ACCEPTANCE AND HESITANCY TOWARDS COVID-19 VACCINE AMONG PARENTS WITH CHILDREN AGED 12 TO 17 YEARS OLD IN ILOILO CITY

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ABSTRACT

Numerous people have been affected by the COVID-19 pandemic and with the availability of the COVID-19 vaccine, a number of inferences, perceptions, and attitudes have emerged that have led other people to be hesitant about the vaccine. This descriptive-correlational study was conducted to determine the COVID-19 vaccine acceptance and hesitancy of parents with children aged 12 to 17 years old in Iloilo City. Data were gathered using a researcher developed questionnaire from 158 parents with children aged 12-17 years old of Brgy. Zamora-Milleza, City Proper, Iloilo City who were chosen using the accidental or convenience sampling method. Descriptive analysis of simple frequency counts and percentage and inferential analysis of Chi-square test were utilized. Most of the respondents were females, belonging to the age category of 46 to 55 years old, Roman Catholic, college graduate, married, with a monthly income of P10,001.00-P50,000.00, fully vaccinated, and are mothers. The majority of parents with children aged 12-17 years old have a high level of COVID-19 vaccine acceptance and were less hesitant towards their children receiving the COVID-19 vaccine. Furthermore, religion, civil status, vaccination status, and relationship to the child affects the level of COVID-19 vaccine acceptance. While vaccination status influences the level of COVID-19 vaccine hesitancy of parents with children aged 12 to 17 years old in Iloilo City.

CHAPTER I

INTRODUCTION

Background and Rationale of the Study

Globally, the COVID-19 pandemic has impacted a large number of individuals, most notably in the Philippines. The effects and consequences of this worldwide health catastrophe have resulted in a significant loss of life and unprecedented challenges for every facet of our society, most notably healthcare. Thus far, 2.62 million confirmed cases had occurred, resulting in 38,800 deaths (World Health Organization, 2021). The Philippines ranked worst in the world in terms of reaction. The country falls to 53rd place, the bottom of Bloomberg's Covid Resilience Ranking, based on three metrics: vaccine coverage rate, lockdown severity, and vaccinated travel routes (Cabico, 2021). Despite the country's efforts to minimize and control a different viral transmission through various preventative health protocols and measures, the country's condition remained unchanged from a year ago and it remained one of the most severely impacted countries (Majer, 2021).

Today, the world's greatest hope is to rely on one of the most effective preventive measures available: vaccination. Vaccination has demonstrated its potential to halt outbreaks and save lives for years. Currently, seven COVID-19 vaccinations are available for public administration. As of October 2021, the Philippines have administered 46.6 million doses of COVID-19 vaccination (World Health Organization, 2021). However, the vaccine is made available and limited to individuals aged 18 and older, with a preference for medical workers, senior citizens, people with comorbidities, front-line workers in critical industries, and the poor and vulnerable population, while

children aged 18 and under were excluded from the vaccination drive's early stages. As authorities raced to acquire herd immunity and protect more individuals from the infectious coronavirus disease, the Department of Health announced on September 29 that the COVID-19 vaccine campaign for children aged 12 to 17 years will begin on October 15 (Manahan & Punzalan, 2021).

However, with the availability of the vaccine, several inferences, perceptions, and attitudes had surfaced which drove other people to be hesitant towards the vaccine mostly because it was developed at unprecedented speed. Despite the numerous information that was continuously given especially in refuting claims linking vaccines to cause negative effects, there was still a huge number who are still not in favor (CNN Philippines, 2021).

According to a longitudinal study on COVID-19 vaccine and hesitancy study by Fridman et al., (2021), the demographic and ideological factors heavily influenced the perception towards hesitancy most especially socio-graphic and age factors.

Since the COVID-19 vaccine would be accessible for minors, the researchers seek to measure the relationship of the perception and attitudes of their respective parents towards the acceptance and hesitancy of the COVID-19 vaccination.

The researchers selected this group as their study population because children under 18 years of age are still under their parent’s consent and provision and, as well as, the continuing surge of COVID-19 cases in the Philippines which mostly affected individuals who belong to the minor group aged 18 and below as they are classified as one of the vulnerable groups today. As more minors are infected by the COVID-19 virus especially with the new variants emerging that are highly contagious, it is expected that the general population which includes minors aged 12 to 17 years-old be vaccinated to

protect themselves against COVID-19 infections and to lower the cases affecting this age group (Save the Children, 2021).

The researchers chose to conduct this study to be able to provide information about the acceptance of COVID-19 vaccines among the parents of the minor population and to serve as a basis to further research regarding the topic and to help achieve herd immunity and protect the minor population against the infection of COVID-19 virus. This research will also be useful in the continuing advocacy for vaccines and COVID-19, results gathered in this research can help organizations or institutions point out what they need to prioritize in unfolding and give the right information. Following a study of the available literature, the researchers discovered that only a several studies analyzed and measured minors' willingness to be vaccinated, necessitating further research and investigation. Also from the literature used, it was not able to address certain topics such as how COVID-19 impacted the community, provider perspectives, and communication that contributed to acceptance and hesitancy of COVID-19 vaccines. For impact on the community, there is a need to understand the impact of acceptance and hesitancy among minors on the overall success of vaccination campaigns and on the overall transmission and spread of the virus in communities. In terms of provider perspectives, healthcare providers play an important role in decision making and influence vaccine acceptance among minors and their families, it is also important to understand the healthcare provider attitudes towards COVID-19 vaccination and to identify effective strategies for health education and training. Lastly, for communication, it is necessary to identify the most effective strategies for communicating with minors and their parents or guardians about the benefits and risks of COVID-19 vaccination and how to address vaccine hesitancy. Addressing these gaps in research will be critical in improving COVID-19 vaccine acceptance and reducing the hesitancy among minors.

Objectives of the Study

This study aims to determine the COVID-19 vaccine acceptance and hesitancy of parents with children aged 12 to 17 years old in Iloilo City.

Specifically, this study seeks to:

1. Determine the profile of the respondents when grouped according to age, sex, civil status, income, religion, educational attainment, vaccination status and relationship to the child;

2. Determine the level of COVID-19 vaccine acceptance of the respondents;

3. Determine the level of COVID-19 vaccine hesitancy of the respondents;

4. Determine if there is a significant relationship between the profile of the respondents and the level of the COVID-19 vaccine acceptance;

5. Determine if there is a significant relationship between the profile of the respondents and the level of the COVID-19 vaccine hesitancy.

Hypotheses of the Study

1. There is no significant relationship between the profile of respondents and the level of COVID-19 vaccine acceptance.

2. There is no significant relationship between the profiles of respondents towards COVID-19 vaccine hesitancy.

Theoretical Framework of the Study

This study is based on Hochbaum, Rosenstock, and other social psychologists' Theory of Health Belief Model. The Theory of Health Belief Model (HBM) was initially established to explain why people do not participate in illness prevention and detection programs, but it was later expanded to explore people's behavioral responses to health-related conditions. This is a theoretical model that examines how individuals make health choices. This model attempts to explain why, under particular circumstances, a person will engage in health-related behaviors such as preventative health screening or screening treatment for a health condition (Luger, 2013). According to the hypothesis, an individual's assessment of the risk posed by a health problem and the perceived value of efforts aimed at mitigating the threat have an effect on health-seeking behavior (Current Nursing, 2021).

The Rural Health Information Hub (2018) stated that the Health Belief Model is a tool for guiding health promotion and disease prevention efforts, as well as, for explaining and anticipating individual changes in health behavior. Under the Health Belief Model Theory, an individual's health-related behavior is assumed to be related to the following key factors: perceived susceptibility (one's belief of the chances of getting a condition), perceived severity (one's belief of how serious a condition and its consequences are), perceived benefits (one's belief in the efficacy of the advised action to reduce risk or seriousness of impact), perceived barriers to action (one's belief in the tangible and psychological costs of the advised behavior), cues to action (strategies to activate "readiness), and self-efficacy (confidence in one's ability to take action).

By applying this theory to the study, it guided the researchers in evaluating the factors that influence the acceptance and hesitancy towards COVID-19 vaccination of

parents with children aged 12 to 17 years old. Furthermore, it will provide the researchers' insight of the parents' intentions and behaviors toward COVID-19 vaccination, especially parents of children 12 to 17 years old.

Conceptual Framework of the Study

In this study, COVID-19 vaccine acceptance and hesitancy are presumed to be influenced by the respondent's demographic profile. During the first comprehensive scoping review, demographic profile including age, sex, and educational attainment, were some of the important factors associated with COVID -19 vaccine acceptance and hesitancy. Other demographic factors such as occupation, religion, and income were also assessed (Alshammanet al., 2021). According to Beleche et al., (2021), hesitancy rates vary by sex, age groups, and educational attainment. Survey data shows that hesitancy was slightly higher in women compared to men, lowest among 65 years and older and highest between 25-39 age group, and those without college degrees have higher hesitancy rate than people with college degrees.

Vaccine acceptance was known to be higher in the following socio-demographic factors: high income individuals, male, older age, married individuals, individuals with no chronic illness, high educational attainment, and those with health insurances. On the other hand, factors such as unemployment, having chronic illness, younger age, race (black), low educational attainment, location (rural setting), low income individuals, and those with no health insurances have lower vaccine acceptance rate. Potential vaccine risks, vaccine safety and effectiveness, rapid development and price of the COVID-19 vaccine are also important indicators of vaccine acceptance and hesitation, aside from demographic considerations. Past vaccination experiences can also influence decision making with regards to vaccine acceptance or hesitancy. According to studies, people

who had a higher perception of the COVID-19 vulnerability and severity were more inclined to accept the vaccine. Having knowledge about the importance and benefits of vaccination could be a determinant in accepting the vaccine. Being informed of the COVID-19 disease as a serious threat to one's self and the country is a compelling predictor of vaccine approval (Joshi et al., 2021).

Paradigm of Variables

The paradigm presents the independent variable and dependent variable used in the study. These variables were used to explain the relationship between the independent variable which are the age, sex, civil status, income, religion, educational attainment, relationship to the child, and vaccination status and the dependent variables, which are the level of COVID-19 vaccine acceptance and the level of COVID-19 vaccine hesitancy among parents with children aged 12 to 17 in Iloilo City.

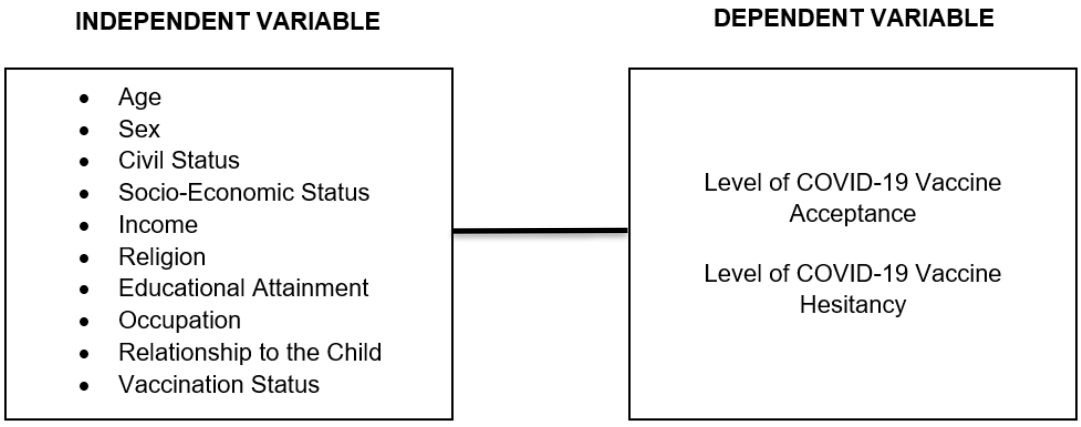

Figure 1. Research Paradigm

Operational and Conceptual Definition of Variables and Other Key Terms

Independent Variables

Age. This is defined by determining the amount of time that has passed between the date of birth and a given point in time (typically in whole years), particularly the date of the collection of the data (Australian Bureau of Statistics, 2014). In this study, age is defined as one of the profiles of the respondents and an independent variable which is measured by their actual age and categorized after collection of data.

Sex. This refers to the person's biological characteristics (Australian Bureau of Statistics, 2016). In this study, sex is categorized as to whether the respondents is a male or a female.

Religion. This is a set of beliefs, practices, and symbols intended to help people connect with spirituality and better comprehend their moral responsibilities and relationships with others in a group (Koenig, 2012). In this study, religion is categorized to Roman Catholic, Baptist, or other Protestant.

Educational Attainment. This refers to the highest degree received in the country's educational system at the most advanced level of education (OECD Statistics, 2003). In this study, this refers to the greatest level of education that the respondents have completed. This is categorized as to whether the respondents is an elementary graduate, high school graduate, college degree holder, or have received a postgraduate degree.

Civil Status. This relates to the respondents' marital status in accordance with the country's marriage laws or customs, such as never married, married, widowed and not remarried, divorced and not remarried, and married but legally separated (OECD, 2006).

In this study, this refers to the respondent's relationship status whether single, married, widowed, or separated.

Income. This refers to an individual's total earnings in the form of wages and salaries, the return on their investments, pension distributions, and other receipts (Scott, 2021). In this study, it is measured by the respondents' actual monthly income.

Vaccination Status. This refers to the state of an individual whether he/she has undergone vaccination or not. In this study, the vaccination status of an individual is categorized as unvaccinated if an individual had not received any dose of an authorized COVID-19 vaccine; partially vaccinated if the individual had only received a single dose of COVID-19 vaccine; and, fully vaccinated if the individual was able to receive two doses of the vaccine, and fully vaccinated with booster if the respondent had received two doses and a booster shot of the vaccine.

Relationship to the child. This refers to how the respondent is related to the child. In this study, it refers to the affiliation between the respondent and the child aged 12-17 years old. It is also used as one of the profiles of the respondents and an independent variable of this study. It is classified to father, mother, and guardian.

Dependent Variables

COVID 19 Vaccine Acceptance. This refers to the acceptance of the individual to be inoculated with the COVID-19 vaccines. In this study, this refers to the willingness of the respondents with children 12 to 17 years old to have the COVID-19 vaccine. It was measured by a 10-item question which was answerable using a Likert Scale. It was answered and scored as follows: Strongly Disagree scored as '1'; Somewhat Disagree scored as '2'; Neither Agree or Disagree scored as '3'; Somewhat Agree scored as '4';

and, Strongly Agree scored as ‘5’. The total scores were determined and categorized as follows: Low Acceptance if the score is ‘10-23’; Moderate Acceptance if the score is ‘24-36’ and; High Acceptance if the score is ‘37-50’.

COVID-19 Vaccine Hesitancy. This refers to a delay or refusal to take or refuse the COVID-19 vaccine, despite the availability of vaccination services (MacDonald, 2015). In this study, this refers to the indecisiveness or refusal to have the respondent’s children aged 12 to 17 years old to be vaccinated against COVID-19. Vaccine Hesitancy was measured by a 10-item question which is answerable using a Likert Scale. It was answered by Strongly Disagree ‘1’; Disagree ‘2’; Neither Disagree nor Agree ‘3’; Somewhat Agree ‘4’; and, Strongly Agree ‘5’. The total scores were determined and classified as follows: ‘Less Hesitant if the score is ‘10-23’; Moderately Hesitant if the score is ‘24-36’; and, ‘Highly Hesitant if the score is ‘37-50’.

COVID-19. This refers to SARS-CoV-2 which is a highly contagious respiratory disease conveyed by droplets generated when an infected person coughs, sneezes, or talks (NIH). In this study, COVID-19 refers to an infectious respiratory disease caused by SARS-CoV-2 virus that needs protection through vaccination since it is easily transmitted from one person to another.

Vaccine. This refers to the most common way to activate the body's reaction against diseases is through needle injection however, some can also be given by mouth or sprayed into the nose (CDC,2021). In this study, this refers to the protection given to an individual to fight against infectious diseases.

Vaccination. This is the process of administering a vaccine into a person's body in order to protect them from certain diseases (CDC, 2021). In this study, this term refers to a method of preventing a person from becoming infected with a disease.

Significance of the Study

The findings of this research may be beneficial to the following:

Parents. This research will aid in determining the elements that influence COVID-19 vaccination's acceptability and hesitancy. This may also help the parents to influence/encourage their family to get vaccinated or to be hesitant in getting the COVID-19 vaccine.

Health care workers. This study will help health care workers determine the perceptions and attitudes of students towards COVID-19 vaccine acceptance. This will also help to establish an effective nursing intervention that would help increase their awareness towards the COVID-19 vaccine through implementing programs. The findings from this study will guide health care workers to determine and prioritize effective COVID-19 acceptance messaging to the public.

Department of Health (DOH) Administrators. This study will help the DOH Administrators to determine the factors that may influence the level of acceptance and hesitancy of parents among their children. The findings from this study will also guide the DOH Administrators to determine strategies on how to implement innovative interventions to further increase the acceptance rate in terms of COVID-19 vaccination.

Children. This research will help in gaining knowledge on certain conditions that affect children and insights on the needed precautions for COVID-19 vaccination. It will also provide data that can be used by the current and future researchers in formulating ways to make both parents and children open to the idea of vaccination in general and for future reasons.

Future Researchers. This study's findings will be useful to both current and future researchers. They can make use of this study as a basis and reference for future studies. Also, other variables which were not studied in this research will be explored.

Scope and Limitation of the Study

This study was conducted to determine the COVID-19 vaccine acceptance and hesitancy among parents with children aged 12 to 17 years old in Iloilo City. This study utilized the convenience sampling technique, wherein, the researchers used the most readily available or most convenient group of people based on the specified characteristics of respondents which is parents with children aged 12 to 17 years in Iloilo City. The sample size was computed using Slovin's formula. Due to the COVID-19 restrictions, this study was only limited to the parents with children aged 12 to 17 years old in Barangay Zamora-Milleza, City Proper, Iloilo City.

The relationship between the respondent's demographic profile towards the level of COVID-19 vaccine acceptance and hesitancy was determined. The demographic profile of the respondents include age, sex, civil status, income, religion, educational attainment, occupation, vaccination status and relationship to the child. Data were gathered through Google Forms platform which were distributed via social media such as Facebook or Email using the researcher-made questionnaire answered by the respondents.

CHAPTER II

REVIEW OF LITERATURE

This chapter is divided into two (2) parts. The first part discusses the review of related literature and the latter elaborates on the review of related studies.

Related Concepts

What is COVID-19?

According to the World Health Organization (WHO), COVID-19 is a contagious disease caused by SARS-CoV-2, a novel coronavirus. It can be spread via droplets from an infected person who coughs or sneezes, inhales, or lands in the eyes, nose, or mouth (CDC). By early December 2018, the COVID-19 virus had infected a large proportion of the population, spreading over the planet and inflicting hundreds of thousands of deaths (Di Nardo et al., 2021).

People who are infected with this viral infection will develop a minimal to moderate respiratory disease and will recover without the need for any special care. Fever, a dry cough, and fatigue are the most common symptoms. Although certain persons, such as the elderly and those with chronic health conditions such as cardiovascular disease, diabetes, and chronic lung illness, become gravely ill and require specific medical attention. It may have long-term repercussions, including exhaustion, breathing difficulties, and neurological abnormalities (World Health Organization, 2020).

According to Pokhrel and Chhetri (2021), governments worldwide have recommended residents to take safety precautions such as handwashing, wearing face masks, physical separation, and avoiding large meetings and gatherings. Additional

flattening of the curve and containment of the transmission of this infectious disease has been documented by lockdown and staying at home tactics.

According to recent statistics published by Polack et al. (2020), the rate of SARS-CoV-2 infection is growing in populations with a younger adult population. Safe and efficient prophylactic vaccines are urgently needed to contain this pandemic, which has had severe medical, economic, and social implications.

What is COVID-19 vaccine?

According to the WHO, the development and quick deployment of COVID-19 vaccinations around the world is a critical step toward stopping the COVID-19 epidemic. To ensure that everyone has equal access to safe and effective COVID-19 vaccines, the WHO collaborates with partners to develop, manufacture, and distribute safe and effective COVID-19 vaccines.

Currently, the Food and Drug Administration (FDA) has authorized nine COVID-19 vaccines that are made available to be administered to the public which includes Pfizer-BioNtech, AstraZeneca, Coronavac, Sputnik, Janssen, Covaxin, Moderna, Sinopharm, and Covovax. All these approved COVID-19 vaccines are proven to be safe and effective and reduce an individual's risk of contracting severe illness brought by the COVID-19 virus.

Nonetheless, individuals continue to have reservations about vaccine safety and efficacy, including the duration of protection against COVID-19, as several cases of reinfection following vaccination have been documented. Furthermore, the rapid development of COVID-19 vaccines raises concerns about their safety and efficacy, as rapid development of vaccines has been related with undesirable issues and impacts in

the past. One such instance is the swine flu vaccine, which has been shown to increase the incidence of Guillain-Barre syndrome (Qerem and Jarab, 2021).

What is Vaccination?

Based on the World Health Organization (WHO), vaccination is a simple, safe, and efficient means of preventing individuals from being sick with illnesses because it interacts with the body's inherent defenses to establish protection against vaccine-preventable disease and it minimizes the chances of an individual being sick. In order to prevent diseases such as influenza, hepatitis A and B, vaccinations are commonly administered as an effective way to decrease the chance of acquiring diseases and death among children and adults (Massey & Vedhara, 2015).

Vaccination has been considered a significant public health achievement to help decrease the prevalence of vaccine-preventable diseases. However, despite the advantages brought by vaccinations, the widespread misinformation and anti-vaccination movements have increased levels of vaccine hesitancy worldwide (AlShurman, et al., 2021).

The two primary concerns of vaccine recipients are vaccine safety and efficiency. To assure the vaccine's safety, the Food and Drug Administration (FDA) has implemented a stringent strategy for vaccine licensure and strict surveillance following vaccine deployment. The FDA evaluated the vaccination's efficacy using two primary methods: double-blind, randomized, clinically controlled studies and case-controlled studies. Understanding vaccine safety and efficacy enhances vaccine comprehension. Vaccination is mostly a parental or personal choice, even though it is critical to educate the public about the importance and advantages of immunizations (He, et al., 2021).

With the growing cases of diseases and the emergence of COVID-19, vaccination has become a controversial topic around the world today. According to the study of Nicholas (2015), a lot of people refuse to be vaccinated or to vaccinate their children because they believe that vaccines bring health risks to people. Along with this, a closer look into the science of vaccines and the benefits they have brought showed that vaccines do not only carry a little risk to patients but getting vaccinated is also responsible for the eradication and reduction of multiple debilitating diseases.

What is Vaccine Acceptance?

Acceptance of vaccination is a result of a complex decision-making process that can be influenced by a wide variety of variables (Macdonald, 2015). According to Attwell et al., (2018), in many parts of the world, low vaccination rates are connected with outbreaks of vaccine preventable diseases such as measles, whooping cough, rubella, and mumps.

Numerous research has established that demographic, socioeconomic, and behavioral characteristics such as age, marital status, level of education, ethnic origin, previous influenza vaccination, and gender are connected with vaccine acceptance. To optimize the effects of COVID-19 vaccination acceptance, an effective behavior must address numerous beliefs and behavioral variables and eliminate barriers (Kalam et al., 2021).

What is Vaccine Hesitancy?

According to Macdonald, N.E. (2015), Vaccination hesitancy is described as an individual's refusal to accept a vaccine that has been demonstrated to be safe and effective and made available to them for the prevention of an infectious disease. To

explain vaccine hesitancy, a 5C model has been developed in which it is explained by five major determinants: confidence, complacency, convenience, risk calculation, and collective responsibility. Vaccine rejection and hesitation have existed in societies from the time of Jenner's smallpox vaccination. Throughout history, anti-vaccination organizations have coexisted with advances in vaccine science. Recent events surrounding the Andrew Wakefield incident, in which research established a relationship between the MMR vaccine and autism, have fueled widespread anti-vaccine sentiment and decreased vaccine uptake in the United States. As a result, vaccine reluctance connected with COVID-19 vaccines is prevalent and understandable. Apprehension about vaccines is a complicated and context-dependent issue that varies according to time, region, and vaccination.

Vaccine hesitation is impacted by a range of factors, including vaccine safety and Adverse Events (AE) risk, as well as religious, cultural, gender, socioeconomic, and vaccine-specific factors. In an attempt to confirm the vaccine hesitancy scale, the SAGE working group on vaccination hesitancy identified lack of confidence and hazards as two components. While lack of confidence involves worries about the necessity and effectiveness of vaccines, as well as, the reliability and trustworthiness of vaccination information sources, perceived risk relates to a lack of faith in vaccine safety and concerns about Adverse Events Following Immunization (AEFI) (Azarpanah et al., 2021).

As studied by Machida et al., (2021), vaccine hesitancy has been named by the WHO as one of the top ten global health risks for 2019. It is the result of a complex decision-making process influenced by a wide range of contextual, individual and group, and vaccine-specific factors, including communication and media, historical influences, religion/culture/gender/socioeconomic status, politics, geographic barriers, vaccination

experience, risk perception, and vaccination program design. A large-scale retrospective analysis evaluated and combined previously published data from 284,381 individual responses to the Vaccine Confidence Index survey, which was conducted in 149 countries between 2015 and 2019, to assess vaccine confidence (and, conversely, hesitancy), and revealed that vaccine confidence in Europe remained low relative to other continents. While being a man, having fewer years of education, and belonging to a minority religious group were all associated with a decreased likelihood of vaccine uptake, confidence in the importance of vaccines, information-seeking behaviors, and trust in healthcare workers were all associated with an increased likelihood of vaccine uptake.

Review of Related Studies

Age and Vaccine Acceptance and Hesitancy

Musa et al., (2021), conducted a retrospective, cross-sectional analysis on vaccination booking data for 4023 young adults from May 17 to June 3, 2021. When parents of 12 and 15 year-old adolescents were compared, parents of 12-year-old adolescents had a bigger percentage of 38 percent than parents of 15-year-old adolescents. Additionally, parents of young adults who had just been infected with COVID-19 were 37% more fearful than those who had not recently been exposed. Effective communication strategies directed at Gulf Country populations, parents of younger children under the age of 12, and those with chronic illness or who have been previously infected with COVID-19 were critical for increasing community trust and vaccine confidence, and thus for increasing COVID-19 vaccine uptake. A cross-sectional, observational study named "Attitudes Toward COVID-19 Vaccines in Chinese Adolescents" was done utilizing the snowball sampling method. Younger adolescents were more likely to receive COVID-19 vaccination than older adolescents, possibly

because younger adolescents were more compliant to positive recommendations and have much less access to negative online material or misinformation regarding vaccines (Cai et al., 2021).

The study of El-Elimat et al., (2021) used an online, cross-sectional, self-administered questionnaire to examine the approval of COVID-19 immunizations and their determinants, as well as, adult Jordanians' attitudes toward vaccines. The data indicated that younger individuals were more likely to take COVID-19 immunizations, in contradiction to previous research indicating a greater acceptance rate among older age groups. This is because countries' age distributions differ; Jordan, for example, has a younger population and a high percentage of literacy. The methodology of the study may also play a role because the elderly were less likely to complete online questionnaires, the study may be slanted toward the young.

Marzo et al., (2022), conducted a study entitled, “Hesitancy in COVID-19 Vaccine Uptake and its Associated Factors among the General Adult Population: a Cross-Sectional Study in Six Southeast Asian Countries.” This study primarily explored the public perception regarding COVD-19 vaccination and identified factors associated with vaccine hesitancy among the general adult populations in six Southeast Asian Countries. According to the study, the majority of the participants with a median age of 30 years (range: 15 to 83 years) believed that vaccination effectively prevents and controls COVID-19 (81.2%) and 84.0% would likely accept COVID-19 vaccines when they become available.

Sex and Vaccine Acceptance and Hesitancy

The study entitled, "Acceptability of a COVID-19 Vaccine among Saudi Arabian Healthcare Personnel" sought to determine the acceptability of a COVID-19 vaccine

among Saudi Arabian medical personnel, as well as the factors that impacted their desire to receive it. According to the study, men were more inclined than females to seek the vaccine immediately upon its availability. For male health workers, they stated that the COVID-19 immunization should be made mandatory for all occupants and residents of the country due to the significant risk of infection, increasing the likelihood of seeking and obtaining the vaccine as soon as possible (Qattan et al., 2021).

As Jiang et al. (2021) noted, female students were significantly more willing to receive vaccinations than male students. This could be because nursing is a female-dominated profession and male students at nursing schools who were a minority group felt excluded and fearful of participating in group activities, resulting in a decrease in vaccination willingness. As a result, nursing educators should consider putting themselves in the shoes of a diverse variety of students, with a particular emphasis on the tiny but significant proportion of vaccinated male students.

According to the study of Nery et al., (2022), sex-stratified multivariable analysis found that men who were working and who had comorbidities were less likely to hesitate about using the vaccine. Among women, higher educational level and a high perception of COVD-19 risk were associated with less vaccine hesitancy. In both groups, reporting influenza vaccination in 2020 reduced the chance of COVID-19 vaccine hesitancy.

Income and Vaccine acceptance and hesitancy

As indicated by Anand et al., (2021) in their study, it was revealed that children from higher-income families demonstrated decreased vaccine reluctance, as well as, increased confidence and reduced risk perception. The author's findings corroborate those of Boyle et al., who observed that households with a greater income were more likely to receive immunizations.

Acceptance of the COVID-19 vaccine is critical for obtaining the required level of vaccination coverage to terminate the worldwide pandemic, but little study has been conducted on COVID-19 vaccination attitudes in low-income nations, where large-scale vaccination is still in its infancy. According to a study entitled, "COVID-19 vaccine acceptance and hesitancy in low- and middle-income countries," they discovered that there is a much greater desire to take a COVID19 vaccine in their low- and middle-income countries (LMIC) samples than in the United States and Russia. Vaccine uptake in LMICs is often described by a need for personal defense against pathogens; whereas, vaccine apprehension is most frequently explained by fear of harmful effects (Arce et al., 2021).

Religion and Vaccine acceptance and hesitancy

Due to their rejection of science, antagonism against governmental involvement, a focus on individuality and one's rights above preserving public health, and allegiance to Donald Trump, who has made anti-vaccine remarks, Christian nationalists have a greater prevalence of overall anti-vaccine sentiments. Since Christian nationalists account for a sizable proportion (20%) of the adult population in the United States, they are expected to contribute to lower rates of COVID-19 vaccination uptake and herd immunity delays (Corcorran et al., 2021).

In the study of Garci and Yap (2021), religion has a role in an individual's decision to get vaccinated against COVID-19, along with a proper understanding of the vaccine's efficacy and effectiveness. Religious views influence medical and scientific evidence, resulting in a range of vaccination reactions, including vaccine reluctance.

According to one study, religious beliefs place a higher premium on prayer than on medicine, resulting in vaccine anxiety among believers. This, combined with a lack of

understanding about available vaccinations, leads believers to seek alternative forms of illness treatment, such as the use of holy water and prayers, out of concern that vaccination will result in their children's deaths. Certain religious communities, such as Islam, forbid the use of vaccines containing pig components (Garcia & Yap, 2021).

A study entitled, “Between Healthcare Practitioners and Clergy: Evangelicals and COVID-19 Vaccine Hesitancy” revealed that evangelical Christians are among the most hesitant to get the COVID-19 vaccine. A logistic regression showed that those reporting high perceived benefits of the COVID-19 vaccine were more likely to be vaccinated, while those reporting high perceived barriers were less likely to be vaccinated. Those whose healthcare provider asked them about the vaccine were more likely to be vaccinated than those whose healthcare provider did not ask. Finally, while those who reported information seeking from religious leaders were less likely to be vaccinated, those who reported more faith-based support for vaccination were more likely to be vaccinated. In addition to beliefs and barriers to vaccination, the role of healthcare providers and clergy were important factors in influencing vaccination status (Guidry, J. P. D. et al., 2022).

Syed Alwi et al. (2021) stated that the study, entitled, "A survey on COVID-19 immunization acceptability and concern among Malaysians," sought to assess Malaysians' concerns and acceptance rates for the COVID-19 vaccine. In contrast to previous studies in the United Kingdom and the United States, which found no indication of religion playing a role in vaccine apprehension, the researchers' findings indicate that Buddhists are twice as likely as Muslims to feel fearful. Even when religion and/or denomination are controlled for, a study by Lahav et al. found that one's level of faith had an effect on one's desire to take a vaccination (2021). In Israel, it was revealed that denominations had a large influence on vaccine willingness. After controlling for several

criteria such as income and level of religion, those who identified as ultra-Orthodox and religious Jews were significantly less willing to take the vaccine than those who identified as secular and traditional Jews. Despite this, ultra-Orthodox Jews reported a significant level of dread about vaccines due to their increased risk of sickness. However, it was discovered in Japan that Buddhist believers were more ready to receive vaccinations than their non-affiliated counterparts, which is consistent with Grandahl et al. findings regarding the HPV vaccine among Thai Buddhists. Parents who placed a high premium on religion were more likely to vaccinate their daughters than parents who placed a lower premium on religion.

Educational Attainment and Vaccine Acceptance and Hesitancy

According to a study by Kricorian et al., education level was significantly associated with trust in the safety of COVID-19 vaccination (2021). Respondents who believed the vaccine was risky were more likely to have a "high school education or less," and a bachelor's or postgraduate degree was less likely. Finally, individuals who believed the COVID-19 vaccine was risky were less likely to obtain it, had a limited understanding of the virus, and were more likely to believe COVID-19 vaccine myths. They lacked education, earned less, and resided in more remote regions than those who believed the vaccine was safe.

Those with a higher level of awareness about COVID-19 vaccines were more likely to be vaccinated than those with a lower level. According to studies, kids with a high degree of vaccination awareness were more likely to self-vaccinate than students with a low level of vaccination knowledge. Increased knowledge is inversely proportional to increased education levels. The less health literacy a person possesses, the more likely he or she is to obey medical institution commands. Reduced safety concerns and a greater awareness of vaccination's value may help. Vaccination teaching should be a

regular component of general population education, not an ad hoc endeavor (Patelarou et al., 2021).

According to a study conducted by Lazarus et al. (2021), highly educated individuals expressed a willingness to accept a vaccine in Ecuador, France, Germany, India, and the United States; whereas, higher education levels were associated with a lower level of vaccination acceptability in Canada, Spain, and the United Kingdom.

In a study reported by Tang, S, et al., (2023) entitled, “Education level modifies parental hesitancy about COVID-19 vaccinations for their children,” parents with higher level education were more likely to hesitate to vaccinate their children against COVID-19. After controlling for parents’ and children’s demographic variables, logistic regression showed that parents’ hesitancy about their children’s vaccination increased if parents had lower levels of susceptibility, response efficacy or self-efficacy, as well as, higher levels of response costs. In addition, a high educational level can significantly increase the promotive effect of response cost and the protective effect of response efficacy on vaccine hesitancy.

Synthesis of Related Studies

According to the WHO, COVID-19 is an infectious disease caused by SARS-CoV-2 that can be transmitted by droplets. Since its initial breakout in Wuhan, China in early December 2019, the COVID-19 virus has spread over the world, infecting millions of people and killing hundreds of thousands (Di Nardo et al., 2021).

With the rising number of COVID-19 infection, governments around the world have urged citizens to adhere to safety protocols which include handwashing, wearing face masks, physical distancing, and avoiding large gatherings and assemblies (Pokhrel

and Chhetri, 2021). However, despite the country's effort in controlling further transmission of the virus, the number of cases still continues to rise.

According to the WHO, the critical first step toward eradicating the COVID-19 pandemic is the development and fast deployment of COVID-19 vaccines globally. The WHO collaborates with partners to research, manufacture, and distribute a safe and effective vaccine for the general population. Currently, the FDA has licensed nine COVID-19 vaccines that have been shown to be effective and safe in reducing an individual's chance of acquiring a serious illness caused by the COVID-19 virus. Nonetheless, there are concerns concerning the efficacy and safety of COVID-19 vaccinations, including the duration of protection and side consequences associated with rapid development (Qerem and Jarab, 2021).

According to Nicholas (2015), many people avoid vaccination or refuse to vaccinate their children because they believe vaccination is harmful to their health. Numerous studies, however, demonstrate that vaccinations pose few hazards to patients and that the benefits far outweigh the dangers, as demonstrated by the eradication of vaccine-preventable diseases.

Vaccine acceptability is a complex decision-making process that is influenced by a range of circumstances (MacDonald, 2015). According to Kalam et al. (2021), demographic, socioeconomic, and behavioral factors associated with vaccine acceptability include age, married status, degree of education, ethnic origin, previous influenza vaccination, and gender.

On the other hand, vaccine hesitancy refers to people's refusal to take a vaccine that has been shown to be medically beneficial and available to the general population for the prevention of an infectious disease (MacDonald, 2015). It is influenced by a

variety of factors, including vaccination's risk-benefit analysis in terms of vaccine safety and adverse effects, as well as, religious, cultural, gender, socioeconomic, and vaccine-specific concerns (Azarpanah et al., 2021).

According to a study entitled, "Attitudes Toward COVID-19 Vaccines in Chinese Adolescents," younger adolescents were more likely to accept COVID-19 vaccination than older adolescents. This could be because younger adolescents are more receptive to positive directions and have less access to online negative information or misinformation about vaccines than older adolescents. Another study by Jiang et al. (2021) discovered that female students were significantly more likely than male pupils to accept the vaccine. This may be because nursing is a female-dominated profession and male nursing students may feel isolated and hesitant to participate in social activities, resulting in a drop in immunization willingness. As a result, nursing educators should consider putting themselves in the shoes of a variety of students, with an emphasis on the small but significant percentage of male students who are vaccinated. Another study, "Parental Perspectives on Immunizations: The Impact of the COVID-19 Pandemic on Childhood Vaccine Reluctance," discovered that higher-income families had less vaccine reluctance, demonstrating greater confidence and a lower risk perception. The author's findings are congruent with those of Boyle et al., who observed that better-income families have a higher rate of vaccine acceptance (Anand et al., 2021).

Garci and Yap's (2021) study discovered that religion, when combined with a sufficient understanding of the efficacy and effectiveness of COVID-19 immunizations, appeared to influence vaccination decision-making. Religious beliefs have an effect on medical and scientific evidence, resulting in a variety of vaccination responses, such as vaccine reluctance. Another study found that students with a high degree of vaccination awareness were more likely to self-vaccinate than students with a low level of

vaccination knowledge. Increased knowledge is inversely proportional to increased education levels. The less health literacy a person possesses, the more likely he or she is to obey medical institution commands. Reduced safety concerns and a greater awareness of vaccination's value may help. Vaccination teaching should be a regular component of general population education, not an ad hoc endeavor. Several studies have been conducted (Kamimura et al., 2017; Oliver et al., 2020). According to a new data study conducted by researchers at the University of Pittsburgh and Carnegie Mellon University, COVID19 vaccination hesitancy is associated with particular vocations. Over 40% of survey respondents in construction and extraction, installation, maintenance and repair, farming, fishing, and forestry indicated that they would "probably not" or "absolutely not" receive the vaccine. Those in education, health, life, and social sciences demonstrated less than 10% vaccination hesitation. According to survey respondents, the most frequently cited reason for vaccine hesitancy was concern about the vaccine's side effects; however, those in the most hesitant jobs were more likely to express reservations about the vaccine's development pace, mention a lack of trust in the government, or believe they do not need the vaccination (Boden, 2021).

CHAPTER III

METHODOLOGY

In this chapter, the research design, study population, sampling procedure, research instrumentation, validity and reliability, data collection, ethical considerations, data processing, statistical analysis, and statistical matrix used in this study is discussed.

Research Design

This study used a descriptive-correlational design. This study focused on the level of COVID-19 vaccine acceptance and hesitancy among parents with children aged 12 to 17 years old. This study used an online survey through researcher developed questionnaires to gather data from the respondents. The research design was used in this study was quantitative research and descriptive correlation. The purpose of descriptive research was to examine a wide variety of occurrences, with the final result being a detailed presentation and interpretation of statistical tabulations of data gathered through a survey (Tan, 2011). Additionally, descriptive studies are concerned with existing conditions, their significance, and relevance, as well as with providing suitable and accurate interpretations of these facts, whether or not statistical analysis is used (Calderon, 1993).

On the other hand, correlational research is simply defined as a relationship between two variables. According to Tan (2011), the goal of correlations in research is to determine the strength of the relationship between variables by examining how changes in one variable affect changes in another. In this study, a correlational procedure was

applied to determine the relationship of the demographic information of parents with children aged 12 to 17 years old towards vaccine acceptance and hesitancy.

Population and Sampling Procedure

The study population included the 262 parents with children aged 12 to 17 years old in Barangay Zamora-Milleza, City Proper, Iloilo City. The official list of parents with children 12 to 17 years old needed for this study were obtained from the barangay office of Barangay Zamora-Milleza, City Proper, Iloilo City. Respondents only included parents with children aged 12 to 17 years old in Iloilo City. Parents with children aged 11 years old and below and 18 years old above are excluded in the study population. The sample size is 158 and was computed using the Slovin's formula (Ellen, 2020).

n = N / (1+Ne2)

= 262/(1+ [(262)(0.05)^2])

n =158

where:

n = *the size of the sample*

N = *the size of the population*

e = *is the desired margin of error*

To collect the data for this study, the researchers used a non-probability sampling technique in which subjects were chosen in a non-random manner, specifically accidental or convenience sampling, in which the researchers used the most readily available or most convenient group of people as study respondents (Tan, 2011). Due to COVID-19 restrictions, only the subjects that were readily available and were willing to participate in Barangay Zamora-Milleza, City Proper, Iloilo City were used as the study population that would fit in the criteria of being parents with children aged 12 to 17 years

old in Iloilo City. Questionnaires were then distributed online or through the distribution of a printed copy of the questionnaires to the respondents depending whether the parents have access to the internet or not. The study utilized Slovin's formula to solve for the needed sample size which is 158 parents with children aged 12 to 17 years in Iloilo City.

Research Instrumentation

To collect the data, the survey method was used by the researchers. The study used a questionnaire developed by the researchers. It was developed in accordance with the study's objectives. The research instrumentation was divided into three parts: the first part included questions about the respondent's demographic profiles such as age, sex, religion, educational attainment, civil status, income, vaccination status and relationship to the child; the second part of the questionnaire assessed the level of COVID-19 vaccine acceptance of parents in relation to their children aged 12 to 17 years old; the third section determined the level of COVID-19 vaccine hesitancy among parents with children aged 12 to 17 years old. Respondents were made to answer all the 10-item statements having 5 choices, with scores interpreted as the following: Strongly Disagree (1); Somewhat disagree (2); Neither Agree nor Disagree (3); Somewhat Agree (4); and Strongly Agree (5).

Validity and Reliability of Instruments

To ensure the validity of the questionnaires, the researchers consulted the advice of three experts in research where it was validated and revised after receiving comments and suggestions. Face and Content Validity and Construct Validity was applied in the study in order to accurately measure the validity of the instrument. Then, the researchers conducted a pilot testing to the 10% of the population size after validation from the experts.

Concerning the questionnaire's reliability, which refers to the consistency of an individual's responses or scores on a test or research instrument provided, the researchers utilized Cronbach’s Alpha through SPSS to analyze the respondents' answers to each question for reliability. Moreover, the validators assessed the clarity and relevance of the tool. The evaluators' suggestions were taken into consideration and any suggested changes were made. Pre-testing, in which 10% (15) of the population was taken, was carried out in order to further evaluate the questionnaire's reliability. The 15 participants in the pilot testing were not included in the actual study's group. According to Cadete (2017), the pilot study was conducted as a preliminary investigation to determine whether the main study's crucial sections could be carried out. Whitehead, Julious, Cooper, and Campbell (2015) advised that 10% of the population should be used as the standard sample size for a pilot study. After that, the data were reviewed and subjected to Crohnbach's alpha. The results for the level of COVID-19 vaccine acceptance with 10 items were 0.994, while the level of COVID-19 vaccine hesitancy with 10 items was 1.110. A reliability coefficient of 0.70 or higher is acceptable.

Data Collection and Data Gathering Process

The respondents of the study were parents with children aged 12 to 17 years old in Iloilo City, specifically residents of Barangay Zamora-Melliza, City Proper. To conduct this study, firstly the researchers sought the ethical approval of research to the Research Ethics Committee of the university. Second, a survey was conducted to assess the adaptable questionnaire's reliability and validity. The researchers obtained a formal written consent from the respondents who participated in the study by explaining to them the significance of this study. The questionnaire was sent through Facebook (FB Messenger) or E-mail. The responses were encoded by the researchers after the

collection of questionnaires. Also, the confidentiality of the responses of the respondents was ensured. To maintain anonymity, as well as privacy, numbers rather than names of the respondents were used. In the method of data collection, the researchers utilized a researcher developed questionnaire. Questionnaires were distributed to the respondents, who in turn, had answered by following the instructions provided in the instrument.

Ethical Consideration/Review

This study obtained the approval from the Dean of the department before data collection took place. The nature, purpose, and objectives of the study using a cover letter attached in front of every questionnaire was explained clearly to the respondents prior to the response. This served as their written consent to participate in the study. The respondents of this study were gathered without coercion, informed that their participation is voluntary, and that they have the right to refuse to participate or withdraw anytime upon the conduct of the study. The respondents were given the assurance that the information that they have provided were kept confidential and utilized only for the purpose of the study. If they chose not to participate in the study at any time, there was no penalty or other consequences and without need to give any reason. If at any time, the participants withdraw from the study, the data submitted was discarded properly. A written informed consent document for participation was signed by the participants. The CPU-REC served as the committee for the ethics review.

The researchers ensured that the respondents were treated fairly and in accordance with the Philippine Health Research Ethics Board (PHREB) Standards. To ask permission to conduct the study, a letter of consent was submitted to the Dean to provide protection of rights, dignity, safety, and the well-being of the respondents. During

the conduct of the study, respondents had to answer a questionnaire about their acceptance and hesitancy towards COVID-19 vaccine among their children aged 12 to 17 years old which may be a sensitive or personal topic for them. There had been no potential physical or emotional risk included in the study. This could possibly benefit the respondents by improving their awareness of the importance of vaccination against COVID-19 vaccination of their children. There was no conflict of interest that may affect the study. The respondents' anonymity was maintained in order to ensure complete confidentiality of their data. The respondents were informed of their responses, which was treated with the utmost confidentiality; the information should not be shared with anyone and was only used for research purposes. Numbers rather than names of respondents were used to maintain anonymity and privacy. At the conclusion of the study, answered survey questionnaires were kept by the researchers for safe keeping that only the researcher(s) has/have access to. The data collected were disposed of when the study was completed and when the results of the study have already been disseminated by the researchers. The results of this study were presented as part of the requirements and any research conference which the study was beneficial.

Data Processing and Statistical Analysis of the Data

After gathering the necessary information, Statistical Package for Social Sciences (SPSS) was utilized in encoding, documenting, and statistically analyzing the collected data. The findings were interpreted by the researchers with the assistance of the research advisers.

Frequency distribution and percentage was utilized in tallying the respondents' demographic profile such as the age, sex, civil status, income, religion, educational attainment, vaccination status and relationship of the respondent to the child, which

revealed the frequency of the repeated answers in a graphical or tabular form. The Chi-square test was used to assess the strength of the relationship between the independent variables of age, gender, civil status, socioeconomic status, religion, educational attainment, relationship to the child, and vaccination status and the dependent variables; level of COVID-19 vaccine acceptance and level of COVID-19 vaccine hesitancy of parents with children aged 12 to 17 years old.

CHAPTER IV

RESULTS AND DISCUSSION

Profile of the Respondents

In total, 158 respondents participated in the study. Table 1 shows the profile of the respondents when grouped according to age, sex, religion, educational attainment, civil status, income, vaccination status, and relationship to the child.

Age

Figures show a higher proportion of the participants aged 46 - 55 years old (38.6%), 54 (34.2%) of the respondents aged 36-45 years old, 16.5% of the respondents aged 25-35 years old and only 17 (10.8%) of the respondents aged 56-65 years old.

Sex

Most of the respondents were female (66.5%) and 53 (33.5%) of them were male.

Religion

A higher number of respondents (79.7%) were Roman Catholic; 8.2% of the respondents were Baptists; and, 19 (12.1%) were from other religions.

Educational Attainment

On the other hand, 104 (65.8%) of the respondents were college graduates; 44 (27.8%) were high school graduates; 5 (3.2%) were elementary graduates; and, 5 (3.2%) were post graduates.

Civil Status

The majority of the respondents were married (82.9%); 19 (12%) are single; and, 8 (5.1%) are separated or widowed.

Income

Whereas, 78 (49.4%) of the respondents indicated that their monthly average income was in the range of P10,001.00 to P 50,000.00; 35 (22.2%) has an income of P5,001.00 - P10,000.00; 7.1% had less than P5,000.00 a month; and, 18 (11.4%) revealed that there income is more than P50,000.00.

Vaccination Status

Moreover, there are 77 respondents (48.7%) who are fully vaccinated; 74 (46.8%) of them are fully vaccinated with booster; 5 (3.2%) were unvaccinated; and, only 2 (1.3%) were partially unvaccinated.

Relationship to the Child

Also in the table, when grouped according to the relationship to the child, a high number were mothers (58.2%); 51 (32.3%) were fathers; and, 15 (9.5%) were guardians.

Table 1. *Distribution of Respondents in terms of their Profile.*

Profile of the Respondents	f	%
Age		
25 - 35 years old	26	16.5
36 - 45 years old	54	34.2
46 - 55 years old	61	38.6
56 - 65 years old	17	10.8
Sex		
Male	53	33.5
Female	105	66.5
Religion		
Roman Catholic	126	79.7
Baptist	13	8.2
Other Protestants	19	12.1
Educational Attainment		
Elementary	5	3.2
High School	44	27.8
College Graduate	104	65.8
Post Graduate	5	3.2
Civil Status		
Single	19	12.0
Married	131	82.9
Separated/Widowed	8	5.1
Income		
Less than P5,000.00	27	7.1
P5,001.00 - P10,000.00	35	22.2
P10,001.00 - P50,000.00	78	49.4
More than P50,000.00	18	11.4
Vaccination Status		
Fully Vaccinated	77	48.7
Fully Vaccinated with Booster	74	46.8
Partially Vaccinated	2	1.3
Unvaccinated	5	3.2
Relationship to the Child		
Father	51	32.3
Mother	92	58.2
Guardian	15	9.5
TOTAL	**158**	**100.0**

Level of COVID-19 Vaccine Acceptance of Respondents to COVID-19 Vaccination

Level of COVID-19 vaccine acceptance was measured by a 10-item questionnaire made by the researchers. Respondents were made to answer with every item having 5 choices, with scores interpreted as the following: a score of 1 means the respondent strongly disagrees; 2 means the respondent somewhat disagrees; 3 means the respondents neither agree nor disagrees; 4 means the respondent somewhat agrees; and, the score of 5 which means that the respondent strongly agrees to have their children vaccinated against COVID-19.

Table 2 presents the distribution of the respondents according to the level of COVID-19 vaccine acceptance. Among the 158 total respondents, 137 (86.7%) of which were highly accepting with regards on allowing their children vaccinated by the COVID-19 vaccine; 16 (10.1%) of the participants were less likely to accept the COVID-19 vaccination among their children aged 12-17 years old; and, 5 (3.2%) of the respondents were moderately accepting towards COVID-19 vaccines on their children. Thus, the results show that there is a higher percentage of respondents towards COVID-19 vaccine acceptance.

Table 2: *Distribution of respondents in terms of their Level of COVID-19 Vaccine Acceptance*

Level of COVID-19 Vaccine Acceptance	**f**	**%**
High Acceptance	137	86.7
Moderate Acceptance	5	3.2
Less Acceptance	16	10.1
TOTAL	**158**	**100.0**

Legend: Less Acceptance (10-23), Moderate Acceptance (24-36), High Acceptance (37-50)

Level of COVID-19 Vaccine Hesitancy of Respondents to COVID-19 Vaccination

Table 3 presents the distribution of the respondents according to the level of COVID-19 vaccine hesitancy. Based on the table, 5 out of 10 (54.4%) of the respondents were less hesitant on consenting their children to have their COVID-19 vaccines; 2 out of 10 (23.4%) participants were moderately hesitant; and, 2 out of 10 (22.2%) of them are highly hesitant towards the COVID-19 vaccination among their children aged 12-17 years old. The findings present that there is a low percentage of respondents towards COVID-19 vaccine hesitancy.

Table 3. *Distribution of Respondents in terms of their Level of COVID-19 Vaccine Hesitancy*

Level of COVID-19 Vaccine Hesitancy	**f**	**%**
Less Hesitant	86	54.4
Moderately Hesitant	37	23.4
Highly Hesitant	35	22.2
TOTAL	**158**	**100.0**

Legend: Less Acceptance (10-23), Moderate Acceptance (24-36), High Acceptance (37-50)

Profile of Respondents and Level of COVID-19 Vaccine Acceptance

Table 4 presents the relationship between the profiles of respondents according to age, sex, religion, educational attainment, civil status, income, vaccination status, and relationship to the child and the level of COVID-19 vaccine acceptance. The results and findings for the test of relationship and correlation between the profiles of respondents according to age, sex, religion, educational attainment, civil status, income, vaccination status, and relationship to the child and the level of COVID-19 vaccine acceptance are shown in Table 4.

Findings revealed that a higher percentages of respondents with children ages 12-17 years old of Iloilo City aged 25-35 years old (88.5%); 36-45 years old (81.5%); 46-55 years old (55%); 56-65 years old (88.2%) have a high level of acceptance of COVID-19 vaccine. Based on the findings, there is a weak association and no significance between age and the level of COVID-19 vaccine acceptance among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the gamma value of .128 and p-value of .469. Therefore, the null hypothesis, that there is no significant relationship between the profile of respondents and the level of COVID-19 vaccine acceptance is not rejected. It can be concluded that age does not influence the level of COVID-19 acceptance.

Moreover, Table 4 shows the findings of the relationship between sex and the level of COVID-19 vaccine acceptance. Figures present a higher percentage of male respondents (86.8%) and female (86.7%) have a high level of acceptance of COVID-19 vaccine. Based on the findings, there is a weak association and no significance between gender and the level of COVID-19 vaccine acceptance among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the Cramer’s v of .058 and p-value of .770. Therefore, it can be concluded that sex does not influence the level of COVID-19 vaccine acceptance.

Furthermore, findings reveal that a higher percentage (89.7%) of Roman Catholics has a higher level of COVID-19 acceptance. A high percentage of respondents with religion under Baptist and other Protestants also has a high level of COVID-19 acceptance. Statistical analysis using Cramer's V revealed a value of .185 which suggests a weak association indicating that religion has a statistical relationship on the level of COVID-19 vaccine acceptance among parents with children aged 12-17 years old. Thus, this is significant (p-value of 0.029 is less than the set alpha level of 0.05).

Therefore, it can be concluded that religion influences the level of acceptance towards COVID-19 vaccine. This supports the study of Garci and Yap (2021), religion has a role in an individual's decision to get vaccinated against COVID-19, along with proper understanding of the vaccine’s efficacy and effectiveness.

Findings revealed that a higher percentage of respondents with educational attainment of elementary (60.0%); high school (84.1%); college graduate (88.5%); and, postgraduate (100%) have a high level of COVID-19 vaccine acceptance. Based on the findings, there is a moderate association but no significance between educational attainment and the level of COVID-19 vaccine acceptance among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the Cramer’s v of .305 and p-value of .156. Therefore, it can be concluded that educational attainment does not influence the level of COVID-19 vaccine acceptance.

On the other hand, findings revealed that a higher percentage (87.0%) of married respondents had a higher level of COVID-19 acceptance. A high percentage of respondents with civil status of single and separated/widowed also has a high level of COVID-19 acceptance. Statistical analysis using Cramer's v revealed a value of .197 which suggests a weak association indicating that civil status had a statistical relationship on the level of COVID-19 vaccine acceptance among parents with children aged 12-17 years old. Thus, this is significant (p-value of 0.015 is less than the set alpha level of 0.05). Therefore, it can be concluded that civil status has an influence on the level of COVID-19 vaccine acceptance.

Moreover, Table 4 shows the findings of the relationship between income and the level of COVID-19 vaccine acceptance. Figures present a higher percentage of respondents with monthly income of more than P50,000.00 (94.4%); P10,001.00 -

P50,000.00 (88.5%); P5,001.00 - P10,00.00 (85.7%); and, less than P5,000.00 (77.8%) have a high level of acceptance of COVID-19 vaccine. Based on the findings, there has moderate association but no significance between socioeconomic status and the level of COVID-19 vaccine acceptance among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the Cramer's v of .282 and p-value of .116. Therefore, it can be concluded that socioeconomic status does not influence the level of COVID-19 vaccine acceptance among parents of Iloilo City with children 12-17 years old.

Furthermore, findings revealed that a higher percentage (94.6%) of respondents fully vaccinated with booster shots has a higher level of COVID-19 acceptance. A high percentage of respondents with vaccination status of fully vaccinated, partially vaccinated, and unvaccinated, also has a high level of COVID-19 acceptance. Statistical analysis using Cramer's v revealed a value of .213 which suggests a moderate association indicating that vaccination has a statistical relationship on the level of COVID-19 vaccine acceptance among parents with children aged 12-17 years old. Thus, this is significant (p-value of 0.015 is less than the set alpha level of 0.05). Therefore, it can be concluded that vaccination status has an influence on the level of COVID-19 vaccine acceptance.

Findings also revealed that a higher percentage (89.1%) of respondents that were mothers had a higher level of COVID-19 acceptance. A high percentage of respondents that were fathers and guardians also had a high level of COVID-19 acceptance. Results show that there is a weak association and a statistical relationship between the relationship to the child and the level of COVID-19 vaccine acceptance among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as

shown by the Cramer's v of .197 and p-value of .015. Therefore, it can be concluded that relationship to the child does not influence the level of COVID-19 vaccine acceptance.

Table 4. *Relationship between the Profile of the Respondents and the Level of COVID-19 Vaccine Acceptance*

Profile of the Respondents	COVID-19 Vaccines Acceptance							
	Less Acceptance		Moderate Acceptance		High Acceptance		Total	
	f	%	f	%	f	%	f	%
Age								
25 - 35 Years Old	3	11.5	0	0	23	88.5	26	100.0
36 - 45 Years Old	7	13.0	3	5.6	44	81.5	54	100.0
46 - 55 Years Old	4	6.6	2	3.3	55	90.2	61	100.0
56 - 65 Years Old	2	11.5	0	0	15	88.2	17	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Gamma Value = .128								
p-value = .469								
Gender								
Male	6	11.3	1	1.9	46	86.8	53	100.0
Female	10	9.5	4	3.8	91	86.7	105	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Cramer's V = .058								
p-value = .770								
Religion								
Roman Catholic	8	6.3	5	4.0	113	89.7	126	100.0
Baptist	3	23.1	0	0	10	76.9	13	100.0
Other Protestants	5	26.3	0	0	14	73.7	19	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Cramer's V = .185*								
p-value = .029								
Educational Attainment								
Elementary	0	0	2	40.0	3	60.0	5	100.0
High School	6	13.6	1	2.3	37	84.1	44	100.0
College Graduate	10	9.6	2	1.9	92	88.5	104	100.0
Post Graduate	0	0	0	0	5	100.0	5	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Gamma Value = .305								
p-value = .156								
Civil Status								
Single	0	0	0	0	19	100.0	19	100.0
Married	13	9.9	4	3.1	114	87.0	131	100.0
Separated/Widowed	3	37.5	1	12.5	4	50.0	8	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Cramer's V = .197*								
p-value = .015								
Socio Economic Status								
Less than P5,000.00	3	11.1	3	11.1	21	77.8	27	100.0
P5001.00 - P10,000.00	5	14.3	0	0	30	85.7	35	100.0
P10,001.00 - P50,000.00	7	9.0	2	2.6	69	88.5	78	100.0
More than P50,000.00	1	5.6	0	0	17	94.4	18	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Gamma Value = .282								
p-value = .116								
Vaccination Status								
Fully Vaccinated	10	13.0	4	5.2	63	81.8	77	100.0
Fully Vaccinated with Booster	3	4.1	1	1.4	70	94.6	74	100.0
Partially Vaccinated	1	50.0	0	0	1	50.0	2	100.0
Unvaccinated	2	40.0	0	0	3	60.0	5	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Cramer's V = .213*								
p-value = .015								
Relationship to the Child								
Father	6	11.8	2	3.9	43	84.3	51	100.0
Mother	8	8.7	2	2.2	82	89.1	92	100.0
Guardians	2	13.3	1	6.7	12	80.0	15	100.0
Total	**16**	**10.1**	**5**	**3.2**	**137**	**86.7**	**158**	**100.0**
Cramer's V = .197*								
p-value = .015								

*Significant at .05

Profile of Respondents and Level of COVID-19 Vaccine Hesitancy

Table 5 presents the relationship between the profiles of respondents according to age, sex, religion, educational attainment, civil status, income, vaccination status, and relationship to the child and the level of COVID-19 vaccine hesitancy. The results and findings for the test of relationship and correlation between the profiles of respondents according to age, sex, religion, educational attainment, civil status, income, vaccination status, and relationship to the child and the level of COVID-19 vaccine hesitancy are shown in Table 5.

Findings revealed that a higher percentage of respondents with children ages 12-17 years old of Iloilo City aged 25-35 years old (42.3%), 36-45 years old (51.9%), 46-55 years old (62.3%), 56-65 years old (52.9%) have a low hesitancy level of COVID-19 vaccine. Based on the findings, there is no correlation between age and the level of COVID-19 vaccine hesitancy among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the gamma value of -.170 and p-value of .104 Therefore, the null hypothesis that there is no significant relationship between the profile of respondents and the level of COVID-19 vaccine hesitancy is not rejected. This shows that age does not influence the level of COVID-19 vaccine hesitancy. This also implies that all age groups have a low level of COVID-19 vaccine hesitancy.

Moreover, Table 5 shows the findings of the relationship between sex and the level of COVID-19 vaccine hesitancy. Figures present that a higher percentage of female respondents (57.1%) and male (49.1%) have a low level of COVID-19 vaccine hesitancy. Statistical analysis using Cramer's v revealed a value of .084 which suggests a weak association indicating that sex has minimal influence on the level of COVID-19 vaccine hesitancy of parents with children aged 12-17 years old. Thus, this is not

significant (p-value of .571 is more than the set alpha level of .05). Therefore, sex does not influence the level of COVID-19 vaccine hesitancy.

Furthermore, findings revealed that a higher percentage (56.3%) of Roman Catholics has a low level of COVID-19 hesitancy. A high percentage of respondents with religion under Baptist and other Protestants also had a low level of COVID-19 hesitancy. Results show that there is a weak association but no correlation between religion and the level of COVID-19 vaccine hesitancy among parents with children 12-17 years old at 0.05 level of significance as shown by the Cramer's v of .170 and p-value of .057. Therefore, religion does not influence the level of COVID-19 vaccine hesitancy.

On the other hand, Table 5 shows that a higher percentage of respondents with educational attainment of elementary (60.0%); high school (50.0%); college graduate (55.8%); and, postgraduate (60.0%) have a low level of COVID-19 vaccine hesitancy. Based on the findings, there is no correlation and no association between educational attainment and the level of COVID-19 vaccine hesitancy among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the Cramer's v of -.170 and p-value of .219. Therefore, educational attainment shows no influence in the level of COVID-19 vaccine hesitancy.

Findings revealed that a higher percentage (55.0%) of married respondents were less hesitant towards COVID-19 vaccine. A high percentage of respondents with civil status of single and separated/widowed also have a low level of COVID-19 hesitancy. Based on the findings, there is no significant relationship and a weak association between civil status and the level of COVID-19 vaccine hesitancy among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the

Cramer's v of .084 and p-value of .698. Therefore, civil status does not influence the level of COVID-19 vaccine hesitancy.

Moreover, Table 5 presents the findings of the relationship between income and the level of COVID-19 vaccine acceptance. Figures present a higher percentage of respondents (48.1%) with monthly income of less than P5,000.00 reveals a high hesitancy level towards COVID-19 vaccine. However, a high proportion of respondents with more than P50,000.00 (44.4%); P10,001.00 - P50,000.00 (61.5%); and, P5,001.00 - P10,00.00 (62.9%) show a low level of hesitancy of COVID-19 vaccine. Based on the findings, there is no association and significance between income and the level of COVID-19 vaccine hesitancy among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the Cramer's v of -.211 and p-value of .058. Therefore, level of income does not influence the level of COVID-19 vaccine hesitancy.

Furthermore, findings revealed that a higher percentage (59.7%) of respondents fully vaccinated had a low level of COVID-19 hesitancy. A high percentage of respondents (52.7%) with vaccination status of fully vaccinated with booster shots also had a low level of COVID-19 hesitancy. However, a high proportion (80.0%) of respondents that were unvaccinated had a high level of COVID-19 vaccine hesitancy. Statistical analysis using Cramer's v revealed a value of .218, which suggests a moderate association indicating that vaccination status has a relationship to the level of COVID-19 vaccine hesitancy among parents with children aged 12-17 years old. Thus, this is significant (p-value of .022 less than the set alpha level of .05). Therefore, vaccination status has an influence on the level of COVID-19 vaccine hesitancy.

Table 5 also revealed that a higher percentage (53.3%) of respondents that were mothers had a low level of COVID-19 hesitancy. A high percentage of respondents that

are fathers and guardians also had a low level of COVID-19 acceptance. Results show that there is weak association but no significance between relationship to the child and the level of COVID-19 vaccine hesitancy among parents with children 12-17 years old of Iloilo City at 0.05 level of significance as shown by the Cramer's v of .148 and p-value of .142. Therefore, relationship to the child does not influence the level of COVID-19 vaccine hesitancy.

Table 5. *Relationship between Profile of Respondents and Level of COVID-19 Vaccines Hesitancy.*

Profile of the Respondents	COVID-19 Vaccines Hesitancy							
	Less Hesitant		Moderately Hesitant		Highly Hesitant		Total	
	f	%	f	%	f	%	f	%
Age								
25 - 35 Years Old	11	42.3	7	26.9	8	30.8	26	100.0
36 - 45 Years Old	28	51.9	13	24.1	13	24.1	54	100.0
46 - 55 Years Old	38	62.3	11	18.0	12	19.7	61	100.0
56 - 65 Years Old	9	52.9	6	35.3	2	11.8	17	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Gamma Value = -.170								
p-value = .104								
Gender								
Male	26	49.1	13	24.5	14	26.4	53	100.0
Female	60	57.1	24	22.9	21	20.0	105	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Cramer's V = .084								
p-value = .571								
Religion								
Roman Catholic	71	56.3	33	26.2	22	17.5	126	100.0
Baptist	6	46.2	1	7.7	6	46.2	13	100.0
Other Protestants	9	47.4	3	15.8	7	36.8	19	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Cramer's V = .170								
p-value = .057								
Educational Attainment								
Elementary	3	60.0	0	0	2	40.0	5	100.0
High School	22	50.0	8	18.2	14	31.8	44	100.0
College Graduate	58	55.8	27	26.0	19	18.3	104	100.0
Post Graduate	3	60.0	2	40.0	0	0	5	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Gamma Value = -.170								
p-value = .219								
Civil Status								
Single	10	52.6	6	31.6	3	15.8	19	100.0
Married	72	55.0	30	22.9	29	22.1	131	100.0
Separated/Widowed	4	50.0	1	12.5	3	37.5	8	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Cramer's V = .084								
p-value = .698								
Socio Economic Status								
Less than P5,000.00	8	29.6	6	22.2	13	48.1	27	100.0
P5001.00 - P10,000.00	22	62.9	5	14.3	8	22.9	35	100.0
P10,001.00 - P50,000.00	48	61.5	19	24.4	11	14.1	78	100.0
More than P50,000.00	8	44.4	7	38.9	3	16.7	18	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Gamma Value = -.211								
p-value = .058								
Vaccination Status								
Fully Vaccinated	46	59.7	14	18.2	17	22.1	77	100.0
Fully Vaccinated with Booster	39	52.7	22	29.7	13	17.6	74	100.0
Partially Vaccinated	1	50.0	0	0	1	50.0	2	100.0
Unvaccinated	0	0	1	20.0	4	80.0	5	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Cramer's V = .216*								
p-value = .022								
Relationship to the Child								
Father	25	49.0	11	21.6	15	29.4	51	100.0
Mother	49	53.3	23	25.0	20	21.7	92	100.0
Guardians	12	80.0	3	20.0	0	0	15	100.0
Total	**86**	**54.4**	**37**	**23.4**	**35**	**22.2**	**158**	**100.0**
Cramer's V = .148								
p-value = .142								

*Significant at .05

CHAPTER V

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

This descriptive-correlational study was conducted to determine the COVID-19 vaccine acceptance and hesitancy of parents with children aged 12 to 17 years old in Iloilo City.

Specifically, it seeks to:

1. Determine the profile of the respondents when grouped according to age, sex, civil status, income, religion, educational attainment, vaccination status, and relationship to the child;
2. Determine the level of COVID-19 vaccine acceptance of the respondents;
3. Determine the level of COVID-19 vaccine hesitancy of the respondents;
4. Determine if there is a significant relationship between the profile of the respondents and the level of the COVID-19 vaccine acceptance;
5. Determine if there is a significant relationship between the profile of the respondents and the level of the COVID-19 vaccine hesitancy.

Data were gathered using a research-made questionnaire from 158 parents with children aged 12-17 years old of Brgy. Zamora-Milleza, City Poper, Iloilo City who were randomly chosen using the accidental or convenience sampling method. The data were analyzed using SPSS. Descriptive analysis was done using simple frequency counts and percentage in determining and describing the profile of the respondents and level of

COVID-19 vaccine acceptance and hesitancy. The inferential analysis was done using the Chi-square, Phi Coefficient, Cramer's V, and Gamma Coefficient values to determine the relationship between data in the nominal and ordinal scales, including the relationship between the profile of respondents and level of COVID-19 vaccine acceptance and hesitancy.

The summary of findings, conclusions derived, and recommendations for future research are presented in this chapter.

Major Findings

1. Majority of the respondents belonged to the age group of 46 to 55 years old (38.6%); female (66.5%); Roman Catholic (79.7%); college graduate (65.8%); married (82.9%); and, are mothers (58.2%). Almost half of the respondents have a monthly income of P10,001.00- P50,000.00 (49.4%) and with a vaccination status of fully vaccinated (48.7%).

2. More than three-fourths (86.7%) of the respondents had a high level of COVID-19 vaccine acceptance.

3. In terms of the level of hesitancy, most of the respondents were less hesitant (54.4%) to have their children aged 12 to 17 years old vaccinated against COVID-19 vaccine.

4. There is a weak association but no significance between the profile of respondents in terms of age, sex, educational attainment, and income and the level of COVID-19 vaccine among parents with children aged 12-17 years old of Iloilo City. While there is a weak association and correlation between level of COVID-19 vaccine acceptance and profile of the respondents in

terms of religion, civil status, vaccination status and relationship to the child. Hence, there is a significant relationship between the level of COVID-19 vaccine acceptance and the profile of respondents with regards to religion, civil status, vaccination status, and relationship to the child of parents with children aged 12 to 17 years old in Iloilo City.

5. There is no correlation between the level of COVID-19 vaccine hesitancy and the profile of respondents with regards to age, sex, religion, educational attainment, civil status, income, and relationship to the child. Findings show that the p-value is .022 for vaccination status. Therefore, there is a significant relationship between the level of COVID-19 vaccine hesitancy and the profile of respondents in terms of vaccination status of parents with children aged 12 to 17 years old in Iloilo City.

Conclusion

Based on the findings of the study, the following conclusions have been drawn:

1. The respondents were females, belonged to the age category of 46 to 55 years old, Roman Catholic, college graduate, married, belong to the socio-economic status with monthly income of P10,001.00-P50,000.00, fully vaccinated, and were mothers.

2. The parents with children aged 12 to 17 years old in Iloilo City, generally, have a high level of COVID-19 vaccine acceptance. Hence, parents with children aged 12 to 17 years old were willing to have their children vaccinated against COVID-19.

3. The parents with children aged 12 to 17 years old in Iloilo City have a low percentage towards COVID-19 vaccine hesitancy. This means that the majority of the parents with children 12 to 17 years old were less hesitant towards their children receiving the COVID-19 vaccine.

4. Profiles of respondents such as religion, civil status, vaccination status, relationship to the child had influenced the respondent's level of COVID-19 vaccine acceptance. On the other hand, age, sex, income, and educational attainment had no bearing on the level of COVID-19 vaccine acceptance.

5. Profile of the respondents such as the vaccination status had a bearing on the respondent's level of COVID-19 vaccine hesitancy. On the other hand, age, sex, income, religion, civil status, and educational attainment had not influenced the respondent's level of COVID-19 vaccine acceptance.

Recommendations

The following recommendations were made based on the above-mentioned conclusions:

1. *Health Care Workers.* High levels of COVID-19 vaccine acceptance were noted among parents with children aged 12 to 17 years old and can be improved. Hence, Health Care Workers in each barangay are encouraged to conduct specific programs and activities targeting outreach and health education needs of parents with children aged 12

to 17 years old regarding the benefits and effectiveness of COVID-19 vaccine.

2. *Parents and Children.* Low percentage towards COVID-19 vaccine hesitancy was noted in this study. Despite that, it is recommended that parents and children must undergo health education which targets to increase their awareness of not only the benefits, safety, effectiveness, and importance of COVID-19 vaccination but, as well as, to address their concerns and doubts about the safety and efficiency of the COVID-19 vaccine, as this may be a factor in vaccine hesitancy among parents with children aged 12 to 17 years old.

3. *Administrators of the Department of Health (DOH).* It was noted in the study that religion, civil status, vaccination status, and relationship to the child had a bearing on the respondents' level of COVID-19 acceptance. Hence, the Administrators of the Department of Health (DOH) are advised to formulate specific plans of action that can help encourage all parents with children aged 12 to 17 years old to allow their children to receive the COVID-19 vaccination by providing awareness campaigns and hold symposiums that further discuss information about the benefits of COVID-19 vaccination which includes protection against COVID-19, the potential to reduce transmission and prevent further outbreaks. Moreover, it is recommended to use religious and cultural sensitivity when promoting vaccination among parents with children aged 12 to 17 years old.

4. *Parents.* Vaccination status was noted as having an influence in the respondent’s level of COVID-19 hesitancy. Hence, parents are encouraged to receive vaccination against COVID-19 highlighting its benefits, safety, and efficacy.

5. *Future Researchers.* Seeing through the results of this study, it is recommended for future researchers to conduct a study focusing on either vaccine acceptance or hesitancy alone to determine the factors affecting the parents' perceptions and attitudes towards COVID-19 vaccination. The researchers would also recommend conducting the study in different age ranges (adolescents or senior citizens) or in parents with children ages below 12 years old. In addition, a larger sample size, different population groups, other demographic variables and other types of questionnaires can be used in future studies for better understanding of the phenomenon.

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APPENDICES

Appendix A

Informed Consent

Research Ethics Committee
Central Philippine University

INFORMED CONSENT FORM (ICF)

(VERSION No. 01-2021)

KEY INFORMATION ABOUT THE RESEARCHERS AND THEIR STUDY

*(*Importante nga impormasyon parte sa mga *researchers* kag sa sini nga pagtuon)

Title of the Study *(Ngalan sang Pagtuon)*: Acceptance and Hesitancy Towards COVID-19 Vaccine among Parents with Children Aged 12 to 17 Years Old in Iloilo City

Name of Researcher/s *(Ngalan sang mga Researcher/s)*:

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2. INTRODUCTION

We, the researchers from BSN 3-C, Group 6 will conduct a Descriptive Correlational Study about the Acceptance and Hesitancy Towards Covid-19 Vaccine among Parents with Children Aged 12 To 17 Years Old In Iloilo City.

(Kami, nga mga researchers sang Bachelor of Science in Nursing 3-C Group 6, nagapatigayon sang isa ka Descriptive Correlational Study nga nagangalan "Acceptance and Hesitancy Towards COVID-19 Vaccine among Parents with Children Aged 12 to 17 Years Old In Iloilo City".)

3. BACKGROUND AND PURPOSE OF THE STUDY

This study aims to determine the acceptance and hesitancy towards COVID-19 vaccine among parents with children aged 12 to 17 years old in Iloilo City.
Specifically, this study aims to:

- Determine the profile of the respondents when grouped according to age, sex, civil status, socio-economic status, religion, educational attainment, occupation, and relationship to the child;
- Determine the level of COVID-19 vaccine acceptance of the respondents;
- Determine the level of COVID-19 vaccine hesitancy of the respondents;

- Determine if there is a significant relationship between the profile of the respondents and the level of the COVID-19 vaccine acceptance;
- Determine if there is a significant relationship between the profile of the respondents and the level of the COVID-19 vaccine hesitancy;

Ang handum sang study ay pag-determinar sang COVID-19 vaccine acceptance and hesitancy sang mga ginikanan na may mga bata na edad 12 to 17 years old sa Iloilo City. Espesipiko, ang study gahandum na:

- *Determinar ang profile ng mga respondents kon grupo suno sa edad, pagkalalaki ukon pagkakabae, socioeconomic status, relihiyon, edukasyon, palangitan-an, kag resalsyon sa bata;*
- *Determinar ang lebel sang pagbaton sang mga respondents sa COVID-19 na bakuna;*
- *Determinar ang lebel sang pagduwa-duwa sang mga respondents sa COVID-19 na bakuna;*
- *Determinar kung may-ara significant na relayson sa tunga sang status sa bakuna sang mga respondents sa pagbaton sang bakuna para sa COVID-19;*
- *Determinar kung may-ara significant na relayson sa tunga sang status sa bakuna sang mga respondents sa pagduwa-duwa sang bakuna para sa COVID-19*

4. PROCEDURE OF THE STUDY

Before you decide (or allow your child) to participate in this study, you will be given enough time to read and understand the contents of the informed consent.

The researchers will be using Convenience Sampling Technique in which subjects are chosen in a non-random manner and are most readily available or most convenient that have a specified characteristics, which are parents with children aged 12 to 17 years old. The study will begin once the informed consent form has been signed. The respondents of the study upon consenting to participate are expected to answer the survey questionnaire about their acceptance and hesitancy towards COVID-19 vaccine among parents with children aged 12 to 17 years old in Iloilo City. The study will utilize a researcher-made questionnaire and will be distributed by the researchers through Facebook Messenger o E-mail. The survey will be answered by the respondents when the data gatherer sends them the survey questionnaire and then the data will be recorded for analysis. Confidentiality will be preserved throughout by using numbers rather than names of the respondents to maintain anonymity and privacy. This study may possibly take around 10 to 15 minutes for the respondents to answer the questionnaire. The above-mentioned procedure has been primarily made and intended for the purpose of this study. All information gathered during this study will be private and strictly confidential.

Bag-o magdesisyon ang maga-partisipar sang ini nga research study, pagahatagan sang sapat nga oras para basahon kag intsindihon ang unod sang informed consent form. Ang mga researchers maga-gamit sang Convenience Sampling Technique sa kung diin ang mga responde pagapilion batay sa ila oras nga sila bakante kag nagakaangay sa kinaiya nga ginlahad sang mga researchers, amo ini ang mga ginikanan nga may kabataan dose (12) tubtob desisyete (17) anyos. Magasugod ang study nga ni kung mapirmahan na ang informed consent sang responde. Pagkatapos mapirmahan sang responde ang informed consent, ginaekspektar nga pagasabtan niya ang survey questionnaire nga nagatukoy sa pagakseptar ukon

pagpangindi sang mga ginikanan nga may kabataan dose (12) tubtob desisyete (17) anyos sa COVID-19 vaccine.

Ang ini nga research study paga-gamiton ang questionnaire nga ginhimo sang mga researchers kag ini ipaga-panagtag paagi sa Facebook Messenger, Email, ukon sa gin-print nga survey questionnaire. Ang survey nga ini pagasabtan sang responde kung napadala na sang mga researcher ini, pagkatapos, ang mga sabat ipagarekord para ini maanalisar. Ang pagkakompedensyal sang mga responde ipagapreserbar sang mga researchers, mga numero ang gamiton kaysa sa ngalan para makapabilin ang indi pagkilala kag pagkapribado sang mga responde. Ang pagsabat sang survey nga ini posible matapos 10 tubtob 15 ka minutos lamang.

Ang nasambit sa ibabaw nga pamaagi ginhimo kag gintuyo para sa katuyuan sang study nga ini. Tanan nga impormasyon nga nalakip sa tion sang study nga ini magapabilin nga pribado kag strikto nga kompidensyal.

5. VOLUNTARINESS OF PARTICIPATION

Your participation/your child's partcipation in this study is entirely voluntary. It is your choice whether to participate or not. Moreover, if you choose not to participate or to withdraw from the study at any time, there will be no penalty or other consequences and without need to give any reason. If at any time you withdraw from the study, your data will be discarded properly.

Pag-ambit sa study na ini ay boluntaryo, sa imo ang desisyon kung ikaw mag partisipar o indi. Kung luyag mo mag partisipar o mag-isul sa study na ini, wala sang multa o hinimulatan kag indi kailangan mag hatag sang rason. Kung ikaw mag-isul, ang imo data isikway sang chakto

6. RISKS AND INCONVENIENCES

During the conduct of the study, respondents will need to answer a questionnaire about their acceptance and hesitancy towards COVID-19 vaccine among parents with children aged 12 to 17 years old in Iloilo City which may be a sensitive or personal topic for them. There is a possibility that certain topics might come out which may cause anxiety, distress or agitation. There will be no potential physical or emotional risk included in the study.

Sa pag-conduct sang study, kailangan sang mga respondents mag-sabat sang questionnaire tuhoy sa pag-baton kag pagduwa-duwa sang bakuna para sa COVID-19 sang mga ginikinan na may bata edad 12 to 17 years sa syudad sang Iloilo kung diin basi may ara sensitibo o personal na topiko para sa ila. Wala sang may potential na physical o emotional na peligro ginaupod ang study.

7. BENEFITS

This study could possibly benefit the respondents by improving their awareness of the importance of vaccination against COVID-19 vaccination of their children aged 12 to17 years old. Others can also benefit from this, such as:

Students. This study will help determine the contributing factors towards the acceptance of the Covid-19 vaccine. This may also help the students to influence/encourage their family to get vaccinated or to be hesitant in getting the Covid-19 vaccine.

Health care workers. This study will help health care workers determine the perceptions and attitudes of students towards Covid-19 vaccine acceptance.

This will also help to establish an effective nursing intervention that would help increase their awareness towards the Covid-19 vaccine through implementing programs. The findings from this study will guide health care workers to determine and prioritize effective COVID-19 acceptance messaging to the public.

Future Researchers. The outcome of this study will be beneficial to both present and future researchers. They can make use of this study as a basis and reference for future studies. Also, other variables which were not studied in this research will be explored.

Children. This research will give help in gaining knowledge on certain conditions that affect children and insights on the needed precautions for COVID-19 vaccination. It will also provide data that can be used by the current and future researchers in formulating ways to make both parents and children open to the idea of vaccination in general and for future reasons.

Ang ini nga research study possible magabenepisyo ang mga responde paagi sa pagpauswag sang ila nga mga nahibaluan tuhoy sa importansya sang pagpabakuna batok sa COVID-19 virus sang ila kabataan nga nagaedad 12 tubtob 17 anyos. Ang iban makabenepisyo man sa ini nga study, parehas sang:

Estudyante. Ini nga research study makabulig sa ila hibalo sang mga rason nga nagaapekto sang ila pagakseptar sang bakuna para sa COVID-19. Magabulig man ini sa ila panghikayat kag impluwensiya sa ila nga pamilya nga magpabakuna kag ang mga nagaduwa-duwa nga magpabakuna.

Health Care Workers. Ang ini nga research study makabulig sa ila hibalo sang mga panimuot kag paghangop sang mga responde tuhoy sa pagakseptar kag pagpangindi batok sa COVID-19 nga bakuna. Makabulig man ini tukod sang mga epektibo nga nursing intervention paagi sa mga programa para sa komunidad agud makadagdag sang ila nahibaluan tuhoy sa bakuna batok sa COVID-19. Ang resulta sang ini nga pagtuon magatuytoy sa mga healthcare workers kung paano madeterminar kag kung ano ang dapat nga unahon nga mga pamaagi para mahikayat ang publiko.

Mga Kabataan. Ang ini nga pagtuon makabulig hatag sang dagdag nga ihibalo tuhoy sa mga pila ka kondisyon nga makaapekto sa kabataan kag mga paghangop parte sa mga kinahanglan nga pagpangandam para sa COVID-19 nga bakuna. Makahatag man ini mga impormasyon nga mapuslan sang mga subong kag sa masunod nga mga researchers sa paghimo mga pamaagi nga makapahimo sa mga ginikanan kag kabataan nga maging bukas sa ideya sang pagpabakuna sa kabilugan kag sa mga palaabuton nga mga rason.

Mga magadason nga mga researchers. Ang resulta sang sini nga pagtuon magapuslan sang subong kag magadason nga mga researchers. Mahimo nga magamit nila ini nga basehan kag reperensya para sa ila nga mga pagtuon. Ang iban nga variable ukon mga butang nga wala makita diri magahimo nga ila pa usisaon.

8. COSTS AND COMPENSATION

The participants will not pay any amount in participating in this study. Moreover, the researchers will not give any form of compensation for the respondents in participating in this study.

(Ang mga mapakigbahin sa sini nga pagtuon wala sang baydan nga kantidad sa ila nga pagpartisipar. Kadugang man nga indi man pagbayaran sang kung ano nga bili sang mga researchers ang mga mapakigbahin sang sini nga pagtuon.)

9. PROVISION OF INJURY OR RELATED ILLNESS

During the data collection, there is a possibility that certain topics may cause anxiety, distress, and agitation. If this occurs, the researcher will immediately stop the data collection and will proceed only if permitted by the respondents.

(Sa tion sang pagtipon sang mga data, wala sang potensyal nga kahalitan ukon kasakitan nga pwede matabo. Kun may-ara man nga may malain nga matabo, ang mga researchers pagaisulon ang survey kag magapadayon lamang kung ang nagapakigbahin sang sini nga pagtuon magasugot nga dayunon.)

10. PRIVACY AND CONFIDENTIALITY

The respondents will be informed of their responses, which will be treated with the utmost confidentiality; the information will not be shared with anyone and will only be used for research purposes. Numbers rather than names of respondents will be used to maintain anonymity and privacy. At the conclusion of the study, answered survey questionnaires will be kept by the researchers for safe keeping that only the researcher(s) has/have access to. The data collected will be disposed

of when the study is complete and when the results of the stud have already been disseminated by the researchers. The results of this study will be presented as part of the requirements and any research conference which the study will be beneficial.

(Ipabalo sa mga respondents ang ila mga sabat, kung diin ini tratuhon sa kataason na confidentiality; Gamitun lang ang mga impormasyon para sa research kag indi ini pag-ipalpta. Numero sang sa mga ngalan sang respondents ang gamiton para maintain ang anonymity kag privacy. Sa katapusan sang study, ang nasabtan na mga survey questionnaires tagu-on sang mga researchers para sa safe-keeping na ang mga researchers lang ang may access. Kung kompleto na kag ang mga resulta na waragwag na sa mga researchers ang natipon na data ang ihaboy. Ang mga results sang sa study ipresenta bilang upod sa parte sang mga requirements kag sa mga biskan ano na mga research conference kung diin ang study makabinipisyo.)

11. WHO TO CONTACT

If you have any questions or clarifications regarding your participation in the study, you may ontact the researcher:

Principal Investigator: DORONILA, MARY IVALEN G.

Address: F. Ramos St., Poblacion, Carles, Iloilo

Contact number: 09164631338

E-mail: maryivalen.doronila-19@cpu.edu.ph

If you have questions pertaining to your rights as a participant, you may contact:

Chair, CPU Research Ethics Committee

Email: researchethcs@cpu.edu.ph

Phone: 329-1971 (local 3336)

12.CERTIFICATE OF CONSENT

I have read the foregoing information, or it has been read and explained to me in a language/dialect I know and understand. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Print name of participant_____

Signature of participant _____

Date _____

day/month/year

Statement by the researcher/person taking consent (if applicable)

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Nabasa ko ang mga nasunod nga impormasyon, o gin basa kag gin paathag sa akon sa diyalekto na hibalo ko kag maiintindihan. May ara ako sang oportunidad na magpamangkot tuhoy sa study kag mga pamangkot na gin mangkot sa akon gin sabat sa akon kaayawan. Boluntaryo ako gapasugot na maging participant sa study nga ini.

Ngalan sang participant_____

pirma sang participant_____

Petsa_____ (day/month/year)

Pahayag sang researcher/tawo gakuha sang consent (if applicable)

Gina pamatud-an ko na gin ang participant gin gaan oportunidad na magpamangkot tuhoy sa study, kag tanan na pamangkot gin sabat sang chakto sa akon na makaya. Gina pamatud-an ko na ang indibidwal wala ginpogus na maghatag sang consent, ang consent boluntaryo ginhatag. Ginhatagan na kopya sang ICF ang participant.

Print na ngalan sang researcher/tawo gakuha sang consent_____

Pirma sang researcher/tawo gakuha sang consent_____

Questionnaire

Part I: RESPONDENT'S PROFILE

Name (Ngalan) (Optional): _____

Age (Edad) (as of last birthday): _____ Gender: _____ Male (Lalake) ____Female (Babaye)

Religion (Relihiyon):
o Roman Catholic
o Baptist
o Born Again Christian
o Muslim
o Seventh Day Adventist
o Others, please specify _____

Educational Attainment (Nalab-ot sa imo nga edukasyon):
o No formal education (wala pormal nga pag-eskwela)
o Elementary
o High School
o College Degree
o Postgraduate

Civil Status:
o Single
o Married
o Separated
o Widowed
o Annuled
o Others, please specify _____

Socio-Economic Status:
Total Family Monthly Income (Kita sang pamilya sa sulod sang isa ka bulan): _____

Vaccination Status (Kahimtangan sang imo bakuna):
o Fully Vaccinated
o Fully Vaccinated with Booster Shot
o Partially Vaccinated (First Dose)
o Unvaccinated

Relationship to the Child (Relasyon mo sa imo bata):
o Mother
o Father
o Guardian
o Others, please specify _____

Part II: LEVEL OF COVID-19 VACCINE ACCEPTANCE

Directions: Please mark your response which according to you best explains your stand against COVID-19 vaccination for your child aged 12 to 17 years old.

(Palihog markahan ang imo nga sabat kung diin mayo gina saysay ang imo panindugan batok sa COVID-19 vaccination sa imo nga bata dose (12) tubtub desisyete (17) anyos.)

I will allow my child aged 12 to 17 years old to have the COVID-19 vaccine because: *(Pasugtan ko ang akon bata nga naga edad 12 tubtub 17 anyos nga magpabukana sa COVID-19 kay:)*	**Strongly Disagree (1)**	**Somewhat Disagree (2)**	**Neither Agree nor Disagree (3)**	**Somewhat Agree (4)**	**Strongly Agree (5)**
I think that vaccination is an effective way to prevent and control diseases. *(Nagapati ako nga ang pagpabakuna isa ka epektibo nga pamaagi para malikawan ang mga masakit)*					
I believe that all COVID-19 vaccines that are used worldwide are safe and effective. *(Gapati ako nga ang mga COVID-19 vaccine nga ginagamit sang tanan, maayo gid kag epektibo.)*					

I believe that my child needs to have the vaccine for his/her protection against the COVID-19 infection. *(Gapati ako nga kinahanglan sang bata ko ang bakuna para mahatagan sya proteksyon batok sa COVID-19 nga impeksyon)*					
Many parents with children aged 12 to 17 years old are allowing their child to take the COVID-19 vaccine. *(Damo nga mga ginikanan nga may kabataan edad 12 asta 17 ka tuig ang naga pasugot nga ang ila mga bata magabaton sang COVID-19 vaccine.)*					
I think that the benefits of allowing my child to get COVID-19 vaccines outweighs the risks associated with COVID-19 vaccines. *(Gapati ako nga dako gid ang makuha nga benepisyo kaysa sa risgo kon pasugtan ko ang akon bata nga magpabakuna sang COVID-19 vaccine)*					

I think that this will help in achieving herd immunity in our community. *(Bal-an ko nga makabulig gid sa pag-angkon sang herd immunity sa aton komunidad.)*					
I trust the doctors and other health professionals regarding information about the COVID-19 and the vaccine itself. *(Gapati ako sa mga doktor kag iban nga mga health professionals sa impormasyon nga ila ginahatag batok sa bakuna kag sa COVID-19 virus man mismo.)*					
I believe that my child has the right to receive the vaccine, and is a societal responsibility. *(Nagapati ako nga karapatan sang bata ko nga makabaton sang vaccine kag isa ini ka responsibilidad sa komunidad)*					

I believe COVID-19 will make me feel less worried about my child catching COVID-19. *(Gapati ako nga mabuhinan ang akon nga nabatyagan kag pagkabalaka nga makakuha sang COVID-19 virus ang akon na bata)*					
I would like my child to get COVID-19 vaccination because it is free of charges. (*Pabakanuhan ko ang akon bata sang COVID-19 vaccine kay libre siya kag wala bayad)*					

Part III: LEVEL OF COVID-19 VACCINE HESITANCY

Directions: Certain factors might be responsible for your decision to allow your child aged 12 to 17 years old to be vaccinated against COVID-19. Below are statements related to this. Please mark your response which according to you best explains your stand for each statement, respectively.

(May ara nga mga kabangdangan nga responsible sa mga sabat kung ngaa pasugtan moa ng imo bata dose (12) tubtub desisyete (17) anyos na magpabakuna laban sa COVID-19. Palihog markahan ang imo nga sabat kung diin mayo gina saysay ang imo nga panindugan sa tagsa ka pahayag.)

I am concerned with and believe that: (Naga ulikid ako kag nagapati nga:)	**Strongly Disagree (1)**	**Disagree (2)**	**Neither Agree nor Disagree (3)**	**Somewhat Agree (4)**	**Strongly Agree (5)**
COVID-19 vaccine is not necessary for my child. *(Ang COVID-19 vaccine indi kinahanglan para sa akon bata.)*					
Wearing of masks and proper sanitation are sufficient for protection against the COVID-19 virus. *(Ang pagsuksok sang face mask kag maayo nga sanitasyon sapat na para makabulig protekta bato sa COVID-19 virus.)*					

Serious unknown long-term effects of the COVID-19 vaccine that would affect my child in the future. *(Nagakabalaka ako sa mga seryoso kag madugay nga epekto nga igahatag sang COVID-19 vaccine sa akon nga bata.)*					
The safety, efficacy, and effectiveness of the COVID-19 vaccine towards my child. *(Nagakabalaka ako sang level sang seguridad kag pagkaepektibo sang COVID-19 vaccine para sa akon bata.)*					
COVID-19 vaccines are not reliable because they were rapidly developed and approved. *(Wala ko gasalig sa COVID-19 vaccine kay tungod dasig sya gin aprubahan kag ginhimo)*					

COVID-19 virus is just like a flu virus, with symptoms like chills, cough and fever and my child does not need vaccination for it. *(Ang COVID-19 virus parehos lang siya sa iban na nga mga flu virus kay tungod gapakita ini sang mga sintomas parehos sang hilanat, ubo, chills kag indi na kinahangalan pa sang bata ko nga magpabakuna)*					
It was recently announced that the COVID-19 vaccine is not mandatory and only voluntary for students. *(Sang sini lang, gin anunsyo nga ang COVID-19 vaccine hindi na mandatory kag boluntaryo na lang sa mga estudyante)*					

Natural exposure to germs and viruses gives the safest protection. *(Nagapati ako nga ang natural nga pag-agom sa mga germs kag virus ang makahatag sang pinakadako nga proteksyon)*					
There is a conspiracy behind the COVID-19 pandemic. *(May ara sang conspiracy sa likod sng COVID-19 pandemic)*					
Authorities promote COVID-19 vaccine for political gain and financial gain, not for people's health. *(Gina promote lamang sang mga awtoridad ang COVID-19 vaccine para may makuha sila nga benepisyo ilabi na sa mga pulitiko, para sa kwarta, kag indi para sa kamaayuhan sang mga tawo)*					

PlagScan Certificate

REVIEW, CONTINUING EDUCATION and CONSULTANCY CENTER
Central Philippine University
Jaro, Iloilo City
Tel. No. 329-1971 local 1008 email: rceccsec@cpu.edu.ph
Website: rcecc.cpu.edu.ph

January 05, 2022

C E R T I F I C A T I O N

This is to certify that the dissertation paper entitled **"ACCEPTANCE AND HESITANCY TOWARDS COVID-19 VACCINE AMONG PARENTS WITH CHILDREN AGED 12 TO 17 YEARS OLD IN ILOILO CITY"** by **Doromal, Nezel Anne, Doronila, Mary Ivalen, Doruelo, Jansen Mae, Dumdum, Joshua Cleive, Dunton, Eunice Ayra, and Elpeloa, Patricia Gwyn** has undergone Turnitin similarity checking with a passing percentage of 20% and have passed the requirements (Chapters 1-5).

Prepared by:

PINKY E. LUTERO-TONGOL
Staff -in-charged

Approved by:

LENNY ROSE P. MUCHO, EdD.
Director, RCECC

Certification from the Statistician

CENTRAL PHILIPPINE UNIVERSITY
Jaro, Iloilo City
COLLEGE OF NURSING
The First School of Nursing in the Philippines, 1906
Bachelor of Science in Nursing

C E R T I F I C A T I O N

August 12, 2022

This is to certify that the study titled, **ACCEPTANCE AND HESITANCY TOWARDS COVID-19 VACCINE AMONG PARENTS WITH CHILDREN AGED 12 TO 17 YEARS OLD IN ILOILO CITY** has undergone statistical data processing and examination.

DR. EDGARDO P. GERADA
Data Processor

Ethical Clearance

Central Philippine University	RESEARCH ETHICS COMMITTEE	
	ETHICAL CLEARANCE	REC Form No. 22-2
		Version No.: 04
		Date of Effectivity: 20 January 2021

August 09, 2022

MARY IVALEN DORONILA
Student, College of Nursing
Central Philippine University
Lopez Jaena Street, Jaro, Iloilo City

RE: *"ACCEPTANCE AND HESITANCY TOWARDS COVID-19 VACCINE AMONG PARENTS WITH CHILDREN AGED 12 TO 17 YEARS OLD IN ILOILO CITY"*

REC code: 2022-122-UG-DORONILA et al.

Dear Ms. Doronila,

Acknowledgment of request and submitted documents 2022-122-UG-DORONILA et al. dated May 13, 2022:

1. Letter of application for research ethics review addressed to CPU- REC Chair
2. Accomplished REC application form (Form 05-1)
3. Full protocol/Research proposal (Chapters 1-3)
4. Certificate of Validation for the research instrument
5. Informed Consent Form (CPU-REC template)
6. Budget
7. Curriculum Vitae/Resume of the Researcher/Investigator and Co-Researchers with 2x2 photograph
8. GANTT Chart/Timelines/Table of schedule
9. Certificate of Technical Review/Approval sheet of proposal signed by at least 3 members of the technical panel and the Dean
10. Plagiarism Certificate from CPU-RCECC
11. Official Receipt of Review
12. Two (2) Hard Copies
13. Soft Copy of the above documents emailed to researchethics@cpu.edu.ph

Type of review and date of meeting: **Expedited on June 15, 2022.**
Validity of ethical clearance: From: **August 09, 2022** To: **August 09, 2023**.

You are required to submit your FINAL REPORT FORM (Form 14-1) and one (1) hardbound copy of the completed protocol within one (1) month after the completion of the study.

Very truly yours,

Joy G. Raso
Chair, CPU-REC

Date: August 09, 2022 9/2/2022

Grammarian Certificate

COLLEGE OF ARTS AND SCIENCES
CENTRAL PHILIPPINE UNIVERSITY
Department of Languages, Mass Communication and Humanities

CERTIFICATION

This is to certify that the research report entitled **ACCEPTANCE AND HESITANCY TOWARDS COVID-19 VACCINE AMONG PARENTS WITH CHILDREN AGED 12 TO 17 YEARS OLD IN ILOILO CITY** by *Doromal,N.A., Doronila, M.I., Doruelo. J.M., Dumdum, J.C., Dunton, E.A., and Elpeloa, P.G.* was checked for grammar and other mechanics of writing.

Issued this 7th Of June, 2023.

Asst. Prof. Kerwin G. Luntao
Faculty