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A Study To Assess The Knowledge And Attitude Of Non-Professionals Regarding COVID-19 Vaccination In Selected Population Of District Faridkot, Punjab.

PhD.Scholar: Mandeep Kaur (Nursing)

Reg no: 26519014

Shiri JJTU Rajasthan

Gui<mark>de : Dr. S</mark>HABANA ANJUM

Shiri JJTU Rajasthan

ABSTRACT

INTRODUCTION: COVID-19 being emerged as pandemic, caused many severe problems, need to be controlled and prevented by vaccination. Vaccines are designed to develop immunity without the dangers of getting the disease. But vaccine acceptance and hesitancy are major barrier to control disease outbreak. It is also seen that poor knowledge is responsible for negative attitude and poor vaccine acceptance among individuals. Research study needs to be done to assess knowledge and attitude of non -professionals towards COVID-19 vaccination.

AIM: The aim of study is to assess the knowledge and attitude of non-professionals regarding COVID-19 vaccination in selected population of district Faridkot, Punjab.

MATERIAL AND METHODS: study was conducted on 60 adult population of district Faridkot by convenient sampling technique. Data was collected using self-structured tool to assess socio-demographic variables, knowledge, and attitude towards COVID-19 vaccination using MCQs, MCQs, and 5point Likert Scale respectively.

RESULT: The study revealed that 66.7% of adult had average knowledge, whereas 31.7% had good knowledge, and 1.6% had poor knowledge towards COVID19 vaccination, and 80% of non-professionals had positive attitude and rest 20% non-professional had negative attitude towards COVID-19 vaccination.

CONCLUSION: About two third of adults had average knowledge, one third had good knowledge, and only a few had poor knowledge towards COVID-19 vaccination. Also, more than half and quarter non-professionals had positive attitude and less than a quarter had negative attitude towards COVID-19 vaccination.

Key words: Knowledge, Attitude, Non-professionals, COVID-19 vaccination, selected colleges **BACKGROUND OF THE STUDY**

Coronavirus is a RNA virus which causes mild to lethal respiratory tract infections in humans. Mild infections include common cold, whereas lethal infections include SARS, MERS, and COVID-19¹. This virus is generally more fatal for the elderly and those with a history of comorbidities, such as hypertension, obesity, diabetes, and kidney disease 2.

The first case of COVID-19 was identified in Wuhan, China in December 2019³, and the WHO named this novel virus SARS-CoV-2 and the disease COVID-19¹. On January 30, 2020, WHO declared COVID-19 a public health emergency and later on March 1 1, 2020, the outbreak was declared pandemic³. The first case of COVID-19 in India was reported on January 30, 2020, it was a student with travel history from Wuhan, China. Thereafter, only 2 more cases were reported in February. Subsequently, cases increased rapidly in March 2020⁴. In Punjab, first COVID-19 case was detected on

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March 5, 2020^5 . Till June 29, 2021, in Punjab, total 5.9 lakh cases were reported with 96.7% recovery rate and 2.7% death rate⁶.

With rapidly increasing COVID-19 cases worldwide, there was an emergent need of vaccine against COVID-19 to be developed so as to decrease and prevent the COVID19 cases. Vaccines are the most important public health measure and most effective strategy to protect the population from COVID-19. India has so far approved four COVID-19 vaccines for emergency use: Covaxin, Covishield, Sputnik V, and Covovac COVID-19 vaccines^{7 8}. In India 329 million vaccinations doses has been administered, out of which 7 million vaccinations doses in Punjab only.

Vaccines are designed to develop immunity without the dangers of getting the disease. It is common to experience some mild to moderate side effects when receiving vaccines. This is because the immune system is instructing your body to react in certain ways. There are two main types of adverse reactions in our bodies after vaccination: local side effects (such as redness or swelling at the injection site), and systemic side effects (such as headaches and fever)

Material and methods

Aiims of the study: the aim of the study is to assess the knowledge and attitude of non-professional regarding COVID-19 vaccine.

Research approach and design

A quantitative research approach was employed to carry out the study to assess the knowledge and attitude of adults regarding COVID-19 vaccination in selected areas of district Faridkot. a non-experimental descriptive research design was carried out.

Study population and sampling technique

Adults of age 18 years and above residing in selected areas of district Faridkot were selected. total 60 sample size was taken by using convenience sampling

Tool for data collection

Tool 1: Socio-Demographic Profile of participants.

Tool 2: Self-structured knowledge questionnaire, developed on basis of research objectives and literature review, to assess the participants towards COVID-19 vaccination in selected areas of Faridkot, Punjab.

Tool 3: 5-point attitude scale consisting of statements regarding COVID- 19 vaccination concerns, developed on basis of research objectives and literature review, to assess the attitude of participant towards COVID-19 vaccination in selected areas of district Faridkot.

Ethical consideration

Permission to conduct study was taken from civil surgeon of district Faridkot and sarpanch of village Machaki kalan Analysis and interpretation of data

AIM OF THE STUDY

To assess the knowledge and attitude of non-professionals regarding COVID-19 vaccination in selected colleges of Baba Farid University of Health Sciences, Faridkot, Punjab.

Objectives of the study

1. To assess the knowledge of adults regarding COVID-19 vaccination.

2. To assess the attitude of adults regarding COVID-19 vaccination.

Organization of data

- 1. Socio-demographic characteristics of study sample.
- 2. Knowledge of adults regarding COVID-19 vaccination.
- 3. Attitude of adults regarding COVID-19 vaccination.

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Frequency and percentage distribution of study samples according to the sociodemographic variables.

Sr.	Socio-Demographic Variables	Frequency	Percentage	
no.				
1	A			
1.	Age:			
	20 - 50 years	7	11.7%	
	31 - 40 years 41 - 50 years	23	38.3%	
	above 51 years	24	40%	
		6	10%	
2.	Gender:			
	Male	20	500/	
	Female	30	50%	
		30	50%	
3.	Educational Status:			
	Up to Middle level	7	11 7%	
	Up to Secondary level	23	38.3%	
	Up to Senior Sec <mark>onda</mark> ry level	23	40%	
	Up to Graduation and above	6	10%	
		0	10%	
4.	Cocupation			
		19	31.7%	
	Govi job	4	6.7%	
	Private job	8	13.3%	
	Labourer	29	48.3%	
5	Monthly Income:			
5.	Less than INR 10.000			
	INR 10 000 to INR 15 000 INR	19	31.7%	UK.OKG1
	15,000 to INR 20,000	18	30%	0
	Above INR 20,000	5	8.3%	
		18	30%	
6.	Place of Residence:			
	Rural	20	16 704	
	Urban	28	+U. / 70	
		32	55.5%	
7.	Previous source of information:	13	21.7%	
	Mass Media	25	41.7%	
	Internet	2	3.3%	
	Newspaper	20	33.3%	
	Any other individual or medical			
	Professional			
		1		

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N=60

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8.	(i) COVID-19 vaccination status:		
	Vaccinated with 1 st dose only		
	Vaccinated with both doses	17	28.3%
	Non-Vaccinated	26	43.3%
		17	28.3%
	(ii) COVID-19 vaccine:		
	Covaxin		
	Covishield	3	7%
	Sputnik	36	83.7%
	Do not know	0	0%
		4	9.3%

As per the age of participants maximum 24(40%) are in the age group 41-50 years. As per gender both male and female ration is equal 30(50%), as per educational status maximum are up to senior secondary level (40%), according to occupation maximum are labourer (48.3%), as per monthly income maximum belong to below 1000 per month(31.7%), as per area of residence maximum in urban area (53.3%), according to source of information maximum got information from mass media(41.7%), as per vaccination status maximum number have both doses (43.3%), According to type of vaccination maximum have taken covishield vaccination(83.7%)

Classifica	tion of Knowledge Catego	ory with their frequencies	and percentages.
			N=60
Knowledge Category	Frequency (n)	Percentage (%)	
Poor Knowledge	1	1.6%	
Average Knowledge	40	66.7%	
Good Knowledge	19	31.7%	
	TRUCATI	ON ALICSI	DUR AI



Figure 1: Bar diagram showing percentage distribution of study samples according to their knowledge category towards vaccination .

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Table 2 and figure 1 depicts that out of 60 participants, only 1 (1.6%) was having poor knowledge towards COVID-19 vaccination whereas majority, 40 (66.7%) of participants were having average knowledge followed by 19 (31.7%) having good knowledge towards COVID-19 vaccination.

Table: 3

Knowledge score regarding COVID vaccination

					N=60
Aspects of	Minimum to	Minimum	Maximum	Statistical	
Knowledge items	maximum score possible	score obtained	score obtained	Analysis	
20 self-structured questions to assess knowledge	0-20	7	19	X = 12.58 M- 12.5 Z- 13 S.D. = 2.54 Range = 12	

Where X is mean, M is median, Z is mode, and S.D. is standard deviation.

OBJECTIVE 2

To assess the attitude of non-professionals towardsCOVID-19 vaccination in selected areas of district Faridkot

Table :4

N=60

Attitude Category	Frequency (n)	Percentage (%)
Negative attitude	12	20%
Positive attitude	48	80%



Classification of Attitude Category with their frequencies .

Figure 2: Bar diagram showing frequency distribution of study samples according to their attitude category towards COVID-19 Vaccination .

Table 4 and figure 2 depicts that out of 60 participants, majority 48 (80%) of participants were having positive attitude towards COVID-19 vaccination whereas, only 12 (20%) were having negative attitude.

А	.ttitude score reg	arding COVI Table	D-19 :5	I	N=60
Aspects of attitude scale	Minimum to maximum score possible	Minimum score obtained	Maximum score obtained	Statistical Analysis	PUB.ORG)
10 self-structured statements in 5point Likert scale to assess attitude.	10-50	10	50	X = 36.9 M = 39.5 Z=41 S.D. = 7.77 Range = 40	

Where X is mean, M is median, Z is mode, and S.D. is standard deviation.

Table 5 depicts that the mean, median, mode, standard deviation, and range of attitude score of participants are 36.9, 39.5, 41, 7.77, and 41 respectively.

INTERPRETATION OF THE RESULTS

- 1 . Majority of non-professionals have average knowledge and least have poor knowledge regarding COVID-19 vaccination. This interprets assumption of non-professionals having poor knowledge is proven false.
- 2. Majority of non-professionals have positive attitude and least have negative attitude towards COVID-19 vaccination. This interprets assumption of non-professionals having negative attitude is proven false.

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DISCUSSION

The present study was conducted to to assess the knowledge regarding COVID-19 vaccination and attitude of non-professional towards vaccination .

It was found that out of 60 participants, only 1 (1.6%) was having poor knowledge towards COVID-19 vaccination whereas majority, 40 (66.7%) of participants were having average knowledge followed by 19 (31.7%) having good knowledge towards COVID-19 vaccination. According to attitude towards vaccination findings depicts that out of 60 participants, majority 48 (80%) of participants were having positive attitude towards COVID-19 vaccination whereas, only 12 (20%) were having negative attitude.

These findings were found consistent with study of Islam S, Sikder T, et al. (2021) who conducted a cross sectional community survey in Bangladesh to assess the knowledge, attitudes, and perceptions towards COVID-19 vaccination. The mean score of knowledge and attitude were 2.83 ± 1.48 (out of 5) and 9.34 ± 2.39 (out of 12) respectively. About a quarter of participants thought that the COVID-19 vaccination available in Bangladesh is safe, only 60% will have the vaccination and about two thirds will recommend it to family and friends.

These findings were found consistent with the study of Cordina M, Lauri A, and Lauri J (2021) who conducted two consecutive, short, anonymous online surveys to assess the attitude towards COVID-19 vaccination, vaccine hesitancy and intention to take vaccine in which total of 2,529 individuals participated in study 1, and 834 in study

2. In both studies over 50% declared that they were willing to take the vaccine and thus shown positive attitude towards COVID-19 vaccine. This also concluded that vaccine hesitancy was present in the study population with 32.6% being unsure and 15.6% declaring that they were not willing to take the vaccine.

CONCLUSION

Its is concluded that despite of having average knowledge regarding COVID-19 vaccination, non -professionals still have positive attitude towards vaccination, and educational camps or seminars with developed and feasible sources of information need to be organized for non-professionals to increase their knowledge and awareness regarding COVID-19 vaccination.

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