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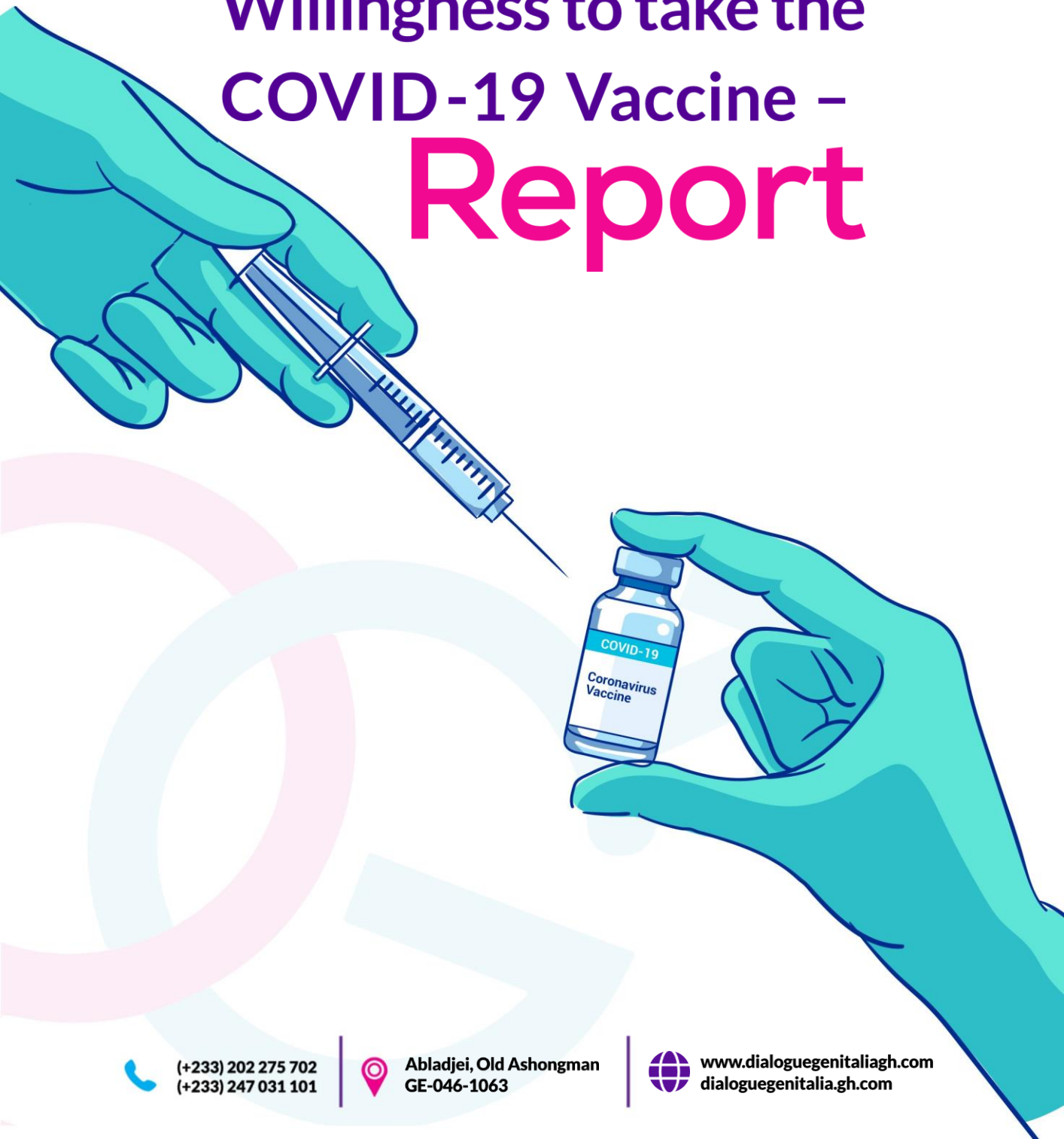
Confidence in and Willingness to take the COVID-19 Vaccine – Report



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Introduction

Ghana recorded her first two cases of COVID-19 on the 12th of March 2020, a day after the virus reached pandemic status. On the 30th of the same month, a partial lockdown was announced and subsequently extended, along with other cautionary measures (Afriyie, 2020). The weeks rolled into months with no end in sight, leaving Ghanaian citizens desperate for a cure and vaccine. Due to strict physical distancing measures, we heavily relied on social networks such as Facebook and Twitter for some social interaction as well as access to information, regardless of the sources (Limaye et al., 2020). Across all these platforms, people were sharing information on "cures" for the virus and ways to boost our immunity. There were also conspiracy theories on where the virus came from, why governing bodies were reacting to it the way they were and how the period, 170 much of a threat the virus really was . All of these created a sense of personal security in some, confusion, fear, and mistrust in others. This resulted in some reckless behavior and negative attitudes toward the vaccines that were being formulated.

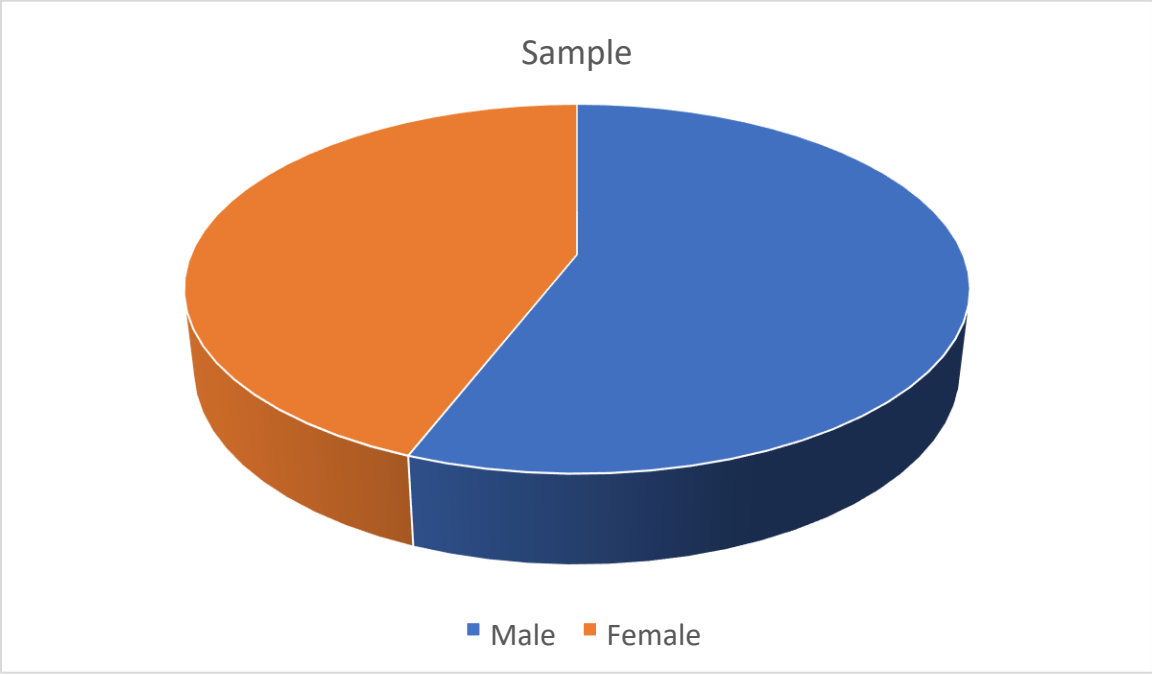
Methods

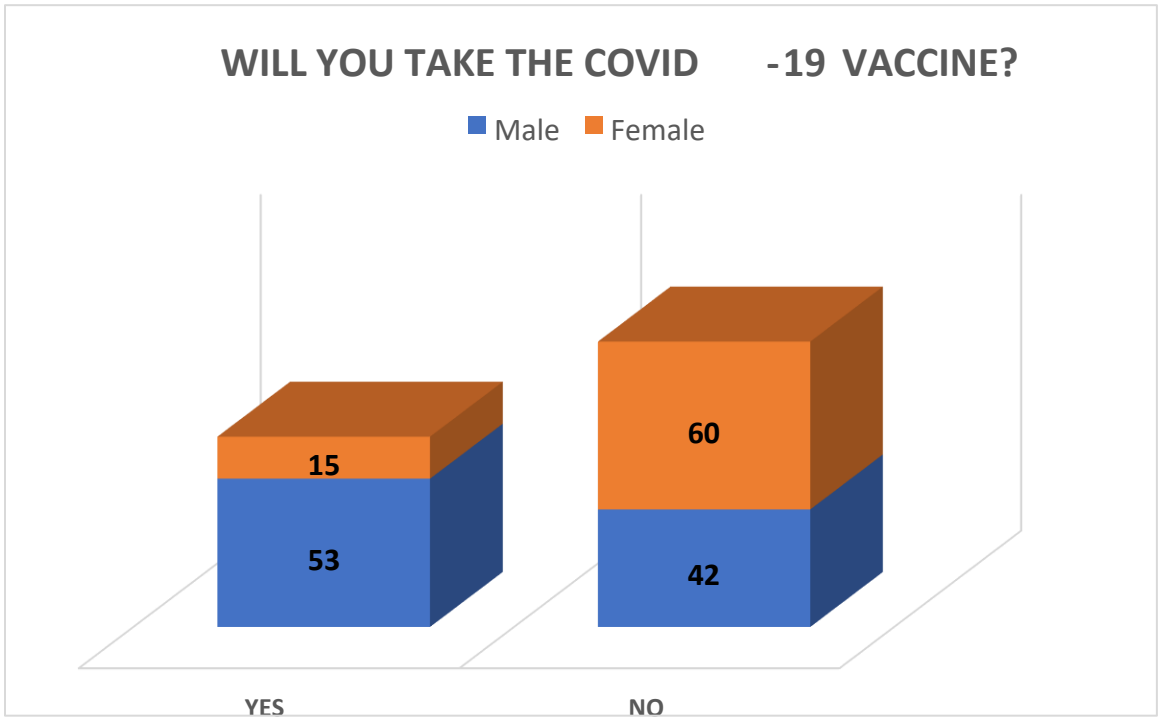
Considering the above, Dialogue Genitalia Ghana (DGG) conducted a survey to explore Ghanaians' willingness to take the COVID-19 vaccine and the reasons behind their decisions. Data collection spanned a period of two months (December 2020 – January 2021) using Google Forms shared on various WhatsApp platforms. Aside from demographic data (age, gender, educational level, occupation), the main question posed to respondent was whet her they individuals will take the COVID vaccine if it were available then and explain the reason for their answer. At the end of

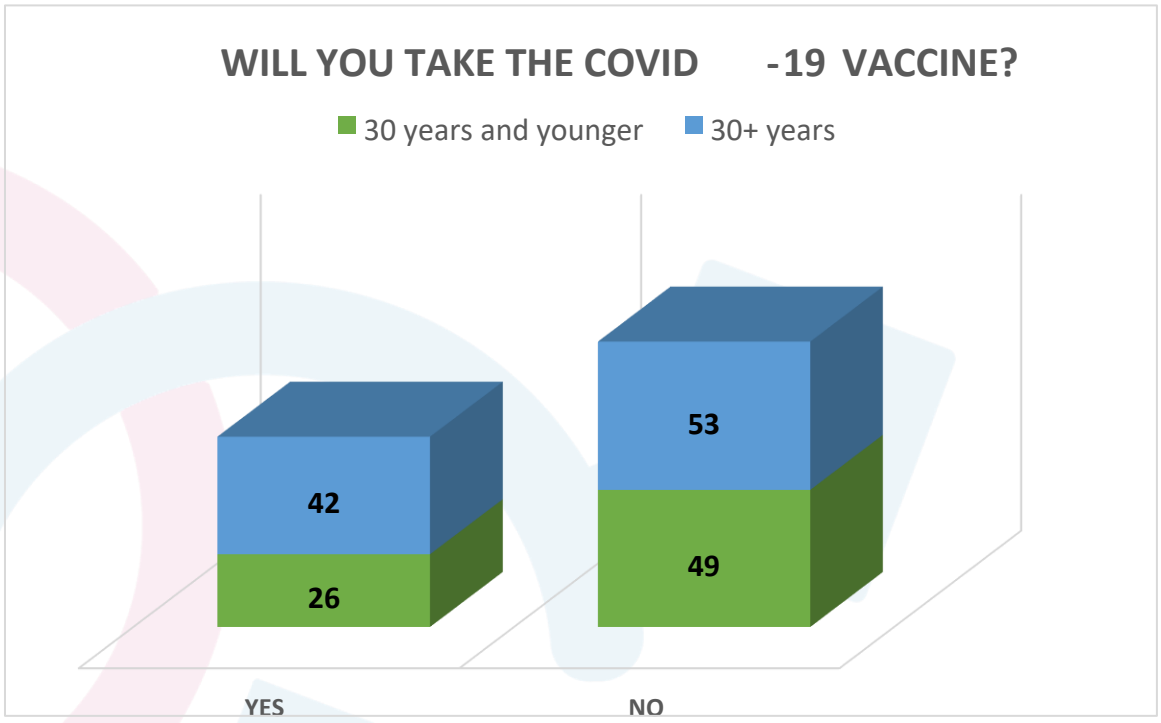
individuals had taken the survey. Respondents' ages ranged from 17 to 66 years. 56% were males and 44% were females. Majority (89%) had schooled to the tertiary level with varying occupations including, but not limited to, teachers, accountants, students, nurses, researchers, business owners, administrators, psychologists, retirees, traders, farmers, and doctors.

Findings

In answer to whether they would take the vaccine if it were available at the time of questioning, 40% responded 'Yes' while 60% responded 'No'. There were 95 males, out of which 53 (56%) said Yes and 42 (44%) said No. Out of the 75 females, 15 (20%) said Yes and 60 (80%) said No. Seventy-five (75) respondents were 30 years and younger while 95 respondents were above the age of 30. Out of this number, 42 (44%) of the 30+ respondents said Yes and 53 (56%) said No. For those that were 30 or younger, 26 (43%) said Yes, 49 (65%) said No. The results are summarized in the infographics below:




WILL YOU TAKE THE COVID -19 VACCINE?
Male
Female
15
53
60
42
YES
NO


WILL YOU TAKE THE COVID -19 VACCINE?
30 years and younger
30+ years
42
26
53
49
YES
NO

Respondents gave varied reasons for whether they will take the vaccine or not. For those who indicated they will take the vaccine, some of the major reasons are as follows:

- Protect themselves and neighbours.
- Belief in the potency of the vaccines.
- Benefits outweigh the negative side-effects.
- To return to normalcy.
- Trust that the vaccine would be thoroughly tested before distribution.
- Prevention is better than cure.
- Required due to their profession.

For those who indicated they will not take the vaccine, some of the major reasons are as follows:

- No trust in the safety/efficacy of the vaccine.
- It was produced too quickly.
- Need more information on the vaccine.
- Need to see evidence that it works.
- Uncertainty about side-effects.
- Suspicion of foul play(by manufacturing bodies and big pharmaceutical companies against Africans).
- Disinterest/Not necessary.
- Trust in alternative solutions (boosting immunity and inhalation of hot water vapour).

Discussion and Recommendations

Based on these findings, it is evident that almost two-thirds of the respondents either did not trust the source of the vaccine, felt there may be some ill intent behind it, trusted they were already equipped to handle the virus on their own or they did not think they were educated enough to make an informed decision. An overwhelming majority of females also showed no interest in taking the vaccine. Our finding is consistent with that of Salali and Uysal (2020) who conducted an online survey to gather information on willingness to take the vaccine, beliefs about the origin of the virus and the predictors of those variables in Turkey. Their findings showed that men in Turkey were more likely than women to accept a COVID-19 vaccine. They posit that this is so because women are more likely to take healthcare decisions for their children and therefore may also be more likely to seek out information about vaccines and thereby be exposed to online anti-vaccination content. We are inclined to believe that this may be the same reason for the gender differences seen in our findings.

There were more older people responding 'yes' than younger people to taking the vaccine which is consistent with other studies that also found some age -related differences (e.g., Murphy et al., 2021). However, there was still quite a number of older people within our sample who did not want to take the vaccine, and this is cause for concern for many reasons. First, vaccination programs can only be effective when they are accepted by large segments of the population. Hesitancy to take vaccines therefore pose a threat to public health, as identified by the WHO (Godlee, 2019). Furthermore, 56% of older people in this study, who are likely to be caregivers, a majority of the country's workforce and who are at a higher risk for contracting the virus responded 'No'. This does not bode wel l for the nation. There were also 30 respondents who were healthcare practitioners , educators, and researchers, that indic ated no confidence in the

vaccine, all of whom would be trusted sources of information to the people they encounter in their daily lives. This is not surprising though, considering a study by Barello et al. (2020) which found that 13% of the students they sampled had low intentions to vaccinate and furthermore, there were no significant differences between the intentions of healthcare and non-healthcare students. Additionally, Salali and Uysal (2020) also found that having a graduate degree decreased vaccine acceptance in Turkey. So perhaps being well-educated and therefore knowing how to access information from various sources also increased the chances of coming across anti-vaccination information which inevitably influenced respondents' decision to not take the vaccination. Dedicated efforts should therefore be made to correct the misinformation around the vaccine and build trust in the citizens, especially now that the Oxford-AstraZeneca vaccine is here in Ghana. Also, distinguished and respected individuals within the Ghanaian society, such as traditional leaders, religious leaders, medical experts, scientists, the media, and academics should help educate the populace to correct the misinformation surrounding the vaccine.

We at Dialogue Genitalia Ghana, recognize the need for the vaccine and want to encourage everyone, especially the elderly and those with underlying conditions (e.g., diabetes, hypertension) to go and get vaccinated. Knowledge, as they say, is power so w hat should you know about the Oxford-AstraZeneca Vaccine:

1. The Oxford-AstraZeneca COVID-19 vaccine was created by the University of Oxford and its British-Swedish pharmaceutical company partner, AstraZeneca.
2. Interim data suggests the Oxford-AstraZeneca vaccine has an average efficacy of 70.4%.
3. Ghana was the first country to receive vaccines from Covax, led by Gavi the Vaccine Alliance, the World Health Organization (WHO) and the Coalition for Epidemic Preparedness Innovations (CEPI).

4. The AstraZeneca vaccine cannot change your DNA or reshape a human cell. Your body just receives instructions from the vaccine and teaches it how to create a completely organic defense against the virus.
5. Some of the side-effects are just evidence that the body is processing the information given by the vaccine to create a protective shield. The symptoms mean that the shield is working. Common side effects are tenderness, pain, warmth, redness, itching, swelling, or bruising at the injection site, fatigue, chills, headache, nausea and joint pain.
6. It is recommended that priority be given to health workers at high risk of exposure and older people (65 or older), persons with comorbidities that have been identified as increasing the risk of severe COVID-19, including obesity, cardiovascular disease, respiratory disease, and diabetes.
7. Currently, pregnant women and lactating mothers are advised to consult with their primary care providers for guidance. https://www.sps.nhs.uk/articles/advising-individuals-with-
8. The vaccine is not recommended for persons younger than 18 years of age pending the results of further studies.
9. Individuals with an allergy to polysorbate 80 should not receive the vaccine. Consult with your primary care provider if you are unsure.
10. The recommended dosage is two doses given intramuscularly (0.5ml each) with an interval of 8 to 12 weeks.

Learn more about the vaccine here:

https://www.who.int/news-room/feature-stories/detail/the-oxford-astrazeneca-covid-19-vaccine-what-you-need-to-know

https://www.openaccessgovernment.org/side-effects-of-the-astrazeneca-vaccine/103646/

allergies-on-their-suitability-forastrazeneca-covid-19-vaccine/ https://www.aljazeera.com/news/2020/12/10/oxford-astrazeneca-vaccine-what-you-shouldknow-in-500 https://www.africanews.com/2021/03/01/ghana-president-receives-world-s-first-free-covax-jab//

Limitations

As with all research work, our survey came with its own limitations that has implications for the extent of the findings we derived, as well as the recommendations given. Firstly, we acknowledge that our findings are not nationally representative and therefore cannot be generalized. This is partly due to the medium used in collecting our data, which was mainly via a mobile application that can only be found on smart phones, with our instrument being a selfadministered questionnaire requiring respondents to be literate. Our recommendations are take

therefore based off of the type of sample we derived from such a mode. Secondly, the rapid nature of the survey, which was DGG's intention, did not allow for the measurement of additional variables that would hav e resulted in more nuanced findings. This is however a good basis for further research.

We conclude this section by adding that there is the possibility that the timing of our survey may or may not have affected responses that were given. This is because shortly after our data collection period ended, the COVID -19 cases and deaths in Ghana had evidently surged, with reported deaths involving more people in the younger age groups who had no underlying health conditions. These changes could impact one's asse ssment of their vulnerability to the virus and their capabilities in keeping themselves safe, thereby possibly informing whether or not they will

the vaccine. All of the above taken into consideration however, our findings and recommendations are worth addressing and do add on to vital information needed in such novel times.

Conclusion

Despite the vaccine roll-out, the President of Ghana has stated that all the current restrictions to curb the spread of the virus are to remain in place. Funerals, weddings, concerts, and parties are banned, but private burials with no more than 25 persons in attendance can be held. Beaches, night clubs, cinemas, and pubs should remain shut. Land and see borders would also remain closed till further notice. Citizens are advised to maintain social distancing practices, regular hand washing with soap under running water, use of alcohol-based hand sanitizers, and the use of face masks. DGG endorses these measures and we encourage everyone to abide by them.

References

Afriyie, D. K., Asare, G. A., Amponsah, S. K., & Godman, B. (2020). COVID-19 pandemic in resource-poor countries: challenges, experiences and opportunities in Ghana. *The Journal of Infection in Developing Countries, 14*(08), 838-843.

Barello, S., Nania, T., Dellafiore, F., Graffigna, G., & Caruso, R. (2020). 'Vaccine hesitancy' among university students in Italy during the COVID-19 pandemic. *European journal of epidemiology*, *35*(8), 781-783.

Ghana president receives world's first free Covax jab | Africanews. (2021). Retrieved 9 March 2021, from https://www.africanews.com/2021/03/01/ghana-president-receives-world-s-first-free-covax-jab//

Godlee, F. (2019). What should we do about vaccine hesitancy? BMJ 2019;365:l4044. doi: https://doi.org/10.1136/bmj.l4044

Lazarus, J. V., Ratzan, S. C., Palayew, A., Gostin, L. O., Larson, H. J., Rabin, K., ... & El-Mohandes, A. (2021). A global survey of potential acceptance of a COVID-19 vaccine. *Nature medicine*, *27*(2), 225-228.

Limaye, R. J., Sauer, M., Ali, J., Bernstein, J., Wahl, B., Barnhill, A., & Labrique, A. (2020). Building trust while influencing online COVID-19 content in the social media world. *The Lancet Digital Health*, *2*(6), e277-e278.

Murphy, J., Vallières, F., Bentall, R. P., Shevlin, M., McBride, O., Hartman, T. K., & Hyland, P. (2021). Psychological characteristics associated with COVID-19 vaccine hesitancy and resistance in Ireland and the United Kingdom. *Nature communications*, *12*(1), 1-15.

Oxford–AstraZeneca vaccine: What to know, in less than 500 words. (2021). Retrieved 9 March 2021, from https://www.aljazeera.com/news/2020/12/10/oxford-astrazeneca-vaccine-what-you-should-know-in-500

Salali, G. D., & Uysal, M. S. (2020). COVID-19 vaccine hesitancy is associated with beliefs on the origin of the novel coronavirus in the UK and Turkey. *Psychological medicine*, 1-3.

The Oxford/AstraZeneca COVID-19 vaccine: what you need to know. (2021). Retrieved 9 March 2021, from https://www.who.int/news-room/feature-stories/detail/the-oxford-astrazeneca-covid-19-vaccine-what-you-need-to-know

What are the side effects of the AstraZeneca vaccine?. (2021). Retrieved 9 March 2021, from https://www.openaccessgovernment.org/side-effects-of-the-astrazeneca-vaccine/103646/