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RESEARCH ARTICLE

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## AN ANALYSIS OF THE ANTI-VACCINE MOVEMENT

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### ABSTRACT

The coverage rates of vaccination campaigns are increasingly lower, reflecting directly on public health. Such an impact can be justified by campaigns that refer to the Vacina Brasil movement, a parallel that may be used in the Anti-Vaccine Movement, which is getting more and more followers around the world every day. In view of this, the idea of a questionnaire for later analysis of the speech of the adept people is an important factor that allows us to understand the processes of identification of people with the two movements. What is most surprising given the situation is that vaccine denial continues to impact the National Immunization Plan. It is hoped that this research will help to understand the meanings that permeate the anti-vaccination movement and how it impacts our society.

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## INTRODUCTION

The discovery of the vaccine took place in 1796, by Edward Jenner, after having dedicated himself for 20 years to studies and experiments with cowpox. Over time, he tested the vaccine on many people, including his son. His objective was to confirm the popular belief that

said: "whoever handled cattle did not get smallpox", giving rise to the terms vaccine and vaccination (derived from the Latin term vacca). At that time, inoculation was carried out through the pus from the hands of a milkmaid, the cow called "Sarah", as it was believed that, for this reason, she had acquired smallpox in its mildest state (Fernandes, 1999).

In Brazil, access to vaccination is guaranteed by the National Immunization Plan (PNI), which completes forty-eight years of existence in 2021 and was presented to the population with the slogan "A Country without excluded", as a guarantee that the benefits of vaccination were a right guaranteed to all citizens. As everything that is a right generates a duty, the fulfillment of this benefit becomes controlled by the State, which uses citizens' access to school, jobs and travel as proof of the guarantee of this right (Brasil, 2003). Brazil is considered an exemplary country of vaccination for everyone, but vaccination rates began to reduce and one of the reasons for this drop may be related to the anti-vaccination movement, which consists of refusing vaccination for ideological reasons (Brasil, 2019). It is worth mentioning that the vaccine became mandatory in Brazil after the Implementation of the National Immunization Plan (PNI), implemented on September 18, 1973, after which the State began to publicize campaigns. In its publication, society is divided into two classes: people who are vaccinated and people who are not vaccinated. This classification was carried out, taking into account the constitution of the subject of rights and duties, identified by the State, and who becomes responsible for fulfilling some duties that do not concern only him, but also the society in which he is inserted. As Baalbaki (2014) states, "Public campaigns remind us of the need for vaccines, above all, of our responsibility to eradicate certain diseases in our country". For the State, the vaccine is understood as something important and necessary. In its advertising, the Government highlights the importance of the vaccine, as if this dose were the elixir responsible for promoting people's happiness, linking the lack of vaccine to unhappiness.

The discourse on the need to be vaccinated seems to disregard the voices of 15,000 people who refuse to participate in vaccination campaigns, which is confirmed in the data released by the World Health Organization, showing that Brazil is thirty percent below the stipulated average for vaccination (Fundação Oswaldo Cruz, 2019). As for the mandatory mechanisms used in the "Vaccine Revolt", it is possible to say that they continue to be used, excluding the force of the National Guard, but as times are different, the regulatory function of the State can be perceived in other ways, through, for example, the obligation to present the vaccination card to get a job or assume public positions, the action of the tutelage council against people who refuse to vaccinate their children and access to places in schools due to vaccination. We can see that these actions represent the action of the State individuating the subject through the fulfillment of his duties, so that he can enjoy his rights. It is intended to promote understanding of the reasons why people refuse to vaccinate against any disease, even considering that the vaccine has already saved thousands of lives around the world.

## MATERIALS AND METHODS

This research is a qualitative study that sought to analyze the justifications of supporters of the anti-vaccination movement. The research subjects were 5 people participating in the anti-vaccination movement, chosen at random. These people, when approached, had the guarantee of their identity preserved since the analyzes carried out omitted their names, age or any other information that could identify them. The collection instrument was in the form of a semi-structured questionnaire developed by the authors of the research, containing as initial questions what refers to the immediate production conditions of the addressed sayings, such as: city where you live, monthly income, profession and education. The others are directly related to the movement, questions that could help in understanding such a controversial subject. The questionnaire was applied together with an informed consent form from Universidade Vale do Sapucaí. The applicators of the questionnaire were previously instructed in order to apply it correctly without interfering with the execution of the collection. After data collection, the responses were analyzed and transcribed in full, in order to fully present the results obtained without changing the context of the interviewees' speeches. It is worth mentioning that, even not going through the research ethics committee, according to CNS resolution nº466 of December 2012, all

ethical precepts in research with human beings as established by the Ministry of Health were obeyed.

## RESULTS AND DISCUSSIONS

During the research, the folder of the Movimento Vacina Brasil was observed on the website of the Federal Government, making it evident its discursive similarity with the Movement entitled Movimento Antivacina, which currently takes place in Brazil. Data related to low vaccination, indicated by the World Health Organization, were also analyzed. The numbers, in this case, served to signal that an increasingly growing portion of the population was failing to vaccinate (Brasil, 2019). Respondents' answers indicate the weakening of Public Policies and the legitimacy of the State's role as the one that regulates and manages Public Health. It was understood that the anti-vaccination movement and the Vaccine Revolt are different historical moments, under specific production conditions, but the result seems to be the same: the increase in diseases and epidemics considered eradicated. It was also noticed that in the current conditions of existence, in which people communicate through social and digital media, any information posted, even without a reliable or credible source, produces an effect of truth. In other words, in digital media in which power/knowledge relations are not hierarchical, each one builds their own truths, which produce effects on society. In this way, we sought to analyze and understand the meanings in circulation that underlie the practice of people who refuse to be vaccinated. Considering that discursive practices take place in the relationship between language, historicity and ideology, we will seek to understand the discursive and meaning processes in the words of the interviewees. The first interviewee is 32 years old, has completed higher education and is female. She works as a saleswoman and lives in Curitiba-Paraná, the clipping below corresponds to the excerpt from the interview:

Interviewee 01: Do you vaccinate your children? ( ) Yes ( X ) No

Reasons: "I believe that vaccines are harmful substances that impede the body's natural balance. Substances in vaccines have been studied as causes of disturbances in the human body, as well as their use being of interest to the pharmaceutical industry, which survives from diseases".

Interviewee 1 does not vaccinate her children and justifies her position based on a discourse about health. It validates the discourse of medical practices to justify a supposed choice that, ultimately, can cause a public health problem. He claims to believe that there is a natural balance in the body and that vaccines are composed of substances foreign to the human body and that the use of these products is of interest to the pharmaceutical industry. It justifies its choice, exempts its responsibility, by highlighting the economic and capitalist interest of the pharmaceutical industries.

It can be seen that, in this case, the interviewee makes a shift in relation to the subject addressed to the question of the economic interests of the pharmaceutical industry that survives from the sale of medicines to cure diseases, stimulating the disease industry. It does not directly answer the question of vaccinating children, nor does it justify how the stimulation of the immune system will occur.

*Interviewee 01: Do you follow the planned vaccination schedule?*

*( ) Yes ( X ) No*

*Reasons: "I do not believe in the vaccine calendar for the same reason mentioned above".*

*When asked about the vaccination schedule, the interviewee claims that she does not follow it and attributes her practice to the same reasons she cited above: because vaccines are made up of harmful substances that cause disorders in the human body. It is not, therefore, a lack of information regarding the vaccination schedule.*

*Interviewee 01: Do you know someone who had some kind of problem after getting vaccinated? If so, we ask you to report it: "I know people who contracted diseases even when vaccinated and different reactions to the processes of inoculation of the virus".*

*Interviewee 1 says, generally, that she knows people who have contracted diseases even when vaccinated, but does not mention any disease. She also mentions different reactions, a word that is synonymous with many, countless, but at no time does she mention a type of disease or reaction that she knows. It is a broad, generic and superficial formulation that is used to justify a choice that produces social consequences. It is interesting to observe the use of specific terms in the health area (virus inoculation) to attribute a certain power/knowledge to their justifications.*

*Interviewee 01: If you choose not to be vaccinated, report your reasons.*

*"I think it is an act of courage to put so many harmful substances into the body through vaccination. The best form of prevention is to take care of food and mental health".*

*The interviewee thinks that getting vaccinated is an act of courage and not the opposite (being susceptible to harmful diseases, for not having received the vaccine). She talks about the vaccine as a harmful substance and believes that a healthy life would be enough for the immune system to be able to fight an invasion of viruses. Again, the interviewee uses the discourse of health and well-being to justify non-vaccination.*

*Interviewee 1 uses arguments that produce real effects for those who are currently looking for a healthy life, well-being. It evokes current issues such as: prevention, care for mental and physical health, using the discourse of health to justify non-vaccination. The interviewee uses the health discourse to justify a practice that, for the State, is an attack on public health.*

*In her words, the interviewee evokes the health practices stimulated by the Neoliberal State: adequate food and mental health not only to live better, but to produce more and always. These meanings, which produce an effect of truth, have also been conveyed in the media. What, at first, would help the State to reduce spending on workers' health, ended up turning against it, legitimizing the ideology that supports the anti-vaccination movement.*

*We continued the analysis, based on the form completed by interviewee 2, graduated in tourism, is 36 years old and lives in São Lourenço. She earns more than three salaries a month and has completed higher education. Interviewee 2 claims that she does not vaccinate her children, as she believes that their immunity is achieved with a healthy diet and lifestyle. This answer reproduces the same reasons that support the justifications of interviewee 1. The subject position of both are identified with the same discursive formation.*

*It is important to emphasize the contradiction, as it uses the discourse of good nutrition and a healthy lifestyle to justify that non-vaccination increases the immunity of their children. It can be seen that what actually produces an effect, in this case, is constructed discursively, through the circulation of information that produces identifications in the supporters of the anti-vaccination movement, more than in scientific and statistical data about diseases and the benefits of vaccination throughout the story. It should be noted that these are contradictory issues, as food can make the body healthier, but not increase immunity, which is a specific function of the vaccine.*

*Interviewee 02: Do you know someone who had some kind of problem after getting vaccinated? If so, we ask you to report it: "My oldest son reacted very badly to his first vaccinations, spoiling a harmonious routine; two elderly people died after the flu vaccine".*

When reporting the issue of the child, it is important to remember that the first vaccines usually cause pain in children, a certain discomfort and a feverish state is very common, since in the case of the administration of inert viruses, they promote a reaction in the immune system, which can generate fever, pain and discomfort, which is not a reaction exclusive to her son, but something that happens to all people. Regarding the elderly, the interviewee claims that two elderly people died, but she does not have any type of bond established with either of them; she just heard. It is interesting to consider the use of insignificant numbers to justify non-vaccination: two deaths of the elderly, when contrasted with the decrease in the mortality rate, due to vaccination. Some questions such as: In what proportion this happens to the vaccinated population or in what situations it occurred, are not answered. In the clipping below, interviewee 2 justifies the "defense" of the subject's body not to be vaccinated.

*Interviewee 2: "I think that a healthy body has its means of defending itself. We invest in our health and immunity. Sugar is what most destroys a body's immunity, a socially accepted addiction. White flour, excess salt, many of the "modern" customs are weakening humanity. I recognize the importance of vaccination in a society unfortunately uninformed about the best forms of nutrition, in populations that do not have the least basic sanitation and food - we have progressed in many aspects, but we have regressed immensely in basic questions, such as recognizing the true fuel of our organism. I don't fly the no-vaccination flag, I simply make a decision about myself and who is in my care. The government should invest in food education and rehabilitation and not in pharmaceutical industries. We have many good reliable documentaries about the fraud of the cancer industry, for example, about how a series of very serious diseases are cured exclusively by food and healthy habits: This is what really brings quality of life and strengthening not only of the body, but also of the Planet of which we are part - because what poisons the organism harms the environment, generator of life. It is a cycle that is not talked about, that is invisible to the majority, that must be vaccinated".*

In her words, the interview attributes misinformation to those who are vaccinated and not the other way around, inverting a logic at work in our society: for her, it is the uninformed who are vaccinated. It also emphasizes that the State fails to promote basic sanitation and food. She associates the vaccine with a poison offered by the government to society; this poison is associated with death, while life is related to healthy habits and strengthening the planet, which points to the presence of a discourse on the environment and sustainability. Interviewee 2 claims that the body has the means to defend itself, ruling out that the vaccine stimulates the development of the immune system. She claims to invest in health and immunity, fighting the use of sugar, salt, white flour, making it clear that she is adept at a more naturalistic movement. The interviewee's arguments are very similar to those of the first interviewee, which suggests that both occupy the same discursive - ideological position on the vaccine. Her discursive positioning is sustained when she quotes documentaries without citing name and authorship, leaving a void about the existence and reliability of the material. She shifts the subject to the question of cancer having no cure and mentions fraud in the sale of medicines, equating, once again, the vaccine with medicines and the pharmaceutical industry. Her arguments also move to the question of the poisoned body and the poisoning of the Planet, explaining that this cycle (poisoned body-poisoned planet) is silenced. There is a contradiction in dividing people into two groups: those who have this type of knowledge (which she has), and those who do not, stating that these people should be vaccinated.

Interviewee 2 states that, in her view, vaccination is a practice of uninformed people, shifting her speech to the lack of basic sanitation, which really favors the proliferation of mosquitoes, but has nothing to do, directly, with the fact that not adhere to the vaccination schedule; it also shifts to the issue of lack of investment in education. She ends her speech by saying that she is not radical, stating that she only takes medicine when necessary. From her speech, two questions arise: 1) What does it mean to be radical? The one who doesn't use drugs, who

doesn't get vaccinated at all, or does this radical slip into other behaviors that are not being considered in this research? 2) What is being described by the interviewee is not just his adherence to the anti-vaccination movement, but a dispute over the individual's trust with the State, as the maintainer of Health and Education. The third interviewee is a teacher, lives in the city. The holistic approach comes from holism, a word originating from the Greek *holos*, which means all, and which proposes a non-fragmented view of reality, where sensation, feeling, reason and intuition balance and reinforce each other. This vision opposes the dualistic, fragmenting and mechanistic vision that stripped human beings of their unity, over centuries of technological civilization and exacerbated rationalism. Holistic is an attitude towards reality, a way of seeing and understanding the world, a space where a dynamic exchange between Science, Art, Philosophy and Spiritual Traditions is allowed, and it is exactly this exchange that is proposed as one of the most creative ways of coping with the crisis (Jesus & Nascimento, 2005). The interviewee justifies her action based on the current health discourse. All people want to be healthy and natural medicine and/or holistic therapy has many adherents. The interviewee is part of the group that believes that the organism is capable of reacting alone. For him to react, it would be enough to have a healthy diet. Although the interviewee treats herself with a therapist and makes a point of saying that she trusts her, saying, between the lines, that in this field of holistic therapists, there are many charlatans, including people who adopt practices that are not reliable. Interviewee 4 is female, graduate, teacher and holistic therapist, lives in Três Corações, earns more than three salaries, is 52 years old and has no children.

*Interviewee 04: Do you follow the planned vaccination schedule?*

*( ) Yes (X) No*

*Reason: "I don't take vaccines, we never need to resort to any medication, I do it out of zeal and not negligence. It is a risk I take, a matter of choices".*

The interviewee states that she does not take vaccines, using the word *never*, an adverb of denial, synonymous with *never*, *never*, under any circumstances, to reinforce her position that medication should never be used. Once again, there is a synonymy effect between *medicine* and *vaccine*, which seem to be seen in the same way by the interviewees. The interviewee uses the word *risk*, in the sense of freedom of choice, and explains that she does not do it out of negligence, a word synonymous with lack of care, care, attention or carelessness, "I do it out of zeal", a word that is synonymous with care. The use of the term "negligence" reminds us of what has already been said in relation to those who do not fulfill their duties, in this case: getting vaccinated, which could be interpreted as a negligent practice. She justifies that she doesn't do it out of negligence, but out of care for her health. Still certain of the risk of her choice, in advance, the interviewee completes: it is a risk that I take, a matter of choices, stating that among so many options, among them getting vaccinated, she chose to run the risk of not getting vaccinated out of zeal for her health. It is interesting to observe, in this response, how risk is associated with zeal and not with negligence, affecting the affiliation network of socio-historically shared meanings. Also it is curious to note that this is the only interviewee who admits that there is a risk in choosing not to be vaccinated. The former relate the risk to vaccination.

Risk is defined by Beck (2010) as anticipating a disaster that may or may not happen; therefore, future risk cannot be assessed, as it has not yet occurred. It can be said that the lack of vaccination can result in a future consequence, based on the premise that I may or may not decide to take a risk today, which will imply future consequences. In other words, even knowing the risks and possible future consequences, there is no guarantee that they will or will not occur. Interviewee 4 already anticipates certain meanings that her words can produce and tries to justify her choices: she says that the choice is hers, she leaves open the other choices that may exist. She chooses to take the risk, even knowing the possible future risks.

Interviewee 4: Do you know someone who had some kind of problem after getting vaccinated, if you know, report it.

"Yes, several reports. The most glaring is the flu (many people continue to get the flu, sometimes with more regularity and intensity)".

The interviewee did not mention any known case, she just generalized that she knows several cases and that the most blatant is the flu, claiming that people get the flu with greater regularity and intensity despite the vaccine. The interviewee does not refer to what type of flu vaccine people received, because a very important fact to emphasize is that the vaccine does not immunize the vaccinated against all types of flu-causing viruses, only specific viruses, so the name of the H1N1 vaccine. As the virus is highly mutable, there are different types of viruses that produce different types of flu. In this case, the vaccinated person can continue to contract the flu, but is not being affected by that virus for which she was immunized.

Interviewee 4: If you choose not to vaccinate, report the reasons:

"Presence of metals, preservatives that are banned in other countries. I believe in Chinese medicine, florals, food, homeopathy bring immunization (There are studies on the subject)".

The interviewee explains that, in vaccines, there is the presence of metals and preservatives prohibited in other countries, but, according to the Ministry of Health:

Vaccines are rigorously tested and monitored by their manufacturers and by the health systems of the countries where they are applied. Licensing and commercialization of vaccines takes place after approval by specific regulatory bodies and careful, expensive and time-consuming clinical studies (phase I, II and III trials) with accredited volunteers. Phase IV occurs only after the product has been approved for marketing and its main objective is to detect adverse events not recorded in previous phases, the so-called post-vaccination adverse events (APV). The WHO recommended surveillance of AEFI in 1991, and the National Surveillance System for Adverse Post-Vaccination Events (VEAPV) was structured in Brazil in 1992. In addition, the National Institute for Quality Control in Health (INCQS), directly articulated with the National Health Surveillance System, it guarantees the quality of the immunobiologicals distributed, whose rejection rates are less than 1% (Aps et al. 2018). On this statement, there is a clarification note from the Ministry of Health of the Health Surveillance Department, informing that the amount of mercury in the vaccine is not capable of causing Autism, being 25 micrograms per dose of 0.5ml, this dose is used only to prevent the proliferation of fungi and bacteria (Brasil, 2010). In the clarification note published in Paraná, it was clarified that some substances are used because they allow the reduction of the amount of viral material and provide long-term protection. Among these products, there are some aluminum salts, such as Squalene, which, despite being used, does not cause damage to health.

The question is to know where the information received comes from, because there is a lot of false information, coming from unsafe or reliable sources. It is important to highlight the way in which superficial information circulates on social networks and which produce consequences when they function as true. The form of dissemination of horizontal information, today, is very fast and efficient, due to the rapid proliferation of information via social networks, without the concern of verifying the source and consistency of this information. The interviewee explains that she does not get vaccinated to be healthy, because she believes that Chinese therapies, healthy eating, homeopathy can bring about immunization. In her saying, she justifies that therapies can bring immunization, but erases what the lack of immunization can cause to your body. It is interesting to note that all respondents renounce the vaccine, but replace it with something else that would offer a certain guarantee of immunity and health, such as healthy eating, oriental therapies, etc.

The subject is constituted from the language always marked by the ideological process; discourse is, therefore, the place of articulation of ideological processes and linguistic phenomena. Language, as a social production affected by the historical and ideological, is not neutral; it is the place where the manifestation of ideology takes place. In the analyzed statements, it is clear that the interviewees are affiliated with the same discursive formation that attributes a true effect to the idea that a well-nourished organism is a healthy organism, capable, therefore, of reacting to any disease or infection, without needing to medicines and vaccination. Thinking about the functioning of our biological body that, when hit by invading organisms, fights a "battle" to kill this invader, by administering inert virus particles, the organism will learn to fight. When having contact with the virus, in its active form, the battle will take place more precisely, producing specific antibodies for that invasion, which does not depend on the nutritional conditions, but on the immunological memory of the organism. Immunology is the scientifically validated explanation, which has nothing to do with nutrition, but an immunological memory. Language is a way of producing meanings that is neither neutral nor natural. Ideological formations are present in the constitution of the subject; in this way, it can be seen that the interviewees are inserted in certain discursive formations that reflect their ideological formations. In the interviews, none of the interviewees mentioned what can happen to the body if the immunization does not work, silencing some possible consequences such as death, the pain caused by the H1N1 Influenza, the paralysis of parts of the body in the case of Poliomyelitis, death in the case of Measles, among other consequences that can be caused by the lack of immunization. This issue is erased, silenced, which is typical in an immediate society that trains people to be successful but not healthy.

## CONCLUSION

It is clearly perceived through the arguments of the interviewees that the reasons for not participating in the anti-vaccination movement are not based on scientific evidence but rather ideological, which causes a distortion of the health/disease, vaccine/medicine, prevention/treatment processes, changing safety of medical procedures for freedom from ideological beliefs. As in the Vaccine Revolt, the State uses certain tools of coercion, silencing individual choices in the name of the good of all and the collectivity. For the State, the vaccine is a right to health and, at the same time, a citizen's duty, which ends up dividing Brazilians into two classes: those who are vaccinated and those who are not. Those who get vaccinated contribute to the maintenance of public health, and when this does not occur and fails, the individual is subject to punishment. Non-vaccination is meant as an individual practice, a choice, but which can be legally punished, as it produces effects on Public Health (Orlandi, 2001). In the analyses, slips and flaws that are part of the subject's constitution and discursive positioning can be perceived. These slips appear in the names of articles that are not cited, deaths that are not described, the relationship between food, lifestyle and immune response, which are traces of the discursive formations to which the interviewees adhere.

The interviews were allowed through a Term of Commitment, the originals being kept and the identities were preserved, one of the issues that most surprised us was the existing reluctance for the supporters of the anti-vaccination movement, some reported having already manifested themselves before and that when that there was retaliation from the State institutions, so the greatest difficulty was in obtaining the number of interviews sufficient to structure this study. It is worth mentioning that the taboo that uninformed people are those who do not participate in vaccination campaigns was deconstructed throughout the analysis of the interviews and data from the interviewees, which showed us that the people who participate in the anti-vaccination movement are educated and middle-class people. . Therefore, contrary to what was expected, there is no direct relationship between low education, lack of information and the anti-vaccination movement.

## REFERENCES

- Aps, L. R. D. M. M., Piantola, M. A. F., Pereira, S. A., Castro, J. T. D., Santos, F. A. D. O., & Ferreira, L. C. D. S. 2018. Eventos adversos de vacinas e as consequências da não vacinação: uma análise crítica. *Revista de Saúde Pública*, 52, 40.
- Baalbaki, A. C. F. 2014. A divulgação científica e o discurso da necessidade. *Letras*, (48), 379-396.
- Beck, U. 2010. A política na sociedade de risco. *Revista Idéias*, 2(1), 230-252.
- Brasil. Ministério da Saúde 2003. Secretaria de Vigilância em Saúde. Programa Nacional de Imunizações 30 anos. Ministério da Saúde, 2003. Disponível em: <[https://bvsmms.saude.gov.br/bvs/publicacoes/livro\\_30\\_anos\\_pni.pdf](https://bvsmms.saude.gov.br/bvs/publicacoes/livro_30_anos_pni.pdf)>
- Brasil. Ministério da Saúde 2010. Secretaria de Vigilância em Saúde. Esclarecimentos sobre a vacina contra influenza H1N1. Disponível em: <[http://www.saude.mppr.mp.br/arquivos/File/gripe\\_a/nota\\_de\\_esclarecimentos\\_de\\_boatos\\_ms\\_24\\_03.pdf](http://www.saude.mppr.mp.br/arquivos/File/gripe_a/nota_de_esclarecimentos_de_boatos_ms_24_03.pdf)>
- Brasil. Ministério da Saúde 2019. Movimento vacina Brasil. Disponível em: <<http://www.saude.gov.br/campanhas/45347-movimento-vacina-brasil>>
- De Jesus, E. C., & do Nascimento, M. D. J. P. 2005. Florais de Bach: uma medicina natural na prática.
- Fernandes, T. 1999. Vacina antivariólica: seu primeiro século no Brasil (da vacina jenneriana à animal). *História, Ciências, Saúde-Manguinhos*, 6, 29-51.
- Fundação Oswaldo Cruz. 2018. Suspeita de poliomielite na Venezuela alerta para vacinação. Rio de Janeiro. Disponível em: <<https://agencia.fiocruz.br/suspeita-de-poliomielite-na-venezuela-alerta-para-vacinacao>>
- Orlandi, E. P. 2001. *Discurso e texto: Formulação e circulação dos sentidos*. Pontes.

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