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Bridging the Divide: Insights into Australian Parents' Vaccine Decision Making

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BRIDGING THE DIVIDE: INSIGHTS INTO AUSTRALIAN PARENTS' VACCINE DECISION MAKING

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Abstract

This paper reflects on the polarised landscape of vaccine decision making among Australian parents, examining how parents think and make decisions about vaccinating their children and how they rationalise their varied vaccine stances. My interviews with six Australian parents, conducted during the height of the COVID-19 pandemic, found surprising similarities in decision making between parents who had varied vaccine stances. This finding challenges the ideological division between 'pro-vax' and 'anti-vax' groups, as well as the construction of anti-vax or vaccine hesitant parents as the difficult, irredeemable 'other'. In doing so, this article aims to provide a potential starting point for a productive discourse around vaccine decision making, following the polarising effects of the pandemic. Through highlighting mothers' use of embodied knowledge, I also aim to expand the conception of what is considered important in making a vaccination decision, beyond the purely rational and biomedical.

I INTRODUCTION

Vaccines are widely considered one of the most important and successful advances in the history of public health. Sadaf et al. (2013, p. 4239) argue the perceived success of vaccination "is second only to the introduction of safe drinking water". In 1996, the Australian National Childhood Immunisation Register (ANCR) was introduced. This register acts as a database of Australian children's immunisation records, as well as providing recall and reminder systems for parents (Lister et al., 1999). Under the Immunise Australia Program and Medicare, all required childhood immunisations are free (Rogers, 2019). The current National Immunisation Program includes diphtheria, tetanus, pertussis (whooping cough) through a combined vaccine called DTPa (4 doses), polio (3 doses), hepatitis B (3 doses), haemophilus influenza Type b (4 doses), pneumococcal (3 doses), meningococcal (1 dose), measles, mumps,

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rubella (combined into an MMR vaccine) (2 doses) varicella (chickenpox) (1 dose). Vaccines and booster doses are given at different intervals from birth to 5 years, with some extra vaccines required for Indigenous children in Queensland, Western Australia, South Australia and Northern Territory (Australian Institute of Health and Welfare, 2023). Some vaccinations are given at birth if birth occurs in a hospital, otherwise children can get vaccinated in a variety of locations, including general practitioners, community health centres, Aboriginal Medical Services, local immunisation clinics, pharmacies, and some vaccines are also given at school (Department of Health, Disability and Aged Care, 2024).

Australia has excellent immunisation rates with a 93.27% coverage rate for children at 5 years old (Department of Health, Disability and Aged Care, 2025). The introduction of "No Jab, No Pay, No Play" legislation Australia-wide has meant that parents are only able to receive government support such as family tax benefits and childcare subsidies if they fully vaccinate their child according to the prescribed schedule (National Centre for Immunisation Research and Surveillance, 2024). Some exceptions are allowed, but vaccination objection is not considered a valid exemption.

Despite these good immunisation rates, vaccine hesitancy has been a relevant and ongoing concern for Australia's health system (Rogers, 2019; Helps et al., 2018). Approximately 1.7% of Australian parents actively choose not to vaccinate their child as per the required schedule (National Centre for Immunisation Research and Surveillance Australia, 2024). While these parents constitute a small minority, Australia overall has seen a gradual and concerning decline in childhood vaccination rates since the onset of COVID-19 (National Centre for Immunisation Research and Surveillance Australia, 2024).

In some cases, vaccine hesitancy or scepticism is geographically clustered. Vaccination rates in certain areas of Australia are far below the national average. In the local health district of Northern New South Wales, which captures Byron Bay and other surrounding areas, only 86.5% of five-year-olds are fully immunised, compared to rates in the mid-90s for all other areas of New South Wales (NSW Health, 2024). Byron Bay is home to 36,116 people (Australian Bureau of Statistics, 2021). Due to its beautiful natural environment and beaches, it is known as a popular tourism destination with a laid-back lifestyle (Wray et al., 2010), and Byron Bay and surrounding areas also have a reputation for new-age health and well-being practices, services and industries, including alternative medicine and holistic healing (Wray et al., 2010).

The COVID-19 pandemic brought renewed attention to the critical role of vaccines in the global health regime. The introduction of the various COVID-19 vaccines prompted a significant rise in scepticism regarding their safety and efficacy, with particular concern directed at the use of mRNA vaccines, or Messenger RNA vaccines. Unlike traditional vaccines, which are developed using the virus itself, mRNA vaccines are made from a DNA template, not requiring any virus and therefore enabling a faster development (Pfizer, 2022).

Despite decades of research into mRNA technology, this speed at which COVID-19 vaccines were developed and deployed to the public raised concern among some individuals (Brown et al., 2022). As the COVID-19 pandemic progressed and lockdowns continued to impact millions of Australians, we also began to see a rise in backlashes and discourse against anti-vax groups and individuals, who many saw as responsible for the continuation of lockdowns and "derailing the reopening" of the country (Butler, 2021).

Through social media, individuals' private opinions on anti-vaxxers became published and reposted, and well-known figures were able to share their thoughts to increasingly large audiences. Wendy Molyneux, for example, a successful writer and producer of several famous Netflix shows, had her blog post titled "Oh My Fucking God, Get The Fucking Vaccine Already, You Fucking Fucks" pinned at the top of her Twitter for her fifty-thousand followers to read and share. While this online discourse focused on individuals who did not want to take the COVID vaccination themselves, the positioning of anti-vax or vaccine hesitant people as the unredeemable, difficult 'other' is not a new trend in Australian media. Media reporting on the 2017 whooping cough outbreak in Byron Bay featured titles such as '*anti vaxers anger parents'* (Bye, 2017). Given that the majority of outbreaks occurred among primary school children, clearly those who were labelled as anti-vax were parents themselves. Language like this works to position anti-vaxxers against parents who are fully compliant with the vaccine schedule, and anti-vax and pro-vax groups as fundamentally opposed.

Hesitancy around the COVID-19 vaccine is separate and distinct from paediatric vaccine hesitancy, but they are closely related. The increase in discourse, not only about the safety of vaccines themselves, but also about anti-vax individuals, appears to impact how parents make decisions about their children's health and the role of vaccination. Parents, particularly new parents, are responsible for navigating the "information ecology" (Sobo et al., 2016, p. 530) - an enormous web of information and opinions about their child's health and wellbeing. Previous literature on vaccination decisions has made abundantly clear that context is extremely important to the vaccination decision making processes. Brunson's (2013) study of Australian parents who were vaccine hesitant revealed that new information, changes in personal circumstances or conversations with others could cause parents to reassess their vaccine decision.

Research has also shown that standpoints on vaccination are mobile and complex, and vaccine hesitancy is not always as black and white as it is often presented (Sobo, 2016; Wiley et al., 2020). Vaccine hesitancy, according to the Working Group on Vaccine Hesitancy appointed by the World Health Organisation's Strategic Advisory Group of Experts (SAGE) on Immunisation "refers to delay in acceptance or refusal of vaccines despite availability of vaccination services'' (Peretti-Walet et al., 2015, p. 1). 'Vaccine hesitant' is not, however, a singular homogenous category of beliefs or attitudes. The label can instead be understood as an attribute which groups together "people who share varying degrees and motives of indecision and who hold an

intermediate position along a continuum ranging from full support for vaccination to strong opposition to any vaccine" (Peretti-Walet et al., 2015, p. 2). Blume (2006) has argued that labelling anti-vaccination as a 'movement' is appealing for public health officials, as it invokes ideas of other known social movements and offers a visible and manageable opponent. However, Blume warns that this labelling diverts attention away from parents' very real concerns about vaccination practices and the ways in which medical professionals behave. He cautions that labelling these concerns as a 'movement' gives structure and coherence to ideas that may not exist in reality, insisting "there is no simple and unambiguous demarcation criterion that would enable us to say that [anti-vax parents] do or do not constitute a social movement" (Blume 2006, p. 638).

The landscape that has emerged post-COVID, both online and in everyday life, in which pro-vax and anti-vax individuals are constructed as polarised, fundamentally opposed groups, suggests an urgent need to rethink and reframe how we approach those who make different vaccine decisions for their children and families, in order to foster productive conversations. This article contributes to this effort by examining how parents of varied vaccine stances think and make decisions about vaccines in similar ways, although they may ultimately make dissimilar decisions for their children. In dispute resolution contexts, researchers working with communities shaped by polarised discourse can gain valuable insights into the dynamics of conflict over vaccination and possibilities for resolution by engaging with those who appear to be an irredeemable, difficult 'other'.

II METHODOLOGY

This research was conducted in the second year of the pandemic, in the midst of intermittent lockdowns affecting more than half the national population, and the beginnings of a highly politicised COVID-19 vaccine roll out. This context transformed the vaccination landscape. Although focused on childhood vaccination, this research was inseparable from the context of COVID-19, as vaccines had become the centre of public and private discourse, and discussions of collective responsibility and individual autonomy were ongoing. Thus, these interviews were ideally positioned to explore how parents negotiated meaning around their children's vaccinations. Although I was not able to interview my participants before the pandemic to see how their views on vaccination had been affected, the context and the pervasive public discourse surrounding vaccination provided a platform for analysing the cultural vaccine narrative, how it finds its form in Australian society, and how it is experienced on the ground by parents.

This research focused attention on the stories parents shared about their experiences of making a vaccination decision. At the most abstract level, a 'narrative' refers to "structures of knowledge and a storied way of knowing" that is, a narrative produces data and knowledge through the story (Cortazzi, 2001, p. 384). Considering the aims of the research, thematic narrative

analysis was the most appropriate and useful methodology, as it enabled me to connect the common and recurring themes within my participants' stories to their vaccination decision.

Narratives imply a change in situation (Franzosi, 1998, p. 520) and through their telling demonstrate what is most important in any change of events to each teller. Narratives also function to construct the identities of the teller. In this way, it is not particularly relevant whether stories are true, because they are "an interpretive device people use to represent themselves and their worlds" (Ignatow & Mihalcea, 2021, p. 4). Decisions about vaccination involve assembling and evaluating information, both consciously and unconsciously. These decisions also involve thinking about a child's body and health and are influenced by a multitude of complex, intersecting knowledges, that sometimes fall outside the boundaries of the dominant vaccine narrative.

The aims of this research were suited to doing in-depth, unstructured interviews, which allowed me to see patterns, diversity, and contradiction within parents' stories. Through this methodology, I was able to go beyond simply classifying and describing vaccine decisions. By focusing on the stories parents shared about these experiences, I have been able to study vaccination decisions as a dynamic process, guided by many factors and influences, rather than a static event of the past, fixed in time and space. Stories may be incomplete or embellished, however, that does not mean that analysis of these stories cannot be useful. Indeed, as anthropologists we are *never* able to represent an 'objective' truth and we can never stand above or outside what we study (Bochner & Ellis, 2003).

My small sample size was partly due to the difficulties I faced in trying to encourage Australian parents who I saw publicly posting online about vaccine hesitancy to talk with me. The intermittent lockdowns in Melbourne meant I was unable to attend local parenting meetups or groups prior to beginning interviews, to develop rapport and trust with parents. Instead, I placed flyers about my research in my local area in Melbourne, and had friends and family place flyers throughout Canberra and the New South Wales South Coast. I received no response to these flyers. I suspect the social climate of the pandemic, in which vaccines became central to public discourse in the media, contributed to a sense of unease about speaking to an unfamiliar researcher on such a highly politicised and controversial issue. The lockdowns also prevented me from doing in-person fieldwork, where I could meet with people in their own environment, and see how they interact, and what themes emerge from those interactions organically. Instead, I began to reach out via social media to people who were discussing parenting, children, and health and wellbeing online.

I was not entirely surprised by the lack of responses I received in my early fieldwork. Going into this research, I was distinctly aware that parents with unconventional vaccine beliefs experience 'othering' by parents with different perspectives, the mainstream medical community, and the media (Leask et al., 2012). The difficulty I faced in gaining the trust of parents to discuss an issue like vaccination, exacerbated by a highly controversial public discourse related

to my area of research, undoubtedly influenced the kind of data produced. I was also distinctly aware that the parents I wished to speak with might hold presumptions about how I would judge or interpret their vaccine choices.

Having had little success with my flyers and online recruitment, I conducted a form of snowball sampling, through which I turned to people I worked with, my friends, their co-workers and family who I believed might be open to discussing vaccination. Through this, I was able to organise interviews with the rest of my participants. Although the sample size was small, the parents I interviewed came from a wide range of social, educational, professional and ideological backgrounds. Crucially, they had also taken different approaches to vaccinating their children.

- Rachel worked as a Melbourne based midwife, ran an alternative and holistic birthing community and has two young children, one of whom she initially refused vaccination for, but later went ahead with.
- Amy owned a vegan cafe in Melbourne and had her first daughter earlier in the year. Amy had progressed with vaccination initially but was becoming cautious and hesitant about future vaccinations after her daughter had a negative reaction early on. She also felt very sceptical about COVID vaccinations.
- Lisa worked as an assistant principal in Melbourne and has two children, both vaccinated.
- Hellen and Ned, the only couple I interviewed together, had recently moved to Australia from the US for the birth of their first child earlier in the year, and were based in Canberra. Hellen and Ned planned to fully vaccinate their children with no hesitation.
- Gina, also based in Canberra, was a public servant and mother to one nine-year-old. She had vaccinated her child, but stated that she "almost didn't", noting she was involved in a social circle that shared anti-vax sentiments.

My aim with this research was to show how the process of vaccination is understood, made sense of, and experienced in similar or different ways for Australian parents. While "anthropology needs others that are different from the self [and] difference between self and other will always be hierarchical because the self is sensed as primary" (Abu-Lughod, 2008, p. 13), a core aspect of my role as an ethnographic researcher during this project was to make my participants feel comfortable and safe to speak with me. To achieve this, I resisted explicitly asking parents about their child's vaccination status and instead asked them to describe their experience of making a vaccine decision for their child. After approaching potential participants and explaining the research, I provided them with a copy of the consent form and a plain-language statement about the project via email. This statement explained that the project was part of my honours thesis and that it held human research ethics approval from the University of Melbourne. This statement also outlined what would be asked of participants, the potential benefits and risks of being involved, what the outputs would be, and that

participation was entirely confidential and voluntary. In addition to returning the signed consent forms, consent was also confirmed at the start of the interview before recording commenced.

The logistical difficulties involved in organising a time for interviews with a group of individuals who are juggling childcare, work, and the effects of the COVID-19 pandemic also impacted whose perspectives were heard in the research, and also what information I received. Lisa called me from her office during school hours, thus limiting how long we could talk. After my initial contact with Rachel, we messaged back and forth, rescheduling the interview repeatedly as various events popped up, the birth of her second child, her work as a midwife, providing other forms of care to other families during lock down, and being unwell. During our phone call, our discussion was often paused as she nursed her child, fielded phone calls from family members and other interruptions from people in her home.

Interviews were conducted over the phone, ranging from twenty minutes to over an hour in some cases. A rough interview guide was used, which focused on three questions "how did you make a decision about vaccination for your child?", "what information did you turn to?" and "how did you know this was the right decision?". However, it was crucial that the interviews centred on what was most important to the participant in the process of making a vaccination decision, and thus conversations were guided by the responses provided. Notes were not taken, instead the interviews were recorded using the AI transcription platform Otter AI and transcripts were later edited alongside the audio to ensure accuracy for analysis.

After I finished my preamble in which I explained the purpose of the interview, confidentiality and what areas we would be covering, I would ask parents to tell me about their vaccine decision. Discussion often began with exploration of the individual decision, but over the course of our interview, parents told various stories and recounted experiences that traced and related their vaccination decision to other experiences and influences in their lives. Themes were identified in the analysis stage after several reads of each transcript. The core themes mentioned in this paper – uncertainty around vaccines, using embodied knowledge (informed by experiences of medical interventions) when thinking about children's health and bodies, and the importance of autonomy and agency – were present in every interview. While these themes emerged more strongly in some discussions compared to others, a theme was considered relevant to the aims of this research only if it was echoed by parents across different vaccine stances (unquestioning acceptors, the hesitant and refusers), highlighting the shared ways these parents think and make decisions.

III Uncertainty

The "vaccine narrative" (Heller, 2008, p. 9), similarly to germ theory or penicillin, is a powerful and pervasive cultural and scientific narrative. In this narrative, a deadly disease creates human suffering and death, and the heroic

researchers and scientists work altruistically to develop a simple intervention, a vaccine, which when properly executed, "demonstrates human mastery of death" (Manca, 2016, p. 22). Contradiction and uncertainty are completely absent within this narrative and it is a simplistic rendering of a long and complex development. Without contradictions or uncertainties, the narrative becomes a moral one in which "vaccines are the best and only way to contend with disease" (Heller, 2008, p. 13) and thus anyone who cares about their children's health would support vaccination. This narrative relies on what I refer to as the 'illusion of certainty' within biomedicine. Owing to its epistemological origins, the vaccine narrative presents biomedical knowledge as stable, absolute and self-evident. However, my interviews suggest this framing is at odds with how parents experience the decision-making process and obscures the complexity of the decision for parents. Across interviews with parents of diverse vaccine stances – the unquestioning acceptors, the hesitant and those who refused some vaccinations – uncertainty emerged as a shared and persistent theme. In this way, parents' stories revealed the limitations of the vaccine narrative and the promise of certainty in biomedical knowledge.

We can trace the epistemological foundations of medicine's 'illusion of certainty' back to the Enlightenment and the scientific revolution of the 16th and 17th centuries, out of which emerged the steadfast belief that the universe is rational and intelligible, and that the intellectual process of this philosophy would improve human society and individual lives (Bristow, 2017). Philosophers of the Enlightenment positioned the rational mind as the centre of all decision making, and they were confident that through this rationality, they could "achieve systematic knowledge of nature and to serve as an authoritative guide in practical life" (Bristow, 2017).

Scheper-Hughes & Lock (1987, p. 8) argue that the dominant model of clinical biomedicine has been shaped by this epistemology legacy, in particular rationalism and a reductionistic, individualised, dualistic framing of the mind and body. They argue this framing results in the neglect of subjective experiences, in favour of "radically materialist thinking, characteristic of clinical biomedicine". (Scheper-Hughes & Lock, 1987, p. 8). As noted by Fairhead and Leach (2012, p. 213), vaccination is part of a "highly globalised technocracy" in which a singular approach to mass childhood immunisation is supported and promoted by a particular form of globalised scientific knowledge, deeply intertwined with institutional needs, professional and epistemic hierarchies, and power relations. Medicine as a profession, according to Abbott (1988, p. 55) produces and relies on "abstract scientific knowledge" which is used to resolve illness without acknowledging shortcomings of that knowledge or uncertainties in outcomes of treatment. Despite this epistemological legacy, during our interviews, parents of diverse vaccine stances discussed ways that the vaccine narrative, infused with moral values, is often experienced as uncertain.

Parents' feelings of uncertainty and unknowing found their way into the interviews not as simple deference to some of my more complicated

questions; rather, it was lurking in the background. Often, after a detailed, insightful reflection was provided, traversing a complex and broad landscape of ideas in answering my question, a long sigh would morph into an exasperated “I just don’t know”. Other times, the uncertainty was more obscured, snuck in between phrases uttered with confidence and conviction. The uncertainty was always present alongside what was known. While perhaps this uncertainty about vaccination may not plague most parents (or even the parents I interviewed) on a daily basis, it arose in every single interview. The pervasiveness of this uncertainty suggests parents shared this feeling, regardless of their vaccination decision.

Rachel explained her position, saying “that's my understanding, but again I don't accept that as the truth...it seems reasonable to me so I have taken that on board”. This position– that reasonable ideas may not be factual, and that things could be known, but never fully understood, and not in a way that could be applied to all children–appeared internally contradictory. However, I suggest this apparently contradictory reasoning could instead be understood as parents’ attempts to account for a degree of uncertainty in the vaccine decision and process. In this way, the parents seemed to be actively resisting the certainty of the ‘vaccine narrative’ (Heller, 2008, p. 9).

Within biomedicine today, we see the Enlightenment legacy in the conviction that through the use of this rational mind, things can be known about the body with certainty and confidence. Indeed, science is considered by most (at least in the developed West) to be the sole possessor and provider of certainty and truth, especially regarding the body and health (Manca, 2016). Reflecting on her experience working within the medical system, Rachel insisted

> “The whole thing I've learned through being a midwife is that there is this false sense of certainty in medicine where if people want the answers...they want to believe that somebody has done all the study, they fully know all the things, and they can give you the best answer.”

Rachel’s reflections on her professional experience of the biomedical model’s approach to care provision succinctly captured the issues with this illusion of certainty. “The more you work in the area, the more I realise what we’re doing is not the right thing, it's just the closest thing we have to that, that we can implement across the board.”

Rachel felt one-sidedness was common in the birthing and obstetrics community. She expressed concern that if she were to ever be “anything other than one-hundred-percent pro-vaccination” toward her pregnant clients, “there are many, many obstetricians in particular and also probably midwives and medicos, that would get very up in arms about that”. Rachel often expressed that she felt “there's never one answer...it's one of those things where I know that there's no truth, like there's not one right answer”. However, she agreed that within the medical community, “often, things are presented as though there is''.

Atkinson (1984) has argued that medical professionals practise medicine and treat patients as though they have privileged access to 'truth', and as though they are certain of treatment outcomes. For Amy, this was a core concern.

> "No one knows 100% about [vaccines] even if you're a scientist or whatever.... It's not that they [GPs] aren't open to discussing, but they've got the education behind them. I think that it's very driven to go one way and not have both sides of the story. [Doctors] have just had an education while they've been studying and they like medicine and that's what they believe in and that there is an answer for it, and it is to be vaccinated."

Faraon-Saton's pedagogical mantra for medical students – "we always walk into the doctors' office with all our cultural, social, political, and historical baggage, and in that space, we meet the doctor's baggage and the systems baggage'' – neatly summarises the way in which these epistemic hauntings intersect with how an individual's body is treated by medical professionals, particularly when faced with patients for whom uncertainty is central in their decision making around vaccination (Farfán-Santos, 2021, p. 6). However, it is crucial to note that it was not only vaccine hesitant or 'anti-vax' parents who expressed uncertainty around the vaccine narrative. Pro-vax parents echoed these concerns.

Hellen, who firmly and without doubt chose to vaccinate her own child, also explained that she understood why some people may choose not to vaccinate and expressed uncertainty around mandates. Immunisation policies can be understood as medical treatments, symbols of scientific progress, as well as objects of government power, and thus attention to parents' stories about their vaccination experiences can reveal to us how parents understand and negotiate meaning and power, and how they make sense of the tensions that emerge in the vaccine narrative. Hellen said she felt sympathy for communities of colour, where hesitancy around vaccination was due to the historical testing and development of vaccines which occurred "at the detriment of people of colour, without consent". Similarly, Lisa, for whom the choice to vaccinate was a "no brainer", was aware that her decision was not the right choice for every family. "I guess at the end of the day we just wanted to adhere with what society believes was the 'right' thing to do. I guess with parenting in general, though, what is the right thing?", she wondered aloud, pausing briefly: "one person's opinion will be totally different to the next person's opinion." Reflecting on the vaccine-hesitant parents she had encountered during her career, Rachel felt "sure" that those who were not vaccinating were not "just people who don't give a shit about the wider community".

Vaccination is typically approached as a "technical issue about which people make decisions" (Fairhead & Leach, 2012, p.198) and within the vaccine narrative, there is only one 'correct' decision to be made. However, vaccination is "quintessentially social" (Fairhead & Leach, 2012, p. 198) and the uncertainty with which parents speak about vaccination highlights the complexity and unknowability of outcomes. The stories parents shared

regularly challenged and resisted the unequivocalness and certainty of biomedicine and its stronghold on rational, irrefutable truth. For these parents, they could never be fully sure of the right answer for their child, or extend that decision to all children. Through their stories, parents of all vaccine stances continued to challenge the certainty of the 'one-sidedness' of biomedical knowledge, and the one-size-fits-all approach espoused in the 'vaccine narrative' (Heller, 2008). They showed that uncertainty regarding vaccines can be experienced by those who support vaccines, not just those who are sceptical or hesitant, and that medical interventions like vaccines were not experienced uniformly. In the next section of this article, we will see the extent to which these experiences with medical interventions shape mothers' experience of their own body, their health and wellbeing.

IV Embodied Knowledge

Related to this sense of uncertainty around vaccination, another core theme that emerged from the interviews was the unknowability of children's bodies. Irrespective of the eventual vaccine decision made, when speaking about their vaccination decision, mothers returned time and time again to a steadfast feeling that they simply *did not know* when it came to their children. When faced with this, mothers in particular told stories in which they drew on knowledge of their own body when thinking about their child's health.

"Something that sort of shocked me about having kids'' mused Hellen, "is just how much I don't really know in general". Mothers' descriptions of their children's bodies as 'tiny', 'new' and 'fresh' were permeated by a sense of inherent vulnerability and a feeling of unknowability. Rachel reflected on her decision to delay vaccination, saying "everything feels a bit more heightened when you've got this tiny new, fresh thing". These feelings of unknowability of the body made making a vaccination decision complicated for Rachel in particular, who said she felt "different in making a decision about my health than I do about a newborn baby, and not because I'm valuing one more than the other, but because to me, a fully grown adult is going to be more robust than a tiny new baby that hasn't had anything but breast milk". Gina expressed a similar feeling of not knowing, suggesting it extends well beyond the newborn developmental stage: "I guess from a parenting perspective this like tiny little person, [who] you can't talk to or communicate with in any way and they're kind of like that for a really long time like even until they're like five years old".

Viverios de Castro (2015, p. 13) has noted that "in the course of interaction with the concrete Other, that world must always be actualised by the self". Although not explicitly taking up this ontological position, when elaborating on this sense of unknowability of their children's bodies, mothers told stories which demonstrated how they drew on knowledge of their own body-self to help make decisions. These mothers' understandings of their bodies, health, and medicine appeared from their stories to be constructed over the course

of their lives, across time and space, well before they had children, through experiences with medical interventions.

While only one father agreed to be interviewed, the identity and experiences of the fathers were sometimes woven into the stories the mothers shared. However, in analysing reliance on embodied knowledge within these mothers' stories, it is particularly pertinent that I did so with a gendered lens. This is because, as DasGupta and Hurst (2007, p. 2) note, "women's stories, like the stories of other marginalised communities, have the potential for revealing alternate truths that expand the traditional medical narrative". How women experience and make sense of their own bodies, knowledge, and medical interventions is inherently tied to the broader constructions of gender in society and medicine, and thus the stories they tell are also shaped by these influences.

Gina's story of her vaccine decision made very evident that how mothers experience their own bodies is foundational to their decision-making about the child's body, especially when it comes to medical intervention. When reflecting on her decision to vaccinate, Gina shared that her family's medical history was free of major health issues, vulnerable births or traumatic pregnancies. She described her physical state going into pregnancy as the major reason she did not feel the need to question or doubt her decision to vaccinate. Gina reflected that this time in her life as a "fit and able-bodied young person" experiencing an uncomplicated pregnancy, meant she "didn't have to really address any other thoughts".

Gina told another story, which further illustrated how her understanding and knowledge of her body, or in this case her mind and body, impacted how she made other decisions about her son's well-being and medical intervention. She told me the story of her disagreements with Adam's dad about Adam starting an anxiety medication in addition to his current ADHD medication. "I found it very hard to think that that would be the right thing for Adam. I knew that he was anxious, but it's hard to know the difference between an anxious person and a person who needs...a little like that additional help from medication to overcome things." Making the decision against these additional medications, she insisted "personally my body has never experienced a kind of anxiety that I would need medical help to try and overcome".

Lisa recounted to me a story of the "drama" of her children's vaccination visits. Following Neave's second vaccination appointment, Sam came home defeated: "Oh god, I'm never doing that again". His issue was not the vaccination itself, rather, the witnessing of his child in pain and upset was not an experience he wanted to endure again, at least not without his wife's help. Lisa and Sam understood their children were upset and scared by the vaccine experience, and when telling this story to me, Lisa described this as "necessary evil, the same as going to the dentist, you just do it". This story reveals that through reflection on her own experiences with painful, scary medical procedures like dentistry, Lisa was able to know vaccination was the right decision for her children, even if it was a frightening and confronting experience.

Hellen's story provided perhaps one of the clearest and most explicit examples of relying upon one's own knowledge of their body to make a decision for a child. Unlike other parents, whose stories were teased out gradually over the conversation, Hellen answered my very first question with her story of growing up with a rare medical condition called Biliary Atresia, a congenital condition that causes the ducts that carry bile from the liver to the gallbladder to become blocked. As Hellen recounted her experiences from childhood in which she was highly monitored by doctors and received excellent medical care, it became clear how strongly she trusted western medicine, saying "I just sort of plan on taking all the doctor's advice". Hellen's experience of her own body's health in relation to medical care she received over the course of her life was the primary source of information and guidance when it came to her newborn. "I'm very pro-vaccination" Hellen insisted, "as someone who has spent a lot of time in hospitals being sick, I'm very pro preventing that".

V AGENCY AND AUTONOMY

These stories demonstrate the extent to which mothers connect their decisions about their child's medical treatment to their knowledge of their own body. Specifically, the stories and reflections offered by the mothers I interviewed revealed the extent to which the embodied knowledge they drew on was constructed *in relation* to past medical interventions, and how these experiences fed into the process of making a vaccination decision, regardless of the end-result. An interesting sub-theme to these stories was a feeling of autonomy and agency in the intervention, suggesting that agency and autonomy could be important pillars of future, productive conversations about vaccine choices.

Hellen reflected on her experience of growing up with such a rare condition and "so much privilege and access to really good health care". Seeing a doctor almost weekly at times, she felt as though she had "seen enough doctors, I find some more impressive than others". Speaking about these experiences, Hellen had "become comfortable advocating for myself in those situations". Early in our interview Hellen mentioned she was "quite comfortable with Western medicine. I've sort of been saying it in a joking way, but I am looking for the most clinical birth possible". Hellen's ability to self-advocate and her past experiences doing so in the context of medical interventions clearly contributed to her sense of comfort and trust around vaccinating her child.

Gina astutely reflected on how pregnancy shapes how you feel and are treated within the medical system. "You are definitely medicalised and incredibly vulnerable when you're pregnant and giving birth, and I think if there is like a tipping point for sort of just distrusting things I think maybe it's that point of time, like if you have a negative experience." Gina described how negative experiences with medical care can lead parents to make choices for their children's health that give them a greater sense of autonomy and control.

She told stories about other parents she knew who had negative prior experiences with birth, doctors and their children, who not only chose not to vaccinate, but also wanted to modify their other interactions with medical interventions. “If you hear other people's birth stories it's crazy. I think for some of my friends like they were a bit older, [and had] traumatic pregnancies.” Parents with these prior experiences, according to Gina, chose to “opt for like real crazy health cover or home pregnancies, and all of this stuff for their second pregnancy to just kind of help them feel more in control”.

The stories shared by mothers who supported vaccination demonstrate that positive and negative experiences with medical interventions themselves can shape what decision they make for their child. Agency, autonomy and control played a central role in these stories. For Rachel and Amy, the two mothers who expressed the most hesitation toward vaccines, feeling autonomy and agency in the decision-making process around vaccines was also central concern. Amy said she was “middle ground” when it came to the issue, her concern was “more about being forced into [vaccination], I’m pro-choice”. For Rachel, her main concern about vaccination “comes down to the conversation that we're having”. Both Amy and Rachel were comfortable accessing information from GPs, but wanted an ‘open conversation’. For Rachel, “empathy is number one and seeking to understand”. It was not until she found a maternal health nurse who encouraged her and her partner to “come back when they felt ready” that she felt safe, and finally went ahead with complete vaccination, after initially refusing.

These women’s experiences highlight the extent to which mothers, regardless of their stance on vaccination, draw on embodied knowledge when faced with the unknowability of their children’s bodies, and suggests that autonomy and agency play an important role in decision making. As Farfán-Santos argues, that which falls outside of the boundaries of what Western biomedicine views as relevant to people’s health – the unseen, the felt, the ‘irrational’ and ‘unmeasurable’ – are no less significant to our experiences of health and illness (Farfán-Santos, 2021). By highlighting these stories and embodied knowledge, drawing attention away from a discourse of information and misinformation, I seek to follow Sobo’s (2014, p. 138) suggestion that challenging the solely medicalised view of health and wellness can advance our thinking as social scientists by revealing to us “health related experiences to which we might otherwise remain epistemologically blind”.

VI Conclusion

In the context of dispute resolution in a post-COVID world, one way to begin to bridge the polarised discourses about vaccination occurring both online and in daily life is through an exploration of similarities between groups, rather than differences. Drawing on interviews with Australian parents, the findings of this research contribute to this effort, suggesting that parents of varied vaccine stances share more in common than we might initially think.

This article has analysed the stories told by parents who made different choices for their children's vaccination. By highlighting the shared themes of uncertainty, negotiation of biomedical authority and a reliance on embodied knowledge, I have sought to call into question the ideological division between 'pro-vax' and 'anti-vax' groups, as well as the construal of vaccine hesitant or cautious parents as the difficult, unredeemable 'other' and provide a starting point for productive conversations around vaccination.

While vaccination is typically viewed as a technical, rational process, the parents I spoke to, regardless of their stance, resisted and negotiated the biomedical illusion of certainty within the dominant vaccine narrative to some degree. The parents I spoke to who supported vaccination, not only echoed the uncertainty of those who were hesitant but also felt empathy for those who chose not to, or felt there wasn't one correct choice that could be applied to all.

In particular, the stories told by mothers about the vaccination decisions shared a common theme of the unknowability of their children's bodies, leading them to draw on their own embodied knowledge to guide their decision making. This embodied knowledge appeared to be constructed across the course of mother's lives, informed in part by experiences with other medical interventions. This similarity was a surprising finding, representing another way in which these parents negotiated the certainty of the vaccine narrative, by drawing on an alternative form of knowledge that falls outside the confines of rational biomedicine when thinking about vaccination. The finding that concerns for autonomy and agency play a key role in vaccine decision making suggests that, in the context of dispute resolution over vaccination decisions, attentiveness to parents' feelings of control and sense of ownership of the decision-making process could play a central part in generating productive discussions amongst those who are vaccine hesitant, particularly in the context of recent online discourse around COVID-19 vaccine mandates.

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