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MAMA BEAR CONVERSATIONS: A TEMPLATE ANALYSIS OF MOTHERS MESSAGE BOARD DISCUSSIONS OF HPV VACCINATION AND WEIGHT MANAGEMENT FOR THEIR PRE-ADOLESCENT AND ADOLESCENT CHILDREN

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“MAMA BEAR CONVERSATIONS”: A TEMPLATE ANALYSIS OF MOTHERS’ MESSAGE BOARD DISCUSSIONS OF HPV VACCINATION AND WEIGHT MANAGEMENT FOR THEIR PRE-ADOLESCENT AND ADOLESCENT CHILDREN

by

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For my girls, Faith and Leah

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ABSTRACT

The growth of the Internet has allowed users to gather in online spaces to share thought processes and information about any number of topics, and mothers in particular have found value in these communities as they seek to navigate the rough waters of motherhood. The aim of this research is to examine three message board forum threads at Cafemom.com where mothers gather to discuss two specific health care concerns for their pre-adolescent and adolescent children: human papillomavirus (HPV) vaccination and weight management. In an attempt to understand how mothers gather in these spaces to discuss these important pre-adolescent and adolescent health issues among themselves, I utilized computer-mediated discourse analysis to identify the forums as a community of information sharing and template analysis to identify themes relating to these specific health concerns. I focused on how mothers' expressed their understanding of the complexities of HPV vaccination and weight management, how they shared their information with one another in an online message board setting, how they framed their posts in possibilistic and probabilistic frameworks, and how they established credibility among themselves.

Next, within the structures of template analysis, I identified six Major Themes: impetus for discussion; framework for discussion; decision making statements; issues of knowledge; issues of agency; and power roles. The themes identified from three threads posted on CafeMom indicate three characteristics of note: (1) there is a gap in knowledge for many of these decision-makers that must be bridged if effective health care decisions are to be made, regardless of what that decision ultimately is, (2) the health community at large needs to deepen its understanding of how parents, mothers in particular, share health information about their children in unmonitored online settings, and (3) the health community needs to equip parents and patients to understand

how to interpret information given by different sources and introduce basic statistical numeracy to allow for better understanding of measures involving percentiles of populations and other statistical information. It is through the organically created online conversations among mothers that these issues can continue to be explored and expanded to include other health care concerns.

Keywords: HPV vaccination, Weight management, Message boards, Mothers online

LIST OF TABLES

TABLE OF CONTENTS

Chapter 1

INTRODUCTION

When mothers gather in online spaces designed specifically for them, sites such as Babycenter, CafeMom and Circle of Moms, they are provided with a platform where they can engage in the same types of intense and protective "mama bear conversations" they would have at playdates or in the stands at sporting events, but on a much larger scale. These forums allow mothers to explore any and all topics related to parenting, including both the common and the complicated health decisions that most parents make for their children. This is a very rich, and very broad, area of potential research as these women are conversing across a breadth of common or typical childhood health issues rather than the depth of the narrower health issues facing parents of children with chronic or life-threatening health concerns. While a good deal of research has been conducted on how parents gather and share information in disease-specific message board forums, such as those addressing cystic fibrosis or childhood cancers, far less has been done to understand these more common, everyday conversations among mothers, and particularly mothers with pre-adolescent and adolescent children. A large portion of the existing research has focused on some general issues like vaccinations, but primarily in the case of infant and very young children, when vaccinations are much more frequent and target diseases like measles and polio. It is the goal of this study, then, to explore the ways in which mothers gather and share information about two specific health issues facing their pre-adolescent and adolescent children—vaccination against human papaillomavirus (HPV) and weight management—with the goal to mark potential, future paths of research into this complex area of health knowledge.

The Internet serves as a vast resource for moms seeking a wide variety of pertinent parenting information for their particular situations, whether they be first-time moms seeking help with sleep or feeding schedules for their newborns (Johnson, 2015) or working mothers looking for support and advice on managing time from other working mothers (Major, 2017). At the same time, it also provides them with a valuable source of links to a variety of health information, including pharmaceutical sites, general medical sites sponsored by centers such as the Mayo Clinic, and specialized sites focusing on particular diseases or conditions, such as the American Diabetes Association. Information can also be found on general news outlets, blogs, podcasts and videocasts, and community forums cover a wide array of discussion topics, including health and other health-related issues.

While we know that the majority of adults who go online seek information about health issues (72% of online adults, according to Pew Research), we know less about how online parents—primarily mothers—seek health information concerning their pre-adolescent and adolescent children (Jones, 2014). The adolescent age/stage is important as one of the most rapid phases of human development, when individuals experience the appearance of new health issues or concerns resulting from their bodies' changes (World Health Organization, 2019). Although sites like WebMD, Healthline or MedLinePlus offer diagnostic tools into which users can input their symptoms and then receive a range of any and all possible diagnoses, these tools cover possibilities from the innocuous to the terminal. Often, face-to-face conversations with medical professionals can leave young patients and parents of juvenile patients feeling overwhelmed or confused, and so patients often turn to other patients and parents for their experiences and knowledge to help them sort through the information they gather (Allen, Vassiley, Kennedy & Rogers, 2016; Davis & Calitz, 2014). The wide variety of information sources available online

and in person makes it difficult to grasp how and why mothers gather and process this type of health information about their minor children.

One place of response for parents and patients who still have questions or confusion has turned out to be the message board forum, a form of social media that is becoming increasingly niche in today's online world where multiple platforms (e.g. Twitter, Instagram, Snapchat) and private or direct messaging dominate so much of our online interaction. However, these online meeting spaces do still maintain a strong presence in the online mom population on sites such as Babycenter, the Bump, and CafeMom, the last of which will be the focus of the work found in this dissertation (Porter & Ispa, 2015). In many cases, message board forums housed within larger social networking sites are dedicated to more specific interest areas within the umbrella identity for the site. For subscribing members, the forums are designed specifically to bring people together around a variety of individual topics—including a wide spectrum of medical and health issues, from broader areas such as vaccinations and pain management to specific illnesses or conditions affecting large and small populations, such as cancer or heart disease, respectively.

Multiple studies have examined the benefits of message boards or online support groups designed around specific health care needs or issues like those found on sites like the Cancer Survivors Network, StupidCancer.org, or the American Diabetes Association (Bender, Jimenez-Marroquin, Ferris, Katz & Jadad, 2013; Perales, Drake, Pemmaraju & Wood, 2016; Cotter, Durant, Agne & Cherrington, 2014)). Researchers have found that participants gained both information about and emotional support for their health-related issues, particularly for chronic health issues (Parr, 2002), and they were able to build relationships with others who could personally relate to their health experiences (Fan & Lederman, 2018; Lovatt, Bath & Ellis (2017). Other research has been conducted in an attempt to understand health-related message

boards or online support groups as forms of person-to-person communication in recommending a particular drug or treatment option, especially when treatment plans for a particular condition or illness can be widely varied and affect different people in very different ways (Bickart & Schindler, 2001).

When it comes to mothers participating in message boards and online support groups, a large portion of the research has focused on new mothers or mothers of newborns/young children (Johnson, 2015; Lupton, 2016, Lupton, 2017; Robinson, Lauckner, Davis, Hall & Andersin, 2019; Ruthven, Buchanan & Jardine, 2018). However, there is a gap in the literature when it comes to understanding how mothers use the Internet to gather and share information about health issues facing their pre-adolescent and adolescent children. More specifically, there is a lack of understanding as to how these women use non-health issue specific online forums to address more common health concerns like vaccination and weight management. In many ways, these more general discussions replicate the informal, spur of the moment conversations that take place in face-to-face encounters at the local play space, at soccer games, or in waiting rooms. Understanding communication about these broader, less focused areas of health is an especially rich area of research given the misconceptions surrounding health issues relevant to children as they move into adolescence. This period of transition is particularly challenging as they begin to take responsibility for their own sexuality and related body image issues in light of the rampant media attention on ideal body images and weight management in modern American society, for men, women, and children (Steel, Fisher, Blendon, Bekheit, & Lubell, 2010; Grogan, 2016).

In the study presented here, the focus is on mothers using a general online parenting forum to discuss two common health issues: (1) vaccination against human papillomavirus (HPV) and (2) weight management for preadolescent and adolescent children. These two areas of

health concern have the potential to be stigmatized, as HPV vaccination involves controversial attitudes towards sexual activity among a population of minors, and weight management is often framed in public discourse in shame-based terms. Allowing mothers to gather with other mothers with whom they may share identifying characteristics but whom they typically do not know in person or intimately, may allow them to feel freedom to converse about these challenging and sometimes emotionally charged health concerns for their children without fear of judgment from their family or in-person friends.

HPV vaccination and weight management are health areas in which mothers exert a certain level of control over if and how these issues impact their children, as they are often key decision-makers for or against vaccination and serve as managers of nutritional information, food consumption, and activity levels for their children (Digiday, 2016). In each of these areas, there are short- and long-term health implications for mothers to consider in their discussions and decision-making processes. Additionally, children in this age group are also dealing with a desire for autonomy in their decision-making processes regarding their health and are becoming more immersed in issues of body image and sexual autonomy. They also often lack the knowledge or critical reasoning skills necessary to make well-informed decisions, creating an additional layer of difficulty for parents and children alike (Grogan, 2016). An analysis of how mothers discuss these important pre-adolescent and adolescent health issues among themselves can allow for a richer understanding of issues related to controversial health interventions, such as perceptions of harmful health technologies, trust/relationships between patients and their decisionmakers and healthcare providers and the healthcare industry, lay-person knowledge of health issues, and issues of informed consent. This study cannot examine the actual decisions made beyond these discussions within the message board settings, although the decisions already made by

participants prior to participation in the thread will be considered in conjunction with their discussion of HPV vaccination and weight management.

In the following chapter, I will explore the literature surrounding the most relevant aspects of this particular study, which includes HPV vaccination; weight management; probabilistic and possibilistic modes of thinking; the rhetoric of health agency; and role, authority, and expertise in online spaces. These categories, though not exhaustive, are the most relevant for this particular contribution to an understanding of the health-centered conversations take place among mothers of pre-adolescent and adolescent children in online spaces.

Chapter 2

LITERATURE REVIEW

An examination of mothers' message board discussions about HPV vaccination and weight management for their pre-adolescent and adolescent children requires an understanding of multiple research areas. When individuals seek health information from lay persons on the Internet, their conversations take on an additional layer as these are people who do not know each other or interact in face-to-face situations, instead communicating entirely through electronically produced text. This type of interaction requires an understanding not just of discourse analysis but of computer-mediated discourse analysis, a category of discourse analysis that attempts to address the uniqueness of online conversations, such as the roles individuals take on in large groups or the means by which they share or verify information. Additionally, the online conversations examined here are focused on two specific health concerns mothers have about their pre-adolescent and adolescent children, which includes issues unique to pre-adolescent and adolescent health itself, and as issues such as informed consent and health agency. In order to fully understand the intricacies and complexities surrounding mothers' online discussions of two important pre-adolescent and adolescent children's health issues, I have broken down the literature review portion into the following categories:

- Online Communication Issues
    - Online Communication and Information Sharing
    - Roles, Authority, and Expertise in Online Communities
- Pre- and adolescent Health Issues and Parental Roles
    - Cervical Cancer and HPV Vaccination

    - Weight Management in Adolescence
- Research Frameworks
    - Rhetoric of Health Agency
    - Probabilistic vs. Possibilistic Thinking
    - Template Analysis
    - Computer-Mediated Discourse Analysis

Online Communication Issues

The rapid growth of the Internet over the last thirty years has created a highly complex arena of computer-mediated communication, with social networking sites appealing to different interest groups ranging from gardening to DIY, and, in this case, parenting concerns, mothers, especially. These virtual communities typically contain message board forums for individuals to participate in discussions about nearly any topic, in synchronous and asynchronous modes. The growth of online communities can be attributed in large part to the democratic nature of the technology development culture in the late 1990s and early 2000s that valued collaboration, user-generated content, open access to information, and a smaller distance between producer and consumer. From this culture, along with the technological affordances made possible by the development of Web 2.0 technologies, social networks emerged (Blank & Reisdorf, 2012). (Blank & Reisdorf, 2012). This structure of collaboration and open access changed fairly rapidly and dramatically as websites like Facebook, Instagram, and Twitter became more complex and innovative social sites, growing from relatively small start-ups to huge enterprises worth billions of dollars, with 2.2 billion, 800 million, and 330 million users, respectively (Statista, 2017). Developers are exerting more influence over online spaces, monetizing online interactions by

gathering vast amounts of personal information and then using it to sell targeted advertising and product tie-ins.

Online communication and information sharing. However, even with the increased commercialization of online spaces, the distance between a message producer and its online audience is still far smaller than the distance between message producers and their audiences conveyed through more traditional venues such as broadcast television or political speeches. These modes are primarily one-way, making audiences more passive recipients of information as compared to Web 2 technologies that enable people to become potential participants in the co-creation of knowledge (Barton, 2015). Today's social networking communication decreases the distance between message creator and message recipient as well as opening up a more multidirectional pattern of message sending as users both produce messages based on information outside of that communicated through traditional means and discuss directly with other individuals online to interactively produce information, a powerful form of knowledge in a society where traditional media evokes mistrust among segments of the population (Gallup and Knight Foundation, 2018). This is particularly important in today's culture of "fake news" and truth as an individual experience rather than a universal certainty. By allowing users to speak directly to one another, without the interference of traditional gatekeepers, information can sometimes be perceived as being more authentic and trustworthy. However, this immediacy and perceived authenticity of information givers does not guarantee the actual accuracy and trustworthiness of the information itself and requires consumers to exercise critical thinking and healthy skepticism when evaluating their information and their information sources.

The Internet has provided users with the ability to connect with other people who share similar interests or particular life situations, from niche hobbies such as knitting and

birdwatching, to social issues such as blended families, and issues of interest to most people, such as health/medical issues. This access to a wide range of information has proved particularly appealing for many specific demographics, one of which is mothers (Holtz, Smock & Reyes-Gasteluym, 2015; Barkhuus, Bales & Cowan, 2017; Shoenebeck, 2013). For this group, the Internet has become an extension of the information-sharing, primarily face-to-face networks mothers used to form over the back fence or at playgrounds, but one that allows moms to access a wealth of parenting information on any topic at any time of day, originating from places all over the country, even from around the world, through a collection of mom blogs, message boards, and Facebook groups (Barkhuus, Bales & Cowan, 2017). Pew Research presented research conducted by the University of Michigan in 2015 in which 80% of mothers who use social media report they receive support from those interactions and 77% of these users are also likely to respond to a question posted by someone else, compared to fathers' 64% likelihood of response rate (2015). These online communities are rich and thriving hubs of relationship and information-sharing, and, as discussed below, incorporate many of the same roles and structures that can be found in face-to-face relationships.

As valuable as these online communities can be, for all of the above reasons, many of them are unmoderated, meaning that the site provides the interaction platform but no systems to reduce instances of trolling (intentionally antagonizing behavior), flaming (insulting other users) or the spreading of false information. Without a system of checks in place, the users are responsible for self-regulating their forum's participants and information. This lack of moderation assumes the users will have certain levels of knowledge in the area under discussion and can effectively address any conflicts or misinformation among themselves (Eysenbach, Powell, Englesakis, Rizo & Stern, 2004).

Roles, authority, and expertise in online communities. Substantial research has been conducted showing how the Internet, rather than reducing interactions to impersonal transactions (Walther, 1996), can actually serve as a conduit for relationship-building. Two such studies conducted by Lundy and Drouin (2016) and Jiang, Bazarova & Hancock (2011) found that engagement with the Internet helped some people with social anxiety to increase their connections to other people and to feel safe in sharing interpersonal experiences. Additionally, a great deal has also been done about how people access health information online, which is understandable since, as one Pew Research Center survey found, 72% of online adults use the Internet to gain access to health information (Jones, 2014). Although this survey demonstrates in simple terms that adults do go online in search of health information, we still lack specificity as to how people engage in and process information through encounters with their peers in non-health specific social networks and what implications these patient/non-expert discussions may have in different areas of healthcare. Researchers have explored the why of people seeking input from non-experts in online settings regarding their specific health concerns, identifying value in the weak-tie interpersonal relationships that can be formed (Wright & Rains, 2013). These weak-tie relationships can be particularly important to those living with stigmatized health concerns as they can both offer and receive a more objective perspective or provide more support than the strong-tie relationships of family and friends (Wright & Rains, 2013; Rains & Keating, 2011).

Because of the structure of these online relationships, the examination of an online community's exchange of health information necessitates an examination of the various roles participants assume and how they command authority and demonstrate expertise in their interactions. When compared to the amount of research done on traditional, face-to-face leadership, online leadership development has been studied far less (Johnson, Safadi & Faraj,

2015). One of the key differences between face-to-face situations and online communities is the presence or lack of an apparent formal hierarchy: Although in person, people establish social hierarchy through known or perceived status, body language, spoken language, and physical appearance, very few online participants enter a discussion with a formal role or actual authority in the community. This is particularly true of forums housed by large corporate entities, where the only real hierarchy that can be determined is a user's level of participation (number of posts) or the length of time a user has been a part of a particular forum, factors that are not always visible to other users, depending on the structure of the website's community area (Smithson, Sharkey, Hewis, Jones, Emmens, Ford & Owens, 2011; Butler, Sproull, Kiesler & Kraut, 2007).

When an online community is comprised of a relatively stable core of participants, that community can develop its own system of legitimacy and authority based on agreed-upon values and constructs of the group (Brady, Segar & Sanders, 2016), while simultaneously requiring something of new participants in terms of establishing credibility. This process particularly holds true in online communities formed around single health issues or long-term health issues, such as Lou Gehrig's disease or multiple sclerosis, as patients find community and commonality with others facing similar concerns.

In the case of more transient forums, such as those presented in this study, there may be a broad, overarching system of participation that provides only a very basic framework for determining credibility/authority, compared to the more complex criteria that smaller, more specific communities apply that may endow more specific membership status (Stommel & Koole, 2010). Additionally, when examining online communities comprised predominately of one gender, as in the case of this study, it is important to note the tendency for female users to view information on the Internet as "more credible and trustworthy" than male users, and to hold

higher expectations for integrity in online spaces (Johnson & Kaye, 1998, p. 334; Porter, Donthu & Baker, 2012; Warner-Søderholm, Bertsch, Sawe, Lee, Wolfe, Meyer… Fatilua, 2018, p. 309).

A key element of participating in online communities is that of legitimacy; participants must demonstrate that they have a legitimate reason for their participation in the group, which in the case of health forums is often established by detailing their experiences with the health issue being discussed (Stommel & Koole, 2010). Determining the legitimacy of participants can be challenging in these open and potentially anonymous online settings, which can lead groups to establish strong boundaries that they defend against those they deem to be illegitimate (Smithson, Sharkey, Hewis, Jones, Emmens, Ford & Owens, 2011). The establishment and defense of strong boundaries within a group is likely easier to accomplish in smaller, topic-specific groups than it is in the general mothering forums at issue in this study. However, there are still basic qualifiers of legitimacy in these groups, namely that participants are mothers and that their children are of the appropriate age/gender for the topic in question, both of which are established through seemingly authentic details of experience with the topic in their discourse.

Pre- and Adolescent Health Issues and Parental Roles

This study focuses how parents, particularly mothers, gather in online spaces to discuss two common and important health issues for their pre- and adolescent children: HPV vaccination and weight management. In order to understand the conversations these women have, it is important to have a strong foundation of these two issues overall.

Cervical cancer and HPV vaccination. In 2019, the American Cancer Society estimates that 13,170 new cases of invasive cervical cancer will be diagnosed in the United States, resulting in more than 4,250 deaths (Siegel, Miller & Jemal, 2019). The worldwide numbers are even more alarming, as cervical cancer is the fourth most commonly diagnosed cancer among women worldwide, with 570,000 cases diagnosed and 311,000 deaths in 2018, the highest rates occurring in developing countries in Africa and Southeast Asia (Bray, Ferlay, Soerjomataram, Siegel, Torre & Jemal, 2018).

The disparity between mortality rates in developed vs. developing countries is primarily due to the limited or non-existent screening procedures available and the lack of availability of vaccines against HPV, the primary cause of cervical cancer, in less developed areas (Sherris, Herdman & Elias, 2001). As of the end of 2017, the vaccine designed to prevent cervical cancer was available in 80 countries, although the primary recipients of these vaccinations were from high- and upper-middle-income countries (Gallagher, LaMontagne & Watson-Jones, 2018). Clearly the major point of difference for the death rate for cervical cancer among American women versus women worldwide has historically been the availability and knowledge of basic early detection screenings and most recently, the availability of a vaccination for the virus that causes this particular cancer. While this study focuses on the complicated social issues surrounding HPV vaccination in the United States, it is imperative to ground this discussion in an understanding of the global impact of HPV and HPV-related cancers and vaccination availability.

The vaccination portion of this research will *focus primarily on the first version of the vaccine approved by the FDA in 2006*. Gardasil® (the commercial name for the vaccine manufactured by Merck and Co.) was initially approved for use in females aged 11-26, targeted

four specific HPV strains (6, 11, 16 and 18), and was administered through three injections over the course of six months (U.S. Food and Drug Administration, 2006). A second HPV vaccine, produced by GlaxoSmithKline and marketed as Cervarix, targets only the two strains of HPV linked to cervical cancer and was approved for use by the FDA in September 2009. In 2014, the FDA approved Gardasil 9, which targets an additional five cancer-causing HPV strains, and in 2018, this version was approved for use in men and women aged 27-45 as well (Federal Drug Administration, 2018). Despite this expansion in coverage, it is still recommended that the vaccine be administered before the patient becomes sexually active, as it is only effective against strains that have not yet been contracted ((National Cancer Institute, 2015; Federal Drug Administration, 2018 and 2019).

How vaccinations work and resistance to HPV vaccination. One of the primary issues facing the acceptance of HPV vaccination into the standard set of childhood vaccines among this generation of parents that is different from prior generations is a higher level of mistrust for the government approving the vaccines and for the pharmaceutical companies producing them. Beyond HPV vaccination alone, childhood vaccinations in general form a high profile, highly emotional issue facing parents the moment they bring children into the world. The first vaccination recommended by the Centers for Disease Control (CDC) takes place at birth, with clusters of vaccinations occurring during the first year at two, four, six, and twelve months (CDC, 2019). Parents are faced with the task of choosing if, when, and how to vaccinate their children, and more than ever the amount of information available to them through their health care providers, family and friends, and online can be overwhelming. Researchers found that trust was a key element in the decision-making process for mothers regarding vaccination of their infants, although the source of that trust could be their pediatricians (for vaccinators) or a

homeopath, the Internet, books, and Mothering magazine (for nonvaccinators) (Benin, Wisler-Scher, Colson, Shapiro & Holmboe 2011). This study found that late vaccinators were far more likely to gather as much information as they could from peers, books, the Internet, and their doctors before making decisions, but that this group also had difficulty deciding who to place the most trust in, resulting in a delayed choice.

Other research has demonstrated that parents—mothers in particular—base their decisions regarding vaccination in large part on the information or advice they receive from trusted individuals, be they pediatricians or others (Benin, et al, 2006), while employing both probabilistic and possibilistic modes of thinking, which will be discussed further. More recently, the 2015 National Immunization Survey indicates that only 72.2% of children 19-35 months

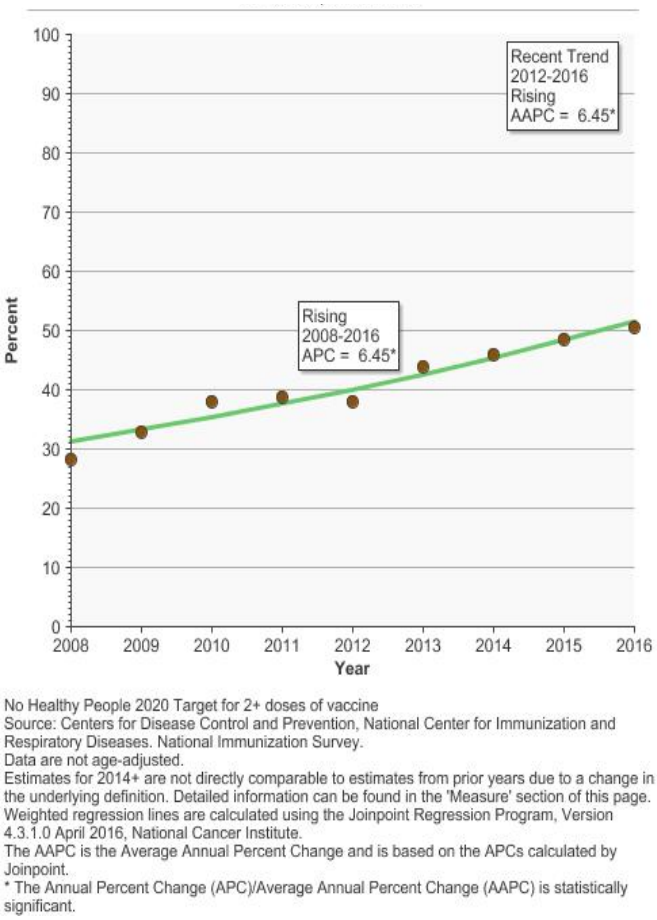
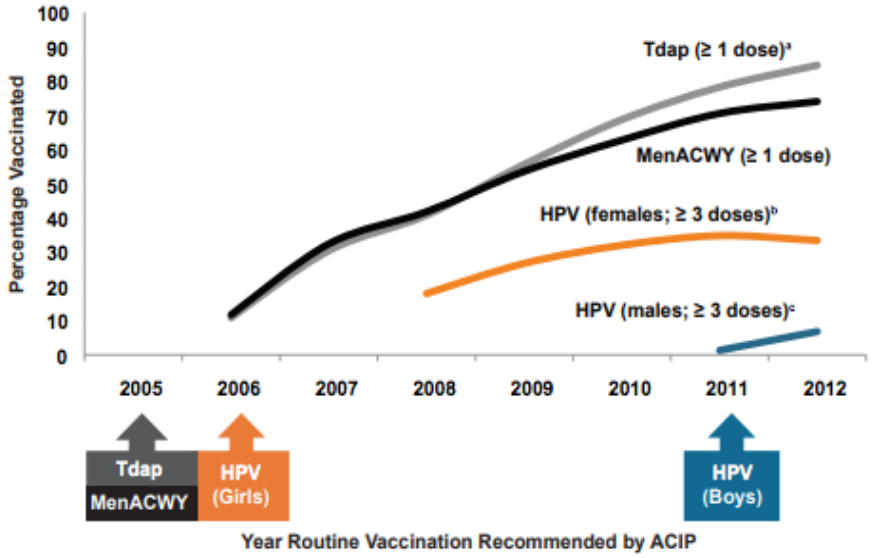


Figure 1. Percent of females aged 13-15 years who had received human papillomavirus (HPV) vaccine, 2+ doses, 2008-2016 (CDC, 2016).

were fully vaccinated, and additionally, researchers focusing on non-medical vaccine exemptions found an increase in non-medical exemptions in 12 of the 18 states that allow them (Olive, Hotez, Damania & Nolan, 2018). These clusters of exemption are found in widely varying areas from lightly populated rural counties in Idaho and Utah to urban centers such as Seattle, Portland, Houston and Detroit. The choice of exemption can have a profound impact on the overall effectiveness of any vaccination program, and in this area in particular, reduce the overall percentage of vaccination below the critical threshold level necessary to maintain "herd immunity," the level of the vaccinated population necessary for a vaccination program to be effective at eliminating a disease (Wang, Clymer, Davis-Hayes & Buttenheim, 2014). The

required percentage of vaccination level varies by disease, but ranges from 83-94% (May & Silverman, 2003). In the case of HPV, the current rate of vaccination shown in Figure 1, although increasing in the past eight years, still remains well below the level necessary for herd immunity—80%— with approximately half (49%)of adolescents aged 13-17 receiving all doses of the vaccine (CDC, 2017). These percentages are also national, while state-by-state rates vary from 60% to 39% or less.



ACIP = Advisory Committee on Immunization Practices; HPV = human papillomavirus; MenACWY = meningococcal conjugate; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.
(a) After age 10 years.
(b) ≥ 3 doses HPV vaccine, either Cervarix® or Gardasil®, among females. ACIP recommends either Cervarix® or Gardasil® for females.
(c) ≥ 3 doses HPV vaccine, either Cervarix® or Gardasil®, among males. ACIP recommends Gardasil® for males but some males may have received Cervarix®.
Source: Centers for Disease Control and Prevention. National and state vaccination coverage among adolescents aged 13-17 years—United States, 2012. MMWR. 2013 Aug 30;62(34):685-93.

Figure 2. Percent of female and male adolescents (ages 13-17 yrs.) who obtained Tetanus, diphtheria, and pertussis (Tdap), Meningococcal ACWY (MenACWY) and HPV vaccines through 2012 (President's Cancer Panel Annual Report, 2012-2013).

While these numbers have risen fairly steadily across ages and genders since the vaccines were introduced, as seen in Figure 2, the rate of uptake has been slow overall, with current numbers falling short of the Department of Health and Human Services's *Healthy People 2020* goal of 80% vaccination for this demographic and lagging far behind the vaccination rates for

tetanus, diphtheria, and pertussis (Tdap) and Meningococcal ACWY (MenACWY). The current statistics also demonstrate a leveling in the rate of vaccination for girls and boys, as the numbers in 2006 were a much more disparate 33.4% versus 6.8% (President's Cancer Panel Annual Report, 2012-2013).

This gender disparity was certainly tied to the early push for female vaccination and the later approval of the vaccine's use in boys. Additionally, the early focus on the female immunization rate was due to CDC-cited research from the same time frame that suggested the best course of action against HPV diseases is through this single-sex approach, despite the fact that both Gardasil and Cervarix had been approved by the FDA for use in males in the same age range (CDC, 2010), as research has confirmed that HPV leads to head and neck cancers in men in the same way it can lead to cervical cancer in women (Chaturvedi, Engels, Pfeiffer, Hernandez, Xiao, Kim…Gillison, 2011).

Because a large portion of the target recipients for HPV vaccination, and the ones at the center of this study, are minors, vaccination becomes an issue of parental knowledge of and attitude toward HPV, adolescent sex, cervical cancer, and the HPV vaccine. Many states are considering adding the vaccination to the list of required vaccinations for public school attendance, which, if nothing else, forces a conversation among parents, their children, and health care providers about the HPV vaccine and sexual health. The last decade has showed an increase in vaccine exemptions as some parents acted on their fears of the presence of mercury in the vaccination fluid or believed the debunked study published in 1998 that appeared to link vaccinations to increased rates of autism (DeStefano & Shimabukuro, 2019; Dubé, Vivion & MacDonald, 2015). However, for some parents who are against the vaccination, the more important issue with HPV vaccination has centered on the fact that HPV is a sexually transmitted

infection, and thus, to these parents, administering the vaccine would be tantamount to approving sexually active behavior. The fact that the vaccine is preventative against genital warts as well as cervical cancer does place it firmly in the category of a sexually transmitted disease (STD) preventative (Zimet, 2005; Mays, Sturm & Zimet, 2004). Since 2006, 42 states and territories have introduced HPV-related legislation, ranging from adding it to the list of required vaccinations for school attendance to increasing educational programs for parents and children (National Conference of State Legislatures, 2017). Many of these bills have been defeated, but states are continuing to pursue the vaccination, with at least two (New Hampshire and Washington) offering it for free to girls aged 11-18 as part of the state's wider vaccination program (NH Department of Health and Human Services, 2006; Washington State Department of Health, 2007). Currently two states and the District of Columbia have added HPV vaccination to the list of required school vaccines. (National Conference of State Legislatures, 2017).

In addition to state-level promotion of HPV vaccination, among the federal Healthy People 2020 program's goals is to establish and maintain a desired threshold for this vaccination, specifically an 80% vaccination rate for HPV (Office of Disease Prevention and Health Promotion, 2019). However, the 2017 National Immunization Survey reveals that this goal is far from being reached, as the current rate of adolescents completing one or more doses of the vaccine was 65.5% (Walker, Elam-Evans, Yankey, Markowitz, Williams, Mbaeyi…Stokley, 2018), demonstrating a gap in information and understanding, and perhaps indicating a level of mistrust for traditional health authority figures, among those making decisions regarding HPV vaccination for minor children. Most of these studies mentioned below were conducted in urban centers near large academic institutions, which limits the scope of the study to people within these geographical confines (namely those residing in large urban centers). They were also

quantitative in nature, which demonstrates how people rated their attitudes, but does not give insight into how parents talk to each other about HPV vaccination. In these discussions, parents reveal their attitudes toward HPV vaccination, the ways in which they process and access health information, and the values and justifications they bring into their arguments for or against a controversial vaccination. In the current study, the use of online forums and qualitative analysis will provide another angle into how this widely varied group of people discuss this topic in particular

The amount of research done specifically on parental attitudes toward HPV vaccination is substantial, with surveys having been conducted in throughout the United States and many countries. Many of these studies, while comprised of fairly small samples, identified certain contributing factors to HPV vaccine acceptance among parents and found that, generally speaking, the majority of parents would allow their children to be vaccinated against HPV. The Nijmegen (Lenselink, Gerrits, Melchers, Massuger, van Hamont & Bekkers, 2008) study found parents overwhelmingly (87.9%) would accept vaccination should the Dutch government approve its use, which the researchers indicated was perhaps due to more relaxed attitudes towards sex in the Netherlands when compared to the United States. Those parents who were opposed to it often expressed a fear of latent side effects that may not become apparent until the vaccine had been in use for several years (Lenselink, et al, 2008). A similar study conducted in Manchester, UK, had similar findings as the Dutch study when two categories are added together, as 32% of parents would definitely approve of the vaccine for their child, and another 43% responded they would probably approve (Brabin, Roberts, Farzaneh & Kitchener, 2006). Researchers conducted a survey of parents of preadolescent and adolescent children receiving vaccines at six pediatric practices in Oklahoma and South Carolina, finding a much lower uptake

for any dose of HPV vaccination (45%) when compared to the European studies, with parents expressing concerns about efficacy and side effects (Roberts, Thompson, Rogacki, Hale, Jacobson, Opel & Darden, 2015). A study similar in design to the Manchester study but conducted in the United States focused on a state-wide exploration of parental attitudes as opposed to the narrower focus of the Manchester study's city-wide examination (Constantine & Jerman, 2007; Brabin, et al, 2006). These two studies were also some of the only ones to use a large, randomized sample (random-digit-dial telephone survey of all California households in the first study, and a stratified random sampling of Manchester, UK, school parents in the second), while most of the others used smaller convenience samples (Mays, et al, 2004; Marlow, Waller & Wardle, 2007; Lenselink, et al, 2008, Roberts, et al, 2015.)

Weight management in adolescence. Like HPV vaccination, weight management is an important health issue that becomes particularly critical among pre-adolescent and adolescent children, who are greatly affected by body image and identity and yet still greatly influenced by parental knowledge and attitudes (Winker, Moore, Bennett, Armstrong & Brandon. 2017). In a culture seemingly obsessed with health and fitness, rates of obesity continue to rise among the population, with percentages that are more than double the rates of the 1960s and 1970s, and researchers are predicting this trend to continue through 2030 (Finkelstein, Khavjou, Thompson, Trogdon, Pan, Sherry & Dietz, 2012). Figure 3 addresses obesity trends among children ages 2-19, based on results from the National Health and Nutrition Examination Survey (NHANES) (Fryar Carroll & Ogden, 2016). In the age 12-19 years category, which most closely fits the pre-adolescent/adolescent age group addressed in this research, there is a clearly demonstrated increase in the prevalence of obesity in this age group, from less than 5% in the 1960s to more than 20% in the mid 2010s.

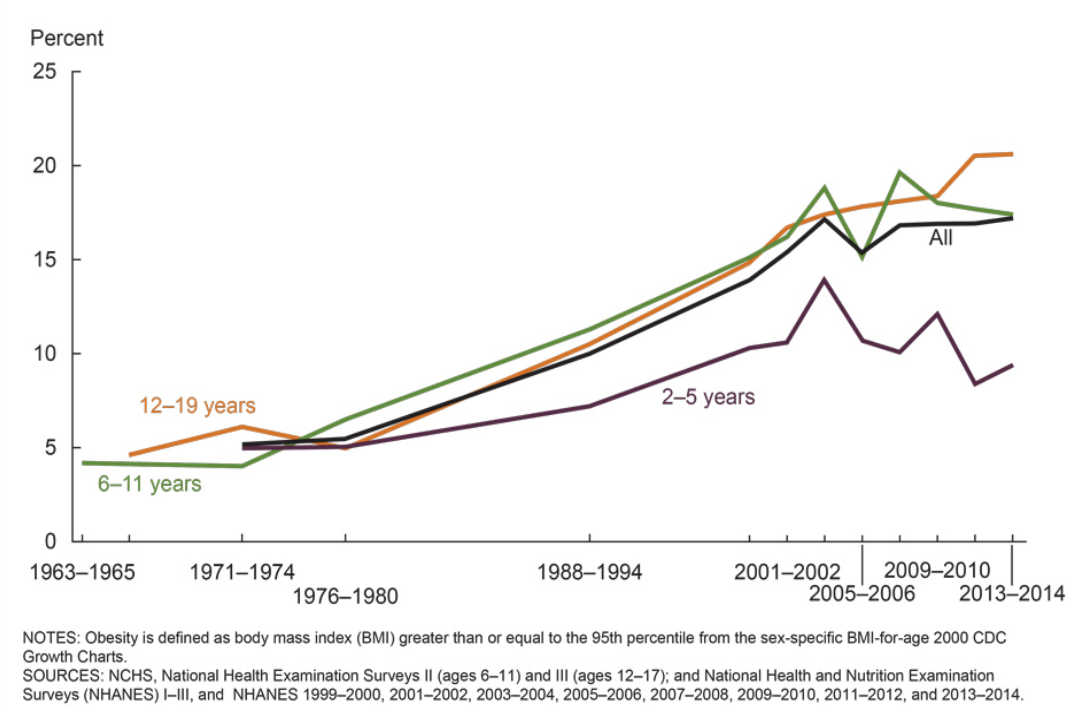


Figure 3. Trends in obesity among children and adolescents aged 2-19 years, by age: United States, 1963-1965 through 2013-2014 (Fryar Carroll & Ogden, 2016).

Other research indicates that adolescent obesity is a strong indicator of morbid obesity later in life, and this correlation also portends an increase in rates of diabetes, hypertension, and arthritis, among other health concerns, which increases the level of importance placed on weight management practices for pre-adolescent and adolescent children (Biro & Wien, 2010; Güngör, 2014). Parents have been identified as key factors in the rise of obesity among the nation's youth, including a longitudinal study that demonstrated this rise clearly among children ages 2-19, and most profoundly among adolescents (Johnson, 2012). Others conducted research specifically on how mothers of obese adolescent girls influenced the attitudes and behaviors of these girls toward dietary practices, finding that this key relationship had a profound impact on what and how often food was consumed, more so than in the case of mothers of girls with healthy weights (Winker, et al., 2017).

As with the HPV vaccine, these studies and others have identified parents as key players in their children's weight management practices through obvious avenues such as providing the foods consumed and overseeing activity levels, but also through less obvious means like modeling their own relationship with weight and food (Larsen, Hermans, Sleddens, Engels, Fisher & Kremers, 2015; Yee, Lwin & Ho, 2017). Thus, is it critical that parents have a foundational understanding of health and nutrition in order to effectively communicate and demonstrate that information and behavior to their children. Yet we find that despite the increase in attention from the media and medical field on the topic of weight management, the rates of obesity in America continue to rise, across all populations. Healthy People 2020, an update of the federally funded Healthy People 2000 health initiative launched in September 1999, includes goals of increasing vegetable intake and lowering sodium and sugar intake across all ages and races. Former First Lady Michelle Obama advocated wellness through healthy eating habits and regular physical activity through her "Let's Move" initiative, but like the HPV vaccination goal, a great deal of improvement still needs to take place before those targets can be reached (Office of Disease Prevention and Health).

With the intense focus placed on weight and weight management by multiple aspects of American society, parents are once again responsible for compiling, collating, and comprehending vast amounts of often-contradictory information about how to best manage the health of their pre-adolescent and adolescent children. One study conducted in Scotland on parental attitudes found that the onset of puberty often only serves to further confuse parental understanding of weight management for pre-adolescent and adolescent children (Wills & Lawton, 2014). An Australian study highlighted the limited information that exists on how adolescents and their parents interact about weight management issues specifically, something

that is echoed in American research as well (Shrewsbury, Hattersley, Howlett, Hardy & Baur 2010; Schalkwijk, Bot, DeVries, Westerman, Nijpels & Elders, 2015). However, multiple studies have demonstrated a connection between overall parenting style and levels of obesity, specifically as related to food intake and physical activity (Berge, Wall, Loth & Neumark-Sztainer, 2010; Kakinami Barnett, Seguin & Paradise, 2015). More specifically, Berge et al. found that "maternal authoritative parenting style [balance of responsiveness and demandingness] may play a protective role related to BMI in sons and daughters" while "maternal authoritarian parenting style [low responsiveness, high demandingness] is a risk factor related to BMI in sons and maternal neglectful parenting style [low responsiveness, low demandingness] is a risk factor related to BMI in daughters" (p. 6).

In the United States, in 2016, obesity rates among children aged 6 to 11 were 18.4% and among adolescents aged 12-19, were 20.6%. These rates demonstrate an overall tripling from the 1976-1980 National Health and Nutrition Examination Survey, with the largest increase in the 12-19 age group, from 5% to 20.6% (Trust for America's Health, 2019). Clearly these numbers indicate a marked downward shift in the overall health and wellness of the American youth population, and although experts have identified a number of factors as potential culprits behind this shift, including shifts in the type and quality of food consumed and an overall decrease in levels of physical activity, obesity rates continue to rise. This may partially be due to the fact that in many cases, parents are facing their own weight management issues as they attempt to address those of their preadolescent and adolescent children (Haines, Rifas-Shiman, Horton, Kleinman, Bauer…Gillman, 2016). In order to effectively assist children with their weight management, parents must reckon with the health habits of their entire families, and in some cases, this simply is not done. In the case of those parents who do make efforts in this area, they turn to health care

providers, peers, and the Internet for insights into and validation of the choices they seek to make for their children's weight management issues.

As there is no single point of focus for weight management as there is with the Gardasil vaccination for HPV, this part of the research will focus on the broader discussion of parental influence over the diet and exercise aspects of weight management. The scope does not include the complexities of clinical eating disorders beyond what is specifically included in the message board discussion.

Research Frameworks

In order to gain a richer understanding of the complex interactions taking place among mothers participating in these HPV vaccination and weight management threads, several research frameworks are incorporated into this study.

Rhetoric of health agency. In the areas of weight management and HPV vaccination, among others, there is a certain amount of direct influence mothers have over the decisions made for their pre-adolescent and adolescent children, as discussed above, but what level of effect is it possible for parents to actually make in their children's health? This section explores the notion of agency in health care and the transitional space occupied by mothers of pre-adolescent and adolescent children.

Health agency is ultimately grounded in the patient's belief that they are in control of the processes and decisions concerning their bodies in whatever health-related situation they are involved, allowing them to effectively handle their diagnosis and participate in the path of treatment (Bishop & Yardley, 2004). The vehicle for this process is one of communication, where patients are willing and able to articulate their ideas, hesitancies, fears, etc., with their health care providers and know that they are being heard and that their thoughts are valued.

Young and Flowers (2001) sought to develop an approach to health agency that "positions the patient as problem-solver and decision-maker" and examines the interactions between rhetoric of agency and rhetoric of passivity in a model called "collaborative interpretation" (70). By seeking to understand how patients and providers interact when it comes to managing health issues, the researchers sought to better help patients become effective, active partners in their interactions with medical professionals rather than passive recipients of medical knowledge handed down by those with medical expertise.

The discussion of health agency in the case of minor children, then, adds another layer to the interactions between patient and provider, as minor children in addition to being subject to the medical experts are subject to the authority of their parents or guardians. When children enter pre-adolescence and adolescence, they may attempt to use their own voice in the decision-making processes about their health, they could continue to allow others to make those decisions for them, or they could adopt any number of behavior combinations in between, depending on specific scenarios. Ideally, those participating in decision-making processes for these minors would work in a spirit of collaboration that allowed minors to develop a sense of self agency as they progressed towards adulthood.

However, this ideal version of attainment of health agency during pre-adolescence and adolescence is more difficult to understand in the real world due to the variety of parenting approaches and the variances in the process of adolescence itself. Some parents may be more willing than others to encourage their children to exercise agency. Some children may be more emotionally and mentally prepared to be involved in decisions at a younger age. Further complications arise in instances where adolescents believe that parent/guardian consent is required for treatment, as in the case of vaccinations. The laws for consent regarding vaccination

vary from state to state and are often comprised of a patchwork system of regulations that it can be difficult for all parties involved to understand who can and cannot consent for minors, leading some unvaccinated minors to seek help in becoming vaccinated without their parent's permission[?] through online forums like Reddit's r/legaladvice (SoggyEgg1, 2019; ARandomWhiteKid, 2019).

Navigating health agency for pre-adolescent and adolescent children is also impacted by how mothers consider the potential outcomes of the choices available to them concerning health intervention and influence, as in the case of HPV vaccination and weight management. The way mothers frame their decision-making processes—probabilistically or possibilistically—has an impact on the way the articulate their thoughts to others in online spaces.

Probabilistic vs. possibilistic thinking. Probabilistic and possibilistic thinking is rooted in probability theory developed first in mathematics, then adapted for social psychology. These concepts provide a framework for understanding how people make decisions about any number of topics, including health care issues, based on the likelihood that something will take place and the outcomes that follow if those events do occur (Clarke, 2007). Probability theory, which encompasses both probabilistic and possibilistic thinking modes, is about understanding how people grapple with randomness and uncertainty in order to more accurately predict future outcomes (Beitman, 2015). Individuals making decisions using a probabilistic mode of reasoning are considering all of the potential outcomes, giving appropriate weight to each, based on the information available to them. This includes but does not overvalue the most extreme outcomes, and for this reason, it has become equated with logical reasoning. Possibilistic thinking, on the other hand, gives more weight to the "what if?" scenarios, leading to the belief that those extremes are more likely to occur. Clarke suggests that these two modes of thinking

should work hand in hand, as they do for many airline passengers who recognize their plane is unlikely to crash but still hug family members a little tighter before departing, but for many people, particularly when it comes to health care issues, this is not the case (2007).

While conventional wisdom suggests perhaps that health care professionals are more likely to employ probabilistic thinking and parents possibilistic thinking, some research shows that parents do, in fact, use probabilistic modes of thinking, although their overall consideration of vaccinations is profoundly impacted by "their own personal experience, broader decisions they have made about parenting style, or the degree of trust they invest in their healthcare provider" (Senier, 2008; 208). Mistrust of pharmaceutical companies and vaccinations as a whole can be traced to the controversy over the alleged ties between the measles, mumps, and rubella (MMR) vaccination to the rise in cases of autism (Dubé, Vivion & MacDonald, 2015). Despite overwhelming scientific research to the contrary, some people still believe that the vaccine can cause autism, leading them to choose to delay some or all vaccinations or forego them all together (Shwed & Bearman, 2010). They choose to believe non-expert, but high-profile individuals such as Jenny McCarthy or various unsubstantiated online bloggers rather than peer-reviewed science because they desperately want to know what causes autism, a question that so far, science has not been able to provide. Conversely, people can find themselves overwhelmed by the vast amount of credible research on weight and weight management and the way in which it is reported to them through the media, leading them to question or reject the suggestions of health care professionals in favor of the lay advice they receive from their peers. Additionally, mothers in particular appear to experience "mom guilt," the belief that something they did caused harm to their child, and this creates an obstacle in effectively communicating new information in a way that it will be received and incorporated into their thought processes in a

rational manner (Sutherland, 2010; Zimmerman, Aberle, Krafchick & Harvey, 2008).

Much of the controversy over vaccinations centers on the rejection of good science in favor of non-expert opinions, and perhaps surprisingly, this translates into weight and weight management as well. Despite the vast amounts of credible weight-related research that exists, the implications of this research can be challenging for people to interpret and incorporate into their lives. As with most, if not all, health research, the information is constantly evolving, which can cause people to feel frustration, anxiety, or hopelessness when attempting to incorporate new behaviors and habits into their daily routines. A recent study demonstrated that one of the standard metrics for health, the body mass index (BMI), does not accurately indicate a person's metabolic health, indicating instead that almost half of those considered overweight according to their BMIs were metabolically healthy and 30% of those within the normal range were metabolically unhealthy (Tomiyama, Hunger, Nguyen-Chuu & Wells, 2016). This is particularly interesting as the accuracy of metrics like the BMI and growth charts has been questioned or dismissed by parents whose children fall outside of the "normal" or "healthy" range (Jones, Huffer, Adams, Jones & Church, 2018), perhaps providing an indication that scientific "facts" are not automatically going to be valued or trusted by the people affected by them. Ultimately, the discussions taking place about both vaccinations and weight management provide access to contemporary insights into how lay persons deliberate issues of risk versus reward and how decisions are made when the issue is perceived to be less distinct than black and white (Senier, 2008).

Computer-mediated discourse analysis (CMDA). Underpinning all of the information sharing taking place in online spaces, as discussed in the first section of this chapter, is the fact that nearly all of it takes place through language, but more specifically, through discourse. It is tempting to place all online interactions in the same category simply because they take place in online spaces, but ultimately, all online interactions are not created equal. Computer-mediated discourse analysis (CMDA) allows researchers to ground their research empirically, creating categories of online interactions that can be measured (Herring, 2004). As defined by Herring, CMDA applies to four "levels of language: 1) structure, 2) meaning, 3) interaction (turn-taking, topic development), and 4) social behavior (conflict, power, group membership)" (Herring, 2004, p. 340). These categories address elements of online discussions including, but not limited to, issues such as turn-taking and expressions of power. By comparing/applying linguistic foundations that exist in face-to-face conversations to those existing online, researchers are better able to differentiate and pinpoint the commonalities of conversations in online spaces (Panyametheekul & Herring, 2003).

In the context of online message board forums, specifically health-related information and support boards, the framework of CMDA allows for an understanding of how participants array themselves in a hierarchy of expertise, how they process and vet newcomers, and how they establish and maintain a system of acceptable behavior through the elimination of those who do not follow the rules established by the group, for the group (Walther & Boyd, 2002). These communities establish unique cultures and objectives, so that even among a sub-category of online communities such as mother's message board forums, there is a wide variety of norms.

Unlike most offline discourse communities, online communities allow participants to select the amount of information they choose to share with a particular group, even remaining

broadly anonymous to the other participants. Message board forums vary widely in the amount of information they allow or require their users to make available, and participants are able to divulge as much or as little personal information as they like. This anonymity also allows users a degree of freedom from repercussions that may impact the manner in which they interact with other participants. CMDA allows researchers, then, to delve deeply into the conversational layers that occur in these forums without manipulating them through structured researcher intervention. Given the text record that exists, researchers are instead allowed to "listen in" on these naturally occurring conversations and explore the ways people interact in online settings.

Template analysis. While computer-mediated discourse analysis allows researchers to better understand the frameworks in which online conversations take place, it does not require or provide a specific methodology. To remedy this shortcoming, I have chosen to incorporate template analysis into my examination of the message board threads contained in this study. Template analysis, as outlined by King (1998), utilizes a codebook, or template, to discover themes from a particular text. This differs from traditional content analysis where "all codes are predetermined" and from grounded theory, where "there is no *a priori* definition of codes" (p. 118). Instead, template analysis occupies the space that exists somewhere between these two ends of the spectrum, allowing researchers to outline some *a priori* codes (Major Themes) based on their early readings of the text while still having the ability to allow the text to inform the coding through the creation of additional Subthemes as the research progresses (King & Horrocks, 2010). Template analysis provides a structure of process, whereby the coding schemes adapt and morph based on the researcher's reading of the text and allows the duality of "claims as to the validity of a representation arising from research while recognizing that other perspectives on the phenomenon are possible (Brooks, McCluskey, Turley & King, 2015, p.

205). The structures outlined in the initial codebook may have only a partial resemblance to the final codebook produced by the researcher. Template analysis is often used by those coding conversational transcripts, diaries, and focus group transcripts, and therefore translates well into the coding of message board forums, as these are, essentially, conversational transcripts (Brooks, et al, 2015).

Summary

The study of mothers' online conversations about two pre-adolescent and adolescent children's health issues is one that benefits from being undertaken in numerous ways because what is occurring—the informal exchange, validation or challenge, and acceptance or rejection of information as part of building knowledge— is comprised of many facets. The approach taken here is meant to expand on our understanding of how mothers approach some of the common questions they face as they raise their children in a complex age of information saturation and misinformation and how they come together in online spaces to help them navigate these situations. The specific issues of HPV vaccination and weight management joined with how mothers frame their online conversations and establish/evaluate authority and expertise provides richer insight into these issues that could then be explored across other specific health issues or broader parenting issues, particularly for the pre-adolescent/adolescent demographic.

Chapter 3

METHODS

As discussed in the previous chapter, this study was conducted to explore mothers' online discussions of health issues important to their pre- and adolescent children. The goal was to examine specific examples of this kind of discourse relating specifically to HPV vaccination and weight management to answer the following relevant research questions:

RQ 1. How do mothers claim agency over the health of their pre-adolescent and adolescent children?

RQ 2. How do mothers in online forums share and validate the quality of health knowledge?

RQ 3. How do mothers establish their right to participate in health forums concerning HPV vaccination and weight management? What language structures are used among mothers to exhibit power and status?

RQ 4. How do mothers in an online setting use possibilistic or probabilistic frameworks to frame their concerns about the outcomes of health decisions for their pre-adolescent and adolescent children?

CMDA and Template Analysis

The data for this study was analyzed using a combination of computer-mediated discourse analysis (CMDA) and template analysis. The corpus consists of data created entirely in an online setting, and CMDA provides the analytical capability to determine whether or not this setting constitutes a discourse community. When discussing online communities utilizing CMDA, there are various discourse behaviors that can be explored. These five behaviors are outlined in Table 1, as presented by Herring (2004). For the

purposes of this study, the focus will be on the categories of meaning and social behavior (See Table 1), as these two categories encompass issues addressed by the research questions and the themes themselves and because the constraints of this research do not allow for a complete examination of all categories, which Herring acknowledges is "probably not feasible" in most cases (p. 20).

Table 1. Discourse behaviors hypothesized to indicate virtual community

Five Categories of Discourse Behaviors (Herring, 2004)	**Examples found in the corpus indicating Category of Discourse Behavior**
Structure acknowledgments to the existence and characteristics of the discourse community	• Use of jargon, • references to group, • in-group/outgroup language • use of pronouns (we)
Meaning attempts to establish meaning	• exchange of knowledge, • negotiation of meaning (speech acts)
Interaction signs of activity, engagement	• reciprocity • extended (in-depth) threads • core participants
Social Behavior expressions of constructing, confirming, or reinforcing social qualities	• solidarity, • conflict management, • norms of appropriateness
Participation number of messages and responses	• frequent activity • regular activity • self-sustaining (participant-driven) activity over time

Additionally, CMDA allows for the exploration of conversations and relationships that exist in these online-only settings, and template analysis permits the application of a coding template across three different and somewhat unequal threads included here.

Study Analysis

The study analyzed the above data using template analysis and was coded using

"recurrent and distinctive" *a priori* codes (Major Themes)derived from an early examination of both the literature and the threads themselves, as discussed in the previous chapter (King, 430). The early readings of the corpus informed a set of Major Themes, listed below, and these themes also served to inform the creation of the research questions (the applicable research question numbers are included below in brackets after each code).

- impetus for discussion [1, 2, 3]
- framework of discussion (possibilistic vs. probabilistic) [3]
- decision-making processes [1, 2, 4]
- issues of knowledge [1, 3]
- issues of agency [4]
- power roles among participants [2]

Once I identified this list of initial themes, I read through the data and began coding the text according to these Major Themes. My purpose was "testing ideas, confirming the importance and meaning of possible patterns, and checking out the viability of emergent findings with new data and additional cases" (Patton, 2002). As also suggested by Patton, I used the constant comparative method, the "examining and refining variations in emergent and grounded concept," in order to ensure that my themes would be sound. (Patton, 2002) As the purpose of coding is "to find these repetitive patterns of action and consistencies in human affairs as documented in the data" (Saldana 2009), I created a list of Major Themes that were consistent and descriptive in an attempt to capture the exact meaning behind the category. The same template was applied to both sets of data: the HPV vaccination threads and the thread on pre-adolescent/adolescent weight management, all from CafeMom. Initially, both topics were considered in the same way in order to determine how mothers discuss among themselves health issues important to their pre-adolescent/adolescent children.

As the length of each thread response varies widely from single words to lengthy paragraphs, they were each coded uniquely, with some falling into a single category and others crossing into multiple themes. The following selections from HPV Threads 1 and 2 are representative of how I arrived at the initial Major Themes which are identified by the following abbreviations: decision-making processes (dm); issues of knowledge (k); issues of agency (a). In both cases, the users are responding directly to initial post in these threads, both framed as questions as to whether participants would vaccinate their children.

> (Thread 1) Proud_usaf_wife: *I am a vaxing mom (k, dm) but this one i'm gonna say no too it's to unpredictable. (k) I would never give my daughter (a) something that had the potential to kill or hurt her (k) and from what i've read and see on T.V and on here this is a bad med (k)..*
>
> (Thread 2) booklover74: *No neither of my daughters (or sons) will be getting this vax. (dm, a) It is to dangerous, unproven, and it isn't necissary and is very much misunderstood by both teens and adults. (k)*
>
> *You can prevent HPV with the same precautions you take to prevent getting HIV, or other STDs. (k) Sexual education, consistant and proper condom use, being a discriminating sexual partner and having regular paps are a much more effective way to prevent such things as cervical cancer. (k) This is the route I have chosen for my 15 year old daughter and I've explained why. (a, k) She's read up on HPV and Gardasil as well and agrees. (k, a) Condoms or their many purposes are no mystery to her. (k) She doesn't harbor any false ideas about a magical STD shot like a few of her freinds have told her about. (k)*

Similarly, in the second sample selection (from the weight management thread), the relevant themes are abbreviated as follows: issues of knowledge (k); decision-making processes (dm); framework of discussion (f) and power roles (p). This response is also directed at the original poster's story about her son's experience with his pediatrician.

> *HOT4TCHR: I hate this story! Ten and 11 year olds...and some 9 year olds...they chunk up before they shoot up. (k) Even my own son who was pencil thin at age 10 and pencil thin at age 12 was sporting cheeks and a gut at 11. (p)*
>
> *Some doctors...Lordy! Did she even ask any questions about what he eats and how active he is? Or did she just assume?(dm, f)*

While qualitative analysis goes beyond simply tallying the frequency of words or phrases, counting does aid in the determination of what is most relevant to the discussion at hand (Miles and Huberman, 1994). To this end, the themes that incorporated ten or more responses and were directly related to the research questions were selected for further analysis. The only exception to this is the theme addressing information source credibility, as no thread included more than eight external source citations. The NVivo codebook of themes and descriptions are presented in Table 2.

Allowing the data to inform the creation of further subthemes within the Major Themes through open coding provides a clear context within which to search for deeper meaning as to how mothers discuss these sensitive, adolescent health issues as it relates to their children and how they seek and share non-expert health information with one another in an online setting. The emergence of the below themes and subthemes requires an additional level of analysis, a moving from the manifest content of the message board forum to an understanding of the latent themes that emerge as well. I then read for a final coding for all of the data, and a portion of the data were coded by a trained secondary coder to confirm consistency. When discrepancies occurred, we discussed our reasons for coding and came to an agreement.

Table 2: Major Themes, Subthemes and Descriptions

Major Themes (MT) (*a priori*)	**Subthemes (ST)**	**Criteria for Coding Participant Response to Thread**
Impetus for discussion (i)		
	Affected themselves	Personally experienced HPV/cancer/weight heath issues
	affected Children	Pre-adolescent/adolescent children affected by HPV/cancer/weight health issues
	affected Secondary persons	Close family/friends affected by HPV/cancer/weight health issues
	Strong Belief For	Pro-vaccination/pro-weight management
	Strong Belief Against	Anti-vaccination/expresses no need for weight management techniques
Framework for discussion (f)		Participant's view on the likelihood of something taking place
	Probabilistic	Belief that something is not likely to occur based on statistical evidence (injury from vaccination/long term health damage)
	Possibilistic	Belief that something is likely to occur in spite of statistical evidence (injury from vaccination/long term health damage)
Decision making statements (d)		Participants' expression of decisions made regarding their children's' health
	Adamantly against intervention	Against vaccination/weight management strategies, with explanation
	Adamantly for intervention	For vaccination/weight management strategies, with explanation
	Simply stated responses	For and against
	Undecided	No decision expressed
Issues of knowledge (k)		Expressions of basic knowledge about HPV vaccination and weight management
	General information	Expressions of general knowledge
	Reliable source	Reliable
	Unreliable source	Unreliable
Issues of agency (a)		Parental agency vs. child agency
	Pro-parental agency	Parent claims agency on behalf of the minor child with little to no input from child or defers choice to child when 18
	Compromise agency	Parent claims ultimate agency but with some input from child
	Child agency	Parent allows child to contribute as an equal
Power roles (p)		How participants establish authority in the thread
	Unsubstantiated claims	Information presented as fact without external verification
	Substantiated claims	Information presented with external verification (links, cited information, personal expertise)

Participants

Each of the unique users who participated in the threads had to register with CafeMom in order to participate. As registered users, they had the option of filling out demographic information in their user profile, which is accessible to other users, and which each did to varying degrees. Users were able to make their profiles public or private. In Thread 3, which was originally posted after Threads 1 and 2, the 111 participants were given the additional option of posting anonymously, which eliminated access to most of the demographic information. There were no users who participated in more than one of the selected threads. A breakdown of users for each thread follows in Table 3.

Table 3. Summary of Available Participant Demographic Information

	Thread 1	**Thread 2**	**Thread 3**
Number of Users	55	49	111
Ages of Users	24-52	20-52	unknown
Number of Children	1-8	1-7	≤1
Age of Children	<1-23	<1-19	<1-16
Private Accounts	19	4	19
Anonymous Accounts	0*	0*	19
*anonymous accounts were not available in 2009			

Participants from Threads 1 and 2: HPV vaccination. The two HPV vaccination threads were combined into a single unit for analysis. Thread 1 contains posts from 55 unique users. Of these users, 19 marked their profiles as private and another eight are no longer CafeMom members and thus have no active profiles, although their posts have been retained in their original format, including any information provided in signatures. Because message boards generally allow users to disclose or withhold as much information as they feel comfortable with, the socio-demographic information available is inconsistent. Some users provided detailed profile information about themselves and their families, some only select information, and others very little at all. However, the users presented themselves as female, and though only 10% of them provided their exact age, the documented ages ranged from 24 to 52, which provides loose parameters for the ages of the group, although certainly some participants could fall outside of this range. CafeMom requires its users be 18 years of age to register, providing the age point for the youngest possible participant. Twenty of the 55 participants identified themselves as married, three more as living with a partner, one as engaged and one as separated. The remainder didn't identify their relationship status. Of the 20 who cited a political affiliation, none chose to identify with one of the two major U.S. political parties, citing instead extremely liberal (1), moderately liberal (4), middle of the road (1), moderately conservative (1), extremely conservative (2), not political (5) or other/prefer not to say (6). Twenty-two provided religious affiliation, the majority citing Christian/Catholic/Protestant (15), the remainder other (3), prefer not to say (2), or spiritual (1).

The women posting in this thread all self-identify as mothers and with the exception of those who have private or deleted profiles, all listed the number of children they have, ranging from one to eight. Documented ages for these children range from under one to 23, and 18 of the

26 participants who provided gender information have female children. Half of those participants with female children did not have daughters who fell within the age range for HPV vaccination.

In the second thread, of the 49 unique users, only four chose to mark their profiles as private. An additional seven unsubscribed from CafeMom at some point after posting to this thread and their posts have been retained in their original format, including any information provided in signatures.

Again, participants are all female, with documented ages ranging from 20 to 52, although one participant discusses taking her 19-year-old granddaughter for vaccination and thus may be beyond the high end of the age range, and the possibility exists that some of the participants who did not provide an age may be under 20. More than half (24) of the women identified themselves as married and an additional two as living with a partner. Of the thirteen women who cited a political affiliation, all fell into the categories of moderately liberal, moderately conservative or Libertarian, with no one identifying with either of the two major American political parties. Just under half (21) identified their religious affiliation, with the majority citing Christian/Catholic/Protestant (11), a fairly equal distribution among Agnostic/Pagan/Other (2/3/3), and one each as Muslim and Atheist.

The women are all mothers, and in at least one case a grandmother, as would be expected on a message board aimed at bringing mothers together. Excepting seven women who are no longer members or have private profiles, all of the participants listed the number of children they had either in their profile or within the content of the message board posts, and the number ranged from one child to seven. Forty-one women included gender information for their children and of those all but three had at least one female child. Twenty-seven profiles included age information for participants' children, and interestingly, over one-third, or ten, of those reporting had female children whose ages were well below the target age for the HPV vaccine, but no

female children who fell within the approved age range. There are no race/ethnicity data available.

Participants from Thread 3: weight management. Created in November 2017, this thread. consists of posts from 111 unique users, with 57 users choosing to post anonymously, an option not available for the 2009 posts, and 6 users who are no longer members of CafeMom. Additionally, the profile options available for selection have also altered in the intervening years, eliminating specific places to indicate marital status or religious/political preferences. It is also evident that there has been a shift in the level of privacy sought by participants in these public forums, evidenced by the 57 anonymous posters as well as the 19 of the remainder who chose to maintain private profiles. Even the public profiles include much sparser levels of information than in the 2009 posts, which creates a less complete demographic profile. However, a number of conclusions can be drawn based on information included within the context of the posts themselves, even for the anonymous and private (but known to the community) members. Interestingly, all of the back and forth exchanges between members occurred between participants who were posting with registered usernames, rather than those posting anonymously. Ultimately, based on the fact that the website is in its entirety focused on mothers, we can assume that all participants identify as mothers. While it is impossible to identify for certain the ages of some of the participants' children, statements in the posts themselves often refer to their children in ways that indicate they fall within the appropriate age bracket for this study, although there are participants who also have children who fall outside of the pre-adolescent/adolescent age bracket, both older and younger.

Data Collection

When considering a data source for this study, I sought first to determine which segment of the population was the primary seeker of health care information. According to the U.S.

Department of Labor, women are responsible for 80% of the health care decisions made for their families, which translates directly to decision-making for vaccinations (U.S. Department of Labor, 2005). I then conducted an extensive online search for message board forums that were specifically for mothers, since a critical component of the study was mothers and how they discuss the health care information they gather in order to make decisions for their children's medical well-being. While a search for "moms message board" and "mothers message board" returned over 800,000 and 14,000,000 respectively, the vast majority of these sites were either very small, with posts garnering only one or two responses, or simply did not address HPV vaccination or weight management in any great detail. I also chose not to consider other sources of data such as comment listings found in articles related to HPV vaccination or weight management because no demographics exist for these users, which would limit the effectiveness of the study.

The data for this study was derived from three message board threads posted within the Community section of CafeMom, an online forum created in late 2006 and designed to bring mothers together for "conversation, advice, friendship, and entertainment" (CafeMom, 2018). The site is clearly a marketing site as well as a social media site, as CafeMom partners with a variety of what they call "mom companies," namely companies that produce goods where moms are the primary purchasers, such as General Mills, Target, and Proctor & Gamble, among others, CafeMom also claims 25 million monthly visitors to the site, making it a substantial player in mother-targeted websites (CafeMom Linkedin, 2018). The site has a Community area, their term for a message board, that is broken down by a variety of factors, among them age of the user, age of the user's children, geographic area, and interests. Each message post contains an embedded record of who posted the response, the date and time the post was made, and any additional information the poster chooses to include in their signature or profile avatar/icon.

The two HPV vaccination and the weight management threads were selected because of the similarity in the originating post (a question posed by the original poster), and because together they created two sets of data with roughly the same number of posts and participants, as discussed below. The threads were transferred into a Word document, then uploaded into NVivo qualitative software for coding. Each thread was uploaded as a separate document.

Summary

The findings from the template analysis of these threads are outlined in the following chapter, in order of the Major Themes listed in the table above, and will be discussed further in Chapter 5 as they are applied to the research questions.

Chapter 4

FINDINGS

Three CafeMom Threads: A Breakdown

Below, each of the three CafeMom threads has been broken down by number of unique posts, word count, and participant demographics in order to provide a more complete picture of the data set and of those who created it. All three of these threads are no longer receiving new posts, thus are closed and bounded, and all emerge from the unprompted interactions of these participants, providing a clear snapshot of how these groups of mothers came together online to discuss both HPV vaccination and weight management.

Threads 1 and 2: HPV vaccination. This pair of post discussions took place in 2009 (April and August), and both are titled with a specific question about HPV vaccination, providing a clear framework for the ensuing discussions. The time-frame for the 2009 pair of posts was selected due to their closeness in time to the FDA approvals of both Gardasil (2006) and Cervarix (2009), the subsequent promotion of the vaccine by Merck and other agencies, and media coverage which helped prompt one of the threads directly.

Thread 1 consisted of 76 unique posts and had no direct media prompt, but instead the original post was simply framed as a request for information from other mothers (Thread 1: “Will you get ur daughter the gardasil shot?”). Thread 2 was created within days of a CDC report which commented on safety concerns surrounding the vaccine, and the original poster used a CNN article on HPV vaccination as a jumping off point for discussing whether or not the participants’ children should be vaccinated against HPV

(Thread 2: “Should your daughter get Gardasil, the vaccine against HPV?”). This thread consisted of 87 unique posts and was chosen to pair with the first thread because they were created during a five-month timeframe, and together provide a larger, but chronologically consistent corpus for analysis.

Thread 3: weight management. The thread was created between November 3 and 5, 2017, and was titled “Pediatrician-Was This Wrong? ETA-Picture-Weight Issue.” Discussion was framed in a similar way as the two HPV vaccination posts, with one CafeMom user asking a specific health-related question of other participants. This thread contains 193 unique posts, providing a similarly-sized corpus as the two combined HPV threads from 2009.

Exploration of the Data

Computer-mediated discourse analysis. Before delving into a template analysis of the threads included in this study, it is necessary to first discuss the specific aspects of online discourse community that can and will be addressed. Herring (2004) outlined five categories of discourse behavior that can be explored (structure, meaning, interaction, social behavior, and participation), acknowledging that most studies will encompass only some of these categories due to research constraints. The threads and themes previously outlined here fell most specifically into the CMDA categories of **meaning** and **social behavior**.

Meaning. Herring defines meaning in this case as an “exchange of knowledge and a negotiation of meaning” (39). In this study’s threads, the participants are gathering specifically to share information about their children’s health concerns, though as will be discussed later, the accuracy of that information is debatable. In addition, participants in all

threads also spend some time defining the lexicon of their conversation, specifically the scientific terms and tools surrounding HPV vaccination and weight management. The Major Themes (and their finer-grained subthemes): (1) impetus for discussion; (2) decision-making statements; and (4) issues of knowledge, fall under this category of CMDA. Impetus for discussion is included here since all of these participants posted in response to a request for insight and information posed by the initial poster, by social networking convention an invitation to contribute and exchange knowledge.

Decision-making statements also fall into this category as this is how participants share the choices they made or are making regarding their children's health care concerns, again an exchange of knowledge. Issues of knowledge include three sub-themes: (1) general information, (2) reliable sources, and (3) unreliable sources, all of which encompass both the exchange of information as well as the negotiation of the meaning and the credibility of meaning of the terms and concepts being discussed. One may think that the foundation of a discussion about health and science would not require much negotiation of terms or concepts, but that is clearly not the case when mothers, who are not medical experts with fluency in the medical lexicons, are discussing issues like HPV vaccination and weight management and using medical terms in their non-expert posts, as will be discussed further below.

Social behavior. The second CMDA category that applies most directly to this study encompasses the ways that participants extend offerings of solidarity, manage any conflicts that arise, and establish standards of acceptable behavior in this online space. As discussed in the literature review, one of the reasons users choose to participate in online forums, such as those presented here, is because of the reassurance they find from other

participants, despite never meeting these people face to face. For these three threads in particular, the "2. Framework for Discussion" major theme (see Table 3) shows how users identify with others who approach the health of their pre- and adolescent children in the same way they do (possibilistically or probabilistically) and how they navigate the (4) issues of agency that are inextricably linked to such a discussion. Lastly, this heading also includes a discussion of the (6) power roles demonstrated by the participants, specifically how they establish authority among the other users through the use of substantiated and unsubstantiated claims.

Template Analysis. Table 4 that follows is an expanded version of Table 2 presented in the previous chapter—this table also provides the percentage of each thread dedicated to responses in the expanded set of themes. The Major Themes themselves were not used at this stage of coding but instead provide overarching categories for the subthemes. In this table, the highlighted rows are the subthemes that were addressed in 30% or more of the coverage across all three threads.

Table 4: Major Themes, Subthemes and Descriptions with Percentage of Coverage by Thread

Percentage of Coverage*			Major Themes (MT)	Subthemes (ST)	Criteria for Coding Participant Response to Thread (C)
Thread 1	**Thread 2**	**Thread 3**			
			1. Impetus for discussion (i)		Expressions addressing why the participant responded to the thread
12.0	13.0	3.5		Affected themselves	Personally experienced HPV/cancer/weight heath issues
14.0	34.5	23.0		affected Children	Pre-adolescent/adolescent children affected by HPV/cancer/weight health issues
3.5	7.5	5.5		affected Secondary persons	Close family/friends affected by HPV/cancer/weight health issues
16.0	15.0	29.0		Strong Belief For	Pro-vaccination/pro-weight management
34.5	38.0	50.0		Strong Belief Against	Anti-vaccination/expresses no need for weight management techniques
			2. Framework for discussion (f)		Participant's view on the likelihood of something taking place
7.0	5.0	48.0		Probabilistic	Belief that something is not likely to occur based on statistical evidence (injury from vaccination/long term health damage)
17.0	25.0	5.0		Possibilistic	Belief that something is likely to occur in spite of statistical evidence (injury from vaccination/long term health damage)
			3. Decision making statements (d)		Participants' expression of decisions made regarding their children's' health
42.0	30.0	43.0		Adamantly against intervention	Against vaccination/weight management strategies, with explanation
16.0	23.0	12.0		Adamantly for intervention	For vaccination/weight management strategies, with explanation
24.5	15.5	17.0		Simply stated responses	For and against
9.0	11.5	1.0		Undecided	No decision expressed
			4. Issues of knowledge (k)		Expressions of basic knowledge about HPV vaccination and weight management
42.0	52.0	55.0		General information	Expressions of general knowledge
3.5	11.5	2.5		Reliable source	Reliable
7.0	4.0	1.0		Unreliable source	Unreliable
			5. Issues of agency (a)		Parental agency vs. child agency
72.0	63.5	22.5		Pro-parental agency	Parent claims agency on behalf of the minor child with little to no input from child or defers choice to child when 18
0.0	2.0	3.0		Compromise agency	Parent claims ultimate agency but with some input from child
3.5	9.5	28.0		Child agency	Parent allows child to contribute as an equal
			6. Power roles (p)		How participants establish authority in the thread
37.0	44.0	37.0		Unsubstantiated claims	Information presented as fact without external verification
19.0	29.0	45.0		Substantiated claims	Information presented with external verification (links, cited information, personal expertise)

***rounded to nearest .5%**

1. Major Theme: Impetus for discussion (i). Before delving into the reasons participants chose to comment in these particular threads, a brief examination of the broader appeal of this type of social forum is required. As the Internet has evolved, widely disparate people have been able to make connections with those who may be geographically distant, but close in interests or place in life. This is particularly true of mothers, who have turned (1) to online forums as a place to share the joys and frustrations of motherhood with others who are experiencing those same things, and (2) to seek information on any number of parenting-related issues, ranging from which diapers work best for tummy sleepers to how to most effectively advocate for services at the public school (Porter and Ispa, 2012). The information provided by this electronic cohort is readily available, allowing mothers to solicit advice outside of traditional channels and times, whether that is when children are at school, taking a nap, doing homework, or sleeping peacefully at night.

As with any online gathering place where information is exchanged, participants brought their own reasons for joining these particular discussions, though each ultimately fell within the larger rubric of personal experiences with contemplating and making decisions about the health of their children. These women primarily joined these threads because, quite simply, they had children who had been or would be impacted by the decisions they were faced with regarding HPV vaccination and weight management. Some women brought the experience of having older children and the process by which they made their decisions, while others who joined the thread were already concerned about HPV vaccinations or weight issues for their much younger children who were not yet eligible for the options discussed.

In the case of the threads discussed here, the originator came to the forum with a specific question for other participants. HPV Thread 1 stated simply in the thread heading: "Will you get ur daughter the gardasil shot?" HPV Thread 2 utilized a CNN article with the title "Should your daughter get Gardasil, the vaccine against HPV?" and the weight management thread asked, "Pediatrician—Was This Wrong? ETA—Picture-Weight Issue." Each of these mothers had encountered something that challenged their knowledge of health care issues concerning their children that drove them to seek input from other women in this message board forum. Based on the timing of the posts and their profile creation, the three originators did not create a user profile specifically to ask these questions, and each had previously participated in other CafeMom community forums.

Subtheme: Affected themselves. As for the other participants' reasons for joining the discussion, in the case of the HPV threads, a small number contributed information, accounting for 12% and 13% coverage of the entire threads respectively, about how they themselves were affected by HPV or cervical cancer and how those experiences impacted their decision-making for their own children, as seen in the following examples (both responses to the original post question).

> *lilredsfrm67: my 18 yr old daughter got the series of 3 shots. i had cervical cancer, so i am taking every precaution with her that i can. with any shot their are risks, and millions of girls have gotten the shots with a handful having problems. the commercials are also still out there, i just saw it again last night. to each their own, i believe people will always find something new to be afraid of or against,*

> *fcangel9: i havent read any of the replies... i dont want to see any bashing or anything so i dont bother. but anyways... my daughter will be vaccinated. I have hpv and if the vaccine had come out 2 years earlier i might not have to have had surgery or the worry that i could end up with cancer. i also have the worry that i may not be able to carry full term because my cervix could be weakened. if i can prevent my daughter from something then i am going to do it.*

The weight management thread had a smaller percentage of coverage (3.5%) where participants discussed their own weight management challenges or their negative interactions with physicians about their weight, expressing solidarity for the original poster and her son, as seen below:

> *HOT4TCHR: Lol...I had a doctor tell me on Wednesday that I needed to quit eating eggs because my cholesterol was a little high. And then she continued to lecture me on food choices up one side and down the other without ever asking me about my habits. I didn't even argue with her because the eggs thing was like a door slamming shut. She was so heartbreakingly ignorant*
>
> *Anonymous 12: She was out of line. I had a doctor talk like that to me and I still remember it to this day and I am 53. I struggled with weight issues always. I would see another doctor the next time, do not bring him back to her. . I know a lot of people on here are ok with fat shaming, but it is NOT ok. Most of them who say that never had a weight issue and would not understand that some people are more sensitive than others. BTW, my dd got plump as a preteen and then slimmed down by her teens just by keeping her on a healthy diet and involved in dance. No doctor ever spoke to her that way about her weight, EVER.*

Subtheme: Affected children. In all three of the threads, the largest subtheme in this category was affected children, which is fitting since these threads appear on a mothering forum. This subtheme accounts for 14%, 34.5%, and 23% of the coverage in the threads, and these percentages only take into account participants who explicitly discussed how their children have been impacted by these two health issues. In HPV Thread 1, one participant in particular had been impacted so profoundly by what she interpreted as her daughter's negative experience with HPV vaccination that she had joined the forum—specifically as a means of convincing other mothers not to vaccinate—with the username "gardasil_mom." Her story follows, but it is worth noting beforehand that the symptoms she describes for her daughter following vaccination are not listed as a possible side effect

in the drug literature, and one large scale study in Korea looking at ties between HPV and heart disease instead found connections in women between the actual HPV virus itself and heart disease, but *not* between the HPV vaccination and heart disease (Joo, Change, Kwon, Cho, Cheong & Ryu, 2019).

> *gardasil_mom: My daughter got the vaccine and has been sick ever since. She was a perfectly healthy 16 year old girl, very active, being recruited by colleges because of her athletic abilities, and then she had the gardasil vaccine. Within a couple of days, she couldn't breathe, then the next day the chest pains started. We spent the whole next week in and out of the er and doctors offices, running test after test and no one could figure out what was going on. My daughter just kept getting worse and worse, and not one person could figure out how to help her. Then, just NINE days after the vaccine, when we were back in the emergency room again, I happened to mention that Holly had just had the gardasil vaccine. The doctor left the room. When he finally came back he said that he thought Holly had a blood clot in her lungs,and they immediately took her down for a CT Scan. Instead of finding a blood clot, they discovered she has pericarditis, which is swelling and inflammation around her heart, A DIRECT RESULT OF GARDASIL according to the ER doc. He also went on to say that had Holly not been on motrin because of shin splints, she would probably have already died.It was months before Holly made any significant improvement, months before she could walk across the room without help, months before she slept in her own room again because we were afraid she would die during the night. My daughter, who days before the shot was setting school records, competing in state level events, and running an average of six to ten miles a day, could not walk up the stairs to her room because she was too weak, and her muscles / joints hurt, she had leg tremors, extreme head pressue, temporary loss of vision, dizziness, hair loss, insomnia, etc etc. She was so ill, that instead of going to school her senior year and graduating, she spent the days on the couch too weak to get up, or going back and forth to one of her five doctors.*
>
> *It's been 19 months, and she is still ill. She has made some improvement, but is still not back to normal. Gardasil is so much more dangerous than anyone is letting on. And as for the statistics, well, a lot of people have a sick child on their hands and can't figure out why. I have been in contact with people who have been trying to figure out for two to three years now, why their daughter is having seizures, or is paralyzed, or has suddenly begun fainting or having chest pains, etc. and so it isn't reported to VAERS. There have been many girls who have gone go bed and died or who have collapsed in the shower and died, and the cause of death is unknown, and the only thing they have in common is the gardasil shot, and*

> *the unexplained illness they have been fighting, which coincidentally started AFTER the gardasil shot. The true side effects of this vaccine need to be made known. It is NOT a safe vaccine. YOu are better off getting regular check ups (which you still need even with the vaccine) and practicing safe sex. Gardasil is deadly!*

Clearly gardasil_mom was passionate in her opposition to this vaccine and has actively entered into this vaccine-specific forum in order to share what she believes to be vitally important information with other mothers considering vaccination for her children. Her posts will be further discussed in the sections related to frameworks of discussion, issues of knowledge, and power roles.

The weight management thread participants also demonstrated a variety of reasons for joining this particular thread, but again most were simply mothers whose children were affected by this particular health care concern (30 out of 111 participants, or 23%, stated this specifically) or who wanted to offer encouragement to the original poster. As the subject of weight management for pre-adolescents and adolescents is one that is at the forefront of current public health discussions, it is unsurprising perhaps that this thread would garner 111 individuals responding where the HPV threads were smaller, with 57 and 52 respondents respectively. Within the responses on the weight management thread, several mothers related similar encounters with medical professionals regarding the weight of their pre-adolescent and adolescent children:

> *mewebb82: His percentiles match up. He's not overweight, he's just bigger than average for his age. I totally get it because we went through a similar experience with my oldest. He's always been big for his age. The issue isn't so much what was said, but how it was said. Going on and on even when he was crying was not ok. It clearly had an effect on his self esteem and for some kids can lead to an unhealthy relationship with their bodies and food, potentially even an eating disorder. We left our pediatrician when she did that to my son. He now goes to our family doctor and not once has he said anything more about his weight than the number on the scale when he is weighed.*

Anonymous 17: That's a bunch of crap! I would be livid and be finding another dr immediately. Active 11 year olds tend to bulk up a little bit before they hit a growth spurt. Yes, as a family work on healthy eating, correct portion sizes, etc... But give it some time. My 12 year old daughter got lectured for being overweight a few weeks ago at school, the problem is they didn't know her height. At 5'11 she's well within the "normal" weight limits. We filed formal complaints. These dr's look at a number and cry "obese". When there are so many more factors in regards to how much a person weighs.

Other responses acknowledged the challenge that comes from having children who do not fit into the accepted frameworks for "healthy" or "normal" that are commonly utilized by the medical community, such as the Body Mass Index (BMI) or growth curves.

JAMMof4: I was going to say this as well. My kids have always been 95th% in height, and between 75-95 in weight, and they are all proportional. Maybe she was talking about the BMI, which is often misleading. My kids were always considered overweight on the BMI reports but are not overweight.

*Anonymous 47: How tall is your son. If he is 90% for height and 95% for weight if you plot weight versus height he is probably average. So if you son is 5'3" or so he is *gasp* average and your dr is a bitch who needs to be replaced. Some drs get way too hung up on charts. My 2 year old is 90% for weight and over 100% for height. He is not fat at all. He is just super tall and skinny. If all my dr looked at was his weight it would totally be missing the fact that he is taller than many 3 year olds. Kids come is all shapes and sizes.*

The BMI and growth chart standards are familiar ones for parents as doctors begin plotting weight and height on a chart from the moment children are born, and BMI standards are discussed often for both children and adults by the medical community. However, these metrics can be difficult for lay people to interpret correctly, and towards the end of this thread, several of the participants engaged in a back and forth discussion of concepts like "average" and "normal" based on growth charts. The challenge of understanding and correctly

incorporating these metrics into decision-making processes will be discussed further in the following chapter.

Subtheme: Affected secondary persons. Additional stories of friends and family who had been impacted by HPV and/or cervical cancer (3.5% and 7.5% coverage) served as anecdotal evidence either for or against vaccination. In instances where the participant included a discussion of people in their lives who had been affected by HPV and/or cervical cancer, there were strong positive and negative correlations with their vaccine stance, depending on the experience. Family history was a strong indicator in the stance they would take, with participants citing it as a reason both for and against vaccination, as seen in the responses below:

> PamR: *Both my girls had it. I think that it should absolutely be the parent's call if they choose not to do it and I don't think peds are pushing it as hard because HPV is sexually transmitted and they don't feel that they should be going too far with that. I weighed the info and decided to go with it, particularly* ***after having a family member go through cervical cancer****.*

> Allebas: *The maker of the Gardasil vaccine are REALLY TRYING to get girls vaccinated pretty BADLY!!! HECK!!! They sent me a post card about getting my DD vaccinated!!!! She is ONLY 18 MONTHS OLD!!!! LOL!! LOL!! What a bunch of IDIOTS!!!!!! Even IF she was the age to get it, NO WAY would she be getting it!!!!! IMO, there have been WAYYYY TOOOOO MANY bad reactions, and it has NOT been on the market LONG ENOUGH to PROVE it is TRULY SAFE!!!!* ***Our family does NOT have a history of cervical cancer****, so that also plays into mine and my DH's decision on the matter as well.*

While both posts, in this case, include several aspects of the broader discussion for or against HPV vaccination, both participants cite family history as a key deciding point for them and their children. In fact, all of the participants who mentioned a family member with HPV/cervical cancer also expressed a positive decision to vaccinate their children.

This link has been supported widely in HPV vaccine-related research (Krawczyk et al, 2015).

In the weight management thread, 5.5% of the coverage discussed secondary persons and weight management, again mostly in support of the original poster and her son.

> *Sassytwinmom: How much does he weigh? That was going over board unless he was obese. My nieces half sister is chunky but its not fat though depending on what she wears it looks like it. She doesnt eat a lot, is extremely active and has a healthy lofe she just took after her dad who os big. Her mom, half sister and such are all naturally skinny. Doctor never said shes fat or indicated it so im curious*
>
> *mcknitro: I sometimes think they forget to look at the genetics. A couple I know have a DD that is very thin and petite and the drs said something. My friend just laughed, because both him and his wife are thin and petite individuals, lol. She looked like mini of her parents, lol.*

These types of posts provide anecdotal evidence that ultimately supports the original poster in her concern that the pediatrician was wrong to criticize her son's weight as she did, but these posts, like so many others in all three threads, do not offer any concrete or factual evidence to support their statements.

Subtheme: Strong belief for. This subtheme coded for strong statements of belief in both HPV vaccination and for weight manatement intervention, with 16%, 15%, and 29% coverage in Threads 1, 2, and 3, respectively. These types of statements were explicit and clear statements of the participant's belief in medical intervention in these two health issues, and one example from each thread is included below:

> *mandiemae12523: I would give it to my daughter!! There are thousands of girls that get that and are just fine. As for the girls that react to it, its called an ADVERSE REACTION and you will have that with any vaccine or drug out there whether it be Tylenol or the Gardisil vaccine.*

Ginn623: I have a 15 year old daughter and she had the vaccine three years ago and she didn't have any kind of side effect.

Anonymous 31: It's hard to hear and hard to watch, but kids need to hear it and they need to learn how to make healthy good choices. My daughter started gaining when she was 9 due to a new med. She stopped the end but the weight stayed. The goal was to grow into the weight. Well in the last two years she has gone from the 95% to the 50%. So now we have another problem. You don't want to end up where we are. My suggestion would be for the two of you to go to a dietician or nutritionist. Learn together about how to be healthy eaters

These participants and others like them expressed a belief that intervention was preferable to nonintervention, even as some of them, like these above, acknowledged that medical intervention often comes with side effects or other risks. This type of thinking framework (possibilistic) is another of the subthemes that will be discussed further in this chapter.

Subtheme: Strong belief against. Unlike many of the posts that were categorized in the previous subtheme, those in the "strong belief against" subtheme often demonstrated probabilistic thinking in their expressions against intervention, which is discussed further in the following section. These statements were clear and adamant against both HPV vaccination and weight management intervention, as seen in the examples below:

mommyof2grls06: None of my 3 girls will be getting this shot. Not only does it not protect from all the different kinds, but it hasn't been out long enough and hasn't been tested for as long as it should be. Anything under about 10 years old hasn't been tested long enough. No one knows all the side effects and some girls have even died as a result of this shot. My girls won't be to the age where we have to tell the doctor no on this one, but they'll get there soon enough.

MissBearNMonkey: A big fat HELL TO THE NO. I have a 12 year old dd who I love more than anything (except her little sister). I want nothing in my life but to see both of my girls grow up healthy and happy. The risks associated with this vaccine are SO much greater than the risks of not vaccinating.
Mommy51408: What a bitch. That's uncalled for. I don't see a damn thing wrong with the way your son looks. I would not be going back to her and

> *I'd be trying to figure out who I could report her to before she destroys another kid's self esteem and gives them a body complex for no reason.*

2. Major Theme: Framework for Discussion (f). Participants in each of these threads approached the topics of HPV vaccination and weight management primarily with one of two frameworks for discussion: probabilistic and possibilistic. Understanding how those frameworks shape thought processes is critical to gaining deeper insights into how these mothers approached their children's health concerns and shared information with one another in an online space.

Subtheme: Probabilistic. Those in the HPV threads expressing probabilistic (what is likely to happen based on statistical evidence) frameworks (10 of 111, or 9%) viewed HPV vaccination as a safe choice and thus acceptable in light of the increased protection against HPV and cervical cancer. These mothers often invoked statistics to support their views, although they often did not provide the source for their information.

> *ddbz: Well, you need to compare the dangers of a devastating adverse reaction (appxt. 1/10,000*) to the probability of contracting HPV (appxt. 8/10*).*

> *PamR: Both my girls had it. Like any vaccine, it does carry risks, but my feeling is that the benefits outweigh the risks. They are more likely to get some form of cervical cancer than they are to suffer a reaction to this vaccine. Neither one reacted to it in any way.*

These women are not dismissing the dangers/side effects outright, but instead they are choosing to weigh the benefits against the risks and arrive at the conclusion that intervention is the best choice for their children. Their comments also constituted only a small percentage of the coverage in each thread, 7% and 5% respectively.

The weight management thread participants (25 of 111 or 23%) who indicated probabilistic thought frameworks in their responses (concerns were likely not long-term

problems) were more ready to dismiss the issue as nothing more than a growth spurt or left over “baby fat” and thus not likely to cause long-term harm, and these comments made up almost half (48%) of the overall conversation in this post.

> *rebal: Your son looks healthy to me. He is proportional in height and weight so I don't really understand why she would harp so much on him.*
>
> *luckysevenwow: It looks like the average pudge a kid of 11/12 usually gets before puberty hits full force. I wouldn’t stress over it, be aware but that’s it.*
>
> *PinkButterfly66: He's only 5% off in his ideal weight, I would have told the doctor to effin chill. He's not obese, in fact he's barely overweight. If he keeps eating the same healthy diet, the next growth spurt should take care of it altogether. In fact the pediatrician SHOULD know this. I would call the pediatrician back and light into her. Your kid has anxiety. THIS is how eating disorders get started. I personally want to slap the bitch for you. I would have it in the kids file that that woman better not come within ten feet of your kid ever again.*

Subtheme: Possibilistic. A primary focal point in the HPV thread conversations was how their children would be impacted if they were or were not vaccinated against HPV. For 17% of the mothers (18 of the 109 combined participants), the expressed framework was explicitly possibilistic, meaning that they felt their children were highly likely to be injured (worst-case scenario) if they were to receive the HPV vaccine, as seen in the following statements from HPV Threads 1 and 2

> *Proud_usaf_wife: I am a vaxing mom but this one i'm gonna say no too it's to unpredictable. I would never give my daughter something that had the potential to kill or hurt her and from what i've read and see on T.V and on here this is a bad med.*
>
> *home-sweet-home: No way. No how. Not happening! I do not want my girls to be ....one less...one less alive lol!*

These examples demonstrate how mothers on different threads with no participant overlap still expressed concern that HPV vaccination would harm or even kill their daughters, despite the lack of factual evidence to support this outcome.

In the case of the weight management thread, mothers who used the possibilistic framework expressed their beliefs that adolescent weight management concerns were highly likely to result in adult weight-related health issues (5 of 111 or 4.5%) and were more likely to engage in or recommend active weight management strategies or blame the original poster for not adequately managing her son's weight, as seen in the following example:

> *Anonymous 20: Keep babying him, he'll end up like my diabetic, smoker mom who is 70LBS overweight and runs out of breath walking up the stairs at 50.*

However, unlike the HPV threads, where possibilistic frameworks were expressed in 17% and 25% of the coverage, this kind of thinking was demonstrated in only 5% of the weight management thread, indicating a difference in approach for mothers regarding these two health issues.

3. Major Theme: Decision-making Statements (d). One of the most important aspects of patient health communication issues is how they make decisions. Mothers' decision-making processes are difficult to ascertain from these posts as some of them simply stated the outcome of that process without walking everyone through the steps they took to get there. Some responses (14 of 47 or 30% from Thread 1, 8 of 36 or 22% from Thread 2, and 19 of 80 or 24% from Thread 3) were limited to simple yes or no responses as to whether they would vaccinate their children or intervene in the management of their weight, sometimes with amplifiers such as capitalization or extraneous punctuation, but

with no additional explanation as to how or why they reached this decision. The majority of participants, however, did provide some insight into the processes they took to gather information and make a decision. For participants with more detailed responses in HPV Threads 1 and 2, 51% and 44%, respectively, stated their opposition to vaccination with varying levels of adamancy.

In the case of the weight management thread, detailed responses leaned heavily towards being against intervention, with 20% of respondents detailing how the original poster should find a new pediatrician and/or not worry much about drastic actions to manage her son's weight. Some of those responses include the following:

> *Mommy51408: What a bitch. That's uncalled for. I don't see a damn thing wrong with the way your son looks. I would not be going back to her and I'd be trying to figure out who I could report her to before she destroys another kid's self esteem and gives them a body complex for no reason.*
>
> *WickedOpal: After seeing the pics, don't worry about her. He's going to shoot up in height soon. My DS did the same thing. He's not fat, just pudgy because he's going to grow soon. Get a new Pedi instead.*
>
> *susannah2000: He doesn't look at all fat, but even if he was a few pounds over what some chart says he should weigh, which doesn't take into account body type, genetics, developmental phase, etc, he is still growing. I think the dr was cruel and that to mention his weight at all unecessary He is not in any way obese. Any dr who cares more about the numbers on a chart than the real child is not a good dr.*

Conversely, less than 5% of participants expressed a belief that the physician was correct in their assessment of the child's weight or that the original poster should pursue a weight management plan for her son. A sample of those responses includes the following:

> *Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*

AmiJanell: I think 11-year-olds are old enough to take on a lot of the responsibility for what goes in there mouth... and how active they are. If not at 11... then when? When he's 13? 16? Not until he's an adult? And I also think that if you KNOW that this is an issue with what you are serving him... then WHY!?

Anonymous 6: No clearly mom dropped the ball on healthy eating and weight so shes hoping the kid will do better than it's mom

The potential reasons for the larger number of participants responding against intervention in both the HPV threads and the weight management thread will be discussed further in the following chapter.

4. Major Theme: Issues of Knowledge (k). One of the most interesting major themes that emerged in the *a priori* codes was that of issues of knowledge, which addresses the basic understanding participants had about the two health issues under discussion in these threads. This theme was divided into the broad category of general information, referring to knowledge the participants presented as their own without external source support, and reliable and unreliable sources, where participants presented information with the support of external source material, either through links or by copy/pasting directly into the forum itself.

Subtheme: General information. The type of knowledge categorized as general information in these threads included basic factual correctness about the two health issues discussed, and these types of posts accounted for 42%, 52%, and 55% of the total posted material for Threads 1, 2, and 3, respectively. For the HPV threads, the subtheme of general information focuses specifically on what HPV is, how it is spread, how it is identified, how it is treated, how it is prevented, and how it relates to cervical cancer. For

weight management, the focus is on a correct understanding of growth charts and an understanding of growth patterns exhibited among pre-adolescent and adolescent children.

When discussing issues of knowledge about HPV and HPV vaccination, of fundamental concern was the lack of awareness as to how the infection and vaccine actually operate. Participants expressed concerns about the vaccine's side effects, among them skin conditions, paralysis, infertility, and even death, but one of the more surprising concerns was the risk of HPV infection from the vaccine itself. The vaccine contains no live virus, nor does it contain killed virus or virus DNA, thus making infection from the vaccine an impossibility, and this information is readily available in the Gardasil literature and on Merck's website for the vaccine. However, this misinformation/ misunderstanding was repeated and endorsed on both threads. Two women, one in each thread, claimed to have directly been infected with HPV through the Gardasil vaccine, and at least two other women in each thread supported these statements with stories they had heard or read online. Additionally, these claims were not challenged by any other forum participants, which allows these posts to maintain a level of believability comparable to any other claim in the threads.

Subthemes: Reliable and unreliable sources. The overall lack of general knowledge about HPV vaccination and weight management found in these threads was surprising given that these conversations took place when participants were already online. While simple searches with engines like Google return thousands of results in seconds, only two participants from HPV Thread 1 and four participants from HPV Thread 2 linked external source material into the forum. Additionally, as previously mentioned research has demonstrated, the ways people choose to search for information

can profoundly impact the results they are given and confirm their biases rather than provide them with more nuanced answers to challenging health questions. The majority of the discussion of this theme will focus on the pair of HPV threads, as there was only one externally linked source in the weight management thread: a hyperlink to the CDC's growth chart. Participants did include their own experiences with physicians and weight management discussions, but sparingly, choosing instead to rely primarily on their personal opinions.

5. Major Theme: Issues of Agency (a). When discussing HPV vaccination, mothers tended to express strong pro-parental agency viewpoints, with 41 of 55 and 33 of 49 participants from HPV Threads 1 and 2, respectively, claiming all decision-making authority, whereas at the other end of the spectrum, only 2 and 5 participants, respectively, stated they would leave the decision entirely up to their children. The weight management thread found the 139 participants more evenly divided, with 21 claiming total agency, 31 expressing pro-child agency viewpoints and 89 attributing decision-making authority somewhere in between.

Subtheme: Pro-parental agency. This subtheme showed the greatest distinction between the HPV threads and the weight management thread, with 72% and 63.5% of the coverage in the HPV threads and only 22.5% of the coverage in the weight management thread showing favor of pro-parental agency. Pro-parental agency does not indicate what choice the parent made, but instead refers to the participants' claims that their child will or will not receive intervention based on the parent's choice alone. The following statements are examples of this subtheme:

> *skisbufly1: I agree.... And I havent decided yet on if I will give it to my DD or not..*

PamR: Both my girls had it. I think that it should absolutely be the parent's call if they choose not to do it and I don't think peds are pushing it as hard because HPV is sexually transmitted and they don't feel that they should be going too far with that. I weighed the info and decided to go with it, particularly after having a family member go through cervical cancer.

armywifeproud: I would have been furious! If there is a problem you talk to me, not make my child cry.. I will be the parent and talk to him at home and I am still going to let him know He is great and I love him. I am a quiet person and stay to myself,but I don't handle my child getting hurt very well. I would have felt the same as you.

Subtheme: Pro-child agency. The percentage of coverage in the HPV threads—3.55 and 9.5% respectively—where mothers articulated pro-child agency viewpoints was markedly smaller than those doing so in the weight management thread (28%). This suggests that mothers felt much more strongly about their role as decision maker for their children when it came to vaccination versus weight management, perhaps due to the fact that weight management is an ongoing, potentially lifelong, process where vaccination is a decision that is made once, a distinction that will be discussed further in the following chapter.

6. Major Theme: Power Roles (p). In considering the dynamics of power in these three threads, claims of superior knowledge comprised the primary method by which participants sought to establish themselves as knowledgeable.

Subtheme: Unsubstantiated claims. A substantial percentage of the claims of knowledge in all three threads—37%, 44%, and 37%-—were unsubstantiated; that is, they were simple statements of fact without the backing of any external source of information or first-hand knowledge. This is surprising given the ease with which information can be

accessed and linked or copy/pasted from reputable sources into the threads, since this communication takes place entirely online.

Some of these unsubstantiated claims were highly sensational, which may have served to draw attention to the user who posted it (an attempt to establish authority), but often these types of claims passed without much or any challenge from other users, such as the following from HPV Thread 1.

> *faithandaddysma: Oh it is Amazing to me how missed informed people can be. Gardasil only protects you from 4 strains of HPV . And of those Four strains of HPV they only cause like 0.01% of cervical cancer cases. so lets see since the shots debut over 50 girls have died. thousands more have been adversely affected. and lets see THERE IS ROACH KILLER IN THE VACCINE, there are other things in the shot that have been proven to cause problems IE seizures, blood clots , death, oh yeah and not to Mention most of the additives in this shot can cause fertility problems. YES SO PLEASE MAKE YOUR DAUGHTERS ONE LESS!!!!!! ONE LESS TO GET THE SHOT!*

Again, the claims made in this post could be easily verified with sources available on the Internet, but this user does not include any linked or copy/pasted information to support her statements, but no other users challenge her information either.

Subtheme: Substantiated claims. External source linking is not the only way that participants establish credibility for themselves in these forums. Twenty-six of the posts from both HPV threads (11 from HPV Thread 1 and 15 from HPV Thread 2) and 50 from the weight management thread were also coded as substantiated claims based on the participant's use of first-hand knowledge to support their statements. This first-hand knowledge included personal experience with HPV/cervical cancer/HPV vaccination for themselves, their children, and any close family members, while the weight management thread experiences addressed similar categories, though the focus was primarily on their

children's experiences with weight management concerns. In these cases, substantiated is not equal to verified or factual claims, as often times the information presented is neither, but instead participants are using their interpretations of personal experience as fact to establish credibility with the other mothers in the forum, as seen in each of these posts from HPV Threads 1 and 2.

> *ChristiMom2: THIS IS NOT A CERVICAL CANCER VACCINE!*
> *This vaccine protects against HPV which is a sexually transmitted disease. HPV can develop into cancer if untreated, but is not responsible for all cervical cancer.*
> *The marketing for this vaccine pisses me off because if all these women think they are vaccinated against cervical cancer, routine cervical cancer screenings will stop happening.*
> *I HAD CERVICAL CANCER. Not HPV, but actual cancer. The vaccine would not have prevented this. Without routine screening, it would have gone undetected and I would have lost my uterus.*
> *I refuse to vaccinate my daughter with this crap. I am going to educate her about sexually transmitted diseases, teach her how to use protection and get tested, teach her to have regular exams, and have her checked for cancer each time.*
> *If your daughter is educated about safe sex practices and the benefits to abstinence, she will not need this vaccine.*

> *rozepyle: i got "hpv" from the fucking gardasil shot the shot that i DIDNT WANT that i was FORCED to take i got one shot at 16 one shot at 17 and one shot at 19 after i had ds. i never wanted it and i am highly against it because i am LIVING PROOF THAT IT IS HORRIBLE merck can go suck a dick for all i care.*

In the weight management thread, the most common means of establishing credibility was posting about their experiences with their own children's weight during pre-adolescence and adolescence, as seen in the following posts:

> *sheramom4: If he is active and 11 and hungry all the time then he is likely entering puberty. He will go up in weight a bit and then up in height. I wouldn't be concerned nor would I make a meal plan at this point. I would wait and see.*
> *My kids all gained their height in about 18 months. With the exception of middle DD (who has always been underweight) they gained a bit right*

before. Youngest DD gained 20 pounds and then promptly grew 13 inches.

silverdawn99: My 12 year old is also in the 95th percentile for heught and weight. Dont stress he will hit a growth spurt soon

slw123: First of all he isn't fat or anywhere close to fat. If he's gained weight it's probably because he's about to hit a growth spurt and it's completely normal. My 12 year old son started gaining weight between 10 and 11. He got a bit thick through the middle, not fat, but thick. Then he grew about 3 inches and thinned right out. Also my son has always been 90 and 95% on the growth chart since birth. So it's completely normal to stay on that course if they are "big" kids, but "big" I mean tall. If he's 90th percentile in height, it stands to reason that he will be for weight too because the taller y ou are the more you naturally weigh. Don't freak your kid out over it. Just make sure he eats good and gets exercise, he will be fine.

Application of Major Themes and Subthemes to Research Questions

All of these major themes and subthemes will be further analyzed in light of the relevant research questions in the following chapter and in the context of the CMDA categories of meaning and social behavior. Each research question ties into two or more of the themes discussed here.

Chapter 5

DISCUSSION

In the previous chapter, the findings were identified by major themes first, then divided into subthemes, as revealed through template analysis of the source material utilizing NVivo coding software. The application of these major themes and subthemes to the research questions proposed in the methods section follows.

Examination of the Findings

For ease of reference, the table of Major Themes, Subthemes and criteria for coding participant response to thread from Chapter 3 is repeated here in Table 5, with an additional column detailing which research questions are addressed by which Major Theme.

Table 5: Major Themes and Subthemes and Descriptions with Related Research Question(s)

Major Themes (MT)	Subthemes (ST)	Criteria for Coding Participant Response to Thread (C)	Related Research Question(s)
1. Impetus for discussion (i)		Expressions addressing why the participant responded to the thread	1, 2, 3
	Affected themselves	Personally experienced HPV/cancer/weight heath issues	
	affected Children	Pre-adolescent/adolescent children affected by HPV/cancer/weight health issues	
	affected Secondary persons	Close family/friends affected by HPV/cancer/weight health issues	
	Strong Belief For	Pro-vaccination/pro-weight management	
	Strong Belief Against	Anti-vaccination/expresses no need for weight management techniques	
2. Framework for discussion (f)		Participant's view on the likelihood of something taking place	3
	Probabilistic	Belief that something is not likely to occur (injury from vaccination/long term health damage)	
	Possibilistic	Belief that something is likely to occur (injury from vaccination/long term health damage)	
3.Decision making statements (d)		Participants' expression of decisions made regarding their children's' health	1, 2, 4
	Adamantly against intervention	Against vaccination/weight management strategies, with explanation	
	Adamantly for intervention	For vaccination/weight management strategies, with explanation	
	Simply stated responses	For and against	
	Undecided	No decision expressed	
4.Issues of knowledge (k)		Expressions of basic knowledge about HPV vaccination and weight management	1, 3
	General information	Expressions of general knowledge	
	Reliable source	Reliable	
	Unreliable source	Unreliable	
5.Issues of agency (a)		Parental agency vs. child agency	4
	Pro-parental agency	Parent claims agency on behalf of the minor child with little to no input from child or defers choice to child when 18	
	Compromise agency	Parent claims ultimate agency but with some input from child	
	Child agency	Parent allows child to contribute as an equal	
6.Power roles (p)		How participants establish authority in the thread	2
	Unsubstantiated claims	Information presented as fact without external verification	
	Substantiated claims	Information presented with external verification (links, cited information, personal expertise)	

Answering the Research Questions

RQ 1. How do mothers claim agency over the health of their pre-adolescent and adolescent children?

The idea of personal agency is of particular interest when discussing the health issues of pre-adolescent and adolescent children. This age finds parents' attitudes towards their children ranging from still very much children, incapable of making informed choices about their healthcare options, to allowing some degree of participation in their own health care choices. In the case of the HPV vaccination threads, only 3.5% and 9.5% of the conversation included expressions of pro-child agency, and it's possible parents seem to feel the stakes are higher because of the sexually transmitted nature of the virus, the threatening language of "cancer," and the wide spread of age eligibility (ages 12 to 26 at the time of the threads) to receive the vaccine. Outside of the clear yes/no answers provided by many participants on behalf of their minor children, several participants also outlined their plan to allow their children to decide for themselves when they are legally able to do so, which is ultimately still an exercise of parental agency over a minor child. By not allowing the child to participate in the decisions being made regarding their health, the mothers are removing the child's control over themselves that is integral to health agency (Bishop & Yardley, 2004; Young & Flowers, 2001). The choice to delay decisions until children are of legal age also assumes that in the meantime, protection would come through either abstinence or condom use, presuming the choice of sexual activity rests on the minor female and assuming that all of her sexual encounters would be delayed or consensual.

> *Blueroses_78: I feel that it's just another way for many parents to avoid the "safe sex" talk with their kids. If they use condoms, their chance of contracting HPV is*

low. I plan on establishing an open dialog with my kids about love, sex, and safety, and hopefully there will be no reason to need the vaccine.

lajoy: Some of the girls in my 13 year olds class were actually calling it the STD vaccine. She told them there are more STD's out there besides HPV and even with the vaccine they still need to not be skanks. She always has the nicest way to say things.
I worry that some of these girls may develop a false sense of immunity and protection.
I am not so naive to think my girls will not have sex. I hope they won't and we talk to the 13 year old about these things. I try to keep the lines of communication very open. i hope that if she does decide to start earlier than she should, she will at least remember what I have told her about self respect and protection.
It's all so scary.

mwengenroth: I am all for just telling my daughters not to sleep around. Why do people think they should be so free with their bodies. Why would you want to share your 1 body with the world. This vaccine is just a way of telling your daughter it is ok to have indiscriminant sex.

Some of the language used by the participants above—referring to adolescent girls as "skanks" and suggesting they not "be so free with their bodies"—indicates an underlying attitude toward female sexuality that may also play a role in their willingness to give over agency to their children on this particular issue. Also, in all three of these examples, the participants expressed their preference that their daughters would be sexually responsible rather than recipients of the vaccine, utilizing abstinence, proper condom usage, and a sense of self-respect, i.e., limiting the number of sexual partners. The difficulty with this approach lies in the inability of the parent to know with certainty that their child will do any or all of these things. Among teenagers aged 15-19, 42% of females reported having had sex at least once, with 90% also reporting use of contraceptives in the form of condoms, withdrawal, or birth control pills (National Health Statistics Report, 2017). (The survey does rely on accuracy in self-reporting, thus assuming that a report of contraceptive use means that every individual sexual encounter

includes correct contraceptive usage.) This approach, as discussed above, also assumes that every sexual encounter will be a consensual one, and yet females aged 18-24 are the demographic most likely to be a victim of rape or sexual assault (U.S. Department of Justice, 2014), which undermines the ability of these young women to be in total control of their sexual health and wellbeing.

In the weight management thread, the issue of agency was one discussed 59 times, with 25 participants expressing pro-parental agency viewpoints and 31 expressing pro-child agency viewpoints. The child in the original post was described as an 11-year-old boy, and for some, this age meant that he should be able to take responsibility for his weight management:

> *AmiJanell: I think 11-year-olds are old enough to take on a lot of the responsibility for what goes in there mouth... and how active they are. If not at 11... then when? When he's 13? 16? Not until he's an adult? And I also think that if you KNOW that this is an issue with what you are serving him... then WHY!?*
>
> *ninjakids: She wasn't trying to make him feel bad, she was trying to keep him informed and educated about his health. Plus if he knows these thins from her he is more likely to tell you "no Mom, I can't eat that".*
>
> *Medic32: I agree she should've made him feel anxious about it. But it is time to actually make him aware of it. And have him involved in his healthcare decisions. He needs to have an actual true concern about it. Take this as an opportunity to discuss healthy meal options for him have him help you cook And meal plan. Take family walks, go visit nature trails. Take up kayaking or other physically active new hobbies.*

Those who expressed more pro-parental agency viewpoints tended to do so by expressing their displeasure with how the original poster's pediatrician spoke to her son about his weight, stating that they would have intervened or otherwise prevented such a conversation from happening. These statements indicate that at least some mothers view their relationship with medical professionals as

adversarial, and while this wasn't a subtheme pursued in this particular study, it is an interesting line to pursue in subsequent research.

> *armywifeproud: I would have been furious! If there is a problem you talk to me, not make my child cry.. I will be the parent and talk to him at home and I am still going to let him know He is great and I love him. I am a quiet person and stay to myself,but I don't handle my child getting hurt very well. I would have felt the same as you.*
>
> *VegetaPrincess: Honestly I would have asked him to leave the room when she kept going after he was already crying and then told her to shut her fucking mouth and we'd find a new doctor. This shit doesn't help kids lose weight. It causes eating disorders. I wonder how many people she's fucked up with her ignorance.*
>
> *Anonymous 51: I think the doctor should measure your child's height and weigh him. Then, he should record those numbers on an office form, along with literature on healthy living, and give them to you. If he wishes to go into further discussions, he should ask YOU if YOU want him to do any further counseling. Stating the hard facts is fine. Lecturing is not*

It seems, based on the numbers outlined in the Findings, that it is possible that mothers were more likely to exert parental authority over a vaccine issue than they would over a weight management issue, due, perhaps, to the perception of the potential for increased or imminent harm in the case of the vaccine. One of the more emphatic users, Brandie_xo, incorporated unsubstantiated information regarding vaccine safety in her post when stated, "Hell no. Have you done any research on it? Do you know how many teenagers and young girls are dying after getting this shot?" The manner in which she phrased her post indicates that this number must be rather high when in fact the data does not support that conclusion. In fact, of the incidents reported to the Vaccine Adverse Event Reporting System (VAERS), overseen jointly by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA), between June 2006 and September 2015, when 80 million doses of the vaccine had been administered, there

were 117 reports of death, of which 51 were verified, the CDC concluded that there was no evidence of a connection between HPV vaccination and reported deaths (CDC, 2019). Despite the online availability of credible sources of information, the power of hearsay and rumor is clearly demonstrated in this post and others in this corpus.

Additionally, as there are no federal mandates regarding parental consent to administer vaccinations to minors, the mandates that exist at the state level are widely varied, but broadly speaking, require parental consent for vaccines to be administered. Navigating the path between parental authority and adolescent agency is also challenging for state legislatures because while all states have laws that allow minors to provide consent for the diagnosis and treatment of sexually transmitted infections, the HPV vaccine is most often not included, as it is neither a diagnosis nor a treatment, but instead is a vaccine preventative. Only five states (California, Alabama, Arkansas, Kansas, and Montana) have a law on the books allowing a minor to give consent for HPV vaccination ("Law Gives Minors Right", 2011). The current language of these laws means that in all other states, even if mothers engage their children in discussion and allow them to participate in the decision-making process regarding HPV vaccination, ultimately the parent is the one who facilitates vaccination and provides consent.

On the other hand, weight management is a health issue that a pre-adolescent or adolescent child can legally pursue on their own, through healthy eating and exercise information found and undertaken independently, without parental consent or input, or even the assistance of a medical professional. However, while children may have easier access to the means of weight self-management, the influence of advertising, siblings, friends, and other people in their lives—often conflicting—can be counterproductive to

achieving healthy weight, exercise, and nutritional goals. Parents, including, and perhaps especially, mothers continue to exert influence over their childrens' overall health, including meals and attitudes towards nutrition and eating (Larsen et al, 2015; Yee, Lwin & Ho, 2017 Winker, et al, 2017).

RQ 2. How do mothers in online forums share and validate the quality of health knowledge?

Issues of knowledge: general information. Many of the mothers shared what they believed to be correct information about HPV vaccination and weight management, although in many cases the information was simply stated as factual without any external validation or corroboration. An analysis of the subthemes derived indicates a low threshold for the accuracy of information disseminated by participants, with hearsay and personal anecdotes carrying a good deal of weight in and of themselves and external links to credible information used only sparingly.

As mentioned in the Findings, two women, one in each HPV thread, made emphatic statements claiming that they were infected with HPV via the HPV vaccination:

> rozepyle*: i got "hpv" from the fucking gardasil shot the shot that i DIDNT WANT that i was FORCED to take i got one shot at 16 one shot at 17 and one shot at 19 after i had ds [dear son]. i never wanted it and i am highly against it because i am LIVING PROOF THAT IT IS HORRIBLE merck can go suck a dick for all i care.*
> *and yes, i did get hpv from the shot because i have only had one sexual partner, my husband and he was crystal clear before we started doing the nasty so please dont retort with a your a slut comment, i have proof that it was the shot after lots and lots of back and forth to the gyno/midwives.*

> amazingaudri: *I've gotta agree here! I got 1, and only one dose of it and I was sick for a week. It wasn't an allergic reaction to it, but I was achy and felt horrible. I've also tested positive for HPV now and I didn't before that damn shot. (BTW I have one partner, by DH and he is faithful to me, so I know i didn't get it from him!)*

These claims were made despite the fact that evidence to the contrary is readily available online and in the vaccine literature. In the list of side effects for Gardasil, which would be made available to patients at the time of vaccination at the very least, it specifically states that infection from the vaccine is not possible, as the vaccine contains no live HPV virus, but rather "contains a protein that helps the body's immune system produce antibodies against HPV—without causing an infection."

Interestingly, both women also felt the need to preemptively defend their sexual history, which is indicative of the level of sexual responsibility that is placed on females in modern American society, attitudes that as mothers, can reasonably be expected to be perpetuated in their families, even if unintentionally. In addition, both participants demonstrate a lack of knowledge about how the HPV virus operates and how HPV testing is conducted, which also falls under issues of knowledge. The HPV virus is not a single virus, but rather multiple strains, some of which can lie dormant for extended periods or resolve themselves spontaneously, which means that HPV testing may or may not return an indication of infection. Secondly, despite the assertions made by one of the participants, there is no FDA-approved HPV test for men, and the test for women is only designed to detect the presence of HPV in the cervix, not in the mouth or throat (American Cancer Society, 2017).

When discussing issues of knowledge, another issue that emerged for the HPV threads were issues of general information about the basic biology of HPV and HPV vaccination that each participant brought to the discussion. When discussing how it relates to the vaccine and to certain cancers, there were several instances where participants conflated HPV with herpes simplex virus (HSV), tied primarily to the terms

"genital warts," as both HPV and HSV-2 can manifest as genital warts, though this is much less likely for HPV, and "cold sores", which is a symptom of HSV-1, but not of HPV. One participant presented herself as an expert based on her work in a lab performing tests for HPV (which will be explored further in the section on power roles), and her response was questioned by several other participants:

> *Eilish: Example: there is a strain of HPV which causes cold sores. If you drink from the same cup of a person with a cold sore, you could contract HPV. HPV is also found in warts; if you come in contact with some else's wart (could be on a hand; I'm talking talking genital warts here), then you can contract HPV. MOST strains of HPV are relatively harmless. Dealing with cold sores or warts is not going to kill you.*
>
> *MissBearNMonkey: I thought cold sores were from a strain of herpes, not HPV. Are they one and the same??*
>
> *iluvmommyhood58: I wasn't familiar with a strain of HPV causing cold sores either, just warts. I can say that Herpes and HPV are not the same thing or linked in any way other than both can be sexually transmitted.*
>
> *Eilish: There are cold sores caused by herpes, and cold sores caused by HPV.*
>
> *MissBearNMonkey: I actually looked this up because I really hadn't heard this and found this conclusion from a reputable site:*
> *HSV=Herpes Simplex Virus*
> *HPV=Human Pappiloma Virus*
>
> *bakebiscotti: I am a cervical cancer survivor, a direct result of HPV and yes! My daughter will get Gardasil. HPV is not Herpes*
>
> *Eilish: And I never said that cold sores are linked to the HPV strain that causes genital warts.*
>
> *MissBearNMonkey: No, but you did say that a strain of HPV caused cold sores, and every thing I've found on the net has said definitively no, that's not true. Can you please provide some proof of what you said? I'm slightly alarmed because everyone in my family gets cold sores and if it's linked to HPV, I'd really like to know that. Thanks.*
>
> *Eilish: I would like to answer your question, but I have been having to deal with a lot of things at home ... things that are threatening my families*

> *very livielhood, so you question has been put on the back burner ... unfortunately. I would also have to look up the answer in my old text books and given this current situation, I neither have the time nor the means to do it.*
> *Sorry.*
>
> *Wyldbutterfly: HPV is not the same as Herpes Simplex Virus. They are two totally and completely different STD's.*
> *However,Herpes Simplex Virus are often referred to as cold sores. As that is exactly what cold sores are. There are two different types of Herpes. One referred to as cold sores and the other in the Genital area. However, if one has a cold sore on their mouth and performs oral sex you can get the oral herpes in the genital region and vise versa. Now that , that is all cleared up.*

In the course of this exchange, someone presents herself as an expert with information that is, in fact, incorrect, but because HPV and HSV have one overlapping symptom, genital warts, the two are tangled in the discussion, requiring further research on the part of other participants to clarify. This is one particular danger of this type of forum, as information is presented as fact without reliable evidence to support it, and if the other participants are not diligent in their fact-checking, it can become part of the corpus of knowledge, to detrimental ends.

In the weight management thread, a substantial back and forth discussion took place among multiple participants as to how the height and weight percentage charts used by pediatricians are created. There was a certain amount of disagreement as to how those charts are formulated and what it means for a child to be on a particular point, with the 50th percentile used most frequently as the hypothetical. An excerpt of that discussion follows:

> *Spam72: actually don't get the percentage charts anyway. If most kids in America are obese that would mean that if you are 50% in weight you would be obese, right? So if your kid is 95% in a nation of fat kids wouldnt he look much fatter?*

> *PinkButterfly66: If the kid's height and weight are in the same percentile, then the kid isn't overweight. If the kid's weight percentile is higher or lower than the kid's height percentile then the kid is either over or underweight. OP's kid's weight is in the 95th percentile and his height is in the 90th percentile so while he is technically 'overweight', it's just by a few pounds.*
>
> *Spam72: Not necessarily. If American kids are in general short, for example, and your child is at the 50% then your child would be short. If you are the average size in a room full of short kids, you are short. If you are average sized when compared to a room full of fat kids, then you are fat, right? It's like on the standardized math tests. My son BARELY make the "exceeds expected standards" though he scores in the 99%. He's only a point or two above meeting the standard, so not a genius or anything but when compared to other kids in the country he does better than most.*

These two participants are then joined by a third, who adds:

> *SueWanda: I think the point she's trying to make is that who cares what 50th percentile means if the kids in the 50th percentile are overweight?*

SueWanda then proceeds to question if the percentiles offer a meaningful assessment of health if they offer an "average" based on an overweight population. The discussion ends without resolution as to how these charts are created, which highlights a fundamental lack of understanding when it comes to statistical numeracy, despite the fact that these types of charts are presented frequently as evidence for action across medical issues.

Issues of knowledge: information sources. In the case of the HPV threads, only two participants from Thread 1 and four participants in Thread 2 directly linked or quoted from external sources, although the reliability of those sources varied greatly and appeared to be tied directly to the outcome the participant was supporting. The following was excerpted from HPV Thread 1:

> *MommyOnLI: I WILL NEVER EVER EVER GIVE MY DD THIS SHOT, OR WOULD I EVER RECCOMMEND IT TO ANYONE... IF ANYONE HASNT NOTICED ALL OF THEIR COMMERCIALS HAVE BEEN PULLED OFF THE AIR, AND THEY ARE CONSIDERING PULLING IT OFF THE MARKET DUE TO THE PENDING LAWSUITS THAT ARE GOING ON.*

THERE ARE 2 CASES THAT I KNOW OF LOCALLY WHERE ONE OF THE TWO TEENS IS BLIND, AND THE OTHER IS PARALIZED.

I WOULD STRONGLY RECCOMEND YOU NOT EVER GETTING IT FOR YOUR CHILD IF YOU LOVE THEM ENOUGH.

I CAN GO ON AND ON ABOUT ALL THE REPORT DEATHS LINKED TO THIS VACCINE.... WOULD WANT TO RISK YOUR CHIOLD LIFE?

NOT ME

Death toll linked to Gardasil vaccine risesComplications include shock, 'foaming at mouth,' convulsions, coma

Posted: June 30, 200810:18 pm Eastern
© 2009 WorldNetDaily

This participant also included the full transcript, not repeated here, of the article from WorldNetDaily, a site criticized for being a far right-wing conservative forum masquerading as moderate while reporting facts in a manner that is deceptive and often incorrect (Media Bias/Fact Check, 2017). The link in this case between a decision against vaccination and supporting material that is questionable at best in its accuracy and reliability, as well as the participant's reliance on unsubstantiated local reports, is unsurprising, given the likelihood of Internet users across topics to seek confirming information in this way (Knobloch-Westerwick, Johnson & Westerwick, 2015).

A second participant in this thread, who in this case did not state her decision either way, linked to two sources against HPV vaccination, one reported through BusinessWire citing information from the known anti-vaccine advocacy group National Vaccine Information Center and the second a publicly-hosted petition to investigate Gardasil with anecdotal information from unverified users. While she never expresses explicitly what her decision is regarding HPV vaccination for herself or her children, her decision to post these two sets of information still impacts the broader conversation in

that it is adamantly anti-vaccine and presents this type of information as factual and verifiable rather than biased and unverifiable.

HPV Thread 2 began with a post that included the entirety of an article taken from CNN that included information from a variety of sources, including data from the VAERS and media statements made by Dr. Diane Harper, a source that was also cited by another participant later in the thread. As mentioned previously, VAERS data is problematic for lay people to interpret beacuse it relies on self-reported information and has little in the way of verification or follow-up, making an interpretation of the data difficult at best. There is also no way to clearly delineate between correlation and causation when discussing vaccines and perceived vaccine effects. Instead, the system allows for anyone to submit what they perceive to be information related to their vaccine experiences, and then the data is analyzed and thus serves as a safety monitoring system. This means that the individual stories submitted by users about their experiences could be based entirely on correlation rather than causation, or the information could be false all together.

The second bit of problematic data in this article is the inclusion of statements by Dr. Harper, information that was posted by the previously mentioned gardasil_mom later in the thread. Her post follows:

> *gardasil_mom: A new article interviewing Diane Harper, (the main developer of gardasil) came out today. It's very interesting and may make you change your mind about getting vaccinated with gardasil. I won't even paraphrase it, but it's very informative.*
>
> *http://www.empowher.com/news/herarticle/2009/12/23/interview-dr-diane-m-harper-hpv-expert?page=0,0*

Articles citing Dr. Diane Harper are frequently used by those hoping to persuade others not to vaccinate, even in 2019, but there are several problems with this. First, Dr. Harper was not "the main developer" of Gardasil. She was and is involved in HPV vaccine research and participated in studies for both Gardasil and Cervarix as a principal investigator in the clinical trial portion of the research. Additionally, the majority of her comments, which were taken from an interview she gave in September 2009, did not include anti-vaccine statements, but rather focused on the value of pap screening as the most effective way to detect cervical anomalies. She also discussed concern with Merck's marketing tactics and the timeline of efficacy for the drug but did not state that she thought the vaccine should not be used. Her primary argument is for the continuation of pap screenings and for the decision for vaccination to be one made by well-informed parents and eligible individuals, not one dictated by medical professionals or external organizations. A secondary comment by Dr. Harper regarding the vaccine highlighted its importance in regions where regular pap screenings are not available (Yerman, 2010). However, anti-vaccine advocates have taken Dr. Harper's comments in this interview entirely out of context, to the point where the original source material is not usually cited but rather secondary sources are used and amplified until the comments have become radically divorced from the intent and meaning of the original interview.

A third participant who linked external information into HPV Thread 2 listed four sources at the end of her post, which follows:

> *Blueroses_78: It's not linked to OVARIAN CANCER - it's linked to CERVICAL CANCER - and there are many other things that make one predisposed to female cancers. This vaccine will NOT protect these girls from all the other things they will catch - herpes, AIDS, chlamydia, gonorrhea, etc. And it will not protect them from pregnancy. Condoms are VERY effective in protecting women from those aforementioned*

conditions, as is talking to your kids about sex, and what consequences they may have to face.
Every woman that I know who has had cervical dysplasia and possible cervical cancer (these are women my age, who are not able to get the vaccine) have NOT been victims of HPV.
Here are some links for you, and everyone else, to look at regarding Gardasil and it's side effects, which are MUCH WORSE than a "little rash" (try talking to or reading about women who contracted CERVICAL CANCER and GENITAL WARTS - the two things that the HPV vaccine are supposed to PREVENT):

http://vaccineawakening.blogspot.com/2009/02/gardasil-death-brain-damage-national.html
http://www.nvic.org/Vaccines-and-Diseases/hpv.aspx
http://au.todaytonight.yahoo.com/article/43654/health/gardasil-effects-controversy

http://www.newsrecord.org/sections/college-living/gardasil-side-effects-controversy-1.1359005

The first link is to the blog of the founder of the National Vaccine Information Center, the second is to the National Vaccine Information center website, the third an Australian Yahoo! Article from 2007, and the last is the student newspaper at the University of Cincinnati. In the case of the first two, the National Vaccine Information Center is known for being an anti-vaccine group, and the student newspaper lacks any citations for the information presented. In the case of the Australian article, the information presented first is from an individual representing an anti-vaccination group, while supporting statements unmentioned in this post are found later in the article, which also closes with contact information for both the government and for the anti-vaccination group. This cluster of information, as presented by the participant, is also most likely the result of a very targeted Internet search for confirming information, while any citations or articles that would counter her statements are not included.

Only one participant in either HPV thread posted external links to support her decision to have her child vaccinated, and of the four sources she linked and excerpted, two of them were to government sites (the CDC and NCI), one was to the general health website MedicineNet, and one was to another thread within CafeMom.

> *ddbz: Well, you need to compare the dangers of a devastating adverse reaction (appxt. 1/10,000*) to the probability of contracting HPV (appxt. 8/10*). Remember that HPV and cervical cancer are very closely related. I let my daughter decide at the age of 13 that she was ready to start her Guardasil vax's, as many of her friends have.*
> ** must Google to confirm data ...*
> *P.S. OOPS I posted genital herpes data instead of HPV, edited to correct :~p*
> *ETA:*
> *http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm*
> ****excerpt****
> *more than 25 million doses of Gardasil were distributed in the United States.*
> *As of June 1, 2009, there were 14,072 VAERS [Vaccine Adverse Event Reporting System] reports of adverse events following Gardasil vaccination in the United States. Of these reports, 93% were reports of events considered to be non-serious, and 7% were reports of events considered to be serious.*
> *Based on all of the information we have today, CDC continues to recommend Gardasil vaccination for the prevention of 4 types of HPV. As with all approved vaccines, CDC and FDA will continue to closely monitor the safety of Gardasil. Any problems detected with this vaccine will be reported to health officials, healthcare providers, and the public, and needed action will be taken to ensure the public's health and safety.*
> ****end****
> *http://www.medicinenet.com/genital_warts_in_women/page2.htm*
> ****excerpt****
> *... and it is believed that at least 75% of the reproductive-age population has been infected with sexually-transmitted HPV at some point in life. It is believed that over 6 million people become infected with HPV every year in the US, and approximately 50% of those infected are between the ages of 15 and 25.*
> ****end****
> *http://wwwicic.nci.nih.gov/cancertopics/factsheet/Prevention/HPV-vaccine*
> ****excerpt****
> *http://www.cafemom.com/Do HPV infections cause cancer?*

Infection with certain types of HPV is the major cause of cervical cancer. Almost all women will have HPV infections at some point, but very few will develop cervical cancer. The immune system of most women will usually suppress or eliminate HPVs. Only HPV infections that are persistent (do not go away over many years) can lead to cervical cancer. In 2007, more than 11,000 women in the United States will be diagnosed with this type of cancer and nearly 4,000 will die from it. Cervical cancer strikes nearly half a million women each year worldwide, claiming more than a quarter of a million lives. Studies have found that HPV infection is also a strongrisk factor for oropharyngeal cancer (cancer that forms in tissues of the oropharynx, which is the middle part of the throat and includes the soft palate, the base of the tongue, and the tonsils) (1, 2). Studies also suggest that HPVs may play a role in cancers of the anus, vulva,vagina, and penis.
****end****
These are the facts that influence my decision to let my daughter get the vax.

The information cited by this participant relies fairly heavily on a level of trust of government organizations. For some participants, information from government health sources like this is deemed highly reliable, though others may view it with skepticism or distrust due to biases against such groups, particularly among those already resistant to vaccinating their children.

RQ 3. How do mothers establish their right to participate in health forums concerning HPV vaccination and weight management? What language structures are used among mothers to exhibit power and status?

As often is the case in computer-mediated discourse among groups, some voices are "louder" than others, often demonstrated through capitalization (shouting), grammatically extraneous punctuation (!!!!!!!!!), and claims of authority that are unverifiable. One such post was by user MommyOnLI on HPV Thread 1. She posted the biased article from The World News Daily and followed it with a statement of her adamant rejection of HPV vaccination for her daughter, which also included a line

designed to guilt other mothers into rejecting vaccination as well: “I WOULD STRONGLY RECCOMEND YOU NOT EVER GETTING IT FOR YOUR CHILD IF YOU LOVE THEM ENOUGH.” Despite the lack of credibility for the source, the mere fact that she posted a substantiating piece of evidence for her emphatically stated perspective seems to have been enough. Another participant, Hondagirlracr, who had already decided not to provide her daughter with the vaccine, reiterated the validity of this source as well, stating, “I chose not to give my daughter this shot. At the time I just didn't feel right about it. Now after reading the article on page 1, I am glad I didn't.” In neither case did the participant question or verify the reliability of this source but instead used it as an affirmation of decisions that they had already made. The simple act of linking to *any* external source material—verified or not—seems to provide the initial poster with a level of credibility that extends beyond presenting unsupported opinions.

Another way that users establish credibility is through related personal experience, as invoked by the user Eilish from HPV Thread 1 who cited experience working in a lab processing HPV tests as her platform of knowledge about HPV and HPV vaccination, a process of detailing personal experience designed to invoke legitimacy (Stommel & Koole, 2010). However, when she was challenged by other participants as to the accuracy of her information, a boundary defense process well-established in the literature, she quickly backed out of the discussion, citing a lack of time (Smithson, et al, 2011). The information she provided to the forum was particularly problematic as, taken in a void, it is partially correct. HPV does cause warts on hands, feet, and genitals, depending on the strain, and while contagious, they don’t transfer from hands to genitals and vice versa. These strains are also not known to lead to cervical

cancer. Cold sores, on the other hand, are symptoms of the herpes simplex virus (HSV), not HPV. She is correct in her discussion of how cold sores can be transferred from person to person, but incorrectly identifies it as HPV.

In this case, a person who presented herself as an expert based on vocation delivered helpful, correct information alongside incorrect information, then backed out of the discussion all together when challenged by other participants, even though participants appeared to give her the benefit of the doubt and sought additional information from her, providing opportunity for her to back up the statements she made originally. This demonstrates how participants can claim expertise in these forums and how that claim was not a guarantor of correct information. On the other side of the coin, this interaction also serves to demonstrate that online communities *can* be rigorous and critical in how they receive and incorporate new information, though how often this is the case is certainly up for debate.

Another means of establishing authority for participants was the relaying of personal anecdotal experience with HPV vaccination or weight management, independent of any external source material. For example, user LaNette000 from HPV Thread 1 shared the anecdotal evidence of the possible vaccine harm experienced by her daughter:

> *Unfortunately my 16 yr old got this shot, before all the negative stuff started coming out in the news. Since then she has had episodes of chest pain, we have had a specialist look into her medical complaints and can't figure out why she is hurting. I sometimes wonder if it was brought on by her having gotten this shot. I won't be letting my younger dd get it, knowing this new information has come to light.*

The health issues experienced by her older daughter convinced this user that the vaccine was too risky, which meant she would make a different choice for her younger daughter, highlighting the influence of correlating health concerns over decision-making processes.

Additionally, as previously mentioned, the user gardasil_mom joined these forums with a very specific user name to share her thoughts on her daughter's experience with the HPV vaccine. Again, this first-hand knowledge was presented as a means of establishing authority, and the daughter's experience and her mother's interpretation of that experience (one of causation rather than correlation) were unchallenged by those who posted after, something that was common for people posting personal stories. The most direct response was from user tericared, who said, "I am so sorry....People really need to hear your story and others like you..." This statement offers an acceptance for the validity of gardasil_mom's post and assumes the existence of additional cases, which gardasil_mom confirms in her follow-up: "Thank you! And you are right, people do need to hear about what happened to my daughter and others like her." There is not, offered by gardasil_mom or any other participants, any external validation for her daughter's story, nor does there appear to be any real interest on the part of the other users for such corroborating evidence. The anecdote goes unchallenged and presumably accepted on the thread.

The lack of source material in these message board threads provides evidence that power and hierarchy in these forums is not predicated on a well-annotated presentation of information; instead, users are allowed to use personal tales or references to unconfirmed stories as a means of establishing authority in the group. This is somewhat surprising given the ease with which information can be found online and linked or copy and pasted directly into the forum itself. But perhaps the lack of this type of posting speaks to the broader ability, or lack thereof, of participants to locate credible source material to

support their statements, a question affecting health literacy that can be examined in future research.

RQ 4. How do mothers in an online setting use possibilistic or probabilistic frameworks to frame their concerns about the outcomes of health decisions for their pre-adolescent and adolescent children?

Though none of the responding participants explicitly stated why they sought out or posted to these particular threads, the original posts in all three cases were framed as a question, inviting respondents to enter into the discussion based on their personal knowledge and decision-making processes, though in both of the HPV threads, the original poster also provided their decision, which may have shaped the discussion that followed. After this initial post, subsequent responders joined the discussion with varying levels of depth, with some providing supporting evidence, personal or external, and others providing simpler, unsupported responses.

When users framed their responses in possibilistic terms, they also tended to act accordingly. That is, if a mother believed that worst-case scenarios were real possibilities (despite the statistical evidence), that her child was likely to be injured by the HPV vaccine, she would be anti-vaccine in her statements, which corresponds to previous research on the topic of vaccines (Shwed & Bearman, 2010; Sutherland, 2010, Zimmerman, Aberle, Krafchick & Harvey, 2008). Possibilistic responses to HPV vaccination are demonstrated in the following posts from Thread 1 and Thread 2, respectively:

Proud_usaf_wife: I am a vaxing mom but this one i'm gonna say no too it's to unpredictable. I would never give my daughter something that had the potential to kill or hurt her and from what i've read and see on T.V and on here this is a bad med.

Pepperlynns: since they are just now doing the vaxing, i wouldn't be surprised the first girl that got this shot will be infertile/sterile when it comes time for to start her own family....that's population control...JMO

Similarly, if a mother believed that the child was likely to suffer dramatic, long-term health consequences due to being overweight, she provided much stronger statements supporting weight management techniques like diet and exercise, such as the following:

Anonymous 20: Keep babying him, he'll end up like my diabetic, smoker mom who is 70LBS overweight and runs out of breath walking up the stairs at 50.

Anonymous 27: If your child continues to grow at the rate he is now he will be very unhealthy and it.mayhinder him from having a good quality of life....I think that's what she is trying to prevent.

However, as discussed in Chapter 2, the difficulty in comparing possibilistic responses to HPV vaccination and weight management rests on the foundations that they are built upon. Much of the worst-case scenario thinking about HPV vaccination is based on flawed information promoted by those without expertise in the field, while the responses to weight management are rooted in reputable science, though people can find themselves overwhelmed by the amount and manner of reporting done on this topic. Also, as these posts demonstrate, possibilistic responses are not always the most helpful in terms of providing the original poster with an implementable strategy to address her concerns about her son's weight, but instead these women chose a path of guilt and threat to convince her that some action needed to be taken. This was, perhaps, a response to the more numerous probabilistic responses, as discussed below.

If the participant framed her response in probabilistic terms, the responses were very different. Of those who believed that vaccine injury was something that could happen, but wasn't likely, they more often responded in favor of vaccination. Those who felt pre-adolescent/adolescent weight gain was simply part of growing up were also likely to be more relaxed in their approaches to weight management, choosing to adopt or promote a "wait and see" approach. Examples of this probabilistic type of post follow:

> *WickedOpal: Those two percentiles are not very far off. Did she take that into account? I mean, how overweight is he? That's usually an age where a lot of kids pork up, but it's because a big growth spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?*
>
> *luckysevenwow: It looks like the average pudge a kid of 11/12 usually gets before puberty hits full force. I wouldn't stress over it, be aware but that's it.*
>
> *Anonymous 37: Jfc way to give the kiddo a complex. Just looking at the pics he looks like an average boy. Steer him towards healthy choices/portion sizes and he's going to be fine. All kids grow differently come on now.*

Despite the fact that the original poster's concern originated with the comments made to her son by a physician, these non-expert women felt perfectly at home dismissing the doctor's concerns based on their understanding of what "average" children look like and on their own children's growth experiences. The results thus showed a strong correlation between worldview or framework and the choices the mothers made or promoted regarding the health and wellbeing of their pre-adolescent and adolescent children.

Broadly speaking, the tendency for mothers in the HPV threads was to lean more towards a possibilistic (worst-case scenario) framework, with almost 20% of the conversational responses for both HPV Thread 1 and HPV Thread 2 falling into this

category. The percentage of participants engaging in worst-case scenario thinking shaped the overall tone of the conversation in a way that did not happen in the weight management thread, where less than 1% of the coverage was grounded in this framework, This demonstrates a potential division in category for mothers weighing health care decisions for their pre-adolescent and adolescent children, with some routine health care decisions being viewed as more threatening or potentially harmful than others.

Summary

The research questions addressed here illuminate that mothers do gather in online spaces to share information about their pre-adolescent and adolescent children's health needs in ways that do not allow for expert monitoring or correction and that there is a gap in knowledge for these key decision-makers when it comes to HPV vaccination and weight management. The following chapter will engage with these and other concerns in further detail and will address the study's limitations and implications for future research.

Chapter 6

CONCLUSION

The purpose of this research has been to gain a more complete understanding of the open, online exchange of health information that takes place among mothers, specifically in the areas of HPV vaccination and weight management, and the role online peer-to-peer information sharing may have on that process. A framework method of analysis resulted in the identification of six Major Themes: (1) impetus for discussion; (2) framework for discussion; (3) decision-making statements; (4) issues of knowledge; (5) issues of agency; and (6) power roles. Each of these major themes also contained subthemes, as identified in the previous two chapters. The themes identified from three threads posted on CafeMom indicate three characteristics of note:

1. There is a gap in knowledge for many of these decision-makers that must be bridged if effective health care decisions are to be made, regardless of what that decision ultimately is.
2. The health community at large needs to deepen its understanding of how parents, mothers in particular, share health information about their children in unmonitored online settings.
3. The health community and/or educational system need to equip the general public with basic statistical numeracy. The better parents and patients understand how to interpret information given by different sources and how to understand measures involving percentiles of populations and other statistical information, the better the state of health literacy will become.

It is important to note that the demographics for participants in these threads overlap heavily with the demographic that most uses social media platforms, which means that beyond seeking health information for their children, they establish and maintain a strong online

presence (Pew, 2011). Adult women aged 18-29 use social media at a rate of 89% and women aged 30-49 at 70%. They often form communities based on the ages or genders of their children; then, they can share the day-to-day difficulties and rewards from the same parenting stage while seeking solidarity and support when faced with the additional challenges of health concerns, chronic or otherwise.

Ultimately, the unguided online conversations of these mothers in the HPV vaccination and weight management threads on CafeMom provided a window into the manner in which this population interacts online and shares information about pre-adolescent and adolescent health concerns, an outline of which falls under the following summary of the research questions.

Summary of the Research Questions

RQ 1. How do mothers claim agency over the health of their pre-adolescent and adolescent children?

Overall, mothers expressed a variety of attitudes towards the health agency of their children. For the HPV threads, the majority were pro-parental agency (72% and 63.5% of coverage), meaning the parent (or specifically the mother in this case) was the one who made all decisions regarding their child's vaccination status. These statements included the exertion of control over definitive choices both for and against vaccination as well as deferral of choice until the child was of legal age to make their own decisions. In all cases, these expressions make no indication that the parent was making space for discussion with the child about the course of action they would prefer to take regarding their own sexual health.

On the other hand, moms in the weight management thread show more willingness to allow their children agency, with a similar percentage of coverage both for the pro-parental and child agency subthemes (22.5% and 28%). This was one of two major themes that displayed

such a disparity between their attitudes, perhaps because vaccination is a single decision point with a perceived higher risk, and perhaps also because there is more value judgment about pre- and adolescent girls and their sexuality while weight management, which did not address primarily female children, is an ongoing lifestyle with multiple decision points and lower perceived risk, frameworks of thinking that relate directly to research question 4 below.

RQ 2. How do mothers in online forums share and validate the quality of health knowledge?

The mothers on CafeMom share information in much the same way they would share information with one another on the playground or in the stands at a child's sporting event. Despite the ready availability of external information—they are already online when the post on the forums—most of the participants contributed information to these thread discussions without any support from outside sources. Their information was largely anecdotal, based on unsubstantiated things they'd heard or seen elsewhere. In terms of basic health knowledge, expressions of specific scientific information about HPV and weight were often incorrect, with some participants making claims of being infected with HPV through HPV vaccination or confusing HPV with herpes simplex virus (HSV). The weight management thread saw a substantial back-and-forth discussion about the basic function and operation of the height and weight charts used by pediatricians, with disagreement about the information that goes into those charts and what it means to be at the 50% percentile.

In some cases, as discussed in more depth in the previous chapter, other users challenged faulty information, either with data from other sources or through direct questioning of the user who posted. However, this was not always the case, and a great deal of false information was posted to each thread and either openly accepted by other users or simply not challenged. This

demonstrates a clear and pressing need to increase efforts in the area of health literacy and health research in an effort to help parents and guardians navigate the overwhelming amount of information available to them online, both from reputable sources and from unmonitored forums such as those at CafeMom.

RQ 3. How do mothers establish their right to participate in health forums concerning HPV vaccination and weight management? What language structures are used among mothers to exhibit power and status?

One of the simplest ways the CafeMom users established their right to participate in these threads was through accepted conventions that made their voices "louder" within the thread as a whole, accomplished through moves such as capitalization (shouting), grammatically extraneous punctuation (!!!!!!!!!), and unverifiable claims of authority. A small number of participants linked or copy/pasted external material as a means of establishing knowledge and status as an authority, and this was despite the fact that some of the source material was clearly not credible. However, the largest group of users made claims to power and status through the use of related personal experience, where they shared stories about their own or their children's experiences with either of these health issues, or through claimed vocation, as in the case of Eilish from HPV Thread 1 who claimed her work in a lab as a source of authority.

RQ 4. How do mothers in an online setting use possibilistic or probabilistic frameworks to frame their concerns about the outcomes of health decisions for their pre-adolescent and adolescent children?

These two thought frameworks demonstrated a strong impact over the beliefs expressed by participants in both the HPV threads and the weight management thread. The HPV threads were more likely to contain possibilistic (worst-case scenario) expressions, and more of these

mothers made statements against HPV vaccination for fear of statistically unlikely scenarios. The weight management thread contained more expressions of probabilistic thinking, and in this case most mothers contributed statements suggesting that a wider range of weight was acceptable for pre-adolescents/adolescents, in spite of what doctors may have said, and that children within this age range would likely outgrow any concerning weight issues. As discussed in research question 1, this may indicate that mothers use different modes of thinking based on the specific health concern at hand, even when they are all under the umbrella of common pre-adolescent/adolescent health issues.

Limitations

This study does have its limitations. First, the two threads concerning HPV vaccinations are a decade old, and much research and development has taken place since this time. However, this corpus provides a window into the discussion among mothers when the vaccination was relatively new, and as the literature review outlined, the uptake of this medical intervention over the last decade has been very slow. The vaccine conversation in the United States in 2019 still includes a significant population with anti-vaccine attitudes—as shown in declining rates of vaccination—and this corpus demonstrates how a portion of this population shares this type of information. Additionally, understanding the foundational conversations mothers have about a new medical intervention, perhaps especially when that intervention involves the sexual health of pre-adolescent and adolescent children, is critical in the pursuit of new ways to reach these patients and their parents or guardians with correct and persuasive health information.

Second, the CafeMom threads were not controlled forums, and lacked researcher input or direction, and also meant that the participants were not interviewed after their threads ended. The thread developed as in-person conversations often do, with queries left unanswered, tangential

discussions, and statements that garnered no response. This left gaps in the information available for analysis that could have been filled if the conversation was a more structured/guided one.

Another possible limitation of the study would be the sample size of the corpus, as the three threads selected comprise only a tiny sliver of the online message board posts utilized by mothers to discuss their children's health concerns. Had more threads or additional specific health issues been included in this analysis, it is possible that additional themes would have emerged.

Last, the lack of complete demographic information for the users in the CafeMom threads limits the ability to fully understand who is participating in these types of discussions. In the case of the CafeMom user profiles, and likely other message board forum profiles as well, and given the push for online privacy, participants are able to post very limited information to their publicly accessible profiles, and they are also able to post as anonymous users with no identifying information at all, which limits demographic understanding of the groups of individuals who post to the threads.

Implications for Future Research

Like so much of the research that focuses on the interactions of various groups in online settings, the present study helps set the stage for continued examinations of how mothers gather and share health information for their pre-adolescent and adolescent children in various message board forums. Mothers of children in this age group are particularly interesting in that they are navigating not only the various health issues their children are facing, but they are also beginning to traverse the transitional space where children begin to exert authority over their own health and well-being. Future studies could dig deeply into the practical realities of this transition, including an examination ethical and legal challenges of adolescents advocating for vaccination

in the face of parental opposition, in order to assist the medical community in facilitating these shifts in agency over time.

Second, these pre-adolescent and adolescent children are still subject to periodic recommended vaccinations and boosters, a health concern which, based on the results of this study, falls primarily under parental agency, but which may be in a state of change based on public health situations like the recent U.S. measles outbreak (314 cases reported since January 1, 2019, for a disease that was eliminated from the United States in 2000) and the news stories of adolescent children who are pushing back against their parents' antivaccination choices by seeking vaccination on their own (U.S. Senate Committee on Health, Education, Labor & Pensions, 2019). The Internet has served as a breeding ground for false information about vaccinations across the board, and some children are seeking their own information sources and making choices for themselves that run counter to the decisions made for them by their parents. The types of unmoderated message board conversations found on sites like CafeMom would potentially provide researchers with a wealth of data on which to base targeted communication and intervention efforts for both parents and their children in an effort to overcome the mistrust for vaccines that has become embedded in a portion of the population while also addressing the issues of agency discussed above.

Third, the pre-adolescent and adolescent health issues discussed in this research are but two of many facing this population and their parents. While this small sample indicates some level of difference in the framework for decision-making between HPV vaccination and weight management, further research into other, similar areas of health concern—such as birth control or mental health issues—could further illuminate the mindsets with which mothers are approaching these important decisions. The complicated relationship of the HPV vaccine with

the vaccine controversy in general is a particularly worthy area for further exploration as it relates to trends in health, notions of sexuality and gender, the varying relationships of individuals to the healthcare, medical, and government agencies.

Fourth, these message board forums provide insight into the strategies users employ in online settings to establish a hierarchy of credibility and authority, strategies that do not apply only to mothers discussing their pre-adolescent and adolescent children's health care issues. Despite the growth of social media platform participation, online forums are still used by approximately 20% of the American population and can serve as a window into these cultural subgroups and the conversations they are having among themselves (Li and Bernoff, 2011). While some online communities require the participation of moderators in message board forum settings, in the case of the more popular/larger mom-focused websites (Babycenter, the Bump, and CafeMom), this is not the case. For these and many other online forums, there is no system in place whereby users who are disseminating incorrect or harmful information would be removed from the forums, and participants are left to fend for themselves. Thus, understanding how people gather in unmonitored online spaces and how they share information, often in the form of unsubstantiated or unverifiable anecdotes, in a way that gives them varying levels of authority is crucial to understanding the broader implications and ramifications of online discourse. The research approach could also be applied to online spaces outside of traditional message board formats, such as Facebook groups.

Last, and perhaps most centrally, the lack of understanding about basic health issues, even when engaging in a public forum on those specific topics, suggests that there needs to be an increase in health literacy efforts among the medical community and in online spaces. In the context of this study, improving the level of understanding of something as fundamental as herd

immunity or statistical numeracy can determine the success of a known effective vaccination on a population could, perhaps, begin to reverse the trends that have led to the increase in previously eliminated diseases such as measles.

The shape of these educational efforts would need to be diverse and trustworthy, based on the needs of the specific communities being addressed, thus requiring focused research to allow for the design of the most appropriate informational tools. These tools could take the form of credible infographics or a series of short videos focusing on specific health issues. However, given the animosity for the medical community that exists in some segments of the population, and as demonstrated in the threads studied here, it will be challenging to make inroads in online spaces, particularly given the vastness of Internet gathering areas and the suspiciousness with which some groups view information from "official" or sponsored channels. Perhaps future engagement with these communities would allow researchers to gain a toehold in raising the level of health literacy and improving levels of trust. These forums could also be used as examples for medical professionals who may be unaware of the level of opposition that some social communities have to them as individuals representing the larger medical community.

Conclusion

This research set out to gain a better understanding of how mothers gather in an online space to discuss the health issues of their pre-adolescent and adolescent children, specifically regarding HPV vaccination and weight management. Through template analysis, six Major Themes emerged: impetus for discussion; framework for discussion; decision making statements; issues of knowledge; issues of agency; and power roles. With the identification of these themes, questions were asked about the structure of these online conversations, both in terms of content (possibilistic versus probabilistic frameworks, balance of agency) and the tools participants used

with one another (power roles, establishment and validation of health knowledge). The aim of these questions was to deepen our understanding of how and why these conversations take place and how information is shared within this peer group, with the future goal of assisting mothers in their decision-making processes. The information and support found in online spaces is likely to continue to play a key role in the choices mothers make for their children, and hopefully this and future research will identify means of supporting mothers in peer-to-peer discussions of their pre-adolescent and adolescent children's health issues in online spaces.

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APPENDIX 1: HPV THREAD 1

Will you get ur daughter the gardasil shot?

1 - Toriensliilmama: I think this is wonderful, i wish it was out when i was younger.. i mean im only 22, and im pretty sure i might go get it, But they never had anything like this when i was in middle school. I am defietly gonna get my daughter it when shes old enough. its just one less thing ill have to worry about.. cervical cancer is a horrible thing.

2 - mmtosam06: nope

3 - fawn321: yes I would if I had a daughter.

4 - Brandie_xo: Hell no.Have you done any research on it? Do you know how many teenagers and young girls are dying after getting this shot?

5 - lilmaiyagirl: If I had a daughter, nope I would not.

6 - sassired8: Nope.....My doc wants me to get it and I won't....

7 - jnhjlh: NO NO NO!

8 - samandgabmom: YES i did they just had their last shot in March...

9 - Chille01: undecided....my DD is only 7months so its hard for me to make that kinda decision at the moment, im sure there will be changes in the vac. itself by the time she is recommended to get it. I never got one so i guess time will tell if I feel she is in need of it.

10 - MommyOnLI: I WILL NEVER EVER EVER GIVE MY DD THIS SHOT, OR WOULD I EVER RECCOMMEND IT TO ANYONE... IF ANYONE HASNT NOTICED ALL OF THEIR COMMERCIALS HAVE BEEN PULLED OFF THE AIR, AND THEY ARE CONSIDERING PULLING IT OFF THE MARKET DUE TO THE PENDING LAWSUITS THAT ARE GOING ON.
THERE ARE 2 CASES THAT I KNOW OF LOCALLY WHERE ONE OF THE TWO TEENS IS BLIND, AND THE OTHER IS PARALIZED.
I WOULD STRONGLY RECCOMEND YOU NOT EVER GETTING IT FOR YOUR CHILD IF YOU LOVE THEM ENOUGH.
I CAN GO ON AND ON ABOUT ALL THE REPORT DEATHS LINKED TO THIS VACCINE.... WOULD WANT TO RISK YOUR CHIOLD LIFE?
NOT ME
Death toll linked to Gardasil vaccine risesComplications include shock, 'foaming at mouth,' convulsions, coma

Posted: June 30, 200810:18 pm Eastern

"Anaphylactic shock," "foaming at mouth," "grand mal convulsion," "coma" and "now paralyzed" are a few of the startling descriptions included in a new federal report describing the complications from Merck & Co.'s Gardasil medication for sexually transmitted human papillomavirus - which has been proposed as mandatory for all schoolgirls.

The document was obtained from the U.S. Food and Drug Administration by Judicial Watch,a Washington group that investigates and prosecutes government corruption, and it has details of 10 deaths just since September.

"Given all the questions about Gardasil, the best public health policy would be to re-evaluate its safety and to prohibit its distribution to minors. In the least, governments should rethink any efforts to mandate or promote this vaccine for children," said Judicial Watch President Tom Fitton.

The organization's work uncovered reports of about one death each month since last fall, bringing the total death toll from the drug to at least 18 and as many as 20. There also were 140 "serious" reports of complications including about three dozen classified as life-threatening, 10 spontaneous abortions and half a dozen cases of Guillain-Barre Syndrome.

The document reveals the case of an 18-year-old woman who got the Gardasil vaccine, was found unconscious that evening, and died. Another woman, age 19, got the drug and the next morning was found dead in her bed

The new documents also reveal a total of 8,864 Vaccine Adverse Event Reporting System records, up from a total of 3,461 that had been reported in a document just last fall.

WND previously has reported how Merck was lobbying state lawmakers to require the vaccination, but said it would quit the campaign after its activities were unveiled.

WND also reported when a key researcher into human papillomavirus, which is targeted by Gardasil, reported it needed more testing, and how even the Centers for Disease Control suggested the vaccine should not be mandatory.

That, however, has not diverted the building campaign to have legislatures adopt mandatory vaccination plans.

Judicial Watch said one of the reports, VAERS ID: 310262-1 (D), had this to say:

"Information has been received…concerning a 20-year-old female with no medical history reported, who on 01-APR-2008 was vaccinated with a dose of Gardasil….The patient died four days after…patient sought unspecified medical attention. An autopsy was performed which ruled out suicide and anything suspicious."

Another report said, "Information has been received from a physician concerning a female patient who on an unknown date was vaccinated with a dose of Gardasil. Subsequently, the patient experienced a coma and is now paralyzed. At the time of this report, the patient's outcome was unknown. VAERS ID: 303188-1"

The target of the vaccine is cervical cancer, since studies show that those who haveHPV have a higher chance of later developing cervical cancer. However, opponents note that such cancers develop most often in older women, while the plan is to require girls as young as 11 or 12 years old to be inoculated. They cite the lack of evidence that the vaccine would have an impact later in life.

A Judicial Watch report said, "Even though Gardasil will not be fully tested for safety until 2009, physicians are already pushing it as a routine, harmless vaccine. Merck's

aggressive advertisement campaign tells young girls that their lives could be 'one less' affected by cervical cancer and that, 'It's your turn to help guard against cervical cancer.'" The report also estimated it will cost as much as $2 billion to buy vaccinations for the nation's poorest girls.

"This vaccine will be more expensive than all other childhood vaccines put together," concluded John Schiller, a National Cancer Institute investigator.

Judicial Watch earlier uncovered reports such as this:

"Initial and follow-up information has been received from a physician concerning an 'otherwise healthy' 13 year old female who was vaccinated with her first and second doses of Gardasil. Subsequently, the patient experienced … paralysis from the chest down, lesions of the optic nerve…At the time of the report, the patient had not recovered."

Officials with the Abstinence Clearinghouse noted in a position paper that groups including the Texas Medical Association, the American Academy of Pediatrics, the Association of American Physicians and Surgeons, and the American Academy of Environmental Medicine have come out publicly against mandatory vaccination.

"The reasoning of these medical associations is clear. They are not opposed to medical progress, and certainly support all efforts to combat life-threatening diseases. The problem, as these organizations see it, lies in the fact that the drug only went through three and a half years of testing, leaving the medical community somewhat in the dark as to what serious adverse effects might result in the long term," the group said at the time.

"Along with the potential of serious adverse effects is the question of efficacy. There is evidence that after approximately four years, the vaccine's potency significantly declines. The long-term value of the vaccine has yet to be determined; if it wears off within six years, will girls and women need to repeat the battery of injections they originally received?" the organization wondered.

Michigan was the first state to introduce a plan to require the vaccine to be given to young girls, but the proposal failed. Ohio also considered a failed plan in 2006.

In 2007 Merck's aggressive lobbying campaign and contributions to Women in Government resulted in proposals in at

11 - sarahbearamommy: i dont have a daughter(at least not now, i hope to in the future) but I really don't think I would. It all came out so quick and they were forcing it on everyone. And 's so new, I really don't know... I have to do my research.. and hopefully by the time I have a daughter, they will find out its not as good as they make it seem. I personally, wouldnt get it for myself at this point in time either.

12 - retsillacam: no she will not.

13 - LaNette000: Unfortunately my 16 yr old got this shot, before all the negative stuff started coming out in the news. Since then she has had episodes of chest pain, we have had a specialist look into her medical complaints and can't figure out why she is hurting. I sometimes wonder if it was brought on by her having gotten this shot. I won't be letting my younger dd get it, knowing this new information has come to light.

14 - sunshine89: i got it!!!!! im 20 and it runs in my family!!!!! it took a weight off of my shoulders!!!! im not one for vacinations but this one i did!!!!

15 - Janis198: NO, I will not get my girls the shot.

16 - coffeefirst: Definitely yes!

17 - Proud_usaf_wife: I am a vaxing mom but this one i'm gonna say no too it's to unpredictable. I would never give my daughter something that had the potential to kill or hurt her and from what i've read and see on T.V and on here this is a bad med.

18 - rosieday: I wouldn't if my daughter was old enough now. I'm lucky that my daughter is too young for it. It hasn't been out long enough to see if it really does what it's supposed to. By the time she's old enough, we'll know if it works and all the risks, if it's still even around by then!

19 - Hondagirlracr: I chose not to give my daughter this shot. At the time I just didn't feel right about it. Now after reading the article on page 1, I am glad I didn't.

20 - chamelinmom: no they are finding that a lot of people are haveing parlization at the area and they never studied it well enough. THey also said that you have a better chance of preventing it by wearing a CONDOM than you do getting the shot. Use a damn CONDOM. Youll have less health chance

12 - retsillacam: thats what I was thinking.
Quoting chamelinmom:
no they are finding that a lot of people are haveing parlization at the area and they never studied it well enough. THey also said that you have a better chance of preventing it by wearing a CONDOM than you do getting the shot. Use a damn CONDOM. Youll have less health chance

21 - Evalyns_Mum: Ive had the shot and everything still seems the same to me.

22 - stpalmsgirl: Uhm no I will not get my dd the shot, I will just teach her to keep her legs closed or use protection! Besides that the shot is only good against a few strains of HPV so you can still get it, and not everyone who has HPV will get cancer. Have you donen some reading up on the side effects of the shots and on the girls who died after the shot? In my opinion not worth the risk.

23 - bluescape: i've actually changed my thinking about it...when it first came out, i thought 'yea right i'm not vaccinating my kids with something experimental. how do they know what's gonna happen in 20 years as a result?' but then i talked to my doctor in '08 when my older daughter turned 14 and had to get her school physical. he has a daughter so i asked him if he wanted her to get it and he said he DID have lauren get the shot because from all the studies and reports he read plus he attended a conference about the shot he was very confident about its advantages. (hahaha...a gardasil commercial just

came on right now!!) anyway, i'm planning to vaccinate both my 15 yr old and my younger daughter when she turns 13 in september.

24 - lilredsfrm67: my 18 yr old daughter got the series of 3 shots. i had cervical cancer, so i am taking every precaution with her that i can. with any shot their are risks, and millions of girls have gotten the shots with a handful having problems. the commercials are also still out there, i just saw it again last night. to each their own, i believe people will always find something new to be afraid of or against,

25 - familiabebeG: i have the shot i took it this year a few months after having my baby no side effects and i am 100% sure i am not dead so i am pretty sure i will get my daughter the shot but thats not for a while away my daughter is only a toddler

26 - fcangel9: i havent read any of the replies... i dont want to see any bashing or anything so i dont bother. but anyways... my daughter will be vaccinated. I have hpv and if the vaccine had come out 2 years earlier i might not have to have had surgery or the worry that i could end up with cancer. i also have the worry that i may not be able to carry full term because my cervix could be weakened. if i can prevent my daughter from something then i am going to do it.

26 - fcangel9: you know HPV can be contracted even while using a condom? just something you should know before you make such rude comments... because i didnt keep my legs closed now i have to fear cancer?
Quoting stpalmsgirl:
Uhm no I will not get my dd the shot, I will just teach her to keep her legs closed or use protection! Besides that the shot is only good against a few strains of HPV so you can still get it, and not everyone who has HPV will get cancer. Have you donen some reading up on the side effects of the shots and on the girls who died after the shot? In my opinion not worth the risk.

15 - Janis198: I totally agree.
Quoting retsillacam:
thats what I was thinking.
Quoting chamelinmom:
no they are finding that a lot of people are haveing parlization at the area and they never studied it well enough. THey also said that you have a better chance of preventing it by wearing a CONDOM than you do getting the shot.Use a damn CONDOM. Youll have less health chance

26 - fcangel9: people dont seem to get it... A CONDOM DOES NOT FULLY PROTECT YOU FROM CONTRACTING HPV. you do all the research on the side effects of things but you dont actually read up on the disease itself. god i cant believe how ignorant people act. they stand up on their soap box about vaccines but have no clue whats going on.

22 - stpalmsgirl: Well fact is less sex partners lessens your chance of HPV.. and no if a condom is used proper you can not contract HPV through it!

Quoting fcangel9:
you know HPV can be contracted even while using a condom? just something you should know before you make such rude comments... because i didnt keep my legs closed now i have to fear cancer?
Quoting stpalmsgirl:
Uhm no I will not get my dd the shot, I will just teach her to keep her legs closed or use protection! Besides that the shot is only good against a few strains of HPV so you can still get it, and not everyone who has HPV will get cancer. Have you donen some reading up on the side effects of the shots and on the girls who died after the shot? In my opinion not worth the risk.

22 - stpalmsgirl: and gardasil does not fully protect you against HPV eiter! it is only good against a few strains, so maybe you should take your own advise and do some more reading up!

Quoting fcangel9:
people dont seem to get it... A CONDOM DOES NOT FULLY PROTECT YOU FROM CONTRACTING HPV. you do all the research on the side effects of things but you dont actually read up on the disease itself. god i cant believe how ignorant people act. they stand up on their soap box about vaccines but have no clue whats going on.
26 - fcangel9: you are wrong!!!! because the condom does not cover the entire penis there is still a chance of contracting hpv. LOOK IT UP. no penetration is even necessary.

Quoting stpalmsgirl:
Well fact is less sex partners lessens your chance of HPV.. and no if a condom is used proper you can not contract HPV through it!
Quoting fcangel9:
you know HPV can be contracted even while using a condom? just something you should know before you make such rude comments... because i didnt keep my legs closed now i have to fear cancer?
Quoting stpalmsgirl:
Uhm no I will not get my dd the shot, I will just teach her to keep her legs closed or use protection! Besides that the shot is only good against a few strains of HPV so you can still get it, and not everyone who has HPV will get cancer. Have you donen some reading up on the side effects of the shots and on the girls who died after the shot? In my opinion not worth the risk.

26 - fcangel9: I did my own research, it protects against the 2 most common strands that cause cervical dysplasia (what i have) and then 2 major strands that cause genital warts. but i would rather have some protection than none at all. and it only takes one time with one partner because there is no test for men, so most men have no idea they ever have it unless a partner tests positive.

Quoting stpalmsgirl:
and gardasil does not fully protect you against HPV eiter! it is only good against a few strains, so maybe you should take your own advise and do some more reading up!
Quoting fcangel9:
people dont seem to get it... A CONDOM DOES NOT FULLY PROTECT YOU FROM CONTRACTING HPV. you do all the research on the side effects of things but you dont actually read up on the disease itself. god i cant believe how ignorant people act. they stand up on their soap box about vaccines but have no clue whats going on.
12 - retsillacam: no vaccine fully protect against anything so you can still get it even though you have been vaccinated. I am a vaxing momma but I will refuse to get my DD this one. Its not worth the risk to me. I will teach her to protect herself just like my mom taught me.
Quoting fcangel9:
I did my own research, it protects against the 2 most common strands that cause cervical dysplasia (what i have) and then 2 major strands that cause genital warts. but i would rather have some protection than none at all. and it only takes one time with one partner because there is no test for men, so most men have no idea they ever have it unless a partner tests positive.
Quoting stpalmsgirl:
and gardasil does not fully protect you against HPV eiter! it is only good against a few strains, so maybe you should take your own advise and do some more reading up!
Quoting fcangel9:
people dont seem to get it... A CONDOM DOES NOT FULLY PROTECT YOU FROM CONTRACTING HPV. you do all the research on the side effects of things but you dont actually read up on the disease itself. god i cant believe how ignorant people act. they stand up on their soap box about vaccines but have no clue whats going on.
27 - mommybug77: I will NEVER get them one. My oldest will be 10 in June. I think if they want to get it once they are older then that is one thing. I am not about to force it on them. There are way to many unknown things about it. They are not sure what the long term effects are. It does not protect against all forms of the cancer. Most females ahve HPV & some point in their lives & do not develope cancer. Oh did I mention about it killing girls too. No thanks.

28 - kbec0594: What they don't tell you is that you should not be getting this vaccine if you have had any form of sexual contact, ever. Because HPV is so common there is a very large chance that if you have had sexual contact with someone, you have been exposed to HPV. Getting the vaccine after being exposed to HPV can make any HPV disease you may contract worse.

Also, this vaccine is way too new. Nobody can even pretend that they know what effects it's going to have in 20 years because it hasn't been around long enough. So when anybody reccomends that it is safe they are only going on thier best guess. It also drives me nuts that so many doctors recommend this vaccine because of the compensation they get from the drug company for doing so. Take it from somebody whose primary background is in biotechnology and is now going for my nursing degree. This has not

been around long enough to determine ALL if the risks and whether the risks outweigh the benefits.
29 - minimom11107:
I don't have a daughter (thank god! lol) But if I did no I wouldn't.
26 - fcangel9: its just going to be another epidemic.... its already one of the fastest spreading stds. yes people should limit their partners, but it doesnt mean anything if the other person hasnt. i just got extremely heated when someone said that her daughter should just keep her legs closed... well it would be nice in a perfect world, but its not going to happen. people have sex and alot of people have it with multiple partners before they settle down to one person. its a fact of life, but i dont think someone should have to learn their "lesson" because they have sex with one person... maybe even 2.

27 - mommybug77:

Quoting fcangel9:
people dont seem to get it... A CONDOM DOES NOT FULLY PROTECT YOU FROM CONTRACTING HPV. you do all the research on the side effects of things but you dont actually read up on the disease itself. god i cant believe how ignorant people act. they stand up on their soap box about vaccines but have no clue whats going on.
You are the one coming across as ignorant because they do not agree with you. I am the MOTHER which gives me the RIGHT to do what I feel is best for my girls. I know what is going on. WE have decided that this is not something we are willing to risk putting into our girls bodies. Not everyone who gets HPV gets cancer, actually a majority of people don't get it. You are using this as your own personal soap box, so think about that before you start spouting off.
26 - fcangel9: I never said anyone would get cancer, but lets face it. it can and does happen. It bothers me that someone thinks because they have a condom on that everything is 100%. its not. its only 70% with a condom being used 100% of the time. even with a condom on every single time you have sex, there is still a 30% chance of contracting this. thats what ticks me off so bad. get it or dont, thats not my decision, but be versed in what you are talking about before making a major decision.

30 - Kristen5476: If I had a daughter, yes.
In fact, research shows that women having sex with uncircumcised men have a higher chance of getting cervical cancer. Therefore, I circumcised my son in order to not risk that in whatever women he sleeps with in the future.
31 - mamalinzie: And there at least as many, if not more, studies that say the opposite, that there is no correlation.
Quoting Kristen5476:
If I had a daughter, yes.
In fact, research shows that women having sex with uncircumcised men have a higher chance of getting cervical cancer. Therefore, I circumcised my son in order to not risk that in whatever women he sleeps with in the future.

And no, I would never in a million years get my daughter this vaccine. It is the scariest one out there.

32 - sheilabug: hell to the naw,my dd is not a guinea pig!

33 - mlbrooks421: If I have a daughter, NO, absolutely not!!!!!!!

34 - hillary_rose: Another drama post!

33 - mlbrooks421: Yea, this chick is good at starting those!!!!
Quoting hillary_rose:
Another drama post!

35 - canthaveboys1: I got it for myself, I will not get it for my daughter because of the risks. When she gets older hopefully its more safe and that will be a decision that she will have to make on her own.

36 - josiesmommy00: nope, i think it gives them a false sense of security b/c it prevents the STD that causes cervical cancer, not cancer its self

37 - tiffanysgirls: hell no!

38 - skisbufly1: I agree.... And I havent decided yet on if I will give it to my DD or not...
Quoting fcangel9:
people dont seem to get it... A CONDOM DOES NOT FULLY PROTECT YOU FROM CONTRACTING HPV. you do all the research on the side effects of things but you dont actually read up on the disease itself. god i cant believe how ignorant people act. they stand up on their soap box about vaccines but have no clue whats going on.

39 - MCEmommy:
YEah every other day shes gunna start a vaccination post...getting old...
Quoting mlbrooks421:
Yea, this chick is good at starting those!!!!
Quoting hillary_rose:
Another drama post!
40 - SouthALMommy: I don't have a daughter and I'm really unsure if I did if I'd let her get the shot. I personally have battled HPV. It was hard on me emotionally and bc I've had it I can't have the shot. You also have to realize that it doesn't treat all forms of HPV only some. My oncologist is one of the main doctors responsible in developing the vaccine. I'm at an IDK point....

41 - mandiemae12523: I would give it to my daughter!! There are thousands of girls that get that and are just fine. As for the girls that react to it, its called an ADVERSE REACTION and you will have that with any vaccine or drug out there whether it be Tylenol or the Gardisil vaccine.
Real moms count all the sprinkles on top of thier kids's cupcakes just to make sure it's fair!!

39 - MCEmommy:

February 09, 2009 07:30 AM Eastern Daylight Time
NVIC Vaccine Risk Report Reveals More Serious Reaction Reports After Gardasil
Vaccine Safety Group Calls for Investigation
WASHINGTON--(BUSINESS WIRE)--Comparing serious adverse event reports to the federal Vaccine Adverse Events Reporting System (VAERS) following Gardasil (HPV) and another vaccine for meningococcal (Menactra), the National Vaccine Information Center (www.NVIC.org) found that there are three to 30 times more serious health problems and deaths reported to VAERS after Gardasil vaccination. As reported by CBS News, the longtime vaccine safety watchdog group is calling for action, including an investigation by the Department of Health & Human Services (DHHS) and the U.S. Congress into the fast-tracked licensure and government recommendation that all young girls and women get Gardasil vaccine.
"Merck only studied the vaccine in fewer than 1200 girls under age 16 and most of the serious health problems and deaths in the pre-licensure clinical trials were written off as a 'coincidence,'" said NVIC co-founder and president, Barbara Loe Fisher. "If the new Administration and Congress want to make government recommended health care safer, more effective and less expensive, a good place to start is by looking into the human and economic costs of Gardasil vaccine."
Gardasil and Menactra vaccines are recommended by the Centers for Disease Control (CDC) for gradeschool, high school and college age children, although Gardasil is only given to girls while Menactra is given to both girls and boys. If reports of Gardasil vaccine-related adverse events are only coincidental as maintained by CDC officials in October 2008, there would be little or no difference in the number and severity of adverse event reports for both vaccines.
Using the MedAlerts database, compiling data for VAERS through November 30, 2008, NVIC found that compared to Menactra, Gardasil is associated with at least twice as many Emergency Room visit reports (5,021), four times as many Death reports (29); five times as many "Did Not Recover" reports (2,017) and seven times as many "Disabled" reports (261). There have been 34 reports of thrombosis, 27 reports of lupus, 23 reports of blood clots, 16 reports of stroke, and 11 reports of vasculitis following Gardasil vaccine given alone without any other vaccines. There are three to six times more fainting or syncope reports after Gardasil vaccination than after Menactra and there have been 544 reports of seizures following Gardasil and 158 after Menactra (73 Menactra-associated seizures involved co-administration with Gardasil).
Rechallenge reports to VAERS involve cases where there was a worsening of symptoms after repeated vaccination. There were 275 Rechallenge reports after Gardasil compared to eight after Menactra (7 Menactra-associated Rechallenge reports involved co-administration with Gardasil). In the entire VAERS database for all vaccine adverse event reports, there are 467 rechallenge reports, of which nearly 60 percent are for Gardasil.
A 15-year old gymnast, cheerleader and honor roll student in Kansas has been diagnosed with Gardasil vaccine-related brain inflammation after receiving three Gardasil shots. Her first symptoms included muscle and joint weakness and pain, numbness and tingling in her hands and feet, severe headaches excessive fatigue, rash, dizziness, and loss of concentration after the first shot. After the second and third shots she began losing her

hair and developed seizures, bouts of paralysis, mini-strokes, partial loss of vision, and severe chest pain, memory and speech loss. Click here to learn more.
A 21-year old Maryland artist, athlete and honor roll college student died suddenly without explanation in June 2008 after her third Gardasil shot. She is one of the 29 Gardasil death reports in VAERS. Click here to learn more.
A nonprofit, non-medical organization founded by parents of vaccine injured children in 1982, NVIC issued three VAERS analyses in 2007 warning that Gardasil appeared to be highly reactive and asking for federal health agencies to inform physicians and parents about serious health problems associated with the new vaccine.

42 - Buggy979: NOPE! I have a 17yr old and she didn't get and my other girls nope. Too many damn shots to scare people. I never got one, my mom didn't and my grandmothers before that and we are all fine. It's just another way to scare people!

39 - MCEmommy:
Investigate Gardasil Vaccine Risks NOW!
Click HERE To Sign the Investigate Gardasil Vaccine Risks NOW! Petition
43 - mommyof2EO: Ask me again in 10 years. My daughter turns 2 next month. I'm sure by then things will change. There will be either new developments to make it safer and more effective or they won't have it at all anymore. It's not something I have to worry about right now.

44 - hillary_rose:

45 - MaxsLovingMommy:
Quoting Kristen5476:
If I had a daughter, yes.
In fact, research shows that women having sex with uncircumcised men have a higher chance of getting cervical cancer. Therefore, I circumcised my son in order to not risk that in whatever women he sleeps with in the future.
I think (and this is only my opinion) that having an uncircumsised partner is fine. It is the number of partners you have that puts you more and more in risk. My husband is not circumsised and neither is my son. It is a cultural choice. My husband is Mexican and many Mexican do not get their sons circumsised. As far as the vaccination, I have seen the commercials and thought about getting it, but now that I see all these negative post, I am not really sure. That teaches me that I need to do a little research first. But I am scared of most medicines. I vaccinate my son but I never thought about not vaccinating him. The vaccinations have been around for awhile now. But this is new so I don't know. I don't have a daughter. I think each person has to weigh out the risk and advantages with their doctor and see if they think it is worth it.....
46 - mamabens: Absolutely NOT!

47 - amazingaudri: I've gotta agree here! I got 1, and only one dose of it and I was sick for a week. It wasn't an allergic reaction to it, but I was achy and felt horrible. I've also

tested positive for HPV now and I didn't before that damn shot. (BTW I have one partner, by DH and he is faithful to me, so I know i didn't get it from him!)
Quoting MommyOnLI:
I WILL NEVER EVER EVER GIVE MY DD THIS SHOT, OR WOULD I EVER RECCOMMEND IT TO ANYONE... IF ANYONE HASNT NOTICED ALL OF THEIR COMMERCIALS HAVE BEEN PULLED OFF THE AIR, AND THEY ARE CONSIDERING PULLING IT OFF THE MARKET DUE TO THE PENDING LAWSUITS THAT ARE GOING ON.
THERE ARE 2 CASES THAT I KNOW OF LOCALLY WHERE ONE OF THE TWO TEENS IS BLIND, AND THE OTHER IS PARALIZED.
I WOULD STRONGLY RECCOMEND YOU NOT EVER GETTING IT FOR YOUR CHILD IF YOU LOVE THEM ENOUGH.
I CAN GO ON AND ON ABOUT ALL THE REPORT DEATHS LINKED TO THIS VACCINE.... WOULD WANT TO RISK YOUR CHIOLD LIFE?
NOT ME
Death toll linked to Gardasil vaccine risesComplications include shock, 'foaming at mouth,' convulsions, coma

Posted: June 30, 200810:18 pm Eastern

"Anaphylactic shock," "foaming at mouth," "grand mal convulsion," "coma" and "now paralyzed" are a few of the startling descriptions included in a new federal report describing the complications from Merck & Co.'s Gardasil medication for sexually transmitted human papillomavirus - which has been proposed as mandatory for all schoolgirls.
The document was obtained from the U.S. Food and Drug Administration by Judicial Watch, a Washington group that investigates and prosecutes government corruption, and it has details of 10 deaths just since September.
"Given all the questions about Gardasil, the best public health policy would be to re-evaluate its safety and to prohibit its distribution to minors. In the least, governments should rethink any efforts to mandate or promote this vaccine for children," said Judicial Watch President Tom Fitton.
The organization's work uncovered reports of about one death each month since last fall, bringing the total death toll from the drug to at least 18 and as many as 20. There also were 140 "serious" reports of complications including about three dozen classified as life-threatening, 10 spontaneous abortions and half a dozen cases of Guillain-Barre Syndrome.
The document reveals the case of an 18-year-old woman who got the Gardasil vaccine, was found unconscious that evening, and died. Another woman, age 19, got the drug and the next morning was found dead in her bed
The new documents also reveal a total of 8,864 Vaccine Adverse Event Reporting System records, up from a total of 3,461 that had been reported in a document just last fall.
WND previously has reported how Merck was lobbying state lawmakers to require the vaccination, but said it would quit the campaign after its activities were unveiled.

WND also reported when a key researcher into human papillomavirus, which is targeted by Gardasil, reported it needed more testing, and how even the Centers for Disease Control suggested the vaccine should not be mandatory.

That, however, has not diverted the building campaign to have legislatures adopt mandatory vaccination plans.

Judicial Watch said one of the reports, VAERS ID: 310262-1 (D), had this to say:

"Information has been received…concerning a 20-year-old female with no medicalhistory reported, who on 01-APR-2008 was vaccinated with a dose of Gardasil….The patient died four days after…patient sought unspecified medical attention. An autopsy was performed which ruled out suicide and anything suspicious."

Another report said, "Information has been received from a physician concerning a female patient who on an unknown date was vaccinated with a dose of Gardasil. Subsequently, the patient experienced a coma and is now paralyzed. At the time of this report, the patient's outcome was unknown. VAERS ID: 303188-1"

The target of the vaccine is cervical cancer, since studies show that those who have HPV have a higher chance of later developing cervical cancer. However, opponents note that such cancers develop most often in older women, while the plan is to require girls as young as 11 or 12 years old to be inoculated. They cite the lack of evidence that the vaccine would have an impact later in life.

A Judicial Watch report said, "Even though Gardasil will not be fully tested for safety until 2009, physicians are already pushing it as a routine, harmless vaccine. Merck's aggressive advertisement campaign tells young girls that their lives could be 'one less' affected by cervical cancer and that, 'It's your turn to help guard against cervical cancer.'"

The report also estimated it will cost as much as $2 billion to buy vaccinations for the nation's poorest girls.

"This vaccine will be more expensive than all other childhood vaccines put together," concluded John Schiller, a National Cancer Institute investigator.

Judicial Watch earlier uncovered reports such as this:

"Initial and follow-up information has been received from a physician concerning an 'otherwise healthy' 13 year old female who was vaccinated with her first and second doses of Gardasil. Subsequently, the patient experienced … paralysis from thechest down, lesions of the optic nerve…At the time of the report, the patient had not recovered."

Officials with the Abstinence Clearinghouse noted in a position paper that groups including the Texas Medical Association, the American Academy of Pediatrics, the Association of American Physicians and Surgeons, and the American Academy of Environmental Medicine have come out publicly against mandatory vaccination.

"The reasoning of these medical associations is clear. They are not opposed to medical progress, and certainly support all efforts to combat life-threatening diseases. The problem, as these organizations see it, lies in the fact that the drug only went through three and a half years of testing, leaving the medicalcommunity somewhat in the dark as to what serious adverse effects might result in the long term," the group said at the time.

"Along with the potential of serious adverse effects is the question of efficacy. There is evidence that after approximately four years, the vaccine's potency significantly declines. The long-term value of the vaccine has yet to be determined; if it wears off within six

years, will girls and women need to repeat the battery of injections they originally received?" the organization wondered.
Michigan was the first state to introduce a plan to require the vaccine to be given to young girls, but the proposal failed. Ohio also considered a failed plan in 2006.
In 2007 Merck's aggressive lobbying campaign and contributions to Women in Government resulted in proposals in at least 39 states to institutionalize such vaccinations.
48 - lovinallofthem: NEVER gonna get it, never ever gonna make my daughter get it, and i will FIGHT TOOTH AND NAIL to NOT give it to her...

49 - ChristiMom2: THIS IS NOT A CERVICAL CANCER VACCINE!
This vaccine protects against HPV which is a sexually transmitted disease. HPV can develop into cancer if untreated, but is not responsible for all cervical cancer.
The marketing for this vaccine pisses me off because if all these women think they are vaccinated against cervical cancer, routine cervical cancer screenings will stop happening.
I HAD CERVICAL CANCER. Not HPV, but actual cancer. The vaccine would not have prevented this. Without routine screening, it would have gone undetected and I would have lost my uterus.
I refuse to vaccinate my daughter with this crap. I am going to educate her about sexually transmitted diseases, teach her how to use protection and get tested, teach her to have regular exams, and have her checked for cancer each time.
If your daughter is educated about safe sex practices and the benefits to abstinence, she will not need this vaccine.
50 - pam228: yes,i already did with my 17 & 13 yr old. when my 1 yr old gets old enough yes for her too. my kids get all their shots,if the dr. recommends them,then yes they get them!

1 - Toriensliilmama: you dont get cancer from not wearing a condom..

Quoting chamelinmom:no they are finding that a lot of people are haveing parlization at the area and they never studied it well enough. THey also said that you have a better chance of preventing it by wearing a CONDOM than you do getting the shot. Use a damn CONDOM. Youll have less health chance

1 - Toriensliilmama: umm wow thats rude, i just wanted your guys opinions on the shot.. nothing more.. and i definetly didnt ask for you bitchy comments...
Quoting MCEmommy:
YEah every other day shes gunna start a vaccination post...getting old...
Quoting mlbrooks421:Yea, this chick is good at starting those!!!!

Quoting hillary_rose:
Another drama post!

51 - mommyat37: If I had a history of Cervical Cancer. Maybe.
Otherwise NOPE NOT HAPPENING HERE.

15 - Janis198:
Quoting MaxsLovingMommy:I think (and this is only my opinion) that having an uncircumcised partner is fine. It is the number of partners you have that puts you more and more in risk. My husband is not circumsised and neither is my son. It is a cultural choice. My husband is Mexican and many Mexican do not get their sons circumcised.

I totally agree with you.
My husband is Mexican also. My husband never even saw a circumcised penis until I was babysitter a friends baby a few years ago.
52 - faithandaddysma: Oh it is Amazing to me how missed informed people can be. Gardasil only protects you from 4 strains of HPV . And of those Four strains of HPV they only cause like 0.01% of cervical cancer cases. so lets see since the shots debut over 50 girls have died. thousands more have been adversely affected. and lets see THERE IS ROACH KILLER IN THE VACCINE, there are other things in the shot that have been proven to cause problems IE seizures, blood clots , death, oh yeah and not to Mention most of the additives in this shot can cause fertility problems. YES SO PLEASE MAKE YOUR DAUGHTERS ONE LESS!!!!!! ONE LESS TO GET THE SHOT!

53 - mrsitciklopez: YES I DON'T WANT HER TO GO THROUGH THE SCARES I'VE BEEN THROUGH WITH THIS SO YES!! AS SOON AS SHE GETS OF AGE THOUGH LOL SHE'S ONLY 8 MONTHS!!

54 - squidsmommy: My bet is when my daughter is old enough, it will either be improved so young girls aren't dying from it or it will be taken off the market. If it is the way it is now, no I would never get it for her. Teach safe sex because HPV is sexually transmitted and there goes some of the problem

55 - RissaBusch: Not even a slight chance that she will get that vax.
Just the way it's marketed is enough to not let her get it. It's not a cervical cancer vax, it's a vax against the types of HPV that can cause cancer. They make it sound like if you get it, you won't get cancer. It's an HPV vax not a cancer vax.
Shady marketing
54 - squidsmommy: Considering that HPV is sexually transmitted and if left untreated it CAN cause cancer, yes, you can get cancer from not using a condom
Quoting Torienslilmama:
you dont get cancer from not wearing a condom..
Quoting chamelinmom:
no they are finding that a lot of people are haveing parlization at the area and they never studied it well enough. THey also said that you have a better chance of preventing it by wearing a CONDOM than you do getting the shot. Use a damn CONDOM. Youll have less health chance

56 - mommyof2grls06:
None of my 3 girls will be getting this shot. Not only does it not protect from all the different kinds, but it hasn't been out long enough and hasn't been tested for as long as it

should be. Anything under about 10 years old hasn't been tested long enough. No one knows all the side effects and some girls have even died as a result of this shot. My girls won't be to the age where we have to tell the doctor no on this one, but they'll get there soon enough.
54 - squidsmommy: Where's the research on that one? To me that sounds ridiculous!!!! Show me the facts
Quoting MaxsLovingMommy:
Quoting Kristen5476:
If I had a daughter, yes.
In fact, research shows that women having sex with uncircumcised men have a higher chance of getting cervical cancer. Therefore, I circumcised my son in order to not risk that in whatever women he sleeps with in the future.
I think (and this is only my opinion) that having an uncircumsised partner is fine. It is the number of partners you have that puts you more and more in risk. My husband is not circumsised and neither is my son. It is a cultural choice. My husband is Mexican and many Mexican do not get their sons circumsised. As far as the vaccination, I have seen the commercials and thought about getting it, but now that I see all these negative post, I am not really sure. That teaches me that I need to do a little research first. But I am scared of most medicines. I vaccinate my son but I never thought about not vaccinating him. The vaccinations have been around for awhile now. But this is new so I don't know. I don't have a daughter. I think each person has to weigh out the risk and advantages with their doctor and see if they think it is worth it.....

57 - hannahsmommy321: yes

APPENDIX 2: HPV THREAD 2

Should your daughter get Gardasil, the vaccine against HPV?

1 - Pepperlynns: (CNN) -- When Raffi Darrow brought in her two daughters, Wendy and Alice, for their annual back-to-school checkups this week, for the first time in her career as a mom, Darrow decided to be a rebel.

Raffi Darrow decided not to get the HPV vaccine for daughters Wendy, left, 11, and Alice, 12.

Even though every federal health authority says her girls, ages 11 and 12, should get Gardasil, the vaccine that helps protect against cervical cancer and genital warts caused by the human papillomavirus, Darrow instructed the pediatrician not to give it to them. "Up until now my children have had every vaccine doctors have recommended," says Darrow, a graphic designer in St. Petersburg, Florida. "But most friends, like me, fear the safety of something new."
Even though Gardasil is on the Centers for Disease Control and Prevention's vaccine schedule for 11- and 12-year-old girls, and is recommended by the American Academy of Pediatrics, many parents interviewed by CNN say they're not getting it right now for their daughters out of concern for side effects.
"I'm not saying I'll never do it. I just don't want to do it when they're 11 or 12," says Darrow, who debated for a year about whether to get the shots for her daughters.
Liz Schlegel, on the other hand, didn't hesitate to get Gardasil for her 15-year-old daughter. "My older sister was diagnosed with (and beat!) cervical cancer two years ago, and her doctors traced it to HPV," says the manager of a small design firm from Waterbury, Vermont. "I would hate to think that normal sexual experimentation -- the kind that my sister and I and many of our friends and peers "tried on" in college -- could result in a life-threatening illness 30 years later."
A survey of 1,122 physicians in Texas showed that about half don't always recommend Gardasil to parents of 11- and 12-year-old girls, even though the CDC recommends it. The survey was published earlier this month in Cancer Epidemiology Biomarkers & Prevention, a journal of the American Association for Cancer Research.
In an unscientific QuickVote poll, respondents were split on whether they'd get the vaccine for their daughters, with 43 percent saying absolutely they would, 40 percent saying no way, and the rest saying they weren't sure. As of Wednesday, more than 5,000 people participated in the informal survey. To cast your vote go to CNNhealth.com.
Unlike most other vaccinations, Gardasil is not required for a child to attend school. As of 2007, the latest year for which statistics are available, 25 percent of 13- to 17-year-olds had received a dose of Gardasil, according to the CDC. Read what parents and pediatricians have to say about Gardasil »
Don't Miss
In Depth: Empowered Patient
"Although the numbers are low, we are optimistic this percentage will increase over time," says Arleen Porcell-Pharr, a spokeswoman for the federal agency. "We would like

to see 100 percent adherence to the CDC schedule, [but] from previous experience, we know that it takes years for a new vaccine to gain acceptance into the market."

Darrow and other parents say they're worried about neurological problems, blood clots and deaths that have been reported to the CDC after a woman or girl has been vaccinated with Gardasil. The vaccine is given in a series of three injections. Read a discussion on TwitterMoms about Gardasil

According to the Vaccine Adverse Event Reporting System run by the CDC and the Food and Drug Administration, as of May 1, there were 13,758 reports of adverse events occurring after women and girls received Gardasil, out of the more than 24 million doses that had been given to girls and women up until that time. On its Web site, the CDC notes that these events "may or may not have been caused by the vaccine."

Most of the problems -- 93 percent -- were considered to be mild, such as headache, nausea and fever. But 7 percent involved a hospitalization, permanent disability, life-threatening illness or death.

In the data, 39 deaths were reported after vaccination with Gardasil, with 26 confirmed by the agency, six under investigation, and seven unconfirmed. "There was no unusual pattern or clustering to the deaths that would suggest that they were caused by the vaccine," according to the CDC's Web site.

Gardasil, which prevents four types of human papillomavirus that cause 70 percent of all cervical cancers and more than 90 percent of genital warts, was heralded as a breakthrough when it was introduced more than three years ago by the pharmaceutical company Merck.

Since the reports, Merck has added several adverse reactions to the labeling, stating that some people after receiving Gardasil have developed autoimmune diseases, musculoskeletal disorders, paralysis and seizures.

"It's not possible to reliably estimate the frequency [of these adverse events] or to establish a causal relationship to vaccine exposure," the label states.

Dr. Rick Haupt, the pediatrician who leads Merck's research on Gardasil, says the vaccine is safe and effective for 11- and 12-year-old girls. "We have good evidence that the vaccine is appropriate to use at this age," he says.

He added that many countries, including the United States, recommend the shot at age 11 or 12 in hopes of getting girls vaccinated before they become sexually active, because HPV is transmitted sexually. Also, he says it's beneficial to vaccinate children this age because their "immune response is very robust."

Doctors and Gardasil

When her children were younger, Darrow's pediatrician urged her to get all the vaccines on the CDC schedule. She noticed, however, that when she told the pediatrician she didn't want Gardasil for Wendy and Alice, the doctor didn't push her to reconsider.

"There was no argument, no trying to persuade me, no 'Here's a pamphlet about Gardasil,' nothing," Darrow says.

Several pediatricians interviewed by CNN said they don't push the HPV vaccine if parents don't want it.

"I consider this to be an optional vaccine," says Dr. Arthur Lavin, associate clinical professor of pediatrics at Case Western Reserve University School of Medicine. "I tell parents it's fine with me if you wait, and it's also fine with me if you want that extra added level of protection and we proceed today."

He said about 15 percent of his patients are getting Gardasil for their 11- and 12-year-old girls.
Parents researching on the Internet
Before her daughters' checkups this week, Darrow spent several hours doing research on the Internet in order to make her decision about Gardasil.
She said what tipped the scales for her were statements made in the media by Dr. Diane Harper, an obstetrician and gynecologist at the University of Missouri who helped Merck do clinical trials on Gardasil, at one point serving on the company's advisory board for the vaccine.
Harper told CNN she has concerns about the safety of the HPV vaccine for pre-adolescents, noting that a small number of girls have died or suffered neurological damage after receiving the shot.
"Gardasil is not without risks. It's not a freebie," Harper says.
Harper says she worries that not enough young girls were included in Merck's clinical trials to warrant giving the shot to all young girls.
Merck has given the vaccine to 1,121 girls between 9 and 15 years old in clinical trials without serious side effects, according to Haupt, the Merck pediatrician. He says the company will try to continue to follow these girls for 10 years.
In addition to safety concerns, Harper said she wonders whether the vaccine will still be effective for an 11- or 12-year-old after she's become sexually active.
Gardasil is "100 percent" effective against HPV five years after vaccination, according to Haupt, and Merck is studying whether its efficacy lasts longer than that.
Darrow says this is one reason she decided not to get the shots for Wendy and Alice.
"Even if the shot lasts for 10 years, it would run out just when they're at their riskiest time," she says. "If I give it to my 11 year old right now, she'd need a booster at age 21."

She added that she hasn't rejected the idea of getting Gardasil for her daughters, considering that it would give them some protection against cervical cancer.
"I'm going to revisit this again when they're 14 or 15," she said.
I highly doubt i get my girls this shot

2 - lajoy: I have seen a lot of information on it and so far, I am not convinced of its safety. I won't be having my daughter get this one just yet.

3 - ceemuhreeashbee: I agree with her.

4 - athenax3: I am the mother of three dd's, two of which are in the age range for this vaccine, however, I won't be getting it for them just yet- I would prefer to give it a few more years to see if any longer term health concerns rise from it. I can already see the class action suit commercial on tv- "did you get the hpv vaccine? Do you now have a tail? Let us help you recompense for the damages caused by this, call our law office today!" -

2 - lajoy: They had a girl on the news that had a very horrible skin reaction. Apparently, there have been some side effects already. There is also some controversy about how

many different types of HPV viruses it protects against and if those are actually the same ones that cause cancer.

4 - athenax3: yeah, generally I'm all for prevention, however I think they have gotten a little lose with the standards for vaxes and perscription meds, not thoroughly testing them prior to unleashing them on the public- I don't want to do more harm than good.

5 - MissBearNMonkey: A big fat HELL TO THE NO.
I have a 12 year old dd who I love more than anything (except her little sister). I want nothing in my life but to see both of my girls grow up healthy and happy. The risks associated with this vaccine are SO much greater than the risks of not vaccinating.

6 - PamR: Both my girls had it. I think that it should absolutely be the parent's call if they choose not to do it and I don't think peds are pushing it as hard because HPV is sexually transmitted and they don't feel that they should be going too far with that. I weighed the info and decided to go with it, particularly after having a family member go through cervical cancer.

7 - mommybug77: My older girls are 10 & 8. I told their dr. when it was released that they would not be getting it. He was not happy but I said I am their mom & it is my choice. He is also not happy I still nurse my 30 month old, he told me to stop at a year so he is not someone i care for in the long run anyway

8 - Allebas: The maker of the Gardasil vaccine are REALLY TRYING to get girls vaccinated pretty BADLY!!! HECK!!! They sent me a post card about getting my DD vaccinated!!!! She is ONLY 18 MONTHS OLD!!!! LOL!! LOL!! What a bunch of IDIOTS!!!!!! Even IF she was the age to get it, NO WAY would she be getting it!!!!! IMO, there have been WAYYYY TOOOOO MANY bad reactions, and it has NOT been on the market LONG ENOUGH to PROVE it is TRULY SAFE!!!! Our family does NOT have a history of cervical cancer, so that also plays into mine and my DH's decision on the matter as well.

9 - rocklovinggirl: After hearing about deaths and paralyzation of some young girls, if I had a girl I would not give it to her. I warned my sister to research it, too but I don't know if she will because she thinks I am a little crazy for not wanting to give my son all vaccines.

10- EireLass: I think having the vaccine as young as they do is a problem. It's affecting a part of the body that has yet to fully develop. I think that's the problem with alot of things.....administration/exposure too early.
My daughter had hers at 25. The cut-off is 26

11 - nysa76: No way. When she is 18 she can choose to receive it if she wishes.

12 - PestPatti: Our office has goteen quite a few phone calls about the shots. Most of them directed to the billing department. BC/BS denying payment for the shots, as experimental..

13 - mwengenroth: I am all for just telling my daughters not to sleep around. Why do people think they should be so free with their bodies. Why would you want to share your 1 body with the world. This vaccine is just a way of telling your daughter it is ok to have indiscriminant sex.

14 - Eilish: No way! I will NOT have my daughter get the Gardasil vaccine. All agencies promoting it (and parents) can kiss my ass.

15 - Blueroses_78: There are girls who have DIED from this vaccine, girls who have developed the genital warts that it is supposed to prevent, not to mention the fact that there have been SERIOUS side effects that make the risk outweigh the benefits.

I don't have any daughters (yet - it's still too early to find out if I'm having a boy or girl), but if I do, there is no way she'll get it. They're starting to try and push it on boys too - which I don't like.

I feel that it's just another way for many parents to avoid the "safe sex" talk with their kids. If they use condoms, their chance of contracting HPV is low. I plan on establishing an open dialog with my kids about love, sex, and safety, and hopefully there will be no reason to need the vaccine.

16 - ddbz: Well, you need to compare the dangers of a devastating adverse reaction (appxt. 1/10,000*) to the probability of contracting HPV (appxt. 8/10*). Remember that HPV and cervical cancer are very closely related. I let my daughter decide at the age of 13 that she was ready to start her Guardasil vax's, as many of her friends have.
* must Google to confirm data ...
P.S. OOPS I posted genital herpes data instead of HPV, edited to correct :~p
ETA:
http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm
excerpt
more than 25 million doses of Gardasil were distributed in the United States.
As of June 1, 2009, there were 14,072 VAERS reports of adverse events following Gardasil vaccination in the United States. Of these reports, 93% were reports of events considered to be non-serious, and 7% were reports of events considered to be serious. Based on all of the information we have today, CDC continues to recommend Gardasil vaccination for the prevention of 4 types of HPV. As with all approved vaccines, CDC and FDA will continue to closely monitor the safety of Gardasil. Any problems detected with this vaccine will be reported to health officials, healthcare providers, and the public, and needed action will be taken to ensure the public's health and safety.
end
http://www.medicinenet.com/genital_warts_in_women/page2.htm
excerpt

... and it is believed that at least 75% of the reproductive-age population has been infected with sexually-transmitted HPV at some point in life. It is believed that over 6 million people become infected with HPV every year in the US, and approximately 50% of those infected are between the ages of 15 and 25.
end
http://wwwicic.nci.nih.gov/cancertopics/factsheet/Prevention/HPV-vaccine
excerpt
http://www.cafemom.com/Do HPV infections cause cancer?
Infection with certain types of HPV is the major cause of cervical cancer. Almost all women will have HPV infections at some point, but very few will develop cervical cancer. The immune system of most women will usually suppress or eliminate HPVs. Only HPV infections that are persistent (do not go away over many years) can lead to cervical cancer. In 2007, more than 11,000 women in the United States will be diagnosed with this type of cancer and nearly 4,000 will die from it. Cervical cancer strikes nearly half a million women each year worldwide, claiming more than a quarter of a million lives. Studies have found that HPV infection is also a strongrisk factor for oropharyngeal cancer (cancer that forms in tissues of the oropharynx, which is the middle part of the throat and includes the soft palate, the base of the tongue, and the tonsils) (1, 2). Studies also suggest that HPVs may play a role in cancers of the anus, vulva,vagina, and penis.
end
These are the facts that influence my decision to let my daughter get the vax.

17 - tericared: I double that big fat hell to the no!!!!!!!!!!!!!!!!!!!!!!!!!!

2 - lajoy: Some of the girls in my 13 year olds class were actually calling it the STD vaccine. She told them there are more STD's out there besides HPV and even with the vaccine they still need to not be skanks. She always has the nicest way to say things.
I worry that some of these girls may develop a false sense of immunity and protection.
I am not so naive to think my girls will not have sex. I hope they won't and we talk to the 13 year old about these things. I try to keep the lines of communication very open. i hope that if she does decide to start earlier than she should, she will at least remember what I have told her about self respect and protection.
It's all so scary.

18 - Ginn623: I have a 15 year old daughter and she had the vaccine three years ago and she didn't have any kind of side effect. Besides I would rather her got through a little rash than the pain of having ovarian cancer which usually occurs when you've had HPV

19 - iluvmommyhood58: Not only safety, I'm not sure of its effectiveness. There are 30-something (I believe) strains of HPV that can lead to cervical cancer. Gardisil vaccinates against, like, 2. That hardly seems worth the risk to me. Regular exams and paps...

20 - MrsRStewart: Not a chance.

15 - Blueroses_78: It's not linked to OVARIAN CANCER - it's linked to CERVICAL CANCER - and there are many other things that make one predisposed to female cancers. This vaccine will NOT protect these girls from all the other things they will catch - herpes, AIDS, chlamydia, gonorrhea, etc. And it will not protect them from pregnancy. Condoms are VERY effective in protecting women from those aforementioned conditions, as is talking to your kids about sex, and what consequences they may have to face.

Every woman that I know who has had cervical dysplasia and possible cervical cancer (these are women my age, who are not able to get the vaccine) have NOT been victims of HPV.

Here are some links for you, and everyone else, to look at regarding Gardasil and it's side effects, which are MUCH WORSE than a "little rash" (try talking to or reading about women who contracted CERVICAL CANCER and GENITAL WARTS - the two things that the HPV vaccine are supposed to PREVENT):

http://vaccineawakening.blogspot.com/2009/02/gardasil-death-brain-damage-national.html

http://www.nvic.org/Vaccines-and-Diseases/hpv.aspx

http://au.todaytonight.yahoo.com/article/43654/health/gardasil-effects-controversy

http://www.newsrecord.org/sections/college-living/gardasil-side-effects-controversy-1.1359005

Read the comments on the pages, if they allow comments. You'll read about numerous parents who have been with their daughters since they got the first shot, and it has destroyed MANY lives.

I would rather talk to my daughter about STDs and prevention by use of protection rather than give her a shot which will either give her a false sense of protection from HPV, or worse, will destroy her life or take it!!!

15 - Blueroses_78: Right on, girl!!!

21 - pcolovesfall: My daughter had it when she was 14.

22 - CAarmywife: im a vaxer but no way will i risk my children with that shot.

23 - rozepyle: i got "hpv" from the fucking gardasil shot the shot that i DIDNT WANT that i was FORCED to take i got one shot at 16 one shot at 17 and one shot at 19 after i had ds. i never wanted it and i am highly against it because i am LIVING PROOF THAT IT IS HORRIBLE merck can go suck a dick for all i care.

and yes, i did get hpv from the shot because i have only had one sexual partner, my husband and he was crystal clear before we started doing the nasty so please dont retort with a your a slut comment, i have proof that it was the shot after lots and lots of back and forth to the gyno/midwives.

1 - Pepperlynns: since they are just now doing the vaxing, i wouldn't be surprised the first girl that got this shot will be infertile/sterile when it comes time for to start her own family....that's population control...JMO

19 - iluvmommyhood58: First, nobody's calling you a slut. I have a strain of high-risk HPV and I've done some serious research on the subject. Men are not tested for the HPV virus unless it physically manifests (genital warts), in which case, it is a low-risk strain that does not lead to cancer. Unless your husband has also only had one sexual partner, you, neither of you would know whether or not he was "clear" before being with you. He would not have been tested for a high-risk strain. At that, women are not tested unless a pap shows abnormal. The virus can remain dormant in the body and never visibly manifest or may manifest after 10 years. There's no way to know when someone contracts it or where (unless two people have only ever been with each other).

24 - kyliees_mommy08: i personally just got my first dose of this 3mths ago and yes when my daughter is old enough to get ,then she will get vac....im only doing it cuz cancer runs in my family and on her fathers side of the family. my child...my choice!!!!!

19 - iluvemommyhood58: Do what you want but the cancer caused by HPV is not hereditary. HPV is sexually transmitted.

23 - rozepyle: how do you know he didnt get these tests? money talks..... i refuse to sleep with someone that doesnt get every test in the book, no matter how high the price and hubby was willing to pay for it.

25 - gld2bmom: Completely agree!
15 - Blue_roses78: Exactly - you choose for your child. I just don't want to see this become mandatory, or have doctors making parents feel like they are endangering their children because they want to wait to see what the long term effects of this vaccine are. Especially when what it is meant to prevent is already preventable.

14 - Eilish: Having worked in a lab, and performing tests for HPV, you ladies should know that there are literally thousands of strains of HPV, and EVERYONE has at least one strain. Gardasil only protects against 4 strains ... 4 strains out of a thousand. And you can contract HPV without sexual contact. Gardasil is not only dangerous it is ineffective.

17 - tericared: can you explain the words in red,,,I had no idea...

26 - lilyrose73: My daughter is never going to have sex, so why would she need this ;)

She's only 4, but if I had to choose today, I'd say no.

27 - eaglemama2: My dd is only 6 lol so thankfully by the time she is old enough, there may be more information out there than there is now.

14 - Eilish: Example: there is a strain of HPV which causes cold sores. If you drink from the same cup of a person with a cold sore, you could contract HPV. HPV is also found in warts; if you come in contact with some else's wart (could be on a hand; I'm talking talking genital warts here), then you can contract HPV. MOST strains of HPV are relatively harmless. Dealing with cold sores or warts is not going to kill you.

17 - tericared: thanks,,wit hall of the fear tatics I just always thought the HPV was just an STD.. and my girls think I am over protective because I taught them to not share ANYTHING...NOTHING..no how no way with anyone.....

14 - Eilish: Yeah, it only becomes an STD when it is contracted through sex. And like I said, the vast majority of human beings have at least one strain and the vast majority are relatively harmless.

19 - iluvmommyhood58: Really... according to the CDC, currently there is no test designed or approved for detecting HPV in men. That's how I know.

19 - iluvmommyhood58: Oh... lol. Yes, and the regular warts on your hands. But these strains do not develop into cervical cancer or lead to it. There are only specific sexually transmitted strains (about 30 of them, right?) that cause cervical cancer.

28 - MissBearNMonkey: I thought cold sores were from a strain of herpes, not HPV. Are they one and the same??
28 - MissBearNMonkey: Damn straight, sister.
19 - iluvmommyhood58: I wasn't familiar with a strain of HPV causing cold sores either, just warts. I can say that Herpes and HPV are not the same thing or linked in any way other than both can be sexually transmitted.

29 - booklover74: No neither of my daughters (or sons) will be getting this vax. It is to dangerous, unproven, and it isn't necissary and is very much misunderstood by both teens and adults.
You can prevent HPV with the same precautions you take to prevent getting HIV, or other STDs. Sexual education, consistant and proper condom use, being a discriminating sexual partner and having regular paps are a much more effective way to prevent such things as cervical cancer. This is the route I have chosen for my 15 year old daughter and I've explained why. She's read up on HPV and Gardasil as well and agrees. Condoms or their many purposes are no mystery to her. She doesn't harbor any false ideas about a magical STD shot like a few of her freinds have told her about.

14 - Eilish: I'm not even sure there are 30, but there are a relative few compared to the number of strains out there.

14 - Eilish: There are cold sores caused by herpes, and cold sores caused by HPV.
23 - rosepyle: your wrong.... there are ways to test for it

30 - mistynights234: I agree with this 100%
31 - lalasha: I will be getting my daughters vaccinated I have had a very close call with hpv I had late stage precancerous lesions (in other words if i had not gone to my gyno and religiously as I do I could be dead or dying right now) and I have always had safe sex with my partners unless I was in a committed relationship and after we both got tested for std's but I still got it and I'm not going to risk my daughters safety like that. Of course I hope they wait until they are in a serious relationship and or married of course I will teach them all about safe sex but as a parent I see it as my job to give them every advantage in life that includes protecting them against cancer. and fyi there is not medical test for men so lots of guys are going around not even knowing they are carrying a possible deadly virus and if I have a boy I'm going to get him vaccinated too.

32 - Fuette: Heck no my dd will not be getting that shot. She's only 2, so I have a while before I have to "worry" about it. With all the stories coming out about bad reactions to that shot, I will not take the risk.

28 - MissBearNMonkey: I actually looked this up because I really hadn't heard this and found this conclusion from a reputable site:
HSV=Herpes Simplex Virus
HPV=Human Pappiloma Virus

33 - bakebiscotti: I am a cervical cancer survivor, a direct result of HPV and yes! My daughter will get Gardasil. HPV is not Herpes
14 - Eilish: And I never said that cold sores are linked to the HPV strain that causes genital warts.

2 - lajoy: This is what I have been told by two doctors. One actually told me that according to his research, there are like 4 or maybe he said 6 strains that can lead to cancer and that Gardasil does not even protect against all the right strains.
It's tough being a parent with all the different and many times conflicting info out there.

34 - MinstrelMommy: Aw, no poll? lol j/k
My teenage daughters and I have talked about this vaccine extensively. We've looked into it, and the long term effects of this vaccine just aren't known yet. I don't want to deny them anything that would protect their health, but I don't want them to be an experiment for a newer vaccine either. My daughters and I decided together that Gardisil is not for us. If they feel they need it one day, that will be their decision, and I'll have to allow it.; but my girls aren't sexually active. (Yes, I do know that for a fact.) My girls are 15 and almost 13.

35 - mamaof2angles: Neither my younger sister nor I nor my daughter will be getting this vaccine it has latex we cannot have latex, that and the shots are expensive $300 per shot

and its 3 shots. Just like my kids and I cannot and will not be getting the menitgites one that they keep touting because once again Latex!!!
edit and not all insurances will cover this vaccine.

28 - MissBearNMonkey: No, but you did say that a strain of HPV caused cold sores, and every thing I've found on the net has said definitively no, that's not true. Can you please provide some proof of what you said? I'm slightly alarmed because everyone in my family gets cold sores and if it's linked to HPV, I'd really like to know that. Thanks.
36 - jenn01011984: I have 2 girls. They are still very young but i still have to think about their future. I dont think at this age it is neccessary. 15 maybe...when they start getting sexually active definitely. I myself had HPV...My mom lied to me all my life and said that she had ovarian cancer. I had a bunch of tests done to make sure i dont get it and they found that. Which im glad i had the tests done if they did find something, but i would not want my children to go through what i did. I think older like 15 years old yes..... 9, 10, 11 NO!!!!!

37 - home-sweet-home: No way. No how. Not happening!
I do not want my girls to be ....one less...one less alive lol!

38 - AshlieTolliver: I dont have any daughters, but I am 20. I was 17 when the vaccine came out, and my mom let me decide for myself on whether to get it. When it came out I had been sexually active for a few months, and I figure since I had already been having sex, I was already at risk. I didnt get the vaccine because I didnt know the side effects, and I am glad that I didnt. I have heard about girls having serious problems from the vaccine.
I am 9 months pregnant with my first child, and a year ago I found out I have HPV. But guess what, my OB says mine should clear after delivery. What people dont realize about Gardasil is that it only protects against 4 types of HPV, overall there are hundreds, and many women who have HPV have a form that resolves itself on its own.
I think this is a situation where people should really weigh the options and decide. None of my friends have gotten it simply because we're not aware of long term effects.

28 - MissBearNMonkey: bumping for my previous post.
Hello?

28 - MissBearNMonkey: ?

14 - Eilish: I would like to answer your question, but I have been having to deal with a lot of things at home ... things that are threatening my families very livielhood, so you question has been put on the back burner ... unfortunately. I would also have to look up the answer in my old text books and given this current situation, I neither have the time nor the means to do it.

Sorry.

39 - Wyldbutterfly: Oh my goodness thank you! An intelligent reply regarding HPV!

39 - Wyldbutterfly: HPV is not the same as Herpes Simplex Virus. They are two totally and completely different STD's.
However,Herpes Simplex Virus are often referred to as cold sores. As that is exactly what cold sores are. There are two different types of Herpes. One referred to as cold sores and the other in the Genital area. However, if one has a cold sore on their mouth and performs oral sex you can get the oral herpes in the genital region and vise versa. Now that , that is all cleared up.
Moving on to HPV. I've seen a lot of very ignorant comments in this post. Ladies ignorance is not bliss, regardless of what you feel or have heard. There are MANY and I mean MANY different strains of HPV. The Gardisil vaccine only protects against a small hand full of those strains. Four I believe. I don't recall as it has been a while since I checked up on which strains it is supposed to prevent. The Gardisil vaccine is not a cure all for Cervical Cancer. Regular GYN checkups will help to prevent Cervical Cancer or catch it in it's earliest stages when it is easily treated with a few different procedures offered depending on how bad or which stage your Cervical Dysplasia is.
Moving on Condoms do not offer full protection from HPV! HPV can be passed by SKIN TO SKIN contact in the genital area. So a falsehood is that Condoms protect against HPV.
The most ignorant statement I have read thus far is "The Gardisil Vaccine will cause Girls to be promiscuous". Now if that's not the biggest crock of shit I've heard. I do not know what is. Since when does a vaccine cause a girl to be sexually active? It is our job as parent to talk with our children about the risks of having unprotected sex or premarital sex.
HPV is so prevalent it's scary. Many women AND men are walking around carrying a strain of HPV and they do not even know it. They are spreading it around like wild fire without even having a clue. It is estimated that up to 80% of both men and women have had or have a strain of HPV. That's how prevalent HPV is.
As for the woman who said she had HPV and got it from her vaccine and she is not a slut. No one ever called you a slut, you are very defensive without the need to be. Your husband or SO could have very well had HPV and never have known. For men the only outward symptoms they have from HPV are genital warts. They catch it in women because of routine pap smear screenings. Another note that many women fail to realize is that a pap smear is only 85% accurate.
Moving on. Gardisil is only now being used in women and not men. I would love to know why that is?Especially when both men and women alike carry the virus HPV. They are now trying to vaccinate both men and women or boys and girls.
As a Mom to an 11 soon to be 12 year old I have decided against giving my daughter this vaccine.
For one I do not trust drug companies. It is my opinion and that of many other Moms out there that this vaccine has not been around long enough to know the long term side effects. I am deciding to err on the side of caution and wait it out for a few years.
Oh and yes they are giving the vaccine early and there is a reason behind it. That is to get the girls before they are sexually active and possibly contract a strain of HIGH RISK or Low Risk HPV!

So in the end it's a parents choice. Research and go from there.
But enough with the false hoods of HPV and the ridiculous thinking of it will make girls sexually active. That is pure naivete.
So ladies make sure yo go for your anual Gynocological Exams. They do save lives

28 - MissBearNMonkey: I see you're on today, Eilish! Any headway on that response?

40 - LavenderMom23: The number is 0.003% of subjects WHO HAD ADVERSE REACTIONS had serious ones. - The 12,424 overall adverse reactions (which included fainting, and presumably soreness and fever, since those are the major reactions reported) were out of 23 million (23,000,000) doses, or 0.05% reactions to total doses.- The 772 serious side effects (the supposed "6.2%") represent 0.003% of the doses, while the 32 deaths are 0.0001%. In contrast, HPV infections have much higher prevalence rates, and the risk of dying from cervical cancer is several orders of magnitude larger.- HPV infections are very common (as much as 25 to 30% of the population at any time, although most infections clear by themselves and only the two strains most related to cancer are preventable with this vaccine).- In the U.S. and Canada, about 0.3% of the entire female population has what may be pre-cancerous changes to the cervix found EACH YEAR. Also each year, 0.007% of the population develop cervical cancer, and 0.002% die.The two HPV strains covered by the vaccine are the major cause of cervical cancer -- a discovery that led to a Nobel Prize for the researcher who figured that out, and which prompted the development of the vaccines in the first place.Right now, between 8% and 27% of women diagnosed with cervical cancer die from it, depending on how early it is detected using Pap tests and similar screening.So by my rough calculation above, women are at least 20 times (2000%!) more likely to die from cervical cancer than from any side effects of the vaccine designed to prevent it.

41 - home-sweet-home: Chloe and Sarah will not be "One Less" alive lol.
Seriously though, they will not be getting this.
However Susha and Lima will probably have to in order to come in the States. It makes me angry that it is not required, but they will make us give it to the girls. I just pray nothing goes wrong with them. We are also getting it in Russia

42 - conniecabe: DD just turned 11. My husband had the joy of taking her to her check up this time. He came back home and commented that our pedi "sure is a vaccine pusher" and handed me the gardasil pamphlet. While I believe immunizations are very beneficial...and especially one that has the promise this one has....I think it prudent to wait a couple of more years. My daughter received the Chicken Pox vaccine right when it came out, then it was recalled due to some issues...I freaked out. Thankfully, she was okay. But I'd hate for that to happen again. We're waiting.

43 - PamR: Both my girls had it. Like any vaccine, it does carry risks, but my feeling is that the benefits outweigh the risks. They are more likely to get some form of cervical cancer than they are to suffer a reaction to this vaccine. Neither one reacted to it in any way.

44 - gardasil_mom: My daughter got the vaccine and has been sick ever since. She was a perfectly healthy 16 year old girl, very active, being recruited by colleges because of her athletic abilities, and then she had the gardasil vaccine. Within a couple of days, she couldn't breathe, then the next day the chest pains started. We spent the whole next week in and out of the er and doctors offices, running test after test and no one could figure out what was going on. My daughter just kept getting worse and worse, and not one person could figure out how to help her. Then, just NINE days after the vaccine, when we were back in the emergency room again, I happened to mention that Holly had just had the gardasil vaccine. The doctor left the room. When he finally came back he said that he thought Holly had a blood clot in her lungs,and they immediately took her down for a CT Scan. Instead of finding a blood clot, they discovered she has pericarditis, which is swelling and inflammation around her heart, A DIRECT RESULT OF GARDASIL according to the ER doc. He also went on to say that had Holly not been on motrin because of shin splints, she would probably have already died.It was months before Holly made any significant improvement, months before she could walk across the room without help, months before she slept in her own room again because we were afraid she would die during the night. My daughter, who days before the shot was setting school records, competing in state level events, and running an average of six to ten miles a day, could not walk up the stairs to her room because she was too weak, and her muscles / joints hurt, she had leg tremors, extreme head pressue, temporary loss of vision, dizziness, hair loss, insomnia, etc etc. She was so ill, that instead of going to school her senior year and graduating, she spent the days on the couch too weak to get up, or going back and forth to one of her five doctors.
It's been 19 months, and she is still ill. She has made some improvement, but is still not back to normal. Gardasil is so much more dangerous than anyone is letting on. And as for the statistics, well, a lot of people have a sick child on their hands and can't figure out why. I have been in contact with people who have been trying to figure out for two to three years now, why their daughter is having seizures, or is paralyzed, or has suddenly begun fainting or having chest pains, etc. and so it isn't reported to VAERS. There have been many girls who have gone go bed and died or who have collapsed in the shower and died, and the cause of death is unknown, and the only thing they have in common is the gardasil shot, and the unexplained illness they have been fighting, which coincidentally started AFTER the gardasil shot. The true side effects of this vaccine need to be made known. It is NOT a safe vaccine. YOu are better off getting regular check ups (which you still need even with the vaccine) and practicing safe sex. Gardasil is deadly!

45 - Sillymama530: My daughters are only 6 months old and 2 1/2 so they're not quite there yet. I'm not sure if I'll allow them to get this one or not, but definitely not until more is known about it.

45 - Sillymama530: I agree.
46 - dsptchmommy: My daughters will be getting it. I have HPV courtesy of my ex-husband, but that isn't why they will be getting it. We have a long family history of cervical cancer in my family....if there is something out there that can lower the already high risk my girls have then I will do it. But then it will be another 4-5 years before my

oldest can get it and another 9-10 before my other DD can, so there is plenty of time to sit back and see what the effects of it are going to be.

17 - tericared: I am so sorry....People really need to hear your story and others like you...

44 - gardasil_mom: Thank you! And you are right, people do need to hear about what happened to my daughter and others like her.

47 - MontclairMama: I found out I had HPV right after I had my 1st child. I was only ever "with" my husband and he obviously didn't know he had it since men can't be tested for it. He didn't cheat- he had it from before we got married. I am now a carrier for one of the worst strains of it and have to wonder, each and every time I get pregnant, if I don't get a pap smear first, if I will have to abort my baby because of a bad pap test during pregnancy.
So, yeah... my girls will have it. It isn't worth it not to have it. Your daughter could do everything right and then wonder if she is going to die from cervical cancer at a vulnerable time (after childbirth) like I did.

48 - MichelleJ1000: Don't do it. I have 3 girls and thought I was doing the right thing to protect my oldest. It is a series of 3 injections and when she got the first injection she fainted and had a seizure.
Never went back for the other two. She did have to go to the dr. for another reason and the nurse was trying to tell me she needed her other shot. I said no thank you and don't ask again.

49 - sugarsmom2: Raffi you have two lovely daughters .Please do not put your children on the do not give the shot list . This is a good thing to do for them. I can help in the long run . I took my granddaughter to the doctor and got the three shots for her . she is nineteen . so she is older then your girls . it is a three shot deal and goes over a few months . so again i say what lovely girls .

44 - gardasil_mom: They are lovely girls, and that is the exact reason NOT to vaccinate them. This vaccine is very dangerous and harming girls worldwide. I am very happy that your granddaughter did not have a reaction, but please watch her. No one knows of the long term effects. Menstral issues, unexplained fainting, weakness, seizures, weakness, etc etc. So again, please keep a close watch on her.

50 - cherry41089: I got it becuz in my family cervical cancer is big all my aunts and my mother got it young, so when my dd gets older I will be giving her it too.

44 - gardasil_mom: A new article interviewing Diane Harper, (the main developer of gardasil) came out today. It's very interesting and may make you change your mind about getting vaccinated with gardasil. I won't even paraphrase it, but it's very informative.
http://www.empowher.com/news/herarticle/2009/12/23/interview-dr-diane-m-harper-hpv-expert?page=0,0

51 - rfourangels: I completely agree ladies (which is somewhat uncommon for me in this group :)
I am an RN, and have a graduate degree in nursing, and in Public Health. I've worked in public health- EVEN our pediatrician doesn't think girls at age 12 should have it, but she's torn; which is exactly the opposite perspective of my own GYN (a good friend, and we've had very lengthy debates about it)...incidentally, my Gyns primary argument is to prevent the horrid effect s of HPV, primarily the warts... okay, not enough for me.
So- for me, the risks far outweigh the benefits.Even the experts don't agree.
I have three 11 year olds, one girl and two boys... it's not for us

52 - DejaVooDoo: My DD wont be getting gardasil till she can actively make her own choice. She can do her research and decide for herself.

APPENDIX 3: WEIGHT MANAGEMENT THREAD

Pediatrician- Was This Wrong? ETA- Picture-Weight Issue

1 - Anonymous 1: Ok so let me start by saying I know I'm going to get ripped to shreds. I'm ok with that, but if you go that route, please also answer the question.

DS (11) had his annual physical today. The first moment we got in there they put the consent forms for all the vaccines in front of me. So I said yes for 2 and refused 2. For the first time in the history of my going there, no one said a word about refusing any vaccines. So I thought we were off to a good start.

Then the doctor came in. She commented on how DS had gained some weight. I knew and expected that. Then she pulled her laptop over to DS and started talking to him about his weight some more. She kept on going and going. Then, she said she needed to set a weight goal with him. By this time, he started to cry. So I said "hey buddy don't get upset. This is just stuff we need to talk about." The doctor said, "no it's ok to get upset. This stuff is upsetting." Then she kept on going and talked to him about the upcoming holidays and how he can't gain weight. It wasn't so much that she said anything too too crazy. It was more that he was clearly upset and she just kept going and going.

So here's the thing. The person responsible for this boy's weight is me. I'm largely still responsible for what he eats. So if she wants to make anyone cry, why not do it to me? I just hated that she harped so so much on his weight. She didn't talk about how to be healthy. She talked about how much he weighs. I finally stepped in and said "listen I'll work with him on this. I promise. It's me. But please stop."

She stopped and was kind to him after. So I know she cares, and I appreciate that. I do. I just didn't like the way she kept focusing on his weight. When we left, right away he started talking about how much (or little) he'll eat from now on. He said, "I can't get fat mom. I can't." He's already a kid with a lot of anxiety, so now he has something new to focus on. I couldn't help but wonder if the convo would have gone the same had DS been a girl.

I know I'm being sensitive here. I also know childhood obesity is very serious. I'm not making excuses for me. I just hate that she made him feel that way. I hate that the focus wasn't about being healthy. Instead it was about how much he weighs.

Because I know I'll get the questions over and over again, he's in the 95th percentile for weight and 90th for height. I know he needs to lose weight... but it's on me. So am I being ridiculous? Was the pediatrician out of line? I'm just not sure this is the right pediatrician for him (it's a large practice and this was his second time seeing her, but there are lots of doctors).

ETA: Pics aren't great. I know. But he's an 11 year old kid who doesn't wear tight clothes. I wanted to show recent pics so this is what we have.

2 – Anonymous 2: If you are upset what the pedetrician said, you would be suicidal if you knew what the kids at school say.

1- Anonymous 1: The kids are at school are big. I mean... they're really big. A friend of his weighs over 150 at 11. There are lots of big kids... boys and girls. That's not to say it's ok that mine is overweight, but he's not getting teased at school.

3 - Anonymous 3: She crossed a line when she made him cry. That was unprofessional and cruel. Pediatricians can talk with children about weight in a more professional, constructive way.

4 - Sassytwinmom: How much does he weigh? That was going over board unless he was obese. My nieces half sister is chunky but its not fat though depending on what she wears it looks like it. She doesnt eat a lot, is extremely active and has a healthy lofe she just took after her dad who os big. Her mom, half sister and such are all naturally skinny. Doctor never said shes fat or indicated it so im curious
5 - halsmommy14: if he's in the 95% for weight and 90% for height, wouldn't he be closer to even. like, if he was shorter but 95% for weight, that would be concerning. it sounds like the "doctor" had different expectations. i would have been asking if she was looking at the correct chart.

6 - Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.

His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.

5 - halsmommy14: also, fwiw, my 11yr old had her yearly check up recently and when questions were asked, i answered. my doctors know not to overstep with me though. if he were a teen, it would be different. she would have been done before he started crying. if i were you, i'd file a report. maybe she'll learn next time.

6 - WickedOpal: Those two percentiles are not very far off. Did she take that into account? I mean, how overweight is he? That's usually an age where a lot of kids pork up, but it's because a big growth spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?

7 - iamcafemom83: If this isn't the first time they've done things you haven't liked, it is time to find a new one. .though if youre like me and have been with them since your kids were born, I know how hard that is!

My daughter is also considered over weight and they have never ever talked to her like

this!! In fact, I'd say they were super cautious with the words they used.

I think you should talk to the office manager at the veey least and see if they can change the way they do things with that.

2 - Anonymous 2: I doubt all the kids are big. Is it a fat camp?

6 - WickedOpal: I wondered the same thing.

> *Quoting halsmommy14:*
> *if he's in the 95% for weight and 90% for height, wouldn't he be closer to even. like, if he was shorter but 95% for weight, that would be concerning. it sounds like the "doctor" had different expectations. i would have been asking if she was looking at the correct chart.*

8 - AmiJanell: I think 11-year-olds are old enough to take on a lot of the responsibility for what goes in there mouth... and how active they are. If not at 11... then when? When he's 13? 16? Not until he's an adult?
And I also think that if you KNOW that this is an issue with what you are serving him... then WHY!?

9 - nononenever: I wouldn't be comfortable with a doctor who harps on 11 years until they cry. That's really poor bedside manner. Attacking children for things outside of their actual control is a shitty thing to do.
Now mum - hopefully you heard the message and not just how mean the doctor was. Do something about his weight AND consider finding a new doctor.

1 - Anonymous 1: I promise I agree! It just seems like there are other ways to address it. I mean... I know she cares for his health, but mental health as well? I don't want my 11 year old to have a complex about his weight. I want him to want to be healthy, not obsessed with a number.

> *Quoting Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*
> *His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.*

10 - ninjakids: She wasn't trying to make him feel bad, she was trying to keep him informed and educated about his health. Plus if he knows these thins from her he is more likely to tell you "no Mom, I can't eat that".

Besides that... those percentiles aren't that and together. If he was 20th for height and 95th for weight I'd be concerned.... but for those? Not so much.

11- HOT4TCHR: I hate this story! Ten and 11 year olds...and some 9 year olds...they chunk up before they shoot up. Even my own son who was pencil thin at age 10 and pencil thin at age 12 was sporting cheeks and a gut at 11.
Some doctors...Lordy! Did she even ask any questions about what he eats and how active he is? Or did she just assume?

9 - nononenever: Depending on her area I wouldn't doubt it at all. Some areas have shockingly high levels of childhood obesity.

> *Quoting Anonymous 2: I doubt all the kids are big. Is it a fat camp?*
> *Quoting Anonymous 1: The kids are at school are big. I mean... they're really big. A friend of his weighs over 150 at 11. There are lots of big kids... boys and girls. That's not to say it's ok that mine is overweight, but he's not getting teased at school.*
> *Quoting Anonymous 2: If you are upset what the pedetrician said, you would be suicidal if you knew what the kids at school say.*

1 - Anonymous 1: He looks like a football player. He has broad shoulders and a larger frame. I THINK she said he weighed 118lbs. They didn't tell me his height. They just said 90th percentile for height. I'll grab a pic in a minute. I just need to edit out his face and find one that shows his body.

> *Quoting WickedOpal:*
> *Those two percentiles are not very far off. Did she take that into account? I mean, how overweight is he? That's usually an age where a lot of kids pork up, but it's because a big growth spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?*

6 - Medic32: I agree she should've made him feel anxious about it. But it is time to actually make him aware of it. And have him involved in his healthcare decisions. He needs to have an actual true concern about it. Take this as an opportunity to discuss healthy meal options for him have him help you cook And meal plan. Take family walks, go visit nature trails. Take up kayaking or other physically active new hobbies.

> *Quoting Anonymous 1: I promise I agree! It just seems like there are other ways to address it. I mean... I know she cares for his health, but mental health as well? I don't want my 11 year old to have a complex about his weight. I want him to want to be healthy, not obsessed with a number.*
> *Quoting Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*
> *His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.*

1 - Anonymous 1: She said, "do you drink a lot of soda?" He said, "no I'm not allowed to." Then she said, "do you like chips?" He said "no." (Kid just doesn't like chips) I did pipe up and said he eats very healthy food. The problems are his portions. He's SUCH an active kid. He's hungry all the time! But he snacks on fruits and veggies, but lately he's been snacking a lot on Greek yogurt. He could probably cut back on that.

> *Quoting HOT4TCHR:*
> *I hate this story! Ten and 11 year olds...and some 9 year olds...they chunk up before they shoot up. Even my own son who was pencil thin at age 10 and pencil thin at age 12 was sporting cheeks and a gut at 11.*
> *Some doctors...Lordy! Did she even ask any questions about what he eats and how active he is? Or did she just assume?*

12 - Anonymous 4: What's his actual weight?

I think your pedi was way out of line and I wouldn't be going back. Kids need to focus on being active and having fun NOT their weight. You were right that the diet conversation should have been had with you privately.

13 - Anonymous 5: I would have stepped in immediately and fired her as his pediatrician. I hate doctors like that.

6 - WickedOpal: Being stocky doesn't mean he's fat. It can LOOK that way at times, but if he has more muscle mass than the average kid, he will gain more weight pre growth spurt than other children.
I would consider finding another Pedi at this point. She should have never pushed him to the point of almost crying. Does she not know that boys/men can have eating disorders, too? It's actually rising because many of them were too ashamed to ask for help before.

> *Quoting Anonymous 1: He looks like a football player. He has broad shoulders and a larger frame. I THINK she said he weighed 118lbs. They didn't tell me his height. They just said 90th percentile for height. I'll grab a pic in a minute. I just need to edit out his face and find one that shows his body.*
> *Quoting WickedOpal:*
> *Those two percentiles are not very far off. Did she take that into account? I mean, how overweight is he? That's usually an age where a lot of kids pork up, but it's because a big growth spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?*

14: Anonymous 6: No clearly mom dropped the ball on healthy eating and weight so shes hoping the kid will do better than it's mom

1 - Anonymous 1: Yea I mean I'll take the blame 100%. He can and should absolutely kmow there is a concern, but at the same time... I just wish she would have said it in a different way. He was so upset. The only one that deserved that was me, not him.

> *Quoting Anonymous 4: What's his actual weight?*
> *I think your pedi was way out of line and I wouldn't be going back. Kids need to focus on being active and having fun NOT their weight. You were right that the diet conversation should have been had with you privately.*

1 - Anonymous 1: He. He's a boy.

Yes I did drop the ball.

> *Quoting Anonymous 6: No clearly mom dropped the ball on healthy eating and weight so shes hoping the kid will do better than it's mom*

1 - Anonymous 1: I think she said 118lbs. I know that's a lot.

I think I might find another pedi within the practice. I don't think my parenting styles jives with her style.

I will work hard on helping him with the weight though!

> *Quoting Anonymous 4: What's his actual weight?*
> *I think your pedi was way out of line and I wouldn't be going back. Kids need to focus on being active and having fun NOT their weight. You were right that the diet conversation should have been had with you privately.*

15 - Mrs.Opinionated: The pediatrician was doing her job. If he was upset hearing it from a professional and cried then imagine how peers will tear him apart. I think you knowntiu

are partially responsible and feel guilty about that and are blaming her. Help him make the right changes now. Any feelings you have of frustration are being focused on the doctor who did the job you were visiting her for.

16 - ResidentRedhead: I wouldn't take a pediatrician's advice abiut nutrition or weight anyway. She's had, maybe, one class on nutrition.

If it's truly an issue, talk to an RD that works with children.

14 - Anonymous 6: SHE, meaning dr. Also quit whining and fix it

> *Quoting Anonymous 1: He. He's a boy.*
> *Yes I did drop the ball.*
> *Quoting Anonymous 6: No clearly mom dropped the ball on healthy eating and weight so shes hoping the kid will do better than it's mom*

1 - Anonymous 1: "It's mom". Unless you're worried about the pediatricians mother you were referencing my son, who is not an "it."

17 - Fushithedruid: don't feel bad, my 11-year-old is almost 5 feet tall, but he only weighs 87 lbs. his Dr has no trouble with his size. he's also stocky, in the last year, he's chunked a bit, but he's pretty tall.

18 - Anonymous 7: My DD is in the same boat but the pediatrician got us in touch with a nutritioalist who works with us about healthy choices not about weight loss. She wants DD to maintain or lose a few pounds but not diet. She figures she will catch up with her weight as she gets taller.
It has helped both her and me. She still fluctuated with her weight but the butritionalist never makes her feel guilty she just encourages she try harder and not give up.

14: Anonymous 6: Yea that's relevant

> *Quoting Anonymous 1: "It's mom". Unless you're worried about the pediatricians mother you were referencing my son, who is not an "it."*
> *Quoting Anonymous 6: SHE, meaning dr. Also quit whining and fix it*
> *Quoting Anonymous 1: He. He's a boy.*
> *Yes I did drop the ball.*
> *Quoting Anonymous 6: No clearly mom dropped the ball on healthy eating and weight so shes hoping the kid will do better than it's mom*

7 - iamcafemom83: He looks average weight to me.

19 - Anonymous 8: My almost 12 yr old son weighs 72 pounds, and I'm being generous. Some kids in his class are close to 200 pounds. Kids are all different, especially boys, and especially at this age. Your son will be fine.

20 - Anonymous 9: Here is my thinking, if a kid is 50% for height, they should be around 50% for weight. If your kid is 90% for height, then it isn't an issue that he is 95% for weight. He could also be getting ready to hit a growth spurt. She could've casually mentioned it and moved on to other things. I have an eight year old who is 5'1 and

120lbs. He is proportional, and aside from his Dr making sure that he is eating healthy, she doesn't harp on it. He was almost 13lbs when he was born, so he has never and will never be mid-range for anything. There is a reason there is a percentage - most will fall in the middle, where the average is, but there WILL be outliers and without them we wouldn't even have this growth chart.

21 - Anonymous 10: My 11 year old is 90 lbs I don't what is normal for 11 but your son doesn't look obese or anything

11 - HOT4TCHR: Lol...I had a doctor tell me on Wednesday that I needed to quit eating eggs because my cholesterol was a little high. And then she continued to lecture me on food choices up one side and down the other without ever asking me about my habits. I didn't even argue with her because the eggs thing was like a door slamming shut. She was so heartbreakingly ignorant.

> *Quoting ResidentRedhead: I wouldn't take a pediatrician's advice abiut nutrition or weight anyway. She's had, maybe, one class on nutrition.*
> *If it's truly an issue, talk to an RD that works with children.*

22 - Anonymous 11: Both of my boys are in the 95% percentile at 14 and 11. Each of them packed on some extra weight right before they started middle school and the ped wasn't concerned at all. There's a big growth spurt that happens around that time, they evened out. Just encourage him to make healthy food choices, enjoy junk in moderation, and remind him that he's still growing.

1 - Anonymous 1: That’s what I thought. I don’t know though. I see a lot of kids who are a lot bigger than him. I also see lots of skinny kids. I’ll work with him. I just don’t want him to obsess about it now.

> *Quoting Anonymous 9: Here is my thinking, if a kid is 50% for height, they should be around 50% for weight. If your kid is 90% for height, then it isn't an issue that he is 95% for weight. He could also be getting ready to hit a growth spurt. She could've casually mentioned it and moved on to other things. I have an eight year old who is 5'1 and 120lbs. He is proportional, and aside from his Dr making sure that he is eating healthy, she doesn't harp on it. He was almost 13lbs when he was born, so he has never and will never be mid-range for anything. There is a reason there is a percentage - most will fall in the middle, where the average is, but there WILL be outliers and without them we wouldn't even have this growth chart.*

1 - Anonymous 1: Thanks! I appreciate hearing this!

> *Quoting Anonymous 11: Both of my boys are in the 95% percentile at 14 and 11. Each of them packed on some extra weight right before they started middle school and the ped wasn't concerned at all. There's a big growth spurt that happens around that time, they evened out. Just encourage him to make healthy food choices, enjoy junk in moderation, and remind him that he's still growing.*

11 - HOT4TCHR: Just saw the pics. Go tell your son that the doctor is a moron.

23 - Anonymous 12: She was out of line. I had a doctor talk like that to me and I still remember it to this day and I am 53. I struggled with weight issues always. I would see another doctor the next time, do not bring him back to her. . I know a lot of people on here are ok with fat shaming, but it is NOT ok. Most of them who say that never had a

weight issue and would not understand that some people are more sensitive than others. BTW, my dd got plump as a preteen and then slimmed down by her teens just by keeping her on a healthy diet and involved in dance. No doctor ever spoke to her that way about her weight, EVER.

24 - Madeyemoody: He looks completely fine to me! He doesn't look overweight at all! I'd find a new doctor ASAP before this one causes your poor kid to develop a damn eating disorder!

25 - Momoffour83: Don't forget your son is still growing and when he hits that growth spurt, he'll thin out.

26 - Anonymous 13: I don't think your kid is fat. I would have told her to knock it off from the start and said if you want to discuss my kid's weight you will discuss it with me privately or we can leave now.

1 - Anonymous 1: It felt like one of "those" moments. He was staring at her and I just saw the tears forming. Then they started falling and I finally stopped her. I should have stopped her sooner. He was upset when we left. I want him to
Be aware, but I don't want him obsessed

> *Quoting Anonymous 12:*
> *She was out of line. I had a doctor talk like that to me and I still remember it to this day and I am 53. I struggled with weight issues always. I would see another doctor the next time, do not bring him back to her. . I know a lot of people on here are ok with fat shaming, but it is NOT ok. Most of them who say that never had a weight issue and would not understand that some people are more sensitive than others. BTW, my dd got plump as a preteen and then slimmed down by her teens just by keeping her on a healthy diet and involved in dance. No doctor ever spoke to her that way about her weight, EVER.*

1 - Anonymous 1: Ha! Thanks!!

> *Quoting HOT4TCHR: Just saw the pics. Go tell your son that the doctor is a moron.*

27 - Anonymous 14: That is what I think too. Different if he was 95% on weight and 50% on height. You want kids to match. He doesn't look overweight. I am sure he could probably eat better as all kids could some and cut out some junk and sweets and may have a few pounds to lose but other than that he seems pretty good. I have no idea why the doctor went off. Doctor may be worried down the road but boys usually shoot up in height around 13 or 14 anyway.

> *Quoting WickedOpal:Those two percentiles are not very far off. Did she take that into account? I mean, how overweight is he? That's usually an age where a lot of kids pork up, but it's because a big growth spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?*

1 - Anonymous 1: I should have. I didn't expect her to continue on and on and on. I don't mind her talking to him about how to be healthy.

At one point, she said "wow! You've always been so so good! What happened?" I just felt so crappy to say to him.

Quoting Anonymous 13: I don't think your kid is fat. I would have told her to knock it off from the start and said if you want to discuss my kid's weight you will discuss it with me privately or we can leave now.

5 - halsmommy14: are you my stepsister? that looks a LOT like my nephew lol(kinda half kidding)
fwiw though, i'd be changing ped's. if your son was a girl, i guarantee you she wouldn't have been body shaming her to the point of tears. boys can develop eating disorders too. just keep reminding him that he's fine and to not worry about what he's eating.

6 - WickedOpal: When DS was 12, he got pudgy, but then shot up SIX inches in one year and was thin again. It's the ABSOLUTE worst time to cut back on calories.

Quoting Anonymous 14:
That is what I think too. Different if he was 95% on weight and 50% on height. You want kids to match. He doesn't look overweight. I am sure he could probably eat better as all kids could some and cut out some junk and sweets and may have a few pounds to lose but other than that he seems pretty good. I have no idea why the doctor went off. Doctor may be worried down the road but boys usually shoot up in height around 13 or 14 anyway.
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27 - Mommy51408: What a bitch. That's uncalled for. I don't see a damn thing wrong with the way your son looks. I would not be going back to her and I'd be trying to figure out who I could report her to before she destroys another kid's self esteem and gives them a body complex for no reason.

Quoting Anonymous 1: I should have. I didn't expect her to continue on and on and on. I don't mind her talking to him about how to be healthy.
At one point, she said wow! You've always been so so good! What happened? I just felt so crappy to say to him.
Quoting Anonymous 13:
I don't think your kid is fat. I would have told her to knock it off from the start and said if you want to discuss my kid's weight you will discuss it with me privately or we can leave now.

28 - Anonymous 15: I mean....His percentiles are ok and he looks fine to me. Maybe just put him in a sport?
I have the opposite issue with my son. Kid cant keep weight on and is considered "Underweight"
6 - WickedOpal: After seeing the pics, don't worry about her. He's going to shoot up in height soon. My DS did the same thing. He's not fat, just pudgy because he's going to grow soon. Get a new Pedi instead.

1 - Anonymous 1: Yea he has a belly.. it's not huge or anything, but he has a belly. He could eat better for sure... he eats often. He's an active kid and just wants to eat every hour I feel like!

Quoting Anonymous 14:
That is what I think too. Different if he was 95% on weight and 50% on height. You want kids to match. He doesn't look overweight. I am sure he could probably eat better as all kids could some

and cut out some junk and sweets and may have a few pounds to lose but other than that he seems pretty good. I have no idea why the doctor went off. Doctor may be worried down the road but boys usually shoot up in height around 13 or 14 anyway.
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Those two percentiles are not very far off. Did she take that into account? I mean, how overweight is he? That's usually an age where a lot of kids pork up, but it's because a big growth spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?

27 - Anonymous 14: M brother was never overweight but in 8th grade he got in a bike wreck before Easter and was nearly bedridden for a couple months. He had a new suit and when he put it on after he was better the pants were super super short. He had grown a couple inches in a few months.

Quoting WickedOpal:
When DS was 12, he got pudgy, but then shot up SIX inches in one year and was thin again. It's the ABSOLUTE worst time to cut back on calories.
Quoting Anonymous 14:
That is what I think too. Different if he was 95% on weight and 50% on height. You want kids to match. He doesn't look overweight. I am sure he could probably eat better as all kids could some and cut out some junk and sweets and may have a few pounds to lose but other than that he seems pretty good. I have no idea why the doctor went off. Doctor may be worried down the road but boys usually shoot up in height around 13 or 14 anyway.
Quoting WickedOpal:
Those two percentiles are not very far off. Did she take that into account? I mean, how overweight is he? That's usually an age where a lot of kids pork up, but it's because a big growth spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?

29 - Anonymous 16: Oh my goodness. He is just fine. He's ELEVEN. ignore the doctor

30 - 3gr8tKids: Doesn't sound like she was saying anything that didn't need to be said. And she is correct it is OK to get upset.

6 - WickedOpal: Yeah, right? Four of those inches were over the summer. I was like, well, I guess it's a whole new wardrobe for school this year. LOL

Quoting Anonymous 14:
M brother was never overweight but in 8th grade he got in a bike wreck before Easter and was nearly bedridden for a couple months. He had a new suit and when he put it on after he was better the pants were super super short. He had grown a couple inches in a few months.
Quoting WickedOpal:
When DS was 12, he got pudgy, but then shot up SIX inches in one year and was thin again. It's the ABSOLUTE worst time to cut back on calories.
Quoting Anonymous 14:
That is what I think too. Different if he was 95% on weight and 50% on height. You want kids to match. He doesn't look overweight. I am sure he could probably eat better as all kids could some and cut out some junk and sweets and may have a few pounds to lose but other than that he seems pretty good. I have no idea why the doctor went off. Doctor may be worried down the road but boys usually shoot up in height around 13 or 14 anyway.
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spurt is about to happen, so they need a bit of extra weight. My DS, now 14, got pudgy and then thinned right out after the growth spurt. Would you be willing to tell us what the ht/wt and body frame is for reference?

1 - Anonymous 1: Maybe? I have a stepsister. Jen? That would be freaking hysterical. Is your nephew overweight?

I thought the same thing about his gender. I don't think I'll be returning to her again. His pedi was wonderful, but he moved away. So we started with the new one, but she's not going to work out.

Quoting halsmommy14:
are you my stepsister? that looks a LOT like my nephew lol(kinda half kidding)
fwiw though, i'd be changing ped's. if your son was a girl, i guarantee you she wouldn't have been body shaming her to the point of tears. boys can develop eating disorders too. just keep reminding him that he's fine and to not worry about what he's eating.

31 - Anonymous 17: That's a bunch of crap! I would be livid and be finding another dr immediately. Active 11 year olds tend to bulk up a little bit before they hit a growth spurt. Yes, as a family work on healthy eating, correct portion sizes, etc... But give it some time. My 12 year old daughter got lectured for being overweight a few weeks ago at school, the problem is they didn't know her height. At 5'11 she's well within the "normal" weight limits. We filed formal complaints. These dr's look at a number and cry "obese". When there are so many more factors in regards to how much a person weighs.

32 - bob.the.minion: My 4yo is 3'5 and just under 50lbs, I think. The doctor is constantly harping on us about her weight. She is the most active of the 3, and eats the same as my other two skinnier kids. I just ignore her when she harps on the weight.

33 - PJMM: I agree. She could discuss what he could eat. Our pediatrician used to say even cutting out soda will drop blah blah weight. He might be serious but he'd end positive and give sensible suggestions. This one was being bitchy.

Quoting nononenever:
I wouldn't be comfortable with a doctor who harps on 11 years until they cry. That's really poor bedside manner. Attacking children for things outside of their actual control is a shitty thing to do.
Now mum - hopefully you heard the message and not just how mean the doctor was. Do something about his weight AND consider finding a new doctor.

34 - blue-heart: As soon as he started crying I would have stood up and told my kid to come with me. We would have left and I would be finding a new pediatrician.

1 - Anonymous 1: That stinks! The thing is he actually heard and understood this convo. As I've said, I want him to be aware and worrying about being healthy. I don't want him to worry about the number on the scale. He asked me on the way home if he can start weighing himself daily. Ugh.

My boy is crazy active. He's at practice at least twice a week and creates an "extra" practice at least once a week as well. He's also a kid who just never sits down.

> *Quoting bob.the.minion: My 4yo is 3'5 and just under 50lbs, I think. The doctor is constantly harping on us about her weight. She is the most active of the 3, and eats the same as my other two skinnier kids. I just ignore her when she harps on the weight.*

32 - bob.the.minion: That just stinks. I mean, really? Making a kid cry? No. Definitely get a new one. And complain to the doctors higher ups.

I've been on a weight loss thing for the past few months, but I've tried to keep most of it away from the girls. Last they need to think is that if mom needs to lose weight, then they must need to to.

> *Quoting Anonymous 1: That stinks! The thing is he actually heard and understood this convo. As I've said, I want him to be aware and worrying about being healthy. I don't want him to worry about the number on the scale. He asked me on the way home if he can start weighing himself daily. Ugh.*
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1 - Anonymous 1: I should have. I try to always be respectful, especially since I refused vaccinations and they didn't harass me about it. I was a bit shocked. I finally stopped her, but not until he was outright crying.

> *Quoting blue-heart: As soon as he started crying I would have stood up and told my kid to come with me. We would have left and I would be finding a new pediatrician.*

26 - Anonymous 13: She could have gone about it completely differently and yet she used the words fat as well as belittled him. Yeah that wouldn't fly with me. I would have said in the future when talking to children if you don't know how to help them without tearing them down lady you are in the wrong field. Knock it off. I would stop taking my son there. If he is worried about his weight talk to him about it. Sign him up for sports or activities he likes. Go for walks with him to the park, ice skating, make more healthier meals. Whatever you do don't cut his calories. Just make them healthier. Switch out the juice or pop (if he drinks it) to flavored water. No aspartame though it makes it worst. I am not giving this advice though because I think he is fat. I am giving it because if that happened to my son I know he would freak out about everything and I think if I told him I don't think you are fat. If you feel you want to be a little bit healthier then lets do this together.

> *Quoting Anonymous 1: I should have. I didn't expect her to continue on and on and on. I don't mind her talking to him about how to be healthy. At one point, she said "wow! You've always been so so good! What happened?" I just felt so crappy to say to him.*
> *Quoting Anonymous 13:*
> *I don't think your kid is fat. I would have told her to knock it off from the start and said if you want to discuss my kid's weight you will discuss it with me privately or we can leave now.*

35 - sheramom4: If he is active and 11 and hungry all the time then he is likely entering puberty. He will go up in weight a bit and then up in height. I wouldn't be concerned nor would I make a meal plan at this point. I would wait and see.

My kids all gained their height in about 18 months. With the exception of middle DD (who has always been underweight) they gained a bit right before. Youngest DD gained 20 pounds and then promptly grew 13 inches.
12 - Anonymous 4: That's definitely large for an 11 year old but I still completely disagree with her approach.

Good luck! I hope he forgets about what happened and doesn't let it cause him harm.

> *Quoting Anonymous 1: I think she said 118lbs. I know that's a lot.*
> *I think I might find another pedi within the practice. I don't think my parenting styles jives with her style.*
> *I will work hard on helping him with the weight though!*
> *Quoting Anonymous 4: What's his actual weight?*
> *I think your pedi was way out of line and I wouldn't be going back. Kids need to focus on being active and having fun NOT their weight. You were right that the diet conversation should have been had with you privately.*

1 - Anonymous: Good for you! The girls will be better for it! My dad created such a weight complex with me growing up. He was always obsessed with his weight, so I started to obsess about mine.

> *Quoting bob.the.minion: That just stinks. I mean, really? Making a kid cry? No. Definitely get a new one. And complain to the doctors higher ups.*
> *I've been on a weight loss thing for the past few months, but I've tried to keep most of it away from the girls. Last they need to think is that if mom needs to lose weight, then they must need to to.*
> *Quoting Anonymous 1: That stinks! The thing is he actually heard and understood this convo. As I've said, I want him to be aware and worrying about being healthy. I don't want him to worry about the number on the scale. He asked me on the way home if he can start weighing himself daily. Ugh.*
> *My boy is crazy active. He's at practice at least twice a week and creates an "extra" practice at least once a week as well. He's also a kid who just never sits down.*
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32 - Anonymous 18: She went way overboard by making him cry and it was incredibly unprofessional. I also don't see a problem with him at all.

33 - Saphira1207: I second this!

> *Quoting ResidentRedhead: I wouldn't take a pediatrician's advice abiut nutrition or weight anyway. She's had, maybe, one class on nutrition. If it's truly an issue, talk to an RD that works with children.*

34 - mommytoeandb: Did his growth curve change? My daughter is very small for her age and her pediatrician is happy as long as she is consistent.

I was underweight as a child and remember my pediatrician harping on it. I also got teased at school. :/

1 - Anonymous 1: She didn't show it to me, she did show it to him. But she took her laptop and showed it to him only. I should have been more assertive.

> *Quoting mommytoeandb: Did his growth curve change? My daughter is very small for her age and her pediatrician is happy as long as she is consistent.*
> *I was underweight as a child and remember my pediatrician harping on it. I also got teased at school. :/*

35 - JAMMof4: I was going to say this as well. My kids have always been 95th% in height, and between 75-95 in weight, and they are all proportional. Maybe she was talking about the BMI, which is often misleading. My kids were always considered overweight on the BMI reports but are not overweight.

> *Quoting halsmommy14:*
> *if he's in the 95% for weight and 90% for height, wouldn't he be closer to even. like, if he was shorter but 95% for weight, that would be concerning. it sounds like the "doctor" had different expectations. i would have been asking if she was looking at the correct chart.*

33 - Saphira1207: Ignore everything that "Doctor" said and did. And tell your son to as well.
As the others have said, he looks like he's getting ready to grow up.
I'll bet he's been eating a lot of stuff with calcium in it. ..? If so, he's definately going to have a vertical growth spurt!
I saw what you said he eats, and his diet sounds very healthy. Don't worry about limiting anything right now.
And if you do decide to change what he's eating and/or how much go see a RD first. They specialize in food and nutrition, which doctors are not really taught much about. They can help you guys figure out how much he needs to grown and maintain his health without worrying or developing a disorder.

> *Quoting Anonymous 1: She didn't show it to me, she did show it to him. But she took her laptop and showed it to him only. I should have been more assertive.*
> *Quoting mommytoeandb: Did his growth curve change? My daughter is very small for her age and her pediatrician is happy as long as she is consistent. I was underweight as a child and remember my pediatrician harping on it. I also got teased at school. :/*

36 - MominANutHouse: The dr shouldn't have talked to him like that. Maybe talk to him about healthy food, but I don't see a reason for her to tell him he can't gain weight or anything along that line.

37 - Anonymous 19: All of my kids gained weight during puberty and their pediatricians had this same conversation with them. It may have been hard to hear but they listened and understood why I encouraged them to excercise and eat healthy.

That conversation was exactly the kick in the butt my kids needed to get serious about their health.

1 - Anonymous 1: This is great advice. Thank you!

I'm going to work right now to keep him from going off the deep end about this. He's SUCH an anxious kid. It worries me. If he's still with worried, we'll see a RD to hopefully help him feel like he's got control.

He's a very healthy eater! Yes tothe calium! He's putting away yogurt like it's going out

of style, but he's also been into the string cheese lately. He doesn't generally drink a lot of cow's milk, but he would certainly eat ice cream daily if I let him!

> *Quoting Saphira1207:*
> *Ignore everything that "Doctor" said and did. And tell your son to as well.*
> *As the others have said, he looks like he's getting ready to grow up.*
> *I'll bet he's been eating a lot of stuff with calcium in it. ..? If so, he's definately going to have a vertical growth spurt!*
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> *Quoting mommytoeandb: Did his growth curve change? My daughter is very small for her age and her pediatrician is happy as long as she is consistent.*
> *I was underweight as a child and remember my pediatrician harping on it. I also got teased at school. :/*

36 - MominANutHouse - You are right. Dd is 11 and had always been sippy skinny and slow at gaining weight, well she recently gained 3lbs in a few months which is rare for her.

> *Quoting HOT4TCHR:*
> *I hate this story! Ten and 11 year olds...and some 9 year olds...they chunk up before they shoot up. Even my own son who was pencil thin at age 10 and pencil thin at age 12 was sporting cheeks and a gut at 11.*
> *Some doctors...Lordy! Did she even ask any questions about what he eats and how active he is? Or did she just assume?*

33 - Saphira1207: ha!
look at what veggies he's been eating too. there are some that are high in calcium as well.
That's what I noticed with my boys.
When they gorged on calcium foods (and I let them have all they wanted) they always ended up growing UP.
When they gorged on protein foods they went OUT.
Every six months or so I could count on this happening. Jan, protein, June, calcuim, etc.
And the preteen years were some of the worst.
Then it settled down for a year or two, then around 15 ish it started again.
In the last month since my youngest turned 16 he's grown about 4 inches. Been eating like a pig, but he looks like a bean pole!
Your son will be fine! I promise!

> *Quoting Anonymous 1: This is great advice. Thank you! I'm going to work right now to keep him from going off the deep end about this. He's SUCH an anxious kid. It worries me. If he's still with worried, we'll see a RD to hopefully help him feel like he's got control. He's a very healthy eater! Yes tothe calium! He's putting away yogurt like it's going out of style, but he's also been into the string cheese lately. He doesn't generally drink a lot of cow's milk, but he would certainly eat ice cream daily if I let him!*
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her pediatrician is happy as long as she is consistent. I was underweight as a child and remember my pediatrician harping on it. I also got teased at school. :/

37 - rebal: Your son looks healthy to me. He is proportional in height and weight so I don't really understand why she would harp so much on him. It's almost she looked at the numbers from the scale and didn't bother reading any further. My 4 year old is the average size of an 8 year old and his pediatrician said he is perfectly healthy and isn't worried about his weight at all because he is proportional and extremely active. I did have problems with a different pediatrician in that office where my daughter is concerned though. At her 5 year checkup the doctor, who was very overweight herself, began to start in on my daughter about her weight. Her size 5T clothes were big on her but the number on the scale said she was about 3 pounds overweight according to the chart. I was so angry because there isn't a four year old child in the world who should be asking their mother if they are too fat. We had another doctor at her 6 year appointment thank goodness. He looked over her chart and told me the numbers say she should be bigger than she is and he could tell by looking at her that she isn't anywhere near overweight and she is obviously very active because she has good muscle tone. Both of my kids eat pretty healthy and are very active. When I say pretty healthy I mean that I do occasionally allow them the sweet stuff. My grandmother had my mom on diets from the time she was 5 or 6 years old and my mother has struggled with food ever since. I refuse to do that to my kids. She was out of line. I would definitely look for another pediatrician.

38 - Ms_Smock: Whooo no she's got me all kinds of fucked up. FIRST OF ALL, no the percentiles are matching up. That's the whole fucking point of those charts is so this doesn't happen. SECONDLY, he was there for a physical, not a fucking dietician. FINALLY, when you said to back off she should have. You need to get it together lady your son needs you and you're just sitting there smh.

39 - othermom: How much does he weigh? Has she talked to you about it before. If she was talking about it a lot it may have been to much. How much weight has he gained lately. Both my girls have been in the 90th percentile or above since they were little.

40 - Anonymous 20: Keep babying him, he'll end up like my diabetic, smoker mom who is 70LBS overweight and runs out of breath walking up the stairs at 50.

41 - Anonymous 21: aybe there is something wrong with my eyes but I don't think he looks overweight. Especially not so over weight that a doctor should be concerned.

42 - o0gone0o: So 90% for height puts him at about 60-61inches so 5ft. and 118lbs for a boy doesn't sound really all that overweight to me. And I just took another moment to calculate his BMI based off of his height and weight. At the high end if he's only 60inches and not 61 that places him at a BMI of 23. That is considered a normal healthy BMI. Higher normal but still normal.

43 - ValRiggs: Idk what his exact weight is.. but from the pics you posted.. he does NOT appear to have a weight issue at all.. maybe a little big boned but seriously.. He doesn't look overweight or unhealthy in any way.. Being in the 90th percentile for height means he is allowed to weight a good bit more than other kids his age.. She needs to factor in his height as well. Also he could be going through a growth spurt and he is still young enough he has plenty time for the two to even out and get more in sync with each other... Honestly I'd question her judgement on this.. never be afraid to question doctors they aren't perfect and can miss things or make mistakes. Heres some hugs!!!

44 - Episkey: Most preteen boys I've ever known has gained weight and were kinda chubby, then eventually hit a growth spurt and the weight distributed more evenly.

45 - luckysevenwow: It looks like the average pudge a kid of 11/12 usually gets before puberty hits full force. I wouldn't stress over it, be aware but that's it.

But I have to wonder why he cried, that's not really something to cry over, she's just doing her job.

46 - mewebb82: His percentiles match up. He's not overweight, he's just bigger than average for his age. I totally get it because we went through a similar experience with my oldest. He's always been big for his age. The issue isn't so much what was said, but how it was said. Going on and on even when he was crying was not ok. It clearly had an effect on his self esteem and for some kids can lead to an unhealthy relationship with their bodies and food, potentially even an eating disorder. We left our pediatrician when she did that to my son. He now goes to our family doctor and not once has he said anything more about his weight than the number on the scale when he is weighed.

47 - SmisX3: I would have stopped her the second she pulled the laptop up to him to discuss his weight with him! Absolutely un called for, she could have asked to see you in her office if she was really that concerned. He looks perfectly normal to me. My brother was much thicker at his age and once he hit puberty and became more active he lost it all. She had no right to subject him to that. Not at 11 years old-you're right, if anyone is to blame (which I don't even think that's the case) it would be the parent and an issue to be discussed with the parent. I would find a new pediatrician and let her know how unprofessional she was!

47 - SmisX3: Kids are kids. This is a "trained" professional that should have had much more tact.

> *Quoting Anonymous 2: If you are upset what the pedetrician said, you would be suicidal if you knew what the kids at school say.*

48 - shell3m: He not big. She's crazy.

49 - JustKeepsmoving: He looks like a regular sized kid.

Granted my kids are built similarly.
50 - Anonymous 22: He doesn't look like he needs to lose weight. If his weight fits his height then he is fine.

51 - mcknitro: I don't think he looks particularly big in the pics, but he is wearing baggy clothes. Here is my question and sorry if its personal, I'm not trying to offend. How are you and his dads weight? Are you considered healthy adults? If you are healthy adult weights per medical standards, how does your son compare to you or his fathers figure at that age - or maybe other males in your or his dads family.

I'm asking, because it's not always about weight as we tend too much to stress about. It's often genetics affecting growth and weight patterns. Is he in sports or physically active, does he otherwise eat healthy? You can sit down with him and let him know it's not necessarily about eating too much. You can be full and satisfied if you eat the proper foods. Look into healthy foods that increase satiation (fullness). But also if you see a correlation in his growth with a healthy adult male relative, share that with him.

52 - PinkButterfly66: He's only 5% off in his ideal weight, I would have told the doctor to effin chill. He's not obese, in fact he's barely overweight. If he keeps eating the same healthy diet, the next growth spurt should take care of it altogether. In fact the pediatrician SHOULD know this. I would call the pediatrician back and light into her. Your kid has anxiety. THIS is how eating disorders get started. I personally want to slap the bitch for you. I would have it in the kids file that that woman better not come within ten feet of your kid ever again.

52 - PinkButterfly66: How tall is he?

> *Quoting Anonymous 1: I think she said 118lbs. I know that's a lot. I think I might find another pedi within the practice. I don't think my parenting styles jives with her style. I will work hard on helping him with the weight though!*
> *Quoting Anonymous 4: What's his actual weight? I think your pedi was way out of line and I wouldn't be going back. Kids need to focus on being active and having fun NOT their weight. You were right that the diet conversation should have been had with you privately.*

53 - cellomom26: What a tactless and unhelpful doctor! I believe the focus should be on healthy choices, and not just about food, but on exercising, getting enough sleep, etc.

I think it would have been different if the patient was a girl because of a fear of her developing an eating disorder.

Since he is so tall, I am not concerned about his weight. People come in all shapes and sizes, and he looks like a healthy young man from his pictures.

I know a family with the opposite problem, the doctor accused the mom of with holding food from her very thin kid. That is certainly not the case.

If this happened to me, I would find a new doctor.

52 - PinkButterfly66: Ok, so I dragged up a height and weight chart for boys from the CDC site. For an 11-year-old boy whose height is at the 90th percentile, his ideal weight should be 110. This bitch made your kid cry over 8 fucking pounds! EIGHT FUCKING POUNDS. AND TWO OF THOSE DAMN POUNDS ARE HIS CLOTHES AND SNEAKERS!! SO WE'RE REALLY JUST TALKING ABOUT SIX POUNDS!!! Now I really want to punch the bitch in the face!!! Complain to the doctor who owns the practice. She needs to have her ass handed to her!!!
https://www.cdc.gov/growthcharts/data/set1clinical/cj41l021.pdf

51 - mcknitro: I sometimes think they forget to look at the genetics. A couple I know have a DD that is very thin and petite and the drs said something. My friend just laughed, because both him and his wife are thin and petite individuals, lol. She looked like mini of her parents, lol.

54 - Anonymous 23: The dr was being a bitch. There are constructive ways to discuss weight and she couldn't do any of them. I would never go back to her again.

55 - susannah2000: He doesn't look at all fat, but even if he was a few pounds over what some chart says he should weigh, which doesn't take into account body type, genetics, developmental phase, etc, he is still growing. I think the dr was cruel and that to mention his weight at all unecessary He is not in any way obese. Any dr who cares more about the numbers on a chart than the real child is not a good dr.

56 - Southernmom924: I'm not seeing a weight problem? How much does he weigh? How old and how tall?

57 - bleumonster: I don’t really think he’s so big that he needs to focus on weight. At his age, it should be more about healthy choices. Also if he is in the fight range for height, his being in the high range for weight isn’t that alarming.

58 - Anonymous 24: That pediatrician was leaps and bounds out of line. Did she only look at his weight right now, or did she also look at his bell curve across the years? Has he always been in the 90-95th percentile for height/weight? He looks a little chubby right now, but if he's anything like my kids, they will chunk out right before they hit a growth spurt. If he's proportionate (and he is with his percentages), and has always been where he is in percentile, then that doctor can take her harping about weight and shove it up her ass.

59 - Anonymous 25: he doesn't look over weight and some kids chunk up and then have a growth spurt. The moment she started speaking to him about weight I would have told

her to keep it to herself. This is how kids have eating disorders I once had a doctor say my daughter was overweight and she wasn't she was 12 on the body mass index for her height and age. So extremely underweight.
And boys tend to chunk up and grow into their size. My sixteen year old is 85kgs which I guess is around 180pound and he's 6ft something and a black belt in karate and huge shoulders and full of muscles.
Just tell your son that he just needs to eat more fruit and veg and spend less time on the laptop or ipad and play more. Playing more helps you lose weight.

60 - Anonymous 26: I know my son is 150 pounds at 10. He's also 5'4 I know he needs to lose some weight. But he only seems to get chunky and then grows

61 - Anonymous 27: I agree. I'm sure she never intended to make him cry but to understand the severity of continual weight gain and that's upsetting just like she stated. Her job isn't to tell you what you want to hear her job is to keep your child healthy and more often than not it takes a good lecture and explanation to drill into the kids that her words should be taken seriously.

> *Quoting Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*
> *His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.*

62 - silverdawn99: My 12 year old is also in the 95th percentile for heught and weight. Dont stress he will hit a growth spurt soon

61 - Anonymous 27: If your child continues to grow at the rate he is now he will be very unhealthy and it.mayhinder him from having a good quality of life....I think that's what she is trying to prevent.

63 - Ash452345: Jesus Christ! This is not even close to over weight! He’s a child for gods sake! Your pediatrician is probably anorexic!

64 - Anonymous 28: Is that really considered tall? It seems short, actually.

> *Quoting Fushithedruid:*
> *don't feel bad, my 11-year-old is almost 5 feet tall, but he only weighs 87 lbs. his Dr has no trouble with his size. he's also stocky, in the last year, he's chunked a bit, but he's pretty tall.*

65 - Anonymous 29: That child does not look overweight in any way shape or form. Kids carry extra weight for a good portion of their childhood for physiological reasons. I think the pediatrician was out of line. I'd be pissed. We can talk about good eating habits and not eating too many sweets and making sure we get exercise but to talk to a child like that who's clearly not overweight is really beyond The pale.

66 - Anonymous 30: It's not *completely* on you, though. He goes to school, he goes to friends' houses, he can eat other stuff there.
And, if she makes the impression on *him,* then he's less likely to bypass you and eat things behind your back, or whine or manipulate you into giving him unhealthy foods.

And he's more likely to say "Mom, thanks, I don't need this much food" or ask "is this really healthy for me?"
So, no, I don't think she was wrong.

67 - Anonymous 31: It's hard to hear and hard to watch, but kids need to hear it and they need to learn how to make healthy good choices. My daughter started gaining when she was 9 due to a new med. She stopped the end but the weight stayed. The goal was to grow into the weight. Well in the last two years she has gone from the 95% to the 50%. So now we have another problem. You don't want to end up where we are. My suggestion would be for the two of you to go to a dietician or nutritionist. Learn together about how to be healthy eaters

68 - Anonymous 32: Honestly
From the pics you posted, your son looks normal and fine.

69 - Anonymous 33: What's his weight and height? He doesn't look overweight to me.

I wouldn't allow anyone to talk to my kid like that. Making him cry was completely out of line.

70 - armywifeproud: I would have been furious! If there is a problem you talk to me, not make my child cry.. I will be the parent and talk to him at home and I am still going to let him know He is great and I love him. I am a quiet person and stay to myself,but I don't handle my child getting hurt very well. I would have felt the same as you.

71 - Anonymous 34: From what I can see he doesn't look overweight. Just help him make healthy choices and he needs to drink tons of water. It will help

72 - Anonymous 35: Actually he doesn't need to LOOSE weight. He simply needs to maintain his weight and not continue to gain so rapidly.
You seem overly sensitive though. Sounds like you were the one that felt guilty about the entire thing instead of realizing he is now old enough to be proactive in his health.
73 - goldpandora: Given his percentiles, I don't see why she even brought the questin up. He's tall and his weight is close enough in my book.

> *Quoting halsmommy14:*
> *if he's in the 95% for weight and 90% for height, wouldn't he be closer to even. like, if he was shorter but 95% for weight, that would be concerning. it sounds like the "doctor" had different expectations. i would have been asking if she was looking at the correct chart.*

74 - Anonymous 36: I'd be interested in seeing what his BMI is, and less what his weight is. Maybe even other measurements. There's a reason many agencies who have fitness standards weight and tape (measure waist neck and sometimes legs).

I do agree with the doctor telling him it's ok to cry and saying that it can be upsetting. Her tact could have been better but perhaps she just has crap beside care, or a bad day? Not that it makes it ok to be overly gruff.

Compared to my 11 year old your kiddo is huge, in weight and height. But my guy is 10th for height and 25th for weight, so he's pretty small all around.

75 - Anonymous 37: Jfc way to give the kiddo a complex.
Just looking at the pics he looks like an average boy. Steer him towards healthy choices/portion sizes and he's going to be fine. All kids grow differently come on now.

76 - VegetaPrincess: Honestly I would have asked him to leave the room when she kept going after he was already crying and then told her to shut her fucking mouth and we'd find a new doctor.

This shit doesn't help kids lose weight. It causes eating disorders. I wonder how many people she's fucked up with her ignorance.

77 - Meriana: I'd be finding another Dr. fast. Far to often Dr.'s look at some chart and if one doesn't fit into the neat little box the chart says they should be in, then something is wrong, they're either over-weight or under-weight. There are other factors that they often don't look at too, such as muscle mass and body frame. The charts, etc. they use don't take into account that people are different, different bone structure, different muscle mass, different body frame, and different growth rates. Most kids get a bit chunky shortly before a growth spurt. Since your son is eating a healthy diet and is very active, I wouldn't worry about it. Our son got a bit of a belly at about that age even though he spent about 3 hours, 5 nights a week doing martial arts (completely his choice) then he hit a growth spurt and suddenly he was a lot taller with no belly at all.
That Dr. was completely wrong in what she did, shaming him and making him cry is completely unacceptable. If she treats all her young patients this way, a few are likely to end up with eating disorders. A very active 11 yr old who eats a healthy diet should not be made to be concerned about his/her weight.
78 - Anonymous 38: I am a clinical therapist treating children and adolescents and I would never do this to a client. Ever.

> *Quoting Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*
> *His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.*

79 - Anonymous 38: I don't agree. The boy was crying and embarrassed. No effective listening occurs when a child is presenting like this. I am sure clinical therapist treating children and adolescents within a large outpatient mental health clinic and some have issues with weight. I would never look at a child crying and go on and on. It's not professional.

> *Quoting Anonymous 35:*
> *Actually he doesn't need to LOOSE weight. He simply needs to maintain his weight and not continue to gain so rapidly.*
> *You seem overly sensitive though. Sounds like you were the one that felt guilty about the entire thing instead of realizing he is now old enough to be proactive in his health.*

80 - Anonymous 38: I don't believe this at all.

> *Quoting Anonymous 27: I agree. I'm sure she never intended to make him cry but to understand the severity of continual weight gain and that's upsetting just like she stated. Her job isn't to tell you what you want to hear her job is to keep your child healthy and more often than not it takes a good lecture and explanation to drill into the kids that her words should be taken seriously.*
> *Quoting Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*
> *His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.*

81 - TrashCanCrouch: Never had the Pediatrician talk to the kids about their weight ever. I find that really strange. Lol

82 - Anonymous 39: I think he looks fine. But the Dr would have gotten a ear full for making my kid cry.

83 - Anonymous 40: Sounds like she has no tact.

84 - Anonymous 41: He isn't fat.

If you don't want a new doctor you should at least pull this one aside and tell her what's up. Your kid drinks no soda, he eats no junk. He's high on the growth scale for both height and weight, that isn't a bad thing. The fact that he's often hungry is normal, teen boys are garbage disposals.

Put him in a sport so he can get more exercise and calm down, work on calming him as well. Your pedi is going to give him an eating disorder.

85 - Anonymous 42: It's not all in you, it's on him too. He needs to learn what is healthyand what is not as he will not be with you 24/7. He has to learn to make good choices. You can learn it together. Use this as your starting point. Work together.

86 - Marti123: I would be irritated, he's 11, storing up weight to grow in height. I would have spoke right up and said something such as, "I am not really following why you are concerned, you can review healthy eating choices and exercise daily. We can also talk about screen time. But let's not talk about weight, thanks."

> *Quoting halsmommy14:*
> *if he's in the 95% for weight and 90% for height, wouldn't he be closer to even. like, if he was shorter but 95% for weight, that would be concerning. it sounds like the "doctor" had different expectations. i would have been asking if she was looking at the correct chart.*

6 - Medic32: You are a therapist, not a physician. Stick to what you know and stay in your lane.

Your responsibility to patients is far different than an actual provider.

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His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.

87 - hotspice58: She should have stopped as soon as he started crying. She crossed the line.

87 - hotspice58: But she doesn't get to make him cry and then keep going on about it. And the kid doesn't look overweight.

> *Quoting Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*
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6 - Medic32: Did I suggest she should? I see no where that I wrote that.

> *Quoting hotspice58: But she doesn't get to make him cry and then keep going on about it. And the kid doesn't look overweight.*
> *Quoting Medic32: It's not her job to be his friend. It's her job to manage his medical care. At 11 years old, it is appropriate for her to discuss with him about diet and exercise. He is old enough to know and have some control and responsibility for his behaviors at that age.*
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80 - Anonymous 38: I receive referrals all the time from pediatricians who have concerns about a patient around food and weight, that could be a child who is underweight or has some food aversions or a child who is overweight and even patients who are restricting food or have symptoms of anorexia nervosa or bulimia. The idea that a pediatrician, who meets with a child for yearly physical examinations once a year for thirty minutes is able to do this work is not realistic. Also, if you have a child before you who is in tears and feels embarrassed and ashamed. how much learning or psycho-education is really taking place???? That child is focused on how they are feeling, not what is being said.

> *Quoting Medic32: You are a therapist, not a physician. Stick to what you know and stay in your lane. Your responsibility to patients is far different than an actual provider.*
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86 - Anonymous 43: I would get a new pediatrician. She was out of line. He’s 11, and starting to go through puberty. His already changing body, and now she’s going to saddle him with a weight issue. What a nut. That’s a great way to start an eating disorder. With the pics, he looks like a healthy kid, I wouldn’t say fat or even over weight.

Could you make an appointment with a different pediatrician and have the new doctor check him out?

86 - Anonymous 43: She’s the one dealing with the aftermath of this shitty doctors approach. You don’t berate children.

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His life expectancy will decline greatly if he experiences childhood obesity and it does not resolve.

87 - Anonymous 44: He doesn't look overweight to me. Just a tall, muscular built kid. Was she using BMI to determine that he's "overweight"? BMI is a joke. i know a few guys at the gym that come up as "obese" according to the BMI scale. their size comes from muscle density - their body fat % is in single digits.

86 - Anonymous 43: Telling a kid that he should be upset over the situation, continuously showing him on probably a BMI chart how much he's gained. Yup would consider that berating the poor kid.
This doctors bedside manner is horrendous and she shouldn't work with kids.

Quoting Medic32: Where did she say the child was berated?
You are ridiculous.
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88 - slw123: First of all he isn't fat or anywhere close to fat. If he's gained weight it's probably because he's about to hit a growth spurt and it's completely normal. My 12 year old son started gaining weight between 10 and 11. He got a bit thick through the middle, not fat, but thick. Then he grew about 3 inches and thinned right out. Also my son has always been 90 and 95% on the growth chart since birth. So it's completely normal to

stay on that course if they are "big" kids, but "big" I mean tall. If he's 90th percentile in height, it stands to reason that he will be for weight too because the taller y ou are the more you naturally weigh. Don't freak your kid out over it. Just make sure he eats good and gets exercise, he will be fine.
89 - Curlymom234: That kid does not need to lose weight.

90 - Anonymous 45: I'm going to say this and I'm sure people won't like what I have to say.
Your son does not need to lose weight. If your child was in the 50th percentile for height and 95th for weight that would be different. Dr's are going by those stupid BMI charts and that doesn't take into account muscle mass or bone structure. Our ped has specifically told me that a child is considered unerweight if their weight is two standard deviations below the height. The same for being overweight. The weight must be two standard deviations above the height. He is pretty much proportioned.
That being said talk to your son about healthy choices. I have told my kids for a LONG time that I don't care what the scale says. I care how they feel about themselves and how their clothes fit. Don't focus on caloric intake or anything else. Have him help you decide on healthy snacks. Learn how to prepare foods he LOVES but in a healthier manner. Have him pick out one thing that he has never tried and is willing to try once or twice a month. Get him involved in the kitchen with you. The place that effects our weight the most is what is in the kitchen. It's what we put in our mouths.
I wish you luck on this journey, but you kid is not overweight.
BTW the DR should have backed off the second she saw him getting upset.

91 - Anonymous 46: Please find a new doctor. As soon as he started to cry she should have backed off.
This is an 11 year old kid. 11-13 year old boys, they sure cry a lot. I know he's going to shoot up very soon and be very thin.
You should of stepped in as soon as he started to cry.

92 - redneckmama4: Poor kid.

I don't do well check ups.

93 - littlepinkrose: I would just talk to him about it. Let him know that you just want him to be healthy. Have him help you pick out healthy snacks when you go out shopping. And encourage physical activity. Does he have a bike?
Bike riding ia a good way to keep weight in check and a lot of boys his age love to ride bikes.
Let him know the Dr. Was just doing her job and that he is not fat. That you all need to start taking better care of yourselves and start being more healthy.

94 - Anonymous 47: How tall is your son. If he is 90% for height and 95% for weight if you plot weight versus height he is probably average. So if you son is 5'3" or so he is *gasp* average and your dr is a bitch who needs to be replaced. Some drs get way too hung up on charts. My 2 year old is 90% for weight and over 100% for height. He is not

fat at all. He is just super tall and skinny. If all my dr looked at was his weight it would totally be missing the fact that he is taller than many 3 year olds. Kids come is all shapes and sizes.

95 - skipp2: A lot of boys pack on a bit of extra weight at that age. Just keep him active, he'll level out as he gets taller.

96 - Anonymous 48: I'm torn on it. I could see this conversation happening if you had approached her with concerns and wanted it discussed at his appointment. Being that this didn't happen, a conversation about the importance of eating healthy and exercising should have sufficed. You son is built like my oldest and he hit 14 or 15 and shot up and thinned out. Just keep him active and watch portion sizes and junk food. Genetics also plays a role because my youngest who is 2.5 years younger than him has always been small and lean.

97 - ThatDancerGirl: I'd find a new pediatrician

64 - Anonymous 28: The way you parent surprises me more and more, though it really shouldn't.

> *Quoting redneckmama4: Poor kid.*
> *I don't do well check ups.*

98 - Anonymous 49: Its fuked up how anal its become.
Being insecure over weight issues can hurt a kid in alot of ways. He doesnt even look big! Wtf

99 - notuseless: He doesn't look big, my three year old is in the 90th percentile for height and weight her doctor said as long as her growth chart shows that she is growing at a even steady rate with both weight and height then she is fine.
The only thing that would worry her would be if my child had previously been in the 50th percentile and now is in the 90

100 - Spam72: actually don't get the percentage charts anyway. If most kids in America are obese that would mean that if you are 50% in weight you would be obese, right?
So if your kid is 95% in a nation of fat kids wouldnt he look much fatter?

101 - Anonymous 50: Yeah. I would have stepped in long before you. Ratio and proper growth and development are far more important than percentiles. You were far nicer than I would have been.

101 - Anonymous 50: What do you think kids say to a kid at a healthy weight for his height and is likely much taller than them?

> *Quoting Anonymous 2: If you are upset what the pedetrician said, you would be suicidal if you knew what the kids at school say.*

102 - Anonymous 51: I think the doctor should measure your child's height and weigh him. Then, he should record those numbers on an office form, along with literature on

healthy living, and give them to you. If he wishes to go into further discussions, he should ask YOU if YOU want him to do any further counseling. Stating the hard facts is fine. Lecturing is not.

52 - PinkButterfly66: If the kid's height and weight are in the same percentile, then the kid isn't overweight. If the kid's weight percentile is higher or lower than the kid's height percentile then the kid is either over or underweight. OP's kid's weight is in the 95th percentile and his height is in the 90th percentile so while he is technically 'overweight', it's just by a few pounds.

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100 - Spam72: Not necessarily. If American kids are in general short, for example, and your child is at the 50% then your child would be short. If you are the average size in a room full of short kids, you are short.
If you are average sized when compared to a room full of fat kids, then you are fat, right?
It's like on the standardized math tests. My son BARELY make the "exceeds expected standards" though he scores in the 99%. He's only a point or two above meeting the standard, so not a genius or anything but when compared to other kids in the country he does better than most.

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52 - PinkButterfly66: I was explaining how to interpret the height and weight charts in trying to figure out if a child is over or underweight. Which is what your question was about. You have to compare the height percentile to the weight percentile. It doesn't matter where your child falls on the chart, if his height and weight percentiles are the same then his weight is the perfect weight for him. You're not really trying to compare him to other children.

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100 - Spam72: I understand that's what you think it means. Do you understand that if the average kid is short, and the average kid is fat that being 50% on both charts would make him short and fat?

I have average looking kids. They are 50% height and 10% weight. The doctor has told me that the charts mean nothing anymore because so many kids are overweight. If my kids were 50% on both charts they would be chubby.

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So if your kid is 95% in a nation of fat kids wouldnt he look much fatter?

103 - Anonymous 52: I would find a new pedi. No doctor should be okay with making a child cry.

104: Tawneekitn: I don't think he looks bad, in fact from the pictures you posted, he doesn't look more than maybe a little bit overweight to me. With him being upset and even crying, their was no reason for her to keep harping on him about his weight. She should have been talking about how to get/stay healthy. I would definitely find a different pediatrician.

105 - Anonymous 53: I wish the dr would talk to my 250 lb 14 year old sd.

52 - PinkButterfly66: No. If a kid measures at the 50th percentile in height, he is average height. If his weight is also in the 50th percentile, his weight is normal. Your kid is average height and very slender. Your kids would not be chubby if they were in the 50th percentile of height and weight. Your doctor doesn't know how to interpret the charts. My daughter pedi told me 20 years ago when she was a baby that as long as the two charts matched in percentile, then the kid's weight was fine.

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100 - Spam72: Ok, average weight of whom? Do they use the same averages from 20 years ago? Can we agree average means they add up all the weights of American children and divide? They don't say average of health kids.

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107 - Anonymous 54: listen the doctor doesn't want your kid to be obese, you might not care so long as no one confronts him about it, but this is his life long health we are talking about

108 - Anonymous 55: Because an 11 year old should also be responsible for his own health. He's not 6. I'm glad it was upsetting for him, it will help drive the point home that even if his mother doesn't care about what he eats, he should.

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If the kid's height and weight are in the same percentile, then the kid isn't overweight. If the kid's weight percentile is higher or lower than the kid's height percentile then the kid is either over or underweight. OP's kid's weight is in the 95th percentile and his height is in the 90th percentile so while he is technically 'overweight', it's just by a few pounds.
Quoting Spam72: I actually don't get the percentage charts anyway. If most kids in America are obese that would mean that if you are 50% in weight you would be obese, right?
So if your kid is 95% in a nation of fat kids wouldnt he look much fatter?

109 - Anonymous 56: I think it's normal that your son cried because it is upsetting as the doctor said. Why do you feel you have to protect your son from unpleasant feelings? Not everything in life is happy, and this information needed to be shared with him.

110 - proudmother5946: My daughter's doctor had the same conversation with my daughter. But she tried to word it in a way to not upset her.

Yes my daughter did get upset, she has anxiety and depression. But her doctor pointed

out the reasons that losing weight would be good for her.

My daughter said she wanted to weigh 147 pounds. Her doctor told her that wasn't a good weight based on her height and bone structure. She suggested an idea weight of 183.

She also told her it would take 2-3 years to take the weight off, she didn't put it on in one day, it wouldn't come off in one day.

In less then 3 years my daughter went from 254 to 173. From 2XL to small/medium.

Does your son like sports? Also my daughter ate 6 small meals a day rather then larger meals and watched her carb intake.
111 - Anonymous 57: I think considering his height is up there too then it should be higher average weight wise too. He does not appear overweight and I would be finding a new doctor after that.

111 - Anonymous 57: Everything you've said in this thread is correct. The other is wrong. The closer to 50% the closer to the average you are. My DD is 10%weight and height. She is way under weight and height but proportionate and healthy.

> *Quoting PinkButterfly66:*
> *But that's not the case at all. The chart doesn't say that. It is a growth chart for tracking individual children, not an entire population.*
> *Quoting SueWanda:*
> *I think the point she's trying to make is that who cares what 50th percentile means if the kids in the 50th percentile are overweight?*
> *Normal, as in perfectly average for a given population, does not mean healthy.*
> *Quoting PinkButterfly66:*
> *You're over thinking this, lol. The 50th percentile for height is average height for all the kids of that particular age and if the weight is the same percentile, the kid is normal weight, ie not over or underweight. You look at the percentile in reference your kid, forget about every other kid. That's not the point. If the height percentile is higher than the weight percentile, then the kid is slender or even possibly underweight. If the weight percentile is above the height percentile, then the kid is possibly overweight. You look at the height percentile in reference to the weight percentile. In the case of OP's kid, his weight percentile was just 5% higher than his height and he's not overweight at all. He is just 6 pounds above the ideal weight of 110.*
> *Quoting Spam72: Ok, average weight of whom? Do they use the same averages from 20 years ago? Can we agree average means they add up all the weights of American children and divide? They don't say average of health kids.*
> *Quoting PinkButterfly66:*
> *No. If a kid measures at the 50th percentile in height, he is average height. If his weight is also in the 50th percentile, his weight is normal. Your kid is average height and very slender. Your kids would not be chubby if they were in the 50th percentile of height and weight. Your doctor doesn't know how to interpret the charts. My daughter pedi told me 20 years ago when she was a baby that as long as the two charts matched in percentile, then the kid's weight was fine.*
> *Quoting Spam72: I understand that's what you think it means. Do you understand that if the average kid is short, and the average kid is fat that being 50% on both charts would make him short and fat?*
> *I have average looking kids. They are 50% height and 10% weight. The doctor has told me that the charts mean nothing anymore because so many kids are overweight. If my kids were 50% on both charts they would be chubby.*
> *Quoting PinkButterfly66:*

I was explaining how to interpret the height and weight charts in trying to figure out if a child is over or underweight. Which is what your question was about. You have to compare the height percentile to the weight percentile. It doesn't matter where your child falls on the chart, if his height and weight percentiles are the same then his weight is the perfect weight for him. You're not really trying to compare him to other children.
Quoting Spam72: Not necessarily. If American kids are in general short, for example, and your child is at the 50% then your child would be short. If you are the average size in a room full of short kids, you are short.
If you are average sized when compared to a room full of fat kids, then you are fat, right?
It's like on the standardized math tests. My son BARELY make the "exceeds expected standards" though he scores in the 99%. He's only a point or two above meeting the standard, so not a genius or anything but when compared to other kids in the country he does better than most.
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1 - Anonymous 1: Ok so I can't respond to everyone here unfortunately. I stepped away from the thread when DS was home. He's at his dads now though so I'm able to respond.

To answer some of the questions I've been asked:

-He eats well. His problem is that he is ALWAYS hungry. But he doesn't eat a lot of junk at all. This isn't to say he NEVER has junk, but he's a good eater.

- He's not just active, he's extremelt active. He's an athletic kid. He plays Baseball year Round and practices at least four times per week. He goes for runs every day because he wasn't as fast as he wanted when he was running bases... so he's been working on that. He plays intramural sports at school. He does have his own cell phone and watches tv at night. He would prefer to be outside rather than in front of a screen. He is, however, a normal kid who likes video games and tv.

- Yes, of course I care very much about him and how healthy he is. I wish people wouldn't imply that I don't, but I opened myself up to that in this thread. When I say I'm largely responsible for what he eats I mean that I decide what's for dinner each evening, I decide what snacks are available, I decide if we're going out to dinner, I decide what foods he has available to pack for lunches. We have a hectic schedule. I try not to, but sometimes I go for the quick and easy meal. That's on me, not him.

- He's not being teased or anything at school. I know I'm his mom, but there are lots and lots of kids who are much bigger than him. He has a belly, but you can't see it with clothes on. I know that doesn't mean it's not a concern, but it does mean no one is teasing him about his weight.

- Oh my build and his dads build- His Dad is a bean pole. He's tall and thin. He has terrible eating habits... I mean like fast food for dinner every single day, but he's thin and

always will be. DS does not spend enough time with him for his eating habits to be a concern though. Me, I'm overweight. Ive always struggled with my weight some, and at one point was obese. I had to work at it, and have to every day to keep my weight under control. I am 5'6" and weigh 183. His dad is 6'2" and I think weighs around 190.

I think that covers most of it.