



Healthy Pilipinas IDinsight

Policy Brief

2023

Knowledge, Attitudes and Practices Towards Vaccinations Across the Philippines

Findings from the first round of The Health Promotion Literacy and Longitudinal Study

Improving vaccination coverage rates is a core pillar of the Department of Health (DOH) Health Promotion Framework Strategy. The Health Promotion and Literacy Longitudinal Study (HPLS) will provide regular data to track trends in knowledge, attitudes, practices, and barriers to vaccination for a nationally representative sample of Filipino adults.

In the first round (completed in June 2023), we found that **over 90% of Filipino adults believe that vaccination is safe and effective for themselves and their children.**

These results represent a significant improvement in attitudes towards vaccination from previous studies, and are correlated with DOH campaign efforts. .

Knowledge remains low for childhood vaccinations that have not been part of DOH campaigns; this knowledge is lower among men. We also find ongoing **low completion of COVID-19 boosters**, especially among low income populations who may need targeted campaigns. We also found that most Filipino adults have low functional health literacy, and are thus unable to understand DOH's childhood vaccination schedule and make health decisions using it.



Background

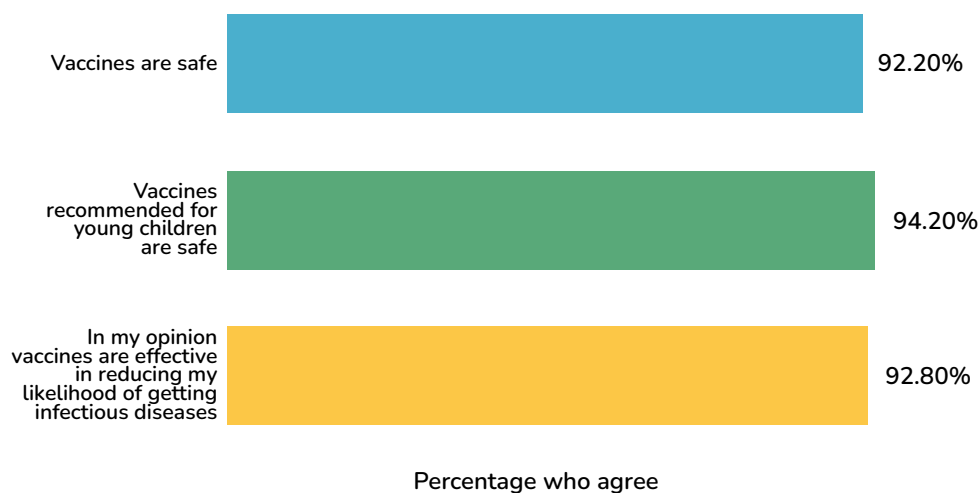
Vaccinations are essential components of primary health care. Immunization helps people live longer and healthier lives through preventing infectious diseases, and controlling and managing potential outbreaks. (World Health Organization, n.d.) During the COVID pandemic, the Philippines, like many countries in the world, has seen a drop in childhood vaccination coverage (World Health Organization, 2023a). The Philippines has also faced unique challenges with vaccine hesitancy in recent years following the Dengvaxia scandal¹ and low confidence and adherence to vaccinations in the early stages of the COVID-19 vaccine campaign. Addressing vaccine hesitancy and improving vaccine coverage is a stated priority for DOH, and getting vaccinated is highlighted as one of the Seven Health Habits as part of the Healthy Pilipinas campaign. (Department of Health, n.d.)

While DOH collects and analyzes administrative data on vaccine doses delivered, understanding the knowledge and attitudes towards vaccination at a national level can provide useful context to changes in immunization trends. With the Health Promotion and Literacy Longitudinal Study, we collect regular national data on knowledge, attitudes, practices and barriers for childhood and adult vaccinations. In this brief, we present the findings of the first round of data collection, which was conducted from April-June 2023.

Findings

Attitudes towards vaccination.

We found most Filipino adults have positive attitudes on the safety and efficacy of vaccines.² 92.2% of Filipino adults over 18 (henceforth 'Filipino adults') agree that vaccines are safe, 94.2% agree that vaccines recommended for young children are safe, and 92.8% agree that vaccines are effective in reducing the likelihood of getting infectious diseases.



- 1 Safety concerns regarding the Dengvaxia vaccine arose after the vaccine's launch in the Philippines in 2016. It was alleged that the vaccine led to more severe cases of dengue in those who had not been previously infected with dengue. This led to the revocation of its license in 2019. (Lo, 2019)
- 2 This statement refers to vaccines in general. We used the 5C vaccines framework (Betsch et al., 2018) to assess vaccine hesitancy.

Knowledge of specific vaccines.

There is some knowledge about child and adult vaccines, especially those associated with existing DOH campaigns, but knowledge on vaccines is not widespread nor comprehensive.

Childhood vaccines that were most commonly cited by Filipino adults were those that were promoted by the recent Chikiting Ligtas campaign: 38.5% named the polio vaccine, and 35.4% named the measles, mumps, rubella (MMR) vaccine. Other vaccines that were cited included the BCG vaccine (named by 16.5%), Hepatitis B (named by 15.3%), and the pneumococcal vaccine (named by 13.8%). 29% of Filipino adults were unable to name any childhood vaccinations at all. This was highest amongst men (37% unable to name any vs. 21% for women) and non-parents (38.3% unable to name any vs. 19.5% for parents).

For adult vaccinations, awareness is low for vaccines across the board. This may be due to limited messaging on the full suite of required adult vaccinations. In our sample, 24.2% of respondents could not name a single vaccine. The most commonly cited vaccines (aside from COVID) were the flu vaccine (19%) and the pneumococcal vaccine (16.2%); there is very low awareness of other vaccines, such as DPT, hepatitis, and HPV, which were each cited by <5% of the sample. We also found that 59.9% of Filipino adults either did not know or did not think that you are able to get catch-up vaccination for any that you missed as a child.

COVID-19 vaccinations.

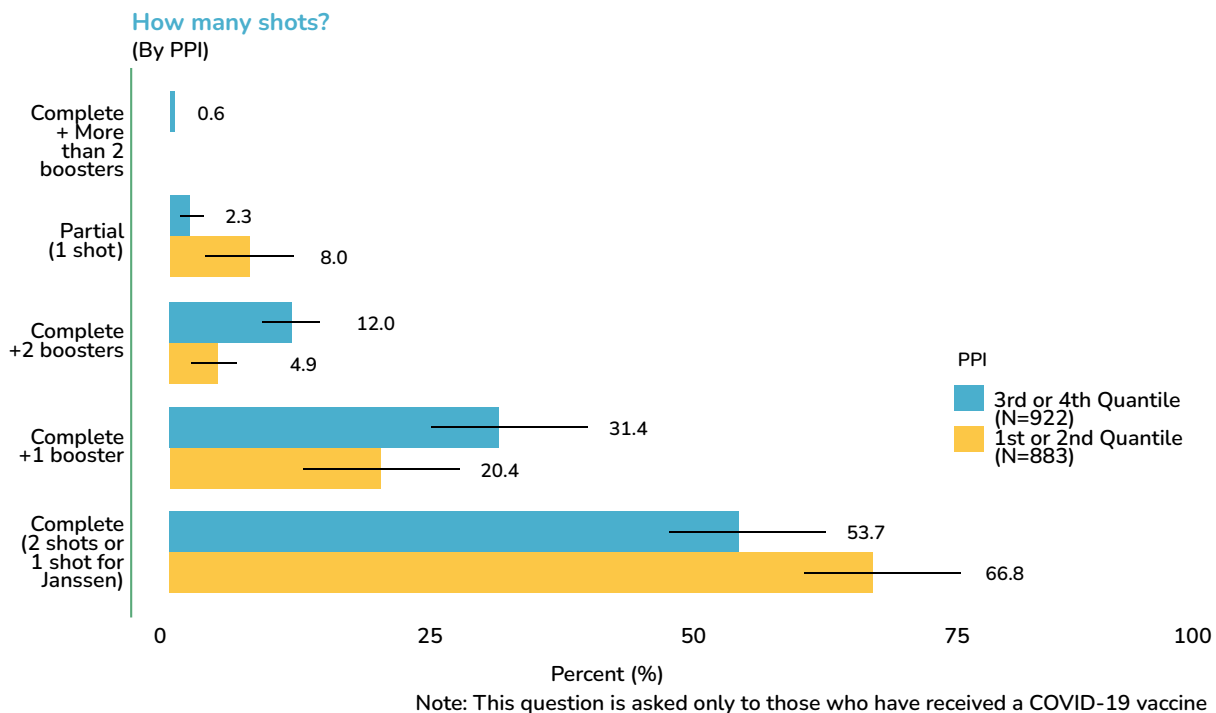
Despite limited general knowledge of adult vaccines in general, we see high vaccination rates for vaccines linked to diseases that are circulating across the population and have been widely promoted. The majority (87.5%) of Filipino adults have received at least one dose of the COVID-19 vaccine. Among those that have received the COVID-19 vaccine, most (95%) have completed the 2 required doses of the COVID vaccine (1 dose for Janssen).

However, among those that have received the vaccine, only 35% have received a booster shot. This is even lower among lower income groups, where only 25.2% have received at least one booster.³ Lower income groups are also significantly more likely to not have completed their COVID-19 vaccinations, with 8% only receiving a partial dose (vs. 2.3% for upper income quartiles).



Previous studies have found that immunization coverage has historically been slightly higher among higher income groups (Ulep et al., 2021), despite essential vaccines being provided for free at public health facilities. COVID-19 vaccines are also provided at no-cost at health facilities across the country. This indicates that there are likely other systemic challenges that prevent lower income Filipinos from getting fully vaccinated.



³ Comparatively, among higher income groups, 40% have received at least one booster.




Comprehension of existing vaccine materials


Schedule ng pagbibigay ng bakuna para sa mga batang isang taon pababa

Bakuna	Sakit na maiiwasan	AT BIRTH	1ST VISIT 1 1/2 MONTHS	2ND VISIT 2 1/2 MONTHS	3RD VISIT 3 1/2 MONTHS	4TH VISIT 9 MONTHS	5TH VISIT 1 YEAR
BCG Vaccine	Taberculosic (TB)	✓					
Hepatitis B Vaccine	Hepatitis B	✓					
Pentavalent Vaccine (DPT-Hep B-Hib)	Difterya, Tetano, Pertussis, Pulmonya, Meningitis, Hepatitis		✓	✓	✓		
Oral Polio Vaccine (OPV)	Polio		✓	✓	✓		
Inactivated Polio Vaccine (IPV)	Polio				✓		
Pneumococcal Conjugate Vaccine (PCV)	Pulmonya, Meningitis		✓	✓	✓		
Measles, Mumps, Rubella Vaccine (MMR)	Tigdas, Boko, German Measles					✓	✓


Mga paalala



Nagsisimula ang pagbabakuna ng bata sa kapanganakan.



Sundin ang schedule ng bakuna at siguruhing makumpleto ang mga ito hanggang sumapit ang kanyang unang kaarawan.

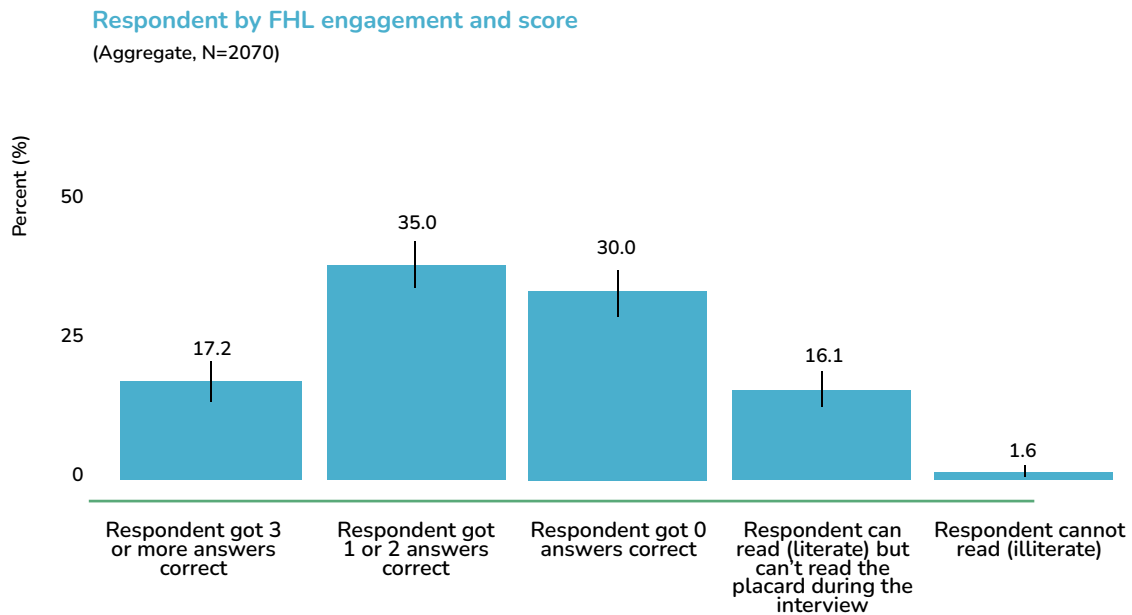


Ang mga bakunang hindi nakalista ay maaaring makuha sa pribadong ospital o doktor.

Ingatan ang card na ito. Maaari itong magamit bilang patunay o record ng pagbabakuna ng bata.

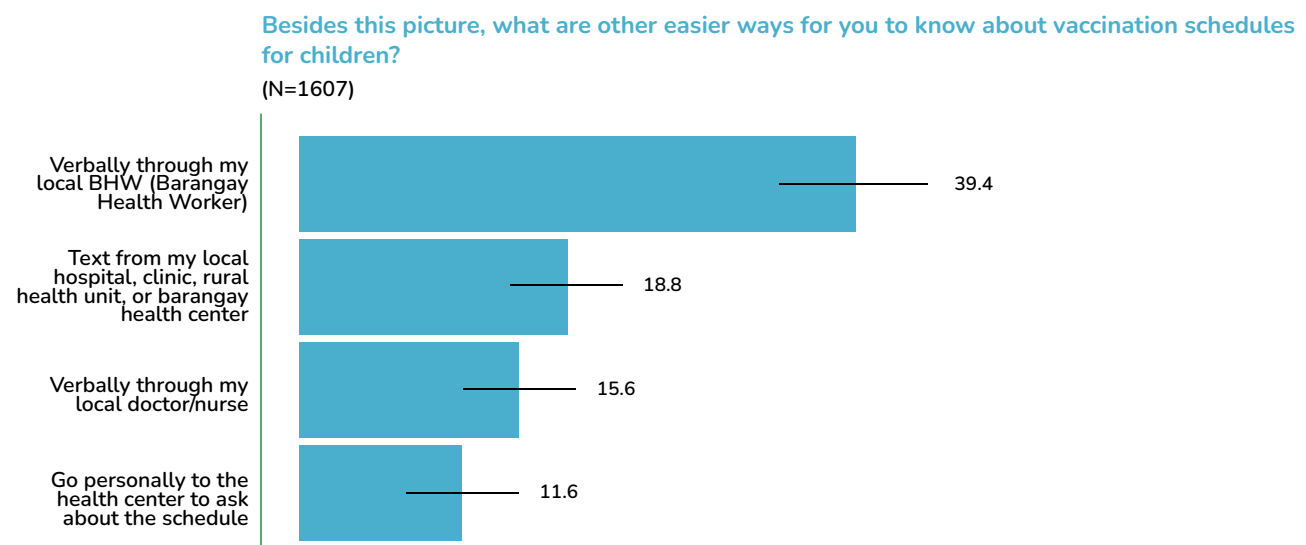
Most Filipino adults (4 in 5) were not able to adequately understand and interpret the most commonly used communication materials on childhood vaccination schedules.

We asked respondents to read and answer five test questions about the DOH Healthy Pilipinas vaccination schedule (see above) which guides parents on the timings for required vaccinations for children. Nearly 1 in 5 (17.7%) of Filipino adults could not engage with the material at all.⁴ 30% of the sample attempted to answer the questions but answered them all incorrectly. 17.2% of Filipino adults answered at least 3 out of 5 test questions correctly.⁵



Note: Only respondents who said they can read and who were able to read the placard answered the FHL section

Despite poor comprehension, only 2 in 5 (39.6%) reported finding the questions difficult. The use of medical terms (41.6%), and the amount of doses of vaccines written on the material (19.2%) were the most commonly cited challenges with the material. When asked about other ways this information could be presented, 39.4% mentioned that it would be easier if the schedules were communicated verbally through their BHW, and 18.8% mentioned texts from local health facilities.



4 For most this was due to poor vision or illiteracy. For some men and older respondents they were not willing to review the schedule as they felt it was not relevant to them.
5 3 out of 5 correct questions is the threshold for 'adequate' functional health literacy that DOH targets

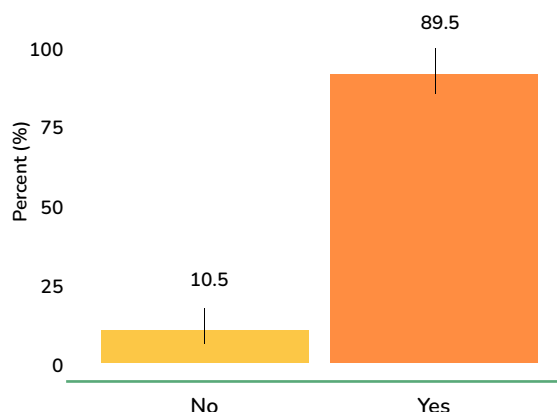
Childhood vaccinations.

Most (89.5%) Filipino adults who have children reported that their children had completed their routine immunizations. This is significantly higher than estimates of actual coverage rates, which can be partly accounted for by the low awareness of the full range of vaccines required for children, and the poor understanding of the vaccine schedule (meaning that parents likely overestimate their own child's vaccination status). The most commonly given reasons among those who admitted to not completing their child's vaccinations were:

- I am still in the process of completing immunization with young children
- I do not want to take my baby out of the house (with some specifically citing concerns about catching COVID-19)
- I or my family do not want to, or are not sure about vaccinating my child
- Vaccines were expensive at the health center
- My child was unwell on the appointment date
- I don't think vaccines are safe

As far as you know, did all of your child(ren) complete their routine vaccinations when they were small?

(Aggregate, N=1014)



Note: This question is asked only to those who have a child / children under 18 years old.



Implications on policy and further research

Simplify and supplement existing childhood vaccine communication materials

Our results find most Filipino adults are unable to understand or engage with materials depicting the current DOH vaccination schedule. At the same time, knowledge of required vaccinations is generally low, with the exception of vaccines targeted by the Chikiting Ligtas campaign. We recommend simplifying the vaccination schedule to be easier to understand, and supplementing the material with efforts to verbally explain vaccination schedules in local communities. The vaccination schedule may be simplified by clearly highlighting the practical information that is absolutely essential for parents to know. For example, they could focus on how parents need to return five times for immunizations during the first year of their child's life, rather than focusing on exactly which doses they need to receive during each visit.

Continue campaigns to encourage vaccine confidence and monitor vaccine attitudes regularly

Our results suggest a continuing trend of improving attitudes towards vaccines within the Philippines. In the aftermath of the Dengvaxia scandal in 2018 (Lo, 2019), Pulse Asia found that only 78% of respondents agreed that vaccines are safe for themselves, their children, or their family members (Reyes et al. 2020). Yet as of May 2023, over 90% of Filipino adults agree that vaccines are safe and effective for themselves and their children. This echoes the trend of declining vaccine hesitancy that has been seen moving through the latter stages of the COVID pandemic. In February 2021, 61% of Filipino adults were not inclined to get vaccinated for COVID-19 amid uncertainty about the vaccine (Pulse Asia, 2021a). By June 2021, this figure had dropped to 36% (Pulse Asia, 2021b). These downward trends in vaccine hesitancy may be due to a combination of factors: concerted nationwide initiatives such as Resbakuna and Chikiting Ligtas to promote understanding and confidence in vaccines, as well as improving attitudes among “wait and see” hesitant groups once the promoted vaccine has been in circulation for some time.

Increase efforts to drive COVID-19 booster uptake among lower income groups

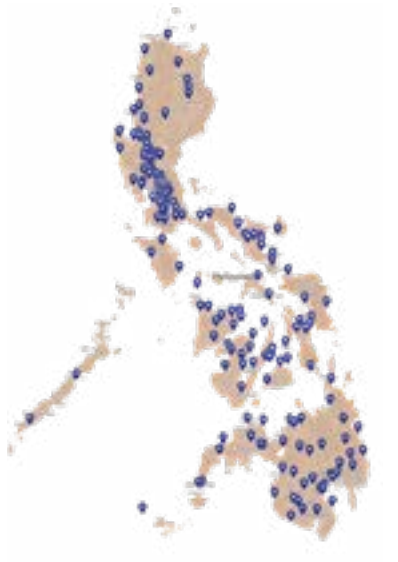
Given the significant gap in booster rates between the upper and lower income quartiles, future research may investigate potential barriers and incentives to booster take-up among lower income communities or individuals.

Since attitudes towards vaccines are positive across the board, it is likely that factors besides hesitancy are preventing the remaining population from receiving boosters. Some potential barriers research further may include, for example: immunization fatigue, COVID-19 complacency, specific attitudes towards boosters, access to vaccination sites, vaccine supply, or experiences/perception of vaccine side effects. Further research can also investigate and test methods to drive up booster uptake, including campaigns to specifically promote boosters, providing incentives to those that receive boosters, or bundling COVID-19 boosters for parents with catch-up childhood vaccinations for their children.

Because lower income Filipino adults are less likely to get health information from online sources, booster campaigns should focus on other avenues to disseminate information, such as community engagement through barangay volunteers, such as barangay tanods or barangay health workers.

Methodology

The HPLS survey is nationally representative of Filipino adults aged 18 years old and above. Data collection was conducted in-person across the Philippines from April to June 2023. We interviewed a total of 2074 adult Filipinos aged 18 years old and above, across all regions in the Philippines.



Map data ©Google, TMap Mobility

Survey design

The survey design for HPLS comprised the following modules: comprehensive health literacy (CHL), functional health literacy (FHL), and Knowledge, Attitudes, and Practices (KAP) modules for each of the seven (7) pillars of Healthy Pilipinas (diet and physical activity, environmental health, vaccinations, substance abuse, mental health, sexual and reproductive health, and violence and injury prevention). Questions on vaccine attitudes were adapted from the 5C Scale, developed by Betsch et al. Vaccine practices questions focused on COVID-19 vaccination because of the timeliness and significance of COVID-19 immunization at the time of the survey.

Sampling

The HPLS survey took a two-stage clustered sampling approach. In the first stage, we drew a random selection of Primary Sampling Units (PSUs) with probability proportional to estimated population size from a sampling frame comprising mutually exclusive and collectively exhaustive geographic clusters across the entire Philippines. This sampling frame was created from Meta’s “Data for Good” publicly-available high resolution population density maps for the Philippines. Clusters that fall in Least-Accessible Barangays (LABs) and barangays with Peace and Order Problems (POPs) were excluded from the sampling frame. For second stage sampling, we conducted a full household listing of each selected PSU (cluster), then randomly selected households to survey from the prepared list. One respondent is then selected per sampled household.



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Analysis and Weighting

Sampling weights are applied to all estimates and comprise: i) base weights reflecting probability of selecting household, ii) unit non-response weights to account for systematic non-response, iii) and post-stratification weights to allow our sample to reflect up-to-date population distributions along gender, age-group, region and city/municipality categories, based on Census 2020 data.



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