Faith-Based Influences on Vaccine Trust and Hesitancy: A Basis for Integrating Parish Engagement in Immunization Programs

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ABSTRACT

Vaccine hesitancy remains a persistent public health challenge in the Philippines, particularly in the CALABARZON region, where sociocultural and faith-based influences significantly shape health behaviors. This study examined the role of faith-based factors in influencing vaccine trust and hesitancy among caregivers, with the aim of informing strategies for integrating parish engagement into the National Immunization Program. Utilizing a cross-sectional descriptive-correlational design, data were collected from caregivers in selected parishes in one of the provinces in the CALABARZON region through a structured questionnaire assessing vaccine knowledge, trust, religious beliefs, and sources of health information. Findings revealed that while general awareness of routine childhood vaccines was moderate to high, vaccine hesitancy persisted due to concerns about safety, misinformation, and perceived moral or spiritual implications. Faith-based influences emerged as both facilitators and barriers: trust in religious leaders and church-endorsed messages significantly increased vaccine confidence, whereas certain religious misconceptions contributed to hesitancy. Statistical analysis demonstrated a significant relationship between level of parish engagement, trust in church leadership, and willingness to vaccinate. The study concludes that faith-based institutions play a critical role in shaping vaccine attitudes and can be leveraged as strategic partners in immunization campaigns.

Keywords: Vaccine hesitancy, faith-based influence, parish engagement, immunization, child health

INTRODUCTION

Immunization is widely recognized as one of the most cost-effective and impactful public health interventions significantly reducing morbidity and mortality from infectious diseases. Despite its proven effectiveness, vaccine hesitancy has emerged as a significant barrier to achieving optimal immunization coverage worldwide. The World Health Organization identifies vaccine hesitancy as one of the top threats to global health, emphasizing that it is a complex and context-specific phenomenon influenced by factors such as confidence, complacency, and convenience (World Health Organization, 2019). Vaccine hesitancy is not limited to refusal but often manifests as delay in acceptance or uncertainty about vaccination decisions.

In the Philippines, vaccine confidence was significantly undermined by the Dengvaxia controversy, which eroded public trust in immunization programs. Subsequently, routine immunization coverage declined, and outbreaks of vaccine-preventable diseases were documented in several regions (Larson et al., 2019). The long-term impact of this controversy continues to shape caregiver perceptions, particularly regarding vaccine safety and trust in government-led health initiatives.

Within the CALABARZON region, a highly populated and socioeconomically diverse setting in the Philippines, vaccine hesitancy is influenced by a combination of structural, informational, and cultural factors. While national-level data provide a broad picture of immunization trends, they often fail to capture localized dynamics that influence health behavior. Provincial-level studies are therefore essential in identifying context-specific

determinants of vaccine hesitancy and designing targeted interventions that respond to the unique needs of communities.

One of the most salient socio-cultural influences in the Philippine context is religion. As a predominantly Catholic country, religious institutions play a central role in shaping values, beliefs, and social norms. Parish communities serve not only as places of worship but also as hubs for social interaction and information dissemination. Religious leaders, particularly parish priests, are widely regarded as trusted authorities whose guidance extends beyond spiritual matters to include moral and social issues (Cornelio & Medina, 2019). Emerging literature suggests that faith-based organizations can significantly influence health behaviors, including vaccination. Religious leaders can act as powerful advocates for public health by reinforcing pro-vaccination messages and addressing moral concerns, thereby increasing vaccine acceptance (Levin, 2020). Conversely, misinterpretations of religious teachings or lack of clear guidance from faith leaders may contribute to vaccine hesitancy, particularly when caregivers perceive a conflict between spiritual beliefs and medical practices.

Despite the recognized importance of faith-based influences, there is limited empirical evidence examining their role in vaccine trust and hesitancy at the provincial level in the Philippines. Understanding how religious beliefs and parish engagement shape vaccine decision-making within a specific province is critical for developing culturally sensitive and community-based interventions. Such an approach aligns with the principles of primary health care and the goals of the Universal Health Care Act, which emphasize community participation and intersectoral collaboration in health promotion.

Anchored in the need for localized evidence, this study focuses on a selected province in CALABARZON to explore the intersection of vaccine hesitancy and faith-based influences among caregivers. By examining the roles of knowledge, trust, and religious engagement, the study seeks to provide a more comprehensive understanding of the factors that shape immunization behavior in a specific socio-cultural context. Specifically, this study aims to answer the following research questions: (1) What is the level of caregivers' knowledge and awareness of routine childhood vaccines? (2) What is the level of vaccine trust and hesitancy among caregivers? (3) How do faith-based factors influence vaccine decision-making? (4) Is there a significant relationship between faith-based influences and vaccine trust and hesitancy? and (5) How can the findings inform the integration of parish engagement into immunization programs at the provincial level?

METHODS

Research Design

This study utilized a cross-sectional descriptive-correlational design to examine the relationships between faith-based influences and vaccine trust and hesitancy among caregivers. The design enabled the researcher to describe existing conditions and determine associations among variables without manipulating any factors. The design particularly appropriate for capturing real-world perceptions and behaviors within community and parish contexts.

Research Locale

The study was conducted in selected municipalities within a province in the CALABARZON region. The province was chosen based on its active parish structures, accessibility, and relevance to ongoing immunization efforts. To ensure representation of diverse community contexts, the study sites included a mix of urban, semi-urban, and rural barangays.

Parish communities within these municipalities served as the primary setting for data collection, recognizing their central role in shaping social interaction and influencing health-related beliefs among caregivers.

Participants and Sampling Procedure

The respondents of the study were caregivers of children aged 0–5 years residing in the selected province. A target sample size of 200-300 participants was determined based on feasibility and variability requirements for

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correlational analysis. Participants were recruited using purposive sampling to ensure that respondents were directly involved in decisions regarding childhood immunization.

Participants were identified through coordination with parish leaders and local health workers. Inclusion criteria required that respondents be residents of the selected province, active caregivers, and willing to provide informed consent. This approach ensured that the data collected reflected relevant and context-specific experiences.

Research Instrument

Data were collected using a structured questionnaire composed of four major sections: demographic profile, vaccine knowledge and awareness, vaccine trust and hesitancy, and faith-based influences. Each construct was operationalized using multiple Likert-scale items (4-point scale: strongly disagree to strongly agree).

Examples of items include:

a. Vaccine knowledge: understanding of vaccine purpose, schedule, safety, and herd immunity

b. Vaccine hesitancy: concerns about side effects, safety, and exposure to misinformation

c. Faith-based influences: trust in church leadership, perceived church support, belief in divine protection, and level of parish engagement

The questionnaire was developed based on established literature on vaccine hesitancy and adapted to incorporate faith-related variables. Content validation was conducted by experts in nursing, public health, and theology. Reliability testing yielded a Cronbach's alpha of 0.87, indicating strong internal consistency.

Data Collection Procedure

Data collection was conducted over a four-week period with the assistance of parish coordinators. Respondents were approached before or after parish activities and were provided with informed consent forms prior to participation. The purpose of the study was clearly explained, and confidentiality was assured.

Participants completed the questionnaire in a self-administered format, with assistance available when needed. Completed questionnaires were collected immediately to ensure a high response rate and data integrity.

Data Analysis

Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize variables. Inferential analyses included:

a. Pearson correlation to examine relationships between variables

b. Multiple linear regression to identify predictors of vaccine trust

All analyses were conducted at a significance level of $p < 0.05$.

Ethical Considerations

Ethical standards were strictly observed throughout the study. Participation was voluntary, and respondents had the right to withdraw at any time. Anonymity and confidentiality were ensured by not collecting personally identifiable information. Ethical clearance was secured prior to data collection.

RESULTS

Caregivers' Knowledge and Awareness of Routine Childhood Vaccines

The results presented in Table 1 reveal a nuanced pattern in caregivers' knowledge and awareness of childhood immunization. The overall mean score of 3.63 indicates a generally moderate to high level of knowledge;

however, a closer examination of individual indicators highlights important disparities between basic awareness and deeper conceptual understanding.

Caregivers demonstrated the highest level of knowledge in relation to the purpose of vaccines (M = 4.21), suggesting that public health messaging has been effective in communicating the fundamental role of vaccines in preventing disease. Similarly, awareness of the immunization schedule (M = 3.98) reflects familiarity with routine vaccination practices, likely influenced by maternal and child health programs implemented at the community level.

Despite these strengths, the findings reveal a noticeable decline in understanding when the focus shifts to more complex aspects of immunization. Knowledge of vaccine safety (M = 3.45) and awareness of side effects (M = 3.39) were only moderate, indicating uncertainty in evaluating risk-related information. The lowest mean score was observed in knowledge of herd immunity (M = 3.12), suggesting limited comprehension of the collective benefits of vaccination.

Table 1. Level of Caregivers' Knowledge and Awareness of Routine Childhood Vaccines (n = 300)

Indicator	**Mean**	**SD**	**Interpretation**
Knowledge of vaccine purpose	4.21	0.68	High
Awareness of immunization schedule	3.98	0.74	High
Understanding of vaccine safety	3.45	0.81	Moderate
Awareness of side effects	3.39	0.85	Moderate
Knowledge of herd immunity	3.12	0.88	Moderate
Overall Mean	**3.63**	**0.79**	**Moderate to High**

The findings indicate that caregivers possess adequate functional knowledge of vaccination; however, gaps in critical health literacy, particularly regarding vaccine safety and herd immunity, persist. The relatively higher variability in responses further indicates unequal access to accurate and comprehensive information across communities.

This suggests that while awareness campaigns have been effective, they may not sufficiently address deeper cognitive understanding necessary to counter misinformation.

Level of Vaccine Trust and Hesitancy among the Caregivers

Table 2 illustrates the complex and often contradictory nature of vaccine attitudes among caregivers. The overall mean score of 3.55 reflects moderate trust accompanied by persistent hesitancy, suggesting that acceptance of vaccination is not absolute but conditional.

The highest level of agreement was observed in trust in vaccine effectiveness (M = 3.87), indicating that caregivers generally acknowledge the protective value of vaccines. However, this confidence is tempered by concerns about safety (M = 3.42) and a relatively high level of concern about side effects (M = 3.65). These findings highlight a critical tension between perceived benefits and perceived risks.

The influence of misinformation (M = 3.58) emerged as a significant factor shaping vaccine attitudes. This suggests that caregivers are frequently exposed to conflicting information, particularly through digital and social media platforms, which may amplify fears and uncertainties. At the same time, trust in government immunization programs (M = 3.21) remains moderate, reflecting residual skepticism likely associated with past public health controversies such as the Dengvaxia controversy.

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Table 2. Level of Vaccine Trust and Hesitancy Among Caregivers

Indicator	Mean	SD	Interpretation
Trust in vaccine effectiveness	3.87	0.76	High
Confidence in vaccine safety	3.42	0.84	Moderate
Concern about side effects	3.65	0.82	High
Trust in government programs	3.21	0.90	Moderate
Influence of misinformation	3.58	0.88	High
Overall Mean	**3.55**	**0.84**	**Moderate Trust with Hesitancy**

The relatively high standard deviations across indicators indicate heterogeneity in vaccine attitudes, pointing to the existence of distinct subgroups within the population—ranging from highly confident to highly hesitant caregivers. This fragmentation implies that a one-size-fits-all communication strategy may be insufficient.

Overall, the findings suggest that vaccine hesitancy in CALABARZON is characterized not by outright refusal but by ambivalence, where caregivers weigh perceived risks against benefits before making decisions.

Influence of Faith-Based Factors on Vaccine Decision-Making

The data in Table 3 highlight the significant and multifaceted role of faith-based influences in shaping vaccine decision-making. The overall mean of 3.64 indicates a moderate to high level of influence, suggesting that religion is an important contextual factor in health behavior. Trust in church leadership recorded the highest mean (M = 4.30), demonstrating the strong credibility and authority of religious leaders within the community. Similarly, high levels of parish engagement (M = 4.05) indicate that caregivers are actively involved in religious activities, which serve as platforms for social interaction and information exchange. The relatively high score for perceived church support for vaccination (M = 3.88) suggests that many caregivers view vaccination as compatible with religious teachings. This alignment between faith and health promotes acceptance and reinforces positive attitudes toward immunization. However, the findings also reveal the presence of faith-related barriers. Belief in divine protection over vaccines (M = 2.95) and religious concerns about vaccination (M = 3.02) indicate that some caregivers rely on spiritual beliefs as alternatives to medical intervention or experience moral uncertainty regarding vaccination.

Table 3. Influence of Faith-Based Factors on Vaccine Decision-Making

Indicator	Mean	SD	Interpretation
Trust in church leadership	4.30	0.65	High
Parish engagement level	4.05	0.71	High
Church support for vaccination	3.88	0.77	High
Belief in divine protection over vaccines	2.95	0.91	Moderate
Religious concerns about vaccines	3.02	0.89	Moderate
Overall Mean	**3.64**	**0.79**	**Moderate to High Influence**

The coexistence of supportive and hesitant perspectives reflects the dual nature of religious influence. While faith can act as a facilitator of vaccine acceptance, it can also contribute to hesitancy when beliefs are misinterpreted or not clearly addressed by religious authorities.

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These findings emphasize the importance of engaging religious leaders in health promotion efforts to ensure that faith-based messaging supports, rather than undermines, public health goals.

Significant Relationship between Faith-Based Influences and Vaccine Trust and Hesitancy

The correlation analysis in Table 4 provides strong empirical evidence of the relationship between faith-based variables and vaccine attitudes. Trust in church leadership exhibited a strong positive correlation with vaccine trust ($r = 0.52$, $p < 0.01$), indicating that caregivers who have higher confidence in religious leaders are more likely to trust vaccines.

Similarly, parish engagement showed a moderate positive correlation with vaccine acceptance ($r = 0.47$, $p < 0.01$), suggesting that active participation in religious communities reinforces pro-vaccination attitudes. This may be attributed to increased exposure to community norms and shared values that promote collective well-being.

Table 4. Correlation Between Faith-Based Factors and Vaccine Trust

Variables	r-value	p-value	Interpretation
Trust in church leadership vs vaccine trust	0.52	0.000	Significant
Parish engagement vs vaccine acceptance	0.47	0.000	Significant
Religious misconceptions vs vaccine trust	-0.41	0.001	Significant

In contrast, religious misconceptions demonstrated a moderate negative correlation with vaccine trust ($r = -0.41$, $p < 0.01$). This finding indicates that misinterpretations of religious teachings can significantly undermine confidence in vaccination.

The strength and direction of these relationships confirm that faith-based influences are not peripheral but central determinants of vaccine attitudes in this context. Importantly, the results illustrate that the impact of religion depends largely on how beliefs are framed and communicated within the community.

Faith-Based Influences as Predictor of Vaccine Trust

The regression analysis presented in Table 5 further clarifies the predictive role of faith-based variables in shaping vaccine trust. The model explains 46% of the variance in vaccine trust ($R^2 = 0.46$), indicating substantial explanatory power and reinforcing the importance of socio-religious factors.

Among the predictors, trust in church leadership emerged as the strongest positive predictor ($\beta = 0.38$, $p < 0.001$), highlighting the influential role of religious authority in shaping health behavior. Parish engagement also showed a significant positive effect ($\beta = 0.31$, $p < 0.01$), suggesting that community involvement enhances acceptance through social reinforcement mechanisms.

Conversely, religious misconceptions were found to be a significant negative predictor ($\beta = -0.29$, $p < 0.01$), confirming that inaccurate or incomplete understanding of religious teachings can act as a barrier to vaccine confidence.

Table 5. Regression Analysis Predicting Vaccine Trust

Predictor	Beta	p-value	Interpretation
Trust in church leadership	0.38	0.000	Significant predictor
Parish engagement	0.31	0.002	Significant predictor

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Religious misconceptions	-0.29	0.004	Negative predictor
$R^2 = 0.46$			Moderate explanatory power

The combined effects of these variables illustrate that vaccine trust is not determined solely by individual cognition but is deeply embedded in social and cultural structures, particularly those related to religion. The relatively high explanatory power of the model suggests that interventions targeting faith-based factors could yield meaningful improvements in vaccine uptake.

DISCUSSION

The findings of this study confirm that vaccine hesitancy is a multidimensional phenomenon shaped not only by knowledge but also by trust and socio-cultural influences. The observed gap between high awareness and moderate trust reinforces the argument of Dubé et al. (2013) that vaccine hesitancy is not merely a knowledge deficit problem but a complex behavioral phenomenon influenced by risk perception and trust. Caregivers in this study appear to understand the importance of vaccines but remain cautious due to concerns about safety and uncertainty about potential adverse effects. These findings align with the WHO framework, which emphasizes confidence as a central determinant of vaccine acceptance. The moderate trust in government programs observed in this study suggests that institutional credibility remains fragile, likely influenced by past controversies such as Dengvaxia (Larson et al., 2019).

A key contribution of this study is the identification of faith-based institutions as parallel systems of trust, which can either reinforce or undermine public health initiatives. The strong positive relationship between trust in church leadership and vaccine confidence aligns with the work of Levin (2020), who emphasized the potential of religious leaders as key agents in promoting public health. In the Philippine context, where religious participation is deeply embedded in daily life, parish communities serve not only as spiritual centers but also as social networks that influence norms and behaviors. The findings suggest that when vaccination is framed as a moral responsibility aligned with faith values, it becomes more acceptable to caregivers.

However, the study also highlights the dual nature of religious influence. While faith can promote vaccine acceptance, it can also contribute to hesitancy when misconceptions arise. This duality underscores the importance of engaging religious leaders in health communication efforts to ensure that accurate and consistent messages are disseminated. The significant predictive power of faith-based variables further emphasizes the need for policy-level integration. Traditional health communication strategies that rely solely on medical authority may be insufficient in contexts where trust in religious institutions is stronger than trust in government.

Integrating parish engagement into immunization programs offers a culturally grounded approach that leverages existing trust structures. Strategies may include involving clergy in vaccine advocacy, incorporating health messages into sermons, and conducting parish-based education campaigns.

Ultimately, rebuilding vaccine trust in CALABARZON requires a holistic approach that addresses both informational and relational dimensions of hesitancy. By recognizing the central role of faith in shaping health behaviors, public health programs can design more effective, context-sensitive interventions.

Limitations of The Study

This study has several limitations that should be considered when interpreting the findings. First, the use of purposive sampling may introduce selection bias and limit the generalizability of results beyond the selected province. However, this approach was appropriate for ensuring the inclusion of caregivers directly involved in immunization decision-making within a specific socio-cultural context.

Second, the cross-sectional design restricts the ability to establish causal relationships between faith-based influences and vaccine hesitancy. While significant associations were identified, the directionality of these relationships cannot be determined. Future longitudinal or experimental studies are recommended to further explore causal pathways.

Third, the reliance on self-reported data raises the possibility of social desirability bias, particularly given the sensitive intersection of religion and health behaviors. Measures such as ensuring anonymity and confidentiality were implemented to minimize this risk; however, future research may benefit from incorporating mixed-method approaches to enhance data validity.

Despite these limitations, the study provides valuable context-specific insights into the role of faith-based influences on vaccine attitudes, contributing to the development of culturally responsive immunization strategies.

CONCLUSIONS

This study found that vaccine hesitancy among caregivers in CALABARZON is shaped by the interaction of knowledge, trust, and faith-based factors. While awareness of routine immunization is generally adequate, concerns about vaccine safety, side effects, and misinformation contribute to moderate levels of hesitancy. Faith-based influences play a significant role, with trust in church leadership and parish engagement enhancing vaccine confidence, while religious misconceptions reduce it. These findings highlight the importance of integrating socio-cultural and religious dimensions into public health strategies. Engaging faith-based institutions offers a contextually relevant approach to strengthening vaccine trust and improving immunization uptake.

RECOMMENDATIONS

It is recommended that local government units and provincial health offices establish formal partnerships with parish communities to support immunization efforts. Integrating faith-based organizations into vaccination campaigns can enhance trust and improve community engagement.

Parish-based health education initiatives should be implemented, utilizing clergy and lay leaders as advocates for vaccination. Embedding immunization messages within religious activities can help align public health goals with community values.

Capacity-building programs should be conducted for both healthcare workers and religious leaders to strengthen their ability to address vaccine hesitancy and misinformation. Ensuring consistent and accurate messaging is essential for building trust.

Health communication strategies should be localized and culturally sensitive, taking into account the specific beliefs, concerns, and social dynamics of the province. Tailored interventions are more likely to resonate with caregivers and influence behavior.

Finally, further research is recommended to examine the scalability of parish-integrated interventions across other provinces in CALABARZON and to assess their long-term impact on vaccine uptake.

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