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A descriptive study to assess the knowledge, attitude and belief regarding covid vaccine among nonteaching staff working in SGT University, Gurugram

Nupur Rohilla

PG Tutor, SGT University, Gurugram, Haryana

Pragati Das

Assistant Professor, SGT University, Gurugram, Haryana

Kul pooja

Assistant Professor, SGT University, Gurugram, Haryana

Correspondence author email: kulpooja9rana@gmail.com

Amit Sehrawat

UG Student, SGT University, Gurugram, Haryana

Abstract---Introduction: The world is in the midst of a COVID-19 pandemic. As WHO and partners work together on the response -- tracking the pandemic, advising on critical interventions, distributing vital medical supplies to those in need--- they are racing to develop and deploy safe and effective vaccines. COVID-19 can have serious, life-threatening complications. Current evidence suggests that re infection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. However, experts don't know for sure how long this protection lasts, and the risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. COVID-19 vaccination will help protect you by creating an antibody (immune system) response without having to experience sickness. Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed. The combination of getting vaccinated and following CDC's recommendations to protect yourself and others will offer the best protection from COVID-19. Statement Of The Problem: "A descriptive study to assess the knowledge, attitude and belief regarding covid vaccine among non teaching staff working in SGT University, Gurugram." Method: Research approach used was the quantitative, a descriptive design was used. In this study population is non teaching staff of SGT University Gurugram. Purposive sampling

technique was used to collect the data. The data was collected by structured knowledge questionnaire and analysed and interpretation by descriptive and inferential statistics. Result: Result shows that 66 out of 100 were having satisfactory knowledge and 34 were having unsatisfactory knowledge. 94 out of 100 were having positive attitude and 6 were having negative attitude. 92 subjects having belief on covid vaccine and 8 were not having belief on covid vaccine. Chi-square test was used to see the association. This shows that there is no significant difference between male and age, gender, education, previous history of exposure on knowledge regarding Covid vaccine and source of information related to Covid vaccine is as the p value is >0.05 . Conclusion: This shows that most of people have satisfactory knowledge but still some don't have proper knowledge about covid vaccine and knowledge does not have any relation with age, gender or sex. More researches can be done along with interventions to improve the knowledge of the people.

Keywords---assess, knowledge, attitude, belief, COVID vaccine, non teaching staff.

Introduction

The world is in the midst of a COVID-19 pandemic. As WHO and partners work together on the response -- tracking the pandemic, advising on critical interventions, distributing vital medical supplies to those in need--- they are racing to develop and deploy safe and effective vaccines. COVID-19 can have serious, life-threatening complications, and there is no way to know how COVID-19 will affect you. And if you get sick, you could spread the disease to friends, family, and others around you. Getting COVID-19 may offer some natural protection, known as immunity.

Current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. However, experts don't know for sure how long this protection lasts, and the risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. COVID-19 vaccination will help protect you by creating an antibody (immune system) response without having to experience sickness. Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed. The combination of getting vaccinated and following CDC's recommendations to protect yourself and others will offer the best protection from COVID-19⁴.

Objectives

- To assess the knowledge and attitude regarding covid vaccine among non teaching staff.
- To assess belief towards covid vaccine.

- To find association between knowledge regarding covid vaccine with selected demographic variable.

Hypothesis

- H1: There will be a significant association between knowledge, attitude and belief regarding covid vaccine with selected demographic variable.

Research Methodology

Research approach

The research approach for this study was Quantitative approach.

Research Design

The research design selected for this study is descriptive.

Setting of the study

The study will be conducted in SGT University Gurugram.

Population

In this study population is non teaching staff of SGT University Gurugram.

Sample

Non teaching staff of SGT University Gurugram.

Sample Size – 100

Sampling Technique

Purposive sampling technique which is a type of non probability sampling technique.

Sample Selection Criteria

Inclusive Criteria:

- Non teaching staff of SGT University.
- Staff member who are available at the time of data collection.
- Staff who can understand English.

Exclusive Criteria

- Staff members who do not want to participate in the study.

Data collection tools and technique

SECTION A: Demographic data includes age, family income, occupation, dietary pattern, habits, and any significant illness.

SECTION B: Self structured questionnaire to assess the knowledge regarding covid vaccination.

SECTION C: Self structured questionnaire to assess the attitude and belief regarding covid vaccination.

Validity of tool

Validity of the tool will be established in consultation of guide.

Reliability of tool

The reliability of the tool will be tested by test retest method.

Procedure for data collection

- The researcher will obtain the permission from SGT university institution.
- The purpose and the need for the study will be explained to the staff members.
- Written consent of the staff will be taken to confirm the willingness to participate in the study.
- A structured questionnaire will be administered to assess the knowledge, attitude and belief regarding covid vaccination.

Ethical and Legal Aspects

Within the view of ethical consideration, written permission will be taken from the institution (SGT University). The purpose of the study will be explained to the participants and to gain their confidence. Written consent will be taken from each participant.

Analysis and interpretation

Data collected to assess the knowledge, attitude and belief regarding covid vaccine among non teaching staff of Sgt university. Non parametric test (chi-square) was used to assess the association of knowledge with different socio demographical variables at 0.05 level of significance.

Table1: Distribution of subjects according to Socio demographic variables

N=100

Variables	F (Frequency)	%(Percentage)
Age		
21-35	86	86.0
36-50	14	14.0
51 and above	00	00
Gender	43	43.0
Male	57	57.0
Female		
Education		
Higher Secondary	00	00
Diploma	24	24.0
Graduate	62	62.0
Post graduate	14	14.0

Previous history of exposure of knowledge regarding Covid vaccine		
Yes	100	100.0
No	00	00
If yes, then the source of information related to Covid vaccine is		
Newspaper	0	0
Television	15	15.0
Google	68	68.0
Health professional	17	17.0

Table 1 depicts the distribution of subjects according to socio demographical variables. The table shows that 43% of subjects in study were male and 57% subjects were female. Most of the subjects i.e. 86% have age between 21-35years. 62% subjects were graduates and 14% subjects were post graduates and 24% were diploma holders. 100% were having previous history of exposure of knowledge regarding Covid vaccine. 68% got information from google.

Table2: Distribution of subjects according to knowledge score, Attitude and Belief

Criteria	Grade Scoring		Total
	Satisfied (>5)	Unsatisfied (<5)	
Knowledge	66	34	100
Attitude	94	6	100
Belief	92	8	100

1-5: Unsatisfied

6-

10: Satisfied

Table 2 depicts that 66 out of 100 were having satisfactory knowledge and 34 were having unsatisfactory knowledge. 94 out of 100 were having positive attitude and 6 were having negative attitude. 92 subject having belief on covid vaccine and 8 were not having belief on covid vaccine.

Table 3: Distribution of subjects according to knowledge score

N=100

Grade	Knowledge Score	Frequency	Percentage (%)
Satisfied	>5	66	66.0
Dissatisfied	<5	34	34.0

Table 3 depicts that 66% were having satisfactory knowledge regarding Covid vaccine and 34% having unsatisfactory knowledge regarding Covid vaccine.

Table 4: Mean, Medium, Mode and Standard Deviation of Knowledge Score

N=100

Mean	Median	Standard Error	Standard deviation
6.22	6.00	.157	1.57

Table 5: Distribution of subjects according to Attitude

N=100

S.No	Variables	Agree		Disagree	
		f	%	f	%
1	It is good to get vaccinated.	63	63	37	37
2	I wish I have a choice of selecting a particular brand of vaccine.	81	81	19	19
3	COVISHIELD vaccine has been passed through proper clinical trials	98	98	02	02
4	I shall help others to take Covid-19 vaccine.	66	66	34	34
5	I can check my vaccination status after being vaccinated.	84	84	16	16
6	I can travel anywhere after get vaccinated	50	50	50	50
7	I belief that emergency approval of covid-19 vaccine is risky for all	60	60	40	40
8	I will get vaccination, just for the safety of my family and friends	36	36	68	68
9	I need to continue wearing mask even after get vaccinated	83	83	17	17
10	My decision to take Covid vaccine will not affected by Media	36	36	64	64

Table 5 Depicts that 63% subjects were agreed to get vaccinated and they were saying it is good to get vaccinated and 37% were not agreed to get vaccinated. 81% subjects wished to have a choice of particular vaccine and 19% were not wished to have a particular vaccine. 98% subjects were agreed COVISHIELD vaccine has been passed through proper clinical trials and 2% were not agreed. 66% subjects were agreed that they shall help others to take covid vaccine and 34% were not agreed . 84% were agreed that they can their vaccination status after being vaccinated and 16% were not agreed. 50% subjects were agreed that they can travel anywhere after get vaccinated and 50% were not agreed. 60% subjects were agreed that emergency approval of covid-19 vaccine is risky for all and 40% were not agreed. 36% of the subjects were agreed that they will get vaccinated just for the safety of my family and friends and 68% were not agreed. 83% subjects were agreed to continue wearing mask even after get vaccinated and 17% were not agreed. 36% were agreed to take covid vaccine will not affected by media and 64% were disagreed.

Table 6: Distribution of subjects according to Belief

N=100

S.No	Variables	Agree		Disagree	
		f	%	f	%
1	COVAXIN and COVISHIELD vaccines are safe for me.	81	81	19	19
2	A person who recovered from covid-19 still needs to be vaccinated.	43	43	57	57

3	Vaccines are available free in govt. hospital	64	64	36	36
4	I belief covid -19 be eradicated by vaccination	76	76	24	24
5	I will not get Covid-19 infection after being vaccinated	63	63	37	37
6	I can receive COVISHIELD vaccine along with other vaccines	60	60	40	40
7	I can take paracetamol if I have fever after Covid-19 vaccination	52	52	48	48
8	I belief that vaccination will help in bringing our normal life back	83	83	17	17
9	Covid-19 vaccine bring a relief from covid-19 virus	70	70	30	30
10	I believe that covid-19 vaccine do not have serious side effects	60	60	40	40

Table 6 depicts that 81% subjects believe that covaxin and covishield vaccines are safe for them and 19% were not believes that these vaccines are safe. 43% subjects believes that a person who recovered from covid-19 still needs to be vaccinated and 57% did not believe that. 64% subjects believes that vaccines are available free in govt. hospital and 36% did not believe. 76% believes that covid -19 can be eradicated by vaccination and 24% did not believe. 63% subjects believes that they will not get infection after get vaccinated and 37% did not believe. 60% subjects believes that they can receive covishield vaccine along with other vaccines and 40% did not believe. 52% subjects believes that they can take paracetamol if they have fever after Covid-19 vaccination. 83% believes that that vaccination will help in bringing their normal life back and 17% did not believe. 70% subjects believes that Covid-19 vaccine bring a relief from covid-19 virus and 30% did not believe. 60% subjects believes that covid-19 vaccine do not have serious side effects and 40% believes that vaccine have serious side effects.

Table 7: Association between knowledge score and demographical variables

Variables	F (Frequency)	%(Percentage)	χ^2 df p value
Age			
21-35	86	86.0	9.557
36-50	14	14.0	7
51 and above	00	00	.214 ^{NS}
Gender			8.829
Male	43	43.0	7
Female	57	57.0	.265 ^{NS}
Education			
Higher Secondary	00	00	30.773
Diploma	24	24.0	14
Graduate	62	62.0	.006 ^{NS}
Post graduate	14	14.0	
Previous history of exposure on			4.032

knowledge regarding Covid vaccine	100	100.0	7
Yes	00	00	.776 ^{NS}
No			
If yes, then the source of information related to Covid vaccine is	0	0	17.694
Newspaper	15	15.0	14
Television	68	68.0	.208 ^{NS}
Google	17	17.0	
Health professional			

NS= Non significant

Table 7 depicts the Association between knowledge score and demographical variables with age, gender, education, previous history of exposure on knowledge regarding covid vaccine and source of information related to covid vaccine. Chi-square test was used to see the association. The table shows that there is no significant difference between male and age, gender, education, previous history of exposure on knowledge regarding Covid vaccine and source of information related to Covid vaccine is as the p value is >0.05 .

Table 8: Relationship between knowledge and attitude mean score

N=100

Variables	Mean Score	r	p
knowledge	6.22	.114	.260
attitude	6.53		

There is positive weak correlation between knowledge and attitude

Table 9: Relationship between knowledge and belief mean score

N=100

Variables	Mean Score	r	p
knowledge	6.22	-.008	.936
belief	6.54		

There is Negative very weak correlation between knowledge and belief

Table 10: Relationship between Attitude and belief mean score

N=100

Variables	Mean Score	r	p
Attitude	6.53	-.084	.405
belief	6.54		

There is Negative very weak correlation between knowledge and belief

References

1. Covid-19 vaccine. World health organization 2021. <https://www.who.int>.
2. Benefit of getting covid-19 vaccine. Centre for disease control and prevention 2021.<https://www.cdc.gov>.