



---

**University of Basrah**  
**College of Nursing**

---



**Attitudes and Hesitancy From COVID-19 Vaccines  
Among Basrah University Students and Staff at Bab  
Al-Zubair Site**

**Research Submitted To**

The Council of the College of Nursing University of Basrah in  
Partial Fulfillment of the Requirements for the Bachelors  
Degree of Sciences in Nursing

**Submitted by**

Bushra Qais Ismail

Aisha Basim Jabbr

**Supervised by**

Dr. Firas Abdulkadir Jassim

**2022** A.D

**1443** A.H

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

يَا أَيُّهَا النَّاسُ قَدْ جَاءَكُمْ مَوْعِظَةٌ مِنْ رَبِّكُمْ وَشِفَاءٌ لِمَا فِي الصُّدُورِ  
وَهُدًى وَرَحْمَةٌ لِلْمُؤْمِنِينَ

صدق الله العظيم

سورة يونس (الآية ٥٧)

## الإهداء

الحمد لله والصلاة على الحبيب المصطفى محمد واله

أما بعد اهدي هذا العمل المتواضع إلى:

عائتي الكريمة التي ساندتني بكامل الحب والعطاء

رفيقات المشوار اللاتي قاسمني لحظاته

كل من علموني واستفدت منهم في حياتي العلمية والعملية

لهم جميعا حبي وامتناني

## **Supervisor's support**

I certify that this project of research "Students and Staff Fear from Covid-19 Vaccines At Bab Al-Zubair Campus-University of Basrah" was prepared under my supervision at the College of Nursing, University of Basrah.

Dr Firas A. Jassim  
University of Basrah  
Nursing College  
11 / 4 / 2022

## **Acknowledgment**

In the name of Allah the Merciful

Thanks and praise to God Almighty and Majestic first for the blessing of patience and the ability to accomplish work.

We extend my thanks and appreciation to our supervisor in the research Dr. Firas A. Jassim for all the support, guidance he provided us to complete this work as it is, it was kind to us.

We would like to extend thanks to all those who helped us in completing this research, primarily Dr. Sajjad S. Issa, Dr. Mahfoud F. Hassan and Dr. Wasfi D. Abd Ali, thanking them for their kind cooperation.

## Abstract

**Background:** As part of the global enthusiasm for vaccine Covid-19, the reluctance to vaccinate has received widespread attention from the media, the scientific community. Vaccine hesitancy poses serious challenges for achieving coverage for population immunity. The study aimed to explore the level of COVID-19 vaccine hesitancy and determine the factors and barriers that may affect vaccination decision-making.

**Methods:** A cross-sectional study involving 200 participants from university of Basrah, the study start from November 2021 till April 2022, a Closed-end questions questionnaire was used for the purpose of data collection. Analysis was made by using SPSS version 26, data was expressed in (frequency and percentage).

**Results:** The range of age of the participants was 18- 58 years old. There were (46.5%) participants with a history of COVID-19 infection. (84%) of the respondents had taken the Corona vaccine. (73%) of them had prefer Pfizer vaccine. (61 %) of the participants confidence in the company producing the vaccine. (82.5 %) of the participants were prefer taking the vaccine based on medical research. There was significant fear from taking the vaccines and their side effects. The decision for taking the vaccines were significantly affect by social media.

**Conclusions:.** Almost half of the participants were previously infected with COVID 19. The majority were vaccinated against the covid-19 and the majority of the participants were preferred American - British Pfizer vaccine. And the most of common reasons to refuse to take it was rapid development in the production of it.

## List of contents

NO	Subject	Page
	Supervisor's support	I
	Acknowledgment	II
	Abstract	III
	List of contents	IV
	List of Abbreviations and symbols	V
<b>Chapter One</b>		
1-1	Introduction	1
1-2	Objective of Study	3
<b>Chapter Two</b>		
2-1	Epidemiology	4
2-2	Clinical Features	5
2-3	Treatment	5
2-4	Prevention	6
2-5	Vaccines	6
2-6	Types of vaccines	7
2-6-1	mRNA vaccines	7
2-6-2	Viral Vector Vaccines	8
2-6-3	Inactivated Vaccines	9
2-7	Side effects of Covid-19 Vaccines	10
2-8	Contraindication of Covid-19 Vaccines	10
2-9	Previous studies	10
<b>Chapter Three</b>		
3-1	Methodology	13
3-2	Setting of the study	13
3-3	The sample of the study	13
3-4	Study instrument	13
3-5	Statistical data analysis	14
<b>Chapter Four</b>		
4-1	Results of the study	15
<b>Chapter Five</b>		
5-1	Discussion	22
<b>Chapter Six</b>		
6-1	Conclusion	23
6-2	Recommendations	23
	<b>References</b>	24
	<b>Appendices</b>	28

## List of Abbreviations and symbols

Abbreviations	Words
<b>COVID-19</b>	Corona virus disease 2019
<b>SARS-COV-2</b>	Severe acute respiratory syndrome, Corona virus 2 of the genus Beta Corona virus
<b>WHO</b>	World Health Organization
<b>EMA</b>	European Medicines Agency
<b>mRNA</b>	messenger Ribonucleic Acid
<b>FDA</b>	Food and Drug Administration
<b>%</b>	Percentage
<b>EU</b>	European Union
<b>°C</b>	Celsius
<b>F</b>	Fahrenheit
<b>PBV</b>	Pfizer–BioNTech Vaccine
<b>U.S</b>	United States
<b>LNP</b>	Lipid nano particles
<b>GSK</b>	GlaxoSmithKline (pharmaceutical company)
<b>PCR</b>	polymerase chain reaction
<b>SOB</b>	Shortness of Breath
<b>EUL</b>	Emergency Use Listing
<b>Ad26</b>	Adenovirus Serotype 26

## List of Tables

NO	Title	Page
<b>Table 1</b>	Sociodemographic Informations	15
<b>Table 2</b>	The frequent and percentage regarding Clinical features	17
<b>Table 3</b>	The frequent and percentage and mean of score regarding Positive Reaction toward COVID-19 vaccines	19
<b>Table 4</b>	The frequent and percentage and mean of score regarding Negative Reaction toward COVID-19 vaccines.	21



# **Chapter one**

Introduction

## 1-1 Introduction

In China, the Wuhan city of Hubei province reported a considerable number with the exponential increase of new cases with symptoms of fever, cough, and breathlessness. These symptoms ranged from none to very severe life-threatening <sup>(1)</sup>.

Later, the reason for these symptoms was linked to the Corona virus on February 11, 2020. WHO named it has COVID-19 caused by a Corona virus (SARS-CoV-2<sup>(2)</sup>).

COVID-19 spreads between individuals by respiratory droplets and/or physical contact. The symptoms of most cases extended from being asymptomatic to mild illness with fewer than 20% experiencing severe or life-threatening complications. Medical co morbidities such as hypertension, diabetes mellitus, cardiovascular and immunodeficiency diseases increase the severity of the illness <sup>(3)</sup>.

The COVID-19 outbreak in Iraq has caused major alarm to the country's fragile health infrastructure. Iraq reported its first case of COVID-19 on 21 February 2020 <sup>(4)</sup>. To try to control the rapid spread of pandemic, Iraqi health authorities implemented a lockdown involving some public sectors<sup>(5)</sup>. yet, failure to control the situation had led to a total lockdown as well as enforcing strict preventative measures including social distancing, face masks and banning social gatherings <sup>(6)</sup>. Infection and mortality rates hit their peaks in July and August, peaking to 12185 reported cases on 27 July 2021<sup>(7)</sup>.

The rise in cases encouraged experts to adopt various treatment protocols, though with limited success. More convenient and efficient measures to halt or possibly end COVID-19 pandemic were therefore sought, particularly development of a vaccines. Vaccines have been the cornerstone

in controlling and preventing several infectious epidemic diseases. Thus, huge efforts by global pharmaceutical companies were directed towards creating efficient and safe vaccines to address the COVID-19 pandemic. Some company's utilized old technologies in manufacturing the vaccine like live attenuated or dead virus forms, others embarked on developing advanced genetically engineered vaccines. Nonetheless, companies were under enormous pressure to speed up the production of vaccines which led to doubts in their public on their efficacy and safety. Despite of this, the urgency of the situation called for immediate initiation of vaccination protocols all over the world, including Iraq <sup>(8)</sup>. Iraq received its first COVID-19 vaccines at the end of March 2021 <sup>(9)</sup>.

The containment of the ongoing community spread of COVID-19 is only possible with adequate vaccines coverage to develop herd immunity within the community. Immunization is one of the most successful and cost-effective health interventions to prevent infectious diseases. The vaccines against COVID-19 are of great importance to avoid disease morbidity and mortality <sup>(10)</sup>. Herd immunity will require vaccination of an estimated 60% to 80% of the population <sup>(11)</sup>.

The rapid development of effective and safe COVID-19 vaccines has been noticeable. However, reluctance to vaccinate against COVID-19 could be a major obstacle to global efforts to contain it pandemic and reduce its health, social and economic consequences. Previous work indicated that the Middle East has one of the lowest acceptance rates for the COVID-19 vaccine has been attributed to conspiracy views, low vaccination rates which led to a negative attitude towards vaccination <sup>(12)</sup>.

Vaccines hesitation is a long-standing problem that poses a serious threat to global health <sup>(13)</sup>. The WHO defines vaccines hesitancy as a "delay in acceptance or refusal of safe vaccines despite availability of vaccine

services <sup>(14)</sup>. It is caused by complex, context specific factors that vary across time, place, and different vaccines, and is influenced by issues such as complacency, convenience, confidence and socio-demographic contexts <sup>(15)</sup>.

## **1-2 The objective of the study**

1. To assess the fears towards COVID-19 vaccines among Students and staff at Bab al-Zubair campus /University of Basrah.
2. To recognize the obstacles that prevents Students and staff from getting the COVID-19 vaccines.

# **Chapter Two**

Review of Literature

## 2-1 Epidemiology

COVID-19 disease involved almost all countries around the world. Like any other disease, genetic variations in population across different areas of the world may affect the COVID-19 related morbidity and mortality. Moreover, the disease surveillance system and completeness and timeliness of cases and/or deaths reports can cause differences in disease mortality and morbidity rates in different parts of the world. However, the geographical variation in COVID-19 cases and deaths is very wide following a mysterious pattern, while the prevalence of this disease is very high in the western hemisphere, the prevalence of the disease is not very high in the eastern hemisphere irrespective of the economic levels of the countries. A majority of countries with a prevalence of more than 10,000 cases per million are located in the Americas, while a small number of countries in the eastern hemisphere have such a high prevalence. The variation in the COVID-19 mortality rate is much wider than the disease prevalence in the western and eastern hemispheres. The vast of the countries with death rates of more than 200 death per million are located in the western hemisphere including the Americas and Western European countries while such a high mortality rate has rarely occurred in the countries of the eastern hemisphere <sup>(16)</sup>.

Iraq has been in the stage of wide community transmission since May 2020. As of 25 October 2020, a total of 451 707 confirmed cases, and 10 623 total deaths occurred in Iraq <sup>(17)</sup>. Worldwide, Iraq has the 17 highest total number of cases and the 19 highest number of total deaths. Also, Iraq has the 2 highest number of cumulative cases and deaths in the Eastern Mediterranean Region, after Iran. It also ranked 6 in terms of the number of cumulative cases per million population and second in terms of the number of cumulative deaths per 1 million population <sup>(18)</sup>.

## 2-2 Clinical Features

The incubation period for COVID-19 is generally within 14 days following exposure with most cases occurring approximately four to five days after exposure <sup>(19)</sup>. The median incubation period for the severe acute respiratory syndrome Corona virus 2 (SARS-CoV-2) Omicron variant appears to be slightly shorter, with symptoms first appearing at around three days. Among patients with symptomatic COVID-19, cough, myalgia, and headache are the most commonly reported symptoms. Other features, including diarrhoea, sore throat and loss of smell or taste. Mild upper respiratory symptoms (nasal congestion, sneezing) appear to be more common with the Omicron variant <sup>(20)</sup>.

Pneumonia is the most frequent serious manifestation of infection, characterized primarily by fever, cough, dyspnoea, and bilateral infiltrates on chest imaging <sup>(21)</sup>.

## 2-3 Treatment

**Treatments are not** specific and are based on the severity of illness and certain risk factors. Anti-inflammatory drugs such as corticosteroids, immunomodulating therapies, or a combination of these therapies may help combat this hyper inflammatory state than antiviral therapies <sup>(22)</sup>.

**Anticoagulation therapy** is recommended in patients with early-stage COVID-19, especially when the D-dimmer value is 4 times higher than normal. Infection, inflammation and other disease-related factors can cause over activation of coagulation, increasing the risk of augmented ischemic events and disseminated intravascular coagulation <sup>(23)</sup>.

**Chloroquine and hydroxychloroquine** have been used in the treatment and prophylaxis of a number of conditions, such as malaria for several years. As novel treatments for COVID-19 are likely to take time to develop, a number of clinical trials have been registered to investigate the effectiveness of existing medications. At present, there is insufficient evidence to recommend their use for the current pandemic outside of clinical trials. High quality studies are urgently needed to provide timely guidance for clinicians and policymakers alike <sup>(24)</sup>.

**Remdesivir** is the first medicine against COVID-19 to be recommended for authorisation in the EU. Data on remdesivir were assessed in an exceptionally short timeframe through a rolling review procedure, an approach used by EMA during public health emergencies to assess data as they become available <sup>(25)</sup>.

## 2-4 Prevention

- Physical distancing.
- Community use of well-fitting masks (e.g., barrier face coverings, procedure/surgical masks).
- Adequate ventilation.
- Avoidance of crowded indoor spaces.
- Transmission through soiled hands and surfaces can be prevented by practicing good hand hygiene and by environmental cleaning <sup>(26)</sup>.

## 2-5 Vaccines

Vaccines prevent many millions of illnesses and save numerous lives every year <sup>(27)</sup>. Conventional vaccines approaches, such as live attenuated and inactivated pathogens and subunit vaccines, provide durable



protection against a variety of dangerous diseases <sup>(28)</sup>. Despite this success, there remain major hurdles to vaccines development against a variety of infectious pathogens, especially those better able to evade the adaptive immune response <sup>(29)</sup>.

The goal of vaccines is to stimulate the adaptive immune system to create antibodies that precisely target that particular pathogen. The markers on the pathogen that the antibodies target are called antigens <sup>(30)</sup>.

## **2-6 Types of Vaccines**

Immunization against COVID-19 via vaccines will not only prevent the spread of the virus but will also limit the serious health consequences of the pandemic. Several vaccines candidates have been tested and found to be effective and safe against COVID-19. Since December 2020, different countries have begun mass vaccinations and targeted population vaccinations. Two (mRNA) vaccines, three adenovirus vector vaccines, four inactivated vaccines, and two protein subunit vaccines have been approved for use against COVID-19 at the national and international levels <sup>(31)</sup>.

### **2-6-1 mRNA vaccines**

The advantages of mRNA vaccines over traditional vaccines are ease of design, speed and lower cost of production, the induction of both cellular and humeral immunity, and lack of interaction with the genomic DNA <sup>(32)</sup>. While some mRNA vaccines, such as the Pfizer–BioNTech COVID-19 vaccine, have the disadvantage of requiring ultra cold storage before distribution <sup>(33)</sup>. Other mRNA vaccines, such as the Moderna, CureVac, and Walvax COVID-19 vaccines, do not have such requirements <sup>(34)</sup>.

- **Pfizer-BioNTech (Comirnaty)**

The PBV vaccine is produced by Pfizer, an American multinational pharmaceutical corporation based in New York, in association with the German company BioNTech<sup>(35)</sup>. The PBV is given in two doses 3 weeks apart. It is also recommended that vaccinated individuals receive a booster shot, or a third dose, within 12 months of being fully vaccinated and then annually thereafter, this vaccine is 95% efficacious in protection<sup>(36)</sup>. The PBV requires an ultra-cold temperature of  $-70\text{ }^{\circ}\text{C}$  ( $-94\text{ }^{\circ}\text{F}$ ) for storage and distribution, which imposes difficulties on its usage in certain countries. However, recent reports claim that it can be stored at a much higher temperature ( $-20\text{ }^{\circ}\text{C}$ ) for 2 weeks<sup>(37)</sup>.

The recommended age group for vaccination is  $>16$  years, although other age groups are also currently under investigation. The FDA has recently lowered the age at which people can receive Pfizer's Covid-19 vaccine in the United States to include children aged 12–15 years. This move is expected to result in millions more shots being administered<sup>(38)</sup>.

## 2-6-2 Viral vector (adenovirus) vaccines

- **AstraZeneca vaccine**

Is produced by Oxford University in cooperation with the British–Swedish company AstraZeneca, along with its Indian version<sup>(39)</sup>. It is given to individuals  $>18$  years of age in two doses was reported to have an efficacy ranging from 62 to 90%. This vaccine can be kept at refrigerator temperatures  $2\text{--}8\text{ }^{\circ}\text{C}$ , for at least six months, which makes it easy to store, transport and distribute globally<sup>(40)</sup>. The recommended schedule is two doses given intramuscularly into the deltoid muscle. According to the manufacturer's product label, the vaccine can be administered with an interval of 4 to 12 weeks<sup>(41)</sup>.

Has been recently reported that individuals diagnosed with thrombocytopenia syndrome within 3 weeks of vaccination, should be actively investigate. A clear contraindication is issued in some countries to not vaccinate such individualised for signs of thrombosis, further analysis also found another link with a condition called heparin-induced thrombocytopenia in people taking the anticoagulant heparin, as this condition requires urgent management. Mild thrombocytopenia is commonly reported in fewer than 1 in 10 vaccinated persons. The risk of thrombocytopenia syndrome is lower after the second dose, with an estimated rate of 1.7 cases per million doses <sup>(42)</sup>.

### **2-6-3 Inactivated vaccines**

Inactivated vaccines are produced using bacteria or viruses by deactivating them with heat, chemicals, or radiation. These processes terminate the pathogen's ability to replicate, leading to them being more stable and having higher safety profiles. These attributes allow for their use in immunocompromised individuals <sup>(43)</sup>.

- **Sinopharm**

Vaccine is manufactured by Sinopharm Group, which is a state-owned Chinese company, and is marketed with the cooperation of the UAE. It is an inactivated vaccine and is administered in a two-dose regimen, with the doses given 3 weeks apart by intramuscular injection. It showed an efficacy of 79.34% in China and 86% in the United Arab Emirates, besides being 100% effective in preventing moderate and severe COVID-19 cases <sup>(44)</sup>. The developers did not report any serious side effects during its phase III clinical trial or after its authorization for use <sup>(45)</sup>.

## 2-7 Side effects of Covid-19 vaccines

No serious side effects have been reported from the usage of the currently authorized vaccines. However, mild to moderate post vaccination symptoms have been reported, such as pain, swelling, and erythematic at the local injection site; fever; chills; fatigue; myalgia; arthralgia; and auxiliary lymphadenopathy. One local symptom and systemic symptoms occur in 80–90% and 55–85% of vaccinated individuals, respectively <sup>(46)</sup>. The side effects during pregnancy are similar to those that occur in no pregnant people, and there is no need for women to avoid pregnancy if vaccinated. In addition, lactating women need not avoid vaccination <sup>(47)</sup>.

## 2-8 Contraindications of Covid vaccines

It has been reported the at patients with severe hypersensitivity, such as anaphylaxis, should avoid mRNA vaccines for the time being. Hypersensitivity was reported in 0.63 and 1.5% of people vaccinated with the Pfizer–BioNTech and Moderna vaccines, respectively. Any history of anaphylaxis in response to other vaccines or inject able therapies should be assessed carefully by specialists to determine whether it represents an absolute contraindication. Anyone experiencing anaphylaxis after the first dose of a SARS-CoV-2 vaccine should not receive a second dose <sup>(48)</sup>.

## 2-9 Previous Studies

In Iraq, at 2021 a study titled (Public fear of COVID-19 vaccines in Iraqi Kurdistan region). A cross-sectional study, study aimed to determine the fear of the COVID-19 vaccination and the role of factors and reasons associated with fear in the Iraqi Kurdistan region. A total of 1188 participants responded to the questionnaire about their fears of the COVID-19 vaccine. The majority of participants had a medium level of fear

(56.7%). Fear was significantly ( $p < 0.001$ ) associated with major demographic characteristics, social media use (51.8%), and losing family members, while other variables (previous seasonal influenza vaccine, previous infection, chronic medical diseases) show no relationship. Fear of side effects such as blood clotting was reported by the majority (45.03%) and indicated positive relation ( $p < 0.016$ ). On the other hand, a high proportion, 39.9% and 34.01%, were afraid of AstraZeneca and Pfizer ( $p < 0.001$ ) respectively; however, only about 4.63% had fear of Sinopharm<sup>(49)</sup>.

A study in Turkey at 2021, (Hesitancy towards a COVID-19 vaccine among midwives in Turkey during the COVID-19 pandemic). A total of 806 midwives participated in the cross-sectional study, which was conducted online from November 2020 to January 2021, In all, 17.2% of the midwives in the study had a history of COVID-19 infection, which was confirmed by a PCR test; 69% were exposed to COVID-19 patients; 36.8% had a person diagnosed with COVID-19 with PCR in their family; and 18.1% had a relative die due to COVID-19. In the study, 16.8% of midwives considered getting the COVID-19 vaccine, while the majority (48.8%) stated they would get the vaccines once vaccine safety was established, while 10.5% stated that they did not wish to receive the vaccine. Insufficient phase studies of COVID-19 vaccine studies (75.6%) and insufficient control due to imported COVID-19 vaccines developed (48.1%) were among the most important determinants of COVID-19 vaccine reluctance<sup>(50)</sup>.

In Saudi Arabia at 2021, conducted a research study titled (COVID-19 Vaccine Hesitancy among the Adult Population in Saudi Arabia). This study was conducted to comprehensively assess Corona virus

disease 2019 (COVID-19) vaccine hesitancy in adult people who ignore the COVID-19 vaccine in the Saudi Arabian population and explore community awareness of public health after 17 million doses of COVID-19 vaccination, a cross-sectional survey was used in this study. The questionnaire included three domains: demographic information, vaccine hesitancy by the health belief model related to the COVID-19 vaccine, and hesitancy by attitude and conspiracy towards the COVID-19 vaccine. A total of 401 adults participated in this study; the respondents' perceptions of COVID-19 susceptibility and severity showed that the participants did not feel at risk nor believe that COVID-19 was serious. Connivance beliefs were found to be associated with reliance on social media as a major source of information about COVID-19 vaccines, and lack of trust in vaccine manufacturers (pharmaceutical companies). The majority of the respondents were concerned about the efficacy and safety of the COVID-19 vaccine, which can be reported as a major barrier to vaccination <sup>(51)</sup>.

# **Chapter Three**

Methodology

### **3-1 Methodology**

This study conducted at Bab Al-Zubair Campus-University of Basrah as across-sectional study involving 200 participants, 100 were students and 100 were university staff, which was collected from nine colleges at Bab Al-Zubair campus.

### **3-2 Setting of the study**

This study was carried out at Bab Al-Zubair Campus-University of Basrah, study start from November 2021 till April 2022.

### **3-3 The sample of the study**

200 participants were included Students and Staff (males and females) to recognize their fear from the Covid-19 Vaccine taking.

### **3-4 Study instrument**

A Closed-end questions questionnaire was used for the purpose of data collection. The questionnaire consist of three parts, the first part consists of 7 items related to Socio-demographic characteristics of the sample and include: age, gender, marital status, educational levels, residency, economic status and smoking .The second part of the questionnaire consists of 12 questions that are concerned the clinical features of the sample regarding Covid-19. The third part of the questionnaire consists of 17 questions related to the fear from Covid-19 vaccine. Standardized 2- points Liker scale including: YES and NO, was used for the purpose of the data analysis, the already performed questionnaire forma was distributed to 200 participants, they read the forma and answer them, the forma then collected by the researchers, each forma was scored according to the mean of scores.



### **3-5 Statistical data analysis**

Analysis was made by using SPSS (Statistical package for Social Sciences) version 26, data was expressed in (frequency and percentage). The level of significance was measured by using mean of scores.

# **Chapter Four**

Results

## 4-1 Results of the study

**Tablet (1) : Socio-demographic informations**

Items	Frequency	Percentage %
<b>Gender</b>		
Male	100	50%
Female	100	50%
<b>Age</b>		
18-27	112	56%
28-37	37	18.5%
38-47	31	15.5%
48-57	18	9%
58 and above	2	1%
<b>Marital Status</b>		
Single	114	57%
Married	86	43%
<b>Education Level</b>		
Education Staff	28	14%
Official Staff	72	36%
Student	100	50%
<b>Residency</b>		
Urban	141	70.5%
Rural	59	29.5%
<b>Economic Level</b>		
Very good	18	9.0%
Good	67	33.5%
Moderate	115	57.5%
<b>Smoking</b>		
Yes	29	14.5%
No	171	85.5%

**The table 1:** showed that 50% of the studied participants were males and 50 % were females. Regarding age intervals: 56 % were at age interval 18- 27 years, 18.5 % at 28 – 37 years, 15.5 % at 38-47 years, 9 % at 48 – 57 years and 1 % at 58 and above. 57 % were singles and 43 % were married. Regarding job; 14 % educational staff, 36 % official staff and 50 % were students.

**The table 1:** 70.5 % were living in urban areas, while 29.5 % were living in rural areas. Regarding the economic levels, they were 9 % were very good level, 33.5 % were good level and 57.5 % were moderate level. 14.5% were smokers and 85.5 % were non-smokers.

**Table 2: The frequent and percentage regarding Clinical features**

Items	Frequency	Percentage %
Chronic disease		
Yes	22	11.0%
No	178	89%
History of previous infection		
Yes	93	46.5%
No	107	53.5%
Severity		
Yes	27	13.5%
No	173	86.5%
Fever		
Yes	129	64.5%
No	71	35%
Cough		
Yes	90	45%
No	110	55%
SOB		
Yes	107	53.5%
No	93	46.5%
Sore Throat		
Yes	43	21.5%
No	157	78.5%
Runny nose		
Yes	32	16%
No	168	84%
Loss of taste		
Yes	44	22%
No	156	78%
Muscle pain		
Yes	81	40%
No	119	59%
Headache		
Yes	87	43.5%
No	113	56.5%
Tired		
Yes	108	54%
No	92	46%
Loss of smelling		
Yes	113	56.5%
No	87	43.5%

**The table 2:** showed the following: 11 % had chronic disease while 89 % of the participants had no chronic disease. 46.5 % were infected with COVID-19 while 53.5 % of the participants had not been infected with COVID-19.

**The table 2 also showed :** 13.5 % of the participants consider the disease as severe while 86.5 % of them consider the disease as not severe. 64.5 % of the participants consider the disease as causing fever while 35.5 % of them consider the disease as not causing fever. 45 % of the participants consider the disease as causing cough, while 55 % of them consider the disease as causing no cough. 53.5 % of the participants consider the disease as causing shortness of breath, while 46.5 % of them consider the disease as not causing shortness of breath. 21.5 % consider sore throat as a symptom while 78.5 % consider it as not a symptom. 16% consider runny nose as a symptom while 84 % of them consider it as not a symptom. 22 % had loss of taste and 78 % had not loss of taste. 56.5 % there had smelling loss and 43.5% had not smelling loss. Muscle pain happened in 40% and not happened in 60 %.Headache happened in 43.5% and not happened in 56.5%. 54 % were tired and 46 % were not.

**Table 3: The frequent and percentage and mean of score regarding Positive Reaction toward COVID-19 vaccines**

Items	Frequency	Percentage	Mean of score	Significance
<b>1- Did you take the Corona virus vaccine?</b>				
Yes	168	84%	2.84	S
No	32	16%		
<b>2-Which of the following vaccine do you prefer?</b>				
American - British Pfizer vaccine				
Yes	146	73%	2.19	S
British AstraZeneca vaccine				
Yes	18	9%	0.27	NS
Sinopharm (Chinese) vaccine				
Yes	36	18%	0.54	NS
<b>3-Do you have enough information about side effects of the vaccine?</b>				
Yes	104	52%	2.52	S
No	96	48%		
<b>4-Do you have confidence in the government that imports the vaccine to your country?</b>				
Yes	44	22%	2.22	S
No	156	78%		
<b>5-Do you have confidence in the company producing the vaccine?</b>				
Yes	122	61%	2.61	S
No	78	39%		
<b>6-Does increasing the number of people vaccinated against the Corona virus increase your desire to take the vaccine?</b>				
Yes	134	67%	2.67	S
No	66	33%		
<b>7-Do you prefer taking the vaccine based on medical research?</b>				
Yes	165	82.5%	2.825	S
No	35	17.5%		
<b>8-Do you prefer to take the vaccine when you know that the protection period against the virus is for a long time?</b>				
Yes	174	87%	2.87	S
No	26	13.0%		
<b>9-Do you encourage your family and friends to take the vaccine?</b>				
Yes	154	77%	2.77	S
No	46	23%		
<b>10-Does the vaccine reduce the symptoms of Corona and not infection with it?</b>				
Yes	167	83.5%	2.835	S
No	33	16.5%		
<b>11-Do you think that the vaccine contributes to the return of life to normal as it was before the pandemic?</b>				
Yes	178	89%	2.89	S
No	22	11%		

**The table 3:** showed 84 % of the participants had taken the vaccine while 16 % did not. 73 % of the participant was preferred American - British Pfizer vaccine, 9% were preferred British AstraZeneca vaccine and 18% were preferred Sinopharm vaccine. 52 % had information about side effect of the vaccine while 48 % did not have enough information. Unfortunately there were low confidence (22 %) in the government that imports the vaccine to their country. 61 % of the participants confidence in the company producing the vaccine. 67 % of the participants think that there were increasing the number of people vaccinated against the Corona virus increase their desire to take the vaccine. 82.5 % of the participants were preferred taking the vaccine based on medical research.



**Table 4: The frequent and percentage and mean of score regarding Negative Reaction toward COVID-19 vaccines.**

Items	Frequency	Percentage	Mean of score	Significance
<b>12-Are you afraid and worried from taking Covid-19 Vaccine?</b>				
Yes	139	69.5%	2.695	S
No	61	30.5%		
<b>13-Do you have a fear of the side effects of the vaccine?</b>				
Yes	102	51%	2.51	S
No	98	49%		
<b>14-Does the frequent circulating of news about vaccine counterfeiting on social media affect your decision to take the vaccine?</b>				
Yes	71	35.5%	2.355	S
No	129	64.5%		
<b>15-Is natural immunity better than acquired immunity from a vaccine?</b>				
Yes	120	60%	2.63	S
No	80	40.0%		
<b>16-Do you support that the vaccine affects the person infertility?</b>				
Yes	7	3.5%	2.035	S
No	193	96.5%		
<b>17-Do you think that the rapid development in the production of Covid-19 vaccines has a negative impact on your acceptance of the vaccine??</b>				
Yes	138	69%	2.69	S
No	62	31.0%		

**The table 4:** showed that there was significant fear from taking the vaccines and their side effects. 35.5% of the respondents to the vaccines were significantly affected by social media. 60% of the respondents think that natural immunity is better than acquired one, there was significant finding regarding this subject. Unfortunately 3.5% of the respondents think that the vaccine affect male fertility, which is wrong, believed, so we found a significant association regarding vaccine in relation to fertility. Also, 69% of the respondents to the rapid development of the vaccines affected the desire toward taking the vaccine

# **Chapter Five**

## **Discussion**

## 5-1 Discussion of the results

Our study is similar to a study done in Kurdistan at 2021, regard the Fear which was significantly associated social media use, previous infection, chronic medical diseases. But the difference with Kurdistan study that prefer Sinopharm vaccine while in our study the Pfizer vaccine were preferred <sup>(49)</sup>.

Turkish study at 2021 found that 16.8% of sample considered getting the COVID-19 vaccine, while the majority (48.8%) stated they would get the vaccine once vaccine safety was established, while 10.5% stated that they did not wish to receive the vaccines. In our study we had higher percentage in getting the vaccine which was 84 % in compare with Turkish study which was 16.8 % <sup>(50)</sup>.

Saudi Arabia study at 2021 on Covid-19 vaccination hesitancy is similar to our study in the reliance on social media as a major source of information about COVID-19 vaccines, and lack of trust in vaccine manufacturers (pharmaceutical companies). The majority of the respondents were concerned about the efficacy and safety of the COVID-19 vaccines <sup>(51)</sup>.

# **Chapter Six**

## **Conclusion & Recommendations**

## **6-1 Conclusions**

1. Almost half of the participants were previously infected with COVID 19.
2. The majority were vaccinated against the Covid-19 virus and the majority preferred American - British Pfizer vaccine.
3. The most of common reasons to refuse to take vaccine was rapid development in the production of it.
4. There were significant association with all positive items except for the items regarding the use of British AstraZeneca vaccine and Sinopharm (Chinese) vaccine as preferable vaccine were not significant because most of the respondents prefer American - British Pfizer vaccine.
5. there were significant association between the negative reaction to taking the vaccine and the rapid development of the vaccines.

## **6-2 Recommendations**

1. Raising health awareness about the vaccine to prevent Covid-19 outbreaks by various media.
2. Increasing the role of health and education institutions to reassure the public that the vaccine is effective and safe.
3. The need for further ongoing studies on vaccines and their importance to prevent the spread and elimination of Corona pandemic.

## References

1. Narapureddy B.R , Muzammil K, Alshahrani MY, Alkhathami, Ali G, Alsabaani A, AlShahrani AM , Dawria A, Nasir N, Kalyan Viswanath Reddy L, Alam MM, et al ;2021, COVID-19 Vaccine Acceptance: Beliefs and Barriers Associated with Vaccination Among the Residents of KSA,4 November 2021, COVID-19 Vaccine Acceptance: Beliefs and Barriers Associated with Vaccination Among the Residents of KSA
2. Corona virus disease - answers; 2020. Available from: <https://www.who.int/emergencies/diseases/novelCoronavirus-2019/Coronavirus-disease-answers>. Accessed November 9, 2021.
3. CDC. Certain Medical Conditions and Risk for Severe COVID-19 Illness. CDC. Available from: <https://www.cdc.gov/Coronavirus/2019-ncov/needextra-precautions/people-with-medical-conditions.html>. Accessed January 10, 2022.
4. Lami F, Rashak H.A, Khaleel H.A, *et al*; 2021, Iraq experience in handling the COVID-19 pandemic: implications of public health challenges and lessons learned for future epidemic preparedness planning. J Public Health (Bangkok).
5. Abed A.H, Abdulwahid D.A, Jassim H.A, *et al*; 2021, National health systems response to COVID-19 outbreak.
6. Al-Jumaili MHA, Hamed A.S, *et al*; 2020, Coronavirus Disease-19: Outbreaks in Iraq.
7. WHO. Iraq: Corona virus Disease 2021 (COVID-19) - Weekly Situation Report (Week 29) (19 – 25 July 2021) [EN/AR] | relief Web mobile. Available from: <https://m.reliefweb.int/report/3766143/iraq/iraq-Coronavirus-disease-2021-Covid-19-weekly-situation-report-week-29-19-25-july-2021?Lang=as>. Accessed January 10, 2022.
8. Harrison E.A and Wu J.W, *et al*; 2020, Vaccine confidence in the time of COVID-19.
9. UN Children’s Fund WHO. Iraq receives the first delivery of COVID-19 vaccines through the COVAX Facility; 2021. Available from <https://reliefweb.int/report/iraq/iraq-receives-first-delivery-Covid-19-vaccines-through-covax-facility-enarku>. Accessed January 24, 2022.
10. Harapan H, Wagner AL, Yufika A, *et al*; 2020, Acceptance of a COVID-19 vaccine in Southeast Asia: a cross-sectional study in Indonesia. Front Public Health.
11. Kim J.H, Marks F, Clemens J.D, *et al*; 2021, Looking beyond COVID-19 vaccine phase 3 trials.
12. Riad A, Schünemann H, Attia S, *et al*; 2021, COVID-19 Vaccines Safety Tracking (CoVaST): protocol of a multi-center prospective cohort study for active surveillance of COVID-19 vaccines’ side effects.
13. Klugar M, Riad A, Mekhemar M, *et al*; 2021, Side Effects of mRNA-based and viral vector-based COVID-19 vaccines among German Healthcare Workers

14. MacDonald N.E, SAGE Working Group on Vaccine Hesitancy Vaccine hesitancy, *et al*; 2015, Vaccine hesitancy: Definition, scope and determinants.
15. Larson H.J, Jarrett C, Eckersberger E, Smith DM, Paterson P, *et al*;2014, Understanding vaccine hesitancy around vaccines and vaccination from a global perspective:a systematic review of published literature, 2007- 2012.
16. Poorolajal J, *et al*;2020, *Geographical Distribution of COVID-19 Cases and Deaths Worldwide*.
17. . Public Health Directorate/Iraqi Ministry of Health COVID-19 Daily Situation Report [Internet]2020[cited 30 October 2020]
18. World Health Organization *Weekly Epidemiological Update on COVID-19* 2020(October). Available from <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20201012-weekly-epi-update-9.pdf>.
19. Li Q, Guan X, Wu P, *et al*; 2020,Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia.
20. Liu Y.C, Liao C.H, Chang C.F, *et al*;2020, A Locally Transmitted Case of SARS-CoV-2 Infection in Taiwan.
21. Guan W.J, Ni Z.Y, Hu Y, *et al*;2020, Clinical Characteristics of Coronavirus Disease 2019 in China.
22. Gandhi R.T, Lynch J.B, Del Rio C, *et al*;2020,Mild or Moderate Covid-19.
23. . Lin L, Lu L, Cao W, Li T, *et al*;2020,Hypothesis for potential pathogenesis of SARS-CoV-2 infection—a review of immune changes in patients with viral pneumonia.
24. Gbinigie K and Frie K, *et al*, 2020, Should chloroquine and hydroxychloroquine be used to treat COVID-19.
25. EMA starts rolling review of remdesivir for COVID-19 (30/04/2020)
26. Centers for Disease Control and Prevention. Scientific brief: SARS-CoV-2 transmission. 2021.Available at: <https://www.cdc.gov/Coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html>. Accessed November 16, 2021.
27. World Health Organization. Immunization coverage. World Health Organization <http://www.who.int/mediacentre/factsheets/fs378/en> (2017).
28. Plotkin S. A,*et al*;2009, Vaccines: the fourth century.
29. Rodrigues C. M. C, Pinto M.V, Sadarangani M, Plotkin S. A, *et al*;2017, Whither vaccines?.



30. Batty C.J, Heise M.T, Bachelder E.M, Ainslie K.M, *et al*;2020,Vaccine formulations in clinical development for the prevention of severe acute respiratory syndrome Coronavirus 2 infection.
31. . Dong Y, Dai T, Wei Y, Zhang L, Zheng M, Zhou F, *et al*; 2020,A Systematic Review of SARS-CoV-2 Vaccine Candidates.
32. Kramps T, Elders K , *et al*; 2017, Introduction to RNA Vaccines". RNA Vaccines: Methods and Protocols. Methods in Molecular Biology.
33. Park K.S, Sun X, Aikins M.E, Moon JJ , *et al*; 2020, Non-viral COVID-19 vaccine delivery systems". Advanced Drug Delivery Reviews.
34. Crommelin D.J, Anchordoquy T.J, Volkin D.B, Jiskoot W, Mastrobattista E , *et al*;2021,Addressing the Cold Reality of mRNA Vaccine Stability.
35. WHO COMIRNATY (Pfizer–BioNTech) Training—Tozinameran COVID-19 mRNA Vaccine (Nucleoside Modified) [(accessed on 15 December 2020)]; Availableonline: [https://www.who.int/publications/m/item/comirnaty-\(pfizer-biontech\)-training---tozinameran-Covid-19-mrnnavaccine-\(nucleoside-modified\)](https://www.who.int/publications/m/item/comirnaty-(pfizer-biontech)-training---tozinameran-Covid-19-mrnnavaccine-(nucleoside-modified)).
36. Seladi-Schulman J., Goodwin M, *et al*;2021, Why Do You Need Two Doses for Some COVID-19 Vaccines?
37. CDC Pfizer-BioNTech COVID-19 Vaccine Storage and Handling Summary. 2021)]; Availableonline:<https://www.cdc.gov/vaccines/Covid-19/info-by-product/pfizer/downloads/storage-summary.pdf>.
38. Edwards E, *et al*; 2021, FDA Authorizes Pfizer Vaccine for Children 12 to 15—NBC NEWS
39. Covishield and Covaxin: What We Know about India’s Covid-19 Vaccines - BBC News. [(accessed on 19 March 2021)]; Available online: <https://www.bbc.com/news/world-asia-india-55748124>.
40. Knoll M.D., Wonodi C, *et al*; 2021,Oxford–AstraZeneca COVID-19 vaccine efficacy. Lancet.
41. COVID-19 Vaccine AstraZeneca. Product Information as approved by the CHMP on 29 January 2021, pending endorsement by the European Commission. <https://www.ema.europa.eu/en/documents/product-information/Covid-19-vaccineastrazeneca-product-information-approved-chmp-29-january-2021-pending-endorsement-en.pdf>, accessed 1 February 2021.
42. COVID-19 Vaccine Weekly Safety Report—Australian Government, Department of Health. [(accessed on 24 May 2021)]; Available online:

- <https://www.tga.gov.au/periodic/Covid-19-vaccine-Weekly-Safety-Report-20-05-2021>.
43. Inactivated virus vaccines from chemistry to prophylaxis: merits, risks and challenges. Delrue I, Verzele D, Madder A, Nauwynck HJ. *Expert Rev Vaccines*. 2012 Jun.
44. China State-Backed Covid Vaccine Has 86% Efficacy, UAE Says—Bloomberg. [(accessed on 10 January 2021)]; 2020 Available online: <https://www.bloomberg.com/news/articles/2020-12-09/uae-says-sinopharm-vaccine-has-86-efficacy-against-Covid-19>.
45. China's Sinopharm COVID-19 Vaccine Safe with No Serious Side Effects: Cambodian Spokesperson—XinhuaNet. [(accessed on 25 March 2021)]; Available online: [http://www.xinhuanet.com/english/2021-03/09/c\\_139797953.htm](http://www.xinhuanet.com/english/2021-03/09/c_139797953.htm).
46. CDC-Vaccines and Immunizations Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events: Janssen COVID-19 Vaccine. [(accessed on 23 March 2021)]; Available online: <https://www.cdc.gov/vaccines/Covid-19/info-by-product/janssen/reactogenicity.html>
47. Gray K.J, Bordt E.A, Atyeo C, Deriso E, Akinwunmi B, Young N, Baez A.M, Shook L.L, Cvrk D, James K, *et al*; 2021, Coronavirus disease 2019 vaccine response in pregnant and lactating women: A cohort study.
48. Baden L.R, El Sahly H.M, Essink B, Kotloff K, Frey S, Novak R, Diemert D, Spector S.A, Roupael N, Creech C.B, *et al*; 2021, Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine.
49. Tahir A. I, Ramadhan D. S , Taha A. A , Abdullah R.Y, Karim S .K , Ahmed A. K, Ahmed S.F, *et al*; 2021, Public fear of COVID-19 vaccines in Iraqi Kurdistan region.
50. Kaya L , Kartal Y.A, *et al*; Hesitancy towards a COVID-19 vaccine among midwives in Turkey during the COVID-19 pandemic: A cross-sectional web-based survey
51. Alrajeh A. M, Daghsh Hanan , Buanz S. F , Altharman H , Belal S, *et al*; 2021, COVID-19 Vaccine Hesitancy Among the Adult Population in Saudi Arabia,

# Appendices

## Appendices A

Students and staff fear from Covid-19 vaccines at Bab Al-Zubair Campus  
University of Basrah

-Sex Male  female

-The age

- Marital Status single  Married

-Educational level teaching  staff  student

-Accommodation center  outskirts

-Economic status. Weak  good.  very good

-Are you cigarette smokers? Yes  No

---

---

-Do you have chronic diseases? Yes  No

-Have you ever had a new Corona virus? Yes  No

-If your answer was yes ,was it severe? Yes  No

-Any of these signs and symptoms if you find evidence of a person getting infected with the virus (you can choose more than one answer)?

Fever  Cough  Shortness of breath  Sore throat

Runny nose  Loss of taste  Loss of smelling  Headache

Muscle pain

---

Questionnaire	Yes	No
1-Did you take the Corona virus vaccine?		
2- Which of the following vaccine do you prefer?		
American - British Pfizer vaccine		
British AstraZeneca vaccine		
Sinopharma (Chinese) vaccine		
3-Are you afraid and worried from taking Covid-19 Vaccine?		
4-Do you have a fear of the side effects of the vaccine?		
5- Do you have enough information about the benefits and risks of the vaccine?		
6-Do you think that the rapid development in the production of Covid-19 vaccines has a negative impact on your acceptance of the vaccine?		
7- Does the frequent circulating of news about vaccine counterfeiting on social media affect your decision to take the vaccine?		
8-Do you have confidence in the government that imports the vaccine to your country?		
9-Do you have confidence in the company producing the vaccine?		
10- Is natural immunity better than acquired immunity from a vaccine?		
11-Does increasing the number of people vaccinated against the Corona virus increase your desire to take the vaccine?		
12- Do you prefer taking the vaccine based on medical research?		

13- Do you prefer to take the vaccine when you know that the protection period against the virus is for a long time?		
14- Do you encourage your family and friends to take the vaccine?		
15- Does the vaccine reduce the symptoms of Corona and not infection with it?		
16- Do you think that the vaccine contributes to the return of life to normal as it was before the pandemic?		
17- Do you support that the vaccine affects the person infertile?		

## استمارة استبيان

خوف الطلبة والموظفين من لقاءات كوفيد-19 في مجمع باب الزبير – جامعة البصرة

-الجنس  ذكر  أنثى

-العمر

-الحالة الاجتماعية أعزب  متزوج

المستوى التعليمي  تدريسي  موظف  طالب

السكن  مركز  أطراف

-الحالة الاقتصادية جيد  متوسط  جيد جدا

- هل تعاني من أمراض مزمنة؟ نعم  لا

-هل أنت من مدخني السجائر؟ نعم  لا

-هل سبقت لك الإصابة بفيروس كورونا المستجد؟ نعم  لا

- إذا كانت إجابتك ب نعم هل كانت إصابتك شديدة؟ نعم  لا

-اي من هذه العلامات والأعراض إن وجدت دلت على أصابت الشخص بالفيروس (يمكنك اختيار أكثر من جواب واحد)؟

ارتفاع درجة حرارة الجسم  السعال  ضيق التنفس  ألم في الحلق  سيلان الأنف

فقدان حاسة التذوق  فقدان حاسة الشم  التعب  ألم العضلات

لا	نعم	أسئلة استبيان
		١- هل قمت بأخذ لقاح فيروس كورونا المستجد؟
		٢-اي من هذه اللقاءات التالية تفضل؟
		لقاح فايزر(أمريكي – بريطاني)
		لقاح استرازينيكا (بريطاني)
		لقاح سينوفارم ( صيني)
		٣-هل تشعر بالخوف والقلق من احد لقاح كورونا المستجد؟

		٤- هل لديك خوف من الآثار الجانبية للقاح؟
		٥- هل تمتلك معلومات كافية حول فوائد اللقاح و مخاطره؟
		٦- هل تعتقد ان التطور السريع في إنتاج لقاحات كوفيد-19 له تأثير سلبي على مدى تقبلك للقاح؟
		٧- هل كثرة تداول الأخبار حول تزيف اللقاح في مواقع التواصل الاجتماعي يؤثر على قرارك في اخذ اللقاح؟
		٨- هل لديك ثقة بالحكومة التي تستورد اللقاح لبلدك؟
		٩- هل لديك ثقة في الشركة المنتجة للقاح ؟
		١٠- هل المناعة الطبيعية أفضل من المناعة المكتسبة من اللقاح؟
		١١- هل زيادة عدد الملقحين ضد فيروس كورونا يساهم في زيادة رغبتك لأخذ اللقاح؟
		١٢- هل تفضل أخذ اللقاح بناءً على أبحاث طبية؟
		١٣- هل تفضل تقوم اخذ اللقاح عندما تعلم إن مدة الحماية ضد الفيروس لفترة طويلة؟
		١٤- هل تشجع عائلتك وأصدقائك لأخذ اللقاح؟
		١٥- هل اللقاح يقلل أعراض كورونا وليس الإصابة به؟
		١٦- هل تعتقد إن اللقاح يساهم في عودة الحياة إلى طبيعتها كما كانت قبل الجائحة؟
		١٧- هل تؤيد إن اللقاح يصيب الشخص بالعقم؟



## Appendices B

Ministry Of Higher Education  
And Scientific Research  
Basrah University  
College Of Nursing  
Dean Assistant Office  
For Scientific Affairs

العقد : ٨٧٠ / ٥٤٧  
التاريخ : ٢٠٢١ / ١٢ / ٧

جامعة البصرة  
كلية التمريض / قسم الموارد البشرية  
الصادرة  
التاريخ : ٢٠٢١ / ١٢ / ٧

الملى / كليات جامعة البصرة كافة  
م / تسهيل مهمة بحث التخرج

تحية طيبة ..  
يرجى التفضل بالموافقة على تسهيل مهمة طالبات كليتنا (عاشة باسم جبر) و (بشرى قيس اسماعيل)  
لاجراء البحث الموسوم :

(Student and Staff Fear from Covid -19 Vaccines at Bab-Al Zubair Campus-  
University of Basrah)  
..... مع التقدير .....

المدرس الدكتور  
عادل علي حسين  
معاون العميد للشؤون العلمية  
٢٠٢١/١٢/٥

نسخة منه الى //

- ❖ مكتب السيد العميد لتفصل بالاطلاع مع التقدير ..
- ❖ مكتب السيد معاون العميد لشؤون العلمية .
- ❖ الصادرة المختصة

رقية ١٢/٥

العراق - بصرة - مجاور مستشفى البصرة العام - هاتف : ٧٥٠٩١٣٤٨٥٥  
العنوان البريدي : مكتب اتصالات و بريد مدينة البصرة - ص . ب رقم ٤ - الرمز البريدي : ٤٢٠٠٨  
E-mail : nsgbasra@gmail.com ..... E-mail : nursing.college@uobasrah.edu.iq  
www.basranursingcollege.com

## Appendices C

أراء التدريسيين في الاستبيان

الاسم	اللقب العملي	الاختصاص	مكان العمل
أ.د سجاد سالم عيسى	أستاذ	بوررد عراقي طب أسرة	جامعة البصرة كلية التمريض
م.د. وصفي ظاهر عبد علي	أستاذ	دكتوراه طب بيطري / فسلجة	جامعة البصرة كلية التمريض
د. عادل علي حسين	مدرس	دكتور أطفال	جامعة البصرة كلية التمريض
أفكار فاضل كريم	مدرس مساعد	ماجستير في تمريض الصحة النفسية والعقلية	جامعة البصرة كلية التمريض
م.فرحان لايد عايز	مدرس	ماجستير علوم حياة / زراعة انسجة	جامعة البصرة كلية التمريض
أ.د محفوظ فالح حسن	أستاذ	دكتوراه تربية رياضية / فسلجة	جامعة البصرة كلية التمريض
م.د سندس باقر داود	مدرس	دكتوراه تمريض الأم والوليد	جامعة البصرة كلية التمريض
م.م واثق فرعون حسين	مدرس	ماجستير طب بيطري / فسلجة	جامعة البصرة كلية التمريض

## الخلاصة

**الخلفية:** كجزء من الحماس العالمي للقاح كوفيد-19، حظي التردد في التطعيم باهتمام واسع النطاق من وسائل الإعلام والمجتمع العلمي. ويشكل التردد في تلقي اللقاحات تحديات خطيرة أمام تحقيق تغطية مناعة السكان. هدفت الدراسة إلى استكشاف مستوى التردد في لقاح كوفيد-19 وتحديد العوامل والحواجز التي قد تؤثر على اتخاذ قرارات التطعيم.

**الأساليب:** دراسة مقطعية شملت 200 عينة من جامعة البصرة، بدأت الدراسة من ( تشرين الثاني 2021 وحتى نيسان 2022 )، وتم استخدام استبيان الأسئلة المغلقة لغرض جمع البيانات. تم إجراء التحليل باستخدام SPSS الإصدار 26. وتم التعبير عن البيانات باستخدام (التردد والنسبة المئوية).

**النتائج:** تراوحت أعمار المشاركين بين 18 و 58 سنة. كان هناك (46.5%) من المشاركين لديهم تاريخ من عدوى كوفيد-19. (84%) من المشاركين أخذوا لقاح كورونا. (73%) منهم كانوا يفضلون لقاح فايزر. (61%) من العينة كانوا يتقنون في الشركة المنتجة للقاح. (82.5%) من العينة كانوا يفضلون أخذ اللقاح بناء على أبحاث طبية. كان هناك خوف كبير من أخذ اللقاحات وآثارها الجانبية. وقد تأثر قرار أخذ اللقاحات بشكل كبير من قبل وسائل التواصل الاجتماعي.

**الاستنتاجات:** ما يقرب من نصف المشاركين أصيبوا سابقًا بـ عدوى كوفيد-19. تم تطعيم الغالبية ضد فيروس كوفيد-19. وكان غالبية المشاركين يفضلون لقاح أمريكي - بريطاني من شركة Pfizer. وأكثر الأسباب شيوعًا لرفض تناوله هو التطور السريع في إنتاجه .



# جامعة البصرة

## كلية التمريض



### المواقف والتردد من لقاءات كوفيد-١٩ بين طلاب وموظفي جامعة البصرة في موقع باب الزبير

#### البحث مقدم إلى

دراسة مقدمة إلى مجلس كلية التمريض جامعة البصرة لاستيفاء جزئي لمتطلبات  
درجة بكالوريوس العلوم في التمريض

#### مقدم من

بشرى قيس إسماعيل

عائشة باسم جبر

#### إشراف

د. فراس عبد القادر جاسم