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The COVID-19 Epidemic's Contributing Factors Vaccination Intention

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Introduction

The coronavirus disease 2019 (COVID-19) has had a huge impact on the world, resulting in more than 480 million confirmed cases and 6.1 million linked deaths. Due to the disease's quick rise in prevalence, health services have been severely interrupted. Governments have since implemented precautionary measures to reduce social gatherings and movements to safeguard populations from illness. However, from an economic and societal point, such actions can be quite expensive. Effective vaccinations were created by the pharmaceutical and healthcare industries to lower illness incidence and severity, particularly in chronically ill vulnerable populations. By boosting the immune system, the COVID-19 vaccinations have been shown to be successful in reducing the consequences of the disease. Despite the vaccine's advantages, some people still refuse to get it for a variety of reasons, including cost and safety. It is crucial to look at the perceptions that support vaccination intention. The intention to acquire the COVID-19 immunisation has been examined in earlier investigations. These research, however, are limited to one nation, and the conclusions lack external validity and generalizability. To do statistical analysis, the data were entered into the IBM Statistical Package for Social Sciences version 25 software. Based on the demographic information and socioeconomic position of the study participants, a descriptive analysis of those individuals was carried out. We looked at the relationships between vaccination intention and the existence of chronic illness, mental illness, and COVID-19 vaccine perceptions. The primary outcome was vaccination intention, and all other variables were taken into account as the explanatory variables. In a binary logistic regression model, potential contributing factors with p values less than 0.20 in the bivariate analysis were taken into consideration. A separate binary regression model was created to investigate each of the above-mentioned parameters.

Description

It is normal for people to voice concern or scepticism about a vaccine's effectiveness or the risk that the disease is thought to offer when it comes to new immunizations [1]. Therefore, it is essential to increase public confidence in vaccinations by demonstrating their value in achieving herd immunity and safeguarding the larger population. In the this research, the main perceptions that affected greater levels of vaccination intent were vaccination cost, medical advice, and the feasibility for receiving the vaccine at the chosen time and place [2]. An individual's faith in the COVID-19 vaccine may vary significantly depending on the advice of authorities and medical specialists, according to the literature from the past. Despite the fact that some people may display a significant mistrust of government institutions and hence reject the informational campaigns that promote vaccination [4].

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Additionally, the ability to get the vaccine at one's convenience influences vaccination intention. People who live in underdeveloped nations, particular subgroups like racial or ethnic minorities or people from lower socioeconomic origins, or people who reside in rural areas may have more difficulty getting access to medical care generally and consequently less access to the vaccine. Additionally, the price of the vaccine and whether it is free could help to increase vaccination intentions. If the vaccine is free, there is a greater chance that vaccination rates will increase since people will be more likely to seek it out because it is readily available [5]. This is not always the case, though, as some people continue to exhibit strong opposition and low levels of vaccination intention despite the fact that the vaccine is easily accessible. The novelty of mRNA technology might lower the acceptability of the vaccination, according to earlier research that compared the vaccine intentions of mRNA and traditional vaccines.

Social conformity, however, might lessen such vaccine hesitancy. Given that local communication and healthcare systems differ among nations, it is likely that the participants' countries of origin had an impact on their vaccination intentions. For instance, Thailand and the Philippines during the epidemic paid a variety of costs like hospitalized, community isolation, and laboratory testing. Contrarily, the United States lacks any unified national health insurance system, which would result in greater medical costs for individuals who are not fully covered. A more thorough explanation of the national health systems and health insurance. Various countries from different regions were involved in the survey, signifying a global collaboration from researchers in different study sites. The survey had been validated and pilot-tested by an expert panel made up of not only professionals with public health backgrounds and epidemiologists but also general practitioners. Nonetheless, there are limitations that need to be noted.

Conclusion

In this study, multivariable logistic regression models were used to identify people who had lower vaccination intentions. The findings showed that those with any form of chronic medical or mental diseases were less likely to consent to vaccinations, particularly those with cancer, cognitive abnormalities, and sickle cell disease. These groups of persons are more susceptible to the severe COVID-19 symptoms because their immune systems are frequently weaker. Participants were more likely to get immunized when advised to do so by the government and their family doctors, thus policymakers should collaborate with the medical community to advise those with chronic illnesses who are at risk of becoming vulnerable.

Conflict of Interest

None.

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