

KNOWLEDGE REGARDING COVID VACCINE AMONG ADULTS IN SELECTED RURAL AREAS OF THE PUNE DISTRICT

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ABSTRACT

INTRODUCTION: A week after, on March 7, COVID-19 cases topped 100,000. The WHO proclaimed COVID-19 a pandemic a few days later, on March 11. COVID-19 developed fast from a potentially fatal infection limited to Beijing to either a worldwide health crisis practically overnight. In India, the Covid-19 vaccination drive started on January 16, and during the first phase, frontline and healthcare workers were vaccinated against the disease. While the logistics of such a programme have been a challenge in a country as large as India, currently over 100 million people have already been given the shot.

OBJECTIVES OF THE STUDY: To assess the knowledge regarding COVID vaccine among adults & to find out the association between knowledge and selected demographic variables.

MATERIAL AND METHODS: A non-experimental Descriptive design carried out among 100 adult. Non-probability purposive sampling technique was used and was statically analyzed after collecting the data through structured questionnaire was prepared for data collection. Ethical clearance was taken from the Institutional ethics committee. Data analysis was done using descriptive statistics

RESULT: The present study result showed that Knowledge regarding Covid Vaccine among the Adults. Majority 40% were of ordinary knowledge, 35% were of good knowledge, and just 25% were of low knowledge.

CONCLUSION: The present the study's goal is to determine how well people know about the COVID vaccination the adults from selected rural areas of Pune District.

KEY WORDS: (Knowledge, covid vaccine, adults, rural)

INTRODUCTION

A pandemic is an infectious disease outbreak that has spread globally, over many continents or whole world, affecting a large number of people. Throughout human history, a number of pandemics of illnesses such as smallpox have occurred. The Black Death, more often referred to as The Plague, was the worst pandemic in recorded history, killing between 75 and 200 million people in the 1400s. Although the phrase was not used at the time, it was subsequently used to refer to pandemics such as the 1918 flu outbreak or Spanish flu.

A week after, on March 7, COVID-19 cases topped 100,000. The WHO proclaimed COVID-19 a pandemic a few days later, on March 11. COVID-19 developed fast from a potentially fatal infection limited to Beijing to either a worldwide health crisis practically overnight.

As we all know COVID-19 is the major problem in the world. It is a coronavirus infection caused by the SARS-CoV-2 coronavirus. It is very dangerous and contagious. Since the COVID-19 epidemic started in early 2020, approximately 31 million illnesses and over 560,000 fatalities have been reported in the United States alone. COVID-19 infection causes a range of symptoms, including fever, coughing, & shortness of breath. COVID-19 may infect anybody, even children. However, those 60 years of age and older, as well as those with specific health issues such as cardiovascular disease, lung disease, diabetes, and obesity, are at an increased risk of developing significant illness from COVID-19.

The world is now afflicted by a COVID-19 outbreak. While the What and who partners coordinate on the response – watching the pandemic, advising on necessary treatments, and delivering reality they, too, are rushing to create and provide safe and efficient vaccinations. Each year, vaccines save the lives of millions. Vaccines function by conditioning and priming the immune system of the body against viruses and bacteria – the immunological response – to recognize and eliminate them. If the body is later exposed to such pathogenic germs, it is able to expel them immediately, therefore avoiding disease.

OBJECTIVES OF THE STUDY:

1. To assess the knowledge regarding COVID vaccine among adults.
2. To find out the association between knowledge and selected demographic variable

OPERATIONAL DEFINITIONS:

- Assess: In this study assess means to find out the knowledge regarding COVID vaccine.
- Knowledge: The term "knowledge" in this research refers to a patient's awareness of the COVID vaccination.
- Adults: In the study adults refers to who are in 18 to 40 years of age group

MATERIAL AND METHODS

A non-experimental Descriptive design carried out among 100 adult. Non-probability purposive sampling technique was used and was statically analyzed after collecting the data through structured questionnaire was prepared for data collection .The questionnaire was divided into two section .Section A deals with demographic data related to adult. Section B Self-structured knowledge questionnaire: 15 questions are prepared on knowledge regarding Covid vaccine of tool was undefined by content validity method.. The reliability of the tool was calculated by “Test –Retest Method-by Karl Pearson’s co-efficient formula investigator calculated the “r-value” more than +0.9 so the tool was reliable.

RESULT:

Analysis and interpretation of the data was done by using both descriptive (in terms of frequency, percentage) and inferential (chi-square test).

Section I: Demographic profile of Adults

Section II: To assess the knowledge regarding Covid Vaccine among the Adults

residing in selected rural area of Pune District.

Section III: To find the association of selected demographical variables.

Majority 39% were from 24-29 years of age group, . Majority 60% were female, Majority 37% were Graduate, According to occupation status majority 31% were not working.

Section II

To assess the knowledge regarding covid Vaccine among adults residing in selected rural area of Pune District

Table no. 1

Knowledge regarding MR Vaccine virus among people residing in rural area

n=100

Knowledge	Frequency	Percentage	mean	SD
Poor Knowledge	25	25	8.54	3.26
Average Knowledge	40	40		
Good Knowledge	35	35		

Table 2 depicts Knowledge regarding Covid Vaccine among the Adults. Majority 40% were of ordinary knowledge, 35% were of good knowledge, and just 25% were of low knowledge. The mean was 8.54 with & SD 3.26

DISCUSSION

The current study is design to assess the knowledge regarding COVID vaccine among the adults from selected rural areas of Pune District.

The study can be discussed with a similar descriptive study done by Md. Saiful Islam(2021) on Knowledge, attitudes and perceptions towards COVID-19 vaccinations: a cross-sectional community survey in Bangladesh. The mean scores of knowledge and attitudes 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. In the multiple regression model, higher SES, having university/ higher levels of education, having nuclear families and having previous history of essential vaccines uptake were associated with knowledge; whilst attitudes were significantly associated with being female and having previous history of essential vaccines uptake. Just over half of the participants thought that everyone should be vaccinated and 61% responded that health workers should be vaccinated first on priority basis. 95% of respondents believed the vaccine should be administered free of charge in Bangladesh and almost 90% believed that the COVID-19 vaccine used in Bangladesh may have side effects.

Similar study was conducted by Suchithra Erath Thadathil, Rithu N., Sindhu P. S.(2021) on Knowledge and attitude of people above 18 years regarding COVID-19 vaccination in a rural area of Kerala. The result obtained, showed 94.3% of persons responded that there is a vaccine for preventing COVID and 85.2% were aware that Covishield and Covaccine were the vaccine freely available. The 78.3% respondents knew that there should be 84 days between the doses of Covishield and 77.1% knew that 28 days for Covaxin. The 100% respondents had attitude to take the vaccine and 99.1% were ready to continue COVID prevention measures even after vaccination. As per this study, younger age ($p=0.04$) and religion (0.000) had an association with knowledge.

CONCLUSIONS

Knowledge regarding Covid Vaccine among the Adults. Majority 40% were of ordinary knowledge, 35% were of good knowledge, and just 25% were of low knowledge. Demographic characteristics such as age and educational level were shown to be substantially linked with knowledge of the covid vaccine as p value is <0.05 level of significance whereas, gender & type of occupation was not significantly associated as the p value is more than 0.05 level of significance.

Author's contribution- The complete study was carried out by

Conflict of Interest- None to declare.

Statements on human rights-The study is approved by Institutional Ethics Committee, Bharati Vidyapeeth (Deemed to be University), College Of Nursing .Informed consent was taken from each participants .Voluntary participation was the key to sample selection.

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