RESEARCH ARTICLE: Parental Behaviors Towards Childhood Routine Immunization in Selected Barangay in Luuk, Sulu

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ABSTRACT. This study aimed to assess parental behaviors regarding routine childhood immunization in selected barangays in Luuk, Sulu. A quantitative descriptive approach was used to examine the characteristics and relationships of the variables. The research followed a cross-sectional survey design. According to Calderon (1994, as cited in Vizcarra, 2003), descriptive research involves describing, recording, analyzing, and interpreting the current state of a phenomenon. The study surveyed 100 parents, including both mothers and fathers, who were purposively selected from five barangays in Luuk, Sulu: Tubig-Putih, Niog-Niog, Mananti, Lianutan, and Lambago. Although there are twelve barangays in Luuk, only five were chosen for this study, with a maximum of 20 participants per barangay. The findings revealed that parents in Luuk, Sulu are adequately represented across socio-demographic factors and display generally positive attitudes towards childhood immunization. A moderate correlation was found between socio-demographic factors and immunization behaviors, reflecting the influence of government healthcare initiatives. This aligns with the Health Belief Model, suggesting that vaccination decisions are influenced by the perceived risks and benefits of immunization.
KEYWORDS: Parental Behaviors, Childhood Routine, Immunization, Barangay

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Introduction

Parental involvement in children's health behaviors plays a crucial role in shaping their overall well-being. Research has shown that parental strategies and motivation significantly impact children's development, particularly in areas such as language acquisition (Chavez, Adalia, & Alberto, 2023). The role of parents extends beyond academics, influencing their children's health decisions, such as vaccination, which is vital for preventing infectious diseases. Understanding how parental support and strategies manifest in various contexts is essential for improving childhood health outcomes. For instance, narratives from bilingual parents highlight the complexities of real-life use of the English language and its relationship to children's educational and health development (Chavez, 2022).

The importance of social and cultural influences on parenting behaviors has also been explored through discourse analysis, particularly in the context of gender-based humor and its normalization (Chavez, Lamorinas, & Ceneciro, 2023). These patterns of behavior and social

influences can extend to other domains, including health-related behaviors such as childhood immunization. As parents navigate various social expectations and practices, understanding their beliefs and the cultural factors influencing those decisions is key to addressing vaccination hesitancy.

Moreover, the shift towards online education during the pandemic highlighted the critical intersection between education and health. The disruptions caused by the COVID-19 pandemic forced families to adapt to new learning methods, often leading to new insights into parental decision-making in both educational and health-related contexts (Chavez, Lamorinas, 2023). These adaptive strategies offer valuable lessons for public health campaigns, particularly those aimed at increasing childhood immunization rates.

Parental behaviors surrounding health are also shaped by broader societal and educational practices. For example, the integration of academic integrity and humanized teaching practices within educational institutions offers a lens through which to understand parental perceptions of health and education (Chavez, 2023). The incorporation of assessment strategies into online education further illustrates how educational methods can influence parental behavior, particularly in relation to public health issues like vaccination (Chavez & Lamorinas, 2023).

Furthermore, societal influences on personal decision-making, including those based on gender norms and beliefs, also play a significant role in shaping parental attitudes toward health behaviors (Chavez & Prado, 2023). The influence of these norms cannot be understated when considering how parents decide whether or not to vaccinate their children. In parallel, the intersection of academic and health insecurities during the pandemic revealed the adaptive strategies employed by families, particularly those from vulnerable communities, in response to both educational constraints and health-related challenges (Chavez, 2020).

Cultural and religious factors also contribute to parental decision-making. Research has shown how the intersection of these factors can influence parents' perspectives on various aspects of family life, including their children's health (Chavez & Cuilan, 2024). The ethical dilemmas surrounding personal health decisions often reflect broader societal values, such as the balance between individual freedoms and public health obligations (Chavez, Cuilan, & Mannan, 2024). These insights are particularly important when considering how parents perceive and engage with immunization campaigns.

In light of these diverse factors, it is essential to further explore the specific behaviors of parents in relation to childhood routine immunization, particularly in rural and marginalized communities. Understanding how cultural, social, educational, and health-related factors intersect will offer a more comprehensive approach to addressing immunization challenges in these areas.

Research Questions

This study aimed to explore parental attitudes and actions regarding routine childhood immunization in selected barangays of Luuk, Sulu. More specifically, it sought to address the following research questions:

1. What is the Demographic profile of parents in selected barangays of Luuk, Sulu in terms;
    1.1. Age parent;
    1.2. Relationship to the child;
    1.3. Age of the child;
    1.4. Gender of the child; and
    1.5. Vaccination status?
2. What are the parental behaviors towards childhood routine immunization in terms of;

2.1. Thinking and Feeling dimension;
2.2. Social process dimension;
2.3. Motivation dimension; and
2.4. Practical issues dimension?

3. Is there a significant correlation between the demographic profile and parental behaviors towards childhood routine immunization?

Literature Review

Foreign Studies and Literature

Parental Behavior and Immunization Programs. Parental behavior plays a vital role in the success of childhood routine immunization programs worldwide. Numerous studies highlight that parental attitudes, knowledge, and beliefs significantly impact vaccination decisions.

Parental Influence on Immunization in the United States. In the United States, the success of immunization programs is shaped by a combination of personal beliefs, healthcare access, and sociocultural factors. Research by Opel et al. (2019) suggests that, while vaccine acceptance is generally high, vaccine hesitancy remains prevalent in certain communities. Parents expressing hesitancy often cite concerns over vaccine safety and potential side effects, as well as mistrust of pharmaceutical companies and government health agencies. These concerns can lead to delays or refusal of immunizations, increasing the risk of preventable diseases such as measles and pertussis (CDC, 2020). Moreover, factors like educational attainment and socioeconomic status influence vaccination rates, with higher-income and more educated parents more likely to vaccinate their children on time (Larson et al., 2021). In contrast, lower-income families face logistical barriers such as transportation and healthcare access, which hinder timely vaccination.

Vaccination Trends in Canada. In Canada, parental attitudes toward vaccination are similarly influenced by trust in healthcare providers and access to services. Wilson et al. (2020) found that most Canadian parents support routine immunization, but hesitancy persists due to misinformation and cultural beliefs. Rural families often struggle with healthcare accessibility, leading to disparities in vaccination coverage (PHAC, 2021). Community initiatives like mobile clinics and school-based programs have been effective in reaching underserved populations. Trust in healthcare professionals is crucial, as their recommendations significantly affect parental decisions (Dubé et al., 2019).

Challenges in Immunization Uptake in London. In London, parental behavior toward immunization is influenced by cultural, socioeconomic, and informational factors. Public Health England (2021) reports lower vaccine uptake in areas with high ethnic diversity and socioeconomic deprivation. Social media misinformation contributes to vaccine hesitancy, exacerbating this issue. Addressing these challenges requires targeted interventions, such as multilingual health campaigns and community outreach programs, as suggested by Bedford et al. (2020).

Immunization Behavior in China. In China, vaccination attitudes are shaped by cultural beliefs and government policies. Although most Chinese parents support vaccination, historical vaccine safety scandals have fostered mistrust, particularly in rural areas (Zhou et al., 2021). Urban families generally have better access to healthcare, but rural regions face significant barriers, such as limited healthcare infrastructure and low health literacy (Li et al., 2020). Public health campaigns and advice from healthcare workers play key roles in addressing concerns (Wang et al., 2019).

Barriers to Vaccination in Indonesia. Indonesia faces similar challenges, with rural areas experiencing logistical barriers and cultural beliefs impacting vaccination rates. Despite high

immunization rates in urban areas, vaccine hesitancy is influenced by traditional beliefs and misinformation (Nasution et al., 2020). Community health workers play an essential role in educating parents, especially in rural settings (Fitriani et al., 2020).

Vaccination Challenges in Japan. In Japan, parental behavior is shaped by cultural factors, trust in healthcare, and concerns about vaccine safety. Despite high immunization rates, vaccine hesitancy exists due to fears of side effects and past controversies, such as the suspension of the HPV vaccine recommendation (Sato, 2021). Public health campaigns and healthcare professionals' clear communication are crucial to addressing these concerns (Yoshida et al., 2020).

Immunization in Malaysia: Cultural and Socioeconomic Influences. In Malaysia, immunization rates are generally high in urban areas, but rural populations face challenges due to access issues and cultural beliefs. Misconceptions and vaccine hesitancy are prevalent, especially in marginalized communities (Yusof et al., 2021). The Ministry of Health Malaysia (2021) has worked to address these concerns through public awareness campaigns and partnerships with healthcare professionals.

Parental Behavior and Immunization in South Korea. In South Korea, the integration of immunization into the National Immunization Program (NIP) has led to high vaccination rates. However, some parents remain hesitant, particularly due to misinformation or concerns over side effects (Park et al., 2021). Cultural values and trust in healthcare professionals significantly influence vaccination decisions. The COVID-19 pandemic has increased awareness of vaccine importance, but concerns about safety persist (Kim & Lee, 2020).

Conclusion: Addressing Global Immunization Challenges. In conclusion, while childhood immunization programs have seen success in many countries, barriers such as misinformation, cultural beliefs, and access disparities remain. Addressing these challenges requires a multifaceted approach, including targeted interventions, community engagement, and trusted healthcare providers to improve vaccination rates and ensure the success of these essential public health programs.

Local Studies and Literature

Introduction. In the Philippines, parental behavior regarding childhood immunization varies across regions, influenced by a combination of socio-economic, cultural, and educational factors. This section discusses the key regional variations and challenges in vaccine uptake, focusing on Cebu, Davao, Manila, BARMM, Cotabato, Marawi, and Sulu.

Barriers in Rural Areas and Cultural Beliefs. In Cebu, the National Immunization Program (NIP), which offers free vaccines to children, has contributed to an increase in vaccination rates. However, barriers to vaccine uptake remain, particularly in rural areas where limited healthcare access and low literacy rates hinder parental awareness (Ramos et al., 2019). Cultural beliefs also play a role, as some parents delay vaccinations due to misconceptions about vaccine safety or alternative medicine practices (De Guzman & Espinoza, 2020). Public health campaigns in Cebu, supported by local government units and non-governmental organizations (NGOs), have been effective in disseminating accurate information, yet rural areas continue to present challenges to achieving optimal immunization coverage.

The Role of Education and Healthcare Access. In Davao, the NIP has significantly contributed to high vaccination rates, though disparities exist between urban and rural areas. Parental education and awareness are pivotal in influencing immunization decisions; parents with higher education levels are more likely to comply with vaccination schedules (Santos et al., 2020). Similar to Cebu, cultural beliefs in Davao, influenced by traditional practices and misinformation,

continue to create vaccine hesitancy (De Guzman & Espinoza, 2020). The role of healthcare providers in Davao is crucial, as studies show that clear and trustworthy information from medical professionals significantly improves vaccination compliance (Fernandez et al., 2021).

Vaccine Hesitancy and Misinformation. In Manila, vaccination rates have improved due to the widespread availability of healthcare services, yet vaccine hesitancy remains a concern. Parents in Manila, particularly in higher socio-economic groups, are more likely to delay vaccinations due to misconceptions or the influence of anti-vaccine narratives (De Guzman & Espinoza, 2020). Healthcare providers in Manila, through various educational campaigns, play an essential role in combatting misinformation and encouraging vaccination (Department of Health, 2020). However, cultural reliance on traditional medicine continues to influence some parental decisions.

Cultural and Logistical Challenges. In the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), immunization rates have traditionally been lower due to cultural beliefs, limited access to healthcare, and logistical challenges. Many parents in BARMM prioritize faith-based healing practices and remain skeptical of vaccines, particularly in remote areas (Santos et al., 2020). Socio-economic conditions such as poverty and low literacy further contribute to vaccine hesitancy, as parents may lack an understanding of immunization's long-term benefits (De Guzman & Espinoza, 2020). The Department of Health has been working with local governments and NGOs to improve outreach and increase vaccine uptake in BARMM through mobile vaccination services and community education (Philippine Red Cross, 2021).

Addressing Cultural and Socio-Economic Barriers. In Cotabato, challenges similar to those in BARMM persist. Cultural beliefs and traditional medicine influence parental decisions regarding immunization, and low socio-economic status poses barriers to accessing healthcare services (Santos et al., 2021). Public health efforts in Cotabato focus on community-based interventions, highlighting the safety and efficacy of vaccines in preventing serious diseases such as polio, measles, and tetanus (Philippine Red Cross, 2020). Mobile vaccination teams and educational campaigns are essential for improving vaccination coverage in the region.

Post-Conflict Recovery and Immunization. Marawi City, which faced healthcare disruptions due to the 2017 siege, is recovering through targeted immunization efforts. While progress has been made, challenges remain, including cultural beliefs and socio-economic factors that affect parental attitudes towards vaccination (Santos et al., 2020). Post-conflict recovery efforts by the Department of Health, local government units, and international partners such as UNICEF focus on restoring healthcare infrastructure and addressing vaccine hesitancy through education and outreach programs (UNICEF, 2021).

Geographical and Cultural Barriers to Vaccination. In Sulu, geographical challenges and socio-economic conditions limit access to healthcare services, contributing to lower immunization rates. Traditional beliefs and fears of vaccine side effects also hinder parental participation in immunization programs (Santos et al., 2020). The Philippine Red Cross has implemented mobile vaccination campaigns to address these barriers and improve vaccine uptake, particularly in remote areas (Philippine Red Cross, 2020).

Parental behavior towards childhood immunization across various regions in the Philippines is influenced by a complex interplay of cultural beliefs, socio-economic status, and access to healthcare services. While progress has been made, particularly through the NIP and targeted public health campaigns, addressing vaccine hesitancy, improving health literacy, and ensuring equitable access to immunization services remain crucial for increasing vaccination rates in underserved areas.

Methodology

1. Research Design

This research adopted a quantitative descriptive approach to detail the characteristics and interrelations among the variables identified by the researcher. More specifically, a cross-sectional survey design was utilized. According to Calderon (1994, as cited in Vizcarra, 2003), descriptive research entails the documentation, analysis, and interpretation of the current state of a given phenomenon. It focuses solely on presenting "what is" based on collected data, without delving into the causes behind these occurrences (Adanza, 1999). This methodology was selected to effectively collect data regarding paternal attitudes and behaviors toward routine childhood immunization in Luuk, Sulu.

As emphasized by Venzon (2011), quantitative research involves the use of numerical data within a structured, objective, and systematic framework to derive meaningful insights. The cross-sectional survey was deemed most suitable for this investigation. Lavrakas (2008) describes cross-sectional surveys as tools for gathering data from a sample at a specific point in time, effectively providing a "snapshot" of the population under study. This design was appropriate as the participants were chosen based on clearly defined inclusion and exclusion criteria, enabling the collection of relevant information concerning parental behavior toward childhood immunizations in the study area.

2. Research Participants

Luuk, Sulu is composed of twelve barangays; however, for the purposes of this study, only five were chosen as the sources of respondents. These selected barangays include Tubig Puti, Lambago, Lianutan, Mananti, and Niog-Niog. From each barangay, a maximum of 20 participants was identified, resulting in a total sample size of 100 respondents for the study.

3. Research Instruments

The primary tool used for data collection in this study was a survey questionnaire, which was adapted from the World Health Organization's (WHO, 2022) framework titled Behavioral and Social Drivers of Vaccination: Tools and Practical Guidance for Achieving High Uptake. The questionnaire was structured into two main sections. The first part gathered information on the respondents' demographic characteristics. The second part focused on assessing parental behaviors related to childhood immunization, covering four key dimensions: (1) thinking and feeling, (2) motivation, (3) social processes, and (4) practical issues. Responses in this section were measured using a 5-point Likert scale, as outlined below:

Scale	Description	Interpretation
1	Not at all	Very Poor Behavior
2	Rarely	Poor Behavior
3	Sometimes	Fair Behavior
4	Often	Good Behavior
5	Very True/ Always	Very Good Behavior

4. Data Gathering Procedure

Prior to data collection, the research instrument was reviewed, finalized, and subjected to the necessary ethics review. Formal approval and permits were secured to ensure the ethical conduct of the study. Data collectors were recruited and trained accordingly, while materials for data collection, including sampling procedures and participant selection guidelines, were prepared. Stratified random sampling was employed to identify target households, and informed consent was obtained from each selected participant.

Before administering the survey, the researcher prepared formal request letters, which were duly noted and signed by the thesis adviser and the Dean of the Graduate School. These letters were personally delivered to the barangay officials to request permission to conduct the study within their respective communities.

Upon receiving approval from the officials of the five selected barangays—Tubig Puti, Niog-Niog, Mananti, Lianutan, and Lambago—the researcher facilitated the reproduction of the questionnaires, ensuring the number of copies matched the number of respondents. The researcher also personally assisted participants in completing the survey, which was translated into Bahasa Sug to ensure clarity and understanding.

Data collection was conducted in 2025 across the five identified barangays. Upon completion, the gathered responses were compiled, tallied, and submitted to a statistician for further analysis and interpretation.

5. *Data Analysis*

To analyze the primary empirical data gathered in this study, the following statistical tools were utilized:

Frequency and Percentage – These descriptive statistics were applied to address the first research question, which focused on the demographic profile of the participants. Specifically, these tools were used to summarize data related to the parents' age, their relationship to the child, as well as the child's age, gender, and vaccination status.

Mean and Standard Deviation – These measures of central tendency and dispersion were used to address the second research question. They helped assess the levels of parental behavior toward routine childhood immunization across four behavioral dimensions.

Pearson Product-Moment Correlation Coefficient – This inferential statistical tool was employed to respond to the third research question. It measured the strength and direction of the relationship between the respondents' demographic profiles and their behaviors regarding childhood routine immunization.

Results and Discussion

Question 1. What is the socio-demographic profile of parents in selected barangays of Luuk, Sulu in terms of: age of parent, relationship to the child, age of the child, gender of the child, and vaccination status?

Age of Parent

Table 1.1 Socio-demographic profiles of the parents in selected barangays of Luuk, Sulu in terms of age.

Age	Number of Respondents	Percent	Cumulative percent
20 years old and below	14	14%	14%
21 to 30 years old	49	49%	63%
31 to 40 years old	24	24%	87%
41 years old and above	13	13%	100%
Total	100	100%	

Table 1.1 the socio-demographic profile of parents in selected barangays of Luuk, Sulu, in terms of age is shown in the table. Among the 100 respondents, 14% are aged 20 years or younger, 49% fall within the 21-30 age range, 24% are between 31-40 years old, and 13% are 41 years old or older. This indicates that the majority of parents are in the 21-30 age group.

Relationship to the Child

Table 1.2 Socio-demographic profiles of the parents in selected barangays of Luuk, Sulu in terms of relationship to the child.

Relationship to the Child	Number of Respondents	Percent	Cumulative percent
Mother	97	97%	97%
Father	3	3%	100%
Total	100	100%	

Table 1.2 the socio-demographic profile of parents in selected barangays of Luuk, Sulu, in terms of relationship to the child is presented in the table. Among the 100 respondents, 97% are mothers, while only 3% are fathers. This suggests that mothers are typically the primary caregivers responsible for overseeing the vaccination of their children.

Age of the Youngest

Table 1.3 Socio-demographic profiles of the parents in selected barangays of Luuk, Sulu in terms of age of the youngest.

Age of the Youngest	Number of Respondents	Percent	Cumulative percent
Less than 1 year old	28	28%	28%
1 year old	21	21%	49%
2 years old	33	33%	82%
3 years old	9	9%	91%
4 years old	7	7%	98%
5 years old	2	2%	100%
Total	100	100%	

Table 1.3 the socio-demographic profile of parents in selected barangays of Luuk, Sulu, in terms of the age of the youngest child is shown in the table. Among the 100 respondents, 28% reported that their youngest child is under 1 year old, 21% have a child who is 1 year old, 33% have a 2-year-old child, 9% have a 3-year-old, 7% have a 4-year-old, and 2% have a 5-year-old. This suggests that the majority of the youngest children in these households are aged 2 years or younger.

Gender of the Child

Table 1.4 Socio-demographic profiles of the parents in selected barangays of Luuk, Sulu in terms of gender of the child.

Gender of the Child	Number of Respondents	Percent	Cumulative percent
Male	39	39%	39%
Female	61	61%	100%
Total	100	100%	

Table 1.4 the socio-demographic profile of parents in selected barangays of Luuk, Sulu, in terms of the gender of the child is presented in the table. Among the 100 respondents, 39% reported having a male child, while 61% had a female child. This indicates that the majority of parents have a female child as their youngest

Vaccination status of the Child

Table 1.5 Socio-demographic profiles of the parents in selected barangays of Luuk, Sulu in terms of vaccination status.

Vaccination Status	Number of Respondents	Percent	Cumulative percent
None	3	3%	3%
Some	28	28%	31%
All	69	69%	100%
Total	100	100%	

Table 1.5 the socio-demographic profile of parents in selected barangays of Luuk, Sulu, regarding vaccination status is summarized in the table. Among the 100 respondents, 3% reported that their children had no vaccinations, 28% had received some vaccinations, and 69% had their children fully vaccinated. This distribution suggests that the majority of parents are attentive to their children's vaccination needs and prioritize immunization.

Question 2. What are the parental behaviors towards childhood routine immunization in terms of: Thinking and Feeling Dimension, Social Process Dimension, Motivation Dimension, and Practical Issues Dimension?

Thinking and Feeling Dimension

Table 2.1 Parental behaviors towards childhood routine immunization in terms of thinking and feeling dimension.

No	Thinking and Feeling Dimension	Mean	S.D.	Description
1	I think getting routine immunization is beneficial and valuable for my child's health.	4.65	.479	Very High
2	I have confidence that routine vaccine is safe and effective for my child's health.	4.40	.492	High
3	I have confidence that routine vaccination prevents childhood diseases in children who are vaccinated.	4.45	.500	High
4	I have confidence that routine vaccination saves lives and protects children who are vaccinated.	4.40	.492	High
5	I have confidence in health workers or providers in the administration of the routine vaccine for my child.	4.09	.288	High
	Weighted Mean	4.398	.36570	High

Legend: (5) 4.50 – 5.00=Very High; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2)1.50 – 2.49=Low; (1)1.00 – 1.49=Very Low

Table 2.1 This section explores parental behavior regarding childhood immunization under the "thinking and feeling" dimension. The data show that respondents had an average score of 4.398 with a standard deviation of 0.36570, which is classified as "high," indicating a generally positive mindset and emotional attitude toward immunization. The highest-rated statement, with a mean of 4.65 and a standard deviation of 0.479, was: "I think getting routine immunization is beneficial and valuable for my child's health," which received a "very high" rating. Lee et al. (2020) emphasized that parents who have confidence in healthcare professionals are more inclined to follow vaccination schedules as advised. These professionals play an essential role in providing accurate information and alleviating fears about vaccine safety and effectiveness. Additionally, Choi et al. (2021) noted that parental concerns especially regarding the timing of vaccines and potential side effects can have a substantial impact on immunization uptake.

Social Process Dimension

Table 2.2 Parental behaviors towards childhood routine immunization in terms of social process dimension.

No	Social Process Dimension	Mean	S.D.	Description
1	I want to get a schedule of recommended routine vaccines for my child.	4.71	.456	Very High
2	I am willing to recommend the routine vaccination to other parents who have children like me.	4.45	.500	High
	Weighted Mean	4.580	.40025	Very High

Legend: (5) 4.50 – 5.00=Very High; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2)1.50 – 2.49=Low; (1)1.00 – 1.49=Very Low

Table 2.2 the study assessed parental behavior in relation to childhood immunization within the "social process" dimension. Respondents achieved a composite mean score of 4.580 with a standard deviation of 0.40025, which is categorized as “very high,” indicating strong social engagement and support for routine immunization practices. The highest-rated item, with a mean of 4.71 and a standard deviation of 0.456, was the statement: “I want to get a schedule of recommended routine vaccines for my child,” reflecting a proactive attitude towards vaccination planning. Cultural influences continue to impact immunization behavior. For instance, De Guzman and Espinoza (2020) noted that in Cebu, some parents postpone vaccinations or resort to traditional remedies due to persistent concerns about vaccine safety and the influence of local healing practices.

Motivation Dimension

Table 2.3 Parental behaviors towards childhood routine immunization in terms of motivation dimension.

No	Motivation Dimension	Mean	S.D.	Description
1	Most of my close family want to get a routine vaccination for my child.	4.06	.239	High
2	Most of my friends want to get a routine vaccination for my child.	4.06	.239	High
3	Health care worker or provider recommends my child for routine vaccination.	4.53	.502	Very High
4	Our religious leaders want to get my child for routine vaccination.	4.12	.327	High
5	Our community leaders want to get my child for routine vaccination.	4.48	.502	High
	Weighted Mean	4.250	.23677	High

Legend: (5) 4.50 – 5.00=Very High; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2)1.50 – 2.49=Low; (1)1.00 – 1.49=Very Low

Table 2.3 Parental behavior related to childhood immunization in the context of motivation was assessed, with respondents achieving an overall mean score of 4.250 and a standard deviation of 0.23677 interpreted as “high.” This suggests that parents generally exhibit strong motivation in supporting routine vaccinations. Notably, the highest-rated item, with a mean of 4.53 and a standard deviation of 0.502, was the statement: “Health care worker or provider recommends my child for routine vaccination,” which received a “very high” rating. Yoshida et al. (2020) found that many parents in Japan often focus more on the perceived risks than the benefits of vaccination, which can result in delayed or refused immunizations, particularly due to fears of adverse effects like fevers or allergic reactions. On the other hand, Fitriani et al. (2020) emphasized that parental trust in healthcare providers plays a critical role in encouraging vaccine uptake, particularly in rural communities where access to health information may be limited.

Practical Issues Dimension

Table 2.4 Parental behaviors towards childhood routine immunization in terms of practical issues dimension.

No	Practical Issues Dimension	Mean	S.D.	Description
1	I have ever been contacted about my child being due for routine vaccination.	4.48	.502	High
2	I know where to go to get my child for routine vaccination.	4.91	.288	Very High
3	I have personally ever taken my youngest child to get routine vaccination.	4.90	.302	Very High
4	I have never been turned away by the staff or health care worker when getting my child for routine vaccination.	4.40	.492	High
5	I have an easy access in getting routine vaccination services for my child.	4.18	.386	High
6	The cost of routine vaccination for my child is affordable.	4.77	.423	Very High
7	I am satisfied with the vaccination services received for my child during every visit.	4.52	.502	Very High
	Weighted Mean	4.594	.20976	Very High

Legend: (5) 4.50 – 5.00=Very High; (4) 3.50 – 4.49=High; (3) 2.50 – 3.49=Moderate; (2)1.50 – 2.49=Low; (1)1.00 – 1.49=Very Low

Table 2.4 The results highlight parental behavior regarding childhood immunization within the "practical issues" dimension, where respondents achieved an overall mean score of 4.594 with a standard deviation of 0.20976—classified as “very high.” This suggests that parents generally demonstrate excellent behavior in addressing practical aspects related to routine childhood vaccination. Among the highest-rated responses were: awareness of where to obtain routine vaccinations, having personally brought their youngest child for immunization, finding the cost of vaccines manageable, and being satisfied with the services received during vaccination visits. Zhou et al. (2021) reported that most parents in China exhibit a positive stance toward childhood vaccination, acknowledging its role in disease prevention. Nevertheless, concerns about safety, often stemming from past vaccine handling controversies, continue to contribute to hesitancy in some regions. Similarly, Public Health England (2021) noted that while immunization rates remain high in the UK, hesitancy exists in certain communities. Common concerns include fear of side effects, distrust in pharmaceutical companies, and the impact of widespread misinformation, which is often fueled by anti-vaccine rhetoric shared through digital media (MacDonald et al., 2020).

1. *Is there a significant correlation between socio-demographic profile and parental behaviors towards childhood routine immunization?*

Correlation between age of parent and behaviors towards childhood routine immunization

Table 3.1 Correlation between age of the parent and parental behavior towards childhood routine immunization.

Variables	Pearson *r*	Sig.	N	Description
Age of the Parent				

Parental Behavior towards Childhood Routine Immunization	.323**	.001	100	Moderate

Legend: ** *Correlation Coefficient is significant at alpha .01*
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 3.1 The findings reveal a moderately positive and statistically significant relationship between the age of the parent and their behavior towards routine childhood immunization (r = .323; p = .001). Supporting this, Wilson et al. (2020) observed that a majority of Canadian parents are in favor of routine vaccinations, with uptake rates surpassing 90% for several childhood immunizations. Similarly, Zhou et al. (2021) noted that parents in China generally hold favorable views on vaccination, acknowledging its crucial role in disease prevention. However, Kim and Lee (2020) reported that younger parents tend to show initial hesitation regarding childhood vaccines. Given these insights, the null hypothesis claiming no significant association between socio-demographic factors and parental behavior towards immunization is rejected.

Correlation between relationship to the child and behaviors towards childhood routine immunization

Table 3.2 Correlation between relationship with the child and parental behavior towards childhood routine immunization

Variables	Relationship with the Child	Pearson *r*	Sig.	N	Description
Parental Behavior towards Childhood Routine Immunization		.242**	.015	100	Low

Legend: ** *Correlation Coefficient is significant at alpha .05*
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 3.2 The results indicate a low but statistically significant positive correlation between the respondent's relationship to the child and their behavior towards childhood routine immunization (r = .242; p = .015). Almutairi et al. (2021) similarly found a modest link between maternal roles and vaccination behaviors, accounting for a 5.8% variance. This relationship has been attributed to factors such as healthcare access, educational background, financial stability, and perceptions of vaccine safety and effectiveness. Based on these findings, the null hypothesis asserting no significant correlation between socio-demographic variables and parental behavior toward routine immunization is rejected.

Correlation between age of the youngest and behaviors towards childhood routine immunization

Table 3.3 Correlation between the age of the youngest and parental behavior towards childhood routine immunization

Variables	Age of the youngest	Pearson *r*	Sig.	N	Description

Parental Behavior towards Childhood Routine Immunization	.354**	.000	100	Moderate

Legend: ** *Correlation Coefficient is significant at alpha .01*
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 3.3 The data demonstrate a moderately positive and statistically significant association between the age of the youngest child and parental behavior towards routine childhood immunization (r = .354; p = .000). According to the 2020 report from the Department of Health, the Philippines' National Immunization Program (NIP), which provides free vaccines to children under five, has played a crucial role in boosting immunization rates in both urban and rural settings. However, research by De Guzman and Espinoza (2020) noted that in some areas like Cebu, parental hesitation may still occur due to concerns over vaccine safety or adherence to traditional healing practices. Given these findings, the null hypothesis stating that no significant relationship exists between socio-demographic characteristics and parental behavior towards immunization is rejected.

Correlation between gender of the child and behaviors towards childhood routine immunization

Table 3.4 Correlation between the gender of the child and parental behavior towards childhood routine immunization

Variables	Gender of the Child	Pearson *r*	Sig.	N	Description
Parental Behavior towards Childhood Routine Immunization		.013	.897	100	No correlation

Legend: ** *Correlation Coefficient is significant at alpha .05*
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 3.4 the analysis indicates that there is no meaningful correlation between a child's gender and the parental behavior related to routine childhood immunization (r = .013; p = .897). While the data from this study show no statistically significant relationship, it is worth noting that the World Health Organization (2019) reported that gender inequality remains a contributing factor in vaccination disparities globally, where females often encounter limited access to healthcare services, including immunizations. In light of these findings, the hypothesis stating that there is no significant correlation between socio-demographic variables and parental behavior towards routine immunization is supported and therefore accepted.

Correlation between vaccination status and behaviors towards childhood routine immunization

Table 3.5 Correlation between vaccination status and parental behavior towards childhood routine immunization

Variables	Vaccination Status	Pearson *r*	Sig.	N	Description
Parental Behavior towards Childhood Routine Immunization		.326**	.001	100	Low

Legend: ** *Correlation Coefficient is significant at alpha .01*
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5 0=Moderate; 0.5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 3.5 the data reveal a moderately positive and statistically significant correlation between vaccination status and parental behavior regarding childhood routine immunization (r = .326; p = .001). This suggests that as vaccination status improves, so does parental engagement in immunization practices. The Department of Health (2021) has identified ongoing challenges in Sulu's immunization efforts, which stem from factors such as insufficient awareness, poor access to health services, and deeply rooted cultural beliefs. Furthermore, research conducted by Santos et al. (2020) highlights the prevalence of misconceptions surrounding vaccine safety and effectiveness, contributing to increased vaccine hesitancy in these areas. Based on the findings, the null hypothesis stating that there is no significant relationship between socio-demographic characteristics and parental behavior towards routine immunization is rejected.

Conclusion

Based on the findings, the study concluded that parent-respondents from selected barangays in Luuk, Sulu were adequately represented across various demographic factors such as age, relationship to the child, age and gender of the youngest child, and vaccination status. Overall, parents demonstrated commendable behavior towards routine childhood immunization. A moderately positive and significant relationship was identified between the socio-demographic characteristics of parents and their behavior towards immunization practices. This connection may reflect the strong efforts of the government to provide accessible and equitable healthcare services. These findings support the Health Belief Model, which asserts that individuals are more likely to engage in health-promoting behaviors like immunization when they perceive a risk to health, recognize the seriousness of the risk, believe that action can mitigate the threat, and see the benefits of the action as greater than any obstacles. Ultimately, the study affirms that such perceptions among parents in Luuk contribute to positive immunization behavior and improved child health outcomes.

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