

From Stigma to Support: How Online Groups Empower Parents Rejecting Vaccination of Children

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The following article explores how online communities support Slovak parents who refuse mandatory childhood vaccination. Because these parents are at odds with mainstream norms and laws, they experience social pressure, risk, and stigmatization, such as negative labeling. Furthermore, society often equates anti-vaccination beliefs with conspiracy theories – a label parents reject – even though studies show such theories have negative connotations. As a result, public discourse frequently conflates vaccine refusal with irrationality and anti-scientific attitudes, which increases marginalization for these parents.

This study uses qualitative analysis of online group discussions. Specifically, it shows that digital communities help parents reduce offline social and normative pressures and maintain their beliefs in a challenging physical environment. Furthermore, these online groups provide parents with support and strategies that are often inaccessible in person; this support, in turn, enables them to cope with pressures, including those imposed by health authorities and government regulations. Overall, the analysis demonstrates that online community participation is crucial for parents who are coping with the risks and uncertainties of vaccine refusal in a predominantly pro-vaccination society¹.

Keywords: anti-vaccination, conspiracy theories, norms, social media, social benefits, digital ethnography

¹ The data were collected from online discussions between 2022 and 2024, and the analysis was conducted in 2024. At present, we are witnessing a situation where the safety and effectiveness of vaccines are being questioned by government representatives themselves. This means that the discourse is now spreading directly from authorities, which changes the conditions compared to the period when the data were analyzed.

1 Dominant Social Norms and Childhood Vaccination

Every society relies on a system of social norms to maintain order and ensure smooth functioning by guiding the behavior of individuals and groups (Zhang et al., 2023). The majority within a group typically shares these norms. They play a crucial role in fostering cooperation and prosocial behavior (Schmidt & Tomasello, 2012; Hechter, 1995). People acquire norms early in life (Hirschfeld, 2002; Schmidt & Tomasello, 2012). This learning happens through social learning (Boyd, Richerson, & Henrich, 2011). Every member of society becomes aware of the prevailing rules. One of the key mechanisms that enforces adherence to norms and facilitates cooperation is the system of social sanctions for norm violations. These sanctions can vary in severity, ranging from minor consequences such as gossip, to more serious ones, such as social exclusion (Henrich & Henrich, 2007). Fear of reputational damage serves as a central factor in promoting conformity to social norms (Sperber & Mercier, 2019).

In the Slovak context, mandatory childhood vaccination can be considered a dominant social norm governing health practices. It is enshrined in legislation and supported by public health objectives, such as maintaining herd immunity with a vaccination rate above 95%. This practice is widely internalized as a societal given in public discourse. Parents who choose to violate this norm deviate not only from medical consensus but also from socially expected practices. As a result, they often face social sanctioning, including fines and difficulties enrolling their children in preschools. They may also experience social exclusion from peers, family, and the broader community (Mendonça & Hilário, 2023; Reich, 2020; Wiley et al., 2021).

1.1 Stigmatization as a Consequence of Norm Violation

Deviating from a dominant norm often leads to stigmatization (Goffman, 2003). Specifically, stigma refers to an attribute that negatively distinguishes an individual from those considered ‘normal’. As Goffman (2003) explains, stigma is socially constructed in a way that discredits individuals. As a result, a stigmatized person is seen not only as ‘different’, but also as inferior, unreliable, or dangerous.

Parents who refuse vaccination are often labeled with pejorative terms such as “antivaxxer” or “conspiracy theorist”. These labels reduce their identity to caricatures that portray them as irresponsible, irrational, or resistant to science. Dew and Donovan (2020) note that the term “antivaxxer” covers a wide spectrum of attitudes today. Yet in public discourse, it is simplified into a stigmatizing stereotype: “irrational, emotional, anti-science, worthy of being criminalized and having the

same credibility status as flat-earthers and other conspiracy theorists” (Dew & Donovan, 2020, p. 1). Parents in my research rejected these labels. They saw them as unfair and harmful.

1.1.1.1 Linking Anti-vaccination Attitudes with Conspiracy Theories

The stigmatization of parents who refuse vaccination is often tied to their automatic categorization as supporters of conspiracy theories, even if they do not identify as such. Jolley and Douglas (2017) indicated that a popular conspiracy theory about vaccination claims that side effects are hidden for profit by pharmaceutical companies and governments. This rhetoric shapes public perception. It links vaccine refusal with “conspiratorial thinking”. Therefore, exploring the relationship between stigma, conspiracy theory labeling, and its real-world impact for non-vaccinating parents is vital to understanding their everyday realities.

Several scholars have pointed out that conspiracy theories have become a significant source of social and intellectual stigma (Barkun, 2016; deHaven-Smith, 2013; Harambam & Aupers, 2017; Husting & Orr, 2007; Lantian et al., 2018; Panczová, 2017; Thalmann, 2019; Wood & Douglas, 2013). In recent years, these theories have almost become a symbol of irrational thinking. The “paranoid worldview” they offer is said to paralyze rational evaluation, block meaningful discussion on socially important topics, and spread misinformation (Bahna, 2019, p. 6). Negative perceptions of these beliefs transfer to their adherents. Today, “conspiracy theorist” is a stigmatizing label (Panczová, 2017), linked to paranoid thinking (Harambam & Aupers, 2017). This label is used as a tool of social exclusion (Lantian et al., 2018). It acts as an act of rhetorical violence that dismisses suspicion as irrational paranoia (Wood, 2015). DeHaven-Smith notes that the label carries strong emotional intensity and has “the effect of instantly rejecting suspicions without any discussion” (deHaven-Smith, 2013, p. 89).

1.1.1.2 Psychosocial Consequences of Stigma for Non-vaccinating Parents

Stigmatization of parents who refuse vaccination can occur on multiple levels and from various causes (Wiley et al., 2021). One cause is the link to conspiracy theories (Dew & Donovan, 2020). When their stance is seen as conspiratorial, they may face negative judgment even in the absence of such beliefs.

This phenomenon also emerged in my dissertation research. Several parents explicitly distanced themselves from such labels. They described themselves as “enlightened” or “open-minded liberals”. Some even rejected the term “antivaxxer” because it evoked similarly negative connotations. Although they did not feel they belonged to such a category, most were concerned that others might see them as irresponsible, extreme, or strange (Slivková, 2025). Therefore, it does not matter whether these parents believe in conspiracy theories. What matters is how society interprets their decision.

This article argues that the focus on conspiracy theories is not on parents' actual motivations but on the social stigmatization process they encounter. In this context, what defines an "antivaxxer" is not an individual's actual beliefs or statements but society's representation of who such a person is.

Another factor may be the perceived threat to public health and herd immunity. Vaccination is not regarded solely as an individual decision, as emphasized by experts, health portals, and informational materials. The label "antivaxxer" as a stigmatizing term may help the majority protect itself against perceived risk and uncertainty.

Stigmatizing parents who do not vaccinate has serious psychosocial consequences. Research shows these parents feel pressured and misunderstood by healthcare providers, educators, or relatives. Many describe feelings of discrimination, insecurity, and loss of social status. This pressure can lead to social alienation and even strengthen opposition to vaccination, as international research confirms (Court et al., 2021; Mendonça & Hilário, 2023; Reich, 2020; Wiley et al., 2021).

1. 2 Online Communities as Spaces for Managing Stigma

Perceived stigma and negative judgment may lead individuals to seek social communities that accept their views. Stigma disrupts normal social connections, prompting parents to seek out safe spaces where they are free from negative experiences (Mendonça & Hilário, 2023). This experience can strengthen their identification with like-minded individuals and provide emotional support (Reich, 2020).

Getman et al. (2018) also show that parents often gather information about vaccines from online sources, including social media, which helps them address their concerns and questions. However, these platforms serve not only as sources of information but also as tools for coping with the emotional and social consequences of their stance. The online environment enables the creation of cultural microworlds that are not bound by physical space. Miller and Horst (2012) argue that online platforms offer marginalized groups a space to freely express their views and receive feedback. For many, an online community can be even more meaningful than their offline environment, precisely because it provides a sense of acceptance, understanding, and belonging (Kozinets, 2010).

People's motivation to contribute to various online groups can be influenced by several factors, including the desire for recognition and reputation (Rode, 2016; Marett & Joshi, 2009), self-expression (Kozinets, 2010), the need for understanding and acceptance (Mendonça & Hilário, 2023), and the reinforcement of personal identity (Lantian et al., 2018). In an environment where they are exposed to stigmatization, parents find "safe zones" in these groups that help them cope with the pressure of societal norms and process their own emotions.

As Goffman's theory of stigma (2003) suggests, these communities enable parents to practice "stigma management" by providing a safe environment to share

experiences and acquire coping skills to address negative societal reactions. Mothers who refuse vaccinations often face stigmatization from healthcare professionals, educational institutions, and family members. They are portrayed in the media as irresponsible and selfish, creating pressure and a sense of marginalization (Reich, 2020). This practice includes obtaining information and advice on how to minimize social sanctions, avoid stigmatization, and effectively communicate their views in a hostile offline environment.

2 Research Context and Objectives

The presented article is based on a dissertation research project that combined qualitative research in both offline and online environments. The main aim was to explore the meaning and consequences of refusing childhood vaccination and opposing dominant societal norms. The research included in-depth interviews with parents, focusing on their motivations, the social and psychological costs they experience, self-perceptions and stigma, and coping strategies. Some interviews addressed parents' participation in online communities, which was further examined through digital ethnography and the analysis of online groups for parents who refuse mandatory vaccination. This part of the study investigated how participation in these online groups fulfills social and psychological needs and helps manage the stigma.

The central research question of this study is: *“What is the impact of participation in online groups on individuals’ fulfillment of their social and psychological needs?”* The study was guided by the hypothesis that anticipated stigmatization, its actual experience, and negative judgment motivate individuals to seek communities where their views are accepted and shared by others.

This article specifically presents an analysis of data collected from the online environment through digital anthropology. This part of the research provides deeper insight into how virtual communities help parents cope with stigmatization and what forms of support they find there. As the following analysis shows, factors such as emotional support, reassurance, understanding, sharing experiences, and guidance on managing societal pressures and navigating official regulations are central to parents' online discussions. I refer to this information as “precious” because it is often unavailable in the offline environment, yet crucial for these parents.

2.1 How Online Groups Were Selected and Studied

Before starting fieldwork and data collection, a comprehensive survey of the online environment was conducted. The selection process for online groups was guided by several criteria, including activity level, thematic focus on mandatory childhood vaccination, and the exclusion of groups centered on COVID-19 or anti-establishment beliefs. The research specifically focused on the refusal of mandatory childhood

vaccination. Therefore, groups with diverse thematic content, such as those discussing alternative medicine, political issues, or COVID-19 vaccination, were excluded because they were deemed irrelevant or inappropriate for the study's objectives². Ultimately, the sample consisted of three online communities – two public and one private group.

The decision not to disclose the platform's name or the specific groups was made to ensure the maximum protection of respondents' privacy and the integrity of the studied communities. The sensitivity of the topic and the potential legal consequences of refusing vaccination in Slovakia were key ethical considerations. This research was conducted in Slovakia, specifically among members of a Slovak online community of parents who refuse mandatory childhood vaccination.

2.2 How Data Was Collected Online

The research was conducted through passive observation within a closed parenting group on a social media platform, focusing on discussions related to mandatory childhood vaccination. By 'passive observation', I mean I did not interact with the group members; I only observed and analyzed their discussions. A total of 1,226 posts were analyzed, including 259 main wall posts and 960 comments.

The wall posts represent the type of information that members most frequently request or feel compelled to share publicly. These are posts written directly to the group's main feed, which other members respond to through comments or likes. Administrators have the authority to enforce the rules and exclude members, if necessary, yet in the discussions, they appear as regular contributors. All members, including administrators, are expected to follow the group's rules, contribute content in line with them, and behave accordingly. The rules emphasize respectful communication, exclude aggressive behavior and ridicule, and prohibit participation by people who simultaneously spread pro-vaccination ideas in other groups.

Data collection was conducted by copying text and taking screenshots. The analysis was conducted using qualitative content analysis supported by the software Atlas.ti. Before data collection, a preliminary study helped identify recurring thematic areas discussed by group members. Based on these, a preliminary codebook was developed. During the analytical process, this codebook was iteratively expanded to reflect newly emerging themes and meanings within the discussions.

2 It cannot be ruled out that some parents also participated in other groups with more radical or alternative content. However, this aspect was not tracked in my research. This is a case study focusing on the benefits of specific parenting online groups on a particular platform and on how these groups help parents cope with stigmatization in the offline world. For this reason, activities in other groups were not examined.

3 Analysis: Costs and Benefits in Online Discussions

Although the research primarily focused on the benefits of the online environment, the coding process also revealed costs and challenges that parents experience in the offline context. The resulting codes were grouped into thematic categories, such as “benefits in the online environment” and “costs in the offline environment”, with each category color-coded to enhance clarity. Many codes had a mirrored structure; for example, the issue of “finding a pediatrician” had its counterpart in the benefit “contact with a pediatrician”, and similarly, “how to argue” was mirrored by “help with argumentation”.

It is important to note that, when analyzing digital content, there is a methodological limitation: psychological states and experiences can be inferred only from what is explicitly written in posts and comments. Therefore, I created codes directly based on the actual language participants used in their contributions. For example, statements such as “yes, I agree” were coded as agreement, “I understand you” as expressed understanding, “the doctor tried to scare me, but I did not let myself be intimidated” as an experience of attempted intimidation, or “we had the same experience, and nothing happened” as reassurance. Although several of these codes may overlap or refer to very similar benefits or costs for respondents and may ultimately represent the same sense of comfort or stress, I deliberately coded them separately to reflect the nuances of what was said. Together, however, these codes point to the important psychological benefits that online groups provide to their members.

The analysis was conducted in two phases. In the first phase, the main wall posts were coded and analyzed, as they predominantly reveal the costs individuals incur when they choose not to vaccinate their children. In the second phase, the analysis focused on the comments. As for the benefits, they emerge from feedback in the comment sections. A more detailed explanation of both the benefits and the costs is presented in the following section of the paper.

3.1 Analysis of Wall Posts Shared in the Group

The qualitative analysis of the online discussions within the selected parenting groups identified six main categories of wall posts reflecting different requests or needs of their authors:

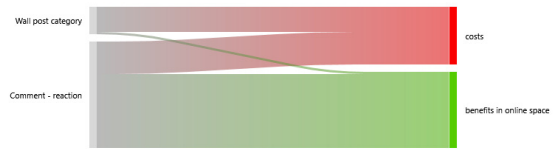


Figure 1: The diagram shows that wall posts in the group mainly reflect the costs associated with vaccine refusal (in red), while comments often highlight the benefits gained from the online community (in green).

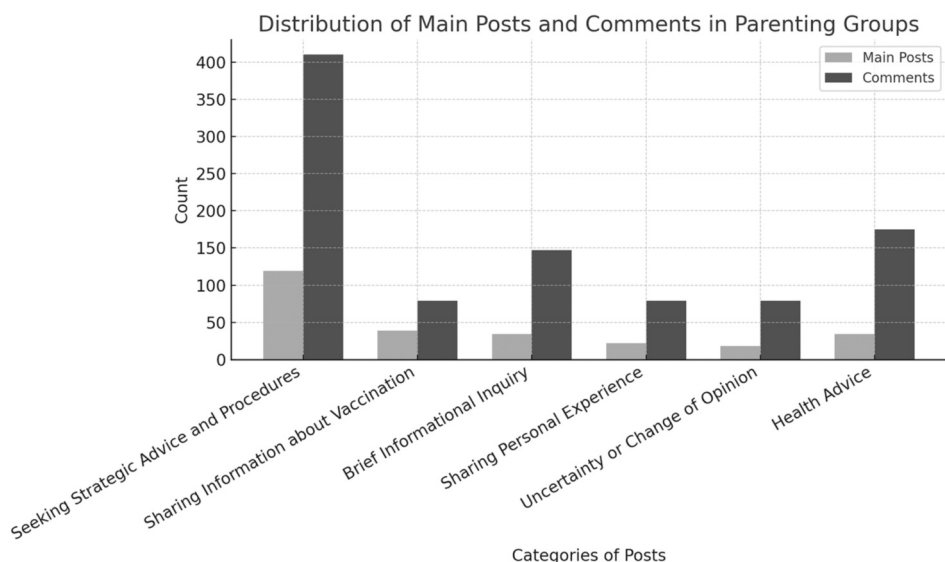


Figure 2: The table presents the distribution of the six main post categories shared by members in the online group, along with the number of comments each category received.

1. Seeking Strategic Advice and Procedures,
2. Brief Informational Inquiry,
3. Sharing Personal Experience,
4. Sharing Information about Vaccination,
5. Health Advice,
6. Uncertainty or Change of Opinion Regarding Vaccination.

These are the six basic categories of shared posts that people add to the group. Under each of these six categories, there are several themes. There is also a negligible number of posts that do not fit into any of these categories. Of the 259 main wall posts analyzed, the most common were requests for strategic advice and procedures (119 posts), while posts about reconsidering vaccination were the least frequent. The table displays both main posts and their comments. Notably, requests for health advice and practical strategies generated the most comments, indicating that this is the group's most actively discussed domain.

3.1.1 Seeking Strategic Advice and Procedures

People most frequently seek practical advice on how to handle the consequences of refusing vaccination. Their posts describe specific challenges, especially finding a tolerant pediatrician – 60 out of 119 posts address this issue. For example:

“Please, our doctor is retiring. My little one will be four years old in March and is fully unvaccinated. Our doctor did not report to us for not vaccinating. The new one

says she will have to if we want to see her, because she won't take responsibility for it. She is trying to convince me that I should find someone else, as her approach will be different for unvaccinated children. Will we have to pay a fine when he turns four? Isn't that already after the statute of limitations?"

Other frequent concerns include issues with authorities, the risk of fines or official summons, problems with kindergarten admissions, preparing arguments, and understanding legal procedures. These questions reflect parents' efforts to minimize potential threats, whether financial, social, or psychological, by proactively seeking information and support.

Through practical feedback from other members, parents gain valuable guidance not readily available elsewhere. The sharing of strategies and first-hand experiences helps them feel less isolated and better equipped to navigate institutional barriers. Being prepared means having a better ability to calculate the potential consequences of a situation and respond appropriately.

3.1.2 Brief Informational Questions

Brief informational questions are posts that seek specific, concise answers rather than advice or procedures. They often relate to practical details parents need when navigating the consequences of refusing vaccination, such as the amount of a fine or changes in legislation. For example:

"Hello, has anyone recently dealt with vaccine refusal at RÚVZ Žilina? Three and a half years ago, the fine was 10 euros. Has it changed?"

Such questions help parents quickly clarify legal and administrative matters. While most are practical, a few also seek reassurance or resources about health risks, but these are less common. In addition to strategic advice, these posts form a practical guide for parents who refuse vaccination.

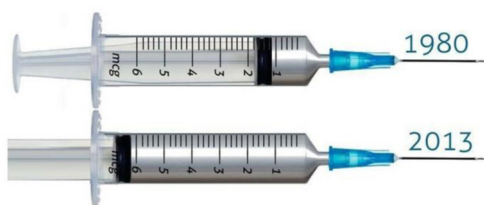
3.1.3 Health Advice

As it turns out, the group also serves as a space for members to consult on health issues and questions. Of the 259 collected posts, 34 address the treatment of illnesses, making it the second most common type of wall post in the collected data. Therefore, in addition to seeking strategies for surviving in the physical environment and minimizing costs, this group also serves as a source of medical information. Of the 34 posts, 16 address the fear of infection among unvaccinated children.

(The following field example is paraphrased for research ethics.)

A mother was informed that her child tested positive for pneumococcus, and she indicated that this bacterium colonizes the respiratory tract. She is concerned whether this could cause problems if her child is not vaccinated with the vaccine intended to prevent this infection.

Aluminium in NZ Vaccines 1980 vs 2013



Source: Immunisation Handbook 2002 & 2011
Ministry of Health NZ

Figure 3: Sharing vaccination information in visual form.

Fear of infection represents a psychological cost that some parents deal with. Other posts in this category ask for advice on how to proceed with the treatment of other childhood illnesses and for verification of information provided by doctors.

3.1.4 Sharing Information about Vaccination

The second most common group of posts involves sharing information about vaccination. These posts can have a warning, sarcastic, or infor-

mative tone and originate from diverse sources, aiming to provide both lay and professional perspectives on childhood vaccination.

They often highlight potential harms and side effects of vaccines, but group members also share practical resources that address common questions raised within the community, such as advice on reporting side effects, information about legal deadlines for fines, downloadable appeal templates, and guidance on how to respond to official vaccine refusal requests.

3.1.5 Sharing Personal Experiences

Wall posts in which members share personal experiences are less common. These posts do not contain questions; members simply share their experiences and feelings.

“Revaccination refused. The doctor wanted me to sign a paper stating that I refused vaccination. I immediately told her that I would not sign that paper. She just said it was fine, that I probably had my own reasons, and that she did not insist on signing anything for the medical record either. She only told me that she had to be protected and therefore offered me the vaccination, which I refused. She said she had witnesses present and that I didn’t have to sign anything if I didn’t want to, but that she had to report to me. So, I told her that, under the law, she was obliged to report only the numbers, not the names, of the unvaccinated. And regarding personal data protection, she should not be doing that either. She replied that she had to be protected because she is inspected twice a year by the hygiene authority, and they ask her why some children were not vaccinated.”

Collected posts typically describe situations associated with practical issues and challenges, such as negative experiences at pediatricians’ offices or interactions with public health authorities. Personal experience posts are underrepresented among main posts, but they significantly dominate the comment sections.

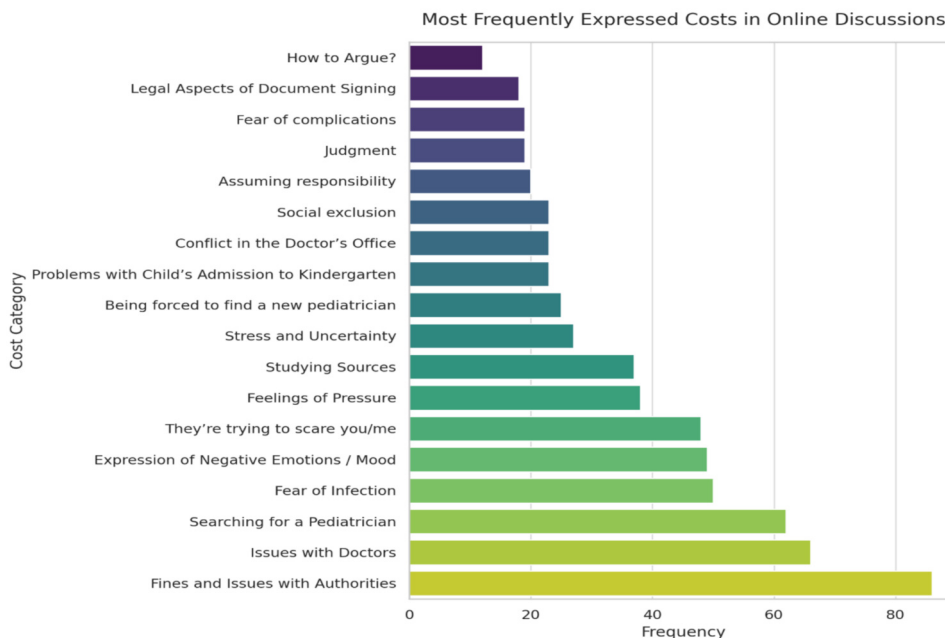


Figure 4: This chart shows the most frequently expressed costs in the online group, illustrating the main challenges and obstacles parents face when refusing childhood vaccination. Figure generated by AI.

3.1.6 Change of Opinion

Only 18 posts out of all express a debate on whether refusing vaccination is the right choice and discuss a change of opinion. All these posts focus on the fear of infection, which undermines parents' beliefs in refusing vaccination.

(The following field example is paraphrased for research ethics.)

One mother in the group is looking for someone who has changed their mind and vaccinated their children. Her child will soon celebrate their 4th birthday, and the question of vaccination has come up again. After a discussion with the doctor, she began to doubt whether refusing vaccination was the right choice. She feels fear of vaccines but also of diseases. She is unable to decide.

3.2 Cost Analysis in Online Group

The previous section analyzed the main wall posts shared in the group, showing that these posts are the primary source of information about the costs and challenges parents face in the offline environment, especially regarding practical advice and strategies.

In this next section, I provide a broader overview of the most expressed costs found throughout the online discussion, including both wall posts and comments.

While comments often offer support, many also reference the psychological, social, or structural costs parents experience.

Above is a summary of the most frequently mentioned costs identified in the dataset. The table lists all code categories that appeared at least ten times, for a total of 668 coded instances. Their distribution is further analyzed in the following section.

The table clearly shows that pediatrician issues remain a top priority. The code “issue with doctors” frequently appears alongside other codes, such as feelings of pressure, stress, and uncertainty; fear of complications; conflict in the Doctor’s office; or negative emotions. One example of a post illustrates this feeling:

“Then we met with one doctor, and we heard things like that we are knowingly endangering our child, that she is like a disabled person without vaccinations, that if she gets sick, she will have permanent consequences or die, and it will be too late. How do I deal with the fear and negative feelings this triggered in me? Has anyone else dealt with something similar?”

Refusing vaccination often results in unpleasant confrontations with pediatricians, sometimes escalating into outright conflict. In some cases, this leads to the child’s removal from the pediatrician’s care or parents deciding to switch doctors. Even when parents state that their goal is to protect their children’s health, they frequently encounter misunderstanding, pressure, and derogatory treatment. One mother shared her experience and feelings after leaving the pediatrician’s office:

“In the end, we changed her, and it was very unpleasant. You don’t know if you’re doing the right thing, even though you feel you are. The pressure is really enormous.”

To avoid such problems, many parents actively seek out a tolerant pediatrician in advance, aiming to minimize the risks and stress associated with their decision.

One of the most frequently discussed concerns is the risk of being reported to the Regional Public Health Office and the potential for incurring fines. Within the group, parents actively seek and share advice on handling official summons, navigating administrative procedures, and formulating appropriate responses to the authorities. The most frequent combination of codes appears to be “issues with pediatrician” and “fines and issues with authorities”. This is understandable since doctors are required by law to report parents who refuse vaccinations to the authorities.

Some parents also point out issues with certain kindergartens regarding the admission of unvaccinated children. Applications often require vaccination confirmation, so some parents are already questioning whether their child will be accepted.

“I want to ask if kindergarten enrollment is approaching. What are your experiences with your child being accepted/not accepted into kindergarten (specifically in Žilina) due to not being vaccinated?”

Although this study does not include my offline data, interviews with parents often revealed that their fears about refusing vaccination were overcome primarily through studying relevant materials. This theme also repeatedly emerges in online discussions. Parents overcome the fear of refusing vaccinations by studying laws and various sources on vaccine dangers, and by preparing in advance for these situations. In posts where parents openly expressed uncertainty or fear (for example, about the infection itself or the possible consequences of refusing vaccination), other members often offered advice such as “*read more about it*” or “*I recommend reading up on this topic*” and suggested specific information sources.

Parents very often seek advice on legislation and procedures for signing documents or look for arguments to defend their decision. Preparation for confrontation and the effort to minimize legal consequences are recurring themes.

“Soon, my daughter is supposed to be vaccinated for MMR, which I don’t want to give. How did you argue your refusal of the vaccine?”

The posts repeatedly describe stressful situations, bad moods, or uncertainty, such as despair, fear, and bad experiences. The language used, along with specific words and emoticons, signals the strain parents experience as a result of their decision to go against social norms and expectations. Negative emotions, feelings of pressure, and intimidation also come to the forefront. The phrase “*they want to intimidate you*” is repeated in several comments.

A smaller number of posts explicitly expressed concerns about social exclusion.

“I don’t understand why you even tell them. My child isn’t vaccinated either. I don’t mention it anywhere, not even at kindergarten – why should I? So, can they ostracize him? Why do you mention it at all and then complain that your child doesn’t have a kindergarten? I’ve been reading this here for a long time. I don’t say it at the playground either, because, in an instant, he wouldn’t have any friends.”

Interestingly, parents also discuss their fear of contracting the diseases covered by the vaccines. Their decision not to vaccinate is not accompanied by certainty; instead, they experience concerns about potential health complications. They cope with this difficult fear through group support and by studying numerous materials.

(The following field example is paraphrased for research ethics.)

A mother, a group member, shared her concerns after her last visit to the doctor, where they agreed she still had time to decide. In her post, she expressed fears about both alternatives – vaccinations and diseases. She concluded her post by describing the desperation she has been feeling lately, unsure of how to make the right decision. She asked for help.

The costs parents face affect their daily lives and contribute to stress and uncertainty when deciding on their children's healthcare.

3.3 Analysis of Benefits in the Online Group

While the main posts primarily express concerns or share information, the comments reveal numerous benefits that members gain from participating in the group. The table below highlights the most frequently identified benefits, based on an analysis of all posts in the group. A total of 717 instances were coded under the 'benefits' category. The table labels correspond to the codes used in the analysis, including those with a frequency of 10 or more. Many of these benefits emerge in response to the costs parents face outside the group, which highlights the compensatory function of these communities.

The chart shows that reassurance is the most common benefit. Moments of reassurance often occur when members reference their own or others' experiences to provide evidence that everything will be fine, affirming that the parent is making the right decisions. Such reassurance often includes specific examples or advice, sometimes accompanied by positive emoticons (such as a heart, hug, or praying hands). However, the core of these messages is to provide some form of confirmation.

"We had a similar experience, and in the end, our fears proved completely unnecessary."

This type of reassurance is most frequently observed in responses to requests for strategic advice (66 occurrences) and health-related inquiries (63 occurrences). For example:

"Honestly, I wouldn't even worry about it. The doctor is just trying to scare you. If that's your general pediatrician, she can stand on her head, but she can't take you off her list."

On the other hand, comments expressing psychological support were coded 77 times. These two codes are sometimes difficult to separate, as reassurance and confirmation in certain situations also serve as psychological support. In the analysis, these two codes occurred together in 27 cases. For example, the following brief statement aims to be supportive, with the support itself based on information:

"Don't stress, it's your right to refuse a medical procedure!"

Under the code of psychological support, there are also posts that differ from reassurance and confirmation by their emotional and encouraging messages. This support is expressed through statements of solidarity and empathy, for example:

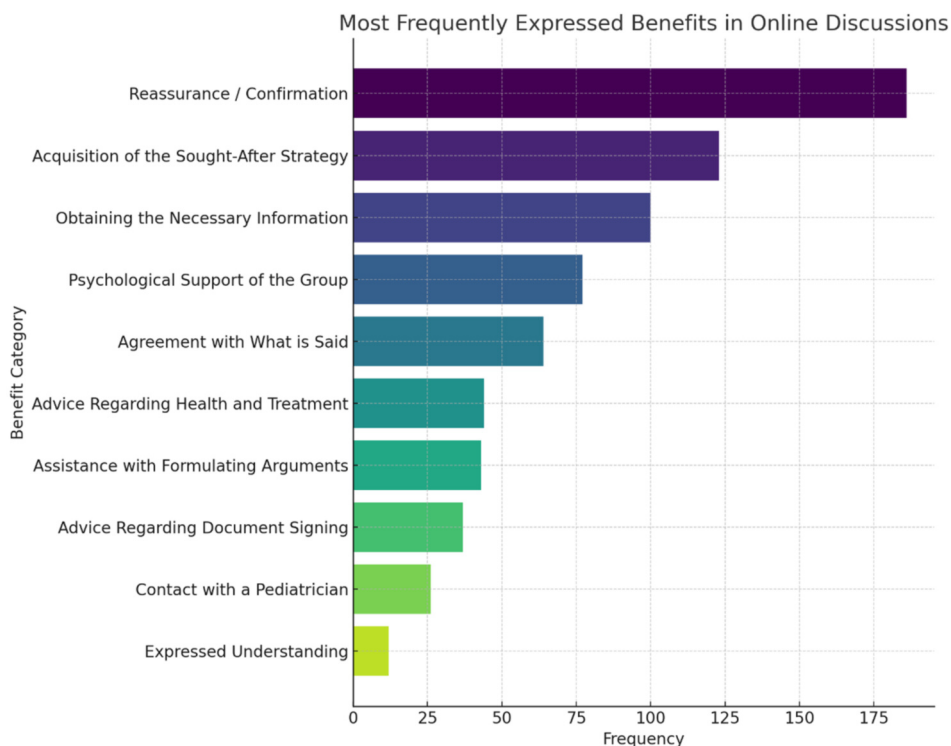


Figure 5: The chart illustrates the most frequently expressed benefits that members gained from participating in the online group. Figure generated by AI.

“Hang in there, you can do it. Don’t let yourself be broken!”

Although there is a difference between these two codes – reassurance focuses on providing a rational basis for calming and confirming the correctness of the decision, while psychological support, in some cases, emphasizes encouragement – in practice, they are difficult to separate.

Reactions to such comments (often accompanied by positive emoticons like hearts, hugs, or praying hands) confirm that this is indeed a source of benefit for group members. Examples include:

“Thank you, ladies, you’ve calmed me down.”

“Okay, I won’t stress, you’re probably right. Thanks.”

Parents offer each other support and understanding, which is reflected in their responses:

“I also feel uneasy when I hear things like that. I keep wondering if I’m doing the right thing. At least in this group, I can calm down a bit. And this comment has helped me again.”

Another key benefit is acquiring a detailed strategy to overcome the obstacles and challenges associated with vaccine refusal. As the analysis of the main posts demonstrated, this area is actively sought after by group members. Parents receive advice on how to refuse vaccines at the doctor's office, what stance to take, what arguments to use, which documents to sign (and which to avoid), when the statute of limitations applies, and how to draft appeals. This advice is based on personal experiences, legal research, and consultations with experts. These comprehensive strategies help parents navigate the pressures of dominant social norms in the offline world. Overall, this benefit appeared 123 times in the analyzed data. Unlike psychological benefits, the acquisition of a sought-after strategy is clearly observable.

(The following field example is paraphrased for research ethics.)

For example, one mother advises another not to sign any documents when refusing vaccination, as this could lead to complications. She explains that under GDPR laws, doctors are only permitted to report the number of unvaccinated children, not their names. If the doctor insists on a signature, the parent should request a written statement that the doctor will take responsibility for any side effects or guarantee that none will occur. This advice is based on the mother's own experience and aims to help others navigate a similar situation.

An essential part of parents' effective strategies is receiving concrete assistance with argument formulation, guidance on navigating official documents, and even being put in touch with a tolerant pediatrician. While these aspects can be grouped under the broader code of "acquiring strategy", in my benefit analysis, I coded them separately to highlight their frequency.

Another significant benefit is the ability to obtain essential information. While this information often overlaps with building strategies, its brief and non-strategic nature sets it apart. For instance, details like the potential fine amounts provide parents with an overview, helping them prepare for potential financial consequences.

Online groups also serve as an alternative source of medical information. Parents consult on various health issues, verify information from doctors, and seek advice on treatments. The discussions cover a wide range of topics, from injuries and whooping cough to alternative treatments and cross-checking medical opinions. Although these groups are not primarily sources of alternative medicine, nor explicitly devoted to promoting such approaches, references to it do appear in health-related discussions. In total, 34 posts referred to alternative approaches, of which 16 were directly related to the prevention of diseases for which vaccines are administered. This suggests that one possible benefit of these groups is that they offer a space where parents can seek advice on health issues, including occasional alternative perspectives, within a supportive environment.

4 Conclusion

This study highlighted the crucial role of online communities for parents who refuse to vaccinate their children in an environment where pro-vaccination norms and strict legal frameworks prevail. The research was guided by the question: “*What impact does participation in online groups have on individuals’ social and psychological needs?*”

The results show that the digital and offline realities of parents who refuse vaccination are closely interconnected and mutually shape one another (Hine, 2015; Miller & Horst, 2012). The online environment is not merely a passive reflection of offline challenges; parents actively use it as a tool to overcome them. In these groups, the stigma of deviance (Goffman, 2003) shifts from an individual burden to a collective survival strategy: parents are not merely passive victims of social sanctions but actively build support networks, test and share effective solutions, and prepare for confrontations with healthcare professionals or institutions.

A key finding is that, in these cases, online communities function as a digital compensatory ecosystem. They provide not only practical solutions and legal guidance but, most importantly, help reduce the psychological and social costs of stigmatization. Online support also compensates for the deficit in trust in traditional authorities: here, parents can openly express concerns about diseases, address uncertainty about their decisions, ask about specific risks, obtain health information, and collectively alleviate stress and feelings of isolation.

This research thus contributes to a deeper understanding of how digital communities operate as compensatory environments for stigmatized or minority groups (Miller & Horst, 2012). For parents refusing vaccination, online groups are not merely a substitute for missing offline support but a vital space where they can access both practical knowledge and emotional relief – resources that are difficult to obtain in their everyday social surroundings (Mendonça & Hilário, 2023). The findings suggest that such communities help parents maintain their beliefs and practices, navigate institutional environments, and collectively resist the pressures of prevailing norms and policies³.

At the same time, the study highlights the importance of the psychosocial needs underlying such participation. The need for belonging, understanding, and reassurance is a fundamental human motives (Baumeister & Leary, 1995), which helps explain why individuals, such as parents refusing vaccination, tend to form their own groups. These communities enable them to fulfill basic needs for affiliation and to mitigate the effects of social exclusion and ostracism, which can threaten core social needs (Williams & Nida, 2014). If individuals do not regain inclusion after experiencing ostracism, deprivation can occur (Baumeister & Leary, 1995). In this

3 It is important to note that members in these groups did not participate under their real names but under nicknames or pseudonyms, which may have influenced the dynamics of interaction and expressions of trust within the communities.

sense, inclusion is crucial for both psychological and physical well-being. In this research, it appears that social punishment does not push parents back into the mainstream but rather motivates them to regulate their behavior within the majority society in order to avoid sanctions. Their own communities support this process by offering strategies for coping with stigma and guidance for navigating an inhospitable social environment. Such mechanisms of cohesion within minority groups, combined with strategic adaptation to dominant norms, can be understood as an adaptive survival strategy in contexts where social rejection is a real threat (Henrich & Boyd, 2001). In this way, parents seek to minimize sanctions and maintain their social standing (Sperber & Mercier, 2019).

Refusing vaccination, therefore, is not a simple decision. It is a stance that entails numerous costs and risks, which parents knowingly undertake. At the same time, they need time and resources to gather information, tailor healthcare and nutrition choices, and navigate public health laws without fear of formal sanctions (Reich, 2014). This is why they turn to a space where all of this can be concentrated.

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