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RESEARCH TOPIC:

AN ASSESSMENT OF THE KNOWLEDGE AND ATTITUDES OF RURAL COMMUNITIES TOWARDS COVID-19 VACCINATION PROGRAMME. A CASE STUDY OF MUNANGARWA VILLAGE, GUTU, MASVINGO.

APPROVAL FORM
SUPERVISOR

I certify that I have supervised …… for this research titled **AN ASSESSMENT OF KNOWLEDGE AND ATTITUDES OF RURAL COMMUNITIES TOWARDS COVID-19 VACCINATION PROGRAMME. A CASE STUDY OF MUNANGARWA VILLAGE, GUTU, MASVINGO** in fulfilment of the requirements for the Bachelor of Social Work Honours Degree and recommend proceeds for examination.

Supervisor's

Name……..……..Signature……Date……

Chairperson of Department Board of Examiners

The Departmental Board of Examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to the Bindura University to accept a research project by **BLESSING CHANDO** titled **AN ASSESSMENT OF KNOWLEDGE AND ATTITUDES OF RURAL COMMUNITIES TOWARDS COVID-19 VACCINATION PROGRAMME. A CASE STUDY OF MUNANGARWA VILLAGE, GUTU, MASVINGO** in fulfilment of the requirements for the Bachelor of Social Work Honours Degree

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DEDICATION

I dedicate this research to all the people and services providers in remote communities of Zimbabwe.

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ABSTRACT

COVID-19 is one of the most horrible pandemic that has been experienced ever in the world. The study was motivated by the increasing death toll and the unacceptance of the COVID-19 vaccination programme due to low knowledge levels. The study has three objectives which are, to determine the level of knowledge about COVID-19 by the community members in Munangarwa village, to assess the level of knowledge about COVID-19 vaccination programme among the community members in Munangarwa village and to explore the views of the community members in Munangarwa village towards the COVID-19 vaccination programme. The study used the Health Belief Model which was pioneered by Irwin Rosenstock, Godfrey Hochbaum, Stephen Kegeles and Howard Leventhal. The HBM was used as a theoretical framework for explaining and predicting individual changes in health behaviours. The research approach for the study was in a qualitative methodology. The study used in-depth interviews and key informant interviews to gather information about the knowledge levels and attitudes of people in Munangarwa village. The researcher used a phenomenology design and also employed simple random sampling technique. The study revealed out that the people had some knowledge about COVID-19 which included knowledge on causes, sign and symptoms as well as prevention and control. The study also found out that people has little knowledge about the COVID-19 vaccination programme and that influences their attitudes in health promoting behaviours. The researcher also found out that the views of people towards the COVID-19 vaccination programme were due to misinformation as well as fear due to low knowledge levels. In this study, recommendations were also made so that the government, health services providers, social workers and the community itself will enhance their efforts in advancing the knowledge levels of people in rural communities.

ABBREVIATIONS AND ACROYNMS

CPCs	Community Peace Clubs
HBM	Health Belief Model
NGOs	Non-Governmental Organisations
UN	United Nations
WHO	World Health Organisation
ZIMSTATS	Zimbabwe National Statistics Agency

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CHAPTER ONE

GENERAL INTRODUCTION TO THE STUDY.

1. INTRODUCTION

This research sought after to explore the knowledge levels and the attitude of rural community towards the COVID-19 vaccination program in Munangarwa village, Gutu. This chapter contents include the background of the study, problem statement, aim of the study, research questions, objectives of the study and justification of the study. These helps in bringing out

1.1 BACKGROUND TO THE STUDY

Although the world has faced a number of disasters which have threatened human life and their wellbeing, the COVID-19 virus has been the worst of them all. In September 2019, the COVID-19 pandemic was initially reported in the Chinese province of Wuhan as an airborne strain of the Coronavirus family that had never been seen in humans (MOH, 2020). Apart from posing an unprecedented threat to the economic sectors around the world, the COVID-19 resulted in a significant loss of life as well as complications to public health and food systems. The Sivio Institute (2020), stipulated that the economic and social disruption caused by the pandemic is devastating since many households within the world have experienced extreme poverty due to lockdowns which led to loss of employment for many. According to Chaora (2020), enterprises faced an existential threat because the pandemic regulations hindered various activities that affected the working routine of the people. She went on to state that world's livelihoods of 3.3 billion people worldwide are in trouble, with informal economy employees being chiefly susceptible due to a deficiency of social security, access to quality wellbeing, and a loss of useful

resources. Since there were limited chances to generate income, many people were incompetent to fend for their families during the shutdowns. For utmost number of the populace, if there is no money then it means no food as well, or at the very least, less nutritious food. (Sivio Institute, 2020).

The virus seemed to be on a slower pace across the African continent than in other regions regions of the world. Nonetheless, the infection had a major influence on the African region due to its strained health systems (WHO, 2020). According to Howard (2020), Lombardy, in an Italian region had the worst experience as it was hit hard by the COVID-19, and had just over 700 Intensive Care Unit (ICU) hospital beds for a population of 10.4 million people at the onset of the crisis. In the event of a moderate outbreak, the United States estimates that more there was a requirement of more than 200 000 ICU beds. In Uganda, a republic with a populace of 42 million people, the number of ICU beds is 55. Mali, Burkina Faso, and Liberia, for example, each possessed less than even 20 ventilators (IGC, 2020). According to WHO data, there are only about 1.2 hospital beds per 1000 persons in Africa. In comparison, France has a score of 6.5, Italy has a score of 3.5, while United States of America, Spain and the United Kingdom each have a score of three. Regionally statistics has confirmed 9 000 cases with 400 000 recoveries and more than 224 000 deaths, Africa has also been recorded with around 9 million cases and over 224,000 fatalities have been reported, but the full scope of the pandemic in many African nations is unknown due to low testing rates. .

Bhattacharya (2021) denotes that the overall knowledge, attitudes and practises concerning the COVID-19 in the global populace in his study was ranging from 75%, 74% and 70%, respectively. He further discussed in his study that low practice scores were found in Africa and Europe, in low-income countries, men under 30 years old and the employed participants with less than a 12-year

education, suggests a targeted group intervention to reinforce knowledge while focusing on the efficacy of each preventative strategy, which will convert into excellent health practice. in low-income countries, and among employed men under 30 years old and participants with less than 12 years of education, suggesting a targeted group intervention to reinforce knowledge while focusing on the efficacy of each preventive measure, which will translate into good practice. All of the participants in the research had an increased level of awareness about this COVID-19, in the direction of the findings. However, there is still a substantial disparity in attitudes and practices around COVID-19, implying that interventions should go beyond simply increasing knowledge and should begin to positively change attitudes and actions. As a result, it is critical to improve health education, information dissemination, and awareness of knowledge, attitude, and behaviour.

In Zimbabwe, the pandemic has been affecting the entire systems of life because it affected development of the country of Zimbabwe because people could no longer access essential services due to loss of jobs and the weakening of the global economy. WHO (2020), stated that, the best course of action is to prevent contraction by means of social distance and practising the regulation standards such as masking up to avoid inhalation of infectious droplets of the infected, hand washing, and surface decontamination(MOHCC, 2020). The Ministry of Health and Childcare stipulated that as at 31 August 2020 the state had noted a total of 6497 established cases, 5221 recoveries and 202 demises. According to WHO (2020), it has recorded 273 301 778 cases, 245 457 926 recoveries and 5 335 039 deaths. At the start of the pandemic, the country was declared in a state of national calamity, which culminated in a nationwide lockdown on March 30, 2020. Due to high death rate, economy melt down, socio and political strife, the United Governments Security Council unanimously endorsed a resolution advocating for a more equitable vaccine

distribution, with the goal of improving vaccine access in delicate states and exhorting super power nations to give vaccine doses to countries in need (UN, 2021).

A number of procedures to avert and keep the spread under control for COVID-19 were imposed so as to avoid the abnormality of the situation due to the virus. WHO (2020) stated that there are simple everyday actions that can help preclude the spread of the virus which include maintaining a rational distance between oneself and the person next to you of at least a meter apart which is commonly known as social distancing. It goes on to state that people should always practice hygiene and regular hand-washing often using soap on a stream water and the repeated usage of an spirits based (at least 60% alcohol) hand rub sanitizer. The MOHCC stipulated that to control and prevent the spread of covid people should stay indoors for their safety and for avoiding spread the covid virus. It continues to state that surfaces such as counters, door handles, and other furniture should be cleaned and disinfected regularly.

There was also introduction of the vaccination programme as a control measure for the COVID-19. The vaccines were fast tracked due to the magnitude of the virus. According to McAbee, Tapera and Kanyangarara (2021), vaccines are there and despite the fact that hesitation has arisen as a worldwide health threat, most current public health strategies to safeguard against infectious diseases still exist. There are a lot of mixed emotions to the introduction of the various COVID-19 vaccines. These vaccines have been imported from different countries like China and they comprise of Sinopharm, Sinovac, Johnson and Johnson and Covax. However, Chinese medical corporations have not revealed completely of their vaccination assessment data, raising questions about the vaccines' efficacy (Fox, 2021). The introduction of the vaccination program was to alleviate human suffering by minimising the effects and contracting the virus and it was approved by the WHO because of the magnitude of the COVID-19. The vaccines are said to be safe and

effective and being made available, but there is a challenge in vaccine hesitancy which is a threat to the health sector as well as the economic sector. This lack of enthusiasm and rejection to the COVID-19 vaccination despite the obtainability of vaccines has been caused by disinformation and false rumours about COVID-19 vaccines that have been circulated even before a viable vaccine, information was spread on social media channels. People's health and lives were jeopardized due to a lack of understanding, which influenced people's attitudes and beliefs, leaving additional part of the population apprehensive to get vaccinated.

However, there are some controversies surrounding issues of the COVID-19 vaccination programme. According to Silva (2021), Every vaccine has a distinct account, and how the public responds to it is determined by the condition it is intended to cure, the worries and fears that are voiced, and the time period in which it is introduced, as a result, no two vaccine stories are alike. It is believed that these vaccines are a strategy by European countries for killing and depopulating African countries and these have influenced that attitudes of people towards the uptake of the vaccination programme. However the others say if the Europeans wanted to kill Africans they could have done maybe in poisoning their food stuff or other stuffs since most of the commodities which are used by Africans being it body lotions, food and many others are exported from those countries. Scoones (2021), connotes that vaccines are especially political in Zimbabwe, where rival nations jockey for status, each attempting to appear kind towards Africa.

There are related studies which have been done by other researchers the likes of Chigevenga (2021) who focused on the people of Zimbabwe’s response headed for the awaited COVID-19 vaccines. Chigevenga revealed that the reactions that the Zimbabwean people are presenting towards the sinopharm injection are mostly due to inadequate information pertaining to the virus and the covid19 vaccination programme. Chigevenga goes on to state that since it is evident that when

individuals are asked to take action in the name of health elevation, they must be equipped with vital information in order to dispel any concerns and misunderstandings. As a result, the government of Zimbabwe the responsibility to ensure the fact suitable information around COVID-19 vaccines is provided to its citizens afore giving them out, so that people have the knowledge and make decisions carefully without questioning government's intents. Tulloch (2021) also conducted a study on the COVID-19 vaccine perceptions in Africa: social and behavioural science data. He pointed out the issue on acceptance of the vaccines that were mixed. According to Tulloh (2021), vaccine acceptance varied, but similarities emerged, with the likelihood of receiving a vaccine being relatively high in all of the countries studied. The bottommost ranks of acceptability were found in various west and central African countries with a francophone population, with widespread fears that the availability of the vaccine would be scarce in the region due to financial inadequacy in the sense of funding, inefficiency, and corruption.

1.2 STATEMENT OF THE PROBLEM

Knowledge and attitudes are important to understand when dealing with intervention strategies to eliminate COVID-19. The situation has to be neutralised so as to bring back the normalcy of human functioning. Despite the fact that efforts have been made through covid regulations which enforced masking up, social and distancing and standard hygiene, the COVID-19 virus remains a cause of concern in the health sector. Studies by McAbee, Tapera and Kanyangarara (2021) and Chigevenga (2021) have revealed some of the issues linked to COVID-19 vaccine intention in eastern parts of Zimbabwe. He conducted the research in Manicaland province. Chigevenga (2021), also studied on responses by the citizens of Zimbabwe towards the anticipated COVID-19 vaccine. Literature on knowledge and attitude of rural communities towards vaccination has focused more on communicable diseases like cholera, malaria, typhoid, tuberculosis and how

COVID-19 emerged and its effects. Little has been said concerning COVID-19 vaccination programs in rural communities and therefore, there is need for driving attention towards the knowledge levels and attitudes towards the vaccination program for COVID-19 in rural society with the case study of Munangarwa village in Gutu.

1.3 AIM OF THE STUDY

To explore the knowledge and attitudes of the rural communities towards the COVID-19 vaccination programme in Munangarwa village, ward 37 in Gutu, Masvingo.

1.4 RESEARCH QUESTIONS

The study was underpinned by the following research questions:

- What is the level of knowledge about COVID-19 among the community members in Munangarwa village?
- What is the level of knowledge about COVID-19 vaccination programme among the community members in the Munangarwa village?
- What are the views of the community members towards the COVID-19 vaccination programme in Munangarwa village?

1.5 OBJECTIVES OF THE STUDY

Guided by the research questions, the objectives of the study are as follows:

- To determine the level of knowledge about COVID-19 by the community members in Munangarwa village.
- To assess the level of knowledge about COVID-19 vaccination programme among the community members in Munangarwa village.
- To explore the views of the community members in Munangarwa village towards the COVID-19 vaccination programme.

1.5 JUSTIFICATION OF THE STUDY

African scientists and specialists have raised concern about rising levels of resistance to testing and immunization on the continent, as well as disinformation (Anna 2020). Misinformation, which was spread mostly through Twitter and other social media platforms, resulted in significant consequences, including victimization and deaths. (Oyeyemi, 2014). This study pursues to evaluate the knowledge and attitude levels of the people in rural community towards the COVID-19 vaccination programme, thereby adding literature of knowledge and attitudes of people in relation to health matters. The study is of importance to the members of community of the Munangarwa village because it will help in increased levels of information dissemination as well as conducting of awareness campaigns to the community members in equip g them with relevant knowledge pertaining to their health. Therefore this research seeks to discover knowledge levels and attitudes of people in remote communities towards the vaccination program for COVID-19. The outcome can be used by the government ministries like Mock, NGOs and many other health institutions in planning activities for intervention strategies and advancing the knowledge levels and attitude of the rural population so as to improve their wellbeing through quality service provision. The study also desires upsurge to the social work knowledge base in addressing issues

to do with knowledge and attitudes of rural people for the provision of health services fully as it allows the advancement of roles of educators and organizers for social workers to be more in rural communities of Zimbabwe.

1.6 CHAPTER SUMMARY

The chapter entails the introduction of the study of focus. This introduction comprise of the background of the study, statement of the problem, aim of the study, research questions, research objectives and justification of the study. In this section the problem is brought to light with way in which how the problem was addressed and the importance of carrying out the research to social work, health profession workers and the community members. The next chapter presents the theoretical framework and literature review for the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, literature that is published and relevant to the study shall be reviewed so as to produce a concrete base for the information on the study topic. Literature can be in form of books, publications, journals, media and other studies conducted by various authors and researchers which are in line with the attitudes and knowledge of people towards the vaccination programme**.** This section there are discussion on theoretical framework as well as the literature review on levels of knowledge around COVID-19, the preventive measures of the virus as well as beliefs and the attitudes towards the COVID-19 vaccination programme.

2.2 THEORETICAL FRAMEWORK

The health belief model guided the research. The health belief model (HBM) is a model that reviews the health behavior change. The model was developed to clarify and forecast health-related activities, especially utilization of health-care. The HBM was created by social psychologists at the US Public Health Service in the 1950s and is still one of the most well-known and commonly used theories in health behavior research today. People's attitudes about health problems, perceived advantages of action and barriers to action, and self-efficacy, according to the HBM, explain whether or not they engage in health-promoting behavior. A stimulus, or cue to action, must be present in order for the health-promoting behavior to be triggered. The perceived

threat is the heart of the model as it links individual's stance to take an action. Morris (2012) explained the link of threat and human behaviour that when individuals observes a threat not grave or themselves as not vulnerable to it and thereby are unlikely to adopt any extenuating practices and the opposite is true. The model also recognizes two categories of cue to action which is internal which is in the health setting and external which include information dissemination. These cues can trigger or maintain the behaviour. Thus the basic argument of the model is that for one to change behaviour, there is need for a person must feel vulnerable to a certain health danger, considering all potential penalties as severe such that deed to reduce or prevent the danger satisfactory cost is likely. An individual must also feel capable to carry out new behaviour and certain triggers which can be vital to safeguard genuine behavior (Morris, 2012)

2.2.1 PERCEIVED SUSCEPTIBILITY

According to Chigevenga (2021), it is a personal appraisal of the likelihood of acquiring a health problem and persons who believe they are at risk for a specific health concern often participate in health promoting behaviours to reduce their possibility of developing that wellbeing problem. There was the vaccination programme which was to be administered to everyone especially the frontline workers and other essential service provider due to the susceptibility of contracting the disease. However among the general population most of the being in the remote areas look upon themselves to be at less danger hence responding negatively to the vaccination programme because their customary ways of steaming using herbs and have proved to be enhanced than the vaccines. Members of the community from the Munangarwa village assessed their levels of threat to the COVID-19 and this resulted in dissimilar responses liable with one's philosophies, occupation and

social link hence, the knowledge levels and attitudes of the people towards COVID-19 and the vaccination programme.

2.2.2 PERCEIVED SEVERITY

It refers to the individual's assessment of the gravity or penalties associated with the situation or the health problem (Chigevenga, 2021). For instance people evaluated the seriousness of COVID-19 comparing with other serious pandemics and diseases and to those who viewed the covid as more serious would get vaccination as well as health promoting behaviours to reducing the severity of the diseases. The perceived severity would also influence the people's attitude towards the vaccination programme. Every individual in the Munangarwa village had opinions on the seriousness of the virus and this assessment had the impact on their attitudes towards the virus and the COVID-19 vaccination programme.

2.2.3 PERCEIVED BENEFITS

This refers to an assessment by individuals on the importance of participating in health promoting behaviour. Chigevenga (2021), denoted perceived benefits as the fundamental knowledge of the positive effects of adopting a fitness activity to counteract a perceived danger, such as the conviction that getting vaccinated will help prevent and minimize the spread of disease. According to Everrington (2021), sinopharm injection is the most hazardous vaccine in the world with native and systematic opposing reactions. Mavhunga (2021) noted as well that some medical specialists examined the Sinopharm product's potency and the ability to combat the South African version. These sources made the people's perceived benefits to influence their attitude and knowledge against the vaccination because as most people weighed the paybacks of being vaccinated versus

not being vaccinated, the members of the community concentrated on the possible effects of the vaccines against deterrence of contracting the disease.

2.2.4 PERCEIVED BARRIERS

These are hindrances to behaviour change in health conditions**.** According to Chigevenga (2021), perceived barriers are obstacles that might avert participation in well-being promoting behaviours. Perceived barriers can be whatsoever extending from expenses, vulnerability, anxiety or emotional distress. In line with the Sinopharm vaccine, some confirmed undesirable outcomes linked by the vaccines which existed and circulating on social broadcasting platforms, and thereby the vaccine insufficiency became the barriers forseen. According to Mazingaizo (2021), when the Zimbabwean president was cited as warning that people who refuse to be vaccinated will be unable to obtain job or use public transit, he was indirectly alluding to an obligatory COVID-19 vaccination programme. As Mazingaizo reported, this can be an obstruction to the ongoing vaccination, with medical consultant from the Zimbabwe Association of Doctors for Human Rights stating that forced vaccination will not by design enhance vaccine uptake, but may actually decrease uptake of COVID-19 vaccination, hence this would influence people's attitudes towards the vaccination programme due to fear.

2.2.5 CUES TO ACTION

It's a reference to the stimuli that cause an individual's decision-making process to accept a health-related recommendation. (Chigevenga, 2021). The signals can be either internal or external. Internal signs comprise of biological cues such as pain or symptoms and exterior cues include actions or information from mass media, close friends and fitness upkeep mass media campaigns.

The myths and misconceptions spreading on social media about the Sinopharm vaccine may cause some people to have negative attitudes and refuse to get vaccinated. According to Mutsaka (2021), the first to volunteer for the vaccine was the vice president of Zimbabwe Con. Gen Chiwenga, and this can help as an exhortation to action for others in HBM, thereby increasing the uptake of the vaccines.

The next section is going to review literature to help in exploring the knowledge levels and the attitudes of people towards the vaccination programme for COVID-19 in line with the knowledge levels and attitudes of the community members of the Munangarwa village. The literature was reviewed under a number of different subheadings which are the knowledge levels of the people about COVID-19, the levels of knowledge about the COVID-19 vaccination programme and the beliefs and attitudes of people towards the vaccination programme.

2.3 LEVEL OF KNOWLEDGE ABOUT COVID-19

Across the world, the knowledge levels about COVID-19 are relatively high among households despite the fact that in most parts of the rural areas the knowledge might be varied due to lower levels of information dissemination and literacy. Knowledge on COVID-19 encompasses causes of COVID-19, ways of transmission, signs and symptoms as well as prevention and control of COVID-19. According to Islam, Siddique and Akter (2021), COVID-19 and the vaccination programme were shown to be better understood by those with a greater degree of education. They went on to elaborate that individuals with a higher educational background demonstrated greater knowledge of COVID-19.More sophisticated people are more knowledgeable and worried about

their health and well-being, presumably as a result of improved access to more information sources, and are more into life events that may influence them. Appropriate knowledge of COVID-19 prevention strategies is critical in determining public preparedness to accept behavioral modification measures advised by health experts in order to stop the disease's spread (Yazew, Abate and Mekonnen, 2020). Keyale and Samuel (2021) elaborated that even though a greater population had heard about the COVID-19 their knowledge and attitudes in relation to the virus and its prevention were low. They underlined the importance of increasing community awareness through the use of several local languages in order to promote community awareness, eliminate misconceptions, and reduce disease outcomes.

2.3.1 LEVELS OF KNOWLEDGE ABOUT COVID-19 VACCINATION PROGRAMME

For the high acceptance rate of the ongoing vaccination programme for COVID-19, It's crucial to figure out how willing people are to be vaccinated and what obstacles they face. The tolerability of the COVID-19 vaccine, as well as the impact of attitudes, perceptions, and beliefs on vaccination willingness, are all based on people's understanding of the programme on vaccination of COVID-19. According to Kubatana (2021), members of Heal Zimbabwe's Community Peace Clubs (CPCs) from Buhera, Gutu, and Zaka have decried the low uptake of the COVID-19 vaccine in their communities. This was revealed during the CPCs' virtual dialogue meeting on the 10th and 12th of July 2021. This is due to misinformation and low knowledge levels and this has dealt a heavy blow to the vaccination programme. Kubatana, (2021) suggested that one way do to equip these communities with information is through community dialogues, a community-led project to explore and jointly discover ways in which they might offer solutions to the community's concerns. It went on to state that these platforms also equip communities with relevant information about COVID-19, hence creating a socially cohesive community. Public health officials should distribute

and market direct health education initiatives and more exact information. In order to overcome vaccination apprehension enabled and encouraged by misinformation in the media, policymakers should take steps to provide vital information that enhance proper understanding, positive attitudes, and views about COVID-19 vaccines (Siddique and Islam, 2021). Good knowledge was associated with high rate in regard to the severity of COVID-19 regarding the severity and the perceived benefits of the vaccination programme.

2.3.2 BELIEFS AND ATTITUDES TOWARDS COVID-19 VACCINATION PROGRAMME.

On this unit the study will expound on the beliefs of people either due to culture or religious sectors as well as their attitudes towards the COVID-19 vaccination programme. According to Junaid, Tahir and Tariq (2021), as in the instance of polio vaccines, false notions about vaccines having pig or monkey byproducts were expressed, conspiracies sometimes related to religion are advocated. Linking with religious scholars and having them speak to the public on the need of vaccination in the context of Islamic Sharia law will help to dispel popular doubts. They went on to say that in order to reduce the spread of false information, researchers and public health educators must conduct thorough investigations into the source, mode, and impact on the public, and for them to succeed, investigators and public health coaches must establish a system of style to contain the disclosure of incorrect information.

Conspiracies and misinformation abound and following the receipt of the vaccine, a nationwide vaccination campaign should be developed, with steps made to guarantee that coverage is uniform and sufficient to achieve herd immunity (Junaid, Tahir and Tariq, 2021). The willingness to pay for the COVID-19 vaccine was found to be substantially correlated with a good attitude regarding

the vaccine. The recognized education of 13 years and above was a strong predictor of preparedness for a COVID-19 vaccination. Higher education can be justified in that it leads to better career options and consequently better financial outcomes. As a result of higher education, there is a greater knowledge of myths and conspiracy theories, as well as a rejection of them.

2.4 CHAPTER SUMMARY

The chapter viewed issues of the study under research and the frameworks considered in the study are focusing on the exploring the knowledge and attitudes of people and how they can affect health promoting behaviours. Knowledge and attitude of the person determine how the person is going to act. Misconceptions and misinformation are largely the obstacles to the uptake of the COVID-19 vaccination. The theoretical framework and literature review was of help to the incoming chapter as they help the researcher in finding methods, designs and approaches to help the community's members with the problem at hand. The researcher will derive methods of intervention and ways to collect data through with aid of this chapter contents.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

According to Pandey (2015), it is a research technique for solving a research topic in a methodical fashion. In the chapter, the researcher explains the ways that she used to collect data through the chapter contents which comprise of research approach, research design, research methods, setting of the study, target population, sample and sampling techniques, data collection methods and tools, data presentation and analysis, ethical considerations, feasibility of the study and the limitations of the study.

3.2 RESEARCH APPROACH

Research approach are strategies and processes as well for research to cover everything from basic assumptions to specific data gathering and analysis methodologies. It entails bringing philosophical concepts, designs, and specific methodologies together (Gray, 2019). Research approaches are also known as research strategies and these are quantitative approach, qualitative approach and mixed methods approach. The researcher made use of the qualitative approach which is in accordance with the subjective assessment of attitudes, opinions and behavior. Pandey (2015), stated that a research in such a situation is a method of producing non-quantitative conclusions that have not been submitted to rigorous quantitative examination based on a researcher's insights

and impressions. Qualitative approach uses techniques like focus groups and in-depth interviews. Thus, this approach provided opportunity for the researcher to gather data from the respondents in a profound manner and gives greater accuracy to the study due to the interaction in focus groups and recorded information from the interviews. With this type of research, the researcher was able to understand attitudes and knowledge levels of the community members of the Munangarwa village.

3.3 RESEARCH DESIGN

Research design is a framework or strategy that allows for proper and methodical study of a research problem. Creswell (2016), defines research designs as the styles of analysis that deliver precise direction for processes in a research study inside the qualitative, quantitative, and mixed methodologies approaches. Qualitative research designs comprises of narrative biography, phenomenology, grounded theory, ethnography, case study and action research (Pandey, 2015). Phenomenology is the qualitative design which was used by the researcher. The phenomenology design helps in exploring an in depth understanding of human behaviours and the reasons that govern their behaviours thereby outlining the attitudes of the community members of Munangarwa village towards the vaccination programme.

3.4 RESEARCH METHODS

A research method is a strategy for gathering data using particular tools such as a questionnaire or a scheduled interview schedule in which a researcher listens and observes people. The researcher will use interview schedules. These are oral forms of questionnaires. An interview can be face to face form of data collection which involves an interview, who coordinates the process of the

conversation asking questions and the interviewee responds to those questions. The interview has its advantages as it provides accurate screening and capturing of data through verbal and non-verbal ques. Another advantage might be that interviews are easier to conduct to the targeted population since they might have challenges with reading and writing and /or writing.

3.4.1 SETTING OF THE STUDY

This study will be conducted in Munangarwa village, Gutu district in Masvingo Province, southern Zimbabwe. The district has 41 wards and the study was conducted in part of ward 37. The community members in Munangarwa village are led by a village head known as Sabhuku Munangarwa. According to the Zim Stats (2018) Gutu district has a population of 203 083 and majority of the population in Gutu district lives in the rural remote setting including Munangarwa village and the approximated population of the Munangarwa village sums up to 3 350 people. The major economic activities are which are conducted in Gutu district are commercial and subsistence farming and livestock rearing.

3.4.2 TARGET POPULATION

Dooley (2015), defines target population as the whole set of units that conclusions relate to. All members of the category of the sampling frame available under investigation are referred to as population (David, 2020). The target population will consist of the people residing in the Munangarwa village which sums up to a number of 550 household heads in the community. The key informants will consist of village health workers, traditional leader, the ward councilor and the Munangarwa community members so as to understand the knowledge levels and attitudes of

the community members of Munangarwa village from the a wider and diverse range from the community members as well as finding solutions to arising matters of concern.

3.4.3 SAMPLE AND SAMPLING TECHNIQUES

A sample is the segment or subsection of the total target population that is selected to participate in the investigation for research (Bryman, 2018. David, 2020). Simple random sample is the sampling technique which was used by the researcher. There are two types of sampling techniques that can be used and these are the probability sampling and non-probability sampling. In simple random sampling, the researcher randomly selected 15 people from the Munangarwa village whom she would generally pick at boreholes, bus stops and many within the community. In stratified sampling, the researcher grouped the samples into sub-groups known as strata. These groups were congregated according to social classes because knowledge levels and attitudes may depend on classes and employment levels as to how they access information and the literacy levels. The researcher grouped 10which were categorized by employment levels, social class and literacy levels. The sample consisted of these household heads of the community and three key informants consisting of a 2 village health workers, 1 traditional leader and the ward councilor as key informants. These samples will participate in the research to provide answers to the research questions for the study.

3.5 DATA COLLECTION METHODS AND TOOLS

Data collection is crucial for the preserving of the integrity of research. Curtis (2016) defines data collection as the organized gathering of information and extent of variables of attention so as to give answers to the research questions. Moore and Llompart (2017) purports that the equipment or devices used to gather raw data, such as surveys or questionnaires, interviews, and checklists, are

referred to as data collecting tools. The researcher used the qualitative method for collecting data and the tools for data collection were in-depth interviews and key informant interviews. These were of great help to the researcher in gathering first-hand information and gathering various ideas as well from the community members of Munangarwa village.

3.5.1 IN-DEPTH INTERVIEWS

Interviews are oral forms of questionnaires. According to Sarantakos (2015), an interview is a confrontational method of data collecting in which an interviewer directs the dialogue and enquires questions, while an interviewee answer back to the questions and an interviewee, who responds to these questions and the respondents were the community members of the Munangarwa village, councilor, traditional leader and village service providers. The advantages of this is it provides accurate screening and capture verbal and non-verbal ques. Therefore, the researcher seeks to use these since the target population might have challenges with reading and/or writing. Interviews will allow the researcher to get first-hand information and also enable her to understand behaviors of the respondent through judging their non-verbal behavior. The researcher will use an interview guide to gather data for the study. Given the current COVID-19 situation the use of interviews can be an advantage to the researcher as they can be done though telephone and web video.

3.5.2 KEY INFORMANT INTERVIEWS

The key informants were interviewed by the researcher. The goal of employing this data collection method was to get information from community-based professionals as well as individuals who provide health services to the community. They aid in the clarification of some of the replies. The key informants had firsthand knowledge of the research study issue in question. The key informants had the first hand information vital on the respective research study topic.

3.6 DATA PRESENTATION AND ANALYSIS

Data collection, according to David (2020), is the phase of a research endeavor that entails interacting with a target sample or population from whom data is collected. Data analysis, according to Bryman (2018), is a stage that includes numerous parts for applying statistical approaches to the data that has been acquired. Bryman (2018) states that data analysis is a stage that includes numerous parts for parts for applying statistical approaches to previously acquired data. Miles (2016), data analysis is defined as a technique that often entails various tasks such as data collection, cleansing, and organization. The recorded data was transcribed and analyzed using thermatic analysis. The researcher became familiar with the data and was able to create a coding system as a result. This approach of analysis was chosen by the researcher because it provided insight into cultural trends and experiences. The comments and data gathered through interviews and observations were organized into conceptual categories based on the study's theoretical hypotheses and goals.

3.7 ETHICAL CONSIDERATIONS

Research ethics refers application of principled standards and codes of professional conduct of behavior to the collection, examination, recording, and publication of information concerning study subjects (Babbie, 2016). Gray (2019) states that ethics are the standards of conducts and value and in research how these impact on both the researcher and the research subjects. Human beings deserve to be respected hence; the researcher will ensure that ethics are adhered to through considering the following ethical considerations which are privacy and confidentiality, informed consent, voluntary participation, and avoidance of harm.

3.7.1 PRIVACY AND CONFIDENTIALITY

Confidentiality is important when carrying out research in that; participants should know that their information is safe with the researcher. Participants ought to be made aware that all study records are secret and secluded (Seidman, 2015). The researcher will ensure confidentiality by explaining to the participants that the data that they will give will be strictly confidential. The computer with the researched data will have passwords. All documents will be locked away in a safe place and will not be easily accessible. The use of pseudo names will guarantee the participants that their names will not be published.

3.7.2 AVOIDANCE OF ANY HARM

Attempts were undertaken to protect the participants from any injury or pain that might be a result from the study. Participants were safeguarded against physical and mental damage, which was accomplished through informed consent. As a result, there was no humiliation, offense, or discomfort for the participants. According to the British Psychological Society (2010), in order to avoid injury, the researcher must guarantee that vulnerable groups are given extra attention if they are to be employed. In this case the researcher is completely aware that she will work with some of these vulnerable groups therefore needs special treatment so as to avoid any harm. Informed consent also contributes to avoidance of harm to the target population and this refers to an arrangement to take part in a research where the participant has to be knowledgeable of crucial information (Seidman, 2015). This is a process whereby consent letters (research forms which direct purpose of the study, how it benefits the participants, what it seeks to bring out how it benefits them). Participation will also be observed as the researcher will ask for participant's permission before starting the interviews. The research aims were explained to the participants so that they may give their informed consent before taking part in the study. The researcher will

ensure that informed consent is obtained by providing informed consent papers for individuals to put on their signatures. (Denscombe, 2017).

3.7.3 INFORMED CONSENT

Before conducting the in-depth interviews, the participants have to be aware that contribution in the study is voluntary, and if they feel like they no longer want to participate, they may withdraw from the study at any given time that they want to (Newman, 2016; Seidman, 2015). This will be done through issuing of consent letters where both the researcher and the respondent places their signature as an agreement to consent. The researcher will uphold this ethic by respecting the decision of the participants to withdraw rather than pressuring them to continue. However, the members will be educated that their input is important and that it will fund vital knowledge on tackling issues to do with challenges that hinder the full provision of health and medical care to the community. However there are research settings where in which it is not possible to inform all people might become part of the research.

3.8 FEASIBILITY OF THE STUDY

Feasibility is a method of determining the possibility of completing a project successfully by taking into account all important aspects such as economic, technical, legal, and scheduling considerations (Uwe, 2019). The research can be considered to be feasible due to the economic and technological factors. Economically there were little costs that were sustained in carrying out the research since the region under study is close to where the researcher resides and has the background of the community as well as with most of the people who resides the area of study.

Technical the researcher had access to internet and that made the research feasible. However, in the event of strict COVID-19 measures the researcher had issues with scheduling considerations.

3.9 LIMITATIONS OF THE STUDY

According to Murnan (2018), limitations are constrains placed on the ability to generalize form the results and further describe applications to practice. The main limitation of the study was difficulties in conducting discussions for gathering data for the study due to the COVID-19 pandemic regulations. To minimize the limitation the researcher will use social media platforms to gather required data for the study.

3.10 CHAPTER SUMMARY

This chapter recap methods that were used in data collection for the research. The methods, designs and approaches are of help in gathering the information. The information gathered is the process through analysis to provide data that would be used in generating the results. The data will be presented in a bar chart which seeks to shown the knowledge levels and the attitudes of the community members of Munangarwa village towards the vaccination programme.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

The chapter seeks to present and analyse the data findings from the interviews conducted from the interviews with the community members of the Munangarwa village and the key informants of the study to assess the knowledge and attitudes of the community members towards the COVID-19 vaccination programme in line with the study aim and objectives alluded in Chapter 1 of the study. The objectives of the study were to know the knowledge levels of COVID-19 by Munangarwa village community members, to explore the knowledge levels about COVID-19 vaccination programme amongst the community members of Munangarwa village, to assess the views of the community members of the Munangwarwa village towards the COVID-19 vaccination programme and to seek measures that can be taken by health service providers to increase the uptake of COVID-19 vaccination programme in Munangarwa village.

TABLE 1: BIOGRAPHIC INFORMATION

Variable	Population (n)	Percentage (%)

Age	**18-30 years**	**15**	**60**
	31-40 years	**05**	**20**
	41-50 years	**03**	**12**
	55 years and above	**02**	**8**
Marital Status	**Married**	**12**	**48**
	Widowed	**09**	**36**
	Single	**04**	**16**
Religion	**Christianity**	**20**	**80**
	Traditional	**03**	**12**
	Moslem	**02**	**8**
Level of formal education	**Nil**	**01**	**04**
	Primary education level	**23**	**92**
	Secondary education level	**19**	**76**
	Tertiary education level	**05**	**20**
Employment status	**Employed**	**06**	**24**
	Self-employed	**16**	**64**
	Unemployed	**03**	**12**
Building structures	**Thatched huts**	**10**	**40**

	Pole and dagga houses	**02**	**08**
	Standardised houses	**13**	**52**

TABLE 2: BIOGRAPHIC INFORMATION OF KEY INFORMANTS

KEY INFORMANTS	**AGE**	**ORGANISATION**
Traditional Leader	**57**	**MINISTRY OF LOCAL GOVERNMENT, PUBLIC WORKS AND NATIONAL HOUSING.**
Health Service Provider	**32**	**MINISTRY OF HEALTH AND CHILD CARE**

4.2 KNOWLEDGE LEVELS ON COVID-19

4.2.1 CAUSES OF COVID-19

There are a numbers of things which were cited that highlight their levels of knowledge of members about COVID-19 and these included the causes, signs and symptoms as well as prevention and control of the COVID-19. All the respondents had the knowledge about its cause. One of them stated that:

"COVID-19 virus was caused by the Chinese people who take every single creature for food. We have heard that they ate bats, like seriously how can a normal human being consume a bat for meat? Even of televisions we see some of them eating these wild creatures like snakes, scorpions and a lot more that we do not even know by name and now here is the problem and consequence of consuming everything". ***(A1, 19years)***

Another participant said that:

"This virus is said to be a political rival amongst the super powers. From what I saw from that movie called Contagion, definitely it is something that was planned. Where on earth have you heard or seen a disease that comes in phases, ever since we have never witnessed a virus that occurs like this where this phase is deadly than the other and that one with different symptoms to the other. From the way they said it this dragon is said to end in 2022 and seriously how can one foretell a beginning an end of such a catastrophe. . This was just a political issue but a battle with people who are intellectually strong needs people who are also intellect. These people they only wanted to boost their economies using COVID-19 to their benefit." ***(A2, 45 years)***

One more participant added that:

"COVID-19 is caused by staying in contact with a person who is infected with COVID-19. Another possible cause for one to contract COVID-19 is mixing with multitudes of people without wearing a mask". ***(A3, 18years)***

From the above statements, the participants highlighted that the causes of the COVID-19 vary from the political, social and economic stance. The first respondent indicated that the lifestyle of

the Chinese is one of the causes of COVID-19, and it is likely to be true since the majority of coronaviruses are originated in bats, swine, pets, poultry, and rodents (Kef, 2021). He went on to say that in Wuhan City, specifically in the Chinese extensive fish and live animal market, the WHO Chinese Country Office recorded pneumonia cases with unknown aetiologies. The Chinese regime detected and recognized the novel coronavirus, and acknowledged a wholesale seafood market as the virus's source. Therefore covid is most likely to have been originated from the animal species and transmitted from human to human. The second participant clearly shows that the global economic politics is a driver cause of the COVID-19 among countries like China, Russia, America and many other. Tulloch (2021) alluded that the concerns about 'coronabusiness' collaboration supporting the interests of national governments and other entities have altered how vaccines are delivered. Thereby we can say that COVID-19 was made up to boost economies through pharmaceutical services from which vaccine to the virus was to be produced.

However the knowledge levels of the people in the Munangarwa village varies as seen from the last and many other respondents who have taken modes of transmission for causes of COVID-19 and that shows that the knowledge levels of some of the participants is lower due to poor information dissemination and other factors such as levels of education reached and employment status which might as well affect the understanding of people. Some knowledge levels of the participants clearly shows that they do not have an idea about COVID-19, therefore their health related behaviours in respect to the acceptance of health services are poor.

4.2.2 SIGNS AND SYMPTOMS

Knowledge levels about COVID-19 include the people's knowledge towards the signs and symptoms that can be easily noted to tell that one has contracted the virus. When asked about their understanding of COVID-19 signs and symptoms, all the study participants were able to state the right and most notable of these. Some stated that some of these symptoms were notable after a number of days and some victims of the COVID-19 also viewed their understandings on the symptoms of COVID-19. Another participants added:

> *"At some point I got sick and had severe diarrhoea and decided to go to the clinic and was asked a set of questions and some of them were that if I have had a severe headache, colds, fever and many other. And after that the health providers concluded stating some of the signs and symptoms which included headaches, fever, shortness of breath, nausea, sore throat, dry cough and its complications may result in death. This is a way in which I got to know the signs and symptoms of COVID-19".* ***(A4, 31 years)***

Another participant who is also a victim of the COVID-19 said the following:

> *"When I got ill, I never have in mind anything that had something to do with COVID-19 because I'm always an indoor person so I just thought that it was hypertension levels had risen. At first my heart was beating so fast, I had fever and severe headache which was so frequent and again I assumed that it was malaria. This went on for three days and went to Gutu Rural Hospital and addressed that it was hypertension. I was given the medication and dietary to control and reduce blood pressure. The following day I was feeling weak and decided to get some air outside and my head started spinning at the same time suffocating and felt unconscious. My daughter ferried me to Gutu Mission Hospital and later when I regained conscience I was informed that I had contracted COVID-19 that is when I realised some of the signs and symptoms for COVID-19".* ***(A5, 69 years)***

In line with the above one key informant stated:

> *"The most common symptoms of COVID-19 are fever, difficulty in breathing and dry cough. Some patients may have aches and pains, tiredness, nasal congestion, runny nose, sore throat or diarrhoea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. However most people (about 80%) recover from the disease without needing any special care or treatment and others become seriously ill and develops difficulty breathing whilst others die".* ***(A6, 42 years)***

The above discussions from the participants shows that the community members of Munangarwa village have an insight on the knowledge about COVID-19 signs and symptoms. These signs and symptoms have helped to seek medical attention at primary levels of the disease. This could be due to witnessing some people who had had the virus in their neighbourhood. These knowledge levels pertaining to the signs and symptoms helped in perceiving the susceptibility, benefits and perceived risks for the virus which influences their attitude to health promoting behaviours (Chigevenga, 2021). However it has been a confusing to the community members because some of these symptoms are mere signs of cold any other illnesses which can showcase their presents through the same signs and symptoms, hence community members' susceptibility towards the virus is low and their attitudes as well are poor.

4.2.3 CONTROL AND PREVENTION

COVID-19 can be spread from one person to the other primarily from person infected people to others who are in close contact, by direct contact with infected persons or infected objects and surfaces. There is the need to know the vital information so as to help preserve the lives of people through appropriate procedures to regulate and prevent the spread of COVID-19. Participants also highlighted that they had much knowledge on prevention and the control for the spread of COVID-19. The first participant reported:

> *"We have been highly exhorted to put on face masks as a way of preventing and controlling COVID-19. Increased hygiene is also another way in which the COVID-19 virus can be controlled. To those who would have been affected with the virus, they should cover their nose and mouth with their elbow to avoid infecting hands up to the face which might necessitate the accumulation of the virus in one's system".* ***(A7, 21 years)***

One key informant along the above lines said the following:

> *"To prevent the spread of COVID-19, there's the need to avoid close contact with anyone particularly if they have cold or flu-like symptoms through social distancing. It is mandatory for people to wear face masks regularly especially in places that are congested with people. People should also avoid touching public surfaces, eyes, nose and mouth to prevent contracting the virus from surfaces and objects to the face. Good hygiene is required for the prevention and control of the COVID-19 virus and this includes washing hands with soap and running water always after sneezing, caring for the infected and before eating. There is also an ongoing vaccination programme which*

can help in controlling the virus as well. It is effective in the sense that when one is vaccinated, the virus is inactively introduced in one's body to help body soldiers in fighting the virus such that when one is infected the immune system will be able to fight against the virus". ***(A8, 45years)***

Another participant aired out the following:

*"Apart from masking up, social distancing, maximum hygiene and so forth, there are other traditional means which have been of great help to ourselves and our families. We often do it when one visits our home our whenever any members of the families goes outside where they meet up with many other people. What we do is we use natural remedies like making eucalyptus concoction mixed with guava and lemon leaves. There is also a strong herb known as 'zumbani' which we use for steaming with boiled water and vicks and we also drink some of its juice as tea. Avoiding loitering is one way we have been to minimize any chances of being infected with the virus and this has been very effective in protecting my family from this deadly virus".****(A9, 38years)***

In line with the above discussions, appropriate knowledge about COVID-19 helps in reducing the magnitude of the disease. According to Yazew, Abate and Makonnen (2020) Appropriate knowledge about COVID-19 preventive measures plays an important role in determining public preparedness to accept behavioral change methods advised by health experts in order to stop the spread of this disease. This shows that if the knowledge levels are high, their response as well to health issues will not be a problem because an individual's assessment of the gravity associated

with the condition leads in to engage in health promoting behaviour through the cues to action with might are of great significancy in preventing and controlling the virus. (Chigevenga, 2021).

4.3 KNOWLEDGE ABOUT COVID-19 VACCINATION PROGRAMME

Vaccines are some of the most successful health treatments for preventing communicable diseases, yet vaccine reluctance has become a global health concern. Understanding COVID-19 knowledge and attitudes, as well as their relationship with vaccine intentions, can aid in the development of measures to boost vaccination rates and attain herd immunity.

One of the participants said the following:

> *"I've been vaccinated and I managed to get the two major jabs at the moment. At first I was so frightened because of various misconceptions about the vaccines. I had to ponder over this vaccination thing in line with the no jab no job mantra and realized that it might be safe since it was not the first vaccination programme held here. If you take a closer look on other vaccination programme like the one for measles, we never had a report that the whole community or country has recorded a death toll due to the measles vaccination programme, so I personally came to a conclusion that I can safely say vaccination programme it's a control method for the best because once you are vaccinated, the body's system becomes familiar with the virus and is equipped to fight it once one contracts it. At the end of the day to us the civil servants, it's better to be vaccinated than to starve to death because of a simple vaccination programme".* ***(A10, 47years)***

Contrary to the above respondent, the other participant said the following:

> *"As for me, I have not yet been vaccinated because I do not have the adequate information concerning these vaccines. The information we have heard so far is confusing because others say the vaccines are safe whilst on the hand others are saying they are not. Recently I heard the shocking news that a number of people were said to have died as side effects of the vaccines. One more thing about these vaccines is that they are too many for just one virus so we end up believing the misconceptions because which vaccine is the right one and which one is for the test".* ***(A11, 29years)***

As previously discussed, concerns about vaccine efficacy and safety, mistrust of the healthcare system, religious beliefs, low socioeconomic status, and lack of awareness of the vaccine and its effectiveness, particularly among rural residents, are among the primary drivers and barriers to vaccination uptake. Concerns regarding safety and side effects, as well as a general lack of faith in governments and pharmaceutical corporations that created COVID-19 vaccines, all play a role in their acceptance. From the above discussions by the participants, the diversity of the vaccine also contributes to the extended fear of community members because they do not know which exactly is the right and safer one. Misinformation spread by unqualified persons, as well as religious, political, and community leaders, has hampered vaccine acceptance, hence the understanding of people towards the vaccination programme is varied.

4.4 VIEWS AND BELIEFS ABOUT COVID-19 VACCINATION PROGRAMME.

The vaccination programme for covid has come up with so many conspiracies, theories, myths and this has mounted different perception to people towards the COVID-19 vaccine. The

participants also has a number of views and most of these were a result of the conspiracies and misconceptions about the vaccinations. One of the participants said that:

> *"It is not that easy to do and cope with things which we do not know in greater detail like this COVID-19 vaccination programme. As for me I have vowed that I will not be vaccinated up until I have fully prove it myself that these vaccines are safe. Another thing is that the vaccines available are too many and now which one is the real on for subsiding the virus and which one is killing people since a number of people have been reported to have died after the administration of the doses of the covid vaccine. These people from the West wanted to kill us and they have been trying for long now and finally came up with this dragon which has already claimed a number of lives and again want to use the vaccination programme as another mass destruction tool and they expect us to run there for help, nay we have our traditional medicines we will work with those for good".* ***(A12, 76years)***

Contrary to the other participant, one key informant also aired his view saying:

> *"There are some people like me who just had to comply with the vaccination programme but the honest truth is we do not even know what is taking place. You hear someone say this the other than and you really wonder where we are going and what we are doing. In my own perception, I don't think this vaccination programme is effective because I have my neighbor who died last year but was vaccinated. His children one from South Africa and the other from London were vaccinated but one from London was infected and almost died despite the fact that he was vaccinated. In as much as we want to be*

vaccinated these cases do affect our uptake for the vaccination programme because being vaccinated or not you can be infected and die". ***(A13, 67years)***

There are others who had their views based on their culture and religion as it was stated by one respondent saying:

"We are now leaving in the end time days and a lot is happening just to fulfil the word of God which stated that in the end times there shall be incurable diseases and this pandemic has proved it that we are indeed living in the dying hours of the day as the virus is one of the events that is precipitating the rapture. What is the need for these vaccines then when God said they will be incurable? What if these so called vaccines causes more incurable diseases? Why fighting with God when his word cannot be changed but rather be fulfilled? It is just by the Lord's grace to live and it is all up to him to save us or not. If the Lord permits we will live longer without taking up any vaccine, longer enough to bury those who were vaccinated. There is nothing much to worry about because he is the protector, the healer as well as our Saviour, therefore he is going to save us from this demonic disease". ***(A15, 59years)***

From the above discussions, there is a plethora of factors that influence vaccine uptake. There has been a bigger number of participants who have had a negative views and attitudes due to a number of reason which comprises of the above mentioned conspiracy theories and also level of educational levels, employment status and civilization itself in such areas. Vaccine intentions are linked to attitudes and beliefs, which are also good determinants of vaccination uptake. Higher vaccination intentions were associated with the thought that the COVID-19 disease would continue much longer, whereas lower vaccination intentions were associated with the belief that the media had exaggerated the dangers of COVID-19. The study considered the relationships

amid vaccine purpose and the sociodemographic factors, determining that decreased vaccination intention were associated to younger age, literacy, and knowledge levels. However, the factors that influence vaccine intention and uptake may differ significantly depending on geography, culture, and socioeconomic circumstances.

4.5 CHAPTER SUMMARY

The findings of the study were presented and discussed in this chapter. The exhibition and discussion followed the goals and objectives so as to assess the knowledge levels and their attitudes towards the vaccination programme in Munangarwa village of Gutu. The next chapter will be focusing on summary of findings, conclusions and recommendations guided by the findings from this chapter and still in track with the study objectives.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

5.1 INTRODUCTION

This chapter gives a summary of findings and discussions presented in Chapter 4. Conclusions will be drawn in this chapter and recommendations as well based on study findings will be presented in line with the research objectives. The recommendations

5.2 SUMMARY

The study was aimed at assessing the knowledge levels and attitudes of rural communities towards the COVID-19 vaccination programme in Munangarwa village, Gutu. Knowing the knowledge levels about COVID-19, exploring the knowledge levels about the COVID-19 vaccination programme and assessing the views of the community members towards the vaccination programme were the objectives for the study.

The literature review consisting of theoretical framework was based on the health belief model. The study found out that the factors that influence the attitudes of people are based on their knowledge levels and the understanding of the virus and the vaccination intentions. Any vaccination program's effectiveness in achieving herd immunity is contingent on vaccine acceptability and uptake.

The study was qualitative in nature and a phenomenological design was used to be able to fulfil the objectives of the study. The study targeted community members from the age of 18-65 and above with sound mind as well as key informants who consisted of the traditional leader of the village and health service workers from Gutu Rural Hospital.

Findings of the study were presented in a descriptive format and a thematic analysis were used in presenting the findings from respondents. The researcher presented the participants' responses in verbatim form. The study has highlighted that only a few educated, employed, and well up had the adequate knowledges and appropriate attitudes levels towards the COVID-19 vaccination programme.

5.3 CONCLUSIONS

In this study, three quarters of the respondents were adamant about not getting vaccinated. This outcome is consistent with findings from previous research conducted around the world. The majority of those who declined immunization were underemployed and unemployed people, women, and aged of over 65 years. Vaccine refusal can be motivated by a variety of factors, including limited safety, vaccine effectiveness, cost, and side effects. Concerningly, the study discovered that those with prolonged diseases have much decreased acceptance rates compared to those who are healthy. COVID-19 individuals with comorbidities such as vascular disease, hypertension, diabetes, congestive heart failure, chronic renal disease, and cancer have demonstrated to have a higher risk of death than COVID-19 patients without these conditions. Because early immunization is crucial for this population's health and safety, it should be offered to them

5.4 RECOMMENDATIONS

5.4.1 RECOMMENDATIONS FOR THE GOVERNMENT

- The state has to develop rural communities through the devolution programme working hand in glove with local authorities to ensure that rural and remote areas are civilised so as to be able to access vital information.

- State should also seek donors and different stakeholders who can sponsor or give out IT gadgets and accessories to rural communities either for private or public use to help people to be equipped with information easily.
- The government should add on to their budget under the Ministry of information and publicity funds for rural information advancement and technology for the rural people to be able to access information for an enhanced wellbeing.

5.4.2 RECOMMENDATIONS FOR PRACTICE

- Health service providers should conduct awareness campaigns equipping people in rural communities with vital information pertaining to issues to do with their health and wellbeing**.**
- Social workers working in hospital setups should also help in educating the rural community members to improve their knowledge levels.
- Social workers at hospitals should also work as brokers. This is when they link community members to the required resources so as to improve the knowledge levels concerning matters of concern to human lives.

5.4.3 RECOMMENDATIONS FOR FUTURE RESEARCH

The following should be taken into account for future research:

- Studies should be conducted on strategies that can be employed to necessitate information dissemination to the people, hence improving the knowledge base of people and enhancing their wellbeing.
- Future researches should also be conducted in view of the effects and impact of COVID-19 to the health system and education system of the community.

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APPENDIX A

INFORMED CONSENT FORM

I am Blessing Chando a fourth-year student at Bindura University of Science Education. I am conducting a research on an assessment of the knowledge levels and attitudes of rural communities towards the COVID-19 vaccination programme in Munangarwa village, Gutu. The aim is to know the knowledge levels of the people in Munangarwa village, explore the knowledge levels about COVID-19 vaccination and assessing views of the community members towards the COVID-19 vaccination programme.

May you please be reminded that all the information will be kept confidential, thus your real name will not be revealed to anyone therefore there shall be no disclosure of your actual name or identity.

If you are not comfortable to answer certain questions or review certain information during the interview session, please let me know.

Interviewee

Signature ……..

Witness

Signature …….

Interviewer

Signature ……..

Date ……/……/……

APPENDIX B

INTERVIEW GUIDE FOR PARTICIPANTS

SECTION A: BIOGRAPHICAL DETAILS

1. How old are you?
2. How long have you been staying here?
3. What do you do for a living?
4. How are the levels of information dissemination to particular matters of concern?

5. What is your religion?

6. How big is your family?

7. What is your marital status?

SECTION B: RESEARCH QUESTIONS

1. What is your understanding of COVID-19?

2. How is COVID-19 transmitted from one person to the other?

3. Where have you heard information about COVID-19?

4. What measures can be taken to prevent contracting Coivd 19?

5. What should be done when one has signs and symptoms of COVID-19?

6. What is your understanding of vaccination programme?

7. What do you know about COVID-19 vaccination programme?

8. Have you been vaccinated? (Yes / No) Why?

9. What has been said by people in your community about COVID-19 vaccination programme?

10. In your views, to what extend has the COVID-19 vaccination been accepted by community members. Explain your response.

11. In your views, what can be done by health service providers in your area to increase the uptake of COVID-19 vaccination programme? Explain your response.

We are coming to the end of the interview, do you have additional comments on the issues we have discussed that can assist me to have a better understanding of the

knowledge and attitude of the Munangwarwa community towards COVID-19 vaccination programme.

APPENDIX C

KEY INFORMANT INTERVIEW GUIDE

1. Do you think people in your community have the adequate knowledge about COVID-19?

2. Do village workers and other health service providers disseminate the vital information to the community members?

3. How did the people in your ward/ village respond to the vaccination program?

4. What could be the reasons behind their response to the vaccination programme?

5. Approximately, how many households have been vaccinated in your ward, and to what extend was the vaccination program a success?

6. How can health service providers improve the uptake of COVID-19 vaccination programme?

FOR HEALTH SERVICE PROVIDERS

1. Do community members of Munangarwa village have the necessary information in relation to COVID-19 and the vaccination program and how has it been of help in the uptake of the vaccination program?

2. How did the community members respond to the vaccination programme and how did their response affected the vaccination program?

3. How many people have been vaccinated in Munangarwa village and how effective is the vaccination programme in controlling the spread of COVID-19?

4. Due to misinformation and poor literacy a number of community members from Munangarwa village have developed fear and mistrust with the health service providers and the vaccination programme, how can you as health service providers increase the uptake of COVID-19 vaccination programme in Munangarwa village?