

PSYCHO-SOCIAL DETERMINANTS OF COVID 19 VACCINE INTAKE AMONG SECONDARY SCHOOL TEACHERS IN MKPAT ENIN LOCAL EDUCATION COMMITTEE

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Abstract

The study investigated psycho-social determinants of covid 19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee. Three research questions and three hypotheses were formulated and tested at .05 level of significance. A correlational research design was adopted while the population of the study comprised all the 608 teachers from the 16 public secondary schools in the study area. A sample size of 240 teachers was selected for the study. A simple random sampling technique was used to select 10 public secondary schools out of 16. This was done with the help of lottery method of random sampling, whereby the schools were assigned numbers on a piece of paper, blindfolded and mixed up in a small container, after which the required number of schools were selected randomly. Finally, hat and draw method of random sampling was used to select 24 teachers per schools for instrument administration, which gave a total of 240 sampled respondents. A researcher's developed instrument titled: "Psycho-social Determinants of Covid-19 Vaccine Intake among Teachers Questionnaire (PDCVITQ)" was used for data collection. Pearson Product Moment Correlation Statistics (PPMC) was used for data analysis and the results revealed a very high positive and significance relationship between religious affiliations, knowledge of covid-19, illness behaviour and covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee. Conclusion was drawn from the finding and the recommended among other things that, Religious faithful and other

ministers of the gospel should preach against vaccine hesitancy and encourage members to accept the covid-19 vaccine for sustainable health and safety.

Keywords: Covid-19 Vaccine, Religious Affiliation, Knowledge of Covid-19, Illness Behaviour

Introduction

Education involves training a child through processes of teaching and learning which equips him with desired knowledge and skills required for effective living. It is a potent tool in graduating families out of poverty and promoting social security. These objectives and more can only be achieved if the students and teachers are free from infectious diseases that can threaten their health. As teachers occupy a central position in the educational process, they are expected to work in a safe environment if they are to deliver quality service delivery. The teacher needs to feel a sense of security at work to function properly in school. Austrian, Pinchoff, Tidwell, White, Abuya and Kangwana (2020) observed that teachers will not be able to risk their lives and welfare, have, the require protection from harm to be able to work effectively and efficiently. Hence, disregarding the safety and health needs of teachers is, in effect, inimical to the delivery of education goals and the progress of the nation educational system. The teachers therefore must stay healthy from any form of infectious diseases such as the corona-virus infection that can negatively affect their health status which in turn can affect their ability to effectively discharge their duties. The safety of the teacher at workplace is not limited to the availability of basic financial and non-financial resources, but also include the provision of physical protection from harmful corona-virus disease (Covid-19) caused by the Severe Acute Respiratory Syndrome Corona Virus-2 (Abdelhafiz, Mohammed, Ibrahim, Ziady, Alorab and Ayyad, 2020).

Globally, a recent report from the National Public Health Agencies (NPHA, 2021) reveals that Covid-19 is continuing to spread around the world, with more than 250 million confirmed cases, 5,101,198 deaths and 354,297 new cases. Abdelhafiz, et al (2020) added that United, India and Brazil have seen the highest number of confirmed cases followed by

the United Kingdom, Russia, and Turkey. The first case of Covid-19 from China was reported to the World Health Organization (WHO) on the 31st of December 2019. The infection was observed to spread relatively quickly to several other countries and by the 30th January 2020, the WHO declared Covid-19 a Public Health Emergency of International Concern (Viswanath, Mesfin, Dhriti, Ramya, Jenna, and Rachel, 2021).

In the continental sub-Sahara Africa, the pandemic poses a serious threat to global public health, socio-economic stability, food secondly, trade and industry with the impact felt in high and low-income countries like. Li, Guan, Wang, and Zhou (2020) noted that Sub-Sahara Africa, since the case was detected in Egypt on 14th day of February 2020, the number of confirmed cases as of September 30, 2021, amounted to 8,391,451 which represented 3.58 percent of the infections around the world. As a result of the widespread occurrence of and significant health risk of the pandemic, Nigeria reported its index case on February 27, 2020, from an Italian citizen who was tested positive of Covid-19 in Lagos State (Akalu, Ayelign, and Molla, 2020). From February 2020 to 16th November 2021, there are 213,177 confirmed cases of Covid-19 in Nigeria with 2,968 deaths (WHO, 2021).

In Akwa Ibom State for instant, they have been 4,330 confirmed cases and 44 deaths. The mode of transmission of the SARS-CoV-2 is via respiratory droplets; but has also been found in blood and stool. Severe manifestations are more common particularly among the elderly. As noted by Olapegba, Ayandele, Kolawole, Oguntayo and Gandi (2020), clinical manifestations include fever, dry cough, fatigue, myalgia, headache, sore-throat, abdominal pain and diarrhea among others. In Mkpat Enin Local Government Area of Akwa Ibom State, strict preventive measures are being taken to curb the spread of the ubiquitous virus, such as, isolation of infected and suspected cases, social distancing, and health educational exercises on hygiene for the general population as well as intake of vaccinations.

Theoretical and Conceptual Review

Health Belief Model by Irwin Rosenstock (1966)

The health belief model was developed by a social psychologist called Irwin Rosenstock in 1966. The health belief model provides a theoretical framework for evaluating prostate cancer screening behaviour, as well as designing potential interventions. The model suggests that health related action depends on perceptions of disease severity and susceptibility, perceived screening benefits and perceived barriers, and cues to action.

According to the theorist, perceived susceptibility has to do with the chances of getting a condition, perceived severity (seriousness of a disease and its consequences), perceived screening benefits (belief in how effective the advised action will be in mitigating the problems of the disease, perceived barriers (tangible, socio-economic and psychological obstacles that may prevent or limit performance of the advised action) and cues to action which refers to events or strategies that increase one's motivation.

At first, this model was meant to envisage patients' behavioural response to the treatment given to them. However, in recent times, this model has been used to envisage more general health issues on a patient's behaviour. The health belief model suggests that one's belief in a personal threat together with your belief in the effectiveness of the proposed behaviour will predict the likelihood of that behaviour. The underlying concept of the original health belief model is that health behaviour is determined by personal beliefs or perception about a disease and the strategies available to decrease its occurrence and that personal perception is influenced by a whole range of intrapersonal factors affecting health behaviour.

However, this theory is relevant to this work in that it shows the link between illness behaviour and covid-19 vaccine intake among secondary schools teachers. It is understood from this theory that teachers will not be more willing and motivated to act in healthy ways, that is, to seek for covid-19 vaccine intake if they believe and feel of having negative health outcome in later years. It may likely be quite difficult for teachers to take remedial actions towards covid-19 pandemic if they have poor perception of the severity of the disease.

Concept of Covid-19 Vaccine Intake

Vaccine intake refers to the absolute number of people who receive a specified vaccine dose(s) and low intake has been increasingly recognized as a challenge to the success of vaccination programs (Reuben, Danladi, Mma, Saleh and Ejembi, 2020). Intake of vaccines can be influenced by several factors such as personal risk perception, fear of side effects, access to media, information sources, religious/cultural beliefs, the convenience of getting to a health facility, level of trust for the healthcare system, social influences among others. The effectiveness of vaccination programmes and the global objective of eradicating the pandemic require optimal acceptance of the vaccine across all countries. The success of any vaccination programmes is largely dependent on how well the vaccines are accepted among the population including workers, students and health care professionals and the willingness of people to be vaccinated. Reuben, Danladi, Saleh and Ejembi (2020) stated that reluctance, or refusal to receive a vaccine despite its availability has been found to be a major obstacle to vaccination among the general population including teachers, students and parents and could be influenced by personal and health factors such as knowledge of Covid-19, illness behaviour, religious affiliation, accessibility immunization facility, accessibility of Covid-19 vaccine, availability of alternative health care, individual self concept among others.

According to Ullah, Khan, Tahir, Ahmed and Harapan (2021), Covid-19 is mainly passed from an infected person to others when the infected person coughs, sneezes, sings, talks or breathes. The authors added that the most trending symptoms of covid-19 are fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. If a person experience any of the above symptoms in the last 45 hours, the person should not physically return to place they should go for immunization. Some people infected with the virus have no symptoms at all, while others have symptoms that range from mild to severe.

Reuben, Danladi, Saleh, Ejembi (2020) argued that although physical-distancing and other transmission-mitigation strategies implemented in most countries during the current pandemic have prevented most citizens from being infected, vaccines have been developed to curb the spread of Covid-19 infection. Cui, Li and Shi (2019) had observed initially that a safe and effective vaccine is a critical tool to control the Covid-19 pandemic. All viruses-including SARS-CoV-2, the virus that causes Covid-19 evolve over time. When a virus replicates or makes copies of itself, it sometimes changes a little bit, which is normal for a virus. These changes are called “mutations”. A virus with one or more new mutations is referred to as a “variant” of the original virus. Millions of people have safely received covid-19 vaccines. All of the approved covid-19 vaccines have been carefully tested and continue to be monitored. Like all vaccines, covid-19 vaccines go through a rigorous, multi-stage testing process, including large clinical trials that involve tens of thousands of people. These trials are specifically designed to identify any safety concerns.

As of 25 June 2021, 23 vaccines had advanced to stage 3 clinical trials and more than a dozen had been approved in multiple countries. Rhodes, Measey and Danchin (2020) agreeable proposed that the BNT162b vaccine from Pfizer-BioNTech, for example, has been approved in about 90 countries, while the ChAdOxIn covid-19 vaccine from Oxford-AstraZeneca has the most country authorizations at 115. Pfizer, Sinovac, Janssen, Oxford/AstraZeneca, Moderna, Sputnik V, and Sinopharm are among the companies that have produced covid-19 vaccines to combat the virus’s spread. The AstraZeneca and Moderna vaccine is commonly used in Nigeria and the vaccine is made free of charge to all, at government health facilities throughout Nigeria (Aminu, 2020).

Religious affiliation and Covid-19 Vaccine Intake

Religious affiliation may likely be one of the determinant factors influencing of Covid-19 vaccine intake among secondary school teachers. Religious leaders, faith-based organizations and faith communities can play a major role in saving lives and reducing illness related to

Covid-19. They are a primary source of support, comfort, guidance and direct healthcare and social service for the communities they serve. Religious leaders of faith based organizations can share health information to protect their own members and wider communities. They can provide pastoral and spiritual support during public health emergencies, like Covid-19s and other health challenges. Harapan, Wagner, Yufika, Winardi, Anwar and Gan (2020) noted that obedience to governmental directives on Covid-19 vaccine intake may be a source of strength and encouragement to members, enhancing their willingness or acceptance of the Covid-19 vaccine infection. On the other hand, Harapan, Wagner, Yufika, Winardi, Anwar and Gan (2020) argued that, some religious faithfully belief that vaccine mandate is “sin against God”, and that members of such religion are less likely to accept Covid-19 vaccine due to sincerely held religious belief. In a study conducted by Seyi, Adesola, Richard, Kayode, Elisha, Amarachi, Esther and Comfort (2020) conducted a research on assessment of knowledge, religiosity, perception and readiness of Nigerians to participate in covid-19 vaccine trial, the authors found that religiosity significantly predicts workers readiness to participate in covid-19 trails. Ramdan, Eman, Azyyati, Ali, Mohammad, Shazia and Mario (2021) added also in their findings that religious affiliation of lecturers influences their attitude towards vaccination intake.

Knowledge of Covid-19 and Vaccine Intake

Knowledge of Covid-19 may most likely serve as another determinant of Covid-19 vaccine intake among teachers. Knowledge here involves facts, skills and understanding an individual has about Covid-19, its effects, symptoms and vaccines. Receiving vaccines such as Pfizer, Moderna, Astrazeneca, Johnson & Johnson among others reduces ones risk of getting infected with Covid-19 pandemic. Such vaccines are effective and can reduce to risk of getting and spreading the virus. Hussain, Majeed and Imran (2020) proposed that in other for teachers to receive the vaccine, they are expected to acquire knowledge and understanding of the effects and symptoms of Covid-19 before they can be willingly accept to visit health

facility for immunization. Adequate knowledge of Covid-19 symptoms, effects and available vaccines as observed by Wake (2020) will motivate the teachers to make positive decisions regarding Covid-19 vaccine intake. In a study conducted by Richardson, Taiwo, Jamilu, Olusola, Madeleine and Olatunde (2020), on covid-19 knowledge, beliefs, prevention behaviours and misinformation in the context of an adapted seasonal malaria chemoprevention campaign in six Northern Nigeria State, the authors found a significant difference in teachers' acceptance of covid-19 vaccine based on their knowledge of the virus. Christopher, Margaret, Dauda and Patricia (2020) also found a significant relationship between knowledge of covid-19 and attitude towards preventive measures in relation to covid-19 vaccine.

Illness behaviour and Covid-19 Vaccine Intake

Illness behaviour may also serve as a significantly determinants of Covid-19 vaccine intake among teachers. Illness behaviour refers to any actions or reactions of an individual about a particular illness such as Covid-19 for the purpose of defining their state of health and obtaining physical or emotional relief (Nanton and Dale (2017). Human beings live with the tendency of being fearful and full of anxiety. People are sometimes worried or frightened when they feel that something bad is going to happen. In the case of Covid-19 vaccine, most people hold the belief that Covid-19 is the strategy used by the whites to depopulate the world and that ones the vaccine is taken, the likelihood of the person to die increases. While some people develop negative perception of the reality of the pandemic, the condition seems to affect the teachers as well, as some may think of the unpleasant outcomes Covid-19 vaccine injection could bring. According to Ifeanyi (2019), some teachers are often worried that they may likely be found to have contacted Covid-19 if tested without any pre-noticed symptoms. The author added that such fear of positive diagnosis as well as perceived feeling of unpleasant outcome (death) has become a barrier associated with Covid-19 vaccine intake among teachers. Nnamani (2019) also found in one of his studies that illness behaviour of

patients with chronic diseases such as covid-19 significantly determined their involvement in vaccine intake. Therefore, it is against this backdrop that the researcher seeks to investigate psycho-social determinants of covid 19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee.

Statement of the Problem

Covid-19 vaccine intake is a commonly immunized form preventing the chances of contacting Covid-19 infectious diseases. As decreased survival rate occurs when the immunization of Covid-19 is delayed, it is important for teachers to get immunized for Covid-19 so as to be diagnosed in the early stage when treatment will be more effective. Unfortunately, the researcher observed low acceptance of Covid-19 vaccine among teachers in Mkpato Enin Local Government Area of Akwa Ibom State.

In the process of interaction with most teachers in the study area, the researcher observed that most secondary school teachers who are highly at risk are not aware of the disease itself, and those who are aware of the disease do not have the knowledge of the benefits of receiving Covid-19 vaccines like Pfizer, Moderna, Astra-zeneca and Johnson & Johnson among others. Sometimes, those who are aware are not willing to go for the immunization probably because of religious affiliation, knowledge of Covid-19, illness behaviour (such as fear, anxiety), accessibility of Covid-19 vaccine as well as availability of alternative healthcare. Most of the teachers do not seem to acknowledge the reality of the disease. This has brought about devastating consequences on teachers health status and an increased mortality rate in the study area. Therefore, this posed concern to the researcher; hence, the researcher investigated psycho-social determinants of covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee.

Purpose of the Study

The major purpose of the study aimed at determining the relationship between psycho-social determinants of covid-19 vaccine intake among secondary school teachers in Mkpato Enin

Local Education Committee. Specifically, the study sought to achieve the following objectives

1. The relationship between religious affiliation and Covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee.
2. The relationship between knowledge of Covid-19 and vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee.
3. The relationship between illness behaviour and Covid-19 vaccine intake among secondary teachers in Mkpato Enin Local Education Committee.

Research Questions

The following research questions were formulated to guide the study

1. What is the relationship between religious affiliation and Covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee?
2. What is the relationship between knowledge of Covid-19 and vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee?
3. What relationship exists between illness behaviour and Covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee?

Method

Design of the Study

The study adopted a correlational research design. A correlational research design is a design which measures a relationship between two variables without a researcher controlling either of them. It aims at finding out whether there is a positive, negative or zero correlation between variables. According to Udoh and Joseph (2005), this design is applicable whenever the researcher wishes to find out the magnitude and direction of relationship that exists between the dependent and independent variable. Therefore, this design enabled the researcher to determine the relationship between psycho-social determinants of covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee.

Population of the Study

The population of this study comprised all the 608 teachers from the 16 public secondary schools in Mkpát Enin Local Education Committee (source: Planning, Research and Statistics Unit, State Secondary Education Board, 2020/2021 session).

Sample and Sampling Technique

A sample size of 240 teachers was selected for the study. This sample size was determined statistically using Kierje and Morgan sampling procedure, which states that any population that ranges from 600 to 650, a sample of 240 was representative of the population. A simple random sampling technique was used to select 10 public secondary schools out of 16. This was done with the help of lottery method of random sampling, whereby the schools were assigned numbers on a piece of paper, blindfolded and mixed up in a small container, after which the required number of schools were selected randomly. Finally, hat and draw method of random sampling was used to select 24 teachers per schools for instrument administration, which gave a total of 240 sampled respondents.

Instrumentation

A researcher's developed instrument titled: "Psycho-social Determinants of Covid-19 Vaccine Intake among Teachers Questionnaire (PDCVITQ)" was used for data collection. The "PDCVITQ" had two parts or sections. Section A contained five items for each on psycho-social determinants, while section B contained 8 items measuring covid-19 vaccine intake among secondary school teachers. Teachers' were used as respondents because they are the target population. This questionnaire was constructed based on the four-point rating scale as follows: Strongly Agree (SA) 4, Agree (A) 3, Disagree (D) 2, Strongly Disagree (SD) The respondents were ask to indicate by ticking (√) the extent to which they agree or disagree with the statements under the variables being studied.

Validation of the Instrument

The questionnaire was given to three experts to assess its face validity. The experts were all from the Department of Educational Foundations, Guidance and Counseling, University of Uyo. The inputs and corrections made by the experts together with that of the researcher's supervisor were used to form the final copy of the instrument for administration.

Reliability of the Instrument

To ascertain the reliability index of the instrument, Cronbach Alpha reliability method was adopted. The researcher pilot-tested the instrument on 20 teachers who were not part of the sample but were part of the study area. Data generated from the trial test were analyzed using Cronbach Alpha Reliability Analysis. The overall Cronbach's Alpha coefficient obtained was 0.79 for items in section A and 0.83 for items in section B. This instrument was considered reasonable for this work because according Nunnally (2007), any instrument that has the reliability co-efficient of 0.50 and above should be accepted.

Method of Data Collection

The questionnaires were administered on the respondents in their respective schools by the researcher together with two research assistants who were duly trained and informed. Permission from the respective principals were sought to allow the respondents (teachers) respond to the items in the instrument. In addition to items written on the questionnaire, the respondents were given verbal instructions and clarifications where necessary. The questionnaire copies were administered and filled properly according to instructions and collected by the researcher and her assistants.

Method of Data Analysis

Data generated were analyzed using Pearson Product Moment Correlation (PPMC) statistics using Statistical Package for Social Science (SPSS) software (version 25). In answering the

research questions, the r-value or co-efficient value obtained was used to determine the magnitude or weight of relationship between variables of the study.

The research questions were answered using the decision rule presented by Nunnally (2011) as follows:-

Coefficient (r)	-	Relationship	
1.00			
+ .71 to + .99	-	Very high positive relationship	} Positive
+ .50 to + .70	-	High positive relationship	
+ .35 to + .49	-	Average or moderate positive relationship	
+ .33 to + .34	-	Weak positive relationship	
+ .10 to + .22	-	Very weak positive relationship	
00 to -0.09	-	Zero relationship	

Result and Discussion of Finding Data Analysis

Research Question 1: What is the relationship between religious affiliation and Covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee?

Table 1: Pearson Product Moment Correlation Analysis on the relationship between religious affiliation and Covid-19 vaccine intake among teachers

Variables	N	$\sum x$	$\sum x^2$	$\sum xy$	r-value	Decision
		$\sum y$	$\sum y^2$			
Religious Affiliation (x)	240	6751	8779			
				94217	0.74	Rejected H_0
Covid-19 Vaccine Intake among Teachers (y)	240	5826	6298			

Result in Table 1 shows a very high positive relationship between religious affiliation and Covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee. This is shown on the correlation coefficient result of 0.74. The implication of this result is that the more religious faithful preach in support of covid-19 vaccine, the greater teachers will show willingness or acceptance in receiving the vaccine.

Research Question 2: What is the relationship between knowledge of Covid-19 and vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee?

Table 2: Pearson Product Moment Correlation Analysis on the relationship between knowledge of Covid-19 and vaccine intake among teachers

Variables	N	$\sum x$	$\sum x^2$	$\sum xy$	r-value	Decision
		$\sum y$	$\sum y^2$			
Knowledge of Covid-19 (x)	240	8639	6849			
				73289	0.87	Rejected H_0
Vaccine Intake among Teachers (y)	240	5826	6298			

Result in Table 2 shows a very high positive relationship between knowledge of Covid-19 and vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee. This is shown on the correlation coefficient result of 0.87. The implication of this result is teachers are most likely to accept covid19 vaccine if they have adequate knowledge of Covid-19 symptoms and its effects on healthy living, and vice versa.

Research Question 3: What relationship exists between illness behaviour and Covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee?

Table 3: Pearson Product Moment Correlation Analysis on the relationship between illness behaviour and covid-19 vaccine intake among teachers

Variables	N	$\sum x$	$\sum x^2$	$\sum xy$	r-value	Decision
		$\sum y$	$\sum y^2$			
Illness Behaviour (x)	240	7968	8423			
Vaccine Intake among Teachers (y)	240	5826	6298	53492	0.79	Rejected H_0

Result in Table 3 shows a very high positive relationship between illness behaviour and covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education

Committee. This is shown on the correlation coefficient result of 0.79. The implication of this result is that secondary school teachers are most likely to reject covid-19 vaccine if they perceive feeling of unpleasant outcome (death) and vice versa.

Discussion of findings

The researcher makes a combined discussion of findings from the research questions and hypotheses of the study.

Results from research question one and hypothesis one revealed a very high positive and significant relationship between religious affiliation and Covid-19 vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee. This finding is in line with the finding of the study conducted by Seyi, Adesola, Richard, Kayode, Elisha, Amarachi, Esther and Comfort (2020), that religiosity significantly predicts workers readiness to participate in covid-19 trails. This finding also agrees with that of Ramdan, Eman, Azyyati, Ali, Mohammad, Shazia and Mario (2021), that religious affiliation of lecturers influence their attitude towards vaccination intake. Hence, it is observed from this finding that ones religious values and interpretations determine the likelihood of accepting or rejecting covid-19 vaccine.

Results from research question two and hypothesis two revealed a very high positive and significant relationship between knowledge of covid-19 and vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee. This finding is in line with the finding of the study conducted by Richardson, Taiwo, Jamilu, Olusola, Madeleine and Olatunde (2020), which finding revealed a significant difference in teachers' acceptance of covid-19 vaccine based on their knowledge of the virus. This finding also corroborates the finding of Christopher, Margaret, Dauda and Patricia (2020), a significant relationship between knowledge of covid-19 and attitude towards preventive measures in relation to covid-19 vaccine. Hence, it is observed that teachers who have adequate knowledge of the

symptoms of covid-19 infection, its mode of transmission and effects on healthy living are more likely to receive the vaccine so as to boost the immune system against being infected.

Results from research question three and hypothesis three revealed a very high positive and significant relationship between knowledge of covid-19 and vaccine intake among secondary school teachers in Mkpato Enin Local Education Committee. This finding is in line with the finding of the study conducted by Turrell, Haynes, Wilson and Giles-Corti (2019), which revealed that most workers including the teachers who are susceptible to the disease sometimes ignore going for screening through formal health facilities for fear of being found positive of the disease. This kind of illness behaviour decreases the tendency of the teachers' populace to seek proper health or remedial actions for covid-19. This finding also agrees with that of Ebuehi and Otumu (2011), that illness behaviour of male staff significantly influenced their practice of immunization in formal facilities.

Conclusion

Based on the findings of the study, it is therefore concluded that religious affiliations, knowledge of covid-19, illness behaviour are significant determinants of covid-19 vaccine intake among secondary school teachers.

Recommendations

The following recommendations were made based on the findings of the study:

1. Religious faithful and other ministers of the gospel should preach against vaccine hesitancy and encourage members to accept the covid-19 vaccine for sustainable health and safety.
2. Health care providers should always educate the populace about the reality of covid-19 virus and preventive measures as this will help the teachers acquire knowledge, skill and understanding of the needfulness of receiving the vaccines

3. Primary and secondary health facilities should collaborate with the schools in enlightening the teachers to do away with extreme anxiety and fear of being found positive after covid-19 infection.

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