

**PERCEPTION OF STUDENTS TOWARDS THE COVID -19 VACCINE: A CASE
STUDY OF THE UNIVERSITY OF BENIN**

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DECEMBER, 2022

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**BEING A RESEARCH PROJECT PRESENTED TO THE DEPARTMENT OF
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CERTIFICATION

This is to certify that this work was carried out and compiled by **OBUWE ABIGAIL** with Matriculation Number SSC1708426 of the Department of Political Science, Faculty of Social Sciences, University of Benin, Benin City.

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Date _____

Date _____

DEDICATION

I dedicate this project to God Almighty my creator, for his mercy and favour. I also dedicate this project to my Family and love ones who has been my supporter.

ACKNOWLEDGEMENT

I owe my in-depth thanks to God almighty who in his infinite mercies have given me the strength and wisdom to complete this project

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ABSTRACT

This research work was conducted to find out about the security implications of election rigging in developing countries, using Nigeria as a case study. Specifically, the study was concerned with analyzing the negative effects and implications of election rigging in relationship to the security and economy of developing countries most especially Nigeria. To achieve this, a field survey of selected respondents in Nigeria was carried out, involving 20 participants. Some of the findings from the" survey were that there is a high level of Election rigging in the country thereby resulting to political instability, violence and destruction of lives and properties. Another finding from the survey was that, there's a very low level of acceptance of Election results amongst the masses as a result of distrust and massive rigging during polls.

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

It has been just over a year since the first cases of the Coronavirus SARS-CoV-2, leading to the disease COVID-19, have been identified. Over this period, much has changed in terms of knowledge about the virus and its management. It has, indeed, been a steep learning curve for all involved. While physical distancing and other preventive measures have become an integral part of daily life for most, the hope for recovery from this pandemic focuses on widespread vaccination against COVID-19. This paper comes at a time when a number of vaccines that have been deemed to be safe and effective by international medicines regulatory bodies are available and vaccine roll out is underway in several countries, although challenges in assessing the efficacy of candidate SARS-CoV-2 vaccines still exist (Bawa, 2021).

It is also a time when virus variants have been identified and are causing significant concern. While vaccines are available, there are issues with the supply chain and the world is dealing with an exceedingly high rate of infection and death. This has been described as the pandemic paradox by the WHO regional Director for Europe, Dr Hans Kluge. Significant challenges are additionally related to vaccine equity, with low and middle income countries struggling to engage in effective vaccination programmes. The World Health Organisation (WHO) has been working hard to address this issue and a recent study commissioned by the Foundation of the International Chamber of Commerce (ICC), clearly demonstrates that unless there is global access to the vaccine, this would result in not only a moral failure but also an international economic failure (Bawa, 2021).

Vaccines are well-known for their effectiveness in controlling and, in some instances, eradicating some diseases of humanity such as smallpox. Smallpox was eradicated in May 1980 following vaccination while wild-type poliomyelitis was recently defeated in Nigeria in August 2020. Vaccines reduce the risk of getting a disease by working with the body's natural defences to build protection. When an individual is vaccinated, the person's immune system is stimulated to form defences against the disease. With the uplifting news about SARS-CoV-2 vaccines approval, optimism is raising to see an end to the pandemic through herd immunity.

The threshold for SARS-CoV-2 herd immunity is estimated to range between 50% and 67%. One major obstacle facing the achievement of such a goal is believed to be vaccine attitude and scepticism among the population worldwide especially among students in the tertiary institutions (Pozzoboni, 2021).

With the uplifting news about SARS-CoV-2 vaccines approval, optimism is raising to see an end to the pandemic through herd immunity. The threshold for SARS-CoV-2 herd immunity is estimated to range between 50% and 67%. One major obstacle facing the achievement of such a goal is believed to be vaccine hesitancy and scepticism among the population worldwide.

Vaccine hesitancy was defined by the WHO Strategic Advisory Group of Experts (SAGE) as "delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine acceptability is determined by three factors: confidence, convenience, and complacency. Confidence is defined as the trust in the safety and effectiveness of the vaccine, trust in the delivery system as the healthcare system, and the trust in the policymakers. Many people have doubts about vaccine safety, and this is going to be a major challenge to be resolved by health care providers, policymakers, community leaders, and governments to increase the widespread

acceptance of the vaccines (Raaij, 2021). Moreover, vaccination convenience refers to the relative ease of access to the vaccine that includes physical availability, affordability, and accessibility. Vaccine complacency is associated with a low realized risk of the vaccine-preventable disease and hence more negative attitudes towards the vaccines. Such scepticism was demonstrated in a poll that was conducted in the US, where 50% of the Americans said they are willing to take the vaccine, 30% are unsure, while 20% are refusing the vaccine. In another survey of adult Americans, 58% intended to be vaccinated, 32% were not sure, and 11% did not intend to be vaccinated. However, one more study reported 67% of the Americans would accept a COVID-19 vaccine if it is recommended to them, although there were significant demographic differences in vaccine acceptance

(Pozzoboni, 2021).

According to the theory of planned behaviour, it suggests that whether or not a person will comply with a particular behaviour, in this case taking the COVID-19 vaccine, depends on three major factors. These factors being: i) the person's attitudes towards the vaccination in general and the COVID-19 vaccine in particular; ii) the attitudes of 'significant others' about the vaccine; iii) the perceived behavioural control which refers to the perceived difficulty in performing the behaviour, that is, taking the vaccine. All these three factors are influenced by the social representations people have of vaccines (Hubler, 2020). These representations are created and changed by social media. Social media are major determinants of attitudes and behaviour. Moreover, it is well established that attitudes are not directly correlated with behaviour.

Although vaccine research has progressed very rapidly, public acceptance of and negative attitudes toward COVID-19 vaccines are significant challenges. Willingness to accept a vaccine

against COVID-19 is recognized as a key issue in determining the success of a vaccination program. As it is important to examine public acceptance of vaccines, previous studies have examined the acceptance rate of the 2009 H1N1 influenza vaccine. For example, during the 2009 A/H1N1 pandemic, the vaccine acceptance rates ranged from 50% to 64% among adults in the USA (Raaij, 2021). In China, over 60% of study respondents had intended to receive vaccination. Recent studies that examined the acceptance rate of COVID-19 vaccines found rates ranging from 23% to 91% among American medical students and adults,

and Chinese adults. Other associated factors of vaccine acceptability are also important to implement a vaccination strategy. For instance, a meta-analysis of 126 studies on the moderating factors of the influenza vaccination program in China found that those having higher school education level, perceiving the vaccines were safe and effective, COVID-19 as a severe disease, receiving recommendations from healthcare workers, and receiving previous influenza vaccination were associated with better vaccination coverage. In addition, previous studies found that less severe depressive symptoms and more severe anxiety symptoms were associated with higher vaccine acceptance (Ryan, 2020). While individuals may have a positive attitude towards something, they will not necessarily behave in a manner which is consistent with that attitude. Research by McGowan (2020) based on Theory of Reasoned Action found that attitudes of significant others in a person's life have an important effect on whether people comply with performing a particular behaviour.

Therefore, positive health behaviour can be enhanced, if those who are important in a person's life encourage them to do so. Further studies showed that compliance with a health behaviour was predicted even better if self-efficacy and perceived control were considered together with attitudes and subjective norms. In circumstances when people believe that a particular health-

related behavior can bring about a change in their lives and when they believe that they have control over whether or not to perform this behaviour, the likelihood that the person performs this behavior increases.

1.2 Statement of the Problem

It is no doubt that the coronavirus disease 2019 (COVID-19) infection can be considered one of the fastest spreading viral infections. Since it got discovered in Wuhan, China, at the end of 2019, more than one million humans were infected in more than 200 countries in less than four months. Corona is a Latin word that means crown. It's a large ribonucleic acid (RNA) positive single-stranded enveloped virus, one of Beta coronavirus family. After H1N1 in 2009, Polio and Ebola in 2014, Zika in 2016, and Ebola one more time in 2019, COVID-19 was declared as an outbreak, by the World Health Organization (WHO) on 30th January, 2020, becoming the sixth public health emergency of international concern. However, there has been quite a mixed reaction on the issue of the corona virus disease as many sect say that the vaccines are manmade weapons to alter the DNA nature of man while other are of the opinion that it is fit for use by anyone without any form of effect. Over the months, the attitude of people across the world has been on the negative side, using United States for example, a study conducted by Smith (202 1) showed that 50% of the citizens of America are indifferent with a positive attitude about the Covid-19 vaccine saying that it does not have any significant long term effect on anyone. However, 50% were also of the belief that this vaccine has not been given adequate testing enough to be considered as a vaccine for the treatment of the most dreaded Covid-19 diseases.

The role of the Social media was a significant factor in influencing the attitude of the people although the world health organization (WHO) tried its best to convince the world that the

vaccines are health approved, however, many other bodies especially religious organizations were seen to have a different view of the vaccines as they saw as a plot by world leaders to reduce the population of man. This however formed a mixed reaction in the hearts of the citizens all around the world which made a percentage of the world's population to accept the vaccine while the other percentage refused to adept the vaccination. This has been a long battle since 2020 when the first vaccine was declared. This is however not different from our tertiary institutions as the students also had mixed attitude and perceptions on the issue of the Covid- 19 vaccine as many of them has bluntly refused to take the vaccine while those that have taken the vaccine do not see anything wrong in the vaccine. It is against this backdrop that this study is conducted to examine the perception of student towards the Covid-19 vaccine: a study of the University of Benin, Benin City, Edo State.

1.3 Aim and Objectives of the Study

The aim of the study is to examine the attitude of student towards the Covid-19 vaccine: a case study of the University of Benin, Benin City, Edo State. Specifically, the objectives study seeks to find out:

1. The influence of media on the attitude of students towards the covid-19 vaccine.
2. If parental influence affect the attitude of students towards the covid-19 vaccine.
3. Whether peer group influence the attitude of students towards the covid-19 vaccine.
4. The influence of religious affiliation on the attitude of students towards the covid-19 vaccine.

1.4 Research Questions

The following research questions are raised to guide the study:

1. Does the media influence the attitude of students towards the covid-19 vaccine?
2. Does parental influence affect the attitude of students towards the covid-19 vaccine?
3. Does peer group influence the attitude of students towards the covid-19 vaccine?
4. Does religious affiliation influence the attitude of students towards the covid-19 vaccine?

1.5 Significance of the Study

The findings of the study would be of benefit to researchers, educational planners, government, and university administrators. The findings of this study would be beneficiary to researchers as the findings of the study properly documented would contribute to the body of knowledge on the attitude of student towards the Covid-19 vaccine. Therefore, it will be of immense importance to researchers. It will also be of importance to educational planners as it highlights the effects of negative attitude towards the Covid-19 vaccination and how this can be improved upon. The findings of the study will be of benefit to university administrators as it highlights ways to deal with the negative attitudes of student towards the Covid-19 vaccine and how they can help students to better understand the importance of the vaccine and the medical implication of not taking the vaccine.

The findings of this study will also assist various levels of government as it highlights the attitude of student towards the Covid-19 vaccine, so it will help them spell out ways to help influence positively the attitude of students and give them a better attitude towards the covid- 19 vaccine.

1.6 Scope of the Study

This study covers the attitude of student towards the Covid-19 vaccine: University of Benin, Benin City as a case study. The study will attempts to examine how the media, peer group, parental influence and religious affiliation influence the attitude of students in tertiary institutions. The study is delimited to students of the University of Benin, Benin City, Edo State.

1.7 Definition of Terms

The following terms are defined as operationally used in the study.

Covid 19: The coronavirus disease 2019 (COVID-19) is a communicable respiratory disease Caused by a new strain of coronavirus that causes illness in human and lead to death in a very fast way.

Tertiary Education: Also called post-secondary education, is any level of education pursued bevond senior secondary school.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter presents the review of related literature on attitude of student towards the Covid- 19 vaccine: a case study of the University of Benin, Benin City, Edo State, under the following sub-headings:

2.1 Theoretical Framework

This study adopts two theories that are relevant in explaining the attitude of students towards the corona virus vaccination. They are the:

2.1.1 Assumption of TAM (Technology Acceptance Model)

TAM assumes that both perceived usefulness (U) and perceived ease of use (EOU) of the new technology are central in influencing the individual's attitude towards using that technology. An individual's attitude is hypothesized to influence the behavioural intention to use a technology, finally relating to actual use. Perceived usefulness (U) as described by Davis (2015) is the belief that ICT adoption leads to augmented workplace activity. The perception of ease of use (EOU) is described as a belief that an IS system is effortless in use.

In various studies (Bajaj, & Sharma, 2018), it was discovered that technology acceptance model (TAM) yields high explained variance for why users choose to utilize systems. In the follow-up model TAM2, the attitude component was not included anymore, and the perceived technology characteristics directly influenced the individual 's intention to use the new technology under consideration. Additionally, social influences (operationalized norm) re-

entered the model (Abdel-Waha, 2021).

Both TAM and TAM2 have been applied in different forms to explain technology adoption model in a wide variety of contexts ranging from consumer to intra-organizational technology acceptance (Raaij and Schepers, 2006). In the present study, two more independent variables are added to the original technology adoption model, namely, the pressure to use and resources availability. The strategy was adapted from the method applied by Raaij and Schepers (2006) stating that the rationale behind the use of these two factors is that, in addition to usefulness and ease of use, there must be some pressure on the decision maker to use a particular innovation (accelerated product innovation by all competitors is an pressure), and decision maker must have the resources to adopt such an innovation.

2.1.2 Theory of Reasoned Action/Planned Behaviour

Two closely associated theories - The Theory of Reasoned Action and the Theory of Planned Behaviour - suggest that a person's health behaviour is determined by their intention to perform a behaviour. A person's intention to perform a behaviour (behavioral intention) is predicted by

1. a person's attitude toward the behaviour, and example' of such a

2. subjective norms regarding the behaviour. Subjective norms are the result of social and environmental surroundings and a person's perceived control over the behaviour. generally, positive attitude and positive subjective norms result in greater perceived control and increase the likelihood of intentions governing changes in behaviour. Examples are:

SIP smarter is a health promotion program implemented in rural southwest Virginia. The goal of the program is to decrease sugar-sweetened beverage consumption among adults. The

intervention strategy is based on the Theory of Planned Behaviour and includes education through small-group classes and teach back methods.

A cervical cancer prevention program was designed for women in rural, Appalachian Kentucky. 1-2-3 Pap: Easy Steps to Prevent Cervical Cancer is a cervical cancer prevention program designed for women in rural, Appalachian Kentucky. The program components include strategies to increase knowledge and modify attitudes, beliefs, and behaviour, using the Theory of Planned Behaviour as a guide.

2.2 Concept of Covid-19

Coronavirus disease is a contagious disease that first emerged in Wuhan, China in 2019. It was later coded "coVID-19" by the World Health Organization (WHO) which stands for Coronavirus disease 2019. The Coronavirus outbreak remains one of the worst global pandemics for decades. The mortality rate soared and the ease of spread was upsetting.

Research shows that older people and those with underlying medical problems like cardiovascular diseases, diabetes, chronic respiratory diseases, and cancer were most likely to develop serious illnesses from coronavirus (WHO, 2020). Some of the symptoms of Coronavirus include; Sore throat, runny nose, constant coughing/sneezing, breathing difficulty and fatigue. Coronaviruses are a family of viruses that cause illness such as. Respiratory diseases or gastrointestinal diseases. Respiratory diseases can range from the common cold to more severe diseases e.g. Middle East Respiratory Syndrome (MERS-CoV) and the Severe Acute Respiratory Syndrome (SARS-CoV).

A novel coronavirus (CoV) is a new strain that has not been identified in humans previously. Once scientists determine exactly what coronavirus is, they give it a name (as in the case of

COVID-19, the virus causing it is SARS-CoV-2). Coronaviruses got their name from the way that they look under a microscope. The virus consists of a core of genetic material surrounded by an envelope with protein spikes. This gives it the appearance of a crown. The word Corona means "crown" in Latin. Coronaviruses are zoonotic, meaning that the viruses are transmitted between animals and humans. It has been determined that MERS-CoV was transmitted from dromedary camels to humans and SARS-CoV from civet cats to humans (Abdel-Waha. 2008).

The source of the SARS-CoV-2 (COVID-19) is yet to be determined, but investigations are ongoing to identify the zoonotic source to the outbreak (Abdel-Waha, 2021). Typically Coronaviruses present with respiratory symptoms. Among those who will become infected, some will show no symptoms. Those who do develop symptoms may have a mild to moderate, but self-limiting disease with symptoms similar to the seasonal flu. Symptoms may include: respiratory symptoms, fever, cough, shortness of breath, breathing difficulties, fatigue and sore throat. A minority group of people will present with more severe symptoms and will need to be hospitalised, most often with pneumonia, and in some instances, the illness can include ARDS, sepsis and septic shock (Abdel-Waha, 2021). Emergency warning signs where immediate medical attention should be sought include: difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse and bluish lips or face (Levy, 2020). The year 2020 was welcomed by a deadly viral outbreak called coronavirus disease 2019 (COVID-19), previously known as 2019-novel coronavirus (2019-CoV). COVID-19 was reported from Wuhan, the capital and major business city of Hubei province, China (Alvarez, 2020).

In a very short time, the disease spread across China and cases were reported with an exponential increase in morbidity and mortality rates. The disease has evolved and continues to be very

serious emergency across the globe. On March 11 2020 the WHO declared COVID- 19 a pandemic, having met the epidemiological criteria of having infected >100,000 people in at least 100 countries (Callaway, 2020). Symptoms exhibited by COVID-19 disease range from fever, cough, respiratory symptoms, shortness of breath, and breathing difficulties (World Health Organization (WHO), 2020). Fatal outcomes can include lower-respiratory tract illnesses, such as pneumonia and bronchitis, or acute respiratory distress syndrome (ARDS) and severe acute respiratory syndrome (SARS) in severe diseases. These complications are more pronounced in patients with underlying health conditions such as cardiopulmonary disease, immunocompromised individuals, infants and the elderly (Centre for Disease Control Prevention (CDC), 2020). The global mortality rate of COVID-19 is currently estimated to be 3.41% (Adebisi, 2020).

2.3 The Concept of Attitude

Attitudes are formed by people as a result of some kinds of learning experience if the experience is favorable a positive attitude is found and vice versa. The attitudes people hold frequently influence the way they act in person and larger situations. For this reason, administrators, psychologists and sociologists are concerned with attitude development, how they affect behaviour and how they can be changed. This is the cross road physical education as an academic subject finds itself. Researches have shown that most parents are not happy to hear their children and wards talk about physical education and sports. According to Laura (2015), parents are not knowledgeable enough about the academic programmes in physical education. On the relationship between science teachers characteristics and students achievements and attitudes Lawrenz (2013) quoted by Laura (2015) found that, the teacher's desire to improve himself within his profession was positively related to students' achievement, and that the teachers'

attitude towards science was significantly related to students achievement and attitude. Also Martinez (2017) conducted a study on relationship between attitude and achievement in science method class and observed that the attitudes of the students' and teachers towards science was not a predictor of achievement, and that a significant positive relationship existed between teacher process skills achievement and their (students) attitudes towards science.

2.4 Measuring College Student Attitudes toward COVID-19 Vaccinations

After March 11th, 2020, when the World Health Organization (WHO) declared COVID- 19 (coronavirus) a global pandemic (World Health Organization, 2020), colleges and .universities briskly moved students, faculty, and staff online in an abundance of safety and caution. This move to online learning was particularly burdensome, both in terms of human and financial capital, for institutions with large on campus populations. Moving students online also removed them from residence halls and student affairs related activities on campus, many of which employ thousands of higher education professionals across the United States and the world (Hubler, 2020). Additionally, on campus activities, such as becoming involved in student organizations and socializing with classmates in true in person settings have been proven to increase retention and graduation rates, compounding the difficulty of a shift to online learning (Bawa, 2021).

given the many hurdles presented by COVID-19, many institutions of higher education are avnloring how to reopen their doors in subsequent semesters. Reopening would not only bring students back to campus but also bring faculty and staff back to campus and re-employ thousands of laid off or furloughed workers across the United States and the World (Hubler, 2020). As has been well-documented across dozens of news outlets, the development of a viable,

safe, and effective COVID-19 vaccine became a reality in early 2021, as both Pfizer and Moderna mRNA vaccines cleared emergency authorization and were available to certain populations (Centers for Disease Control and Prevention, 2021). The public availability of vaccines in early 2021 was often limited to high-risk populations including those who are 65 and older or those who were essential workers working in healthcare, such as hospital and clinic workers (Centers for Disease Control and Prevention, 2021).

2.5 Side Effects of Covid-19 Vaccination

COVID-19 vaccines are safe, and getting vaccinated will help protect you against developing severe COVID-19 disease and dying from COVID-19. You may experience some mild side effects after getting vaccinated, which are signs that your body is building protection.

2.5.1 Why it's normal to have mild side effects from vaccines

Vaccines are designed to give immunity without the dangers of getting the disease. It's common to experience some mild-to-moderate side effects when receiving vaccinations. This is because the immune system is instructing the body to react in certain ways: it increases blood flow so more immune cells can circulate, and it raises the body temperature in order to kill the virus.

Mild-to-moderate side effects, like a low-grade fever or muscle aches, are normal and not a cause for alarm: they are signs that the body's immune system is responding to the vaccine, specifically the antigen (a substance that triggers an immune response), and is gearing up to fight the virus. These side effects usually go away on their own after a few days. Common and mild or moderate side effects are a good thing: they show us that the vaccine is working.

Experiencing no side effects doesn't mean the vaccine is ineffective. It means everybody responds differently (Ryan, 2020).

2.5.2 Common Side Effects of COVID-19 Vaccines

Like any vaccine, COVID-19 vaccines can cause side effects, most of which are mild or moderate and go away within a few days on their own. As shown in the results of clinical trials, more serious or long-lasting side effects are possible. Vaccines are continually monitored to detect adverse events. Reported side effects of COVID-19 vaccines have mostly been mild to moderate and have lasted no longer than a few days. Typical side effects include pain at the injection site, fever, fatigue, headache, muscle pain, chills and diarrhoea. The chances of any of these side effects occurring after vaccination differ according to the specific vaccine. COVID-19 vaccines protect against the SARS-CoV-2 virus only, so it's still important to keep yourself healthy and well (Holcombe, 2020).

Less Common Side Effects

Upon receiving the vaccine, a person should be requested to stay for 15-30 minutes at the Vaccination site so health workers are available in case of any immediate reactions. Individuals should alert their local health providers following vaccination if they experience any unexpected side effects or other health events - such as side effects lasting more than three days. Less common side effects reported for some COVID-19 vaccines have included severe allergic reactions such as anaphylaxis: however, this reaction is extremely rare. National authorities and international bodies, including WHO, closely monitor for any unexpected side effects following COVID-19 vaccine use (Pozzoboni, 2021).

Long-Term Side Effects

Side effects usually occur within the first few days of getting a vaccine. Since the first mass vaccination programme started in early December 2020, hundreds of millions of vaccine doses have been administered. There have been concerns about COVID-19 vaccines making people sick with COVID-19. But none of the approved vaccines contain the live virus that causes COVID-19, which means that COVID-19 vaccines cannot make you sick with COVID-19.

After vaccination, it usually takes a few weeks for the body to build immunity against SARS-CoV-2, the virus that causes COVID-19. So it's possible a person could be infected with SARS-CoV-2 just before or after vaccination and still get sick with COVID-19. This is because the vaccine has not yet had enough time to provide protection. Experiencing side effects after getting vaccinated means the vaccine is working and your immune system is responding as it should. Vaccines are safe, and getting vaccinated will help protect you against COVID-19 (McGowan, 2020).

26 Benefits of Getting a COVID-19 Vaccine

cCOVID-19 Vaccination Is a Safer Way to Build Protection: Getting a

vaccination is a safer way to build protection than getting sick with COVID-19. The

vaccination helps protect you by creating an antibody response without you having to

experience sickness.

Getting sick with COVID-19 can have serious consequences.

Getting sick with COVID-19 can cause severe illness or death, even in children, and we

can't reliably predict who will have mild or severe illness.

You may have long-term health issues after COVID-19 infection. Even people who do not have symptoms when they are initially infected can have these ongoing health problems.

People who are sick with COVID-19 may spread COVID-19 to others including friends and family who are not eligible for vaccination and people at increased risk for severe illness from COVID-19

COVID-19 Vaccines Are Safe for Children and Adults: While COVID-19 vaccines were developed quickly, all steps have been taken to ensure their safety and effectiveness.

COVID-19

- Hundreds of millions of people in the United States have received COVID-19 vaccines under the most intensive safety monitoring program in U.S. history.
- A growing body of evidence shows that the benefits of COVID-19 vaccination outweigh the known and potential risks. CDC recommends an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) in most circumstances based on an updated risk-benefit analysis.

Before recommending COVID-19 vaccines, including for children ages 5 years and older, scientists conducted clinical trials with thousands of adults and children and found no serious adverse events. Everyone who receives a COVID-19 vaccine can participate in safety monitoring by enrolling themselves and their children ages 5 years and older in v-safe and completing health check-ins

after their COVID-19 vaccination. Parents and caregivers can create or use their own account to enter their children's information (National Health Commission of China, 2020).

safety concerns.

COVID-19 Vaccines are Effective: COVID-19 vaccines are effective and can lower your risk of getting and spreading the virus that causes COVID-19. COVID-19 vaccines also help prevent serious illness and death in children and adults even if they do get COVID-19.

Recent data suggest COVID-19 vaccines become less effective at preventing infection or severe illness over time, especially for people ages 65 years and older. This is why booster shots are recommended for people ages 12 years and older who have completed their primary vaccination series. However, even as the vaccine's ability to prevent infection decreases with time, COVID-19 vaccination continues to reduce the risk of hospitalization and death when people become infected with COVID-19 (Pragholapati, 2020).

People who have certain medical conditions or who are taking medications that weaken their immune system may not be completely protected even if they completed the primary vaccination series. Some people who are moderately or severely immunocompromised should get an additional primary dose of COVID-19 vaccine and a booster shot. Viruses are constantly changing, including the virus that causes COVID-19. These changes occur over time and can lead to the emergence of variants that may have new characteristics. Vaccines continue to reduce a person's risk of contracting the virus that cause COVID-19. Vaccines are highly effective against severe illness (Pragholapati, 2020).

COVID-19 vaccination is a more reliable way to build protection: The level of protection people get from having COVID-19 (sometimes called natural immunity) may vary depending on how

mild or severe their illness was, the time since their infection, and their age; and there is still not an antibody test available that can reliably determine if a person is protected from further infection.

All COVID-19 vaccines currently available in the United States are effective at preventing COVID-19. Staying up to date with COVID-19 vaccination gives most people a high level of protection against COVID-19. Once Up to Date on COVID-19 Vaccination, one can start doing more. When people are up to date on COVID-19 vaccination, they can resume many activities with proper precautions (e.g., wearing a mask while indoors in public spaces).

- When you are up to date on COVID-19 vaccination, you may not always need to wear a mask in public.

- o In general, it is not necessary to wear a mask in outdoor settings.

- o In areas with high numbers of COVID-19 cases, consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not up to date on COVID-19 vaccination.

- o It is necessary to continue to wear a well-fitting mask indoors in public even in an area of substantial or high transmission to maximize protection and prevent possibly spreading COVID-19 to others.

- People who are up to date on COVID-19 vaccination who travel within the United States do not need to get tested for COVID-19 before or after travel or self-quarantine after travel (Raaij, 2021).

- Most people who are up to date on COVID-19 vaccination with no COVID-like symptoms do not need to quarantine or be restricted from work or school following an exposure to Someone with suspected or confirmed COVID-19.

People up to date on COVID-19 vaccination who have come into close contact with someone with COVID-19 should be tested at least 5 days after they last had close contact with someone with COVID-19 and wear a well-fitting mask around others for 10 days.

People who have a condition or are taking medications that weaken their immune system may not be completely protected even if they have completed a primary series of a COVID-19 vaccine (Pragholapati, 2020). They should continue to take all precautions recommended for unvaccinated people, including wearing a well-fitting mask, until advised otherwise by their healthcare provider. People who are eligible for an additional primary dose of COVID-19 vaccine get a booster shot after completing their COVID-19 vaccination primary series.

2.7 Parental influence and Covid-19 Vaccination

As of early December 2020, more than 2.3 million children and youth had developed Covid-19 and 209 had died. Although a vaccine that's 90.7% effective in preventing the illness was authorized for young persons in late October, these figures apparently aren't convincing enough to persuade many parents to vaccinate their children. According to a recent survey by the Kaiser Family Foundation (KFF, 2021), only 27% of parents of 5 to 20 year olds are keen to immunize their children against COVID-19, whereas 30% said they definitely won't vaccinate their children. One-third of parents said they 'I]. *wait and see before deciding how to proceed. This has however affected the attitude of students towards taking the covid-19 vaccine. Parental influence goes a long way in affecting whether children will want to take the vaccine as not as

many of them rely on the information from their parents to whether or not to take the vaccine. So why are parents more hesitant when it comes to the COVID-19 jab? For many, the answer is related to familiarity with the vaccines in question. Shots to protect against measles, mumps, and rubella have been around since the 1960s. But the first COVID-19 vaccine was created in 2020; it's still relatively uncharted territory. And unlike parents of the 1960s, today's parents may be inundated with social media and internet messages promoting misinformation about or mistrust in vaccines. We are part of the Pittsburgh Community Vaccine Collaborative, which is a community-academic partnership that seeks to ensure equitable access to the COVID-19 vaccines. Through that effort, we have focused on building trustworthiness of the vaccines and of the providers and health systems that are offering the vaccines in their communities (Taibat, 2020).

Health care providers are a trusted source of information for COVID-19 vaccine information, but they are not the only sources. Research has found that it is important to lean on the expertise and voices of community partners, community health workers and religious leaders.

This research suggests that paediatricians and public health professionals can effectively use social media to promote vaccination and provide families with reputable scientific information to address their questions and concerns. Results of a survey that was recently published in *Academic Paediatrics* found that 96% of parents used social media. Of those, 68% reported using it for health information (Taibat, 2020).

2.8 Religious Affiliation and Covid-19 Vaccination

Some citizens have decided to use or abuse the religious exemption to avoid the COVID-19 vaccine that has proved, on medical grounds, to be safe and effective. However, recent studies

show an individual's likelihood of vaccination has less to do with their faith and much more to do with their political beliefs. From media stories about religion and the COVID-19 vaccine, the public would think that many or most religious people are skeptical about it. That is far from the truth. According to Bayo (2021), religious Americans vary slightly by faith tradition but overall are just as likely as other citizens to be vaccinated.

Further, far more religious worshippers in the U.S. have said their clergy have encouraged the vaccine than have discouraged it. The latter group is a tiny percentage of religious leaders. But they, and religious followers who reject the vaccine, seem to get all of the attention: The bigger story is the large number of religious leaders, including the pope, who emphasize the compatibility of faith and science. In the face of COVID-19, that means to recognize the life-protecting impacts of research and medical care. Religious leaders recommend the -to care for oneself and to love one's neighbors.

support getting the vaccine, as well as masking
compassionate action of getting the vaccine-

Some clergy have broadcast this message to and other public health practices, while others opted for the quieter work of leading by example and through private conversations. This is happening across America and across religious traditions and denominations.

Moreover, religious communities tend to talk about the greater good that goes above and beyond individuals. The common good that we make possible together, as a community, not when we are alone. But still, it is more prevalent, and perhaps more politically expedient, to portray religious people as being captivated not by reason but by strange apocalyptic visions and conspiracy theories. From a different political perspective, it is convenient to suggest that Christianity in general has a problem with the vaccine, especially the vaccine mandates, in an attempt to magnify public objections to them (UNESCO, 2020).

In reality, religious people who object to the vaccine on faith-based grounds are a small minority. A number of impressive and dedicated religious leaders, including the Christians and the Vaccine coalition, have patiently engaged those people of faith who do object, taking seriously the varied theological and spiritual concerns of those who are hesitant about the vaccine. Still, some people will seek a vaccine exemption on religious grounds. This type of request fits in a long tradition in the U.S., dating back to the First Amendment's free exercise clause, of creating religiously grounded accommodations in public life and in the workplace.

These typically occur when citizens or employees claim that sincerely held beliefs about ultimate questions concerning purpose, life, and death interfere with an otherwise required civic or workplace practice. While the line between a religious belief and a philosophical or political one is often blurred, feeling discomfort or even moral offense toward a public requirement does not necessarily make that objection a religious one (UNESCO, 2020).

2.9 Media and Covid-19 Vaccination

Since the beginning of the COVID-19 pandemic, there has been an abundance of information, with nearly every media channel covering the latest developments. Information channels, both

traditional and social media, are sharing vaccine information and may be very influential in swaying public opinion as to whether or not members of the public want to be vaccinated. Past research has found that online forums, blogs, and social media have contributed to the spread of vaccine hesitancy. Several authors have examined how social media platforms contribute to vaccine hesitancy such as by promoting personal narratives over empirical data and connecting anti-vaccination themes to broader belief systems of freedom of choice and parental rights. Social media has continued to be a vehicle for the spread of COVID-19 misinformation. The media has been the major factor that has greatly affected the attitude of students towards the Corona virus vaccination. This is seen as there has been the several information about the vaccine that has shaped the minds of students on the decision to take the vaccine. Many of the information gotten were from unreliable sources and so tend to believe without taking into account the advantages of the vaccines and how it can shield against further spread of the deadly virus in the world. Although the WHO have been quite unsure of the long term effect of the covid-19 (5 years and above), a lot of persons have become sceptical about their future if should take the vaccine (UNICEF, 2021).

Furthermore, social media activists have been on the media trailing news on the possible uncertainty of the vaccine and the seemingly hidden plans of the world leader and billionaires of the world to control the population of the world. This has led to massive campaign by social media anti-vaccine activists on the possible dangers of taking the jab of the covid vaccine.

Misinformation related generally to the pandemic at large has spread online, and has increased with the introduction of the vaccine. For example, there have been rampant conspiracy beliefs that the virus was created as a government bioweapon, and that the virus was the result of 5G cellular networks. Singh and colleagues (2020) found that low quality sources that were

unverified and appeared to promote misinformation on COVID-19 were more commonly retweeted than those with high quality information linked to verifiable health authorities. Anti-vaccine activists are a small but vocal group. According to research conducted by the non-profit Centre for Countering Digital Hate, just 12 social media accounts the "disinformation dozen" - are behind the majority of anti-vaccine posts on Facebook. Studies also show that only about 2% of parents reject all vaccines for their children. A larger group, or about 20%% of parents, can more accurately be described as vaccine hesitant, which means they are undecided about having their children receive vaccines as recommended by the U.S. Centre for Disease and Control and Prevention (Raaij, 2021).

With regard to COVID-19 vaccines specifically, as of October 2021, about one-third of parents with children said they would get their child vaccinated right away. Another one-third said they would wait to see how the vaccine is working, and the last one-third said they would definitely not get their child vaccinated. It can be difficult for parents to sort through the large amount of information available about COVID-19 vaccines - both true and untrue. In their search for answers, Some parents turn to the media platforms. The problem is, these parents are often targeted by anti-vaccine activists who are better organized and more skilled at tailoring their messages to the varied concerns of people who are vaccine hesitant in comparison to pro-vaccine activists, which in turn they pass this same information to their children which an form their possible attitudes. Social media, in particular, has been a primary vehicle for the spread of misinformation. Although sometimes misinformation is blatantly false, other times it is more like a game of telephone. A kernel of truth gets modified slightly as it is retold, which ends up becoming something untrue. Unfortunately, exposure to COVID-19 misinformation has been shown to reduce people's intent to get vaccinated (UNICEF, 2021).

2.10 Summary of Literature Reviewed

In a study carried out by Mohsen (2021) on the Knowledge, Attitude and Practice toward the Novel Coronavirus (COVID-19) Outbreak conducted among the general population of Iran above 15 years of age, it showed that 90% with 60.8% of the general population having moderate knowledge towards the disease. Also, an overall score of 85% was achieved regarding the knowledge of the mode of transmission and groups at higher risk of COVID-19.

regarding the attitude towards and practice of COVID-19, an overall score of 90% and 89% of the total score were achieved among the given population. The result showed a significant correlation between female gender, higher age, and higher education with knowledge, attitude, and practice. The findings suggest that Iranian population demonstrated decent knowledge, appropriate practice, and positive attitude towards COVID-19 at the time of its outbreak. Adegboke (2021) in his work on Factors Affecting Attitudes towards CoVID-19 Vaccination

stated that medical students come in contact with individuals infected with COVID-19 in their clinical rotations. A high level of acceptance of vaccination is needed for them to protect their health and the health of patients from this disease, Using a cross-sectional design, we conducted a questionnaire survey of medical students in July 2021. For this survey, we employed a 15-item questionnaire specifically developed to assess the students' attitudes toward COVID-19 vaccination. Of the 742 distributed questionnaires, 496 (294 males and 202 females) were completed. Among all the participants, 89.1% (442/496) received' the. Second dose of the vaccine, and 90.7% (450/496) indicated that they would hypothetically receive the COVID-19 vaccine in the future. Furthermore, 84.5% (419/496) of all the participants were willing to receive a third dose of the vaccine. Confidence in vaccines, relaxation of mobility restrictions.

and concern about the sustainability of immunity motivate willingness to receive a third dose of the COVID- 19 vaccine in medical students. Bayo (2021) studied on College Student Vaccine Attitudes. This survey explores attitudes of 1,197 currently enrolled college students regarding their comfort taking a COVID-19 vaccine.

Results suggest most college students are willing to take a COVID-19 vaccine if their Institution requires it to return to campus in subsequent semesters. However, certain students of Color, students with disabilities, and adult students may be less willing to take a COVID- 19 Vaccine if it were required before or during an on-campus semester. Finally, many college students do not understand that COVID-19 vaccines will be free, poststudents willingness to vaccinate and their perceptions of safely and affordably returning campus. Implications for postsecondary policy and leadership are addressed possibly affecting these

CHAPTER THREE

METHODOLOGY

This chapter describes the method and procedure used by the researcher in conducting the study.

It is presented under the following Sub headings;

Research Design

Population of the study

Research Instrument

> Sample and Sampling Techniques

▶ Validity of the Instrument

Method of Data collection

> Method of Data Analysis

3.1 Research Design

was adopted for this study. According to Omoroguiwa Survey research design (2006), survey research design is one in which a group of people or term is studied by collecting data from only a few people or item considered to be representative of the entire group. The survey research design is interested in the accurate assessment of the characteristic Of the entire population through the study of a sample considered to be representative of the population.

3.2 population of the study

The population of the study comprises of all fifteen (15) faculties in the University of Benin, Ugbowo Main Campus. The number of students in the University of Benin, Ugbowo Main Campus is 58,996 students (University of Benin Press. 2020). However, only four (4) faculties will be used for this study.

3.3 Research Instrument

The research instrument was administered to the 5 faculties with each faculty having 20 questionnaires distributed making a total of 100 that will be used as the sample for the study. In this research work, the simple random sampling technique was used to select 5 faculties from the total number of faculties in the University of Benin.

3.4 Sample and Sampling Techniques

The research instrument to be used for this study is a structured and unstructured questionnaire. The instrument, for the study is a questionnaire of 20 items used to elicit information from respondents. The questionnaire will be divided into two sections. Section A, covers the demographic background of the respondents while Section B. consist of other questions related to the research questions. A four point scoring scale drawn along the modified Likert summated rating scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) was adopted for measurement.

3.5 Validity of the Instrument

The content validity of the instrument was established after the intensive screening by the supervisor and two experts from the Department. This research instrument (questionnaire)

adopted was adequately checked and validated by the supervisor., necessary contributions and corrections will be included into the final draft of the research instrument used as their inputs and correcting in terms of clarity and appropriateness of language was used to develop the final draft.

3.6 Method of data Collection

The researcher will personally administer the instrument to the respondents. The questionnaires

3.7 Method of data Analysis

to be completed by the respondent will be retrieved personally by the researcher. The method employed for analyzing this data collected for the study will be simple percentage and reporting of open -ended questions.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study investigated the Perception of student towards the Covid-19 vaccine: a case study of

the University of Benin, Benin City. Four (4) research questions were raised for the study.

The

study adopted survey research design. The instrument for data collection was a questionnaire,

it was built around the research question by the researcher and validated by the researcher' s

Supervisor. Data collected were analysed using descriptive statistics my means of Mean and

standard deviation. The following is a summary of the findings from the empirical analysis of

the study:

vaccine.

1. The media significantly influence the attitude of students towards the covid-19 vaccine.

Hence, information from the media affects the attitude of students towards Covid-19

2. Peer group significantly influence the attitude of students towards the covid-19 vaccine.

Hence, students who have negative influence about that Covid-19 vaccine were likely to be formed from the opinion of their peer group

3. Religious affiliation influences the attitude of students towards the covid-19. Hence.

Students see religion as a tool for determining their attitudes about the covid-19 vaccine

5.2 Conclusion

Parental influence significantly affects the attitude of students towards the covid-19 vaccine. Hence, students from educated parental background have positive attitude about covid-19 vaccine.

Based on the findings of the study, it was concluded that the media is an influencing factors

affecting the attitude of students towards the covid-19 vaccine. Media play a significant role In the attitude formation of students towards Covid-19 though many of the respondents have not taken the Covid- 19 vaccine before. Students were not fully

convinced about the potency of the vaccine because the future side effects of the vaccines were not stated. Majority of leaders and their families did not talk the vaccine placed a compulsion on citizens to take the vaccine. Some students were advised by their religious organizations not to take the corona Virus

vaccine as it was against their faith. Students did not trust the campaign and knowledge from social media about Covid- 19 vaccine because negative information from the media could affect the attitude of students towards Covid-19 vaccine. Students from educated parental background have positive attitude about covid-19 vaccine, while students with uneducated parents have

negative attitude about covid-19 vaccine. Furthermore, peer group influence the attitude of students towards the covid-19 vaccine, because students are easily influenced by the opinion of their friends and those who have negative influence about that Covid-19 vaccine were formed from the opinion of their peer group. Also, religious affiliation goes a long way to influence the attitude of students towards the covid-19. Students from some religious sect have negative attitudes towards the covid-19 vaccine as they see it as a practice against the teaching of their faith.

5.3 Recommendations

Based on the findings and conclusion of the study, the following recommendations were made:

. Government should ensure that there is access to the right information among citizens that

will help form a positive attitude towards the covid-19.

- Parents should ensure they should positively affect the opinion of their children as it goes a

long way in determining their attitude.

- Students should ensure that only the right information that has been proven are taken from their peers so they don't form a negative attitude.

- Religious institutions should endeavour to properly guide their followers so that only the right information is given to them about the Covid-19 vaccine.

5.4 Suggestion of Further Studies

1. The impact of media on the attitude of students towards the covid- 19 vaccine.
2. The influence of peer pressure on the attitude of students towards the covid-19 vaccine
3. The impact of religious affiliation on the attitude of students towards the covid- 19 vaccine
4. The impact of parental influence on the attitude of students towards the covid-19 vaccine.

