COVID-19 VACCINE ACCEPTANCE AMONG STUDENTS AT THE COLLEGE OF MEDICINE AND ALLIED HEALTH SCIENCES, UNIVERSITY OF SIERRA LEONE.

¹BAH, Abdul Karim, ²JALLOH, Mohamed Bella, and ³SMALLE, Isaac Olufemi

¹University of Sierra Leone College of Medicine and Allied Health Sciences Ringgold standard institution - Faulty of Clinical Sciences, Freetown, Western Area, Sierra Leone, ²The University of Edinburgh Deanery of Clinical Sciences Ringgold standard institution, Edinburgh, United Kingdom, ³King's College London Ringgold standard institution - Department of Public Health London, London, United Kingdom

Corresponding Author: Abdul Karim Bah (karimsununu90@gmail.com)

Original Article

ABSTRACT

Background: The COVID-19 pandemic has emphasized the need for an effective vaccine to combat the spread of the virus. However, less attention has been paid to vaccine hesitancy and acceptance, particularly among healthcare students in Africa. The study aimed to assess vaccine hesitancy and acceptance among clinical year students of a novel COVID-19 vaccine in Sierra Leone.

Methods: We conducted a cross-sectional online survey among 250 healthcare students at the University of Sierra Leone. Descriptive statistics and chi-square test were applied to analyse data.

Results: Our findings showed that 46 (18.4%) of the medical students and 6(2.4%) of pharmacy students doubted the COVID-19 vaccine's safety. 34(13.6%) of medical students questioned the effectiveness of the vaccine, while 25 (10%) of medical students, 53 (21.2%) of nursing students, and 4 (1.6%) of pharmacy students feared the side effects that were still unknown. 28 (11.2%) of the medical students, 7 (2.8%) of nursing students, and 21 (8.4%) of pharmacy students feared that some types of vaccine would have adverse effects on their health.

Discussion: The study found that a significant proportion of medical and pharmacy students expressed doubts about the safety, effectiveness, and side effects of the vaccine. A small proportion of the students also feared adverse effects of certain types of vaccines on their health. These findings suggest that there is a need for targeted education and communication campaigns to address the reasons for vaccine hesitancy among healthcare students.

Keywords: Vaccine Hesitancy, COVID-19, Medical Students, Sierra Leone

INTRODUCTION

The COVID-19 pandemic has resulted in significant morbidity and mortality worldwide, prompting the development and deployment of vaccines to curb its spread. However, vaccine hesitancy remains a significant barrier to achieving herd immunity and ending the pandemic. The COVID-19 pandemic presents a global challenge, and the World Health Organization (WHO) has initiated a worldwide campaign to prevent and manage the disease. Immunization is a successful public health intervention and has been vital in controlling many infectious diseases (Zhour et al., 2019). However, vaccine hesitancy poses a significant obstacle to achieving coverage and community immunity.

The WHO defines vaccine hesitancy as a delay in accepting or refusing vaccination despite its availability (Schmid *et al.*, 2017). Vaccine hesitancy and misinformation is a growing concern globally, creating significant obstacles in achieving coverage and herd immunity (Zhour et al., 2019). The WHO considers vaccine hesitancy a significant threat to global health. A recent global report on COVID-19 vaccine acceptance found that nearly 30% of the participants investigated would refuse or hesitate to take a COVID-19 vaccine when it becomes available (Sallam et al., 2021).

Many factors contribute to vaccine hesitancy, including doubts about safety and efficacy, misinformation, and a lack of trust. Despite vaccine availability, vaccine compliance remains inconsistent, making public education campaigns on vaccine safety and efficacy essential. Healthcare students are an influential group in the healthcare system, and their acceptance of the COVID-19 vaccine is a matter of concern. Limited research has addressed vaccine hesitancy and acceptance among healthcare students, making this study necessary.

As healthcare students play a crucial role in the dissemination of health information and the

promotion of public health practices, it is essential to understand their attitudes towards COVID-19 vaccination. Despite the increasing demand for healthcare students' involvement in vaccination campaigns, limited research has investigated their vaccine acceptance and hesitancy rates, particularly concerning the COVID-19 vaccine. Moreover, as the COVID-19 vaccine continues to be administered worldwide. understanding the factors that influence vaccine acceptance among healthcare students is crucial for improving vaccine uptake rates and achieving herd immunity. Thus, this study aims to assess COVID-19 vaccine hesitancy among healthcare students at the College of Medicine and Allied Health Sciences, University of Sierra Leone (COMAHS, USL).

MATERIALS AND METHODS

Study design

This study was a cross-sectional online survey conducted at COMAHS, USL from June 1-30, 2021. The targeted sample size was 250 respondents, and the survey received a total of 250 responses. Healthcare students in their clinical year of study who had access to smart phones and the internet were invited to participate, provided they gave their consent to do so. The survey was administered through the Google online survey platform, with data protection and management procedures in place.

Participants' responses were kept anonymous, and personally identifiable information was not collected. The data collected were analysed using simple statistical methods and SPSS software version 25.0 for windows. The chi-square test was used to evaluate the relationship between the decision to be vaccinated with the COVID-19 vaccine and some characteristics of the clinical year students. Results were presented using appropriate tables, frequencies, and charts. A significance level of P < 0.05 was accepted.

Results

This study presents an online survey on COVID-19 vaccine hesitancy among clinical year students at COMAHS, USL. The sampled population age was within the 18-to-45-year age range with a mean age of 28 years. The majority of participants were in the age group 25-34 years (64%) (Table 1).

Socio-demogratico de la sectora de la sector	raphic cs	Frequency (N= 250)	Percentage
Age	19-24	64	25.6
(years)	25-34	160	64.0
	35-44	20	8.0
	45+	6	2.4
Gender	Female	123	49.2
	Male	127	50.8
Course of study	Medicine	141	56.4
	Nursing	69	27.6
	Pharmacy	40	16.0
Year or Level	3rd year	36	14.4
	Fifth-year	76	30.4
	Final year	48	19.2
	Fourth-year	90	36.0
Social and Economic	High	10	4.0
Statu	Low	24	9.6
	Middle	154	61.6
	Rather not disclose	62	24.8

Table 1: Socio-demographic characteristics

A total of 250 students participated in the survey, with a mean age of 28 years. The majority of participants were in the age group 25-34 years (64%). The gender distribution was almost equal, with 123 (49.2%) females and 127 (50.8%) males (Table 1). Medicine was the most common course of study (56.4%), followed by nursing (27.6%) and pharmacy (16%). Most participants (61.6%) belonged to the middle-income class, and the majority rated their health status as good (59.2%) (Table 1).

SLJBR Vol.14 No. 1 Oct. 2023 https://www.sljbr.org/index.php/sjbmr

In regards of knowledge of COVID-19, most participants (52.4%) had good knowledge of the disease (Table 2). The majority of participants (93.2%) had never been diagnosed with COVID-19 at the time of the study, and 68.4% had not had a close friend or family member infected with the disease (Table 2).

Table 2: Survey responses among COVID-19 vaccineacceptance and hesitant groups.

Vaccine Acceptance	Response	Freq	Percentage
How do you	Bad	11	4.4
assess your	Fair	44	17.6
condition in	Good	148	59.2
general?	Very Bad	4	1.6
generali	Very Good	43	17.2
How would	Bad	7	2.8
you rate the	Fair	65	26.0
level of your	Good	131	52.4
knowledge	Very Bad	5	2.0
Covid19?	Very Good	42	16.8
Have you been	I have no idea	7	2.8
diagnosed with Covid19 before?	No, I have not been diagnosed before.	233	93.2
	No, I have not been diagnosed before., I have no idea	1	.4
	Yes, a confirmed laboratory case.	4	1.6
	Yes, but the infection is not confirmed.	5	2.0
Has someone in	I have no idea	16	6.4
your close circle (such as a family Member or close	No, they have not had covid19.	171	68.4
infected with the Covid-19	Yes, a confirmed laboratory case.	50	20.0
belore:	Yes, but the infection is not confirmed.	13	5.2
How would	1	16	6.4
you rate your	2	10	4.0
exposure to	3	11	4.4
Covid19?	4	15	6.0
	5	54	21.6
	6	33	13.2
	7	30	12.0
	8	32	12.8
	9	12	4.8
	10	37	14.8

Frequency (N =250) Percentage (100%)

Table	3:	Cont	Survey	responses	among	COVID-19
vaccin	e ac	ceptano	ce and he	esitant grou	ps	

Respon	Med	licin Nu e		Nursin Pha g ac		rm To		tal	lue
ses	N	%	N	%	N	%	N	%	pVa
Do you int	tend to	o take	the C	ovid1	9 vaco	ine?			
No, never.	2 8	11 .2	1 7	6. 8	4	1. 6	4 9	19 .6	
Yes, as soon as possible.	4 3	17 .2	2 9	11 .6	1 4	5. 6	8 6	34 .4	0.004
Yes, but after postponi	7 0	28	2 3	9. 2	2 2	8. 8	1 1 5	46	

ng it until all									
is clear.	ee to t	ake th	e vac	cine [.] V	Nhat :	are vo	ur me	tivati	nns?
Fear of	1		e vac	1	v nat a	3	1	46	0
getting	0	42	3	2	8	2	1	.4	0.0
Belief in its safety and effective	1	0. 4	5 5	22	2	0. 8	5 8	23 .2	
Fear for family member s especiall y those who are suscepti ble	1	0. 4	7	2. 8	2 4	9. 6	3 2	12 .8	
Free vaccinat ion and availabil ity	7	2. 8	3	1. 2	6	2. 4	1 6	6. 4	
Contribu ting to the scientifi c knowled	3	1. 2	0	0	0	0	3	1. 2	
If there is no other option/ its effective ness has increase d	6	2. 4	0	0	0	0	6	2. 4	
If compell	4	1. 6	0	0	0	0	4	1. 6	
None of these options apply; not convinc ed of its effective ness.	7	2. 8	0	0	0	0	7	2. 8	
Mandato ry for traveller s	4	1. 6	0	0	0	0	4	1. 6	
Others	3	1. 2	1	0. 4	0	0	4	1. 6	
If you ref	use, w	/hat a	re yo	ur rea	sons f	or re	fusing	to tak	the the
I doubt	4	18	0	0	6	2.	5	20	
its safety I doubt its effective	6 3 4	.4 13 .6	0	0	0	4	2 3 4	.8 13 .6	
ness Fear of unknow n side	2 5	10	5 3	21 .2	4	1. 6	8 2	32 .8	
effects Insuffici ent informat ion on	2	0. 8	8	3. 2	9	3. 6	1 9	7. 6	< 0.0 01

SLJBR Vol.14 No. 1 Oct. 2023 https://www.sljbr.org/index.php/sjbmr

https://dx.doi.org/10.4314/sljbr.v14i1.7

(A publication of the college of medicine and Allied Health science	es, University of Sierra Leone)
©SLJBR Vol.14(1), October Edition, 2023	ISSN 2076-6270 (Print), ISSN 2219-3170 (Online First)

various vaccines									
None	2	0. 8	0	0	0	0	2	0. 8	
Fear that some types will have an adverse effect on my health	2 8	11 .2	7	2. 8	2 1	8. 4	5	22 .4	
Others	4	1. 6	1	0. 4	0	0	5	2	
None	2	0. 8	0	0	0	0	2	0. 8	
Fear that some types will have an adverse effect on my health	2 8	11 .2	7	2. 8	2 1	8. 4	5	22 .4	
Others	4	1.	1	0.	0	0	5	2	

Regarding vaccine hesitancy, 56.4% of participants had intention to take the vaccine, but only after postponing it until all is clear (Table 3). Fear of getting infected was the primary motivation for 42% of medical students who agreed to take the vaccine, while belief in its safety and effectiveness was the primary motivation for 22% of nursing students (Table 3).

Table 4: Cont... Survey responses among COVID-19 vaccine acceptance and hesitant groups.

Respo	Me	dicine	Nu	rsin g	in Pharmacy			ſotal		
nse	N	%	N	%	N	%	N	%	P lev	
Do you t against c	hink covid1	nk there is enough information on the safety of vaccin /id19?								
I don't think so, but it's except ional, consid ering the nature of the virus.	0	0	0	0	1	0.4	1	0.4	0.003	
No	1 3 1	52	5 2	2 1	33	13	2 1 6	86		
Not really	1	0.4	0	0	0	0	1	0.4		

Yes	9	3	.6	1 7	6 8		6	2.4	ł	3 2	13	3	
Which ty vaccinat	/pe of ed?	the	folle	owing	g vaco	cine	s do	you p	oref	er if y	you a	re t	o be
Chines e - Sino pharm	3	1	2	3	1 2		4	1.6	6	1 0	4		
Chines e – Sinova c	8	3	3.2	5	2		1	0.4	1	1 4	5.0	5	0.012
Moder na	0		0	0	0		2	0.8	3	2	0.8	3	
No knowl edge betwe en the differe nt types	3 8	1	15	2 9	1 2		7	2.8	3	7 4	30)	
None	0		0	0	0		1	0.4	1	1	0.4	4	
Oxford - AstraZ eneca	5 1	2	20	2 3	9 2	1	14	5.6	5	8 8	35	5	
Pfizer	4 0	1	16	4	1 6		11	4.4	ł	5 5	22	2	
Russia n - Sputni k V	0		0	5	2		0	0		5	2		
Sinoph arm	1	0).4	0	0		0	0		1	0.4	4	
Do you t for every	hink body	that ?	the	Covi	d19 v	acc	ine s	hould	l be	mad	e Ma	nda	tory
Maybe	2 0	;	8	2 0	8		3	1.2	2	4 3	17	7	0.002
No	11	1	4 4	3 0	1/	2	3 2	1 3	1	73	6 9		
Yes	10)	4		7.0	5	5	2		34	1 4		
Do you t	hink t	hat	all H	ealth	care	woi	kers	shou	ld b	e vac	cinat	ed?	
Maybe	31		1 2	1 9	7.0	5	2	0 8		52	2 1		
No	45	5	1 8	1 2	4.8	3	1 8	7 2		75	3 0		0.007
Yes	65	5	2 6	3 8	15	5	2 0	8	1	23	4 9		

When participants were asked if they think there was enough information on the safety of vaccines against COVID-19:131(52.4%) of the medical students responded no, 52(20.8%) of nursing students responded no. Also, 33(13.2%) of the pharmacy students responded no, 9(3.6%) of the medical students responded yes, 17(6.8%) of nursing students responded yes and 6(2.4%) of pharmacy students also responded yes, based on the Pearson correlation test, significant correlations were found between the course of

©SLJBK (1), SN 2076-6270 (Print),

study and inadequate information on the safety of COVID-19 vaccines among students (p = 0.003)

Table	5:	Survey	responses	among	COVID-19	vaccine
accept	and	e and he	esitant amo	ng medio	cal students	5

			1	Year o	r Leve	el			То	tal	р
Respo nse	3rd y	year	5 th y	/ear	6 th y	year	4 th y	4 th year		Lai	val
	N	%	N	%	N	%	N	%	N	%	ue
Do you i	ntend	to tal	the	Covid	19 vac	cine?					
No, never.	1 0	4 0	1 5	6	9	3. 6	1 5	6	4 9	2 0	
Yes, as soon as possib le.	1 6	6	2 9	1 2	1 2	4. 8	2 9	1 2	8 6	3 4	0.1
Yes, but after postpo ning it until all is clear.	1 0	4	3 2	1 3	2 7	1 1	4 6	1 8	1 1 5	4 6	0.1 84
If you re	refuse, what are your reasons for refusing to take the vaccine?										
No suffici ent inform ation on the variou s vaccin es	1	0	7	2. 8	0	0	1 1	4. 4	1 9	7. 6	
None	0	0	0	0	2	0. 8	0	0	2	0. 8	
Fear that some types of vaccin e will have an advers e effect on my health	0	0	3 2	1 3	3	1. 2	2 1	8. 4	5 6	22	
Others	2	1	0	0	1	0.	2	0. o	5	2	

DISCUSSION

The findings of this study indicate that a significant proportion of clinical year students at COMAHS, USL were hesitant to take the COVID-19 vaccine. Similar findings were found in a previous large-scale survey conducted in

SLJBR Vol.14 No. 1 Oct. 2023 https://www.sljbr.org/index.php/sjbmr

October 2020 that included 18,526 adults across 15 countries; 73% strongly agreed or agreed that they would be vaccinated if a vaccine COVID 19 were available. However, of those, less than a quarter agreed that they would be vaccinated 'immediately' after the vaccine is available, while some others chose that they would wait for a year and even longer period.

This hesitancy may be due to concerns about the safety and effectiveness of the vaccine, as well as a lack of trust in the vaccine development process. Consistently across groups of medical students of different level in their clinical years, many doubted the efficacy and safety of the vaccines, and fear that some types of vaccine will have an adverse effect on their health. Reasons for COVID-19 vaccine hesitancy among medical students, 8(3.2%) of 5th-year medical students, 30(12%) of 6th-year medical students, and 14(5.6%) of 4th-year medical students doubted the safety of the vaccine. 11(4.4%) of 5th-year medical students, 5(2%) of 6th-year medical students, 18(7.2%) of 4th-year medical students doubted the effectiveness of the vaccine. 7(2.8%) of 5th-year medical students and 11(4.4%) of 4th-year medical students responded, no sufficient information on the various vaccines. 32(12.8%) of 5th-year medical students, 3(1.2%) of 6th-year medical students, and 21(8.4%) of 4th-year medical students responded to fear that some types of vaccine will have an adverse effect on their health.

With regards to participants assessing their health condition in general, 148(59.2%) responded good, 44(17.6%) fair, 43(17.2%) very good, and 11(4.4%) bad, 131(52.4%) had good knowledge about COVID-19, 65(26%) fair,

(A publication of the college of medicine and Allied Health science	es, University of Sierra Leone)
©SLJBR Vol.14(1), October Edition, 2023	ISSN 2076-6270 (Print), ISSN 2219-3170 (Online First)

42(16.8%) very good of knowledge about COVID-19, 7(2.8%) bad of knowledge about COVID-19.

Most participants 233 (93.2%) responded no they had not been diagnosed with COVID-19 before, 7 (2.8%) they had no idea, 4 (1.6%) yes, through a confirmed laboratory case, 5(2%) yes, but the infection was not confirmed. 171(68.4%) participants responded no, none of their close circle (such as a family member or close friends) have been infected with the COVID-19 before, 50 (20%) responded yes through a confirmed laboratory case, 16 (6.4%) responded they had no idea, 13 (5.2%) responded yes, but the infection was not confirmed.

STRENGTHS AND LIMITATIONS

This study is the first to investigate COVID-19 vaccine acceptance and hesitancy among students at across different jurisdictions at COMAHS, USL. However, some limitations should be acknowledged. First, the survey was conducted online, making it inaccessible to those without internet access. Second, the study only reflects the perspectives of students at one institution, so the findings cannot be generalized to a national level. Response bias is also a potential issue due to the self-reported nature of the survey. Lastly, the study does not aim to establish causal inferences, but rather to provide a snapshot of prevalent attitudes and perspectives at the time of the study.

CONCLUSION

In conclusion, this study highlights the prevalence of vaccine hesitancy among healthcare students in Sierra Leone towards the COVID-19 vaccine. The findings indicate that concerns about the safety, effectiveness, and side effects of the vaccine, as well as a lack of trust in the vaccine development process, may be contributing to vaccine hesitancy. The study underscores the need for targeted education and communication campaigns to address the reasons for vaccine hesitancy among healthcare students. Ensuring that students have access to accurate information about the vaccine's safety and efficacy is crucial in combating vaccine hesitancy and promoting vaccine acceptance. Ultimately, increasing vaccine uptake among healthcare students can help build confidence in the vaccine among the wider population and contribute to controlling the spread of COVID-19.

REFERENCES

Africa CDC Report August 2021. Who wants COVID-19 vaccination? In 5 West African countries, hesitancy is high, trust low / Afrobarometer. Available at: https://afrobarometer.org/publications/ad432who-wants-covid-19-vaccination-5-westafrican-countries-hesitancy-high-trust-low

AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION REPORT (AFRICA CDC 2021) Guidance on Community Social Distancing During COVID-19 Outbreak.

Dror AA (2020) Vaccine hesitancy: the next challenge in the fight against COVID-19' *European journal of epidemiology*, 35(8), pp. 775–779.

DeRoo SS (2021). Planning for a COVID-19 Vaccination Program *JAMA*, 323(24), pp. 2458– 2459.

Lazarus, J. V. (2021) A global survey of potential acceptance of a COVID-19 vaccine', *Nature Medicine*, 27(2), pp. 225–228.

Martin, C. A. (2021) Association of demographic and occupational factors with SARS-CoV-2 vaccine uptake in a multi-ethnic UK healthcare workforce: a rapid real-world analysis', *medRxiv*, p. 2021.02.11.21251548.

Omer SB, (2009) 'Vaccine refusal, mandatory immunization, and the risks of vaccine-preventable diseases', *The New England journal of medicine*, 360(19), pp. 1981–1988. doi: 10.1056/NEJMSA0806477.

Rochelle (2021) COVID-19 vaccines rush: participatory community engagement matters https://dx.doi.org/10.4314/sljbr.v14i1.7

more than ever', *Lancet (London, England)*, 397(10268), pp. 8–10. doi: 10.1016/S0140-6736(20)32642