

INTENTION OF COVID-19 VACCINATION AMONG SOMALI PEOPLE

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Abstract

In Somalia, the first local case of the Coronavirus was confirmed on 16th March 2020. Since then, many families have lost their beloved ones. As of 24th Jan. 2022, the MoH has recorded 25,388 positive cases with deaths at more than 1,335 cases including that of the former President and two former Prime Ministers of Somalia. With the support of the UN agencies, Somalia becomes among the first African countries to receive doses of the COVID-19 vaccines. However, vaccine hesitancy is higher among Somali people.

The problem which the study investigates is that; although COVID-19 vaccine is available and it's for free, the uptake is very low with higher hesitancy compared to other countries.

Objective: the study aims assess the intentions to get vaccinated against the COVID-19 and the reasons Somalia people hesitate to get the COVID-19 vaccine dosages.

Methodology: Focus Group Discussion (FGD) and Key Informant Interview (KII) with community members suit to find out the perceptions, suggestions, and rumors within the community about vaccine hesitancy. A total of 150 respondents participated in the FGD and the KII sessions. 100 of

the respondents participated in the twelve FGDs while 50 participated in the KII sessions.

Study participants were recruited across the country, including three major geographical areas (South Central, and East) in Somalia between Oct-December 2021.

Conclusion

The study found that the main barriers to vaccine uptake include the perception of risks, lack of trust in the vaccination programs, subjective fears, negative religious beliefs, misinformation and rumors regarding COVID-19 vaccines have been rampant and repeatedly shared on social media platforms even before the release of the vaccines.

Keywords

vaccine hesitancy, vaccine uptake, vaccine intention

Ethical Consideration

The study was approved by Ethics Committee of the Somali Researchers Association (SRA). All participants provided informed consent.

Conflict of Interest

There is no conflict of interest, the study is conducted, professional integrity and research independence.

Introduction

Somalia falls under the umbrella of the Coronavirus emergency among African countries. With the support of the UN agencies, Somalia became among the first African countries to receive doses of the COVID-19 vaccines. Vaccines arrive in Somalia in batches. The first batch is intended to protect the frontline workers and elderly people with chronic health conditions. The second batch is available to anyone over the age of 18 and is for free.

Although COVID-19 vaccine is available and it's for free, the uptake is very low compare other countries. According to vaccination statistics, 10% are the people have been fully vaccinated in Somalia. According to FMOH, only 40% are females, which shows that Somali women are lagging behind in terms of vaccination. Hence, the FMOH is continuing efforts to encourage citizens to get vaccinated. Subsequently, the objective of this study is to learn the real reasons behind the high level of vaccine hesitancy among Somali citizens. More importantly, this study will finally recommend measures to overcome this hesitancy and improve vaccination among Somali people.

Literature

In march 2021, Somalia received first batch of vaccines to protect frontline workers and elderly people with chronic health conditions from COVID-19. In August 2021, more vaccines were arrived in the country and the vaccine allowed everyone over the age of 18. But, vaccine hesitancy becomes an obstacle to the vaccine uptake. This section describes

factors contribute vaccine hesitancy in the literature. Basch et al. (2021), found that that misinformation and disinformation of COVID-19 vaccination contributes to vaccine hesitancy. While, Derejea et. al (2021) argue that lower COVID-19 awareness campaign, partially motivates vaccine hesitancy. Osur et al. 2020 and Wilson, 2020, indicate that social media are the major source of misinformation that contributes to COVID-19 vaccine hesitancy. Momplaisir et al. (2021) highlight that influential and reputable people from the community members who have been vaccinated should serve as champions and to advocate for the vaccine jabs. This could address the hesitancy of the COVID-19 vaccine among the people. Subsequently, Salali & Uysal (2021) urge that to increase vaccine uptake it should be given first to scientists, the Presidents, politicians, celebrity and religious leaders.

There are studies show that concerns for side effects support vaccine hesitancy. Schaler and Wingfield (2021) declare that dissemination of misinformation regarding vaccine on fertility contributes to hesitancy amongst young women willing to get the vaccination. Mose and Yeshaneh (2021) confirm the reasons for female refusal of accepting COVID-19 vaccines were due to fear of side effect. RICCÒ et al (2021) reiterate that the main reason for declining vaccination was the fear of side effects.

Furthermore, they also stress that the main reason people want to be vaccinated is to avoid infection. Sallam et al. (2021) found that the rate of COVID-19 vaccine acceptance is higher among male respondents compared to females in Arab countries

including Somalia. Literature acknowledges that older people and people with chronic diseases have positive attitude towards the COVID-19 vaccines. Berihun, et al. (2021) found that older people believe that vaccine is vital for their life. In contrast, Osur, et al. (2021) discover that most youth were reluctant to be vaccinated and exhibited the attitude of “wait and see” of those who had received the vaccine. Loembé (2021) found that increased demand for COVID-19 vaccines around the globe have led to postponed delivery of the vaccine to African countries. This resulted in many African citizens missing the chance of the first or second dose vaccination. Finally, Gur-Arie et al (2021) argued that in order to maximize vaccine uptake among Health Care Professionals, Vaccination should be mandated.

Methods

To find out the perceptions, suggestions, and rumors within the community about vaccine hesitancy, the researcher conducted Focus Group Discussion (FGD) and Key Informant Interview (KII) with community members. A total of 150 respondents participated in the FGD and the KII sessions. 100 of the respondents participated in the twelve FGDs while 50 participated in the KII sessions.

Study participants were recruited across the country, including three major geographical areas (South Central, and East) in Somalia between Oct-December 2021. All respondents were aged ≥ 18 years old. Each FGD consisted of 8-10 participants and lasted an average of two hours. The medium of instruction was Somali language.

For the sample selection the study applied snowball sampling method which is purely based on referrals. Researcher communicated with local community leaders and asked adult person living in the area “Vaccine Point” who may be good sources of information. For example, we asked, "Do you know of any persons who are active in the community and who would be willing to talk about COVID-19 Vaccine hesitancy among the community?".

Data analysis went through different stages including transcript writing, familiarizing with the data, developing relevant codes, searching appropriate themes, and finally interpreting the data.

Respondent's Demographic Profile

According to the socio-demographic characteristics of the respondents, respondents were included male and female. The age distribution for the respondents was 41% aged 18- 30 years old, 38% aged 31-50 years old, 15% aged 51-60 years old and 6% over the age of 60 years old. Geographically, 40% respondents were sampled from Banadir, 15% from South West, 10% from Hir-shabele, 15% from Puntland and 20% from Galmudug states of Somalia. As regards to education level, 29% have bachelor's degrees, 24% have Diploma, 21% have vocational training, 14% passed Secondary education while 11% have no formal education. In terms of professions, respondents were included healthcare workers and non-health workers.

Findings of the Study

This study primarily sought to identify intention of COVID-19 vaccine among Somalia people. SRA interviewed target respondent to solicit perceptions, and rumors within the community about coronavirus vaccine hesitancy. The paragraphs below summarize the findings from the discussions and the interviews.

Thoughts and Feelings on COVID-19

As the outbreak continues to spread across the country, the Coronavirus equally affects both males and females. Respondents were asked on how concerned they are about getting COVID-19?

The health workers identified that Coronavirus is a major threat and that they are afraid of getting COVID-19. The respondents also consider themselves as a risk group due to them being the “front liners”. However, vaccinated respondents indicated that they feel less likely to be infected and less likely to experience hospitalization or death as revealed by the excerpts below:

“Unexpectedly, at any time, you can be infected and become COVID-19 positive regardless vaccinated or not. “Precaution is necessary” (FGD 3)

“I have taken both doses, so I don’t feel a higher risk, compared to before the vaccine” (KII 10)

Youth respondents were less likely to have concerns about getting COVID-19. “It’s no more than a minor threat”. Youth respondents mainly believe that the vaccine is for older people and not for them.

A probe question was asked to the respondents i.e., are women and men equally at risk? The majority said that Coronavirus equally affects males and

females. However, few said that this disease infects more males because seemingly it affects the majority of males rather than females.

COVID-19 Transmission and Stigma

With regards to COVID-19 stigma, respondents were asked three questions i.e., whether they noticed a different treatment in their community to people who have had COVID-19, whether the treatment has changed over time and how and why it has changed? Consequently, a group of respondents argued that from the beginning of the epidemic, there was no stigma because people were ignoring the seriousness of COVID-19. But increased death cases and crowded hospitalization in Somalia have changed the COVID-19 landscape and increased the stigma over time. Another group argued that during the first-wave, death rate, and hospitalization were higher. Fear and worry were at their peak and stigma was much higher too. But, recovery, more knowledge on precautions and availability of the vaccines have reduced the stigma against COVID-19. The following responses were recorded:

“The first wave, private hospitals were rejecting to cure COVID patients, lives could have died due to fear and discrimination of COVID.” (FGD 4)

From another FGD sessions, the respondents pointed out:

“During the second wave, when my mother got discharged from the hospital, it didn’t take for a while to integrate with her friends. They were willing to accept her”. (FGD 7)

Sources of Information about COVID-19 Vaccine

The news around COVID-19 is changing rapidly and people receive COVID-19 information from different sources. The respondents were asked whether they have heard anything that made them feel positive and/or negative about the vaccine.

Respondents explained that they did not encounter any difficulty in receiving information about the COVID-19 vaccine. Respondents disclosed that they got information from different sources; health workers stated that their source of information include the WHO page and Center for Disease Control (CDC) followed by the FMOH page. Other sources include social media platforms and the government/ regional state-owned TV news channels such as SNTV, PL TV, South-west Tv, Hirshabele Tv and Glamudug TV.

According to youth, social media platforms such as Facebook and YouTube are the major sources of information for them.

Older women prefer to receive information from traditional media such as radios, and television followed by posters and billboards.

Respondents affirmed that telecommunication companies for mobile ring tone mainly focuses on precaution of the Coronavirus such as wearing face masks, social distancing, and washing hands. However, the second wave and availability of the vaccines have not yet been updated into the mobile ring tone.

Intention of COVID-19 Vaccination

There are countries across the world struggling to get the COVID-19 vaccines. Luckily, Somalia has been able to receive COVID-19 vaccines with the support of donors and the UN. Respondents were asked as to how they decided whether to get the vaccine or not. Doctors, nurses, and scholars stated that knowing the benefits of vaccination, being front-liners, and institutions imposing vaccination requirements are the major factors that motivated them to accept the vaccines.

“We should trust the COVID vaccine, this vaccine is similar to other vaccines which we give to our children or take when we are pregnant”. (FGD 6)

Some of the non-health workers admitted that previous loss of a family member, hospitalized close persons due to COVID-19, awareness messages from radios, TVs, wanting to travel overseas, colleagues getting the vaccines were among the motivating factors for them to seek vaccination services.

“I have lost my husband due to COVID. I decided to seek vaccination services in order to prevent the death”. (KII 1)

“My husband has taken the vaccine after I have taken with no complications”. (FGD 9)

There are institutions where employer-imposed vaccination requirements. Some of the respondents admitted that fear of suspension from their jobs was the motive for them to take the vaccine.

“Our employer ordered to get the vaccine; otherwise, we are not allowed to come to work”. (KII 15)

A probe question was asked concerning the brand of the vaccine. Generally, older women and those with no formal education are of the opinion that:

“We only wanted COVID-19 vaccine regardless the brand and the country producing it” (FGD 9)

“I asked the health worker to jab me with the vaccine of good quality” (KII 10)

On the other hand, educated respondents revealed that they preferred either Johnson & Johnson or AstraZeneca. However, FGD 2 participants Nasib and Ayan who work in Banadir Hospital argued that:

Those who want to travel overseas are mandated to get vaccine thus, they prefer the single-shot vaccines (FGD 2).

For those who want to get the vaccine at our hospital don't like to jab China produced vaccines, due to the perception of “COVID-19 started from China”. They prefer US or UK vaccines (FGD 2).

On the other hand, respondents were asked that if not vaccinated whether there was anyone else involved in the decision and whom did, they discuss it with. Most of the adult women aged 31-50 with no formal education said that “the husband is the main influencer involved in the decision of taking the vaccine”, while those with higher education said “it is up to us”. However, some said that their father is also the decision taker. It is good to highlight that those female respondents from Puntland and Galmudug mostly said that they took the decision without male involvement.

“As a woman, I can take the decision of getting the vaccine, I should not wait for my husband, father, or brother to take me the decision of getting or not”. (FGD 6)

“My husband has taken the vaccine after me” (KII 6)

“Some women manifested that husbands usually make the decision not to vaccinate the wife even if the wife is willing to get the vaccination”. (FGD 3)

Another probing question was asked that if they hesitated to be vaccinated, what the main reasons for their hesitation were. Majority of the respondents argued that:

“Lack of enough information and lower educational awareness campaign are the main barriers of the vaccine hesitance” (FGD 4)

“There is no COVID-19 vaccine enforcement or mandatory in our country, vaccinated and unvaccinated persons have the same rights, can also travel together. (KII 6)

There are widespread negative perceptions on COVID-19 vaccine among non-health workers as reflected by one of the FGD participants below:

“The vaccine causes infertility, vaccine causes irregular period (menstruation cycle), pregnant women cannot get the vaccine; vaccine passes through the baby when the mother is breastfeeding”. (FGD 2)

COVID-19 Vaccine Confidence

Among the respondents, some believe that wave after wave the COVID-19 deaths and hospitalization have reduced, and the remaining waves will not have much impact or will soon disappear. Interestingly, older respondents seemed to be more positive and

confident than young once. The majority argued that before the vaccine, the country had more COVID-19 cases, but after the vaccine started to be given, new COVID-19 cases, hospitalization, and also the death rate have dropped dramatically.

Respondents with higher education and those who do a lot of travelling were more likely to say they already got the vaccine, or they are planning to get it.

“We cannot ignore COVID-19, because someone close to us has either been infected, hospitalized, or died from COVID-19. Thus, we should take the vaccine”. (KII 17)

Generally, young women aged 18-35 years in all three states were concerned about the side effects related to vaccination. One of them said that:

“We are afraid to become infertile after vaccination; it is the preliminary stage of the vaccine; thus, we are waiting for more validation”. (FGD 9)

However, some of the respondents expressed concern about the different vaccines coming from different countries. They feared that the Somali government does not have the capacity to verify which vaccine is good and which is bad.

“There are vaccines coming from different countries with different brands; neither the government nor health institutions have the capacity to prove which vaccine suits us”. (FGD 7)

COVID-19 Vaccine- Barriers and Facilitators

Developing the COVID-19 vaccine is considered as a success factor to end the pandemic. However, hesitancy becomes an obstacle to vaccine uptake.

Respondents were asked to explore reasons for vaccine hesitancy.

Generally, respondents acknowledged that from the beginning, when the vaccine arrived in the country, available doses were limited and was widely advertised to give only the front-line workers, soldiers, older people, and people with chronic diseases. This has resulted in many people including youths to miss the opportunity of getting the vaccine.

“Due to the first awareness messages which prioritizing older people and the front-line workers, resulted many people “youth” think that they are not eligible the vaccine at all”. (KII 10)

As a result, a large part of the IDP? people remained unvaccinated, and this is a danger for all people.

“Due to lack of vaccine availability in nearby clinics, poor people live in the IDPs far behind getting the vaccine”. (FGD 11)
“People with disability are unable to reach vaccination centers and cannot take a taxi due to their financial position”. (KII 15)

Many respondents emphasized that people who live in the IDPs are financially poor and unable to bear transportation costs to go to vaccination centers.

With regards to working hours, vaccination centers operate from 9:00am to 4:00pm. Thus, the working class has difficulty to come during the operation hours.

“My employer doesn’t allow me to be off for two to three hours getting the vaccination. We are off only on Fridays and the vaccination centers are closed”. (KII 15)

Respondents stressed the stigma of going to COVID-19 referral hospital especially Martini Hospital and

seeking for the vaccine is considered socially negative.

“Most of the people who died from COVID-19 in Mogadishu have died in Martini Hospital, since the virus can spread through the air, people are afraid to go there” (FGD 1)

“Whenever I check on the news, I could hear a number of people died of COVID-19 in Martini Hospital. I consider Martini Hospital abode of COVID death. I don't think, I will seek a vaccine from Martini Hospital”. (FGD 1)

A probe question was asked to the respondents such as if their family and friends believe that COVID-19 is a western problem, and that men are vulnerable. The majority of the respondents were against that belief of Westernizing and gendering the COVID-19. However, very few respondents showed their concern.

“COVID-19 mainly affected Western countries than African continent. The vaccine suits for them more than us”. (KII 6)

Social and Family Norms on COVID-19 Vaccines

Vaccination is one of the ways people can prevent Coronavirus. The government provides vaccines for free, and it is available in all states in Somalia. Respondents were asked, “If a COVID-19 vaccine is recommended by healthcare workers, what do you think other people around you will do?”

The majority of the respondents said that health workers are the most trusted among the people. If health workers strongly recommend the vaccine to

the client/patient, there is a high chance of accepting vaccines because generally the public trust them.

Another probe question was asked whether they speak about vaccines to family and friends. Nearly half of the respondents answered “yes”. In fact, it is the society's social norm to consult family members with higher education and family members with health backgrounds because of the confidence and trust in their advice. In the case of asking family and friends who live overseas, respondents were divided in their opinions.

“We consult family and friends overseas because they are mandated to take it and they know more about vaccine safety, they can also share their experiences, such as the side effect”. (KII 18)

In Somalia, community leaders have deep and trusted relationships with the communities. The FGD and KII respondents maintained that:

“Neither community leaders nor the elders are against the vaccine, this results in positive outcomes for the public, and more people have convinced the vaccine”. (KII 22)

The majority of the respondents agreed that religious leaders have always been influential in the community.

“If religious leaders recommend regularly the vaccine it will increase the uptake of the COVID-19 vaccine in the country.” (KII 22)

Therefore, respondents recommended that MoH should engage religious and community leaders to be a part of the campaign against vaccine hesitancy in the country.

One said, “if the first lady should take the vaccine to the public, she could become a role model to other women in the country, because the President has taken the vaccine publicly”. (KII 8)

However, respondents were skeptical to speak about COVID-19 vaccine with traditional healers. Majority believe that:

“Traditional healers might not have had enough information to convince that the vaccine is safe, rather they encourage using traditional medicine than vaccine” (FGD 1)

Gender Specific Consideration

When it comes to gender-specific considerations, gender-related barriers have an impact on vaccination uptake. According to FMOH, there is no prioritization for males or females in getting COVID-19 vaccines. Yet, female vaccine uptake is very low compared to males. Respondents were asked that if they have not yet taken the vaccine whether there were specific concerns being a woman. Respondents from the COVID-19 call center (449) and vaccination center stated that information seekers (women) who contacted the short number 449 or those who came to the vaccination centers always ask questions related to the vaccines like:

“Vaccines’ impact on fertility, vaccines’ impact on pregnancy, and the vaccine’s impact on breastfeeding and the baby.” (FGD 2)

The additional information that communities would like to know about the COVID-19 vaccine is the side effects of the vaccine, its effectiveness, and quality. In addition, they would like to know where to find

the vaccine and clarification on myths surrounding vaccines. Feedbacks like below reveal this perception.

“We do not recommend pregnant women or breastfeeding mothers to have the vaccine, because FMOH didn’t recommend us to do so.” (FGD 6)

“We are only given one training at one time, so we don’t know vaccine updates. How could we be able to answer questions about the vaccine?” (FGD 5)

Our team “the moderator and the note-takers” could observe frontline staff lacking the knowledge and skills to share the right information to overcome barriers and misinformation to increase the acceptance of vaccines. “We don’t think the information is being conveyed correctly”

In general respondents expressed concerns about the vaccine; their argument is based on the lack of confidence in the vaccine amongst the public.

Conclusion

Somalia is under the UN umbrella of Coronavirus Emergency priority among the African countries. The death toll from COVID-19 in Somalia has surpassed the unwanted threshold of 1,000 citizens. People who died from COVID-19 include the former President and two former Prime Ministers. Luckily, vaccines have arrived in the country since March 2021. However, hesitancy amongst the people especially adult women and youth has somewhat stifled the vaccination program of the country.

The main barriers to vaccine uptake include the perception of risks, lack of trust in the vaccination

programs, subjective fears, and negative religious beliefs. Misinformation and rumors regarding COVID-19 vaccines have been rampant and repeatedly shared on social media platforms even before the release of the vaccines.

Frontline health workers feel that they are not safe due to the lack of Personal Protection Equipment (PPE) and inadequate training. Call Centers (449) and Vaccination Center staff do not have the capacity and the knowledge to share the right message to the information seekers.

Unlike business advertisements, aggressive vaccine awareness messages are rather restricted because they are being aired on limited days with a limited frequency on TVs, radios, and other social media. In addition, respondents complained that religious leaders were not engaged active enough to participate in the government's campaign aimed at increasing COVID-19 vaccination.

Recommendations

This study proposes five recommendations.

1. Firstly, it is necessary to promote accurate information on the COVID-19 vaccines along with the safety and benefits of the vaccines. To confront the misinformation; the federal government, regional states, and local partners should increase awareness messages with evidence-based guidance and present updated vaccine information.
2. Secondly, in order to increase knowledge and communication skills about COVID-19

vaccination, FMOH and other partners should sponsor knowledge-building seminars for the staff working at the Call Centers and the Vaccination Centers. This will enable them to provide the right information about vaccinations to information seekers who call or come to their centers.

3. Thirdly, to discourage vaccine hesitancy and community rumors, the government should engage religious and community leaders be actively involving them in campaigns aiming to reduce women's hesitation about the COVID-19 vaccines. Furthermore, the study recommends making in mandatory for health workers, NGO workers, and all UN-supported institutions to get the vaccination.
4. Fourthly, efforts should be made to sponsor Radios and TVs campaign with a minimum of seven times per day airtime (frequency) focusing on motivating communities to get vaccinated. According to the book "Advertising: Principles and Practice". People must see an advertisement at least nine times before they will acquire enough interest to consider buying the product or service advertised. This also include producing multimedia presentations like for example the creation of short videos showing a pregnant woman, breastfeeding mother, and unmarried girl getting the COVID-19 vaccine along with an educational handout addressing common concerns about vaccination.
5. Fifthly, flyers and handouts, social media

messages, and posts explaining how and where members of the public can find reliable and accurate information about COVID-19 vaccines on the internet should be widely distributed. Finally, a forum should be organized where health care workers can provide information on COVID-19 vaccines on social media platforms.

Overall, these five recommendations when carried out effectively would build a stronger trust among young Somali people to support the vaccination campaign and to fight the COVID-19 epidemic in Somalia.

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