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## Attitudes of Boise State Students on the Exemption of Immunizations Law in Idaho

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### Abstract

**Objective:** The goal of this study was to analyze the attitudes towards the exemption of immunization law in Idaho of undergraduate Boise State University students in the HLTH 382 class to see if there are any relationships between support of this law and characteristics such as age, health concerns, and religious/philosophical beliefs. **Methods:** This study used the program Qualtrics to measure the attitudes towards the exemption of immunization law of 33 undergraduate HLTH 382 students. **Results:** This study found potential relationships between age and the support of the exemption law as well as health concerns about vaccines and the exemption law. There is also no relationship between religion/philosophical beliefs and the support toward the exemption of immunization law in Idaho. **Conclusion:** The results show that there are potential relationships between age and the support of this law as well as health concerns and the support of this law. Further research is needed in order to explain results further such as whether there is a stronger relationship between these categories than given through this pilot study.

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## AGE, HEALTH CONCERNS, AND RELIGION RELATING TO VACCINES

### INTRODUCTION

- 'Exemption of Immunization Law: Any minor child whose parent or guardian has submitted a signed statement to school officials stating their objections on religious or other grounds shall be exempt from the provisions of this chapter. (Russell, 2019)
- 'Idaho has one of the highest rates of vaccination exemption with numbers continually increasing. (Devitt, 2018)

### ANALYSIS / DATA -

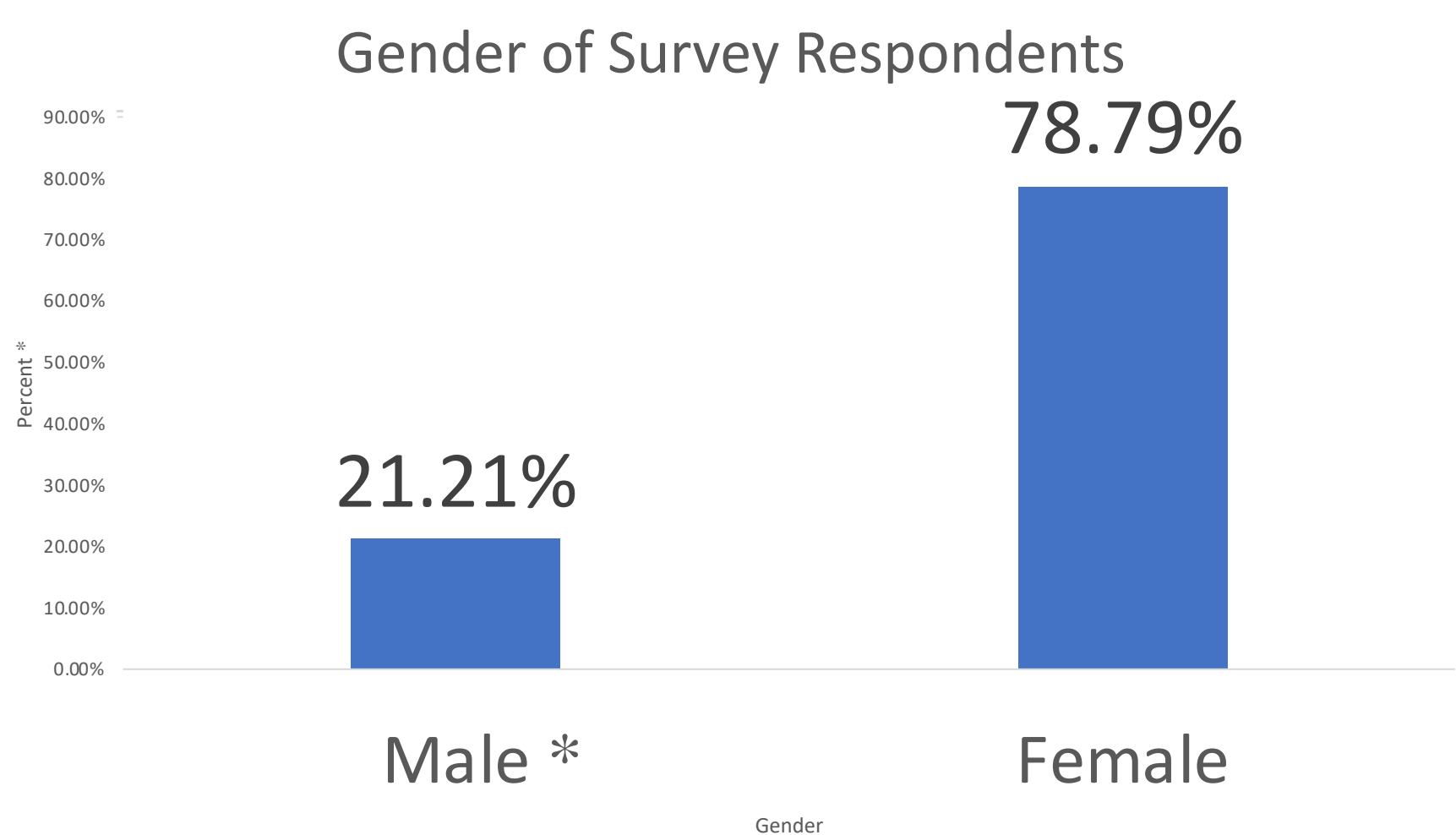
- 'Respondents largely agreed that it is important for everyone to get the recommended vaccines (M=4.52 \* on a scale of 1 through 5). \*
- 'Overall, respondents tended to agree that their personal religious and/or philosophical beliefs do not influence them to be exempt from immunizations (M=1.44 on a scale of 1 through 5)
- 'A majority of respondents identifying in the younger age ranges do not support the exemption of immunization law in Idaho (see Figure 3).

### METHODS

- 'Observational study administered via Qualtrics.
- 'The study population is a sample of 33 adult students enrolled in HLTH 382.
- 'Students have access to survey by a shared anonymous link to Qualtrics via Blackboard in order to complete.
- 'Students provide consent at the beginning of survey \* by clicking an option that acknowledges their own \* informed consent.
- 'Statistical testing using chi-square test of percentages were used for the findings.

### GENDER

- 'Male, 21.21%
- 'Female, 78.79%



### RELIGION AND VACCINATIONS

- Respondents affiliated with a religion had higher rates of not supporting the exemption of immunization law in Idaho (see Figure 1).
- Respondents affiliated with atheism had an equal ratio of support and not supporting the exemption of immunization in Idaho (see Figure 1).

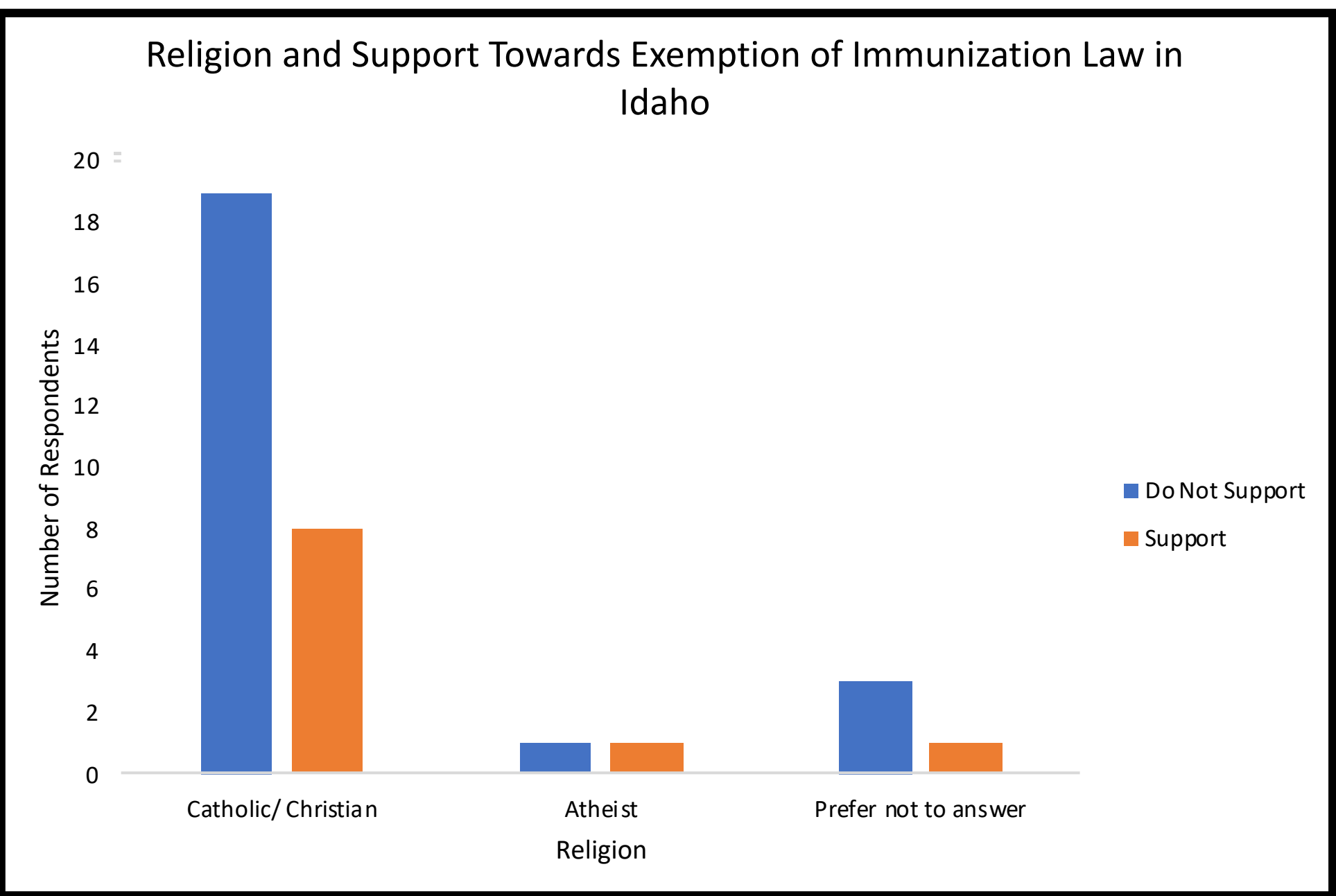


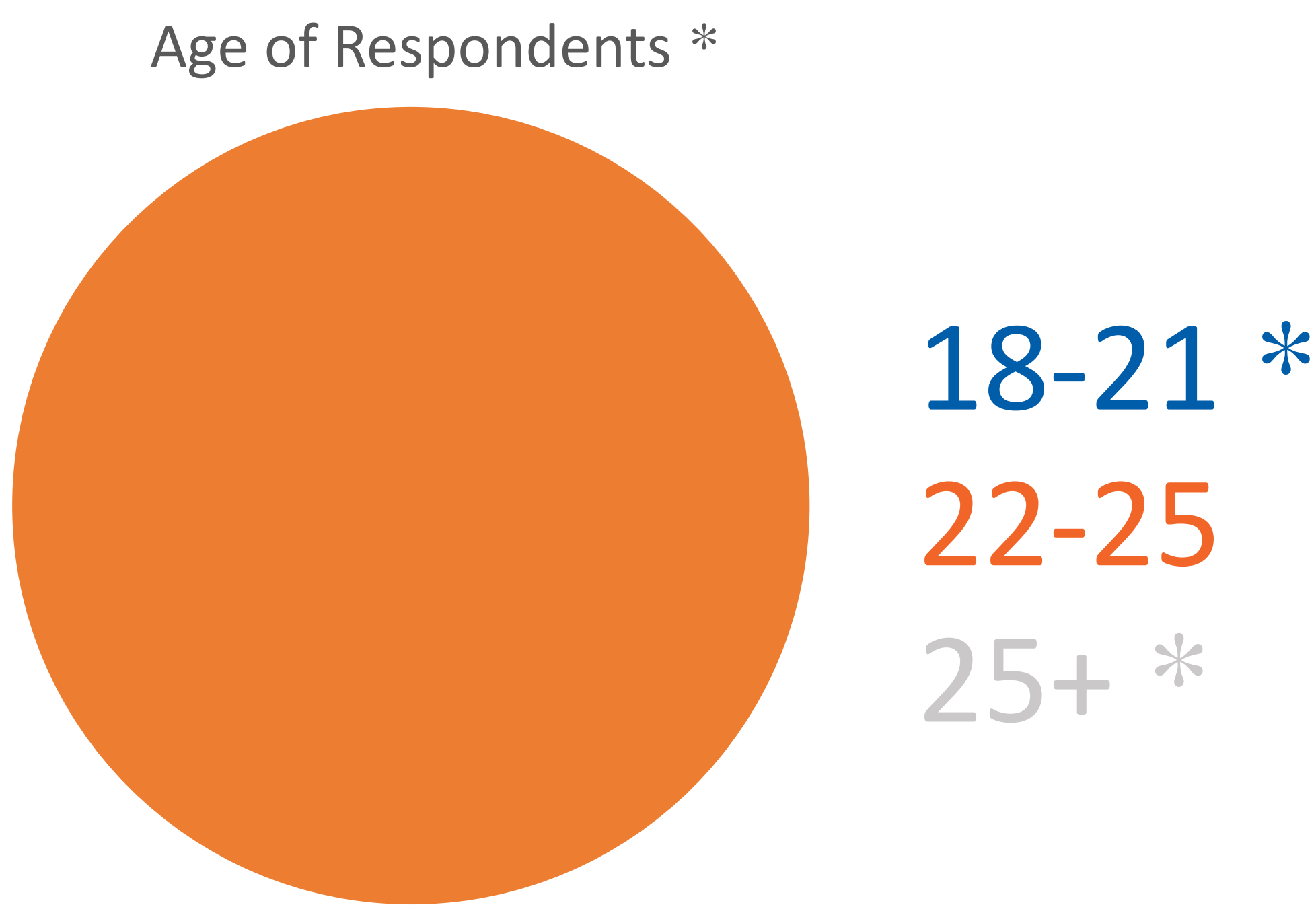
Figure 1

### CONCLUSION

- 'Religion is not related to whether or not undergraduate Boise State health students support the exemption of immunization law in Idaho.
- 'Respondents identifying with the younger age ranges tend to not support the exemption of immunization law more than the older age range who has a balanced ratio of support.
- 'A majority of respondents do not believe vaccines can cause more harm than good as well as do not support the exemption of immunization law.
- 'Further research could allow for a greater sample size \* with a variety of different majors involved instead of solely health.

### AGE -

- '54.55% were ages 18-21
- '33.33% were ages 22-25
- Remaining 12.12% were age 25 or older \*



### HEALTH CONCERNS

- A majority of the respondents disagree that vaccinations can cause more harm than good when related to the health of an individual.
- 70% of respondents reported they do not support the exemption of immunization law (see Figure 2).

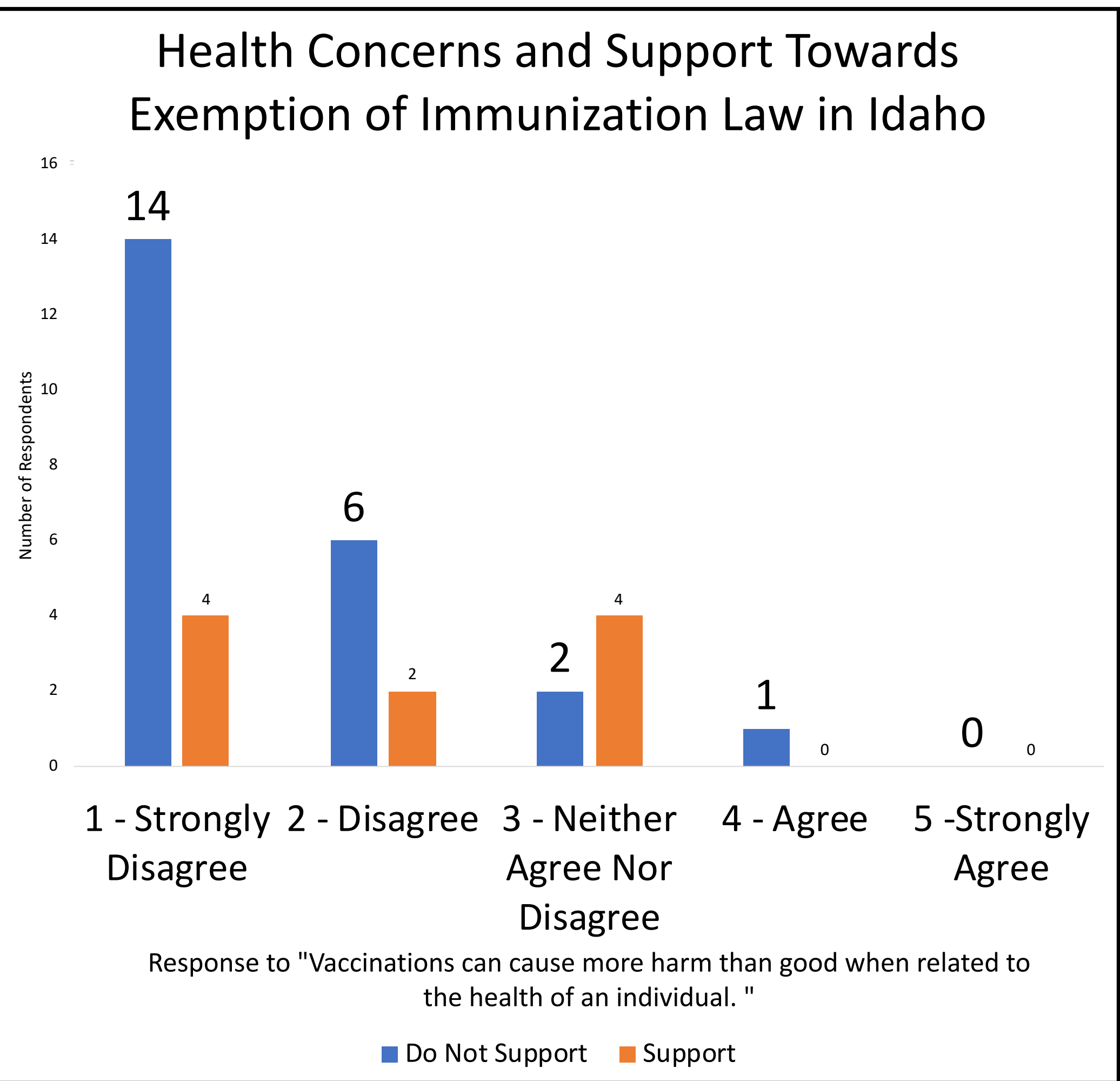


Figure 2 \*

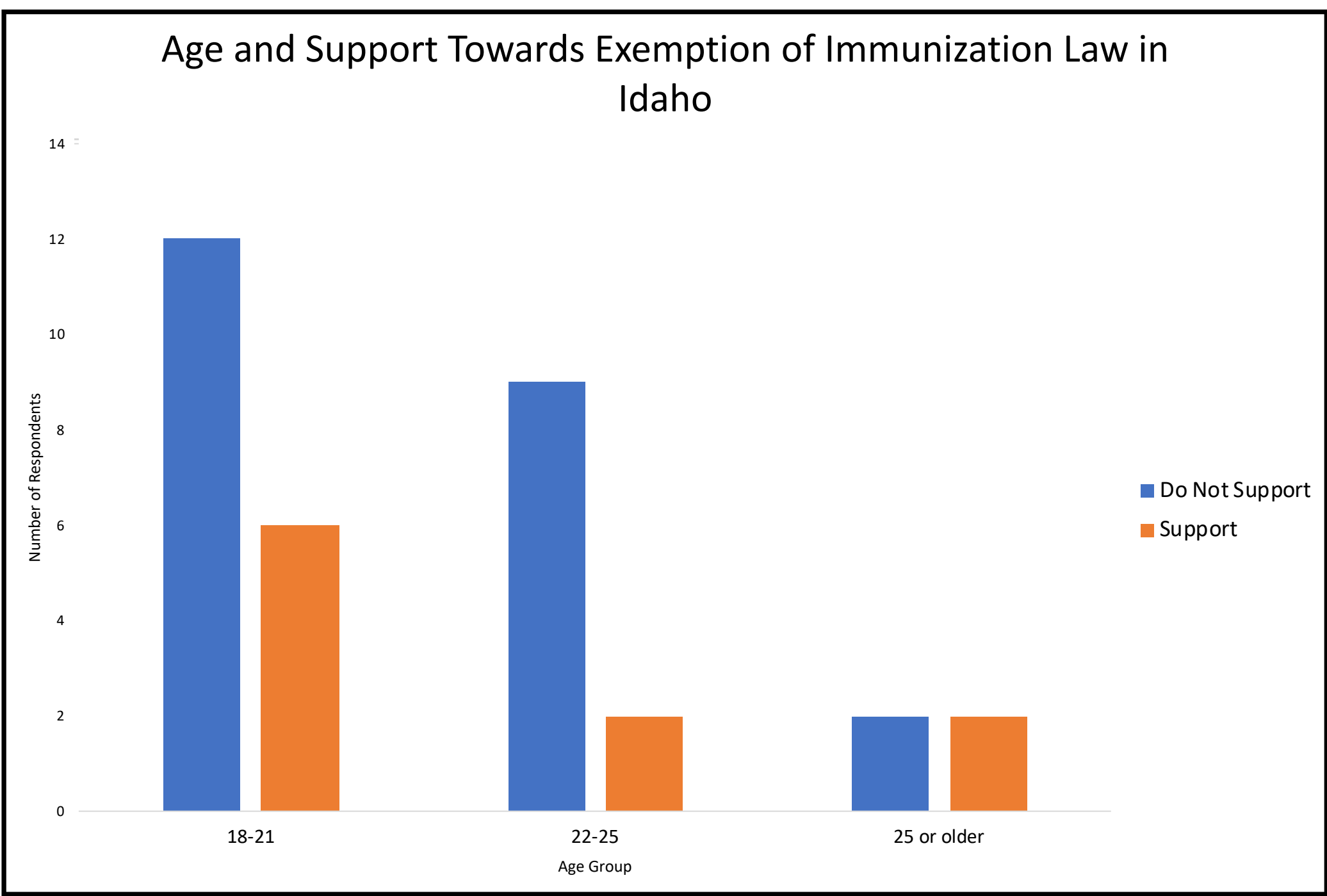


Figure 3