
DETERMINANTS OF VACCINATION AND WILLINGNESS TO GET VACCINATED IN CHILE: FROM CONSPIRACY THEORIES TO THE ROLE OF AUTHORITIES

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SUMMARY

This research aims to determine the factors associated with people's willingness to be vaccinated against COVID-19 in Chile. The factors considered included demographic characteristics, perceptions, and behaviors. The study was conducted in the city of Arica using a face-to-face questionnaire administered to 391 individuals. The data were analyzed using a structural equation model. The results showed that willingness to be vaccinated was positively associated with favorable perceptions of Chilean authorities. Conversely, willingness to be

vaccinated was negatively associated with average household income, Internet use, and belief in conspiracy theories. The findings also indicated that vaccination status was positively associated with age and perceptions of authorities and negatively associated with the use of the Internet as a source of information. These findings contribute to a better understanding of the decision-making processes associated with COVID-19 vaccination and provide relevant information for governments and policymakers.

Introduction



On December 30, 2019, the first cases of pneumonia of an unknown cause were reported to the National Health Commission of China; the epidemiological history of each case showed that the patients had been present at the Wuhan

seafood market (Andersen *et al.*, 2020). The following day, the World Health Organization (WHO) was informed for the first time about the existence of a new virus detected in the People's Republic of China, specifically in the city of Wuhan, where a cluster of cases of viral pneumonia had initially been reported (Chan *et al.*, 2020; WHO, 2020). This city quickly became the center of an

outbreak of pneumonia of unknown origin, generating intense attention both within China and internationally (Wang *et al.*, 2020; Holmes *et al.*, 2021).

A few weeks after the detection of this outbreak of viral pneumonia, the coronavirus was identified for the first time and officially named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), while the disease

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caused by this virus became known as COVID-19 (WHO, 2020; Morens *et al.*, 2020). On January 30, 2020, the WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC); by March 13 of the same year, the virus had spread to 113 countries, leading the WHO to declare a pandemic (Wang *et al.*, 2020; Khanna *et al.*, 2020).

A study conducted in China with infected patients before January 29, 2020, characterized the clinical symptoms associated with the disease (Guan *et al.*, 2020). A sample of 1,099 patients was considered, corresponding to 14.2% of the total number of hospitalized patients in 552 healthcare facilities at the time of the study. The results, presented in Table I, showed that the principal clinical manifestations of the disease included dry cough, fatigue, sputum production, difficulty breathing, and muscle pain (Carod-Artal, 2020). Some infected individuals were asymptomatic or presented mild symptoms such as headache, non-productive cough, fatigue, myalgia, and anosmia. In symptomatic individuals, manifestations generally appeared between 2 and 14 days after exposure to the virus (Centers for Disease Control and Prevention, 2022). Approximately 80% of infected individuals who developed symptoms recovered without requiring hospital treatment, whereas about 15% developed severe symptoms requiring oxygen support and nearly 5% progressed to a critical condition requiring intensive care (WHO, 2020).

Because of the explosive increase in COVID-19 infections, authorities around the world implemented restrictive measures aimed at reducing virus transmission, including the closure of cities and even entire countries, as well as the cancellation of flights, public events, and activities involving large gatherings. These measures were accompanied by the pro-motion of personal protective strategies such as the use of face masks,

hygiene and handwashing practices, social distancing, and the isolation of confirmed cases (BBC News World, 2020).

The pandemic can be analyzed through two key indicators. One of these is the spread of the virus, considering the number of confirmed cases in relation to population size. Europe reported the highest number of confirmed COVID-19 cases, with more than 218 million cases, followed by the Americas with more than 160 million cases and Asia with more than 135 million cases. A second relevant indicator is mortality. The Americas recorded the highest number of deaths, with more than 2.7 million deaths, followed by Europe with more than 1.9 million and Asia with more than 1.3 million. Some studies have shown that differences in mortality rates can be explained by social and healthcare conditions, specifically by the social determinants affecting populations, since pandemics have historically caused higher mortality rates among more vulnerable groups (Núñez-Cortés *et al.*, 2021). Likewise, strategies involving border control, case monitoring, effective governmental leadership, and vaccination implementation have been associated with more efficient pandemic management (BBC News World, 2021).

Regarding COVID-19 in Chile, the country was among the first to implement a governmental strategy aimed at strengthening the healthcare network. This strategy included expanding hospital diagnostic capacity, training healthcare personnel, developing protocols for case investigation and control, importing healthcare supplies and equipment, strength-ening laboratory networks, and acquiring medical equipment. One of the most significant measures was the closure of borders and the declaration of a State of Disaster (Gobierno de Chile, 2021a). The strategy was also supported by an independent advisory council that provided technical guidance

to the Ministry of Health (Gobierno de Chile, 2021b).

Despite the measures implemented in Chile, including mobility restrictions, eco-nomic assistance programs, distribution of food and personal hygiene products, and psy-chological support, the number of confirmed cases continued to increase exponentially. Chile experienced its first peak with 6,938 confirmed cases on June 14, 2020. Between August and December 2020, daily confirmed cases fluctuated between 1,000 and 2,000 cases, increasing again at the beginning of 2021 and reaching the country’s highest peak, with 9,171 confirmed cases on April 9, 2021 (Gobierno de Chile, 2023). Overall, Chile has reported a total of 5,302,420 confirmed COVID-19 cases and 52,887 deaths associated with the disease (Gobierno de Chile, 2023).

The Chilean government secured over 35 million doses of the vaccine. In Chile, as of December 31, 2021, 21.1% of the target population had been vaccinated with the complete schedule; 15,955,147 people had been vaccinated with two doses, and 573,713 people with a single dose. The age range with the highest vaccination coverage corresponded to individuals aged 50 to 59 years, with 96.3% of this target population fully vaccinated, followed by older adults aged 70 to 79 years, with 94% coverage (Departamento de Estadísticas 2021). Initially, the target population defined in the National Mass Vaccination Program included only people over 18 years of age. However, on June 22, 2021, the vaccination of children under 18 years of age began and, as of December 31, 2021, 67.1% of the target population under 18 years of age had completed the vaccination schedule (Departamento *et al.*, s/f). Along these same lines, and in accordance with CAVEI recommendations, in 2021, a booster dose of the vaccine was administered considering the age and date on which the two-dose schedule had been

TABLE I
FREQUENCY OF SYMPTOMS ASSOCIATED WITH COVID-19

Symptoms	Frequency (%)	Symptoms	Frequency (%)
Cough	67.8	Chills	11.5
Fatigue	38.1	Nausea-vomiting	5.0
Sputum	33.7	Nasal congestion	4.8
Breathin difficulties	18.7	Diarrhea	3.8
Muscle pain	14.9	Hemoptysis	0.9
Sore throat	13.9	Conjunctival congestion	0.8
Headache	13.6		

completed (Ministerio de Salud de Chile, n.d.). Moreover, in order to monitor the population, the Mobility Pass was implemented (May 2021 to October 2022), which served to certify that, as of the respective date, individuals had completed their vaccination schedule and, in addition, had completed the 14-day period after the second dose of the vaccine (Gobierno de Chile, s/f). This pass provided greater freedoms to people, allowing them to congregate in closed spaces and, additionally, permitting attendance at massive events under certain capacity restrictions (Ministerio de Salud de Chile n.d.). Although the vaccination campaign against COVID-19 in Chile has been considered a global benchmark, there were still people who were not vaccinated.

Several studies have been conducted regarding people's willingness to accept vaccination against COVID-19. Studies by Nahel *et al.* (Nahel *et al.*, 2021), Sherman *et al.* (Sherman *et al.*, 2021), Ross *et al.* (Ross *et al.*, 2021), Malik *et al.* (Malik *et al.*, 2020), and Yoda and Katsuyama (Yoda *et al.*, 2021) reported that willingness to be vaccinated varied across countries. Specifically, the principal variables associated with willingness to vaccinate included age, gender, education, attitudes, and perceptions. These authors found that rumors concerning infertility and side effects associated with vaccination, limited access to information, and distrust in healthcare systems constituted the main factors influencing willingness to vaccinate. In this sense, Puri *et al.* (Puri *et al.*, 2020), Ruiznes *et al.* (Ruiznes *et al.*, 2021), and Montagni *et al.* (Montagni *et al.*, 2021) examined the role of perceptions more deeply. Their findings indicated that social networks, extremist political ideologies, and "fake news" are associated with vaccine hesitancy. Therefore, willingness to vaccinate constitutes a complex and multifactorial phenomenon that depends on demographic and psychological variables.

In recent years, information, services, and resources have increasingly been transmitted online (Office of Policy Development and Research, 2017), which may result in limited access to reliable information during health-related processes such as vaccination. Moreover, this information environment creates favorable conditions for the proliferation of fake news, mainly due to the large amount of information circulating from unverified sources (González y R., 2019). These publications, together with conspiracy theories portraying the pandemic as an invention designed to generate profits through vaccine sales, spread rapidly through social networks, generating

distrust and increasing reluctance to vaccinate (Cook *et al.*, 2020).

Risk perception refers to people's judgments and evaluations about the dangers to which they or their environment are or could be exposed (Rohrmann y B., 2008); risk perception has been an area of increasing study because beliefs, knowledge, values, and attitudes influence people's decisions and behaviors (Cori *et al.*, 2020). An inadequate perception of risk regarding COVID-19 constitutes a barrier to complying with the recommended health actions aimed at avoiding this disease (González *et al.*, 2021). Institutional trust, specifically trust in government recommendations, is essential to carry out mass vaccination campaigns (González-Melado *et al.*, 2020). This factor is especially relevant in Chile, since it is the OECD country with the lowest confidence in its government in 2020 (OECD, 2021). This low confidence level, together with the change of Minister of Health when the country was at the peak of new daily infections and deaths from COVID-19 in 2020, may have exacerbated doubts regarding the information provided about the disease and, consequently, about the vaccination process.

Based on the reviewed literature, vaccine hesitancy can be understood as a multi-factorial phenomenon shaped not only by socio-demographic characteristics, but also by institutional trust, risk perceptions, exposure to digital information environments, and beliefs associated with conspiracy theories. Although previous studies have identified some of these factors separately, fewer studies have examined them simultaneously within a causal framework capable of distinguishing between actual vaccination behavior and willingness to vaccinate. This distinction is particularly relevant because individuals may express reluctance toward vaccination while still deciding to vaccinate due to institutional restrictions, mobility limitations, or broader social pressures associated with the pandemic context. Consequently, the present study moves beyond a purely descriptive approach by examining how demographic and psychological dimensions interact differently in shaping both vaccination behavior and willingness to vaccinate. This gap becomes especially relevant in contexts such as Chile, where a highly successful vaccination campaign coexisted with low levels of institutional trust, political tensions, and the extensive circulation of online misinformation during the pandemic. In this regard, the present study contributes to the literature on vaccine hesitancy through an

integrated structural model that simultaneously analyzes institutional perceptions, conspiracy beliefs, Internet use, and socio-demographic factors within the same explanatory framework.

Prior literature has consistently shown that vaccine hesitancy is a complex and multifactorial phenomenon shaped by both socio-demographic and psychological dimensions (Nehal *et al.*, 2021); (Montagni *et al.*, 2021). Existing evidence suggests that vaccination decisions are influenced not only by demographic characteristics, but also by trust in institutions, perceptions of risk, exposure to digital information environments, and broader belief systems associated with conspiracy theories and misinformation (Puri *et al.*, 2020); (González-Melado *et al.*, 2020). In particular, institutional trust and confidence in vaccination strategies have been positively associated with willingness to vaccinate, compliance with public health measures, and adherence to vaccination programs (González-Melado *et al.*, 2020). Conversely, exposure to misinformation, conspiracy beliefs, and unverified digital content has been linked to greater uncertainty and reluctance toward vaccination (Puri *et al.*, 2020); (Cook *et al.*, 2020).

Previous studies have also identified demographic differences associated with vaccination behavior and vaccine acceptance, particularly regarding age, gender, and socio-economic conditions (Nehal *et al.*, 2021); (Yoda *et al.*, 2021). These factors may influence both perceptions of risk and trust in healthcare systems and governmental strategies during health crises.

Based on this literature, this study proposes that positive perceptions toward authorities are positively associated with both willingness to vaccinate and actual vaccination behavior, while conspiracy beliefs and intensive Internet use are negatively associated with these outcomes. Furthermore, this study distinguishes between willingness to vaccinate and effective vaccination behavior, considering that individuals may express hesitancy toward vaccination while still deciding to vaccinate due to institutional restrictions, mobility limitations, or social pressures associated with the pandemic context. Finally, socio-demographic variables are incorporated as control variables in order to account for individual differences previously identified in the literature.

Materials and Methods

To determine the factors that influence a person to get vaccinated

against COVID-19, the three latent variables of the model were first constructed: perception of the authorities, belief in conspiracy theories, and the Internet. For this, a questionnaire was developed, as shown in Table II. Five items were developed for the latent variable “Perception of authorities”, four items for “Conspiracy theories”, and three items for the Internet variable. Regarding the measurement of these items, those associated with the perception of authorities and conspiracy theories were measured using a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5), while the items associated with the Internet were measured using a scale ranging from 0 to 24 hours for each item.

The questionnaire used in this study was specifically designed for this research, considering the context-specific nature of vaccine hesitancy perceptions during the COVID-19 pandemic and based on previous literature examining institutional trust, mis-information, Internet exposure, and conspiracy beliefs associated with COVID-19 vaccination (Nehal *et al.*, 2021); (González-Melado *et al.*, 2020). The instrument was constructed considering the latent dimensions that the study sought to analyze, and a set of observable indicators theoretically associated with each construct. In this sense, the questionnaire incorporated observable variables intended to represent different dimensions of the latent variables “Perception of authorities”, “Conspiracy theories”, and “Internet use”, according to the conceptual nature of each construct and prior findings reported in the literature on vaccination hesitancy and public health behavior.

Subsequently, the internal consistency and adequacy of these latent constructs were evaluated through Cronbach’s alpha coefficients and confirmatory factor analysis within the structural equation modeling approach.

Data were collected from inhabitants of the city of Arica, Chile, during the first trimester of 2022 through face-to-face surveys. According to data from the Chilean Ministry of Health, the target population eligible for vaccination in the city corresponded to 188,465 individuals over 18 years old. Considering a confidence level of 95% and a margin of error of 5%, the minimum required sample size was estimated at 384 individuals. The final sample included 391 participants, of whom 86.8% had completed their vaccination schedule. Face-to-face data collection was prioritized in order to reduce incomplete responses and ensure an adequate understanding of the questionnaire items during the survey process. The summary of the descriptive statistics is presented in Table III.

Results

The adequacy of the latent constructs incorporated into the structural equation model was evaluated through confirmatory factor analysis and internal consistency analysis. As shown in Table IV, all observable indicators loaded significantly onto their respective latent variables, supporting the theoretical coherence of the proposed constructs. Additionally, the Cronbach’s alpha coefficients obtained for the latent variables indicated satisfactory levels of internal

consistency, supporting the reliability of the measurement structure used in the model. Bayesian estimators were used to provide greater robustness to parameter estimation within the structural equation modeling approach.

In order to determine the proposed relationships, a structural equation model was carried out using Bayesian estimators to give greater consistency to the results. The results of the proposed model can be seen in Table V, where, in addition to the latent variables, the observable variables of gender, average household income, and age were entered. First, regarding the study of population vaccination, our results show that having high levels of perception of authorities, referring to both their credibility and the vaccination system implemented, was positively related to people getting vaccinated ($\beta = 0.673$, $p < 0.01$). On the contrary, the latent variable Internet, referring mainly to the use of this means of communication to obtain information, was negatively related to a person getting vaccinated ($\beta = -0.169$, $p < 0.025$). In other words, when people spend a lot of time on the Internet, it is likely that they will be more exposed to information that makes them doubt whether they want to get vaccinated. Belief in conspiracy theories was not significant in terms of the relationship with whether a person was vaccinated ($\beta = 0.028$, $p > 0.025$). Finally, regarding the demographic variables, only age ($\beta = 0.381$, $p < 0.01$) had a positive relationship with people’s vaccination, meaning that the older an individual was, the more likely they were to be vaccinated. Regarding gender ($\beta = 0.194$, $p > 0.01$) and income ($\beta = -0.103$, $p > 0.025$), these

TABLE II
MODEL VARIABLES AND QUESTIONNAIRE

Variable	Abbreviation	Description	Cronbach Alpha
Perception of authorities	A1	Vaccinations are effective	0.801
	A2	I am exposed to COVID-19	
	A3	I trust in the vaccination system	
	A4	I trust in the authorities in charge of handling the pandemic	
	A5	I am scared of the vaccination system	
Conspiracy theories	B1	COVID-19 was invented to generate profit through the sale of vaccines.	0.864
	B2	COVID-19 was created in a laboratory.	
	B3	5G is responsible for the COVID-19 pandemic.	
	B4	COVID-19 was invented to control the population.	
Internet	C1	How many hours are used daily on the Internet	0.793
	C2	How many hours are used daily to watch YouTube	
	C3	How many hours are used daily to see social media	

two characteristics were not associated with vaccination.

Second, when taking willingness to be vaccinated as the dependent variable, our results differed from those observed for actual vaccination. In this sense, the three latent variables turned out to be significant in their relationship with willingness to be vaccinated, where a high level of perception of the authorities generated a greater willingness to be vaccinated ($\beta = 0.342$, $\rho < 0.01$). Both conspiracy theories ($\beta = -0.172$, $\rho < 0.025$) and Internet use ($\beta = -0.208$, $\rho < 0.01$) were negatively related to willingness to get vaccinated. Regarding demographic

variables, household income was negatively related to willingness to be vaccinated ($\beta = -0.262$, $\rho < 0.025$), while age ($\beta = -0.214$, $\rho < 0.025$) and gender ($\beta = 0.139$, $\rho < 0.025$) were not significant. A summary of the relationships found in the proposed model is shown in Figure 1.

Discussion

The objective of this research was to determine the factors that influence both vaccination and the willingness to be vaccinated against COVID-19 in the city of Arica, Chile, considering both demographic

characteristics and people's perceptions. For this, a structural equation model was used with the latent variables of perception of authorities, belief in conspiracy theories, and the Internet, as well as the observable variables of gender, age, and household income.

The results of the research show that both the willingness to be vaccinated and being vaccinated were only affected by two demographic variables: age and household income. Age was found to be positively correlated with being vaccinated, which can be explained by the fact that the strategy developed by the government had a special emphasis on

TABLE III
DESCRIPTIVE STATISTICS

Variable	Mean/Variance	Skewness/ Kurtosis	Min/ Max	Min/Max (%)	Percentiles		
					20%/60%	40%/80%	Median
A1	3.786	-0.830	1	10.08	2	4	4
	1.848	-0.613	5	42.89	5	5	
A2	3.473	-0.327	1	5.68	2	3	4
	1.355	-0.751	5	23.00	4	5	
A3	3.532	-0.584	1	13.44	2	4	4
	1.965	-0.987	5	32.56	4	5	
A4	2.656	0.162	1	24.29	1	2	3
	1.543	-0.961	5	8.01	3	4	
A5	2.886	0.029	1	26.61	1	2	3
	2.199	-1.472	5	17.57	4	4	
B1	2.214	0.645	1	41.60	1	1	2
	1.605	-0.802	5	5.43	2	3	
B2	2.977	-0.053	1	20.41	1	3	3
	1.816	-1.110	5	16.54	3	4	
B3	1.643	1.456	1	59.43	1	1	1
	0.85	1.791	5	1.81	2	2	
B4	2.408	0.461	1	40.83	1	1	2
	1.978	-1.162	5	10.08	3	4	
C1	6.537	6.832	0	4.65	3	5	6
	35.572	78.52	84	0.26	6	10	
C2	1.607	6.682	0	31.78	0	1	1
	7.143	64.240	30	0.52	1	2	
C3	3.088	4.901	0	7.75	1	2	2
	12.68	38.493	40	0.26	3	4	
Age	0.618	-0.484	0	38.24	0	1	1
	0.236	-1.766	1	61.76	1	1	
Gender	0.514	-0.057	0	48.58	0	0	1
	0.25	-1.997	1	51.42	1	1	
Income	0.421	0.319	0	57.88	0	0	0
	0.244	-1.898	1	42.12	1	1	

TABLE IV
CONFIDENCE LEVELS FOR THE LATENT VARIABLES OF THE MODEL

	Estimator	p-value (one tailed)	< 2.5%	> 2.5%	Significance
Perception of authorities					
Belief in the effectiveness of vaccines	0.846	0.000	0.802	0.880	*
Perception of exposure to COVID-19	0.128	0.006	0.026	0.227	*
Confidence in the vaccination strategy	0.926	0.000	0.891	0.951	*
Confidence in the authorities	0.565	0.000	0.490	0.633	*
Fear of the vaccination system	-0.407	0.000	-0.491	-0.315	*
Conspiracy theories					
Laboratory profits	0.824	0.000	0.769	0.868	*
Belief in artificial virus	0.579	0.000	0.502	0.648	*
Electromagnetic network origins	0.656	0.000	0.588	0.716	*
Population control	0.856	0.000	0.802	0.897	*
Internet					
Daily hours of Internet use	0.079	0.000	0.046	0.127	*
Daily hours of videos	0.630	0.000	0.492	0.802	*
Daily hours of social media	0.796	0.000	0.597	0.940	*

TABLE V
RESULTS OF THE STRUCTURAL EQUATION MODELING

	Estimator	p-value (one tailed)	< 2.5%	> 2.5%	Significance
Vaccinated status					
Perceptions of authorities	0.673	0.000	0.519	0.808	*
Conspiracy theories	0.028	0.364	-0.148	0.219	
Internet	-0.169	0.011	-0.287	-0.020	*
Gender	0.194	0.105	-0.097	0.493	
Income	-0.103	0.229	-0.383	0.172	
Age	0.381	0.006	0.087	0.686	*
Willingness to be vaccinated					
Perceptions of authorities	0.342	0.000	0.193	0.493	*
Conspiracy theories	-0.172	0.021	-0.317	-0.002	*
Internet	-0.208	0.001	-0.374	-0.064	*
Gender	0.139	0.129	-0.092	0.377	
Income	-0.262	0.016	-0.472	-0.020	*
Age	-0.214	0.039	-0.459	0.019	

older age groups to minimize the risk of mortality in this segment of the population. However, age was not related to the willingness to be vaccinated, which is interesting, since it is generally thought that older people are more aware of the risks of diseases and the

importance of vaccination. The negative relationship between average household income and willingness to be vaccinated may seem surprising. Household income is usually correlated with the educational level of the members, and it could therefore be expected that members of

higher-income households would be more informed about the benefits of vaccination and more willing to be vaccinated. However, most middle- and upper-class citizens have private health-care, and it may therefore be possible that those in lower-income families were

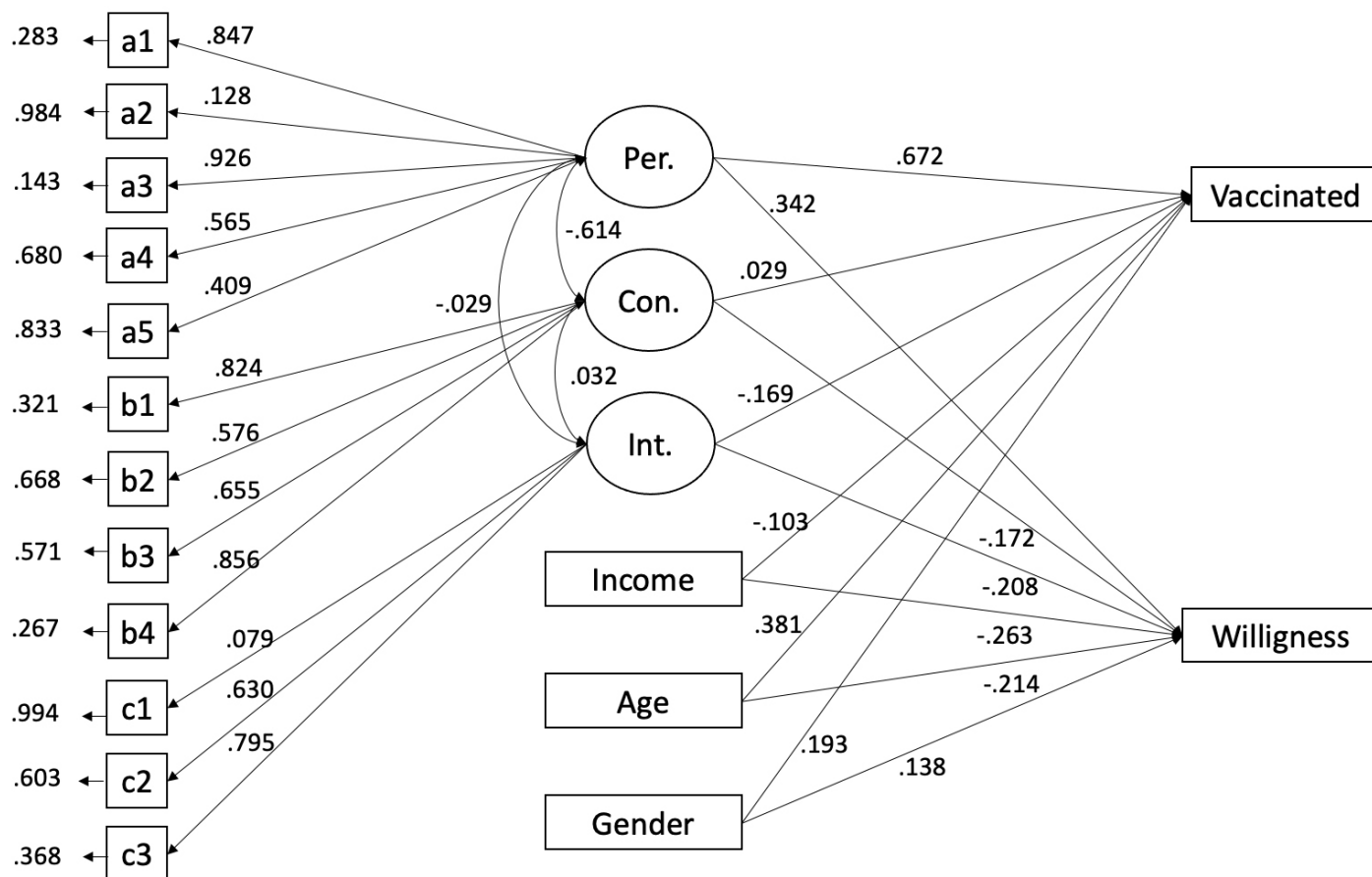


Figure 1. Results of the proposed model.

more willing to be vaccinated, because they were less confident in receiving quality healthcare if they became seriously ill with COVID-19.

Regarding the proposed relationships between people's perceptions and behaviors and vaccination and willingness to be vaccinated, the results found can help to better understand why people are more reluctant to get vaccinated. Our results indicate that the latent variable of perceptions of authorities was positively related to both being vaccinated and the willingness to be vaccinated. In other words, people are more likely to want to be vaccinated and to be vaccinated when governments are perceived as trustworthy and establish clear vaccination strategies. On the contrary, our results also indicate the negative role that the media, specifically the Internet, can play. The results indicate that people who are consuming social networks and online videos to a greater extent are more likely to not want to be vaccinated, which may be because it is easier to consume viral false or inaccurate

information than to follow technical official guidance. Finally, our results show that the latent variable of conspiracy theories was negatively related to willingness to be vaccinated, but not related to being vaccinated. These findings may have been due to the legislation in Chile that reduced people's mobility: those who believed in conspiracy theories may have not wanted to be vaccinated but may nonetheless have decided to be vaccinated to avoid mobility restrictions. Younger age groups, in particular, may have opted for vaccination to attend social gatherings and travel.

Finally, this study has some limitations. The American Medical Association (AMA, n.d) and Nehal *et al.* (Nehal *et al.*, 2021) showed that determinants of vaccine hesitancy are highly context specific. Also, considering high heterogeneity, as in the review by Wang *et al.* (Wang *et al.*, 2020), implies important differences among populations.

These findings suggest that vaccination behavior during the COVID-19 pandemic cannot be

understood exclusively as an individual health decision based solely on personal beliefs or access to information. Rather, the results reinforce the idea that vaccination processes are strongly shaped by institutional, social, and contextual factors that may interact differently with people's attitudes and effective behaviors. In this sense, individuals may express distrust toward authorities, consume misinformation, or even agree with conspiracy-related beliefs while still deciding to vaccinate due to mobility restrictions, social pressures, employment requirements, or broader collective dynamics associated with the pandemic context.

Consequently, the relationship between Internet exposure, conspiracy beliefs, and vaccine hesitancy should not be interpreted in simplistic or deterministic terms. Digital environments may simultaneously facilitate access to misinformation, institutional communication, and public health campaigns, while their effects may vary according to cultural, political, and social contexts. This

becomes especially relevant in countries such as Chile, where the pandemic coincided with periods of high political tension and low institutional trust. Therefore, the findings of this study reinforce the need to approach vaccine hesitancy as a complex and context-dependent phenomenon rather than as a purely individual or informational problem.

Future research could explore whether there are differences in the perceptions that were found to affect vaccination and the population's willingness to be vaccinated in other regions and countries. Similarly, the political situation in Chile at the time of this study has been especially unstable, as manifested in the protests in the latter half of 2019 and the subsequent polemic rewriting of the constitution. Thus, it would be interesting for future research to compare the findings with those from countries where authorities have higher levels of credibility to determine whether this affects vaccination programs and can mitigate the effects of conspiracy theories or misinformation available on the Internet.

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DETERMINANTES DE LA VACUNACIÓN Y DE LA DISPOSICIÓN A VACUNARSE EN CHILE: DESDE LAS TEORÍAS CONSPIRATIVAS HASTA EL ROL DE LAS AUTORIDADES

Valeria Bozzo, Valentina Ortega, Gonzalo Valdés, Giuliani Coluccio y Fanny Fuentes-Jiménez

RESUMEN

Esta investigación tuvo como objetivo determinar los factores asociados con la disposición de las personas a vacunarse contra la COVID-19 en Chile. Los factores considerados incluyeron características demográficas, percepciones y comportamientos. El estudio se llevó a cabo en la ciudad de Arica mediante un cuestionario presencial aplicado a 391 individuos. Los datos fueron analizados utilizando un modelo de ecuaciones estructurales. Los resultados mostraron que la disposición a vacunarse estuvo positivamente asociada con percepciones favorables hacia las autoridades chilenas. Por el contrario, la

disposición a vacunarse estuvo negativamente asociada con el ingreso promedio del hogar, el uso de Internet y la creencia en teorías conspirativas. Los hallazgos también indicaron que el estado de vacunación estuvo positivamente asociado con la edad y las percepciones sobre las autoridades, y negativamente asociado con el uso de Internet como fuente de información. Estos hallazgos contribuyen a una mejor comprensión de los procesos de toma de decisiones asociados con la vacunación contra la COVID-19 y proporcionan información relevante para gobiernos y responsables de políticas públicas.

DETERMINANTES DA VACINAÇÃO E DA DISPOSIÇÃO PARA SE VACINAR NO CHILE: DAS TEORIAS CONSPIRATÓRIAS AO PAPEL DAS AUTORIDADES

Valeria Bozzo, Valentina Ortega, Gonzalo Valdés, Giuliani Coluccio e Fanny Fuentes-Jiménez

RESUMO

Esta pesquisa teve como objetivo determinar os fatores associados à disposição das pessoas para se vacinar contra a COVID-19 no Chile. Os fatores considerados incluíram características demográficas, percepções e comportamentos. O estudo foi realizado na cidade de Arica por meio de um questionário presencial aplicado a 391 indivíduos. Os dados foram analisados utilizando um modelo de equações estruturais. Os resultados mostraram que a disposição para se vacinar esteve positivamente associada a percepções favoráveis sobre as autoridades chilenas. Por outro lado, a disposição

para se vacinar esteve negativamente associada à renda média familiar, ao uso da Internet e à crença em teorias conspiratórias. Os achados também indicaram que o estado de vacinação esteve positivamente associado à idade e às percepções sobre as autoridades, e negativamente associado ao uso da Internet como fonte de informação. Esses achados contribuem para uma melhor compreensão dos processos de tomada de decisão associados à vacinação contra a COVID-19 e fornecem informações relevantes para governos e formuladores de políticas públicas.

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