sharon. 1996. *The Cultural Contradictions of Motherhood*. New Haven and London: Yale University Press.
- Kitzinger, Jenny. 1999. "Researching risk and the media." *Health, Risk, and Society* 1(1):55-69.
- Kohn, Melvin and Carmi Schooler. 1983. *Work and Personality*. Norwood, New Jersey: Ablex.

- Lareau, Annette. 2000. *Home Advantage*. Maryland: Rowan & Littlefield Publishers.
- Lareau, Annette. 2002. "Invisible Inequality: social class and the childrearing in black families and white families." *American Sociological Review* 67(5):747-776.
- Lareau, Annette. 2003 *Unequal Childhoods: Class, Race, and Family Life*. Berkeley: U of California.
- Marshall, H. 1991. The social construction of motherhood: An analysis of childcare and parenting manuals. In Phoenix, A. Woollett and E. Lloyd (Eds.), *Motherhood: Meanings, practices and ideologies* (pp. 66–85). London: Sage.
- Milkie, Melissa A. and Kathleen E. Denny. 2014. "Changes in the Cultural Model of Father Involvement: Descriptions of Benefits to Fathers, Children and Mothers in Parents' Magazine, 1926 – 2006." *Journal of Family Issues* 35:223-53.
- Pantazis, Christina. 2000. "Fear of Crime, Vulnerability and Poverty." *British Journal of Criminology* 40:414-436.
- Public Health Agency of Canada. 2013. Canadian Immunization Guide. Available at: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-12-eng.php#t1-fta/>. Accessed on: September 27, 2016
- Public Health Agency of Canada. 2015. Vaccine-Preventable Diseases. Available at: <http://www.phac-aspc.gc.ca/im/vpd-mev/index-eng.php/>. Accessed on: September 27, 2016.
- Quirke, Linda. 2006. "Keeping your Mind Sharp: Children's Cognitive stimulation and the rise of Parenting magazines 1959-2003." *CRSA* 43(4):387-406.
- Reich, Jennifer A. 2014. "Neoliberal mothering and vaccine refusal." *Gender & Society* 28(5):679-704.
- Reich, Jennifer A. 2016. *Calling the Shots: Why parents reject vaccines*. New York: New York University Press.
- "Risk." *Merriam-Webster.com*. 2015. Available at: <http://www.merriamwebster.com/dictionary/risk>. Accessed on: September 27, 2016.
- Rutherford, Markella B. 2009. "Children's Autonomy and Responsibility: An Analysis of Childrearing Advice." *Qual Sociol* 32:337-353.
- Rutherford Markella B. 2011. *Adult Supervision Required*. Piscataway, New Jersey: Rutgers University Press.

- Sayer, Liana C. Suzanne M. Bianchi and John P. Robinson. 2004. "Are Parents Investing Less in Children? Trends in Mothers' and Fathers' Time with Children." *American Journal of Sociology* 110 (1):1-43.
- Singh, Ilina. 2004. "Doing their jobs." *Social Science & Medicine* 59:1193-1205.
- Smith, Candace. 2012. A Brief Examination of Neoliberalism and Its Consequences. *Sociology Lens*. Available at: <https://thesocietypages.org/sociologylens/2012/10/02/a-brief-examination-of-neoliberalism-and-its-consequences/>. Accessed on: September 27, 2016.
- Song, Geoboo. 2014. "Understanding Public Perceptions of Benefits and Risks of Childhood Vaccinations in the United States." *Risk Analysis* 34(3):541-555.
- Statistics Canada. 2015. Childhood National Immunization Coverage Survey. Available at: <http://www.statcan.gc.ca/daily-quotidien/150721/t001c-eng.htm/>. Accessed on: September 27, 2016.
- "Vulnerable." *Merriam-Webster.com*. 2015. Available At: <http://www.merriamwebster.com/dictionary/vulnerable>. Accessed on: September 27, 2016.
- Wall, Glenda. 2013. "Putting family first': Shifting discourses of motherhood and childhood in representations of mothers' employment and child care." *Women's Studies International Forum* 40:162-71
- Weston Cynthia, Terry Gandell, Jacinthe Beauchamp, Lynn McAlpine, Carol Wiseman, and Cathy Beauchamp. 2001. "Analyzing Interview Data: The Development and Evolution of a Coding System." *Qualitative Sociology* 24(3):381-400.
- Wilson, Candice, John Beaton, Kathy Brophy. 2008. "Understanding the Roots of Mother's Expectations for Fathers." *Father Involvement Research Alliance*.
- Woodcock, Ray. 2012. "Knowing Where You Stand." *Journal of Comparative Social Welfare* 28(1):1-15.
- World Health Organization. Immunization, vaccines and biologicals. *Vaccines and diseases*. 2016. Available at: <http://www.who.int/immunization/diseases/en/>. Accessed on: September 27, 2016.
- Zelizer, Viviana A. 1985. *Pricing the Priceless Child: The changing social value of children*. New York, New York: Basic Books, Inc.