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City residents' awareness and perception of covid 19 vaccination

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Abstract

Background of the study: With the roll out of vaccines in Edo state and the increasing number of cases of infections, it has become imperative to investigate residents' awareness and perception of the Corona virus vaccine in order to understand the willingness and readiness of the public to accept vaccines in Benin City.

Purpose: The study investigates Benin City residents' awareness and perception of COVID19 vaccination.

Method: A descriptive survey was adopted for the research. The study setting is the Benin metropolis. A sample of 400 respondents was drawn randomly from the resident population for the research from three local government areas that make up the Benin metropolis.

Findings: The study found that social media is the most important source of awareness on COVID 19 vaccination, the perception of COVID 19 vaccination is poor among Benin city residents, the willingness to participate in the COVID19 vaccination is poor and factors affecting COVID19 vaccinations among Benin city residents are the systems factors of government and the healthcare system and personal doubts about vaccinations

Conclusion: It is evident that the poor perception is a stumbling block to the acceptance of the COVID 19 vaccines and may derive attempts to reach herd immunity in Benin City.

Keywords: Covid 19, Corona Virus, Vaccines, Vaccination, Awareness, Perception Information Literacy

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Introduction

The Corona virus pandemic was the most significant media issue of the year 2020 (Garfin, Silver and Holman, 2020; Sharma, et al. 2020). From the month of March, 2020, the spread of the SARs Corona virus (Covid19) across the world received massive coverage with the attendant promotion in the media of preventive measures such as lockdowns and the development and distribution of vaccines (Onyeaka, et al. 2021). In fact, the members of the public with media access were exposed to jingles and strategic display of bill board with messages on Covid 19 pandemic

News coverage and all manners of Corona virus specific coverage bothering on the rise in cases of infections from the disease, the fatalities from the diseases and the development and distribution of Corona virus vaccines for the disease in a scale that is unprecedented in the history of media coverage of diseases. COVID19 vaccinations have been promoted as an effective means to reduce the spread of corona virus infection, reduce mortality, and allow for communities to return back to normal life which was disrupted as a result of the pandemic (Barach, et al. 2020).

The coronavirus disease (Covid19), which is a very infectious disease, was declared a pandemic by the World Health Organization (WHO) when the confirmed cases approached 200,000 patients in 160 countries of the world WHO (2020). A Pandemic is a large-scale outbreak of an infectious disease in a wide geographical space which can lead to the disruption of economic, political and social life WHO (2020). A pandemic is different from an epidemic as an epidemic occurs on particular local sites such as a community or a region, when an epidemic goes beyond a particular area and spreads over a wide area, it becomes a pandemic (Ladner, et al. 2020). Corona viruses belong to a large family of viruses that causes diseases in human beings which are largely mild. Two notable outbreaks of novel corona viruses are the severe acute respiratory syndrome (SARs) which occurred in the year 2002 and 2003 and the Middle East Respiratory syndrome (MERs-COV) that occurred in 2012 (Binns, Low, and Kyung, 2020). Although they are all respiratory diseases, the Middle East Respiratory disease never reached the level of a pandemic as it was localized with most of the cases occurring in Saudi Arabia and the Arabian Penninsula. The SARs disease spread in China and few parts of Asia. The Coronavirus (Covid19) pandemic has the widest spread in all continents of the world (Ghosh, Bernstein, and Mersha, 2020).

After the discovery of the disease in Wuhan, China, the first major country to suffer large cases was Italy with devastating consequences in human lives and the economy. The spread of the Corona virus has been noted to be very rapid as over 1,000 cases were reported in Italy after the first case in less than one week (Spinelli and Pellino, 2020). The spread of Covid 19 has continued across the world reaching all continents with cases reported in Europe, Asia, Africa, Australia (Spinelli, and Pellino 2020). This spread of the disease reaching most parts of the world has made the Covid 19 pandemic the most important public health issue in the world since the ending of the year 2019. As of the 2ndof July, 2021, there have been 182,319,261 confirmed cases of COVID-19 in the world WHO, (2021). Fatality rates from the Corona virus infection within that period are 3,954,324 deaths. In a study by Ufuophu-Biri, and Bebenimibo, (2021) they reported that the Corona Virus disease made its entry into the Nigerian space on the 27th of February, 2020 in Lagos, South Western Nigeria. As at today, in Nigeria, the number of cases stands at 167,859 infected persons. The largest proportion of that figure is in Lagos (59,802). Lagos accounts for 35.6% of the cases in Nigeria. Edo state has 4,910 cases and 185 deaths. It can be concluded therefore that the Coronavirus disease (Covid-19) is a health crisis requiring urgent intervention across the world including Nigeria

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A potent means of containing the virus is the development and distribution of effective vaccines. A vaccine is a method of fighting diseases which utilises the body's defense mechanisms to resist specific infections (Dijkman, et al. 2019). A vaccine is thus a preventive measure deployed in public health to fight an infection. About 13 vaccines have been developed for Covid19. The vaccines are the Pfizer/Biontech vaccine, the AstraZeneca vaccine which was developed by Oxford University, the Jansen Vaccine developed by Johnson and Johnson Pharmaceuticals in America, the Sinopharm Covid19 vaccine developed in China, the Moderna Covid19 Vaccine (MRNA base vaccine), and the Russian developed Sputnik Vaccine among others. The World health organization reports that the first vaccination programme for Covid19 started in December 2020. The world health organization noted that 2,950,104,812 vaccine doses have been administered globally.

In Nigeria, the rising cases of infections have made it imperative for governments to procure and distribute vaccines across the nation. The total number of vaccinations in the country of Nigeria as at the 29th of June, 2021 stands at 3.4 million doses NPC (2020). With the administered doses, 2,265,805 people have been vaccinated with a first dose while 1,175,341 have received their second dose of the covid19 vaccines NPC, (2020). A channels news report quoting official figures from the Edo state government noted that 38,500 have received the first dose of the coronavirus vaccine (Ike, 2021). That is, in a population of over 3,700,700 NPC, (2020). The expected goal of vaccination is that there should be massive uptake of the vaccines in order to reach herd immunity. Herd immunity refers to an indirect protection from an infection as most members of the population achieve adequate immunity from an infectious virus through vaccination. The WHO (2021) stated that reaching herd immunity should be done through adequate vaccination of large segments of the population. The media is thus expected to promote vaccination as a potent instrument to reach herd immunity.

With wide coverage of the pandemic related issues, the opinions of the public began to be cultivated through the various channels about the issues related to the pandemic. The development and distribution of Vaccines have attracted varying opinions as the pubic developed divergent ideas and attitudes about the vaccines. This can be explained by the varying channels and perspectives about the vaccine that became readily accessible to the public mostly on social media platforms. It was the level of divergence on the coverage by the vaccines that led to the coinage of the term "Infodemic" which was described as calculated misinformation on vaccines by the World health organization. The rate of misinformation increased massively majorly on social media with conspiracy theories on the dangers of receiving the vaccines (Zarocostas, 2020).

As a result of the high levels of disinformation and misinformation of the vaccines developed for the prevention of Corona virus, there was an attendant growth in negative attitudes to the reception of vaccines which has been classified as Vaccine hesitance and vaccine skepticism in many parts of the world (Barbara, 2021).

There is a growing problem of acceptance of Vaccines due to personal attitudes and beliefs rather than availability and affordability. The attitude of the public to vaccines has become an emerging public health issue globally. Vaccine skepticism is the degree of opposition to vaccine use in the fight against Coronavirus disease. Vaccine skepticism and hesitancy is predicated on perception (Dube, et al. 2013).

Perception is the organization as well as the integration and identification of sensory information (Schacter, Gilbert and Wegner, 2011), it is the case that media roles in a pandemic situation of surveillance, interpretation and socialization is likely to influence public perception in varying ways. Perception of the public health situation can vary as the public can maintain

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various attitudes to the issue from the skeptical to the pliant. This can be explained as a problem of media credibility in which the public may just be skeptical about vaccines and any information about a particular disease from the media (Farrugia, et al. 2021).

With the roll out of vaccines in Edo state and the increasing number of cases of infections, it has become imperative to investigate Benin City residents' perception of the Corona virus vaccine in order to understand the willingness and readiness of the public to accept vaccines in Benin City.

The willingness and readiness to take part in vaccination relies heavily on the ideas and perception of the vaccines by those who are the targeted beneficiaries. Where the population is unwilling to receive the vaccine, it becomes difficult to reach herd immunity. It has been observed that certain segments of the population shy away from receiving COVID-19 vaccines as their perception of the vaccines have been shaped by certain channels that promote information discrediting the vaccines (Aladekomo, 2021; Bayer, et al. 2021)

Vaccine hesitancy and Skepticism has been noted in many parts of the world as the major driver in the rejection of corona virus vaccines (Dube, et al. 2013). This situation poses a public health risk when vaccines are available yet people continue to die of Covid19 virus. It is evident that the perceptions of many might be influenced by the channels of information they are exposed to and the long-held beliefs they hold.

As Edo state government awaits the donations from the COVAX facility of donations of Vaccines. It is imperative to understand how the populace in Benin City perceives the vaccines. Empirical research needs to be carried out to determine the levels of acceptance or rejection of the vaccines and the channels of exposure to the vaccines in order to inform timely interventions in the promotion of COVID-19 vaccines for the populace to reach herd immunity. The absence of any study in Benin City residents on their perception of COVID19 vaccine is a gap this study I intends to make contribution to the emerging literature on perception of Covid19 vaccination.

The study covers Benin City resident's perceptions of covid 19 vaccination. This is thus about their source of covid 19 vaccines information, views, attitudes, and levels of acceptance of the vaccines. The study area is Benin City which is made up of three local government areas. namely; Ikpoba-Okha, Egor and Oredo local government areas which make up the Benin metropolis.

Method

The study employed descriptive survey research design. The survey design was used because of its suitability for large population. The population comprised of 1,086, 882 residents in Benin-city. The sampling technique adopted for this study was the stratified random sampling. This technique is useful as the population is a heterogenous one. The people are not homogenous in attributes so similar groups of the sub groups are best captured in a stratum. This was to enable the researcher select a representative sample with background knowledge of this study and to reduce the sampling error for the study. The stratified random sampling technique was used to divide Benin into three (3) strata based on the local government areas. Thereafter the 400 sample was proportionally allotted to each of the senatorial district based on the population of each.

The sample size was 400. The 400 used as the sample size for this study was derived from Taro Yamane's formula for determining and selecting the appropriate sample size for very large population as is the case for this study.

Benin Metropolis is the seat of the capital of Edo state. It is made up of three Local

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Government Areas constituting the Benin metropolis. They are; Oredo, Ikpoba – Okha and Egor Local Government Areas. The three local government areas are the most populated local government areas in Edo state. The population values are Oredo (374,515), Egor (340,287) and Ikpoba-Okha (372,080); (Kelvin, et al. 2015). This gives a population value of 1,086, 882.

Table 1: Sample frame for the research

L.G.A	Population
Oredo	374,515
Egor	340,287
Ikpoba Okha	372,080
Total	1,086,882

A 10-item questionnaire with numerous multi-choice items was designed for the collection of data for this study. The questionnaire was then submitted to three experts to scrutinize the contents and determine the suitability. The reliability of the research instrument for this study was 0.793 based on Cronbach Alpha test. This figure indicates a high level of internal consistency, which means that the research instruments for this study was reliable

The data collected and collated for this study were analyzed and presented with the aid's simple percentage, frequency Tables and mean scores descriptive statistics. The criterion mean score for this study was 3.5. This means that any mean score below 3.0 were rejected or seen not to be positive, while any mean score from 3.5 and above was accepted or positive. Likert scale was adopted as the design of research instrument to accommodate variations in opinions and to ensure easy statistical analysis of the varied ranked options.

Result and Discussion

Table 2. Age Categorization of Respondents

		Frequency	Percent
Valid	less than 20 years	157	39.25
	20-29 years	118	29.5
	30-39 years	113	28.25
	40-49 years	6	1.5
	50-59 years	6	1.5
	Total	400	100.0

Table 2 shows that majority of the respondents are young people with less than 20 years having 39.25%, 20-29 years with 29.5% and 30-39 years with 28.25% which makes a total of 97% of the population

Source of Awareness on COVID-19 vaccination

Table 3. Source of Awareness of Covid 19 Vaccination

What was your source of Covid 19 vaccination news?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Newspaper	16	4.0	4.0	4.0
	Television	105	26.3	26.3	30.3
	Radio	3	.8	.8	31.1
	social Media	241	60.3	60.4	91.5

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	Peer group	6	1.5	1.5	93.0
	Billboard	28	7.0	7.0	100.0
	Total	399	99.8	100.0	
	No response	1	.3		
Total		400	100.0		

In the table 3 above, the most popular source of COVID 19 vaccination news is the social media (60.3%) followed by the television (26.3%). Other sources of the covid 19 vaccination news are the newspaper (4%), radio (0.8%), peer group (1.5%), and the billboard (7%).

Media Reportage of Covid-19 and public perception in Nigeria. The study employed a survey research technique as its methodology. The study had three objectives, the first was to examine the communication strategies adopted the mass media in their awareness campaign to curb the spread of covid 19 pandemic in Jos, second was to examine the communication strategies adopted by the mass media to achieve their first objective. And the third to ascertain the influence of mass media in the awareness campaign on the attitude of the residents of Jos towards the spread of the disease. The findings indicates that 73% of respondents are of the position that media reports helped to prevent and control the spread of covid 19 pandemic in Jos metropolis and 64% of respondents perceived a positive responds the effect of the media awareness campaign and influencing the attitude of respondents the covid 19 pandemic.

Elgendy and Abdelrahim (2021) in their study on public awareness about coronavirus vaccine acceptance and hesitancy reported that public trust in vaccination is relatively low, they further suggested that communities should listen to problems, find answers to questions, and clear any misinformation. Furthermore, the COVID 19 vaccination program can success if there is a belief that the available vaccines are safe and effective.

Graeber, Schmidt-Petri & Schroder (2021) examined the willingness to get vaccinated and the reasons for the acceptance or rejection of a policy of mandating vaccination against COVID'19. They utilized a descriptive survey method to elicit data from sampled respondents. Data was generated from 30,000 adults in 20,000 households. A survey instrument known as the SOEP – COV was conducted using the German socio-economic panel. The survey instrument inquired about willingness to participate in vaccination exercises. If it is voluntary, attitude to mandatory vaccination against COVID'19, four groups emerged in the study and the groups include, Anti-vaccination groups: Respondents who do not wish to be vaccinated and oppose mandatory vaccination (22%), Anti-duty: Those who will wait to be vaccinated but are against mandatory vaccination (29%), Passengers: Those who do not wish to be vaccinated but will want mandatory vaccination. The logic is that they want complex immunity but will not benefits without contributing to it (8%) and Pro-vaccination: Those who wish to be vaccinated and want it to be mandatory (41%). Attitude to mandatory vaccination showed that some respondents believe that enough people would get vaccinated without a vaccine policy. In addition, some respondents held that people overestimate the dangers posed by the virus. The study showed that women were less willing to be vaccinated than men. The study finds an increase in education and income correlated with willingness to get COVIV'19 vaccination.

In another study by Mahmud, Khan, Mian, and Zaman (2021), they conducted a web anonymous cross-sectional survey across the Bangladeshi population. They utilized the multivariate logistic regression to identify factors influencing acceptance of COVID'19 vaccination results found that 61.16% (370 of 605) were willing to accept vaccination against COVID'19. Of that group 35.14% noted that they would willingly receive the vaccines

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immediately. In comparison, 64.9% indicated that they would delay receiving the vaccine until they are sure of vaccine safety and efficacy. Factor analysis revealed that women were less likely to receive the vaccine than men; urban respondents were more likely to accept the vaccine than rural respondents. Respondents with higher educational qualifications had 21.3 times higher odds of taking vaccine than those with lower degrees. Vaccine acceptance correlated with income profile as those with higher incomes were willing to accept vaccines than those with low incomes. 74.7% agreed that vaccination against COVID'19 is an effective way to control the disease. 10.9% agreed that young people do not need the vaccine. 36.58% noted that they do not trust vaccines, the side effect reason has the highest value among those who reject vaccination (78.52%), just as 76.17% were not sure of its efficacy. 41/61% rejected vaccines because of their source (India), while 36.58% did not trust vaccination generally. As much as 36.58% felt they were young and therefore did not need the vaccines.

Perception of Covid 19 vaccination

According to the World Health Organization (2021), vaccination is usually perceived as risky. Hence the discussion of vaccination falls under risk perception. Risk perception is the view of associated risks with a medical procedure. The study by the World health organization WHO, (2021) indicated that risk perception is usually limited to values for those in the field of medicine. So, for a health worker, risk perception lies within a threshold. However, public perception differs from the healthcare workers' perception of vaccines. This is distinctly identified as experts' perception and public perception WHO, (2021) in the matrix. The risk perception of vaccines by the public includes the voluntariness of exposure, familiarity or risk, control over risk, catastrophic potential, fatal outcomes, the unequal balance between risk and benefit, and the unequal distribution of risks. For experts, risk perception consists of numerical values of morbidity and mortality levels.

The voluntariness of exposure to vaccines is a legal notion that suggests that vaccines should not be mandatory. However, Cave (2017) noted that refusal of treatment must be honored whether it is irrational and might lead to the death of patients. Where children are to be vaccinated, the consent of guardians or parents is essential. In addition, the voluntariness of vaccines has posed a security risk as most of the population will elect not to participate in vaccinations if it is made an option

Risk reflects perception about what the possible dangers of vaccination could be. Respondents could either be familiar with the risks or not. A familiarity with risks leads to vaccines Hesitancy. Mcdonald (2015) defines vaccine hesitancy as delay in the acceptance or refusal of vaccination despite the availability of vaccines. Hesitancy, as Mcdonald (2015) noted, is a continuum between those who accept all vaccines with no doubts to those who refuse with no doubts.

Table 4. Responses on safety of the vaccination

Do you consider COVID 19 vaccination as safe?		Frequency	Percent
Valid	Strongly Disagree	104	26.0
	Disagree	92	23.0
	Undecided	52	13.0
	Agree	147	36.8
	Strongly Agree	5	1.3
	Total	400	100.0

The table 4 has responses on perceived safety of covid 19 vaccination 147 (36.8%) and

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5 (1.3%) respondents agree that COVID 19 vaccination is safe which is 38.1%. 104 (26.0%) and 92 (23.0%) which is a total of 49% of the respondents on the other hand are of the opinion that Covid 19 vaccination is not safe, 52 (13%) respondents are undecided, cumulatively 49% of the sample responded negatively which is a large proportion of the sample. This shows that as many as 49% of the sample do not consider the covid 19 vaccination as safe. Finding: majority of the respondents agree that COVID 19 vaccination is not safe.

Table 5. Willingness to participate in vaccination?

I am willing to engage in vaccination because you need it?		Frequency	Percent
Valid	Strongly Disagree	216	54.0
	Disagree	86	21.5
	Undecided	28	7.0
	Agree	70	17.5
	Total	400	100.0

Table 5 has responses on reasons for engaging in vaccination, most respondents 216 (54%) strongly disagree that they are willing to engage in vaccination because they need it just as 86 (21.5%) respondents also disagrees. 28 (7%) respondents are undecided while only 70 (17.5%) respondents agree. This implies that most respondents (75.5%) disagree to participating in vaccination because they need it. Finding: majority of the respondents are not willing to engage in the COVID 19 vaccination

Table 6. Responses on the level of confidence in the healthcare system on vaccination

I have confidence in the healthcare system that administers vaccination?		Frequency	Percent
Valid	Strongly Disagree	63	15.8
	Disagree	138	34.5
	Undecided	97	24.3
	Agree	97	24.3
	Strongly Agree	5	1.3
	Total	400	100.0

In the table 6 which has responses on confidence. Most respondents have little confidence in the health care system administering the vaccine as only 97(24.3%) and 5(1,3%) respondents agreed and strongly agreed to having confidence in the healthcare system that administers vaccination while 63(15.8%) and 138(34.5%) respondents strongly disagreed and disagreed to having confidence in the healthcare system. 97(24.3%) could not decide whether they have confidence in the health care system or not. Finding: majority of the respondents have no confidence in the health system administering the vaccination.

Table 7. Responses on government's sincerity in the COVID19 eradication

The government is sincere in the eradication of Covid19 in the Benin metropolis?		Frequency	Percent
Valid	Strongly Disagree	199	49.8
	Disagree	9	2.3

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	Undecided	145	36.3
	Agree	36	9.0
	Strongly Agree	6	1.5
	Total	395	98.8
	No response	5	1.3
Total		400	100.0

The table 7 has responses on perceived sincerity of the government in eradicating Covid 19 in Benin. The opinion of the respondents on government's sincerity to the eradication of covid 19 indicates that 199 (49.8%) respondents strongly disagree as 9 (2.3%) respondents disagree this implies that as much as 52.1% believe the government is not sincere in its quest to eradicate covid 19. 145 (36.3%) respondents could not decide on governments sincerity while only 36 (9%) and 6 (1.5%) agreed and strongly agreed that government is sincere in their quest to eradicate covid 19. Finding: majority of the respondents doubt the sincerity of the government towards COVID 19 vaccination.

Table 8. Responses on the perceived efficacy of vaccination

I doubt the efficacy of the COVID 19 vaccination?		Frequency	Percent
Valid	Strongly Disagree	56	14.0
	Disagree	29	7.3
	Undecided	67	16.8
	Agree	195	48.8
	Strongly Agree	53	13.3
	Total	400	100.0

Table 8 has the responses on perceived efficacy of vaccination most respondents doubt the efficacy of the COVID 19 vaccination. This is the case as 195 (48.8%) respondents agree and 53 (13.3%) respondents strongly agreed to doubting the efficacy of the COVID 19 vaccine. Cumulatively, 62.1% of respondents doubt the efficacy of the COVID19 vaccinations. 67 (16.8) respondents are undecided while 29 (7.3%) disagree and 56 (14%) respondents strongly disagree. This shows that most respondents doubt the efficacy of the COVID 19 vaccination. Finding: majority of the respondents doubt the efficacy of COVID 19 vaccination.

The first finding revealed that the most popular source of COVID 19 vaccination news is the social media. This shows that social media is the most important source of awareness of COVID 19 vaccination. This suggest that social media is an important medium for reaching out to the people of Benin city.

Findings on Benin City residents' perception of COVID-19 vaccination indicated that majority of the respondents agree that COVID 19 vaccination is not safe. Earlier studies appear to have raised the issue of risk involve in COVID 19 vaccination. This is where the issue of safety and risk in COVID 19 vaccination appear to be support the world health organization (WHO 2021) position on the risky nature of COVID 19 vaccination, aligning further perception as being catastrophic potential, fatal outcomes and moreover, experts associate risk perception of numerical values, morbidity, and mortality levels to COVID 19 vaccination.

Findings on willingness to participate in COVID-19 vaccination revealed that majority of the respondents are not willing to engage in the COVID 19 vaccination, this negates the findings of Mahmud, et al. (2021), who reported that those with higher educational qualifications and substantial income profile were more likely to participate in COVID 19

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vaccination since many the respondents for this study have higher education.

Findings on factors affecting the acceptance of Covid-19 vaccination among Benin City residents shows that lack of confidence in the health system administering the vaccines, doubt of the sincerity of the government towards COVID 19 vaccination doubt of the efficacy of COVID 19 vaccination are some of the reasons militating against the acceptance of Covid- 19 vaccination among Benin-city residents. This corresponds with the findings of Elgendy and Abdelrahim (2021) who reported that public trust in vaccination is relatively low and that the vaccination program can succeed if there is belief that the available vaccines are safe and effective.

Conclusion

This study set out to investigate the perception of Benin City residents about the COVID 19 vaccination. The study found that there is vaccine hesitancy among the sampled population occasioned by the poor perception of the vaccine and those rested on the responsibility of administering the vaccinations. It is evident that the poor perception is a stumbling block to the acceptance of the COVID 19 vaccines and may derive attempts to reach herd immunity in Benin City which will limit the spread of the virus. Arising from the conclusion are the following recommendations. There is the need for the centre for disease control to have an active presence on social media. This is important in order to debunk the conspiracy theories that dominated social media space. There is the need to carry out massive advocacy campaigns to deal with the misconceptions about the COVID 19 vaccinations. Experts should be involved so that they can explain in clears terms the issues that emanate from vaccinations Based on the first and second recommendations, it is expected that the willingness to participate in Vaccination will be improved as a result of advocacy and enlightenment. The system factors should be addressed urgently, including government at all levels and the healthcare.

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