Injecting Health Information? The Channelled Role of Radio Personalities in the Vaccination Status of Older Adults

Larry V. Villarin

ABSTRACT. On top of the country’s predicament to bolster the number of vaccinated older adults is the perpetuating transmission of health mis- and disinformation. Following the approach of Grounded Theory, this study examined the role of radio personalities in the vaccination status of older adults drawing from the data of the 14 semi-structured interviews: seven vaccinated and seven unvaccinated. The study found that radio personalities contribute to their attitudes and behavior about the COVID-19 vaccines. The recurring information learned by older adults from them led to the discovery of wired and unwired trusts, placing both agents in the line of responsibility. This interpretation was derived from the dominant themes emanated by the channel of motivation, views toward radio personalities, emerging mis- and disinformation, credibility indicators, and substantiating information. The study recommended a full-swing collaboration between radio entities and health agencies to increase vaccination uptake among older adults.

1.0. Introduction

The challenges arising from the COVID-19 pandemic remain palpable in the lives of the global population. It triggered and exacerbated fear, bereavement, isolation, and loss of income for countless socio-demographic groups (WHO, 2020). As these punishing effects continue to transmit uncertainty to people, information is pivotal to saving lives, especially for those in conditions of vulnerability. In this regard, the effective dissemination of factual information would contribute to the successful management of this era’s largest public health emergency (Li et al., 2020). In the Philippine setting, the target of 70 percent of herd immunity was elevated by government experts to 90 percent due to the emergence of coronavirus variants that affects the efficacy of the vaccines (Gregorio, 2021). Despite this concern, the strengthened benefit of protection thru inoculation shows sustained evidence, citing that the effectiveness of the vaccine reinforces 86 percent of the overall level of protection against hospital admission for COVID-19 (Dyer, 2021).

The Philippines has a population of 12.3 million older adults (Lloyd-Sherlock et al., 2022). Of this population, around 2.4 million have yet to receive even a single dose of the COVID-19 vaccine (WHO, 2022). This is approximately 20 percent of unvaccinated older adults, excluding those 5.5 million (45 percent) who have yet to receive a second dose. Regarding vulnerability, the study by Radwan et al. (2021) proved that most of the death cases caused by COVID-19 were by older adults. Considerably, older Filipinos only make up below 8 percent of the overall population. However, all deaths linked to COVID-19 constitute more than half and one-third of all cases (Buenaventura et al., 2020). Given the urgency to boost vaccination acceptance among older adults, it is imperative to identify the probable cause of their existing attitudes and behaviors toward the COVID-19 vaccines. This could be a potential indicator of being victims of health mis- and disinformation. Information comes from various sources like radio, which persists to be familiar to older adults. Even research proves that radio maintains popularity despite arguments that it is an old medium in an advanced technology-oriented century (Kim & Yang, 2019). In the 2019 Functional Literacy, Education, and Mass Media Survey (FLEEMS) of the Philippine Statistics Authority (PSA), radio ranked third being the most used media. National Telecommunication Commission’s data, as cited in the study of Estella and Löffelholz (2019),

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indicated that the number of radio stations in the Philippines is about 1,500.

Existing literature attempts to highlight the influence of radio hosts on their listeners. The study by Savage and Spence (2014) explained how listeners make judgments about the credibility of the host by listening to a program on the radio. Although the study captured the influence of on-air radio hosts on the attitude and behavior of western participants thru quasi-experiment, the study offered limited perspective considering that it was not centered on older adults. In this case, a fresh perspective was viable to design a qualitative method along with the intervention of COVID-19 vaccines. While it is evident that radio personality has the designed ability to influence, one cannot deny the existing question of their credibility. The overriding unethical practices and mediocre quality of news reporting by some radio personalities could be linked to their professional training and education deficiency. Journalists are supposed to see themselves as truth crusaders and advocates of societal reform (Balod & Hameleers, 2019). With this condition, radio personalities can potentially fuel health mis- and disinformation to older adults. Wardle and Derakhshan’s report (2017), as cited in Barua et al. (2020), explained that misinformation subsists when false information is being shared unconsciously without the intention to cause harm to anyone. In contrast, disinformation transpires when wrong information is intentionally shared to generate harm.

Another study underscored why some older people put off utilizing online media because they see it as difficult and time-consuming. For older adults, “the use of the internet is not so common. Computers and other information and communication technologies (ICTs) are known as the domain of younger generations in the public eye” (Ongun et al., 2016, p. 37). It is attributed to “technophobia” why most of them regarded computers and the internet as new technologies which they are too old to learn (p. 37). Despite the relevance of this quantitative study in understanding the weak adaptive capacity of older adults to handle new mediums, it has yet to explore the role of radio personalities in their vaccination status. Further, it is also vital to consider those older adults are susceptible to misinformation (Brashier & Schacter, 2020; Radwan et al., 2021). Their cognitive deficits are blamed for being the cause of this existing problem. While their accumulated knowledge facilitates the evaluation of information, it cannot be denied that late adulthood entails difficulty detecting lies (Brashier & Schacter, 2020).

The study of Im and Huh (2017) identified some previous research attesting to the conflicting health information derived by patients from mass media (e.g., radio, television, and social media) concerning food nutrition, vaccine side effects, cancer screening recommendations, and the efficacy and safety of medications. Still, nothing is known about the extent of inconsistent COVID-19 vaccine information learned by older adults specific to radio personalities. This infers the need to initiate a further study to examine their role. Similarly, the study of Radwan et al. (2021) only considered misinformation as one of the main challenges faced by older adults during the COVID-19 outbreak, not disinformation. Plus, the stream of research was consistent within the varieties of media channels, which did not foreground radio at all.

All of these gaps concluded the deficiency of existing literature to present and solidify that radio through radio personalities could be a latent source of mis- and disinformation pertinent to COVID-19 vaccines. This concerns the dominant social media platforms in the 21st century. Predominantly, this new study aimed to spot the active role of radio personalities in the vaccination status of older adults by establishing a theory. The supporting narratives were expected to bullseye a network of motivation, views, and credibility behind the agents of radio that mobilizes both vaccinated and unvaccinated older adults. Along the line, the layered health mis- and disinformation channeled by radio personalities were closely examined as contributors to their prevailing attitude and behavior toward the COVID-19 vaccines. The insights were potential grounds for radio personalities to reflect on their role perceptions and tune in to responsible reporting.

2.0. Methodology

Research method. This study was guided by Grounded Theory — a qualitative research method that captures the systematic set of approaches in which the objective is to derive a theory explaining the phenomenon of this study. Its sociological orientation is drawn by identifying the reaction of actors to shifting conditions and the impacts of their actions (Corbin & Strauss, 1990). Without an existing theory, this study explored the participants’ views and perceived role of radio personalities concerning their attitudes and behaviors toward the COVID-19 vaccines. They were older adults (60 years and over) living in Valencia, Negros Oriental, who
had access to radio as a traditional medium, notwithstanding their exposure to social media, television, and newspaper.

**Participants in the study and sampling.** Following the purposive sampling technique, the seven vaccinated and seven unvaccinated were selected, corresponding to the intent of the study and hence their suitability. As shown in Table 1, the profile of the study participants was structured based on their respective sex, age, civil status, educational background, source of income, and living arrangement. They were referred to as UOA for unvaccinated older adults and VOA for vaccinated older adults when particular responses had to be highlighted.

**Table 1. Profile of the Older Adults as Study Participants**

<table>
<thead>
<tr>
<th>Older Adults</th>
<th>Sex</th>
<th>Age</th>
<th>Civil Status</th>
<th>Educational Background</th>
<th>Income Source</th>
<th>Living With</th>
</tr>
</thead>
<tbody>
<tr>
<td>UOA 1</td>
<td>Female</td>
<td>83</td>
<td>Widow</td>
<td>Postgraduate</td>
<td>Market Vendor</td>
<td>Househelper</td>
</tr>
<tr>
<td>VOA 2</td>
<td>Male</td>
<td>62</td>
<td>Widower</td>
<td>Elementary graduate</td>
<td>Streetsweeper</td>
<td>Married children</td>
</tr>
<tr>
<td>VOA 3</td>
<td>Female</td>
<td>61</td>
<td>Married</td>
<td>Elementary level</td>
<td>Streetsweeper</td>
<td>Grandchildren</td>
</tr>
<tr>
<td>VOA 4</td>
<td>Female</td>
<td>62</td>
<td>Married</td>
<td>Elementary level</td>
<td>Streetsweeper</td>
<td>Unmarried children</td>
</tr>
<tr>
<td>VOA 5</td>
<td>Male</td>
<td>63</td>
<td>Married</td>
<td>Associate degree</td>
<td>Street Vendor</td>
<td>Unmarried children</td>
</tr>
<tr>
<td>VOA 6</td>
<td>Female</td>
<td>70</td>
<td>Widow</td>
<td>Elementary level</td>
<td>Farmer</td>
<td>Living alone</td>
</tr>
<tr>
<td>VOA 7</td>
<td>Female</td>
<td>75</td>
<td>Widow</td>
<td>Elementary level</td>
<td>Hilot</td>
<td>Married children</td>
</tr>
<tr>
<td>VOA 8</td>
<td>Female</td>
<td>75</td>
<td>Widow</td>
<td>Elementary level</td>
<td>Farmer</td>
<td>Unmarried children</td>
</tr>
<tr>
<td>VOA 9</td>
<td>Male</td>
<td>63</td>
<td>Married</td>
<td>Elementary graduate</td>
<td>Laborer</td>
<td>Married children</td>
</tr>
<tr>
<td>UOA 10</td>
<td>Female</td>
<td>68</td>
<td>Married</td>
<td>Elementary graduate</td>
<td>Hilot</td>
<td>Grandchild</td>
</tr>
<tr>
<td>UOA 11</td>
<td>Female</td>
<td>67</td>
<td>Married</td>
<td>Elementary level</td>
<td>Farmer</td>
<td>Grandchildren</td>
</tr>
<tr>
<td>UOA 12</td>
<td>Male</td>
<td>74</td>
<td>Married</td>
<td>High school level</td>
<td>Farmer</td>
<td>Grandchildren</td>
</tr>
<tr>
<td>UOA 13</td>
<td>Female</td>
<td>67</td>
<td>Married</td>
<td>College level</td>
<td>No Income</td>
<td>Married children</td>
</tr>
<tr>
<td>UOA 14</td>
<td>Male</td>
<td>66</td>
<td>Married</td>
<td>High school graduate</td>
<td>No Income</td>
<td>Married children</td>
</tr>
</tbody>
</table>

**Note:** UOA= Unvaccinated Older Adults, VOA=Vaccinated Older Adults

**Data collection technique and procedure.** A total of 14 semi-structured interviews were conducted and determined until content saturation was reached. This means sufficient data were obtained, and supplementary data collection and coding rounds were no longer requisite since all pertinent codes or themes were already exhausted. Both structured and unstructured questions were administered thru a face-to-face interview. Some of these questions were pre-determined, while the rest sprang freely during the discussion, accommodating a wide array of responses. Each interview ranged from 8 minutes to 22 minutes and 17 seconds. All study participants were interviewed once in their respective households, wherein I was directed as the interviewer.

The operationalization of data saturation in this study conformed to the existing model of saturation termed inductive thematic saturation (Saunders et al., 2018). The signals of saturation using this model were tightened by the level of the reliability of data was ensured with the prevalent similarities and contrast of themes from both vaccinated and unvaccinated older adults.

**Data analysis.** All interviews were audio-recorded and later extracted to produce transcripts for manual coding. Five interviews were initially conducted for theoretical sampling, iteratively, open coding, axial coding, and selective coding were the structure of the coding process. In open coding, statements with significance throughout all pages of every interview transcript were highlighted with gray color; remarks were indicated on the left side. Initial codes were then formed based on the statements from each study participant’s transcript accruing around 12 to 22 codes. Thereafter, connections between initial codes were drawn in the axial coding process. In this phase, 11 initial categories were yielded by tabulating those initial codes. Resemblances and variances of 11 categories from axial coding were evaluated into particular themes until they
formed an all-encompassing concept through the end process of selective coding. This final stage of analysis generated four final themes. Ergo, the composition of those themes became the basis for the central formation of the theory in this study.

Merriam (2009), as cited in Ballena and Liwag’s (2019) study, introduced CERES as the ideal criteria for determining the final emerging categories or themes. In this present study, parallel ascertainment was employed, and these CERES criteria include (1) Conceptual congruence, (2) Exclusivity, (3) Responsiveness, (4) Exhaustiveness, and (5) Sensitivity. Under conceptual congruency, themes were assured to be part of the same conceptual level. Exclusivity, on the other hand, aimed the avoidance overlapping themes. The developed themes were also projected to deliver direct responses to the research objectives under the responsiveness criterion. Then, exhaustiveness was observed by identifying sufficient themes to cover pertinent data from the transcripts. Ultimately, the themes identified were solid material support from the qualitative data to ensure sensitivity.

**Ethical considerations.** The difficulties of interviewing this vulnerable group were acknowledged, given that it was completely voluntary. Older adults were ensured to be in the safe space of their households, and a rest period was observed when signs of fatigue ensued during the interview. I was vaccinated before the engagement of unvaccinated older adults. This entailed mindfulness of the physical distance and wearing a face mask during the interview. Some study participants felt better with a company throughout the interview, but to prevent data contamination, such thoughts of them were not recorded in the transcript. So, the companion was informed of his/her function beforehand. All collected information from the study participants was treated personally, and they were kept unidentified in the study. Finally, raw and processed interviews were disposed of by deleting all audio recordings and transcripts from the system on my computer after the study was noted with finality.

### 3.0. Results

The final concepts extracted from the processed data revealed the active participation of radio personalities in the vaccination status of older adults. These are categorized into four key themes: channels of motivation; views toward radio personalities; emerging mis- and disinformation; and credibility indicators and substantiating information.

#### Channels of motivation

**Sense of companionship.** As an individual transition into the stage of aging, one cannot deny feeling isolated or lonely. The cause of this shift to living alone is often conceived from being widowed and/or scattering of children who invites limited attention to them. This social isolation and loneliness harm their overall health and well-being in the context of COVID-19 (Wu, 2020). While others resort to bereavement and declining health, many find social connections by tuning into their favorite radio station. A study participant said:

*Dili gyud mahimo og wala gyuy radyo, dong. Magmingaw gyud akong ginhawa — ma kana akong radyo maguol man gud ko kay di nako makapaminaw mga balita (It is not possible for me not to have a radio. I feel lonely — if it gets destroyed, I would feel sad since I can no longer listen to the news).* (Participant UOA 10, personal communication 01 May 2022)

Their emotional attachment was vivid as they seek companionship by shifting to this traditional medium. Speaking about the importance of radio, a study participant shared:

*Kung ikaw mag-inusara, malingaw raman ka (If you are alone, you will just enjoy).* (Participant VOA 2, personal communication 29 April 2022)

Results directed to the consistency of using radio, aside from entertainment, was to stay updated on current affairs thru news programs. Thus, obtaining information while enjoying their listening habits was validly associated (Krause, 2020). From another outlook, a study participant said:

*Sige rang on kay mingaw pud walay tingog radyo. Kay kami ra biyang duha maynang malingaw ko anong mga sonata (It is always turned on since it would be lonely without the sound of the radio. Because we are just two—together with my bedridden husband—at least I can enjoy the songs).* (Participant UOA 10, personal communication 01 May 2022)

This validates the concept of a social surrogate in which listening to music provides
a sense of empathic company that diminishes loneliness (Schafer et al., 2020).

**Frequency of health advice.** Some study participants leaned on the beliefs of medication regimen and adherence to health procedures, which over time ruled their stimulus to listen to the radio. These older adults absorbed most food tips or food-nutrition information to protect them from the COVID-19 virus. A study participant shared:

_Dili pud ka pakan-on og kanang palabing ana bang kuan baboy ba og naa kay highblood, kuan ra gud mga ulotanon kay kuan man kuno na pangkontra sa virus taas kag kanang unsa nang immune system._

(You are not allowed to eat pig’s meat or too much of it if you have high blood; instead, eat vegetables since this will be a good defense against the COVID-19 virus to boost immune system). (Participant VOA 9, personal communication 01 May 2022)

Being confronted with declining health and aging (Oracion et al., 2020), these older adults elaborated a long list of dos and don’ts derived from exposure to radio personalities who often appear to be doctors of alternative medicines. This exposed the reality of their deteriorating health conditions, such as high blood pressure, high cholesterol, heart disease, asthma, and diabetes, that they have been dealing with.

Some also acknowledged the role of radio in their respective lives during the isolation period, which marked the beginning of the outbreak of COVID-19. When asked if the radio was helpful, two study participants responded:

_Kanang makakuan ta’g unsay mga balita, kanang mga COVID (We will know what’s the news about COVID-19)._ (Participant VOA 6, personal communication 01 May 2022)

_Didto ko sa radyo maminaw parang mahibalo ko og unsa’y pamaagi nga nganong baksinan ta (There on the radio for me to know what are the reasons why we need to get vaccinated)._ (Participant VOA 3, personal communication 29 April 2022)

**Views toward radio personalities**

**Volume of admiration.** For older adults, admiration emanated from the character traits of being articulate, serious, frank, upright, compassionate, and generous radio personalities. These character traits were signals on the level of relationship that they have established with a particular radio personality. A study participant said:

_Kay maayo man siya mo ispliñar ug makuan mo-advice sa mga panghitabo nga iyahong mga estorya. Ma ganahan gud ka (Because he is good at explaining and advising on the happenings he speaks about. You would really like it)._ (Participant VOA 2, personal communication 29 April 2022)

As mainstream radio personalities often deliver appealing voices, older adults tend to cling to this conceived interpretation of them being serious, leading to admiration. One participant regarded a radio personality as “frank”. It supplements an impression of being reliable on the information aired, hence, the result of becoming her favorite radio personality. All participants were solid and active listeners of their desired radio personalities, with some who were entrenched in admiration for being upright. Other study participants drew attention to the viewed perception of a compassionate and generous radio personality. One claimed:

_Uusa ko sa kuan dayig gud kaayo niya — maayo ug mahinabangon (I’m one of those who praised him — good and helpful)._ (Participant UOA 1, personal communication 29 April 2022)

Admiration for others springs from the quality and relatability of the information they have received. A study participant said:

_Kay kuan man pud nila ning gida-adapt man pud nila nang pareha anang naa kuno’y moabot nga pandemic (Because they adapt (referring to information) just like during the pandemic)._ (Participant VOA 9, personal communication 01 May 2022)

**Unethical cues.** Even though a large proportion of the participants viewed these radio personalities with blinding admiration, others...
asserted the murky side of their traits. Two study participants expressed the following:

Paminaw nako, pwede pud masaligan, usahay masobrahan naman. Wala guy’y mga media man —anang mga announcer ‘di mamakak. Bakak gyud na. Nasobrahan na ilang estorya ba. Dili na mao (I feel like, you may trust (referring to vaccine information), but sometimes it is too much already. No media man—announcers that will not lie. They are liars. They speak too much. It is not right). (Participant UOA 5, personal communication 29 April 2022)

Kanang mandaot ra nga mao na, mao na si kuan ana, ing-ana — lain paminawon (Those maligning others. Like that —unpleasant to listen to). (Participant VOA 7, personal communication 01 May 2022)

Emerging mis- and disinformation
Cognitive deficits were present in the responses of the participants. This stemmed from how they recollected certain information about COVID-19 vaccines learned from a certain radio personality. Some even find it difficult to remember the names of their preferred radio personalities. A study participant said:

Nalimot naman gud ko dong. Basta mag-abri ko ana moistorya siya mao na siya (I forgot. Every time I turned on the radio, he spoke. That’s him). (Participant UOA 10, personal communication 01 May 2022)

Many were spirited to share on the subject of COVID-19 vaccine information from their favorite radio personalities. A study participant said:

Na-influence pud biya ko ana kay usa sa iyang miyembro dili magpakabuna si — naay iyang kauban diha. I will not mention name. Hinuon on-air man siya kanunay na. Kaila man goli dagay mo kay pastor na siya (I was influenced by one member, a radio personality, who don’t want to get vaccinated. I will not mention the name. Apparently, he is often on air. I think you know him because he is a pastor). (Participant UOA 1, personal communication 29 April 2022)

In a similar response from another study participant, a radio personality used the Bible to convince them that getting vaccinated is not in accord with the will of God. She disregarded this information. Instead, she chose to listen to the radio personality who shared the same stance as herself. However, this older adult believes that as vaccinated, she will no longer get infected with the COVID-19 virus. She explained:

Mao gani nang naay tambal panaganag sa kagow kay para kita makasuray-suray ra, makapangumpa, makatarbaho para makakaon pug kada-odlaw kay naa biya ko’y mga batang gagmay, mga apo ug sungkad (That is why we have medicine to protect against the virus so that we can go out to buy groceries, work in order to have food because I have kids — grandchildren). (Participant VOA 3, personal communication 29 April 2022)

Another study participant mentioned the assurance of not getting infected even for a single dose of the COVID-19 vaccine. He articulated:

First dose, kuan naka ana ‘di naka ana takdan og naay mga pareha anang sakit nga kuan mga sip-on mga hilanat (First dose, you will no longer get infected with similar symptoms such as colds and fever). (Participant VOA 9, personal communication 01 May 2022)

Traveling or entering establishments was conveyed to be an advantage of getting vaccinated. This is another piece of information that they learned from a radio personality. A study participant who has been longing to see her family in Cebu said:

Kung dili ka magpakabuna moadto ka sa laing lugar, ‘di man ka makasulod didto. Kanang maglakaw gyud ta kay daghan paman gud ‘tang kuanon (If you don’t get vaccinated you cannot enter to another place. When you travel there are so many requirements). (Participant VOA 8, personal communication 01 May 2022)
Another emerging information that foregrounded vaccination as discretionary was vividly manifested by unvaccinated older adults. A study participant with high blood pressure, diabetes, high cholesterol, and heart disease shared:

*Ingon man siya kung naa mo'y diferensiyaa wala man ni pugsanay. Naa ra sa inyong gusto kung magpabakuna mo. Pero kung ingon lamang nga walay kay gipamati ug wala pud kay gibantayan, ngano mang dili? (They (radio personalities) said if you have an underlying condition, it should not be forced. It is up to you if you want to be vaccinated. If only I do not have underlying conditions and do not have someone to attend to, why not?). (Participant UOA 10, personal communication 01 May 2022)*

Meanwhile, similar narratives manifested distrust and personal discretion to get vaccinated. Hence, these two study participants have high blood pressure, high cholesterol, and heart disease. They said:

*Mao rapud gihapon kuno nga magpabakuna, mutakboy ra (It is the same when I get vaccinated, I'll get infected anyway). (Participant UOA 11, personal communication 11 June 2022)*

*Basta kung naa kay sakit, dili gud ka magpabakuna (If you have illness, you should not get vaccinated). (Participant UOA 12, personal communication 11 June 2022)*

Speaking of government protocol, a study participant shared what he learned from his favorite radio personality. He voiced out:

*Unya kay mao may baload. Supak siya sa mga bakuna ug kining mga virus. Supak siya (We cannot control it because it is a law. He (radio personality) is against vaccination and the existence of the virus. He is against it). (Participant VOA 2, personal communication 29 April 2022)*

According to the radio personality, this was grounded on people's reported illnesses and deaths after vaccination. This VOA 2 is against vaccination, but he was left with no choice as he was afraid to lose his job as a street sweeper.

**Credibility indicators and substantiating information**

The credibility of these radio personalities in terms of shared information about the COVID-19 vaccines exhibited a dense level of confidence based on the responses. A study participant acknowledged that the vaccine information she learned from her favorite radio personality is "genuine". In terms of how she validates it, she said:

*Kada estorya niya, mao nang minggon pud ko usahay nga iya man gud na, dili siya mangha ug kanang mga fake news (Every time he speaks, I could tell sometimes that he doesn't get fake news). (Participant UOA 1, personal communication 29 April 2022)*

For some who shared the same side of reality with their favorite radio personality, believing that those reported sickness and deaths due to vaccines were true, their way of validating information stem from the complaints of the public. Two study participants explicated:

*Kay aning mga tawo pud kay mao man puy na may gabagulbol, niya mokuan nalang ko sa iyang istorya kay daghan man pung gareklamo (Because people too are grumbling the same thing that is why (I trust) his story since many were complaining too). (Participant VOA 2, personal communication 29 April 2022)*

*Oo, masaligan kay wala man puy nahitabo nga sulong-sulong sila kay ni against sa ilang balita (Yes, it can be trusted since there was no incident that they were attacked against their news). (Participant VOA 7, personal communication 01 May 2022)*

While most of these participants relied on the personal experiences of their preferred radio personalities after vaccination and their observation of the surroundings, some trusted what intuition told them. A study participant asserted:

*Oo, masaligan jud ng impresyon nila. Dili gyud nug ingon nga ila ranang kuan gibayran sila wala (Yes, their information can be trusted. It does not mean they just made it up as they were paid). (Participant VOA 9, personal communication 01 May 2022)*
4.0. Discussion

The positioned themes derived from the study participants’ responses ushered in the central formation of two emerging binary concepts: wired and unwired trusts (Figure 1). The wired trust means whenever unvaccinated older adults listen to their favorite radio personality, the connecting pieces of health mis- and disinformation are activated for them to initiate a behavior leaning toward a total refusal to get vaccinated. This is patterned in the context that vaccination is a personal discretion along with the intervention of religious faith, fear for pre-existing conditions to worsen, and weak ability to validate the information. Thus, in this phenomenon, attitude and behavior confluence.

In contrast, unwired trust describes vaccinated older adults who, despite ingesting health mis- and disinformation from their favorite radio personalities, the presence of external determinants such as social isolation, job requirements, and travel/entry protocols compelled them to submit to inoculation. In this phenomenon, attitudes and behavior toward vaccines are not consonants due to external forces.

The study by Lahav et al. (2021) attested that people who have strong religious beliefs are less likely to become vaccinated. Over time, this hesitancy is further exacerbated as older adults listen to a radio personality that appears to be close to the divine being. Time after time, a feeling of intimacy is seemingly built as a person tunes into the same program (Savage & Spence, 2014).

Older adults deliberately show a pattern of social isolation without direct family members as living companions. Radwan et al. (2021) pointed out that at least an absence of a close relative for social support would mean an added risk to those afflicted by loneliness and isolation. In return, radio personalities become a stopgap, indirectly serving as an outlet for this susceptible group to channel their emotions — conveying a sense of companionship.

Wu (2020) proved that older adults are most vulnerable to this health crisis mainly due to their weaker immune systems and higher risk of acquiring chronic conditions. In the long run, their vulnerability acts as a force to ingest the frequency of health advice they have received from radio personalities that later became attitude and behavior toward COVID-19 vaccines. While older adults give less emphasis on accuracy when communicating (Brashier & Schacter, 2020), usual grounds for their vaccine resistance and hesitancy originate from poor health or worry about vaccine side effects (Zhang et al., 2022). Bustillo et al. (2021) noted that ailments become common as age progresses. The perceived cost and possibility for their existing condition to worsen when vaccinated remain untreated speculation. This indicated congruency to the study of Im and Huh (2017), in which increased healthcare spending and deterioration of patients’ health are correlated to medication non-adherence.

In this study, six key challenges were identified as the basis for the formation of wired and unwired trusts:

1. Vaccinated older adults see vaccination as mere compliance to travel and/or protocol as they seek to sustain social connections.
2. Vaccinated older adults are certain of the vaccine as lasting protection with no probability of getting infected. Hence, the risk is even higher since some are active providers of their respective families.
3. Reported deaths of older adults who share similar pre-existing conditions as the unvaccinated are accumulating fear of submitting themselves to inoculation.
4. The intervention of religious faith of an emerging radio personality adds hesitation to the unvaccinated older adults.
5. Radio personalities tend to focus on the personal discretion to get vaccinated without stressing the urgency against hospitalization and/or severe symptoms.
6. Participants (vaccinated and unvaccinated) lack the ability to corroborate information and depend on rooted trust and intuition regarding radio personalities.

The majority carry narratives of intact credibility on the views of their favorite radio personalities. High credibility of acceptance, trust, and respect from the grassroots people is being enjoyed by radio (Songco, 1978). The older type of radio personality who looms in the results was a theme built upon the volume of admiration. Particularly in the poor sector of this populace, they cling to older types of radio personalities who use the local dialect (Rosales, 2006).

While the other set of older adults who expressed unethical cues to other existing
radio personalities gives limelight to the defamation and badmouthing that contribute to the discrepancy in quality news reporting. This is aligned with the study of Ingles and Maceda (1981), as cited in Rosales (2006), which explained that those unethical and poor qualities of coverage and commentary about news and public affairs are attributed to the deficiency of formal training and education of some media.

The role of radio personalities, as reflective of the existing credibility indicators, is a solid indication of vulnerability as to how they substantiate the COVID-19 vaccine information that they have learned from them. Deficiency to think critically was identified in the responses, which contributed to their cognitive deficits and illiteracy in new mediums. This deficiency creates inconsistent COVID-19 vaccine information as manifested by the responses, thereby creating friction of communication distortion. Gochuico (2021) explained that in a communication activity, attitudes, beliefs, emotions, and even personal views aid in the constant harmony of the participants. As for the interpreter, the meaning of such information will perpetually be relative to them (Braf, 2002). This struggle for inoculation also reflects the study of Balnaves (1993), asserting that information intensifies human activity. Thus, it can be applied to the action of total refusal to get vaccinated.

5.0. Conclusion

A closer view of grasping the struggle to vaccinate older adults, along with the role of radio personalities, was purposely guided by the canons of Grounded Theory. Each emerging theme speaks volumes of narratives that resulted in the formation of wired and unwired trusts. The findings expose the active participation of radio personalities in the vaccination status of older adults. Every distorted information escalates disparity, allowing message inaccuracy instead of mutual understanding. Hence, each agent of health mis- and disinformation needs an equal share of accountability. Then again, this is a doleful reality as most older adults display cognitive deficits, illiteracy to the new technology, and deteriorating health conditions.

Besides, a chunk of blinded trust and a weak ability to substantiate information has the potential to ramify a complex range of health mis-and disinformation, forming a network of lies that eventually become a meta-narrative that is difficult to uproot. Accurate health information will always be fundamental so is ethical radio personalities. To bolster vaccination acceptance, bolstering accurate information is likewise necessary. At times when social isolation for this demographic transpires, a companion of reliable information stands in need.
6.0. Limitations of the Study

It was intended that this study did not capture information received from other mediums of information. Relative to this, the results can be applied only to older adults. Thus, the role of radio personalities in the vaccination status of people who do not belong to the population of the study was not discussed.

7.0. Recommendations

The discovery of theory in this study merits a potential framework for a quantitative study among older adults with the qualities described here. Nonetheless, this research also calls for another Grounded Theory from the perspective of radio personalities regarding the vaccination status of older adults, which may include other segments of the population most vulnerable to the COVID-19 virus in the urban setting.

8.0. Acknowledgement

This paper was a requirement in the Qualitative Research course under Dr. Enrique G. Oracion of the Graduate Program of the Department of Anthropology and Sociology at Silliman University. I am thankful to all the older adults who were spirited to share their stories with me.

9.0. Declaration of Conflicting Interest

The author declared no conflicts of interest with respect to the authorship, content, communities involved, research, and/or publication of this article.

10.0. Funding

The funding of the study was personal and not taken from any donations, grants, other sources, or any research organizations.

REFERENCES


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