

**HEALTHCARE PROVIDERS' COMMUNICATION STRATEGIES AND
VACCINE ACCESSIBILITY ON PARENTAL SATISFACTION
TOWARDS PEDIATRIC VACCINATION**

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MISAMIS UNIVERSITY

May 2025

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Presented to the Faculty of the College of Nursing,

Midwifery and Radiologic Technology

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Ozamiz City

In Partial Fulfillment of the

Requirement for the Degree

Bachelor of Science in Nursing

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the Bachelor of Science in Nursing degree, this research study entitled, “Healthcare Providers’ Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination”, prepared and submitted by Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria has been examined and recommended for acceptance and approval.

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ABSTRACT

Vaccination is one of the most effective public health interventions in preventing childhood diseases. Despite this, vaccine hesitancy continues to affect immunization rates, often stemming from communication barriers and limited access to services. This study investigates how healthcare providers' communication strategies and vaccine accessibility influence parental satisfaction towards pediatric vaccination in selected barangays in Ozamiz City. Guided by Peplau's Interpersonal Relations Theory and Pender's Health Promotion Model (HPM), the study emphasizes the role of nurse-client relationships and health-promoting behaviors. A quantitative, descriptive-correlational design was utilized, and data were collected using a researcher-made questionnaire translated into Cebuano/Visayan. The tool was distributed to 231 parents of vaccinated children through stratified random sampling, ensuring equal representation across urban and rural barangays. Statistical tools such as mean, standard deviation, and Pearson's r correlation were used for analysis. Findings revealed that parental satisfaction was significantly influenced by communication strategies of healthcare providers, including verbal clarity, accuracy of information, and promotion of health literacy. Vaccine accessibility was also highly rated, with parents satisfied with the proximity, convenience, and availability of services, reinforcing trust in healthcare systems. Statistical analysis demonstrated a strong positive correlation between satisfaction and both communication effectiveness and vaccine access. In line with Republic Act No. 10152, the Department of Health could enhance health education, train healthcare providers, and collaborate with schools and barangays. Parents are encouraged to communicate openly with providers. Future efforts

should focus on training, nursing education, and research to improve communication, accessibility, and long-term satisfaction.

Keywords: *communication strategies, healthcare provider, parental satisfaction, pediatric vaccination, vaccine accessibility*

DEDICATION

We, the researchers, humbly dedicate this research paper to Almighty God, whose unwavering guidance and strength have been our foundation throughout this journey. His blessings have carried us through every challenge, allowing us to complete this research.

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INTRODUCTION

Rationale/Background of the Study

Infectious diseases remain one of the leading causes of illness and death in children, despite significant advancements in medical science and public health interventions (Semmes et al., 2021). Pediatric populations are particularly vulnerable, with infections accounting for 25% of neonatal deaths within the first month of life and up to 33% of deaths among children under five years old (Bhutta & Black, 2013; Hug et al., 2019; Liu et al., 2014). These statistics highlight the disproportionate burden of infectious diseases on children, who are more susceptible due to their developing immune systems and limited access to timely healthcare in many regions (Hug et al., 2019). Preventable and treatable illnesses, such as pneumonia, diarrhea, and malaria, continue to claim millions of young lives annually, emphasizing the critical need for targeted pediatric health strategies, including widespread vaccination programs and improved access to essential medical services, to reduce this devastating burden (Semmes et al., 2021).

Vaccination is one of the most successful and cost-effective public health measures for reducing morbidity, mortality, and the long-term effects of transmissible illnesses through widespread and equitable immunization coverage (World Health Organization, n.d.). It is an essential public health strategy that not only shields children against potentially fatal infectious illnesses but also significantly reduces childhood morbidity and death while fostering healthier communities (Chaudhuri et al., 2024). Furthermore, mass vaccination produces herd immunity, a critical mechanism that indirectly shields vulnerable populations, including children with underdeveloped immune systems, from

infectious diseases by limiting their spread (World Health Organization, 2019). This underscores the importance of sustained public health vaccination programs, which rely on high coverage rates to maintain long-term community protection.

In the Philippine context, Republic Act No. 10152, or the Mandatory Infants and Children Health Immunization Act of 2011, mandates the administration of essential vaccines to reduce vaccine-preventable diseases, with implementation overseen by healthcare providers and local government units (DOH, 2023). Parental satisfaction remains a crucial determinant of adherence to immunization schedules, influenced by effective communication and service accessibility (Fikadu et al., 2024; Fisher et al., 2024). Nevertheless, dissatisfaction with these aspects has contributed to delayed or refused vaccinations (Bergado-Timbancaya et al., 2023). Vaccination coverage has remained at 70–80% over the past three decades, consistently falling short of the 95% target, underscoring ongoing challenges in program implementation and acceptance (Ulep & Uy, 2021).

Pediatric vaccination in the Philippines is communicated through integrated strategies such as the Expanded Program on Immunization (EPI) and National Immunization Days, including the “Chikiting Ligtas” supplemental campaign, all of which aim to increase vaccine awareness, access, and parental confidence (DOH 2023; UNICEF 2025). The EPI utilizes barangay health workers who conduct house-to-house visits, school outreach, and barangay health sessions to provide clear, empathetic communication about vaccine schedules and safety, thereby enhancing communication quality and health literacy (Bu et al., 2024; Berdida et al., 2021). National Immunization Days further improve accessibility by delivering free vaccines in community spaces and

schools, encouraging face-to-face interactions that foster parental satisfaction through trust, clarity, and responsive communication (Khraisat & Al-Bashaireh, 2024; Vilar-Lluch et al., 2023). These coordinated efforts ensure that families receive timely and culturally sensitive information, which is critical for understanding vaccine benefits, addressing concerns, and ultimately improving satisfaction and immunization outcomes (Jiang et al., 2020).

Global childhood immunization coverage remained at 84% in 2023, with 108 million children receiving all three doses of essential vaccines (World Health Organization, 2024). However, 14.5 million children received no vaccines at all, an increase from 13.9 million in 2022, indicating persistent gaps in healthcare access and delivery, particularly in low-income or conflict-affected areas (World Health Organization, n.d.). Contributing factors include vaccine hesitancy, lack of information dissemination, and disruptions from global crises such as the COVID-19 pandemic. Addressing these barriers is critical to preventing disease outbreaks and promoting global health equity (DOH, 2023).

Young children lack the mental and legal capacity to make choices regarding their healthcare, including vaccinations. Therefore, key caregivers—typically parents—act as stand-in decision-makers and are in charge of ensuring the health of their offspring (Polakova et al., 2023). In line with this, healthcare workers (HCW) are regarded as parents' most trustworthy source of vaccine information, and their recommendations have been shown to impact parental immunization decisions (Bu et al., 2024). Thus, in this process of making decisions about pediatric vaccination, the quality of

communication between healthcare professionals and the parents plays a crucial role in shaping how satisfied parents are with pediatric vaccinations (Berdida et al., 2021).

According to Farina et al. (2024), vaccine availability is essential for the effectiveness of pediatric vaccination programs because it guarantees that all children receive timely protection against preventable diseases. By making vaccines widely available, healthcare systems can drastically lower the occurrence of illnesses such as measles, polio, and whooping cough, protecting children's health and well-being (Centers for Disease Control and Prevention, 2024). Accessible vaccination programs help to promote public health by reducing the risk of disease transmission and childhood mortality rates. Ensuring vaccination accessibility also fosters confidence and cooperation between families and healthcare providers (Opel et al., 2021).

Rural and isolated populations have limited access to healthcare due to smaller facilities, inadequate infrastructure, and fewer specialists (Baazeem et al., 2024). However, children and adolescents in these areas are still frequently referred to and vaccinated at public health facilities (Albers et al., 2023). When vaccination services are accessible, parents are more likely to adhere to immunization schedules, contributing to both individual protection and broader community immunity (Polakova et al., 2023).

According to Verulava et al. (2019), incomplete immunizations are linked to a mother's lack of knowledge about the second and third doses of vaccination, as well as a fear of the child being ill after vaccination. Some Filipino parents harbor doubts about vaccinations, which may stem from a knowledge deficit and limited access to accurate health information (Elmedulan & Duyag, 2024). The majority of Filipino mothers who have a good attitude towards child immunization have relatively poor levels of

understanding, and they do not have comprehensive information regarding a systematic vaccination regimen (Landicho-Guevarra et al., 2021). This study aims to examine how healthcare provider communication and vaccine availability influence parental satisfaction toward pediatric vaccination, with the goal of improving healthcare provider communication, enhancing service delivery, and strengthening overall public health outcomes.

While previous research has extensively examined the impact of healthcare provider communication on vaccination decisions (Gebreyesus et al., 2020; Navin et al., 2019; Elmedulan & Duyag, 2024), there remains a significant knowledge gap in understanding how the combination of communication quality and vaccine availability influences parental satisfaction, particularly regarding pediatric vaccination. Furthermore, research studies the parents' satisfaction with how vaccines are given regarding vaccinating their offspring in the Philippines (Patag et al., 2023; Bagasin et al., 2024). As such, there has been a minute study into the function of parental satisfaction as a mediator between these variables and actual vaccination rates internationally and globally, especially in diverse or resource-limited contexts.

This research was conducted in Ozamiz City to address this gap, aiming to enhance communication and accessibility, and improve overall parental satisfaction by bridging the knowledge gap in the mentioned variables, ultimately leading to higher vaccination coverage and better public health outcomes.

Theoretical Framework

This study was anchored to Hildegard Peplau's Interpersonal Relations Theory (1952) and Nola Pender's Health Promotion Model (1982). These two theories have

guided researchers in addressing parental satisfaction with healthcare providers' communication strategies and vaccine accessibility in pediatric vaccination.

Peplau identified four key phases in the nurse-patient relationship: orientation, working, exploitation, and resolution. These phases reflect how relationships develop over time and how effective communication can meet patients' emotional and informational needs. In the orientation phase, healthcare providers begin to establish trust by identifying parental concerns and expectations (Kiran, 2023). Clear and empathetic communication during this phase encourages parents to feel safe, ask questions, and express uncertainties, which sets the stage for positive engagement in the vaccination process (Jojan and Carroll, 2024).

During the working and exploitation phases, healthcare providers collaborate with parents by delivering accurate vaccine information and addressing concerns about timing, safety, and side effects. At this stage, parents begin to apply the knowledge they receive, using it to make informed decisions regarding their child's immunization (Mersha et al., 2023; De Oliveira Lima et al., 2024). When providers tailor communication to the parents' level of understanding and cultural background, it strengthens their confidence in the healthcare system and enhances their overall satisfaction (Hurstak et al., 2023). In the resolution phase, the interaction between parents and healthcare providers is completed, and trust has ideally been reinforced. When parents feel that their expectations were met and that communication was respectful and informative, they are more likely to express satisfaction with both the vaccination process and the accessibility of services (Bu et al., 2024).

This theory was used in the study to explain how healthcare provider communication influences parental satisfaction with pediatric vaccination. The study by Hurstak et al. (2023) emphasized that clear, respectful, and culturally sensitive communication builds trust and improves parents' understanding of vaccines. This reflects Peplau's Interpersonal Relations Theory, where the orientation phase involves establishing trust, the working phase focuses on providing accurate information, and the exploitation and resolution phases highlight the parents' use of this knowledge and their overall satisfaction. Similarly, Elmedulan and Duyag (2024) found that contextual and communication-related factors significantly influence vaccine adherence, highlighting the importance of trust, access, and relevant health education. By applying Peplau's theory across these phases, this study highlights how structured, empathetic, and accessible communication can foster stronger parent-provider relationships and contribute to more effective pediatric vaccination efforts (Castillo-Neyra et al., 2024).

Nola Pender's Health Promotion Model (HPM) was developed in 1982, where she stated, "Health promotion and disease prevention should focus on health care. If health promotion and prevention are unsuccessful in terms of dilemmas and solutions, expect that care for illness becomes the top priority in caring (Pender, 2011). In the Health Promotion Model, every single individual possesses a unique set of personal characteristics and past experiences that determine one's future behavior, where the Health Promotion Model (HPM) is designed to be a "complementary counterpart to models of health protection" (Şimşek et al., 2024). Major concepts of the Health Promotion Model (HPM) theory included health promotion, health protection, individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral

outcomes. Also, the Health Promotion Model (HPM) theory has sub-concepts which are personal factors, perceived benefits, issues, and self-efficacy; behavioral emotions; and interpersonal and situational influences (Wilson, 2021).

In the study by Şimşek et al. (2024), the Health Promotion Model (HPM) provided a framework to examine how healthcare providers' communication strategies and vaccine accessibility influence parental satisfaction regarding pediatric vaccination. The model emphasizes how effective communication and supportive environments can shape parental perceptions of vaccination, highlighting the importance of perceived benefits and reducing perceived barriers. The Health Promotion Model (HPM) demonstrated that parents appreciate the importance of vaccines and the value of getting their children vaccinated, particularly when guided by effective communication from healthcare providers. This approach aims to build their understanding and trust while reducing fears (McCutcheon et al., n.d.). These interactions addressed the perceived benefits and issues related to parental action concerning vaccination adherence. For example, parents with a background and knowledge of reassuring interactions with healthcare practitioners appreciated the need for illness prevention through vaccines. Also, the panic about vaccine safety issues will be lessened (Cordero, 2024).

Parents have hesitancy in getting their children vaccinated because of several reasons that impede the success of routine childhood immunization. In house-to-house immunization campaigns carried out, missing doses frequently go untreated due to the absence of children on weekday visits (Albers et al., 2023). Also, families in remote locations have limited access to public health institutions, and private clinics are frequently prohibitively expensive, putting other needs ahead of immunizations (Cordero,

2024). On the other hand, supply chain difficulties, particularly ineffective leadership and planning, have resulted in repeated vaccination shortages during the last decade, which affects the promotion of vaccination and prevention of diseases (Peterson et al., 2022).

Recent studies reinforce the relevance of the Health Promotion Model (HPM) in designing effective vaccination strategies. For example, Sacca et al. (2023) applied the Health Promotion Model to assess knowledge, attitudes, and practices regarding pediatric vaccination among parents. The findings confirmed that HPM constructs, particularly perceived benefits, self-efficacy, and interpersonal influences, were significant predictors of parents' decision to vaccinate their children. The study showed that when parents understood the health benefits of vaccination, felt confident in their ability to make informed health decisions, and received encouragement and support from healthcare professionals and social networks, they were more likely to vaccinate their children (Van Heijster et al., 2021). This aligns with HPM's emphasis on empowering individuals through information, motivation, and environmental support to engage in health-promoting behaviors, such as routine immunizations (Elmedulan & Duyag, 2024).

These findings support the use of Pender's Health Promotion Model (HPM) in the study, improving pediatric vaccination efforts. As shown in studies by McCutcheon et al. (n.d.) and Sacca et al. (2023), healthcare providers play a vital role in promoting healthy behaviors by understanding what influences parents' decisions. Through effective, compassionate communication and accessible vaccine services, providers help reduce parental hesitancy, build trust, and increase vaccination rates. HPM highlights how these interpersonal connections and supportive environments not only improve satisfaction but

also strengthen public health by preventing vaccine-preventable diseases (Zhang et al., 2024; Fleming et al., 2020, p. 24).

Nola Pender's Health Promotion Model (HPM) supports this research by showing how healthcare providers' communication and vaccine accessibility shape parents' decisions and satisfaction with their children's vaccinations (Pender, 2011; Wilson, 2021). The model emphasizes that each parent reacts to health information differently due to their own experiences, convictions, and knowledge. According to a study, promoting health involves more than just offering services; it also entails connecting with people, assisting them in making confident, well-informed decisions for their families, and offering guidance and support (Sacca et al., 2023; McCutcheon et al., n.d.).

This study was anchored on Peplau's Interpersonal Relations Theory (1952) and Pender's Health Promotion Model (1982), both emphasizing the role of communication and trust in healthcare. Peplau's theory highlights the phases of nurse-client relationships, where empathetic and clear communication fosters trust and satisfaction. Pender's HPM focuses on how individual experiences, perceived benefits, and self-efficacy influence health behaviors. These theories explain how effective provider communication and accessible vaccination services empower parents to make informed decisions. Together, these theories reinforce the study's focus on how communication strategies and vaccine accessibility significantly influence parental satisfaction and participation in pediatric vaccination programs.

Conceptual Framework

Healthcare Providers' Communication Strategies. It refers to the communication between the healthcare provider and the client, particularly factors that affect this

relationship. Clarity of information, verbal communication, and health literacy of the client were essential to the relationship between patient satisfaction and the quality of care received. When healthcare professionals ask questions, listen attentively, and give treatment that is tailored to individual needs, they establish a supportive environment that promotes trust (Bu et al., 2024). According to Berdida et al. (2021), when it comes to pediatric vaccinations, parents and guardians could be better informed about the benefits of immunizations, have their concerns addressed, and feel more at ease about the treatment's efficacy and safety when there is clear and compassionate communication.

Effective communication allows healthcare providers to clarify doubts, ease anxieties, and ensure that both parents and children feel supported, leading to higher satisfaction (Elizondo-Alzola et al., 2021). Additionally, when parents experience this type of care, they are more likely to trust healthcare providers and engage in open communication, which improves the vaccination experience (Johs-Artisensi et al., 2023). Good communication included sharing essential information, offering guidance on vaccine schedules, and building empathetic connections between families and healthcare providers (Khraisat & Al-Bashaireh, 2024). It was imperative in high-stress situations where many patients, like children awaiting vaccinations, need care, making clear and effective communication even more necessary to ensure that quality care was delivered and patient satisfaction was maintained (Vilar-Lluch et al., 2023).

Clarity of Information. Defined as the degree to which parents perceived the information provided by healthcare providers about pediatric vaccination as clear, understandable, and free of ambiguity (Zhao et al., 2022). According to Zhang et al. (2024), clarity of information from healthcare practitioners' communication strategies

ensured that parents understand the benefits and risks of vaccinating their children, allowing them to make informed choices. It was imperative in pediatric vaccination, as parents need to have confidence in the safety and necessity of the vaccines their children receive (Landicho-Guevarra et al., 2021). As such, when information is given in a clear and intelligible manner, it eliminates confusion and concerns that could otherwise contribute to vaccine reluctance or rejection. Parents could be assured of the safety and importance of the vaccines their children receive.

Verbal Communication. Refers to the quality, tone, and responsiveness of spoken interactions between healthcare providers and parents during pediatric vaccination discussions. It includes empathetic responses, active listening, and motivational interviewing techniques that address concerns and misinformation (Jiang et al., 2020). In the process of making decisions about pediatric vaccination, the quality of communication between healthcare professionals and the parents played a role (McDuffie, 2021). According to Dube et al. (2020), active, empathetic verbal communication may help shape the parents' perceptions about vaccination, enhancing vaccine hesitancy and increasing vaccination satisfaction.

According to McDuffie (2021), parents were likely to be more receptive to vaccines when personalized verbal communications were provided concerning their specific concerns and misinformation. In fact, discussing the necessary motivational interviewing tactics that a healthcare professional would have to adopt during vaccination talks (Zolnoori et al., 2022). The motivational interviewing approach of listening to the parents and empowering them to make educated decisions for themselves has been associated

with engendering trust between parents and healthcare professionals. The satisfaction and probability of vaccination were higher in this regard (Opel et al., 2021).

Health Literacy. Defined as the ability of parents to access, understand, and use health-related information provided by healthcare professionals to make informed decisions about pediatric vaccination (Nutbeam & Lloyd, 2020). In line with Hurstak et al. (2023), health literacy encompasses a direct impact on an individual's ability to obtain, comprehend, and utilize health-related information to make educated decisions about their health. In the context of pediatric care, health literacy was especially crucial for parents, who were in charge of their children's healthcare (Nutbeam & Lloyd, 2020). A parent's capacity to understand medical advice, vaccination schedules, and the value of preventative measures such as vaccines has a substantial impact on their child's health outcomes. When parents have a high level of health literacy, they are better able to comprehend the importance of vaccinations, the scheduling of dosages, and the potential adverse effects, allowing them to make informed decisions that enhance their child's health (Shon & Lee, 2023).

Additionally, a previous study has indicated that Filipinos exhibit a low rate of health literacy, which significantly contributed to increased morbidity and mortality rates within the population (Hill et al., 2024). This lack of understanding regarding essential health information hampers individuals' ability to make informed decisions about their health, access appropriate healthcare services, and adhere to medical advice (Tejero et al., 2022). Consequently, the gap in health literacy could lead to poorer health outcomes, as individuals may struggle to manage chronic conditions or recognize the importance of

preventive measures, ultimately exacerbating health issues and reducing overall life expectancy among Filipinos (Javier et al., 2019).

Vaccine Accessibility. It refers to the local health center services, which include vaccination facility location, transportation availability, healthcare providers' availability, and vaccine supplies that affect parental satisfaction and vaccination uptake. Having access to the health care system, particularly vaccines, was an intricate and diverse problem. The most difficult populations to reach, including minority and low-income groups, have limited access to healthcare due to their unfamiliarity with the healthcare system, transportation availability, and access to the local health center (Ekezie et al., 2022). According to the World Health Organization (2024), factors affecting the delivery of vaccination services to rural and semi-urban areas were inadequate immunization funding, vaccine shortages, and disease outbreaks, challenging vaccination efforts. About 10.8 million under-vaccinated children (51%) live in fragile or marginalized sectors, making them highly vulnerable to diseases.

In the Philippines, having poor access and limited distance to local health centers, inadequate vaccine supply, availability of healthcare providers, understanding about vaccination communication strategies of health workers, and skipped vaccination opportunities were some of the factors that affect the increase of the immunization rate in the country (Quintos et al., 2023). On the other hand, parents were likely to hesitate to vaccinate their children because of the controversy over Dengvaxia in 2017. This issue was one of the reasons why the COVID-19 vaccination was poor at times of the pandemic; parents had trust issues in any vaccines that their children would be receiving (Cordero, 2024). Overcoming access challenges, vaccine hesitancy, and misinformation

was essential to improving coverage, reducing disparities, and safeguarding children from vaccine-preventable diseases (Hill et al., 2024).

Having enough access to facilities and services, proper dissemination of information, and knowledge of vaccines without uncertainties would increase the level of parental satisfaction and adherence to vaccination with the help of an expanded immunization program (Cordero, 2024). Nevertheless, effective vaccination delivery, with accessible locations and affordable costs, significantly enhanced convenience for parents and would promote adequate adherence to the vaccine and high success of vaccination (Elmedulan & Duyag, 2024).

Parental Satisfaction. Pediatric vaccination was a multifaceted construct; it refers to the influence by healthcare provider communication, vaccine accessibility, and other healthcare system factors. These included perceptions of quality, clarity, and empathy in provider-parent communication as well as logistics of accessing vaccination services. Parental satisfaction captured the affective and utilitarian aspects of the vaccination experience. When parents were heard, respected, and informed, it increased their trust in healthcare systems and enhanced adherence to vaccination schedules.

Its cultural and psychological factors, and the level of confidence parents have in healthcare providers and their ability to clarify doubts regarding vaccination, were significantly correlated with parents' satisfaction (Fisher et al. 2024). In addition, Mbonigaba et al. (2024) said that parents' trust emanating from previous experiences with interactions with the healthcare system contributed to a positive attitude toward vaccination programs.

Quality of Care. It refers to care provided during pediatric vaccination as a significant predictor of parental satisfaction. According to Chaudhuri et al. (2024), quality care encompasses not only technical precision in vaccine administration but also relational aspects such as empathy, clear communication, and responsiveness to parental concerns. High-quality care would also address parents' concerns about vaccine safety and efficacy, while being efficient and professional, emphasizing the importance of assisting parents, especially in the context of vaccination. Its compassionate care resulted in better emotional and practical outcomes, such as decreased anxiety and increased vaccination adherence (Watson Caring Science Institute, 2024).

According to Foronda (2023), holistic care approaches incorporate the two dimensions of care, physical and emotional, which allow the parents to feel their concerns were acknowledged and validated. Such approaches were crucial in pediatric vaccination, as the parents made most decisions on behalf of the children. The more healthcare providers could explain the benefits and risks of vaccines, the more confident parents would be in making decisions. Furthermore, it was discovered that patient-centered care, which included personalized communication and respect for the parents' decision, was associated with higher vaccination compliance (Johs-Artisensi et al., 2023).

Trust in the Healthcare Providers. It refers to an essential component of the parent-provider relationship and affects how satisfied parents are with vaccination programs for their children, according to Fisher et al. (2024). Transparent, consistent, and credible communication builds parental trust. Trust was also established when previous experiences with health systems were positive, thereby validating care reliability. Such

experiences could include a clear explanation of vaccine protocols, prompt responses to parental inquiries, and professional handling of vaccination appointments.

According to Mbonigaba et al. (2024), trust was crucial in surmounting vaccine hesitancy, especially among culturally diverse populations. In such a scenario, healthcare providers have to use culturally sensitive communication strategies that are in tune with the beliefs and values of parents. It is a way of establishing mutual respect and understanding, which was very important in the building of trust and fostering adherence to vaccination programs. It was found that parents who regard healthcare providers as trustworthy would accept vaccines even in cases of conflicting information or social skepticism (Ekezie et al., 2022)

Trust also calls for the reliability of healthcare systems in terms of consistency. According to Cordero (2024), systemic factors such as the availability of vaccines, effective and timely communication regarding schedules, and the proactive management of logistical challenges greatly influence parental perceptions of trustworthiness. When healthcare systems provided these elements, parents were reassured and more likely to participate in vaccination programs. This interplay of trust and systemic reliability emphasized the importance of integrating relational strategies with operational policies in pediatric care to improve parental satisfaction and vaccination uptake.

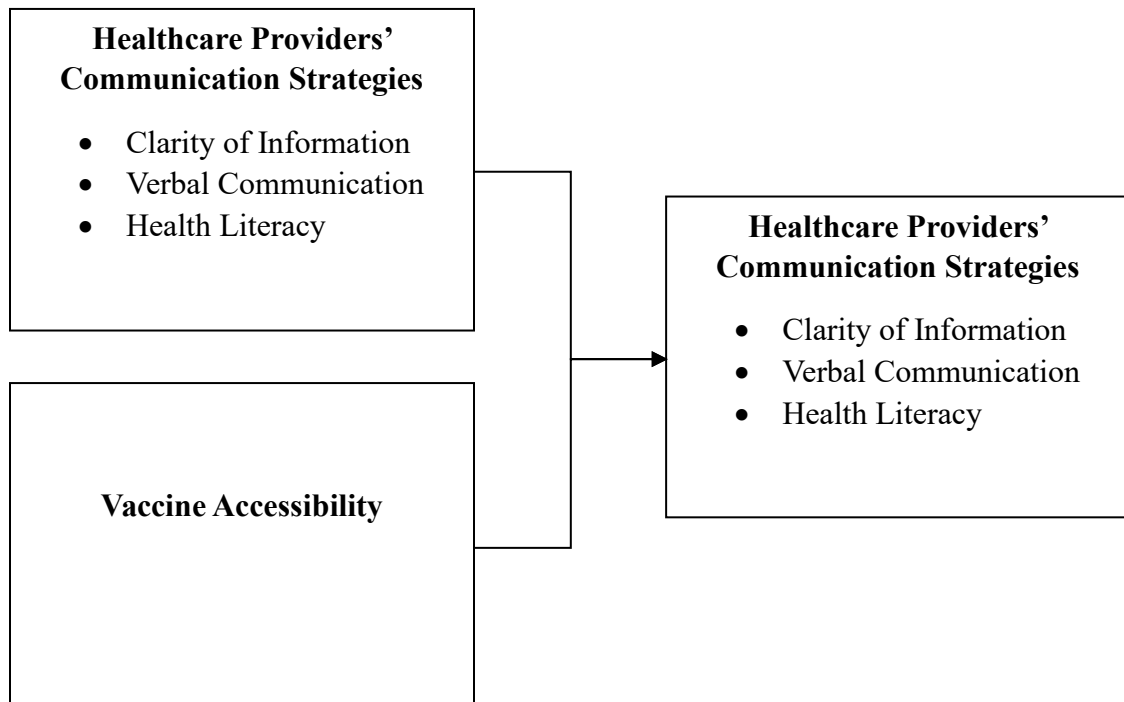


Figure 1: Schematic Diagram of the Study

Objectives of the Study

This study aimed to investigate how various communication factors, such as vaccine accessibility, influence parental satisfaction during pediatric vaccination consultations.

The study aimed to assess the following: (1) Assess the healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy; (2) Determine the respondents' vaccine accessibility; (3) Evaluate parental satisfaction towards pediatric vaccination in terms of quality of care and trust in healthcare providers; (4) Determine the significant relationship between healthcare providers' communication strategies and parental satisfaction towards pediatric vaccination; (5) Determine the significant relationship between the respondents' vaccine accessibility and parental satisfaction towards pediatric vaccination.

It was hypothesized that: (Ho1) There is no significant relationship between healthcare providers' communication strategies and parental satisfaction towards pediatric vaccination; (Ho2) There is no significant relationship between the respondents' vaccine accessibility and parental satisfaction towards pediatric vaccination.

Significance of the Study

Parents. This study played a vital role in reassuring parents, thereby lessening their fears and hesitancy, creating trust between healthcare providers, and reducing their concerns about their children's well-being, all while encouraging vaccination. Additionally, it encouraged vaccine uptake by creating a more supportive and informative environment for decision-making.

Community. This study showed how the entire community benefits when pediatric vaccines are both accessible and well-communicated. When parents can easily reach local health centers and receive clear, respectful information from healthcare workers, their trust in the system grows. This trust leads to better participation in vaccination programs and helps protect not just individual children, but the whole community through stronger herd immunity.

Healthcare Providers. The study emphasized the vital role of healthcare providers in gaining parents' trust toward pediatric vaccination. Clear and empathetic communication from nurses, doctors, midwives, and barangay health workers (BHWs) helps reduce fear and builds confidence in vaccine decisions. It demonstrated how effective communication can alleviate parental concerns, improve trust, and increase satisfaction, leading to higher pediatric vaccination rates. The study highlights the need to equip all healthcare providers with the right skills and resources to ensure effective communication and increased vaccine coverage.

Nursing Education. This study could be helpful in nursing education, focusing on patients, nursing students, and nurses, as it helps address parents' concerns more effectively. Additionally, it ensures that communication strategies are clear, empathetic, and supportive, thereby enhancing vaccine uptake. This study would be beneficial for nursing students because it highlights effective communication and patient education related to vaccine coverage. It also provides data that can be used in training programs to prepare future nurses for engaging in public health education and improving vaccination rates through skilled communication.

Department of Health (DOH). The study supports the goals of DOH public health programs as well as the Republic Act No. 10152. It gives the DOH insight into how communication and vaccine accessibility can directly affect vaccination outcomes. These findings may guide the Department of Health in improving training programs and expanding access in local health facilities. When providers are trained to communicate better and when vaccines are consistently available, parental satisfaction increases, and so does vaccine coverage.

Future Researchers. It would provide a broader body of research that contributes to future studies addressing healthcare providers' communication strategies and vaccine accessibility in pediatric vaccination. It highlights the need for further studies to explore and enhance strategies that address knowledge gaps in communication and accessibility. The results can be used to design targeted interventions that improve pediatric vaccination rates and help prevent the spread of vaccine-preventable diseases, which continue to be a significant public health concern.

RESEARCH METHODOLOGY

Design

The study employed a quantitative, descriptive-correlational research design to gather data, aiming to comprehensively understand how variables interact without altering conditions. Descriptive-correlational research is used when the researcher cannot manipulate independent variables, as it allows for observing and analyzing relationships between factors as they naturally occur (Curtis et al., 2016). The study focused on examining the relationship between healthcare provider communication strategies, vaccine accessibility, and parental satisfaction towards pediatric vaccination. By analyzing these variables, this study identifies whether communication strategies and vaccine accessibility significantly affect parental satisfaction, providing insights that could help improve strategies in healthcare practice.

Environment

The study was conducted in selected barangays of Ozamiz City, Misamis Occidental, Philippines. These selected barangays were chosen due to the high population density, accessibility to the target population, and increased vaccination rates in the city, providing a large sample size that supports the research objectives constructively. Also, rural and urban settings were included in the study, which can capture variations in healthcare access and utilization, particularly in vaccination practices and health education. Barangay Health Centers and public gathering areas are key settings for vaccinations, ensuring respondents are comfortable and efficient during data collection while maintaining access to their respective Barangay Health Center. Researchers also

observed how parents in the community use the services offered by the Local Health Center, which are centered on the provision of immunizations and dissemination of health education.

Respondents of the Study and Sampling Procedure

The research respondents were parents of children aged 0 to 6 years old who had received pediatric vaccinations. All parents were eligible regardless of age, religion, occupation, education, number of children, or medical conditions, as long as they were registered, had visited the health facility for their child's vaccination, and were willing to participate. Parents with multiple children were counted as a single respondent.

The sampling procedure utilized to determine respondents for each Barangay was stratified random sampling. This method was chosen to ensure that every Barangay was proportionally represented in the sample, providing a more accurate and comprehensive reflection of the entire population. Stratified random sampling also reduces the risk of bias by guaranteeing that each Barangay, regardless of its size or demographics, has a fair chance of being included in the study. The respondents of the study were computed using Raosoft with a 95% level of confidence and a 5% margin of error, with a total population of 572, and a sample size of 231 respondents.

Data Gathering Instruments

The researchers utilized a researcher-made questionnaire that was developed and translated to Cebuano/Visayan using a back translation strategy specifically for this study, consisting of three parts.

A. *Healthcare Provider Communication Strategies Questionnaire*. This tool determined the effectiveness of the strategies that healthcare providers used to

disseminate information about pediatric vaccinations. It contained three constructs, namely: clarity of information, verbal communication, and health literacy. It was a 4-point Likert Scale with the following responses: 4 - Strongly Agree; 3 - Agree; 2 - Disagree; 1 - Strongly Disagree.

B. *Vaccination Accessibility Questionnaire*. This tool determined the vaccine accessibility and service factors that affected the satisfaction of the parents. It contained the vaccination facility location, transportation availability, and vaccine supplies. It was a 4-point Likert Scale with the following responses: 4 - Strongly Agree; 3 - Agree; 2 - Disagree; 1 - Strongly Disagree.

C. *Parental Satisfaction Questionnaire*. This tool determined parental satisfaction with pediatric vaccinations. It contained two constructs, namely: quality of care and trust in healthcare providers. It was a 4-point Likert Scale with the following responses: 4 - Strongly Agree; 3 - Agree; 2 - Disagree; 1 - Strongly Disagree.

Data Gathering Procedure

The researchers used a researcher-made questionnaire to obtain the required data for the study. Before collecting data, the researchers obtained formal permission from the Dean of Misamis University's College of Nursing, Midwifery, and Radiologic Technology to conduct the research outside the campus. Official approval was granted through the City Mayor's Office via a Memorandum of Agreement (MOA) submitted by the University. The researchers then requested authorization from the selected Barangay Captains and the offices of the Barangay Health Center to ensure the study was conducted ethically and with the approval of local authorities. After securing the necessary permissions, the researchers coordinated with Barangay Health Workers to

acquire a list of vaccinated children, which served as the foundation for identifying the potential parent-respondents.

The researchers then visited the Barangay Health Center to personally meet the parents of vaccinated children and verify the child's vaccination status by checking their yellow card or vaccine card, where the researchers politely introduced themselves as nursing students conducting a research and explained the study's purpose, objectives, and scope. The researchers respectfully asked if the parents could spare a few minutes to participate in the survey, and a consent form, translated into the local language (Cebuano/Visayan), was distributed and thoroughly explained to ensure that respondents fully understood their rights, the voluntary nature of their participation, and the confidentiality of their responses. If the parents agreed, the researchers administered the questionnaire, which was also translated into Cebuano/Visayan for ease of understanding. For those respondents who could not read or write, the researchers assisted by reading the questions aloud and recording the responses as given.

Data collection took two weeks and utilized stratified sampling to ensure fair representation from different Barangays. Respondents were divided into strata based on their respective health centers and scheduled immunization days. Within each stratum, respondents were then selected with the assistance of Barangay Health Workers, who guided the researchers in reaching the target population. The researchers collected the completed surveys either immediately after they were filled out or returned at a predetermined time. To protect respondents' confidentiality and maintain the integrity of the responses, all collected data were meticulously recorded and securely stored. After collecting the data, the researchers sought help from the College Statistician to have a

statistical analysis of each questionnaire. This structured approach not only enabled the researchers to reach the desired sample size but also helped establish trust and cooperation within the community, thereby contributing to the overall success and validity of the study.

Validity and Reliability of the Instrument

The research study and its corresponding questionnaire were evaluated and validated by a panel of experts to ensure content accuracy, relevance, and alignment with the study objectives. To further test its reliability, a pilot study was conducted involving 20 parents whose children had received pediatric vaccines, but who were not part of the actual study respondents. The internal consistency of the questionnaire was assessed using Cronbach's alpha, a statistical measure used to evaluate how reliably a set of items measures a single construct. The findings revealed that all parts of the questionnaire yielded Cronbach's alpha values of 0.80 and above, indicating high internal consistency and reliability across the instrument. Specifically, the Clarity of Information section obtained a Cronbach's alpha of 0.84, Verbal Communication scored 0.88, Health Literacy scored 0.81, Vaccine Accessibility received 0.86, Quality of Care scored 0.85, and Trust in Healthcare Providers achieved 0.89. These results confirm that the questionnaire items were consistently measuring their respective constructs and that the instrument as a whole was both valid and reliable for use in the main study.

Scoring Guidelines

The first, second, and third parts of the researcher-made questionnaire were assessed based on the continuum as follows. They were translated to the native language of Ozamiz City, which is Visayan:

A. Healthcare Providers' Communication Strategies Questionnaire. It assessed the healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy. The following scale was used:

Continuum	Responses	Interpretation
3.26 - 4.0	4– Strongly Agree	Very Good (VG)
2.51 - 3.25	3 – Agree	Good (G)
1.76 - 2.50	2 – Disagree	Poor (P)
1.00 -1.75	1 – Strongly Disagree	Very Poor (VP)

B. Vaccination Accessibility Questionnaire. It determined the vaccine accessibility and services among parents' decisions in the community/facility. The following scale was used:

Continuum	Responses	Interpretation
3.26 - 4.0	4– Strongly Agree	Very Good (VG)
2.51 - 3.25	3 – Agree	Good (G)
1.76 - 2.50	2 – Disagree	Poor (P)
1.00 -1.75	1 – Strongly Disagree	Very Poor (VP)

C. Parental Satisfaction Questionnaire. It evaluated parental satisfaction in terms of the quality of care and trust in healthcare providers for pediatric vaccination services.

The following scale was used:

Continuum	Responses	Interpretation
3.26 - 4.0	4 – Strongly Agree	Very High (VH)
2.51 - 3.25	3 – Agree	High (H)
1.76 - 2.50	2 – Disagree	Low (L)
1.00 - 1.75	1 – Strongly Disagree	Very Low (VL)

Mode of Analysis/ Statistical Treatment

The data from the use of the questionnaire were tabulated, evaluated, analyzed, and interpreted using appropriate statistical tools.

Mean and Standard Deviation were used to analyze healthcare providers' communication strategies, vaccine accessibility, and parental satisfaction towards pediatric vaccination. These statistical tools were used to summarize and describe the central tendency and variability of parents' responses, providing insights into the overall trends and consistency of their experiences. Specifically, they measured the variables of healthcare providers' communication strategies, vaccine accessibility, and parental satisfaction towards pediatric vaccination, allowing the researchers to assess how well communication and access to vaccines met parental expectations and needs.

Pearson r - Correlation Coefficients was used to examine the significant relationships between healthcare providers' communication strategies and parental

satisfaction towards pediatric vaccination, as well as the relationship between vaccine accessibility and parental satisfaction towards pediatric vaccination. This statistical tool was used to determine the strength and direction of the linear relationships between these variables, helping to identify whether better communication or greater vaccine accessibility was associated with higher levels of parental satisfaction.

Ethical Considerations

Formal permission from the Dean of Misamis University College of Nursing, Midwifery and Radiologic Technology to conduct the research outside the campus. Approval was obtained from the local government and Barangay Captains to conduct the research in their community. Before joining the study, respondents received necessary information, including the study's purpose, procedures, risks, and benefits, provided in a translated version in Cebuano/Visayan. Participation is entirely voluntary, and individuals may withdraw at any time without issue. Confidentiality was maintained, and the data were used solely for research.

The study provided benefits while minimizing risks, with no intention of causing physical, emotional, or psychological harm. Its outcomes aim to enhance communication among healthcare providers and improve vaccine access. Respondents were respected as unique individuals, participated voluntarily, and could withdraw at any time. Clear explanations supported informed decisions, while privacy, confidentiality, and respondents' concerns were fully upheld. Adherence to these ethical guidelines ensured responsible conduct, valid findings, and the protection of respondents' well-being.

RESULTS AND DISCUSSIONS

Healthcare Providers' Communication Strategies

The overall weighted mean is 3.67, accompanied by a standard deviation of 0.397, which indicates a Very Good (VG) outcome. It signifies a generally high level of satisfaction among respondents regarding how healthcare professionals conveyed information. This overall value confirms that responses across all items were fairly consistent, leaning strongly toward "Very Good," with only minor differences in opinions among the respondents.

Table 1 provides a comprehensive overview of the communication strategies employed by healthcare providers as perceived by the respondents in the context of pediatric vaccination. The three primary constructs explored clarity of information, verbal communication, and health literacy reflect the core elements of effective communication in healthcare towards parental satisfaction. These components are essential in shaping parents' understanding, trust, and decisions related to their child's immunization (Tejero et al., 2022). Effective communication strategies not only enhance the delivery of information but also influence parental satisfaction and compliance with healthcare recommendations (Landicho-Guevarra et al., 2021).

Clarity of Information. Among the components, clarity of information obtained the highest mean score (WM = 3.704; SD = 0.380), indicating that healthcare providers effectively communicated vaccination-related details in a manner that parents easily understood. This relatively low standard deviation means that most respondents had similar views about the clarity of the information provided by healthcare providers. The responses were consistently rated as "Very Good," indicating strong agreement that

information about vaccines was clearly communicated. The relatively low standard deviation implies consistent experiences across the respondents, underscoring the effectiveness of structured communication methods, such as visual aids, simplified language, and repetition, in ensuring message retention.

These findings are consistent with the research of Kornides et al. (2018) and Zhang et al. (2024), both of whom underscore the critical role of clear and effective communication in healthcare settings. Kornides et al. (2018) found that clear communication of information reduces ambiguity and enhances parental confidence in making informed decisions about their child's healthcare. In the present study, clarity of information received the highest mean score, indicating that parents generally found vaccination-related communication easy to understand. Similarly, Zhao et al. (2022) emphasized that clear information reduces uncertainty and strengthens parental confidence in making vaccination decisions. Zhang et al. (2024) further reported that when healthcare practitioners thoroughly explain the benefits and potential risks of vaccines, parents are more capable of making informed and confident choices. Altogether, these aligned findings highlight the value of structured and comprehensible communication strategies in enhancing both parental satisfaction and understanding in pediatric vaccination contexts.

Verbal Communication. Verbal communication, information obtained the mean score ($WM = 3.648$; $SD = 0.401$), which fell under the "Very Good" category. This score highlights the ability of healthcare providers to express information directly and compassionately through spoken language. The high mean suggests that parents appreciated the providers' tone, clarity of speech, attentiveness, and willingness to

respond to questions, all of which are critical in health education and counseling. A slightly higher StDev compared to Clarity of Information, but still low overall. This shows that while the ratings were still concentrated around the “Very Good” level, there was slightly more variation in how respondents perceived verbal communication. Some parents might have found communication excellent, while a few found it just good or average.

According to Limaye et al. (2021) it emphasizes that verbal communication is essential in building trust and rapport between healthcare providers and parents by conveying empathy, respect, and attentiveness. This trust fosters confidence in healthcare decisions, encourages open dialogue, and supports long-term engagement with health services. Consistent with this, the present study and previous research (Kornides et al., 2018; Zhao et al., 2022; Zhang et al., 2024; Ekezie et al., 2024) highlight the crucial role of clear, empathetic, and well-structured communication in pediatric vaccination. Clear communication reduces ambiguity and uncertainty, enhances parental understanding, and strengthens confidence in decision-making. Likewise, effective verbal interactions characterized by warmth, clarity, and responsiveness promote trust and satisfaction with care. Collectively, these findings affirm that effective communication is both a relational and technical skill vital for fostering parental confidence, satisfaction, and adherence to vaccination recommendations.

Health Literacy. Health literacy, information obtained the mean score (WM = 3.651; SD = 0.411), which was rated “Very Good,”implying that healthcare providers effectively supported parents in understanding and utilizing health information. It has the highest standard deviation among the three, though still moderate. It indicates that while

many respondents rated healthcare providers well in improving their understanding, there was slightly more diversity in responses, possibly due to differences in individual educational backgrounds or how well providers adjusted explanations to different literacy levels. This includes ensuring that parents comprehend the purpose of vaccines, potential side effects, and follow-up procedures. Promoting health literacy empowers parents to make well-informed choices, fosters autonomy, and contributes to increased vaccination uptake (Fallucca et al., 2022). The slightly higher variation in responses may suggest differences in educational backgrounds or individual capabilities among respondents, highlighting the need for tailored communication strategies.

This aligns with Pender's Health Promotion Model (1982), which highlights the role of healthcare providers in influencing health behaviors through effective communication and support. In the present study, health literacy received a high mean score, indicating that providers helped parents understand and use vaccination-related information. This supports the findings that promoting health literacy empowers parents to make informed decisions and increases vaccine uptake. The slight variation in responses may reflect individual differences, reinforcing the model's emphasis on personalized communication tailored to each parent's background and needs.

Overall, the findings from Table 1 suggest that the communication strategies utilized by healthcare providers were generally well-received by parents. These strategies played a crucial role in facilitating understanding, engagement, and trust, which are all vital in achieving successful pediatric vaccination outcomes. In nursing and public health practice, the emphasis on communication must be maintained and further enhanced to

support informed decision-making and promote positive health behaviors across diverse populations (Turhan et al., 2021).

Table 1.

Healthcare Providers' Communication Strategies

n = 231

Healthcare Providers' Communication Strategies	Mean	StDev	I
Clarity of Information	3.704	0.380	VG
Verbal Communication	3.648	0.401	VG
Health Literacy	3.651	0.411	VG
Overall Mean	3.67	0.397	VG

*Legend: 3.26 – 4.0- Very Good (VG) 1.76 – 2.50- Poor (P)
2.51 – 3.25- Good (G) 1.00 – 1.75- Very Poor (VP)*

Respondents' Vaccine Accessibility

Table 2 illustrates that respondents rated vaccine accessibility in their community or health facility with the weighted mean of 3.60, with a standard deviation of 0.44, which falls within the “Very Good” category. This suggests that most parents found vaccination to be available, convenient, and easy to access.

The mean (3.60) reflects the general level of parental satisfaction, showing that the majority had positive experiences in terms of access to vaccines, which includes vaccination facility location, transportation availability, healthcare providers' availability, and vaccine supplies. This positive rating suggests that vaccines are being delivered

consistently and effectively across various locations (Privor-Dumm et al., 2023). The standard deviation (0.44) provides value to the data by indicating that responses were closely related to the average. In other words, most respondents had comparable impressions of vaccination accessibility, indicating slight variation in their replies. A low standard deviation indicates that the results are reliable and uniform, implying that both rural and urban regions receive comparable levels of treatment.

In support with the findings of Anderson and Creanza (2023). In terms of transportation and availability, this significantly enhances vaccine uptake among the parents and children, providing an avenue for easy access to vaccines. Respondents expressed their satisfaction with vaccination sites, which significantly affects the high vaccination uptake for their children. Barangays in the city, particularly in urban areas, offer convenient access to vaccination with minimal transportation challenges (Singh et al., 2021). Parents can easily bring their children to the site on their scheduled date and time without incurring transportation expenses. The respondents acknowledged that vaccines and facilities are accessible, adequately distributed, and conveniently located within their communities, which are important facilitators for regular immunization.

Additionally, Jean-Jacques and Bauchner (2021) found that the availability of vaccines and prioritizations in distribution were major contributors to parental willingness to vaccinate their children. Singh et al. (2021) cited that when parents are assured of consistent supply and access, their level of trust and satisfaction increases, resulting in better adherence to vaccination schedules. These findings support the current study's result showing a "very good" level of vaccine accessibility and parental satisfaction.

The result also reflects the study of De Sarro et al. (2021), highlighting that vaccine uptake improves significantly when access-related barriers, such as facility distance, waiting times, and operational hours, are minimized. Their thorough assessment of interventions in low- and middle-income countries indicated that accessibility is still an essential component of successful immunization programs. Similarly, Habersaat and Jackson (2019) also pointed out that physical accessibility, when coupled with effective communication and trust in healthcare providers, greatly enhances public participation in vaccination efforts.

The study shows that vaccine accessibility among parents in the community and facility is excellent, with respondents reporting high satisfaction with the availability, convenience, and proximity of immunization services (Cordero, 2024). These findings reveal that local health systems and government support are effectively addressing logistical issues, including vaccination facility location, transportation availability, healthcare providers' availability, and vaccine supplies (Ekezie et al., 2022). It has a favorable approach to public health campaigns, ensuring that vaccination programs can reach even marginalized sectors or isolated areas.

To sum up, with very good vaccine accessibility being an effective outcome, to achieve optimal vaccination coverage, it should be implemented with efforts that support vaccine education, cultural beliefs, combat misinformation, and community engagement, ensuring that every segment of the population has access to vaccinations and willingly participates in the vaccination programs (Singh et al., 2021). Very good accessibility, however, does not guarantee high vaccination uptake; consideration must also be given to other factors that could affect the vaccination process. To sustain and enhance

accessibility, it should be matched by campaigns aimed at increasing public understanding, building trust, and dispelling myths around vaccines to achieve comprehensive and lasting immunization coverage (Nuwarda et al., 2022).

Table 2.

Vaccine Accessibility Among Parents in the Community/Facility

n= 231

Vaccine Accessibility	Mean	StDev	I
Vaccine Accessibility	3.60	0.44	VG
Overall Mean	3.60	0.44	VG

Legend: 3.26 – 4.0- Very Good (VG) 1.76 – 2.50- Poor (P)
2.51 – 3.25- Good (G) 1.00 – 1.75- Very Poor (VP)

Parental Satisfaction towards Pediatric Vaccination

Table 3 shows the measurement of parents' satisfaction with pediatric vaccine services based on two constructs: *Trust in Healthcare Providers* and *Quality of Care*. *Quality of Care* resulted in a weighted mean of 3.65 (SD = 0.39) and was slightly lower than *Trust in Healthcare Providers*, which had a weighted mean of 3.67 (SD = 0.40). The overall weighted mean of 3.66 (SD = 0.395) places respondents' level of satisfaction in the "Very High" (VH) category.

Low standard deviations for both constructs indicate highly consistent responses from parents, which means that most had the same positive experience with pediatric vaccination services. This limited spread of information may suggest that health care

services were provided with uniformity, professionalism, and compassion in different settings, either urban or rural (Fikadu et al., 2024; Chaudhuri et al., 2024). Zhou et al. (2023) have opined that low variation in satisfaction ratings usually indicates systematic quality control and staff compliance with best practices, both of which are seen to exist within the vaccination services assessed.

These statistical results indicate the validity of the results and imply that the positive feedback is not specific to a few but is dispersed among a large sample. This supports Pender's Health Promotion Model (1982) and Peplau's Interpersonal Relations Theory (1952), which promote that ongoing, empathetic, and high-quality care creates trust and enhances long-term compliance with health interventions (Fisher et al., 2024; Hurstak et al., 2023). So, the extremely high satisfaction scores confirm that parents not only appreciate the technical excellence of vaccination but also the emotional and interpersonal interactions offered by health care providers—once again further supporting the critical role of communication, empathy, and trust in pediatric care delivery.

Quality of Care. The quality-of-care construct (WM = 3.65) had a significant impact on parental satisfaction, representing both technical performance and the overall experience of being cared for. Chaudhuri et al. (2024) and Zhou et al. (2023) emphasize that perceived quality includes more than just proper procedures; it also includes respectful communication, emotional support, and attention to parental concerns. When these elements exist, parents feel cared for and heard, and they are more likely to stick to vaccination schedules. Consistency in responses, as indicated by the low standard

deviation, demonstrates that parents in various environments received care that met clinical and affective expectations.

These findings are also consistent with Pender's Health Promotion Model (1982), which examines how positive interpersonal and situational influences, such as professional and caring care, encourage health-seeking behaviors such as vaccination compliance. In this regard, factors such as child-friendly environments, shorter wait times, and effective follow-up systems are likely to improve overall satisfaction with care quality. According to Lee et al. (2023), such integrated pediatric care strategies not only increase satisfaction but also contribute to better health outcomes and community trust in healthcare.

Trust in Healthcare Providers. The high satisfaction scores indicate that health providers meet parents' expectations not only in technical performance but also in maintaining strong interpersonal communication. Trust in healthcare providers has the highest mean score (WM = 3.67), indicating the dynamics of healthcare provider-parent relationships. Open communication, consistent service delivery, and empathy were likely contributing factors to this finding. This is consistent with Fisher et al. (2024), who found that culturally responsive and open communication boosts parental confidence, which leads to increased compliance with pediatric vaccination. The relatively low standard deviation in this measure suggests that trust was universally felt across demographics, supporting the idea that healthcare providers are widely regarded as honest and trustworthy.

These findings also back up Peplau's Interpersonal Relations Theory (1952), which emphasizes the importance of empathetic and therapeutic communication in establishing

trust between patients and healthcare providers. As this study shows, restoring and maintaining trust, particularly in pediatric settings, can lead to increased participation in public health programs and a longer-term commitment to immunization services.

In conclusion, parents are very satisfied with pediatric vaccination services, with trust in healthcare providers having a slight edge over quality of care as a mean score. These results highlight the fact that satisfaction and trust are fostered by skilled communication, trustful caring, and supportive care environments. Along the lines of Pender's Health Promotion Model (1982) and Peplau's Interpersonal Relations Theory (1952), positive healthcare experiences improve parents' adherence to vaccination programs and increase community trust in immunization programs.

Table 3.

Parental Satisfaction towards Pediatric Vaccination

n= 231

Parental Satisfaction towards Pediatric Vaccination	Mean	StDev	I
Quality of Care	3.65	0.39	VH
Trust in Healthcare Providers	3.67	0.40	VH
Overall Mean	3.66	0.395	VH

*Legend: 3.26 – 4.0- Very High (VH) 1.76 – 2.50- Low (L)
2.51 – 3.25- High (H) 1.00 – 1.75- Very Low (VL)*

Significant Relationship between Healthcare Providers' Communication Strategies and Parental Satisfaction towards Pediatric Vaccination

Table 4 presents the significant relationships between healthcare providers' communication strategies and parental satisfaction, assessed through the constructs of Clarity of Information, Verbal Communication, and Health Literacy. Each construct showed statistically significant correlations with the two outcomes measured: quality of care and trust in healthcare providers.

Clarity of Information. The analysis revealed strong correlations with both parental perceptions of quality of care ($r=0.587$, $p=0.000$) and trust in healthcare providers ($r=0.619$, $p=0.000$). This indicates that when healthcare providers communicate clear and understandable information about vaccination, parents perceive better quality of care and exhibit higher levels of trust. These results underscore the critical role of clear explanations in reducing uncertainty and building confidence among parents.

Verbal Communication. Results also showed significant relationships with quality of care ($r=0.520$, $p=0.000$) and trust ($r=0.606$, $p=0.000$). This suggests that healthcare providers who actively engage in meaningful verbal interactions, such as listening attentively, using language parents can easily understand, and providing timely responses, create an environment where parents feel more cared for and reassured. Effective verbal communication not only conveys facts but also demonstrates empathy and respect, which are essential for fostering trust.

Among the three constructs, *Health Literacy* emerged as the strongest predictor of parental satisfaction, with the highest correlation coefficients observed for quality of care ($r=0.672$, $p=0.000$) and trust ($r=0.663$, $p=0.000$). This highlights that parents' ability to comprehend health-related information greatly influences how they evaluate the quality of care and their confidence in healthcare providers. When providers communicate in

ways that promote understanding and adjust explanations to parents' literacy levels and check for comprehension, parents feel more empowered, secure, and ultimately more satisfied with their child's vaccination experience.

These findings align closely with Hildegard Peplau's Interpersonal Relations Theory (1952), which emphasizes the nurse-patient relationship as a therapeutic process grounded in mutual understanding, effective communication, and trust. The stages of Peplau's theory, from orientation to resolution, mirror the interactions parents have with providers during vaccination, highlighting the importance of clear, empathetic, and supportive communication at every step. Furthermore, Pender's Health Promotion Model (1982) supports these results by showing how individual beliefs, perceptions, and social influences shape health behaviors. Providers who take time to explain, listen, and engage in dialogue help reduce parental anxiety and promote positive attitudes toward vaccination.

Supporting these theoretical insights, recent studies by Berdida et al. (2021) and Fisher et al. (2024) have shown that clear and personalized communication enhances parental trust and satisfaction. Similarly, Hill et al. (2024) and Tejero et al. (2022) reported that low health literacy contributes to missed vaccinations in the Philippines, reinforcing the importance of bridging this gap with accessible explanations. Ebi et al. (2022) also confirmed that understandable and relevant information significantly increases parental trust in healthcare professionals.

The results presented in Table 4 confirm the rejection of the null hypothesis (H_0), which stated that there is no significant relationship between healthcare providers' communication strategies and parental satisfaction toward pediatric vaccination. With p-

values of 0.000 for all constructs and correlation coefficients reaching as high as $r = 0.672$, the relationships are statistically highly significant ($p < 0.01$). This indicates that improvements in communication strategies, particularly enhancing clarity, verbal interaction, and health literacy, are directly associated with increased parental perceptions of care quality and trust in healthcare providers. These findings underscore the crucial role of effective and empathetic communication in ensuring positive vaccination experiences, reducing parental hesitancy, and fostering long-term confidence in the healthcare system.

Table 4.

Significant Relationship between Healthcare Providers' Communication Strategies and Parental Satisfaction towards Pediatric Vaccination

Constructs	Quality of Care	Trust in Healthcare Providers
Clarity of Information	$r = 0.587$ $p = 0.000$ Reject Ho	$r = 0.520$ $p = 0.000$ Reject Ho
Verbal Communication	$r = 0.619$ $p = 0.000$ Reject Ho	$r = 0.606$ $p = 0.000$ Reject Ho
Health Literacy	$r = 0.672$ $p = 0.000$ Reject Ho	$r = 0.663$ $p = 0.000$ Reject Ho

Ho: There is no significant relationship between healthcare providers' communication strategies and parental satisfaction towards pediatric vaccination.

*Legend: 0.00 – 0.01** Highly Significant, 0.02 – 0.05* Significant, above 0.05 Not Significant*

Significant Relationship between Vaccine Accessibility and Parental Satisfaction towards Pediatric Vaccination

The results in Table 5 reveal a highly significant positive relationship between vaccine accessibility and parental satisfaction in terms of both quality of care ($r = 0.694$, $p = 0.000$) and trust in healthcare providers ($r = 0.690$, $p = 0.000$). These findings suggest that when vaccines are readily accessible through well-located facilities, sufficient supply, and manageable wait times, parents report greater satisfaction with pediatric vaccination services. This supports earlier findings in Table 2, where accessibility was rated “Very Good,” indicating consistent availability across both urban and rural settings. Accessibility not only addresses logistical convenience but also contributes to parents' confidence in the healthcare system, as efficient service delivery reflects a responsive and organized care environment.

Moreover, these findings align closely with the communication-related results in Tables 1 and 4. Just as clarity of information, verbal communication, and health literacy were significantly associated with higher satisfaction, vaccine accessibility functions as a parallel enabler of positive healthcare experiences. When accessible services are combined with effective provider communication, parents feel more reassured and supported, reinforcing trust and enhancing perceptions of care quality. This interconnectedness also supports theories like Peplau's Interpersonal Relations Theory (1952) and Pender's Health Promotion Model (1982), which emphasize that both interpersonal interactions and environmental factors influence health-seeking behavior and satisfaction.

The rejection of the null hypothesis confirms that accessibility is a key determinant of parental satisfaction. This underscores the importance of maintaining and improving logistical aspects of vaccine delivery alongside communication strategies. As supported by Kaushik et al. (2025) and Ruggeri et al. (2024), minimizing access barriers such as travel distance, long queues, and inconsistent supply increases parental confidence and participation in vaccination programs. Therefore, sustained efforts should focus not only on improving communication but also on ensuring equitable and reliable access to pediatric vaccines to promote both high uptake and enduring public trust.

Table 5.

Significant Relationship between Vaccine Accessibility and Parental

Variable	Quality of Care	Trust in Healthcare Providers
Vaccine Accessibility	$r = 0.694$ $p = 0.000$ Reject Ho	$r = 0.690$ $p = 0.000$ Reject Ho

Ho: There is no significant relationship between vaccine accessibility and parental satisfaction toward pediatric vaccination.

*Legend: 0.00 – 0.01** Highly Significant, 0.02 – 0.05* Significant, above 0.05 Not Significant*

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Based on the findings of the study, the researchers were able to conclude the following:

1. The study demonstrated that healthcare providers' communication strategies for pediatric vaccination are highly effective and consistently rated as very good by parents. Clarity of information emerged as the strongest aspect, as providers conveyed vaccination details clearly, fostering parental confidence and reducing uncertainty. Verbal communication and health literacy also stood out, reflecting providers' empathetic dialogue and ability to enhance understanding. The uniformity of parental feedback highlights consistently positive experiences.

2. Findings revealed that vaccine accessibility is rated very good, with parents expressing high satisfaction regarding facility location, transportation, provider availability, and vaccine supply. Consistent responses among rural and urban parents show shared positive experiences. These findings highlight the effectiveness of vaccine accessibility in addressing key factors essential for maintaining high immunization coverage.

3. The study found that parental satisfaction with pediatric vaccination in Ozamiz City was extremely high, particularly in terms of trust in health providers and quality of care. These findings support the idea that effective communication and available services play important roles in positive parental outcomes. The findings also emphasized

importance of trust, empathy, and interpersonal relationships in ensuring vaccine compliance.

4. The study demonstrated that clear communication, engaging verbal interactions, and strong support for health literacy significantly enhance parental satisfaction and strengthen vaccination communication strategies. Health literacy had the strongest influence, as informed parents felt more confident and reassured. Effective communication, both technical and relational, is essential for fostering supportive relationships, positive vaccination attitudes, and better healthcare outcomes.

5. The study revealed a strong positive relationship between vaccine accessibility and parental satisfaction, particularly in care quality and trust in providers. Accessible services, combined with effective communication, enhance confidence in the healthcare system and promote positive vaccination experiences. The rejection of the null hypothesis emphasizes improving both logistical access and communication strategies to boost vaccine uptake and parental trust.

Recommendations

Based on the findings of this study, the researchers made recommendations as follows:

1. Communities may be involved in simple, community-led programs that meet different learning needs. Building on the study's success, programs should incorporate clear information, engaging conversations, and a deeper understanding of health, featuring friendly, hands-on activities such as community talks, role-playing, and real-life examples, particularly for those who are unsure about vaccines. By putting the community first, these efforts build trust, clear up false ideas, and help parents feel confident in choosing vaccines, leading to more kids getting vaccinated.

2. In line with Republic Act No. 10152, the Department of Health (DOH) may strengthen health education initiatives to raise awareness about the importance and safety of pediatric vaccination. The DOH can empower healthcare providers through targeted training programs and enhance collaboration with schools and barangay officials to address vaccine hesitancy and support informed parental decision-making. These coordinated efforts will promote equitable vaccine access for all children and uphold the law's objective of protecting public health.

3. Parents may continue to build a positive, trusting relationship with the healthcare practitioner by openly communicating any questions, concerns, and expectations during immunization appointments. Open and polite communication will allow providers to better meet your child's needs. Trust and involvement not only boost enjoyment, but they may also encourage better outcomes for the children. To further enhance the

immunization experience for parents, service enhancements such as shorter wait times and kid-friendly facilities may be prioritized.

4. Healthcare providers may prioritize clear communication, engaging verbal interactions and strong support for health literacy to enhance parental satisfaction and strengthen communication strategies in vaccination services. Emphasizing health literacy can be a key strategy focus, as helping parents fully understand health information has the most significant impact on boosting their confidence and comfort, ultimately leading to a more positive vaccination experience and better health outcomes for children.

5. Nursing education may enhance future parental satisfaction with pediatric vaccination by incorporating simulation-based training to improve clinical skills, communication, and service efficiency. Through realistic scenarios, nursing students can practice managing patient flow, delivering clear and compassionate communication, and providing child-friendly care in a safe, controlled environment. This approach prepares nurses to reduce parental stress, build trust, and increase confidence in vaccination services once they enter clinical practice.

6. Future research may consider mixed-methods and longitudinal approaches to explore how improved vaccine accessibility impacts parental satisfaction and vaccination rates over time. By combining qualitative methods like interviews and focus groups with quantitative data, researchers can uncover the underlying factors that influence trust and decision-making. Comparing diverse community settings and healthcare models will identify unique challenges and opportunities, providing valuable insights for creating targeted strategies that enhance long-term satisfaction and vaccine uptake

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APPENDIX A – Research Questionnaire

PART I. HEALTHCARE PROVIDER COMMUNICATION STRATEGIES QUESTIONNAIRE

Directions: The table below are statements that describe your experience on healthcare provider communication strategies towards pediatric vaccinations. Check the box that best describes your satisfaction using these values:

4 – Strongly Agree

3 – Agree

2 – Disagree

1 – Strongly Disagree

Mga Panudlo: *Ang lamesa sa ubos mao ang mga pahayag nga naghulagway sa imong experyensiya sa mga estratehiya sa komunikasyon sa healthcare provider ngadto sa mga bakuna sa bata. Palihug pilia ang kahon nga labing angay nga maghulagway sa imong kasiyahan o kalipay gamit ang mosunod nga sukod:*

4 – Kusog nga Uyon

3 – Uyon

2 – Dili Uyon

1 – Kusog nga Dili Uyon

Indicators	Responses			
	4	3	2	1
A. Clarity of Information (<i>Pagsabot sa Impormasyon</i>)				
1. The healthcare provider offered sufficient information about the purpose of each vaccine. <i>“Ang healthcare provider naghatag ug igong impormasyon bahin sa katuyoan sa matag bakuna.”</i>				
2. The healthcare provider clearly explained any potential side effects of the vaccine. <i>“Ang healthcare provider klaro nga nagpasabot bahin sa posibleng mga epekto sa bakuna.”</i>				
3. The healthcare provider educated me on follow-up home care instructions by the healthcare provider after my child’s vaccinations. <i>“Ang healthcare provider nag-edukar kanako sa follow-up home care nga mga instruksyon sa healthcare provider human sa pagbakuna sa akong anak.”</i>				

APPENDIX A – Cont’d

4. The healthcare provider avoided using technical jargon to avoid any confusions and misunderstanding. <i>“Ang healthcare provider naglikay sa paggamit sa teknikal nga mga pulong aron malikayan ang bisan unsang kalibog ug dili pagsinabtanay.”</i>				
5. The healthcare provider ensured that I understood the benefits of vaccinating my child on time. <i>“Gisiguro sa healthcare provider nga akong nasabtan ang mga benepisyo sa pagbakuna sa akong anak sa tukmang panahon.”</i>				
B. Verbal Communication (Verbal nga Komunikasyon)				
6. The healthcare provider is patient and actively listens to my questions while taking the time to ensure that I feel heard and that my concerns are thoroughly addressed. <i>“Ang healthcare provider mapailubon ug aktibong naminaw sa akong mga pangutana samtang naggahin og panahon aron masiguro nga akong gibati nadungog ug ang akong mga kabalaka hingpit nga natubag.”</i>				
7. I was able to follow the pace at which the healthcare provider spoke, making it easy for me to understand the information. <i>“Nakasunod ko sa dagan sa pagsulti sa healthcare provider, nga nakapasayon nako sa pagsabot sa impormasyon.”</i>				
8. The healthcare provider’s communication effectively bridged any gaps in my knowledge about vaccinations. <i>“Ang komunikasyon sa healthcare provider epektibo nga nagpatin-aw sa bisan unsang mga pangutana sa akong kahibalo bahin sa mga pagbakuna.”</i>				
9. The healthcare provider used clear and effective words and examples to build my understanding in the vaccination process. <i>“Ang healthcare provider migamit ug klaro ug epektibo nga mga pulong ug mga ehemplo aron matukod ang akong pagsabot sa proseso sa pagbakuna.”</i>				
10. The healthcare provider spoke in a way that encouraged me to ask more questions about vaccines. <i>“Ang healthcare provider namulong sa paagi nga nagdasig kanako sa pagpangutana og dugang mga pangutana bahin sa mga bakuna.”</i>				
C. Health Literacy (Pagsabot sa Panglawas)				
11. The healthcare provider tailored their explanations of vaccines to align with my level of health knowledge. <i>“Gipahiangay sa healthcare provider ang ilang mga pagpatin-aw sa mga bakuna aron mahiuyon sa akong lebel sa kahibalo sa kahimsog.”</i>				

APPENDIX A – Cont’d

12. The healthcare provider explained medical terms related to vaccinations in a way I could easily understand. <i>“Gipasabot sa healthcare provider ang medikal nga mga termino nga may kalabutan sa mga pagbakuna sa paagi nga dali nakong masabtan.”</i>				
13. The healthcare provider provided materials, such as pamphlets or handouts, that were easy to read and understand. <i>“Ang healthcare provider naghatag og mga materyales, sama sa mga pamphlet o mga handout, nga sayon basahon ug masabtan.”</i>				
14. I can explain the importance of vaccinations to others because of the knowledge I gained from the healthcare provider. <i>“Mahimo nakong ipasabut ang kahinungdanon sa mga pagbakuna ngadto sa uban tungod sa kahibalo nga akong nakuha gikan sa healthcare provider.”</i>				
15. The healthcare provider helped me understand the long-term health benefits of vaccinating my child. <i>“Gitabangan ko sa healthcare provider nga masabtan ang dugay nga benepisyo sa kahimsog sa pagbakuna sa akong anak.”</i>				

APPENDIX A – Cont’d

PART II. VACCINE ACCESSIBILITY AND SERVICES QUESTIONNAIRE

Directions: The table below are statements that describe your experience on vaccine services and vaccine accessibility towards pediatric vaccinations. Check the box that best describes your satisfaction using these values:

4 – Strongly Agree

3 – Agree

2 – Disagree

1 – Strongly Disagree

Mga Panudlo: Ang lamesa sa ubos naglakip sa mga pahayag nga nagpasabot sa imong kasinatian bahin sa serbisyo sa bakuna ug pag-access sa bakuna alang sa mga pangbata nga bakuna. Palihug pilia ang kahon nga labing angay nga maghulagway sa imong kasiyahan o kalipay gamit ang mosunod nga sukod:

4 – Kusog nga Uyon

3 – Uyon

2 – Dili Uyon

1 – Kusog nga Dili Uyon

Indicators	Responses			
Vaccination Accessibility and Services (<i>Pag-abot sa Pagpabakuna og Serbisyo</i>)	4	3	2	1
1. The local health center or vaccination site is convenient for me to be located from my home or workplace. <i>“Ang lokal nga health center sa pagbakuna kay sayon ra duolon gikan sa akong panimalay o lugar sa akong trabaho.”</i>				
2. When I visit the vaccination center, I am satisfied because it is convenient, walking distance, and hassle-free. <i>“Inig mo bisita ko sa lugar sa pagbakuna, kontento ko kay sayon, duol ra, og walay samok.”</i>				
3. The vaccination site or local health center is located within a safe area. <i>“Ang lokal nga health center nahimutang layo sa kagubot og luwas nga dapit.”</i>				
4. The working hours of the local health center are suitable for my schedule and time. <i>“Ang oras sa operasyon sa lokal nga health center kay angayan sa akong iskedyul og oras.”</i>				
5. There are adequate vaccination facilities in my place to reach out my needs and concerns. <i>“Adunay igo nga mga pasilidad sa pagbakuna sa among lugar aron matubag ang akong mga panginahanglan og kaguol.”</i>				

APPENDIX A – Cont’d

6. It is easy to travel to the vaccination site in rural or urban areas if there is public or private transportation (motorcycle, tricycle, car, etc.). <i>“Dali ra ang pagbiyahe padulong sa bakunahan sa rural o urban nga lugar kung naay pampubliko o pribadong sakyanan sama sa motor, traysikol, awto, og uban pa.”</i>				
7. Going to the local health center is affordable when it comes to transportation costs. <i>“Ang pag-adto sa lokal nga health center kay barato ang plite sa transportasyon.”</i>				
8. The local health center always has enough supplies of vaccines. <i>“Ang lokal nga health center kanunay naay igo nga suplay sa mga bakuna.”</i>				
9. I am satisfied with the vaccine availability in my local health center. <i>“Kontento ko sa kanunay nga pagpresentar sa mga bakuna sa among lokal nga health center.”</i>				
10. During my visit, vaccines are provided efficiently and healthcare providers provide health teaching about the vaccine. <i>“Sa akong pagbisita, ang mga bakuna gihatag dayon, og ang mga nars, doktor, o midwife naghatag ug pagpanudlo kabahin sa bakuna.”</i>				
11. Our local health center services are organized and well-prepared during the vaccination schedule. <i>“Ang among lokal nga health center kay organisado ug andam sa iskedyul sa pagbakuna.”</i>				
12. I am satisfied that our local health center ensures that my child will always receive necessary and timely vaccines to our local health center. <i>“Nalipay ko kay ang among lokal nga health center masiguro nga akong anak kanunay nga makadawat sa sakto ug angay nga mga bakuna.”</i>				
13. The health workers inform me quickly if there is unavailability of vaccines. <i>“Ang mga health worker dali ra magpahibalo nako kung adunay bang kakuwang sa mga bakuna.”</i>				
14. I am satisfied that my needs are prioritized during my vaccination visit with my child at the barangay health center. <i>“Kontento ko nga akong mga panginahanglan gisiguro o gi prioridad uban sa pagbakuna sa akong anak inig bisita naku sa barangay health center.”</i>				
15. Overall, I am satisfied with the local health center services and vaccine accessibility that I received to my child. <i>“Sa kinatibuk-an, kontento ko sa mga serbisyo nga gihatag sa lokal nga health center ug sa kadali nga pag-access sa bakuna nga akong nadawat para sa akong anak.”</i>				

APPENDIX A – Cont’d

PART III. PARENTAL SATISFACTION QUESTIONNAIRE

Directions: The table below are statements that describe your satisfaction on healthcare provider communication strategies and vaccine accessibility towards adhering to pediatric vaccinations. Check the box that best describes your satisfaction using these values:

4 – Strongly Agree

3 – Agree

2 – Disagree

1 – Strongly Disagree

Mga Panudlo: Ang lamesa sa ubos naglangkob sa mga pahayag nga naghulagway sa imong kasatisfakasyon bahin sa mga pamaagi sa komunikasyon sa healthcare provider ug sa pag-access sa bakuna alang sa pagsunod sa pediatric vaccinations. Palihug tseke ang kahon nga labing angay nga maghulagway sa imong kasiyahan o kalipay gamit ang mosunod nga sukod:

4 – Kusog nga Uyon

3 – Uyon

2 – Dili Uyon

1 – Kusog nga Dili Uyon

Indicators	Responses			
	4	3	2	1
A. Quality of Care (Kalidad sa Pag-atiman)				
1. I am satisfied with the clarity of the information provided by the healthcare provider about the purpose of each vaccine. <i>“Kontento ko sa katin-aw sa impormasyon nga gihatag sa healthcare provider bahin sa katuyoan sa matag bakuna.”</i>				
2. I am satisfied with how well the healthcare provider explained the vaccination process. <i>“Kontento ko kung giunsa pagpatin-aw sa healthcare provider ang proseso sa pagbakuna.”</i>				
3. I am satisfied with the availability of vaccines during my visit to the healthcare facility. <i>“Kontento ko sa pagkaanaa sa mga bakuna sa akong pagbisita sa healthcare nga pasilidad.”</i>				
4. I am satisfied with the follow-up care instructions provided by the healthcare provider after the vaccination. <i>“Kontento ko sa mga giya alang sa follow-up care nga gihatag sa healthcare provider human sa pagbakuna.”</i>				
5. I am satisfied with how well the healthcare provider addressed my concerns about the vaccination process. <i>“Kontento ko kung giunsa giatubang sa healthcare provider ang akong mga kabalaka bahin sa proseso sa pagbakuna.”</i>				

APPENDIX A – Cont’d

B. Trust in Healthcare Provider (Pagsalig sa Healthcare Provider)				
6. I am satisfied with the healthcare provider’s ability to manage any concerns related to vaccinations. <i>“Kontento ko sa abilidad sa healthcare provider sa pagdumala sa bisan unsang kabalaka bahin sa mga pagbakuna.”</i>				
7. I am satisfied with how much the healthcare provider values my opinions and concerns. <i>“Kontento ko kung giunsa paghatag bili sa healthcare provider ang akong mga opinyon ug kabalaka.”</i>				
8. I am satisfied with the healthcare provider’s adherence to safety protocols during the vaccination. <i>“Kontento ko sa pagsunod sa healthcare provider sa mga safety protocols sa panahon sa pagbakuna.”</i>				
9. I am satisfied with the healthcare provider’s advice regarding my child’s health and vaccination. <i>“Kontento ko sa tambag sa healthcare provider bahin sa kahimsog sa akong anak ug pagbakuna.”</i>				
10. I am satisfied with the transparency of the healthcare provider in explaining potential risks and side effects of vaccines. <i>“Kontento ko sa ka klaro sa healthcare provider sa pagpasabot sa mga posibleng risgo ug epekto sa mga bakuna.”</i>				

APPENDIX B – Sample of Filled Out Questionnaire

PART I. HEALTHCARE PROVIDER COMMUNICATION STRATEGIES QUESTIONNAIRE

Directions: The table below are statements that describe your experience on healthcare provider communication strategies towards pediatric vaccinations. Check the box that best describes your satisfaction using these values:

- 4 – Strongly Agree 3 – Agree
2 – Disagree 1 – Strongly Disagree

Mga Panudlo: Ang lamesa sa ubos mao ang mga pahayag nga naghulagway sa imong experyensiya sa mga estratehiya sa komunikasyon sa healthcare provider ngadto sa mga bakuna sa bata. Palihug teska ang lathon nga labing angay nga maghulagway sa imong kasiyahan o kalipay gamit ang mosunod nga sukod:

- 4 – Kusog nga Uyon 3 – Uyon
2 – Dili Uyon 1 – Kusog nga Dili Uyon

Indicators	Responses			
A. Clarity of Information (<i>Pagsabot sa Impormasyon</i>)	4	3	2	1
1. The healthcare provider offered sufficient information about the purpose of each vaccine. "Ang healthcare provider naghatag ug igong impormasyon bahin sa katuyoan sa matag bakuna."	☒			
2. The healthcare provider clearly explained any potential side effects of the vaccine. "Ang healthcare provider klaro nga nagpasabot bahin sa posibleng mga epekto sa bakuna."	☒			
3. The healthcare provider educated me on follow-up home care instructions by the healthcare provider after my child's vaccinations. "Ang healthcare provider nag-edukar kanako sa follow-up home care nga mga instruksyon sa healthcare provider human sa pagbakuna sa akong anak."	☒			
4. The healthcare provider avoided using technical jargon to avoid any confusions and misunderstanding. "Ang healthcare provider naglikay sa paggamit sa teknikal nga mga pulong aron malikayan ang bisan unsang kalibog ug dili pagsinabtanay."	☒			
5. The healthcare provider ensured that I understood the benefits of vaccinating my child on time. "Gisiguro sa healthcare provider nga akong nasabtan ang mga benepisyo sa pagbakuna sa akong anak sa tukmang panahon."	☒			
B. Verbal Communication (<i>Verbal nga Komunikasyon</i>)				
6. The healthcare provider is patient and actively listens to my questions while taking the time to ensure that I feel heard and that my concerns are thoroughly addressed. "Ang healthcare provider mapailubon ug aktibong naminaw sa akong mga pangutana samtang naggahin og panahon aron masiguro nga akong gibati nadungog ug ang akong mga kabalaka hingpit nga natubag."	☒			

APPENDIX B – Cont'd

7. I was able to follow the pace at which the healthcare provider spoke, making it easy for me to understand the information. <i>"Nakasunod ko sa dagan sa pagsulti sa healthcare provider, nga nakapasayon nako sa pagsabot sa impormasyon."</i>				
8. The healthcare provider's communication effectively bridged any gaps in my knowledge about vaccinations. <i>"Ang komunikasyon sa healthcare provider epektibo nga nagpatin-aw sa bisan unsang mga pangutana sa akong kahibalo bahin sa mga pagbakuna."</i>				
9. The healthcare provider used clear and effective words and examples to build my understanding in the vaccination process. <i>"Ang healthcare provider migamit ug klaro ug epektibo nga mga pulong ug mga ehemplo aron matukod ang akong pagsabot sa proseso sa pagbakuna."</i>				
10. The healthcare provider spoke in a way that encouraged me to ask more questions about vaccines. <i>"Ang healthcare provider namulong sa paagi nga nagdasig kanako sa pagpangutana og dugang mga pangutana bahin sa mga bakuna."</i>				
C. Health Literacy (Pagsabot sa Panglawas)				
11. The healthcare provider tailored their explanations of vaccines to align with my level of health knowledge. <i>"Gipahiangay sa healthcare provider ang ilang mga pagpatin-aw sa mga bakuna aron mahiuon sa akong lebel sa kahibalo sa kahimsog."</i>				
12. The healthcare provider explained medical terms related to vaccinations in a way I could easily understand. <i>"Gipasabot sa healthcare provider ang medikal nga mga termino nga may kalabutan sa mga pagbakuna sa paagi nga dali nakong masabtan."</i>				
13. The healthcare provider provided materials, such as pamphlets or handouts, that were easy to read and understand. <i>"Ang healthcare provider naghatag og mga materyales, sama sa mga pamphlet o mga handout, nga sayon basahon ug masabtan."</i>				
14. I can explain the importance of vaccinations to others because of the knowledge I gained from the healthcare provider. <i>"Mahimo nakong ipasabut ang kahinungdanon sa mga pagbakuna ngadto sa uban tungod sa kahibalo nga akong nakuha gikan sa healthcare provider."</i>				
15. The healthcare provider helped me understand the long-term health benefits of vaccinating my child. <i>"Gitabangan ko sa healthcare provider nga masabtan ang dugay nga benepisyo sa kahimsog sa pagbakuna sa akong anak."</i>				

APPENDIX B – Cont'd

PART II. VACCINE ACCESSIBILITY AND SERVICES QUESTIONNAIRE

Directions: The table below are statements that describe your experience on vaccine services and vaccine accessibility towards pediatric vaccinations. Check the box that best describes your satisfaction using these values:

- 4 – Strongly Agree 3 – Agree
2 – Disagree 1 – Strongly Disagree

Mga Panudlo: Ang lamesa sa ubos naglakip sa mga pahayag nga nagpasabot sa imong kasinatian bahin sa serbisyo sa bakuna ug pag-access sa bakuna alang sa mga pangbata nga bakuna. Palihug tseke ang kahon nga labing angay nga maghulagway sa imong kasiyahan o kalipay gamit ang mosunod nga sukod:

- 4 – Kusog nga Uyon 3 – Uyon
2 – Dili Uyon 1 – Kusog nga Dili Uyon

Indicators	Responses			
Vaccination Accessibility and Services (<i>Pag-abot sa Pagpabakuna og Serbisyo</i>)	4	3	2	1
1. The local health center or vaccination site is convenient for me to be located from my home or workplace. <i>"Ang lokal nga health center sa pagbakuna kay sayon ra duolon gikan sa akong pamilya o lugar sa akong trabaho."</i>				
2. When I visit the vaccination center, I am satisfied because it is convenient, walking distance, and hassle-free. <i>"Inig mo bisita ko sa lugar sa pagbakuna, kontento ko kay sayon, duol ra, og walay samok."</i>				
3. The vaccination site or local health center is located within a safe area. <i>"Ang lokal nga health center nahimutang layo sa kagubot og luwas nga dapit."</i>				
4. The working hours of the local health center are suitable for my schedule and time. <i>"Ang oras sa operasyon sa lokal nga health center kay angayan sa akong iskedyul og oras."</i>				
5. There are adequate vaccination facilities in my place to reach out my needs and concerns. <i>"Adunay igo nga mga pasilidad sa pagbakuna sa among lugar aron matubag ang akong mga panginahanglan og kaguol."</i>				
6. It is easy to travel to the vaccination site in rural or urban areas if there is public or private transportation (motorcycle, tricycle, car, etc.). <i>"Dali ra ang pagbiyahe padulong sa bakunahan sa rural o urban nga lugar kung naay pampubliko o pribadong sakyanan sama sa motor, traysikol, awto, og uban pa."</i>				
7. Going to the local health center is affordable when it comes to transportation costs. <i>"Ang pag-adto sa lokal nga health center kay barato ang plite sa transportasyon."</i>				
8. The local health center always has enough supplies of vaccines. <i>"Ang lokal nga health center kanunay naay igo nga suplay sa mga bakuna."</i>				

APPENDIX B – Cont'd

9. I am satisfied with the vaccine availability in my local health center. <i>"Kontento ko sa kanunay nga pagpresentar sa mga bakuna sa among lokal nga health center."</i>					
10. During my visit, vaccines are provided efficiently and healthcare providers provide health teaching about the vaccine. <i>"Sa akong pagbisita, ang mga bakuna gihatag dayon, og ang mga nars, doktor, o midwife naghatag ug pagpanudlo kabahin sa bakuna."</i>					
11. Our local health center services are organized and well-prepared during the vaccination schedule. <i>"Ang among lokal nga health center kay organisado ug andam sa iskedyl sa pagbakuna."</i>					
12. I am satisfied that our local health center ensures that my child will always receive necessary and timely vaccines to our local health center. <i>"Nalipay ko kay ang among lokal nga health center masiguro nga akong anak kanunay nga makadawat sa sakto ug angay nga mga bakuna."</i>					
13. The health workers inform me quickly if there is unavailability of vaccines. <i>"Ang mga health worker dali ra magpahibalo nako kung adunay bang kakuwang sa mga bakuna."</i>					
14. I am satisfied that my needs are prioritized during my vaccination visit with my child at the barangay health center. <i>"Kontento ko nga akong mga panginahanglan gisiguro o gi prioridad uban sa pagbakuna sa akong anak inig bisita naku sa barangay health center."</i>					
15. Overall, I am satisfied with the local health center services and vaccine accessibility that I received to my child. <i>"Sa kinatibuk-an, kontento ko sa mga serbisyo nga gihatag sa lokal nga health center ug sa kadali nga pag-access sa bakuna nga akong nadawat para sa akong anak."</i>					

APPENDIX B – Cont'd

PART III. PARENTAL SATISFACTION QUESTIONNAIRE

Directions: The table below are statements that describe your satisfaction on healthcare provider communication strategies and vaccine accessibility towards adhering to pediatric vaccinations. Check the box that best describes your satisfaction using these values:

4 – Strongly Agree

3 – Agree

2 – Disagree

1 – Strongly Disagree

Mga Panudlo: Ang lamesa sa ubos naglangkob sa mga pahayag nga naghulagway sa imong kasatisfaksyon bahin sa mga pamaagi sa komunikasyon sa healthcare provider ug sa pag-access sa bakuna alang sa pagsunod sa pediatric vaccinations. Palihug tseke ang kahon nga labing angay nga maghulagway sa imong kasiyahan o kalipay gamit ang mosunod nga sukod:

4 – Kusog nga Uyon

3 – Uyon

2 – Dili Uyon

1 – Kusog nga Dili Uyon

Indicators	Responses			
	4	3	2	1
A. Quality of Care (Kalidad sa Pag-atiman)				
1. I am satisfied with the clarity of the information provided by the healthcare provider about the purpose of each vaccine. "Kontento ko sa katin-aw sa impormasyon nga gihatag sa healthcare provider bahin sa katuyoan sa matag bakuna."	☒			
2. I am satisfied with how well the healthcare provider explained the vaccination process. "Kontento ko kung giunsa pagpatin-aw sa healthcare provider ang proseso sa pagbakuna."	☒			
3. I am satisfied with the availability of vaccines during my visit to the healthcare facility. "Kontento ko sa pagkaanaa sa mga bakuna sa akong pagbisita sa healthcare nga pasilidad."	☒			
4. I am satisfied with the follow-up care instructions provided by the healthcare provider after the vaccination. "Kontento ko sa mga giya alang sa follow-up care nga gihatag sa healthcare provider human sa pagbakuna."	☒			
5. I am satisfied with how well the healthcare provider addressed my concerns about the vaccination process. "Kontento ko kung giunsa giatubang sa healthcare provider ang akong mga kabalaka bahin sa proseso sa pagbakuna."	☒			
B. Trust in Healthcare Provider (Pagsalig sa Healthcare Provider)				
6. I am satisfied with the healthcare provider's ability to manage any concerns related to vaccinations. "Kontento ko sa abilidad sa healthcare provider sa pagdumala sa bisan unsang kabalaka bahin sa mga pagbakuna."	☒			
7. I am satisfied with how much the healthcare provider values my opinions and concerns. "Kontento ko kung giunsa paghatag bili sa healthcare provider ang akong mga opinyon ug kabalaka."	☒			

APPENDIX B – Cont'd

8. I am satisfied with the healthcare provider's adherence to safety protocols during the vaccination. <i>"Kontento ko sa pagsunod sa healthcare provider sa mga safety protocols sa panahon sa pagbakuna."</i>					
9. I am satisfied with the healthcare provider's advice regarding my child's health and vaccination. <i>"Kontento ko sa tambag sa healthcare provider bahin sa kahimsog sa akong anak ug pagbakuna."</i>					
10. I am satisfied with the transparency of the healthcare provider in explaining potential risks and side effects of vaccines. <i>"Kontento ko sa ka klaro sa healthcare provider sa pagpasabot sa mga posibleng risiko ug epekto sa mga bakuna."</i>					

APPENDIX C – Sampling Computation

Barangay 1	234	40%	94
Barangay 2	116	20%	47
Barangay 3	66	12%	27
Barangay 4	49	9%	20
Barangay 5	51	9%	20
Barangay 6	56	10%	23
TOTAL	N=572	100%	n=231

Total Population- 572

Sample Population (n)=231



Sample size calculator

What margin of error can you accept? 5% is a common choice	5 %	The margin of error is the amount of error that you can tolerate. If 90% of respondents answer yes, while 10% answer no, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size.
What confidence level do you need? Typical choices are 90%, 95%, or 99%	95 %	The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer yes would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size.
What is the population size? If you don't know, use 20000	572	How many people are there to choose your random sample from? The sample size doesn't change much for populations larger than 20,000.
What is the response distribution? Leave this as 50%	50 %	For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under More information if this is confusing.
Your recommended sample size is	231	This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a correct answer than you would from a large sample where only a small percentage of the sample responds to your survey.

APPENDIX D – Informed Consent



Misamis University

Ozamiz City

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INFORMED CONSENT FORM (*PORMA SA NASABTAN NGA PAGTUGOT*)

Researcher/Investigator (Nagtuon): **Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria**

Course: Bachelor of Science in Nursing

College: College of Nursing, Midwifery, and Radiologic Technology

Email / Contact Number: sarzuelokenth@gmail.com or 09305909492

Thesis Title: **Healthcare Providers' Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination**

PART I. INFORMATION SHEET

Introduction

(*Pasiuna*)

Good day! We are **Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria**, the principal researcher/investigator of the study entitled “Healthcare Providers’ Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination.” We are students under the program, Bachelor of Science in Nursing at Misamis University in Ozamiz City. We are to conduct the research with parents who have a child/children vaccinated as our respondent. In this vein, I am respectfully seeking your **voluntary participation**, being qualified to give your informed consent to take part in this study. Before you decide whether to participate or not in this study, please read the succeeding information about the study and feel free to ask questions anytime should there be anything you do not understand or want to clarify. If you agree to answer the questionnaire, you will be asked to affix your name and signature on this form for which you will be given a copy.

(*Maayong adlaw! Kami si* **Kenth Ivan G. Sarzuelo, Cynthia S.**

APPENDIX D – Cont’d

	Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria, ang nagpahigayon sa pagtuon kabahin sa <i>“‘Healthcare Providers’ Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination.”</i> Kami usa ka estudyante sa Misamis University sa Ozamis City . Kami nagapili kanimo isip partisipante nga maoy mutubag sa gikinahagnglang impormasyon niining gihimong pagtuon. Kami matinahurong naghangyo sa inyong bulontaryo nga pag-apil niini nga pagtuon. Gikinahanglan nga ikaw naa sa saktong edad ug naay kakayahan nga mohatag sa pagtugot aron makaapil niini nga pagtuon. Sa dili pa ka mohukom sa pag-apil niini nga pagtubag sa kwestyunaryo, palihug sa pagbasa sa mga impormasyon sa ubos ug gawasnong ka nga makapangutana kon adunay wala nimo nasabtan o gusto nimong iklaro. Kung motugot ka sa pagahimoon nga interview, papirmahon ka niini nga porma ug tagaan usab ka ug imong kaugalingong kopya.)
Purpose (Katuyoan)	The purpose of this study is to examine the relationship between healthcare providers’ communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental decision-making within the community or healthcare facility. . This research will fill the gap about enhancing communication and accessibility and improve overall parental satisfaction through improving knowledge gaps in the mentioned variables, ultimately leading to higher vaccination coverage and better public health outcomes. (Ang katuyuan niini nga pagtuon mao ang pagsusi sa relasyon tali sa mga estratehiya sa komunikasyon sa mga healthcare provider bahin sa kalinaw sa impormasyon, berbal nga komunikasyon, ug kahibalo sa panglawas—ug ang kasatisfaction sa mga ginikanan. Dugang pa, kini nagtinguha sa pagtimbang-timbang kung giunsa ang kapadulngan sa bakuna nakaapekto sa desisyon sa mga ginikanan sulod sa komunidad o pasilidad sa panglawas. Kini nga pagtuon makahatag og kaayuhan ngadto sa pagpahapsay sa komunikasyon ug pagpahapsay sa accessibility, nga makapadangat sa mas taas nga kasatisfaction sa mga ginikanan pinaagi sa pagwagtang sa mga kahibalo nga kakulangan sa nahisgotang mga variable. Sa katapusan, kini magdala

APPENDIX D – Cont’d

	<i>sa mas taas nga coverage sa pagbakuna ug mas maayong kahimsog sa publiko.)</i>
Type of Research Intervention <i>(Matang sa Interbensyon sa Pagtuon)</i>	This study will be conducted through the use of questionnaires. The gathering of data will be conducted in person. <i>(Kining pagtuon pagabuhaton pinaagi sa kwestyunaryo. Personal ang pagkuha sa datos.)</i>
Selection of Participants <i>(Pagpili sa mga Partisipante)</i>	The selection of the participants is based on the following inclusion criteria: The respondents will be parents and selected through using Raosoft with a 95% level of confidence and a 5% margin of error. The participants will be selected with the following criteria: having their child receive pediatric vaccinations and parents whose children are 0 months - 6 years old. Also, parents having two or more children will be counted as one respondent. <i>(Ang mga partisipante niini nga pagtuon mao ang indibidwal nga naga-angkon sa mosunod:</i> <i>Mga ginikanan nga nagpabakuna sa ilang mga anak ug ang mga ginikanan nga adunay anak nga 0 bulan hangtod 6 ka tuig ang edad. Usab, ang mga ginikanan nga adunay duha o labaw pang anak ihapong usa lamang ka respondent.)</i>
Voluntary Participation <i>(Boluntaryo nga Partisipasyon)</i>	<i>Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. Thus, you are free to decide if you will take part or not. If you decide to participate, you are free not to answer any question(s) if you choose not to, and you are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation.</i> <i>(Boluntaryo ang imong pag-apil ug kini dili makaapekto sa imong sitwasyon o estado apil na imong relasyon sa nagtuon. Gawasnon ka nga modesisyon kung kung moapil ka niini nga pagtoon o dili. Kung mo-desisyon ka nga moapil, gawasnon ka nga dili motubag sa bisan asa nga pangutana nga dili nimo gusto nga tubagon.)</i>
Procedure	<i>The respondents will be given ample time to read the items in the</i>

APPENDIX D – Cont’d

(Pamaagi)	<i>questionnaires. The retrieval of the answered questionnaire will be according to the schedule agreed upon. The researcher will personally retrieve the questionnaires. Tallying of the research data will follow.</i> <i>Aside from answering the questionnaires, you may be asked to provide a demographic profile as deemed necessary for the study. The personal information which includes name, age, civil status, (etc.) will be utilized in the discussion of the findings of the study. The information and data provided by you as a respondent will be utilized for this study alone and will be treated with utmost confidentiality.</i> <i>(Ang mga partisipante pagahatagan og igong panahon sa pag-apil sa pag tubag sa kwestyunaryo. Ang pag tubag sa kwestyunaryo pwedeng himoon kausa nga higayon o sa makadaghan depende sa panginanghalanon. Ang mga impormasyon ug datos nga nakuha gikan kanimo isip ka partisipante gamiton lamang niining research og hatagan og tumang pag-amping nga dili mabutyag.)</i>
Duration <i>(Gidugayon)</i>	The gathering of data through the survey will last for 10-15 minutes. <i>(Ang pagkuha sa datos pinaagi sa interview mokabat ngadto sa 10 minutos hangtod 15 minutos.)</i>
Risks and Discomforts <i>(Risiko Kahasol)</i>	The respondents will be protected from physical, social, or economic risks. In case the items in the survey instrument are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose. <i>(Ang mga partisipante ginaprotektahan sa pisikal, sosyal o ekonomikanhong risiko. Kung pananglitan adunay mga pangutana nga personal ra kaayo o kung dili ka komportable, mamahimong dili ka motubag o mobalibad sa pagtubag sa bisan asa o sa tanang mga pangutana ug moatras sa pag-apil sa bisan unsang panahon nga imong gusto.)</i>
Benefits	<i>This study will enable you to shed light or provide understanding about the factors that can influence breastfeeding.</i>

APPENDIX D – Cont’d

(Kaayohan)	<i>Thus, your responses shall be highly valued being deemed important in the field of nursing.</i> <i>(Kini nga pagtuon makapahimo kanimo paghatag og katin-awan o pagpasabot kabahin sa pagsusi sa relasyon tali sa mga estratehiya sa komunikasyon sa mga healthcare provider bahin sa kalinaw sa impormasyon, berbal nga komunikasyon, ug kahibalo sa panglawas—ug ang kasatisfaction sa mga ginikanan. Dugang pa, kini nagtinguha sa pagtimbang-timbang kung giunsa ang kapadulngan sa bakuna nakaapekto sa desisyon sa mga ginikanan sulod sa komunidad o pasilidad sa panglawas. Ang imong mga tubag hatagan og dakong bili nga giisip nga importante sa linya sa nursing.)</i>
Reimbursements <i>(Hulip nga bayad)</i>	There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study. <i>(Wala kay magasto sa imong pag-apil niini nga pagtuon ug dili usab ka bayaran ug kwarta sa imong pag-apil niini nga pagtuon.)</i>
Confidentiality of Data <i>(Pag-amping sa Datos)</i>	Only the researcher will have access to the information and responses of the participants. The personal identifying information of the respondents will only be used for research analysis and will be treated with the utmost confidentiality. During the study, all data will be kept in a locked, secure filing cabinet, of which will be discarded 6 months after the publication of the results. <i>(Ang nagtuon lamang ang makakita sa mga impormasyon ug tubag sa respondents. Ang mga datos nga makuha i-analisa ug hatagan og tumang pag-amping aron dili ibutyag. Sa panahon sa pagtuon, ipahimutang sa usa ka selyadong filing cabinet ang tanang datos nga pagagub-on human sa 6 kabulan gikan sa pag-publish sa resulta.)</i>
Sharing of Findings <i>(Pagpaambit sa Nakaplagan)</i>	The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the respondents will remain confidential. A printed copy of the completed study will be provided to the participants. <i>(Ang mga resulta niini nga pagtuon ipresenta sa panahon sa final defense sa thesis/ dissertation sa nagtuon. Ang mga nakaplagan sa</i>

APPENDIX D – Cont’d

	<i>pagtuon posible nga ipaambit pinaagi sa mga publications ug conferences nga adunay kapanigurohan nga dili mabutyag ang pagkatawo sa mga partisipante. Pagahatagan og isa ka giimprinta nga kopya sa kumpleto nga pagtuon ang mga partisipante.)</i>
Rights to Refuse or Withdraw <i>(Katungod sa Pagpalibabad o Pag-undang)</i>	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. <i>(Gawasnon ka nga moatras or moundang sa pag-apil sa bisan asa nga punto sa pagtuon nga dili na magkinahanglan pa ug rason. Dili ka ipamulta sa pag-atras o pag-undang.)</i>

APPENDIX D – Cont’d

Who to Contact (Kinsa ang Kontakon)	Should there be any queries as a parent, you can contact the researcher through the following details: <i>(Kung adunay mga pangutana, mamhimo nga mokontak pinaagi aning mga detalye:)</i> Name of the Researcher/s (Ngalan sa Nagtuon): Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria Cellphone Number/s: 09305909492 e-mail ad: sarzuelokenth@gmail.com STATEMENT BY THE RESEARCHER (PAGPADAYAG SA NAGTUON) We will read the Information sheet to the potential respondents. To the best of our ability, we make sure that the respondents will understand the questionnaire and that possible follow-up questions may be undertaken. <i>(Among pagabasahon ang mga nasulat niining Information Sheet ngadto sa potensyal nga partisipante. Kutob sa akong mahimo siguroon nako nga masabtan sa partisipante ang mga pangutana sa interview ug ang possible nga follow-up nga interviews.)</i> We can assure that the respondent will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. We can likewise assure that the respondent will not be coerced into giving consent that must be free and voluntary. <i>(Among gisiguro nga ang partisipante mahatagan og panahon sa pagpangutana kabahin niining pagtuon og ang tanang pangutana nga iyang gihatag matubag sa hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.)</i>
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APPENDIX D – Cont’d

	A copy of this Informed Consent Form will be provided to the respondent. (Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.) Print Name of Researchers (Ngalan sa Nagtuon): Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria
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PART II. CERTIFICATE OF CONSENT
This research entitled “Healthcare Providers’ Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination” with the aim of gathering information and data pertaining to examine the relationship between healthcare providers’ communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental decision-making within the community or healthcare facility., has been presented and explained to me clearly. Since

APPENDIX D – Cont’d

the study involves answering the questionnaire about the healthcare providers communication strategies and vaccine accessibility on parental satisfaction, I am chosen as one of the respondents

(Kini nga pagtuon gititulohan, “Healthcare Providers’ Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination,” nga adunay tumong sa pagkuha og impormasyon ug datos kabahin sa ang pagsusi sa relasyon tali sa mga estratehiya sa komunikasyon sa mga healthcare provider bahin sa kalinaw sa impormasyon, berbal nga komunikasyon, ug kahibalo sa panglawas—ug ang kasatisfaction sa mga ginikanan. Dugang pa, kini nagtinguha sa pagtimbang-timbang kung giunsa ang kapadulngan sa bakuna nakaapekto sa desisyon sa mga ginikanan sulod sa komunidad o pasilidad sa panglawas, gipresenta ug gipasabot og klaro kanako. Tungod kay ang pagtuon kay kabahin sa mga estratehiya sa komunikasyon sa mga healthcare provider ug kapadulngan sa bakuna sa satisfaction sa mga ginikanan, , ako napilian isip usa sa mga partisipante.

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a respondent of this study.

(Akong nabasa ang nauna nga Informed Consent Form, o gibasa kini kanako. Natagaan ako og

higayon nga makapangutana nga natubag sa hingpit. Ako mosugot nga boluntaryo nga mahimong respondent sa niining pagtuon.)

Print Name of Respondent (Ngalan sa Partisipante):

Signature of Respondent (Pirma sa Partisipante): _____

Date:

[MM/DD/YYYY] _____

If Illiterate (Kung dili makasulat ug makabasa)

If the respondent is illiterate, a witness who is literate will sign. The respondent will

APPENDIX D – Cont’d

choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The respondent will affix his thumb print.

[Kung ang participant kay dili makabasa o makasulat, mopirma ang usa ka makabasa ug makasulat nga testigo. Ang respondent ang mopili kaniya nga walay koneksyon sa nagtuon o sa iyang grupo para mopamatuod sa gimbuhaton. Ang respondent mobutang sa iyang tamla (thumb print)].

Name and Signature of the Witness

(Ngalan ug Pirma sa Testigo)

Thumb mark

APPENDIX D – Cont'd

Sample Signed Informed Consent:



Misamis University

Ozamiz City

MISAMIS UNIVERSITY RESEARCH CENTER

Phone: +6388 521 0367 | Fax: +6388 521 2917

Email: research@mu.edu.ph

INFORMED CONSENT FORM

(PORMA SA NASABTAN NGA PAGTUGOT)

Researcher/Investigator (Nagtuon): **Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanolria**

Course: Bachelor of Science in Nursing

College: College of Nursing, Midwifery, and Radiologic Technology

Email / Contact Number: sarzuelokenth@gmail.com or 09305909492

Thesis Title: **Healthcare Providers' Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination**

PART I. INFORMATION SHEET

Introduction
(Pasiuna)

Good day! We are **Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanolria**, the principal researcher/investigator of the study entitled "Healthcare Providers' Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination." We are students under the program, Bachelor of Science in Nursing at Misamis University in Ozamiz City. We are to conduct the research with parents who have a child/children vaccinated as our respondent. In this vein, I am respectfully seeking your **voluntary participation**, being qualified to give your informed consent to take part in this study. Before you decide whether to participate or not in this study, please read the succeeding information about the study and feel free to ask questions anytime should there be anything you do not understand or want to clarify. If you agree to answer the questionnaire, you will be asked to affix your name and signature on this form for which you will be given a copy.

(Maayong adlaw! Kami si **Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanolria**, ang nagpahigayon sa pagtuon kabahin sa "Healthcare Providers' Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination." Kami usa ka estudyante sa Misamis University sa Ozamis City. Kami nagapili kanimo isip partisipante nga maoy mutubag sa gikinahagnglang impormasyon niining gihimong pagtuon. Kami matinahurong naghangyo sa inyong **bulontaryo nga pag-apil niini nga pagtuon**. Gikinahanglan nga ikaw naa sa saktong edad ug naay kakayahan nga mohatag sa pagtugot aron makaapil niini nga pagtuon. Sa dili pa ka mohukom sa pag-apil niini nga pagtubag sa kwestyunaryo, palihug sa pagbasa sa mga impormasyon sa ubos ug gawasnon ka nga makapangutana kon adunay wala nimo nasabtan o gusto nimong iklaro. Kung motugot ka sa pagahimoon nga interview, papirmahon ka niini nga porma ug tagaan usab ka ug imong kaugalingong kopya.)

Purpose
(Katuyoan)

The purpose of this study is to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental decision-making within the community or healthcare facility.

APPENDIX D – Cont'd



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	This research will fill the gap about enhancing communication and accessibility and improve overall parental satisfaction through improving knowledge gaps in the mentioned variables, ultimately leading to higher vaccination coverage and better public health outcomes. (Ang kahuyuan niini nga pagtuon mao ang pagsusi sa relasyon tali sa mga estratehiya sa komunikasyon sa mga healthcare provider bahin sa kalinaw sa impormasyon, berbal nga komunikasyon, ug kahibalo sa panglawas—ug ang kasatisfaction sa mga ginikanan. Dugang pa, kini nagtinguha sa pagtimbang-timbang kung giunsa ang kapadulngan sa bakuna nakaapekto sa desisyon sa mga ginikanan sulod sa komunidad o pasilidad sa panglawas. Kini nga pagtuon makahatag og kaayuhan ngadto sa pagpahapsay sa komunikasyon ug pagpahapsay sa accessibility, nga makapadangat sa mas taas nga kasatisfaction sa mga ginikanan pinaagi sa pagwagtang sa mga kahibalo nga kakulangan sa nahisgotang mga variable. Sa katapusan, kini magdala sa mas taas nga coverage sa pagbakuna ug mas maayong kahimsog sa publiko.)
Type of Research Intervention (Matang sa Interbensyon sa Pagtuon)	This study will be conducted through the use of questionnaires. The gathering of data will be conducted in person. (Kining pagtuon pagabuhaton pinaagi sa kwestyunaryo. Personal ang pagkuha sa datos.)
Selection of Participants (Pagpili sa mga Partisipante)	The selection of the participants is based on the following inclusion criteria: The respondents will be parents and selected through using Raosoft with a 95% level of confidence and a 5% margin of error. The participants will be selected with the following criteria: having their child receive pediatric vaccinations and parents whose children are 0 months - 6 years old. Also, parents having two or more children will be counted as one respondent. (Ang mga partisipante niini nga pagtuon mao ang indibidwal nga naga-angkon sa mosunod: Mga ginikanan nga nagpabakuna sa ilang mga anak ug ang mga ginikanan nga adunay anak nga 0 bulan hangtod 6 ka tuig ang edad. Usab, ang mga ginikanan nga adunay duha o labaw pang anak ihapong usa lamang ka respondent.)
Voluntary Participation (Boluntaryo nga Partisipasyon)	Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. Thus, you are free to decide if you will take part or not. If you decide to participate, you are free not to answer any question(s) if you choose not to, and you are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. (Boluntaryo ang imong pag-apil ug kini dili makaapekto sa imong sitwasyon o estado apil na imong relasyon sa nagtuon. Gawasnon ka nga modesisyon kung kung moapil ka niini nga pagtuon o dili. Kung mo-deisyon ka nga moapil, gawasnon ka nga dili motubag sa bisan asa nga pangutana nga dili nimo gusto nga tubagon.)
Procedure (Pamaagi)	The respondents will be given ample time to read the items in the questionnaires. The retrieval of the answered questionnaire will be according to the schedule agreed upon. The

APPENDIX D – Cont'd

 Misamis University Ozamiz City MISAMIS UNIVERSITY RESEARCH CENTER Phone: +6388 521 0367 Fax: +6388 521 2917 Email: research@mu.edu.ph		researcher will personally retrieve the questionnaires. Tallying of the research data will follow. Aside from answering the questionnaires, you may be asked to provide a demographic profile as deemed necessary for the study. The personal information which includes name, age, civil status, (etc.) will be utilized in the discussion of the findings of the study. The information and data provided by you as a respondent will be utilized for this study alone and will be treated with utmost confidentiality. (Ang mga partisipante pagahatagan og igong panahon sa pag-apil sa pag tubag sa kwestyunaryo. Ang pag tubag sa kwestyunaryo pwedeng himoon kausa nga higayon o sa makadaghan depende sa panginanghalaron. Ang mga impormasyon ug datos nga nakuha gikan kanimo isip ka partisipante gamiton lamang niining research og hatagan og tumang pag-amping nga dili mabutyag.)
Duration (Gidugayon)		The gathering of data through the survey will last for 10-15 minutes. (Ang pagkuha sa datos pinaagi sa interview mokabat ngadto sa 10 minutos hangtod 15 minutos.)
Risks — and Discomforts (Risiko ug Kahasol)		The respondents will be protected from physical, social, or economic risks. In case the items in the survey instrument are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose. (Ang mga partisipante ginaprotektahan sa pisikan, sosyal o ekonomikanhong risiko. Kung pananglitan adunay mga pangutana nga personal ra kaayo o kung dili ka komportable, mamahimong dili ka motubag o mobalibad sa pagtubag sa bisan asa o sa tanang mga pangutana ug moatras sa pag-apil sa bisan unsang panahon nga imong gusto.)
Benefits (Kaayohan)		This study will enable you to shed light or provide understanding about the factors that can influence breastfeeding. Thus, your responses shall be highly valued being deemed important in the field of nursing. (Kini nga pagtuon makapahimo kanimo paghatag og katin-awan o pagpasabot kabahin sa pagsusi sa relasyon tali sa mga estratehiya sa komunikasyon sa mga healthcare provider bahin sa kalinaw sa impormasyon, berbal nga komunikasyon, ug kahibalo sa panglawas—ug ang kasatisfaction sa mga ginikanan. Dugang pa, kini nagtinguha sa pagtimbang-timbang kung giunsa ang kapadulngan sa bakuna nakaapekto sa desisyon sa mga ginikanan sulod sa komunidad o pasilidad sa panglawas. Ang imong mga tubag hatagan og dakong bili nga giisip nga importante sa linya sa nursing.)
Reimbursements (Hulip nga bayad)		There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study. (Wala kay magasto sa imong pag-apil niini nga pagtuon ug dili usab ka bayaran ug kwarta sa imong pag-apil niini nga pagtuon.)
Confidentiality of Data (Pag-amping sa Datos)		Only the researcher will have access to the information and responses of the participants. The personal identifying information of the respondents will only be used for research analysis and will be treated with the utmost confidentiality. During the study, all

APPENDIX D – Cont'd




Misamis University

Ozamiz City

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Email: research@mu.edu.ph

	data will be kept in a locked, secure filing cabinet, of which will be discarded 6 months after the publication of the results. <i>(Ang nagtuon lamang ang makakita sa mga impormasyon ug tubag sa respondents. Ang mga datos nga makuha i-analisa ug hatagan og humang pag-amping aron dili ibutyag. Sa panahon sa pagtuon, ipahimutang sa usa ka selyadong filing cabinet ang lanang datos nga pagagub-on human sa 6 kabulan gikan sa pag-publish sa resulta.)</i>
Sharing Findings of (Pagpaambit sa Nakaplagan)	The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the respondents will remain confidential. A printed copy of the completed study will be provided to the participants. <i>(Ang mga resulta niini nga pagtuon ipresenta sa panahon sa final defense sa thesis/dissertation sa nagtuon. Ang mga nakaplagan sa pagtuon posible nga ipaambit pinaagi sa mga publications ug conferences nga adunay kapanigurohan nga dili mabutyag ang pagkatawo sa mga partisipante. Pagahatagan og isa ka gimprinta nga kopya sa kumpleto nga pagtuon ang mga partisipante.)</i>
Rights to Refuse or Withdraw (Katungod sa Pagpalibabad o Pag-undang)	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. <i>(Gawasnon ka nga moatras or moundang sa pag-apil sa bisan asa nga punto sa pagtuon nga dili na magkinahanglan pa ug rason. Dili ka ipamulta sa pag-atras o pag-undang.)</i>



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Ozamiz City

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Who to Contact (Kinsa gao ang Kontakon):	Should there be any queries as a parent, you can contact the researcher through the following details: (Kung adunay mga pangutana, mamhimo nga mokontak pindagi aning mga detalye:) Name of the Researcher/s (Ngalan sa Nagtuon): Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria Cellphone Number/s: 09305909492 e-mail ad: sarzuelokenth@gmail.com
STATEMENT BY THE RESEARCHER (PAGPADAYAG SA NAGTUON)	
We will read the Information sheet to the potential respondents. To the best of our ability, we make sure that the respondents will understand the questionnaire and that possible follow-up questions may be undertaken. (Among pagabasaon ang mga nasulat niining Information Sheet ngadto sa potensyal nga partisipante. Kutob sa akong mahimo siguroon nako nga masabtan sa partisipante ang mga pangutana sa interview ug ang possible nga follow-up nga interviews.)	
We can assure that the respondent will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. We can likewise assure that the respondent will not be coerced into giving consent that must be free and voluntary. (Among gisiguro nga ang partisipante mahatagan og panahon sa pagpangutana kabahin niining pagtuon og ang tanang pangutana nga iyang gihatag matubag sa hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.)	
A copy of this Informed Consent Form will be provided to the respondent. (Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.)	
Print Name of Researchers (Ngalan sa Nagtuon): Kenth Ivan G. Sarzuelo, Cynthia S. Segovia, Liezel Joy M. Solmayor, Aldem Louise D. Tan, Jack Felimond D. Zanoria	

PART II. CERTIFICATE OF CONSENT

This research entitled "Healthcare Providers' Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination" with the aim of gathering information and data pertaining to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental decision-making within the community or healthcare facility, has been presented and explained to me clearly. Since the study involves answering the questionnaire about the healthcare providers communication strategies and vaccine accessibility on parental satisfaction, I am chosen as one of the respondents

(Kini nga pagtuon gitutulohan, "Healthcare Providers' Communication Strategies and Vaccine Accessibility on Parental Satisfaction towards Pediatric Vaccination," nga adunay tumong sa pagkuha og impormasyon ug

APPENDIX D – Cont'd



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 Ozamiz City
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datos kabahin sa ang pagsusi sa relasyon tali sa mga estratehiya sa komunikasyon sa mga healthcare provider bahin sa kalinaw sa impormasyon, berbal nga komunikasyon, ug kahibalo sa panglawas ug ang kasatisfaction sa mga ginikanan. Dugang pa, kini nagtinguha sa pagtimbang-timbang kung giunsa ang kapadulngan sa bakuna nakaapekto sa desisyon sa mga ginikanan sulod sa komunidad o pasilidad sa panglawas, gipresenta ug gipasabot og klaro kanako Tungod kay ang pagtuon kay kabahin sa mga estratehiya sa komunikasyon sa mga healthcare provider ug kapadulngan sa bakuna sa satisfaction sa mga ginikanan, ako napilian isip usa sa mga partisipante.

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a respondent of this study.

(Akong nabasa ang nauna nga Informed Consent Form, o gibasa kini kanako. Natagaan ako og higayon nga makapangutana nga natubag sa hingpit. Ako mosugot nga boluntaryo nga mahimong respondent sa niining pagtuon.)

Print Name of Respondent (Ngalan sa Partisipante):

Signature of Respondent (Pirma sa Partisipante):

Date: [MM/DD/YYYY] 09/10/2025

If Illiterate (Kung dili makasulat ug makabasa)

If the respondent is illiterate, a witness who is literate will sign. The respondent will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The respondent will affix his thumb print.

[Kung ang participant kay dili makabasa o makasulat, mopirma ang usa ka makabasa ug makasulat nga testigo. Ang respondent ang mopili kaniya nga walay koneksyon sa nagtuon o sa iyang grupo para mopamatuod sa gimbuhaton. Ang respondent mobutang sa iyang tamla (thumb print).]

Name and Signature of the Witness (Ngalan ug Firma sa Testigo)

Thumb mark

APPENDIX E – Approved Letters of Consent

Letter for the Dean:



MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines

College of Nursing, Midwifery, and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

April 07, 2025

DR. SAMMY B. TAGHOY

Dean, College of Nursing, Midwifery, and Radiologic Technology
Misamis University

Dear Dr. Taghoy,

Good day!

We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled "Healthcare Providers' Communication Strategies and Vaccination Accessibility on Parental Satisfaction towards Pediatric Vaccination." This study aims to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental satisfaction.

In line with this, we respectfully seek approval from your esteemed office to conduct our research in Ozamiz City, Misamis Occidental, specifically in Barangay Aguada, Barangay Baybay San Roque, Barangay Carmen Annex, Barangay Embargo, Barangay Malaubang, and Barangay Tinago.

Please be assured that all information obtained will be treated with utmost confidentiality and used solely for academic purposes.

We appreciate your time and consideration of our request. Thank you and May the Lord bless you!

Sincerely yours,

KENTH IVAN G. SARZUELO

CYNTHIA S. SEGOVIA

LIEZEL JOY M. SOLMAYOR

ALDEM LOUISE D. TAN

JACK FELMOND D. ZANORIA

Noted by:

LOUIE JAY O. ADLAO, MAN, RN
Research Adviser

Approved by:

SAMMY B. TAGHOY, PhD, RN
College Dean

APPENDIX E – Cont'd

Letter for the Barangay:



April 08, 2025

HON. G
Barangay Captain
Barangay Embargo
Ozamiz City

Dear Hon. I

Greetings of Peace!

We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled "Healthcare Providers' Communication Strategies and Vaccination Accessibility on Parental Satisfaction towards Pediatric Vaccination." This study aims to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental satisfaction.

In line with this, we respectfully seek approval from your esteemed office to conduct our research to the selected parents in your barangay. Please be assured that all information obtained will be treated with utmost confidentiality and used solely for academic purposes.

We are hoping that this request may merit a favorable response. Keep safe and more power!

Asenso Embargo!

Sincerely yours,

KENTH IVAN G. SARZUELO

CYNTHIA S. SEGOVIA

LIEZEL JOY M. SOEMAYOR

ALDEM LOUISE D. TAN

JACK FELIMOND D. ZANORIA

Noted by:

LOUIE JAY S. SORIANO, MAN, RN
Research Adviser

SAMMY B. TAGHOY, PhD, RN
College Dean

Appro

HON
Baran

APPENDIX E – Cont'd

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines



College of Nursing, Midwifery, and Radiologic Technology

Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917

E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

April 07, 2025

HON.

Barangay Captain
Barangay Baybay San Roque
Ozamiz City

Dear I

Greetings of Peace!

We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled "Healthcare Providers' Communication Strategies and Vaccination Accessibility on Parental Satisfaction towards Pediatric Vaccination." This study aims to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental satisfaction.

In line with this, we respectfully seek approval from your esteemed office to conduct our research to the selected parents in your barangay. Please be assured that all information obtained will be treated with utmost confidentiality and used solely for academic purposes.

We are hoping that this request may merit a favorable response. Keep safe and more power!

Asenso Baybay San Roque!

Sincerely yours,

KENTH IVAN G. SARZUELO

CYNTHIA S. SEGOVIA

LIEZEL JOY M. SOLMAYOR

ALDEM LOUISE D. TAN

JACK FELIMOND D. ZANORIA

Noted by:

LOUIE JAMES ARMAO, MAN, RN
Research Adviser

SAMMY B. TAGHAY, PhD, RN
College Dean

Approved by:

Barangay Captain

APPENDIX E – Cont'd

MISAMIS UNIVERSITY

Ozamiz City 7200, Philippines



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CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV

ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

April 08, 2025

HC
Baj
Barangay Aguada
Ozamiz City

Dear Hc

Greetings of Peace!

We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled "Healthcare Providers' Communication Strategies and Vaccination Accessibility on Parental Satisfaction towards Pediatric Vaccination." This study aims to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental satisfaction.

In line with this, we respectfully seek approval from your esteemed office to conduct our research to the selected parents in your barangay. Please be assured that all information obtained will be treated with utmost confidentiality and used solely for academic purposes.

We are hoping that this request may merit a favorable response. Keep safe and more power!

Asenso Aguada!

Sincerely yours,

KENTH IVAN G. SARZUELO

CYNTHIA S. SEGOVIA

LIEZEL JOY M. SOLMAYOR

ALDEM LOUISE D. TAN

JACK FELIMOND D. ZANORIA

Noted by:

LOUIE JAY O. ADENAO, MAN, RN
Research Adviser

SAMMY B. TALHOY, PhD, RN
College Dean

Approved by:

Hc

Barangay

4-15-25

APPENDIX E – Cont'd

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines



College of Nursing, Midwifery, and Radiologic Technology
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E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

April 07, 2025

HON.
Baran
Barangay Tinago
Ozamiz City

Dear Hon. Fuentes,

Greetings of Peace!

We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled "Healthcare Providers' Communication Strategies and Vaccination Accessibility on Parental Satisfaction towards Pediatric Vaccination." This study aims to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental satisfaction.

In line with this, we respectfully seek approval from your esteemed office to conduct our research to the selected parents in your barangay. Please be assured that all information obtained will be treated with utmost confidentiality and used solely for academic purposes.

We are hoping that this request may merit a favorable response. Keep safe and more power!

Asenso Tinago!

Sincerely yours,

KENTH IVAN G. SARZUELO
CYNTHIA S. SIGOVIA
LIEZEL JOY M. SOLMAYOR
ALDEM LOUISE D. TAN
JACK FELMOND D. ZANORIA

Noted by:

LOUIE J. D. ADILDO, MAN, RN
Research Adviser

SAMMY B. TAGBOY, PhD, RN
College Dean

At

H
Ba

APPENDIX E – Cont'd



MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines

College of Nursing, Midwifery, and Radiologic Technology
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
E-mail Address: mu@mu.edu.ph



CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

April 08, 2025

HON.
Baran,
Baran,
Ozamiz City

Dear I

Greetings of Peace

We, the undersigned are third year students from Misamis University, Ozamiz City, taking a Bachelor of Science in Nursing. As part of our academic requirements, we are currently conducting a research study entitled "Healthcare Providers' Communication Strategies and Vaccination Accessibility on Parental Satisfaction towards Pediatric Vaccination." This study aims to examine the relationship between healthcare providers' communication strategies in terms of clarity of information, verbal communication, and health literacy—and parental satisfaction. Additionally, it seeks to assess how vaccine accessibility influences parental satisfaction.

In line with this, we respectfully seek approval from your esteemed office to conduct our research to the selected parents in your barangay. Please be assured that all information obtained will be treated with utmost confidentiality and used solely for academic purposes.

We are hoping that this request may merit a favorable response. Keep safe and more power!

Asenso Carmen Annex!

Sincerely yours,

KENTH IVANG SARZUELO

CYNTHIA S. SUGOVIA

LIEZEL JOYLA SOLMAYOR

ALDEM LOUISE D. TAN

JACK FELIMOND D. ZANORIA

Noted by:

LOUIE JAY S. ARDADO, MAN, RN
Research Adviser

SAMMY B. TAGUAY, PhD, RN
College Dean

Approved by:

Barangay Ca

APPENDIX F – Statistical Computations

Pilot Test Results:

Questionnaire 1. HEALTHCARE PROVIDER COMMUNICATION STRATEGIES QUESTIONNAIRE

Cronbach's alpha = 0.8381

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
Q1	48.750	4.241	0.4233	0.8699	0.8307
Q2	48.750	4.115	0.6856	0.8367	0.8153
Q3	48.600	4.160	0.6257	0.7359	0.8195
Q4	48.700	4.293	0.3194	0.7683	0.8364
Q5	48.700	4.354	0.1966	0.6166	0.8431
Q6	49.050	4.273	0.2761	0.8913	0.8412
Q7	48.750	4.179	0.4462	0.8778	0.8297
Q8	48.800	4.262	0.3822	0.8359	0.8330
Q9	48.750	4.204	0.5003	0.7043	0.8263
Q10	48.850	4.120	0.5594	0.9504	0.8220
Q11	48.650	4.133	0.6638	0.9518	0.8169
Q12	48.750	4.278	0.3477	0.8626	0.8349
Q13	48.950	4.110	0.5127	0.8184	0.8254
Q14	48.800	4.225	0.4588	0.7374	0.8286
Q15	48.650	4.158	0.6094	0.9401	0.8201

Matrix Plot of Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15

Omitted Item Statistics

Omitted Variable	Adj. Total Mean	Adj. Total StDev	Item-Adj. Total Corr	Squared Multiple Corr	Cronbach's Alpha
Q1	50.000	5.058	0.8323	0.9326	0.8819
Q2	50.300	5.017	0.8205	0.8799	0.8814
Q3	50.250	5.250	0.4983	0.6492	0.8944
Q4	50.300	5.141	0.5975	0.7654	0.8908
Q5	50.200	5.146	0.5885	0.9160	0.8912
Q6	50.100	5.241	0.5480	0.6019	0.8928
Q7	50.050	5.356	0.3198	0.7835	0.9000
Q8	50.300	5.100	0.6706	0.8641	0.8878
Q9	50.100	5.129	0.6414	0.9188	0.8890
Q10	50.250	5.139	0.5990	0.9262	0.8907
Q11	50.100	5.310	0.3157	0.7377	0.9017
Q12	50.150	5.334	0.3377	0.7278	0.8997
Q13	50.150	5.194	0.5115	0.7982	0.8942
Q14	50.250	5.129	0.5293	0.8580	0.8943
Q15	50.000	5.058	0.8323	0.9160	0.8819

Matrix Plot of Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15

APPENDIX F – Cont'd

Final Results:

Respondents' Communication Strategies

Table 1

Healthcare Providers' Communication Strategies

Healthcare Providers' Communication Strategies	Mean	StDev	I
Clarity of Information	3.704	0.380	VG
Verbal Communication	3.648	0.401	VG
Health Literacy	3.651	0.411	VG
Overall Mean	3.67	0.397	VG

Legend: 3.26 - 4.0 – Very Good (VG) 1.76 - 2.50 – Poor (P)
 2.51 - 3.25 – Good (G) 1.00 -1.75 – Very Poor (VP)

Respondents' Vaccine Accessibility

Table 2

Respondents' Vaccine Accessibility

Respondents' Vaccine Accessibility	Mean	StDev	I
Vaccine Accessibility	3.60	0.44	VH
Overall Mean	3.60	0.44	VH

Legend: 3.26 - 4.0 – Very Good (VH) 1.76 - 2.50 – Low (L)
 2.51 - 3.25 – High (H) 1.00 -1.75 – Very Low (VL)

APPENDIX F – Cont'd

Parental Satisfaction towards Pediatric Vaccination

Table 3

Parental Satisfaction towards Pediatric Vaccination

Parental Satisfaction towards Pediatric Vaccination	Mean	StDev	I
Quality of Care	3.65	0.39	VH
Trust In Healthcare Providers	3.67	0.40	VH
Overall Mean	3.66	0.395	VH

Legend: 3.26 - 4.0 – Very Good (VH)

1.76 - 2.50 – Low (L)

2.51 - 3.25 – High (H)

1.00 -1.75 – Very Low (VL)

Significant Relationship Between Healthcare Providers' Communication Strategies and Parental Satisfaction towards Pediatric Vaccination

Table 4

Significant Relationship Between Healthcare Providers Communication Strategies and Parental Satisfaction towards Pediatric Vaccination

Constructs	Quality of Care	Trust In Healthcare Providers
Clarity of Information	r= 0.586 p= 0.000 Reject Ho	r= 0.520 p= 0.000 Reject Ho
Verbal Communication	r= 0.619 p= 0.000 Reject Ho	r= 0.606 p= 0.000 Reject Ho
Health Literacy	r= 0.672 p= 0.000 Reject Ho	r= 0.663 p= 0.000 Reject Ho

Ho: There is no significant relationship between healthcare providers' communication strategies and parental satisfaction toward pediatric vaccination.

Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant

APPENDIX F – Cont'd

Significant Relationship Between Vaccine Accessibility and Parental Satisfaction towards Pediatric Vaccination

Table 5
Significant Relationship Between Vaccine Accessibility and Parental Satisfaction towards Pediatric Vaccination

Variable	Quality of Care	Trust In Healthcare Providers
Vaccine Accessibility	$r = 0.694$ $p = 0.000$ Reject H_0	$r = 0.690$ $p = 0.000$ Reject H_0

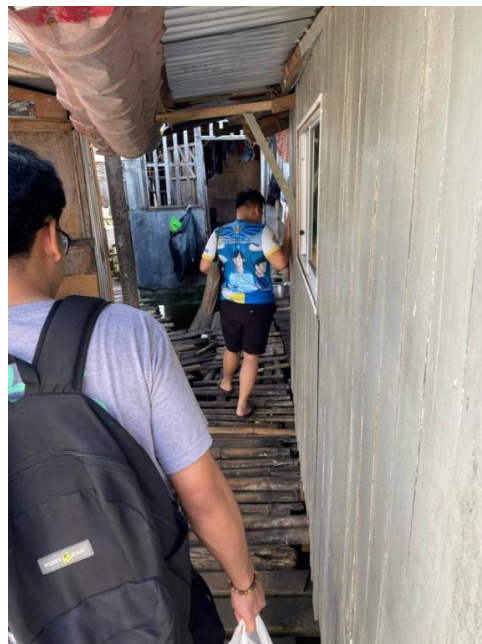
H_0 : There is no significant relationship between vaccine accessibility and parental satisfaction toward pediatric vaccination.

Legend: 0.00-0.01 ** Highly Significant, 0.02-0.05 * Significant, above 0.05 Not Significant

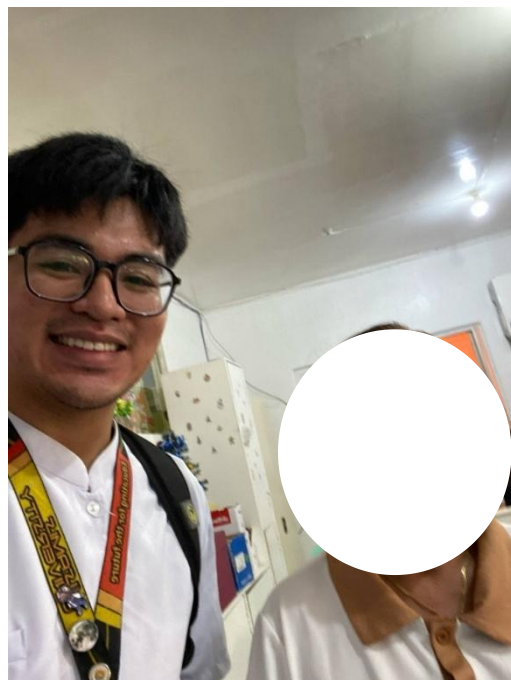
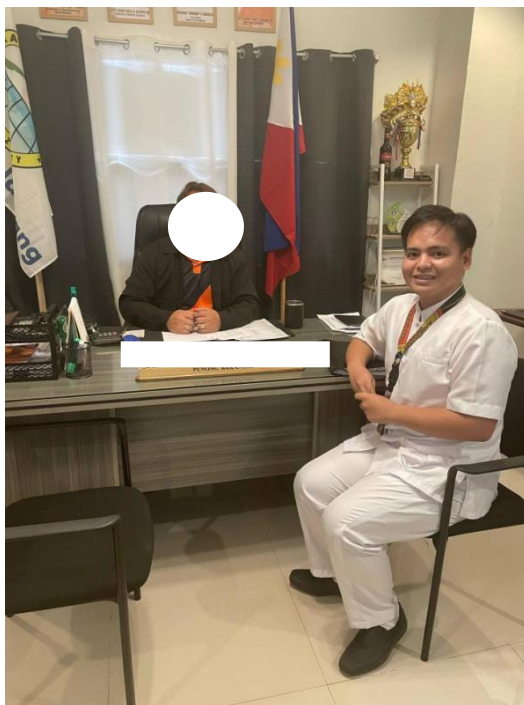
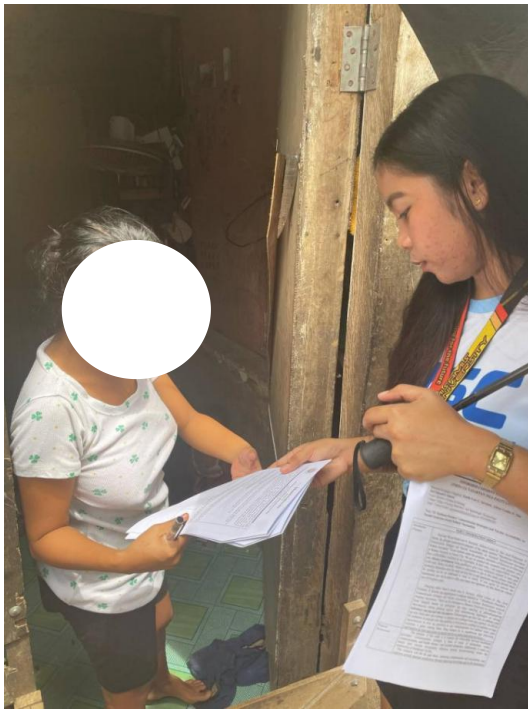
APPENDIX G – Documentaion (Photos)



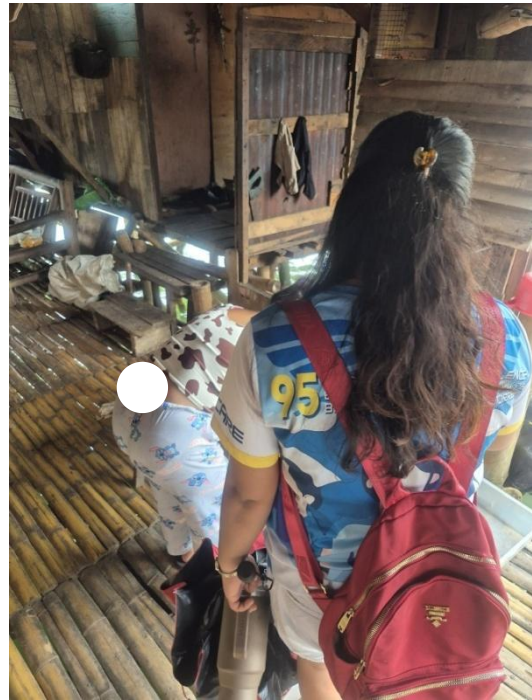
APPENDIX G – Cont'd



APPENDIX G – Cont'd

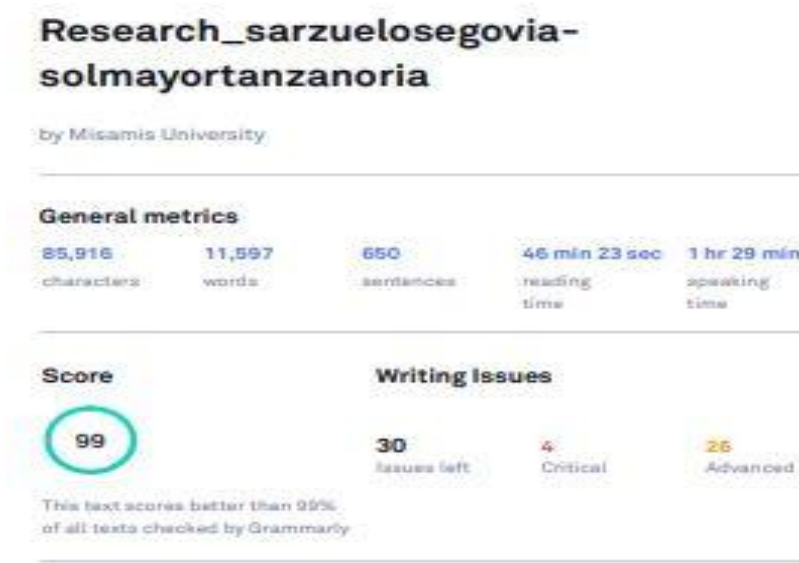


APPENDIX G – Cont'd

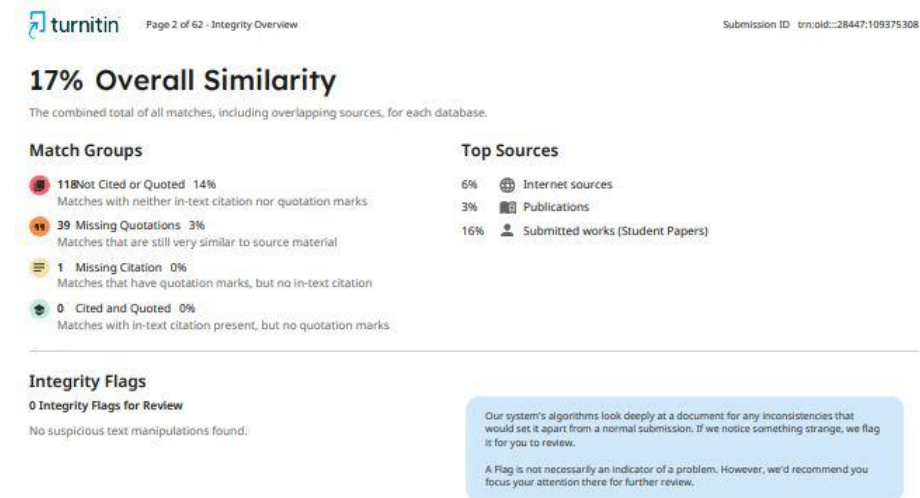


APPENDIX H – Grammarly Report and Turnitin Results

Grammarly Report:



Turnitin Results



CURRICULUM VITAE



PERSONAL DATA

Name : Kenth Ivan G. Sarzuelo
Date of Birth : October 12, 2003
Place of Birth : Ozamiz City, Misamis Occidental
Home Address : Tinago, Ozamiz City, Misamis Occidental
Gender : Male
Civil Status : Single
Contact No : 09305909492
Email : sarzuelokenth@gmail.com

EDUCATIONAL BACKGROUND

Elementary : Ozamiz City Central School
Vicente Ostia Ave., Ozamis City, Misamis Occidental

Secondary : Ozamiz City National High School
Bernad St., Ozamis City, Misamis Occidental

Senior High School : Ozamiz City, National High School
Bernad St., Ozamis City, Misamis Occidental

College : Misamis University
HT Feliciano Street, Ozamis City, Misamis Occidental

CURRICULUM VITAE



PERSONAL DATA

Name : Cynthia S. Segovia
Date of Birth : February 20, 2004
Place of Birth : Kinangay Sur, Clarin, Misamis Occidental
Home Address : Embargo, Ozamiz City, Misamis Occidental
Gender : Female
Civil Status : Single
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EDUCATIONAL BACKGROUND

Elementary : Labo Central School
Labo, Ozamiz City, Misamis Occidental

Secondary : Labo National High School
Labo, Ozamiz City, Misamis Occidental

Senior High School : Misamis University
HT Feliciano Street, Ozamis City, Misamis Occidental

College : Misamis University
HT Feliciano Street, Ozamis City, Misamis Occidental

CURRICULUM VITAE



PERSONAL DATA

Name : Liezel Joy M. Solmayor
Date of Birth : March 18, 2004
Place of Birth : Darumawang Ilaya , Lala Lanao del Norte
Home Address : Darumawang Ilaya , Lala Lanao del Norte
Gender : Female
Civil Status : Single
Contact No : 09124773724
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EDUCATIONAL BACKGROUND

Elementary : F. Ylaya Memorial Elementary School
Darumawang Ilaya , Lala Lanao del Norte

Secondary : Christ the King College de Maranding
Prk. Apitong Maranding lala lanao del norte

Senior High School : Christ the King College de Maranding
Prk. Apitong Maranding lala lanao del norte

College : Misamis University
HT Feliciano Street, Ozamis City, Misamis Occidental

CURRICULUM VITAE



PERSONAL DATA

Name : Aldem Louise D. Tan
Date of Birth : April 8, 2003
Place of Birth : Butuan City, Agusan del Norte
Home Address : Catadman Acacia, Ozamiz City, Misamis Occidental
Gender : Male
Civil Status : Single
Contact No : 09771329112
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EDUCATIONAL BACKGROUND

Elementary : Ozamiz City Seventh Day Adventist Elementary School
Don Anselmo Bernad Avenue, Misamis Occidental

Secondary : La Salle University – Integrated School
St Columban Dr, Ozamiz City, Misamis Occidental

Senior High School : La Salle University – Integrated School
St Columban Dr, Ozamiz City, Misamis Occidental

College : Misamis University
HT Feliciano Street, Ozamis City, Misamis Occidental

CURRICULUM VITAE



PERSONAL DATA

Name : Jack Felimond D. Zanoria
Date of Birth : December 28, 2003
Place of Birth : Poblacion, Aurora, Zamboanga del Sur
Home Address : Poblacion, Aurora, Zamboanga del Sur
Gender : Male
Civil Status : Single
Contact No : 09682860056
Email : jackszanoria@gmail.com

EDUCATIONAL BACKGROUND

Elementary : Aurora Regional Pilot School
Poblacion, Aurora, Zamboanga del Sur

Secondary : Aurora Pioneers Memorial College
Poblacion, Aurora, Zamboanga del Sur

Senior High School : Misamis University
HT Feliciano Street, Ozamis City, Misamis Occidental

College : Misamis University
HT Feliciano Street, Ozamis City, Misamis Occidental