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FACTORS INFLUENCING THE UPTAKE OF COVID-19 VACCINE IN
THE MUNICIPALITY OF VIANA, IN LUANDA-ANGOLA

BY

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
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Abstract

The study sought to assess the Factors Influencing the Uptake of COVID-19 Vaccine in the Municipality of Viana Luanda-Angola. The study adopted a conceptual framework that provided a link between the independent variables and the dependent variable, informed by the objectives of the study. A qualitative research design was adopted in the study. In this study, the researcher used interview guidelines and a theme analysis version tool to analyse data. The researcher selected three health experts, namely 14, 18 and 20, with five divisions representing them. A total of 130 questionnaires were distributed and 127 were returned, representing a response rate of 98%, which was highly acceptable as it was above the 70% threshold recommended for generalization and extrapolation of research findings to the entire population. The descriptive section presented the statistics pertaining to the independent variables and attempts were made to explain trends in relation to the literature review. A regression analysis technique was used to assess the relationship between the combined independent variables on the adoption of COVID-19 vaccine. Correlation analysis was performed to identify the existence of multicollinearity representing the relationship between the independent variables and the dependent variable to determine whether the relationship is positive, negative, or zero. The results of the study showed that the factors influencing of the uptake of COVID-19 vaccine were generally above 50% in terms of citizens who received COVID-19 vaccines. Regarding the uptake of the COVID-19 vaccine, the social factors had a negative effect, which means that the social factors in general were impediments to the uptake of the COVID-19 vaccine. The financial factors were also negatively related to the uptake of COVID-19 vaccine and this means that the financial factors were an impediment to the uptake of the COVID-19 vaccine. The results also showed that the need factors were positively related to the uptake of the COVID-19 vaccine in the Municipality of Viana. Despite this, the Factors Influencing the uptake of the COVID-19 Vaccine showed improvements in the communities within the Municipality. There was still a need for engagement and integration of activities by healthcare providers in the communities to work together with the Ministry of Health to achieve higher rates of vaccination, preventing mortality and morbidity from vaccine-preventable diseases. The study recommended community engagement to assess factors influencing uptake of the COVID-19 vaccine and to enhance the “My Village, My Home” strategy as a way to reach everyone in the community. Therefore, there should be awareness campaigns in the communities to ensure access to vaccination for all citizens, as well as the availability of services in health centers.

Key Words: Factors, COVID-19, Vaccine, Uptake.

Declaration

I declare that this dissertation is my original work except where sources have been cited and acknowledged. The work has never been submitted, nor will it ever be submitted to another University for the award of a degree.

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Dedication

The study is dedicated to the Lord Almighty God, to my beloved Father Mr. Adriano Domingo's and my Mother Mrs. Catarina Pombal. To my siblings Peliganga, Margarida, Nela, and Ilda for their support and the encouragement as well as their prayers towards the accomplishment of this dissertation.

List of Acronyms and Abbreviations

MMO	Municipal Medical Office
AMH	Angola Ministry of Health
MHM	Municipal Ministry of Health
PEN	Predisposing Enabling Need
PMD	Provincial Medical Director
WHO	World Health Organization
ADHS	Angola Demography Health Survey
MH	Ministry of Health
CSDH	Commission on Social Determinants of Health
HSR	Health Sector Reforms
HDS	Health Delivery System
CRS	Convention on the Rights of the Social
SP	Social Protection
AAPHA	Adoption Act, Public Health Act
MVMH	My Village My Home
ICSECR	International Convention on Social, Economic, and Cultural Rights
CDC	Centers for Disease Control
UNCRS	United Nations Convention on the Rights of the Society
MHCC	Mental Health Coordinating
ICSECR	International Convention on Social, Economic, and Cultural Rights
RHH	Rural Health Hospitals
SDOH	Social Determinants of Health
VHW	Village Health Workers
CHW	Community Health Workers

Definition of key Terms

COVID-19/ is derived from the words "corona," "virus," and "disease," with the number 19 signifying the year in which the outbreak began (Liu, 2020)

Vaccine/ is a term used to describe an individual who has received a vaccination in order to protect themselves from a particular disease (Sampath, 2021).

The predisposing components/factors are individual propensity to use services based on demographic, religious and values concerning health and illness (Andersen, 1968).

The influenced factors/ is influenced by a variety of factors, including individual beliefs, attitudes, cultures, lack of information, and behaviours (Durlak, et al. 2008).

The level of uptake/factors which includes the accessibility, perceived health status and treatment facilities (Kessel, Robin, et al. 2023)

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CHAPTER 1 INTRODUCTION

1.1 Introduction

This chapter focuses on the background to the study, the statement of the problem, the objectives of the study, the research questions that guided the study. In addition, the assumptions, significance of the study, delimitation of the study, limitation of the study, and summary.

1.2 Background of the study

Vaccines are a critical tool in preventing infectious diseases and promoting public health (Plotkin, 2008). They work by stimulating the body's immune system to recognize and fight off specific pathogens, such as viruses or bacteria (Ghedamu, 2019). By introducing a small amount of a weakened or inactive form of the pathogen into the body, vaccines effectively train the immune system to recognize and remember the pathogen, allowing it to mount a swift and effective response if exposed to the real and potentially harmful version of the pathogen in the future (Vetter, 2018). The main stakeholders in a vaccination program include government agencies, healthcare providers, and the general population (Ben-Yedidia, 2003). The government plays a crucial role in funding and coordinating vaccination campaigns, setting guidelines and regulations, and providing oversight to ensure vaccines are safe and effective.

COVID-19, known as the coronavirus disease 2019, is a highly contagious respiratory illness caused by the novel coronavirus SARS-CoV-2 (Ciotti, Marco, et al, 2020). The disease was first identified in Wuhan, China in December 2019 and has since spread globally, resulting in a pandemic declared by the World Health Organization in March 2020 (WHO, 2020).

The COVID-19 pandemic has had a profound impact on global health, s, economies, and daily life. Governments around the world have implemented various strategies to control the spread of the virus, including lockdowns, travel restrictions, and vaccination campaigns (Mahase & Elisabeth, 2020). The outbreak of COVID-19, why? Caused by the novel coronavirus, has brought about a global health crisis unlike any other in recent history (Yang, et al, 2020). Moving forward, it is crucial that the world learn from this experience and take steps to better prepare for future pandemics (Sophia, 2020). This includes investing in public health infrastructure, increasing funding for research into infectious diseases, and developing more robust systems for responding to outbreaks (Elisabeth, 2020). The COVID-19 pandemic has exposed weaknesses in our healthcare systems and highlighted the importance of global cooperation in combating infectious diseases (Mahase, 2020).

Ciotti, et al (2020) emphasis that aspect that has emerged from the pandemic is the importance of early detection and containment measures to prevent the rapid spread of the virus (Angeletti, 2020). This has led to a renewed emphasis on surveillance systems and the development of effective testing protocols to identify and isolate cases before they can infect others (Minieri, 2020). Furthermore, the pandemic has shed light on the disparities in healthcare access and outcomes among different socio-economic and racial/ethnic groups (World Health Organization (WHO), 2020).

COVID-19 is a highly contagious virus that has caused a global pandemic with far-reaching consequences (Meyer, 2020). The virus has presented challenges for healthcare systems, economies, and societies worldwide, highlighting the importance of preparedness and response to infectious diseases (Thirumalaisamy, 2020). As the world was navigating through the pandemic, it is essential for individuals to stay informed,

follow public health guidelines, and support one another because probably the world can experience another pandemic depend on the change the world is facing in health area (Daniel, 2021).

The COVID-19 vaccination program in Angola has been a pivotal aspect of the country's approach to combating the pandemic (Gyeltshen, 2021). Since the arrival of vaccines in the country, the government has made significant efforts to distribute and administer the vaccines to its population (Nachega, 2021). The World Health Organization and other agencies have helped to secure additional vaccine doses, improve distribution channels, and enhance monitoring and evaluation efforts (World Health Organization (WHO), 2021).

The methods used in Angola to track COVID-19 vaccination statistics is through a centralized database that records the number of vaccines administered, the demographics of those vaccinated, and any adverse reactions reported (Omonivi, 2021). This database allows health authorities to monitor the progress of the vaccination campaign, identify any gaps in coverage, and adjust their strategies accordingly (Lemos, 2022). Analysing this data, healthcare professionals can better understand the effectiveness of the vaccines and make informed decisions on how to allocate resources for future vaccination efforts (Murphy, 2020).

1.3 Statement of problem

According to the World Health Organization WHO (2020) many factors associated with socio-economic, sociodemographic and religion were affecting the uptake of COVID-19 vaccines. Despite numerous efforts, resources and interventions provided by the government in enhancing this programme, a 2021 report from Ministry of Health in

Angola showed that 80% coverage had been achieved, which proved that uptake of COVID-19 vaccines was not high enough to achieve the desired 90% coverage in communities (Gyeltshen, et al, 2021). Attitudes toward vaccination should be seen as cross sectional in time, on a continuum ranging from active demand for vaccines to complete refusal of all vaccines and changeable overtime (Dube et al., 2013).

Despite the fact that uptake of COVID-19 was generally high in Angola (80%), the Viana Municipal Health Annual Report on the Covid-19 Vaccine 2021 revealed that of all the municipalities in Luanda that had access to the Covid-19 vaccines, only Viana reported low levels of uptake of the COVID-19 vaccine and that this caused an increase in the number of people who did not take the vaccination, which corresponds to 70% of the population in the community (Wanda & Fernandes, 2022). Compared to other municipalities in Luanda-Angola, Viana had a high number of dead people provoked by COVID-19 (Gyeltshen, et al, 2021). What could be the main factors that hindered the acceptance of the COVID-19 vaccine in this community? Therefore, the researcher intends to identify the facts that hindered the acceptance of the Covid-19 vaccine in the Municipality of Viana.

1.4 Purpose of the study

The purpose of this study was to assess the uptake of the COVID-19 vaccine in Viana, Luanda Angola. Policy, which has been introduced as one of the public health interventions to reduce mortality and morbidity from preventable diseases in Viana Municipality, Luanda Angola.

1.5 Research Objects

This aims/objectives of this study are as follows:

- 1) To assess the level of uptake of COVID-19 vaccines in the municipality of Viana Luanda Angola.
- 2) To examine factors which influence the uptake of COVID-19 vaccines in Viana municipality in Luanda Angola.
- 3) To suggest strategies to improve the uptake of COVID-19 vaccines in Viana Luanda Angola.

1.6 Research Questions

- 1) What is the level of uptake of COVID-19 vaccines in the municipality of Viana Luanda?
- 2) What are the factors which influenced the uptake of COVID-19 vaccines in Viana municipality Luanda?
- 3) What are your suggested strategies to improve the uptake of COVID-19 vaccines in the municipality of Viana Luanda?

1.7 Assumptions of the study

The researcher would get access to documentary data whenever needed during interview time.

The researcher assumes that people were cooperate positively with the researcher based on the good relationships the researcher had with all parties involved in the study.

1.8 Significance of the Study

1.8.1 The citizens

This study is important in the sense that the issue of the social factors in COVID-19 vaccine uptake is seriously affecting all the cities in Luanda. The citizens were facing challenges in terms of their own security life. These forms of behaviours negatively influence the other parts of the country therefore, the people's life was affected in all

walks of life, such as spiritual, physical, social, and emotional in the people of Viana. Thus, citizens need to be provided with tools to develop their capabilities and strengthen the community's decision-making capabilities to prepare for parenthood by providing health information to the citizen people.

1.8.2 The Government

The government was informed of the reasons why some citizens do not receive the COVID-19 vaccine in the Municipality of Viana. Thus, they were find strategies to enable them to minimize the high number of people who have not been targeted, to avoid the increase in COVID-19 cases in the country. This municipality constitutes an important potential for the development of a society or country and they will be the leaders of tomorrow, therefore, there will be a need for the government of Angola to serve its people and help them to have good health without being affected by this COVID-19 pandemic.

1.8.3 Viana Municipality

The community would benefit from this study because the information obtained in the field would be available and accessible to interested stakeholders. The study would deepen the understanding of how the uptake of the COVID-19 vaccine is very important for the citizens and the community with a view to minimizing this type of disease that had shaken the world and claimed many lives worldwide and the Municipality of Viana Luanda had not been excluded from this minimization. The Municipality were able to make community-oriented policies as the results was shared with the Municipal Medical Office (MMO) and the Provincial Medical Director (PMD) so that policy interventions

in the implementation of vaccination or munitions programs will be strengthened throughout the Municipality.

1.8.4 The Ministry of Health

This study was to inform private sectors and the Ministry of Health through the recommendations given in the research so that those sectors can enhance the vaccination policies and support the Viana Municipality to reach the coverage target through the vaccination process. The study also raises awareness on the distribution of vaccines in the whole community.

1.8.5 Academia

This study will contribute a lot to the body of literature and the area under study through the availability of new information and methodologies. The researcher will benefit as well from this research as this study will help him to achieve his qualification of his Master's degree. This study would motivate other researchers who wish to carry out the research in vaccination to have information on the same study. The Ministry of Health (MH) will also have access to the research findings after the work is approved. Other policy makers will be able to find the strategy implemented if it has succeeded and more recommendations will be there so that there is an improvement for Factors Influencing the uptake of COVID-19 vaccine in the Municipality of Viana.

1.9 Delimitation of the Study

The study was delimited in examining the social factors in COVID-19 vaccine uptake in the Municipality of Viana, Luanda-Angola. The sample constituted the citizens of Viana, the Municipality authorities, the church leaders, and the educationists, and data was generated through in-depth interviews and open-ended qualitative questionnaires.

1.10 Limitation of the Study

The researcher was carrying out the study in Angola despite being in Zimbabwe. However, the researcher established a network in Angola that offered to collaborate with the researcher in this study. The researcher hope that distance was not the limitation of this research.

1.11 Summary

This chapter was delimited in examining the social factors in COVID-19 vaccine uptake in the Municipality of Viana, Luanda-Angola. The sample constituted the citizens of Viana, the Municipality authorities, the church leaders, and the educationists. Besides, the chapter shared briefly the different points very important for better understanding on the need for tailored public health strategies that consider demographic, social, and informational factors to enhance vaccination rates in the community. This chapter presented the importance to undeading what are the factors of COVID-19 vaccine and related interventions to enhance the COVID-19 vaccine uptake in Municipality of Viana-Luanda-Angola.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter focuses on the literature related to the exploration of the factors COVID-19 vaccine uptake, and proposed interventions that respond to factors. The theoretical framework: on the social determinants of vaccine uptake often occur between racial, ethnic, cultural, and religious groups and not within groups. Though minority-itemed individuals face inequalities across the board, these are also not evenly distributed amongst minority-citizen's individuals within groups.

This provision mechanism leads to the interdependence of individuals' private provisions, creating a climate in which cultures and social norms, such as mutual trust and altruism, may come into play. However, the cultural influence on private provision remains unclear when threshold public goods also render substantial private returns to an individual's contribution, independent of the contributions of others.

2.2 Theoretical Framework

This study was guided by two frameworks. The first framework is World Health Organization, Commission on Social Determinants of Health WHO & CSDH (2008), which refers to the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness, WHO & CSDH (2008) that have indirect and direct effects on health (Braveman, 2011). Common determinants of health are access to medical care, income, education, employment, and social position (Braveman & Gottlieb, 2014). Racial and ethnic minorities face additional determinants of health, such as discrimination, which can affect behaviour and health outcomes (Braveman & Gottlieb, 2014). The SDOH included in this study are income, education level, insurance

status, having a primary care provider, loss of social and economic resources including, loss of a household member, reduced pay, and job (Gottlieb, 2014). Although they could also be labelled as social determinants, perceived racial and ethnic discrimination and health inequalities in their neighbourhoods were recognized as structural factors (CMI, 2011).

The second guiding framework is the McLeroy (1988) model. This model focuses on five levels that may influence health related behaviours and conditions: intrapersonal or individual characteristics, interpersonal, institutional, community level, and policy factors (Kallio, 2016). This research included measures that capture intrapersonal, interpersonal, institutional, and community factors. Intrapersonal factors included concerns about getting COVID-19 (Fitzpatrick, 2016). The frequency of arguing with family or friends about getting vaccinated and having a household member die from COVID-19 were interpersonal factors included that are likely to affect one's decision to be vaccinated for COVID-19 (Dhawan, 2021). Institutional factors were having health insurance and a primary care provider, which can be critical to receiving reliable information about the COVID-19 vaccine (Johnson, 2016). Community-level factors include political affiliation, perceived discrimination toward members of their own racial and ethnic groups, and perceived health inequalities within their own neighbourhood (McLeroy, 1988).

2.3 Social factors of COVID-19 vaccine uptake

The uptake of the COVID-19 vaccine is influenced by a complex interplay of social factors that shape individuals' decisions to get vaccinated (Soares, 2021). Social factors for example: social norms, peer, culture, and religions, influence and trust in institutions play a significant role in determining vaccine uptake (Viswanath, 2021). Social norms

refer to the shared beliefs and behaviours within a society regarding vaccination. Individuals are more likely to get vaccinated if they perceive that their social circle and community value and support vaccination (Latkin, 2021). Culture influence also plays a crucial role in vaccine uptake as individuals may be more inclined to get vaccinated if their friends, family members, or colleagues have been vaccinated (Monath, 2011). Trust in institutions, such as the government and healthcare providers, can impact individuals' willingness to get vaccinated. If individuals have confidence in the information provided by these institutions and believe that the vaccine is safe and effective, they are more likely to get vaccinated (Babatsikou & Loutis, 2010).

Social norms, peer influence, and trust in institutions, access to healthcare services and socioeconomic factors also play a role in vaccine uptake. Individuals who have easy access to vaccination sites and healthcare providers are more likely to get vaccinated compared to those who face barriers to accessing vaccination services (Berkowitz, 2004).

Socioeconomic factors such as income, education, and occupation can influence vaccine uptake. Individuals with higher socioeconomic status may have greater access to information about the vaccine and healthcare services, as well as the ability to take time off work to get vaccinated Fowler (2011). On the other hand, individuals with lower socioeconomic status may face barriers such as lack of transportation or paid time off, which can hinder their ability to get vaccinated (Khubchandani, 2021).

Social and economic determinants associated with vaccine uptake were also supported by (Jain, 2017). Several indicators of socioeconomic status, younger age, loss of resources, being uninsured, and not having a primary care provider were related to a lower likelihood of being vaccinated for COVID-19 (Maness, 2019). The greater hesitancy to be vaccinated for COVID-19 among individuals that were younger, had

lower-income, and educated (Khubchandani, 2021). The highlighting greater COVID-19 vaccine hesitancy among people without health insurance (Reiter, 2020). People without a primary care provider were also less likely to be vaccinated (Balser, 2021). In combination, this suggests that policies aimed at increasing and facilitating access to affordable health insurance and a primary care provider may provide people with greater opportunities to discuss any concerns and learn about their health risks from providers and other health (Thomson, 2016).

Angola expanded a programme in COVID-19 vaccine according to the World Health Organization WHO (2021) recommendations and has been vaccinating the population against this virus. The Angola expanded programme on vaccines policy is in response to changing disease patterns and Health Sector Reforms as they impact on the Health Delivery System (Gyeltshen and Sharma, 2021). The Ministry of Health says that all vaccine preparations in use in Angola was and are made available at all levels of the health care delivery system, including the private sector at all time in order for the communities to be able to access those vaccines for their family (Zola, 2022). The legal instruments such as the Social Protection and Adoption Act, Public Health Act, The Convention on the Rights of the Child provide the guidance on the prevention of infectious disease among the communities in the countries (Masresha, 2020). Despite the challenges, the Angola expanded in COVID-19 has been making a good progress in expanding the range of vaccines for citizens and useful of innovation strategies such as reaching every District, Village, Home' strategy, and other strategies, also campaigns even in the communities there are incomplete vaccination and this decline the immunisation coverage resulted in the poor uptake of vaccination among socio-cultural and religious groups (Oluwasegun, 2021).

2.4 Motivation and perceived risk of COVID-19

The important factor affecting motivation to get vaccinated is the perceived risk of COVID-19 (Sperling, 2021). Individuals who perceive themselves to be at a higher risk of contracting the virus or experiencing severe symptoms are more likely to be motivated to get vaccinated (Abusal, 2022). This perception of risk can be influenced by a variety of factors, including age, underlying health conditions, and occupation, for example, healthcare workers and individuals with pre-existing health conditions may perceive themselves to be at a higher risk of exposure to the virus and its complications, leading to a greater motivation to get vaccinated (Pikuei, 2022).

Hertogh (2021) states the perceived risk, individuals' motivation to get vaccinated can also be influenced by their beliefs and attitudes towards vaccines in general. Some individuals may have pre-existing beliefs or misconceptions about vaccines that influence their motivation to get vaccinated against COVID-19, for example, individuals who have concerns about the safety or efficacy of vaccines may be less motivated to get vaccinated (Reinich, 2021). On the other hand, individuals who have positive attitudes towards vaccines and trust in the scientific community may be more motivated to get vaccinated (Pai, 2022).

Perceived risk of COVID-19 is another important factor that can influence individuals' motivation to take precautions against the virus (Daniel, 2021). Perceived risk refers to individuals' beliefs about the likelihood and severity of contracting and spreading the virus (Pikuei, 2022). Those who perceive themselves to be at a higher risk of contracting COVID-19 or experiencing severe complications if infected are more likely to be motivated to take preventive measures (Rather, 2021). On the other hand, individuals

who underestimate the risk of COVID-19 may be less motivated to follow public health guidelines (Pikuei, 2022).

Motivation and perceived risk of COVID-19 play significant roles in shaping individuals' behaviors during the pandemic (Waterschoot, Joachim, et al. 2024). It is important for public health officials and policymakers to understand these factors and tailor their communication strategies to effectively motivate individuals to comply with preventive measures (Shah Alam, Syed, et al. 2023). By addressing individuals' motivations and perceived risks, public health campaigns can help mitigate the spread of the virus and protect the health and well-being of populations around the world (Wu, Yunfan, et al 2022).

2.5 Cultural beliefs factors of COVID-19 vaccine uptake

2.5.1 The International Convention on Social, Economic, and Cultural Rights (ICSECR)

The International Convention on Social, Economic, and Cultural Rights, is a landmark international treaty that aims to protect and promote the rights of individuals within society (Burke, 2021). The convention recognizes the inherent dignity and equal rights of all members of society, regardless of their race, culture, ethnicity, gender, religion, or socioeconomic status. It upholds the principles of non-discrimination, equality, and social justice, and seeks to ensure that all individuals have access to the resources and opportunities necessary to live a dignified life (Fass, 2011).

Freeman (2009) highlights that the convention covers a wide range of economic, social, and cultural rights, including the right to education, housing, healthcare, and social security. It also recognizes the right to work, the right to just and favourable conditions of work, and the right to participate in the cultural life of the community (Biswas, 2021).

Promoting these rights, the convention aims to create a more just and equitable society where all individuals have the opportunity to fulfil their potential and contribute to the common good (Agada, 2021). It also holds governments accountable for ensuring that these rights are guaranteed to all members of society, and provides a framework for monitoring and reporting on the implementation of these rights at the national and international levels (Singh, 2021). The United Nations Convention on the Rights of the Society (UNCRS) is a crucial instrument for promoting social justice, equality, and human dignity around the world (Feagan, 2021). Recognizing and upholding the economic, social, and cultural rights of individuals within society, the convention helps to create a more inclusive and equitable world where all individuals can thrive and fulfil their potential (Burke, 2021). It is essential for governments, civil society, and international organizations to work together to ensure that these rights are protected and promoted, so that every member of society can enjoy a life of dignity, respect, and opportunity (Nour, 2021).

Religion has played a significant role in influencing individuals' attitudes and behaviors towards vaccination uptake (Grandahl, 2018). Religious beliefs and practices can serve as enabling factors in promoting vaccine acceptance among communities (Nye, 2008). For instance, religious leaders and institutions have the power to disseminate accurate information about the safety and efficacy of vaccines, which can help dispel myths and misconceptions surrounding vaccination (Jensen, 2019). Religious teachings often emphasize the values of compassion, solidarity, and care for one another, which can motivate individuals to prioritize public health measures such as vaccination to protect the well-being of the entire community Jonas (2022). The sense of community and belonging fostered by religious institutions can create a conducive environment for promoting COVID-19 vaccination uptake (Shelton, 2013).

Religious gatherings and events can serve as platforms for educating and encouraging individuals to get vaccinated, while also providing support and resources for those who may have questions or concerns (Engels, 2008). The communal aspect of religious practices can help build trust and encourage collaboration among individuals, leading to increased adherence to vaccination guidelines and public health recommendations (Marx, 2008). The religion-enabling factors on social COVID-19 vaccine uptake highlight the potential for religion to play a positive role in promoting public health initiatives and fostering a sense of collective responsibility in the fight against the pandemic (Thinane, 2021).

2.6 Economic effects on COVID-19 vaccine uptake (predisposing factors)

2.6.1 Mass Media Exposure

Economic factor that affects vaccine uptake is the influence of businesses and employers (Oliu-Barton, Miquel, et al., 2022). Many companies had implemented vaccine mandates or incentives to encourage their employees to get vaccinated. This had the potential to not only increase vaccination rates among workers but also to improve overall public health and economic stability (Utami, Auliasari Meita, et al., 2023). The implementation of vaccine passports or proof of vaccination requirements for certain activities and events can also had economic implications (Oliu-Barton, Miquel, et al., 2022).

Furthermore, the economic effects of COVID-19 vaccine uptake can also be seen in terms of productivity and workforce health (Utami, Auliasari Meita, et al., 2023). Vaccinated individuals are less likely to become infected with the virus, reducing the risk of absenteeism and the burden on healthcare systems (Nyibil, Nyawela, et al., 2021). This can lead to a more stable and resilient workforce, which is essential for economic recovery and growth. Additionally, higher vaccination rates can help to prevent future

outbreaks and lockdowns, which can have devastating effects on businesses and the economy (Kikuvi, Chiumia et al., 2024).

The economic effects of COVID-19 vaccine uptake are far-reaching and was continue to shape the recovery and resilience of economies around the world (Isabel, Kazanga et al., 2024). Access to affordable vaccines, business incentives, and workforce health all play a critical role in increasing uptake rates and ultimately mitigating the impact of the pandemic on the global economy (Hao, Feng et al., 2022). It is imperative that policymakers, businesses, and individuals continue to prioritize vaccination efforts in order to achieve a sustainable and prosperous post-pandemic future (Shao et al., 2022).

Through public health delivery systems and mass campaigns, major institutions such as the government (e.g. the Health Ministry and Child Care) or the mass media (radio, television, and newspaper) endeavour to mobilize various social actors towards recognizing the efficacy of COVID-19 vaccine (Perez-Cuevas et al., 1999). The basic logic behind this was an increase in demand which led to more supply leading to more vaccines among countries (Das & Dasgupta, 2000). To make this effort successful people should actively demand rather than passively accepting the message (Nichter, 1995; Bonu, Rani & Baker, 2003).

According to the Centers for Disease Control (CDC, 2004) mass vaccination campaigns were boosted by National vaccinations days, improved surveillance, training of local community health workers, and door-to-door campaigns in vaccines. In order to create more awareness on the disease, prominent African football players have participated in public awareness campaigns since 2020 by distributing posters, conducting radio interviews (Nieder, 2008).

2.7 Education factors of COVID-19 vaccine uptake

2.7.1 Education

Educational attainment has also been linked to vaccine uptake rates. Individuals with higher levels of education are often more likely to have access to reliable sources of information, enabling them to make informed decisions about the vaccine (Khairat, Saif, et al, 2022). Furthermore, individuals with higher levels of education may have a better understanding of the importance of vaccination in preventing the spread of disease and may be more likely to prioritize their own health and the health of their community by choosing to receive the vaccine (Adler-Milstein, et al., 2022).

Another important education factor that influences vaccine uptake is vaccine hesitancy. Vaccine hesitancy is often driven by a lack of trust in the healthcare system or misinformation about vaccines (Halimat, Olubusola, et al., 2022). Education plays a crucial role in addressing vaccine hesitancy by providing accurate information about the safety and efficacy of vaccines (Olugbake, Adeosun, et al., 2022). By educating individuals about the importance of vaccination and debunking myths and misinformation about the COVID-19 vaccine, public health authorities can increase vaccine uptake rates and help protect communities from the spread of the virus (Adedeji-Adenola, et al., 2022).

Education plays a pivotal role in shaping individuals' decisions about the COVID-19 vaccine. Health literacy, educational attainment, and addressing vaccine hesitancy was all critical education factors that influence vaccine uptake rates (Soares, Patricia, et al 2021). By prioritizing education and providing accurate information about the COVID-19 vaccine, public health authorities can help increase vaccine uptake rates and ultimately control the spread of the virus (Soares, Patricia, et al., 2021). It is imperative that efforts

continue to be made to ensure that all individuals had access to reliable information and resources to make informed decisions about their health and well-being (Laires, Pedro, et al., 2021).

The rollout of COVID-19 vaccines has further underscored the importance of education in promoting public health and enabling communities to navigate the complexities of the pandemic (Dzinamarira, et al., 2021). Education has played a crucial role in dispelling myths and misinformation surrounding the vaccine, empowering individuals to make informed decisions about their health (Bies, 2019). Schools and universities have been instrumental in promoting vaccine literacy and encouraging students and staff to get vaccinated (Katz, 2021). The widespread dissemination of accurate information about the vaccine has been instrumental in building trust and confidence in the vaccination process, leading to higher vaccination rates and contributing to the collective effort to curb the spread of the virus (Navin, 2019). Education had emerged as a powerful enabling factor in fostering social cohesion, promoting public health, and building resilience in the face of the COVID-19 pandemic (Desai & Alva, 1998).

2.8 Needs factors on Social COVID-19 vaccine uptake

2.8.1 Perceived health and Treatment Facilities

Perceived health plays a crucial role in determining an individual's overall well-being and quality of life (Nezenega, et al., 2013). It refers to an individual's subjective assessment of their own health status, which can be influenced by a variety of factors such as genetics, lifestyle choices, and environmental factors (Buchy, 2016). Perceived health is important as it can impact an individual's behaviour, attitudes, and beliefs towards their health, as well as their willingness to seek out and engage with healthcare services (Bloom, 2005). Individuals with a positive perception of their health are more

likely to engage in healthy behaviors, such as regular exercise and a nutritious diet, while those with a negative perception may be more prone to negative health outcomes (Andre, 2008; Brown, 2011, Chopra, 2013). Several experts have highlighted a wide range of issues affecting uptake of vaccines in various settings (Bloom, 2005; Dube, 2013; Mills, 2005 & Munoz, 2015). The issues varied between and within settings due to social, economic, cultural, geographical, political, and religious factors (Mills, 2005).

It encompasses physical, mental, and emotional well-being and is influenced by a multitude of factors including personal experiences, social interactions, and societal norms (Connelly, Julia, et al., 1989). Perceived health is a crucial component of healthcare as it can impact an individual's behavior toward seeking treatment and adherence to medical advice (Alghanim, 2011). Suppose individuals perceive themselves to be in good health. In that case, they may be less likely to seek out medical treatment or preventive care, potentially leading to the development of more serious health issues in the long run (Rao, David, et al., 2006).

It is important for healthcare providers and policymakers to consider the impact of perceived health and treatment facilities on patient outcomes (Rao, David, et al., 2006). By addressing factors that contribute to positive perceptions of health such as providing culturally competent care, promoting patient education, and improving access to healthcare services, providers can enhance the overall quality of care and support patients in achieving optimal health outcomes (Peters, Bandeen-Roche, et al., 2006). Additionally, investing in the development of treatment facilities that prioritize patient-centered care and ensure equitable access to services can help to foster a healthcare system that is responsive to the diverse needs of individuals and communities (Connelly, Julia, et al., 1989). Ultimately, by recognizing and addressing the influence of perceived

health and treatment facilities, healthcare providers can work towards improving health outcomes and promoting overall well-being for all individuals (Alghanim, 2011).

2.9 Social Immunisation

Social immunisation plays a key role in the control of infectious disease and infection bacterium through the use of the vaccine preventable diseases (Masri, 2014). The disease related to morbidity and mortality places a substantial burden on healthcare systems and preventing children from becoming ill was more favourable in terms of healthcare associated costs than treating them once they were ill (Doherty, 2016). The immunisation had a direct effect by offering protection to the immunized children and an indirect effect by reducing the incidence of disease among other societies (Baudouin, 2016). The community benefited from those vaccines as a way of protecting the citizens and families with safe vaccines (ScotPho, 2008).

This concept draws upon the metaphor of vaccination, where individuals are exposed to controlled doses of antigens to build immunity to diseases (Limbu, 2022). Similarly, social immunisation involves exposing communities to diverse experiences, perspectives, and resources to build their capacity to address issues such as poverty, discrimination, and climate change (Pham, 2022). Fostering strong social networks, promoting inclusive decision-making processes, and providing access to education and employment opportunities, communities can better prepare themselves for the challenges they may face (Greenwood, 2007).

Immunisation is the recognition of the interconnectedness of individuals within a community and the importance of collective action in addressing social issues (Reading, 1994). By promoting a sense of solidarity and shared responsibility, communities can harness their collective strengths and resources to address challenges that may be too

daunting for individuals to tackle alone (Limbu, 2022). Building trust and fostering collaboration among community members can help create a supportive environment where individuals feel empowered to speak out against injustice and advocate for change (Hudson, 2021). In this way, social immunisation not only helps communities build resilience to social challenges but also fosters a sense of cohesion and solidarity that can lead to positive social transformation (Loevinsohn, 1990).

2.10 Health Education as intervention on COVID-19 vaccine uptake

Schnell (2001) states health education plays a crucial role in promoting and increasing the uptake of vaccines, especially during the COVID-19 pandemic. Understand the importance of utilizing evidence-based strategies to educate and inform the public about the safety and efficacy of vaccines (Rocha, 2021). Providing accurate and accessible information through various platforms, for example: social media, public health campaigns, and community outreach programs, we can address misinformation and misconceptions surrounding the COVID-19 vaccine (Batteux, 2022). Health education can empower individuals to make informed decisions about their health and encourage vaccine uptake to protect themselves and their communities (Ana, 2021).

Munshi & Lee (2000) emphasizes the importance of collaborating with healthcare professionals, policymakers, and community leaders to implement effective health education interventions for increasing COVID-19 vaccine uptake. Working together, we can develop strategies that prioritize equity, accessibility, and inclusivity to ensure that everyone has the opportunity to receive the vaccine (Almeida, 2021). Through our collective efforts, we can promote public health, prevent the spread of COVID-19, and ultimately, save lives (Williams, 2020).

Aspect of health education as an intervention on Covid-19 vaccine uptake is dispelling myths and misinformation (Piechotta, 2022). There are numerous false claims circulating about the vaccine, such as it alters DNA or contains microchips (Skoetz, 2022). Through education, people can learn the truth about the vaccine's safety and efficacy, leading to increased trust in the healthcare system (Bohndorf, 2022). By addressing concerns and providing transparent information, individuals are more likely to feel confident in their decision to get vaccinated (Piechotta, 2022).

The important component of health education is addressing vaccine hesitancy among specific populations (Joerg, 2022). Certain groups, such as minority communities and rural populations, may have unique concerns or barriers to vaccination (Nicole, 2022). Tailoring education campaigns to address these specific needs, we can reach a wider audience and increase overall vaccine uptake (Iannizzi, 2022). This targeted approach helps to bridge the gap in vaccine access and acceptance, ultimately leading to a higher level of protection against Covid-19 (Skoetz, 2022).

According to Piechotta (2022), to providing information about the safety and efficacy of the COVID-19 vaccine, health education can also address logistical barriers that may be preventing individuals from getting vaccinated. For example, health educators can provide information about where and how to access the vaccine, as well as addressing concerns about cost and transportation (Piechotta, 2022). Helping individuals navigate the vaccination process, health education can make it easier for people to make the choice to get vaccinated (Williams, et al., 2020)

Lynn, et al., (2020) statement, health education as an intervention can also address broader social and structural factors that may be impacting vaccine uptake. For example, health educators can advocate for policies that make vaccines more accessible to

marginalized communities, such as offering vaccine clinics in low-income neighbourhoods or providing language interpreters at vaccination sites (Lynn, et al., 2020). Addressing these systemic barriers, health education can help ensure that everyone has the opportunity to get vaccinated and protect themselves and their communities from COVID-19 (Gallant, 2020).

Rasmussen, et al., (2020), health education played a vital role in increasing COVID-19 vaccine uptake by providing individuals with the information and support they need to make informed decisions about their health. By tailoring messaging to specific populations, using multiple communication channels, and addressing logistical and structural barriers, health educators can help overcome vaccine hesitancy and ensure that everyone has access to the protection offered by the COVID-19 vaccine (Flowers, 2020). As continue to navigate the challenges of the pandemic, health education was remaining a critical tool in our efforts to control the spread of the virus and protect public health (Deakin, 2023).

2.11 Summary

This chapter reviewed the literature that looks at the social factors of COVID-19 vaccine uptake globally and it has put some effort into understanding the factors that lead to a low access of social factors of COVID-19 vaccine. Besides that, the review shared briefly the different points very important for better understanding on how different authors have been discussed about the expanded programme on COVID-19 vaccine. The study showed that there are several factors affecting the COVID-19 vaccine uptake in the communities. Other studies showed that the theory of innovation diffusion is very important for people to adopt this strategy.

CHAPTER 3: METHODOLOGY

3.1 Introduction

In this chapter, explains the data collection procedures and ethical considerations. Later the chapter introduces how data is presented, analysed, and interpreted and the summary wraps up.

3.2 Research Design

Leedy & Ormrod (2001), the qualitative research approach is the general approach the researcher takes in carrying out the research project. The three common approaches to conducting research are quantitative, qualitative, and mixed methods and from these, the researcher adopted the qualitative research approach (Leedy & Ormrod 2001:14), the qualitative research approach was chosen as the methodology because the research was centred on the human experience in social accountability and health rights. Both these elements demanded in-depth personal relations of experiences on a social matter worse off with a target of the whole community of Viana-Luanda, which made the COVID-19 vaccination component controversial. It was even more so suited for this study as it needed an in-depth understanding of inclusion matters in cultural, religious, social, and local governance norms and processes.

Thus, this approach reinforces an understanding and interpretation of meaning as well as intentions underlying human interaction between human rights duty-bearers and beneficiaries (Leedy & Ormrod, 2001). It further enabled the researcher to understand fully all the objectives of the study especially the component that sought to understand the level of active participation of the population in COVID-19 vaccination. Qualitative research is a holistic approach that involves discovery and is also described as an

unfolding model that occurs in a natural setting that enables the researcher to develop a level of detail from high involvement in the actual experiences (Creswell, 2014).

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3.3 Population and Sampling Techniques

To carry out this survey, the population of the 5 division that made up the Municipality of Viana was identified. The population of this study refers to citizens residing in the Municipality of Viana, considering from the estimated total inhabitants of Viana evaluated at 2,092,439 according to the National Institute of Statistics (INS, 2020). The growth rate of about 3% which is common in many areas in the municipality of Viana (INS, 2020). The target population had the following characteristics, the same age's group, resides in the divisions faces almost the same challenges in terms of education,

food accessibility, security issues, social pressure, environmental realities, transport issues, employment difficulties, and many others (Albandoz, 2001).

Like the advice of various research methods experts, the researcher was using a purposeful selection of participants, because the researcher felt that they could not study everyone, everywhere, and doing everything (Myers, 2013). The purposive sampling approach involves segmentation only those participants who had rich information and experiences related to their direct experience with the phenomenon the researcher was studying (Majid, 2018). In this case, the study focuses in the factors influencing the uptake of COVID-19 vaccine in the Municipality of Viana, Luanda. Purposive sampling procedures was appropriate because the researcher was able to extract from the population a targeted sample that was effectively inform the research question guiding this study (Levy, 2013).

The participants were selected from the Municipality of Viana in Luanda. In this context therefore, purposive sampling emerged as the appropriate sampling strategy for this study because it enabled the researcher to identify participants based on selected criteria of knowledgeability and richness of lived experiences with the phenomenon or the problem, that is the factors influencing the uptake of COVID-19 vaccine in the Municipality of Viana, forms and patterns of experience among the citizen in Viana (Jones, 2020).

The study focused on the inhabitants of the 5 divisions that comprise Viana Municipality. It used a combination of stratified and random sampling techniques.

The respondents were therefore categorized into the following strata according to age group:

- Youth (18-35 years)
- Adults (36-60 years)
- Old (60 years and above)
- Key informants

The researcher was purposely select different numbers of participants based on the division's population. For the key informants, data was collected from: Local leaders, community coordinator, healthcare workers, and churches leaders of leading denominations (Catholic, Anglican and Methodist).

Based on the population size of these 5 divisions, the researcher was able to determine the total sample size to participate in this study and the simple random sampling technique was being used to give equal chances to the citizens who were not participating in the vaccination program (Eastman 2006). In these calculations, a margin of error of 5%, a confidence level of 95% and a population proportion of 50% was used to obtain the sample size (Maison, 2021)

3.4 Sample Size

Given that the central objective of this study was to evaluate adherence to the vaccination strategy in the Municipality of Viana, the researcher was select doctors and nurses to participate (Berge, 2022). This study because they were in a good position to share their experiences about the vaccination program of COVID-19 in the Municipality of Viana (Patton, 1990). Believes that this method is very useful in approaching respondents so that they can provide good information (Eastman & Bailey, 2006) describe a sample as a subset of a population. Given that it is not possible to cover the entire Municipality of Viana to select all citizens from each division, the researcher was using a sample size of 127 participants calculated using the "Raosoft calculator", an online application with a

margin of error of 5%, 95% confidence interval and 50% response distribution (Olken, 1993).

Sample Size Determination: To determine a representative sample size, consider the following factors: Population Size: The reach is using the total population figure of 2,092,439. Confidence Level: Commonly used levels are 95% Margin of Error: Decided on an acceptable margin of error, typically 5% or 0.05 (Knoch, 2022).

Sample Size Calculation: Formula for sample size calculation:

Where

- ❖ (n) = required sample size
- ❖ (N) = population size (2,092,439)
- ❖ (Z) = Z-score (1.96 for 95% confidence level)
- ❖ (p) = estimated proportion of the population (0.5)
- ❖ (E) = margin of error (5% or 0.05)

- N= Sample size
- N= Population size
- E= Margin of error
- e= 5% or 0.05

$$n = \frac{N}{1 + Ne^2}$$

$$N = 2,092,439$$

$$n = \frac{2,092,439}{1 + (2,092,439 * 0.5)}$$

$$1 + (2,092,439 * 0.5)$$

$$\Rightarrow n = 1.592$$

The reach did the calculating using the above formula, then the reach obtains the sample size of the (1.592) that is representative of the Viana Municipality population, ensuring that the research findings were valid and reliable (Knoch, 2022).

The figures for population and sample in Viana Municipality, Luanda, was reference the total population, which is approximately 2,092,439 as of 2022 (Luanda-City-Report_0.pdf - Development Workshop Angola, 2020). For sampling, determine a representative sample size based on the research objectives, ensuring it reflects the demographic diversity of the municipality (Olken, 1993). The total population of Viana Municipality is approximately 2,092,439 as of 2022. This figure indicates that Viana were one of the most populous municipalities in Luanda (INS, 2020).

3.5 Data collection instruments

3.5.1 Questionnaires

The researcher are present qualitative questionnaires, originally an ethnological method for documenting and collecting material about everyday life, as a fruitful method for information studies (Patton, 2002). The method may be familiar to researchers in archival studies, but in this study the researcher was suggest that qualitative questionnaires was also a fruitful research method for information studies (Krosnick, 2018). The qualitative questionnaire consisted of open and closed questions to collect demographic statistical data to understand the characteristics of the participants (Eckerdal, 2017). This is

beneficial because it means that (age, professional experience, gender) and qualitative data was obtained. In this study on the causes of factors, the forms and patterns of the social factors in COVID-19 vaccine uptake in the Municipality of Viana (Lietz, 2010). The qualitative questionnaires were a type of written interview that was carried out by the researcher, face to face, through a telephone interview, to the selected participants in Viana (Beckett, 2007).

Since the early 20th century, qualitative questionnaires on various topics have been sent to informants, so the researcher was considering the responses to qualitative questionnaires to be rich because they consist of memories, opinions and experiences Barad (2003). Most archives that work with questionnaires had regular informants who are selected to participate in this study, such as traditional authorities, educators, and religious leaders as they were sharing their knowledge and opinions (Bavdaz, 2019).

3.5.2 Interview Guide

The researcher used interviews as a research method to generate data. The interview is an online form of data generation that was help the researcher to engage in a conversation with the aim of obtaining the participants' opinion on the subject (Mallinson, 2002).

Questioner addressed by the study. The interview was advantages as it is considered a very reliable way of accessing people's perceptions, meanings and definitions of situations and their constructions of the reality experienced by the Viana community (Rossiter, 2012). To understand others, the researcher was need the participants' construction of reality, asking them questions so that they can provide in-depth or thick descriptions of the problems in their own terms that was address the context of factions among citizens (Berryman and Kindlmann, 2008). In this case, the researcher was

seeking to know the opinions of citizens, the perspectives of the municipality and also the opinion of the authorities Wiley & Sons (2008) Instead of writing their answers, the interviewees (young and older) will provide their information verbally during online conversations using WhatsApp or email (Stawarski, 2008). Another advantage of using interviews to generate data was to provide the researcher with the opportunity to offer additional explanations about some research questions that may require clarification from participants (Willson, 2016).

The interview as a data collection instrument was appropriate for this study because the strategy is highly flexible and allows the researcher to make the necessary changes to the question mode whenever the occasion requires (Marshall and Rossman, 2006). Interviewing participants allowed the researcher to formulate questions to obtain clear, detailed answers through persistent follow-up questions (Alshenqeeti, 2014). In this study, questions were asked of young people, old people, municipal employees, and religious leaders, nurses who are influenced by social factors in COVID-19 vaccine uptake in the Municipality of Viana, in Luanda, Angola Khan (2021). To ensure trust, the researcher visits participants during leisure time, activities carried out and moments spent with friends (Drury, 2011).

3.6 Data collection procedure

This qualitative study explored the opinion of the elders, children, and young people on assessing the role of social factors in COVID-19 vaccine uptake in the Municipality of Viana, in Luanda, Angola (Cathain, 2004). For ethical reasons, permission was requested from the Viana authorities, while authorization was requested from the Research Ethics Committee of the University Africa (AUREC) to obtain access to the research site in Angola (Willson, 2014). Submission of the proposal to participants was made by the

researcher who signed the Free and Informed Consent Form (see attachment) (Hancock, 2001). The names of the 40 participants were not recorded in the questionnaire and all information collected was kept confidential and under lock and key (Miller, 2014). To collect primary data, the researcher generated data through open questionnaires with coordinator leaders, religious leaders, directors, and traditional entities Couper (2017). In-depth interviews were carried out with young people and the elderly after scheduling appointments with the participants (Phillips, 2008). Before entering the field, the researcher made sure that the research assistants understood the procedures and steps for conducting the interviews (Busetto, 2020).

3.7 Analysis and Organization of Data

Sanderson (2013) states analysis and organization of data is crucial in various fields, as it involves processing and interpreting information to extract meaningful insights. This process involves systematically examining data to identify patterns, trends, and relationships that can guide decision-making and problem-solving (Broman, 2018). To begin with, the first step in the analysis and organization of data is data collection (Machkrol, 2015). This involves gathering relevant information from various sources, such as surveys, experiments, interviews, and existing databases (Andrzejak, 2021). It is important to ensure that the data collected is accurate, reliable, and representative of the population or phenomenon being studied, (Andrzejak, 2021). Data should be collected in a systematic and organized manner to facilitate the analysis process later on (Sanderson, 2013).

The data has been collected, the next step is to clean and prepare the data for analysis. This involves removing any errors, inconsistencies, or missing values in the dataset to ensure its quality and reliability (Broman, 2018). Data cleaning is an important step in

the data analysis process as it helps to ensure that the results obtained are accurate and valid. After the data has been cleaned, the next step is data exploration (Saggar, 2018). This involves examining the data using various statistical and visualization techniques to identify patterns, trends, and relationships within the dataset (Batko, 2016). Data exploration allows researchers to gain a better understanding of the data and to generate hypotheses that were tested in subsequent analyses (Sanderson, 2013).

The analysis and organization of data is data analysis. This involves applying statistical methods and techniques to the data to test hypotheses, make predictions, and draw conclusions (Mach-krol, 2019). There were various statistical tools and software programs available that helped researchers analyse their data, such as SPSS, R, and Python. It is important to choose the appropriate statistical techniques based on the nature of the data and research questions being addressed. Once the data has been analyzed, the next step is to interpret the results (Mach-krol, 2019). This involves drawing meaningful insights from the data and communicating the findings clearly and concisely (Dahl, 2018). It is important to interpret the results in the context of the research questions and to present the findings in a way that is understandable to the intended audience (Ziora, 2015). After interpreting the results, the next step is to organize and present the data in a way that is easily understandable and visually appealing (Chluski, 2015). This may involve creating tables, charts, graphs, and other visualizations to summarize and communicate the key findings. Organizing the data in a visually appealing manner can help to enhance the readability and impact of the research findings (Broman, 2018).

To organize and present the data, it is important to critically evaluate the results and consider their implications. This involves assessing the strengths and limitations of the analysis, discussing the significance of the findings, and considering the implications for

theory, practice, and future research (Mach-krol, 2022). Critical evaluation is an important aspect of the analysis and organization of data as it helped to ensure the validity and reliability of the results. It is important to document the analysis and organization of data in a research report or paper (Broman, 2018). This involves clearly outlining the research questions, methods, findings, and conclusions in a structured and coherent manner. Proper documentation of the data analysis process is essential for transparency, reproducibility, and accountability in research (Broman, 2018).

3.8 Ethical consideration

The researcher was aware that when dealing with human beings as research participants, there were a need to observe human rights through compliance with ethical considerations (Christians, 2005). Lack of ethical considerations may cause study participants to question the reliability of research results (Borg & Gall, 1996). The research was conducted in accordance with the necessary knowledge, as well as with honesty and integrity, protection of human rights, self-determination, privacy and confidentiality, anonymity, fairness, treatment and protection from harm (Borg, 1996). For participants who wish to withdraw from their participation, they were free to withdraw without prejudice (Mertens, 2018). The investigator was refrain from presenting the problem in a way that was not belittle traditional leaders, municipal officials, and other participants, but rather was explain it in a way that was demonstrate encouragement, trust, and respect (Cacciattolo, 2015). The researcher was ensuring that participants understand the purpose of the research and was clarify the purpose and intended beneficiaries of the study (Walker, 2007). The researcher was making it clear to participants that they have the privilege of not answering any questions they feel uncomfortable answering (Holmes, 2009).

3.9 Summary

This chapter analyses the methodology. The study adopted a mixed design, describing the population and sampling procedures. According to statistical data from National Institute of Statistics NIS (2014), the population were 285,125 male and female citizens, residing in the Municipality of Viana, and the sample was purposefully selected and made up of 47 participants. Sharing the same sentiments with (Wolcott's, 1987) advice, the researcher used a small sample of purposefully selected participants to ensure in-depth and detailed qualitative data collection and analysis through persistent interviews. The chapter also used in-depth interviews and an open questionnaire to generate data that addressed the research problem (Fleming, 2018). There was reference data saturation during data generation and data collection procedures were explained, (Libby, 2012). The chapter also explains how the data was analysed and organized. The chapter discussed ethical considerations and the summary concluded in Chapter 3.

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter focused on the presentation, analysis, and interpretation of the data gathered on the topic under study. The study findings were derived from data obtained through the questionnaires that were distributed to the participants from Viana Municipality. Qualitative techniques were used. The summary statistics, empirical models, and the summary of findings are also found in this chapter.

4.2 Response and Response rate

Of the 130 questionnaires that were distributed a total of 127 were received. This high response rate of about 98% is highly acceptable being above 70% threshold which is needed for the generalization and extrapolation of research findings to the entire population (Mbataru & Wanjaru, 2013 citing Mungenda & Mungenda, 2003). The high response rate could be attributed to the researcher's presence during the administration of the questionnaire. The respondents' response review showed that of the questionnaires distributed 127 were returned and 7 key informants were further followed with interviews. Results showed that Vila de Viana had 30 participants who responded to the questionnaires, Zango had 29 participants, Bao Esperance had 19 participants, Estalagem had 25 participants, Cacuaco had 17 out of 40 participants who responded.

4.3 Response Characteristics

Response patterns were divided mainly into demographics and response patterns to questionnaire items. The latter are inclusive of frequencies as depicted by any of pie-charts, bar graphs and tables.

Respondents' Demographics

A cumulative total of 83% were 45 years of age and below. Kamal and (Esmail, 2001).

Table 1: Age of Respondents

	Frequency	Percent Valid	Percent	Cumulative Percent
15-25	30	22.6	22.6	22.6
26-35	45	35.8	35.8	58.4
36-45	26	24.8	24.8	83.2
Valid				
46-55	19	13.9	13.9	97.1
>=55	7	2.9	2.9	100.0
Total	127	100.0	100.0	

Source: Primary Data

A cumulative total of 8.8% had at least primary education and this could be an indication of a relatively high level of consciousness to vaccination or immunization as suggested in the conclusions by Mabrouka, 2011; Fatma & Chizoma (2013); Omer et al., (2014); Soundarya et al., (2014) & Chris et al., (2015). LeVine, LeVine and Schnell (2001) have attributed education and its relationship to health aspects to the capacity of good knowledge about health care described as the human capital advantage; capacity to

develop contacts with more healthcare knowledgeable people with access to healthcare services a phenomenon called social capital advantage.

Table 2: Respondents' level of education

	Frequency	Percent Valid	Percent	Cumulative Percent
Primary	13	8.8	8.8	8.8
Secondary	55	41.6	41.6	50.4
College	30	25.5	25.5	75.9
Valid				
University	14	10.2	10.2	86.1
None	15	13.9	13.9	100.0
Total	127	100.0	100.0	

Source: Primary data

Educated populations were linked to the cultural capital route that emanates from educated people developing higher and more valued skills that give them self-confidence, giving them better connections with medical providers. One would expect, therefore, that most people in the Municipality of Viana would be more conceptually competent and familiar with vaccination issues.

Table 3: Respondents' marital status

	Frequency	Percent Valid	Percent	Cumulative Percent
Never married	37	7	7	7
Married	50	53.3	53.3	54.0
Divorced	17	16.8	16.8	70.8
Valid				
Widowed	10	19.7	19.7	90.5
Other	13	9.5	9.5	100.0
Total	127	100.0	100.0	

Source: Primary data

Empirical studies in Angola in 2010 revealed the link between church attendance and vaccination, with apostolic churches having the lowest rate compared to other church categories (MHCC and WHO, 2010), Ha et al, (2009) indicated the high probability of citizens from some apostolic church groups not being immunized and the turnout of 19%, as respondents in Table 4 come from other apostolic church groups that allowed their members to attend the vaccination.

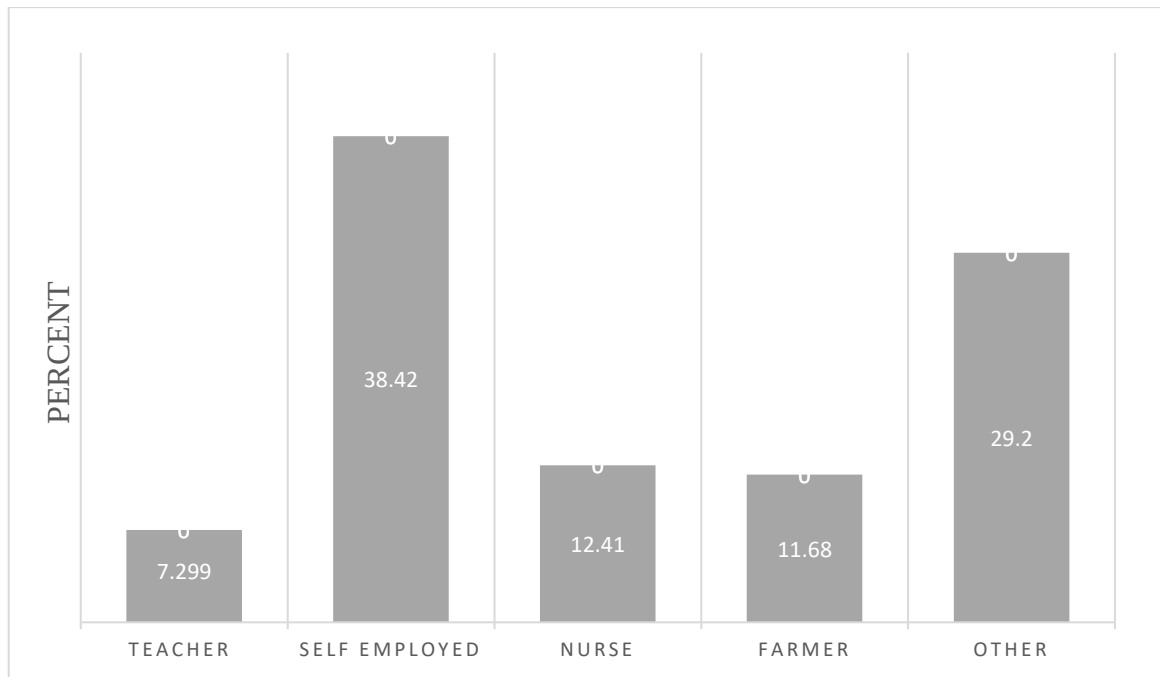
Table 4: Respondents' church of attendance

	Frequency	Percent Valid	Percent	Cumulative Percent
Catholic	45	30.7	30.7	30.7
Apostolic	23	19.0	19.0	49.6
Pentecostal	33	31.4	31.4	81.0
Valid				
Muslim	1	7	7	81.8
Other	25	18.2	18.2	100.0
Total	127	100.0	100.0	

Source: Primary data

The sample consisted of self-employed participants, with the minority in nursing and teaching professions. It was possible that professions alone did not mean much, excluding level of education. This was due to the fact that, at the time the research was conducted, formal employment levels were critically low in Angola, which implicitly meant high levels of unemployment.

Figure 1: Respondents' occupation



Source: Primary data

This necessitated consideration of the occupation criterion jointly with education level and possibly income levels; the latter case would be important where financial resources were key in the factors influencing the uptake of the COVID-19 vaccine (Ball, 2021). It was also possible that the occupation inclusive of the 'self-employed' would be significant towards the uptake of the COVID-19 vaccine as economically active people tend to influence and communicate with each other on the pertinent issue under consideration that is, uptake of the COVID-19 vaccine (Stephen, 2021)

4.3.1 Assessing the level of uptake of COVID-19 vaccines in the municipality of Viana

The study revealed that the level of COVID-19 uptake in the municipality of Viana was considered high and inconsistent compared to other municipalities in the city of Luanda-Angola. Data collected from interviewees and documentary analysis raised pending issues, funded agendas, misguided motivations for participation, as well as civil society

dominance. Beliefs, cultures, and family influences were identified as key reasons for the high number of people who did not get vaccinated against COVID-19 in Viana. Government organizations played significant and complementary roles in ensuring that the Municipality of Viana is involved in social responsibility for health in the fight against COVID-19 and that the community accesses services provided in a manner that combats the pandemic in the community. However, it is important to recognize that the Ministry of Health in Angola has done its work in combating this disease, implementing programs that can facilitate the participation and involvement of citizens in the Municipality of Viana-Luanda. Recalling that the Angolan government followed a vaccination policy throughout the country, thus following the guidance of the World Health Organization that had recommended at the time of COVID-19 so that everyone could be immunized against COVID-19, including rural areas in Angola Luanda-Viana.

4.3.2 The factors which influence the uptake of COVID-19 vaccines in Viana municipality

Religion, tradition, family influence, lack of information, and culture are a cross-cutting theme identified by the study as the root and basis of the decisive factors that influence the low involvement and participation of the community on the right to vaccination services against COVID-19 in the municipality of Viana. This theme of basic training was a cause of challenges such as education and literacy, absorption of services and information about the COVID-19 pandemic, attitudes and characteristics of citizens, lack of participation and engagement in the community and general exclusion of this demographic group in agencies and strategies that were made by the administration towards obtaining the COVID-19 vaccine. Even so, decisions were made by the people of Aria de Viana, in a way that affected the success of the vaccination against COVID-19 and the right to good health for the citizens of the municipality of Viana.

4.3.3 Strategies to improve the uptake of COVID-19 vaccine in Viana-Luanda

The study revealed that sustainable engagement and participation of the population in the Municipality of Viana on the right to health services and in the villages of Viana must be addressed, responding to the challenges that hinder progress and continuity of protection against any disease that may manifest in the future. The financial demands for the implementation of vaccines against COVID-19 and other diseases that may manifest, the high turnover of trained leaders, compromised recruitment due to academic qualifications, access and inappropriate behaviour in seeking health are some of the challenges that hinder continuity. This section will address the strategies raised in the context of the projects that have started in the Municipality of Viana-Luanda.

Presentation of Quantitative Findings

This section presents the statistics of the remainder of the questionnaire. These were divided into sub-headings that addressed themes that the researcher discretionally chose to answer the research questions or contribute to the same.

Table 5: Quantitative Findings

	Frequency	Percent Valid	Percent	Cumulative Percent
Yes	92	67.2	67.2	67.2
Valid No	35	32.8	32.8	100.0
Total	127	100.0	100.0	

Source: primary data

Table 6: Vaccination against COVID-19

	Frequency	Percent Valid	Percent	Cumulative Percent
Yes	55	32.8	32.8	32.8
Valid No	72	67.2	67.8	100.0
Total	127	100.0	100.0	

Source: primary data

The table above shows that 67.2% were people who did not received the vaccines of COVID-19 while 32.8% represented the people who received the vaccine of COVID-19. This just shows the high number of people who have not been vaccinated against Covid-19 in the Municipality of Viana.

Table 7: Immunisation program attendance

	Frequency	Percent Valid	Percent	Cumulative Percent
Yes	30	29.2	29.2	29.2
Valid No	97	70.8	70.8	70.8
Total	127	100.0	100.0	

Source: primary data

These results supported the fact that the majority of respondents 29.2% indicated that they attended immunisation programmes while (70.8%) indicated that they did not attend the programme of vaccination.

Table 8: Complications faced in area vaccination

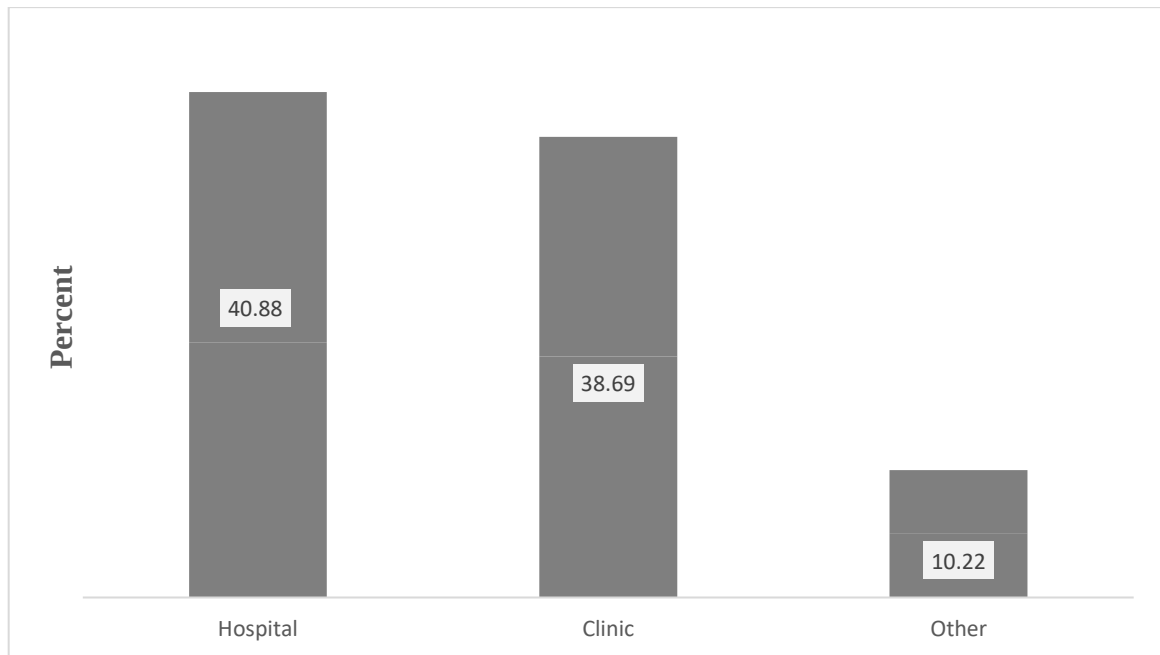
	Frequency	Percent Valid	Percent	Cumulative Percent
Yes	106	84.7	84.7	84.7
Valid No	21	15.3	15.3	100.0
Total	127	100.0	100.0	

A small minority of respondents indicating that they faced complications in the immunisation of their area 84.7% while 15.3% indicated that they did not face any complication in the immunisation of their area.

4.3.4 Level factors in the acceptance of the COVID-19 vaccine (socioeconomic effects)

The majority of respondents indicated that the vaccination site was a health unit, compared to the minority who indicated other locations.

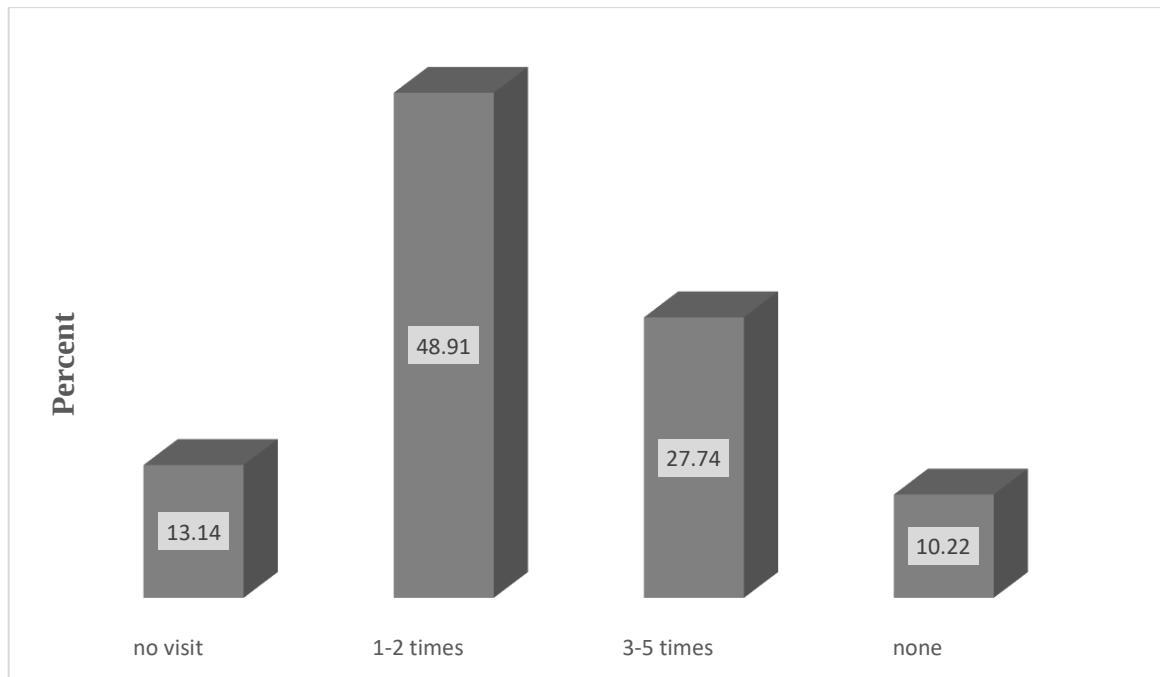
Figure 2: Place of delivery



(Source: Primary data)

Analysis of the results revealed that this could be another empirical testimony to studies by Babalola (2009); Luma (2005); Etana & Deressa (2011); Pandey & Lee (2011) and Mosand et al. (2012) which indicated that those who used health facilities were likely to have vaccinated their area. The same could explain why higher percentages were vaccinated against covid 19. This also confirmed the conclusion of Nath et al. (2007) where people in Viana were likely not vaccinated compared to municipalities in Luanda province that used a health facility for vaccination.

Figure 3: Frequency of attendance of COVID-19 vaccination services



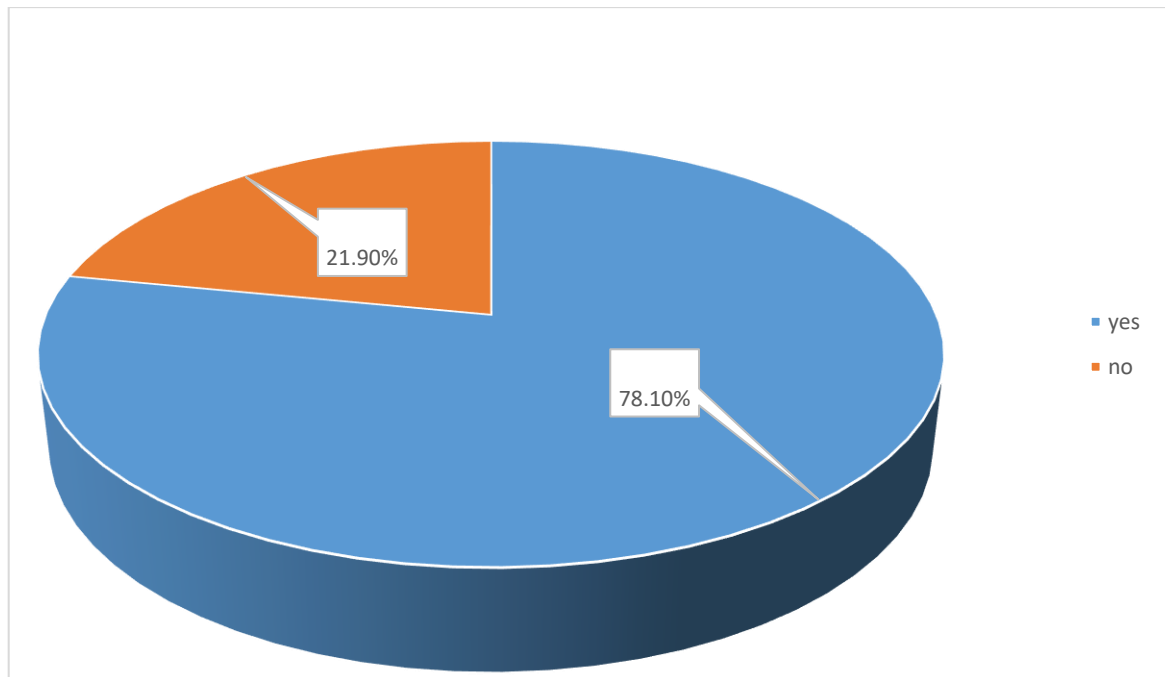
(Source: primary data)

Figure 3: Showed that 48.91% represented the population who were attending the COVID-19 vaccinations services for the community and they were able to access more information and this reflected a high percentage of citizens who attended vaccinations services.

4.3.5 Influencing factors in COVID-19 vaccination

In terms of the effects of influencing factors on the vaccination strategy, most interviewees noted that access to a health unit for sick people was high and that nurses were mainly assistants in the vaccination process in the community (Figure 4).

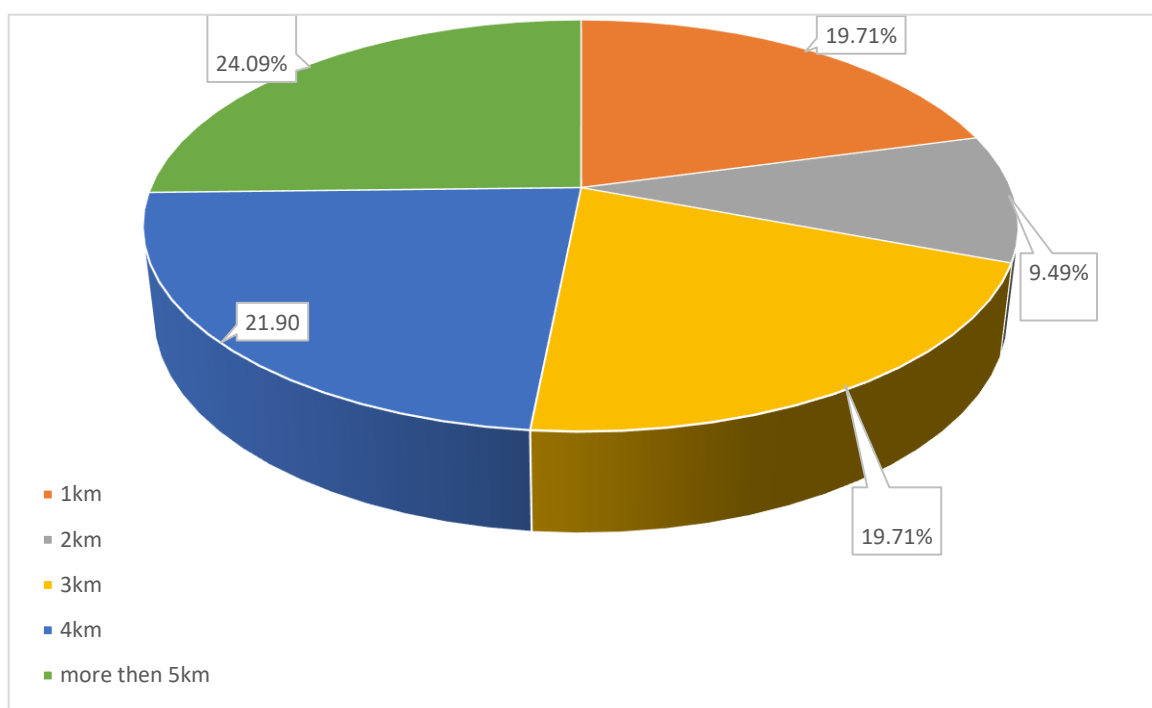
Figure 4: Figure 4: Access to health facilities of COVID-19



(Source: Primary Data)

This was also facilitated by the situation where a large majority of respondents stayed within 5 kilometres or less from the nearest health facility below on figure 6 and with most respondents indicating that they were not restrained by their church organizations from seeking the services to the clinics or health facilities for check-ups to the population below on figure 10. In the latter case the minority who were restrained could be attributed to a group of apostolic member's churches since these were in the minority as indicated in the demographic section. The assistance by specialist in health in factors influence the uptake of COVID-19 vaccine was accepted by most respondents as contributing to factors influence the uptake of COVID-19 vaccine in Viana and as a need factor.

Figure 5: Distance between family home and clinic/health facility

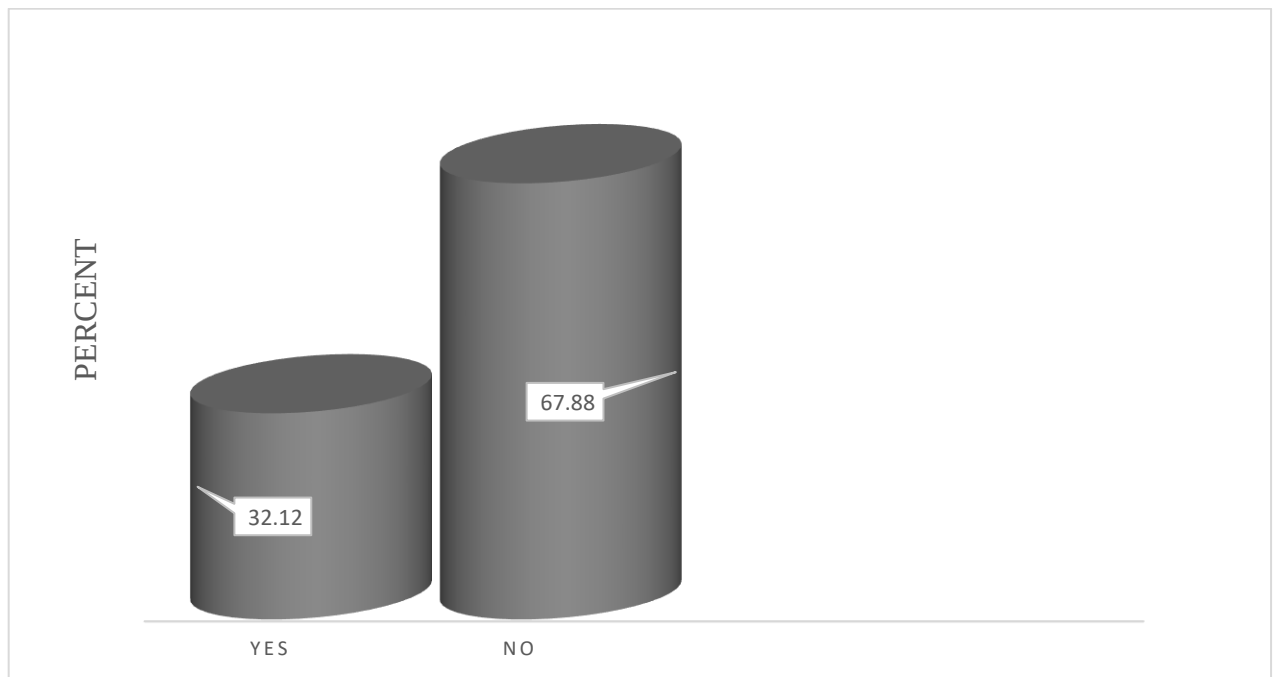


(Source: Primary data)

The role of churches was found to be positively significant in terms of enabling members to access health facilities with their family members. It is pertinent to note that although the percentage of respondents indicating apostolic was low at about 20%, this is the share of apostolic sectors unlike the Vila de Viana sectors as their churches restricted them from availing vaccination. That the restricted proportion in Table 5 may be attributed to another apostolic sector other than the Vile de Viana sector.

The payment of money for the vaccines is key to COVID-19 vaccine uptake as the payment may limit access to the unemployed.

Figure 6: Payment for COVID-19 vaccines



Are you paying money of the vaccine?

(Source: primary data)

However, more than 20% were paying for vaccines, with another category of the same magnitude failing to access some vaccines. This may also explain the lower percentages of those who did not vaccinate in the municipality of Viana.

4.4 Reliability of the Questionnaire

The questionnaire was tested on the reliability. Reliability refers to how consistent is the instruments when the same experiment is going to be repeated again. Hence, the questionnaire reflected that the same results could be obtained by the same instruments without bias. Reliability was measured using Cronbach's Alpha test. An alpha value that was considered to be reliable and was in the range of 0.5 to 1.0 showing high reliability. The questionnaire was reliable as the alpha value was 0.707 as shown below.

Table 9: Overall Reliability of the questionnaire

Cronbach's Alpha test	Cronbach's Alpha Test Based on Standardized Items	Number of Items(N)
707	769	19

4.5 Tests of Normality

In relation to whether the results were normally distributed or not, test was done and the results are shown below. Since the respondents where more than hundred the COVID 19 Test were used. Most of the data from the below table indicate that the data are not normal and so the route to use is that of non-parametric tests as the p value were less than 0.05.

Table 10: Test of Normality**Tests of Normality**

	Uptake	Covid-19			Viana		
		Statistic	Df	Sig	Statistic	Df	Sig
Effectsofenabling	8.00	260	2				
	9.00	136	17	200	955	17	547
	10.00	308	22	001	829	22	001
	11.00	205	33	001	880	33	002
	12.00	230	32	000	906	32	009
	13.00	462	26	000	436	26	000
	14.00	303	4	000	791	4	086
Effectsofenabling	9.00	349	17	000	642	17	000
	10.00	344	22	000	720	22	000
	11.00	243	33	000	12.00	392	000
	12.00	392	32	000	659	32	000
	13.00	404	26	000	661	26	000
	14.00	441	4		630	4	001
	8.00	260	2	9.00	182	17	136
Effectsofneedfactors	9.00	182	17	136	883	17	036
	10.00	317	22	000	765	22	000
	11.00	355	33	000	811	33	000
	12.00	181	32	009	912	32	013
	13.00	426	26	000	676	26	000
	14.00	214	4		963	4	798

This shows that there is a lower bound of the true significance.

Lilliefors Significance Correction

4.6 Discussion and Interpretation

4.6.1 Correlation Analysis

Correlation analyses were carried out in order to identify the existence of multicollinearity which was the existence of a relationship between the independent and dependent variables and its nature as to whether positive, negative or zero. There was a total of three independent variables (predisposing, enabling and need) and one dependent variable (COVID-19 vaccine uptake). Multi-collinearity was revealed when the independent variables were related to each other and at moderate levels this could be regarded as insignificant. However, when severe increases in regression coefficients variances may render difficulty in the interpretation of the same as this implied that they were unstable. Green (2008) recommended the exclusion of variables when multi collinearity exceeded 0.7.

Table 11:Non-parametric Correlations

Correlations						
			Uptake	Effects of pre-disposing	Effects of enabling	Effects of need factors
	Uptake	Correlation	1.000	329	468	341
		Coefficients				
		Sig.(2tailed)		000	000	000
		N	127	127	127	127

	Effects of pre-disposing	Correlation Coefficient	329	1.000	157	484
		Sig.(2tailed)		000	062	000
	Effects of enabling	N	127	127	127	127
		Correlation Coefficient	468	157	1.000	279
		Sig. (2tailed)		000	062	001
		N	127	127	127	127
	Effects of need factors					
		Correlation Coefficient	341	484	279	1.00
		Sig.(2tailed)	000	000	001	
		N	127	127	127	127

The correlation is significant at the 0.01 level (2-tailed)

(Source: Primary data)

In Table above the phenomenon of multi-collinearity was at moderate and below between the three independent variables, predisposing, enabling and needs factors and, as pointed out above these can be regarded as insignificant. The next step was to explain the remaining correlations between the three independent variables (predisposing, enabling, and need) and one dependent variable uptake of COVID-19 vaccine.

4.6.2 Level of uptake of COVID-19 vaccine and vaccination acceptance (socioeconomic effects)

A moderate and statistically significant relationship was obtained between level of uptake of COVID-19 vaccine and acceptance of the COVID-19 vaccine ($\rho = -0.329$ and $p < 0.01$ ($p = 0.00$)). Since the relationship was negative, it means that some or all of the composite elements of level of uptake of COVID-19 vaccine - which included marital status, parental age, religion, and family and vaccination location - had a negative impact on acceptance of the uptake COVID-19 vaccine. So far and as observed in the literature by Ha et al. (2020), some municipalities in the province of Luanda, such as Viana, did not have sufficient support and facilities to vaccinate citizens, but other parts or municipalities in the province of Luanda had good attendance in terms of vaccination against COVID-19. And thus allowed people in Viana to visit vaccination facilities comprised 20% of the sample of respondents, which was a factor since the Municipality of Viana restricted its members from visiting health facilities for vaccination purposes, as discerned in figure 6 above. Other elements of level of uptake of COVID-19 vaccine that may contribute to this negative correlation may be the minority who did not visit COVID-19 vaccination centres.

4.6.3 Factors influenced and Uptake of COVID-19 Vaccine

A moderate and positive relationship was elicited from the relationship through correlation between factors influenced and COVID-19 vaccine uptake ($\rho=0.468$ and $p<0.01(p=0.00)$). According to the proposed conceptual model the factors influenced include, social level, educational level, and employment status of family, wealth status and rural-urban residence. The role of social level and its positive contribution to uptake of COVID-19 vaccine was discussed in the demographic section by Mabrouka (2011); Fatma & Chizoma (2013); Omer, (2014); Soundarya, (2014) & Chris, (2015) and

LeVine, LeVine and Schnell (2001). Education level and Employment status and wealth status could also have contributed to positive of uptake of COVID-19 vaccine especially considering that some respondents indicated paying for the vaccines and more so where not all vaccines (Figure 7) could be obtained these statuses were key in overcoming unavailability as they could source them.

4.6.4 Factors influenced and uptake of COVID-19 vaccine

The relationship between COVID-19 vaccine uptake and factor influence was one of negative correlation ($\rho = -0.341$ p, 0.1 ($p=0.00$)). With composite elements of factors influenced being accessibility, perceived health status and treatment facilities it is necessary to examine the descriptive section and to try and find out which components might have contributed to the negative correlation. It is possible that the perceived health status of peoples by respondents was good implying that they did not see any need to visit vaccination facilities and hence the negative correlation. Most facilities were largely accessible as noted earlier but it could be a combination of the few who were far from the vaccination facilities (Figure 6) and the foregoing who contributed to this negative correlation.

4.7 Regression Analysis

Multiple regression analysis was deployed to assess the relationship between the combined independent variables on immunisation uptake. SPSS version 25 was used to achieve this and multiple regression as a technique can accommodate many variables (Greene, 2008).

4.7.1 Analysis of Variance (ANOVA)

The ANOVA technique is employed in order to assess the goodness of fit i.e. whether one or more independent variables have an impact on a parametric dependent variable (Sawyer, 2009)

Table 12: ANOVA (Source: primary data)

Model of items	Sum of Square	Df	Mean Square	F (Value)	Sig
Regression	68.155	3	22.718	14.302	.000
Residual	219.204	138	1.588		
Total	287.359	141			

a. Dependent Variable: Uptake

b. Predictors: (Constant), Effects of need factors, Effects of enabling, Effects of predisposing

(Source: primary data)

The F value of 14.302 at a significance of .000 is less than 0.01 and the regression model is therefore accepted as a good fit for explaining COVID-19 vaccine uptake from predisposing, enabling and need factors.

4.7.2 Model Summary

The R-Square of 0.237 indicates that about 23.7% of immunisation uptake can be explained by the listed independent variables at 0.05 significance level.

Table 13: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error Of the Estimate	Change Statistic				
					R Square Change	F Change	df 1	df 2	F Change
1	.487	.237	.221	1.26033	.237	14.302	3	138	.000

a. Predictors: (Constant), Effects of need factors, Effects of enabling, and Effects of predisposing (Source: primary data)

4.7.3 Model Coefficients

Regression coefficients are an indication of change in COVID-19 vaccine uptake when one unit of independent variable is applied whilst others are held constant. In this study the regression coefficient that would be applicable is:

$$\text{COVID-19 vaccine Uptake} = 10.834 + 0.724 \psi_1 + (\psi_2) + (\psi_3)$$

Where 10.834 is a constant

- Ψ_1 Level of uptake
- Ψ_2 Effects of factors
- Ψ_3 Effects of improve

Therefore, COVID-19 vaccine Uptake = 10.834 + 0.724 (level uptake) - 0.121 (Effects of factors) – 0.088 (Effects of improve)

However, from the table below it shows that the two independent variables namely effects of predisposing and effects of needs do not contribute much. Hence the new regression formula is:

$$\text{COVID-19 vaccine Uptake} = 10.834 + 0.724 (\text{level factors})$$

The level and factors do not appear in the equation because they are above the 0.05 level of significance.

Table 14: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig	95.0% Confidence Interval for B		
	B	Std. Error	Beta			Lower Bound	Upper Bound	

95.0% Confidence

Interval for B

By way of interpretation of the above equation it would be understandable to state that a 100% increase in enabling factors would lead to a 72.4% increase in vaccination strategy uptake assuming all the other factors are held constant.

From the above it is possible to hypothesize that in the Municipality of Viana enabling factors are negatively and significantly related to uptake of COVID-19 vaccine factors at beta 0.381.

4.9 Presentation of Data –Qualitative Analysis

The interviews of key informants were semi-structured and involved 5 participants from Viana Municipality and their profiles were as below:

- Participant 1(P1) Church leader, male
- Participant 2(P2) Health worker, male
- Participant 3(P3) Community leader
- Participant 4(P4) Community service, female
- Participant 5(P5) Sectors Nurse, female

After being guided by the research questions in accordance with the deductive approach of theory development Saunders (2016) and after progressing through the six stages summarized in the methodology chapter. It is during the six stages that some initial and intermediate themes are merged or collapsed with each other so as to possess relevance to the research questions. Some that fail to gain relevance are discarded. An attempt to answer the research questions was made through the following points which will be articulated in the sections that follow. These will include verbatim statements by the key informants. The key points generated were four after analysis the results and they are categorizing in themes as follows:

- Family as central figure
- Economic factors
- Conceptual capacity and Cognitive factors

4.7.4 Family as Central Figure

The COVID-19 vaccine uptake primarily rested with the families though other factors that could weaken the natural and caring role of the family or community. From the

findings it can be noted that the uptake was quite good within the sectors and there was an improvement. Most vaccines were available, then we can say 80% coverage within the municipality which means every year the Health facilities within the community they are trying to reach a high target in order all communities can participated in vaccination programme. Participant P5 indicated that:

- The parents are the primary target of our communications effort towards the COVID-19 vaccine strategy uptake. Parents innately attached both psychologically and physically through the maternal bond to the family. Other factors may come into play but it is patently obvious that the parents are already sold to the future survival of the family or the sons. There are other barriers to overcome such some religious denominations in which COVID-19 vaccine may not be viewed negatively per se but that spiritual interventions are believed to be mightier in terms of safeguarding against morbidity and mortality of family population. Some of these religions actually go to the extent of demonising vaccine. Other factors in the family are also needed such as education (interview with District Nurse officer, February2020).

4.7.5 Economic Factors

Economic factors such as employment, income and wealth status were key to COVID-19 vaccine uptake. Whilst employment category may not have been important in terms of income it was important for network influences. Professions such as nursing and teaching with the latter being significant in the district was perceived by key informants as being key in the community in terms of COVID-19 vaccine uptake. This was because of the education level that is requisite in attaining to such professions and which

education level precludes the chance of any ignorance about immunisation uptake. This was captured in the data item from P4 indicated that:

- Teachers, religious leaders and nurses as well as other health workers are key people in spreading the message about campaign and therefore are key community components in terms of educating those with less enlightenment or with distorted understanding and misconceptions about vaccination. The self-employed also generate income and in the process network with others and this diffusion of information is a key input in cross-education about vaccination minus the other detractions such as extremist religious beliefs (interview with Community Nurses on vaccination, February 2020).

Another key informant said that the issue of transport and fuel was a big challenge to reach all as the centre of vaccination or clinics. The Community health specialist stated the need for more vaccine's objectors. There was also the shortage of staff and poor documentation of records which created missed opportunities and defaulters. Informants also indicated that during summer season, most parents do not attend the vaccination because they will be busy in their works which reducing the coverage. Apostolic sector most of them do not allowed their members to vaccination their people.

4.7.6 Conceptual Capacity and Cognitive Factors

Conceptual capacity referred to such issues as disease morbidity and mortality as they relate to understanding the key function of vaccine. According to P1 and P3 do not understand that by resisting the vaccination of the people the latter could spread diseases that were vaccinated against.

- People may have rights to religious beliefs, values and questionably practices but when the latter as driven by values and beliefs begin to affect the community through infections

by non-vaccinated people can your religion take responsibility ... NO. When mortality from such diseases like COVID-19 increases as well as morbidity innocent people suffer at the altar of religious worship and” righteousness” it’s not fair on the innocent like youth-people who still has freedom to discard your religion if they had grown up to be adults....maybe we are being too harsh with some religious sects but there also misconceptions that may emanate from contraindications in which a few may react to certain vaccines but the bigger picture is that the vaccine provides protection to a much larger section of the community (interview with the clinics, hospitals nurses and community leaders, February 2020).

The conceptual and cognitive factors were also related to the factor of COVID-19 vaccine uptake as the data item from P2 appeared to indicate that:

- If some members of the community especially parents were to utilise the hospital or clinics they wouldn’t struggle with conflicting ideas and misconceptions from some sections of the community as they will be enlightened on the key role and need of vaccination. This type of education would be backed by community health workers and the mass media. Yes, we have networks in the day to day activities especially informal sectors at even rural business centres but how reliable are they, too much information which conflicts or is largely distorted needs a validation system to bring understanding to accurate and reliable levels. Families in some cases may need to access freedom in acquiring knowledge on their own instead of relying solely on their community’s leaders who may be victims of conceptual distortions (interview with health workers, February 2020).

Families and community can thus become independent if their educational level is elevated not necessarily educational but practical education on the need for vaccination. The community need to be aware of the need for COVID-19 vaccine uptake. From the

findings informants said that ‘My village My home’ (MVMH) programme enhanced the uptake of COVID-19 vaccine in the communities, in addition to community dialogue programme between the Village health workers and Communities and the door to door outreach programme. Influential leaders and caregivers such as churches leaders were able to influence the community to participate regularly in the programme. The village Heads could be in charge of MVMH strategy. There should be easy access of vaccines on issue of distance and religion and more outreaches need to be organized to increase awareness on vaccination and the advantages of this in the communities.

4.8 Summary

The foregoing chapter has executed the presentation of data, analyses and presentation of the same. The response rate followed by the remainder of the demographic section was presented. The descriptive section presented the statistics pertaining to the independent variables and attempts were made to explain trends in relation to the literature review. The major themes relating to vaccination were also explored as obtained from key informants. At the end the regression analysis was carried out after establishing the correlations. The model summary finally elicited enabling factors as key to explaining variation in independent factors towards influencing COVID-19 vaccine uptake at the 5% significance level. The need factors and predisposing factors could not fit into the model summary at the said significance level and so tentatively it could be surmised that the enabling factors were key to COVID-19 vaccine uptake in Luanda Province specifically in the Municipality of Viana.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary, conclusions and recommendations. It is hoped that the recommendations would be of value in crafting future strategies for COVID-19 vaccine uptake. This chapter also provided the information obtain from the key findings in this research and some recommendations.

5.2 Summary

Those recommendations supported this research based on the data that was collected and analysed. The researcher was confident that conclusions presented in this research would encourage or bring some comments on how the factors influencing the uptake of COVID-19 vaccine can be of importance to all communities in the municipality of Viana, the leaders would continue to support the communities and be able to access the vaccination for the community. The conclusions made after analysing the data were based on objectives of the study and each objective gives clear result on how the factors influencing the uptake of COVID-19 vaccine in Viana Municipality is moving forward. Also, the recommendations were made after all information being gathered together and the recommendations was made to enhance the results obtained from the field. The study also gave suggestions for further research and what need to be done and what can be improved in Viana Municipality on COVID-19 vaccine.

5.3 Conclusions

The research set out with the following research objectives based upon corresponding research questions and which were simultaneously addressed below.

What are your suggested strategies to improve the uptake of COVID-19 vaccines in the municipality of Viana Luanda?

5.3.1 The level of uptake of COVID- 19 vaccines in the Viana Municipality

According to the research framework the components of level of uptake of COVID-19 in the municipality of Viana-Luanda were provoked by the cultural, lack of information of the diseases, families influence, and religion. In terms of correlation with another community. The level of uptake of COVID-19 vaccines in the Viana Municipality had a negative effect in COVID-19 vaccine uptake. This means that the level of uptake of COVID-19 in Viana were deterrents to COVID-19 vaccine uptake.

5.3.2 Factors influenced the uptake of COVID-19 vaccines

Influenced factors emerged as positively correlated with vaccination uptake. It is therefore recommended that other programme be put into place in order to enhance influence factors for the benefit of COVID-19 vaccine uptake. They also appear as the only independent variable with impact in the uptake of COVID-19 vaccine in terms of the equation governing the relationship hence this means that they are really critical.

5.3.3 Strategies to improve the uptake of COVID-19 vaccines

With a negative correlation to vaccination uptake need to be strategic to improve upon so that they positively effect of the uptake of COVID-19 vaccines. There is need to look into accessibility of perceived health status as well as treatment facility improvements. As pointed out earlier the limitation in the accountability of the independent variables for the uptake of COVID-19 vaccines in the Viana Municipality may call for the broadening of the research framework. This could be followed by qualitative research studies whose research frameworks that is based upon the themes from the qualitative research study.

This will additionally identify the main components in the independent variables. In approaches the aim is the pragmatic need to increase the accountability factor of independent variables beyond the 23.7% in the model equation.

5.4 Implications

Based on the study, the community services in the uptake of COVID-19 vaccines in the whole Viana Municipality showed a good relationship between the Rural Health Hospitals and Clinics as those hospitals were the ones that were able to reach the communities easily. The Viana Municipality was working hard to contribute to the Sustainable Development Goals by ensuring that there was good access, equity, quality, acceptable, and affordable to all communities in the Viana Municipality in the uptake COVID-19 vaccines to achieve high coverage and prevention.

This research argued that the implementation of this programme needed to be administered with policy efficiency to check on the drop outs of vaccinations and mobilization of communities to appreciate the importance of this public health issue. Health interventions like home visits by Village Health Workers or Community Health Workers and regular vaccination outreach sessions could be more useful to all communities as they promote quality in the community. The healthcare provider was a key important factor in the COVID-19 vaccine uptake needed to update the communities and give them advices to protect their families and the health of public in general.

5.5 Recommendations

Some recommendations emerged from the above conclusions. From the model and model summary it can be noted that the factors in the research model account for 23.7% of the variances in the uptake of COVID-19 vaccines. It is evident that a lot needs to be

considered outside the research framework provisions and this is the subject of further research. However, restricting the recommendation to the research framework we make the following recommendations.

5.5.1 COVID-19 vaccine uptake

At below 80% COVID-19 vaccine uptake needs revamping or be fine-tuned. In addition, the research framework upon which the foregoing research was based on needs to be broadened so as to identify more aspects which can increase the accountability of the variables for vaccination uptake.

5.5.2 My Village My Home Village Strategy

My Village My Home (MVMH) is a community-level tool designed to provide the community and Village Health workers with a visual representation of the vaccination status of all populations in a village to be monitored so that vaccination coverage can be achieved. The use of omission measures can increase vaccination uptake in the community. Once omissions and dropouts are known in the community, interventions that are needed in the area can now be addressed and supported.

The MVMH works well as a due list that is easy to record and identifies and tracks due citizens or families for the next visit. The parents/caretakers visiting the centre can have a look at the filled-out tool and feel proud looking at the display of their family's name and it can make them active and bring their children for vaccination. The timeliness vaccination tool has been prepared in the local language with a set of self-explanatory instructions on how to use it so that the caregiver or the parents can find when the next vaccine for the population.

5.6 Suggestions for Further Research

These are the following suggestions for further Research:

- 1) Community and government-based approaches to enhance coverage rates include increasing the outreach in all communities and health educational programs need to be implemented as a way of increasing the awareness of all citizens and families and having more knowledge about vaccination and mass campaigns these can be more effective toward COVID-19 vaccine uptake.
- 2) Interventions need to be provided for example reaching every municipality to improve the COVID-19 vaccination coverage.
- 3) Enhance the My Village My Home strategy for improving the COVID-19 vaccine uptake to all communities in the municipalities and put regulations to make COVID-19 vaccine uptake a requirement for school entry and increase vaccination coverage.
- 4) The vaccination policy can be taken as an important public health intervention to protect people from disease and it has to be evaluated to make sure that it has been well implemented and adopted in place. Religious and cultural beliefs need to be taken into consideration and the communities to visit the Health Facilities to immunize community
- 5) the vaccination policy efforts can be more focused on ensuring that all citizens receive full vaccination, the Municipality or Country could attain more than 90% vaccination coverage as it is the better coverage targeted to all nations.

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Appendix 1: Informed Consent in English version

Dear Sir/Madam

My name is Anacleto Adriano Sebastiao Peliganga, a final year Master's student from AU. I am carrying out a study on Factors Influencing the Uptake of Covid-19 vaccine the Municipality of Viana, in Luanda-Angola. I am kindly asking you to participate in a research study Factors Influencing the Uptake of Covid-19 vaccine the Municipality of Viana, in Luanda-Angola.

The survey aims to collect Factors Influencing the Uptake of Covid-19 vaccine the Municipality of Viana, in Luanda-Angola. The purpose of the study is to assess whether the Municipality of Viana uptake of the Covid-19 vaccine, was successful, to examine factors which led to the success or failure in the uptake of Covid-19 vaccine in Municipality of Viana, and to make recommendations on strategies that may be used to increase strategy on how to uptake of Covid-19 in the Municipality of Viana. The survey will take about 30 min to complete. In the entire study, 130 people are being asked to participate. This study is being conducted collaboratively by Africa University.

Physical risks can occur because it refers to any potential harm that could affect a participant's physical well-being during the study. For eexamples like adiverse rexactions. If the study involves medical interventions such as drug administration or vaccinations, participants may experience side effects ranging from mild (e.g., headaches,) to severe (e.g., allergic reactions). Psychological risks also encompass emotional distress or mental health challenges that may arise during participation because pparticipants might experience stress related to their involvement in the study, particularly if they are required to disclose sensitive information or undergo evaluations

that could impact their self-esteem. Although the risk can happen, the researcher also is there to manage them.

The benefits to the subject which may reasonably be expected from the research is to know the strategy that are being created and implemented. It is also important to the authorities of Municipality of Viana-Luanda Angola to know where the problems are so that the can fill that gap by implementing the policy of National Vaccination Program.

In this research confidentiality and privacy is being highly prioritized that's why a researcher uses code to interviewing and recording participant data, and after that there is a password to open the document's file in the laptop which is known and kept by researcher only, so it means that a researcher is the only one who has the access to the data from subjects. To avoid the loss of information, all information should be kept in laptop, flash, and on email. Therefore, data are being used in writing research project and presented to the supervisor and AUREC but the identities of all research participants will remain anonymous, instead of using name, code is being used.

Participation in this study is voluntary. If participant decides not to participate in this study, their decision will not affect their future relationship with Africa University. If they chose to participate, they are free to withdraw their consent and to discontinue participation without penalty.

If you have decided to participate in this study, please sign this form in the space provide below as an indication that you have read and understood the information provided above and have agreed to participate.

Name of Research Participant

Date

Signature of Research Participant or legally authorized representative

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about the research, your rights as a research participant, or if you feel that you have been treated unfairly and would like to talk to someone other than the researcher, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email aurec@africau.edu

Name of Researcher: **Anacleto Adriano Sebastiao Peliganga**

Appendix 2: Informed consent in Portuguese version

Prezado Senhor/Senhora

Eu sou Anacleto Adriano Sebastiao Peliganga, um aluno do último ano de mestrado da AU. Estou realizando um estudo sobre Fatores que influenciam a aceitação da vacina contra a Covid-19 no Município de Viana, em Luanda-Angola. Peço gentilmente que você participe de um estudo de pesquisa Fatores que influenciam a aceitação da vacina contra a Covid-19 no Município de Viana, em Luanda-Angola.

A pesquisa tem como objetivo coletar Fatores que influenciam a aceitação da vacina contra a Covid-19 no Município de Viana, em Luanda-Angola. O objetivo do estudo é avaliar se a aceitação da vacina contra a Covid-19 pelo Município de Viana foi bem-sucedida, examinar os fatores que levaram ao sucesso ou fracasso na aceitação da vacina contra a Covid-19 no Município de Viana e fazer recomendações sobre estratégias que podem ser usadas para aumentar a estratégia sobre como aceitar a Covid-19 no Município de Viana. A pesquisa levará cerca de 30 minutos para ser concluída. Em todo o estudo, 130 pessoas estão sendo convidadas a participar. Este estudo está sendo conduzido colaborativamente pela Africa University.

Riscos físicos podem ocorrer porque se referem a qualquer dano potencial que possa afetar o bem-estar físico de um participante durante o estudo. Por exemplo, como reações diversas. Se o estudo envolver intervenções médicas, como administração de medicamentos ou vacinas, os participantes podem apresentar efeitos colaterais que variam de leves (por exemplo, dores de cabeça) a graves (por exemplo, reações alérgicas). Riscos psicológicos também abrangem sofrimento emocional ou desafios de saúde mental que podem surgir durante a participação porque os participantes podem passar por estresse relacionado ao seu envolvimento no estudo, particularmente se forem obrigados a revelar informações confidenciais ou passar por avaliações que podem impactar sua autoestima. Embora o risco possa acontecer, o pesquisador também está lá para gerenciá-los.

Os benefícios para o sujeito que podem ser razoavelmente esperados da pesquisa é conhecer a estratégia que está sendo criada e implementada. Também é importante para as autoridades do Município de Viana-Luanda Angola saber onde estão os problemas

para que possam preencher essa lacuna implementando a política do Programa Nacional de Vacinação.

Nesta pesquisa, a confidencialidade e a privacidade estão sendo altamente priorizadas, é por isso que um pesquisador usa código para entrevistar e registrar dados dos participantes, e depois disso há uma senha para abrir o arquivo do documento no laptop que é conhecido e mantido apenas pelo pesquisador, o que significa que um pesquisador é o único que tem acesso aos dados dos sujeitos. Para evitar a perda de informações, todas as informações devem ser mantidas no laptop, flash e e-mail. Portanto, os dados estão sendo usados na escrita do projeto de pesquisa e apresentados ao supervisor e à AUREC, mas as identidades de todos os participantes da pesquisa permanecerão anônimas, em vez de usar o nome, o código está sendo usado.

A participação neste estudo é voluntária. Se o participante decidir não participar deste estudo, sua decisão não afetará seu relacionamento futuro com a Africa University. Se eles escolherem participar, eles são livres para retirar seu consentimento e descontinuar a participação sem penalidade.

Se você decidiu participar deste estudo, assine este formulário no espaço fornecido abaixo como uma indicação de que você leu e entendeu as informações fornecidas acima e concordou em participar.

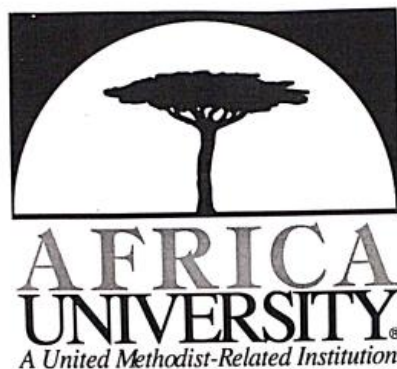
Nome do Participante da Pesquisa Data

Assinatura do Participante da Pesquisa ou representante legalmente autorizado

Se você tiver alguma dúvida sobre este estudo ou formulário de consentimento além daquelas respondidas pelo pesquisador, incluindo perguntas sobre a pesquisa, seus direitos como participante da pesquisa, ou se você sentir que foi tratado injustamente e gostaria de falar com outra pessoa que não o pesquisador, sinta-se à vontade para entrar em contato com o Comitê de Ética em Pesquisa da Africa University pelo telefone (020) 60075 ou 60026 ramal 1156 e-mail aurec@africau.edu

Nome do Pesquisador: Anacleto Adriano Sebastiao Paliganga

Appendix 3: Approval for AUREC Proposal Submission



COLLEGE OF BUSINESS, PEACE, LEADERSHIP AND GOVERNANCE

13...../.....11...../2024

Africa University Research Ethics Committee

Ref: Approval for AUREC Proposal Submission

Anacleto Adriano Sebastiao Telanga has worked on the proposal and I can confirm that it is ready for review by your esteemed committee.

Respectfully submitted,

DR K.C. MUNECA

Supervisor's Name

[Signature]

Supervisor's Signature

Dr. T. Nyikachwa

H.O.D.'s Name

[Signature]

H.O.D.'s Signature

Appendix 4: AUREC Approval letter



"Investing in Africa's future"

AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE (AUREC)

P.O. Box 1320 Mutare, Zimbabwe, Off Nyanga Road, Old Mutare-Tel (+263-20) 60075/60026/61611 Fax: (+263 20) 61785 Website: www.africau.edu

Ref: AU 3534/24

6 December, 2024

ANACLETO ADRIANO SEBASTIÃO PELIGANGA

C/O Africa University

Box 1320

MUTARE

RE: **FACTORS INFLUENCING THE UPTAKE OF COVID 19 VACCINE IN THE MUNICIPALITY OF VIANA, IN LUANDA-ANGOLA**

Thank you for the above-titled proposal you submitted to the Africa University Research Ethics Committee for review. Please be advised that AUREC has reviewed and approved your application to conduct the above research.

The approval is based on the following.

a) Research proposal

- **APPROVAL NUMBER** AUREC 3534/24
This number should be used on all correspondences, consent forms, and appropriate document

- **AUREC MEETING DATE** NA
- **APPROVAL DATE** December 6, 2024
- **EXPIRATION DATE** December 6, 2025

- **TYPE OF MEETING:** Expedited
After the expiration date, this research may only continue upon renewal. A progress report on a standard AUREC form should be submitted a month before the expiration date for renewal purposes.

- **SERIOUS ADVERSE EVENTS** All serious problems concerning subject safety must be reported to AUREC within 3 working days on the standard AUREC form.
- **MODIFICATIONS** Prior AUREC approval is required before implementing any changes in the proposal (including changes in the consent documents)
- **TERMINATION OF STUDY** Upon termination of the study a report has to be submitted to AUREC.



Yours Faithfully

MARY CHINZOU

ASSISTANT RESEARCH OFFICER: FOR CHAIRPERSON
AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE

Appendix 5: Authorization from the Administration Municipal of Viana.



GOVERNO PROVINCIAL DE LUANDA
ADMINISTRAÇÃO MUNICIPAL DE VIANA

November 15, 2024

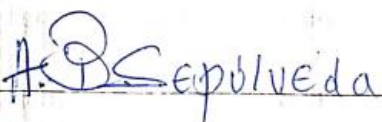
SUBJECT: Letter of Permission

Greetings, Sir/Madam

This letter is to confirm that **ANACLETO ADRIANO SEBASTIÃO PELIGANGA**, a master student in Public Policy and Governance at the Africa University (Zimbabwe) at the Institute of Business, Peace, Leadership and Governance, is an Angolan citizen with **ID CARD N: 005685310BO042**. The municipal administration of Viana is aware that he wishes to carry out his research for the purposes of the Dissertation here, therefore this letter also serves to state that Anacleto Adriano Sebastião Peliganga has received permission to carry out his studies at Municipality of Viana, Luanda Angola from now until the completion of his investigation.

Any help given to him will be greatly appreciated.

Best regard


A. D. Sepúlveda

Appendix 6: Key Informants' Interviews in English version

Interview guide for the key informants (Municipality Hospital, Church Leaders, Community Services, Community leaders, Health workers, and Clinic Nurses)

My name is Anacleto Adriano Sebastiao Peliganga, a Master's student in Masters in Public Policy and Governance at Africa University. I am carrying out my research in the Factors Influencing the uptake of COVID-19 Vaccine in the Viana Municipality. I therefore kindly request your response to the questions below, if you have any queries, please share

Instructions: You can share with me your opinions on these questions.

1. Is the campaign happening in the municipality before the vaccination is distributed? If it is there, how does it happen?

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2. To what extent is the uptake of COVID-19 vaccine in your department?

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3. Are you facing any challenges with the vaccination program in your Municipality?

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4. Are there other organizations assisting in this vaccination program in the Municipality?

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5. What other programs or policies have you implemented to ensure everyone in the community is participating in the immunization process?

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6. What are the predisposing factors that Influence the uptake of the COVID-19 vaccine in the Municipality of Viana?

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7. Are there any interventions provided to make this strategy to be successful?

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8. What do you recommend to be done on COVID-19 vaccination strategy in the Municipality?

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Appendix 7: Entrevistas com informantes-chave na versão em Portugues

Guia de entrevista para os informantes-chave (Hospital Municipal, Líderes da Igreja, Serviços Comunitários, Líderes Comunitários, Trabalhadores da Saúde e Enfermeiros Clínicos)

Meu nome é Anacleto Adriano Sebastiao Peliganga, aluno de mestrado em Políticas Públicas e Governança na Africa University. Estou realizando minha pesquisa sobre os Fatores que Influenciam a Tomada da Vacina COVID-19 no Município de Viana. Portanto, solicito gentilmente sua resposta às perguntas abaixo. Se você tiver alguma dúvida, compartilhe Instruções: Você pode compartilhar comigo suas opiniões sobre essas perguntas.

1. A campanha está acontecendo no município antes da distribuição da vacinação? Se estiver lá, como acontece?

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.....

2. Até que ponto está a aceitação da vacina contra a covid-19 no seu departamento?

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3. Você está enfrentando algum desafio com o programa de vacinação no seu município?

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4. Existem outras organizações auxiliando neste programa de vacinação no Município?

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6. Quais são os fatores predisponentes que influenciam a adesão à vacina contra a COVID-19 no Município de Viana?

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7. Há alguma intervenção prevista para tornar esta estratégia bem-sucedida?

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8. O que você recomenda que seja feito na estratégia de vacinação contra a covid-19 no Município de Viana?

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Appendix 8 : Questionnaires for participants English Version

My name is Anacleto Adriano Sebastiao Peliganga, a Master student in Masters in Public Policy and Governance at Africa University. I am carrying out my research on uptake of COVID-19 vaccine strategy in the Viana Municipality. I therefore kindly request your response to the questionnaire that I will administering. If you have any queries, I refer you to my Supervisor or Research Committee.

Section A: Demographic data about the respondent

Instructions: Please put your tick in the box to indicate your best answer and where you need to share you can just explain.

1. Indicate your age group.

A.15- 25Ages ☐

C.36-45Ages ☐

E.55 Ages-above ☐

B.26-35Ages ☐

D.46-55 Ages ☐

2. What is your level of education?

A. Primary ☐

C. College ☐

E. None ☐

B. Secondary ☐

D. University ☐

3. Please indicate your marital status.

A. Never Married ☐

C. Divorced ☐

E. Other ☐

B. Married ☐

D. Widow ☐

4. Indicate the church you are attending.

A. Catholic ☐

C. Pentecost ☐

E. Batiste Church ☐

B. Apostolic ☐

D. Muslim ☐

F. Other ☐

5. Please indicate your occupation

A. Teacher ☐

C. Nurse ☐

E. Other ☐

B. Self-employed ☐

D. Farmer ☐

Section B: The Uptake of Coved 19 Vaccine Viana Municipality.

Instructions: Please tick the best answer and where you need to explain, just share your ideas

1. Please indicate how many doses of the vaccine of Coved 19 you and your family have received:

A. 1 Dose ☐

B. 2 Doses ☐

2. Were you participating in the vaccination program?

A. YES ☐

B.NO ☐

IF, NO: why

.....

.....

.....

.....

3. Do you have the Coved 19 vaccination card?

A. YES ☐

B. NO ☐

IF NO, please share

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.....
4. What is the level of uptake of COVID-19 vaccines in the municipality of Viana Luanda?

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.....

Section C: The predisposing factors influencing the uptake of covid 19 vaccines in the Community of Viana.

Instructions: You indicate your answer by ticking and if possible, share your ideas

1. Please indicate the place of vaccination.

A. Clinic ☐

C. Heath facility ☐

B. Hospital ☐

D. Other ☐

1. What factors influenced the uptake of COVID-19 vaccines in Viana municipality Luanda?

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.....
.....

2. What is your view on improving this COVID-19 vaccine uptake in the Viana Municipality?

.....

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.....

3. Do you think the health specialists are helping in this COVID-19 vaccination strategy process in your community?

A. YES ☐

B. NO ☐

4. How did you obtain information about the COVID-19 vaccination program?

.....

.....

.....

.....

5. Were you able to access the health facility when you or your family members were not feeling well?

A YES ☐

B NO ☐

If NO, please share

.....

.....

.....

.....

6. How far is your family home from the clinic or health facility?

A 1KM ☐

C3KM ☐

E 5KM ☐

B 2KM ☐

D4KM ☐

F More than ☐

7. Does your church allow you to visit the clinic or hospital for your check-up? Answer:

A.YES ☐

B.NO ☐

IF NO, please share

.....

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.....

.....

8. Were you able to access the hospital, clinic or health facility for the vaccination program?

A.YES ☐

B.NO ☐

IF NO, please share

.....

.....

.....

.....

9. Did you pay money for your vaccines?

A. Yes ☐

B.NO ☐

IF yes, how much? Please share

.....

.....

.....
.....
10. Were you able to receive all the necessary vaccination doses within your timeframe?

A. YES ☐

B. NO ☐

Section D: Factors that facilitate the uptake of COVID-19 vaccination in the municipality of Viana.

Instructions: Please answer by explaining or marking the correct answer

1. What do you think the Ministry of Health can improve in your community in the COVID-19 vaccination program?

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.....

2. What are your suggested strategies to improve the uptake of COVID-19 vaccines in the municipality of Viana Luanda?

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Seção E: Fatores que facilitam a adesão à vacinação contra a COVID-19 no município de Viana.

Instruções: Por favor, responda explicando ou marcando a resposta correta

1. O que você acha que o Ministério da Saúde pode melhorar na sua comunidade no programa de vacinação contra a COVID-19?

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.....

.....

.....

2. Quais são as suas estratégias sugeridas para melhorar a adesão às vacinas contra a COVID-19 no município de Viana Luanda?

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THANK YOU

Appendix 9: Questionários para participantes Versão em Portuguese

Meu nome é Anacleto Adriano Sebastiao Peliganga, aluno de mestrado em Políticas Públicas e Governança na Africa University. Estou realizando minha pesquisa sobre a adoção da estratégia de vacinação contra a COVID-19 no Município de Viana. Portanto, solicito gentilmente sua resposta ao questionário que administrarei. Se você tiver alguma dúvida, encaminho você ao meu Supervisor ou Comitê de Pesquisa.

Seção A: Dados demográficos sobre o respondente

Instruções: Marque a caixa para indicar sua melhor resposta e onde você precisa compartilhar, você pode apenas explicar.

1. Indique sua faixa etária.

- | | | |
|--|--|--|
| A.15-25Idades ☐ | C.36-45Idades ☐ | E.55 Idades acima ☐ |
| B.26-35Idades ☐ | D.46-55Idades ☐ | |

2. Qual é o seu nível de educação?

- | | | |
|--|--|------------------------------------|
| A. Primário ☐ | C. Faculdade ☐ | E. Nenhum ☐ |
| B. Secundário ☐ | D. Universidade ☐ | |

3. Por favor, indique seu estado civil.

- | | | |
|--|--|-----------------------------------|
| A. Nunca se casou ☐ | C. Divorciado ☐ | E. Outro ☐ |
| B. Casado ☐ | D. Viúvo ☐ | |

4. Indique a igreja que você frequenta.

- | | | |
|--|---|--|
| A. Católico ☐ | C. Pentecostal ☐ | E. Igreja Batista ☐ |
| B. Apostólica ☐ | D. Muçulmana ☐ | F. Outra ☐ |

5. Indique a sua ocupação

- | | | |
|---|--|-----------------------------------|
| A. Professora ☐ | C. Enfermeira ☐ | E. Outra ☐ |
| B. Trabalhadora independente ☐ | D. Agricultor ☐ | |

Secção B: A aceitação da vacina contra a covid-19 no Município de Viana.

Instruções: Por favor, assinale a melhor resposta e onde precisa de explicar, apenas partilhe as suas ideias.

1. Por favor, indique quantas doses da vacina contra a covid-19 recebeu e a sua família:

A. 1 dose ☐

B. 2 doses ☐

2. Participou no programa de vacinação?

A. SIM ☐

B. NÃO ☐

SE, NÃO: por quê

.....

.....

.....

.....

3. Você teve alguma complicação em relação à vacinação contra a covid-19 no local?

A. SIM ☐

B. NÃO ☐

Se sim, compartilhe

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.....

4. Você tem o cartão de vacinação Covid 19?

A. SIM ☐

B. NÃO ☐

SE NÃO, por favor, compartilhe

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5. Em que medida a adesão à vacinação contra a COVID-19 está progredindo em sua localidade no Município de Viana?

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Seção C: Os fatores predisponentes que influenciam a aceitação da vacina contra a COVID-19 na Comunidade de Viana.

Instruções: Você indica sua resposta marcando e, se possível, compartilhe suas ideias

1. Indique o local da vacinação.

A. Clínica ☐

C. Unidade de saúde ☐

B. Hospital ☐

D. Outro ☐

2. Com que frequência você se interessou pela exposição na mídia de massa para obter mais informações sobre programas de vacinação?

A. 1-2 vezes ☐

C. 4-6 vezes ☐

E. Nenhum ☐

B. 3-4 vezes ☐

D. 7 e mais vezes ☐

3. Quais foram os fatores predisponentes da aceitação da vacina contra a COVID-19 em sua casa de família no Município de Viana?

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4. Qual é a sua opinião sobre a melhoria da vacinação contra a COVID-19 no Município de Viana?

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Seção D: Fatores que facilitam a absorção da vacinação contra a COVID-19 no município de Viana.

Instruções: Por favor, responda explicando ou marcando a resposta correta

1. Quais os efeitos dos fatores facilitadores na absorção da vacinação contra a COVID-19 no município de Viana?

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.....
.....
.....

2. Você acha que os enfermeiros estão ajudando neste processo de estratégia de vacinação contra a COVID-19 na sua comunidade?

A. SIM ☐

B. NÃO ☐

3. Como você obteve informações sobre o programa de vacinação contra a COVID-19?

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Seção E: Os efeitos dos fatores de necessidade na absorção da vacina contra a COVID-19 Instruções: Você indica sua resposta marcando, se estiver explicando, pode simplesmente marcar.

1. Você conseguiu acessar a unidade de saúde quando você ou seus familiares não estavam se sentindo bem?

A SIM ☐

B NÃO ☐

Se NÃO, por favor, compartilhe

.....
.....
.....
.....

2. Qual a distância da sua casa até a clínica ou posto de saúde?

A 1KM ☐

C3KM ☐

E 5KM ☐

B 2KM ☐

D4KM ☐

F Mais de ☐

3. A sua igreja permite que você visite a clínica ou hospital para seu check-up? Resposta:

A.SIM ☐

B.NÃO ☐

SE NÃO, por favor compartilhe

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4. Conseguiu aceder à clínica para o programa de vacinação?

A.SIM ☐

B.NÃO ☐

SE NÃO, por favor partilhe

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5. Quais os fatores de necessidade na toma da vacina contra a COVID-19 no concelho de Viana?

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6. Você pagou pelas suas vacinas?

A. Sim ☐

B. NÃO ☐

Se sim, quanto? Por favor, compartilhe

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.....

7. Você conseguiu receber todas as doses de vacinação necessárias dentro do seu prazo?

A. SIM ☐

B. NÃO ☐

8. O que você acha que o Ministério da Saúde pode melhorar em sua comunidade no programa de vacinação contra a COVID-19?

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