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Reconnoitering COVID-19 Vaccine Hesitancy and Acceptance Among Rural Residents: a Convergent Parallel Approach

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Abstract

Vaccination is largely recognized as the only treatment for preventing and responding to natural disasters when it comes to pandemics. Every country has already been through a catastrophe, such as the present COVID-19 outbreak in many countries and because of this the world is currently experiencing a novel infectious disease. This study aimed to understand the reasons of rural residents towards the COVID-19 vaccines in order to further understand their views on the vaccines in response to COVID-19. The researchers of this study used the convergent parallel approach. For qualitative phase researchers used thematic analysis. Study shows that there are four major themes results that shows why rural residents are hesitant to administer vaccination these are; personal reasons, beliefs, government tactics and negative perception of others. For the quantitative stage, the data obtained are treated with the statistician's help using the following formula: Pearson-r and Exploratory Factor Analysis (EFA) and Structural Equation Model (SEM). Using the exploratory factor analysis (EFA), 4 factors are generated namely; Efficacious and Control, Motivations and Sources, Accessibility, Gender Influence, and Confidence, and Positivity. In this study, the consolidated qualitative and quantitative data are of divergent nature, as the qualitative phase focuses on vaccine hesitancy among rural residents, whereas the quantitative phase investigates vaccine acceptance. In conclusion, this study contributes to a better understanding of the population perspective required to design COVID-19 vaccine programs among rural residents.

Keywords: Vaccination, Rural Residents, Vaccine Hesitancy, Vaccine Acceptance, Covid-19

INTRODUCTION

Vaccination is largely recognized as the only treatment for preventing and responding to natural disasters when it comes to pandemics. Every country has already been through a catastrophe, such as the present COVID-19 outbreak in many countries and because of this the world is currently experiencing a novel infectious disease. The COVID-19 virus is growing at an alarming rate, and the World Health Organizations are responding by producing vaccines to combat it. Vaccine is a primary priority in minimizing the COVID-19 pandemic.

Vaccines are effective interventions that have the potential to lower the global disease burden. However, vaccine apprehension among the general public is a major concern, with the availability of COVID-19 vaccines, there is little information about social acceptability and views toward the vaccines in some parts of the world. The Vaccine Hesitancy Determinants Matrix displays the factors influencing the behavioral decisions globally to accept, delay or reject some or all vaccines under three categories: contextual, individual and group, and vaccine/vaccination-specific influences (MacDonald, NE, 2015).

However, the approval and rollout of vaccines does not herald the immediate end of the health crisis, as attaining herd immunity will require the vaccination of a very substantial proportion of population, and is therefore a major challenge (OECD, 2021). To succeed in the worldwide endeavor to immunize billions of people as quickly as possible, governments must prioritize issues of trust – credibility in vaccines as well as trust in the institutions in charge of the vaccination campaign. They must instill public's trust in the vaccines' efficacy and safety, as well as governments' ability to effectively manage logistical issues.

The use of COVID 19 vaccinations, which are both effective and safe, has been approved for emergency use since the end of 2020, and governments are actively vaccinating their citizens. However, vaccine hesitancy still exists globally (Danabal et al., 2021). Vaccine hesitancy is a key barrier to obtain herd immunity across rural and urban populations. Women, those with a lower education, those without a college degree, those who had not had an influenza vaccination in the previous year, those who did not have insurance, and those who lived in a rural area were all identified as being less willing to accept future vaccination (Cascini et al., 2021).

In addition, the public should be taught about the rigorous process of vaccine research and approval by the drug administration authority bodies, particularly those with less education and those who live in rural



areas (Cascini et al., 2021).

In India, there are significant racial disparities and a rural-urban difference in vaccine coverage. Younger people, women, rural residents, and low-income laborers were highly distrustful of the vaccines (Mishra and Agarwal, 2021).

The lack of confidence in the COVID-19 doses complicates the Southeast Asian nation's vaccination deployment, which is crucial to the government's economic recovery plans. The Philippines, which has the second-worst outbreak in the region, plans to vaccinate more than half of its people this year with 148 million doses from at least seven vaccine manufacturers. In fact, almost half of Philippine citizens are not inclined to get a COVID-19 vaccine mainly due to safety concerns, according to a survey by pollster Pulse Asia. Additionally, as cited by Calonzo (2021), only nearly a third of 2,400 Filipino adults polled said they are willing to be vaccinated, while 21% couldn't say yet if they want to be inoculated. Of those who don't want to get the vaccine, 84% said they are "not sure of its safety."

Another survey conducted last May 2021 in the Philippines, the perception of Filipinos in receiving coronavirus (COVID-19) vaccines was split. During the survey, 32 % of respondents said they were willing to be vaccinated against the virus with 33 % stating they were unwilling to do so. On the other hand, 35 % of Filipinos were uncertain about it. For the time being, public opinion on receiving vaccinations against coronavirus (COVID-19) in the country still as of May 2021, 26% will surely not get it, 7% will probably not get it, 23% will surely get it, and 9% will probably get it and uncertain about it.

Furthermore, the researchers observe that most individuals in the local region, notably in the rural municipality of New Bataan, Davao de Oro do not want to be vaccinated because of negative rumors and preconceptions about vaccines that may cause harm to

the human body. Moreover, the researchers wanted to learn about the level of vaccination acceptance among rural residents in terms of their cultural belief, personal belief, and health status.

This study aimed to understand the reasons of rural residents towards the COVID-19 vaccines in order to further understand their views on the vaccines in response to COVID-19. Apart from that, through exploring the reasons of the rural residents of New Bataan, they will be able to educate and know the essential of vaccines in this time of pandemic. This study will aid in the development of effective communication campaigns to influence people's behavior in order to increase the uptake of the COVID 19 vaccination. This study can also be used as a basis for demographics in our municipality, as well as in the student inventory and data collection on the vaccine status of Davao de Oro State College - New Bataan Branch students. As a result, this current research will be carried out to better understand vaccine concerns – hesitancy and acceptance particularly in the case of New Bataan.

RESULTS AND DISCUSSION

EXPERIMENTAL

Acknowledgements

Bibliography

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