

Exploration of the Perceptions and Conventions Regrading Covid 19 Vaccination among the Residents of Lahore

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ABSTRACT

Objective: This study aimed to explore the truthfulness of such assumptions and get a real picture of the phenomenon being studied.

Methodology: It was qualitatively designed study as the social behaviors and attitudes of people can be explored more in detail via using qualitative measures. 30 Semi-structured one-to-one interviews were conducted from three basic strata of social classes i.e. high income, middle income and low income classes. Thematic analysis was done to interpret the results, the interpretational skills of researchers and qualitative research data software MAXQDA 2020 was used.

Results: The study clearly indicates that myths regarding COVID and its vaccination do exist among masses in Pakistan. However, their level of intensity and form varies among different social strata. Similarly, the reasons for getting vaccinated were greatly influenced by government policies and income pressures. The knowledge and information regarding vaccines in this digital era is still clouded amongst many doubts and misconceptions regardless of the socio-economic status and qualification.

Keywords: Myths and misconceptions about COVID 19 vaccine, Pakistan

INTRODUCTION

Till the end of December, 2021, there have been 274,628,461 confirmed cases of COVID-19, including 5,358,978 deaths, reported by WHO globally. (1) Owing to current situation, WHO has declared COVID-19 as public health emergency of international concern and has emphasized to minimize this infection by actively participating in providing knowledge about virus, disease and vaccination. (2) Vaccination has globally recognized in reducing health threats in general public. The incidence of preventable infectious diseases is reduced by immunization programs. The main aim of herd vaccination is not only to reduce disease frequency but also to protect the unimmunized population segment (3). The mass destruction caused by COVID 19 can be effectively reduced by use of vaccination thus bringing "normal routine life" back. (4) As of 19 December 2021, a total of 8,387,658,165 vaccine doses have been administered. (5) As soon as the causative agent of SARS-CoV-2 was identified, vaccination development began. The first candidate receiving COVID 19 vaccine reported on March 2020, after which it underwent clinical trials in US and China. (6)

Currently, it is uncertain whether majority of community is unsure about getting vaccination. In Europe, the denial of the common man and the impediment in distribution of vaccine in different countries is leading to spread of disease. (7) Hence, it all depends on the individual that how he perceives the safety and efficacy of COVID 19 vaccine. In the study conducted by Rozbroj T and his coworkers (2020) suggested that in countries where successful vaccine awareness programs are conducted publicly have high consent rate on vaccine value, its safety and efficacy (8).

Pakistani people have always been reluctant to administer vaccines. The reasons for this reluctance mostly include the lack of knowledge, misconceptions about vaccine compositions and safety issues. (9) The people belonging to lower socio-economic groups should be made aware about the importance of vaccination through media campaigns and proper resourcing. (10)

In this pandemic, knowledge of misconception and myths is important in order to design and implement treatment strategies. Therefore, in present study the misinterpretation and attitude of people of Lahore regarding COVID 19 vaccine was analyzed and examined. This study aimed at exploring the convictions and perceptions of residents of Lahore regarding COVID 19

vaccination.

METHODOLOGY

The present research was conducted using qualitative research design. It was cross-sectional study that was conducted during the months of October and November 2021. The study population was residents of Lahore. For present study, stratified random sampling technique was used. This is a method of sampling that involves the division of a population into smaller sub-groups known as strata. In stratified random sampling, or stratification, the strata are formed based on members' shared attributes or characteristics such as income or educational attainment.

For this study, the population was divided into strata based on their socio-economic status and qualification. 10 individuals from each stratum i.e. high income, middle income and low income were interviewed. The friends and acquaintances of the researchers played the role of "Gatekeepers" (the persons who help to reach out to the desired respondents for a study in qualitative research). The data collection tool for present research was semi-structured interviews. The interview guide was reviewed and approved by the ethical committee of ORIC and Department of Behavioral Sciences, CMH Medical and Dental College, Lahore Pakistan. One to one interviews were conducted and the medium of interview was Urdu, English and Punjabi. The consent of respondents was taken and purpose of this study including ethical considerations that are confidentiality and anonymity were briefed to them. The interviews were stopped when saturation was achieved. The data was analyzed using Thematic Analysis, the recorded interviews were transcribed and coded in order to generate the themes. For this purpose, the interpretational skills of researchers and qualitative research data software MAXQDA 2020 was used. Demographics was taken in terms of socio-economic status and gender.

Table 1: Demographic table

No. of Interviews	Socio-Economic Class	No. Of respondents
30	High Income	10
	Middle Income	10
	Low Income	10
Gender	Male	15
	Female	15

RESULTS

Knowledge about COVID-19 and its SOPs: In the present study,

a great number of respondents was well aware of the COVID-19 as a pandemic. Their source of information regarding the existence of this disease was social and electronic media. Total 24 respondents had complete knowledge about the symptoms of COVID-19 i.e. shortness of breath, tiredness, high grade fever, joint pain and headaches. The other three had relatively incomplete and little knowledge about the disease. Similarly, the majority of respondents were well acquainted with the SOPs and protocols of COVID-19 i.e. frequent hand washing, wearing a mask, maintaining the social distance of 6 feet and using elbows for coughing and sneezing. Again, electronic and social media had a great role in educating people about these COVID protocols. As one respondent said:

“Cable aur Internet k zamanay mey corona k baray mey kisay pta ni hogal” Corona kia hai sy ly kr corona sy bchna kese hai tk ki sari maloomat tv or facebook sy pta chalti rehti hain.” (Who will not be aware of COVID-19 in this age of internet and cable and all the information regarding this disease and its SOPs spread through television and facebook)

Similar views were shared by other respondents of the study under this theme. No difference on the basis of qualification, age, socio economic status or sex was found in the knowledge regarding COVID-19.

Myths about COVID – 19: Although all respondents were familiar with the pandemic however, the respondents belonging to lower income strata and having qualification till intermediate and matric had more conformity about COVID-19 being a hoax and not a real disease. One of the respondents from this category called it a “hakoomti saazish” (governmental propaganda) as it was affecting her income and socio-economic needs. Similarly, a respondent said that:

“Corona varona kuch nahi hai ye sab aik saazish hai ta k sab karobaar band rhen aur gharib khud hi bhook k hathon mar jaien.” (There is nothing like Corona, it is just a governmental plan to keep every source of income shut so the poor may die starving own their own)

Another respondent said:

“Aj kal tou kisi bhi mislay k lie hasptal bhi nahi jana चाहie, wahan doctor or nursen esi dawai dety hain ya teeka lga dety hain jis sy sans ka masla paida hota hai aur mareez mar jata hai.” (Now, one should not go to hospital even for any other medical issue, as the doctors and paramedics administer such medicine or injection which causes the breathing issues and the patient dies)

The respondents belonging to high and middle income and graduation to post graduation group

also had myths regarding COVID-19 but their myths were a bit difference than that of the former group. The people in this category had no doubts about COVID-19 being a real disease however they had some doubts. Most of them considered it a “manmade virus” and a part of “bio-war.” As one respondent said that:

“COVID-19 is real for sure but it is not natural, ye aik laboratory made virus hai aur biological war ka hissa hai. The leading world powers want to crush one another through bringing global economic crisis.” (COVID-19 is real for sure but it is not natural, it is a virus created in laboratory and is a part of biological warfare. The leading world powers want to crush one another through bringing global economic crisis.)

Most of the other respondents have similar idea about COVID-19 as some called it “deliberately created virus to profit the pharmaceuticals” and some considered it a “planned disease to sabotage the regional and national growth of Asia and China.” The myths about COVID-19 exist but their severity and conformity level varies on the basis of socio-economic and qualification status among the Pakistani population.

COVID-19 Vaccine – A Shot clouded in Uncertainties: Most of the study respondents had concerns regarding COVID-19 vaccination. Majority of respondents were clouded in the uncertainty regarding the after effects of the shot. The respondents from low and middle income strata as well as qualification till

graduation had concerns regarding “fertility issues” on the top and other health concerns such as fever, getting COVID after shot and liver or lungs issues in the rest of the list. As one respondent reported that: “corona ki vaccine ki wja sy bachay band hony ka khtra bhi hai kyun k bahir ki taqaten chahti ye hain k Pakistan aur musalmano ki abaadi na barhy.” (COVID-19 vaccine can cause infertility as it is a foreign agenda to control and limit the Muslim and Pakistani population)

Similarly, the respondents from other category i.e. high income social class having post- graduation qualification mostly had concerns about the reliability of the vaccination as they considered it a less tested vaccine having not so long history of trial and testing. Their concerns included the causation of long term health issues and chronic illnesses. They had concerns about its efficacy as well. Majority of the respondents called COVID-19 vaccination a foreign agenda, again reasons for this label varied across the three categories on the basis of their socio-economic status and qualification.

A Forcefully Administered Vaccine: The majority of respondents regardless of their socio-economic status and qualification said that they have got COVID-19 vaccination because of the strict government policies. The respondents belonging to high and middle income class having good qualification suggested it was a compulsion to enjoy the cinema, shopping and workplace entry so they got the shot. The people belonging to lower income class and having less qualification also agreed for the shot because of their employment pressure. As one respondent working as a house help said:

“Meri baji ny kaha tha k Corona ki vaccine lgwao gi tou kam py aa skti ho wrna nahi. Pehly bhi lockdown mey unho ny mjhy chutti dy di thi tou mainy aoni rozi roti bachany k lie lgwai hai vaccine.” (My employer had asked me to get vaccinated otherwise she could not let me continue my work. As she had given me off during lockdown period so in order to save my job I had to get the shot)

Another reason for getting vaccinated was the word of mouth and herd mentality. As, majority of the respondents said that their friends and family was getting vaccinated so did they!

Therefore, it can be safely said that getting vaccination was not a personal choice of the people but it was imposed upon them.

COVID-19 & its Vaccine – A New Reality: Another interesting theme generated from these interviews is that majority of people have accepted COVID-19 and its vaccine as a new reality and an important need. Their acceptance is may be out of compulsion or is clouded in doubts but it does exist. All respondents of this study considered getting frequent shots of vaccine, if needed normal and compulsory if COVID-19 prevails. However, a great number of respondents was reluctant for administration of vaccine in young children until proper research and experimentation is not done.

Another theme that emerged from this study include the satisfaction of people regarding government vaccination program. Majority of respondents was satisfied due to the facilitation of COVID-19 vaccine at the concerned centers.

DISCUSSION AND CONCLUSION

Corona virus disease (COVID-19) has become a global pandemic, discovered at the end of 2019, which have affected whole world. Owing to current situation, World Health Organization (WHO) has emphasized to minimize this infection by actively participating in providing knowledge about virus, disease and vaccination. (12) Currently, in Pakistan, it is clear whether majority of community is unsure about getting vaccination or not. This situation leads to misconceptions, myths and vaccine hesitancy despite resource availability. Most of the Pakistani population point of view is that COVID – 19 vaccination is propaganda against Muslim community. (13) The present study has also found the similar misconception prevalent amongst its study participants.

The most common myth which was believed by population of Lahore was that it can cause infertility and leads to death within 2 years after administration of the dose. The same study conducted

in Arab countries where percentage of believers was 27.7% (14) These myths were same as the Polio vaccination myths in Pakistani population, study conducted by Tahir and Long Ming Chiau in October 2015. (15)

Second the common myth in our present study was uncertainty in manufacturing companies and healthcare workers. The same conspiracy was addressed in a quantitative research carried out in Pakistan that 45% of population is opposing vaccination. (16) Another myth explored through our study was the prevalence of wrong and misleading information circulating on social media. Same reason was discussed in a study conducted by Schmidt et al. in South Africa. Their study found that false information circulated on social media not only instigated confusion, fear and panic, but also contributed to the construction of misconceptions, othering and stigmatizing responses to Covid-19. (17)

Another common myth explored through present study was the problems in breastfeeding women dues to COVID-19 vaccination. People thought it as unsafe for both the pregnant and the lactating mothers. Similar concern was highlighted by people in a study conducted by Dupalga et al. (18)

The present study clearly indicates that myths regarding COVID and its vaccination do exist

among masses in Pakistan. However, their level of intensity and form varies among different social strata. Similarly, the reasons for getting vaccinated were greatly influenced by government policies and income pressures. The knowledge and information regarding vaccines in this digital era is still clouded amongst many doubts and misconceptions regardless of the socio-economic status and qualification.

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