

Navigating Non-Invitation: Pro-Vaccine Choice Communities Amidst Exclusion and Public Participation

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Abstract

Between 2017 and 2021, specific health policy concerning vaccination in Italy contributed to the “non-invitation” of pro-vaccine choice communities to decision-making processes and public services with significant consequences for their societal life. This situation led to the emergence of new, often barely visible, participatory pathways. This article aims to examine the dynamics of exclusion and participation of pro-vaccine choice communities in Italy, adopting a science and technology studies (STS) framework that allows us to explore how non-invitation and participation are deeply entangled. Through digital ethnography and interviews, we investigate how individuals and communities navigate “non-invitation” and seek alternative avenues for participation. We observe their efforts to contest compulsory vaccination policies and legitimize their claims through political representation and independent scientific research. Despite facing stigmatization and marginalization, they employ various strategies to influence decision-making processes. However, challenges persist due to public stigmatization and punitive measures. Our findings highlight the nuanced interplay between dissenting perspectives, exclusionary practices, and participatory strategies in public health debates. The study underscores the ambivalence of participatory processes in knowledge societies, where participation and non-invitation often coexist, shaping the contours of public discourse and policy agendas.

Keywords

non-invitation; participation; social movements; vaccine hesitancy

1. Introduction: Reframing Pro-Vaccine Choice Communities as Uninvited

This article investigates the efforts of individuals and communities in Italy advocating for vaccination choice, particularly in the context of the country’s stringent vaccination policies. Those individuals and communities,

here conceptualized as “pro-vaccine choice” embody a specific articulation of vaccine hesitancy. Vaccine hesitancy, as broadly understood, encompasses a wide spectrum of attitudes and behaviors towards vaccination, ranging from outright rejection to partial acceptance or expressing doubts about its safety and efficacy (Dubé et al., 2013; Larson et al., 2014; Sobo et al., 2016; Yaqub et al., 2014). This phenomenon involves not only individual behaviors but also collective concerns about the safety and efficacy of vaccination as a public health measure. A notable example of such collective resistance is “pro-vaccine choice communities,” which advocate for the autonomy to decide on vaccination while simultaneously demanding more rigorous standards of quality control (Blume, 2006).

These communities often experience non-invitation to decision-making processes concerning vaccination policies and, in some instances, marginalization from broader health policies and access to public services. Against this backdrop, this article pursues two interrelated aims. First, it examines how pro-vaccine choice communities and individuals navigated their exclusion from decision-making processes concerning vaccination policy in Italy between 2017 and 2021. Second, it highlights the key elements of this process, exploring how these “non-invitees” develop alternative modes of engagement across various public arenas, including scientific discourse and political deliberation.

Our analysis examines pro-vaccine choice communities in the context of the broader transformations occurring in the health and medical sectors further stressed by the pandemic crisis of 2020–2022. These changes include a growing reliance on evidence-based medicine, increasing challenges to medical authority by laypeople, and the introduction of laws that recognize patients as stakeholders in health policies. These transformations have led to the emergence of a rising number of health activist communities and groups in Western societies that focus on producing and mobilizing knowledge to influence the governance of health issues. This form of evidence-based activism (Rabeharisoa et al., 2014) is enacted by pro-vaccine choice groups, offering a lens through which to analyze their collective and individual activities as forms of participation in health policy, particularly regarding vaccination mandates. These communities, which oppose vaccination mandates, emphasize personal responsibility for their bodies and health, actively exercising their health citizenship by mobilizing personal biology to inform medical decisions (Jauho & Helén, 2022).

While the purpose of this article is not to evaluate the validity of pro-vaccine choice claims, it is crucial to consider these communities as examples of groups that refuse institutional knowledge (Neresini et al., 2024) and express disagreement with public policies related to the management of the body and health (Crabu et al., 2023). They advocate for the freedom to make vaccination choices and call for increased research and trials concerning vaccination matters. Indeed, although scholars often see vaccine hesitancy as a result of limited scientific literacy (Welch et al., 2023) or online misinformation (Kata, 2010; Lasco, 2020; Lavorgna & Di Ronco, 2019), science and technology studies (STS) scholars argue that vaccine rejection is not solely due to distrust in science or low literacy (Blume, 2006; Goldenberg, 2016, 2021; Larson et al., 2022). Instead, pro-vaccine choice communities embrace alternative epistemologies and expertise, challenging dominant scientific paradigms (Neresini et al., 2024). These communities frequently occupy marginal positions within scientific discourse and public health policy decision-making processes and, in certain contexts, experience exclusion from broader social life. Although there is a growing consensus in public health debates about the inclusion of marginalized groups (e.g., migrants, as discussed by De Freitas & Martin, 2015), this openness does not engage with vaccine hesitancy, health institutions primarily focus on promoting awareness campaigns assuming vaccine hesitancy stems from a lack of literacy. Indeed, vaccine hesitancy is considered

by the WHO as one of the 10 global health threats as of 2019, which underscores the necessity of finding solutions to convince people to get vaccinated. In this context, although research confirms the importance of adopting participatory practices and communications with vaccine-hesitant individuals (Tuckerman et al., 2022), two main types of public interventions are dominant in addressing vaccine hesitancy: first, by promoting scientific knowledge regarding vaccines, health institutions and practitioners set up informational and educational programs to influence the decision-making of laypeople; second, by implementing sanction regimes for individuals who choose not to get vaccinated. Often educational programs are based on the “deficit model”—which assumes that public misperception of science is due to a lack of knowledge—and sanction regimes, which indirectly contribute to framing vaccine-hesitant individuals and communities as lacking knowledge and information or as irresponsible and outlaw (Kaufman et al., 2018).

Considering the main institutional approach to vaccine hesitancy, the Italian case is paradigmatic. Pediatric vaccinations have been mandatory for accessing school since Law Decree No. 73 of June 7, 2017 (the so-called Lorenzin Decree), while during the Covid-19 pandemic, anti-Covid vaccination has been made mandatory for accessing workplaces and public spaces. The concerns of individuals from communities who advocated for vaccination freedom were not considered in the structuring of vaccination policies, resulting in their exclusion. Nevertheless, these groups of individuals and communities navigate non-invitation by creating spaces and pathways to amplify their participation in the vaccination discourse.

2. The Role of Media in the Public Construction of Non-Invitation

Newspapers are often regarded as trustworthy sources of information by the public, especially during times of crisis, playing a key role in shaping the agenda for matters of public concern. The media’s portrayal of public health issues both reflects existing public opinion and actively shapes it. Specifically, in the context of vaccination mandates, a connection has been identified between country-specific differences in newspaper coverage and people’s vaccination stances (Zimmermann et al., 2024). During specific circumstances—such as the Covid-19 pandemic and the increase of measles that set the Lorenzin Decree in motion—Italian newspapers always dedicate special attention to pro-vaccine choice communities and their claims. Following the introduction of mandatory pediatric vaccinations and the Lorenzin Decree, heated public protests from pro-vaccine choice communities erupted (Lello, 2020). At the time, the press used the label “no vax” (Giardullo, 2024) to refer to families opting against vaccination, perceived as a stigmatizing term by vaccine-hesitant individuals (Fattorini, 2023; Morsello, 2024). From this point, pro-vaccine choice communities gained prominent media attention in Italy leading to a significant polarisation of the public sphere, especially during the Covid-19 pandemic (Lello et al., 2022). Pro-vaccine choice received more media coverage when the government implemented more restrictive measures for those opting out of vaccination campaigns (Morsello & Giardullo, 2022). Notable instances include the 2017 mandate requiring pediatric vaccinations for school access and the pandemic years (2020–2021), during which anti-Covid-19 vaccines were mandatory for accessing workplaces and public spaces. Italian media also frequently covered the global controversy surrounding the AstraZeneca vaccine during this period (Sendra et al., 2023).

Between 2017 and 2020, Italian media acted as carriers of institutional messages, playing a significant role in suppressing dissent by favorably portraying those who conformed to established systems while disparaging dissenters who challenged sanction regimes (Morsello, 2022). As a result, individuals involved in dissenting politics were often depicted by the media as ridiculous, bizarre, and dangerous (Boykoff, 2006),

framed as “morally responsible” for vaccination during the immunization campaign. More broadly, the media often portrays pro-vaccine choice positions as anti-scientific and rooted in misinformation (Goldenberg, 2016, 2021), frequently dismissing the protests of the pro-vaccine choice movement as conspiracy theories (Bertuzzi, 2021). This portrayal often reconfigures and delegitimizes the meaning of their claims. Such framing has exacerbated social conflicts, as several studies highlight (Bharti & Sismondo, 2022; Hedges & Lasco, 2021; Lasco, 2020). The media identifies specific groups of “deviants” as representatives of “boundary crises” (Cohen, 1973) and, in the case of pro-vaccine choice individuals and communities, depicts them as irresponsible and selfish.

During the Covid-19 pandemic, vaccine hesitancy was frequently framed by experts as a public misunderstanding of science, casting it as a conflict between science and non-science. Terms such as “science denial” (McIntyre, 2018), “fake news,” “pseudoscience,” and “disinformation” became widely popular, reinforcing the metaphorical imagery of viral misinformation. Unverified news was seen by some as being as dangerous as the virus itself (Gobo et al., 2023). This framing reflected significant public concern over vaccine hesitancy as a problem of trust in science, raising important questions about the political and social consequences of declining trust in scientific authority. News coverage and discussions about vaccine mandates among policymakers further influenced how newspapers portrayed Covid-19 vaccination to the public (Zimmermann et al., 2024). This portrayal shaped perceptions, casting those who complied with vaccination mandates as “heroes” and those who resisted as “folk devils” (Morsello, 2023). During the pandemic, individuals advocating for the freedom of vaccine choice were subjected to public discrediting (Gobo et al., 2023; Lello et al., 2022). They were frequently portrayed as ignorant conspiracy theorists (Bertuzzi, 2021), gullible, and irresponsible, with their choices framed as a threat to public health (Goldenberg, 2021).

However, in doing so, the Italian press has also provided pro-vaccine choice communities an opportunity to gain visibility and increase their followers (Bory et al., 2023; Morsello et al., 2024). By including these communities in the public discourse on vaccinations, the press has indirectly facilitated the spread of their messages and their garnering of support. Although heavily oriented towards blame and discredit, it is reasonable to affirm that this “inclusion” gave an unprecedented resonance to non-invited voices. This visibility led to an increase in their followers within certain online spaces (Bory et al., 2023; Morsello et al., 2024) and greater political representativeness (Morsello & Giardullo, 2022). For this reason, it is crucial to understand how these communities and individuals have navigated non-invitation by promoting alternative models of participation.

3. Methods

This article is based on the research project concerning the so-called “refused knowledge community” (see Neresini et al., 2024). The qualitative study involved 18 months of research fieldwork (January 2020–July 2021) that included two main stages: (a) a digital multi-sited ethnography (Hine, 2020; Marcus, 1995) conducted across key associations and grassroots organizations of vaccination-hesitant individuals in Italy and (b) exploratory interviews with individuals who chose not to get vaccinated. In this article, we consider these data to deepen our understanding of how the exclusion of pro-vaccine choice communities is enacted in the daily lives of vaccine-hesitant individuals, particularly through the imposition of sanctions and how these are circumvented.

The interviews were conducted with the principles of constructivist grounded theory (Charmaz, 2009), with the aim of deeply exploring the complex phenomenon of vaccine hesitancy by prioritizing the perspectives of those who chose not to receive the Covid-19 vaccine and/or decided to avoid pediatric vaccinations. To this end, 21 qualitative interviews were conducted with individuals in Italy who exhibited vaccine hesitancy during the pandemic (2020–2021) and/or chose to avoid mandatory pediatric vaccinations introduced in 2017. The majority of participants were women (14), as women play a central role in family health decisions, including vaccination choices (ECDC, 2016). Seven men were also included to capture a broader range of perspectives, particularly those of parents managing pediatric vaccination requirements and decisions regarding Covid-19 vaccination. Participants, aged 30 to 70, were recruited using snowball sampling, which required building trustful relationships with vaccine-hesitant individuals: a especially challenging task during the Covid-19 pandemic (Morsello, 2023). Interviewees were asked to provide contacts of others who might be willing to participate.

The interviews focused on three main areas:

1. Reconstructing the biographical pathways that led participants to choose not to vaccinate their children or themselves;
2. Exploring how vaccine-hesitant individuals construct alternative forms of knowledge and practices related to health and wellbeing;
3. Examining how sanctions impact their daily lives and decisions.

Throughout the interviews, significant emphasis was placed on understanding participants' perspectives empathetically, given the sensitive nature of the topic under investigation.

While the first phase of the research aimed to analyze vaccine hesitancy as a private choice, the second phase focused on exploring its public dimensions. Specifically, the study involved pro-vaccine choice communities in Italy to understand how these groups build heterogeneous forms of participation, despite being excluded from official institutional discussions on vaccination policies. This phase utilized connective (Hine, 2020) and multi-sited (Marcus, 1995) digital ethnography across various online platforms, including Facebook, YouTube, webinars, and instant messaging services, engaging with prominent Italian pro-vaccine choice associations (see Table 1). The methodological approach consisted of two steps: first, a screening process to map the online ecology of groups and associations, and second, a targeted digital ethnography examining a subset of groups through their online spaces (e.g., websites and social media accounts). This involved collecting shared content, such as posts, images, comments, and links.

The screening process identified 41 active associations in Italy advocating for vaccine choice, spanning both local and national contexts. Selection criteria for inclusion in the screening included: (1) maintaining websites and/or blogs and (2) demonstrating continuous activity over time (minimum one post per week). The screening revealed a complex and interconnected network, comprising national associations closely linked to local committees and supported by doctors and lawyers advocating for free choice of vaccinations. Following the mapping of the Italian pro-vaccine choice movement landscape, three groups were selected for in-depth digital ethnographic fieldwork: Comilva, Corvelva, and Movimento 3V (M3V; see Table 1). These groups were chosen for their leading roles in disseminating information, offering counter-information, and organizing webinars, online meetings, and social gatherings during the Covid-19 pandemic, both nationally

Table 1. Main Italian pro-vaccine choice associations involved in the ethnography.

Association name	Description	Online spaces observed
Comilva	Comilva is the acronym for Coordinamento del Movimento Italiano per la Libertà Vaccinale (Coordination of the Italian Movement for Freedom of Vaccination). Operating since 1993, it is one of the oldest groups in Italy focusing on freedom of vaccination and is responsible for giving legal support to those harmed by vaccines, disseminating information on the risks of vaccination, and applying institutional pressure against compulsory vaccination. It also uses a pool of experts through which they conduct studies on vaccine efficacy.	www.comilva.org https://www.youtube.com/user/comilvatrieste https://www.facebook.com/ufficiostampacomilva
Corvelva	Coordinamento Regionale Veneto per la Libertà delle Vaccinazioni (Veneto Regional Coordination for the Freedom of Vaccinations) was founded in 1993 and holds as its main principle the freedom to be vaccinated. Corvelva supports members who wish to undertake a path of free-choice vaccination. Corvelva disseminates information on the risks of vaccinations, both online and with ad hoc events. Corvelva supported a pool of experts working to assess the safety of mandatory vaccines (tetraivalent).	https://www.corvelva.it https://www.facebook.com/corvelva https://www.youtube.com/channel/UCju4FYwvtWwQlQtD9sIG3-g
M3V	Born as a political party in 2019, M3V lists as a goal supporting constitutional rights (“let’s save the Constitution”) and free therapeutic choice. M3V strives above all to give a voice and represent its members by actively participating in regional and local political life. They also promote free information through ad hoc YouTube channels.	https://www.movimento3v.it https://www.facebook.com/Movimento3V

and locally. They also exemplify different styles of activism addressing the vaccination controversy. Moreover, Comilva, Corvelva, and M3V are among the oldest pro-vaccine choice groups in Italy and represent the heterogeneity of the Italian pro-vaccine choice movement.

In the selected social media spaces (see Table 1), we followed publicly available conversations, reposted content, and public invitation links to social media-based groups. This approach resulted in a sample of more than 30 online spaces, including open personal Facebook profiles, Facebook pages, Facebook groups, YouTube channels, blogs/websites, video lessons, and Zoom webinars. To collect ethnographic field notes, we used a shared template to draft weekly diaries. This method facilitated constant comparisons, such as examining health-related practices or discourses on public health measures (see Crabu et al., 2023).

After collecting data from interviews and digital ethnography, we coded the empirical material following the principles of constructivist grounded theory (Charmaz, 2009), enabling an iterative and reflexive process of data analysis. In presenting our findings, we followed the approach suggested by scholars like Jackson (1990),

Rapp (2011), and, more recently, Lewis et al. (2014). Rather than viewing empirical data as isolated pieces of information, this approach considers them as triggers to describe and analyze online settings.

4. Experiencing Exclusionary Practices in Everyday Life of Vaccine-Hesitants

Vaccine hesitancy has of late emerged as a major public health issue, prompting specific policy responses. During the Covid-19 pandemic, Italy further expanded sanctions on the unvaccinated, including workplace suspension without pay for certain professionals, such as healthcare workers and teachers, tightening the 2017 decree that mandated up to 10 childhood vaccinations for school attendance. These exclusionary policies have had tangible consequences, with many interviewees reporting experiences of social exclusion and marginalization due to their vaccine hesitancy. This often compels individuals to conceal their beliefs to avoid being labeled as proponents of conspiracy theories or purveyors of fake news. During the Covid-19 pandemic, this sense of social exclusion intensified for those who distrust traditional epistemic authority (Grodzicka & Harambam, 2021) often resulting in distancing from their own circles of friends, family, and colleagues. For instance, L., a vaccine-hesitant individual, describes the profound loss of social ties stemming from his views on the Covid-19 pandemic:

Fuck, it hurts! I can't share my ideas because nobody listens to me or because they consider me an asshole, no matter what I say....This hurts me! And if I want to talk with someone, there is no one I can talk to, and this upsets me. The communication with friends who I have known for 15 years is breaking down. For the first time I felt different and uncomfortable from them during lockdown because I didn't [get] vaccinate[d]...we have been friends all my life, but vaccination choice made everything different....It's crazy and it's mentally devastating for me! It seems that if you choose not get vaccinated, you have no morals or ethics....I'm upset about [it], not because of the restriction to enter in bar[s] or public places, but because I can't talk to my friends anymore. (L., male, 7/9/2021)

Conflicts with family and friends left L. navigating a sense of alienation within his social circles. This highlights the emotional toll of vaccine hesitancy and its profound impact on interpersonal relationships in an increasingly polarized society.

The public representation of pro-vaccine choice (see Section 2) played a leading role in labeling hesitant individuals as “immoral” or “irresponsible,” a perception reinforced by sanction regimes. During the Covid-19 pandemic, for example, unvaccinated people were barred from entering public places such as bars, shops, cinemas, supermarkets, and other venues where social interactions occur, due to anti-Covid norms. The social pressure to get vaccinated was very high also in other European countries, and included pressure from peers, colleagues, friends, relatives, as well as from health authorities such as one's doctor, by whom one would feel judged or blamed for choosing not to vaccinate (Paul et al., 2022). In our study, participants often report experiences of exclusion dating back to periods before the pandemic. For instance, in response to the 2017 Lorenzin Decree, one pro-vaccine choice mother shared her own experience regarding the violation of pediatric vaccination requirements:

Teachers allowed us to enroll our children in school without vaccinations, even though they knew it was illegal. It was common knowledge that this wasn't permitted, which is why some of us hadn't enrolled our children. But then we started receiving calls from the teachers, saying: “Please enroll your

children, or many teachers will lose their jobs this year.”...Here in our small village, everyone knows each other, and the teachers began warning us: “There are two fewer children this year, a class will be canceled, and Teacher R. will be left without a job.” So they allowed us to enroll our children, formed the classes, and our children attended school—for only three days. Now, I feel like crying because it was such a painful experience for us. I still carry it with me, in my mind. Then the police came to our house [pause, the interviewee starts crying]...bringing us a warning and telling us: “If you take your children to school, we will report you for child neglect because unvaccinated children cannot attend.” (T., female, 15/1/21)

The experiences of exclusion reported by research participants can intensify feelings of abandonment by public institutions that are supposed to protect them. This exacerbates discontent and can lead to conflictual public actions aimed at asserting personal experiences of suffering, deprivation, and perceived abandonment by the state. Moreover, it is noteworthy in the interview that while sanctions enforce exclusionary practices, there are actors often involved in guarding the accessibility of public spaces who encourage participation, even when it is officially prohibited, for purposes that extend beyond institutional aims. This is evidenced in reported cases where teachers open the possibility of enrolling unvaccinated children in school despite prohibitions, to solve emergent problems of unemployment raised by the sanction regimes. This process reveals how “pockets of participation” (Francks, 2011; Ricks, 2015) can coexist with sanction regimes where official participation is not permitted. These communities and individuals occupy alternative spaces to access services from which they have been excluded, circumventing sanction regimes and building participatory pathways. This is evident in the strategies employed by vaccine-hesitant individuals to circumvent sanctions related to compulsory pediatric vaccinations. For example, some hesitants chose not to send their children to kindergarten, opting instead for homeschooling:

Yes, my daughter only attended kindergarten for two years and then stopped. She struggled a bit at first, but we eventually found other solutions like homeschooling, and it worked out well. (V., female, 23/2/21)

Another strategy has been postponing vaccination appointments. In Italy, local health agencies send parents a letter with the date of the vaccination appointment. This letter lists the vaccinations offered, including those mandatory under Law 119/2017. Parents are allowed to postpone the appointment once, but from the second time onward, they must provide appropriate documentation explaining the reason for the delay. Vaccine-hesitant parents report postponing vaccination appointments for as long as possible, often until they receive a warning letter. Simultaneously, the local school or educational service is notified by the health institution about the child’s non-compliance with vaccination requirements. For children aged 0–6, this can result in exclusion from educational services. Ultimately, families receive a penalty. The exclusion from traditional educational services encourages some families who choose not to vaccinate their children to explore alternative educational options, such as nature-based education or programs like kindergartens in the woods and outdoor education:

I get constant reminders, like letters inviting me to meet with health personnel about vaccinations, or letters saying: “Why don’t you [get] vaccinate[d]? You’re putting your child at risk!” And blah, blah, blah....I had to pay the fine for both of my children. At first, I delayed the vaccination appointment, saying: “Look, I’ll [get] vaccinate[d], but later.” They made a fuss about it, and then they started

sending reminders instead. So, I couldn't send them to school and found an alternative solution, like kindergartens in the woods. (M., male, 1/15/2021)

Kindergartens in the woods are often associations established to promote outdoor education, primarily in natural settings like forests, fostering close contact with nature. In recent years, these programs have gained popularity among parents who are vaccine-hesitant but cannot keep their children at home. In addition to not requiring mandatory vaccinations, kindergartens in the woods promote alternative educational models focused on a more natural approach to children's well-being. These strategies, used to navigate vaccination requirements, reconfigure pathways of participation, bringing together families of vaccine-hesitant individuals. In these spaces, families share values and perspectives on health and well-being, while exploring alternative conceptions of care:

Families who have learned about the project [a kindergarten in the woods] have joined and formed a community with other parents, truly creating a participatory network....Some families are very conscious about nutrition, the natural materials used in their children's clothing, and the types of toys they allow, carefully choosing what is best and avoiding others. They often avoid watching television as well. Some parents were already practicing this lifestyle before joining the project, while others adopted these values after connecting with the community. Through this exchange of ideas and experiences, families learn from each other. Additionally, we organize monthly training sessions for parents to further support this shared vision. (A., female, 10/11/2020)

5. Pro-Vaccine Choice Communities Building Participation and Engaging in Policymaking

M3V is a prominent example of a rounded and systematic attempt to circumvent non-invitation. M3V was established as a political party in 2019 to support freedom in therapeutic choice as fundamental citizens' rights (see Table 1). In 2020–2021, it primarily opposed Covid-19 vaccination by arguing the unconstitutionality of mandatory vaccination. Later it achieved electoral success at various levels of government—local, municipal, provincial, and national. M3V strives to represent its members by actively participating in regional and local political life, while also disseminating information through dedicated YouTube channels. The political engagement of M3V aims to challenge the methods through which health policies are formulated, questioning the reliance on scientific knowledge while highlighting the prioritization of these policies over ethical considerations and individual self-determination (Morsello & Giardullo, 2022). With over 46,000 followers on Facebook, M3V stands as a pioneer among Italian political parties emerging from movements advocating for freedom of choice in vaccination. Beyond the vaccination issue, central to M3V's political ethos is the prioritization of human welfare and health as it is presented in their vision:

The M3V political party operates with the sole intent of pursuing the common good, that is, the welfare of all citizens, in harmony with the environment and all forms of life. The human being is not a number within standard procedures, but a being endowed with consciousness, unique and unrepeatable, and as such must be considered so that dignity and freedom can be restored to him. The freedom of the human being today is gone on the basis of hypothetical medical-scientific justifications that, according to doctors and scientists, are nonexistent, false, or wrong to the core. (M3V, n.d., translation by the authors)

The M3V seeks to build bottom-up participation by prioritizing individual rights in its political agenda. It opposes vaccination policies designed to protect societal health through interventions on individuals, advocating instead for a “society on a human scale” where everyone is seen as “unique and irreplaceable.” Consequently, M3V argues that no medical intervention should be accepted as mandatory, as such mandates violate the integrity of human individuality.

M3V aims at reconsidering the role of citizens first, and foremost, as free human beings. By reframing vaccination as a violation of individual freedom, M3V aims to elevate pro-vaccine choice claims into the political arena, seeking to influence decision-making processes regarding vaccination-related issues. Specifically, during the Covid-19 pandemic, M3V rhetorically transformed the virus into more than just a health issue; it became a political symbol representing a new societal vision that favors anti-social political measures aimed at suppressing individual freedoms, as demonstrated in the following quotation:

We are going through a historical moment in which civil rights are becoming less and less...in the name of a health emergency. Workers have been deprived of the possibility to access work, sowing uncertainty, instability and undermining their dignity as human beings, but every form of freedom of the individual, in the name of a presumed protection of the common good, is being eroded. We have immediately recognised the authoritarian drift to which this government proves to want to take us, using the health emergency from SARS-COV-2 as a ruse to justify this situation and that has made its way initially with the laws on compulsory vaccination for children, accompanied by coercive aspects for citizens...We carry on the fight against this slavery and fear of living, together, united, for the restoration of legality and our constitution. (M3V, 2020, translation by the authors)

M3V contests compulsory vaccination campaign by framing the Covid-19 pandemic as an “authoritarian drift” by the government to undermine individual rights and freedoms. It should be noted that anti-Covid vaccination was not compulsory while specific job categories—such as healthcare personnel and school and university staff—were required to get vaccinated to access the workplace; strong recommendation was applied to individuals aged 12 or older. This mandate was enforced through the exclusion of unvaccinated individuals from essential spaces and rights. From the M3V perspective, this meant that the obligation for anti-Covid-19 vaccination was extended to almost the entire population because the unvaccinated were socially excluded from many public spaces. Notably, during the Covid-19 pandemic in 2020, M3V garnered nearly 11,000 votes in the northern region of Emilia Romagna by contesting the anti-Covid restrictions and sanctions. In 2021, it achieved another milestone by electing its first representatives in the municipalities of Rimini and Trieste. Today, M3V provides various training services aimed at fostering public participation in vaccine-related issues and the interaction between government and public health. These services take the form of “policy workshops” designed as laboratories or schools where participants actively engage in shaping new policies together. The objectives of M3V’s *officina politica* (political workshop) are twofold: (a) to train activists on M3V’s political stance to build a cohesive front of knowledge and values, and (b) to disseminate, explain, and discuss the key issues outlined in M3V’s electoral program. This suggests that pro-vaccine choice communities are not merely protest movements but have made concerted efforts to build grassroots participation and political pathways to influence vaccination policy and beyond. The strategies employed by groups like M3V to establish these participation channels reveal a clash between the perspectives of excluded individuals and government policymakers. This clash reflects not only divergent views on vaccination but also broader tensions regarding health management and citizenship.

Conversely to M3V's assertion that the freedom of vaccination choice stems from the belief that individuals have the right to decide about their own bodies and health, other communities argue that vaccination should be voluntary due to potential health risks. Consequently, these communities strive to participate in the scientific arena by supporting independent research projects aimed at investigating the alleged health risks associated with vaccines. In doing so, they attempt to counteract the prevailing media narrative that portrays pro-vaccine choice communities as fanatical or ignorant by appealing to science to legitimize their claims.

This approach is exemplified by Comilva and Corvelva, two of the oldest pro-vaccine choice associations in Italy. These associations are engaged in various participatory practices, including fundraising, citizen science campaigns, and building alliances with institutional actors. For instance, after the 2017 Lorenzin Decree, which mandated pediatric vaccinations for school attendance, Corvelva initiated an independent research project in 2018 to assess the biological composition and safety of the MPRV vaccines. This project successfully raised over 50,000 euros through a fundraising campaign supported by the active participation of the association's members and supporters as the Italian Order of Biologists (Guglielmi, 2018). The results of the study were published on March 31, 2020, in the journal *F1000Research*, and were announced on the Corvelva website as the "first peer-reviewed publication on MPRV vaccines Priorix Tetra":

These results conclusively confirm the presence of fetal DNA in Priorix tetra vaccines, in variable quantities between the various batches, indicating poor quality control of these pharmaceutical products. (Corvelva, 2024, translation by the authors)

Indeed, the study highlights concerns about the purported lack of quality control in vaccinations, accusing official institutions of inadequately performing these checks. As a result, it argues that vaccinations should not be made compulsory for individuals.

Another example of how pro-vaccine choice communities circumvent non-invitation to the scientific arena and build alternative participatory practices can be seen in the project Studio Anticorpali funded by Comilva. This project consists of an observational study that relies on the voluntary participation of individuals from both vaccinated and non-vaccinated populations. The study aims to provide a descriptive overview of the immune status of these individuals concerning specific infectious diseases by measuring their antibody titers.

Participants in the study undergo blood draws at contracted laboratories to measure Th1 and Th2 values, which serve as indicators of immune responses to various infectious diseases. The active involvement of laypeople in constructing evidence was particularly encouraged during 2019, with numerous events organized across Italy to inspire people to participate in the project. The project is also presented through the association's webpage and a dedicated website, where the rationale for the study is explained:

In Italy, there is a lack of data regarding antibody responses to vaccine protocols for infectious diseases, as well as immune responses following natural diseases or infections. This data gap exists not only for the general population but particularly for the pediatric population. There are no controls on vaccine efficacy, and the available literature data are not conclusive. (Studio Anticorpali, n.d., translation by the authors)

In this way, the project aims to address presumed gaps in official scientific understanding, particularly concerning the immune response of the general population to vaccination, resembling early attempts at popular epidemiology or bottom-up examples of “citizen science” (Giardullo, 2023). However, in opposition to the scientific establishment, they collect data and set up research questions and problems (Bonney et al., 2009; Haklay, 2013; Hecker et al., 2019). By building participatory practices that include laypeople, experts, and institutional alliances, they not only challenge the scientific credibility of public health policymaking but also aim to address alleged gaps in scientific literature, contributing to policy-making even without formal invitation.

6. Conclusion

The enactment of coercive public policies, including the Lorenzin Decree of 2017 and measures implemented during the Covid-19 pandemic, catalyzed the emergence of pro-vaccine choice communities and vaccine-hesitant individuals as distinct categories of “non-invitees” to both public policymaking processes and broader social life. These circumstances, perceived by these groups as authoritarian, led them to navigate non-invitation that often resulted in social exclusion and stigmatization making the participation of pro-vaccine choice individuals and communities difficult as reported in the cases presented. These groups were often labeled as ignorant and lacking knowledge or deemed irresponsible and deserving of punishment for their choice not to get vaccinated, a decision perceived as dangerous both to themselves and to society at large. Sanction regimes aimed at encouraging vaccination effectively excluded individuals from public life, leading many individuals to feel marginalized within public spaces and their social networks. The label of irresponsibility had tangible effects on public perception, even influencing how these individuals were viewed by their family and friends. However, non-invitation contributed to giving them the possibility of building alternative pathways of participation and meeting other people who share the same views and values, for example regarding health and wellbeing, as in the case of outdoor education.

Additionally, sanctions implemented to counter the vaccine hesitancy phenomenon through coercive measures, despite impacting social ties and access to certain public spaces, revealed the “covert actions” of some actors who opened spaces for the participation of vaccine-hesitant individuals. These actors, who are responsible for guarding the boundaries of accessibility in certain everyday contexts, sometimes favored the inclusion of vaccine-hesitant individuals to pursue personal objectives, rather than excluding them, to solve problems that arise as a consequence of sanctions such as the unemployment of teachers due to many unvaccinated children dropping out of school. These processes highlight how pockets of participation can emerge even in perceived authoritarian situations, where coercive measures are implemented to limit the involvement of certain social groups. This is evident among vaccine-hesitant families who, in their attempt to avoid mandatory vaccinations, create pathways of participation with other families, adopting alternative educational and care models. By doing so, they effectively circumvent sanction regimes by occupying alternative spaces to access services and opportunities from which they have been excluded.

Through our analysis, we also observed how pro-vaccine choice communities in Italy, such as Comilva, Corvelva, and M3V, navigated exclusionary practices. These communities adopted diverse approaches: M3V contested compulsory vaccination policies by framing them as violations of individual rights and constitutional freedoms, engaging in political representation, and advocating for greater individual autonomy in health-related decisions. Meanwhile, Comilva and Corvelva sought to legitimize their claims by conducting

independent scientific research on vaccine safety and efficacy. By leveraging citizen science initiatives such as the Studio Anticorpali, these communities aimed to address perceived gaps in official scientific understanding and inform public health institutions.

This analysis reveals not only how these communities challenge the scientific and political authority of public institutions but also highlights a clash of worldviews concerning the management of health and wellbeing in society. It showcases alternative conceptions of science and citizenship where the public plays an active role in the knowledge production processes. The effort to have their voice heard within the political and scientific arenas reflects a broader trend towards bottom-up citizen engagement and the democratization of knowledge production (Delvenne & Macq, 2020; Siffels et al., 2021).

Examining the construction of non-invitation for pro-vaccine choice communities by coercive policies, and how individuals and communities have circumvented such exclusions, reveals a complex interplay of competing knowledge claims, exclusionary practices, and participatory strategies. Groups such as M3V, Comilva, and Corvelva have emerged as significant actors in the discourse surrounding vaccination policies and practices, despite their exclusion by health institutions and frequent stigmatization by the media.

Pro-vaccine choice communities face substantial challenges in their efforts to gain recognition and influence decision-making processes regarding vaccination policy. The implementation of punitive measures and sanctions exacerbates social tensions, further deepening the divide between pro-vaccine and anti-vaccine factions. Despite these difficulties, pro-vaccine choice communities persist in advocating for their beliefs, aiming to reshape public narratives and policy agendas.

Rather than achieving the intended marginalization of these groups, coercive measures often result in forms of social exclusion that do not effectively diminish their claims. Furthermore, this reveals that counter-participation practices are not solely aimed at challenging mainstream institutions and policies but also demonstrate how marginalized groups, even in authoritarian contexts, embody and assert different values and worldviews through their claims. These groups find ways to spread their messages and sustain their participation, even in adverse conditions. This helps us understand that inclusion and exclusion, as well as participation and non-invitation, are often intricately intertwined processes.

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Conflict of Interests

The authors declare no conflict of interests.

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