

Jamaicans' Perception on the Coronavirus Disease 2019 (COVID-19) Vaccination

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Abstract

The Coronavirus pandemic has plagued Jamaica since its first case in March 2020. The establishment of the COVID-19 vaccination program a year later in March 2021 has been impeded by vaccine hesitancy. This study investigated the perceptions of Jamaicans on COVID-19 vaccination (negative/positive), the influence of their perception and to seek the presence of misinformation among these citizens regarding vaccination. A number of one thousand and eighty individuals participated in this study between September 21, 2021, to December 04, 2021. Convenience non-probability sampling was used to collect responses from participants in the population via a research questionnaire. The data collected was analyzed using the IBMs Statistical Packages for the Social Sciences (SPSS) to include cross tabulations which were displayed using tables. The results show that a slight majority of the respondents were not vaccinated against the Coronavirus, and most are not willing to get vaccinated for reasons including lack of information about the development of the vaccine and insufficient health care workers being a part of the inoculation process to their knowledge. The findings revealed that there is a statistical association between the two aforementioned variables (Jamaicans' perception and COVID-19 vaccination). To determine the level of statistical significance a p value of 5 percent (two-tailed) was used. Majority of the sampled respondents do not believe the vaccine is safe. (χ^2 critical = 6.635 < χ^2 obtained = 475.068, $P = <0.001$). The population presents insufficient knowledge, false perceptions, and barriers to COVID-19 vaccination.

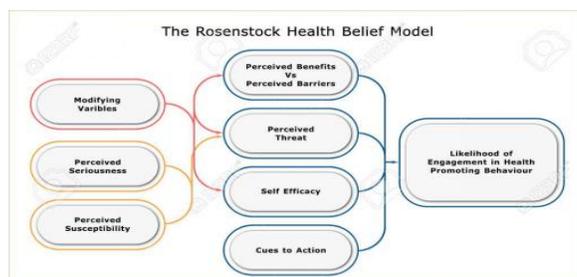
Keywords: vaccination, COVID-19, hesitancy,

Introduction

Coronavirus is ranked a pandemic due to its etiology, the infectious SARS-CoV-2 virus, and its worldwide prevalence. According to WHO (2021), COVID-19 has had a devastating impact on the world, clocking 216 million cases globally. In Jamaica, since the establishment of the COVID-19 vaccination program, misinformation about the drugs has been prevalent, driving hesitancy and mistrust to Jamaicans locally and internationally. Jamaica's vaccination program was initiated in March 2021, a year after the first case was confirmed in the country. According to STATIN, the country currently stands at over 91,000 confirmed cases and over 2400 deaths as of November 2021. Local experts stand on the premise that the misleading beliefs of Jamaican citizens undermine efforts to get the COVID-19 pandemic under control through vaccination drives. The factor of perception distinguishes one's ability to grasp awareness and to comprehend sensory information. The varying perceptions of Jamaicans has impacted the effectiveness of the Jamaican Coronavirus vaccination program; the vaccine take up, as well as public displayed reluctance are evidence to this assertion. The purpose of study seeks to determine the perception of Jamaicans and its influence towards the COVID-19 vaccination. It also investigates the existence of misinformation among Jamaicans concerning COVID-19 vaccination. The findings of this research will redound to the benefit of the society as COVID-19 vaccination is a very prevalent affair in Jamaica this year. The greater demand for more citizens to get vaccinated relies on the views of society to better understand and change the approaches put forward by the government.

Theoretical Framework

The Health Belief Model is a theoretical model that can be used to guide health promotion and disease prevention



Source: R. Sadeghi et al.

Figure.1 Diagram showing Health Belief Model construction

programs. This model was used in this study as it analyses the factors that influence decision-making through an individual's belief. The Health Belief Model (HBM) comprises several main constructs: Perceived susceptibility

beliefs regarding vulnerability of the virus, while perceived severity refers to beliefs regarding the negative effects of COVID-19 vaccination. Jamaica has institutionalised a COVID-19 vaccination program; however, the aim of this study is to determine whether the perception of each individual impacts their decision to accept or refuse the COVID-19 vaccine. In relation to vaccination, perceived benefits are defined as an individual's beliefs about being vaccinated, and perceived barriers are described as the belief that being vaccinated is restricted due to psychosocial, physical factors. Cues to action include information, people and events that guide an individual to be vaccinated. (Shmueli, 2021). The HBM suggests that a person's belief in a personal threat of a disease contributes to the effectiveness of the recommended health actions. This will predict the likelihood of a person's will to adapt to change.

Literature Review

Vaccination is the most efficient strategy for preventing infectious disease. The increased age-related susceptibility to infection of the elderly individuals makes them a particularly important target population for vaccination (Muller et al., 2021). They prevent up to 3 million deaths worldwide every year. The main ingredient of any vaccine is a small number of bacteria, virus or toxin that has been weakened or destroyed in a laboratory first (Lahariya, 2016). This means there is no risk of healthy people catching a disease from a vaccine. It is a reason why individuals may view vaccines as being called a "live" virus/disease. It is much safer for the immune system to gain immunity through vaccination rather than catching the diseases and treating them. Once the immune system knows how to fight a disease, it can offer protection for many years (WHO, 2019).

The World Health Organization (WHO) has listed vaccine hesitancy as one of the biggest threats to global health, vaccine hesitancy denotes when persons with access to vaccines delay or refuse vaccination. Vaccines teach the immune system how to create antibodies that will protect the body from diseases. One of the reasons for the predicament of vaccine hesitancy, is the rapid development of the COVID-19 vaccine in little under a year whereas other vaccines would have to undergo clinical trials before they are approved by the Federal Drug Association to be administered to the general population (WHO, 2019). Furthermore, apprehension towards the COVID-19 vaccine has been linked to age, educational position, trust in healthcare, and health insurance. According to McCullum (2020), since the beginning of the Coronavirus pandemic, its spread has been charging along at a rapid and unpredictable pace. Impressively, less than a year later, the Federal Drug Association granted Emergency Use Authorization (EUA) to two COVID-19 vaccines, the Pfizer and Moderna mRNA vaccines. The Johnson & Johnson's viral vector COVID-19 vaccine followed only a few months later.

There has been no extensive research conducted in recent months that have shown cognizance of perception of Jamaicans towards Covid-19 vaccination and other components that are similar to this study. However, in Jamaica, over one million and one hundred thousand doses of COVID vaccines have been administered thus far, accounting for approximately 19.7% of the population considering that each vaccine requires two doses except for the single dose Johnson and Johnson vaccine. The other vaccines currently being offered in Jamaica to the general population, are the AstraZeneca and Pfizer vaccines.

According to the Jamaica Information Service, Jamaica's Vaccination programme was established in March 2021 and comprised three phases in the initial stage. Phase one included the most vulnerable population and government officials. Phase two consisted of employees to economical activities and phase three embodied all other members in the general public. The individual who wishes to receive the vaccine is first checked, sanitised, and registered when they arrive at the site, then counselled by a health educator on the vaccination process. Thirdly, the vaccine administration is done by a public health/registered nurse and the card is signed. The individual is then observed for 15-30 minutes by a medical doctor or a registered nurse for adverse reactions. The clerk then makes the appointment for the second dose and issues the vaccination card.

The AstraZeneca vaccine was the first batch to arrive in the country on March 09, 2021, with a total of 50000 doses courtesy of the government of India (Williams, 2021). The inoculation of the AstraZeneca/Oxford vaccine began on March 10, 2021. Jamaica was also the first Caribbean country to receive vaccines through the COVAX facility. A number of 14400 doses of the AstraZeneca vaccine were donated. Healthcare workers, members of the Jamaica Defence and Constabulary forces and other frontline workers were declared the priority groups for inoculation. In April 2021, the COVID-19 vaccine was made eligible to the elderly population. Up to the date that this research was conducted, this vaccine is still available for adults 18 and older who wish to receive it (Ministry of Health and Wellness of Jamaica, 2021).

According to the United States Embassy in Jamaica, the first batch of the Pfizer/BioNTech vaccine arrived in Jamaica on August 19, 2021. A total of 208, 260 doses were donated by the U.S. government. The Health Minister of Jamaica, Dr Christopher Tufton declared children 12-18 years the priority target for this vaccine, due to driven efforts to get them vaccinated to attend face to face classes. The education of the children was also a factor in this drive to regain normalcy. Furthermore, it is currently available for children over the age of twelve years and Jamaican adults of all age groups. The Johnson and Johnson viral vector vaccine is also available to Jamaican adults 18 and over.

One potential hurdle to a widespread vaccination effort is vaccine reluctance. The Chief Medical Officer (CMO) of Jamaica, Dr Jacqueline Bisasor-McKenzie has recently voiced her concern over the low uptake of COVID-19 vaccines, stating that just 600,000 Jamaicans have received at least one dose to date even with more than 200 vaccination sites opened across the country (Loop Jamaica, 2021). On September 30, 2021, the country dumped 55000 doses of the AstraZeneca vaccine due to hesitancy (Lewis, 2021). Prime Minister Andrew Holness elicited his disappointment with the low take-up of the COVID-19 vaccine and reasoned that some Jamaicans are hoping that the pandemic will end so they do not have to take the vaccine. He also suggested that the Jamaican government expected hesitancy since the establishment of its vaccination programme (Radio Jamaica News, October 2021).

Methods and Materials

The utilisation of a descriptive web-based cross sectional research design was facilitated in encapsulating this study. A descriptive web-based survey physically resides on a network server (connected to either an organization's intranet or the Internet) and can be accessed only through a Web browser. (Jansen et al., 2007). Web-based surveys have become popular over the past years because of the many advantages they hold, some of which include ease of data gathering, automation in data input and handling and minimal costs. In addition, this method will aid in the increase of response rates and be flexible as responses maybe in more than one type of response format as such respondents will not be discouraged (Sincero, 2021).

The two variables that the researchers will be expounding are: Jamaican's perception (independent) and Coronavirus vaccination (dependent). Convenience non-probability sampling was used to collect data from participants in the population. A sample of 1067 individuals was determined by using the confidence level of 95% and a 3% margin of error, from a population of 2,734,092 Jamaicans according to STATIN in 2019. A web based standardised survey tool was used to create the research questionnaire, which comprised 14 closed-ended questions. The questionnaire was reviewed, and it was concluded that the questions asked were relevant in meeting the research objectives. Before beginning the questionnaire, the participants were given a brief summary of the study and its purpose, they were also informed that they elicited consent to the researchers by completing the survey. Confidentiality and anonymity were ensured throughout the survey. The researchers sent the survey via WhatsApp, Facebook, emails and other social media to Jamaican adults 18 years and older that currently live in the country. These were the only eligible persons to complete the survey, therefore the responses submitted by individuals who did not meet these criteria were eliminated. The data collected from the sample respondents was converted from the Google Forms survey application software, stored and analyzed using the IBM's (International Business Machine), Statistical Packages for the Social Sciences (SPSS) Version 25.

Operational Definition

Perception: According to Ou in 2017, Perception is defined as the process in which a person understands sensory information and attains awareness.

Vaccination: Vaccination is the process of administering living or modified agents, suspensions of killed organisms and inactivated toxins in susceptible persons to protect them from targeted diseases (Lahariya, 2016).

Findings

Table 1 depicts the demographic characteristics of data sampled respondents with a total of (n=1080) participants. Of which 671 were females (62.1%) and 409 (37.9%) males. In terms of age, the most numerous groups of individuals consisted of respondents aged 18-25 years old (40.5%), while older groups of respondents were the least numerous; 58-65 years and 66 and older amounted to 5.2% and 5.6% respectively. Most of the respondents reside in St. Elizabeth which amounts to 20.6% of the sample respondents. Majority of respondents has a tertiary education.

Table 1
Demographic Characteristics of the Sampled Respondents, n=1080

Details	% (n)
Age Cohort	
18-25 years	40.5 (437)
26-33 years	19.5 (211)
34-41 years	12.8 (138)
42-49 years	10.0 (108)
50-57 years	6.5 (70)
58-65 years	5.2 (56)
66 and older	5.6 (60)
Gender	
Female	62.1 (671)
Male	37.9 (409)
Area of residence (parish)	
St. Elizabeth	20.6 (222)
Manchester	11.7 (126)
Clarendon	16.6 (179)
St. Catherine	10.2 (110)
Kingston	8.1 (88)
St. Andrew	5.5 (59)
St. Thomas	2.9 (31)
Portland	3.7 (40)
St. Mary	2.5 (27)
St. Ann	2.6 (28)
St. James	6.7 (72)
Hanover	2.4 (26)
Westmoreland	2.7 (29)
Trelawny	4.0 (43)
Level of education	
Primary Education	5.6 (60)
Secondary Education	27.5 (297)
Tertiary Education	66.9 (723)

Table 2 depicts the respondents COVID-19 vaccination status, The vast majority of the poll (55.2%) stated that they have not taken the COVID-19 vaccine. Of the 55.2% that stated they have not taken the vaccine, 33.6% stated that they are not willing to get the COVID-19 vaccine while 21.5% stated that yes, they are willing to get the vaccine.

Table 2
Respondents COVID-19 vaccination status

Details	% (n)
Taken the COVID-19 vaccine	
Yes	44.8 (484)
No	55.2 (596)
Willing to get COVID-19 Vaccine	
Yes	21.5 (232)
No	33.6 (363)
Not Applicable	44.9 (485)

Table 3 Shows Respondents' knowledge of the COVID-19 vaccine. Majority (33.2%) of the respondents rated their knowledge of the COVID-19 vaccine at a 3 on a scale of 1-5 with 1 being very poor and 5 being very good. 37.0% stated that they acquire this knowledge from the news (local and international). 32.5% said that the information they acquired was somewhat helpful.

Table 3

Respondents' knowledge of the COVID-19 vaccine

Details	% (n)
Knowledge rated	
1	11.0 (119)
2	11.3 (122)
3	34.7 (375)
4	27.4 (296)
5	15.6 (168)
How knowledge was acquired	
Online Research	35.3 (381)
News; Local/International	37.0 (400)
Websites; Example CDC	16.6 (179)
Family & Friends	11.1 (120)
How helpful was knowledge acquired	
Extremely helpful	16.2 (175)
Very helpful	31.8 (343)
Somewhat helpful	32.5 (351)
Not so helpful	10.4 (112)
Not at all helpful	9.2 (99)

This poll (Table 4) was done to seek information on the respondent's perception on the COVID-19 vaccination, majority of the respondents (51.0%) agreed that they believed the vaccine is safe, however, (26%) revealed that they are hesitant in taking the vaccine, (34.4%) respondents believed that the Pfizer vaccine is the safest while (38.2%) thinks none is safer. A high number (24.5%) of the respondents revealed that nothing will influence them in acquiring the COVID-19 vaccine. (23.0%) would need more information in order to consider getting the vaccine.

Table 4

Respondents' perceptions of the COVID-19 vaccine

Details	% (n)
Believe vaccine is safe	
Yes	51.0 (551)
No	49.0 (529)
Hesitant in taking the vaccine	
Strongly agree	18.2 (197)
Agree	26.0 (281)
Neither agree/disagree	20.7 (224)
Disagree	21.6 (233)
Strongly Disagree	13.4 (145)
Most effective in preventing death	
AstraZeneca vaccine	20.0 (216)
Pfizer vaccine	34.4 (371)
Johnson & Johnson vaccine	3.1 (34)
Moderna vaccine	4.3 (46)

None 38.2 (413)

Factors that could influence vaccination

More information on vaccine 23.0 (248)

More health workers and politicians 6.2 (67)

Taking the vaccine

Preferred brand of vaccine reaches 9.6 (104)

Jamaica

Nothing will influence me 24.5 (265)

Not Applicable 36.7 (396)

Table 5 depicts the Respondents' satisfaction with the Jamaican COVID-19 vaccination program, 34.3% (370) of the respondents reported that they are neither satisfied/dissatisfied, 26.9% are dissatisfied, while 21.1% stating that they were satisfied.

Table 5

Respondents' satisfaction with the Jamaican COVID-19 vaccination program

Details	% (n)
Very satisfied	7.4 (80)
Satisfied	21.1 (228)
Neither satisfied/dissatisfied	34.3 (370)
Dissatisfied	26.9 (290)
Very dissatisfied	10.4 (112)

H₀: There is no statistical association between Jamaicans' perception and COVID-19 vaccination H₁: There is a statistical relationship between Jamaicans' perception and COVID-19 vaccination Table 6 presents a cross tabulation between Jamaican's vaccination status and whether the vaccine is safe or not. The findings revealed that there is a statistical association between the two aforementioned variables (χ^2 critical = 6.635 < χ^2 obtained = 475.068, P = <0.001). Hence, we reject the null hypothesis. The present findings revealed that 77.1% of respondents who believe that the vaccine is safe also have taken the vaccine while 11.2% of respondents who don't believe that the vaccine is safe have taken the vaccine. This highlights that some respondents took the vaccine even though they did not believe it was safe. In addition, 22.9% of respondents who believe that the vaccine is safe did not take the vaccine. Significantly, 88.8% of persons who do not believe the vaccine is safe did not take the COVID-19 vaccine. This indicates that there is hesitancy in the unvaccinated respondents because they do not believe the vaccine is safe.

Table. 6

A cross tabulation between Jamaicans' vaccination status and whether they believe the vaccine COVID-19 is safe, n=1080

Details	Believe the COVID-19 vaccine is safe		Total	χ^2 P value
	Yes	No		
	% (n)	% (n)	% (n)	
Taken the COVID-19 vaccine				475.068: 0.001
Yes	77.1 (425)	11.2 (59)	44.8 (484)	
No	22.9 (126)	88.8 (470)	55.2 (596)	

A cross tabulation between Jamaicans' vaccination status and whether or not they believe the COVID-19 vaccine is safe, n=1080

Table 7 presents a cross tabulation between which vaccine is most effective in preventing death from COVID-19 and whether the vaccine is safe or not. The findings revealed that there is a statistical association between the two

aforementioned variables (χ^2 critical =13.277 < χ^2 obtained = 411.493, P = <0.001). Hence, we reject the null hypothesis.

Table7

Details	Most effective vaccine in preventing death from COVID-19					Total
	AstraZeneca	Pfizer	Johnson & Johnson	Moderna	None	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Believe the COVID-19 vaccine is safe						
Yes	84.7 (183)	71.7 (266)	70.6 (24)	56.5 (26)	12.6 (52)	51.0 (551)
No	15.3 (33)	28.3 (105)	29.4 (10)	43.5 (20)	87.4 (361)	49.0 (529)

Table 8 presents a cross tabulation between the knowledge acquired on the COVID-19 vaccine and how much Jamaicans rated the knowledge they acquired. n=1080. The findings revealed that there is a statistical association between the two aforementioned variables (χ^2 critical = 26.217 < χ^2 obtained = 153.482, P = <0.001). Hence, we reject the null hypothesis.

Table 8

Details	Strongly hesitant in taking the COVID-19 vaccine					Total	χ^2 P value
	Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree		
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Most effective vaccine in preventing death from COVID-19							245.802: 0.001
AstraZeneca	12.2 (24)	10.3 (29)	21.0 (47)	28.8 (67)	33.8 (49)	20.0 (216)	
Pfizer	17.3 (34)	21.7 (61)	45.1 (101)	49.4 (115)	41.4 (60)	34.4(371)	
Johnson & Johnson	2.5 (5)	1.4 (4)	3.1 (7)	4.7 (11)	4.8 (7)	3.1 (34)	
Moderna	3.6 (7)	4.6 (13)	4.9 (11)	3.9 (9)	4.1 (6)	4.3 (46)	
None	64.5 (127)	61.9 (174)	25.9 (58)	13.3 (31)	15.9 (23)	38.2 (413)	

Table 9 presents a cross tabulation between the knowledge acquired on the COVID-19 vaccine and how much Jamaicans rated the knowledge they acquired. The findings revealed that there is a statistical association between the two aforementioned variables (χ^2 critical = 26.217 < χ^2 obtained = 153.482, P = <0.001). Hence, we reject the null hypothesis.

Table 9

Details	How knowledge on COVID-19 vaccine was acquired				Total	χ^2 P value
	Online Research	News; Local/International	Websites; Example CDC	Family & Friends		
	% (n)	% (n)	% (n)	% (n)	% (n)	
Rate knowledge about COVID-19 vaccine						153.482: 0.001
1	9.7 (37)	8.5 (34)	5.6 (10)	31.7 (38)	11.0 (119)	
2	6.6 (25)	14.2 (57)	8.9 (16)	20.0 (24)	11.3 (122)	
3	26.5 (101)	45.3 (181)	31.8 (57)	30.0 (36)	34.7 (375)	
4	34.1 (130)	23.8 (95)	33.5 (60)	9.2 (11)	27.4 (296)	
5	23.1 (88)	8.3 (33)	20.1 (36)	9.2 (11)	15.6 (168)	

Discussion

The perception within society plays a key role in identifying and employing strategies to address pressing issues. In an era as such with the Coronavirus being a devastatingly proliferative disease, the perceptions of the Jamaican society greatly influenced the success rate of the COVID-19 vaccination programme. The study aimed to assess the interpretation, knowledge and hesitancy in Jamaicans regarding COVID-19 vaccination. The aim of the vaccination programme is to establish herd immunity to the general public through diverse inoculation efforts (Mohamed et al., 2021).

A total of 1080 respondents constituted the sample. The study revealed that slightly more than half of the respondents (55.2%) were unvaccinated against COVID-19. Of that number, 363 of the unvaccinated stated that they are not willing to become inoculated while the latter 232 expressed willingness to receive vaccination. Additionally, 44.8% of the respondents were fully vaccinated against the virus. As it relates to gender, the study also revealed that more females are vaccinated than males.

Even before the availability of a successful vaccination, misinformation and false rumours about COVID-19 vaccines circulated and were often reposted on social media sites. (Mohamed et al., 2021). When asked to rate their knowledge of the Covid-19 vaccine, 34.7% of the respondents rated their knowledge at 3 on a scale of 1-5 with 1 being very poor and 5 being very good, 37% stated that they acquired this knowledge via Local and International news, while 35.3% stated they obtain such knowledge from online research. The minority (120) of the respondents received their knowledge from friends and family, and the majority (32.5%) of the respondents declared that the knowledge they acquired was somewhat helpful.

Some have sensationalized the use of mRNA genetic material in numerous vaccinations, claiming that the vaccine can modify human DNA. Furthermore, questions have been expressed about the safety and long-term implications of COVID-19 vaccinations due to their fast development. (Mohamed et al., 2021). People with a higher perceived risk of COVID-19 infection are also more likely to support the vaccine. The low percentage of perceived severity is likely due to the large number of younger respondents with no medical illness which more than 60% of the respondents fall in the age group 18-25 and 26-33. The respondents had perceived barriers to accepting the COVID-19 vaccine.

Continuing, the majority (51%) of the respondents perceived that the Covid vaccine was safe, and the Pfizer vaccine (34.4%) was most effective in preventing deaths. This suggests that the most effective vaccine by the sample is the Pfizer vaccine while the AstraZeneca vaccine was considered the second most effective. Factors relating to why this vaccine is the most trusted may regard the chemical components of this vaccine, the side effects associated, and other information learnt by the public concerning this vaccine.

In a study conducted on the perceptions of the COVID-19 vaccine and willingness to receive vaccination among healthcare workers in Nigeria, perceptions of the COVID-19 vaccine and one's perceived risk of contracting COVID-19 were strong predictors of vaccine acceptance. Likewise, having a high education level was also a significant predictor of vaccine acceptance. Education and knowledge about vaccination have been found to help build trust and confidence about vaccination. (Adejumo et al., 2021). As it relates to the education level of respondents, the majority (66.9%) of the participants attained a tertiary education. Vaccine hesitancy has the potential to undermine a vaccine programme. This study gives further insight into the hesitancy of Jamaicans regarding the COVID-19 vaccine, even though the majority of the respondents agree that the vaccine is safe 44.2% combined agree and strongly agree, while 35% combined disagree and strongly disagree and 20.7% neither agree nor disagree that they are hesitant in taking the COVID-19 vaccine. When asked what factor could influence vaccination, 24.5% of the participants indicated that nothing would influence them, while 23% require more information on the vaccine, a minimal amount of respondent stated that they would be influenced if more health care workers and politicians were vaccinated (6.2%) and (9.6%) stated if their preferred brand of vaccine reaches Jamaica. This research examined respondents' satisfaction with the Jamaican COVID-19 vaccination program 34.3% stated that they are neither satisfied/dissatisfied, 26.9% and 10.4% stated that they were dissatisfied and very dissatisfied respectively, while 21.1% and 7.4% stated that they were satisfied and very satisfied.

Conclusion

The general population presents insufficient knowledge, false perceptions, and barriers to COVID-19 vaccination. This study showed that the majority of the 1080 respondents were not vaccinated and were not willing to be vaccinated because of two major barriers: lack of knowledge towards the COVID-19 vaccine and its development as well as the non-involvement of healthcare workers in receiving inoculation in their perspective. Hesitancy exists in the unvaccinated respondents because they do not believe the vaccine is safe, however, some respondents went ahead and took the vaccine even though they did not believe it was safe. Therefore, the null hypothesis is rejected. Additionally, this study offered mere insight to the perceptions of Jamaicans on COVID-19 vaccination, a large-scale national level study is needed to conclude robust results.

Recommendations

A multifaceted approach is needed for implementation in reducing hesitancy and to provide accurate information for Jamaican adults. This hesitancy can lead to further decrease in vaccine take up and essentially contribute to a failure for the vaccination programme to thrive. Therefore, the development of a collaborative plan with healthcare institutions and departments as well as social media should be implemented by the Jamaican government to provide a wider outreach with authentic knowledge regarding the vaccine to promote confidence to the public.

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