Determining Factors Affecting the Decision Making Among the Hospitality and Tourism Management Students towards the Vaccination Program of Gordon College

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Abstract: This study was conducted to determine the factors that affect the decision making of CHTM students towards the vaccination program of Gordon College. The investigation made use of descriptive correlational-survey among 138 students and frequency, percentage, weighted mean, chi-square test, ANOVA test, and t-test were the statistical tools used in the study. Results showed that the highest frequency in terms of course and year which has 54 respondents are from BSHM Level 3. In average, male and female respondents are under the age bracket 21 to 25 years old. Respondents agreed that all of them are vaccinated; some are under Gordon College's vaccination program while some are vaccinated outside the program. Most of the respondents received the Pfizer vaccine followed by Moderna, Sinovac, Astrazeneca, and J&J vaccine as the lowest. The study showed the determining factors of the students through the data use, safety and health concerns, and knowledge and awareness were observed as "strongly agree". For, adverse effect was observed as "disagree" while allergy/comorbidity was observed as "strongly disagree". Program to ensure and comprehend student vaccination program decision-making. Based on the conclusions, recommendations were made in terms of consultation for students, conducting webinar or seminar at least once a year to regain the student's knowledge and awareness and answer all their safety and health related questions towards the vaccine, eliminating misinformation or disinformation, and conducting a mass covid-19 booster shots for all the students of Gordon College for extra protection and safety of each and every one inside the campus.

Keywords: Hospitality Management, Decision making, Vaccination Program, Descriptive Correlational-Survey Research, Vaccines, Safety and Health Concerns, Knowledge and Awareness, Adverse Effect, Allergy/Comorbidity, Webinar.

1. INTRODUCTION

According to World Health Organization, it is crucial to have equitable access to safe and effective vaccines if the COVID-19 pandemic is to be stopped, so seeing so many vaccines being tested and developed is quite encouraging. World Health Organization and its partners are working relentlessly to discover, manufacture, and distribute safe and effective vaccinations.

Safe and efficient vaccines are a game-changing tool, but we must continue to wear masks, wash our hands, ensure proper ventilation indoors, and physically distance ourselves from crowds for the foreseeable future. Being vaccinated does not exempt us from exercising caution and putting ourselves and others at risk, especially because research into the extent to which vaccines protect not only against disease but also against infection and transmission is still underway.

Due to Covid-19 schools are forced to closed and have an alternative mode of learning which are offline and online learning. This has been going on for almost 2 years now and there are some students and teachers that already adjusted with the new normal while some are still adjusting and having difficulties. According to Commission on Higher Education (2021), President Rodrigo Roa Duterte has approved their request for the expansion of limited face-to-face classes to other degree programs that require hands-on experience in higher education institutions (HEIs) under Modified General Community Quarantine (MGCQ). College of Hospitality and Tourism Management is one of the courses that are on the list of limited face-to-face classes.

De Vera (2021) stated that he has been in constant discussion with NTF Chief Implementer Carlito G. Galvez and they are now aggressively pushing for the vaccination of all faculty, staff and students in Higher Education Institutions (HEIs) to add another layer of protection to the face-to-face classes. Some of HEIs have completed the vaccination of their employees and students. They aim to do it for other HEIs as more vaccines arrive.

Gordon College had a vaccination program for all their students including the College of Hospitality Management. It was held on October 14, 2021 and October 15, 2021at the SMX Convention Center SM City Central. There are only 244 students that registered on the first day and 28 students on the second day a total of 272 students out of 1,156 CHTM students. Due to low registration rate of the vaccination for CHTM students, the registration link had been closed.

COVID-19 vaccination is receiving more attention as a way to better control the pandemic. Global researchers have been working on producing and testing COVID-19 vaccines since early 2020. In late 2020 or early 2021, a safe and efficacious COVID-19 vaccine is expected to be available (Lurie, Saville, Hatchett, & Halton, 2020).

Despite its availability, COVID-19 vaccination's success would be highly dependent on individual vaccine acceptance. A crucial (minimum) herd-immunity threshold of 67 percent among the general population is indicated to acquire population immunity and drastically prevent the spread of COVID-19 (Kwok, Lai, Wei, Wong, & Tang, 2020). In order to develop efficient COVID-19 vaccine promotion techniques, researchers must first determine what factors influence COVID-19 vaccination decisions and whether these factors differ between those who plan to take the vaccine and those who do not.

Vaccination decisions can be influenced by multiple factors. Individual cognitions factors include views or attitudes concerning vaccination, such as perceived vaccine efficacy or advantages, safety concerns, and perceptions of vaccine characteristics.

According to Cheuk Chi Tam, Shan Qiao, and Xiaoming Li (2020), COVID-19 immunization could be a potential strategy for fighting the pandemic, but its success hinges on vaccine uptake among a variety of populations, including young adults, who are particularly vulnerable to COVID-19 due to their active lifestyles and false sense of invulnerability. Multiple factors can influence vaccine acceptance decisions, and people may weigh these elements differently in their decision-making.

Savanna L. Carson, PhD; Alejandra Casillas, MD, MSHS1; Yelba Castellon-Lopez, MD, MS2 (2021), Increasing COVID-19 vaccine uptake is essential to reducing COVID-19 disparities, but it requires understanding the process and needs within vaccine decision-making. Vaccine decision-making, including deliberation, describes weighing the pros and cons of vaccine efficacy and safety and is a normal, appropriate response to any new treatment or intervention.

More specifically, people who have sufficient knowledge about a particular vaccine can better understand its potential benefits and importance, which would further shape positive beliefs about the vaccine and strengthen trust in vaccination. As such, they would not perceive vaccination as a risky behavior. On the contrary, those with a lower level of knowledge are more likely to connect vaccines with adverse events and believe in misinformation about the safety of vaccines, which might increase perceived risk of vaccine side effects. Moreover, as one facet of individuals' health literacy, knowledge about specific health issues can be viewed as a prerequisite for health decision-making, including vaccine uptake (Han Zheng, Shaohai Jiang, Qiaofei Wub, 2022).

COVID-19 vaccine hesitancy, vaccination strategies, and effects of COVID-19 on the clinical expressions of hereditary angioedema (HAE) and asthma are addressed. Bellanti reviewed current COVID-19 vaccines, their mechanisms of action, and adverse reactions. He further explored the causes of vaccine hesitancy and suggests ways that the allergist/immunologist can promote vaccine acceptance to help in the control and ultimate elimination of the COVID-19 pandemic. The subject of adverse reactions to the first doses of COVID-19 vaccines is addressed in the report by Arroliga et al, which presented a systematic triage approach used by a large health-care corporation. With a panel of three American Board of Allergy-Immunology certified allergists, only 5 subjects of 113 (4.4%) reported reactions that were deemed severe enough to recommend not taking the second vaccine dose. (Joseph A. Bellanti, M.D. and Russell A. Settipane, M.D. 2021)

COVID-19 has pleiomorphic characteristics of presentation and severity. In particular, it has been reported that severe and lethal disease is associated with male gender, old age, and comorbidity. Fortunately, childhood seems to be preserved by severe COVID-19, and relatively few cases occurred still now. Every age may be affected, including infancy. (Italian Journal of Pediatrics 2020)

On January 30, 2020, the Philippines' Department of Health (DOH) reported its first case of COVID-19, a novel respiratory disease caused by the coronavirus SARS-CoV-2 that was first detected in Wuhan, China. Vaccination has long been seen to be the most efficient way to prevent infectious disease. On March 1, 2021, the Philippines launched a countrywide vaccination campaign against COVID-19, with the objective of vaccinating seventy million Filipinos by the end of the year (Inter-Agency Task Force for the Management of Emerging Infectious Disease, 2021). Vaccine apprehension among the Filipino people is one of the campaign's major obstacles.

Perceived illness vulnerability and severity, as well as the vaccine's perceived advantages, are all motivating considerations. Information, people, and events that encourage the individual towards immunization are examples of cues to action. The Philippines is implementing a nationwide vaccination effort to combat the global pandemic's enormous health, social, and economic consequences of COVID-19.

As of September 2021, the Olongapo City recorded At least 57,042 persons in this city have been immunized against COVID-19, accounting for 31% of the city's target population. The city needs to vaccinate 182,000 of its 260,000 population to achieve herd immunity. Healthcare workers have been administering Sinovac, AstraZeneca, Pfizer,

Sinopharm and the single-dose Janssen vaccines made by Johnson & Johnson to the vaccine recipients.

On October 2021, according to the Olongapo City Information Center, at least eight bedridden vaccine recipients also received a separate house-to-house immunization. To help the city acquire herd immunity, the city's mobile vaccination program was launched and deployed to communities. So far, at least 114,189 eligible residents in the city have been inoculated against the viral disease, and 40,133 were already fully vaccinated.

According to Journal of Public Health, in a recent survey in January 2021 which was conducted by Pulse Asia, nearly half of Filipinos said that they would not get vaccinated against COVID-19 due to safety concerns. In this perspective, public health experts, government officials, advocates, church leaders and others in the scientific community should respect the signals of hesitancy and communicate sensitivity without undermining the importance of the vaccine.

The high rates of morbidity and mortality and the absence of vaccines cause fear among the people regardless of age, gender, or social status. People's fear is heightened by misinformation spread across all media types, especially on social media. Filipino college students are one of the top Internet users worldwide and are very active in social media. Hence, they are very prone to misinformation. (Science Direct 2021)

The general objective of this study is to determine the factors affecting the decision making amongst the CHTM students towards the vaccination program of Gordon College.

The researchers aim to understand the reasons on why the CHTM students registered and did not register to the vaccination program of Gordon College.

In order to determine the factors affecting the decision making of the CHTM students towards the Vaccination Program of Gordon College, the researchers focused on determining the factors that influenced the target respondent's vaccination decisions; whether these factors differ between those who plan to take the vaccine and those who do not. Specifically, it seeks answers to the following questions;

1. What is the demographic profile of the respondents in terms of;
   1.1 Name (optional)
   1.2 Age
   1.3 Course and Year
   1.4 Sex
   1.5 Are you vaccinated?
   1.6 Type of vaccine
   1.7 Are you vaccinated under Gordon College's Vaccination Program?

2. How does the decision making of CHTM students towards the vaccination program of Gordon College be described in terms of;
   2.1 Safety & Health Concerns
   2.2 Knowledge & Awareness
   2.3 Adverse Effect
   2.4 Allergy & Comorbidity

3. Is there a significant relationship between the factors in the decision making towards the vaccination program of Gordon College and demographic profile of the CHTM students?

4. Is there a significant difference in the decision making of CHTM students towards the vaccination program of Gordon College when grouped according to demographic variables?

5. What are the students' implications towards the study?

2. METHODOLOGY

This research is descriptive correlational. A correlational research design investigates relationships between two variables (or more) without the researcher controlling or manipulating any of them. It's a non-experimental type of quantitative research. In a correlational design, you measure variables without manipulating any of them (Nora, 2021). Moreover, data which are needed in this study will be gathered through a survey questionnaire. The level of agreement of respondents in the factors that may affect their decision making towards vaccination will be described in this study. Furthermore, differences on the responses based on demographic profile will be determined and their relationship with the aforementioned factors.

The researchers gathered data from CHTM students. In Gordon College's 2021-2022 academic years, the researchers had a population of 667 Tourism students and 489 Hospitality Management students.

Researchers utilize simple random sampling method to acquire measurable data and make generalizations from the population sample from Tourism and Hospitality Management. This indicates that every student has an equal chance of being selected as a respondent because this approach was given an equal probability of being chosen as a sample.

The study made use of an online survey questionnaire, validated by at least three (3) research professionals.

The first section will be consisted of their demographic profiles such as name, year level and course,

age, sex, and vaccination information. The second section will be the questionnaires that are answerable by multiple choices, we will give them possible factors and they will answer it depends on their reasons. The researchers utilized survey questionnaires that are based on the given problem for the selected respondents to collect the necessary data for the study. These questions were answered through 5-point Likert Scale with qualitative meaning 5-Strongly Agree, 4-Agree, 3-Neutral, 2- Disagree, and 1- Strongly Disagree.

The survey questionnaire was verified by Mr. Jimbarry Ordillas and Mr. Joshua S. Atienza, instructors in President Ramon Magsaysay State University, and Mr. Karl A. De Leon, Elementary Teacher in Hanjin Village Elementary School.

The researcher will follow the procedure in order to maintain the flow of the data. The researchers will gather all the data using google form. The respondents will answer the given questionnaire that base on the state of the problem. The google form that will be use has consent for the permission of the respondents. Afterwards, the online questionnaires were then analyzed by the researchers to determine the results of this study.

The data gathered from the questionnaire were cross-tabulated for statistical processing. Frequency and percentage were used to describe the profile of the respondents in terms of their name, age, sex, course and year level, and vaccination information. Mean average is used to described the level of agreement of respondents towards the factors that may affect vaccination program. The t- test and ANOVA will be used to test if there is a difference on the level of agreement toward the factors that might affect the decision making of students toward vaccination based on their demographic profile variables. Chi-square test will be used to determine if there is a relationship between demographic profile and the factors that might affect the decision making of students toward vaccination.

3. RESULTS AND DISCUSSION

Table 1. Frequency and Percentage Distribution According to Course and Year

Course and Year	Frequency	Percentage
BSHM Level 1	8	5.8
BSHM Level 2	14	10.1
BSHM Level 3	54	39.1
BSHM Level 4	12	8.7
BSTM Level 1	12	8.7
BSTM Level 2	8	5.8
BSTM Level 3	22	15.9
BSTM Level 4	8	5.8
Total	**138**	**100**

Table 1 presents the frequency and percentage distribution of the respondents according to course and year. On a total of one hundred thirty-eight (138), the highest frequency is fifty-four (54) with (39.10%) percentage value is under the bracket of BSHM Level 3 while the lowest frequency is eight (8) with (5.8%) percentage value is under the brackets of BSHM Level 1, BSTM Level 2 and BSTM Level 4.

Table 2. Frequency and Percentage Distribution According to Age

Age	Frequency	Percentage
16-20	47	34.1
21-25	91	65.9
26 above	0	0
Total	**138**	**100**

Table 2 presents the frequency and percentage distribution of the respondents according to age. It shows that out of one hundred thirty-eight (138), forty-seven (47) with (34.10%) percentage value belongs to the bracket of 16-20 years old. Ninety-one (91) with (65.90%) percentage value belongs to the bracket of 21-25 years old.

Table 3. Frequency and Percentage Distribution According to Sex

Sex	Frequency	Percentage
Male	72	52.2
Female	66	47.8
Total	**138**	**100**

Table 3 presents the frequency and percentage distribution of the respondents according to sex. From the total number of respondents, seventy-two (72) with (52.20%) percentage value is Male while sixty-six (66) with (47.80%) percentage value is Female.

Table 4. Frequency and Percentage Distribution According to "Are you Vaccinated?"

Are you Vaccinated?	Frequency	Percentage
Yes	138	100
No	0	0
Total	**138**	**100**

Table 4 presents the frequency and percentage distribution of the respondents according to "are you vaccinated?" It shows that one hundred thirty-eight (138) with (100%) percentage value is vaccinated.

Table 5. Frequency and Percentage Distribution According to Types of Vaccine

Type of Vaccine	Frequency	Percentage

Pfizer	65	47.1
Sinovac	24	17.4
Moderna	34	24.6
Astrazeneca	10	7.2
J&J	5	3.6
Total	**138**	**100**

Table 5 presents the frequency and percentage distribution of the respondents according to the types of vaccine. There are sixty-five (65) with (47.10%) percentage value is under the bracket of Pfizer vaccine. Twenty-four (24) with (17.40%) percentage value is under the bracket of Sinovac vaccine. Thirty-four (34) with (24.60%) percentage value is under the bracket of Moderna vaccine. Ten (10) with (7.20%) percentage value is under the bracket of Astrazeneca vaccine. Five (5) with (3.60%) percentage value is under the bracket of J&J vaccine. This shows that majority of the respondents receive the Pfizer vaccine.

Table 6. Frequency and Percentage Distribution According to Vaccination Program

Gordon College Vaccine Program	Frequency	Percentage
Yes	79	57.2
No	59	42.8
Total	**138**	**100**

Table 6 presents the frequency and percentage distribution of the respondents according to vaccination program of Gordon College. Out of one hundred thirty-eight (138) respondents, seventy-nine (79) with (57.20%) percentage value is vaccinated under Gordon College vaccination program while fifty-nine (59) with (42.80%) percentage value is vaccinated outside the vaccination program of Gordon College.

Table 7. Mean and Descriptive Rating of Factors Affecting the Decision Making of Students

Factors Affecting the Decision Making of Students			
Factors		Mean	Interpretation
1	Safety and Health Concerns	4.73	Strongly Agree
2	Knowledge and Awareness	4.52	Strongly Agree
3	Adverse Effect	2.12	Disagree
4	Allergy/Comorbidity	1.41	Strongly Disagree
Overall Mean		**3.20**	**Neutral**

Table 7 presents the factors affecting the decision making of students. It is shown in the table above that the four (4) factors with an overall mean of 3.84 has a descriptive interpretation of "Neutral". It is therefore noticed that the respondents are "Neutral" in terms of decision making.

Table 8. Mean and Descriptive Rating of the Respondents' Safety & Health Concerns

Safety and Health Concerns			
Indicators		Mean	Interpretation
1	I decided to get vaccinated to be safer from COVID-19.	4.81	Strongly Agree
2	I decided to get vaccinated to protect myself from serious infections.	4.81	Strongly Agree
3	I decided to get vaccinated to protect those people who are close to me	4.78	Strongly Agree
4	I decided to get vaccinated thinking that the vaccine is best way to protect against the virus.	4.75	Strongly Agree
5	Preventive measures are safer than the vaccine.	4.49	Strongly Agree
Overall Mean		**4.73**	Strongly Agree

The table 8 presents the factors affecting the decision making amongst CHTM students towards the vaccination program in terms of safety & health concerns. This refers to the attitudes, beliefs, and choices of the respondents when it comes to vaccination. It is shown in the table above that the five (5) indicators for safety and health concerns, the overall mean is 4.73 with a descriptive rating of "Strongly Agree". It is therefore noticed that the respondents "Strongly Agree" on the safety and health concerns factor.

Table 9. Mean and Descriptive Rating of the Respondents' Knowledge and Awareness

Knowledge and Awareness			
Indicators		Mean	Interpretation
1	I am aware about the side effects of the vaccine.	4.55	Strongly Agree
2	I have enough knowledge about the different kinds of vaccine.	4.44	Strongly Agree
3	I know that vaccines have different efficacy level.	4.46	Strongly Agree
4	I am aware that vaccines are free.	4.63	Strongly Agree
5	I know that all types of vaccine can protect me from the virus.	4.50	Strongly Agree
Overall Mean		**4.52**	**Strongly Agree**

The table 9 presents how well aware are the CHTM Students regarding the different kinds of vaccines and its effect during the vaccination program of Gordon College. This refers to the adverse effect, the efficacy level, and the overall knowledge regarding the vaccines. It is shown in the table above that the five (5) indicators for knowledge and awareness, have an overall mean of 4.52 with a descriptive rating of "strongly agree". It is therefore noticed that the CHTM Students of Gordon College "Strongly Agree" on the Knowledge and Awareness.

Table 10. Mean and Descriptive Rating of the Respondents' Adverse Effect

Adverse Effect			
Indicators		**Mean**	**Interpretation**
1	I am scared of the possible side effects of the vaccine.	2.49	Disagree
2	I have hesitation towards the vaccine.	2.36	Disagree
3	I am having doubt in general without specific reasons.	2.15	Disagree
4	I am afraid of needles.	1.99	Disagree
5	I had a trauma with a vaccine before that's why I'm having second thoughts on getting vaccinated.	1.64	Strongly Disagree
Overall Mean		**2.12**	**Disagree**

The table 10 presents the factors affecting the decision making amongst CHTM students towards the vaccination program in terms of adverse effect. This refers to the reasons of the respondents towards taking vaccines. It is shown in the table above that the five (5) indicators for adverse effects, have an overall mean of 2.12 with a descriptive rating of "Disagree". It is therefore noticed that the CHTM Students of Gordon College "disagree" on the adverse effect factor.

Table 11. Mean and Descriptive Rating of the Respondents' Allergy or Comorbidity

Allergy or Comorbidity			
Indicators		**Mean**	**Interpretation**
1	I have an allergy.	1.49	Strongly Disagree
2	I have underlying condition.	1.37	Strongly Disagree
3	I might not handle its side effect due to my condition.	1.39	Strongly Disagree
4	The vaccine may worsen my condition.	1.39	Strongly Disagree
Overall Mean		**1.41**	**Strongly Disagree**

The table 11 presents how well aware are the CHTM Students regarding the different kinds of Allergies/Comorbidity that students may have. It is shown in the table above that the four (4) indicators for Allergy/Comorbidity, have an overall mean of 1.41 with a descriptive rating of "Strongly Disagree". It is therefore noticed based on the answer that CHTM Students of Gordon College that they "Strongly Disagree" on the Allergy/Comorbidity.

Table 12. Relationship: Safety and Health Concerns, and Age Profile

Safety and Health Concerns	
Chi-Squared Test	0.8615
P-Value	99.90%

Table 12 shows the relationship between safety and health concerns and age of the respondents. It further shows that there is a significant relationship on the age of the respondents as presented in the chi-squared value of 0.8615 with corresponding P-value of 99.90%. Since P-value is greater than 50%, the null hypothesis is rejected.

Table 13. Relationship: Knowledge and Awareness, and Age Profile

Knowledge and Awareness	
Chi-Squared Test	10.3410
P-Value	24.19%

Table 13 shows the relationship between knowledge and awareness and age of the respondents. It further shows that there is no significant relationship on the age of the respondents as presented in the chi-squared value of 10.3410 with corresponding P-value of 24.19%. Since P-value is less than 50%, the null hypothesis is retained.

Table 14. Relationship: Adverse Effect and Age Profile

Adverse Effect	
Chi-Squared Test	12.1016
P-Value	14.67%

Table 14 shows the relationship between adverse effect and age of the respondents. It further shows that there is no significant relationship on the age of the respondents as presented in the chi-squared value of 12.1016 with corresponding P-value of 14.67%. Since P-value is less than 50%, the null hypothesis is retained.

Table 15. Relationship: Allergy or Comorbidity and Age Profile

Allergy or Comorbidity	
Chi-Squared Test	4.3081
P-Value	82.83%

Table 15 shows the relationship between allergy or comorbidity and age of the respondents. It further shows that there is a significant relationship on the age of the respondents as presented in the chi-squared value of 4.3081 with corresponding P-value of 82.83%. Since P-value is greater than 50%, the null hypothesis is rejected.

Table 16. Differences: Types of Vaccine and Factors in Decision Making

Types of Vaccine						
ANOVA						
Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	0.6042	4	0.1510	1.2723	0.2841	2.4398
Within Groups	15.7894	133	0.1187			
Total	16.3935	137				

Table 16 show the difference on the types of vaccine. It further shows that there is no significant difference on the decision making of the respondents as presented in the F-value of 1.2723 corresponding P-value of 0.2841 is not significant at alpha 0.05. Thus, types of vaccine make no difference in the decision making of respondents upon vaccination.

Table 17. Differences: Course and Year, and Factors in Decision Making

Course and Year						
ANOVA						
Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	1.0078	7	0.1440	1.2004	0.3071	2.0807
Within Groups	15.5916	130	0.1199			
Total	16.5994	137				

Table 17 shows the difference on the course and year. It further shows that there is no significant difference on the decision making of the respondents as presented in the F-value of 1.2004 corresponding P-value of 0.3071 is not significant at alpha 0.05. Thus, course and year make no

difference in the decision making of respondents upon vaccination.

Table 18. Differences: Sex and Factors in Decision Making

Sex	*n*	*Mean*	*SD*	*T cal*	*T crit*	*df*	*P-value*	*Decision*
Male	72	3.2650	0.1569	1.9776	1.6561	136	0.4531	Retain
Female	66	3.2720	0.0798					

Table 18 shows the difference on the sex. It further shows that there is no significant difference on the decision making of the respondents as presented in the P-value of 0.4531 is not significant at alpha 0.05. Thus, sex makes no difference in the decision making of respondents upon vaccination.

4. CONCLUSIONS

The researchers concluded that the students of Gordon College under CHTM Department are all vaccinated under the vaccination program Gordon College and outside the program. Safety and Health Concerns; Knowledge and Awareness obtained a "Strongly Agree" rating and other variables such Adverse Effect obtained "Disagree" and Allergy/Comorbidity obtained "Strongly Disagree". The study brings out the fact that the factors of the vaccination program have a neutral effect towards the decision making CHTM students of Gordon College. This study shows that there was no significant difference between the decision making of respondents regarding vaccination when grouped according to profile variables.

5. RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are offered:

1. The instructors of Gordon College should have been more engaging towards the students about this program so that the students concern and doubt towards getting vaccinated will be minimized for their own and their family's safety.
2. A consultation should be conducted to students to not further tarnish the reputation of the vaccines.
3. The school administration should conduct a webinar or a seminar at least once a year regarding the COVID-19 vaccines just to regain the student's knowledge and awareness and answer all their safety and health related questions towards the vaccines efficacy, when to have a shot or a booster, and they will know what to expect once they got the vaccine.
4. Eliminate any misinformation /disinformation that are seen.
5. Accuracy of information should always be considered.

6. Conduct a mass COVID-19 booster vaccination for all the students of Gordon College for extra protection aside from conducting a mass COVID-19 first and second dose vaccination, since a lot of the students only received a complete dose of the vaccine but not the booster.

7. The school administration should utilize their authority to its fullest so that the students are encouraged to get vaccinated.

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