

Opinion

The role of health sectors in the fighting misconception of COVID-19 vaccine

Gashaw Mehret Wubet^{1*} and Libsuye Yalgaw Zimamu²

¹School of Medicine, College of Medicine and Health Sciences, Debre Tabor University, Debra Tabor, Ethiopia

²Department of Nursing, Debra Tabor College Health Sciences, Debre Tabor, Ethiopia

Opinion

In the long run people around the globe particularly those who live in underdeveloped Countries in Africa, especially in Ethiopia a large number of communities has a misconception that disease may be transmitted by utilizing health service due to a lack of trust in health service delivery system, most of the population strongly related with religion, they claimed that it is sin or God or Allah driven. According to a health behavior model, knowledge and practice are contributing factors for increasing healthcare seeking among patients with low levels of trust [1,2]. The Ethiopian government has done many activities in disseminating health messages on mainstream media as well as social media, at the national and regional levels and there are strong initiatives and recognition of the public health importance of COVID-19. However, there is a need to increase community awareness and practices to slow the spread of the virus [3]. Effective mitigation and reduction of death and illness due to COVID-19 require behavioral change, which is influenced by people’s knowledge and perceptions [4]. Recently developing a vaccine against COVID-19 is considered a key strategy to end the pandemic. However, public acceptance is reliant on beliefs and perceptions toward the vaccine [5]. The health system is a large sector highly responsible to make it a useful conduit into the community, especially through health education and the provision of health care. Vaccines are currently an effective means of improving global health, in many parts of the world there are still quite a few people who question the necessity of vaccination, postpone vaccination, or even refuse vaccination at all; this is especially true when vaccines first came to market and were met with considerable hesitation and even outright opposition. Hence the control of vaccine hesitancy, barriers, misperception, misconception and the promotion of vaccination are key protective measures against COVID-19 [6]. More vastly than this, health sectors are the primary sector of government with institutionally as well as professionally responsible and relationship through parenthood with a significant proportion of the clients in the population. Health sector provide a substantial institutional

More Information

***Address for Correspondence:**

Gashaw Mehret Wubet, School of Medicine, College of Medicine and Health Sciences, Debre Tabor University, Debra - Tabor Ethiopia, Email: mehiret21stdr@gmail.com; gashmeh@dtu.edu.et

Submitted: January 08, 2022

Approved: December 26, 2022

Published: December 27, 2022

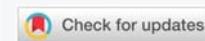
How to cite this article: Wubet GM, Zimamu LY. The role of health sectors in the fighting misconception of COVID-19 vaccine. J Community Med Health Solut. 2022; 3: 076-077.

DOI: 10.29328/journal.jcmhs.1001024

ORCID: <http://orcid.org/0000-0002-0676-7136>

Copyright License: © 2022 Wubet GM, et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Keywords: Roll; Opinion; Health sectors; COVID-19; Vaccine



base from which Health Information Dissemination (HID) and knowledge can be transferred to society about the risk-benefit of the vaccine to individuals and the community at large [7]. Lack of information and advice from the government especially from health professionals can expose communities to panic and doughty about the effectiveness of the vaccine [8]. Currently, the space opens up for ‘infodemics’ – ‘the rapid spread of information of all kinds, including rumors, gossip, and unreliable information about the vaccine [9]. Available communication channels and media need to be used to advice and counsel people to respond, protect themselves and reduce the spread of the disease through the available vaccine. This ‘communication is critical to minimize the social, political and subsequently economic impact of an epidemic’ [9]. According to the Key outbreak response framework elements of WHO a role for health sectors is communicating risk that is relaying or true information, listening to and engaging communities, and managing rumors and misinformation, misconception or myths or perceptions. We recommend the health sectors to focus on providing awareness and health education for the community regarding the implementation of COVID-19 vaccination.

References

- Schmidt T, Cloete A, Davids A, Makola L, Zondi N, Jantjies M. Myths, misconceptions, othering and stigmatizing responses to Covid-19 in



- South Africa: A rapid qualitative assessment. *PLoS One*. 2020 Dec 22;15(12):e0244420. doi: 10.1371/journal.pone.0244420. PMID: 33351852; PMCID: PMC7755184.
2. Kasozi KI, MacLeod E, Ssempijja F, Mahero MW, Matama K, Musoke GH, Bardosh K, Ssebuufu R, Wakoko-Studstil F, Echoru I, Ayikobua ET, Mujinya R, Nambuya G, Onohuean H, Zirintunda G, Ekou J, Welburn SC. Misconceptions on COVID-19 Risk Among Ugandan Men: Results From a Rapid Exploratory Survey, April 2020. *Front Public Health*. 2020 Jul 28;8:416. doi: 10.3389/fpubh.2020.00416. PMID: 32850606; PMCID: PMC7405654.
 3. Carlson CJ, Gomez ACR, Bansal S, Ryan SJ. Misconceptions about weather and seasonality must not misguide COVID-19 response. *Nat Commun*. 2020 Aug 27;11(1):4312. doi: 10.1038/s41467-020-18150-z. PMID: 32855406; PMCID: PMC7452887.
 4. Geldsetzer P. Knowledge and Perceptions of COVID-19 Among the General Public in the United States and the United Kingdom: A Cross-sectional Online Survey. *Ann Intern Med*. 2020 Jul 21;173(2):157-160. doi: 10.7326/M20-0912. Epub 2020 Mar 20. PMID: 32196071; PMCID: PMC7086377.
 5. Magadmi RM, Kamel FO. Beliefs and barriers associated with COVID-19 vaccination among the general population in Saudi Arabia. *BMC Public Health*. 2021 Jul 21;21(1):1438. doi: 10.1186/s12889-021-11501-5. PMID: 34289817; PMCID: PMC8294288.
 6. Chen H, Li X, Gao J, Liu X, Mao Y, Wang R, et al. Health Belief Model Perspective on the Control of COVID-19 Vaccine Hesitancy and the Promotion of Vaccination in China: Web-Based Cross-sectional Study. *Journal of Medical Internet Research*. 2021;23(9):e29329.
 7. Wong MCS, Wong ELY, Huang J, Cheung AWL, Law K, Chong MKC, Ng RWY, Lai CKC, Boon SS, Lau JTF, Chen Z, Chan PKS. Acceptance of the COVID-19 vaccine based on the health belief model: A population-based survey in Hong Kong. *Vaccine*. 2021 Feb 12;39(7):1148-1156. doi: 10.1016/j.vaccine.2020.12.083. Epub 2021 Jan 6. PMID: 33461834; PMCID: PMC7832076.
 8. Paul E, Steptoe A, Fancourt D. Attitudes towards vaccines and intention to vaccinate against COVID-19: Implications for public health communications. *Lancet Reg Health Eur*. 2021 Feb;1:100012. doi: 10.1016/j.lanepe.2020.100012. PMID: 33954296; PMCID: PMC7834475.
 9. Honein MA, Christie A, Rose DA, Brooks JT, Meaney-Delman D, Cohn A, Sauber-Schatz EK, Walker A, McDonald LC, Liburd LC, Hall JE, Fry AM, Hall AJ, Gupta N, Kuhnert WL, Yoon PW, Gundlapalli AV, Beach MJ, Walke HT; CDC COVID-19 Response Team. Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths, December 2020. *MMWR Morb Mortal Wkly Rep*. 2020 Dec 11;69(49):1860-1867. doi: 10.15585/mmwr.mm6949e2. PMID: 33301434; PMCID: PMC7737690.