Parents’ Willingness to Vaccinate Children against Covid-19: A case of Isoka Boys’ Secondary School in Isoka, Zambia

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Abstract: The study focused on, Parents’ Willingness to Vaccinate Children against Covid-19: A case of Isoka Boys’ Secondary School in Isoka, Zambia. This study attempted to answer the following research questions(a) What could be the results of the distribution of consent forms to parents so that their children could receive the vaccines?(b) What could be the percentage of consent given by the parents?(c) What could be the percentage of consent not given by the parents? The instrument used were questionnaires that were prepared in such a way that parents tick indicates whether they give consent for their children to receive the vaccine or whether they do not give consent. The major findings were that: (a) The response rate of the questionnaires distributed was 8%. (b) The percentage of the consent given by parents was 35%. (c) The percentage of consent not given by parents was 65%. In this study conclusion came out of the findings as stated below. (a) The response rate of the questionnaires distributed was very low. (b) The percentage of the consent given by parents was low. (c) The percentage of consent not given by parents was high. The conclusions that came out of the findings gave rise to the recommendations as given below. (i) The low response rate of questionnaires distributed mean that parents were not interested in having their children vaccinated against covid-19 vaccines.(ii) The percentage of the consent given by parents was low meaning most of the parents were not interested in their children receiving covid-19 vaccines.(iii) The percentage of consent not given by parents was very high.

Keywords: Parents; willingness; Covid-19; Isoka; Vaccines; Cases.

1. INTRODUCTION

Globally, after the continued decline observed since the end of March 2022, new weekly COVID-19 cases have stabilized during the reporting period (9 May to 15 May 2022), with over 3.6 million cases reported, a 1% increase as compared to the previous week (figure 1). On the other hand, the number of new weekly deaths continues to decline, with over 9000 fatalities reported during the same period, representing a 21% decrease as compared to the previous week. At the regional level, the number of new weekly cases increased in the Eastern Mediterranean Region (+63%), in the Region of the Americas (+26%), in the Western Pacific Region (+14%) and in the African Region (+6%) and decreased in the remaining two regions. The number of new weekly deaths decreased in all the regions except the African Region, where a 48% increase in new weekly deaths was reported. As of 15 May 2022, over 518 million confirmed cases and over six million deaths have been reported globally. These trends should be interpreted with caution as several countries have been progressively changing COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected.
As of 21 March 2022, WHO reported confirmed cases of 469,212,705 and confirmed deaths of 6,077,252. Further report states that 10,925,055,390 covid-19 vaccine doses were administered globally as of 18th March 2022. In the UN Crisis Management Team meeting held on 10 March 2021, WHO updated on the global COVID-19 epidemiology situation, and commented that there is emerging evidence to suggest a morbidity and mortality pandemic of the unvaccinated, and that this will constrain efforts to transition to a sustained, manageable post-acute phase of the pandemic? WHO, as the Chair of the CMT, stressed the need to integrate antivirals into strong clinical pathways, particularly in countries with high rates of immunosuppression, where the generation of new variants of the SARS-CoV-2 virus may emerge from? In addition, WHO informed of the recent detection of recombinant variants of Delta (AY.4 lineage) and Omicron (BA.1 lineage) and the assessment that it is probably currently circulating at low or undetectable levels (WHO, 2022).

WHO (2022) further warned that the future trajectory of COVID-19 transmission and impact is complicated and multifactorial, while all future scenarios will need to plan for managing post-COVID-19 condition? In light of the situation in Ukraine, WHO reported that the country experienced its peak number of COVID-19 cases in February 2022, but vaccination coverage in Ukraine to date has been suboptimal with only 34 per cent of the population covered by one dose.

In Denmark, Jørgensen conducted a study on Considerations Underlying Parents’ Acceptance of COVID-19 Vaccines for Their Child. The results of the study demonstrate that parents’ intention to get their children vaccinated against COVID-19 is not driven by considerations regarding the disease of COVID-19 but by considerations of the safety of vaccines and added benefits of vaccination such as normalizing societal and everyday life. This study Concluded that to increase parents’ acceptance of a COVID-19 vaccine for their children, health authorities should focus on establishing and communicating evidence for the safety of vaccines and the impact of vaccination for their everyday lives.

A study conducted by Fengming Pan et al (2021) on Parents’ Decisions to Vaccinate Children against COVID-19 which was a Scoping Review in China found that the median rate of parents vaccinating their children against COVID-19 was 59.3% (IQR 48.60–73.90%). The factors influencing parents’ attitudes towards child vaccination were heterogeneous, reflecting country-specific factors, but also displaying some similar trends across countries, such as the education level of parents. The leading reason in the child vaccination decision was to protect children, family and others; and the fear of side effects and safety was the most important reason in not vaccinating children. Further, their study informs government and health officials about appropriate vaccination policies and measures to improve the vaccination rate of children and makes specific recommendations on enhancing child vaccine rates.

Matta et al (2020) conducted a study on Parents’ knowledge, attitude and practice towards children’s vaccination in Lebanon focusing on the role of the parent-physician communication. The results of the study showed that response rate was 79.5%. The results of the multivariable analysis showed that a better patient physician communication was significantly associated with higher knowledge, better attitude and practice. Better knowledge was significantly associated with better attitude, whereas better knowledge and attitude were significantly associated with better practice.

Mudenda et al (2022) conducted a study on Prevalence and factors associated with COVID-19 vaccine acceptance in Zambia which was a web-based cross-sectional study. The results of the study show that out of 677 participants, only 33.4% (n = 226) would accept the vaccine if made available to them. In multivariable regression analysis, respondents who were older than 41 years compared to the 18 to 23 years age group (aOR: 2.77, 95% CI: 1.03-7.48), those who agreed (aOR: 22.85, 95% CI: 11.49-45.49) or did not know (aOR: 3.73, 95% CI: 2.29-6.07) compared to those who disagreed that the COVID-19 vaccine passed through all the necessary stages to ensure its safety and effectiveness, and those who were aware (aOR: 11.13, 95% CI: 5.31-23.35) compared to those who were not aware that the COVID-19 vaccine reduces virus transmission, were more likely to accept the vaccine. Conversely, entrepreneurs compared to government employees (aOR: 0.24, 95% CI: 0.07-0.79) were less likely to accept vaccination.

A study by Andrea et al (2022) on COVID-19 vaccine hesitancy in Zambia: a glimpse at the possible challenges ahead for COVID-19 vaccination rollout in sub-Saharan Africa found high acceptability of COVID-19 vaccination of their children, but substantial uncertainty and hesitancy about receiving the vaccine themselves. COVID-19 vaccination hesitancy was correlated with beliefs around COVID-19 severity and risk, as well as vaccine safety and effectiveness.
2. METHODOLOGY

A Survey study design was conducted among parents of pupils from Isoka Boys’ secondary school in Isoka district of Muchinga province in Zambia.

Population of the study

The population of the study consisted of every parent who had a child at Isoka boys’ secondary school

Sample Size

Isoka boys is a Boarding school with a population of about 800 pupils of which 634 are pupils living in Boarding and the rest are day scholars. 634 questionnaires were distributed to parents to indicated whether their children should receive the vaccine against Covid-19.

Research instruments.

The instrument used were questionnaires that were prepared in such a way that parents tick indicates whether they give consent for their children to receive the vaccine or whether they do not give consent.

Data analysis

The data obtained were checked for completeness and for any error that could have occurred. The responses on the questionnaires were entered on the excel sheet for analysis. From this the conclusion emerged out and recommendations were recorded.

Analysis of parameters

<table>
<thead>
<tr>
<th>Questionnaires</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributed</td>
<td>634</td>
</tr>
<tr>
<td>Received</td>
<td>51</td>
</tr>
<tr>
<td>Consent given</td>
<td>18</td>
</tr>
<tr>
<td>Consent not given</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: Field Data, 2022

The above table gives out the total number of questionnaires that were distributed, those that were received back with either consent given for the child to receive the covid-19 vaccines or consent not given.

Figure 1: Results of consent given or no not given by parents.

Source: Field Data, 2022
The above Figure gives shows that 65% of the parents did not give consent for their children receive vaccines against covid-19 while 35% of the parents gave consent.

3. FINDINGS

The major findings were that:

a. The response rate of the questionnaires distributed was 8%.
b. The percentage of the consent given by parents was 35%
c. The percentage of consent not given by the parents was 65%

4. CONCLUSION

In this study conclusion came out of the findings as stated below.

a. The response rate of the questionnaires distributed was very low
b. The percentage of the consent given by parents was low
c. The percentage of consent not given by parents was high.

5. RECOMMENDATION

The conclusions that came out of the findings gave rise to the recommendations as given below.

i. The low response rate of questionnaires distributed mean that parents were not interested in having their children vaccinated against covid-19 vaccines.

ii. The percentage of the consent given by parents was low meaning most of the parents were not interested in their children receiving covid-19 vaccines.

iii. The percentage of consent not given by parents was very high.

REFERENCES