

Vaxx Axe: Citizens' Perception of Governmental Prescribed Consequences for the Unvaccinated in Anambra State, Nigeria

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DOI: <https://dx.doi.org/10.47772/IJRISS.2023.7011117>

Received: 27 October 2023; Revised: 09 November 2023; Accepted: 15 November 2023; Published: 16 December 2023

ABSTRACT

This study sought to ascertain the perception of governmental prescribed consequences of non-compliance to mandatory Covid-19 vaccination among unvaccinated citizens. Thus, the study sought answers to these research questions: 1) Are the citizens in Anambra State, Nigeria fully aware of the existence of corona virus and the process of vaccination? 2) Are the unvaccinated in Anambra State aware of the importance of being vaccinated? 3) How exposed are these citizens to the consequences of remaining unvaccinated? 4) How are the touted consequences of being unvaccinated and the advantages of being vaccinated perceived among these citizens? In-depth interviews were used to collect data. Results show prevalence of awareness and knowledge of the existence of covid-19 among the sample studied; plus the need for vaccines for prevention and creation of immunity. Results also revealed ambivalent perception of the sample that was studied to the defined consequences of staying unvaccinated. The study recommended that policymakers should undertake proactive campaigns and employ well-designed strategies to highlight the importance of Covid-19 vaccination as mitigation against getting infected, instead of menacing the citizens through coercive, mandatory Covid-19 vaccination.

Keywords: Covid-19 virus, Vaxx Axe, Mitigation, Covid-19 vaccination, Unvaccinated

INTRODUCTION

On a daily basis, the unvaccinated engage themselves in various activities and individual work. COVID-19 vaccination has been made mandatory because the disease is serious and contagious. Therefore, inoculation with vaccine constitutes an exceptional shield for public safety and health. But people consider it difficult to vaccinate themselves against the deadly virus invading the world today.

Vaccination (Stoppler, 2021) is the injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease. Vaccinations work by stimulating the immune system, the natural disease-fighting system of the body.

The acceptability of COVID-19 vaccines and its predictors in addition to the attitudes towards these vaccines among the public will be extensively considered in this study. Most citizens do not understand and are not well educated and enlightened about the consequences of being unvaccinated. This means those who have been exposed to the governmental prescribed consequences might be informed or misinformed. And this forms the epicenter of this study.

It is crucial to explore the acceptance of COVID-19 vaccines and its predictors as well as the attitudes towards COVID-19 vaccines among the Nigerian population.

Vaccines are one of the most effective tools for protecting people against COVID-19. Consequently, with COVID-19 vaccination under way or on the horizon in many countries, some may be considering whether to make COVID-19 vaccination mandatory in order to increase vaccination rates and achieve public health goals and, if so, under what conditions, for whom and in what contexts.

It is not uncommon for governments and institutions to mandate certain actions or types of behavior in order to protect the wellbeing of individuals or communities. Such policies can be ethically justified, as they may be crucial to protect the health and wellbeing of the public. Nevertheless, because policies that mandate an action or behavior interfere with individual liberty and autonomy, they should seek to balance communal well-being with individual liberties. While interfering with individual liberty does not in itself make a policy intervention unjustified, such policies raise a number of ethical considerations and concerns and should be justified by advancing another valuable social goal, like protecting public health.

Vaccines are effective interventions that can reduce the high burden of diseases globally. However, public vaccine hesitancy is a pressing problem for public health authorities. With the availability of COVID-19 vaccines, little information is available on the public acceptability and attitudes towards the COVID-19 vaccines in Nigeria.

In the 20th century, the development, licensing and implementation of vaccines as part of large, systematic immunization programs started to address health inequities that existed globally.

The impact of vaccination on the health of the world's peoples is hard to exaggerate. With the exception of safer water, no other modality has had such a major effect on mortality reduction and population growth (Plotkin & Mortimer, 1988).

The development of safe and efficacious vaccination against diseases that cause substantial morbidity and mortality has been one of the foremost scientific advances of the 21st century. Vaccination, along with sanitation and clean drinking water, are public health interventions that are undeniably responsible for improved health outcomes globally. It is estimated that vaccines have prevented 6 million deaths from vaccine-preventable diseases annually (Ehret, 2003). By 2055, the earth's population is estimated to reach almost 10 billion (United Nations Department of Economic and Social Affairs, 2019), a feat that in part is due to effective vaccines that prevent disease and prolong life expectancy across all continents. That said, there is still much to be done to ensure the financing, provision, distribution, and administration of vaccines to all populations, in particular those which are difficult to reach, including those skeptical about their protective value and those living in civil disruption. Agencies including the World Health Organization (WHO), United Nations Children's Fund (UNICEF), Gavi, the Vaccine Alliance, the Bill & Melinda Gates Foundation, and the Coalition for Epidemic Preparedness Initiative (CEPI), with their multiple funding streams have been instrumental in expanding vaccine benefits to all. This importance of these organizations in global co-operation and participation was essential in the setting of the 2019 global pandemic of SARS-CoV-2, in light of the health and economic impact of COVID-19 on societies in high-, middle- and low-income countries.

Problem

In the history of humanity, so many infectious diseases have emerged and attempts have been made to curb them through vaccination. Citizens have sunk in the prescribed consequences of being unvaccinated in the country as spelt out by the government. Although, the unvaccinated civil servants are restricted from governmental offices and certain travel protocols have been put in place. The question now is: why are there still a large number of the unvaccinated in the country despite governmental mandatory vaccination? What are the fears, consequences and side effects of the COVID-19 vaccine? And, how has the prescribed consequences influenced the discreteness of citizens pertaining vaccination?

Purpose

In line with the forgoing problem, the purpose of this study was to ascertain the perception of governmental prescribed consequences of non-compliance to mandatory Covid-19 vaccination among the unvaccinated middle class citizens in Anambra State, Nigeria. This class often bears the brunt of any law instituted by government, thus the quest to ascertain their perception in a rapid assessment. Against this backdrop, this study therefore sought answers to the following research questions:

1. Are the middle class citizens in Anambra State, Nigeria fully aware of the existence of corona virus and the process of vaccination?
2. Are the unvaccinated among this middle class aware of the needs and importance of being vaccinated?
3. How exposed is this group to the consequences of remaining unvaccinated?
4. How are the consequences of being unvaccinated and the advantage of being vaccinated perceived among this class of citizens?

LITERATURE REVIEW

A complete COVID-19 related research is copious with studies ranging from the purely medical research about COVID-19 to the construing of the attitudinal, cultural and political factors of citizens' acceptance of the existence of the virus and the consequences for the unvaccinated.

Origin Of Covid-19

Corona means "crown," and coronaviruses have a "crown" of protruding points on their surface that gives them a characteristic appearance when seen under a microscope. Coronaviruses are a whole family of viruses; there are many.

There are many different kinds of coronavirus. Some only affect animals. Some have been circulating among human beings for years, causing respiratory illness and colds. Others have caused small, severe human disease outbreaks in the past, such as the coronaviruses that caused severe acute respiratory syndrome (SARS) in 2003 and Middle East respiratory syndrome (MERS) in 2012. The new coronavirus is different from these, and was first identified in December 2019.

World Health Organization (WHO, 2020) defined the corona virus disease (COVID-19) as a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2), which caused a global pandemic that led to the dramatic loss of human life worldwide. Coronavirus Disease 2019 (COVID-19) was declared as pandemic by the World Health Organization on March 11th, 2020 mainly due to the speed and scale of the transmission of the disease.

Genomic analysis revealed that SARS-CoV-2 is phylogenetically related to severe acute respiratory syndrome-like (SARS-like) bat viruses; therefore bats could be the possible primary reservoir. The intermediate source of origin and transfer to humans is not known, however, the rapid human to human transfer has been confirmed widely. However, few broad-spectrum antiviral drugs have been evaluated against COVID-19 in clinical trials, resulted in clinical recovery. The official names COVID-19 and SARS-CoV-2 were issued by the WHO on 11 February, 2020.

SARS-CoV-2 is the seventh coronavirus known to infect humans. Research studies and laboratory analysis has shown that SARS-CoV-2 is not a laboratory construct or a purposefully manipulated virus. WHO (2020) reports that since the first instance of the virus (COVID-19) in Wuhan, Hubei province, China, infections with SARS-CoV-2 are now widespread, and as of 11 March 2020, 121,564 cases have been confirmed in

more than 110 countries, with 4,373 deaths. Verity et al (2020) added that the infectious and communicable disease has become one of the major public health challenges in the world as new variants are developed and found in European and African countries. At first, the clinical management of COVID-19 was limited to infection prevention and control measures associated with supportive care such as supplemental oxygen and mechanical ventilation. Drugs and therapeutic agents were at first tested for the prevention and treatment of COVID-19. These include different classes of drugs such as antiviral agents (chloroquine, ivermectin, nitazoxanide, hydroxychloroquine, lopinavir, remdesivir, tocilizumab), supporting agents (Vitamin C, Vitamin D, azithromycin, corticosteroids) and promising investigational vaccines.

Meanwhile efforts to find an effective treatment to inhibit virus replication, mitigate the symptoms, increase survival and decrease mortality rate were undergone and vaccines have been authorized for use. Several classes of drugs, many of them already in use for other diseases, are being evaluated based on the body of clinical knowledge obtained from infected patients regarding to the natural history and evolution of the infection.

Symptoms and risk factors may vary in different people. COVID-19 symptoms include:

1. Cough
2. Fever or chills
3. Shortness of breath or difficulty breathing
4. Muscle or body aches
5. Sore throat
6. New loss of taste or smell
7. Diarrhea
8. Headache
9. New fatigue
10. Nausea or vomiting
11. Congestion or runny nose

Efficacy Of Covid-19 Vaccines

Before that, it started as an epidemic in mainland China with the focus being firstly reported in the city of Wuhan, Hubei province in December 31st (Zhang et al, 2019). The etiologic agent of

COVID-19 was isolated and identified as a novel coronavirus, initially designated as 2019-nCoV (Gralinski & Menachery, 2020).

Although, questions remain regarding waning immunity and the duration of immunity, vaccines appear to be safe and effective tools to prevent severe COVID-19, hospitalization and death.

WHO (2020) provided that the benefits outweigh the risks since data from clinical trials and real life settings has shown that COVID-19 vaccines authorized for use are highly effective in protecting against severe illness and death from COVID-19.

In December 2020, the American FDA approved the first COVID-19 vaccine and it has become a major strategic vehicle for diminishing the spread of the pandemic. The WHO Strategic Advisory Group of Experts (SAGE, 2021) issued interim recommendations for the use of the Oxford/AstraZeneca (AZD1222); Moderna (mRNA-1273); Novavax (NVX-CoV2373); Johnson & Johnson, (Ad26.COV2.S); Pfizer (Bio NTech, BNT162b2) vaccines for use.

According to Premuim Times (April 18, 2020) the arrival of the COVID-19 vaccine will enable the

National Primary Health Care Development Agency (NPHCDA) to commence the vaccination of Nigerians in priority groups, starting with frontline workers.

Although, Nigeria has received vaccines from COVAX, MTN, India, United States and France; the table below show the vaccination rate of the country as at 31 December, 2021 at the peak of the Covid-19 pandemic:

POPULATION	NUMBER	PERCENTAGE
Unvaccinated population	200,942,107	95.05%
Population who have received 1st dose	5,942,887	2.81%
Population who are fully vaccinated	4,515,006	2.14%

Vaccine Hesitancy And Acceptability

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the causative virus for the coronavirus disease 2019 (COVID-19) ongoing pandemic. SARS-CoV-2 first emerged in late 2019 in Wuhan (Hubei, China) and hastily become a global threat affecting 220 countries (Mo et al, 2020). As of 22 December 2021, the COVID-19 pandemic has resulted in more than 76.2 million cases and more than 1.6 million deaths worldwide.

The ground strategy followed by most countries around the world was to reduce the transmissibility of the disease, often by non-pharmaceutical interventions (NPIs), including enforcing masks policy, hands sanitization, social distancing, travel restrictions, schools' closures, and partial or complete lockdowns. So far, NPIs were able to slow down the progression of the disease, but the most promising strategy to confine the pandemic and providing hope to reduce the mortality and morbidity rates remains within the capacity of medical technology. Such medical technology includes effective, safe, and affordable antiviral agents and vaccines.

As of December 2020, no antiviral drugs have been approved that were specifically developed against SARS-CoV-2. Quarantine and isolation centers for severely ill hospitalized patients with COVID-19 were established across Nigerian 2020.

With the uplifting news about SARS-COV-2 vaccines approval, optimism rose to see an end to the pandemic (Blair,2021). One major obstacle facing the achievement of such a goal is believed to be vaccine hesitancy and skepticism among the population worldwide. A common rationale among those who refuse the COVID vaccine is, „my body, my choice“.

Vaccine hesitancy was defined by the WHO Strategic Advisory Group of Experts (SAGE) in 2015 as “delay in acceptance or refusal of vaccination despite availability of vaccination services”.

Vaccination acceptance and refusal has been focused on individual beliefs, individual personality and perspectives or religious beliefs (Olagoke et al.,2021).

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 (El-Elimat, 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.

Nevertheless, Nigeria committed to implementing measures to prevent the spread of COVID-19 in Nigeria. Like the restrictions and national lockdowns experienced by populations elsewhere, the Nigerian government established protocols for implementation in the COVID-19 regulations 2021 (Kuza, 2021).

When the COVID-19 vaccine was announced, the Nigerian government committed to vaccinate at least forty per cent of the population by the end of 2021. This means that for over 200 million people, Nigeria would have to vaccinate at least eight million people every month or 258 065 people every day. As of May 31st, 2020 though, only 1 637 078 Nigerians have been vaccinated – less than one per cent of the projected national target. Two reasons could explain the poor vaccination record: inadequate political will and a trust deficit (Kuza, 2021).

An Inadequacy of Political Will

The COVID-19 vaccination rollout in Nigeria is still in its first stage. Mainly frontline health workers and strategic leaders are being vaccinated. People are largely expected to book their vaccinations online, however, this does not take into account that a large share of the public and frontline health workers struggle to access internet and lack technical knowledge of digital technology.

Moreover, there are no robust measures to create awareness about the COVID-19 vaccination rollout in other major local Nigerian languages like Hausa, Yoruba and Igbo. Many Nigerians consequently cannot access essential information in their own language.

Nigerians have been looking to the government for an effective response to COVID-19, alongside tackling other longstanding issues like corruption, insecurity, poverty and other development challenges. A weak vaccine rollout could therefore heighten Nigerians' frustrations with the government.

The Trust Deficit

During the 2020 lockdown in Nigeria, the Coalition against COVID-19 (CACOVID) mobilized essential items and shared them with state governors to distribute to vulnerable people in their states. Symbolic sharing took place all over the country but then stopped. There was no publicly available record of the items distributed or support provided through the state governors.

However, at the peak of the #EndSARS protests, people discovered that the palliatives meant for distribution during the lockdown were not completely distributed. The items were looted, with many Nigerians accusing the government of withholding food and essential items when many Nigerians were in dire need of assistance. In public discussions, many of these actions highlight that the government should not be trusted to offer vaccines (Kuza, 2021).

There is also widespread doubt about the existence of COVID-19. This is combined with a lack of trust of vaccine manufacturers because of Nigeria's negative experience with a previous Pfizer vaccine. Subsequently, some people do not allow polio injections.

The 392 million doses of COVID-19 vaccines were donated and delivered to Nigeria by OVAX, yet, in 2021, The Government took a loan of \$600 million (USD) from African Development Bank and is seeking

another loan of \$1.5 Billion (USD) from the World Bank for COVID-19. Because the country's vaccination record remains poor, many citizens are accusing the government of corruption.

Barriers To Vaccine Uptake Among Nigerians

Evidence on the barriers to COVID-19 vaccine uptake among citizens are limited and need further research. The following barriers have been identified:

1. Lower trust and confidence in vaccine efficacy and safety which is as a result of low trust experiences among Trust is particularly important for citizens that have low trust in healthcare organizations and research findings due to historical issues of unethical healthcare research (Gamble, 1997). Trust is also undermined by structural and institutional racism and discrimination. Distrust is linked to the spread of misinformation about the COVID-19 vaccine (Mills et al., 2020), and linked to the speed of the vaccine approval process for the COVID-19 vaccine.
2. Lower perception of Inconvenience and access barriers (including location of vaccine delivery, relative cost, time and distance to access vaccine).
3. Context and socio-demographic variation (lower uptake among men and low levels of education and socio-economic status which intersect with ethnicity). Additionally, Household decision making and who receives vaccine information and offer can influence uptake. In some cases, certain members of the household or kinship group will have greater decision-making power for the wider group, and this is also likely to include decisions on taking the (Fairhead and Leach, 2012).

Healthcare workers play an important role as a trusted source of health information for minority ethnic groups. Therefore, it is important to reduce vaccine hesitancy in healthcare workers and particularly minority ethnic healthcare workers. Vaccine hesitancy and uptake varies among citizens largely by occupation and status.

Mass Media Trust And Institutional Trust

Mass media is an essential source of information and still plays a significant role in influencing health-related outcomes (Margolis et al., 2019). Moreover, obtaining information from mass media increased vaccination acceptance (Piltch-Loeb et al., 2021). Trust is considered a crucial variable for mass media effects (Tsfati, 2003). Prior research has revealed that people's trust in

mass media affects their tendency to follow preventive health suggestions from this source (Taha et al., 2009). Niu et al (2021) found that T.V. trust was significantly associated with preventive behaviors during the COVID-19 outbreak. Moreover, individuals' attitudes toward vaccination were related to their trust in the accuracy of information provided by the media (Taha et al., 2009). This further suggests that after media exposure there is a possible effect of information evaluation (i.e., trust) on attitude formation.

People are exposed to information about COVID-19 vaccination from two primary sources: mass media sources (such as news on T.V., newspapers, and radio) and social networks, incorporating information created by people we know or follow online. An individual's trust and credibility perception vary by information source.

Trust is defined as one's confidence in the information channels to provide accurate, fair, trustworthy, and unbiased information (Piefer, 2018). This perception of trusted sources delivering information is an essential aspect of people's willingness to adopt the information (Kol et al., 2021). Thus, vaccination attitude might be affected by the trust in the validity of the information provided by the government and the media, which largely disseminate this information.

Social Media Sources And Trust

Social media sources such as Facebook and Twitter played a significant role in facilitating the exchange of relevant information during the COVID-19 epidemic. The widespread public adoption of social media platforms as a tool for information seeking has led to a flood of misinformation about COVID-19 and false narratives relating to the vaccine (Lockyer et al., 2020).

Moreover, conspiracy theories have flourished due to the lack of censorship on social media platforms (Olesky et al., 2021). However, recommendations from family and friends on social media platforms may carry more weight than those from government officials or other spokespeople. Social media plays an important role in vaccination decision making.

Individuals tend to trust the accuracy of information when it comes from others with whom they perceive to share similar interests (Zhang, 2015). Hence, individuals' shared interests on social media may function as a heuristic for trustworthiness, which contributes to the persuasive effect of the communication.

Information originating on social media sites and created by other users affects individuals' attitudes toward vaccination behaviors. These attitudes can lead to a pro-vaccination stance and are driven by the receiver's perceptions of information credibility (Weber et al., 2021). Moreover, Turcotte et al. conclude that "Social recommendations from people perceived as quality opinion leaders led to an increase in outlet trust. . . . These results extended beyond trusting a news outlet to indicators of future behavior". This implies that trust further mediates the effect of exposure on attitude and behavior.

Institutional Trust

Institutional trust is used to describe citizens' trust in actors such as governmental organizations (Ervasti et al., 2019). It was found that institutional trust is a distal factor influencing individuals' vaccination hesitancy and is part of evolving conspiracy theories emphasizing distrust of government organizations (Kim & Tandoc, 2021). Institutional trust is an underlying factor in the effectiveness of the democratic process. It is based on citizens' prior experience and familiarity with information about these institutions' fair (or unfair) conduct (Uslaner, 2002).

Thus, institutional trust is based on prior knowledge about the trustworthiness of the concerned institutions.

Furthermore, media exposure is related to institutional trust since most of the information about the past behavior of governmental institutions originates from media sources (Tslati, 2003). Moreover, exposure to vaccine-related information reveals that while trust in information about the vaccine is positively related to attitudes and behaviors, it is not enough when associated institutions are mistrusted.

Additionally, mistrust is a more common reason for negative attitudes toward vaccination than lack of information. For Vinck et al (2019) found that low institutional trust was highly associated with negative attitudes toward acceptance of Ebola vaccines, while Borah and Hwang (2021) found that trust in doctors' vaccine recommendations positively mediates between doctor-patient communication and vaccination attitude.

Perceptions of news media trust and credibility can play a role in attenuating or amplifying media effects. Tsfati (2003a) found those low in media trust are less likely to agree with the climate of public opinion presented in news coverage, which he suggested could have implications for media effects such as the spiral of silence that rely on people's perceptions of what others think. News media trust moderates agenda-setting effects, with those higher in media trust more likely to share issue priorities that align with the media agenda (Miller & Krosnick, 2000; Tsfati, 2003b). Experimental research has also shown media priming effects to be

amplified by media trust, with those high in media trust most likely to apply criteria made salient in media coverage in their judgment of attitude objects (Miller & Krosnick, 2000).

Media trust can also affect the extent to which people learn from the news (Ladd, 2011). There is some concern that distrust of news media could drive people to tune out. Indeed, Tsfaty and Cappella (2003) found that those skeptical of mainstream news media tend to gravitate more heavily to Internet sources and political talk radio. They note, however, the association between trust and exposure is modest, and “even the most skeptical audience members watch the national and local news on television and read the daily newspaper” (p. 518), and skeptics tend to consume more mainstream media than they do alternatives. There is some evidence that attention paid to different forms of news media can vary in distinct ways depending on the locus of trust.

Theoretical Framework

This study was anchored on the theory of Social Judgment, under Selective Perception theories. Social judgment theory (SJT) is a self-persuasion theory proposed by Carolyn Sherif, Muzafer Sherif, and Carl Hovland, defined by Sherif and Sherif as the perception and evaluation of an idea by comparing it with current attitudes. According to this theory, an individual weighs every new idea, comparing it with the individual’s present point of view to determine where it should be placed on the attitude scale in an individual’s mind. SJT is the subconscious sorting out of ideas that occurs at the instant of perception.

Research on selective perception has shown it to be a robust and powerful form of biased perceptions that applies to a wide range of perceptual phenomena, including perceptions of media and media content.

Social judgment theory is a framework that studies human judgment. It is a meta-theory that directs research on cognitive perspective, which is how you perceive the situations. The psychophysical principle involved for example, is when a stimulus is farther away from one’s judgmental anchor, a contrast effect is highly possible; when the stimulus is close to the anchor, an assimilation effect can happen. Social judgment theory represents an attempt to generalize psychophysical judgmental principles and the findings to the social judgment. With the person’s preferred position serving as the judgmental anchor, SJT is a theory that mainly focuses on the internal processes of a person’s own judgment in regards to the relation within a communicated message (O’Keefe, 2016). The concept was intended to be an explanatory method designed to detail when persuasive messages are most likely to succeed. Social Judgment Theory suggests another potential source of perceptual bias relevant to media perceptions. This theory maintains that individual perceptions are developed in the context of attitudinal predispositions.

Attitude change is the fundamental objective of persuasive health communication. SJT seeks to specify the conditions under which this change takes place and predict the direction and extent of the attitude change, while attempting to explain how likely a person might be to change their opinion, the probable direction of that change, their tolerance toward the opinion of others, and their level of commitment to their position. The theory claimed expectations regarding attitude change could be based on the message receiver’s level of involvement, the structure of the stimulus (and how many alternatives it allows), and the value (credibility) of the source.

In line with this, citizens of Nigeria who are exposed to the prescribed governmental consequences for the unvaccinated have linked to the major source of variation which is selective perception, a form of perception bias in which individuals’ predispositions influence the way that they see COVID-19, its vaccines and consequences for the unvaccinated.

When citizens are called upon to render a judgment about vaccination against COVID-19 and prescribed governmental consequences for the unvaccinated, they assess the target relative to the structure of their

existing relevant attitudes.

Social Judgment Theory proposes that the structure of relevant attitudes constitute three potential zones in which the judgment object may be placed: the “latitude of acceptance” (a range of acceptable ideas), the “latitude of rejection” (a range of unacceptable ideas), and the “latitude of non-commitment” (a range that represents ideas that are neither acceptable nor unacceptable). When individuals make judgments, perceptions of those targets may become distorted. When a target falls within their latitude of acceptance, there is a tendency to see the target as more similar than it really is (assimilation), and when the target falls into the latitude of rejection, the target is often perceived as more different than it really is (contrast).

By applying Social Judgment Theory to this study, we might expect assimilation and contrast effects. For instance, when it comes to judging vaccination and governmental prescribed consequences for the unvaccinated, some citizens may experience assimilation and perceive the issue as being more similar to their ideology than they really are. Similarly, other citizens may be subject to contrast effects and see the issue as being more serious than it really is.

Citizens’ perception and judgment in accepting the prescribed consequences for the unvaccinated determine the rate of vaccine uptake among the vaccine hesitant citizens. It is in this light that the study sought to ascertain among the public, the pre-dominant perception of the defined effects of being exposed to the infectious virus.

METHOD

This study was designed as an In-Depth Interview (IDI). In Depth Interviews were used to elicit rapid assessment of respondents on their knowledge of COVID-19 vaccine; how the citizens perceive the governmental prescribed consequences for the unvaccinated and their stance on mandatory vaccination. The population for this study comprises the middle class in Anambra State, Nigeria; about 690,000 according to Anambra State Bureau of Statistics

Six participants were purposely chosen and interviewed for the purpose of rapid assessment..

RESULTS

In this chapter, data from six IDIs were presented, analyzed and interpreted in line with the research questions. The chapter commences with the presentation of the IDIs, then analysis and interpretation in line with the research questions and ends with a discussion of findings.

The six IDIs were conducted with purposively selected adults across Nigeria.

The first IDI was with Maxxy fire, a Lagos-based social media influencer and digital marketer. This interviewee understood and fully acknowledged the existence of COVID-19 in the country. He understood vaccines to be substances produced from the actual cause of the disease or illness in order to create antibodies and fight the disease. Although the respondent has not been vaccinated against COVID-19, he expressed the importance of vaccines. In explaining the importance of the COVID-19 vaccines, he said that people who travel a lot or come in contact with large number of people on daily basis and those who cannot take advised precautionary actions should be vaccinated.

The interviewee revealed that the pandemic affected him as in he responded in his words, “the pandemic affected my personal work on a scale of five over ten”, to the question, “To what extent have you been affected by the pandemic?”

Additionally, the respondent said, “Nigerians believe rumors that the vaccine lead to death and it resulted in fear amongst people since they do not know or trust the source of these vaccines”.

On whether there are repercussions for staying unvaccinated, the interviewee answered, “No, I think one should stay safe and protect his or herself against the virus by taking precautionary measures”.

The second IDI was conducted with Ayotola Oyenuga, a 200 level student of Animal Science, Ekiti State University, Ekiti. The interviewee was knowledgeable about what vaccines are as his response to the question, “Can you succinctly explain what vaccines are?” shows “vaccines are biological substances that subsequently help to restore the production of antibodies and also provide immunity for a particular infectious disease”.

The unvaccinated respondent was oblivious of what COVID-19 is and its existence in the world as a global pandemic.

Asked about his thought on the prevalent rejection and criticism of the COVID-19 vaccine, he said, “In sincerity, 40% of Nigeria’s population find it hard to believe that the virus exists, talk more of taking vaccines. And also ignorance and lack of awareness has to be the major reason why there are prevalent criticisms of the vaccines. Moreover, the vaccine is said to have side effects like swelling of the testicles for males and missing of menstrual periods for the females; more reason why a lot of educated people have refused to get vaccinated”.

In response to the question, “Do you think there are any repercussions for staying unvaccinated?” the interviewee said, “The popular laid down actions for the unvaccinated include, delay or no access to international travels, suspension of unvaccinated government workers, disbandment of unvaccinated sportsmen and women, etc”.

The respondent could not relate his perception to the prescribed governmental consequences since he is unaffected and feels those concerned should oblige to government’s mandatory vaccination as the consequences are fair enough.

The third IDI was with Mr. Joel Nwolu, a lecturer in a Nnamdi Azikiwe University, Awka. Although this interviewee has not received vaccination against the virus, he was knowledgeable and fully understood the subject. In explaining what vaccines are, he said, “vaccines are supposed to prevent individuals from contacting viruses, protect and boost the immunity against being infected”.

The IDI with the interviewee revealed that the efficacy of COVID-19 vaccines cannot be overemphasized as in his words, “COVID-19 vaccines are effective and very important since the experts like medical doctors and scientists are to be trusted since they put resources to ensure the safety of mankind – thus, I believe them and trust their judgment and dedication to their work”. On the effect of the pandemic on him, the respondent said, “I was affected by the pandemic because I worked virtually while the country was on lockdown. To some extent, the pandemic favored me instead as I gained new skills by working remotely and saved up money while at home”.

According to the interviewee, there is a widespread rejection and criticism of the COVID-19 vaccine as a result of illiteracy and disinformation about what vaccines are; the tendency of Nigerians to add religious inclination to everything we experience including science which is not right.

He spoke at length on the rejection of the available vaccines because of the existing fear among Nigerians because of the negative campaign of the virus and the acclaimed relation of the virus to „666“.He said, “People believe that once you get vaccinated, you have been chipped and the stereotype against the virus

rose. There is also, the conspiracy theory that the virus was man-made and the vaccine was aimed to make people infertile and controlled”.

Asked of the repercussions for staying vaccinated, he responded “there are greater things to battle than COVID-19; we have passed through worst times in this side of the world and since we are aware of precautionary measures such as wearing of face masks and constant washing of hands in order to stay safe from the virus asides taking the vaccine”.

To the interviewee, the major consequence of being unvaxxed are for civil servants who will be denied entry if they failed to receive vaccination against COVID-19. On his perception about the consequences he mentioned, he opined that people are liberal and have the right to make choices. He said, “Government should embark on campaigns rather than mandatory vaccination as it erases the curiosity instead of the stringent rules enacted; persuasion is a better strategy as what is good should not be imposed on people”.

The interviewee applauded the interviewer on the relevance of the questions asked in relation to the study pertaining to vaccines as it is an eye opener for many.

The fourth IDI was with Mr. Fredrick Onyemaechi, an architect. This respondent understood what COVID-19 is. He was of the view that “vaccines are immune therapies usually administered as injection to stimulate the body’s immune response against certain infectious agents and diseases”.

The respondent who has received two doses of the COVID-19 vaccine opined that the COVID-19 vaccine is very vital as in his words, “they do not lower the risk of contracting and spreading the virus”. Asked if he has been affected by the pandemic, the interviewee said, “I have tried to maintain safety precautions ever since and I am fine”.

On revealing about the rejection and criticism of the COVID-19 vaccine among Nigerians, he said, “While many question the authenticity of the vaccines, others think the vaccine does not react well to their body – it causes fatigue and pain from injection”.

The respondent explained that there are several effects and repercussions for staying unvaccinated as one may be exposed to the risk of contracting the virus. In response to the prescribed governmental consequences for the unvaccinated, he pointed out that there may be rejection from office or workplace environment and travel restrictions. The interviewee also said, “It is advisable to take the vaccine so as to avoid being restricted in some situations”.

The fifth IDI was conducted with Ifeoma Ezeanyika, a medical laboratory intern based in Enugu. Although, she has not been vaccinated, she explained that COVID-19 vaccines could go a long way of mitigating the risk of getting and spreading the virus as vaccines are biological substances designed to protect humans from the COVID-19 virus.

According to the respondent, majority of those who have vaccinated against the virus has been reported to be reinfected with the virus and some persons have shown adverse effects to the vaccine that was meant to protect them.

In response to the question, “Do you think there are any repercussions for staying unvaccinated?” the interviewee said, “Well, I am yet to see, owing to the fact that the said virus is a self-limiting infection. One could recover after sometime or domestic therapy; although, this is not assured for the elderly and other persons predisposed to this virus”.

The sixth IDI was conducted with Mr. Aviomoh Anthony, a banker. From this IDI, the interviewee

acknowledged of the existence of Covid-19 in the country and the need for vaccines to curb the infectious disease.

The vaccinated respondent said, “I was fully aware of the need and importance of getting jabbed, more reason why I had my first dose of the vaccine”.

Asked if he could point out some prescribed governmental consequence for the unvaccinated and he replied, “it is evident everywhere, travel bans and even in my work place, all staff must have received vaccination against the virus to enhance safe working environment”.

The respondent also said, “The vaccines are criticized and in most cases, Nigerians have refused and shown adamant rejection of the vaccines due to several reasons. I am aware that there are plenty people that for religious reason prefer not to be vaccinated, some would like to be vaccinated but have not been privileged to have a job and others do not have such jobs that require mandatory vaccination”.

In response to the question, “As a citizen of Nigeria, why do you think there is a widespread rejection and criticism of COVID-19 vaccine?”, he said, “The vaccines are criticized and in most cases, Nigerians have refused and shown adamant rejection of the vaccines due to several reasons. I am aware that there are plenty people that for religious reason prefer not to be vaccinated, some would like to be vaccinated but have not been privileged to have a job and others do not have such jobs that require mandatory vaccination.

These data were used to answer the five research questions posed in the study:

Research Question 1:

Are the citizens in Nigeria utterly aware of the existence of corona virus in the country and the quiddity of vaccines to curb the infectious virus?

In the first IDI, the respondents said, “Covid-19 stands for the corona virus 2019 and it is a communicable disease that was first reported in Wuhan, China. Vaccines are substances produced from the actual cause of the virus in order to create antibodies and fight the virus itself. The second IDI showed that the interviewee was aware of the virus and essence of biological substances to help restore the production of antibodies, thus providing immunity for Covid-19. In the third IDI, the respondent said, “there is Covid-19 in the country and vaccines are supposed to prevent individuals from contacting the virus, protect and boost the immunity against being infested”. In the fourth IDI, the interviewee said, “Yes, I know there is Covid-19 in Nigeria. Therefore, I can state in confidence, that, vaccines are immunotherapy usually administered as injection to stimulate the body’s immune response against the corona virus.

The respondent in the fifth IDI said, “I know there is Covid-19 in Nigeria and vaccines are biological substances designed to protect us from the virus”. In the sixth IDI with the interviewee acknowledged of the existence of Covid-19 in the country and the need for vaccines to curb the infectious disease.

From the sixth IDIs, there is the confirmation that the respondents are fully aware of the existence of corona virus in the country and the availability of vaccines to curb the infectious virus.

Research Question 2:

Are the unvaccinated in Nigeria cognizant of the need and importance of being vaccinated against corona virus?

In the first IDI, the respondent said, “Covid-19 vaccines are important but feel people who travel a lot or come in contact with large number of people or cannot practice the safety measure should be vaccinated”.

The second IDI, the interviewee opined that covid-19 vaccines are necessary as in his reply, “very necessary”. The third IDI, the respondent, explained that the efficacy of covid-19 vaccines cannot be overemphasized as he trusts the judgment of medical experts who put in resources and dedication to create the prescribed vaccines.

In the fourth IDI, the respondents said, “Covid-19 vaccines are very vital as they do not only lower the risk of contracting the virus; it also reduces the risk of its spread. The interviewee in the fifth IDI, she pointed out the use of the Covid-19 vaccines in mitigating the risk of infection and spread of corona virus”. In the sixth IDI, the respondent said, “I was fully aware of the need and importance of getting jabbed, more reason why I had my first dose of the vaccine”.

The experts from the six IDIs for this study show that all respondents are cognizant of the need and importance of being vaccinated against corona virus.

Research Question 3:

How exposed are Nigerians to the prescribed governmental consequence of remaining unvaccinated?

In the first IDI, the interviewee said, “there are consequences for the unvaccinated that travel a lot and come in contact with large number of people”. The respondent in the second IDI, pointed out some consequences in the reply, “delay or no access international travels, suspension of government workers, payment of fine or disbandment of unvaccinated sportsmen and women are some consequences lashed out by the government for staying unvaccinated”. In the third IDI, the respondent said, “the major consequence of being vaxxed are for the civil servants who are be denied entry if unvaxxed”.

The fourth IDI with the respondent revealed that the prescribed consequences include rejection from any office or work place environment and travel restrictions. The respondent in the sixth

IDI, was asked if he could point out some prescribed governmental consequence for the unvaccinated and he replied, “it is evident everywhere, travel bans and even in my work place, all staff must have received vaccination against the virus to enhance safe working environment”. It is conspicuous that in the five IDIs (first, second, third, fourth and sixth), there was exposure and acknowledgement of the prescribed consequences for the unvaccinated. Although the, fifth IDI did not state any consequence prescribed for the unvaccinated, she conceded that there were consequence for staying unvaccinated. The overall picture here is that Nigerians are exposed to the defined consequence of remaining unvaccinated.

Research Question 4:

What is the perception of citizens pertaining vaccination against Covid-19?

In the first IDI, the respondent unveiled his opinion that Nigerians believe rumors that the vaccines leads to death and it resulted in fear amongst people since they do not know or trust the source of these vaccines. In the second IDI, the interviewee said, in sincerity, 40% of Nigeria population find it hard to believe the virus exists, talk more of taking vaccines. Also ignorance and lack of awareness is a prominent reason for criticism and wide spread rejection of the vaccines.

In the third IDI, the interviewee in response to the question, “as a citizen of Nigeria, why do you think there is a wide spread rejection and criticism of Covid-19 vaccine”, answered, “from illiteracy and disinformation about what vaccines are; the tendency of Nigerians to add religious inclination to everything we experience including science which is not right”

He spoke at length on the rejection of the available vaccines because of the existing fear among Nigerians

because of the negative campaign of the virus and the acclaimed relation of the virus to „666“.

He said, “People believe that once you get vaccinated, you have been chipped and the stereotype against the virus rose. There is also, the conspiracy theory that the virus was man-made and the vaccine was aimed to make people infertile and controlled”.

The interviewee in the fourth IDI said, “While many question the authenticity of the vaccine, others think it does not react well to the body”. In the fifth IDI, the respondent said, “Statically, majority of persons having vaxxed against the corona virus has been reported to be re-infected with the virus. And some persons have shown adverse effects to the vaccine that was meant to protect them”.

In the sixth IDI, the respondent replied, “The vaccines are criticized and in most cases, Nigerians have refused and shown adamant rejection of the vaccines due to several reasons. I am aware that there are plenty people that for religious reason prefer not to be vaccinated, some would like to be vaccinated but have not been privileged to have a job and others do not have such jobs that require mandatory vaccination”.

It is obvious that the perceptions from the six IDIs vary but it is important to note that prevalent among the replies from the in-depth interviews, is the fact that the covid-19 vaccines have gained rejection and criticism across the country.

DISCUSSION OF FINDINGS

This study sought to ascertain among the public, the predominant perception of the defined effects of being exposed to the infectious corona virus. These were in line with the objectives which were:

1. To establish mandatory vaccination by the government and the reasons behind
2. To establish the prescribed consequences laid out by the government for the unvaccinated
3. To establish pre-existing beliefs and existing perspectives about COVID-19
4. To establish how credible these beliefs are deemed about

Data analyzed in this study was obtained from seven IDIs with citizens spread across Nigeria. Analysis from the qualitative data garnered led to some conclusions:

1. Citizens are knowledgeable about the existence of COVID-19 in the country and the awareness of vaccines for
2. All respondents are of the opinion that COVID-19 vaccines are very important in assuaging the risk of getting infected by the
3. Also, majority of the citizens are hesitant in getting vaccinated as they believe in the said effects of available
4. Although, citizens are aware of the prescribed governmental consequences for the unvaccinated, they (citizens) are apathetic towards those

The overall picture against the backdrop of the objective of the study is that, for Nigerians who were studied, there is prevalent awareness and knowledge of the existence of COVID-19 in the country plus the need for vaccines for prevention and creation of immunity.

But there is the presence of ambivalent perception of citizens to the defined consequences of staying unvaccinated.

CONCLUSION

This study used six IDIs to establish among the public, the pre-dominant perception of the defined effects of

being exposed to the infectious virus. This study was necessitated by the need to achieve these specific objectives:

1. To establish mandatory vaccination by the government and the reasons behind
2. To establish the prescribed consequences laid out by the government for the unvaccinated
3. To establish pre-existing beliefs and existing perspectives about COVID-19
4. To establish how credible these beliefs are deemed about

The major finding of the study suggests that the perception of citizens towards the prescribed governmental consequences is ambivalent, though, they are fully aware of the virus, availability of vaccines and repercussions for staying unvaccinated.

Data obtained from the IDIs revealed that five of the respondents are unvaccinated which applies that majority of Nigerians have not received the vaccination due to concerns over vaccine safety and there is deliberate vaccine hesitancy despite government's mandatory vaccination.

This leads to the conclusion that despite the prevalent spread of covid-19 in the world and even in Nigeria, citizens are hesitant in getting vaccinated because of their ambivalent perception of the repercussion and governmental prescribed consequences.

RECOMMENDATIONS

Having established that there is ambivalent perception of Nigerians towards the prescribed government consequences for remaining unvaccinated, this study recommends the following:

1. Although there is mandatory covid-19 vaccination in the country which is backed by the reason of public health and safety, its enforcement might amount to violation of citizens' right to privacy, right to movement and right to religious This study does not provide a position that endorses or opposes mandatory COVID-19 vaccination. Rather, it identifies important ethical considerations and caveats that should be explicitly evaluated and discussed through ethical analysis by governments and/or institutional policy-makers who may be considering mandates for COVID-19 vaccination. For instance, this investigative study has shown that there is prevalent rejection and criticism of covid-19 vaccines.
2. Government at all levels should provide scientific explanations to improve uptake rates among vaccine-hesitant citizens rather than prescribing consequences for the unvaccinated and mandatory vaccination. Therefore, encouraging all groups of vaccine-hesitant citizens will require different approaches which should be embarked on
3. Moreover, more studies should be conducted to ascertain the effectiveness of covid-19 vaccines to increase the uptake rate among
4. Coercion through compulsion might not be effective in It may be counterproductive as it has the potential to lend credence to conspiracy theories. Why not be bothered about many dying because of insurgency, poverty and insecurity? Why the overdrive in respect of covid-19 vaccination and enforcement of repercussions for the unvaccinated when many more are dying from so many other causes.
5. Government should persuade, enlighten, conduct campaigns and provide incentives for vaccination rather than menacing

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