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Reasons Linked with COVID-19 Vaccine Taking and Tentativeness Amid Medical Doctors in ATBUTH Bauchi Nigeria

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Abstract

Though COVID-19 has been in existence for more than three years, it remains a great public health problem worldwide, causing mortalities, economic and social problems even withing medical doctors. The current study aimed at discerning the main reason why some medical doctors at ATBUTH show reluctance in receiving the vaccine. A cross-sectional study was carried out using questionnaires administered to consenting medical doctors of ATBUTH. A total of 300 were administered, 117 were returned. Random sampling was employed in the selection of participants. Simple Percentages and Means were used to analyze the data. Findings showed 84.11 % of respondents were vaccinated while 15.88 % were not. 19.7 % were fully vaccinated, 57.3 % were partially vaccinated while 17 % were not vaccinated at all. For protection, to avoid travel restrictions, mandatory for work, fear of segregation, others were the reasons for being vaccinated while religious convictions, fear of segregation, conspiracy theories, dearth of information, absence of choice vaccine were the reasons given by respondents for hesitancy to be vaccinated.

Keywords: COVID 19, Vaccination, Vaccine, vaccine hesitancy, health care workers, cross-sectional, endemic, pandemic, epidemic, ATBUTH.

1. Introduction

It's been almost four years after its outbreak, COVID-19 lingers triggering immense public health upheaval worldwide with simultaneous infections, mortality, stern economic and social issues (Allen, Butler, 2017; Cerda, García, 2021; Workforce, 2021; Cerda, García, 2021). The WHO defines vaccine hesitancy as reluctance or refusal to vaccinate despite the availability of vaccines (Eugenia-toledo-romaní et al., 2022; Marzo et al., 2022). This phenomenon is considered as one of the serious threats to global health (Parsons et al., 2022; Malter et al., 2022; Galal et al., 2022). The problem of covid-19 vaccine hesitancy is also quite significant among Medical Doctors (Cerda, García, 2021; UNCTAD, 2020). Though the vaccination has been launched for some time now, but the extent of its acceptance has not been formally studied. Notably, medical doctors are an easily targetable population to be good role models in the community and foster positive public health opinions. It appears that no study has been conducted in ATBUTH to address COVID-19 vaccine acceptance among medical doctors. Hence, the study aimed to assess the acceptance and hesitancy for the COVID-19 vaccine and associated factors among medical doctors in ATBUTH.

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2. Methodology

Study area

Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH) is located in Bauchi town, Bauchi State, North Eastern Nigeria and it is located within my immediate community. It is well-equipped with more than 10 clinical and non-clinical departments with the aim of providing standard health care to both indigent and non-indigent patients.

Study design: A cross-sectional study was carried out using a structured questionnaire administered to Medical Doctors.

Study population: Consenting Medical Doctors of ATBUTH Bauchi.

Inclusion criteria: All consenting Medical Doctors of ATBUTH.

Exclusion criteria: Non-consenting Medical Doctors of ATBUTH.

Data collection: Data was collected using a self-administered questionnaire.

Data analysis: Data was analyzed using Microsoft Office tools.

3. Results

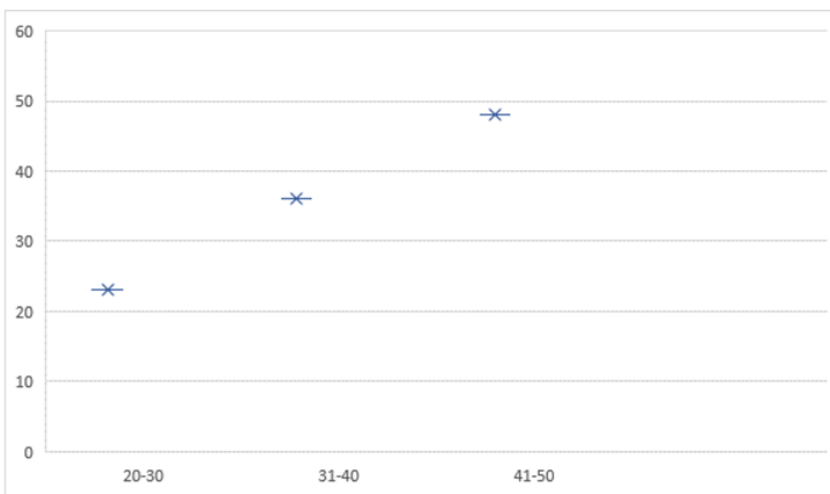


Fig. 1. Distribution of Participants by age

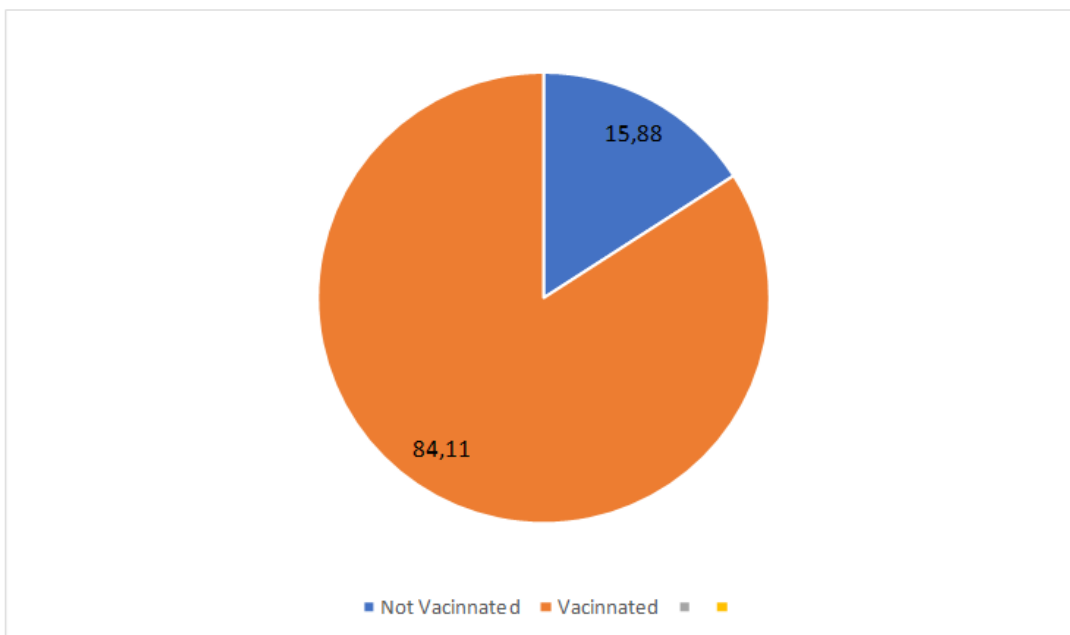


Fig. 2. Percentage Vaccinated

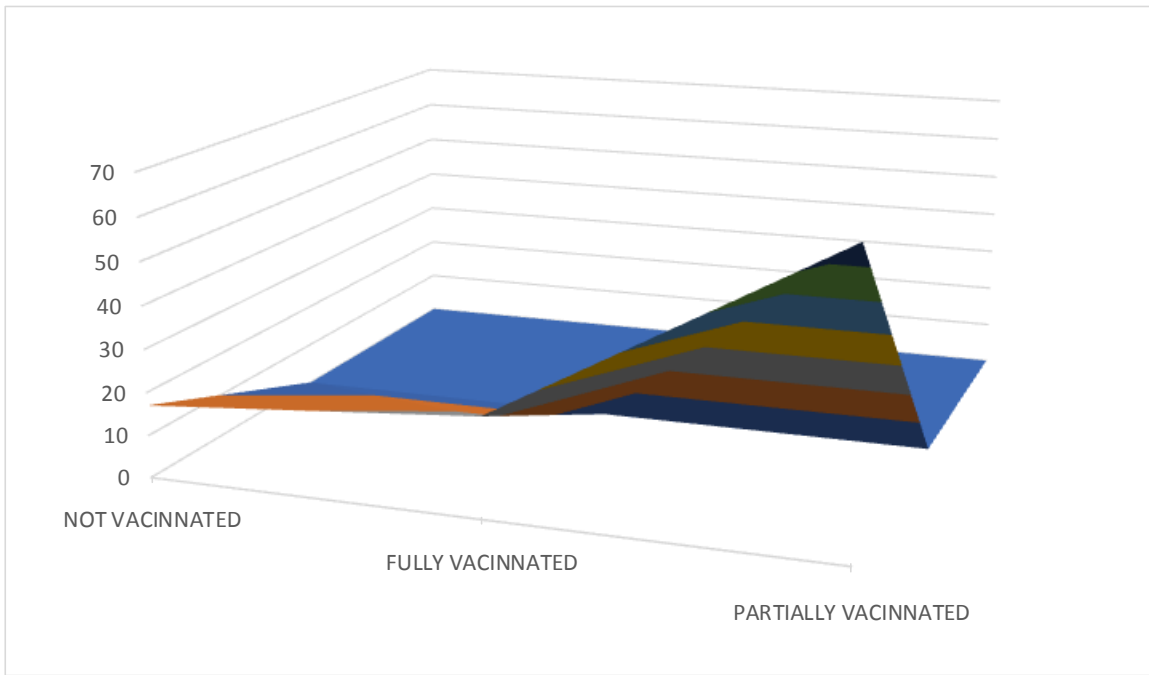


Fig. 3. COVID 19 vaccination status of Participants

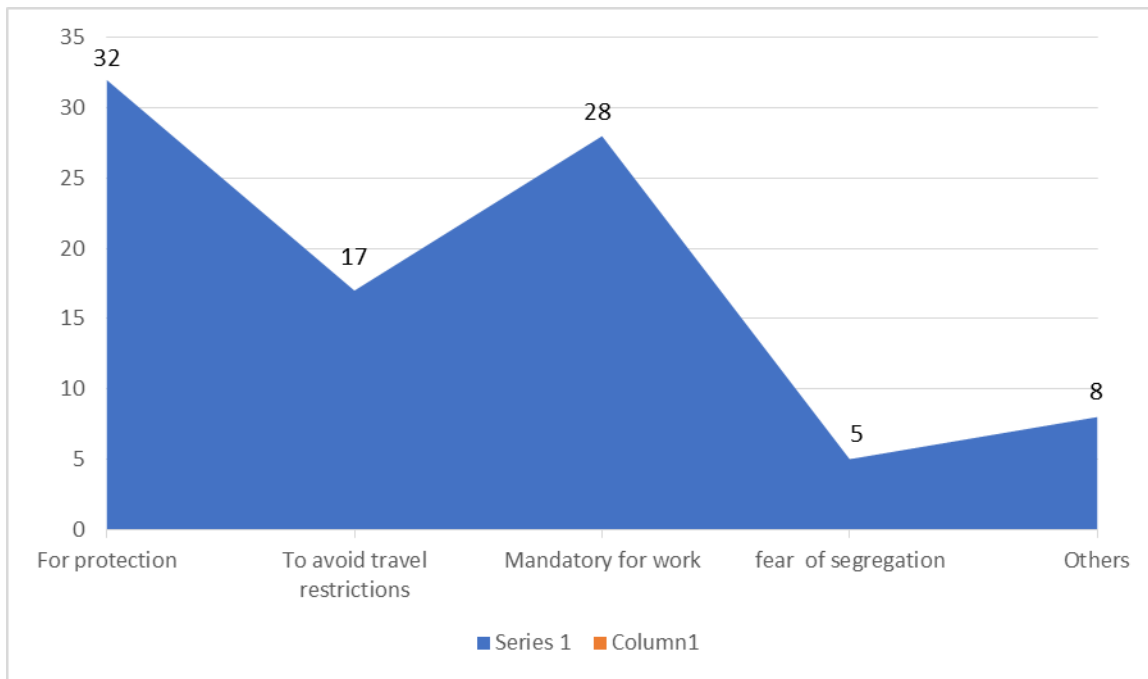


Fig. 4. Reasons for being vaccinated against COVID 19

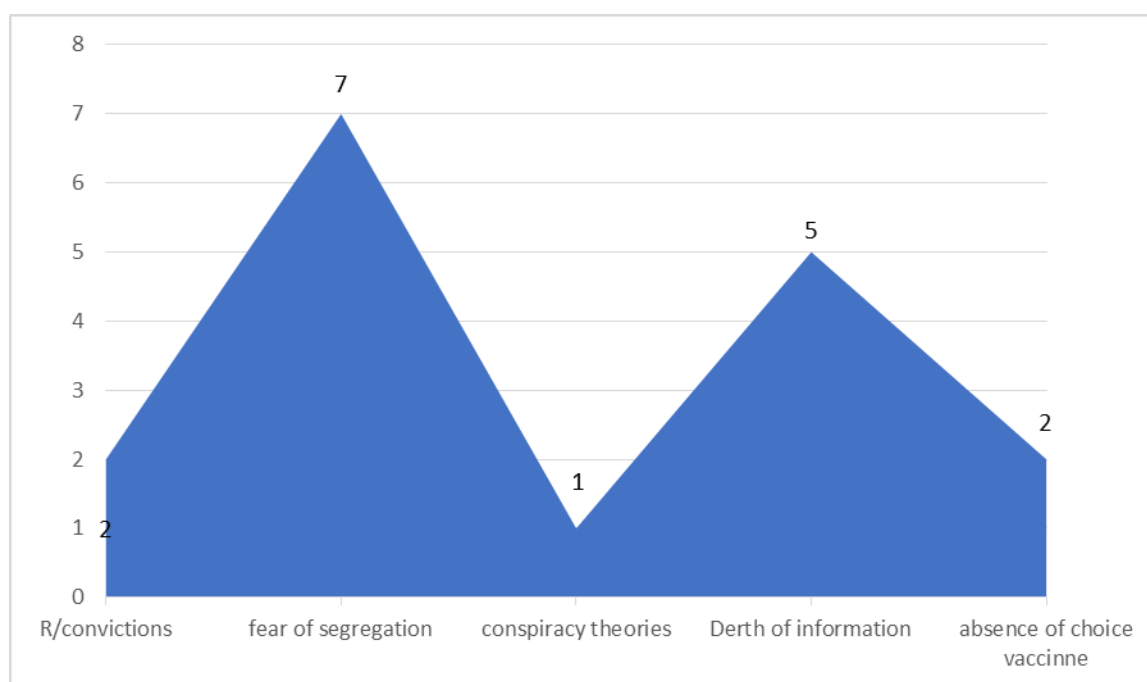


Fig. 5. Reasons for not being vaccinated against COVID 19

4. Conclusion

Findings from this study showed a considerable level of COVID-19 vaccine hesitancy in Medical Doctors, higher than that found in previous studies of Cerda and Garcia (2021) and those of Galal et al, (2022). The proportion of individuals who would refuse to take the vaccine was similar to the prevalence reported by other studies, which has mainly ranged between 2 and 11 % as expounded by Allen and Butler (2017) and Eugenia-toledo-romani et al (2022), although some studies reported that up to 20 % of the partakers were reluctant to take the COVID-19 vaccine Marzo et al. (2022) while another reported that 14 % of the participants were unwilling to take the COVID-19 vaccine due fear of side effects and 11 % because they do not need the vaccine Workforce (2021) and Watanabe (2022). Nevertheless, current study also found that 15.8 % of the participants refuse to take the COVID-19 vaccine. Other studies have explored the uncertainty regarding intention to take the COVID-19 vaccine, which ranged between 10 % and 23 % Pak et al., (2020) and Parsons et al., (2022). However, these studies scrutinized indecision and not hesitancy. While our results are in agreement with earlier studies, our study is tentative and not archetypal of the Medical Doctors population, as only consenting Doctors were sampled.

References

- Allen, Butler, 2017 – Allen, A., Butler, R. (2017). The challenge of vaccination hesitancy and acceptance: an overview. 48-86. [Electronic resource]. URL: https://www.atranceu.com/sites/default/files/299_Part%202-Article%201-Challange%20of%20Vaccine%20Hesitancy.pdf
- Cerda, García, 2021 – Cerda, A.A., García, L.Y. (2021). Hesitation and Refusal Factors in Individuals' Decision-Making Processes Regarding a Coronavirus Disease 2019. *Vaccination*. 9(April). DOI: <https://doi.org/10.3389/fpubh.2021.626852>
- Eugenia-toledo-romaní et al., 2022 – Eugenia-toledo-romaní, M., Verdecia-sánchez, L., Rodríguez-gonzález, M., Rodríguez-noda, L., Valenzuela-silva, C., Paredes-moreno, B., Sánchez-ramírez, B., Pérez-nicado, R., González-mugica, R., Hernández-garcía, T., Bergado-baez, G., Pi-estopiñán, F., Cruz-sui, O., Fraga-quintero, A., García-montero, M., Climent-ruiz, Y., Santana-mederos, D., Ramírez, U., García-vega, Y., ... Arteaga, A. (2022). Safety and immunogenicity of anti-SARS CoV-2 vaccine SOBERANA 02 in homologous or heterologous scheme: Open label phase I and phase IIa clinical trials. *Vaccine*. 40: 4220-4230. DOI: <https://doi.org/10.1016/j.vaccine.2022.05.082>
- Galal et al., 2022 – Galal, B., Lazieh, S., Al-S., Khoshnood, K. (2022). Assessing vaccine hesitancy in Arab countries in the Middle East and North Africa (MENA) region: a scoping review

protocol. 1–6. DOI: <https://doi.org/10.1136/bmjopen-2020-045348>

[Malter et al., 2022](#) – Malter, K.B., Tugel, M.E., Gil-rodriguez, M., De, G., Jackson, S.W., Ryan, W.G., Moore, G.E. (2022). Corrigendum to “Variability in non-core vaccination rates of dogs and cats in veterinary clinics across the United States”. *Vaccine*. 40(7): 1001-1009. *Vaccine*. 40(31): 4281. DOI: <https://doi.org/10.1016/j.vaccine.2022.05.035>

[Marzo et al., 2022](#) – Marzo, R.R., Sami, W., Alam, Z., Acharya, S., Jermsittiparsert, K. (2022). Hesitancy in COVID-19 vaccine uptake and its associated factors among the general adult population: a cross-sectional study in six Southeast Asian countries. *Tropical Medicine and Health*. 1–10. DOI: <https://doi.org/10.1186/s41182-021-00393-1>

[Pak et al., 2020](#) – Pak, A., Adegboye, O. A., Adekunle, A. I., Rahman, K. M., McBryde, E.S., Eisen, D.P. (2020). Economic Consequences of the COVID-19 Outbreak: the Need for Epidemic Preparedness. *Frontiers in Public Health*. 8(May): 1-4. DOI: <https://doi.org/10.3389/fpubh.2020.00241>

[Parsons et al., 2022](#) – Parsons, J., Moss, S.J., White, T.M., Picchio, C.A., Rabin, K.H., Ratzan, S.C., Wyka, K., El-mohandes, A., Lazarus, J.V. (2022). Factors affecting COVID-19 vaccine hesitancy among healthcare providers in 23 countries. *Vaccine*. 40(31): 4081-4089. DOI: <https://doi.org/10.1016/j.vaccine.2022.04.097>

[UNCTAD, 2020](#) – UNCTAD. Impact of the COVID-19 pandemic on trade and development: Transitioning to a New Normal. In United Nations Conference on Trade and Development, 2020.

[Watanabe et al., 2022](#) – Watanabe, A., Nishida, S., Burcu, T., Shibahara, T., Kusakabe, T. (2022). Safety and immunogenicity of a quadrivalent seasonal influenza vaccine adjuvanted with hydroxypropyl-b-cyclodextrin: A phase 1 clinical trial. *Vaccine*. 40(31): 4150–4159. DOI: <https://doi.org/10.1016/j.vaccine.2022.05.060>

[Workforce, 2021](#) – Workforce, C.I. (2021). Cisa insights COVID-19 Vaccination Hesitancy within the. [Electronic resource]. URL: https://www.cisa.gov/sites/default/files/publications/CISA%20Insights_Vaccine%20Hesitancy_%20Update_508c.pdf