Acceptability of the Coronavirus Disease-2019 Vaccine Among Medical Students in Uganda: a Cross Sectional Study.

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Research Article
Abstract

Background

COVID-19 is still a major global threat and vaccination remains the long-lasting solution. Unanimous uptake of the COVID-19 vaccine is required to subsequently avert its spread. We therefore, assessed COVID-19 vaccine acceptability, hesitancy, and associated factors among medical students in Uganda.

Methods

This study employed an online descriptive cross-sectional survey among medical students across 10 medical schools in Uganda. A structured questionnaire as a Google form was sent to participants via WhatsApp. Data was extracted and analyzed using Microsoft Excel 2016 and STATA 16. Descriptive statistics, bivariate and multivariable analyses were performed.

Results

We surveyed 600 medical students, 377 (62.8%) were male. COVID-19 vaccine hesitancy and acceptability were 30.7% and 37.3%, respectively. Factors associated with vaccine acceptability were being female (aOR = 1.9, 95% CI: 1.3–2.9, p = 0.001), being single (aOR = 2.1, 95% CI 1.1–3.9, p = 0.022). Very high (aOR = 3.5, 95% CI 1.7–6.9, p < 0.001) or moderate (aOR = 2.2, 95% CI 1.2–4.1, p = 0.008) perceived risk of getting COVID-19 in the future, receiving any vaccine in the past 5 years (aOR = 1.6, 95% CI 1.1–2.5, p = 0.017), and COVID-19 vaccine hesitancy (aOR 0.6, 95% CI 0.4–0.9, p = 0.036).

Conclusions

This study revealed low levels of acceptance towards the COVID-19 vaccine among medical students, low self-perceived risks of COVID-19, and many had relied on social media that provided them with negative information. This poses an evident risk on the battle towards COVID-19 in the future especially when these future health professions are expected to be influencing decisions of the general public towards the same.

Introduction

The Coronavirus disease-2019 (COVID-19) pandemic, caused by the novel severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) continues to create mayhem across the globe. COVID-19 has affected livelihoods and has imposed strains on the health care systems (1). Over 135 million people have been infected with SARS-CoV-2 resulting in over 2.9 million deaths worldwide (2). The African continent has continuously recorded fewer cases of COVID-19 with about 4.3 million cases and 115,321 deaths (2). Uganda reported 40,751 cases with 335 deaths as of 9th April 2021(3).

Various chemotherapeutic and biologic therapies, like hydroxychloroquine, remdesivir, convalescent plasma, and tocilizumab have been tried to treat COVID-19 patients(4–6) with no conclusive specific curative effect.
Different preventive public health measures like lockdowns, hand washing, respiratory hygiene, and social distancing have been employed with little success (7). Much worse even, attempts to loosen these precautionary behaviors have culminated in the surge of cases in many countries (7). Leaving room for only an effective vaccine as a long-lasting solution in such a crisis (8, 9).

Several vaccine candidates have been developed to date with some approved and others still undergoing clinical trials. Notably the New York based Pfizer-BioNTech, ModernaInc company, and the AstraZeneca/University of Oxford Vaccines have been approved for emergency use and already rolled out in some countries including Uganda (10). Although much progress has been made with vaccine development, uncertainty about the public acceptance of COVID-19 vaccination is still an important challenge (9). The World Health Organization (WHO) asserts that vaccine hesitancy is one of the top-ten threats to global health and this is exacerbated by the emerging conspiracies surrounding COVID-19 and its vaccines (11).

Medical students are regarded as an insightful population that is open-minded, educated, medically informed. They also represent the future health professionals, who are supposed to respond quickly to public health issues (12). Surprisingly, a study done in the United States of America reported that nearly one-quarter of the medical students were hesitant to be vaccinated as soon as an approved COVID-19 vaccine becomes available, despite self-perception of elevated risk of exposure to SARS-CoV-2 infection (13). Furthermore, another study done in Israel, reported a high rate of COVID-19 vaccine skepticism among medical staff implying that vaccination compliance, even among medically informed individuals isn't automatic (14).

The Ugandan government through the COVAX facility received its first 864,000 doses of the AstraZeneca vaccine in early March (15). Subsequently, Uganda rolled out COVID-19 vaccination across the country, starting with priority groups consisting of healthcare workers, security personnel, teachers, humanitarian frontline workers, and patients at higher risk of severe COVID-19 disease among others (15).

In Uganda, medical students form a core part of the health care response team in regional and national referral hospitals making them a vulnerable group (16). They are also an important force in health education and communication in their various communities. It is therefore imperative to assess the acceptability and attitudes of these students towards the COVID-19 vaccine. To our knowledge, no such study has been done in Uganda, and Africa at large. Therefore, we aimed to assess COVID-19 vaccine acceptability, hesitancy, and associated factors among medical students in Uganda.

**Methods**

**Study Design**

We conducted an online, descriptive, cross-sectional study between Monday 15th March and Sunday 21st March 2021 using a quantitative approach.

**Study Setting**

The study was carried out in 10 universities in Uganda offering undergraduate medical degrees, namely, Makerere University (Mak), Mbarara University of Science and Technology (MUST), Gulu University (GU),
Kampala International University (KIU), Kabale University (KU), Busitema University (BU), Islamic University in Uganda, Soroti University (SU), King Caesar International University, and Uganda Christian University (UCU). Mak, GU, MUST, BU, KU, and SU are public universities, and the remaining universities are private. The combined population size of all these medical schools is about 6,000–8,000 students.

**Study Population**

Medical students pursuing the following undergraduate degree programs in these various universities were targeted: Bachelor of Medicine and Bachelor of Surgery (MBChB), Bachelor of Dental Surgery (BDS), Bachelor of Nursing (BNS), Bachelor of Anesthesia (BNA), Bachelor of Pharmacy (BPHARM), Bachelor of Biomedical Laboratory Technology (BLT) and Bachelors of Biomedical Sciences (BBS).

**Inclusion and Exclusion Criteria**

Individuals aged 18 years or older, currently, students in the above-mentioned universities who consented to participate were included and those students who couldn’t access the internet were excluded.

**Sampling Procedure and Data Collection**

During this study, Uganda was in a partial lockdown with schools, universities, and institutions partially opened conducting hybrid physical and Open Distance E-Learning. Therefore, we opted to use WhatsApp Messenger (Facebook Inc) for enrolling potential participants based on our previous experience with conducting studies among medical students (16). We employed convenience sampling where we identified all the existing WhatsApp groups of medical students in the various universities through a coordinator for each specific group. The Google Form link to the questionnaire was then sent to the potential participants via the identified WhatsApp groups.

**Study Variables**

Independent variables were the demographic characteristics including sex, age, education program, religion, residence, education institution, and sources of information on COVID-19 and COVID-19 vaccines and dependent variables were the acceptability, hesitancy, trust, and attitudes towards COVID-19 vaccine.

**Data Management Analysis**

Fully completed questionnaires were extracted from Google Forms and exported to Microsoft Excel 2016 (Microsoft Corporation) for cleaning and coding. The cleaned data was exported to STATA (StataCorp LLC, Texas, USA) version 16.0 for analyses. Numerical data was summarized as means (standard deviations) or median (inter-quartile range) for parametric and non-parametric data, respectively. Categorical data was summarized as frequencies and proportions. Associations between independent variables and dependent variables were assessed using the chi-square test or Fisher’s exact test and logistic regression analysis in STATA 16.0 software. A $P < .05$ was considered statistically significant.

**Results**

**Socio-demographic Characteristics**
A total of 600 medical students completed the survey. The majority were male (n = 377, 62.8%), single (n = 521, 87.1%), of Anglican religion (n = 184, 30.7%), pursuing MBChB degree (n = 488, 81.3%) and in their fourth year of study (n = 157, 26.2%). BU had the highest number of participants (n = 122, 20.4%) meanwhile the least (n = 14, 2.3%) number of participants were from UCU. Table 1 summarizes the socio-demographic characteristics of the participants.
| Demographics          | Frequency | %     |
|-----------------------|-----------|-------|
| **Age**               | 24        | 22–26 |
| <=24                  | 367       | 61.2  |
| > 24                  | 233       | 38.8  |
| **Sex**               |           |       |
| Male                  | 377       | 62.8  |
| Female                | 223       | 37.2  |
| **Marital status**    |           |       |
| Single                | 521       | 87.1  |
| Married               | 74        | 12.4  |
| Separated             | 3         | 0.5   |
| **Religion**          |           |       |
| Anglican              | 184       | 30.7  |
| Roman Catholic        | 166       | 27.7  |
| Muslim                | 102       | 17.0  |
| Pentecostal           | 90        | 15.0  |
| Other                 | 35        | 5.8   |
| SDA                   | 21        | 3.5   |
| Orthodox              | 2         | 0.3   |
| **University of Study**|         |       |
| Busitema University   | 122       | 20.4  |
| Kampala international University | 102    | 17.1  |
| Makerere University   | 89        | 14.9  |
| Kabale University     | 71        | 11.9  |
| Islamic University in Uganda | 62 | 10.4  |
| Mbarara University of Science and Technology | 55 | 9.2 |
| Gulu University       | 43        | 7.2   |
| King Caesar University| 20        | 3.3   |
| Soroti University     | 20        | 3.3   |
| Demographics                        | Frequency | %   |
|------------------------------------|-----------|-----|
| Uganda Christian University        | 14        | 2.3 |

| Year of study                      | Frequency | %   |
|------------------------------------|-----------|-----|
| Year 1                             | 91        | 15.2|
| Year 2                             | 81        | 13.5|
| Year 3                             | 131       | 21.8|
| Year 4                             | 157       | 26.2|
| Year 5                             | 140       | 23.3|

| Academic Program                   | Frequency | %   |
|------------------------------------|-----------|-----|
| Bachelor of Biomedical laboratory technology | 4         | 0.7 |
| Bachelor of Biomedical sciences    | 10        | 1.7 |
| Bachelors of Anaesthesia           | 16        | 2.7 |
| Bachelors of Dental Surgery        | 11        | 1.8 |
| Bachelors of Medicine and Surgery  | 488       | 81.3|
| Bachelors of Nursing               | 58        | 9.7 |
| Bachelors of Pharmacy              | 13        | 2.2 |

Acceptability of COVID-19 vaccine and associated factors among medical Students

The majority of the participants (n = 376, 62.7%) were not willing to be vaccinated against COVID-19. The most cited reasons for not taking up the vaccine were concerns about safety (n = 242, 64.4%) and have heard or read negative information about the vaccine (n = 201, 53.5%). Of those that reported to have heard negative information about COVID-19 vaccine (n = 575, 95.8%), the biggest sources were from social media (n = 521, 90.6%) and friends (n = 325, 56.5%), Fig. 1. For the participants willing to take up the COVID-19 vaccine (n = 224, 37.3%), the major reasons for acceptance were to protect oneself (n = 191, 85.3%) and others (n = 142, 63.4%) from COVID-19. Close to half (n = 111, 49.6%) of the participants believed in vaccines and immunization. Table 2 summarizes reasons for acceptance and hesitancy of the COVID-19 vaccine.
Table 2
Acceptability of COVID-19 Vaccine among Medical Students in Uganda.

| Acceptability of the COVID-19 Vaccine | Frequency | %     |
|---------------------------------------|-----------|-------|
| Are you aware of a vaccine for COVID-19? |           |       |
| Yes                                   | 590       | 98.3  |
| No                                    | 10        | 1.7   |
| **COVID-19 vaccine may be effective in protecting me from COVID-19.** |           |       |
| Strongly agree                        | 75        | 12.5  |
| Agree                                 | 198       | 33.0  |
| Neutral                               | 220       | 36.7  |
| Disagree                              | 55        | 9.2   |
| Strongly disagree                     | 52        | 8.7   |
| **Are you willing to get vaccinated with the approved COVID-19 vaccine?** |           |       |
| Yes                                   | 224       | 37.3  |
| No                                    | 376       | 62.7  |
| **Reasons for accepting (n = 224)** |           |       |
| To protect myself from getting COVID-19. | 191       | 85.3  |
| To protect others from getting COVID-19. | 142       | 63.4  |
| I believe in vaccines and immunization. | 111       | 49.6  |
| To get rid of the virus and end the pandemic. | 82        | 36.6  |
| Health workers’ recommendations.      | 78        | 34.8  |
| To be able to travel.                 | 67        | 29.9  |
| It is a social and moral responsibility. | 60        | 26.8  |
| If the vaccine is free of charge.     | 58        | 25.9  |
| If it is available to me.             | 55        | 24.6  |
| The vaccines are effective.           | 47        | 21.0  |
| The vaccines are safe.                | 45        | 20.1  |
| Government recommendations.           | 40        | 17.9  |
| Job requirement.                      | 33        | 14.7  |
| I am at high risk of severe disease.  | 28        | 12.5  |
| **Reason for not accepting the vaccine (n = 376)** |           |       |
| Acceptability of the COVID-19 Vaccine                                      | Frequency | %    |
|-------------------------------------------------------------------------|-----------|------|
| I don't think the vaccine is safe/concerned about side effects          | 242       | 64.4 |
| I have heard or read negative information on the vaccine.               | 201       | 53.5 |
| I don't think the vaccine is effective                                  | 136       | 36.2 |
| I trust my immunity                                                    | 106       | 28.2 |
| I don't think it is needed                                              | 81        | 21.5 |
| Someone else told me that the vaccine is not safe                       | 68        | 18.1 |
| I don't know where to get good/reliable information                     | 57        | 15.2 |
| Fear of needles                                                         | 20        | 5.3  |
| Religious reasons                                                       | 11        | 2.9  |
| I don't know where to get vaccination                                   | 8         | 2.1  |
| Someone else told me they/their child had a bad reaction                | 8         | 2.1  |
| Had a bad experience or reaction with previous vaccination              | 6         | 1.6  |
| Vaccine development was rushed                                          | 6         | 1.6  |
| Had a bad experience with previous vaccinator/health clinic             | 4         | 1.1  |
| Not possible to leave other work (at home or other)                     | 3         | 0.8  |
| Other beliefs/traditional medicine                                     | 2         | 0.5  |

Of the 224 participants willing to be vaccinated, the majority (n = 84, 38%) were indifferent to the particular vaccine they would take, 34% (n = 77) would wish to take the Pfizer-BioNTech vaccine, and only 19% the AstraZeneca vaccine (Fig. 2).

On bivariate analysis, sex (p = 0.001), belief of getting COVID-19 in the future (p < 0.001) or having already had it (p < 0.029), perceived risk of COVID-19 to an individual (p = 0.001) and Uganda at large (p < 0.001), belief on effectiveness of the vaccine (p < 0.001), vaccination uptake in the previous five years (p = 0.028) and reluctance or hesitancy to vaccination (p = 0.004) were significantly associated with acceptability of COVID-19 vaccine, Table 3.
Table 3
Factors associated with acceptability of the COVID-19 vaccine among medical students in Uganda.

| Variables          | Acceptability |
|--------------------|---------------|
|                    | No (N = 376)  | Yes (N = 224) | P     |
| Age                |               |               |       |
| <=24               | 224 (61)      | 143 (39)      | 0.300 |
| >24                | 152 (65.2)    | 81 (34.8)     |       |
| Sex                |               |               |       |
| Female             | 159 (71.3)    | 64 (28.7)     | 0.001 |
| Male               | 217 (57.6)    | 160 (42.4)    |       |
| Marital status     |               |               |       |
| Married            | 54 (73)       | 20 (27)       | 0.124 |
| Separated          | 2 (66.7)      | 1 (33.3)      |       |
| Single             | 319 (61.2)    | 202 (38.8)    |       |
| Religion           |               |               |       |
| Anglican           | 108 (58.7)    | 76 (41.3)     | 0.036 |
| Muslim             | 60 (58.8)     | 42 (41.2)     |       |
| Orthodox           | 2 (100)       | 0 (0)         |       |
| Other              | 21 (60)       | 14 (40)       |       |
| Pentecostal        | 68 (75.6)     | 22 (24.4)     |       |
| Roman Catholic     | 108 (65.1)    | 58 (34.9)     |       |
| SDA                | 9 (42.9)      | 12 (57.1)     |       |
| University of Study|               |               |       |
| Busitema University| 83 (68)       | 39 (32)       | 0.443 |
| Gulu University    | 25 (58.1)     | 18 (41.9)     |       |
| Islamic University | 41 (66.1)     | 21 (33.9)     |       |
| Kabale University  | 43 (60.6)     | 28 (39.4)     |       |
| Kampala International University | 61 (59.8) | 41 (40.2) |
| Variables                              | Acceptability          |
|---------------------------------------|------------------------|
|                                       | No (N = 376) | Yes (N = 224) | P         |
| King Caesar University                | 11 (55)       | 9 (45)       |           |
| Makerere University                  | 53 (59.6)     | 36 (40.4)    |           |
| Mbarara University of Science and Technology | 33 (60)     | 22 (40)      |           |
| Soroti University                    | 17 (85)       | 3 (15)       |           |
| Uganda Christian University          | 7 (50)        | 7 (50)       |           |

**Year of study**

| Year       | No (N) | Yes (N) | P     |
|------------|--------|---------|-------|
| Year 1     | 66 (72.5) | 25 (27.5) | 0.234 |
| Year 2     | 53 (65.4) | 28 (34.6) |       |
| Year 3     | 79 (60.3) | 52 (39.7) |       |
| Year 4     | 92 (58.6) | 65 (41.4) |       |
| Year 5     | 86 (61.4) | 54 (38.6) |       |

**Academic Program**

| Program                                           | No (N) | Yes (N) | P     |
|---------------------------------------------------|--------|---------|-------|
| Bachelor of Biomedical laboratory technology      | 2 (50) | 2 (50)  | 0.339 |
| Bachelor of Biomedical sciences                   | 3 (30) | 7 (70)  |       |
| Bachelors of Anaesthesia                          | 9 (56.3) | 7 (43.8) |       |
| Bachelors of Dental Surgery                       | 6 (54.5) | 5 (45.5) |       |
| Bachelors of Medicine and Surgery                 | 307 (62.9) | 181 (37.1) |       |
| Bachelors of Nursing                              | 40 (69) | 18 (31)  |       |
| Bachelors of Pharmacy                             | 9 (69.2) | 4 (30.8)  |       |

**How likely do you think you will get COVID-19 in future?**

| Likelihood                          | No (N) | Yes (N) | P     |
|-------------------------------------|--------|---------|-------|
| Extremely likely                    | 13 (56.5) | 10 (43.5) | <0.001 |
| Moderate                            | 81 (54.7) | 67 (45.3) |       |
| Not at all                          | 122 (76.3) | 38 (23.8) |       |
| Slightly                            | 122 (66.7) | 61 (33.3) |       |
| Very likely                         | 38 (44.2) | 48 (55.8) |       |

**Overall, how worried are you about coronavirus?**
| Variables                                      | Acceptability          |
|-----------------------------------------------|------------------------|
|                                               | No (N = 376) | Yes (N = 224) | P         |
| Extremely                                     | 18 (48.6) | 19 (51.4) | < 0.001  |
| Not at all                                    | 69 (75) | 23 (25) |          |
| Not very                                      | 145 (70.4) | 61 (29.6) |          |
| Somewhat                                      | 106 (55.8) | 84 (44.2) |          |
| Very                                          | 38 (50.7) | 37 (49.3) |          |
| **To what extent do you think coronavirus poses a risk to you personally?** | | | |
| Major risk                                    | 71 (53.8) | 61 (46.2) | 0.001    |
| Minor risk                                    | 151 (71.2) | 61 (28.8) |          |
| Moderate risk                                  | 120 (56.9) | 91 (43.1) |          |
| No风险                                          | 34 (75.6) | 11 (24.4) |          |
| **Do you think coronavirus poses a risk to people in Uganda?** | | | |
| Major risk                                    | 113 (50.2) | 112 (49.8) | < 0.001  |
| Minor risk                                    | 91 (77.1) | 27 (22.9) |          |
| Moderate risk                                  | 158 (65.8) | 82 (34.2) |          |
| No risk at all                                 | 14 (82.4) | 3 (17.6) |          |
| **Do you know if you have had, or currently have, coronavirus?** | | | |
| I have definitely had it                      | 30 (65.2) | 16 (34.8) | 0.029    |
| I have definitely not had it                  | 134 (65) | 72 (35) |          |
| I think I have probably had it                 | 129 (67.5) | 62 (32.5) |          |
| I think I have probably not had it            | 83 (52.9) | 74 (47.1) |          |
| **Have you been tested for coronavirus?**     | | | |
| No                                            | 268 (62.5) | 161 (37.5) | 0.948    |
| Yes- Positive                                 | 19 (65.5) | 10 (34.5) |          |
| Variables | Acceptability |
|-----------|---------------|
|           | No (N = 376) | Yes (N = 224) | P    |
| Yes- Negative | 89 (62.7)   | 53 (37.3)    |      |

**Has any of your family members tested for COVID-19?**

| Yes- Positive | 51 (65.4) | 27 (34.6) |      |
| Yes- Negative | 112 (63.3) | 65 (36.7) |      |

| No | 213 (61.7) | 132 (38.3) | 0.818 |
| Yes- Positive | 143 (64.7) | 78 (35.3) |      |
| Yes- Negative | 77 (61.1) | 49 (38.9) |      |

**Has any of your friends tested positive for COVID-19?**

| No | 156 (61.7) | 97 (38.3) | 0.729 |
| Yes- Positive | 143 (64.7) | 78 (35.3) |      |
| Yes- Negative | 77 (61.1) | 49 (38.9) |      |

**I think I have some immunity to coronavirus**

| Agree | 110 (59.8) | 74 (40.2) | 0.088 |
| Disagree | 34 (55.7) | 27 (44.3) |      |
| Neutral | 110 (64.3) | 61 (35.7) |      |
| Strongly agree | 111 (69.4) | 49 (30.6) |      |
| Strongly disagree | 11 (45.8) | 13 (54.2) |      |

**Have you been vaccinated before in the past 5 years?**

| No | 137 (68.8) | 62 (31.2) | 0.028 |
| Yes | 239 (59.6) | 162 (40.4) |      |

**Have you ever been reluctant or hesitate to get a vaccination before?**

| No | 245 (58.9) | 171 (41.1) | 0.004 |
| Yes | 131 (71.2) | 53 (28.8) |      |

**COVID-19 vaccine may be effective in protecting me from COVID-19.**
| Variables                                      | Acceptability |                  |          |
|-----------------------------------------------|---------------|-----------------|----------|
|                                               | No (N = 376)  | Yes (N = 224)   | P        |
| Agree                                         | 84 (42.4)     | 114 (57.6)      | < 0.001 |
| Disagree                                      | 53 (96.4)     | 2 (3.6)         |          |
| Neutral                                       | 171 (77.7)    | 49 (22.3)       |          |
| Strongly agree                                | 16 (21.3)     | 59 (78.7)       |          |
| Strongly disagree                             | 52 (100)      | 0 (0)           |          |

Have you ever received or heard negative information about COVID-19 vaccination?

|                                               |                  |          |          |
| No                                            | 17 (68)         | 8 (32)  | 0.573   |
| Yes                                           | 359 (62.4)      | 216 (37.6)|        |

On multivariable logistic regression analysis, significant factors for acceptability were: being male (aOR = 1.9, 95% CI: 1.3–2.9, p = 0.001), being single (aOR = 2.1, 95% CI: 1.1–3.9, p = 0.022), moderate (aOR = 2.2, 95% CI: 1.2–4.1, p = 0.008) or very high (aOR = 3.5, 95% CI: 1.7–6.9, p < 0.001) perceived risk of getting COVID-19 in the future, and receiving any vaccine in the past 5 years (aOR = 1.6, 95% CI: 1.1–2.5, p = 0.017). However, participants who were reluctant or hesitant to get vaccination before (aOR = 0.6, 95% CI: 0.4–0.9, p = 0.036) were less likely to take up the COVID-19 vaccine, Table 4.
Table 4
A multivariable logistic regression showing factors associated with acceptability of the COVID-19 vaccine among medical students in Uganda.

| Variables                                | AOR  | 95% CI   | P    |
|------------------------------------------|------|----------|------|
| **Sex**                                  |      |          |      |
| Female                                   |      | Reference|      |
| Male                                     | 1.9  | 1.3–2.9  | 0.001|
| **Marital status**                       |      |          |      |
| Married                                  |      | Reference|      |
| Separated                                | 1.9  | 0.1–38.1 | 0.675|
| Single                                   | 2.1  | 1.1–3.9  | 0.022|
| **Religion**                             |      |          |      |
| Anglican                                 |      | Reference|      |
| Muslim                                   | 0.9  | 0.5–1.5  | 0.61 |
| Other                                    | 1.1  | 0.5–2.5  | 0.819|
| Pentecostal                              | 0.5  | 0.3–1.0  | 0.042|
| Roman Catholic                           | 0.8  | 0.5–1.3  | 0.294|
| SDA                                      | 1.6  | 0.6–4.4  | 0.356|
| **How likely do you think you will get COVID-19 in future?** |      |          |      |
| Not at all                               |      | Reference|      |
| Slightly                                 | 1.5  | 0.9–2.6  | 0.153|
| Moderate                                 | 2.2  | 1.2–4.1  | 0.008|
| Very likely                              | 3.5  | 1.7–6.9  | <0.001|
| Extremely likely                         | 2.7  | 1.0–7.4  | 0.059|
| **Overall, how worried are you about coronavirus?** |      |          |      |
| Not at all worried                       |      | Reference|      |
| Somewhat worried                         | 1.2  | 0.6–2.6  | 0.579|
| Not very worried                         | 0.8  | 0.4–1.6  | 0.553|
| Very worried                             | 1.6  | 0.7–3.9  | 0.281|
| Extremely worried                        | 1.4  | 0.5–3.7  | 0.535|
| **To what extent do you think coronavirus poses a risk to you personally?** |      |          |      |
| No risk at all                           |      | Reference|      |
| Variables                                  | AOR | 95% CI   | P     |
|-------------------------------------------|-----|----------|-------|
| Minor risk                                | 0.9 | 0.3–2.3  | 0.815 |
| Moderate risk                             | 1.0 | 0.3–2.7  | 0.931 |
| Major risk                                | 0.6 | 0.2–1.9  | 0.432 |
| **Do you think coronavirus poses a risk to people in Uganda?** |     |          |       |
| No risk at all                            | Reference |          |       |
| Minor risk                                | 1.1 | 0.3–5.0  | 0.863 |
| Moderate risk                             | 1.5 | 0.3–6.8  | 0.566 |
| Major risk                                | 3.0 | 0.7–13.7 | 0.157 |
| **Do you know if you have had, or currently have, coronavirus?** |     |          |       |
| I have definitely not had it              | Reference |          |       |
| I think I have probably not had it        | 0.8 | 0.4–1.7  | 0.539 |
| I think I have probably had it            | 1.5 | 0.7–3.3  | 0.333 |
| I have definitely had it                  | 1.0 | 0.5–2.3  | 0.948 |
| **I think I have some immunity to coronavirus** |     |          |       |
| Strongly disagree                         | Reference |          |       |
| Disagree                                  | 0.8 | 0.3–2.3  | 0.706 |
| Neutral                                   | 0.5 | 0.2–1.4  | 0.185 |
| Agree                                     | 0.8 | 0.3–2.2  | 0.716 |
| Strongly agree                            | 0.9 | 0.3–2.4  | 0.828 |
| **Have you been vaccinated before in the past 5 years?** |     |          |       |
| No                                        | Reference |          |       |
| Yes                                       | 1.6 | 1.1–2.5  | 0.017 |
| **Have you ever been reluctant or hesitate to get a vaccination before?** |     |          |       |
| No                                        | Reference |          |       |
| Yes                                       | 0.6 | 0.4–0.9  | 0.036 |

**Vaccine Hesitancy among medical Students**

About two-third (66.8%, n = 401) of the participants had not received any vaccine in the past five years. However, 30.7%, n = 184, reported having been hesitant. The most alluded to reason for vaccination hesitancy was concern about vaccines safety or their side effects (n = 78, 19.9%), Table 5.
Table 5
Vaccine Hesitancy among Medical Students in Uganda

| Hesitancy                                                   | Frequency | %  |
|-------------------------------------------------------------|-----------|----|
| Have you been vaccinated before in the past 5 years?        |           |    |
| Yes                                                         | 199       | 33.2|
| No                                                          | 401       | 66.8|
| Have you ever been reluctant or hesitate to get a vaccination before? |           |    |
| Yes                                                         | 184       | 30.7|
| No                                                          | 416       | 69.3|
| Reason for hesitancy                                        |           |    |
| Did not think the vaccine was safe/concerned about side effects | 78       | 19.9|
| Did not think it was needed                                 | 54        | 13.8|
| Did not think the vaccine was effective                     | 42        | 10.7|
| Heard or read negative media                               | 41        | 10.5|
| Fear of needles                                             | 35        | 9.0 |
| Did not know where to get good/reliable information         | 34        | 8.7 |
| Did not know where to get vaccination                       | 31        | 7.9 |
| Someone else told me that the vaccine was not safe          | 27        | 6.9 |
| Someone else told me they had had a bad reaction from the vaccine | 19       | 4.9 |
| Had a bad experience with previous vaccinator/health clinic | 5         | 1.3 |
| Had a bad experience or reaction with previous vaccination  | 5         | 1.3 |
| Religious reasons                                           | 4         | 1.0 |
| Other beliefs/traditional medicine                          | 4         | 1.0 |
| Fear of fake vaccines                                       | 4         | 1.0 |
| Laziness                                                    | 4         | 1.0 |
| Not interested                                              | 2         | 0.5 |
| Already had the disease                                     | 1         | 0.3 |
| Costs                                                       | 1         | 0.3 |

COVID-19 risk perception and testing among medical students
Among the participants, 188 (30.5%) perceived a slight risk of getting COVID-19, and 206 (34.3%) were not very worried about the disease. Also, 212 (35.3%) and 211 (35.2%) thought that COVID-19 poses a minor and moderate risk to them, respectively. Of the 171 (28.5%) participants who tested for COVID-19 before, 29 (4.8%) reported having tested positive. One hundred eighty-four (30.7%) students believed they have acquired immunity against COVID-19, Table 6.
Table 6
COVID-19 Risk Perception and Testing Among Medical Students.

| Perception                                                                 | Frequency | %   |
|---------------------------------------------------------------------------|-----------|-----|
| How likely do you think you will get COVID-19 in future?                  |           |     |
| Extremely likely                                                          | 23        | 3.8 |
| Very likely                                                               | 86        | 14.3|
| Moderate                                                                  | 148       | 24.7|
| Slightly                                                                  | 183       | 30.5|
| Not at all                                                                | 160       | 26.7|
| Overall, how worried are you about coronavirus?                           |           |     |
| Extremely worried                                                         | 37        | 6.2 |
| Very worried                                                              | 75        | 12.5|
| Not very worried                                                          | 206       | 34.3|
| Somewhat worried                                                          | 190       | 31.7|
| Not at all worried                                                        | 92        | 15.3|
| To what extent do you think coronavirus poses a risk to you personally?   |           |     |
| Major risk                                                                | 132       | 22.0|
| Moderate risk                                                             | 211       | 35.2|
| Minor risk                                                                | 212       | 35.3|
| No risk at all                                                            | 45        | 7.5 |
| Do you think coronavirus poses a risk to people in Uganda?                |           |     |
| Major risk                                                                | 225       | 37.5|
| Moderate risk                                                             | 240       | 40.0|
| Minor risk                                                                | 118       | 19.7|
| No risk at all                                                            | 17        | 2.8 |
| Do you know if you have had, or currently have, coronavirus?              |           |     |
| I have definitely had it                                                 | 46        | 7.7 |
| I have definitely not had it                                              | 206       | 34.3|
| I think I have probably had it                                            | 191       | 31.8|
| I think I have probably not had it                                        | 157       | 26.2|
| Have you been tested for coronavirus?                                     |           |     |
| Perception               | Frequency | %   |
|--------------------------|-----------|-----|
| No                       | 429       | 71.5|
| Yes- Positive            | 29        | 4.8 |
| Yes- Negative            | 142       | 23.7|
| **Has any of your family members tested for COVID-19?** | | |
| No                       | 345       | 57.5|
| Yes- Positive            | 78        | 13.0|
| Yes- Negative            | 177       | 29.5|
| **Has any of your friends tested positive for COVID-19?** | | |
| No                       | 253       | 42.2|
| Yes- Positive            | 221       | 36.8|
| Yes- Negative            | 126       | 21.0|
| **I think I have some immunity to coronavirus** | | |
| Strongly agree           | 160       | 26.7|
| Agree                    | 184       | 30.7|
| Neutral                  | 171       | 28.5|
| Disagree                 | 61        | 10.2|
| Strongly disagree        | 24        | 4.0 |

**Discussion**

Vaccine hesitancy has been a domain of concern globally for several decades now and the picture is more contentious with the current COVID-19 vaccination due to the infodemic and conspiracies surrounding the disease (14). In this study, we set out to find the COVID-19 vaccine acceptability, hesitancy, and associated factors among medical students in Uganda. To our knowledge, this is the first study of its kind in Uganda and the African continent at large to examine acceptance and hesitancy towards the COVID-19 vaccine among health care students.

Firstly, our study reveals that only 37.3 % of Ugandan medical students are willing to take up the COVID-19 vaccine. This acceptance level is slightly higher than reported among Egyptian medical students (35%) (17). Acceptance levels are much higher among students from Italy (86.1%)(12), South Carolina (60.6%) (1), and nursing students (43.8%) across seven countries (18). The most cited reasons for acceptance of the COVID-19 vaccine were protecting self and others from COVID-19 similar to a study among Egyptian medical students (17). This finding is supported by Brewer et al. who reported that anticipated regret for lack of action (i.e., not getting a vaccination and being infected and/or infecting loved ones)is correlated with a higher likelihood of vaccination (19). This study reveals that males are twice more likely to take up the COVID-19 vaccine than their
female counterparts, a finding that has been reported by other studies (18,20). Our earlier study among
Ugandan medical students showed higher negative attitudes among females towards COVID-19 which further
underscores this finding (16).

Secondly, we found that 30.7% of the medical students were hesitant about the COVID-19 vaccination.
Hesitancy towards COVID-19 vaccination among university students has been reported elsewhere. Our findings
are much lower than reported among Egyptian medical students (46%)(17) however relatively similar findings
were reported among medical students in Malta(30.5%)(11), slightly higher than hesitancy among medical
students from South Carolina (24.3%)(1), and Michigan (23%)(13), and way higher than that reported among
medical students in Italy (13.9%)(12)and India (10.6%) (21). This discrepancy could be explained by the
variable impact of COVID-19 across the globe with a less severe form of the disease and cases in Africa and
Uganda in particular. This could directly affect individuals’ risk perception of COVID-19 and undermine their
decision to take up the vaccine.

In a multicenter study, Evridiki et al reported that increased risk perception towards COVID-19 was associated
with the likely uptake of the COVID-19 vaccine (18). Indeed our results show that the highest proportion (30.5%)
of students perceived a slight risk of getting COVID-19 in future, and 34.3% were not worried about the disease
and it's surely not surprising that uptake was likely among participants that perceived high risk of getting
COVID-19 in the future. The most given reason for hesitancy towards the COVID-19 vaccine in this study was
concern about its safety and side effects as similarly reported in various other studies (13,17,18,21).

Medical or health care students are thought to be a medically updated and insightful population that would
readily take up the vaccine which is paradoxically unlikely. Health care professionals have also been relied on
to influence decisions of the general public who seek information from them towards the uptake of vaccines
(22,23). Therefore in such a situation where they are hesitant warrants more public campaigns and advocacy
engaging all people irrespective of their medical knowledge background on the safety and importance of this
vaccination.

The pandemic has been surrounded by a lot of conspiracies that could have greatly swayed many people into
hesitancy. From our study having heard negative information about the vaccine and its side effects ranked high
among reasons for hesitancy. Furthermore, social media was reported as the major source of negative
information about the COVID-19 vaccine. Indeed Sallam et al (20) reported that respondents who didn't rely on
social media as their source of information were likely to accept the vaccine similar to Saied et al(17) who
showed that the hesitancy group reported social media as their major source of COVID-19 information. It's
therefore imperative that medical students are encouraged to rely more on other sources of information with
censored information than social media.

LIMITATIONS

One of the limitations in this study was the unequal distribution of respondents from the different medical
schools and the relatively low sample size compared to the total number of students in these universities. This
is due to the difference in the total number of students with newer universities having fewer students and the
low response to online studies, especially that it wasn't incentivized. Sampling bias due to convenience
sampling used in the study limits the representativeness of the study. Self-selection bias may also have
occurred due to some potential respondents not having internet access and thus not being aware of the existence of the survey.

**STRENGTHS OF THE STUDY**

The study provides results from a large cross-section of students in 10 different universities and variable programs therefore the results can be generalized. Sending daily reminders to the eligible participants on the targeted WhatsApp groups lessened possible response bias associated with online surveys.

**FUTURE DIRECTIONS/RESEARCH**

A qualitative research study involving a larger sample size to dig deeper into the sentiments of both medical and non-medical students about the COVID-19 vaccine could provide more precise information for targeted messages towards demystifying and changing the attitude of this group of the population towards COVID-19 vaccination.

**Conclusion**

In conclusion, this study has shown high low levels of acceptance towards COVID-19 vaccine among medical students which poses an evident risk on the battle towards the COVID-19 in the future especially when we are seeing third waves in some countries. There is a lot of complacency towards COVID-19 with low perceived risks among medical students in Uganda and the majority has been corrupted by the negative information on social media that has swayed them into hesitating vaccination. Much effort needs to be geared towards encouraging medical students to take up the vaccine and providing information about the safety and effectiveness of these vaccines.

**Abbreviations**

COVID-19 - Coronavirus disease-2019 (COVID-19)

SARS-CoV-2 - Severe Acute Respiratory Syndrome-Coronavirus-2

WHO - World Health Organization

COVAX - Coronavirus disease-2019 Vaccines Global Access

MBChB - Bachelor of Medicine and Bachelor of Surgery

BDS - Bachelor of Dental Surgery

BNS - Bachelor of Nursing Science

BNA - Bachelor of Anesthesia (BNA),

BPHARM - Bachelor of Pharmacy ()

BLT - Bachelor of Biomedical Laboratory Technology (BLT)
BBS - Bachelors of Biomedical Sciences

Declarations

Ethical Approval

We sought ethical clearance from the Research Ethics Committee of Cure Children's Hospital of Uganda (CCHU-REC) approval number CCHU-REC/01/021. The students were informed that participation in the study was voluntary and electronic informed consent was sought on the initial page of the questionnaire. The ethical principles of involvement of human research subjects as outlined in the Nuremberg Code and the Declaration of Helsinki were strictly adhered to.

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Author's contribution

AMK, RO, and FB conceptualized and designed the study protocol. AMK, RO, JK (MUST), DO, GMA, DRN, NKW, AS, DM, ABN, ML, PK, DA, and JK (GU) participated in data collection. RO and FB analyzed the data. AMK, RO, JK (MUST), DA, and FB drafted the original manuscript. All authors reviewed and approved the final manuscript.

Competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Consent for publication

Not applicable

Availability of data and materials

All data generated or analyzed during the current study is not publicly available due to some individualized information it contains but are available from the corresponding author on reasonable request.

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**Figures**

![Graph showing the sources of information for vaccine hesitancy](image)

**Figure 1**
Figure 2

COVID-19 Vaccine Brand Preference Among Medical Students in Uganda (N=224).