



## UNDERSTANDING THE PARENTAL COVID-19 VACCINE HESITANCY: A QUALITATIVE INQUIRY

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Received: June 15, 2024; Revised: July 25, 2024

Accepted: August 10, 2024; Published: Dec 11, 2024

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### ABSTRACT

This study investigated understanding parental COVID-19 vaccine hesitancy in Davao City. Through qualitative research methods including in-depth interviews and focus group discussions, the identified key concerns shaping parental attitudes towards vaccination. Safety emerged as a predominant issue, with parents expressing fears about potential side effects and long-term impacts on children's health. Misinformation, particularly through social media, amplified these concerns, underscoring the need for targeted information campaigns in the local language to debunk myths and address specific worries. Cultural and social influences also played pivotal roles in influencing vaccine acceptance and decision-making processes. Policy implications highlighted the importance of balancing public health imperatives with respect for individual autonomy and community beliefs, particularly regarding vaccine mandates and ethical considerations. Future research directions included comprehensive studies and the creation of tools to assess the sustained impact of vaccination on children's health, the effectiveness of communication strategies, and the role of digital media in shaping vaccination attitudes. Comparative analyses across diverse demographic groups within Davao City can further elucidate variations in vaccine hesitancy factors and inform tailored interventions. Ethical considerations surrounding vaccine policies and their implications for parental decision-making and community health outcomes warranted continued exploration. By addressing these gaps, policymakers and healthcare providers can develop targeted interventions to enhance vaccine acceptance and community resilience against COVID-19.

**Keywords:** *COVID-19 vaccine hesitancy, Parents, Qualitative Inquiry, Davao City*

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## **INTRODUCTION**

Vaccine hesitancy presents a persistent challenge to global public health, contributing to the resurgence of infectious diseases such as measles and pertussis (Benecke & DeYoung, 2019; Borba et al., 2015; Abubakar, 2020). This reluctance poses significant risks, particularly for vulnerable populations, by hindering efforts to mitigate the severity of pandemics. Amid the current COVID-19 pandemic, vaccine hesitancy further complicates global containment strategies, exacerbating health and socioeconomic impacts (Harrison & Wu, 2020; Pogue et al., 2020; Hamadani, 2020). Specifically, parental vaccine hesitancy, defined as reluctance or delay in vaccinating children despite vaccine availability, emerges as a substantial barrier to vaccination coverage (Whelan, 2021). This hesitancy represents a critical impediment to effectively managing the COVID-19 crisis (Harrison & Wu, 2020; Palamenghi et al., 2020). Research from Shenzhen, China, indicates a lower acceptance rate among parents for children's COVID-19 compared to earlier studies, highlighting global variations in vaccine acceptance (Zhang et al., 2020). Addressing vaccine hesitancy is crucial for global health security against vaccine-preventable diseases, with prevalence rates documented between 8.9% and 28.2% in Western countries (Mohd-Azizi et al., 2017).

However, in the United States, the primary reasons cited for vaccine refusal among parents include concerns about vaccine safety and the perceived risks of vaccine-preventable diseases (Omer et al., 2009; Smith & Humiston, 2011). A lack of understanding about the severity and preventability of these diseases may lead parents to opt against vaccinating their children or to consider allowing the diseases to run their natural course (Domachowske & Suryadevara, 2013). Similar concerns have been observed in Vietnam concerning the Quinaxem® vaccine, where reports surfaced of allergies, seizures, or muscle tone issues purportedly occurring in some young infants following vaccination. Media campaigns, both in traditional print and online formats, warning about vaccine dangers have contributed to vaccine hesitancy and refusal, resulting in decreased vaccine coverage rates (Tran, 2018).

In Malaysia, 11.6% of parents were identified as hesitant towards vaccines. Vaccine hesitancy was associated with factors such as unemployment, younger age of parents, having fewer children, and being non-Muslim in the initial analysis. The most common concerns among parents regarding vaccinations included worries about side effects (40%), as well as uncertainties about vaccine efficacy and safety (22.2% unsure, 37.4% concerned). A significant proportion of parents (69.4%) were either undecided or agreed that their children should receive fewer immunizations in a single visit. Despite a high awareness (88.8%) of the seriousness of vaccine-preventable diseases, almost half of the parents (52.0%) expressed uncertainty or agreement that it might be preferable for children to develop immunity through natural illness (Mohd Azizi et al., 2017). Conversely, in a study by Jafar et al. (2022), six main factors contributing to vaccine hesitancy were identified among survey respondents: confidence in vaccine safety (21.6%),



influence of local authorities (12.1%), distrust in mainstream media effectiveness (8.4%), complacency (7.4%), impact of social media (6.4%), and convenience issues (5.8%).

Overcoming vaccine hesitancy for COVID-19 is critical to achieving sufficient vaccination coverage necessary to halt SARS-CoV-2 transmission and effectively end the COVID-19 pandemic. In late 2020, many individuals expressed skepticism about COVID-19 vaccinations as several vaccines were nearing the completion of clinical trials and showing promising early results. Concerns included potential side effects, distrust in government oversight ensuring safety, and skepticism about the safety of new vaccines (Hamel et al., 2020). Previous studies have identified vaccine hesitancy as a global issue, with various reasons cited for vaccine refusal (Lane et al., 2018; Wagner et al., 2019). Concerns over perceived risks versus benefits, religious beliefs, and lack of knowledge and awareness are among the predominant explanations (Karafillakis, Larson, Consortium, 2017; Pelcic et al., 2016; Yaqub et al., 2014). These factors are also relevant to COVID-19 vaccine hesitancy, as evidenced by recent research linking willingness to receive coronavirus vaccines with perceptions of safety (Karlsson et al., 2021), negative attitudes toward COVID-19 vaccines correlating with reluctance to get vaccinated (Paul, Steptoe, Fancourt, 2021), and religiosity being associated with lower intention to receive COVID-19 vaccination (Olagoke, Olagoke, Hughes, 2020).

Additionally, other factors contribute to vaccine hesitancy (Palamenghi et al., 2020; Sun, Lin, & Operio, 2020; Pogue et al., 2020). Concerns about vaccine safety and effectiveness, potential side effects, myths surrounding vaccination, and lack of awareness are all factors that contribute to vaccine reluctance (Halpin & Reid, 2019; Setbon & Raude, 2010). Vaccine hesitancy and misinformation pose significant barriers to achieving vaccination coverage and herd immunity, posing ongoing risks to public health, particularly in the current crisis (Lazarus et al., 2020; Padhi & Al-Mohaithef, 2020).

In numerous instances, vaccine hesitancy among individuals or reluctance to vaccinate children has led to localized outbreaks of vaccine-preventable diseases (Smith, 2017). In the Philippines, notable examples include the measles outbreak in 2018-2019 and the resurgence of polio in 2019, incidents well-documented by the World Health Organization (2019) and Dyer (2019). These outbreaks were attributed to a significant breakdown in public trust in vaccines following the withdrawal of the Dengvaxia® dengue vaccine by local health authorities in 2017 (Icamina, 2019). According to a 2019 report by the United Nations Children's Fund (UNICEF), measles vaccine coverage in the Philippines declined from 88% in 2013 to 73% in 2017, further dropping to below 70% by 2018. Francis Duque, Secretary of the Department of Health, acknowledged that vaccine hesitancy contributed to the growing challenge of low vaccine coverage (Icamina, 2019).

The survey, conducted in Manila, Philippines, involved 110 participants, predominantly mothers aged 20 to 39 years old. The majority of respondents



(95.5%) viewed vaccines as protective, yet 36.4% expressed vaccine hesitancy. Those who perceived vaccines as protective were significantly less likely to refuse vaccination for their children due to negative media exposure. Common reasons for vaccine hesitancy included concerns stemming from negative media reports, particularly regarding Dengvaxia®, a dengue vaccine. Additional reasons for parental vaccine refusal included beliefs in vaccine ineffectiveness (19.2%), safety concerns (19.2%), doubts about the necessity of vaccination (15.4%), reports of adverse reactions from acquaintances (11.5%), negative past vaccination experiences (3.8%), and difficulties in accessing reliable information (3.8%). Notably, demographic factors such as age, gender, education level, religion, income, and relationship to the child showed no significant correlations with vaccine rejection rates (Migrio et al., 2020).

Moreover, Migrio et al. (2020) noted a lack of research in the Philippines regarding the factors contributing to vaccine hesitancy. Therefore, the researchers aimed to identify these factors specifically among parents in Davao City, with a particular focus on COVID-19 vaccine hesitancy. This effort is crucial to comprehending parental concerns more deeply and devising targeted strategies to address issues of significance to them. Damnjanovi et al. (2018) underscored the critical role parents play in maintaining and promoting community and public health through vaccinating their children. Additionally, parental decision-making significantly influences vaccination rates, as stipulated by the World Health Organization, which requires parental or legal guardian consent for children aged 6 to 17 to receive vaccinations (World Health Organization, 2014). In the Philippines, 40.3 million individuals, constituting 36.7% of the population, had completed full COVID-19 vaccination as of the National COVID-19 Vaccination Dashboard in 2021. In Davao City, 788,001 individuals had been fully vaccinated against the virus by October 28, 2021, representing 66% of the target population of 1,200,000 (Colina, 2021). However, a significant number of children and adolescents in Davao City still do not have access to the COVID-19 vaccine.

In this context, to enhance the situation, mitigate widespread vaccine hesitancy, and reduce the risk of infectious disease outbreaks in the Philippines, particularly in Davao City, community engagement is essential. Identifying and understanding these factors is crucial for developing initiatives aimed at addressing these issues and increasing vaccination rates.

### **Research Questions**

In this study, a qualitative inquiry was used to broadly explore to understand the COVID-19 vaccine hesitancy among parents in Davao City, Philippines. Specifically, it aimed to seek answers to the following research questions:

1. What are the issues/views of the parents regarding the contributor of COVID-19 vaccine hesitancy?



2. What are the insights of parents about COVID-19 vaccine hesitancy in Davao City?

### **Significance of the Study**

The result of the study was beneficial to the following groups:

**Parents.** The result of this study greatly helped the participants and general population to improve their hesitancy towards COVID-19 vaccine inoculation. This guided them in supporting their children to be vaccinated.

**Government Agency (Department of Health).** The relevant findings of this study helped the government agency to develop strategies and techniques in identifying areas of concern that aided in the formulation of programs for parents with COVID-19 vaccine hesitancy.

**Future Researchers.** The outcome of the study served as a reference point for potential researchers interested in the same intention of studying COVID-19 vaccine hesitancy with additional variables and in a larger population.

### **Theoretical Lens**

Rosenstock, Strecher, and Becker (1988) proposed the Health Belief Model (HBM), which suggests that individuals are more inclined to adopt preventive health behaviors and accept medical interventions like vaccines when they perceive sufficient motivation and receive cues to take action (Rosenstock, Strecher, & Becker, 1988). The HBM has been widely recognized as a framework for studying beliefs and attitudes toward vaccines, including those for influenza, HPV, and hepatitis B (Chen et al., 2019).

During the COVID-19 pandemic, the Health Belief Model (HBM) has been employed to analyze the underlying causes of COVID-19 vaccine hesitancy across the Asia-Pacific region and globally (Wong et al., 2020). Researchers applied the HBM framework to propose that beliefs about susceptibility to and protection from the virus influence people's willingness to accept COVID-19 vaccination. High levels of perceived susceptibility, severity of the disease, and perceived benefits of vaccination were identified as strong predictors of intent to get vaccinated. Therefore, there is a critical need to provide parents in Davao City with up-to-date information regarding vaccine perspectives and attitudes toward COVID-19 vaccination.

The Health Belief Model (HBM) examines two key aspects of people's health perceptions and behaviors: perceived threat and behavioral evaluation. Perceived threat involves beliefs about susceptibility to illness or health issues, as well as perceptions of the severity of those illnesses. Behavioral evaluation includes assessing the perceived benefits or effectiveness of taking a recommended health action, as well as the perceived barriers or costs associated with adopting that behavior. The model posits that cues to action can trigger health-related behaviors when individuals hold appropriate beliefs. These



cues may include personal experiences of symptoms, societal influences, and health education efforts.

## **METHOD**

### **Research Design**

This study employed a qualitative inquiry approach. In qualitative research, it is crucial to explore phenomena in-depth, understand complex social contexts, and capture diverse perspectives. According to Creswell (2013), qualitative inquiry involves a flexible, iterative process aimed at developing a rich understanding of the subject under study. This approach typically utilizes various methods such as interviews, focus groups, and observations to gather data that is often textual and descriptive. Qualitative research design emphasizes flexibility and adaptability to the evolving nature of the research question. Researchers often engage in purposive sampling to select participants who can provide rich, detailed insights into the phenomenon of interest. Data collection methods are designed to allow participants to express their views and experiences in their own words, enabling the exploration of nuanced meanings and interpretations.

Creswell (2013) emphasizes that qualitative researchers engage in a process of data analysis that is iterative and ongoing. This involves systematically organizing, coding, and interpreting data to identify patterns, themes, and relationships. The goal is to develop a coherent narrative that captures the complexity and diversity of participants' perspectives.

Furthermore, qualitative inquiry under Creswell's framework is characterized by its emphasis on understanding social phenomena from the perspective of those involved, using methods that allow for flexibility, depth, and interpretation of meaning. It is particularly suited for exploring vaccine hesitancy among parents in Davao City, as it allows researchers to delve into the underlying reasons, beliefs, and experiences that shape parental attitudes towards COVID-19 vaccination.

### **Participants**

The study explored the dimensions of COVID-19 vaccine hesitancy among parents in Davao City. The transcribed recorded conversations during the recorded in-depth interview and focus-group discussion with the participants served as the study's research corpora. This IDI and FGD were considered as the first phase of data collection under the qualitative research design.

The participants in this study were 18-year-old parents and above living in Davao City who had either an infant (young child under one year of age) or children within the age group of 1 to 17 years old. These children's age groups required parental consent before the vaccination process as mandated by the World Health Organization. The participants for the recorded in-depth interview (IDI) were seven (7) male/female parents, and the focus group discussion



included eight (8) parents, regardless of status. The participants for the IDI and FGD were chosen using the purposive sampling technique. Purposive sampling is a non-probability sampling wherein the sample was selected based on the characteristics of a population and the objective of the study. Purposive sampling is also known as judgmental, selective, or subjective sampling (Crossman, 2018). The gathered data was transcribed for thematic analysis.

In qualitative research, the sample size was usually small primarily because phenomena only need to appear once to be part of the analytical map (Ritchie et al., 2013). It was typical to study a few individuals or a few cases (Cresswell & Plano Clark, 2011). In-depth interview was often considered as a form of conversation. Making it one of the most significant forms of data collection, not more than a total of 10-15 people were interviewed individually in a study using an in-depth interview method of data collection (Burgess, 1984; Lofland & Lofland, 1995). Meanwhile, a focus group discussion (FGD) was a good way to gather together people from similar backgrounds or experiences to discuss a specific topic of interest. The ideal size of a focus group was usually between five and eight participants (Guest et al., 2017).

While some experts in qualitative research avoid the topic of how many interviews were enough, there is indeed variability in what is suggested as a minimum. An extremely large number of articles, book chapters, and books recommend guidance and suggest anywhere from 5 to 50 participants as adequate (Dworkin, 2012). Hence, the researchers decided to have ten participants for IDI and 5 participants for FGD.

### **Data Collection of Tools**

Research instruments were tools developed by researchers to achieve their stated objectives when carrying out a research study (Edekin, 2018). In other words, research instruments were designed tools that aid the collection of data for analysis. To address the validity issues of this design specifically on the method, the researchers consulted help from the experts. The interview guide question tool, checklist, and survey questionnaires were checked and validated by the experts. For the qualitative data, the researchers provided a copy of transcriptions to the concerned participants to ensure them that nothing had been added to the transcription.

The researchers used the Interview Guide Questions Tool with sub-questions for the in-depth interview. The tool was used as a guide while interviewing the selected ten (10) participants among parents in Davao City online and 5 selected parents for the focus group discussion. This aimed to answer the research questions and to collect additional inputs that can be used in the study specification of the checklist and survey questionnaire.

### **Procedures**

This applied to the methodical manner in which this research was carried out. The entire method was based on a quantitative study, in which the



researchers described the survey findings. Given that face-to-face interaction was highly restricted at that time, this step-by-step method adhered to the COVID-19 guidelines set by the Inter-Agency Task Force of the Philippines. These were the procedures for conducting the study under the new normal situation in Davao City:

1. The researchers forwarded the manuscript to the Institutional Research Ethics Committee to ensure that the research did not cause harm or untoward incidents to the participants during the study.

2. Submit a letter to the Jose Maria College Foundation, Inc. Research Office which was emailed seeking authorization of the researchers' desire to conduct a research survey and collect information important to the researcher's study.

3. The IDI and FGD were conducted either face-to-face or online through Google Meet.

4. The participants were requested to affix their confirmation on the informed consent online via Google Form which was specified in the instrument for their voluntary participation in the study. Only those who attested their consent were considered as part of this study.

5. Then, followed by the transcribing and evaluating of the data. A data analyst was consulted for the precision of thematic analysis.

### **Data Analysis**

The following data analysis tool was used in this study.

**Thematic Analysis.** This is a method of identifying, analyzing, and reporting patterns within data (Braun & Clarke, 2006). It is a widely used method of analysis in qualitative research. In this study, the researchers looked for patterns and themes that were generated in the transcribed in-depth interview and focus group discussion focusing on COVID-19 vaccine hesitancy among parents in Davao City, Philippines.

## **RESULTS AND DISCUSSIONS**

This section presented the analysis and interpretations of the data presented in both texts, tabular and figure format. After the individual and focus group discussions, the researchers identified themes that were shown on the table 1 and 2. Each table displays a thematic analysis of participant responses in exploring issues/views and insights of COVID-19 Vaccine Hesitancy among Parents, as well as emergent themes as characterized by the experiences of the interviewees.



**Table 1**

*Issues/views of the parents regarding the contributors to COVID-19 vaccine hesitancy*

| <b>Probed Issues</b>                                                          | <b>Core Ideas</b>                                                                                                                                                                                     | <b>Themes</b>                         |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| What are the reasons of the parents regarding the COVID-19 Vaccine Hesitancy? | Participants emphasized their concerns about potential side effects; and experiences of severe allergic reactions. They were worried about potential side effects and adverse reactions.              | Adverse Reactions                     |
|                                                                               | Participants mentioned the concerns about long-term effects of the vaccine; its impact on fertility or existing health conditions.                                                                    | Health Safety Concerns                |
|                                                                               | Participants highlighted concerns about the rapid development of vaccines; vaccine effectiveness. They were more concerned about vaccine breakthrough infections; and effectiveness against variants. | Vaccine Development and Effectiveness |
|                                                                               | Participants discussed the religious beliefs conflicting with vaccination.                                                                                                                            | Religious Concerns                    |
|                                                                               | Participants shared personal anecdotes about adverse reactions in family or friends.                                                                                                                  | Influence of Personal Experiences     |
|                                                                               | Participants highlighted the concerns about long-term health effects; and vaccine mandates affecting personal freedoms.                                                                               | Societal and Ethical Implications     |
|                                                                               |                                                                                                                                                                                                       |                                       |



**Adverse Reactions.** Concerns about potential side effects and experiences of severe allergic reactions, as highlighted in IDI1: *“Concerns about potential side effects, even if they are rare or mild, I also worry about short-term discomfort or long-term health consequences”* and FGD2: *“My cousin developed a rash after getting vaccinated”*, were significant contributors to vaccine hesitancy. Participants expressed fears about adverse health outcomes post-vaccination, influenced by personal or observed experiences of others. These concerns often shape perceptions of vaccine safety and effectiveness, impacting individuals' willingness to get vaccinated.

Adverse reactions related to COVID-19 vaccines were prominent concerns among individuals hesitant to get vaccinated, as highlighted in discussions from IDI2: *“Sometimes I fear of the side effects. I also have experienced severe allergic reactions before that I had to bring myself in the emergency room for difficulty in breathing”*. Participants often express apprehension about the potential side effects and the severity of allergic reactions they or others might experience after receiving the vaccine. These concerns stemmed from a combination of personal experiences, anecdotal reports from friends or family, and widely circulated media coverage of adverse events. For many, the fear of adverse health outcomes post-vaccination loomed large, shaping their perceptions of vaccine safety and efficacy. Reports of rare but serious side effects can amplify these worries, leading some individuals to perceive the risks associated with vaccination as outweighing the benefits. Such concerns were further exacerbated by a lack of clear, easily accessible information about the likelihood and management of side effects, contributing to uncertainty and hesitancy.

In response, addressing these concerns required transparent communication from health authorities and healthcare providers. Providing accurate information about the known side effects of COVID-19 vaccines, their frequency, and how they compare to the risks of COVID-19 itself can help individuals make informed decisions. Additionally, emphasizing the rigorous safety monitoring systems in place to detect and respond to any adverse events can bolster confidence in vaccine safety. Moreover, acknowledging and validating individual concerns about adverse reactions were crucial steps in building trust and promoting vaccine acceptance. Healthcare professionals played a pivotal role in listening to patients' concerns, providing personalized risk-benefit assessments, and offering support throughout the vaccination process. By addressing adverse reaction concerns with empathy, clarity, and evidence-based information, public health efforts can help mitigate vaccine hesitancy and enhance community protection against COVID-19 (Migrio et al., 2020).

**Health Safety Concerns.** Participants expressed uncertainty about the vaccine's long-term safety profile, seeking reassurance and credible information to alleviate these concerns before making vaccination decisions. IDI2: *“What is the point of getting vaccinated if you will still be infected? My children have health*



*concerns and I fear that it might make it worse*", IDI3: *"I worry about the impact on my fertility and my friend had severe fatigue for weeks after getting vaccinated"* and FGD3: *"I'm concerned about the long-term effects on my health"* revealed concerns about the long-term effects of COVID-19 vaccines on health, particularly fears about impacts on fertility and exacerbation of existing health conditions.

Health safety concerns regarding COVID-19 vaccines, as highlighted in IDI2, IDI3, and FGD3, delved into fears regarding potential long-term effects on health. Participants expressed particular anxieties about how the vaccines might impact fertility and exacerbate existing health conditions. These concerns reflected a broader uncertainty about the vaccine's long-term safety profile, prompting individuals to seek credible information and reassurance from healthcare professionals and authoritative sources.

For many hesitant individuals, the fear of unknown long-term effects was a significant barrier to vaccination. Questions about whether the vaccine could affect fertility, either directly or indirectly, weigh heavily on decision-making processes, especially for those planning to start or expand their families. Similarly, individuals with pre-existing health conditions may worry about how the vaccine could interact with their specific medical needs, potentially worsening their health status.

Addressing these health safety concerns required transparent communication and robust, evidence-based information dissemination. Healthcare providers and public health authorities played a crucial role in providing clear explanations of the scientific processes behind vaccine development and safety monitoring. Emphasizing the extensive clinical trials and ongoing real-world data on vaccine safety can help alleviate concerns about long-term health impacts (Wagner et al., 2019).

Moreover, offering personalized risk-benefit assessments tailored to individuals' health circumstances can empower hesitant individuals to make informed decisions. Providing forums for open dialogue where concerns can be addressed and providing support for ongoing monitoring of vaccine safety can also contribute to building trust and confidence in vaccine recommendations.

Ultimately, addressing health safety concerns surrounding COVID-19 vaccines involved a balanced approach of empathy, education, and evidence-based communication to empower individuals to protect themselves and their communities effectively.

**Vaccine Development and Effectiveness.** Participants question the speed of vaccine development, seeking clarity on efficacy data and long-term protection offered by vaccines to make informed decisions. IDI4: *"I'm concerned about the vaccine's rapid development"* and FGD4: *"I heard vaccinated people can still transmit the virus"* highlighted skepticism regarding the rapid development process of COVID-19 vaccines and doubts about their effectiveness against vaccine breakthrough infections and emerging variants.



Vaccine development and effectiveness concerns, as highlighted in FGD7: *"I'm concerned about the effectiveness of vaccines against new variants"* and IDI1: *"I do have plenty of friends who still got infected with COVID even after booster shots. It made me hesitate on the vaccine even more"* reflected significant skepticism and uncertainty among individuals hesitant to receive COVID-19 vaccines. Participants expressed doubts regarding the rapid pace of vaccine development, which had led some to question the thoroughness of safety testing and efficacy data. The accelerated timelines for vaccine approval and deployment had raised concerns about potential corners cut in the regulatory process, contributing to overall hesitancy.

Furthermore, participants voiced specific doubts about the vaccines' effectiveness against vaccine breakthrough infections and emerging variants of the virus. The evolving nature of COVID-19 and the emergence of new variants had underscored the importance of vaccine efficacy against different strains. Concerns about whether vaccines provided sufficient protection against these variants and potential future mutations add to hesitancy among individuals evaluating the risks and benefits of vaccination (Hamel et al., 2020).

Addressing these vaccines development and effectiveness concerns required clear, transparent communication from public health officials and healthcare providers. Providing comprehensive information about the rigorous clinical trials conducted for vaccine approval, including safety and efficacy data across diverse populations, can help build trust and dispel misconceptions about vaccine development processes.

Additionally, ongoing monitoring and real-world effectiveness studies can provide updated information on how well vaccines protect against variants and reduce the severity of breakthrough infections. Highlighting the role of vaccines in preventing severe illness, hospitalization, and death, even in the face of variants, can emphasize their critical importance in controlling the spread of COVID-19 and protecting public health.

Engaging with communities to address specific concerns and providing opportunities for open dialogue can also help mitigate skepticism and increase vaccine acceptance. By acknowledging uncertainties, providing evidence-based answers, and demonstrating transparency in communication, healthcare providers can empower individuals to make informed decisions about COVID-19 vaccination, ultimately contributing to broader community immunity and public health goals.

**Religious Concerns.** Religious concerns surrounding COVID-19 vaccination, as explored in IDI6: *"I have religious beliefs that conflict with vaccination"*, highlighted the intersection of personal faith and public health recommendations. Participants expressed varying degrees of hesitation based on religious beliefs that may conflict with certain aspects of vaccination, such as the use of animal-derived ingredients, the perceived interference with divine will, or concerns about the moral implications of vaccine development processes.



IDI6 explored how religious beliefs can conflict with COVID-19 vaccination practices, reflecting ethical and cultural considerations. Participants expressed concerns about the compatibility of vaccines with their religious beliefs, seeking guidance from religious authorities and communities to reconcile their faith with public health recommendations.

For some individuals, religious teachings and doctrines played a central role in shaping their attitudes toward vaccination. Questions about the ethical implications of vaccine production, including the use of fetal cell lines in research or production, can lead to moral dilemmas for those whose faith emphasizes the sanctity of life or ethical considerations regarding medical interventions.

Seeking guidance from religious authorities and communities became crucial in navigating these concerns. Participants often look for interpretations of religious teachings that align with current public health recommendations, seeking reassurance that vaccination is permissible and by their faith's principles. Discussions within religious communities may vary widely, with some advocating for vaccination as a means of protecting oneself and others, while others may emphasize personal autonomy and spiritual beliefs (Kumar et al., 2016).

Addressing religious concerns required respectful engagement and culturally sensitive communication from healthcare providers and public health officials. Understanding and respecting diverse religious perspectives, providing accurate information about vaccine ingredients and development processes, and fostering dialogue within religious communities can help clarify misconceptions and alleviate hesitancy.

By recognizing the importance of religious beliefs in shaping attitudes towards vaccination and offering support through religious leaders and communities, healthcare providers can build trust and facilitate informed decision-making. Emphasizing the shared goal of protecting public health and promoting community well-being can bridge the gap between religious convictions and vaccination acceptance, contributing to broader vaccination coverage and disease prevention efforts.

**Influence of Personal Experiences.** Personal anecdotes shared in ID3: *“My friend had severe fatigue for weeks after getting vaccinated”* and FGD5: *“My relative experienced mild fever after getting vaccinated”* illustrated the significant influence of adverse reactions experienced by family or friends on individuals' vaccine hesitancy. These stories shaped perceptions of vaccine safety and effectiveness, underscoring the impact of trusted social networks and personal experiences in decision-making processes.

The influence of personal experiences, as reflected in IDI2: *“My family member got COVID-19 after being fully vaccinated”* and FGD3: *“My cousin had a severe allergic reaction after vaccination”*, also played a pivotal role in shaping individuals' attitudes toward COVID-19 vaccination. These discussions highlighted how personal anecdotes of adverse reactions experienced by family members or friends can significantly impact vaccine hesitancy. Participants often recount specific instances where someone they know had an adverse reaction to



a vaccine, such as experiencing severe side effects or developing complications. These stories resonated deeply, fueling concerns about vaccine safety and effectiveness among hesitant individuals.

The power of personal experiences lay in their emotional impact and the trust placed in the accounts shared by close contacts. Hearing firsthand about adverse reactions can instill fear and uncertainty about the potential risks associated with vaccination. Participants may weigh these anecdotes heavily when making their own decisions about whether to get vaccinated, particularly if they perceived the risks of adverse events as higher than the risks posed by the disease itself.

Addressing the influence of personal experiences required a nuanced approach. Healthcare providers and public health authorities can acknowledge these concerns empathetically while providing accurate information about the overall safety profile of vaccines. Emphasizing the rarity of serious adverse events, the rigorous safety monitoring systems in place, and the benefits of vaccination in preventing severe illness can help contextualize individual anecdotes within broader public health considerations (Abubakar, 2020).

Moreover, fostering open dialogue and providing opportunities for individuals to express their concerns and ask questions can build trust and encourage informed decision-making. Sharing positive experiences of vaccination within personal networks and communities can also counterbalance negative anecdotes and demonstrate the widespread benefits of vaccine protection.

By recognizing and addressing the impact of personal experiences on vaccine hesitancy with empathy and evidence-based information, healthcare providers can help individuals navigate their concerns and make informed choices that contribute to community immunity against COVID-19.

**Societal and Ethical Implications.** Societal and ethical implications surrounding COVID-19 vaccination, as discussed in IDI6: “*I worry about the ethical implications of vaccine mandates*” and FGD1: “*I worry about potential vaccine mandates infringing on personal freedoms*” delved into complex debates about public health policy, individual rights, and community well-being. Participants expressed concerns about the implementation of vaccine mandates and their potential infringement on personal freedoms. These discussions reflected a broader ethical dilemma: balancing the collective benefits of vaccination in controlling the spread of COVID-19 against individual autonomy and rights.

IDI6 and FGD1 discussed broader concerns about the societal and ethical implications of COVID-19 vaccination, including debates about vaccine mandates and their impact on personal freedoms. Participants weighed public health benefits against individual rights, exploring ethical dilemmas and policy implications related to vaccine uptake and compliance.

One central theme in these discussions was the tension between public health imperatives and personal liberty. Participants weighed the necessity of



widespread vaccination to achieve herd immunity and protect vulnerable populations against concerns about government overreach and the imposition of mandates that may restrict individual choice. Discussions often touch upon issues of consent, bodily autonomy, and the role of government in promoting public health (Zhang et al., 2020).

Moreover, ethical considerations around vaccine distribution and access emerged, highlighting disparities that may exacerbate existing social inequities. Participants discussed the importance of equitable vaccine distribution to ensure fair access across different socio-economic groups, regions, and demographics. Addressing these concerns involved ensuring that vulnerable populations had equal access to vaccines and were not disproportionately burdened by mandates or barriers to vaccination (Harrison & Wu, 2020).

Navigating these societal and ethical implications required transparent communication, inclusive policy-making processes, and respect for diverse perspectives. Public health authorities must engage with communities, address concerns about vaccine mandates through evidence-based reasoning, and emphasized the broader benefits of vaccination in protecting community health and reducing the burden on healthcare systems.

Ultimately, fostering dialogue, promoting vaccine literacy, and addressing ethical concerns surrounding COVID-19 vaccination can help build trust and foster collective responsibility in achieving widespread vaccine acceptance. By balancing public health imperatives with respect for individual rights and ethical considerations, policymakers can navigate these complex issues while promoting equitable access to vaccines and safeguarding community well-being.

**Table 2**

*Insights of parents regarding COVID-19 vaccine hesitancy in Davao City*

| Probed Issues                                             | Core Ideas                                                                                                                                                                                                  | Themes                            |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| What should be done to encourage others to be vaccinated? | Participants highlighted the need for targeted information campaigns in the local language.                                                                                                                 | Information Drive                 |
|                                                           | Participants discussed their beliefs about vaccine-related autism, allergic reactions, and deaths based on the news.<br><br>They emphasized the impact of social media misinformation on vaccine hesitancy. | Misconceptions and Misinformation |



**Information Drive.** Participants highlighted the need for targeted and accessible information campaigns tailored to address vaccine hesitancy (ID11: *“People should be educated on the vaccine, FGD3: “We need more targeted information campaigns in local languages”*). There was a recognized gap in knowledge among parents, necessitating clear, culturally sensitive communication in the local language. Effective information drives should have debunked myths and addressed specific concerns such as vaccine safety, efficacy, and the vaccination process itself. Engaging local community leaders, healthcare providers, and educators in disseminating accurate information could have enhanced trust and promoted informed decision-making among parents considering vaccination for their children. The call for an information drive among parents in Davao City, as emphasized in FGD3, underscored the critical need for targeted and accessible communication strategies to combat vaccine hesitancy effectively. Participants highlighted a significant gap in knowledge regarding COVID-19 vaccines, indicating a necessity for clear, culturally sensitive messaging delivered in the local language.

**Debunking Myths and Addressing Concerns.** There was a pervasive presence of misinformation and myths surrounding COVID-19 vaccines, including misconceptions about safety, efficacy, and the vaccination process itself. Addressing these concerns through factual information was crucial in building trust and dispelling fears among parents.

**Promoting Vaccine Safety and Efficacy.** Providing transparent information about the rigorous testing and approval processes vaccines underwent helped alleviate safety concerns. Emphasizing the benefits of vaccination in preventing severe COVID-19 illness and reducing transmission also underscored the importance of vaccination for community protection.

**Engaging Local Leaders and Healthcare Providers.** Collaborating with trusted community leaders, healthcare providers, and educators who are well-respected within local communities can enhance the credibility and reach of information campaigns. These stakeholders served as effective messengers, disseminating accurate information and addressing concerns directly within their respective networks.

**Cultural Sensitivity and Accessibility.** Tailoring communication strategies to be culturally sensitive and accessible in the local language was essential for ensuring that information resonated with diverse communities. Clear and straightforward messaging, supported by visuals and multimedia formats where appropriate, can improve comprehension and engagement among parents.

**Facilitating Informed Decision-Making.** Providing opportunities for open dialogue and answering questions from parents in a supportive environment can empower informed decision-making. Acknowledging and addressing concerns with empathy and respect for parental autonomy was crucial in fostering trust and promoting vaccine acceptance.

By implementing these strategies, public health officials and stakeholders bridged the knowledge gap, addressed misinformation, and promoted vaccine



confidence among parents in Davao City. Effective information drove not only educated but also empowered parents to make informed choices that contributed to the health and well-being of their children and the broader community in the face of the COVID-19 pandemic (Abubakar, 2020).

**Misconceptions and Misinformation.** Misinformation surrounding COVID-19 vaccines, including beliefs in vaccine-related risks such as autism, allergic reactions, and deaths, significantly contributed to hesitancy (ID12: *“People should hear more success stories from vaccinated individuals”*, and ID13: *“Information campaigns should address common misconceptions”*). Social media platforms often amplify misinformation, leading to confusion and mistrust among parents. Combatting misconceptions required proactive efforts to monitor and counter misinformation with factual information from credible sources. Engaging with community influencers and leveraging trusted local networks can help correct misinformation and build confidence in vaccination as a safe and effective preventive measure.

Misconceptions and misinformation surrounding COVID-19 vaccines among parents in Davao City, as highlighted in ID14: *“I’ve heard about vaccine-related deaths in the news”* and FGD3: *“I’ve seen misinformation on social media about vaccine ingredients”*, posed significant challenges to vaccine acceptance and uptake. These misconceptions often include beliefs in vaccine-related risks such as autism, allergic reactions, and even deaths, which were perpetuated through social media platforms and other informal channels.

Social media platforms, in particular, amplified misinformation by disseminating sensationalized or inaccurate claims about vaccine safety and efficacy. This widespread dissemination created confusion and mistrust among parents, leading to heightened vaccine hesitancy and reluctance to vaccinate their children.

Combatting these misconceptions required proactive efforts to monitor and counter misinformation with factual information sourced from credible sources. Public health authorities and healthcare providers played a crucial role in providing accurate information about COVID-19 vaccines, emphasizing the extensive safety testing vaccines undergo, the rarity of severe adverse reactions, and the benefits of vaccination in preventing serious illness.

Engaging with community influencers, such as local leaders, healthcare providers, and educators, was essential in correcting misinformation and promoting accurate information. These influencers were often trusted figures within their communities and can effectively disseminate evidence-based messaging that addresses common concerns and misconceptions (Zhang et al., 2020).

Moreover, leveraging trusted local networks and community organizations can enhance the reach and impact of information campaigns. By tailoring communication strategies to be culturally sensitive and accessible in the local language, stakeholders can ensure that accurate information resonates with diverse communities and effectively counters misinformation (Migrio et al., 2020).



By taking a proactive approach to monitor, address, and correct misinformation through credible sources and trusted messengers, public health efforts can build confidence in COVID-19 vaccination among parents in Davao City. Empowering parents with accurate information enabled them to make informed decisions that prioritize the health and well-being of their children and the broader community.

Addressing these essential themes involved a multifaceted approach that includes robust communication strategies, community engagement, and ongoing dialogue with parents and caregivers. By tailoring interventions to address specific concerns, providing accessible information, and fostering trust through transparent communication, public health efforts can effectively mitigate vaccine hesitancy and promote higher vaccination rates among parents in Davao City.

### **Implication of the Study**

This study on COVID-19 vaccine hesitancy among parents in Davao City reveals several underlying dimensions influencing parental attitudes toward vaccination. Concerns primarily centered around safety, with significant apprehensions about potential side effects and long-term impacts on children's health. Addressing these concerns necessitated transparent communication about vaccine safety protocols and ongoing research findings. Additionally, there was a clear need for targeted information campaigns in the local language to debunk misinformation and address specific parental worries, such as vaccine-related myths and efficacy concerns. Social and cultural influences, including the impact of social media, played crucial roles in shaping parental perceptions. Policy implications included the importance of adapting policies that balance public health goals with individual rights, while healthcare providers and community leaders were pivotal in delivering accurate information and fostering trust in vaccination. Ultimately, advancing vaccination uptake required a collaborative effort involving education, advocacy, and responsive policy measures tailored to the specific concerns and contexts of parents in Davao City.

### **Direction for Future Research**

Future research should continue to explore and address the evolving dynamics of COVID-19 vaccine hesitancy among parents in Davao City, focusing on several key areas. First, there was a critical need for comprehensive studies that assess the long-term impacts of vaccination on children's health and development, providing robust evidence to address lingering concerns. Second, understanding the effectiveness of targeted communication strategies and interventions in improving vaccine acceptance rates was essential, particularly in culturally diverse and informationally heterogeneous communities. Third, exploring the role of social and digital media in perpetuating or mitigating vaccine misinformation and its impact on parental decision-making warranted further investigation. Additionally, comparative studies across different demographic groups and regions within Davao City can illuminate variations in vaccine



hesitancy factors and inform tailored public health strategies. Finally, ethical considerations surrounding vaccine mandates and policies, including their influence on parental autonomy and community health outcomes, should be explored to guide equitable and effective vaccination initiatives. By addressing these research gaps, future studies can contribute to more informed public health strategies and interventions aimed at enhancing vaccine acceptance and community resilience against COVID-19. Furthermore, future studies may focus on the tool creation for COVID-19 Vaccine Hesitancy Among Parents.

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**How to cite this article:**

Acabado, R.G, Sedillo, F. J., Jr.,(2024). Understanding the Parental Covid-19 Vaccine Hesitancy: A Qualitative Inquiry. *International Journal of Multidisciplinary Studies*, 6 (1), 1-20.