

# **THE DENG VAXIA AFTERMATH: FEMINISTIC VIEW ON IMMUNIZATION**

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# IJSER

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Mary R. Tortuya  
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## ABSTRACT

This research work utilized a quantitative design, specifically the descriptive- correlational design to assess the significant relationship between the feministic classification and feministic view on immunization on contextual influences, individual and group influences, and vaccine/vaccination specific issues among women, mothers and pregnant women of Kalibo, Aklan. Respondents of the study were 90 women of Kalibo belonging to the three feministic classifications. The study went through ethical review prior to commencement of data gathering. Findings revealed that the community where the women and mothers lived had never refused vaccines in the past and they have not known anyone who did not submit to vaccination because of religious or cultural reasons. Pain of the past immunizations did not prevent the women from being immunized and they do not mind the cost of a vaccine especially when they need it. Meanwhile, mothers were trusting the governments' decision on vaccines and agree on its recommended vaccination program. In effect, they don't mind travelling and spending more than an hour just to get their child vaccinated. They have submitted themselves or their children to vaccination for they believed that vaccine shots for children should start before the child turns one-year-old and they were even willing to pay for a vaccine privately. Further, mothers have not encountered someone who experience adverse reaction from a vaccine and they believed that aside from vaccination there are other ways to prevent vaccine-preventable diseases too. Whereas, pregnant women submit to vaccination for they believed that by getting themselves vaccinated others are protected as well. However, events in the past related with vaccines discouraged them from getting immunized particularly during mass immunization even though for them the vaccination process was welcoming. Nevertheless, they trust the governments' provision of vaccines with the impression of being provided with the best ones in the market. More so, that they have not experienced any difficulty with the schedule of getting any vaccine and the health care worker always provide them enough information on the side effects. They believed that vaccines were safe for them especially those made in Europe or America and trust the pharmaceutical companies as providers of safe and effective vaccines. There was a statistically significant relationship between gender classifications and the feministic view on immunization on contextual influences particularly on historical; religion/culture/gender/socio-economic; politics/ policies (mandates); geographic barriers; and pharmaceutical industry. There was also a statistically significant relationship between gender classifications and the feministic view on immunization on individual and group influences taking on experience with past vaccination; beliefs and attitudes about health and prevention; and immunization as a social norm vs not needed/harmful. Likewise, there was a statistically significant relationship between feministic classifications and the feministic view on immunization on vaccine/vaccination-specific issues specifically on risk/benefit; design of vaccination program/mode of delivery; reliability and/or source of vaccine supply; vaccination schedule; and costs. In conclusion, the feministic classification significantly influenced the feministic view on immunization on contextual, individual and group, and vaccine/vaccination specific issues. Their views impact their utilization of the immunization program recommended by the government. As accentuated by the Health Belief Model, a person will take a health-related action if that person has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition and believes that he/she can successfully take a recommended health action. Moreover, the model emphasized that individuals who have triggering experiences will perceive that engagement in health-promoting behaviors have beneficial returns regardless of any discomfort or pain. The findings of this study led to the formulation of feministic framework on immunization.

*Keywords: Women, Mothers, Pregnant Women, Kalibo, Immunization, Vaccines, Dengvaxia aftermath, Health Belief Model, Contextual influences, Individual and group influences, Vaccine/Vaccination specific issues, Descriptive-Correlational design.*

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## Chapter I

### THE PROBLEM

#### Introduction

Immunizations keep children and adults alive and healthy by protecting them against preventable diseases. It is usually given in the form of vaccine shots. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. When the body gets immunized, it develops the ability to fight off a given disease. Some immunizations are given to prevent single diseases that were once common. Some safeguard the body from illnesses and death caused by certain infectious diseases. Immunizations have reduced, and in many cases, eliminated diseases that routinely killed or harmed infants, children, and adults.

Be that as it may, antibodies, maybe shockingly, are inalienably a women's activist issue, both truly and in the cutting edge world. According to certain women's activists, immunizations are one of the most significant and least complex manner by which improvement can be made. Not just it ensures the individual who is inoculated, it additionally secures every other person around, and especially those individuals who can't be immunized at all, for example, the individuals who have traded off insusceptible frameworks. Unvaccinated individuals can put others in danger of malady since they bargain group invulnerability. Immunization counteracts the flare-up of ailment in light of the fact that such huge numbers of individuals are invulnerable that it can't spread. Deciding not to immunize a kid, at that point, isn't just a decision that influences them; it can influence everybody around them (GirlTalkHq, 2019).

Further, a few examinations have appeared as referred to in the investigation of Faucette, Azure et, al (2015) that babies don't productively create defensive invulnerability in light of numerous immunizations. Booked inoculation against regular contaminations, for example,

Hepatitis B, pertussis and Haemophilus flu, typically initiates at a couple of months to quite a while after birth, leaving a basic window of helplessness. Therefore, inoculation of pregnant ladies has developed as an elective system to battle neonatal disease. It depends on the exchange of maternal antibody incited humoral invulnerability to the hatchling during incubation and breastfeeding to give early insusceptible security until routine inoculation of the youngster is started. What's more, maternal vaccination likewise produces resistant assurance to the pregnant mother, who is at expanded danger of an assortment of contaminations because of the one of a kind safe changes that happen during pregnancy. The World Health Organization (WHO) and the Advisory Committee on Immunization Practices (ACIP) at the Center for Disease Control and averseion (CDC) consider maternal inoculation additionally a high need.

Furthermore, wellbeing associations have focused on the significance of maternal basic leadership in improving kids' wellbeing results in creating nations. During the 1994 Cairo International Conference on Population and Development, policymakers from around the globe called for more prominent spotlight on improving ladies' self-sufficiency to address wellbeing needs in creating nations (FAO, 2012).

Ladies, impacted by moving social frames of mind about a lady's job, changed their perspective on the medicinal world and their assessment of immunizations specifically. In the United States, the 1970s and 1980s saw two key moves: the push to expand inoculation inclusion and the ladies' development. These two developments met up as the national government looked for the assistance of moms to guarantee more kids were inoculated. The need and want are to ensure open wellbeing (GirlTalkHq, 2019).

In any case, in the Philippines the targets for vaccination were met with discussion that made a decrease in inoculation rates. Wellbeing Undersecretary Enrique Domingo created an impression that just around 60 percent of Filipino kids are getting their planned antibodies, when, the DOH yearly inoculation rate target is roughly 85 percent. Further, the extent of youngsters matured 12 to 23 months who got every essential immunization dropped from 77 percent in 2013 to 70 percent in 2017, while the level of kids with no inoculation ascended from 4 percent in 2013 to 9 percent in 2017. Besides, the Philippine vaccination inclusion is diminishing. Despite the fact that the nation has annihilated polio in 2000 and dispensed with Maternal and Neonatal Tetanus in 2017, it has fallen behind in routine vaccination that shields kids from illnesses, for example, measles, diphtheria and hepatitis B (UNICEF).

As youngsters' essential parental figures, ladies are regularly the first to perceive manifestations in quite a while and contribute time and salary to improve their kids' wellbeing and nourishment (Ngom, et al, 2003). Indeed, even before youngsters are conceived, increasingly independent ladies would have more access to safe conveyance administrations and antenatal consideration, which would impact the learning and access they have in connection to immunization crusades and data (Bloom, 2001).

Albeit a few analysts have discovered clear connections between ladies' self-governance and wellbeing results, Singh, et al (2012) referenced in their examination that specific confinements require further investigation. For the most part, few investigations have concentrated on the connection between ladies' family unit independence and kids' inoculation status, regardless of its perceived significance in improving youngsters' wellbeing and chances of survival.

In light of the reports exhibited over, the goal of the present examination is to decide the perspective on ladies, pregnant ladies, and moms of youngsters inside inoculation age. There has been wild news in practically a wide range of media about the dengvaxia discussion that put the open's trust on vaccination in danger. The scientist has likewise seen that guardians are as of late scrutinizing the security of routine antibodies like BCG, measles and hepatitis B among others which caused them to dither to present their kids to these immunizations. Another perception is that wellbeing office and authorities just as the administration gives clashing explanation in regards to the current issue which triggers more disarray to the overall population and acquire greater panic since there are passings of youngsters that has been related with accepting dengvaxia immunization. The analyst accepts that trust and certainty of individuals on certain administration program or action, vaccination specifically, will make the program a triumph and its objectives will be achieved. Thus, the scientist might want to scope more extensive on the feministic perspective on ladies, moms and pregnant ladies, as they are regularly considered as the essential guardian of the family, on immunizations after the flare-up of dengvaxia debate in Aklan. Being a medical caretaker simultaneously a mother of a little youngster, the specialist has taken in the significance and qualities the essentialness of inoculation to kids, guardians, families, networks and to the nation.

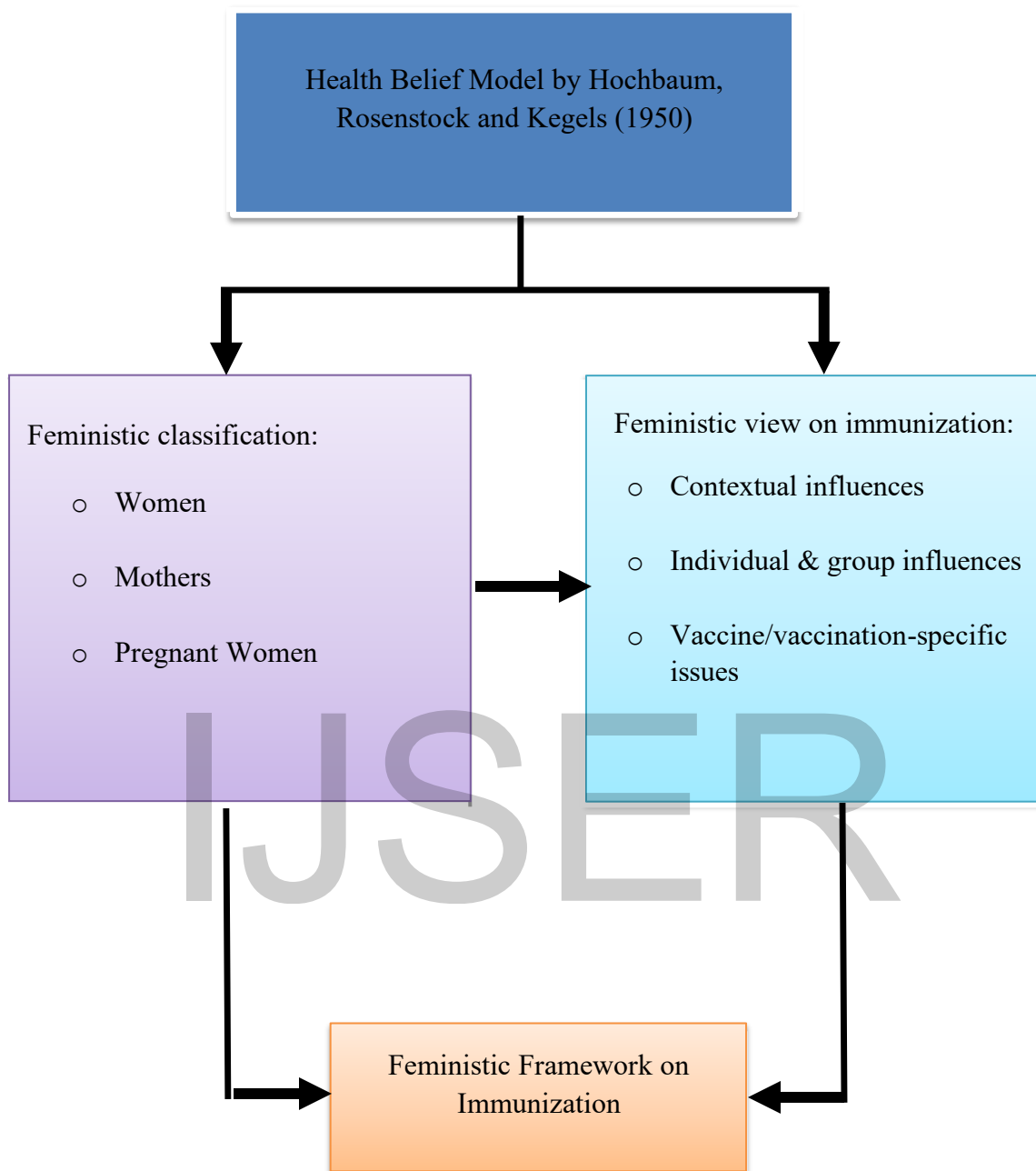
Notwithstanding, as heard in the news that a few guardians are communicating their questions about the antibodies utilized in required inoculation and a similar articulation was seen by the specialist in the network. What issues the specialist the most is that most guardians would not need their youngsters to keep getting the required antibodies. In spite of the fact that there are a few examinations led yet then with the episode of dengvaxia debate there had been no investigations directed at this point about ladies' view on inoculation and its effect on the program

particularly on the neighborhood scale. The analyst accepts and put intrigue that through this examination general society, the ladies specifically will build up a superior comprehension of the issue and will have the option to persevere to serve their kids and family. Moreover, this examination is of auspicious essentialness for the discussion simply happens as of late. Besides, consequence of this examination can fill in as a reason for creating powerful system to all the more likely improve usage and use of vaccination which will help accomplish the WHO objective, that is, Healthy People 2030.

### **Theoretical Framework**

This investigation utilizes Health Belief Model (HBM) (1950) as its hypothetical system. HBM is a mental model that endeavors to clarify and anticipate wellbeing practices. It was first created during the 1950s by social analysts Hochbaum, Rosenstock and Kegels who were working in the U.S. General Health Services. The model depends on the supposition that an individual will make a wellbeing related move if that individual feels that a negative wellbeing condition can be maintained a strategic distance from, has an inspirational desire that by making a suggested move, he/she will dodge a negative wellbeing condition and accepts that he/she can effectively make a prescribed wellbeing move. It is additionally clarified in six builds speaking to the apparent danger and net advantages: saw weakness, saw seriousness, saw benefits, saw boundaries, prompts to activity and self-adequacy.

Seen defenselessness is an individual's assessment of odds of getting a condition; though saw seriousness identifies with the individual's worries about the earnestness of a condition or ailment and its outcomes. Seen advantages are an individual's faith in the viability of certain activity or conduct to lessen hazard or reality of effect of an ailment.



**Figure 1. Schematic diagram of the study utilizing the Health Belief Model by Hochbaum, Rosenstock and Kegels(1950).**



The blend of apparent seriousness and saw powerlessness is alluded to as apparent risk (Glanz, Rimer and Viswanath, 2008). In addition, saw hindrances recognize an individual's worries or negative convictions about a wellbeing conduct. Signals to activity are data sources or methodologies that advance mindfulness and reception of conduct. Self-viability surveys the individual's certainty to embrace a conduct or to make certain move.

The wellbeing conviction model has been applied to anticipate a wide assortment of wellbeing related practices one of which is getting vaccinations (Janz and Marshall, 1984). It stays one of the most broadly utilized and well-tried models for clarifying and foreseeing wellbeing related conduct. Further, the model spotlights on the mentalities and convictions of people when used to look at inspirations for adjusting a wellbeing related conduct and surveying wellbeing conduct intercessions.

In this investigation, wellbeing conviction model was utilized as it attempts to set up the impact of feministic order on the feministic see on inoculation after the occurrence of an immunization debate, that is, the dengvaxia discussion. As per Goodwin, et al (2005) ladies' jobs inside families have situated them to move toward becoming wellbeing supervisors or advertisers of by and large family wellbeing, especially for youngsters in creating nations whose lives are straightforwardly connected to that of their moms. With this, the model complements that ladies, moms and pregnant ladies who perceive that they/their youngsters can be vulnerable to an antibody preventable ailment (VPD), that this medical issue is not kidding and that they can be additionally by and by influenced are bound to participate in practices that would diminish the danger of building up the condition that is submitting themselves or their kids to immunization. Besides, those ladies, mother and pregnant ladies who have activating individual encounters or have peers

that has been distressed by a medical issue will destined to see the commitment in wellbeing advancing, malady forestalling practices have advantageous returns paying little respect to any inconvenience or agony. Moreover, these gathering of ladies won't simply see yet will make quick move to forestall trading off their wellbeing just as of the family.

### **Statement of Purpose**

The main purpose of the study was to determine the feministic view on immunization among women, mothers and pregnant women in Kalibo, Aklan after the dengvaxia controversy which served as the basis for immunization framework.

Specifically, the study sought to answer the following questions:

1. What is the feministic view on immunization among women, mothers and pregnant women in terms of:
  - 1.1 contextual influences;
  - 1.2 individual and group influences;
  - 1.3 vaccine/vaccination-specific issues?
2. Is there a significant relationship between feministic classification and the feministic view on immunization on contextual influences?
3. Is there a significant relationship between feministic classification and the feministic view on immunization on individual and group influences?
4. Is there a significant relationship between feministic classification and the feministic view on immunization on vaccine/vaccination-specific issues?
5. What feministic framework on immunization will be proposed based on the result of the study?

### Statement of Null Hypotheses

Ho1: There is no significant relationship between feministic classification and the feministic view on immunization on contextual influences.

Ho2: There is no significant relationship between feministic classification and the feministic view on immunization on individual and group influences.

Ho3: There is no significant relationship between feministic classification and the feministic view on immunization on vaccine/vaccination-specific issues.

### Significance of the Study

This study will serve as a basis in creating a feministic framework on immunization. The findings of this research exploration will be valuable to the following:

**Women.** They will be given the right and safe vaccines that will protect them from preventable diseases covered by the vaccines, thus promoting herd immunity. They will be also made aware of vaccines that prevent certain cancers so that they can make better choices in protecting themselves.

**Mothers.** Those who have children especially in the immunizable age will deeply benefit from this study. The findings will help them have a better understanding of the vaccines their children are receiving as well as its purpose, side effects and what to do when such occurs. Through this study their awareness of their responsibility as a parent towards utilization of recommended program for vaccinations will be enhanced.

**Pregnant women.** The findings of this study will bring awareness to pregnant women about the vaccines that are being given during pregnancy and the reason of the need of having those. Such awareness will help them gain better control of their health since it will also affect their developing fetus.

**Health Care workers.** This study will help them become perceptive of the informational needs of women, mothers and pregnant women especially on vaccinations to ease doubts and hesitations. Health care workers can gain better insight in this study that will help them develop better strategies in bringing awareness to these groups that will encourage utilization of immunization program, thus, helping in the continuous provision of safe, quality and cost-effective care as well as promotion of a healthy nation.

**Policy-makers.** The Department of Health administrators and other health organization can obtain a good picture of the current immunization scenario from this study which can aid them in developing strategies in promotion and better implementation of immunization program. People utilizing governments' health programs will bring forth a healthy nation which contributes a lot to economic development.

**Nursing students.** The findings of this study can help them become aware of the current immunization status in the country. This can serve as a guide in formulating sound nursing interventions in order to encourage utilization and compliance especially in vaccination, thus, optimum health can be achieved by the people.

**The Researcher.** This study will bring new heights of personal and professional growth to the researcher. The undertakings in doing this can lead to new discoveries that may lead to possible development of innovative ideas and methods which will immensely improve the researcher's knowledge and skills particularly in research.

**Future Researchers.** The results of this study can be used as valuable resource material for those researchers who will be working on the related topic. This can also serve as an encouragement to pursue research endeavors that may lead to generation of knowledge and

strategies especially related to health as it impacts nation building. Moreover, they could look into other facets and explore other variables utilizing various methodologies and setting.

### DEFINITION OF TERMS

To assist in clarifying a number of commonly-used terms in this research, the following terms were defined:

**Immunization.** The process by which a person or animal becomes protected against a disease. It is achieved by means of a vaccine, which is a product that generates immunity, consequently protecting the body from disease (CDC, 2012).

**Feministic classification.** Refers to the grouping of respondents as women, mothers and pregnant women.

**Women.** These were women in their reproductive age, single or married, without or with children but not within immunizable age and are residents of Poblacion, Kalibo, Aklan that served as respondents of the study.

**Pregnant Women.** These were women in Poblacion, Kalibo, Aklan who are pregnant and served as respondents in this study.

**Mothers.** Were mothers in Poblacion, Kalibo, Aklan who have a child/children of immunization age and served as respondents in this study.

**Reproductive age.** Refers to age of all women from 15-49 years old (WHO, 2006).  
**Feministic view on vaccines.** Belief or opinion and understanding on immunization held by women, mothers and pregnant women who served as respondents of this study.

**Contextual influences.** Refers to influences arising due to historic, socio-cultural, environmental, health system/institutional, economic or political factors.

**Individual and Group influences.** Refersto influences arising from personal perception of the vaccine or influences of the social/peer environment.

**Vaccine/Vaccination** – specific issues. Pertains to issues directly related to vaccine or vaccination such as risk/benefit, introduction of new vaccine or new formulation, reliability of source among others.

**Feministic Immunization Framework.** The output produced based on the results of this study. This is aimed in improving implementation and utilization of immunization program in the feminine context that will help achieve the goals of Healthy People 2030.

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## Chapter II

### REVIEW OF RELATED LITERATURE AND STUDIES

This section put together and synthesizes related literature and studies. It highlights the significance of immunization to women, mothers and pregnant women tackled in various influence and issues. It further depicts the relevance of the study as more related insights and principles are viewed that adds essence into it.

#### **Immunization and its importance**

Inoculation is characterized as a procedure by which an individual ends up ensured against a malady through immunization. This term is regularly utilized conversely with immunization or vaccination (CDC, 2017). It is utilized to guard the human body against preventable ailments. A few inoculations shield the body from ailments and passing brought about by certain irresistible illnesses while others are given to forestall infections that were once normal. It is typically given in immunization shots. Immunizations are viewed as prime movers of good wellbeing and considered as being perhaps the best leap forward of biomedical science and general wellbeing today. It is recognized by the Copenhagen Consensus, which is a gathering of Nobel laureates, and driving pros just as financial experts in the field of wellbeing as fourth in the position of the most savvy mediations adding to worldwide welfare for it has extraordinarily added to the overall decline of death and changeless illnesses.

Further, vaccination is particularly significant for the hardest to arrive at families as it can likewise be an extension to other life-sparing consideration for moms and kids in secluded networks –, for example, tyke wholesome screening, against malarial mosquito nets, nutrient An enhancements and de-worming tablets. The objective of general wellbeing is to avert sickness for it is a lot simpler and more financially savvy to counteract an ailment than to treat it, consequently,

vaccination is one of the best and practical general wellbeing speculations for who and what is to come.

It is then certain that inoculation is extremely a demonstrated instrument for controlling and dispensing with dangerous irresistible ailments worldwide and is evaluated to deflect somewhere in the range of 2 and 3 million passings every year. It is one of the most practical wellbeing speculations, with demonstrated procedures that make it available to even the most difficult to-reach and helpless populaces. It has unmistakably characterized objective gatherings; it tends to be conveyed viably through effort exercises; and immunization doesn't require any real way of life change (WHO).

#### Contextual influences

Different investigations directed overall talks about impacts emerging because of correspondence and media, compelling pioneers, against or ace inoculation anterooms, memorable, religious, socio-social, ecological, wellbeing framework, financial or political elements.

Edward Jenner showed the estimation of inoculation against smallpox in 1792. Almost 200 years after the fact, in 1980, smallpox was annihilated from the world through the across the board and focused on us of the antibody. In light of the rising accomplishment of smallpox antibody, the World Health Organization (WHO) built up the Expanded Program on Immunization (EPI) in 1974 with the target of inoculating kids all through the world. Through the 1980s, United Nations International Children's Emergency Fund (UNICEF), a worldwide pioneer in antibody supply, worked with WHO to accomplish Universal Childhood Immunization of the six EPI antibodies (BCG, OPV, diphtheria, lockjaw, pertussis and measles). Thus, records of a large number of youngsters got inoculation which averted difficulties, dreariness and mortality.



Inoculation was really one of the twentieth century's best strategies for ailment aversion and annihilation. This is exemplified by the annihilation of little pox everywhere throughout the world, the Americans were affirmed wild Polio infection free by 1994 (Nnenna, 2013) and the last instance of such infection in the Philippines was accounted for in 1993. The advantages of inoculation separated from decreasing expense of malady treatment incorporate sound adolescence, lightening of family destitution and enduring (Babatunde, 2013). The maladies focused by routine inoculation are for the most part preventable and are among the main sources of high youth dreariness and mortality. Very nearly 33% of passings among youngsters under 5 are preventable by immunization.

In 1974, Japan had a fruitful pertussis (challenging hack) inoculation program, with almost 80% of Japanese youngsters immunized. That year just 393 instances of pertussis were accounted for in the whole nation, and there were no passings from pertussis (CDC, 2018) and by 1994, the Americans were confirmed wild Polio infection free (Kimmel, 2002).

In the Philippines, the Expanded Program on Immunization which was built up in 1976 tries to guarantee that youngsters, especially newborn children, and their moms approach antibodies prescribed for their age to avoid explicit sicknesses. The program expects to diminish the horribleness and mortality among kids. When it was first propelled, the ailments focused on were tuberculosis, diphtheria, pertussis, lockjaw, poliomyelitis, measles and rubella. In 2011, the compulsory fundamental vaccination has also secured mumps, hepatitis-B and H. flu type B (HIB) through Republic Act No. 10152. This required essential vaccination is without given at any wellbeing unit and government emergency clinics for kids as long as 5 years of age, though, antibody against hepatitis-B ought to be managed to a newborn child inside 24 hours after birth. Ensuing portions will be finished by the suggested calendar as given by the DOH.

In 2004, the DOH presented the Reaching Every Barangay (REB) methodology which planned to improve the entrance to routine vaccination and lessen drop-outs in the program. This procedure combined with Supplemental Immunization Activity (SIA) which targets kids who didn't create adequate resistance plans to accomplish full vaccination of 2.7 million babies and 2.7 million pregnant ladies will get lockjaw antibody toward the part of the bargain.

Altogether, the quantity of kids under five years of age kicking the bucket each year has tumbled from 12.7 million out of 1990 to 6.3 million today. Vaccination in huge part drove this notable accomplishment (UNICEF, 2012).

The present logical survey of Swedish Council on Health Technology Assessment and the experience from numerous long periods of the standard vaccination program have demonstrated that the advantages of inoculation far exceed the dangers of antagonistic occasions. Inoculation has for all intents and purposes wiped out the horribleness and mortality of numerous maladies already regular among the two kids and grown-ups.

The motivation behind the present immunization timetable upheld by World Health Organization is to give compelling insurance at the most youthful age conceivable (WHO 2002). It suggests that kids be completely vaccinated by age 1 to anticipate the vast majority of the regular youth sicknesses. Completely inoculated youngsters get one portion of tuberculosis (BCG); three dosages of diphtheria, pertussis, and lockjaw (DPT) and polio; and one portion of measles (WHO, 2012). Also, so as to give maximal insurance against antibody preventable infections, a youngster ought to get all inoculations at the correct calendar (Glauber, 2003). Most nations accomplished high cutting-edge immunization inclusion. Notwithstanding, it was noticed that there were generous inoculation delays (Akmatov, et al, 2012) and consistence to vaccination stays to be a noteworthy concern around the world.

On the opposite side, Japan, New Zealand, Australia, Iceland and Norway prescribe yet don't legitimately require immunizations just as the other 15 nations in the European Union, including United Kingdom, Germany, Spain, Greece, Denmark, Netherlands, Finland and Austria comparatively suggest yet don't command antibodies. These nations have lower newborn child death rates than the U.S. also, they don't suggest that newborn children under one year old get the same number of antibodies as American babies do (Haverkate, et al, 2012).

For it occurred in Japan, when two newborn children kicked the bucket inside 24 hours of accepting consolidated diphtheria, lockjaw, and pertussis immunization, with entire cell pertussis segment (DTwP) in the winter of 1974–1975, the administration suspended licensure of DTwP. Licensure was restored two months after the fact with an adjustment in the base prescribed age from 3 months to 2 years as a precautionary measure (Noble, G.R., Bernier, R.H., Esber E.C., et al., 1987).

Then, in 2006, the Centers for Disease Control (CDC) reinforced suggestions that every pregnant lady, sound or not, ought to get an influenza shot in any trimester. At that point, in 2011, a pertussis containing Tdap shot was prescribed for every pregnant lady, ideally following 20 weeks development. Both antibody proposals are embraced by the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP) and other medicinal exchange affiliations. Yet, some way or another, it can't be ignored that the Food and Drug Administration (FDA) records flu and Tdap antibodies as either Pregnancy Category B or C organic which implies that sufficient testing has not been done in people to exhibit security for pregnant ladies and it isn't known whether the immunizations can cause fetal damage or influence generation limit (Fisher, 2013).

Then again, as indicated by Centers for Disease Control and Prevention (CDC) religious immunization exceptions have ascended as of late. LeBlanc (2007) brought up that in spite of the fact that grown-ups and kids with these exclusions involve a little piece of the general populace, they are frequently the focal point of debate and media consideration. Diseases can spread rapidly through little unvaccinated social or potentially geographic church networks. In a 2018 article, *The History of Vaccines*, it examines that specific religions and conviction frameworks advance elective points of view toward immunization. Religious issues with immunizations depend for the most part on (1) the moral predicaments related with utilizing human tissue cells to make antibodies, and (2) convictions that the body is holy, ought not get certain synthetic substances or blood or tissues from creatures, and ought to be mended by God or normal methods.

In Philadelphia in 1990, a noteworthy measles episode happened among unvaccinated younger students who were individuals from two fundamentalist places of worship that depended on supplication for recuperating, and contradicted immunizations (Rodgers, et al, 1993). Furthermore, CDC additionally detailed a measles episode in 1994 striking a Christian Science people group that questioned inoculation. The flare-up started with a young person who lived in Illinois, and went to a Christian Science life experience school in Missouri. Her disease added to noteworthy episodes crosswise over the two states. Likewise in 2005, a comparative episode was accounted for among individuals from a religious network that contradicted immunization in Indiana, when an unvaccinated adolescent returned sick from an excursion abroad and contaminated others at a congregation gathering.

As indicated by Salmon and Siegel (2001), on account of these episodes and the expanding number of religious antibody exclusions, the CDC and other medicinal and general wellbeing

authorities caution guardians that unvaccinated kids are at a higher hazard for gaining immunization preventable contaminations.

In different nations inoculation crusades met obstruction because of negative meaning. In an investigation of Warraich (2009), religious and political protests by Muslim fundamentalists have driven doubts about the polio immunization in Pakistan, Afghanistan, and Nigeria. For instance, the neighborhood Taliban in Southern Afghanistan have considered polio inoculation an American ploy to sanitize Muslim populaces and an endeavor to deflect Allah's will. Protection from immunization has even brought about savage beatings and kidnappings.

In opposition to immunization exceptions of other religion, the Catholic Church perceives the estimation of antibodies and the significance of securing individual and network wellbeing. It states, nonetheless, that its individuals should look for choices, when accessible, to immunizations that are made utilizing cell lines got from prematurely ended hatchlings (The National Catholic Bioethics Quarterly, 2006).

The specialist and impact of religious pioneers is exceptionally respected that they can persuade individuals regarding their gatherings to acknowledge or dismiss inoculation. This is one reason that UNICEF is looking for association with religious pioneers and gatherings so as to arrive at an abnormal state of immunization inclusion around the world (UNICEF, 2004). As indicated by Toni-Uebari and Inusa (2009) the association of religious pioneers in wellbeing related mediations has by and large been found to improve the cooperation of their assemblies in these intercessions and accordingly advance positive wellbeing results.

Another factor on inoculation is legislative issues. Salmon, et al (2005), have discovered in their investigation that enemy of inoculation mentalities are regularly related with low degrees of trust in the legislature, and absence of trust in enterprises and general wellbeing offices. The

less individuals trust administrative or logical organizations the almost certain they are to accept a connection among immunizations and mental imbalance and along these lines, the more outlandish they are to show support for inoculations.

So also, Brunson (2013) discovered that notwithstanding different sorts of social weights, receptivity to wary convictions might be connected to basic persuasive directions, for example, doubt of logical or administrative specialists just as corporate entertainers, for example, pharmaceutical organizations and medical coverage offices.

What's more, an audit led by Kuwabara and Ching (2014) on consolidated multi-factorial issues that produces lower populace vaccination rates and a higher rate of immunization preventable ailments (VPD) in Japan uncovered that recorded, political including organization, parental and supplier were the variables recognized. Chronicled and political elements have been related with postponed presentation of a few significant antibodies. Access has likewise been influenced by immunizations being partitioned into government-subsidized "daily practice" (for example polio, pertussis) and self-pay "intentional" gatherings (for example hepatitis An and B). It was then demonstrated that normal antibodies have higher paces of organization than willful immunizations. Organization components incorporate contrasts in well tyke care plans, the way to deal with synchronous inoculation, immunization contraindication because of fever, and inoculation dividing. Parental elements incorporate low aim to completely inoculate their kids and misperceptions about symptoms and viability. What's more, supplier components incorporate learning holes with respect to signs, antagonistic impacts, interim, and concurrent immunization.

In the interim, in the Philippines, following dengvaxia debate guardians are currently declining to inoculate their kids even against antibody preventable infections, offering ascend to a marvel known as Vaccine Hesitancy (The Telegraph, 2018). Worry over immunization wellbeing

is one of the most predominant explanations behind this wonder. As indicated by a 2018 article discharged by WPRO, Dr. Rosario Margate, the doctor head of the Earnshaw Health Center in Sampaloc, Metro Manila, has seen a 20-30 percent abatement of individuals coming in for inoculation contrasted with earlier year on account of the dengue antibody contention. Furthermore, the discoveries on the examination led by (Public Attorneys' Office) PAO connecting a few passings to Dengvaxia may fill in as verification against antibody wellbeing and might negatively affect other immunization programs. With the news being broadly coursed through media, this would influence Philippines as well as different pieces of the world.

The investigation of Freed, et al (2011) demonstrates that non-wellbeing wellsprings of data ought not likewise be ignored. Despite the fact that guardians were accounted for to confide in their youngsters' primary care physician for immunization wellbeing data regularly (76% embraced a great deal of trust), it was trailed by other human services suppliers (26%), government antibody specialists/authorities (23%), and family and companions (15%). Conversely, big names were confided in a ton by 2 percent of the respondents and not in the least by 76 percent of these respondents. It was then suggested that in structuring general wellbeing it is an absolute necessity to perceive that a few gatherings of guardians were utilizing other data sources and procedures are required so as to give confirm based data.

### **Individual and group influences**

Studies have demonstrated that encounters with past inoculation, convictions and frame of mind about wellbeing and avoidance, mindfulness about vaccination in the event that it is a social standard or not required, the hazard and advantage of antibody including wellbeing framework and individual encounters have sway on inoculation.

Antibodies are life-sparing as well as a brilliant monetary speculation. Because of the accessibility of inoculations (Temoka, 2013) most antibody preventable ailments that had been wellbeing dangers for a considerable length of time have encountered an emotional decrease in mortality and dreariness. It is urging to take note of that the enormous lessening in mortality from lockjaw and pertussis has been legitimately ascribed to inoculation.

However, as indicated by Nakayama (2013) there were worries about unfavorable impacts since the greater part of patients immunized with pertussis grumbled of nearby redness, swelling, and fever. CDC guaranteed that these are minor and leave inside a couple of days. Further, antibodies are consistently checked for security, anyway like any prescription, it can cause reactions. All the more along these lines, CDC cautions that a choice not to inoculate a youngster likewise includes chance and could put the kid and other people who come into contact with the person in question in danger of getting a conceivably lethal sickness (CDC, 2018).

Keeping up elevated amounts of youth inoculations is significant for general wellbeing. Regardless, achievement rate on inoculation requires better comprehension of people groups' view of ailments and resulting choices about immunizations.

In any case, at that point, with such accomplishment of inoculations today numerous guardians have never again have contact with kids who have immunization preventable diseases. Along these lines, guardians experience issues adjusting the potential damages and advantages of immunizations and are progressively scrutinizing the need of inoculating their kids, particularly in light of the fact that no antibody is totally free of antagonistic impacts or the danger of inconveniences (Spencer et al., 2017).

It is as of now realized that the ailments focused by routine vaccination are for the most part preventable and are among the main sources of high youth grimness and mortality. This is



prove by the unsuitably high newborn child death rate in creating nations including Nigeria (Siddiqi et al., 2010).

Likewise, antibody preventable contaminations are additionally among the main sources of bleakness in pregnant ladies. Pregnancy expands the danger of an assortment of diseases because of the one of a kind resistant rotations that happen during this occasion. With that, maternal vaccination was upheld for it creates safe insurance to the pregnant mother. A few effective maternal immunizations, for example, Tetanus-Diphtheria-Pertussis (Tdap) antibody and inactivated flu antibody (IIV), are currently all around prescribed by the Center for Disease Control and anticipation (CDC) to every single pregnant lady.

Besides, kids in early outset don't mount successful immunizer reactions to numerous antibodies against hall irresistible pathogens, which results in a window of expanded defenselessness or seriousness contaminations. Consequently, vaccination during pregnancy is ordered for it can create maternal insusceptible assurance just as inspire the generation and move of antibodies over the placenta and by means of breastfeeding to give early newborn child insurance. A few effective immunizations are presently prescribed to every pregnant lady around the world (Faucette et al., 2015).

As indicated by Dr. Anna Ong-Lim, a pediatric irresistible malady expert, immunization advantages are close to home in nature, yet incorporate the network too by controlling irresistible illnesses, disposing of and lessening ailment rate. Immunizations can likewise have a financial advantage as they assume a significant job in practical mediation. She additionally added that immunizations have come to the heart of the matter that they are focusing on irresistible ailments as well as disease (PCHRD, 2010).

Despite the fact that immunizations have been viewed as one of the most valuable apparatuses for accomplishing generous decreases in youth mortality progress in lessening passings anyway it has been more slow for babies too youthful to be in any way inoculated than newborn children and youngsters mature enough to get antibodies (The Millennium Development Goals Report, 2015). Consequently, maternal vaccination is pushed to address the helplessness of youthful newborn children. Maternal immunizations, given their potential impact on maternal and baby dreariness and mortality are the following boondocks in vaccinology(Omer, 2017).

In any case, the manner in which a mother thinks and feel with respect to her everyday concerns, similar to her wellbeing, welfare or family can impact wellbeing advancement and infection counteractive action practices and her choice to acknowledge inoculation and other wellbeing intercessions. The individuals who like themselves are bound to go an additional mile to shield their kids from antibody preventable ailments. Such moms will take their youngsters to the wellbeing community for Routine Immunization (RI) and will promptly profit their offspring of the advantages of other youth survival programs (Umeh et al., 2018).

Moreover, in the investigation of Bates and Wolinsky (1998) they have discovered that subsequent to changing the mother's age, race, and training, it was uncovered that the individuals who were bound to have undervaccinated youngsters, however with reported immunization status yet have not gotten all suggested inoculations by 2 years old, were unmarried, multiparous, not co-occupant with the tyke's grandma and had not gotten satisfactory pre-birth care, or lived in destitution, as were moms who seen less fulfillment with their kid's medicinal services and less power over their lives.

In an examination done by Dubé et al. (2014) it was distinguished by four Immunization Managers (IMs) that individuals' degree of trust in the wellbeing framework and social insurance

suppliers additionally filled in as a causal factor in antibody reluctance. One noticed that the manner in which individuals were treated in the wellbeing administrations could demoralize them from returning. In one nation, ladies want to get care from female suppliers, who are rare in that nation and this could at any rate somewhat clarify the absence of inoculation among ladies.

More on that, in the investigation of Glanz, Wagner, Narwaney et al. (2013) a few guardians express worry that doctors are not accomplished on the unfriendly impacts of immunizations or that doctors intentionally retain data on unfavorable impacts. Thus, guardians may search out extra data from sites containing off base data. Family doctors should assemble precise data about the damages and advantages of antibodies to advocate for inoculation and reduction the frequency of immunization preventable illnesses. They should guide guardians to dependable assets in the event that they are thinking about immunization refusal. In the event that a suggested antibody is can't, legitimate documentation is fundamental. The Vaccine Adverse Event Reporting System and National Vaccine Injury Compensation Program track unfavorable occasions and permit remuneration for archived hurts from immunizations (Spencer, Trondsen Pawlowski, and Thomas, 2017).

In China, be that as it may, an examination embroiled the significance of (Public Health Worker) PHW for inoculation inclusion among youngsters at a province level. It emphasizes the activity performed by PHW, for example, checking antibodies are shipped and put away under suitable conditions to guarantee antibody adequacy and wellbeing and telling guardians and other network individuals about the advantages and potential dangers of inoculation. Thus, if PHW and (Vaccination Personnel) VP densities increment, it will accomplish altogether higher inoculation inclusion (Yu et al., 2014).

In the mean time, Freed et al. (2009) referred to in the consequences of their investigation that despite the fact that data is accessible to address numerous antibodies security concerns; such data isn't arriving at numerous guardians in a successful or persuading way.

Comparative outcome was acquired by Sharma and Bhasin (2008) as they watched a declining pattern in mindfulness about sicknesses secured under routine inoculation (RI), particularly the age at which the antibody is controlled and it tends to be a direct contributory factor for the 'drop-out' in the inclusion of immunizations. They at that point underlined the need of arranged IEC exercises to advance RI as a felt need of the guardians through close to home cooperation with fringe level specialists like (Auxiliary Nurse Midwifery) ANMs and (Accredited Social Health Activist) ASHAs. They accept that expanding the learning and comprehension of guardians of small kids about the vitality and advantages of RI would be a solid advance forward in accomplishing its objectives.

Then again, an examination on the adequacy of rotavirus antibody in Canada uncovered that the worthiness will be higher if wellbeing advancement tends to parental information, frames of mind and convictions with respect to the malady and the immunization (Dubé et al., 2012).

Then again, Hobson-West (2003) uncovered three contestable suppositions in a paper examination. The presumptions are: that people settle on choices through an examination of individual hazard, that open worry about inoculation is because of an erroneous conclusion of hazard, and that an arrangement of giving more hazard insights is the best reaction to the discussion. Through cautious basic examination of these suppositions it was then contended that some protection from mass youth vaccination (MCI) was about elective understandings of essential classes of wellbeing and ailment. What's more, consequence of the investigation of Sadique et al., (2005) exhibits that the apparent danger of contamination and the apparent

likelihood and seriousness of antibody related unfriendly occasions (VAAEs) impact the interest for inoculation that is, the higher the likelihood of disease and the seriousness of wellbeing impacts that outcome from contamination, the higher the interest for immunization. Interestingly with that, the higher the apparent danger of VAAEs, the lower the interest for immunization.

In addition, Bond and Nolan (2011) discovered in their investigation that the commonality or newness of the illness and the attributes of the individuals who have had the malady were factors that brief the respondents to make preventive move. Immunizers feared new sicknesses while non-immunizers feared obscure, long haul reactions of antibodies.

To include, guardians who bolster inoculations are bound to see youth defenselessness to genuine, immunization preventable sicknesses and to envision feeling lament if their kids were to wind up contaminated with these infections. While guardians who are incredulous about the viability and security of immunizations are more impacted by their friends than by restorative specialists, guardians who bolster inoculations are bound to confide in their pediatricians' proposals (Sturm, Mays, and Zimet, 2005).

In the Philippines, the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) directed a national overview in 2011 on the extended program on vaccination among Filipino kids and noticed that numerous youngsters kick the bucket from maladies that can be forestalled through antibodies.

In a directed orderly audit done by Falagas and Zarkadoulia (2008) to assess components related with imperfect consistence to inoculation that concentrate principally to parental-youth attributes and medicinal services structure-experts trademark creates the impression that among the different parental-youth qualities contemplated absence of information about illness and immunization, negative convictions/demeanors towards vaccination, dread of

reactions/dangers/contraindications, not recollecting immunization timetables and arrangements, wiped out kid deferrals, and postponed well tyke visits were factually altogether connected with problematic consistence. What's more, among social insurance structure-proficient attributes considered, suspicion/questions with respect to gave medicinal data, deficient help from human services suppliers, absence of accessible wellbeing structures, and issues concerning transportation and availability to inoculation facilities were the ones essentially related.

As referred to in the investigation of Jheeta and Newell (2008), multiregional examines from Bangladesh, Ethiopia, India, Malawi and the Philippines presumed that there was a "truly sizeable social interest" for better nature of inoculation administrations and that "genuine harm" was being done to the Expanded Program on Immunization (EPI) by poor association among staff and customers. These examinations recommend that immunization request and acknowledgment rely upon variables that are unquestionably increasingly various and complex. Supply-(or supplier ) related elements are obviously significant, especially the connection between social insurance laborers and moms (counting demeanors of vaccinators).

Another developing concern noted by Dubé et al. (2013) is the absence of trust in antibodies that threatens the accomplishment of inoculation programs. For example, in an ongoing dish Canadian overview, half of the guardians were worried that new immunizations are not as protected as more established antibodies and 33% felt that kids today get such a large number of immunizations. To include, the CDC detailed unfriendly occasions after organization of all immunizations in this way it conveys with unavoidable dangers. What's more, the decision in regards to whether to immunize can be a mind boggling and troublesome one for guardians. This is likely the motivation behind why a few guardians attempted to look of different approaches to anticipate sicknesses.

Homeoprophylaxis then turned into a rising option in contrast to customary immunization. As per Whatcott (2015), it has been used for more than 200 years for plagues just as endemic infectious malady. The application as an option in contrast to the suggested vaccination calendar has been clinically examined since 1985 by Dr. Isaac Golden, PhD of Australia. While the first goal of antibodies was likewise to give a debilitated portion of the first sickness, the most clear contrast today is the immaculateness of homeopathic nosodes contrasted with traditional immunizations. Homeopathic nosodes contain no added substances at all. No anti-infection agents, no additives, no cleansers no outside DNA, or obscure infections are available. The purpose of homeoprophylaxis is to instruct the invulnerable framework in a manner that has been clinically appeared to lessen the rate of both irresistible just as constant malady. Isaac, (2012) stresses that HP cures invigorate the lively insusceptible reaction and this must prompt a developing of the reaction in a practically equivalent way that contamination with basic ailments can develop the physical invulnerable reaction. Something else as indicated by CDC was Christian Scientists accepted that therapeutic intercessions, which could incorporate antibodies were pointless. They don't have a formal strategy against immunizations, yet depend for the most part on supplication for mending.

Notwithstanding, regardless of the above perceptions, it is strikingly promising that most moms in Pakistan accepted that inoculation should proceed in spite of the event of unfriendly occasions and that enduring the antagonistic responses were superior to enduring the infections (Siddiqi et al. 2010).

### **Vaccine/vaccination – specific issues**

A few examinations uncovered that there are issues explicit to antibodies or inoculation that influenced vaccination use.

Immunizations are securing more kids than any other time in recent memory. Be that as it may, in 2015, almost one of every five newborn children – 19.4 million kids – passed up the fundamental immunizations they have to remain sound. Low inoculation levels bargain gains in every other zone of wellbeing for moms and kids (UNICEF, 2017).

Also, vaccination timetables start when babies are two months of age in the United States and in numerous other high-and center salary nations and a month and a half of age in most low-pay nations. At that point the essential inoculation calendar isn't finished until newborn children are a half year of age in most high-and center salary nations and 14 weeks of age in most low-pay nations. Accordingly, most youth antibodies don't begin giving satisfactory security until the newborn child is a while old. This failure to utilize antibodies to anticipate diseases in neonates and youthful babies leaves an invulnerability hole that outcomes in a higher extent of contamination related hospitalizations and passings in these age bunches than in more established kids (Omer, 2017).

As indicated by Temoka (2013) immunizations are powerful basically because of two elements. To begin with, when an individual is inoculated against a particular pathogen, the pace of that ailment, just as its related asymptomatic bearer state, is diminished. Second, when an enormous populace is vaccinated, unvaccinated people profit by "crowd resistance," which is a diminished danger of introduction to pathogens.

It is intriguing to note then that after the presentation of the RV5 antibody there was an emotional decrease in hospitalizations for intense gastroenteritis among US kids during the 2008 rotavirus season (Curns et al., 2010).



It was additionally seen in an observational investigation directed by Amirthalingham, et al (2014) that there was a more noteworthy than 90 percent pertussis antibody adequacy dependent on national immunization inclusion and affirmed newborn child cases. They presumed that the immunization viability results from security of newborn children by both uninvolved antibodies and diminished maternal presentation. Henceforth, inoculating pregnant ladies with pertussis can put off the different disservices of endeavoring to straightforwardly vaccinate neonates directly after birth.

While on the maternal inoculation, advantages of immunizing pregnant ladies more often than not exceed potential dangers when the probability of malady introduction is high, when disease would represent a hazard to the mother or hatchling, and when the immunization is probably not going to cause hurt. Hazard to a creating hatchling from inoculation of the mother during pregnancy is hypothetical. There is no proof exists of hazard to the embryo from inoculating pregnant ladies with inactivated infection or bacterial antibodies or toxoids. On the other hand, live antibodies directed to a pregnant lady will represent a hypothetical hazard to the hatchling; in this way, it is for the most part contraindicated to oversee live, lessened infection and live bacterial immunizations during pregnancy (CDC, 2011).

Be that as it may, since pregnant ladies are normally barred from cooperation in clinical preliminaries, ends with respect to formative hazard for maternal immunization are much of the time dependent on information got from formative poisonous quality examinations in creature models (Gruber, 2003).

Further, noteworthy holes exist in our comprehension of the adequacy and wellbeing of different antibodies and in ladies with conditions related with expanded powerlessness to high-hazard pregnancies. In this way, more extensive accomplishment of maternal vaccination will

depend for the most part on the reconciliation of advances in essential science in immunization structure and assessment and painstakingly arranged clinical preliminaries that are comprehensive to pregnant ladies (Faucette, et al, 2015).

Moreover, security and adequacy of giving flu or Tdap antibody to pregnant ladies before the immunizations were authorized in the U.S. have not been tried by medication organizations (Gruber, 2003) And there have been report of wounds and passings from pertussis-containing immunizations (HRSA, 2013).

Also, the principal promising immunization produced for dengue, an infection that harasses a huge number of individuals around the globe, is in risk after the Philippines suspended it, in the midst of across the board fears about its wellbeing and developing open outrage regarding its utilization in 830, 000 schoolchildren (The New York Times, 2017). Therefore, guardians presently are having questions and are declining to present their youngsters even to routine vaccinations.

Despite the fact that immunizations have benefits it can likewise have potential mischief. A 2013 distributed examination assessing reports of intense dispersed encephalomyelitis (ADEM) following immunization in the U. S. Immunization Adverse Events Reporting System (VAERS) and in an European antibody response revealing framework found that regular flu immunization was the most much of the time associated cause with cerebrum aggravation following 18 years of age, speaking to 32 percent of the all out cases announced, and pertussis containing DTaP was among the immunizations most as often as possible related with mind irritation in kids among birth and age five (Pellegrino et al., 2013). In connection to this, the investigation of McKee and Bohannon (2016) has discovered that the best reason communicated by guardians for denying

immunizations for their kids are worries about the security of antibodies. The majority of these worries depend on data these guardians have found in the media or got from associates.

In a 2009 online overview among guardians directed by Freed et al. (2016) uncovered that a large portion of them concurred that immunizations ensure their child(ren) from maladies; notwithstanding, the greater part of the respondents likewise communicated concerns with respect to genuine unfriendly impacts. Ladies were bound to be worried about genuine unfavorable impacts, to accept that a few immunizations cause chemical imbalance, and to have ever rejected an antibody for their child(ren).

In opposition to that conviction, the investigation of Taylor, Swerdfeger, and Eslick (2014) watched no connection among immunization and mental imbalance nor was there a connection among chemical imbalance and MMR. The meta-investigation they have done recommends that immunizations are not related with the improvement of chemical imbalance or mental imbalance range issue (ASD). Besides, the segments of the immunizations (thimerosal or mercury) or numerous antibodies (MMR) are not related with the improvement of mental imbalance or chemical imbalance range issue.

Since wellbeing issues may frequently be in the front line of guardians' worries when choosing whether or not to agree to immunization, more endeavors ought to be made to help guardians comprehend and be consoled by the aftereffects of such hazard reports. This may incorporate affirmation of minor dangers, while explaining the low likelihood of complexities and progressively serious antagonistic responses (Betsch & Sachse, 2013).

In the mean time, there were different examinations that have indicated worries on accessibility of antibodies and its effect on inoculation. In an examination on elements influencing consistence with measles immunization, the issues recognized on the arrangement of

administrations side (supply) were an absence of antibody supply and diluents and a trouble in keeping up the virus chain (Phimmasane et al., 2010). Same perceptions were additionally referred to by Ozawa and Stack (2013, for example, having absence of mindfulness, restricted access to mind, immunization stock outs or an ineffectively performing wellbeing framework that can't convey antibodies dependably were the basic purposes behind kids who don't get inoculated.

Comparative discoveries were likewise acquired in studies directed in the Philippines. Missed inoculations was related with inaccessibility of the antibodies in Cebu (Lim, 2013) just as non-adherence for this not just block moms in Iligan City to conform to the present immunization plan yet in addition keep moms from returning the future as moms may dare to be in a similar problem on the following arrangement (Atienza et al., 2016).

This is additionally upheld by the investigation of Yu et al. (2014) as components, for example, fulfillment toward inoculation administration and separation of the house to vaccination center develops among the numerous variables they have recognized that influences culmination and practicality of immunization for explicit antibodies. Besides, as per Phimmasane et al., (2010) the principle variables influencing the consistence with inoculation against measles in Laos include both the inventory side and the interest side. Inaccessibility of antibodies the same block moms to consent to the present inoculation calendar and keeps moms from returning to wellbeing units (Atienza et al., 2016).

It has been generally examined that antibodies are a financially savvy worldwide general wellbeing technique, and they are a decent and, at times, magnificent venture. Be that as it may, in spite of their cost-viability, interest in the advancement of immunizations for low-to-direct pay nations is constrained (WHO, 2003).

As indicated by National Academies Press (US) (2010) low-and center salary nations have constrained medicinal services foundations that can't or just halfway ready to help the conveyance of required immunizations, albeit every nation's needs and conditions may vary. Foundation confinements incorporate snags in getting and keeping up cool chain gear, absence of adequate and properly prepared human services work force to oversee antibodies securely and deal with all parts of vaccination projects, and absence of frameworks to screen immunization use and potential antagonistic occasions (notwithstanding sickness reconnaissance). Without fortified framework, financing for immunizations alone won't get antibodies to the individuals who need them.

Further, new immunizations for which there is a need in high-salary nations, present an increasingly alluring business motivation to the pharmaceutical business than antibodies that may be utilized in low-pay nations. A perceived need in high-pay nations prompted the advancement of the first Hib polysaccharide-protein conjugate immunizations during the 1980s and pneumococcal polysaccharide-protein conjugate antibodies during the 2000s for the counteractive action of lower-respiratory tract infections. In spite of the fact that of clear helpfulness for low-pay nations, where lower-respiratory tract ailments have been the commonest reason for youth mortality, there were postponements of somewhere in the range of 10 and 20 years between the first utilization of these antibodies in quite a while and their presentation into low-salary nations (Levine,Bloom,Cherian,Sow,Wecker et al., 2011).

By the by, the finish of the 1994 arrangement (HHS, 1994), changed significantly the scene of worldwide vaccination. Low-and center salary nation producers have increased expanded unmistakable quality in assembling and outfitting moderate immunizations in these nations. Indeed, the vast majority of the world's inventory of specific immunizations is made by these organizations. Magnanimous associations and the open private organizations, (for example, item

improvement organizations [PDPs]) support have risen as real on-screen characters in antibody innovative work explicitly for the creating scene. Worldwide financing, from both private altruism and government help, has uniquely expanded to help the buy of more current and costlier immunizations, for example, pneumococcal conjugate antibody.

Reinforcing the trust in the immunizations and in the wellbeing framework are significant components of general wellbeing programs that mean to convey life-sparing antibodies. Without a doubt, understanding the patrons and dangers to trust is fundamental to clarifying immunization acknowledgment, especially as they fluctuate crosswise over epidemiologic conditions, explicit antibodies and social and socio-political settings. More prominent endeavors to impart the advantages and dangers of immunizations and address issues with proof based data will help improve and continue open trust in antibodies and wellbeing frameworks around the world. Estimating and checking trust levels and concentrating on conscious endeavors to assemble trust in immunizations are significant strides to diminishing antibody certainty holes when they happen(Ozawa& Stack, 2013).

Hence, immunization organizations have a critical job in guaranteeing the ideal wellbeing of antibodies. They have a long history of reasonable immunization improvement and guaranteeing that the antibodies they create and assembling are viable as well as have utilized current innovation to guarantee the most extreme degree of wellbeing, given the tremendous utilization of immunizations and unprecedented unfriendly impacts (Kanesa-thasan et al., 2011).

Like other assembling forms, biotechnical preparations must be performed in consistence with current Good Manufacturing Practices (cGMP) together with testing for immaculateness and

sterility (Werz et al., 1997). Quality control of crude materials in the assembling procedure is done persistently in endeavor to improve antibody quality.

### **Synthesis**

Various studies conducted worldwide revealed the significant contribution of vaccines and immunization not just to the health of individuals in all age group but of the community as well. It became a smart investment for a nation for it reduces the cost of health care. However, some studies have shown that some vaccines have brought more harm than benefits to its recipient. This serves as one of the many reasons for a decline in compliance to immunization. Another highlighted issue is the maternal immunization. There are still a lot of speculation especially on the safety of vaccines used for immunization of pregnant women and its possible effect to the developing fetus.

Further, safety and efficacy, as well as availability and the kind of service being provided raise some significant concerns. Furthermore, by recognizing and understanding factors related with perception and compliance better approach can be designed in order to encourage utilization of immunization.

## Chapter III

### RESEARCH METHODOLOGY

This chapter confers the description of research methods, environment, respondent, the sampling design, the instruments and procedures that would be utilized to empirically determine the perception and compliance of respondents as well as the data analysis to be done.

#### Design

This examination utilized the distinct, correlational structure. As indicated by Fox and Bayat (2007), spellbinding exploration is planned for illuminating current issues or issues through a procedure of information gathering that empowers them to depict the circumstance all the more totally. Further, graphic examinations might be portrayed as basically the endeavor to decide, depict or distinguish what is (Ethridge, 2004). Correlational research as indicated by Leedy and Ormrod (2010) is worried about building up connections between at least two factors in a similar populace or between similar factors in two populaces. This investigation is illustrative quantitative as it attempted to decide the view on vaccination of the three gathering of respondents. Besides, this examination is correlational as it attempted to determine the noteworthy relationship between's the feministic orders and the feministic see on inoculation on relevant impacts, individual and gathering impacts, and immunization/immunization explicit issues.

#### Environment

The investigation was directed in Poblacion, Kalibo, Aklan. The town of Kalibo is the capital of territory of Aklan, arranged at the northwest and one of the four regions including the island of Panay, the 6th biggest island in the Philippines. It is a top of the line district in the Western Visayas Region and for all intents and purposes situated at the focal point of every single beach front region of Aklan. Poblacion is the capital barangay of Kalibo and furthermore the center point



of primary organizations, transportation and focal point of government unit of the entire territory of Aklan. It is the place the commonplace legislative center is found. Poblacion Kalibo is prestigious for the Ati-atihan celebration and fills in as the passage to the well known Boracay Island. It has an expected all out populace of 11, 751 as indicated by 2015 Census of Population and Housing of Philippine Statistic Authority which speaks to 14.58% of the absolute populace of Kalibo meaning a constructive development pace of 1.23% or an increase of 733 individuals from the past populace in 2010 (PhilAtlas, 2019).

### **Respondents**

The respondents of the study were composed of three groups: women, mothers having children within immunizable age and pregnant women who were residents of Poblacion, Kalibo and having immunization/check-up from the Rural Health Unit II of Kalibo. Thirty (30) respondents for each group was selected.

Inclusion and exclusion criteria was set in order to establish the suitability of respondents to achieve the best results.

**Inclusion criteria.** The following criteria guided the researcher in the selection of women respondents: a) reproductive age regardless of marital status and educational attainment; b) without or with children but not within immunizable age; c) able to read and write English or Filipino or local dialect. For the mothers: a) legal age regardless of marital status and educational attainment; b) having a child/children within immunizable age and receiving immunization in the rural health unit; c) able to read and write English or Filipino or local dialect. For pregnant women respondents: a) legal age regardless of marital status and educational attainment; b) having pre-natal in the rural health unit regardless of any semester of pregnancy; c) able to read and write English or Filipino or local dialect.

**Exclusion criteria.** For women: a) residents of the barangay but not within reproductive age. For the mothers: a) residents of the barangay and having a child/children within immunizable age but are not availing immunization from the rural health unit. And for pregnant women: a) residents of the barangay but not availing pre-natal care from the rural health unit. After the number of needed respondents was determined, the respondents were selected using the convenient sampling. Only those respondents who were available and present on the time of survey were included in the study.

### **Instrument**

The study made use of a survey questionnaire instrument adopted from the Vaccine Hesitancy Survey Questions Related to Strategic Advisory Group of Experts on Immunization (SAGE) Vaccine Hesitancy Matrix, a universally validated compendium of survey questions designed to assess determinants of vaccine hesitancy in low-, middle and high-income countries within all six (6) WHO regions. This instrument consisted of three (3) parts. First part was the contextual influences which include questions on communication and media environment; influential leaders, gate keepers and anti- or pro-vaccination lobbies; historical influences; religion/culture/gender/socio-economic; politics/policies (mandates); geographical barriers and pharmaceutical industry. The second part was questions pertaining to individual and group influences such as experience with past vaccination; beliefs, attitudes about health and prevention; knowledge and awareness; health system and providers trust and personal experience; risk/benefit (heuristic) and immunization as a social norm versus not needed/harmful. And, the third part was intended for vaccine/vaccination-specific issues denoting on risk/benefit (scientific evidence); introduction of a new vaccine or new information; mode of administration; design of vaccination program/mode of delivery; reliability and/or source of vaccine supply; vaccination schedule; costs

and role of healthcare professionals. There were atleast three questions for each influences/determinant and were answerable by yes or no with some items having follow up questions that were also answerable by yes or no. Further, the instrument was translated to Filipino for the benefit of the respondents.

### **Data Gathering Procedure**

The conduct of the study commenced after securing approval and necessary permits from the Dean of the College of Nursing and Graduate Studies. It was then submitted for design hearing for technical approval by a panel of experts. Once approved, the study was submitted to the Institutional Review Board for ethical review. A notice to proceed was then given and the distribution of questionnaires started after securing consent from respondents. Distribution was done in the RHU, schools and public places. When the desired number of respondents per group was achieved, all completely answered questionnaires were collated. Those questionnaires with missing data were not included. Afterwhich, data were tallied, applied with statistical treatment and were presented in tabular forms with corresponding interpretations, analyses including supporting literatures.

All completed questionnaires were not named or indicated with address. Those were then compiled in an envelope and locked in the cabinet. This served as a proof of the data gathering should interested individuals ask for it

The researcher had a variety of roles in conducting this study. The main roles were initiating, arranging and carrying out data gathering tasks during the empirical phase then analyzed and interpreted the data during the analytic phase. Furthermore, the author of this study was the researcher and investigator as well.

### **Statistical Treatment of Data**

After the questionnaires were collected and checked for completeness the data were collated, tallied and tabulated. These were then subjected to statistical analysis in order to address the questions of this study. Data were processed using the Statistical Package for Social Sciences (SPSS) v14. Descriptive statistics such as frequency count and percentage distribution were utilized to determine the feministic view of respondents on various contextual, individual and group influences as well as on vaccine/vaccination-specific issues. In addition, inferential statistics were used in the study to test the hypothesis formulated and to avoid the occurrence of Type I and Type II errors. Chi square was applied to determine the significant relationship between the feministic classification and feministic view on immunization. While Cramer's V was employed to determine the degree or strength of association of significantly related variables. The results which revealed mostly of statistically significant findings were used to develop the feministic framework. The following description of strength were utilized:

Level of Association	Verbal Description
0.0	No relationship
0.00 to 0.15	Very Weak
0.15 to 0.20	Weak
0.20 to 0.25	Moderate
0.25 to 0.30	Moderately strong
0.30 to 0.35	Strong
0.35 to 0.40	Very strong
0.40 to 0.50	Worrisomely strong
0.50 to 0.99	Redundant
1.0	Perfect relationship

## **Ethical Considerations**

To achieve ethical soundness in the conduct of the study the following ethical principles and considerations were observed:

**Protection of Human Rights.** Ethical principles observed in the conduct of the study were:

a) Principles of justice and beneficence: this was done by maintaining utmost privacy and confidentiality of their identity as well as the information they have shared was not divulge to anyone or was used against them and the conduct of this study has not caused harm or posed danger on them or exploitation; b) Respect for persons: right to full disclosure of the nature of the study, the researcher's responsibilities and the likely risks and benefits the research would incur as well as their right to self-determination in participating/refusing were protected at all times. The rights of the respondents were safeguarded by doing the following: a) getting first an approval to conduct the study from the IRB; b) securing informed consent from the respondents; c) ascertained that the respondents thoroughly understood the full degree of research, their extent of participation and they were not pressured by any means to join; d) prevented or avoided exploitation and they were free to refuse or withdraw from participating.

**Risk – Benefit Ratio Determination.** Before the study was started the researcher assessed all the risks associated with the conduct of the study. Potential harms that transpired were minimized or eradicated while potential benefits of the study to respondents and community were determined.

**Benefit.** Some benefits were viewed to be advantageous to respondents such as: a) awareness about the current topic of the study that brought additional learning on their part; and the b) realization of their capacity in contributing to the improvement of a program or practice.

**Risks.** In minimizing the risks, the following were established accordingly.

**Physical harm.** This study involved interview using survey questionnaire therefore, it has not posed any danger or physical injury. It was descriptive in nature thus treatments and interventions were not administered.

**Psychological harm.** The study entailed answering a survey questionnaire and was not an experimental type hence it did not produce undesirable emotional changes or provoked negative thoughts that could result to uncommon changes in their personality. Moreover, the researcher considered all possible hazards and employed methods that effectively limit harm to respondents.

**Socio-economic harm.** There were no fees collected or given to the respondents as they participated in the study. In addition, no sensitive information was tackled or gathered such as sexual activities, drug and alcohol use, illegal activities and the like, to avoid in causing negative social, legal or economic implication to the respondents. Basically, conducting the research had not posed any direct risks to participants.

**Informed consent.** Thorough understanding of respondents of the purpose and the manner of their involvement in the study were sought first before they started answering the interview questionnaire. A cover letter that explained the nature and goals of the study at the same time asking permission for their participation was provided in every questionnaire. The moment they have started answering the questionnaires meant giving their consent. The following elements were included in the survey even though informed consent was employed.

**Participants.** Respondents were chosen on the locality of the study and employed the inclusion and exclusion criteria

**Research goals.** The reason for the conduct of the study was made known to the respondents for them to have the power of free choice, enabled them to consent or decline participation.

**Participant status.** There was voluntariness in their participation after having full comprehension of the goals or purpose. The study was purely for educational endeavor of the researcher to achieve the doctorate degree.

**Type of data.** Information gathered was the quantitative type. It was collated from the responses of respondents in the interview questionnaires.

**Methods.** The data gathering procedure used was survey interview questionnaires.

**Nature of commitment.** Respondents were asked to answer the interview questionnaire in their most convenient time in a quiet, secured and comfortable place so pressure was avoided.

**Sponsorship.** Investigation and its costs were carried solely by the researcher.

**Incentives.** There were no monetary incentives given to respondents. However, words of gratitude and being grateful served as expressions of appreciation of their participation.

**Privacy and confidentiality pledge.** Utmost confidentiality including data protection measures were observed in the entire conduct of the study.

**Right to withdraw and withhold information.** Respondents were given the right to pull out without the risk of prejudicial treatment or penalties. They were also allowed to withhold information in their own right.

**Contact information.** The research had undergone technical and ethical review by the Institutional Review Board. When inquiries arose regarding the study, they were given the permission to contact the university IRB through email at [uvirb2015@gmail.com](mailto:uvirb2015@gmail.com).

**Authorization to access private information.** The study did not have the need of additional information. However, necessary permission was sought to gather data for compliance as needed.

**Security.** The researcher made sure that measures to protect the data collected were utilized such as physical, administrative and technical. Physical security was done by keeping computers,

flash drives and the like containing the data away from public and locked it in the cabinet. The technical securities include the use of passwords, anti-virus software, encryption and other similar measures to avoid unauthorized data access, modification, sabotage or loss. As for the protection of information, the questionnaires were not named and addresses were not asked instead assigning of ID or code to each participant was done. Restriction to access information was done and a few people were only allowed. Only those whose involvement in the study was significant and confidentiality pledges was required.

***Vulnerability assessment.*** Vulnerability might hinder the respondents' self-determination thus the researcher and the IRB made sure the rights of the respondents were protected accordingly. The researcher was cautious with concerns on vulnerability including abused individuals and mentally ill or disadvantaged. With these, the study did not engage with vulnerable subjects.

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## Chapter IV

### PRESENTATION, INTERPRETATION, AND ANALYSIS OF DATA

This chapter presents the findings, analysis and interpretation of the data collected based on the objectives of the study.

#### Feministic view on immunization among women– Contextual influences

Table 1 is the presentation of feministic view on immunization among women in the light of contextual influences such as communication and media environment; influential leaders, gatekeepers and anti- or pro-vaccination lobbies; historical influences; religion/culture/gender/socio-economic; politics/policies (mandates); geographic barriers and pharmaceutical industry.

Table 1

#### *Feministic view on immunization among women– Contextual influences*

Contextual Influences	Yes		No	
	f	%	f	%
<b>A. Communication &amp; Media Environment</b>				
1. Who do you trust the most for information?				
<input type="checkbox"/> Doctor	26	86.7	-	-
<input type="checkbox"/> Nurse	1	3.3	-	-
<input type="checkbox"/> Midwife	3	10	-	-
2. Do you recall a vaccine that was debated in the media?				
If “Yes,” would you still want this vaccine for your child/yourself?	30	100	-	-
3. Do you believe in reports in the media by parents claiming to have lost a child to a vaccine-preventable disease?	9	30	21	70
If “Yes,” does this affect your decision to vaccinate your child/yourself?	23	76.7	7	23.3
	20	86.96	3	13.04
<b>B. Influential leaders, Gatekeepers and Anti- or Pro-vaccination lobbies</b>				
1. Do leaders (religious, political, teachers, health care workers) in your community support vaccines for infants, children, adult and women?	28	93.3	2	6.7
2. Would it trigger doubts to have your child/yourself vaccinated, if a celebrity advocates against a certain vaccine?	10	33.3	20	66.7

3. Has your imam/priest/rabbi ever advocated against vaccination? Did you follow this advice?	1	3.3	29	96.7
	-	-	1	100
<b>C. Historical influences</b>				
1. Do you remember any events in the past that would discourage you from getting a vaccine(s) for your children/yourself?	18	60	12	40
2. Has your community ever felt the need to urgently introduce a new vaccine?			30	100
3. Has your community in the past refused to accept certain vaccines?	-	-	30	100
<b>D. Religion/Culture/Gender/Socio-economic</b>				
1. Do you know anyone who does not take a vaccine because of religious or cultural reasons? Do you agree with these persons? Do you think they are risking their health or the health of their child if they do not take a vaccine?	7	23.3	23	76.7
	1	14.29	6	85.71
	6	85.71	1	14.29
2. Does your religion/ philosophy/ culture recommend against (a certain) vaccination?	-	-	30	100
3. Do you consider that it is more important to vaccinate boys than of girls?	2	6.7	28	93.3
<b>E. Politics/policies (Mandates)</b>				
1. Do you trust that the government is making decisions in the best interest with respect to what vaccines are provided?	19	63.3	11	36.7
2. Do you agree with the choice of vaccine or vaccination recommendation provided by the government?	21	70	9	30
3. Did you ever have the impression that the government/health care provider did not provide your child/ you with the best vaccine on the market?	15	50	15	50
<b>F. Geographic barriers</b>				
1. Has distance, timing of clinic, time needed to get to clinic or wait at clinic and/or costs in getting to clinic prevented you from getting your child/yourself immunized?	11	36.7	19	63.3
2. The time/cost/effort of traveling to the doctor/ clinic with young children is not worth for receiving vaccination only?	4	13.3	26	86.7
3. If you have to spend more than one hour getting a vaccine, is it important enough to travel for it?	22	73.3	8	26.7
<b>G. Pharmaceutical industry</b>				
1. Do you believe that vaccine producers are interested in your child's/your health?	20	66.7	10	33.3
2. Do you think governments are "pushed" by lobbyists or industry to recommend certain vaccines?	17	56.7	13	43.3
3. Do you trust pharmaceutical companies to provide safe and effective vaccines?	23	76.7	7	23.3

Note: n=30

Correspondence and media condition. Specialists are as yet the ones for the most part (86.7 %) trusted by ladies for data. This shows the certainty they have with what is being shared to them by specialists particularly on issues concerning wellbeing. Lion's share (100%) of the ladies were specific of the immunization bantered in the media yet it worked out that only 33% (30%) of them needed to have the antibody. In the interim, somewhat more than three-fourths (76.7 %) of them accepted the media reports of guardians who professed to have lost a youngster to an immunization preventable illness which influenced the choices on inoculation of most (86.96 %) of them. This is additionally bolstered by the investigation of Freed, et al (2011) which uncovered that specialists were regularly trusted for antibody security data.

Compelling pioneers, guardians and hostile to or master immunization anterooms. As per larger part (93.3%) of ladies their pioneers in the network upheld immunization for babies, kids, grown-up and ladies and even their specific religious pioneers don't conflict with it which they pursue in like manner. In any case, it was intriguing to take note of that somewhat more than 33% of them (33.3%) would question immunization if a big name will advocate against it. This implies famous people have extraordinary effect on choices of their devotees.

Verifiable impacts. Despite the fact that the network where the respondents lived has never would not acknowledge immunizations previously yet it didn't wanted to earnestly present another antibody. However, at that point, somewhat more than half (60%) of ladies have recalled event(s) in the past that demoralizes them from getting inoculated.

Religion/culture/sexual orientation/financial. The religion/theory/social convictions they were with don't suggest against immunization and more than three-fourths (76.7 %) of them have not known somebody who doesn't submit for inoculation as a result of religious or social reasons. On the opposite side, most (85.71 %) respondents who have known somebody that doesn't take an

antibody for religious or social reasons feels that these people were taking a chance with their wellbeing or the strength of their kids. Further, dominant part (93.3%) of ladies consider both genders to be similarly significant in having immunizations. As indicated by Toni-Uebari and Inusa, (2009) religious pioneers' contribution in wellbeing related mediations advances positive wellbeing result among individuals from their assemblage that UNICEF is looking for organization with them to arrive at an abnormal state of immunization inclusion around the world (UNICEF, 2004). In spite of the fact that some religious gathering contradicts inoculation and view it as a plan against them or to their wellbeing [Rodgers, et al (1993) and Warraich (2009)] the Catholic Church perceives the estimation of antibodies and the significance of ensuring individual and network wellbeing (The National Catholic Bioethics Quarterly, 2006).

Legislative issues/arrangements (commands). Six out of ten (63.3 %) and seven out of ten (70 %) of ladies in Kalibo confided in the choice and decision of government as for immunization separately. Be that as it may, half (50 %) of them were having the impression of not being given the best antibody available by the administration/human services supplier.

Geographic boundaries. Separation, timing of facility, time expected to get to center and holding up time didn't counteract the greater part (63.3 %) of ladies from getting vaccinated. Thus, most (86.7 %) and (73.3 %) of them individually discover the exertion of heading out to the specialist/center with little youngsters commendable and think of it as significant enough regardless of whether they need to go through over one hour just to get the immunization. As opposed to the discoveries, issues concerning transportation and openness to vaccination centers were truly observed to be essentially connected with imperfect consistence (Falagas and Zarkadoulia, 2008).

Pharmaceutical industry. 66% (66.7 %) of ladies accepts that immunization makers were keen on their wellbeing while somewhat more than three-fourths (76.7 %) confided in the pharmaceutical organizations in giving sheltered and successful antibodies. Then again, somewhat half (56.7 %) of them were having considerations that the administration were being pushed by the business to suggest certain antibodies.

The ladies in this examination have indicated trust on the legislatures' choice on immunization. In spite of the fact that it was uncovered by Dubé, et al (2014) that individuals' degree of trust in the wellbeing framework and social insurance suppliers filled in as a causal factor in antibody reluctance, that is, low degree of trust in the administration, organizations and general wellbeing offices is frequently corresponded with hostile to immunization demeanors (Salmon, et al, 2005).

**Feministic view on immunization among mothers – Contextual influences.**

Table 2 is the presentation of feministic view on immunization among mothers considering communication and media environment; influential leaders, gatekeepers and anti- or pro-vaccination lobbies; historical influences; religion/culture/gender/socio-economic; politics/policies (mandates); geographic barriers and pharmaceutical industry.

Table 2

*Feministic view on immunization among mothers– Contextual influences*

Contextual Influences	Yes		No	
	f	%	f	%
A. Communication & Media Environment				
1. Who do you trust the most for information?				
<input type="checkbox"/> Doctor	24	80		
<input type="checkbox"/> Nurse	2	6.7		
<input type="checkbox"/> Midwife	2	6.7		
<input type="checkbox"/> Teacher	2	6.7		
<hr/>				
2. Do you recall a vaccine that was debated in the media?	28	93.3	2	6.7

If “Yes,” would you still want this vaccine for your child/yourself?	7	25	21	75
3. Do you believe in reports in the media by parents claiming to have lost a child to a vaccine-preventable disease?	26	86.7	4	13.3
If “Yes,” does this affect your decision to vaccinate your child/yourself?	23	88.46	3	11.54
<b>B. Influential leaders, Gatekeepers and Anti- or Pro-vaccination lobbies</b>				
1. Do leaders (religious, political, teachers, health care workers) in your community support vaccines for infants, children, adult and women?	30	100	-	-
2. Would it trigger doubts to have your child/yourself vaccinated, if a celebrity advocates against a certain vaccine?	9	30	21	70
3. Has your imam/priest/rabbi ever advocated against vaccination?	-	-	30	100
Did you follow this advice?	30	100	-	-
<b>C. Historical influences</b>				
1. Do you remember any events in the past that would discourage you from getting a vaccine(s) for your children/yourself?	14	46.7	16	53.3
2. Has your community ever felt the need to urgently introduce a new vaccine?	1	3.3	29	96.7
3. Has your community in the past refused to accept certain vaccines?	-	-	30	100
<b>D. Religion/Culture/Gender/Socio-economic</b>				
1. Do you know anyone who does not take a vaccine because of religious or cultural reasons?	7	23.3	23	76.7
Do you agree with these persons?	1	14.29	6	85.71
Do you think they are risking their health or the health of their child if they do not take a vaccine?	5	71.43	2	28.57
2. Does your religion/ philosophy/ culture recommend against (a certain) vaccination?	-	-	30	100
3. Do you consider that it is more important to vaccinate boys than of girls?	1	3.3	29	96.7
<b>E. Politics/policies (Mandates)</b>				
1. Do you trust that the government is making decisions in the best interest with respect to what vaccines are provided?	26	86.7	4	13.3
2. Do you agree with the choice of vaccine or vaccination recommendation provided by the government?	29	96.7	1	3.3
3. Did you ever have the impression that the government/health care provider did not provide your child/ you with the best vaccine on the market?	15	50	15	50
<b>F. Geographic barriers</b>				
1. Has distance, timing of clinic, time needed to get to clinic or wait at clinic and/or costs in getting to clinic prevented you from getting your child/yourself immunized?	7	23.3	23	76.7
2. The time/cost/effort of traveling to the doctor/ clinic with young children is not worth for receiving vaccination only?	7	23.3	23	76.7

3. If you have to spend more than one hour getting a vaccine, is it important enough to travel for it?	28	93.3	2	6.7
G. Pharmaceutical industry				
1. Do you believe that vaccine producers are interested in your child's/your health?	23	76.7	7	23.3
2. Do you think governments are "pushed" by lobbyists or industry to recommend certain vaccines?	18	60	12	40
3. Do you trust pharmaceutical companies to provide safe and effective vaccines?	20	66.7	10	33.3

Note :  $n=30$

Correspondence and media condition. Most (80 %) of moms' trust specialists the most for data and almost all (93.3%) of them knew about antibody bantered in the media. Progressively (86.7 %) of them accepted the report of guardians who professed to have lost a kid to an immunization preventable ailment and this influenced their choice to inoculate their youngsters. Be that as it may, it can't be overlooked that three-fourths (75 %) of them don't need the discussed antibody for their youngsters.

In any case, Glanz, J.M., Wagner, N.M., Narwaney, K.J., et al (2013) uncovered that a few guardians express worry that doctors are not accomplished on the unfavorable impacts of antibodies or that doctors intentionally retain data on unfriendly impacts. Thusly, guardians may search out extra data from sites containing erroneous data. Further, McKee and Bohanon (2016) discovered in their investigation that most worries on inoculations depend on data these guardians have found in the media or got from associates.

Powerful pioneers, guards and hostile to or genius immunization halls. The pioneers including the leader of their religion in the network every single (100%) bolster inoculation which they readily pursue. However, 3 out of ten (30 %) moms will question inoculation if a superstar would be against it.

In spite of the fact that guardians confided in their kids' primary care physician for immunization wellbeing data regularly, it can't be overlooked that they likewise consider other human services suppliers, government antibody specialists/authorities, family and companions

including VIPs. With this, Freed, et al (2011) suggest that non-wellbeing wellsprings of data ought not additionally be neglected.

Authentic impacts. Their people group never would not acknowledge antibodies previously however it didn't wanted to desperately present another immunization. In addition, somewhat less than half (46.7 %) of moms have recalled event(s) in the past that disheartens them from getting inoculated.

Following dengvaxia discussion guardians are currently declining to inoculate their kids even against immunization preventable maladies, offering ascend to a marvel known as Vaccine Hesitancy (The Telegraph, 2018). Worry over immunization security is one of the most predominant explanations behind this wonder. As per a 2018 article discharged by WPRO, Dr. Rosario Margate, the doctor manager of the Earnshaw Health Center in Sampaloc, Metro Manila, has seen a 20-30 percent lessening of individuals coming in for inoculation contrasted with earlier year as a result of the dengue immunization contention.

Religion/culture/sex/financial. The religion/reasoning/social convictions they held with were absolutely (100 %) not against immunization. What's more, just a couple of (23.3%) knew somebody who doesn't submit for inoculation due to religious or social purposes behind which they don't concur with. Moreover, 71.43 percent of respondents who realized those people consider taking a chance with their wellbeing or the soundness of their kids for not getting inoculated. Furthermore, greater part (96.7 %) of moms consider the significance of inoculation for both genders.

Religion altogether assume an indispensable job in immunization. A noteworthy measles episode in Philadelphia happened among unvaccinated younger students who were individuals from two fundamentalist holy places that depended on supplication for mending (Rodgers, et al,



1993). CDC likewise revealed a measles flare-up in 1994 jumping out at a Christian Science people group that protested inoculation. Further, religious and political protests by Muslim fundamentalists have driven doubts about the polio immunization in Pakistan, Afghanistan, and Nigeria which even came about to rough beatings and kidnappings (Warraich, 2009).

Governmental issues/approaches (orders). Lion's share of moms in Kalibo believed the choice of the administration as it have the best enthusiasm for the decision of prescribed immunization program. Be that as it may, at that point, half (50 %) of them have the impression of not being given the best antibody available by the administration/medicinal services supplier, however the other half suspects something.

A survey led by Kuwabara and Ching (2014) on joined multi-factorial issues that produces lower populace vaccination rates and a higher frequency of antibody preventable ailments (VPD) in Japan uncovered that recorded, political including organization, parental and supplier were the components distinguished. Authentic and political components as per them have been related with postponed presentation of a few significant immunizations.

Geographic hindrances. The geographic hindrances, for example, separation, timing of center, time expected to get to facility and holding up time including the expense and exertion in going with little kids can't obstruct most (76.7 %) moms from getting their tyke inoculated. Also, they (93.3 %) wouldn't fret going through over an hour just to get it.

Therefore, it was accounted for by Yu, et al, (2014) that separation of the house to inoculation centers altogether rise among the numerous components distinguished that influences culmination and practicality of immunization for explicit antibodies.

Pharmaceutical industry. Somewhat more than three-fourths (76.7 %) and 66% (66.7 %) of moms were certain that immunization makers were keen on their youngster's wellbeing and

trusts that they were being furnished with sheltered and successful antibodies. In any case, 60 percent feels that the administration was being pushed by the business to prescribe certain antibodies.

It was clarified by Brunson (2013) that notwithstanding different kinds of social weights, receptivity to wary convictions might be connected to hidden inspirational directions, for example, doubt of logical or legislative specialists just as corporate entertainers, for example, pharmaceutical organizations and medical coverage offices.

Feministic view on immunization among pregnant women – Contextual influences.

Table 3 is the presentation of feministic view on immunization among pregnant women taking into account communication and media environment; influential leaders, gatekeepers and anti- or pro-vaccination lobbies; historical influences; religion/culture/gender/socio-economic; politics/policies (mandates); geographic barriers and pharmaceutical industry.

Table 3

*Feministic view on immunization among pregnant women – Contextual influences*

Contextual Influences	Yes		No	
	f	%	f	%
<b>A. Communication &amp; Media Environment</b>				
1. Who do you trust the most for information?				
<input type="checkbox"/> Doctor	26	86.7		
<input type="checkbox"/> Nurse	4	13.3		
2. Do you recall a vaccine that was debated in the media?				
If “Yes,” would you still want this vaccine for your child/yourself?	30	100	-	-
If “Yes,” would you still want this vaccine for your child/yourself?	3	10	27	90
3. Do you believe in reports in the media by parents claiming to have lost a child to a vaccine-preventable disease?				
If “Yes,” does this affect your decision to vaccinate your child/yourself?	24	80	6	20
If “Yes,” does this affect your decision to vaccinate your child/yourself?	21	87.5	3	12.5
<b>B. Influential leaders, Gatekeepers and Anti- or Pro-vaccination lobbies</b>				
1. Do leaders (religious, political, teachers, health care workers) in your community support vaccines for infants, children, adult and women?				
	30	100	-	-

2. Would it trigger doubts to have your child/yourself vaccinated if a celebrity advocates against a certain vaccine?	12	40	18	60
3. Has your imam/priest/rabbi ever advocated against vaccination? Did you follow this advice?	-	-	30	100
	23	76.7	7	23.3
<b>C. Historical influences</b>				
Do you remember any events in the past that would discourage you from getting a vaccine(s) for your children/yourself?	30	100	-	-
2. Has your community ever felt the need to urgently introduce a new vaccine?	-	-	30	100
3. Has your community in the past refused to accept certain vaccines?	6	20	24	80
<b>D. Religion/Culture/Gender/Socio-economic</b>				
1. Do you know anyone who does not take a vaccine because of religious or cultural reasons? Do you agree with these persons? Do you think they are risking their health or the health of their child if they do not take a vaccine?	15	50	15	50
	4	26.67	11	73.33
	14	93.33	1	6.67
2. Does your religion/ philosophy/ culture recommend against (a certain) vaccination?	-	-	30	100
3. Do you consider that it is more important to vaccinate boys than of girls?	3	10	27	90
<b>E. Politics/policies (Mandates)</b>				
1. Do you trust that the government is making decisions in the best interest with respect to what vaccines are provided?	26	86.7	4	13.3
2. Do you agree with the choice of vaccine or vaccination recommendation provided by the government?	26	86.7	4	13.3
3. Did you ever have the impression that the government/health care provider did not provide your child/ you with the best vaccine on the market?	6	20	24	80
<b>F. Geographic barriers</b>				
1. Has distance, timing of clinic, time needed to get to clinic or wait at clinic and/or costs in getting to clinic prevented you from getting your child/yourself immunized?	9	30	21	70
2. The time/cost/effort of traveling to the doctor/ clinic with young children is not worth for receiving vaccination only?	11	36.7	19	63.3
3. If you have to spend more than one hour getting a vaccine, is it important enough to travel for it?	20	66.7	10	33.3
<b>G. Pharmaceutical industry</b>				
1. Do you believe that vaccine producers are interested in your child's/your health?	26	86.7	4	13.3
2. Do you think governments are "pushed" by lobbyists or industry to recommend certain vaccines?	16	53.3	14	46.7
3. Do you trust pharmaceutical companies to provide safe and effective vaccines?	29	96.7	1	3.3

Note :n=30

Correspondence and media condition. Dominant part (86.7 %) of pregnant ladies put their trust to specialists for wellbeing data. Be that as it may, the media reports of guardians on losing a tyke to an antibody preventable ailment whom most (80 %) of them accepted that consecutively influenced their choice to have immunization themselves. At that point, each of the (100 %) of them wound up specific of the discussed immunization in the media which turns the greater part (90 %) from needing the antibody for themselves.

McKee and Bohanon (2016) uncovered in their examination that most worries of guardians on immunizations depend on data they have found in the media or got from associates. Furthermore, the investigation of K.J., et al (2013) likewise uncovered the worry communicated by certain guardians on doctors deliberately retaining data on unfriendly impacts. Thusly, guardians may search out extra data from sites containing off base data.

Compelling pioneers, watchmen and against or genius immunization anterooms. The pioneers including the leader of the religion in the network every single (100%) bolster inoculation which was trailed by almost 8 out of ten (76.7 %) pregnant ladies. Be that as it may, when a big name will advocate against it, 40 percent of them were activated to question on having immunization. Liberated, et al (2011) suggested that non-wellbeing wellsprings of data, for example, government antibody specialists/authorities, family and companions including superstars ought not likewise be ignored for guardians were additionally confiding in them beside their youngsters' primary care physician.

Authentic impacts. Verifiably, all of them were debilitated from getting inoculated in view of certain occasions with a couple of (20 %) guaranteeing that even their locale needed to deny in tolerating certain immunizations previously and didn't direly present another antibody therefore.

It was accounted for by CDC that there were unfavorable occasions after the organization everything being equal and these events lead to the absence of trust in antibodies that compromises the accomplishment of inoculation programs (Dubè, et al, 2013) of the legislature. It very well may be noticed that even the main promising immunization created for dengue was placed in danger after the Philippines suspended it in the midst of developing indignation regarding its utilization in 830, 000 schoolchildren (The New York Times, 2017).

Religion/culture/sexual orientation/financial. Half (50 %) of pregnant ladies knew somebody who doesn't submit for inoculation as a result of religious or social reasons and 7 out of ten (73.33 %) of them don't concur with it while greater part (93.33 %) believes that these people were taking a chance with their wellbeing or the strength of their youngsters for not submitting to immunization. Then again, the religion/reasoning/social convictions they held with were absolutely (100 %) not against immunization and generally (90 %) concurs that inoculation is significant both for young men and young ladies. Religious pioneers' association in wellbeing related mediations truly advances positive wellbeing result among individuals from their assemblage (Toni-Uebari and Inusa, 2009).

Governmental issues/approaches (commands). Comparative level of respondents (86.7 %) seems to believe the choice of the legislature as it held the best enthusiasm for the decision of prescribed immunization program. In the long run, eight out of ten (80 %) of them have the feeling that administration/medicinal services supplier gave them the best antibodies available.

Along these lines, Ozawa and Stack (2013) suggests reinforcing of the trust in the immunizations and wellbeing framework as they are the significant components of general wellbeing programs that plan to convey life-sparing antibodies. With more prominent endeavors in imparting the advantages and dangers of immunizations and tending to issues with proof based

data help improve and continue open trust in antibodies and wellbeing frameworks around the world.

Geographic boundaries. The geographic hindrances, for example, separation, timing of facility, time expected to get to center and holding up time of over an hour just to get it didn't ruin pregnant ladies from getting themselves immunized. Also, they (63.3 %) wouldn't fret making a trip to center with little kids.

Pharmaceutical industry. Practically all (96.7 %) pregnant ladies were confiding in pharmaceutical organizations in furnishing them with protected and viable immunizations for most (86.7 %) accepted that these antibody makers were intrigued with their wellbeing. Be that as it may, a half (50 %) of them believes that the legislature was being pushed by the business to prescribe certain immunizations.

On the other hand, Ozawa and Stack (2013) referred to that ineffectively performing wellbeing framework that can't convey immunizations dependably is one reason for not getting inoculated. Furthermore, a causal factor in immunization reluctance are individuals' trust in social insurance suppliers just as in the wellbeing framework (Dubé, et al, 2014).

### **Feministic view on immunization among women, mothers and pregnant women – Individual and group influences**

#### **Feministic view on immunization among women – Individual and group influences**

Table 4 is the presentation of feministic view on immunization among women taking into account the individual and group influences like experience with past vaccination; beliefs, attitudes about health and prevention; knowledge/awareness; health system and providers trust and personal experience; risk/benefit (perceived, heuristic); and immunization as a normal vs. not needed/harmful.

Table 4

*Feministic view on immunization among women – Individual and group influences*

Individual and Group Influences	Yes		No	
	f	%	f	%
A. Experience with past vaccination				
1. Have you or someone you know ever had a bad reaction to a vaccine which made you reconsider getting vaccines?	12	40	18	60
2. Have you heard of anyone who was disabled after receiving a vaccine?	6	20	24	80
Did this make you reconsider your choice to get yourself/ your child vaccinated?	4	66.67	2	33.33
3. Do experiences with pain with past immunization prevent you or your child from being immunized?	5	16.7	25	83.3
B. Beliefs, attitudes about health and prevention				
1. Do you think it is possible to have received too many vaccines at one time?	12	40	18	60
2. Do you believe that there are other (better) ways to prevent diseases which can be prevented by a vaccine?	22	73.3	8	26.7
3. Do you believe that it is better for the child to start to receive them only when over one year of age?	12	40	18	60
C. Knowledge/awareness				
1. Do you feel that you know which vaccines you should get for yourself? Your children?	13	43.3	17	56.7
2. Do you feel you get enough information about vaccines and their safety?	11	36.7	19	63.3
3. Do you consider that some vaccines are more important than other?	15	50	15	50
D. Health system and providers trust and personal experience				
1. Information on side effects following immunization is discussed openly by the authorities.	13	43.3	17	56.7
2. Have you ever felt healthcare professional, government, local authorities are pushing you into a vaccination decision you did not fully support?	-	-	30	100
3. Do you feel that your health care provider cares about what is best for you/your child?	21	70	9	30
E. Risk/benefit (perceived, heuristic)				
1. Do you think vaccines are still needed even when the disease is no longer prevalent?	29	96.7	1	3.3
2. Are you concerned that you/your child might have a serious side effect from a shot?	22	73.3	8	26.7
3. Do you believe that vaccines are still needed when diseases are rare?	28	93.3	2	6.7
F. Immunization as a social norm vs. not needed/harmful				
1. Do you think it's important to get a vaccine to protect those that cannot get vaccinated?	25	83.3	5	16.7
2. Do the mothers/women in your community/ circle of friends have their child/themselves vaccinated?	26	86.7	4	13.3
Do you have your child/yourself vaccinated?	24	80	6	20
3. Do you believe that if you vaccinate your child/yourself, others are protected as well?	21	70	9	30

Note: n=30

Involvement with past inoculation. Agony experienced in the past inoculations didn't counteract most (83.3 %) ladies from being vaccinated. Notwithstanding, there are nearly (40 %) of them who knew somebody of having an awful response to antibody and a couple of (20 %) heard somebody of getting to be impaired in the wake of accepting it which made them (66.67 %) reevaluate their decision on having immunization.

In the investigation of Freed, et al (2010) ladies were bound to be worried about genuine antagonistic impacts, to accept that a few antibodies cause chemical imbalance, thus rejected an immunization for their child(ren).

Conviction, frames of mind about wellbeing and aversion. Six out of ten (60 %) didn't accepted the probability of getting such a large number of immunizations one after another however for them it was worse for a youngster to hold up following one year of age to have inoculation. While somewhat less than three-fourths (73.3 %) accepted that there are additionally other better approaches to keep infections beside having immunization shots.

As per Temoka (2013) inoculations are powerful essentially because of two elements. To start with, when an individual is vaccinated against a particular pathogen, the pace of that ailment, just as its related asymptomatic bearer state, is diminished. Second, when a huge populace is vaccinated, unvaccinated people profit by "group invulnerability," which is a diminished danger of presentation to pathogens. What's more, so as to give maximal insurance against immunization preventable ailments, a tyke ought to get all inoculations at the correct calendar (Glauber, 2003).

Information/mindfulness. Half (50 %) of ladies think of some as immunizations were significant than others. Further, six out of ten (63.3 %) were not getting enough data about antibodies and its security the explanation behind making the greater part (56.7 %) to not comprehend what immunizations should they get for themselves.



Wellbeing framework and suppliers trust and individual experience. Seven out of ten (70 %) felt that their human services supplier minded on what is best for them and nobody (100 %) were pushed into an immunization choice they don't completely bolster. Be that as it may, at that point, about six out of ten (56.7 %) don't get data on symptoms following inoculation.

It was noted by Dubé, et al (2014) that the manner in which individuals were treated in the wellbeing administrations could dishearten them from returning. In one nation, ladies like to get care from female suppliers, who are rare in that nation and this could in any event incompletely clarify the absence of inoculation among ladies.

Hazard/advantage (saw, heuristic). Despite the fact that a huge number (73.3 %) of ladies were concerned they may have a genuine symptom from an immunization shot at this point greater part of regardless them accepted that antibodies are required notwithstanding when the sickness is uncommon and no longer common.

It can't unquestionably be denied that because of the accessibility of immunizations most antibody preventable sicknesses that had been wellbeing dangers for a considerable length of time have encountered an emotional decrease in mortality and dreariness (Temoka, 2013).

Vaccination as a social standard versus not required/unsafe. Many (86.7 %) ladies including their friend network have themselves inoculated for they (70 %) accept that having it others will be secured additionally particularly the individuals who can't have immunization.

Not just it ensures the individual who is immunized, it additionally secures every other person around, and especially those individuals who can't be inoculated at all, for example, the individuals who have bargained safe frameworks (GirlTalkHq, 2019).

### **Feministic view on immunization among mothers – Individual and group influences**

Table 5 is the presentation of feministic view on immunization among mothers with regards to the individual and group influences like experience with past vaccination; beliefs, attitudes about health and prevention; knowledge/awareness; health system and providers trust and personal experience; risk/benefit (perceived, heuristic); and immunization as a normal vs. not needed/harmful.

Table 5

*Feministic view on immunization among mothers – Individual and group influences*

Individual and Group Influences	Yes		No	
	f	%	f	%
<b>A. Experience with past vaccination</b>				
1. Have you or someone you know ever had a bad reaction to a vaccine which made you reconsider getting vaccines?	10	33.3	20	66.7
2. Have you heard of anyone who was disabled after receiving a vaccine? Did this make you reconsider your choice to get yourself/ your child vaccinated?	9	30	21	70
3. Do experiences with pain with past immunization prevent you or your child from being immunized?	8	88.89	1	11.11
7	23.3	23	76.7	
<b>B. Beliefs, attitudes about health and prevention</b>				
1. Do you think it is possible to have received too many vaccines at one time?	16	53.3	14	46.7
2. Do you believe that there are other (better) ways to prevent diseases which can be prevented by a vaccine?	24	80	6	20
3. Do you believe that it is better for the child to start to receive them only when over one year of age?	7	23.3	23	76.7
<b>C. Knowledge/awareness</b>				
1. Do you feel that you know which vaccines you should get for yourself? Your children?	17	56.7	13	43.3
2. Do you feel you get enough information about vaccines and their safety?	15	50	15	50
3. Do you consider that some vaccines are more important than other?	11	36.7	19	63.3
<b>D. Health system and providers trust and personal experience</b>				
1. Information on side effects following immunization is discussed openly by the authorities.	16	53.3	14	46.7
2. Have you ever felt healthcare professional, government, local authorities are pushing you into a vaccination decision you did not fully support?	-	-	30	100
3. Do you feel that your health care provider cares about what is best for you/your child?	26	86.7	4	13.3
<b>E. Risk/benefit (perceived, heuristic)</b>				
1. Do you think vaccines are still needed even when the disease is no longer prevalent?	29	96.7	1	3.3
2. Are you concerned that you/your child might have a serious side effect from a shot?	20	66.7	10	33.3

3. Do you believe that vaccines are still needed when diseases are rare?	26	86.7	4	13.3
F. Immunization as a social norm vs. not needed/harmful				
1. Do you think it's important to get a vaccine to protect those that cannot get vaccinated?	26	86.7	4	13.3
2. Do the mothers/women in your community/ circle of friends have their child/themselves vaccinated?	28	93.3	2	6.7
Do you have your child/yourself vaccinated?	30	100	-	-
3. Do you believe that if you vaccinate your child/yourself, others are protected as well?	21	70	9	30

Note:  $n=30$

Involvement with past inoculation. Just 33% of moms (33.3 %) have known somebody to had an awful response and was handicapped in the wake of getting inoculated which made these moms to reevaluate immunization for their kids. Then again, somewhat more than three-fourths (76.7 %) of moms didn't let torment with past inoculation keep them from having their youngsters vaccinated.

Since wellbeing issues may regularly be in the front line of guardians' worries when choosing whether or not to agree to immunization, more endeavors ought to be made to help guardians comprehend and be consoled by the aftereffects of such hazard reports. This may incorporate affirmation of minor dangers, while explaining the low likelihood of complexities and increasingly serious unfriendly responses (Betsch and Sachse, 2013).

Conviction, frames of mind about wellbeing and counteractive action. Progressively (76.7 %) moms don't accept that a tyke should begin having immunization shots simply following one year of age and somewhat more than half (53.3 %) of them think about getting numerous antibodies one after another. Also, 80 percent of them accepted that ailments counteracted by immunizations can be deflected by different ways as well.

Kennedy, et al, (2005) uncovered that in the U.S. today, 15 percent of youngsters are under-inoculated on the grounds that their folks hold wary frames of mind about the security and utility of immunizations. Overviews propose that 20–25 percent of guardians accept that kids got such a

large number of inoculations preceding the age of two, and 29–33 percent of guardians accept, as opposed to the logical agreement, that having various antibodies at a youthful age can debilitate a tyke's resistant framework. Those guardians who restrict immunizations regularly question that antibodies secure against genuine sicknesses, accepted that their tyke's safe framework can ensure itself against ailments without antibodies, and guarantee that the reactions of inoculation might be more hurtful than the infection itself.

Besides, guardians who bolster inoculations are bound to see youth powerlessness to genuine, antibody preventable sicknesses and to envision feeling lament if their youngsters were to wind up contaminated with these ailments. They are probably going to confide in their pediatricians' suggestions. Though guardians who are distrustful about the adequacy and security of immunizations are more affected by their companions than by restorative specialists (Sturm, Mays and Zimet, 2005).

Learning/mindfulness. In spite of the fact that half (50 %) of moms don't get enough data about antibodies and its wellbeing still somewhat more (63.3 %) of them believe all immunizations to be significant and some way or another they (56.7 %) feel they know which antibodies they ought to get for their youngsters.

The investigation of Falagas and Zarkadoulia (2008) uncovered that the absence of information about ailment and inoculation, and dread of symptoms/dangers/contraindications were observed to be measurably connected with problematic consistence too.

Wellbeing framework and suppliers trust and individual experience. Albeit just somewhat more than half (53.3 %) of moms get data on symptoms following inoculation yet almost the vast majority of (86.7 %) felt that their medicinal services supplier thought about their kids and they (100 %) were not being pushed into an immunization choice they don't completely bolster.

In the examination directed by Dubé, et al (2014) it was recognized by four Immunization Managers (IMs) that individuals' degree of trust in the wellbeing framework and social insurance suppliers filled in as a causal factor in antibody aversion.

Hazard/advantage (saw, heuristic). 66% (66.7 %) of moms were worried that their kid may have a genuine symptom from a shot however then greater part (96.7 %) accepted that immunizations are still required notwithstanding when ailment is never again predominant and uncommon.

As per Babatunde (2013) aside from diminishing expense of illness treatment the advantages of inoculation additionally incorporate sound youth, easing of family neediness and enduring.

Vaccination as a social standard versus not required/hurtful. Each (100 %) mother have their kids immunized same with a great deal (93.3 %) of moms in their friend network for most (86.7 %) think about the significance of assurance it gives for their kids as well as for others particularly the individuals who can't be immunized.

Likewise, the manner in which a mother thinks and feel with respect to her everyday concerns, similar to her wellbeing, welfare or family as per Umeh, et al (2018) can impact wellbeing advancement and infection counteractive action practices and her choice to acknowledge inoculation and other wellbeing intercessions. The individuals who like themselves are bound to go an additional mile to shield their kids from antibody preventable infections. Such moms will take their youngsters to the wellbeing place for Routine Immunization (RI) and will promptly profit their offspring of the advantages of other youth survival programs.

### **Feministic view on immunization among pregnant women – Individual and group influences**

Table 6 is the presentation of feministic view on immunization among pregnant women considering individual and group influences like experience with past vaccination; beliefs, attitudes about health and prevention; knowledge/awareness; health system and providers trust and personal experience; risk/benefit (perceived, heuristic); and immunization as a normal vs. not needed/harmful.

Involvement with past inoculation. Somewhat less than half (46.7 %) of pregnant ladies that have encountered torment in the past inoculation keeps themselves from being immunized all the more with the goal that 66% (66.7 %) of them realize somebody had an awful response after immunization. Despite the fact that comparable rate (66.7 %) have not known about any individual who moved toward becoming impaired subsequent to accepting an immunization anyway the other third (33.3 %) does which made them (60 %) rethink getting one.

Table 6

*Feministic view on immunization among pregnant women – Individual and group influences*

Individual and Group Influences	Yes		No	
	f	%	f	%
A. Experience with past vaccination				
1. Have you or someone you know ever had a bad reaction to a vaccine which made you reconsider getting vaccines?	20	66.7	10	33.3
2. Have you heard of anyone who was disabled after receiving a vaccine?	10	33.3	20	66.7
Did this make you reconsider your choice to get yourself/ your child vaccinated?	6	60	4	40
3. Do experiences with pain with past immunization prevent you or your child from being immunized?	14	46.7	16	53.3
B. Beliefs, attitudes about health and prevention				
1. Do you think it is possible to have received too many vaccines at one time?	14	46.7	16	53.3
2. Do you believe that there are other (better) ways to prevent diseases which can be prevented by a vaccine?	9	30	21	70
3. Do you believe that it is better for the child to start to receive them only when over one year of age?	17	56.7	13	43.3
C. Knowledge/awareness				
1. Do you feel that you know which vaccines you should get for yourself? Your children?	20	66.7	10	33.3
2. Do you feel you get enough information about vaccines and their safety?	18	60	12	40

3. Do you consider that some vaccines are more important than other?	11	36.7	19	63.3
D. Health system and providers trust and personal experience				
1. Information on side effects following immunization is discussed openly by the authorities.	16	53.3	14	46.7
2. Have you ever felt healthcare professional, government, local authorities are pushing you into a vaccination decision you did not fully support?	-	-	30	100
3. Do you feel that your health care provider cares about what is best for you/your child?	27	90	3	10
E. Risk/benefit (perceived, heuristic)				
1. Do you think vaccines are still needed even when the disease is no longer prevalent?	-	-	30	100
2. Are you concerned that you/your child might have a serious side effect from a shot?	23	76.7	7	23.3
3. Do you believe that vaccines are still needed when diseases are rare?	27	90	3	10
F. Immunization as a social norm vs. not needed/harmful				
1. Do you think it's important to get a vaccine to protect those that cannot get vaccinated?	24	80	6	20
2. Do the mothers/women in your community/ circle of friends have their child/themselves vaccinated?	30	100	-	-
Do you have your child/yourself vaccinated?	30	100	-	-
3. Do you believe that if you vaccinate your child/yourself, others are protected as well?	30	100	-	-

Note:  $n=30$

Sadique, et al, (2005) announced that the apparent danger of disease and the apparent likelihood and seriousness of immunization related unfriendly occasions (VAAEs) impact the interest for inoculation that is, the higher the likelihood of contamination and the seriousness of wellbeing impacts that outcome from disease, the higher the interest for inoculation. Conversely with that, the higher the apparent danger of VAAEs, the lower the interest for immunization.

Conviction, frames of mind about wellbeing and aversion. Seven out of ten (70 %) accepted that there are no different approaches to anticipate antibody preventable illnesses with the exception of through immunization shots. Despite what might be expected, the greater part (53.3 %) don't think about accepting numerous antibodies one after another and practically comparative rate (56.7 %) of pregnant ladies accepted that it was better for the kid to be inoculated simply following one year of age.

Bond and Nolan (2011) have discovered in their examination that the commonality or newness of the illness and the qualities of the individuals who have had the sickness were factors that brief the respondents to make preventive move. Immunizers feared new sicknesses while non-immunizers feared obscure, long haul reactions of immunizations. To include, 33% of guardians in a dish Canadian study felt that youngsters today get such a large number of antibodies (Dubé, et al, 2013).

Information/mindfulness. Many (63.3 %) pregnant ladies believe all antibodies to be similarly significant and six out of ten (60 %) get enough data about immunizations and its security that helped them know which antibodies they ought to get for themselves.

Dubé, et al, (2012) revealed that when wellbeing advancement tends to parental learning, frames of mind and convictions with respect to the infection and the immunization the adequacy of rotavirus antibody in Canada will in general be higher.

Wellbeing framework and suppliers trust and individual experience. The vast majority of (90 %) felt that their human services supplier thought about them and they (100 %) were not being pushed into an inoculation choice they don't completely bolster. In the mean time, just somewhat more than half (53.3 %) of pregnant ladies get data on reactions following inoculation.

Salmon, et al (2005), have discovered in their examination that enemy of immunization demeanors are regularly related with low degrees of trust in the legislature, and absence of trust in companies and general wellbeing organizations. The less individuals trust legislative or logical foundations the more probable they are to accept a connection among antibodies and chemical imbalance and in this way, the more uncertain they are to show support for immunizations.

Hazard/advantage (saw, heuristic). Somewhat more than three-fourths (76.7 %) were worried that they may have a genuine reaction from a shot yet everybody (100 %) of them accepted



that immunizations were still required notwithstanding when malady is never again pervasive and uncommon.

Then again, as indicated by CDC (2011) the advantages of inoculating pregnant ladies as a rule exceed potential dangers when the probability of ailment presentation is high, when contamination would represent a hazard to the mother or baby, and when the antibody is probably not going to cause hurt. In any case, since pregnant ladies are generally rejected from support in clinical preliminaries, ends in regards to formative hazard for maternal immunization are much of the time dependent on information got from formative lethality examines in creature models (Gruber, 2003).

Inoculation as a social standard versus not required/hurtful. Every one of the (100 %) pregnant ladies in Kalibo have themselves inoculated including their companions for they accept that submitting to immunization ensures themselves just as others especially the individuals who can't have immunization. Immunization averts the flare-up of ailment in light of the fact that such a large number of individuals are invulnerable that it can't spread. (GirlTalkHq, 2019).

**Feministic view on immunization among women – Vaccine/Vaccination specific issues**

Table 7 presents feministic view on immunization among women taking into account vaccine/vaccination-specific issues such as risk/benefit (scientific evidence); introduction of a new vaccine or new formulation; mode of administration; design of vaccination program/mode of delivery; reliability and/or source of vaccine supply; vaccination schedule; and role of healthcare professionals.

Table 7

*Feministic view on immunization among women - Vaccine/Vaccination Specific Issues*

VACCINE/ VACCINATION-specific issues	Yes		No	
	f	%	f	%
A. Risk/ Benefit (scientific evidence)				

1. Do you believe vaccines are safe for yourself? Your child/children? For those in your community?	24	80	6	20
2. Do you consider some vaccine products preventing a disease (influenza or standard/ measles (M only or MMR) safer than others?	28	93.3	2	6.7
3. Before administering the vaccine, my health care worker (HCW) always provided me with enough information on the side effects that might follow.	19	63.3	11	36.7
<b>B. Introduction of a new vaccine or new formulation</b>				
1. Do you feel yourself/your child to be at risk of diarrhea/ cervical cancer?	9	30	21	70
Do you think a vaccine is needed to prevent these diseases?	20	66.7	10	33.3
2. New vaccines are not trialed to the same rigorous standard as any normally prescribed drug?	16	53.3	14	46.7
3. Have you ever delayed vaccinating yourself/ your child with a newly introduced/ recommended vaccine?	17	56.7	13	43.3
<b>C. Mode of administration</b>				
1. Do you fear the pain on you/your child or fear of the needles when receiving a vaccine makes you hesitate to be immunized?	13	43.3	17	56.7
2. Has pain following immunization ever made you reconsider to have yourself/ your child vaccinated?	15	50	15	50
3. Would you be willing to accept more vaccines for yourself/ your child if there was no pain involved?	24	80	6	20
<b>D. Design of vaccination program/Mode of delivery</b>				
1. Is the vaccination process welcoming?	28	93.3	2	6.7
Are there any things that could be done to make it easier for you to get vaccines (on time) for yourself or your children?	12	40	18	60
<b>2. What would you prefer for yourself/your child:</b>				
<b>Receive a vaccine</b>				
<input type="checkbox"/> at your health center	11	36.7	-	-
<input type="checkbox"/> from your doctor	19	63.3	-	-
3. Did you ever refrain from having yourself/ your child vaccinated during a mass immunization campaign?	17	56.7	13	43.3
<b>E. Reliability and/or source of vaccine supply</b>				
1. Do you feel confident that the health center or doctor's office will have the vaccine you need, when you need them?	25	83.3	5	16.7
2. Have you ever been sent home from the health center/ doctor's office due to lack of vaccine?	7	23.3	23	76.7
If "Yes," did you go again to try and receive it?	6	85.71	1	14.29
3. Did you ever decide against a vaccine as it was produced by a manufacturer you did not trust?	8	26.7	22	73.3
Do you believe vaccines made in Europe or America are safer than those made in middle income countries?	19	63.3	11	36.7
<b>F. Vaccination schedule</b>				

1. Are there any vaccines that are difficult for you to get because of the schedule?	2	6.7	28	93.3
2. Are you sure that following the recommended shot schedule is a good idea for your child/yourself?	27	90	3	10
3. If you had an/another infant today, would you want him/her to get all the recommended shots?	27	90	3	10
<b>G. Costs</b>				
1. Would the cost of a vaccine prevent you from getting it, even if you felt you or your child needed it?	8	26.7	22	73.3
2. Which medication do you consider more effective:				
<input type="checkbox"/> the free of charge drugs provided at your health care center/doctor/ by your government; or	13	43.3	-	-
<input type="checkbox"/> the ones you need to pay for yourself?	17	56.7	-	-
3. Would you be willing to pay for a vaccine privately?	21	70	9	30
<b>H. Role of healthcare professionals</b>				
1. Did healthcare professionals ever treat you without respect (e.g. in regard to your appearance, education or cultural background) so that you will hesitate to return to the healthcare facility?	2	6.7	28	93.3
2. Has your healthcare provider ever advised you that a certain vaccine was not necessary or had too many side effects?	-	-	30	100
3. Was your doctor ever reluctant to administer a vaccine you wanted for yourself/ your child?	-	-	30	100

Note:  $n=30$

Hazard/advantage (logical proof). Six out of ten (63.3 %) ladies were furnished with enough data of the reactions that may pursue vaccination by their human services supplier that 80 percent accepted immunizations to be alright for them and for the network. Likewise, larger part (93.3 %) of them think of some as immunization items for forestalling sickness to be more secure than others.

Thusly, family doctors should assemble exact data about the damages and advantages of antibodies to advocate immunization and decline the rate of antibody preventable ailments. They should guide guardians to valid assets when these guardians are thinking about immunization refusal (Glanz, J.M., Wagner, N.M., Narwaney, K.J., et al, 2013).

Presentation of another immunization or new plan. At the point when another antibody was presented/suggested the greater part (56.7 %) deferred having it themselves for they (53.3 %)

accepted that these immunizations were not trialed to a similar thorough standard as any ordinarily recommended medication. Then again, 66% (66.7 %) of ladies imagined that an immunization is expected to forestall looseness of the bowels and cervical malignancy despite the fact that 70 percent of them don't feel to be in danger for these ailments.

The destinations for vaccination were met with debate when the principal promising antibody produced for dengue, a malady that besets a huge number of individuals around the globe, was in risk after the Philippines suspended it, in the midst of far reaching fears about its security and developing open indignation regarding its utilization in 830, 000 schoolchildren. This made vaccination rates to decrease in the nation (The New York Times, 2017).

Method of organization. The greater part (56.7 %) of ladies don't stop for a second to get an antibody notwithstanding when there was torment perpetrated and it didn't make them (50 %) rethink choice from immunization. All the more in this way, most (80 %) would acknowledge more antibodies if there was no torment included.

As per Nakayama (2013) when the greater part of patients immunized with pertussis whined of nearby redness, swelling and fever that worries about unfriendly impacts emerge. Nonetheless, CDC asserted that these are minor and leave inside a couple of days.

Plan of immunization program/method of conveyance. Greater part (93.3 %) concurs that the present immunization procedure was inviting and most (60 %) of them settle with it. Be that as it may, the greater part (56.7 %) didn't turn to mass vaccination for they (63.3 %) still want to get immunization shots from their PCPs.

In spite of the fact that the Philippines had killed polio in 2000 and disposed of Maternal and Neonatal Tetanus in 2017, the nation's inoculation inclusion is diminishing as indicated by UNICEF (2018). It has fallen behind in routine vaccination that shields kids from ailments, for

example, measles, diphtheria and hepatitis B. This happened when the main promising antibody produced for dengue was met with contention (The New York Times, 2017)

Unwavering quality or potentially wellspring of antibody supply. Many (73.3 %) ladies went poorly an antibody despite the fact that they don't believe the maker and 63.3 percent of them accepted that immunizations made in Europe or America were significantly more secure. Then, progressively (83.3 %) ladies felt certain that the wellbeing focus/specialist's office have the antibody when they need one and despite the fact that a not many (23.3 %) had been sent home because of absence of immunization they (85.71 %) still went again and took a stab at getting it.

Conversely, an examination on elements influencing consistence with measles immunization, the issues distinguished on the arrangement of administrations side (supply) were an absence of antibody supply and diluents and a trouble in keeping up the virus chain (Phimmasane, et al, 2010).

Immunization plan. Practically all (93.3 %) ladies don't have the trouble with timetable of getting any immunizations and they concur that following the prescribed shot calendars was a smart thought in order to needing all these suggested antibodies for their baby on the off chance that they had one/another right now.

Then again, Ozawa and Stack (2013) saw that restricted access to mind, immunization stock outs or an inadequately performing wellbeing framework that can't convey antibodies dependably were the normal purposes behind youngsters who don't get inoculated.

Expenses. Most (73.3 %) ladies wouldn't fret the expense of an immunization particularly in the event that they need it and they were more than willing to pay even in private for it. Truth be told, half (56.7 %) of them consider those antibodies wherein they have to pay increasingly successful.

Antibodies, surely, is one of the most financially savvy wellbeing speculations, with demonstrated techniques that make it open to even the most difficult to-reach and defenseless populaces (WHO).

Job of medicinal services experts. Each of the (100 %) of the ladies have not experienced hesitance from their primary care physician in directing an antibody they needed and they even have not gotten any counsel that a specific immunization was a bit much or had too many symptoms. They were treated with deference that keeps them in coming back once more.

In an investigation done by Dubé et al. (2014) it was distinguished by four Immunization Managers (IMs) that individuals' degree of trust in medicinal services suppliers filled in as a causal factor in antibody aversion. Along these lines, the manner in which individuals were treated in the wellbeing administrations could support or demoralize them from returning.

### **Feministic view on immunization among mothers - Vaccine/Vaccination specific issues**

Table 8 presents feministic view on immunization among mothers taking into account vaccine/vaccination-specific issues such as risk/benefit (scientific evidence); introduction of a new vaccine or new formulation; mode of administration; design of vaccination program/mode of delivery; reliability and/or source of vaccine supply; vaccination schedule; and role of healthcare professionals.

Hazard/advantage (logical proof). 66% (66.7 %) of moms were furnished with enough data of the reactions of antibodies that may trail inoculation that a large number of them trusted it was ok for their kid and for the network. To include, nearly dominant part (90.0 %) of them think of some as antibody items for forestalling illness to be more secure than others.

It can't be denied that because of the accessibility of inoculations most immunization preventable sicknesses that had been wellbeing dangers for quite a long time have encountered a sensational decrease in mortality and dismalness(Temoka, 2013).

Table 8

*Feministic view on immunization among mothers - Vaccine/Vaccination specific issues*

VACCINE/ VACCINATION-specific issues	Yes		No	
	f	%	f	%
<b>A. Risk/ Benefit (scientific evidence)</b>				
1. Do you believe vaccines are safe for yourself? Your child/children? For those in your community?	26	86.7	4	13.3
2. Do you consider some vaccine products preventing a disease (influenza or standard/ measles (M only or MMR) safer than others?	27	90	3	10
3. Before administering the vaccine, my health care worker (HCW) always provided me with enough information on the side effects that might follow.	20	66.7	10	33.3
<b>B. Introduction of a new vaccine or new formulation</b>				
1. Do you feel yourself/your child to be at risk of diarrhea/ cervical cancer? Do you think a vaccine is needed to prevent these diseases?	12 17	40 56.7	18 13	60 43.3
2. New vaccines are not trialed to the same rigorous standard as any normally prescribed drug?	16	53.3	14	46.7
3. Have you ever delayed vaccinating yourself/ your child with a newly introduced/ recommended vaccine?	17	56.7	13	43.3
<b>C. Mode of administration</b>				
1. Do you fear the pain on you/your child or fear of the needles when receiving a vaccine makes you hesitate to be immunized?	12	40	18	60
2. Has pain following immunization ever made you reconsider to have yourself/ your child vaccinated?	10	33.3	20	66.7
3. Would you be willing to accept more vaccines for yourself/ your child if there was no pain involved?	23	76.7	7	23.3
<b>D. Design of vaccination program/Mode of delivery</b>				
1. Is the vaccination process welcoming? Are there any things that could be done to make it easier for you to get vaccines (on time) for yourself or your children?	22 15	73.3 50	8 15	26.7 50
2. What would you prefer for yourself/your child: Receive a vaccine				
<input type="checkbox"/> at your health center	12	40	-	-
<input type="checkbox"/> from your doctor	16	53.3	-	-
<input type="checkbox"/> from door to door vaccinators	2	6.7	-	-
3. Did you ever refrain from having yourself/ your child vaccinated during a mass immunization campaign?	11	36.7	19	63.3
<b>E. Reliability and/or source of vaccine supply</b>				

1. Do you feel confident that the health center or doctor's office will have the vaccine you need, when you need them?	28	93.3	2	6.7
2. Have you ever been sent home from the health center/ doctor's office due to lack of vaccine? If "Yes," did you go again to try and receive it?	7	23.3	23	76.7
	7	100	-	-
3. Did you ever decide against a vaccine as it was produced by a manufacturer you did not trust? Do you believe vaccines made in Europe or America are safer than those made in middle income countries?	7	23.3	23	76.7
	26	86.7	4	13.3
<b>F. Vaccination schedule</b>				
1. Are there any vaccines that are difficult for you to get because of the schedule?	8	26.7	22	73.3
2. Are you sure that following the recommended shot schedule is a good idea for your child/yourself?	29	96.7	1	3.3
3. If you had an/another infant today, would you want him/her to get all the recommended shots?	29	96.7	1	3.3
<b>G. Costs</b>				
1. Would the cost of a vaccine prevent you from getting it, even if you felt you or your child needed it?	11	36.7	19	63.3
2. Which medication do you consider more effective:				
<input type="checkbox"/> the free of charge drugs provided at your health care center/doctor/ by your government; or	16	53.3	-	-
<input type="checkbox"/> the ones you need to pay for yourself?	14	46.7	-	-
3. Would you be willing to pay for a vaccine privately?	21	70	9	30
<b>H. Role of healthcare professionals</b>				
1. Did healthcare professionals ever treat you without respect (e.g. in regard to your appearance, education or cultural background) so that you will hesitate to return to the healthcare facility?	-	-	30	100
2. Has your healthcare provider ever advised you that a certain vaccine was not necessary or had too many side effects?	-	-	30	100
3. Was your doctor ever reluctant to administer a vaccine you wanted for yourself/ your child?	-	-	30	100

Note:  $n=30$

Presentation of another immunization or new detailing. At the point when another antibody was presented/suggested the greater part (56.7 %) postponed having it for their youngsters for they accepted that these immunizations were not trialed to a similar thorough standard as any regularly endorsed medication. While, somewhat more than half (56.7 %) of moms imagined that antibodies



were expected to avert cervical disease and looseness of the bowels since just four out of ten (40 %) of them felt they and their youngster to be in danger for these.

In a 2009 online overview among guardians led by Freed et al. (2016) uncovered that the greater part of them concurred that immunizations ensure their child(ren) from illnesses; notwithstanding, the greater part of the respondents likewise communicated concerns with respect to genuine unfavorable impacts. Since wellbeing issues may frequently be in the bleeding edge of guardians' worries when choosing whether or not to agree to inoculation, more endeavors ought to be made to help guardians comprehend and be consoled by the aftereffects of such hazard reports. This may incorporate affirmation of minor dangers, while explaining the low likelihood of complexities and progressively serious antagonistic responses (Betsch and Sachse, 2013).

Method of organization. Six of every ten (60 %) moms don't spare a moment to have their youngster inoculated notwithstanding when agony was included and it didn't settle on them reexamine their choice from vaccination. To include, three-fourths (76.7 %) would be more than willing to acknowledge more immunizations for their kid if there was no torment included.

Nonetheless, when the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) directed a national study in 2011 on the extended program on inoculation among Filipino youngsters they have noticed that numerous kids kick the bucket from maladies that can be counteracted through antibodies.

Structure of inoculation program/method of conveyance. Many (73.3 %) moms concur that the present inoculation procedure was inviting and they didn't forgo their youngsters mass vaccination however half (53.3 %) of despite everything them want to have their tyke get immunization from a specialist.

As referred to in the investigation of Jheeta and Newell (2008), multiregional thinks about from Bangladesh, Ethiopia, India, Malawi and the Philippines reasoned that there was a "truly sizeable social interest" for better nature of inoculation administrations and that "genuine harm" was being done to the Expanded Program on Immunization (EPI) by poor communication among staff and customers. These examinations recommend that immunization request and acknowledgment rely upon components that are unquestionably increasingly various and complex. Supply-(or supplier ) related elements are plainly significant, especially the connection between social insurance laborers and moms (counting frames of mind of vaccinators).

Unwavering quality and additionally wellspring of antibody supply. Increasingly (76.7 %) moms didn't rule against an antibody regardless of whether it was created by a producer they don't trust and a large number of them accepted that immunizations were more secure whenever made in Europe or America. Then again, nine of every ten (93.3 %) moms were certain that the wellbeing focus/specialist's office have the immunization when their kid would require it and the not very many (23.3 %) who were sent home because of absence of antibody asserted of returning again to have their kid get it.

On the other hand, inaccessibility of immunizations the same upset moms to agree to the present inoculation calendar and keeps moms from returning to wellbeing units (Atienza, et al, 2016).

Inoculation plan. Greater part (96.7 %) of moms concurred that following the prescribed shots timetable was a smart thought for their tyke and this comparable number need to have all the suggested immunizations for their baby on the off chance that they had another. Something else was they don't have any trouble with calendar in getting immunizations.

This was upheld by the investigation of Phimmasane, et al, (2010) when they uncovered that the fundamental variables influencing the consistence with inoculation against measles in Laos include both the stockpile side and the interest side.

Expenses. The expense of an antibody particularly when their tyke needs it don't make a difference to many (63.3 %) of the moms and they are eager to pay it in private just to have it however half (53.3 %) of regardless them believe for nothing out of pocket medications to be progressively compelling.

By and large, required essential inoculation is without given at any wellbeing unit and government medical clinics for kids as long as 5 years of age, while, antibody against hepatitis-B is regulated to a newborn child inside 24 hours after birth. The infections focused on were tuberculosis, diphtheria, pertussis, lockjaw, poliomyelitis, measles and rubella. Furthermore, in 2011, the obligatory fundamental vaccination has also secured mumps, hepatitis-B and H. flu type B (HIB) through Republic Act No. 10152.

Job of social insurance experts. Each of the (100 %) of the moms neither experienced disregard from human services experts nor hesitance from their PCP in controlling an antibody they needed for their kid and they even have not gotten any guidance that a specific immunization was a bit much or had too many reactions.

In China, an investigation ensnared the significance of (Public Health Worker) PHW for inoculation inclusion among kids at a province level. It accentuated the activity performed by PHW, for example, checking antibodies are moved and put away under suitable conditions to guarantee immunization viability and security and informing guardians and other network individuals about the advantages and potential dangers of inoculation. Thus, if PHW and

(Vaccination Personnel) VP densities increment, it will accomplish altogether higher inoculation inclusion(Yu et al., 2014).

**Feministic view on immunization among pregnant women - Vaccine/Vaccination specific issues**

Table 9 presents feministic view on immunization among pregnant women taking into consideration vaccine/vaccination-specific issues such as risk/benefit (scientific evidence); introduction of a new vaccine or new formulation; mode of administration; design of vaccination program/mode of delivery; reliability and/or source of vaccine supply; vaccination schedule; and role of healthcare professionals.

Table 9  
*Feministic view on immunization among pregnant women - Vaccine/Vaccination Specific Issues*

VACCINE/ VACCINATION-specific issues	Yes		No	
	f	%	f	%
<b>A. Risk/ Benefit (scientific evidence)</b>				
1. Do you believe vaccines are safe for yourself? Your child/children? For those in your community?	30	100	-	-
2. Do you consider some vaccine products preventing a disease (influenza or standard/ measles (M only or MMR) safer than others?	27	90	3	10
3. Before administering the vaccine, my health care worker (HCW) always provided me with enough information on the side effects that might follow.	30	100	-	-
<b>B. Introduction of a new vaccine or new formulation</b>				
1. Do you feel yourself/your child to be at risk of diarrhea/ cervical cancer? Do you think a vaccine is needed to prevent these diseases?	10	33.3	20	66.7
2. New vaccines are not trialed to the same rigorous standard as any normally prescribed drug?	18	60	12	40
3. Have you ever delayed vaccinating yourself/ your child with a newly introduced/ recommended vaccine?	11	36.7	19	63.3
3. Have you ever delayed vaccinating yourself/ your child with a newly introduced/ recommended vaccine?	19	63.3	11	36.7
<b>C. Mode of administration</b>				
1. Do you fear the pain to you/your child or fear the needles when receiving a vaccine makes you hesitate to be immunized?	15	50	15	50
2. Has pain following immunization ever made you reconsider to have yourself/ your child vaccinated?	14	46.7	16	53.3
3. Would you be willing to accept more vaccines for yourself/ your child if there was no pain involved?	23	76.7	7	23.3
<b>D. Design of vaccination program/Mode of delivery</b>				
1. Is the vaccination process welcoming?	29	96.7	1	3.3

Are there any things that could be done to make it easier for you to get vaccines (on time) for yourself or your children?	13	43.3	17	56.7
2. What would you prefer for yourself/your child:				
Receive a vaccine				
<input type="checkbox"/> at your health center	26	86.7	-	-
<input type="checkbox"/> from your doctor	4	13.3	-	-
3. Did you ever refrain from having yourself/ your child vaccinated during a mass immunization campaign?	30	100	-	-
E. Reliability and/or source of vaccine supply				
1. Do you feel confident that the health center or doctor's office will have the vaccine you need, when you need them?	30	100	-	-
2. Have you ever been sent home from the health center/ doctor's office due to lack of vaccine?	7	23.3	23	76.7
If "Yes," did you go again to try and receive it?	7	100	-	-
3. Did you ever decide against a vaccine as it was produced by a manufacturer you did not trust?	3	10	27	90
Do you believe vaccines made in Europe or America are safer than those made in middle income countries?	27	90	3	10
F. Vaccination schedule				
1. Are there any vaccines that are difficult for you to get because of the schedule?	2	6.7	28	93.3
2. Are you sure that following the recommended shot schedule is a good idea for your child/yourself?	29	96.7	1	3.3
3. If you had an/another infant today, would you want him/her to get all the recommended shots?	29	96.7	1	3.3
G. Costs				
1. Would the cost of a vaccine prevent you from getting it, even if you felt you or your child needed it?	20	66.7	10	33.3
2. Which medication do you consider more effective:				
<input type="checkbox"/> the free of charge drugs provided at your health care center/doctor/ by your government; or	24	80	-	-
<input type="checkbox"/> the ones you need to pay for yourself?	6	20	-	-
3. Would you be willing to pay for a vaccine privately?	12	40	18	60
H. Role of healthcare professionals				
1. Did healthcare professionals ever treat you without respect (e.g. in regard to your appearance, education or cultural background) so that you will hesitate to return to the healthcare facility?	-	-	30	100
2. Has your healthcare provider ever advised you that a certain vaccine was not necessary or had too many side effects?	-	-	30	100
3. Was your doctor ever reluctant to administer a vaccine you wanted for yourself/ your child?	-	-	30	100

Note:  $n=30$

Hazard/advantage (logical proof). Each of the (100 %) pregnant ladies were furnished with enough data of the reactions of antibodies that may trail inoculation that everybody trusted it was alright for them and for the network and nearly dominant part (90.0 %) of them think of some as immunization items for avoiding sickness to be more secure than others.

Be that as it may, with such achievements of immunizations, numerous guardians never again have contact with youngsters who have antibody preventable ailments. Along these lines, guardians experience issues adjusting the potential damages and advantages of immunizations and are progressively scrutinizing the need of inoculating their youngsters, particularly in light of the fact that no antibody is totally free of antagonistic impacts or the danger of complexities (Spencer et al., 2017).

Presentation of another immunization or new plan. Despite the fact that progressively (63.3 %) pregnant ladies accepted that new immunizations were trialed to a similar thorough standard as any typically endorsed medication they have postponed having such antibodies. What's more, albeit many (66.7 %) of them don't felt to be in danger of looseness of the bowels or cervical malignant growth still a greater amount of them were believing that an antibody is expected to counteract those maladies.

It was noticed that in 2011, a pertussis containing Tdap shot was suggested for every single pregnant lady, ideally following 20 weeks incubation. Both antibody proposals are supported by the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP) and other therapeutic exchange affiliations. In any case, some way or another, it can't be disregarded that the Food and Drug Administration (FDA) records flu and Tdap antibodies as either Pregnancy Category B or C organic which implies that satisfactory testing has not been

done in people to exhibit wellbeing for pregnant ladies and it isn't known whether the immunizations can cause fetal mischief or influence propagation limit (Fisher, 2013).

Method of organization. Half (50 %) of pregnant ladies dreaded the agony when accepting an immunization however by one way or another it didn't make them to rethink inoculation. They were additionally ready to acknowledge more antibody if torment was not included.

In spite of the fact that there were worries about antagonistic impacts with pertussis, for example, neighborhood redness, swelling, and fever (Nakayama, 2013), CDC asserted that these are minor and leave inside a couple of days. Further, immunizations are ceaselessly observed for wellbeing, anyway like any prescription, it can cause reactions. All the more thus, CDC cautions that a choice not to vaccinate a kid likewise includes chance and could put the tyke and other people who come into contact with the person in question in danger of getting a conceivably savage infection (CDC, 2018).

Structure of immunization program/method of conveyance. Every one of the (100 %) pregnant ladies avoided having inoculated during a present mass immunization however nine out of ten (96.7 %) of them communicated that the immunization procedure was inviting and a great deal of them wanted to get an antibody at the wellbeing focus.

Thus, vaccination during pregnancy is ordered for it can create maternal insusceptible insurance just as inspire the generation and move of antibodies over the placenta and by means of breastfeeding to give early newborn child assurance. A few effective immunizations are presently prescribed to every pregnant lady around the world (Faucette et al., 2015).

Unwavering quality as well as wellspring of immunization supply. Every one of the (100 %) pregnant ladies were sure that the wellbeing focus/specialist's office have the immunization when they need it and the not many (23.3 %) who were sent home because of absence of antibody

communicated of coming back again to get it. Nine of every ten (90 %) were not against an antibody regardless of whether it was delivered by a maker they don't trust and accepted that immunizations were more secure on the off chance that it were made in Europe or America.

Be that as it may, wellbeing and viability of giving flu or Tdap immunization to pregnant ladies before the antibodies were authorized in the U.S. have not been tried by medication organizations (Gruber, 2003) And there have been report of wounds and passings from pertussis-containing immunizations (HRSA, 2013). Therefore, antibody organizations have a critical job in guaranteeing the ideal security of immunizations (Kanesa-thasan et al., 2011).

Inoculation plan. An incredible number (96.7 %) of pregnant ladies concurred that following the prescribed immunization timetable was a smart thought for them and even needed to have all the suggested antibodies for their baby. More to that was they don't have any trouble with timetable in getting immunized.

In 2004, the DOH presented the Reaching Every Barangay (REB) procedure which planned to improve the entrance to routine inoculation and lessen drop-outs in the program. This procedure combined with Supplemental Immunization Activity (SIA) which targets youngsters who didn't create adequate insusceptibility plans to accomplish full vaccination of 2.7 million babies and 2.7 million pregnant ladies will get lockjaw antibody toward the part of the bargain.

Expenses. Many (60 %) pregnant ladies were not willing to pay antibodies in private and the expense of an immunization keeps them from getting it for they consider for nothing out of pocket sedates increasingly successful. In the mean time, compulsory fundamental inoculation is without given at any wellbeing unit and government emergency clinics (DOH).

Job of medicinal services experts. Every one of the (100 %) of the pregnant ladies neither experienced lack of respect from medicinal services experts nor hesitance from their PCP in



controlling an immunization they needed for themselves and they have not gotten any counsel that a specific antibody was redundant or had too many symptoms.

Sharma and Bhasin (2008) watched a declining pattern in mindfulness about infections secured under routine inoculation (RI), particularly the age at which the antibody is controlled and it very well may be a direct contributory factor for the 'drop-out' in the inclusion of immunizations. They at that point underscored the need of arranged IEC exercises to advance RI as a felt need of the guardians through close to home cooperation with fringe level specialists like (Auxiliary Nurse Midwifery) ANMs and (Accredited Social Health Activist) ASHAs. They accept that expanding the learning and comprehension of overseers of little youngsters about the vitality and advantages of RI would be a solid advance forward in accomplishing its objectives.

**Relationship between Feministic Classifications and Feministic View on Immunization on Contextual Influences among Women, Mothers and Pregnant women.**

Table 10 presents the significant relationship between feministic classification and contextual influences among women, mothers and pregnant women.

Table 10

*Relationship between Feministic Classifications and Feministic view on Immunization on Contextual Influences*

Items	<i>chi</i> value	<i>p</i> value	<i>Cramer's V</i> value	Decision	Interpretation
1. Do you remember any events in the past that discourages you from getting a vaccine(s) for your children/yourself?	21.5670	.0000	.4900	Reject the null hypothesis	Significant Worrisomely Strong
2. Has your community refused to accept certain vaccines in the past?	12.8570	.0020	.3780	Reject the null hypothesis	Significant Very Strong

3. Do you know anyone who does not submit to vaccination because of religious or cultural reasons?	6.5120	.0390	.2690	Reject the null hypothesis	Significant Moderately Strong
4. Do you agree with these persons?	8.0860	.0180	.3000	Reject the null hypothesis	Significant Strong
5. Do you trust the government in their decision on what vaccines to provide?	6.5380	.0380	.2700	Reject the null hypothesis	Significant Moderately Strong
6. Do you agree with the choice of vaccines or recommended vaccination program provided by the government?	8.2890	.0120	.3030	Reject the null hypothesis	Significant Strong
7. Did you ever have the impression that the government/health care provider did not provide your child/ you the best vaccines in the market?	7.5000	.0240	.2890	Reject the null hypothesis	Significant Moderately Strong
8. If you have to spend more than one hour getting a vaccine, is it important enough to travel for it?	6.6860	.0350	.2730	Reject the null hypothesis	Significant Moderately Strong
9. Do you trust that pharmaceutical companies can provide safe and effective vaccines?	8.7500	.0130	.3120	Reject the null hypothesis	Significant Strong

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Significant if  $p$  value is  $< .05$ .

As exhibited in Table 10, the precise centrality of the chi square estimations of all things were beneath the standard pointer of noteworthy outcome ( $p = .05$ ). This prompted the choice of dismissing the invalid theory. As needs be, this implies there is a factually noteworthy connection between sexual orientation orders and logical impacts among the three gatherings of ladies. What's

more, a more intensive take a gander at the information would uncover the shifting quality of connection between the two factors in every thing.

Pregnant ladies' certain reaction when inquired as to whether they recollect any occasions in the past that disheartened them from getting an antibody shows a worrisomely solid relationship between's sex order and logical impacts. This shows an amazingly decent connection between the two factors. Be that as it may, this would probably expedite a negative effect inoculation for the more they recall untoward occasions in the past the more they will be debilitated to get immunization for themselves and for their kids. Thus, here in the Philippines, following dengvaxia discussion guardians are currently declining to immunize their youngsters even against immunization preventable infections, offering ascend to a marvel known as Vaccine Hesitancy (The Telegraph, 2018). Worry over antibody security is one of the most prevailing explanations behind this marvel. This is additionally upheld by the investigation of McKee and Bohannon (2016) which uncovered that the best reason communicated by guardians for denying immunizations for their youngsters are worries about the wellbeing of antibodies. The greater part of these worries depend on data these guardians have found in the media or got from associates. Moreover, noteworthy holes exist in our comprehension of the adequacy and wellbeing of different immunizations and in ladies with conditions related with expanded vulnerability to high-hazard pregnancies (Faucette, et al, 2015). Notwithstanding, since pregnant ladies are typically prohibited from support in clinical preliminaries, ends with respect to formative hazard for maternal inoculation are much of the time dependent on information got from formative poisonous quality investigations in creature models(Gruber, 2003).

In the mean time, ladies and moms denied that their locale declined certain antibodies before which showed an extremely solid connection between's sex order and logical impacts. This uncovered an amazingly alluring relationship existing between the two factors. It suggests that more ladies know about the exercises in their locale as to knowing whether it had won't or acknowledged antibodies previously. Staying alert especially on issues with respect to wellbeing encourages them in settling on choices for the welfare of their kids and their family in general. What's more, wellbeing associations have focused on the significance of maternal basic leadership in improving youngsters' wellbeing results in creating nations (FAO, 2012). As indicated by Bloom (2001) even before youngsters are conceived, increasingly self-governing ladies would have more access to safe conveyance administrations and antenatal consideration, which would impact the learning and access they have in connection to antibody crusades and data. Further, Ngom, et al (2003) focused on that as youngsters' essential parental figures, ladies are ordinarily the first to perceive side effects in quite a while and contribute time and salary to improve their kids' wellbeing and nourishment.

Moreover, ladies and moms' pessimistic reactions on knowing any individual who doesn't take an immunization on account of religious or social reasons and moms' adverse reaction likewise on concurring with these people have a tolerably solid and solid relationship separately. This connotes an attractive and truly alluring relationship between sexual orientation groupings and logical impacts especially the religion. It infers that religion or social convictions don't conflict with inoculation which almost certain urges accommodation to immunization.

In any case, as per Centers for Disease Control and Prevention (CDC) religious immunization exceptions have ascended lately. LeBlanc (2007) brought up that despite the fact that grown-ups and youngsters with these exceptions include a little piece of the general populace,

they are frequently the focal point of contention and media consideration. Contaminations can spread rapidly through little unvaccinated social or potentially geographic church networks.

In a 2018 article, *The History of Vaccines*, it talks about that specific religions and conviction frameworks advance elective points of view toward immunization. Religious issues with immunizations depend for the most part on (1) the moral predicaments related with utilizing human tissue cells to make antibodies, and (2) convictions that the body is sacrosanct, ought not get certain synthetic concoctions or blood or tissues from creatures, and ought to be recuperated by God or common methods.

CDC revealed a measles flare-up in 1994 striking a Christian Science people group that questioned inoculation. The episode started with a young person who lived in Illinois, and went to a Christian Science life experience school in Missouri. Her ailment added to critical episodes crosswise over the two states. Likewise in 2005, a comparative flare-up was accounted for among individuals from a religious network that restricted inoculation in Indiana, when an unvaccinated youngster returned sick from an excursion abroad and tainted others at a congregation gathering.

As indicated by Salmon and Siegel (2001), due to these flare-ups and the expanding number of religious immunization exceptions, the CDC and other restorative and general wellbeing authorities caution guardians that unvaccinated youngsters are at a higher hazard for obtaining antibody preventable contaminations.

As opposed to antibody exclusions of other religion, the Catholic Church perceives the estimation of immunizations and the significance of ensuring individual and network wellbeing. It affirms, in any case, that its individuals should look for options, when accessible, to antibodies that are made utilizing cell lines got from prematurely ended hatchlings (The National Catholic Bioethics Quarterly, 2006)

Then again, moms and pregnant women's' sure reactions on having trust with the choice of the legislature in regard to the immunizations it gives and the moms attestation on the decisions of antibody or inoculation suggestion given by the administration connects sexual orientation orders and logical impacts tolerably solid and solid separately. Vital to include that the reactions made by pregnant ladies who don't hint impression that the administration was not giving them best antibody in the market additionally uncovers a reasonably solid relationship. This shows an alluring to truly attractive relationship between the two factors and infers trust and certainty on the vaccination program of the legislature. As more ladies believes the more they will prone to use the prescribed vaccination and the more the program will end up fruitful in accomplishing its objectives.

Immunization was really one of the twentieth century's best techniques for illness aversion and annihilation. This is exemplified by the annihilation of little pox everywhere throughout the world, the Americans were ensured wild Polio infection free by 1994 and the last instance of such infection in the Philippines was accounted for in 1993 (Nnenna, 2013). The advantages of vaccination separated from lessening cost of sickness treatment incorporate solid adolescence, mitigation of family neediness and enduring (Babatunde, 2013). Immunizations are life-sparing as well as a brilliant financial venture. Because of the accessibility of immunizations (Temoka, 2013) most antibody preventable sicknesses that had been wellbeing dangers for a considerable length of time have encountered an emotional decrease in mortality and bleakness. It is urging to take note of that the enormous abatement in mortality from lockjaw and pertussis has been straightforwardly credited to immunization.

As per the DOH the Expanded Program on Immunization in the Philippines which was set up in 1976 tries to guarantee that kids, especially newborn children, and their moms approach

antibodies prescribed for their age to avert explicit ailments. The program plans to diminish the dreariness and mortality among youngsters. When it was first propelled, the sicknesses focused on were tuberculosis, diphtheria, pertussis, lockjaw, poliomyelitis, measles and rubella. At that point in 2004, the DOH presented the Reaching Every Barangay (REB) methodology which expected to improve the entrance to routine vaccination and diminish drop-outs in the program. This technique combined with Supplemental Immunization Activity (SIA) which targets youngsters who didn't create adequate resistance means to accomplish full vaccination of 2.7 million newborn children and 2.7 million pregnant ladies will get lockjaw antibody toward the part of the arrangement. From that point forward, in 2011, the obligatory fundamental vaccination has moreover secured mumps, hepatitis-B and H. flu type B (HIB) through Republic Act No. 10152. This compulsory essential inoculation is sans given at any wellbeing unit and government emergency clinics for youngsters as long as 5 years of age, while, immunization against hepatitis-B ought to be regulated to a newborn child inside 24 hours after birth. Resulting dosages will be finished by the suggested calendar as given by the DOH.

Fundamentally, the quantity of kids under five years of age kicking the bucket each year has tumbled from 12.7 million of every 1990 to 6.3 million today. Vaccination in huge part drove this noteworthy accomplishment (UNICEF, 2012).

On the other hand, in spite of being perceived as one of the best general wellbeing measures, inoculation is seen as dangerous and superfluous by a developing number of people. Absence of trust in immunizations is currently viewed as a risk to the achievement of inoculation programs. In an ongoing container Canadian overview, half of the guardians were worried that new antibodies are not as protected as more seasoned immunizations (Dubé, E., et al, 2013).

Comparative discoveries were additionally seen by Ozawa and Stack (2013). They discovered that trusts in the antibodies and in the wellbeing framework are significant components of general wellbeing programs that expect to convey life-sparing immunizations. In fact, understanding the benefactors and dangers to trust is basic to clarifying antibody acknowledgment, especially as they shift crosswise over epidemiologic conditions, explicit immunizations and social and socio-political settings. Considering, an examination on the worthiness of rotavirus immunization in Canada uncovered that the agreeableness will be higher if wellbeing advancement tends to parental information, dispositions and convictions with respect to the sickness and the antibody (Dubé, et al (2012). All the more along these lines, more noteworthy endeavors to convey the advantages and dangers of immunizations and address issues with proof based data will help improve and continue open trust in antibodies and wellbeing frameworks around the world. Estimating and observing trust levels and concentrating on purposeful endeavors to assemble trust in antibodies are significant strides to decreasing immunization certainty holes when they happen (Ozawa and Stack, 2013).

What's more, a led efficient audit done by Falagas and Zarkadoulia (2008) to assess variables related with imperfect consistence to inoculation that concentrate chiefly to parental-youth attributes and social insurance structure-experts trademark gives the idea that among medicinal services structure-proficient qualities examined, wariness/questions in regards to gave restorative data, insufficient help from human services suppliers, absence of accessible wellbeing structures, and issues concerning transportation and openness to vaccination facilities were the ones altogether related. Additionally, in an investigation done by Dubé, et al (2014) it was recognized by four Immunization Managers (IMs) that individuals' degree of trust in the wellbeing framework and social insurance suppliers filled in as a causal factor in antibody reluctance.



In any case, regardless of the above perceptions, it is prominently reassuring that most moms in Pakistan accepted that vaccination should proceed in spite of the event of unfavorable occasions (Siddiqi, et al, 2010).

Further qualified to note were the moms' certain reaction as they were eager to travel and go through over an hour of their time just to get an immunization showing reasonably solid connection between's the factors sex orders and logical impacts. This implies an alluring relationship exists between the two. We as a whole realize how bustling moms are nevertheless they wouldn't fret saving time just to have their kids inoculated.

This was insisted by the investigation of Umeh, et al (2018) that the manner in which a mother thinks and feels with respect to her everyday concerns, similar to her wellbeing, welfare or family can impact wellbeing advancement and infection counteractive action practices and her choice to acknowledge inoculation and other wellbeing mediations. The individuals who like themselves are bound to go an additional mile to shield their kids from immunization preventable infections. Such moms will take their youngsters to the wellbeing community for Routine Immunization (RI) and will promptly profit their offspring of the advantages of other youth survival programs.

Besides, pregnant ladies certified that they trust pharmaceutical organizations in giving sheltered and compelling antibodies. This reaction holds a solid connection between's sexual orientation arrangements and relevant impacts which demonstrates a truly alluring affiliation.

Be that as it may, in an ongoing container Canadian study, half of the guardians were worried that new immunizations are not as sheltered as more established antibodies (Dubé, et al, 2013). Numerous specialists think about that inoculation projects are compromised by developing

worries among the populace with respect to the wellbeing and helpfulness of antibodies (Black, et al, 2010).

In connection to this, the investigation of McKee and Bohannon (2016) has discovered that the best reason communicated by guardians for declining inoculations for their kids are worries about the security of antibodies. The vast majority of these worries depend on data these guardians have found in the media or got from associates.

Observing from a 2013 distributed examination assessing reports of intense spread encephalomyelitis (ADEM) following inoculation in the U. S. Immunization Adverse Events Reporting System (VAERS) and in an European antibody response revealing framework found that occasional flu antibody was the most as often as possible associated cause with mind aggravation following 18 years of age, speaking to 32 percent of the complete cases announced, and pertussis containing DTaP was among the immunizations most every now and again connected with cerebrum irritation in youngsters among birth and age five (Pellegrino, et al, 2013).

Further, in a 2009 online study among guardians directed by Freed, et al uncovered that the majority of them concurred that immunizations secure their child(ren) from sicknesses; nonetheless, the greater part of the respondents additionally communicated concerns with respect to genuine antagonistic impacts. Ladies were bound to be worried about genuine antagonistic impacts, to accept that a few antibodies cause mental imbalance, and to have ever declined an immunization for their child(ren).

Besides, wellbeing and adequacy of giving flu or Tdap immunization to pregnant ladies before the antibodies were authorized in the U.S have not been tried by medication organizations (Gruber, 2003) And there have been report of wounds and passings from pertussis-containing immunizations(HRSA, 2013).

So also, the main promising antibody produced for dengue, an ailment that besets a huge number of individuals around the globe, is in peril after the Philippines suspended it, in the midst of far reaching fears about its security and developing open outrage regarding its utilization in 830,000 schoolchildren (The New York Times, 2017).

All the more along these lines, huge holes exist in our comprehension of the viability and wellbeing of different immunizations and in ladies with conditions related with expanded powerless to high-chance pregnancies. In this way, more extensive achievement of maternal inoculation will depend for the most part on the mix of advances in essential science in immunization structure and assessment and deliberately arranged clinical preliminaries that are comprehensive to pregnant ladies (Faucette, et al, 2015).

Thus, immunization organizations have a critical job in guaranteeing the ideal security of antibodies. They have a long history of judicious antibody improvement and guaranteeing that the immunizations they create and production are successful as well as have utilized current innovation to guarantee the most extreme degree of wellbeing, given the tremendous utilization of immunizations and remarkable unfavorable impacts(Kanesa-thasan, et al, 2011).

**Relationship between Feministic Classifications and Feministic view on Immunization on Individual and Group Influences among Women, Mothers and Pregnant women.**

Table 11 presents the significant relationship between gender classification and individual and group influences among women, mothers and pregnant women.

Table 11

*Relationship between Feministic Classifications and Feministic view on Immunization on Individual and Group Influences*

Items	<i>chi</i> value	<i>Cramer's V</i> value
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	<i>p</i> value			Decision	Interpretation
1. Have you or someone you know ever had a bad reaction to a vaccine which made you reconsider getting vaccines?	7.5000	.0240	.2890	Reject the null hypothesis	Significant Moderately Strong
2. Did pain of the past immunizations prevent you or your child from being immunized?	7.248	.027	.284	Reject the null hypothesis	Significant Moderately Strong
3. Do you believe that there are other (better) ways to prevent vaccine-preventable diseases?	18.608	.0000	.455	Reject the null hypothesis	Significant Worrisomely Strong
4. Do you believe that it is better for the child to receive vaccine only when already over one year of age?	6.944	.031	.278	Reject the null hypothesis	Significant Moderately Strong
5. Do you submit your child/yourself to vaccination?	12.857	.002	.378	Reject the null hypothesis	Significant Very Strong
6. Do you believe that if your child/yourself get vaccinated, others are protected as well?	11.250	.004	.354	Reject the null hypothesis	Significant Very Strong

Significant if *p* value is < .05.

As appeared in Table 11, the aftereffects of the figured chi square qualities in all things are beneath the standard marker of centrality ( $p = .05$ ). This prompted the choice of neglecting to acknowledge the invalid speculation. Subsequently, this shows a factually critical connection between sexual orientation characterizations and individual and gathering impacts among the three gatherings of ladies. Further assessment of the information would uncover the fluctuating quality of connection between the two factors in everything.

Moms negative reaction on reevaluating getting antibodies in the wake of having unfriendly response to it and comparative reaction originating from ladies if encounters with agony from past vaccination keep them from being inoculated demonstrates an alluring relationship between sexual orientation characterizations and individual and gathering impacts by having a decently solid degree of connection. This infers an unfriendly response, for example, torment can't influence these gatherings of ladies from getting inoculated and this has a beneficial outcome for the vaccination program.

With the achievement of inoculations, numerous guardians never again have contact with kids who have immunization preventable diseases. Along these lines, guardians experience issues adjusting the potential damages and advantages of immunizations and are progressively scrutinizing the need of vaccinating their kids, particularly on the grounds that no antibody is totally free of antagonistic impacts or the danger of entanglements (Spencer, et al (2017).

In Japan, when joined diphtheria, lockjaw, and pertussis inoculation, with entire cell pertussis segment (DTwP) was presented in 1968 mortality with pertussis significantly diminished to 206 passings in 1971 from the assessed death pace of more than 10,000 every year during the 1940's (Sato and Sato, 1999), and no passings by pertussis were accounted for by 1974. Be that as it may, Nakayama (2013) uncovered that there were worries about unfriendly impacts since the greater part of inoculated patients grumbled of neighborhood redness, swelling, and fever.

In a 2009 online overview among guardians directed by Freed, et al uncovered that the greater part of them concurred that immunizations secure their child(ren) from illnesses; in any case, the greater part of the respondents additionally communicated concerns with respect to genuine antagonistic impacts. Ladies were bound to be worried about genuine unfavorable

impacts, to accept that a few antibodies cause mental imbalance, and to have ever rejected an immunization for their child(ren).

In any case, regardless of the above perceptions, it is quite promising that most moms in Pakistan accepted that inoculation should proceed in spite of the event of unfriendly occasions and that enduring the antagonistic responses were superior to enduring the maladies (Siddiqi, et al, 2010). Also, the present logical audit of Swedish Council on Health Technology Assessment and the experience from numerous long periods of the normal inoculation program have demonstrated that the advantages of vaccination far exceed the dangers of unfriendly occasions. Inoculation has for all intents and purposes wiped out the dreariness and mortality of numerous illnesses already regular among the two kids and grown-ups.

Moms' confirmation that there are different approaches to forestall infections that are avoided by immunizations shows a worrisomely solid degree of relationship between's sexual orientation characterizations and individual and gathering impacts. It demonstrates that an incredibly decent relationship exists between the two factors. This involves beside getting their tyke inoculated moms were additionally utilizing different measures to keep their youngsters and family from getting illnesses or contamination.

Then, Christian Scientists accepted that medicinal intercessions, which could incorporate immunizations, were pointless. They don't have a formal strategy against immunizations, however depend for the most part on petition for recuperating. In any case, in Philadelphia in 1990, a noteworthy measles flare-up happened among unvaccinated younger students who were individuals from two fundamentalist places of worship that depended on petition for recuperating, and restricted antibodies.

Then again, homeoprophylaxis turned into a developing option in contrast to traditional immunization. As indicated by Whatcott (2015) it has been used for more than 200 years for scourges just as endemic infectious illness. The application as an option in contrast to the suggested vaccination timetable has been clinically contemplated since 1985 by Dr. Isaac Golden, PhD of Australia. While the first expectation of immunizations was correspondingly to give a debilitated portion of the first sickness, the most evident contrast today is the virtue of homeopathic nosodes contrasted with traditional antibodies. Homeopathic nosodes contain no added substances at all. No anti-infection agents, no additives, no cleansers no outside DNA, or obscure infections are available. The plan of homeoprophylaxis is to teach the invulnerable framework in a manner that has been clinically appeared to decrease the occurrence of both irresistible just as incessant ailment.

Isaac, (2012) further clarified that HP cures invigorate the vivacious resistant reaction and this must prompt a developing of the reaction in a comparable to way that contamination with straightforward illnesses can develop the physical safe reaction.

Regardless of whether to inoculate can truly be a perplexing and troublesome decision for guardians.

At that point an exceptionally solid connection was uncovered in the positive reactions of moms and pregnant ladies in the event that they have their kid and self-immunized. Comparative affiliation was additionally seen among pregnant ladies' conviction that on the off chance that they get themselves inoculated others were ensured also. In any case, moms don't attest on the conviction that it is better for the youngster to begin getting antibody shots just when more than one year of age which hold a tolerably solid connection between's the factors sexual orientation groupings and individual and gathering impacts. These outcomes shed light on vaccination and

suggest that ladies know the advantage of the program the reason they are using it for themselves and for their family's wellbeing.

It was realized that the motivation behind the present inoculation timetable pushed by World Health Organization is to give powerful insurance at the most youthful age conceivable (WHO 2002). It prescribes that youngsters be completely inoculated by age 1 to anticipate the vast majority of the basic youth infections. Completely inoculated youngsters get one portion of tuberculosis (BCG); three dosages of diphtheria, pertussis, and lockjaw (DPT) and polio; and one portion of measles (WHO, 2012). Furthermore, so as to give maximal assurance against antibody preventable maladies, a youngster ought to get all immunizations at the correct timetable (Glauber, 2003).

In spite of the fact that immunizations have been viewed as one of the most helpful apparatuses for accomplishing generous decreases in youth mortality progress in diminishing passings anyway it has been more slow for babies too youthful to be in any way inoculated than newborn children and youngsters mature enough to get antibodies (The Millennium Development Goals Report, 2015). Therefore, maternal inoculation is upheld to address the defenselessness of youthful babies (Omer, 2017).

Besides, youngsters in early earliest stages don't mount viable immune response reactions to numerous antibodies against lodge irresistible pathogens, which results in a window of expanded defenselessness or seriousness contaminations. Consequently, inoculation during pregnancy is ordered for it can create maternal resistant security just as evoke the generation and move of antibodies over the placenta and by means of breastfeeding to give early newborn child insurance. A few fruitful immunizations are currently prescribed to every pregnant lady around the world (Faucette, et al, 2015).



On the opposite side, Japan, New Zealand, Australia, Iceland and Norway suggest yet don't legitimately require antibodies just as the other 15 nations in the European Union, including United Kingdom, Germany, Spain, Greece, Denmark, Netherlands, Finland and Austria correspondingly prescribe however don't order immunizations. These nations have lower newborn child death rates than the U.S. also, they don't suggest that babies under one year old get the same number of antibodies as American newborn children do (Haverkate, et al, 2012).

To include, in Japan, when two babies passed on inside 24 hours of accepting joined diphtheria, lockjaw, and pertussis immunization, with entire cell pertussis part (DTwP) in the winter of 1974–1975, the administration suspended licensure of DTwP. Licensure was restored two months after the fact with an adjustment in the base prescribed age from 3 months to 2 years as a precautionary measure (Noble, G.R., Bernier, R.H., Esber E.C., et al., 1987).

In such manner, in 2006, the Centers for Disease Control (CDC) reinforced proposals that every pregnant lady, solid or not, ought to get an influenza shot in any trimester. At that point, in 2011, a pertussis containing Tdap shot was prescribed for every pregnant lady, ideally following 20 weeks incubation. Both antibody suggestions are supported by the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP) and other medicinal exchange associationsprecaution.

### **Relationship between Feministic Classifications and Feministic view on Immunization on Vaccine/Vaccination Specific Issues among Women, Mothers and Pregnant women.**

Table 12 presents the significant relationship between gender classifications and vaccine/vaccination specific issues among women, mothers and pregnant women.

Table 12

*Relationship between Feministic Classifications and Feministic view on Immunization on Vaccine/Vaccination Specific Issues*

Items	<i>chi</i> value	<i>Cramer's V</i>		Decision	Interpretation
		<i>p</i> value	<i>value</i>		
1. Do you believe that vaccines are safe for yourself? your child/children? for those in your community?	6.300	.043	.265	Reject the null hypothesis	Significant Moderately Strong
2. Before administering the vaccine, health care worker (HCW) always provide enough information on the side effects that might follow.	13.789	.001	.391	Reject the null hypothesis	Significant Very Strong
3. Vaccination process is welcoming.	8.907	.012	.315	Reject the null hypothesis	Significant Strong
4. Did you ever refrain your child /yourself from being vaccinated during a mass immunization campaign?	27.446	.000	.552	Reject the null hypothesis	Significant Redundant
5. Do you believe that vaccines made in Europe or America are safer than those made in middle income countries?	3.917	0.019	.297	Reject the null hypothesis	Significant Moderately Strong
6. Are there any vaccines that are difficult for you to get because of the schedule?	8.907	.012	.315	Reject the null hypothesis	Significant Strong
7. Would the cost of a vaccine prevents you from getting it, even if your child/you needed it?	10.588	.005	.343	Reject the null hypothesis	Significant Strong
8. Would you be willing to pay for a vaccine privately?	7.500	.024	.289	Reject the null hypothesis	Significant Moderately Strong

Significant if *p* value is < .05.

Table 12 showed the determined chi square estimations of the things recorded demonstrating beneath noteworthy outcomes ( $p = .05$ ). This held the choice of dismissing the invalid theory. Thus, this focuses a measurably huge connection between sex orders and immunization/inoculation explicit issues among the three gatherings of ladies. All the more in this way, taking a gander at the information would give a superior view on the shifting quality of relationship that exists between the two factors in everything.

Pregnant ladies asserted to the conviction that immunizations were alright for them, for their youngsters and those in their locale. This certification demonstrates a decently solid critical connection between sex characterizations and immunization/inoculation explicit issues. This backings the outcome on Table 10 and reinforces further the trust of ladies to the prescribed antibodies in the inoculation program.

Immunizations are life-sparing as well as a brilliant financial speculation. Because of the accessibility of immunizations (Temoka, 2013) most antibody preventable ailments that had been wellbeing dangers for quite a long time have encountered an emotional decrease in mortality and dismalness. It is urging to take note of that the tremendous diminishing in mortality from lockjaw and pertussis has been legitimately ascribed to immunization.

Antibody preventable diseases are likewise among the main sources of grimness in pregnant ladies. Pregnancy builds the danger of an assortment of diseases because of the extraordinary invulnerable rotations that happen during this occasion. With that, maternal vaccination was pushed for it produces insusceptible assurance to the pregnant mother. A few effective maternal antibodies, for example, Tetanus-Diphtheria-Pertussis (Tdap) immunization and inactivated flu antibody (IIV), are presently all around prescribed by the Center for Disease Control and aversion (CDC) to every single pregnant lady. Be that as it may, by one way or

another, it can't be ignored that the Food and Drug Administration (FDA) records flu and Tdap antibodies as either Pregnancy Category B or C organic which implies that sufficient testing has not been done in people to show wellbeing for pregnant ladies and it isn't known whether the immunizations can cause fetal damage or influence multiplication limit(Fisher, 2013).

Notwithstanding, advantages of immunizing pregnant ladies ordinarily exceed potential dangers when the probability of illness presentation is high, when disease would represent a hazard to the mother or embryo, and when the immunization is probably not going to cause hurt. Hazard to a creating baby from immunization of the mother during pregnancy is hypothetical. There is no proof exists of hazard to the embryo from immunizing pregnant ladies with inactivated infection or bacterial immunizations or toxoids. On the other hand, live antibodies directed to a pregnant lady will represent a hypothetical hazard to the embryo; in this manner, it is by and large contraindicated to manage live, constricted infection and live bacterial immunizations during pregnancy (CDC, 2011).

However, at that point, it ought not be overlooked that pregnant ladies are normally avoided from investment in clinical preliminaries, ends in regards to formative hazard for maternal immunization are as often as possible dependent on information got from formative lethality examines in creature models (Gruber, 2003).

A solid relationship exists on the positive reaction of pregnant ladies on the issue with their human services supplier in giving enough data as an afterthought impacts that may trail inoculation. This very attractive affiliation makes a positive thought that social insurance suppliers were carrying out their responsibility with the best enthusiasm of the welfare of those under their consideration. This view prompted the confirmation of pregnant ladies to the sort of executed

procedure of inoculation which implies a solid degree of relationship between the two factors under examination and sets up a truly attractive critical relationship.

In China, an investigation embroiled the significance of (Public Health Worker) PHW for inoculation inclusion among youngsters at a district level. It complements the activity performed by PHW, for example, checking antibodies are shipped and put away under fitting conditions to guarantee immunization viability and wellbeing and informing guardians and other network individuals about the advantages and potential dangers of inoculation. Thus, if PHW and (Vaccination Personnel) VP densities increment, it will accomplish altogether higher immunization inclusion (Yu, et al, 2014).

Likewise, Sharma and Bhasin (2008) underlined the need of arranged IEC exercises to advance RI as a felt need of the overseers through close to home cooperation with fringe level laborers like (Auxiliary Nurse Midwifery) ANMs and (Accredited Social Health Activist) ASHAs. They accept that expanding the learning and comprehension of overseers of small kids about the centrality and advantages of RI would be a solid advance forward in accomplishing its objectives.

Further, in a directed precise survey done by Falagas and Zarkadoulia (2008) to assess components related with imperfect consistence to inoculation that concentrate predominantly to parental-youth attributes and medicinal services structure-experts trademark gives the idea that among the different social insurance structure-proficient qualities examined, wariness/questions in regards to gave therapeutic data, insufficient help from human services suppliers, absence of accessible wellbeing structures, and issues concerning transportation and availability to vaccination facilities were the ones essentially related.

While, in the investigation of Glanz J.M., Wagner, N.M., Narwaney, K.J., et al (2013) a few guardians express worry that doctors are not knowledgeable on the unfriendly impacts of

immunizations or that doctors intentionally retain data on antagonistic impacts. Thus, as indicated by Spencer, J.P., Trondsen Pawlowski, R.H. what's more, Thomas, S., (2017) guardians may search out extra data from sites containing off base data. Family doctors should accumulate precise data about the damages and advantages of immunizations to advocate for inoculation and lessening the occurrence of antibody preventable maladies. They should guide guardians to tenable assets on the off chance that they are thinking about antibody refusal. They included that if a prescribed antibody is can't, legitimate documentation is fundamental. The Vaccine Adverse Event Reporting System and National Vaccine Injury Compensation Program track unfavorable occasions and permit remuneration for recorded damages from inoculations.

What's more, a multiregional study from Bangladesh, Ethiopia, India, Malawi and the Philippines inferred that there was a "truly sizeable social interest" for better nature of inoculation administrations and that "genuine harm" was being done to the Expanded Program on Immunization (EPI) by poor collaboration among staff and customers. Supply-(or supplier ) related components are plainly significant, especially the connection between medicinal services laborers and moms (counting demeanors of vaccinators).

The issue that pregnant ladies avoided themselves being inoculated during a mass vaccination program demonstrated a repetitive degree of connection. This implies the two factors are most likely estimating an idea that has been estimated previously and picked up a similar degree of result. The reasons given by these gathering ladies can be found in the table in informative supplement H.

To note, antibody preventable contaminations are among the main sources of dreariness in pregnant ladies. Pregnancy builds the danger of an assortment of contaminations because of the novel resistant rotations that happen during this occasion. With that, maternal vaccination was

upheld for it creates resistant assurance to the pregnant mother. A few fruitful maternal antibodies, for example, Tetanus-Diphtheria-Pertussis (Tdap) immunization and inactivated flu immunization (IIV), are currently all around prescribed by the Center for Disease Control and avoidance (CDC) to every pregnant lady.

Nonetheless, in an examination led by Dubé, et al (2014) it was discovered that in one nation, ladies want to get care from female suppliers, who are rare in that nation and this could in any event mostly clarify the absence of inoculation among ladies.

In the meantime, Hobson-West (2003) revealed three contestable suppositions in a paper assessment. The suppositions are: that individuals choose decisions through a connection of individual risk, that open stress over vaccination is a direct result of a mistaken finish of danger, and that a technique of giving more peril estimations is the best response to the discussion. Through mindful essential examination of these assumptions it was then battled that some assurance from mass youth immunization (MCI) was about elective understandings of key classes of prosperity and disorder.

Furthermore, aftereffect of the investigation of Sadique, et al, (2005) exhibits that the apparent danger of contamination and the apparent likelihood and seriousness of antibody related unfriendly occasions (VAAEs) impact the interest for inoculation that is, the higher the likelihood of disease and the seriousness of wellbeing impacts that outcome from contamination, the higher the interest for immunization. Conversely with that, the higher the apparent danger of VAAEs, the lower the interest for inoculation.

Pregnant ladies likewise accepted that immunizations made in Europe or America were more secure than those made in center salary nations. This implies a tolerably solid huge connection between's sexual orientation arrangements and antibody/immunization explicit issues

demonstrating an attractive relationship. This hints offices of all around created nations produce more secure antibodies which procures the trust of pregnant ladies and draws in them to get inoculated.

Immunizations are a savvy worldwide general wellbeing system, and they are a decent and now and again incredible speculation. In any case, in spite of their cost-adequacy, interest in the improvement of immunizations for low-to-direct salary nations is constrained (WHO, 2003).

For it introduces an increasingly alluring business motivating force to the pharmaceutical business to deliver new antibodies for which there is a need in high-pay, than immunizations that might be utilized in low-pay nations. A perceived need in high-salary nations prompted the improvement of the first Hib polysaccharide–protein conjugate immunizations during the 1980s and pneumococcal polysaccharide–protein conjugate antibodies during the 2000s for the counteractive action of lower-respiratory tract ailments. Albeit a reasonable handiness of such antibody is noted in low-salary nations, where lower-respiratory tract sicknesses have been the commonest reason for youth mortality, there were deferrals of somewhere in the range of 10 and 20 years between the first utilization of these immunizations in quite a while and their presentation into low-pay nations (Levine, O.S., Bloom, D.E., Cherian, T., de, S. Sow, Q.C., Wecker, J., *et al*, 2011).

As indicated by National Academies Press (US) (2010) low-and center pay nations have restricted social insurance foundations that can't or just incompletely ready to help the conveyance of required antibodies, albeit every nation's needs and conditions may contrast.

Be that as it may, with the fruition of the 1994 arrangement (HHS, 1994), the scene of worldwide vaccination changed significantly. Low-and center salary nation makers have increased expanded unmistakable quality in assembling and outfitting moderate antibodies in these nations.



Actually, the greater part of the world's inventory of specific immunizations is produced by these organizations. Magnanimous associations and the open private organizations, (for example, item improvement organizations [PDPs]) they backing have risen as real on-screen characters in immunization innovative work explicitly for the creating scene.

Solid degree of connection was seen in the negative reaction of pregnant ladies in the issue of trouble getting any antibody in connection to plan. This intimates an entirely attractive critical connection between the two factors under examination and suggests that calendar of inoculation was great to them. This encourages pregnant ladies to benefit the prescribed antibody shots proposed for them which thus accomplishes the objective of inoculation. Then again, the ability to pay for an immunization in private among ladies and moms connotes tolerably solid relationship between's sex characterizations and antibody/inoculation explicit issues. To include, the negative reaction of ladies on being kept from getting an antibody in light of its expense showed with a solid degree of connection and finds out an entirely alluring huge relationship which involves that paying little mind to the cost they would even now need the immunization as a result of the advantage it accommodates themselves and for their family.

As per Dr. Anna Ong-Lim, a pediatric irresistible malady master, inoculation advantages are close to home in nature, yet incorporate the network too by controlling irresistible ailments, taking out and diminishing illness frequency. Immunizations can likewise have a financial advantage as they assume a significant job in savvy intercession. She additionally added that antibodies have come to the heart of the matter that they are focusing on irresistible infections as well as malignant growth (PCHRD, 2010).

It is then evident that inoculation is extremely a demonstrated instrument for controlling and taking out perilous irresistible ailments worldwide and is assessed to deflect somewhere in the

range of 2 and 3 million passings every year. It is one of the most financially savvy wellbeing ventures, with demonstrated methodologies that make it open to even the most difficult to-reach and powerless populaces. It has plainly characterized objective gatherings; it very well may be conveyed successfully through effort exercises; and inoculation doesn't require any significant way of life change (WHO).

The Expanded Program on Immunization here in the Philippines which were built up in 1976 tries to guarantee that kids, especially babies, and their moms approach antibodies prescribed for their age to avert explicit infections. This obligatory fundamental inoculation is sans given at any wellbeing unit and government medical clinics for kids as long as 5 years of age, though, antibody against hepatitis-B ought to be managed to a newborn child inside 24 hours after birth. Consequent portions will be finished by the suggested timetable as given by the DOH.

In any case, in spite of the endeavors of the administration, consistence with vaccination missed the mark. In a led precise survey done by Falagas and Zarkadoulia (2008) to assess elements related with imperfect consistence to inoculation that concentrate for the most part to parental-youth attributes and human services structure-experts trademark creates the impression that among the different parental-youth qualities considered absence of information about sickness and inoculation, negative convictions/frames of mind towards vaccination, dread of symptoms/dangers/contraindications, not recollecting immunization calendars and arrangements, wiped out tyke postponements, and deferred well tyke visits were factually fundamentally connected with problematic consistence.

## FEMINISTIC IMMUNIZATION FRAMEWORK

By: Mary R. Tortuya

### Generalization

The feministic view on immunization among the three groups of women is significantly influenced by contextual influences, individual and group influences and vaccine/vaccination specific issues. Each identified influence gives insight on how the women make decisions pertaining to immunization that determines their acceptance and utilization of the program.

### Concepts

The following are the concepts of the framework:

**Immunization.** This is the focus of the study. The views held by women, mothers and pregnant women to it contributes to the success of the program.

**Feministic view on immunization.** Belief or opinion and understanding on immunization referred as contextual influences; individual and group influences, and vaccine/vaccination-specific issues.

**Contextual influences.** Refers to influences arising due to historic, socio-cultural, environmental, health system/institutional, economic or political factors.

**Individual and Group influences.** Refersto influences arising from personal perception of the vaccine or influences of the social/peer environment.

**Vaccine/Vaccination – specific issues.** Pertains to issues directly related to vaccine or vaccination such as risk/benefit, introduction of new vaccine or new formulation, reliability of source among others.

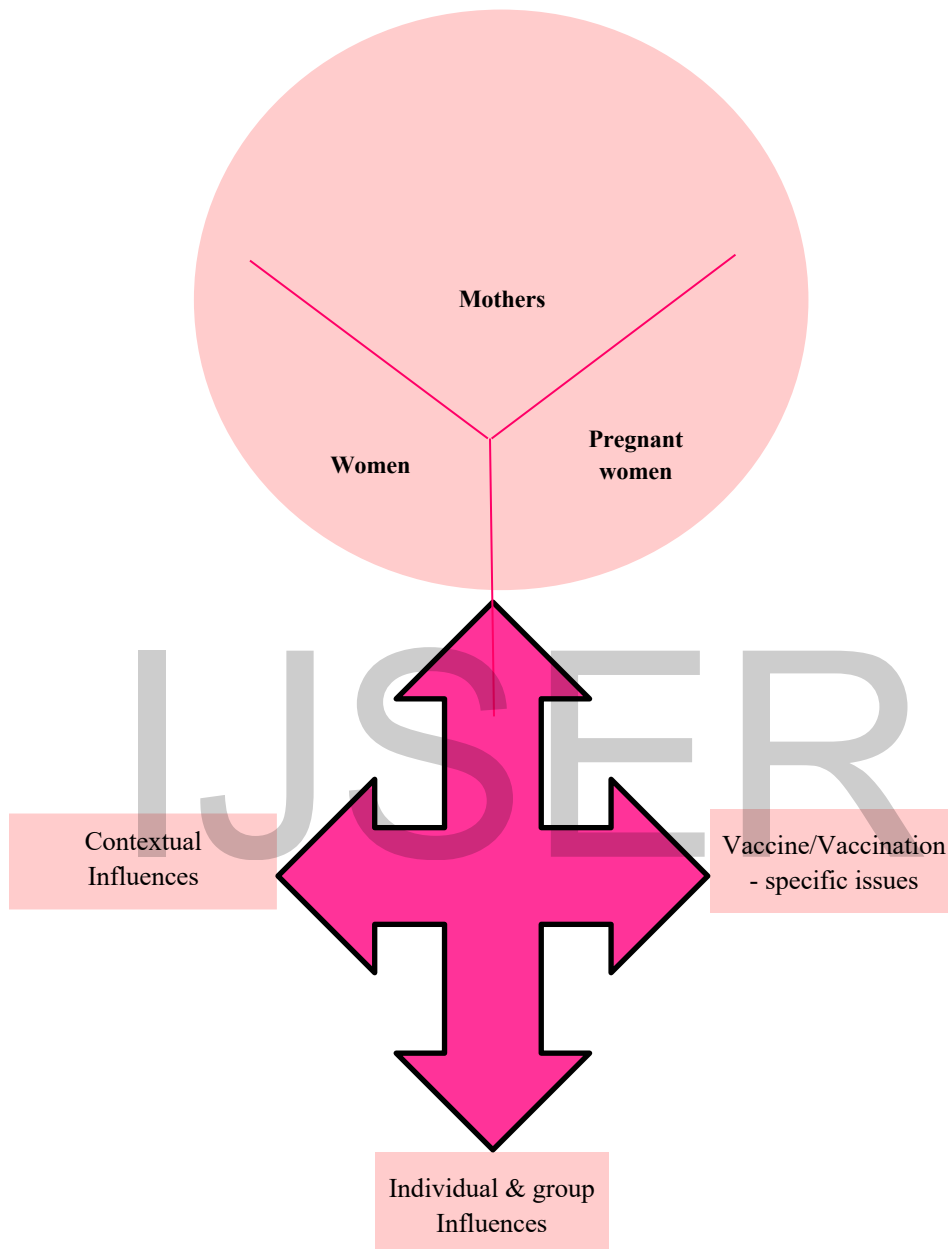
## Assumptions

1. Feministic classification had significant impact on feministic view on immunization on contextual influences.
2. Feministic classification had significant impact on feministic view on immunization on individual and group influences
3. Feministic classification had significant impact on feministic view on immunization on vaccine/vaccination-specific issues.

## Discussion

The framework portrays that feministic classification significantly influenced the feministic view on immunization particularly on contextual, individual and group influences and vaccine/vaccination-specific issues.

Immunization is already a proven tool for controlling and eliminating life-threatening infectious diseases worldwide. However, recent utilization of the program is reported to decline in rates after the occurrence of dengvaxia controversy. The controversy brought a lot of apprehensions and trigger the people to doubt vaccines particularly the ones used in national vaccination program or routine immunizations. Declining rate in the utilization of immunization will have serious consequences not just in health but in the economy as well. It might increase the incidence of infectious diseases that will cost a lot of budget for treatment. Meanwhile, women as being the primary caregiver of the family held a vital role in immunization. Their decision making on health matters can affect the family's health outcomes as well as of the community. This is the reason why their views are the focus of this study. The feministic view on immunization in the light of various identified influences will serve as a basis on what aspect



**Figure 2. Schematic Illustration of Feministic View on Immunization Framework by Tortuya (2019).**

of immunization program needs reinforcement or needs revision if necessary, in order to avert the declining rate of immunization.

Contextual influences can rouse doubt in immunization. Negative historical influence such as the dengvaxia scare can undermine public trust and influence vaccine acceptance, especially when combined with pressures of influential leader or media.

Vaccine mandates can also provoke vaccine hesitancy not just necessarily because of safety or other concerns, but due to resistance to the notion of forced mass immunization of vaccines which the public had known little or nothing about. In addition, health center that is too far away, difficult to access or schedules that are inconvenient can trigger hesitation to get vaccinated. Moreover, distrust in pharmaceutical industry can influence vaccine hesitancy when perceived as driven only by financial motives and not by public health interest. This distrust can also extend to the government when perceived that they are being pushed by the industry to purchase certain vaccines for national immunization and not being transparent.

If these connotations on contextual influences are turned into positive view doubts will be replaced with general confidence toward vaccine and health services, the three groups of women will then become more motivated to submit themselves or their children to vaccination.

Individual and group influences can provoke vaccine hesitation particularly a past negative experience with a particular vaccination. Vaccine hesitancy can result from beliefs that exposure to vaccine-preventable diseases (VPD) are needed in order to build immunity or that other ways/behavior such as breastfeeding, traditional/alternative medicine/naturopathy are or more important than vaccination to maintain health and prevent VPDs. These beliefs when shared and recommended by family or friends will become the primary health management by most

individuals and they would disregard the need for immunization putting risks to their health. Indeed, vaccine hesitation is influenced by peer group and social norms.

However, if these perceptions will be corrected and proper health management is advocated and shared, vaccine acceptance will surely be the social norm especially among groups of women.

Vaccine/Vaccination-specific issues prompt individuals to hesitate immunization in multiple ways when safety issues are on the highlights and evidence of adverse reactions are prevailing in the news. Dengvaxia scare is one particular example that other vaccines with proven safety net have also been doubted in effect. Parents lost their confidence in vaccinators coming house-to-house or in mass immunization campaign. They question the reliability of sources of vaccine supply and became reluctant to comply with routine immunization that cause the declining trend in immunization. Conversely, an individual may have the confidence in a vaccines' safety and the system that delivers it however, may not be able to afford it or the costs associated in getting one.

Once hesitation on vaccination is addressed and issues clarified, acceptance will be regained, more so if vaccines will be all provided for free. Immunization rates will pick up and protection will be heightened especially among the vulnerable members of the population.

## Chapter V

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary of findings along with the conclusion and recommendations.

#### Summary of Findings

Findings of the study reveal the following:

##### Women

**Contextual influences.** The community where the women lived had never refused vaccines in the past and they have not known anyone who did not submit to vaccination because of religious or cultural reasons.

**Individual and group influences.** Pain of the past immunizations did not prevent women from being immunized.

**Vaccine/vaccination specific issues.** Women do not mind the cost of a vaccine especially when they need it.

##### Mothers

**Contextual influences.** The community where they belong had never refused vaccines in the past and most mothers have not known anyone who did not get a vaccine for religious or cultural reasons. Meanwhile, there were mothers who knew some individuals that did not submit to vaccination because of religious or cultural beliefs however, they cannot agree to them. They thought that these individuals were risking their health or the health of their children. Moreover, mothers were trusting the governments' decision on vaccines and agree on its recommended vaccination program. In effect, they don't mind travelling and spending more than an hour just to get their child vaccinated.



***Individual and group influences.*** Mothers have submitted themselves or their children to vaccination for they believed that vaccine shots for children should start before the child turns one-year-old. Most of them have not encountered someone who experience adverse reaction from a vaccine and they also believed that aside from vaccination there are other ways to prevent vaccine-preventable disease too.

***Vaccine/vaccination specific issues.*** Mothers were willing to pay for a vaccine privately.

### **Pregnant women**

***Contextual influences.*** Pregnant women were discouraged from getting vaccinated because of some events in the past that was related with it. Nevertheless, they trust the governments' provision of vaccines with the impression of being provided with the best ones in the market. They also trust the pharmaceutical companies as providers of safe and effective vaccines.

***Individual and group influences.*** Pregnant women submit to vaccination for they believed that by getting themselves vaccinated others are protected as well.

***Vaccine/vaccination specific issues.*** Pregnant women believed that vaccines were safe for them especially those made in Europe or America. They have not experienced any difficulty with the schedule of getting any vaccine and the health care worker always provide them enough information on the side effects. Though, the vaccination process was welcoming for them they refrain from getting vaccinated during mass immunization.

***Significant relationship between feministic classification and the feministic view on immunization on contextual influences.*** There was a statistically significant relationship between feministic classifications and the feministic view on immunization on contextual influences particularly on historical; religion/culture/gender/socio-economic; politics/ policies (mandates); geographic barriers; and pharmaceutical industry.

***Significant relationship between feministic classification and the feministic view on immunization on individual and group influences.*** There was a statistically significant relationship between feministic classifications and the feministic view on immunization on individual and group influences taking on experience with past vaccination; beliefs and attitudes about health and prevention; and immunization as a social norm vs not needed/harmful.

***Significant relationship between feministic classification and the feministic view on immunization on vaccine/vaccination-specific issues.*** There was a statistically significant relationship between feministic classifications and the feministic view on immunization on vaccine/vaccination-specific issues specifically on risk/benefit; design of vaccination program/mode of delivery; reliability and/or source of vaccine supply; vaccination schedule; and costs.

## **Conclusion**

In conclusion, the feministic classification significantly influenced the feministic view on immunization on contextual, individual and group, and vaccine/vaccination specific issues. Their views impact their utilization of the immunization program recommended by the government. They submit themselves as well as their children to vaccination though pregnant women have some discouragement because of events in the past related with vaccination that refrained them from mass immunization. Nevertheless, these three groups of women trust the governments' vaccination

program for their health benefit and welfare. As accentuated by the Health Belief Model, a person will take a health-related action if that person has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition and believes that he/she can successfully take a recommended health action. Moreover, the model emphasized that individuals who have triggering experiences will perceive that engagement in health-promoting behaviors have beneficial returns regardless of any discomfort or pain. The findings of this study led to the formulation of feministic framework on immunization.

### **Recommendations**

Based on the findings of the study the following are recommended:

1. The study will be presented in research for either poster or oral presentation to disseminate the findings.
2. Objective: To enhance understanding of the benefits as well as adverse reactions of vaccines mainly used for immunizations among the three groups of women to sustain utilization of vaccination program and prevent the development of vaccination hesitancy through the following activities:
  - a. Seminar on vaccines on the three groups of women with doctor and pharmacist as speakers.
  - b. Intensify information dissemination drive through creative and eye-catching posters and flyer.
  - c. Create a community facebook page specific for health matters in collaboration with the Municipal Health Office/Rural Health Unit.
3. The following studies are recommended:

- a. Paternalistic view on immunization after dengvaxia controversy and its influence on compliance to vaccination of their children in Kalibo, Aklan.
- b. Immunization status of various Municipalities in Aklan after dengvaxia.
- c. Replication of the study in other municipalities or province.
- d. A study that will test the acceptability of the formulated feministic framework in a different locale.

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**APPENDICES**

**APPENDIX A**  
**TRANSMITTAL LETTER TO THE DEAN OF THE COLLEGE OF NURSING**

February 22, 2019

**MRS. YVONNE M. SEVILLA**  
Dean, Graduate School, College of Nursing  
University of the Visayas  
Colon, Cebu City

Madam:

Good day!

The undersigned is currently enrolled in the University of the Visayas –Graduate School pursuing a degree in Doctor of Health Care Management. I wish to conduct a research regarding **“The dengvaxia aftermath: Feministic view on immunization.”**

With this, I hereby seek your consent to allow me to conduct the study as part of my requirements in the doctorate program.

I hope for your favorable approval. Thank you for your unwavering support.

Sincerely,

**MARY R. TORTUYA**  
Researcher

Noted by:

**DR. RESTY L. PICARDO**  
Adviser

**APPENDIX B**  
**TRANSMITTAL LETTER TO THE BARANGAY CAPTAIN**

February 22, 2019

**HON. NEIL I. CANDELARIO**

Barangay Captain  
Poblacion, Kalibo, Aklan

Sir:

Good day!

The undersigned is currently enrolled in the University of the Visayas –Graduate School pursuing a degree in Doctor of Health Care Management. I wish to conduct a research regarding **“The dengvaxia aftermath: Feministic view on immunization.”**

With this, I hereby seek your consent to allow me to conduct the study in your area particularly among the residents of your barangay.

Attached with is a copy of my dissertation proposal which includes copies of instrument and consent forms to be used in the research process. Included as well is a copy of the approval letter which I received from the University of the Visayas.

Should any further information be required, please do not hesitate to contact me at 09088652097.

Thank you for your kind consideration on this endeavor.

Sincerely,

**MARY R. TORTUYA**

Researcher

Noted by:

**DR. RESTY L. PICARDO**

Adviser

**APPENDIX C**  
**TRANSMITTAL LETTER TO THE MUNICIPAL HEALTH PHYSICIAN**

February 22, 2019

**DR. MAKARIUS TEL-AVIV C. DELA CRUZ III**  
Municipal Health Officer  
Kalibo, Aklan

Sir:

Good day!

The undersigned is currently enrolled in the University of the Visayas –Graduate School pursuing a degree in Doctor of Health Care Management. I wish to conduct a research regarding **“The dengvaxia aftermath: Feministic view on immunization.”**

With this, I hereby seek your consent to allow me to conduct the study in your area particularly among the residents of your barangay.

Attached with is a copy of my dissertation proposal which includes copies of instrument and consent forms to be used in the research process. Included as well is a copy of the approval letter which I received from the University of the Visayas. Upon completion of my study, I undertake to provide your institution a copy of it. Should any further information be required, please do not hesitate to contact me at 09088652097.

Thank you for your kind consideration and support on this endeavor.

Sincerely,

**MARY R. TORTUYA**  
Researcher

Noted by:

**DR. RESTY L. PICARDO**  
Adviser

## **APPENDIX D**

### **QUESTIONNAIRE ON THE DENG VAXIA AFTERMATH: FEMINISTIC VIEW ON IMMUNIZATION**

**Dear Respondents,**

You understand that you are being asked to participate in a research study at Poblacion, Kalibo, Aklan. This study will determine the feministic view on immunization after dengvaxia controversy. You agree to participate in the study, and you will be interviewed for about 10-15 minutes that will take place in an area most convenient for you. You understand that you will not receive any remuneration for participating in the study. Rest assured that there will be no identifying information included in the questionnaire and there are no risks associated.

You are participating in the study because you are a woman of reproductive age, a mother having a child within immunization age or a pregnant woman having pre-natal care at the Kalibo RHU II.

You recognize that the outcome of this study may help the researcher, health care worker and you as well as the local government to know more about the feministic view on immunization that may impact the program.

You understand that your involvement is wholly voluntary and you may withdraw from the study anytime you wish. If you wish to discontinue your participation, you will be treated in the usual manner still.

You are aware that all the data will be kept confidential. However, the information may be used in publication and presentations.

You understand that if you sustain injuries from your involvement in the study, you will not be automatically compensated by the RHU or by the university.

If needed, you may contact UV-IRB office at 416-8607 or [uvirb2015@gmail.com](mailto:uvirb2015@gmail.com) anytime during the study.

Sincerely,

**MARY R. TORTUYA, MN, RN**  
Researcher

I understand that I am being asked to participate in a research study at Poblacion, Kalibo Aklan. This study will determine the feministic view on immunization after dengvaxia controversy.

I agree to participate in the study, and I will be interviewed for about 10-15 minutes that will take place in an area most convenient for a respondent. I understand that I will not receive any remuneration for participating in the study. I am assured that there will be no identifying information included in the questionnaire and there are no risks associated.

I am participating in the study because I am a woman of reproductive age, a mother having a child within immunization age or a pregnant woman having pre-natal care at the Kalibo RHU II.

I recognize that the outcome of this study may help the researcher, health care worker and me as well as the local government to know more about the feministic view on immunization that may impact the program.

I understand that my involvement is wholly voluntary and I may withdraw from the study anytime I wish. If I desire to discontinue my participation, I will be treated in the usual manner still.

I am aware that all the data will be kept confidential. However, the information may be used in publication and presentations.

I understand that if I sustain injuries from my involvement in the study, I will not be automatically compensated by the RHU or by the university. If needed, I can contact UV-IRB office at 416-8607 or [uvirb2015@gmail.com](mailto:uvirb2015@gmail.com) anytime during the study.

The research study and the extent of my involvement has been explained to me. I have read and understood the consent form, all of my questions have been answered and I agree to participate. I am aware that I will be given a copy of the signed consent form.

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Signature of Subject

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Date

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Signature of Witness

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Date

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Signature of Researcher

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Date



**Part I:** Survey questions to assess contextual influences on vaccination.

*Direction:* Please put a check mark (/) in the option that responds to your answer.

<b>Contextual Influences</b>	<b>Yes</b>	<b>No</b>
<b>A. Communication &amp; Media Environment</b>		
1. Who do you trust the most for information? <i>(Sino ang lubos mong pinagkakatiwalaan pagdating sa kaalaman?)</i> <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Teacher <input type="checkbox"/> Politician <input type="checkbox"/> Others (please specify) _____		
2. Do you recall a vaccine that was debated in the media? <i>(May naalaala ka ba na bakuna na pinagdedebatehan sa medya?)</i> If "Yes," would you still want this vaccine for your child/yourself? <i>(Kung "Oo," gusto mo pa rin ba ang bakunang ito para sa anak/sarili mo?)</i>		
3. Do you believe in reports in the media by parents claiming to have lost a child to a vaccine-preventable disease? <i>(Pinaniniwalaan mo ba ang mga ulat sa medya ng mga magulang na nawalan ng anak dahil sa sakit na pwedeng mapigilan ng bakuna?)</i> If "Yes," does this affect your decision to vaccinate your child/yourself? <i>(Kung "Oo," nakaapekto ba ito sa desisyon mong pabakunahan ang iyong anak/sarili?)</i>		
<b>B. Influential leaders, Gatekeepers and Anti- or Pro-vaccination lobbies</b>		
1. Do leaders (religious, political, teachers, health care workers) in your community support vaccines for infants, children, adult and women? <i>(Ang namumuno ba (relihiyon, pulitika, guro, manggagawa sa kalusugan) sa inyong lugar ay sumusuporta sa bakuna para sa mga sanggol, bata, matanda at babae?)</i>		
2. Would it trigger doubts to have your child/yourself vaccinated, if a celebrity advocates against a certain vaccine? <i>(Makapagpaalinlangan ba sa pagpapabakuna mo ng iyong anak/sarili kung may isang tanyag na tao na itinataguyod ang pagiging labag sa bakuna?)</i>		
3. Has your imam/priest/rabbi ever advocated against vaccination? <i>(Ang imam/pari/rabi nyo ba ay itinataguyod ang pagiging labag sa pagpapabakuna?)</i> Did you follow this advice? <i>(Sinunod mo ba ang ganitong payo?)</i>		
<b>C. Historical influences</b>		
1. Do you remember any events in the past that discourages you from getting a vaccine(s) for your children/yourself? <i>(May naalaala ka ba na pangyayari sa nakaraan na nagpahina ng loob mo para pabakunanahan ang iyong anak/sarili?)</i>		

2. Has your community ever felt the need to urgently introduce a new vaccine? <i>(Nagmamadali ba ang komunidad nyo sa pag gamit ng bagong bakuna?)</i>		
3. Has your community refused to accept certain vaccines in the past? <i>(May mga bakuna ba na tinanggihan dati ang komunidad nyo?)</i>		
<b>D. Religion/Culture/Gender/Socio-economic</b>		
1. Do you know anyone who does not submit to vaccination because of religious or cultural reasons? <i>(May kakilala ka ba na ayaw magpabakuna dahil sa relihiyon o paniniwala?)</i>		
Do you agree with these persons? <i>(Sang-ayon ka ba sa kanila?)</i>		
Do you think they are risking their health or the health of their child if they do not take a vaccine? <i>(Para sa 'yo nilalagay ba nila sa alanganin ang kalusugan nila o ng kanilang anak kung ayaw nila sa bakuna?)</i>		
2. Does your religion/ philosophy/ culture recommend against (a certain) vaccination? <i>(Ang iyong relihiyon/pilosopiya/paniniwala ba ay labag sa pagpapabakuna?)</i>		
3. Do you consider that it is more important to vaccinate boys than of girls? <i>(Itinuturing mo ba na mas importanteng mabakunahan ang lalaki kesa babae?)</i>		
<b>E. Politics/policies (Mandates)</b>		
1. Do you trust the government in their decision on what vaccines to provide? <i>(Nagtitiwala ka ba sa desisyon ng gobyerno ukol sa kung anong bakuna ang ibibigay?)</i>		
2. Do you agree with the choice of vaccines or recommended vaccination recommendation program provided by the government? <i>(Sumasang-ayon ka ba sa napiling bakuna o nerekomendang programa sa pagbabakuna na ibinibigay ng gobyerno?)</i>		
3. Did you ever have the impression that the government/health care provider did not provide your child/ you with the best vaccine on the market? <i>(Nagkaroon ka ba ng impresyon na ang gobyerno/nagbibigay ng serbisyong pangkalusugan ay hindi nakapagbibigay sa anak mo/sa 'yo ng pinakamahusay na bakuna?)</i>		
<b>F. Geographic barriers</b>		
1. Has distance, timing of clinic, time needed to get to clinic or wait at clinic and/or costs in getting to clinic prevented you from getting your child/yourself immunized? <i>(Ang distansya, oras ng klinika, oras na kailangan pumunta sa klinika, paghihintay sa klinika at/o gastos sa pagpunta ng klinika ay nakahahadlang sa 'yo para mapabakunahan ang iyong anak/sarili?)</i>		
2. The time/cost/effort of traveling to the doctor/ clinic with young children is not worth for receiving vaccination only? <i>(Hindi sulit ang oras/gastos/pagod papunta sa doktor/klinika na may kasamang bata para sa pagpabakuna lamang?)</i>		

3. If you have to spend more than one hour getting a vaccine, is it important enough to travel for it? ( <i>Kung ikaw ay gugugol ng mahigit isang oras para makapabakuna, pupunta ka pa rin ba para dito?</i> )		
<b>G. Pharmaceutical industry</b>		
1. Do you believe that vaccine producers are interested in your child's/your health? ( <i>Naniniwala ka ba na ang mga gumagawa ng bakuna ay interesado sa kalusugan ng iyong anak/mo?</i> )		
2. Do you think governments are "pushed" by lobbyists or industry to recommend certain vaccines? ( <i>Naisip mo ba na ang gobyerno ay tinulak ng mga nang-iimpluwensya o industriya para magrekomenda ng mga bakuna?</i> )		
3. Do you trust that pharmaceutical companies can provide safe and effective vaccines? ( <i>Nagtitiwala ka ba na ang kompanya ng gamot ay makapagbibigay ng ligtas at mabisang mga bakuna?</i> )		

**Part II:** Survey questions to assess Individual and Group Influences on vaccination.

*Direction:* Please put a check mark (✓) in the option that responds to your answer.

<b>Individual and Group Influences</b>	<b>Yes</b>	<b>No</b>
<b>A. Experience with past vaccination</b>		
1. Have you or someone you know ever had a bad reaction to a vaccine which made you reconsider getting vaccines? ( <i>Ikaw ba o may kakilala ka na nagkaroon ng hindi magandang reaksyon sa bakuna na naging dahilan para magsaalang-alang ka sa pagpapabakuna?</i> )		
2. Have you heard of anyone who was disabled after receiving a vaccine? ( <i>May nalaman ka ba na nagkapansanan matapos makapagpabakuna?</i> )		
Did this make you reconsider your choice to get yourself/ your child vaccinated? ( <i>Ito ba ay nakapagpasaalang-alang sa desisyon mo para pabakunahan ang iyong sarili/anak?</i> )		
3. Did pain of the past immunization prevent you or your child from being immunized? ( <i>Ang naranasan mo na sakit sa pagpabakuna dati ang pumipigil sa 'yo o sa anak mo para mabakunahan?</i> )		
<b>B. Beliefs, attitudes about health and prevention</b>		
1. Do you think it is possible to have received too many vaccines at one time? ( <i>Maaari bang makatanggap ng maraming bakuna sa isang beses?</i> )		
2. Do you believe that there are other (better) ways to prevent vaccine-preventable diseases? ( <i>Naniniwala ka ba na may ibang (mas mabuting) paraan para maiwasan ang mga pagkakasakit na napipigilan ng bakuna?</i> )		
3. Do you believe that it is better for the child to start receiving vaccines only when already over one year of age? ( <i>Naniniwala ka ba na mainam sa bata ang mabakunahan pagkalipas ng isang taong edad?</i> )		
<b>C. Knowledge/awareness</b>		

1. Do you feel that you know which vaccines you should get for yourself? Your children? ( <i>Nadarama mo ba na alam mo kung anong bakuna ang para sa iyo? Sa anak mo?</i> )		
2. Do you feel you get enough information about vaccines and their safety? ( <i>Nadarama mo ba na sapat ang kaalamang nakukuha mo ukol sa bakuna at sa pagiging ligtas nito?</i> )		
3. Do you consider that some vaccines are more important than other? ( <i>Nawari mo ba na ang ibang bakuna ay mas mahalaga</i> )		
<b>D. Health system and providers trust and personal experience</b>		
1. Information on side effects following immunization is discussed openly by the authorities. ( <i>Ang kaalaman sa mga ibang epekto matapos ang pagbakuna ay inihahayag ng mga awtoridad?</i> )		
2. Have you ever felt healthcare professional, government, local authorities are pushing you into a vaccination decision you did not fully support? ( <i>Pinilit ka ba na magpabakuna ng mga nagseserbisyo sa kalusugan, gobyerno, lokal na awtoridad kahit hindi mo sinasang-ayunan?</i> )		
3. Do you feel that your health care provider cares about what is best for you/your child? ( <i>Naramdaman mo ba na nagmamalasakit ang manggagawa sa kalusugan sa kung ano ang makabubuti sa iyo/sa iyong anak?</i> )		
<b>E. Risk/benefit (perceived, heuristic)</b>		
1. Do you think vaccines are still needed even when the disease is no longer prevalent? ( <i>Kailangan pa ba ang bakuna kahit hindi na uso ang sakit?</i> )		
2. Are you concerned that you/your child might have a serious side effect from a shot? ( <i>Nag-aalala ka ba na maaaring ikaw/ang iyong anak ay magkaroon ng seryosong ibang epekto mula sa bakuna?</i> )		
3. Do you believe that vaccines are still needed when diseases are rare? ( <i>Ikaw ba ay naniniwala na ang mga bakuna ay kailangan pa rin kahit bihira na ang mga sakit?</i> )		
<b>F. Immunization as a social norm vs. not needed/harmful</b>		
1. Do you think it's important to get a vaccine to protect those that cannot get vaccinated? ( <i>Naniniwala ka ba na mahalagang magpabakuna para maprotektahan ang mga hindi pwedeng bakunahan?</i> )		
2. Do the mothers/women in your community/ circle of friends have their child/themselves vaccinated? ( <i>Ang mga nanay/babae sa inyong komunidad/mga kaibigan mo ba ay nagpabakuna ng kanilang anak/sarili?</i> )		
Do you have your child/yourself vaccinated? ( <i>Nagpabakuna ka ba ng iyong anak/sarili?</i> )		
3. Do you believe that if your child/yourself get vaccinated, others are protected as well? ( <i>Naniniwala ka ba na pag pinabakunahan mo ang iyong anak/sarili, napoprotektahan din ang iba?</i> )		

**Part III:** Survey questions to assess Vaccine/ Vaccination-specific issues on vaccination.

*Direction:* Please put a check mark ( / ) in the option that responds to your answer.

<b>VACCINE/ VACCINATION-specific issues</b>	<b>Yes</b>	<b>No</b>
<b>A. Risk/ Benefit (scientific evidence)</b>		
1. Do you believe that vaccines are safe for yourself? your child/children? for those in your community? ( <i>Naniniwala ka ba na ang mga bakuna ay ligtas para sa iyong sarili? Iyong anak? Sa mga tao sa iyong komunidad?</i> )		
2. Do you consider some vaccine products preventing a disease (influenza or standard/ measles (M only or MMR) safer than others? ( <i>Itinuturing mo bang mas ligtas ang mga bakuna na pananggalang sa sakit (influenza/tigdas/MMR) kesa sa iba?</i> )		
3. Before administering the vaccine, my health care worker (HCW) always provided me with enough information on the side effects that might follow. ( <i>Bago magbakuna ang manggagawa para sa kalusugan ay laging nagbibigay sa akin ng sapat na kaalaman sa iba pang epekto nito.</i> )		
<b>B. Introduction of a new vaccine or new formulation</b>		
1 Do you feel yourself/your child to be at risk of diarrhea/ cervical cancer? ( <i>Sa pakiramdam mo ba, ikaw/iyong anak ay nanganganib na magkadiarrhea/cervical cancer?</i> ) Do you think a vaccine is needed to prevent these diseases? ( <i>Sa palagay mo ba kailangan ng bakuna para mahadlangan ang mga ito?</i> )		
2. New vaccines are not trialed to the same rigorous standard as any normally prescribed drug? ( <i>Ang mga bagong bakuna ba ay hindi dumaan sa matinding pagsubok kagaya ng nireresetang gamot?</i> )		
3. Have you ever delayed vaccinating yourself/ your child with a newly introduced/ recommended vaccine? ( <i>Inantala mo ba ang pagpabakuna ng iyong sarili/iyong anak sa ipinakilalang bagong bakuna/inirerekomandang bakuna?</i> )		
<b>C. Mode of administration</b>		
1. Do you fear the pain to you/your child or fear of the needles when receiving a vaccine makes you hesitate be to immunized? ( <i>Natatakot ka ba sa sakit ng karayom para sa sarili mo/sa iyong anak kapag nagpapabakuna kaya ka nag-aalinlangan dito?</i> )		
2. Has pain following immunization ever made you reconsider to have yourself/ your child vaccinated?( <i>Ang sakit ng pagpapabakuna ba ang nagpasaalang-alang para ikaw/iyong anak ay mabakunahan?</i> )		
3. Would you be willing to accept more vaccines for yourself/ your child if there was no pain involved? ( <i>Payag ka bang tumanggap ng maraming bakuna para sa iyong sarili/iyong anak kung sakaling walang kasamang sakit?</i> )		
<b>D. Design of vaccination program/Mode of delivery</b>		

<p>1. Is the vaccination process welcoming? (<i>Nakakatulong ba ang proseso ng pagpapabakuna?</i>) Are there any things that could be done to make it easier for you to get vaccines (on time) for yourself or your children? (<i>May iba pa bang paraan para mas mapadali (masakto sa oras) ang pagpapabakuna mo/ng iyong anak?</i>)</p>		
<p>2. What would you prefer for yourself/your child: Receive a vaccine (<i>Ano ang nais mo para sa iyong sarili/anak: Magpabakuna sa</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> at your health center (<i>palagamutan</i>)</li> <li><input type="checkbox"/> from your doctor or (<i>doktor</i>)</li> <li><input type="checkbox"/> from door to door vaccinators (<i>nagbabahaybahay na tagabakuna</i>)</li> <li><input type="checkbox"/> during mass vaccination campaigns (<i>malawakang pagbabakuna</i>)</li> <li><input type="checkbox"/> school-based programs? (<i>programa sa paaralan</i>)</li> </ul>		
<p>3. Did you ever refrain yourself/ your child from being vaccinated during a mass immunization campaign? (<i>Nagpigil ka ba na mabakunahan iyong sarili/anak sa isang malawakang pagbabakuna?</i>)</p>		
<p><b>E. Reliability and/or source of vaccine supply</b></p>		
<p>1. Do you feel confident that the health center or doctor's office will have the vaccine you need, when you need them? (<i>Tiwala ka ba na ang palagamutan o doktor ay may bakuna sakaling mangangailangan ka nito?</i>)</p>		
<p>2. Have you ever been sent home from the health center/ doctor's office due to lack of vaccine? (<i>Napauwi ka ba mula sa palagamutan/doktor nang dahil sa walang bakuna?</i>) If "Yes," did you go again to try and receive it? (<i>Kung "Oo," sinubukan mo bang pumunta uli para dito?</i>)</p>		
<p>3. Did you ever decide against a vaccine as it was produced by a manufacturer you did not trust? (<i>Nakapagdesisyon ka na ba na huwag magpabakuna dahil hindi ka nagtitiwala sa gumawa nito?</i>) Do you believe that vaccines made in Europe or America are safer than those made in middle income countries? (<i>Naniniwala ka ba na ang mga bakunang gawa sa Europa o Amerika ay mas ligtas kesa doon sa gawa ng middle income na bansa?</i>)</p>		
<p><b>F. Vaccination schedule</b></p>		
<p>1. Are there any vaccines that are difficult for you to get because of the schedule? (<i>May mga bakuna bang mahirap mong makuha dahil sa iskedyul?</i>)</p>		
<p>2. Are you sure that following the recommended shot schedule is a good idea for your child/yourself? (<i>Nakakasiguro ka ba na ang pagsunod sa nirekomendang iskedyul ng bakuna ay mainam para sa iyong anak/sarili?</i>)</p>		
<p>3. If you had an/another infant today, would you want him/her to</p>		

<p>get all the recommended shots? (<i>Kung meron/sakaling may anak ka ngayon, gusto mo bang matanggap nya ang lahat ng nirekomendang bakuna?</i>)</p>		
<p><b>G. Costs</b></p>		
<p>1. Would the cost of a vaccine prevent you from getting it, even if you felt you or your child needed it? (<i>Ang halaga ba ng bakuna ang pumipigil sa 'yo para kumuha nito kahit alam mong kailangan mo/ng anak mo ito?</i>)</p>		
<p>2. Which medication do you consider more effective: (<i>Ano ang tinuturing mong mas mabisa:</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> the free of charge drugs provided at your health care center/doctor/ by your government; or (<i>libreng gamot na bigay ng palagamutan/doktor/gobyerno</i>)</li> <li><input type="checkbox"/> the ones you need to pay for yourself? (<i>ung nagbabayad ka?</i>)</li> </ul>		
<p>3. Would you be willing to pay for a vaccine privately? (<i>Handa ka bang magbayad para sa bakuna sa pribado?</i>)</p>		
<p><b>H. Role of healthcare professionals</b></p>		
<p>1. Did healthcare professionals ever treat you without respect (e.g. in regard to your appearance, education or cultural background) so that you will hesitate to return to the healthcare facility? (<i>Hindi ka nirespeto ng mga manggagawa sa kalusugan para mag-alinlangan kang bumalik sa palagamutan?</i>)</p>		
<p>2. Has your healthcare provider ever advised you that a certain vaccine was not necessary or had too many side effects? (<i>Napayuhan ka na ba ng manggagawa sa kalusugan na may bakunang hindi na kailangan o may maraming ibang epekto?</i>)</p>		
<p>3. Was your doctor ever reluctant to administer a vaccine you wanted for yourself/ your child? (<i>Naging mabigat ba sa loob ng iyong doktor ang pagbibigay ng bakuna na gusto mo sa iyong sarili/anak?</i>)</p>		

**APPENDIX E**  
**TRANSLATED QUESTIONNAIRE ON THE DENG VAXIA AFTERMATH:**  
**FEMINISTIC VIEW ON IMMUNIZATION**

Talatanungan sa Pagkatapos ng Dengvaxia: Pagtanaw ng mga Kababaihan sa Pagpapabakuna

**Mahal na Binibini/Ginang,**

Nauunawaan mo na ikaw ay pinakiusapan na makilahok sa isang pananaliksik sa Poblacion, Kalibo, Aklan. Tutukuyin ng pananaliksik na ito ang pagkaunawa ng mga kababaihan sa pagpapabakuna matapos ang krontobersiya ng dengvaxia. Ikaw ay sumasang-ayon na makilahok sa pag-aaral at kakapanayamin ng may tinatayang 10 hanggang 15 minuto sa lugar kung saan ka komportable. Nauunawaan mo na wala kang matatanggap na halaga kapalit ng iyong pakikilahok sa pag-aaral. Nakatitiyak ka na walang kabilang na impormasyon na magkikilala sayo at walang peligrong maiuugnay sa pag-aaral na ito.

Napagtanto mo na pwede kang makilahok sa pag-aaral na ito sapagkat ikaw ay isang babae na nasa edad na pwede ng magdalang-tao, isang ina na may anak na pwedeng bakunahan /isang babaeng buntis at nagpapakonsulta sa Kalibo RHU II.

Kinikilala mo na ang kalalabasan ng pag-aaral na ito ay makatutulong sa tagapagpanaliksik, nangangalaga ng kalusugan at sa iyo pati na rin sa gobyerno na magkaroon ng karagdagang kaalaman ukol sa pagkaunawa ng mga kababaihan sa pagpapabakuna.

Nauunawaan mo na ang iyong pakikilahok ay buong pagbubuluntaryo at maari kang umatras anumang oras. Kung mapagpasyahan mo na itigil ang iyong pakikilahok, ikaw ay pakikitunguhan parin ayun sa nakasanayan.

Napag-alaman mo na ang lahat ng datos ay ililihim. Ngunit, ang mga impormasyon ay maaaring gamitin sa paglalathala o mga paglalahad.

Nauunawan mo na kapag ikaw ay nagtamo ng pinsala sa iyong pakikilahok sa pag-aaral na ito, ay hindi ka agad mababayaran ng RHU o ng unibersidad.

Kung kinakailangan, maari kang makipag-ugnayan sa tanggapan ng UV-IRB sa telepono bilang 416-8607 o [uvirb2015@gmail.com](mailto:uvirb2015@gmail.com) anumang oras habang isinasagawa ang pag-aaral.

Gumagalang,

**MARY R. TORTUYA, MN, RN**  
Tagapagpanaliksik



Nauunawaan ko na ako ay pinakiusapan na makilahok sa isang pananaliksik sa Poblacion, Kalibo, Aklan. Tutukuyin ng pananaliksik na ito ang pagkaunawa pagkaunawa ng mga kababaihan sa pagpabakuna matapos ang krontobersiya ng dengvaxia. Ako ay sumasang-ayon na makilahok sa pag-aaral at kakapanayamin ng may tinatayang 10 hanggang 15 minuto sa lugar kung saan ako ay komportable. Nauunawaan ko na wala akong matatanggap na halaga kapalit ng aking pakikilahok sa pag-aaral. Nakatitiyak ako na walang kabilang na impormasyon na magkikilala sa akin at walang peligrong maiuugnay sa pag-aaral na ito.

Napagtanto ko na pwede akong makilahok sa pag-aaral na ito sapagkat ako ay isang babae na nasa edad na pwede ng magdalang-tao, isang ina na may anak na pwedeng bakunahan /isang babaeng buntis at nagpapakonsulta sa Kalibo RHU II.

Kinikilala ko na ang kalalabasan ng pag-aaral na ito ay makatutulong sa tagapagpanaliksik, nangangalaga ng kalusugan at sa akin pati na rin sa gobyerno na magkaroon ng karagdagang kaalaman ukol pagkaunawa ng mga kababaihan sa pagpapabakuna.

Nauunawaan ko na ang aking pakikilahok ay buong pagbubuluntaryo at maari akong umatras anumang oras. Kung mapagpasyahan ko na itigil ang aking pakikilahok, ako ay pakikitunguhan parin ayun sa nakasanayan.

Napag-alaman ko na ang lahat ng datos ay ililihim. Ngunit, ang mga impormasyon ay maaaring gamitin sa paglalathala o mga paglalahad.

Nauunawan ko na kapag ako ay nagtamo ng pinsala sa aking pakikilahok sa pag-aaral na ito, ay hindi agad mababayaran ng RHU o ng unibersidad.

Kung kinakailangan, maari akong makipag-ugnayan sa tanggapan ng UV-IRB sa telepono bilang 416-8607 o [uvirb2015@gmail.com](mailto:uvirb2015@gmail.com) anumang oras habang isinasagawa ang pag-aaral.

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Lagda ng Kalahok

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Petsa

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Lagda ng Testigo

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Petsa

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Lagda ng Tagapagpanaliksik

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Petsa

Unang Parte: Talatanungan para sa contextual influences sa bakuna

Direksyon: Pakiusap na lagyan ng tsek (/) ang opsyon na tugma sa iyong sagot.

Contextual Influences	Yes	No
<b>A. Communication &amp; Media Environment</b>		
1. Who do you trust the most for information? <i>(Sino ang lubos mong pinagkakatiwalaan pagdating sa kaalaman?)</i> <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Teacher <input type="checkbox"/> Politician <input type="checkbox"/> Others (please specify) _____		
2. Do you recall a vaccine that was debated in the media? <i>(May naalaala ka ba na bakuna na pinagdedebatehan sa medya?)</i> If "Yes," would you still want this vaccine for your child/yourself? <i>(Kung "Oo," gusto mo pa rin ba ang bakunang ito para sa anak/sarili mo?)</i>		
3. Do you believe in reports in the media by parents claiming to have lost a child to a vaccine-preventable disease? <i>(Pinaniniwalaan mo ba ang mga ulat sa medya ng mga magulang na nawalan ng anak dahil sa sakit na pwedeng mapigilan ng bakuna?)</i> If "Yes," does this affect your decision to vaccinate your child/yourself? <i>(Kung "Oo," nakaapekto ba ito sa desisyon mong pabakunahan ang iyong anak/sarili?)</i>		
<b>B. Influential leaders, Gatekeepers and Anti- or Pro-vaccination lobbies</b>		
1. Do leaders (religious, political, teachers, health care workers) in your community support vaccines for infants, children, adult and women? <i>(Ang namumuno ba (relihiyon, pulitika, guro, manggagawa sa kalusugan) sa inyong lugar ay sumusuporta sa bakuna para sa mga sanggol, bata, matanda at babae?)</i>		
2. Would it trigger doubts to have your child/yourself vaccinated, if a celebrity advocates against a certain vaccine? <i>(Makapagpaalinlangan ba sa pagpapabakuna mo ng iyong anak/sarili kung may isang tanyag na tao na itinataguyod ang pagiging labag sa bakuna?)</i>		
3. Has your imam/priest/rabbi ever advocated against vaccination? <i>(Ang imam/pari/rabi nyo ba ay itinataguyod ang pagiging labag sa pagpapabakuna?)</i> Did you follow this advice? <i>(Sinunod mo ba ang ganitong payo?)</i>		
<b>C. Historical influences</b>		
1. Do you remember any events in the past that discourages you from getting a vaccine(s) for your children/yourself? <i>(May naalaala ka ba na pangyayari sa nakaraan na nagpahina ng loob mo para pabakunahan ang iyong anak/sarili?)</i>		

2. Has your community ever felt the need to urgently introduce a new vaccine? ( <i>Nagmamadali ba ang komunidad nyo sa pag gamit ng bagong bakuna?</i> )		
3. Has your community refused to accept certain vaccines in the past? ( <i>May mga bakuna ba na tinanggihan dati ang komunidad nyo?</i> )		
<b>D. Religion/Culture/Gender/Socio-economic</b>		
1. Do you know anyone who does not submit to vaccination because of religious or cultural reasons? ( <i>May kakilala ka ba na ayaw magpabakuna dahil sa relihiyon o paniniwala?</i> )		
Do you agree with these persons? ( <i>Sang-ayon ka ba sa kanila?</i> )		
Do you think they are risking their health or the health of their child if they do not take a vaccine? ( <i>Para sa 'yo nilalagay ba nila sa alanganin ang kalusugan nila o ng kanilang anak kung ayaw nila sa bakuna?</i> )		
2. Does your religion/ philosophy/ culture recommend against (a certain) vaccination? ( <i>Ang iyong relihiyon/pilosopiya/paniniwala ba ay labag sa pagpapabakuna?</i> )		
3. Do you consider that it is more important to vaccinate boys than of girls? ( <i>Itinuturing mo ba na mas importanteng mabakunahan ang lalaki kesa babae?</i> )		
<b>E. Politics/policies (Mandates)</b>		
1. Do you trust the government in their decision on what vaccines to provide? ( <i>Nagtitiwala ka ba sa desisyon ng ukol sa kung anong bakuna ang ibibigay?</i> )		
2. Do you agree with the choice of vaccines or recommended vaccination program provided by the government? ( <i>Sumasang-ayon ka ba sa napiling bakuna o nerekomendang programa sa pagbabakuna na ibinibigay ng gobyerno?</i> )		
3. Did you ever have the impression that the government/health care provider did not provide your child/ you with the best vaccine on the market? ( <i>Nagkaroon ka ba ng impresyon na ang gobyerno/nagbibigay ng serbisyong pangkalusugan ay hindi nakapagbibigay sa anak mo/sa 'yo ng pinakamahusay na bakuna?</i> )		
<b>F. Geographic barriers</b>		
1. Has distance, timing of clinic, time needed to get to clinic or wait at clinic and/or costs in getting to clinic prevented you from getting your child/yourself immunized? ( <i>Ang distansya, oras ng klinika, oras na kailangan pumunta sa klinika, paghihintay sa klinika at/o gastos sa pagpunta ng klinika ay nakahahadlang sa 'yo para mapabakunahan ang iyong anak/sarili?</i> )		
2. The time/cost/effort of traveling to the doctor/ clinic with young children is not worth for receiving vaccination only? ( <i>Hindi sulit ang oras/gastos/pagod papunta sa doktor/klinika na may kasamang bata para sa pagpabakuna lamang?</i> )		

3. If you have to spend more than one hour getting a vaccine, is it important enough to travel for it? ( <i>Kung ikaw ay gugugol ng mahigit isang oras para makapabakuna, pupunta ka pa rin ba para dito?</i> )		
<b>G. Pharmaceutical industry</b>		
1. Do you believe that vaccine producers are interested in your child's/your health? ( <i>Naniniwala ka ba na ang mga gumagawa ng bakuna ay interesado sa kalusugan ng iyong anak/mo?</i> )		
2. Do you think governments are "pushed" by lobbyists or industry to recommend certain vaccines? ( <i>Naisip mo ba na ang gobyerno ay tinulak ng mga nang-iimpluwensya o industriya para magrekomenda ng mga bakuna?</i> )		
3. Do you trust that pharmaceutical companies can provide safe and effective vaccines? ( <i>Nagtitiwala ka ba na ang kompanya ng gamot ay makapagbibigay ng ligtas at mabisang mga bakuna?</i> )		

Ikalawang Parte: Talatanungan para sa individual and group influences

Direksyon: Pakiusap na lagyan ng tsek (/) ang opsyon na tugma sa iyong sagot.

<b>Individual and Group Influences</b>	<b>Yes</b>	<b>No</b>
<b>A. Experience with past vaccination</b>		
1. Have you or someone you know ever had a bad reaction to a vaccine which made you reconsider getting vaccines? ( <i>Ikaw ba o may kakilala ka na nagkaroon ng hindi magandang reaksiyon sa bakuna na naging dahilan para magsaalang-alang ka sa pagpapabakuna?</i> )		
2. Have you heard of anyone who was disabled after receiving a vaccine? ( <i>May nalaman ka ba na nagkapansanan matapos makapagpabakuna?</i> )		
Did this make you reconsider your choice to get yourself/ your child vaccinated? ( <i>Ito ba ay nakapagpasaalang-alang sa desisyon mo para pabakunahan ang iyong sarili/anak?</i> )		
3. Did pain of the past immunization prevent you or your child from being immunized? ( <i>Ang naranasan mo na sakit sa pagpabakuna dati ang pumipigil sa 'yo o sa anak mo para mabakunahan?</i> )		
<b>B. Beliefs, attitudes about health and prevention</b>		
1. Do you think it is possible to have received too many vaccines at one time? ( <i>Maaari bang makatanggap ng maraming bakuna sa isang beses?</i> )		
2. Do you believe that there are other (better) ways to prevent vaccine-preventable diseases? ( <i>Naniniwala ka ba na may ibang (mas mabuting) paraan para maiwasan ang mga pagkakasakit na napipigilan ng bakuna?</i> )		
3. Do you believe that it is better for the child to start to receiving vaccine only when already over one year of age? ( <i>Naniniwala ka ba na mainam sa bata ang mabakunahan pagkalipas ng isang taong edad?</i> )		
<b>C. Knowledge/awareness</b>		

1. Do you feel that you know which vaccines you should get for yourself? Your children? ( <i>Nadarama mo ba na alam mo kung anong bakuna ang para sa iyo? Sa anak mo?</i> )		
2. Do you feel you get enough information about vaccines and their safety? ( <i>Nadarama mo ba na sapat ang kaalamang nakukuha mo ukol sa bakuna at sa pagiging ligtas nito?</i> )		
3. Do you consider that some vaccines are more important than other? ( <i>Nawari mo ba na ang ibang bakuna ay mas mahalaga</i> )		
<b>D. Health system and providers trust and personal experience</b>		
1. Information on side effects following immunization is discussed openly by the authorities. ( <i>Ang kaalaman sa mga ibang epekto matapos ang pagbakuna ay inihahayag ng mga awtoridad?</i> )		
2. Have you ever felt healthcare professional, government, local authorities are pushing you into a vaccination decision you did not fully support? ( <i>Pinilit ka ba na magpabakuna ng mga nagseserbisyo sa kalusugan, gobyerno, lokal na awtoridad kahit hindi mo sinasang-ayunan?</i> )		
3. Do you feel that your health care provider cares about what is best for you/your child? ( <i>Naramdaman mo ba na nagmamalasakit ang manggagawa sa kalusugan sa kung ano ang makabubuti sa iyo/sa iyong anak?</i> )		
<b>E. Risk/benefit (perceived, heuristic)</b>		
1. Do you think vaccines are still needed even when the disease is no longer prevalent? ( <i>Kailangan pa ba ang bakuna kahit hindi na uso ang sakit?</i> )		
2. Are you concerned that you/your child might have a serious side effect from a shot? ( <i>Nag-aalala ka ba na maaaring ikaw/ang iyong anak ay magkaroon ng seryosong ibang epekto mula sa bakuna?</i> )		
3. Do you believe that vaccines are still needed when diseases are rare? ( <i>Ikaw ba ay naniniwala na ang mga bakuna ay kailangan pa rin kahit bihira na ang mga sakit?</i> )		
<b>F. Immunization as a social norm vs. not needed/harmful</b>		
1. Do you think it's important to get a vaccine to protect those that cannot get vaccinated? ( <i>Naniniwala ka ba na mahalagang magpabakuna para maprotektahan ang mga hindi pwedeng bakunahan?</i> )		
2. Do the mothers/women in your community/ circle of friends have their child/themselves vaccinated? ( <i>Ang mga nanay/babae sa inyong komunidad/mga kaibigan mo ba ay nagpabakuna ng kanilang anak/sarili?</i> )		
Do you have your child/yourself vaccinated? ( <i>Nagpabakuna ka ba ng iyong anak/sarili?</i> )		
3. Do you believe that if your child/yourself get vaccinated, others are protected as well? ( <i>Naniniwala ka ba na pag pinabakunahan mo ang iyong anak/sarili, napoprotektahan din ang iba?</i> )		

Ikatlong Parte: Talatanungan para sa vaccine/vaccination-specific issues

Direksyon: Pakiusap na lagyan ng tsek (/) ang opsyon na tugma sa iyong sagot.

VACCINE/ VACCINATION-specific issues	Yes	No
<b>A. Risk/ Benefit (scientific evidence)</b>		
1. Do you believe vaccines are safe for yourself? your child/children? for those in your community? ( <i>Naniniwala ka ba na ang mga bakuna ay ligtas para sa iyong sarili? Iyong anak? Sa mga tao sa iyong komunidad?</i> )		
2. Do you consider some vaccine products preventing a disease (influenza or standard/ measles (M only or MMR) safer than others? ( <i>Itinuturing mo bang mas ligtas ang mga bakuna na pananggalang sa sakit (influenza/tigdas/MMR) kesa sa iba?</i> )		
3. Before administering the vaccine, my health care worker (HCW) always provided me with enough information on the side effects that might follow. ( <i>Bago magbakuna ang manggagawa para sa kalusugan ay laging nagbibigay sa akin ng sapat na kaalaman sa iba pang epekto nito.</i> )		
<b>B. Introduction of a new vaccine or new formulation</b>		
1. Do you feel yourself/your child to be at risk of diarrhea/ cervical cancer? ( <i>Sa pakiramdam mo ba, ikaw/iyong anak ay nanganganib na magkadiarrhea/cervical cancer?</i> ) Do you think a vaccine is needed to prevent these diseases? ( <i>Sa palagay mo ba kailangan ng bakuna para mahadlangan ang mga ito?</i> )		
2. New vaccines are not trialed to the same rigorous standard as any normally prescribed drug? ( <i>Ang mga bagong bakuna ba ay hindi dumaan sa matinding pagsubok kagaya ng nireresetang gamot?</i> )		
3. Have you ever delayed vaccinating yourself/ your child with a newly introduced/ recommended vaccine? ( <i>Inantala mo ba ang pagpabakuna ng iyong sarili/iyong anak sa ipinakilalang bagong bakuna/inirerekomandang bakuna?</i> )		
<b>C. Mode of administration</b>		
1. Do you fear the pain to you/your child or fear of the needles when receiving a vaccine makes you hesitate be to immunized? ( <i>Natatakot ka ba sa sakit ng karayom para sa sarili mo/sa iyong anak kapag nagpapabakuna kaya ka nag-aalinlangan dito?</i> )		
2. Has pain following immunization ever made you reconsider to have yourself/ your child vaccinated?( <i>Ang sakit ng pagpapabakuna ba ang nagpasaalang-alang para ikaw/iyong anak ay mabakunahan?</i> )		
3. Would you be willing to accept more vaccines for yourself/ your child if there was no pain involved? ( <i>Payag ka bang tumanggap ng maraming bakuna para sa iyong sarili/iyong anak kung sakaling walang kasamang sakit?</i> )		
<b>D. Design of vaccination program/Mode of delivery</b>		

<p>1. Is the vaccination process welcoming? (<i>Nakakatulong ba ang proseso ng pagpapabakuna?</i>) Are there any things that could be done to make it easier for you to get vaccines (on time) for yourself or your children? (<i>May iba pa bang paraan para mas mapadali (masakto sa oras) ang pagpapabakuna mo/ng iyong anak?</i>)</p>		
<p>2. What would you prefer for yourself/your child: Receive a vaccine (<i>Ano ang nais mo para sa iyong sarili/anak: Magpabakuna sa</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> at your health center (<i>palagamutan</i>)</li> <li><input type="checkbox"/> from your doctor or (<i>doktor</i>)</li> <li><input type="checkbox"/> from door to door vaccinators (<i>nagbabahaybahay na tagabakuna</i>)</li> <li><input type="checkbox"/> during mass vaccination campaigns (<i>malawakang pagbabakuna</i>)</li> <li><input type="checkbox"/> school-based programs? (<i>programa sa paaralan</i>)</li> </ul>		
<p>3. Did you ever refrain your child/yourself from being vaccinated during a mass immunization campaign? (<i>Nagpigil ka ba na mabakunahan iyong sarili/anak sa isang malawakang pagbabakuna?</i>)</p>		
<p><b>E. Reliability and/or source of vaccine supply</b></p>		
<p>1. Do you feel confident that the health center or doctor's office will have the vaccine you need, when you need them? (<i>Tiwala ka ba na ang palagamutan o doktor ay may bakuna sakaling mangangailangan ka nito?</i>)</p>		
<p>2. Have you ever been sent home from the health center/ doctor's office due to lack of vaccine? (<i>Napauwi ka ba mula sa palagamutan/doktor nang dahil sa walang bakuna?</i>) If "Yes," did you go again to try and receive it? (<i>Kung "Oo," sinubukan mo bang pumunta uli para dito?</i>)</p>		
<p>3. Did you ever decide against a vaccine as it was produced by a manufacturer you did not trust? (<i>Nakapagdesisyon ka na ba na huwag magpabakuna dahil hindi ka nagtitiwala sa gumawa nito?</i>) Do you believe that vaccines made in Europe or America are safer than those made in middle income countries? (<i>Naniniwala ka ba na ang mga bakunang gawa sa Europa o Amerika ay mas ligtas kesa doon sa gawa ng middle income na bansa?</i>)</p>		
<p><b>F. Vaccination schedule</b></p>		
<p>1. Are there any vaccines that are difficult for you to get because of the schedule? (<i>May mga bakuna bang mahirap mong makuha dahil sa iskedyul?</i>)</p>		
<p>2. Are you sure that following the recommended shot schedule is a good idea for your child/yourself? (<i>Nakakasiguro ka ba na ang pagsunod sa nirekomendang iskedyul ng bakuna ay mainam para sa iyong anak/sarili?</i>)</p>		
<p>3. If you had an/another infant today, would you want him/her to</p>		

<p>get all the recommended shots? (<i>Kung meron/sakaling may anak ka ngayon, gusto mo bang matanggap nya ang lahat ng nirekomendang bakuna?</i>)</p>		
<p><b>G. Costs</b></p>		
<p>1. Would the cost of a vaccine prevent you from getting it, even if you felt you or your child needed it? (<i>Ang halaga ba ng bakuna ang pumipigil sa 'yo para kumuha nito kahit alam mong kailangan mo/ng anak mo ito?</i>)</p>		
<p>2. Which medication do you consider more effective: (<i>Ano ang tinuturing mong mas mabisa:</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> the free of charge drugs provided at your health care center/doctor/ by your government; or (<i>libreng gamot na bigay ng palagamutan/doktor/gobyerno</i>)</li> <li><input type="checkbox"/> the ones you need to pay for yourself? (<i>ung nagbabayad ka?</i>)</li> </ul>		
<p>3. Would you be willing to pay for a vaccine privately? (<i>Handa ka bang magbayad para sa bakuna sa pribado?</i>)</p>		
<p><b>H. Role of healthcare professionals</b></p>		
<p>1. Did healthcare professionals ever treat you without respect (e.g. in regard to your appearance, education or cultural background) so that you will hesitate to return to the healthcare facility? (<i>Hindi ka nirespeto ng mga manggagawa sa kalusugan para mag-alinlangan kang bumalik sa palagamutan?</i>)</p>		
<p>2. Has your healthcare provider ever advised you that a certain vaccine was not necessary or had too many side effects? (<i>Napayuhan ka na ba ng manggagawa sa kalusugan na may bakunang hindi na kailangan o may maraming ibang epekto?</i>)</p>		
<p>3. Was your doctor ever reluctant to administer a vaccine you wanted for yourself/ your child? (<i>Naging mabigat ba sa loob ng iyong doktor ang pagbibigay ng bakuna na gusto mo sa iyong sarili/anak?</i>)</p>		



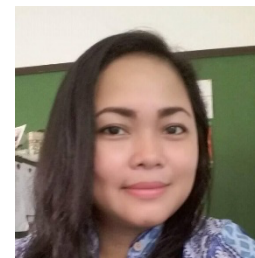
# IJSER

**CURRICULUM VITAE**

**MARY REPEDRO-TORTUYA**

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Aklan, Philippines

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**EDUCATIONAL ATTAINMENT:**

Post Graduate:

**Doctor of Management major in Health Care Management**

University of the Visayas  
Cebu City  
CAR, On-going

**Teacher Education Certificate Program**

Aklan Catholic College  
Kalibo, Aklan  
2016

**Master in Nursing**

*Major in Medical-Surgical Nursing*  
Central Philippine University  
Jaro, Iloilo City  
2009

Tertiary:

**Bachelor of Science in Nursing**

Saint Gabriel College  
Kalibo, Aklan  
2003-2006

**Doctor of Veterinary Medicine**

Aklan State University  
Banga, Aklan  
2000-2003

Secondary:

Science Development National High School  
Old Buswang, Kalibo, Aklan  
2000

Elementary:

New Washington Elementary School  
Poblacion, New Washington, Aklan  
*\*Graduated as Class Salutatorian*  
1996

**ELIGIBILITIES:**

**Licensure Examination for Teachers (September 2015)** 85%  
**Philippine Nursing Licensure Examination (December 2006):** 83%

**Others:**

**Trainers Methodology Certificate 1 (TESDA)**  
**National TVET Trainer Certificate Level I in Health Care Services NC II**

**Health Care Services NC II**  
**Caregiving NC II**  
**Housekeeping NC II**

**AFFILIATIONS:**

**Association of Deans of Philippine Colleges of Nursing, Inc**  
**Association of Deans of Philippine Colleges of Nursing, Inc Region VI**  
**Association of Nursing Service Administrators of the Philippines**  
**Philippine Nurses Association**

**WORK EXPERIENCES:**

**Current:**

**Dean- Nursing Dep't**                      **November 2013- present**                      **Aklan Catholic College,  
Kalibo, Aklan**

*Brief Job Description:*

- *Prepares short term and long term planning;*
- *Initiate curriculum development programs;*
- *Plan a rational faculty, academic and non-academic load;*
- *Lead in the faculty and staff development programs;*
- *Manage student development programs;*
- *Manage department/college office operation;*
- *Lead development & utilization of instructional resource materials;*
- *Pursue personal & professional development*
- *Collaborate with the health services, affiliation agencies and other academic units in the implementation of instructional programs;*
- *Monitor proper implementation of the programs;*
- *Initiate research/community extension projects/programs*
- *Obtain recognition/accreditation of the nursing program;*
- *Evaluate the performance results of the nursing program; and*
- *Perform other functions assigned by the Rector-President and the Administration*

**Nursing Clinical Coordinator**    **June 2011 -**                      **Aklan Catholic College,  
Kalibo, Aklan**  
**November 2013**

*Brief Job Description:*

- *Prepares and implements clinical/ area policies upon approval of the Dean.*
- *Prepares clinical assignment/ rotation of Clinical Instructors and students.*
- *Coordinates with different health agencies for training and affiliation of students.*
- *Prepares contracts of training/affiliation with different health agencies.*
- *Conducts clinical assessment of students and make recommendation for promotion for the next level.*
- *Conducts evaluation of Clinical Instructors for clinical teaching enhancement.*

**Nursing Instructor**                      **June 2009-present**                      **Aklan Catholic College,  
Kalibo, Aklan**

*Brief Job Description:*

- *Teach and train students in the clinical area(Delivery Room, Operating Room, Private Ward, OB Ward)*
- *Handles professional nursing subjects (MCN, Medical-Surgical, Medical Mathematics, Nursing Research)*

**Previous:**

**Nursing Instructor**                      **July 2007-May 2009**                      **Aklan Polytechnic College,  
Kalibo, Aklan**

*Brief Job Description:*

- Teach and train students in the clinical area (Delivery Room, Operating Room, Private Ward, OB Ward)
- Handles professional nursing subjects (MCN, Medical-Surgical Nursing)

**Staff Nurse**

**June 2009 – November 2012 Aklan Cooperative Mission Hospital**

**March 2007- July 2007 Dr. Rafael S. Tumbokon Memorial Hospital**

*Brief Job Description:*

- Admits patient
- Render patient care
- Administer medications, IV fluids, blood products as ordered

**SEMINARS & TRAININGS:**

- **Disaster Management Among Health Care Professionals**  
**All Sons' Inn, Cebu City**  
April 7, 2018
- **Training Workshop on Outcomes-Based Education of the New BSN Curriculum**  
**Loreto Tupaz Hall Audio-Visual Room, Central Philippine University Center, Iloilo City**  
November 10, 2017
- **ADPCN National Summer Conference 2017 Theme: Towards Quality Nursing Education: Transition, Translation, Transformation**  
**Bohol Tropics Hotel, Tagbilaran City, Bohol, Philippines**  
April 26-27, 2017
- **PNA Regional Convention with the Theme "Filipino Nurses Responding to the Demands & Challenges of Health Care in the ASEAN"**  
**Sarabia Manor Hotel, Iloilo City, Philippines**  
September 4, 2015
- **OBE Teaching Strategies, Classroom Tools & QA Mechanism Workshop**  
**ACC Audio-Visual Center, Main Campus**  
June 4-5, 2015
- **The Google Education Workshop**  
**ACC Audio-Visual Center & Computer Laboratories**  
June 3, 2015
- **Seminar-Workshop on Syllabus Writing for Outcomes-Based Education (OBE)**  
**Aklan Catholic College Library**  
January 26-27, 2015
- **3<sup>rd</sup> International Collaborative Conference 2015 Theme: Changing Healthcare System: Opportunities in Nursing Practice and Leadership**  
**Roxas City, Capiz, Philippines**  
January 22-23, 2015
- **Traning of Faculty for the Integration of the Essential Intrapartum and Newborn Care (EINC) in the BSN Curriculum**  
**Century Park Hotel, Malate, Manila, Philippines**  
February 24-26, 2014
- **Seminar on Minimally Invasive Surgery entitled "BREAK IT TO ME GENTLY"**  
**Hall of Governors, Capiz Provincial Capitol, Roxas City, Capiz, Philippines**  
August 30, 2013
- **Basic Life Support Training**  
**Western Visayas Medical Center, Iloilo City**  
May 2011

- **Evidence-Based Practice: Role in Nursing Education and Practice  
CPU Graduate Studies**  
October 2010; ACP Centerpoint Bldg, Kalibo, Aklan
- **3 -day Basic IVT Training & Training of Trainers**  
**Association of Nursing Service Administrators of the Philippines**  
September 2010; ACC Cafeteria, Kalibo, Aklan
- **Strategies and Tools in Teaching Nursing Informatics in the Philippines Philippine  
Nursing Informatics Association**  
April 2010; ACC Cafeteria, Kalibo, Aklan
- **87<sup>th</sup> Founding Anniversary 52<sup>nd</sup> Nurse's Week Celebration & 2009 National  
Convention**  
**PNA, Inc.**  
October 2009; Boracay Island, Malay, Aklan
- **Peritoneal Dialysis Training**  
**Renal Nurses Association of the Philippines**  
December 2009; ACP, Kalibo, Aklan

**PERSONAL DATA:**

Age	35 years old
Gender	Female
Civil Status	Married
Nationality	Filipino
Height	5'2"
Religion	Iglesia Ni Cristo

I attest to the truthfulness of the foregoing.

**MARY R. TORTUYA**