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Perceived Social Responsibility and Vaccine Hesitancy Among Parents of Grade 12 Student in Laboratory High School

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ABSTRACTS

Concerns about vaccine hesitancy are growing worldwide, and now parents are also refusing to vaccinate their children because of vaccination issues even against vaccine-preventable diseases. Hence, this study was conducted to determine the level of vaccine hesitancy and perceived social responsibility in parents and their association with one another. The novelties in this research are (1) Level of Perceived Social Responsibility among Parents, (2) Level of Vaccine Hesitancy among Parents, and (3) Association between the Level of Perceived Social Responsibility and Level of Vaccine Hesitancy. In this study, a quantitative-descriptive research design was used to find out the level of acceptability among the 40 selected parents of Grade 12 students in Sultan Kudarat State University (SKSU) – Laboratory High School. A random sampling technique was utilized in this study. The results implied that the parents have a high level of perceived social responsibility. The results also showed that the parents have a low level of vaccine hesitancy. As to the test of the association between perceived social responsibility and vaccine hesitancy, it shows that there is a statistically significant association between them. Therefore, parents of Grade 12 students have a high level of perceived social responsibility and know that vaccinations are part of their responsibilities as citizens.

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1. INTRODUCTION

The COVID-19 pandemic has caused a massive impact on the health of people (Anggraeni *et al.*, 2020). Many researchers have reported the ways how to against Covid-19 pandemic (Machmud and Minghat, 2020; Putra and Abidin, 2020; Anggraeni *et al.*, 2020; Razon, 2020; Hamidah *et al.*, 2020; Hashim *et al.*, 2020; Dirgantari *et al.*, 2020; Mulyanti *et al.*, 2020; Sangsawang, 2020; Hasanah *et al.*, 2020).

Concerns about vaccine hesitancy are growing worldwide. Parents are also refusing to vaccinate their children because of vaccination issues even against vaccine-preventable diseases. Literature related to vaccine hesitancy (Lazarus *et al.*, 2021), susceptibility of vaccine-hesitant parents (Migrino *et al.*, 2020), the perspective of parents towards immunization (Hendrix *et al.*, 2020), and vaccination issues (Wilder-Smith *et al.*, 2019) were used in forming this study. However, there is no study about the association between the level of vaccine hesitancy and perceived social responsibility among parents (Gowda *et al.*, 2013).

The study was conducted to determine the level of vaccine hesitancy and perceived social responsibility in parents. The purpose of the study is to gather data on how vaccine-hesitant parents are and its association with their perceived social responsibility as citizens through the use of surveys and statistical analysis. It is unique for it is relevant for the current condition of the world. It is the reflection of the current thoughts of parents during a pandemic, their perspective towards vaccinations, and how these are determined through their perceived responsibility as parents.

2. METHODS

This study utilized the following instruments for the surveys: (1) SRS-37, a standardized social responsibility questionnaire to determine perceived social responsibility among parents, and (2) Vaccine Hesitancy survey questionnaire by WHO to measure the extent of vaccine hesitancy among parents.

The Likert Scale was utilized in this study. In perceived social responsibility, a five-point likert scale was presented: (0) strongly disagree, (1) disagree, (2) neutral, (3) agree, and (4) strongly agree. In vaccine hesitancy, a three-point Likert scale was used: (0) no, (1) neutral, and (2) yes.

The rating scales shown in **Tables 1 and 2** were used to determine and interpret the level of perceived social responsibility and vaccine hesitancy among the respondents. This scale was used to interpret the obtained mean for each indicator.

Table 1. Rating scale and its interpretation

Range	Description	Interpretation
3.25 – 4	Very High	Very High level of Perceived Social Responsibility
2.45 – 3.2	High	High Level of Perceived Social Responsibility Score
1.65 – 2.4	Medium	Moderate Level of Perceived Social Responsibility Score
0.85 – 1.6	Low	Low Level of Perceived Social Responsibility Score
0.00 – 0.8	Very Low	Very Low Level of Social Responsibility Score

Table 2. Rating and interpretation scale on level of vaccine hesitancy

Range	Description	Interpretation
2.45 - 3	Very High	Very High Level of Vaccine Hesitancy
1.85 – 2.4	High	High Level of Vaccine Hesitancy
1.25 – 1.8	Medium	Medium Level of Vaccine Hesitancy
0.65 – 1.2	Low	Low Level of Vaccine Hesitancy
0.00 – 0.6	Very Low	Very Low Level of Vaccine Hesitancy

3. RESULTS AND DISCUSSION

3.1. Level of perceived social responsibility among parents

Table 3 presents the level of perceived social responsibility of the respondents. The questions were divided into three categories: 1) civil consciousness and public interest, 2) reflection on consequences of one's action, and 3) moral consciousness. In conclusion, the parents of Grade 12 students had a high level of perceived social responsibility in terms of civil consciousness and public interest (3.17), reflection on consequences of one's actions (2.63), and moral consciousness (3.185) with a total of 2.995. Vaccination is a social responsibility (Kovalchuk, 2010). It is a duty for us to owe each other as members of a community (Williams *et al.*, 2013). Since vaccination protects do not only apply for the individual but also for protecting the community, it then becomes a social responsibility.

3.2. Level of academic support of parents in online learners

Table 4 shows the level of vaccine hesitancy of the parents by three factors: 1) Contextual Influence, 2) Individual and Group Influence, and 3) Vaccine/ Vaccination- specific issues. In conclusion, the parents of Grade 12 students had a low level of vaccine hesitancy in terms of Contextual Influence (0.99), very low level in the factor of Individual and Group Influence (0.52), and low level in terms of Vaccine/ Vaccination- specific issues (1.16). In total, the respondents have a mean of 0.89 which meant they are categorized to have a low level of vaccine hesitancy. This result is in a good agreement with literature (Dube *et al.*, 2015).

Table 3. Perceived social responsibility and its interpretation.

Perceived Social Responsibility In Terms of:	Description	Interpretation
Civil Consciousness and Public Interest	3.17	High Level of Perceived Social Responsibility
Reflection on Consequences of One's Action	2.63	High Level of Perceived Social Responsibility
Moral Consciousness	3.185	High Level of Perceived Social Responsibility
Total	2.995	High Level of Perceived Social Responsibility

Table 4. Level of vaccine hesitancy

Perceived Social Responsibility In Terms of:	Description	Interpretation
Contextual Influence	0.99	Low Level of Vaccine Hesitance
Individual and Group Influence	0.52	Very Low Level of Vaccine Hesitance
Vaccine/ Vaccination-specific issues	1.16	Low Level of Vaccine Hesitance
TOTAL	0.89	Low Level of Vaccine Hesitance

Table 5. Association between Perceived Social Responsibility and Vaccine Hesitancy

Sources of Variation	Spearman’s Correlation rho	p-value	n	Interpretation
Level of Perceived Social Responsibility and Level of Vaccine Hesitancy	-0.2803	0.0798	40	There is a statistical significant assoiation

3.3. Association between the level of perceived social responsibility and level of vaccine hesitancy

Table 5 shows the results on the association between the level of perceived social responsibility and vaccine hesitancy among the parents. The results shown in the table that the Spearman’s rho is -0.2803 and that the p-value is 0.0798. The decision rule is that the Null Hypothesis will be rejected if $p\text{-value} < 0.10$. Since the $p\text{-value} = 0.0798$ and is less than 0.10, the Null Hypothesis (H_0) will be rejected. Therefore, there is a statistically significant association between Perceived Social Responsibility and Vaccine-Hesitancy among the parents of Grade 12 students in Laboratory High School. In the table, the Spearman’s rho value is $\rho = -0.2803$. At $\alpha=0.10$, there is a negatively weak monotonic association between Perceived Social Responsibility and Vaccine Hesitancy of the parents.

4. CONCLUSION

In conclusion, parents do know that their responsibility in terms of decision-making on getting a vaccination for their family is crucial to the health of both them and their children. They are less hesitant to vaccines and know that getting a vaccine is a social responsibility to them. It also indicates that a parent that has a high level of perceived social responsibility does know that getting a vaccine is a responsibility that every citizen should do.

5. AUTHORS’ NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. Authors confirmed that the paper was free of plagiarism.

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