

Vesna Trifunović*Institute of Ethnography SASA, Belgrade, Serbia*

vesna.trifunovic@ei.sanu.ac.rs

Framing Vaccination in Post-Socialist Serbia: An Anthropological Perspective*¹

Abstract: In recent years, Southeastern European region (the Balkans) has seen a rise in vaccine skepticism due to increasing conflicts between the pro- and anti-vaccination stances, primarily with respect to childhood vaccines. Although vaccination controversies are generally perceived as a global trend, their framings are predominantly grounded in particular social, cultural, political and economic contexts. This paper will focus on the immunization issues raised in the post-socialist context of one particular Balkan state – Serbia. By juxtaposing the medical profession's framing of vaccine skepticism with the lay framings of vaccines and immunization, I will examine their contrasting perspectives and point to the sources of their misunderstanding. These opposing views will also be contextualized against their respective political, economic, socio-cultural and historical backgrounds. The paper will hence suggest the possible determinants of vaccine skepticism in the context of post-socialist Serbia.

Key words: vaccination, vaccine skepticism, medical professionals, post-socialism, the Balkans, the Internet

Approximately one hundred years ago, the physiologist D. F. Fraser-Harris published an article honoring the life and work of Dr. Edward Jenner, the pioneer of the world's first (smallpox) vaccine (Fraser-Harris 1915). In his laudatory paper, Fraser-Harris also addressed the issue of the public's skepticism and resistance to vaccination, designating the skeptics of his time as anti-vaccinators and drawing attention to their ongoing activities. Studies would later confirm that, ever since Jenner developed the first vaccine in the late 18th century, the practice of immunization has consistently raised similar questions about safety, distrust of medical professionals, compulsory vaccination laws and the individual right to

* This paper is the result of work on project *Cultural heritage and identity* (177026), financed by the Ministry of Education, Science and Technological Development of the Republic of Serbia.

¹ The author would like to thank Julie Leask for comments on an earlier draft.

make medical decisions, along with other opposing arguments (see Porter et al. 1988; Leask et al. 1998; Baker 2003; Hausman et al. 2014). Fraser-Harris' paper, however, inadvertently highlights another historical continuity, which has to do with the physicians' typical responses to lay objections concerning vaccines and immunization. Namely, the author himself responded to the public's concerns in a manner resembling the modern health practitioners and experts' strategies relating to this issue. Thus, he employed statistics to invalidate the belief that vaccination against smallpox was nearly as fatal as contracting the disease. Furthermore, he argued that the lack of memory about large-scale smallpox epidemics, and the logical fallacy of omitting the difference between cause and effect in uncritically linking a vaccine to a condition occurring after its application, were crucial sources of doubt (Fraser-Harris 1915, 81–82).

Nothing strange there, one may think, as it is expected that similar arguments raised over time will provoke similar responses. Yet, what also stands out as being common to physicians in different periods are their attempts to explain the socio-cultural causes of anti-vaccination sentiments by consistently passing judgements about the people who propagate them. In this way, Fraser-Harris' labels, such as “unintelligent, prejudiced or credulous parents” who have “childish objections” and “generally also believe that the Earth is flat” (Fraser-Harris 1915, 81–84), sound much like those of some present-day physicians, who “too easily characterize vaccine resistance as irrational and needing rectification through improved scientific literacy” (Hausman et al. 2014, 414). The anthropologists studying vaccine controversies typically counter such stereotypes by situating them in a specific political, economic, social or historical context, aiming to provide a more nuanced understanding of the lay knowledge of immunization (Giles-Vernick et al. 2015). Some scholars, who have traced rumors and discourses about vaccines in various contexts, interpret rumors as local responses to global and national projects (Feldman-Savelsberg et al. 2000), proceeding to explain how discourses express the public's uncertainty in a new socio-political landscape (Pop 2016). This research is particularly inspired by Leach and Fairhead's (2007, 4) study of how different framings of vaccination, among scientific and policy institutions, and a variegated public, have emerged.

In alignment with these approaches, the aim of this paper is to showcase multiple perspectives and far-reaching political, structural and cultural complexities as determinants of vaccination² issues in the context of post-socialist Serbia. Although the views on vaccines and (mandatory) immunization differ even among the medical practitioners, this aspect will not be in focus here. Rather, various health professionals (epidemiologists, pediatricians, public health ex-

² Whilst the MMR (measles, mumps, rubella) vaccine has been especially challenged in this country, the other vaccines haven't escaped skepticism either, which is why vaccination will be discussed here in general.

perts and other medical practitioners) will be lumped together on the basis of their pro-vaccination stances and similar framings of vaccine skepticism, which together constitute what we could call the mainstream medical community's position on these issues in Serbia. Such a perspective is especially significant in view of the thesis proposed in this paper that the dominant framings provided by Serbian public health officials have repeatedly been a source of misunderstanding or resentment between the medical community and the concerned public, indicating the existence of a dissonance between the expert and lay framings of vaccination issues that discloses their opposing viewpoints.

Another postulate advanced here has to do with the role of medical experts' framing of vaccination messages in establishing strategies for dealing with vaccine objections and informing the official immunization policy, both frequent points of contention. Namely, in this country, the measures and approaches used in an attempt to solve the persistent problem of questioning immunization, at the same time the backbone of the state immunization policy, have mainly been suggested by epidemiologists employed in public health institutions. In anthropological terms, policy is not politically or ideologically neutral, but rather codifies social norms and values, articulates the fundamental organizing principles of a society and has important economic, legal, cultural and moral implications (Shore et al. 1997). Similarly, from an anthropological perspective, medical professionals are also embedded in culture (Trostle 2005) defined as a system of shared knowledge, meanings, ideas, beliefs, values and rules that make up a framework for interpreting and understanding experience and action. This implies that the official response to vaccine skepticism could be observed as being determined by such an ideational system, which is particularly obvious in the way health experts construct the issue and embodies certain kinds of knowledge, social and political values and commitments (Leach et al. 2007).

On the other hand, this paper will also present the most prominent political, structural and cultural determinants of vaccine skepticism in the Serbian society, i.e. the factors that affect people's behavior, decisions, practices or beliefs, and influence their questioning of vaccination. In short, I will critically analyze the expert and lay framings of vaccination in post-socialist Serbia in order to reveal the underlying views, ideas and meanings as sources of the misunderstandings between them.

Methods

This research is based on material collected over the course of three years, from the beginning of 2015 to 2018. During that time, data were obtained by attending public lectures and meetings, as well as by collecting written materials in the form of manuals, published papers and handbooks. Sources for

understanding the medical professionals' framing of vaccine skepticism and resistance included: (1) medical publications intended for professional and lay audiences; (2) transcriptions of discussions held by health experts and policy makers, which have been made public and are available online; (3) panels of medical professionals and organized lectures intended for lay audiences; (4) adopted legal regulations and responses to immunization.

With respect to the lay framings of vaccines and immunization, particular emphasis has been placed upon collecting the data distributed via digital media and social networks, which have been acknowledged as significant sources of information underlying immunization decisions (Kata 2010; Kata 2012; Betsch et al. 2012; Sobo et al. 2016). In addition to various texts and posts on the Internet, numerous user comments on the content distributed online have also served as an important tool for understanding the lay perspective. This specific type of material represents what is called *electronic word-of-mouth* (eWOM) communication that, according to a mounting body of evidence, has a substantial influence on the readers' attitudes, intentions and behaviors, both online and offline (Kareklas et al. 2015). In keeping with the characteristics of Web 2.0 (Witteman et al. 2012; Betsch et al. 2012), the approach was to take into account the texts, posts and videos on the Internet that promote or question vaccination, and the user comments on the distributed material. Thus, the sources that have been considered include mostly electronic media coverages, parent Internet forums, as well as TV talk shows and videos of public gatherings and discussions about vaccines, generally uploaded to YouTube channels.

These digital sources have been chosen on the basis of their popularity, estimated according to the number of users, members, readers or user comments. Certainly, there are limitations to an approach that privileges electronic media as a source of lay opinions (e.g. we don't know much about the people who post or leave comments on the Internet, and not everybody does that). On the other hand, vaccination issues have especially been raised on the Internet, as the place where people connect to share their views and concerns or to seek the opinion of others. Therefore, electronic media coverage and people's posts or comments usually articulate the most widely disseminated dilemmas and notions about vaccines present in a society. Another important aspect of these texts, posts and comments is that they participate in the society's further framing of vaccination, by exerting an influence on the "passive consumers" as well (those who don't post or leave comments).

Beside monitoring various groups on Facebook that challenge vaccination, data were also collected during some of their public meetings. When attending public gatherings organized by either health experts or vaccine skeptics, the approach was to carefully observe and listen to the discussions that were generally conducted among the like-minded, which meant that everybody felt free

to fully express their views without concealing anything. This was in line with the principal ethnographic method rule – to let people speak their truths as they authentically live them within the groups where they feel a sense of belonging.³

The content of the collected materials has been qualitatively analyzed – it has been read, viewed and listened to repeatedly and for detail in order to identify the dominant themes, with the final objective of clarifying the factors framing vaccination from both the professional and the lay perspective. The approach taken in the analysis implied interpreting the framings of vaccine skepticism, vaccines and immunization in relation to the particular political, economic, socio-cultural and historical settings.

Vaccine Skepticism in Serbia: A Historical Aspect

The historical perspective shows us that vaccine skepticism in Serbia is not of recent origin, as it is often assumed. Also, this aspect will provide a deeper understanding of the way vaccine controversies have been framed in the contemporary period, both by the professionals and the lay public. In those terms and in the current context of post-socialism, the legacy of the socialist system appears especially significant.

In Serbia, immunization has been regulated and mandatory ever since the law on compulsory vaccination against smallpox was passed in 1839 (Dimitrijević 2011). From the beginning, the procedure entailed introducing vaccines that were deemed necessary shortly after they were developed (Đokić 2010). Historical records of the 19th century smallpox immunization, however, already testify about the existence of discord, indicating that those who interfered with the organized vaccination would be heavily fined by the authorities (Čurčić et al. 2000, 421). Other sources are also suggestive of the then common attitudes toward immunization, revealing how people were not particularly eager to stand in line for vaccines, except when faced with an imminent threat of outbreak (Dimitrijević 2011). Yet, apart from some spontaneous acts of resistance on the spot (Dimitrijević 2013), there were no organized anti-vaccination movements, like the one emerging around this time in England (Porter et al. 1988).

The production of vaccines in Serbia was initiated at the very beginning of the 20th century and later expanded, with the establishment of new public health institutes throughout the country. The first coordinated systematic immunization program started in 1927 with the BCG vaccine and soon afterwards also included the diphtheria and tetanus vaccines (Đokić 2010). Again, there are no records of organized opposition to these procedures, so we can only assume that resistance was random and limited.

³ <https://anthropology.arizona.edu/user/maribel-alvarez> (accessed Jan 31, 2018).

Following Second World War, Serbia became a part of Yugoslavia – a socialist country engaged in the systematic prevention of communicable diseases on its territory (see Petrović-Todosijević 2005). The production of (new) vaccines continued and the World Health Organization's Expanded Program on Immunization (EPI) was soon endorsed and diligently conducted. Nevertheless, immunization controversies persisted during the socialist era. In 1972, Serbia and the Province of Kosovo were the scene of the biggest European postwar smallpox outbreak, when it became apparent that a large portion of population was not vaccinated.⁴ Moreover, articles published in several periodicals indicate that people also avoided vaccination in socialism – in 1959, a daily newspaper headline read: "Parents, why didn't you take your children to get vaccinated?", with the article reporting that charges had been pressed against fifty parents who had ignored calls for their children's immunization against smallpox, diphtheria and tetanus.⁵

Later on, prevention, containment and eradication programs led to the elimination of diphtheria and significant reductions in the incidence and mortality from other vaccine-preventable diseases (Đokić 2010). Graphics kept in the Archives of Yugoslavia, depicting vaccination against polio or exhibiting slogans such as "Vaccination saves lives", illustrate the intensive immunization promotion campaigns of the time. The common Eastern European practice of mandatory mass vaccinations was compatible with the communist regimes' modernist projects and population policies, which were supposed to ensure the reproduction of healthy, productive individuals, who would in turn be able to meet the needs of further social and economic growth (Varga 2017). This period of public health development was also generally marked by the predominance of authority-based and expert-generated knowledge. In the 1970s, starting from the Western countries (Lupton 1995), this doctrine was gradually replaced by a postmodern paradigm that contributed to decreasing the trust in official expertise and eventually promoted everybody to experts.⁶

Being in essence an authoritarian country, Yugoslavia was really not susceptible to this kind of switch and its institutions continued to operate on the principles of strict, authoritative governmentality. Extensive public disputes over immunization did not occur here despite the vaccine controversies raised

⁴ However, what should be taken into account in this particular case is the special "social status" of smallpox at the time that directly reflected on vaccination against it. Namely, due to the interplay of certain social, political and cultural factors that contributed to its long-term absence and disregard, smallpox was a truly neglected disease, almost forgotten not just by ordinary people, but also at the level of the state and by health authorities (Trifunović 2017).

⁵ *Novi Sad's Daily* [Novosadski Dnevnik], 27/8/1959.

⁶ For more information on the postmodern medical paradigm and its ideological role in anti-vaccine groups, see: Kata 2012.

in other countries, such as the DTP vaccine controversy of the 1970s and 1980s that spread throughout most of Europe, reaching Japan, the Soviet Union, North America and Australia (Baker 2003). Moreover, the Yugoslav state established a specific, paternalistic relationship with its citizens, where the state assumed the role of the provider. This was readily accepted by the majority of people, who in return, more or less willingly, allowed themselves to be governed. In other words, as long as such a social arrangement was effective, there was no room for open, collective questionings of the public health policies and measures. These, on the other hand, kept a top-down approach, with strong emphasis on one-way population control in the name of health promotion and social development. In those terms, it is unclear whether the vaccine acceptance during socialist rule indeed reflected trust in physicians, as is so often assumed, or whether immunization was in reality an imposed measure – compensated for by the state's paternalistic care – which over the course of time became passively taken for granted. In this way, vaccination in the socialist period ideationally became an integral part of public health, a cultural norm built upon the indisputable authority of health professionals and state regulation practices.

In the 1990s, after Yugoslavia disintegrated in devastating civil wars, Serbia started its own journey through a quite painful process of post-socialist transformation (see Cerović 2012). The country had been severely hit by the conflicts as well as by an economic crisis caused by the previously imposed international sanctions, all of which had negative consequences on its institutions and people. Post-socialist transformation, which developed in different phases, did not bring the promised economic and social changes, resulting instead in low living standards, a sense of insecurity and general public disappointment. It was in the era of late post-socialist transformation that the first loud, united voices against vaccination were heard and vaccine resistance became recognized as a social problem.

Early questionings of childhood vaccines on the Internet can be found in forum discussions dating from 2006 and 2007 but these were mostly related to issues raised in other, particularly Western countries and didn't contain any elements of serious anti-vaccine agitation, that would ensue in later years. According to some studies conducted at the time in Belgrade, parents had a positive attitude towards immunization, which resulted in high childhood vaccination rates (see Šterić et al. 2007). Curiously, the first major vaccine controversy that really resonated in this country did not involve childhood vaccines at all, but centered around a vaccine developed for the 2009/2010 swine flu pandemic. Based on media reports in this period⁷, we can say that the first public vaccine issues in Serbia were raised in the mainstream media that targeted this vaccine

⁷ See for instance: <https://www.vreme.com/cms/view.php?id=1012660>; http://www.b92.net/insajder/arhiva/arhiva.php?nav_category=1354&nav_id=554079; <https://www.>

and focused primarily on the state of affairs surrounding the declaration of a flu pandemic⁸ and vaccine acquisition in the country. This was also the first time that the broad public was openly exposed to information about alleged connections between the World Health Organization and the “pharmaceutical mafia”, i.e. the financial interests of the pharmaceutical industry; the possibility that people around the world are being used as human guinea pigs and, most importantly, about the questionable safety of the flu vaccine, links between its supposedly dangerous content (squalene-based adjuvants) and autoimmune diseases and cancer, and finally the unwillingness of the vaccine manufacturers to take responsibility for its possible side effects.⁹

The whole issue received considerable public attention and had a major influence on the people’s trust in both foreign and national authorities and health experts, as well as in vaccines. At the same time, a platform was provided for messages coming from the emerging anti-vaccination campaigns, bringing especially children’s vaccines into the spotlight. A few vocal individuals first appeared in the digital and broadcast media with disturbing views on vaccines and offering dubious alternatives to immunization. Medical experts and their supporters immediately engaged in opposing the agitators, however, these disputes irrevocably caused further deepening of confusion and suspicion among the majority of the population. According to the immunization report of the Serbian Institute for Public Health “Dr Milan Jovanović Batut”, between 2011 and 2015 the vaccination rates dropped, primarily due to the discontinuity of vaccine supply, but also because in this period parents started refusing to have their children vaccinated under the influence of more widely disseminated anti-vaccine messages.¹⁰

The first organized group initiative raising vaccine and immunization issues was founded in 2015, as “The Citizens’ Initiative for Optional Vaccination”. The association has officially positioned itself as being not against vaccines *per se*, but opposed to mandatory immunization. Contrary to this claim, one of their principal strategies in justifying the demand for optional vaccination has been to present vaccines as unsafe, unnecessary, inefficient and suspiciously forced in Serbia. The last argument is built on a fundamental question that the lay public

blic.rs/vesti/hronika/sumnjivi-uvoz-vakcina-za-svinjski-grip-organizovalo-osmoro-ljudi/kbdgws8

⁸ For more information about this, see: <http://www.who.int/bulletin/volumes/89/7/11-086173/en/>.

⁹ All of this was broadcasted on television in 2011, within an award-winning documentary-research TV series called “The Insider”, in three episodes titled “Buying and selling health” (<https://insajder.net/sr/sajt/vakcine/>).

¹⁰ See: <http://www.batut.org.rs/download/aktuelno/2016JulImunizacija.pdf> (accessed Jan 23, 2018).

finds compelling – if the Western European countries are allowed the freedom of choice, why are vaccines mandatory in Eastern Europe? The parents, who are especially confused and concerned, lack adequate knowledge about vaccines and are inclined to draw conclusions or make immunization decisions on the basis of their own experience of the existing post-socialist political and socio-cultural context, find this particularly disturbing. On the other hand, the answer to this question, as offered by the health authorities, provides the best insight into the ways vaccination issues are constructed by the professionals engaged in the promotion of vaccines and immunization.

Health Professionals' Framing of Vaccination Controversies

In order to reveal the mainstream medical professionals' attitudes and opinions about vaccine skepticism, I will regard public healthcare, and epidemiology in particular, as cultural practices built on an underlying set of assumptions. Embracing a similar approach, DiGiacomo (1999) linked such epidemiological "background understanding" to naturalistic epistemology, which strives to discern the "natural" properties and relations in a reality that is pictured as autonomous of the meanings human subjectivity might project on it. This idea underlies a common measure taken by health experts in building vaccine confidence, which is to educate the public. The reasoning behind it is that "once the real situation is made known, enlightened self-interest should be sufficient to persuade people to act rationally" (DiGiacomo 1999, 440).

Before the initial concerns about children's immunization were raised, the broader public in Serbia had very little knowledge about vaccines, mainly due to the prevailing passive acceptance of vaccination programs inherited from the socialist era. The country's leading public health experts, thus, became engaged in disseminating accurate information about vaccines, immunization practices and their benefits. Their approach was also to demonstrate the need for vaccines in the contemporary moment, as well as their safety and utility, and to do this, they relied on statistics, historical facts and medical references. But, as some studies reveal, the causal link between education and behavior change is really not that simple and exposure to right information doesn't necessarily contribute to rising vaccination rates (see in Bond et al. 2011; Kata 2010). In other words, educating the public is indeed an important, but not a fundamental tool for solving this problem. Hence, the officials have also resorted to unpopular measures, such as compulsion and legal sanctions, in part due to the medical experts' reasoning that accounts for difficulties regarding regular vaccination.

In this respect, the arguments used by the public health professionals particularly illustrate their assumptions, which are, in fact, the core of the problem

and the main determinants of immunization policies. When pondering the bio-scientific uses of the concept of culture, DiGiacomo noted that the epidemiologists operationalized this concept by basing it on the aforementioned naturalist epistemology. That is to say, their idea of culture diverged significantly from the anthropological understanding, connoting essentialized and homogenous traits, beliefs and misconceptions attached to individuals and social groups that could be corrected through education, with knowledge and information (DiGiacomo 1999). In those terms, the health experts' explanations of vaccine skepticism can only lead us to conclude that the general lack of knowledge about vaccines in Serbia was not the only reason for choosing an educational approach, but rather, the people are also seen as ignorant, passive, irrational, emotional, superstitious, gullible, susceptible to rumors and conspiracy theories, even insufficiently civilized. In this sense, the stereotypes health experts, policy makers and media commentators apply to the public that Leach and Fairhead talk about (Leach et al. 2007) are very much present in the official activities aimed at solving the problems surrounding immunization in Serbia.

The mentioned stereotypes are easily recognized in various discussions among the medically trained professionals. In one such debate, the chairman of the Republic's Expert commission for population protection from communicable diseases remarked that in civilized countries, the issue of necessary vaccination is not even raised.¹¹ In the words of one of the physicians participating in the debate on the same occasion, "it seems unimaginable that this should be a topic of conversation at the beginning of the 21st century" or "stories against vaccines are a culmination of ignorance and lack of culture."¹² The argument that the Serbian people are insufficiently civilized or cultured lies at the root of the defense of mandatory vaccination and it is usually followed by the examples of high immunization rates in Nordic countries, where the practice is optional. In a similar vein, one of the country's leading epidemiologists openly posed the question: "Would immunization even be carried out in Serbia if it hadn't been enforced?" proceeding to conclude that "we are not Swedes."¹³ Another distinguished epidemiologist, the author of a popular vaccine handbook, when commenting on the relationship between vaccination and democratic decision

¹¹ Records of the 16th session of the Parliamentary Committee for Health and Family, dedicated to the significance of vaccines in prevention of communicable diseases, January 23, 2015.

¹² Records of the 16th session of the Parliamentary Committee for Health and Family, dedicated to the significance of vaccines in prevention of communicable diseases, January 23, 2015.

¹³ Discussion platform "Why there is no alternative to vaccine" organized by the Center for the promotion of science on March 11, 2015, in Belgrade.

making that vaccine skeptics had pointed to, wrote: “Their tactics is obvious: to introduce a Swedish practice in Serbia so they can parade their ‘crude Balkan ways’” (Radovanović 2016, 192).

The concepts of civilization and culture are, therefore, used to represent the society’s backwardness and the population’s related insufficient education and sophistication. At first, it would appear that such an idea arose from the perception of how the adverse political and economic occurrences of the past 30 years have reflected on this country and its people in general. Still, I am more inclined to attribute it to the internalized image of the so-called Balkan culture that exists both in the minds of its inhabitants and outsiders. Perceptions of the Balkans as a cultural area encompass meanings and definitions enacted by elite negotiations with the notions of Europe and the Orient, covering a range of evaluations, from the stigmatic to the utopian (Bracewell et al. 1999).¹⁴ In this case, concepts of the primitive Balkans¹⁵ as opposed to the civilized West and ideological allegations of barbarism (Bracewell et al. 1999) serve as a prism through which vaccine skepticism is interpreted by the representatives of public health. In short, such essentializing notions seem to underlie the decision of the Parliament’s Committee for Health and Family to suggest a change in the Law on population protection from communicable diseases, requiring that parents and guardians be denied the right to refuse immunization and predicting financial penalties in case of noncompliance.¹⁶

In the discussions led by medically trained professionals, “culture” is often used to denote personal qualities such as good manners (compare with DiGiacommo 1999). Hence, the idea of an opposition between laypeople, as being rude and uncultured in conversations about vaccines/vaccination, and physicians, as polite and cultured, has a role in framing the problems with routine vaccination. In a debate organized by Belgrade University’s Faculty of Medicine, the head of a Belgrade community health center made an observation that people don’t seem to understand when physicians talk about vaccines because they do it so nicely and in such a nonaggressive way, suggesting the people’s vulgarity and lack of personal culture.¹⁷ Similarly, one pediatrician argued that parents have

¹⁴ For more information about different constructions of the Balkans, see Todorova 1999, Noriss 1999.

¹⁵ For more information about presentations of the Balkans in media, political or public discourse, see Goldsworthy 1999.

¹⁶ Records of the 16th session of the Parliamentary Committee for health and family, dedicated to the significance of vaccines in prevention of communicable diseases, January 23, 2015.

¹⁷ A discussion platform about vaccine refusal at the Faculty of Medicine in Belgrade, March 2, 2015.

become spoiled nowadays because even the mildest reactions cause them to doubt the vaccines, and reminisced about the good old days when vaccination was hardly disputed.¹⁸ In the same manner, another pediatrician referred to “completely uneducated parents” and the former uninterrupted procedures of mass immunization in schools¹⁹, which had been introduced in socialism, to highlight the contemporary hardships of their job.

By evoking the times when the practice of immunization went unquestioned, the medically trained professionals appear to be advocating the reestablishment of the previous, authoritative, power relationship between physicians and patients, especially characteristic of the socialist period.²⁰ Indeed, as most of the older generations received their professional training under socialism, their systems of values and personal norms were formed accordingly. Yet, they persistently fail to acknowledge that the socio-cultural context in Serbia changed after entering the process of post-socialist transformation, and that these changes have also affected the population’s relationship toward the authorities and the state. Post-socialist transformation meant weakening of the state and its withdrawal from certain spheres of social life, which were conceded to private entrepreneurship. As a consequence, the old social goals of comfort and solidarity have been reoriented towards those of competitiveness and profit. The new socio-economic processes left many people feeling exposed and vulnerable. Without any help from the state, they’ve had to fend for themselves in terms of jobs, security or health status. In addition, the new social arrangement imposed a discourse of individualism instead of collectivism, meaning that everybody was now responsible only for themselves and their families. According to one research, the concept of self-interest has become extensively used for explaining people’s behavior, especially in reference to family responsibility (see Rajković 2017). As a result, the people have taken charge over the aspects of their lives that were once governed by the state and strengthened the pursuit of their own self-interests without much regard for collectivity, which has also reflected in their health decisions.

¹⁸ A discussion platform about vaccine refusal at the Faculty of Medicine in Belgrade, March 2, 2015.

¹⁹ A discussion platform about vaccine refusal at the Faculty of Medicine in Belgrade, March 2, 2015.

²⁰ Similar views are expressed in other former Yugoslav countries, as illustrated by a journalist’s statement in a round table discussion organized for health experts and journalists in Bosnia: “...by all means, I support vaccination, but that would require physicians to change their relationship toward patients, so that it can be *the same passive doctor–patient relationship it was twenty or more years ago*” (italics V.T.). Round table “Immunization – civilizational accomplishment”, Institute of public health of the Federation of Bosnia and Herzegovina and Institute of public health of the Republic of Srpska, 27 April – 2 May 2009.

This is important with respect to the two most commonly brought up arguments in favor of vaccination – one is herd immunity and the other that the vaccine benefits exceed vaccine risks. Herd immunity implies that wide vaccination coverage also provides protection to those who, for some reason, have not developed immunity. But this argument appeals directly to the values of collective solidarity, which simply aren't the principal social values anymore.²¹ In this sense, Rajković (2017) points out the new forms of post-socialist relations in which collective identity is denied and only collective resemblance is recognized, without any firm idea of community. In a context dominated by the new political elite's message that, from now on, everybody should look out for themselves, to keep insisting on the values of solidarity, public good, interest or cohesion has truly become pointless. For this reason, the people usually choose to ignore this otherwise reasonable argument, consider it irrelevant or even deny its general significance (compare with: Reich 2014; Sobo et al. 2016). Similarly, the parents, who have a subjective perception of risk (see Bond et al. 2011) also based on the principles of individualism, won't be persuaded at all when they hear that, according to statistics, vaccine side-effects occur rarely and a child will be affected by them only in extremely exceptional cases (see Radovanović 2016) – or, as succinctly put in a comment on electronic media: “Screw the statistics when a child is in question.”²² This subjective perception of risk is closely related to the issue of solidarity, and both contribute to understanding the practice of immunization as putting one's own child at risk for the benefit of others. To conclude, what the officials and most of the medically trained experts continuously fail to acknowledge is the fact that laypeople think of vaccines and vaccination in terms of their own views and experiences of wider social, political and economic dimensions (Leach et al. 2007).

Lay Framing of Vaccination Issues

Given the aforementioned subjective risk perception and changes of the socio-political context, laypeople have framed vaccination by posing some important questions about the state's role and responsibilities. The issue of accountability in case of adverse side-effects, no matter how rarely these may occur,

²¹ That is not to say that solidarity does not exist at all in post-socialism. For instance, the practice of raising large sums of money for sick children through humanitarian organizations and text-messages has especially been established in the post-socialist period, in which the state doesn't provide the necessary support for expensive treatments that require traveling abroad (see Brković 2014).

²² <http://www.kurir.rs/komentari/americkavlada-vaccine-za-bebe-su-opasne-clanak-2172009>

appears especially significant in this regard.²³ Such framing is not so much inspired by anti-vaccine agitation as by the stories of parents who have chosen to inform the public about the damages certain vaccines had done to their children. In these cases, it was proven beyond doubt that a vaccine was the definitive cause of a certain disability, such as in the incident from the 1980s and 1990s when the oral polio vaccine (OPV) caused paralysis in a number of Serbian children (see Mujović-Zornić 2016). The state's inefficiency in dealing with this issue is particularly well illustrated by one parent's testimony – the trial lasted for 28 years until the final verdict came, which stated that the affected child (by then an almost completely paralyzed adult) wasn't entitled to life-long financial help from the state because the state wasn't officially responsible for the damage caused by the vaccine.²⁴ This parent told the story on a well-known TV talk show and the whole episode was uploaded to YouTube, where it received over 50,000 views.²⁵

Another important issue raised in this respect concerns the invisibility of disabled people in the Serbian society and the heavy social stigma they endure. Thus, a parent who claimed that their child stopped talking shortly after receiving the MMR vaccine posted the following comment on Facebook: "...The society doesn't want us. Nobody has ever asked how we are, if we need help. We alone are paying for therapy..."²⁶ Another commentator made this observation below an online article about Serbian parents' alleged experiences with vaccines: "Our children are not ours when they have to get the vaccine, but a sick child belongs only to their family."²⁷ This comment summarizes the contradiction that most parents notice when they think about immunization within the frames of their social experience – namely, the arguments (in favor of herd immunity) that children are primarily members of the community and appeals for responsibility to this community lose their strength when the community's support disappears after a child becomes disabled.

People can effectively relate to such comments because they share an awareness of the structural and cultural discrimination, devaluation, exclusion and

²³ There are many ways in which the vaccination issue has been constructed in the Serbian public, and some truly pertain to the domain of conspiracy theories, but these have been addressed and mainly disputed by the experts. The aspect of accountability, however, has not been given much attention, despite its importance in people's views.

²⁴ The vaccine in question was produced by the Institute of virology, vaccines and sera "Torlak", which was under state jurisdiction at the time.

²⁵ <https://www.youtube.com/watch?v=6smCNTzjO8U>

²⁶ <http://www.kurir.rs/vesti/drustvo/slucuj-vakcina-pedijatri-su-najvaznija-karika-u-vakcinaciji-clanak-2177187>

²⁷ <http://www.kurir.rs/vesti/drustvo/afera-vaccine-potresna-ispovest-roditelja-nasedete-je-umrlo-drugo-necemo-da-vakcinisemo-clanak-2175329>

the institutionalized disadvantages imposed on both physically and mentally disabled individuals (Link et al. 2006). To become incapacitated is especially dreaded in a society that, under overall unfavorable socio-economic circumstances, doesn't provide the necessary structural or financial support, and where treatment of the disabled can be particularly cruel. As opposed to some other post-socialist (and post-Yugoslav) countries like Slovenia, there are still no indications that the Serbian state could be held responsible to pay compensation in case of a disability caused by mandatory vaccination (see Draškić 2018). This makes the people even more afraid of suffering injustice and neglect by the state, which, in terms of its policies, demands in turn their unconditional obedience. The subjective perception of risk regarding vaccines certainly takes all this into account, as people fear disability and cannot help wondering how it would be experienced within the context of their own lives. Framed in such a way, vaccination concerns in post-socialism encompass the widely recognized social problems that have particularly affected the public institutions, such as the inefficiency of the justice system, social care and health care services, as well as the cultural relations towards the disabled.

Beside the described structural aspects, people's views about vaccines and immunization are also influenced by ideas and meanings. Thus, health experts usually assume that vaccines are victims of their own success because the disappearance of many childhood diseases has reduced public memory of them, affecting the perception of the importance of their prevention. Judging by their comments, however, the people have not forgotten about vaccine preventable diseases, but rather have developed a specific memory of them. In other words, memory has not been reduced but altered, and people now tend to perceive childhood diseases as mild and not dangerous. This can be seen in numerous comments, such as the following: "Those diseases are completely harmless for children with a normal immunity. As somebody here already rightly noticed, forty-something-year-olds remember having many of those diseases."²⁸ Of note, these memories are mostly false, because many people tend to confuse measles with varicella and some even talk about having had smallpox. Such inaccurate memories have shaped the ideas about vaccine preventable diseases and, to a certain degree, influenced the people's position on vaccination.

In terms of ideas and meanings, what is also interesting is the peculiar cultural intimacy shared by the medically trained professionals and the lay public, as members of the same socio-political and cultural system. Such a cultural intimacy is reflected in their drawing on similar rhetoric, images and perceptions about the Serbian context and the Balkans in general in order to justify their opposing views on vaccines and immunization. According to Herzfeld's definition, cultural intimacy entails "the recognition of those aspects of a cultural identity

²⁸ https://www.b92.net/zdravlje/komentari.php?nav_id=1252190

that are considered a source of external embarrassment, but that nevertheless provide insiders with their assurance of common sociality” (Herzfeld 2005, 3).

As already noted, the health experts’ reasoning implies that the so-called primitive Balkan culture is the underlying reason why people in Serbia doubt vaccines. Such a rationale is enacted by defining *people* from the Balkans in opposition to *people* from the Western countries (e.g. Swedes). On the other hand, laypeople use the same concept of the primitive, underdeveloped Balkans in framing vaccination issues, but with one important difference – instead of negotiating with the notions of *people* from different regions, they prefer to judge *Balkan states* in comparison with *Western states*. This viewpoint directly generates the question why vaccination is mandatory in most Balkan countries, when this is not the case in Western countries. In other words, people mostly view Balkan countries as backward and their state bureaucracies as corrupt, so their fear of vaccines is largely fueled by their perception of corruption and distrust in the way vaccines are acquired and evaluated for safety. The following comment is very indicative of this:

“A question for the Serbian state: who controls the quality of imported vaccines? Who guarantees that these are safe and that they don’t contain toxins? Who will be held responsible if something goes wrong, seeing that we do have a LAW on vaccination?”²⁹

When it comes to vaccines and vaccination, another interesting aspect of this cultural intimacy between medical experts and lay public is reflected in their common idealizations of the socialist past. As demonstrated earlier, the health workers feel quite nostalgic for the period when they exercised a certain power relationship with their patients and regard the vaccination procedures practiced at that time as more efficient. On the other hand, the former Socialist Yugoslavia, in comparison to the contemporary system, is perceived as a well-ordered state by a significant portion of the lay public, who place a higher value on the vaccines produced back then by local manufacturers than on the vaccines imported nowadays. Hence, there are voices advocating for the production of domestic vaccines and the restoration of “Torlak”, a respectable vaccine manufacturer in socialism:

“Don’t mistake vaccines from the SFRY³⁰ with the new imported vaccines!!! SFRY vaccines did serve the purpose mentioned by some health workers. New vaccines only serve for trade and maybe to disable the population, of which there are many examples. Imported vaccines are a bigger risk than benefit.”³¹

²⁹ <http://www.kurir.rs/komentari/americkavlada-vaccine-za-bebe-su-opasne-clanak-2172009>

³⁰ Socialist Federal Republic of Yugoslavia.

³¹ <http://www.novosti.rs/vesti/srbija.73.html:525649-Roditelji-odbijaju-davakcinisu-decu-Epidemiolozi-Nema-razloga-za-brigu>

On several occasions, some pediatricians I have talked to said that skeptical parents have explicitly asked for domestic vaccines instead of those imported from other (Western) countries. This may seem contradictory, given the aforementioned perceptions of Serbian state bureaucracy as corrupt that have generated distrust towards almost everything associated with the public sector in the post-socialist period. The question then is: why would people have confidence in the vaccines manufactured within such a corrupt system? In order to understand this contradiction, perhaps we can observe it through a lens of disposition and ambivalence. In her study of contradictions and how ambivalence may serve as a coping mechanism in social environments where people are dependent on what they want to eliminate and escape, such as an inefficient state, Deana Jovanović demonstrates how the notion of disposition opens new possibilities in capturing power relations (Jovanović 2016, 4).³² In this way, it could be concluded that by advocating for the reestablishment of “Torlak”, as a dominant vaccine manufacturer under state jurisdiction, people are actually advocating for the restoration of a strong and efficient state that would no longer be dependent on and overshadowed by other, mainly developed Western countries. In some people’s memories and ideas, the former Socialist Yugoslavia still serves as a paradigm for such a state.

Concluding Remarks

One of the most important oversights in the medical experts and authorities’ addressing of vaccine skepticism in Serbia has been the misconception that people have been making decisions about vaccination solely under the influence of anti-vaccine groups. Significant efforts aimed at discrediting the proponents of such groups have only led to neglecting the broader picture framing the vaccination issue in this country. As already shown, this mistake could be attributed to the underlying assumptions about “Balkan culture” and the general population as being uncultured, uneducated and willing to believe almost anything. Here, the concept of culture is treated as a source of explanation in itself, offering only a partial clarification of why people think and behave as they do (Kuper 2000).

³² The author uses the notion of disposition to “refer to the ways in which people are oriented to things, people and objects in regard to their futures, which further shape people’s everyday experiences, subjectivities, and selves. In practice, dispositions entail statements, propositions, utterances, behaviors, attitudes, affects, emotions, and beliefs... Hence, I argue that the study of ‘ambivalent statements, contradictory attitudes, incompatible values, and emotional internal clashes’ is a part of the greater task of understanding people’s different (and many times mutually exclusive) dispositions toward their futures and their everyday lives” (Jovanović 2016, 2).

Since these assumptions are in fact quite insulting, they have provoked a public backlash and only widened the existing gap. For this same reason, the concept of vaccine hesitancy, which depolarizes “pro-” versus “anti-” vaccination individuals and groups (see Larson et al. 2014), could be highly useful in informing future immunization policies. That being said, it is vaccine hesitancy rather than categorical refusal that ought to be adequately addressed by the policy makers – anti-vaccine groups have always existed, but they comprise a small portion of the population compared to the large number of those who are merely reluctant, sometimes for understandable reasons.

Judging by the comments in social and digital media, most people argue that they are not against vaccination. A closer analysis shows that their hesitancy can be traced not only to the far-reaching social problems, but also to the ideas, meanings and images they have of their political and socio-cultural reality of living in the post-socialist Balkans. This is supported by the fact that vaccine skepticism has persisted even after some of the most vocal anti-vaccine proponents have been thoroughly discredited and denied access to public media. It could be said that the fear of vaccines has found fertile ground in the people’s everyday experience of the current Serbian political and socio-cultural context.

Another problematic aspect of fighting vaccine skepticism is the lack of perspective regarding a fundamental social transformation and its effects on people’s behavior. The approach of enforcing the old pattern that had entailed obedient following of the health experts’ instructions would be futile, because it was rooted in a context in which people actually relied on the state and the authorities. Physicians’ authority was enacted in accordance with the structures and values of one type of society, and it cannot be easily transported to another, possessing different assumptions, ideals and constraints (see Pearce 1995). Instead of pondering how to return to the once existing power relationship between physicians and the lay public, we should examine how this relation could be redefined so as to fit into the new socio-historical context. To start with, people’s agency in vaccination decisions should be acknowledged instead of ignored and the public treated as a passive, homogeneous crowd, utterly blinded by the anti-vaccine agitations. Also, such a model deviates from the contemporary tendencies in public health that emphasize health promotion instead of health education and privilege the engaged individual (see Lupton 1995).

Along these lines, vaccine skepticism in Serbia may, to a certain extent, be observed as a positive episode in the post-socialist context, as long as the state and medical authorities prevent it from escalating by taking the right approach to dealing with the problem. My assumption is that the questioning of immunization could induce some long-needed changes in the doctor–patient relationship, which is one of the main causes behind the people’s general dissatisfaction with

medical service in this country. In other words, vaccine skepticism could have a transformative potential with regard to certain aspects of the health care system that either still cling to previous socialist principles or need to be upgraded for more efficiency. The relevance of this would be in turning the attention of health care officials towards the importance of keeping up with the changes of political and socio-cultural contexts in order to better respond to emerging health issues.

Vaccination controversies in the post-socialist period reflect the changes that have occurred in this society over the past twenty years. These changes have greatly affected the relationship between the citizens and the state, in which the former have started to resist and question the latter. Therefore, revealing the social complexity of vaccines and the immunization practice sheds light on the important political, economic and socio-cultural issues that ought to be addressed in order to ensure vaccine confidence under new social circumstances.

References

- Baker, Jeffrey P. 2003. "The pertussis vaccine controversy in Great Britain, 1974 – 1986." *Vaccine* 21: 4003–4010.
- Betsch, Cornelia. Noel T. Brewer, Pauline Brocard, Patrick Davies, Wolfgang Gaissmaier, Niels Haase, Julie Leask, Frank Renkewitz, Britta Renner, Valerie F. Reyna, Constanze Rossmann, Katharina Sachse, Alexander Schachinger, Michael Siegrist, Marybelle Stryk. 2012. "Opportunities and challenges of Web 2.0 for vaccination decisions." *Vaccine* 30: 3727–3733.
- Bond, Lyndal and Terry Nolan. 2011. "Making sense of perceptions of risk of diseases and vaccinations: a qualitative study combining models of health beliefs, decision-making and risk perception." *BMC Public Health* 11, 943. <http://www.biomed-central.com/1471-2458/11/943>. Accessed on 28 March 2017.
- Bracewell, Wendy and Alex Drace-Francis. 1999. "South-Eastern Europe: History, Concepts, Boundaries." *Balkanologie* 3 (2): 1–16.
- Brković, Čarna. 2014. "Surviving in a Moveopticon: Humanitarian Actions in Bosnia and Herzegovina." *Contemporary Southeastern Europe* 1 (2): 42–60.
- Cassell, J.A. M. Leach, M.S. Poltorak, C.H. Mercer, A. Iversen, J.R. Fairhead. 2006. "Is the cultural context of MMR rejection a key to an effective public health discourse?" *Public Health* 120, 783–794.
- Cerović, Božidar. 2012. *Tranzicija: zamisli i ostvarenja*. Centar za izdavačku delatnost Ekonomskog fakulteta: Beograd.
- Ćurčić, Milorad and Laslo Tari. 2000. "Vakcinacija protiv velikih boginja na teritoriji Sente početkom XIX veka" [Smallpox vaccination in Senta county in the early 19th century]. *Medicinski prehled* 53 (7–8): 413–422.
- DiGiacomo, Susan M. 1999. "Can There Be a 'Cultural Epidemiology'?" *Medical Anthropology Quarterly* 13 (4): 436–457.
- Dimitrijević, Brana. 2011. "Borba protiv velikih boginja u obnovljenoj Srbiji" [Fight against variola major in renewed Serbia]. *Timočki medicinski glasnik* 36 (2): 126–131.

- Dimitrijević, Brana. 2013. "Vaccination Against Smallpox (Variola vera) in the Smederevo District at the End of the 19th Century." <http://www.rastko.rs/rastko/delo/15005>. Accessed on 4 April 2017.
- Đokić, Dragoljub. 2010. "Narodno zdravlje u teoriji i praksi: Imunizacija – jedna od vodećih mera primarne prevencije" [National health in theory and practice. Immunization – one of the leading primary prevention measures]. Institut za javno zdravlje Kragujevac: KUM, Zemun.
- Draškić, Marija. 2018. "Obavezna vakcinacija dece: pravo pacijenata ili interes javnog zdravlja?" [Compulsory vaccination of children: rights of patients or interests of public health?] *Anali Pravnog fakulteta u Beogradu* LXVI (3): 7–30.
- Dubé, Eve, Maryline Vivion, Chantal Sauvageau, Arnaud Gagneur, Raymonde Gagnon and Maryse Guay. 2013. "How do Midwives and Physicians Discuss Childhood Vaccination with Parents?" *J. Clin. Med.* 2: 242–259.
- Dubé, Eve, D. Gagnon, M. Ouakki, J.A. Bettinger, M. Guay, S. Halperin, et al. 2016. "Understanding Vaccine Hesitancy in Canada: Results of a Consultation Study by the Canadian Immunization." Research Network. PLoS ONE 11 (6): <https://doi.org/10.1371/journal.pone.0156118> Accessed on 27 March 2017.
- Elliott, Denielle, Timothy K. Thomas. 2017. "Lost in translation? On collaboration between anthropology and epidemiology." *Medicine Anthropology Theory* 4 (2): 1–17.
- Feldman-Savelsberg, Pamela, Flavien T. Ndonko and Bergis Schmidt-Ehry. 2000. "Sterilizing Vaccines or the Politics of the Womb: Retrospective Study of a Rumor in Cameroon." *Medical Anthropology Quarterly* 14 (2): 159–179.
- Fraser-Harris, David Fraser. 1915. "Edward Jenner and Vaccination." *The Scientific Monthly* 1 (1): 66–85.
- Giles-Vernick, Tamara, Abdoulaye Traoré, Louis Bainilago. "Incertitude, Hepatitis B, and Infant Vaccination in West and Central Africa." *Medical Anthropology Quarterly* 30 (2): 203–221.
- Goldsworthy, Vesna. 1999. "The last Stop on the Orient Express: The Balkans and the Politics of British In(ter)vention". *Balkanologie*. <https://journals.openedition.org/balkanologie/749> Accessed on March 2019.
- Gross, Karin, Karin Hartmann, Elisabeth Zemp and Sonja Merten. 2015. "'I know it has worked for millions of years': the role of the 'natural' in parental reasoning against child immunization in a qualitative study in Switzerland." *BMC Public Health* 15, 373.
- Hausman, Bernice L., Mecal Ghebremichael, Philip Hayek, and Erin Mack. 2014. "'Poisonous, Filthy, Loathsome, Damnable Stuff': The Rhetorical Ecology of Vaccination Concern." *Yale Journal of Biology and Medicine* 87: 403–416.
- Herzfeld, Michael. 2005. *Cultural Intimacy – Social Poetics in the Nation-State*. New York: Routledge.
- Jovanović, Deana. 2016. "Ambivalence and the study of contradictions." *HAU: Journal of Ethnographic Theory* 6 (3): 1–6.
- Kareklas, Ioannis, Darrel D. Muehling, and T.J. Weber. 2015. "Reexamining Health Messages in the Digital Age: A Fresh Look at Source Credibility Effects." *Journal of Advertising* 44 (2): 88–104.

- Kata, Anna. 2010. "A postmodern Pandora's box: Anti-vaccination misinformation on the Internet." *Vaccine* 28: 1709–1716.
- Kata, Anna. 2012. "Anti-vaccine activists, Web 2.0, and the postmodern paradigm – An overview of tactics and tropes used online by the anti-vaccination movement." *Vaccine* 30: 3778–3789.
- Larson, Heidi J. Caitlin Jarrett, Elisabeth Eckersberger, David M.D. Smith, Pauline Paterson. 2014. "Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: A systematic review of published literature, 2007–2012." *Vaccine* 32: 2150–2159.
- Leach, Melissa and James Fairhead. 2007. *Vaccine Anxieties – Global Science, Child Health and Society*. London: Earthscan.
- Leask, Julie-Anne and Simon Chapman. 1998. "An attempt to swindle nature: press anti-immunization reportage 1993–1997". *Aust N Z J Public Health* 22: 17–26.
- Link, Bruce G. and Jo C. Phelan. 2006. "Stigma and its public health implications." *Lancet* 367: 528–529.
- Lupton, Deborah. 1995. *The Imperative of Health: Public Health and the Regulated Body*. London: SAGE Publications.
- Mujović-Zornić, Hajrija. 2016. "Odgovornost za štetu od vakcina" [Liability for damage from vaccines]. *Pravni život* 9: 303–319.
- Noriss, David A. 1999. *In the Wake of the Balkan Myth: Questions of Identity and Modernity*. New York: Macmillan Press LTD.
- Pearce, Tola O. 1995. "Women's Reproductive Practices and Biomedicine: Cultural Conflicts and Transformations in Nigeria." In *Conceiving the New World Order: The Global Politics of Reproduction*, edited by Faye Ginsburg and Rayna Rapp, 195–208. Berkeley: University of California Press.
- Petrović-Todosijević, Sanja. 2005. „Šta mogu da mislim. Bog ga dao, bog ga uzeo": zdravstveno prosvetivanje naroda kao deo borbe za smanjenje smrtnosti dece u FNRJ" [What can I think? God gives, God takes away: health enlightenment of people as part of the struggle for death reduction of children in the Federal National Republic of Yugoslavia (FNRY)]. *Istorija 20. veka* 2, 101–112.
- Poltorak Mike, Melissa Leach, James Fairhead, Jackie Cassell. 2005. "'MMR talk' and vaccination choices: An ethnographic study in Brighton." *Social Science & Medicine* 61: 709–719.
- Pop, Cristina A. 2016. "Locating Purity within Corruption Rumors: Narratives of HPV Vaccination Refusal in a Peri-urban Community of Southern Romania". *Medical Anthropology Quarterly* 30 (4): 563–581.
- Porter, Dorothy and Roy Porter. 1988. "The politics of prevention: Anti-vaccinationism and public health in nineteenth-century England." *Medical History* 32 (3): 231–252.
- Radovanović, Zoran. 2016. *Istina o vakcinama – priručnik za savesne roditelje* [The truth about vaccines – a handbook for conscious parents]. Smederevo: Heliks.
- Rajković, Ivan. 2017. "From Familial to Familiar: Corruption, Political Intimacy, and the Reshaping of Relatedness in Serbia." In *Reconnecting State and Kinship*, edited by Tatjana Thelen and Erdmute Alber, 130–152. Philadelphia: University of Pennsylvania Press.

- Reich, Jennifer A. 2014. "Neoliberal Mothering and Vaccine Refusal: Imagined Gated Communities and the Privilege of Choice." *Gender & Society* 28 (5): 679–704.
- Shore, Cris. Susan Wright. 1997. "Policy: A new field of anthropology." In *Anthropology of Policy: Critical perspectives on governance and power*, edited by Cris Shore and Susan Wright., 3–30. London: Anthropology of Routledge.
- Sobo, Elisa J, Arianna Huhn, Autumn Sannwald and Lori Thurman. 2016. "Information Curation Among Vaccine Cautious Parents: Web 2.0, Pinterest Thinking, and Pediatric Vaccination Choice." *Medical Anthropology*. <http://dx.doi.org/10.1080/01459740.2016.1145219>. Accessed on 27 February 2016.
- Šterić, Milena, Milica Štrbački, Darija Kisić-Tepavčević. 2007. "Znanje, stavovi i ponašanja roditelja u vezi sa vakcinacijom dece". *Medicinski podmladak* 58 (1–2): 29–32.
- Todorova, Maria. 1999. *Imaginarni Balkan* [Imagining the Balkans]. Beograd: XX vek.
- Trifunović, Vesna. 2017. "Temporality and Discontinuity as Aspects of Smallpox Outbreak in Yugoslavia." *Bulletin of the Institute of Ethnography SASA* 65 (1): 127–145.
- Trostle, James A. 2005. *Epidemiology and Culture*. Cambridge University Press.
- Vargha, Dora. 2017. "Vaccination and the communist state: Polio in Eastern Europe." In *The Politics of Vaccination*, edited by Christine Holmberg, Stuart Blume, Paul Greenough, 77–98. Manchester University Press.
- Witteman, Holly O, Brian J. Zikmund-Fisher. 2012. "The defining characteristics of Web 2.0 and their potential influence in the online vaccination debate." *Vaccine* 30: 3734–3740.

Vesna Trifunović
Etnografski institut SANU, Beograd

*Konceptualizacija vakcinacije u postsocijalističkoj Srbiji:
antropološki pristup*

Poslednjih nekoliko godina u regionu jugoistočne Evrope došlo je do porasta skepticizma prema vakcinama, zbog povećanog sukoba između različitih stavova prema vakcinaciji, prvenstveno u pogledu dečijih vakcina. Iako se kontroverze o vakcinaciji generalno percipiraju kao globalni trend, njihovi okviri su pretežno utemeljeni u određenim društvenim, kulturnim, političkim i ekonomskim kontekstima. Ovaj rad će se fokusirati na pitanja imunizacije, koja su pokrenuta u post-socijalističkom kontekstu jedne balkanske države – Srbije. Upoređujući koncept skepticizma prema vakcinama u medicinskoj struci sa lažnim uopštavanjima prema vakcinama i imunizaciji, ispitaću njihove suprotstavljene perspektive i ukazati na izvore njihovog nesporazuma. Ti suprotstavljene stavovi će takođe biti kontekstualizovani u poređenju s njihovim pojedinim političkim, ekonomskim, socio-kulturnim i istorijskim pozadinama. Rad će stoga ukazati na

moгуće uzročnike pojave skepticizma prema vakcinama u kontekstu post-socijalističke Srbije.

Ključne reči: vakcinacija, skepticizam prema vakcinama, medicinski stručnjaci, postsocijalizam, Balkan, Internet

Conceptualisation de la vaccination dans la Serbie postsocialiste: approche anthropologique

Depuis quelques années une hausse de scepticisme à l'égard des vaccins est bien perceptible dans la région de l'Europe du Sud-Est, en raison d'un conflit accru entre les différentes positions face à la vaccination, principalement concernant les vaccins infantiles. Bien que les controverses sur la vaccination soient généralement perçues comme une tendance globale, leurs cadres sont essentiellement ancrés dans certains contextes sociaux, culturels, politiques et économiques. Ce travail se concentrera sur les questions de l'immunisation, qui ont été soulevées dans le contexte postsocialiste d'un état des Balkans – la Serbie. En juxtaposant la position du corps médical et les généralisations profanes à l'égard des vaccins et de l'immunisation, j'examinerai leurs perspectives opposées et rendrai compte des sources de leur malentendu. Ces positions contraires vont également être mises en relation avec leurs arrière-fonds politiques, économiques, socioculturels et historiques respectifs. C'est pourquoi mon étude rendra compte des facteurs possibles de l'apparition du scepticisme à l'égard des vaccins dans le contexte de la Serbie postsocialiste.

Mots clés: vaccination, scepticisme à l'égard des vaccins, experts médicaux, postsocialisme, Balkans, Internet

Primljeno / Received: 20.01.2019.

Prihvaćeno / Accepted: 11. 05. 2019.