



# **A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING COVID 19 VACCINE AMONG RURAL AND URBAN PEOPLE AT SELECTED AREAS, IN NAMAKKAL DISTRICT.”**

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## **ABSTRACT;**

The purpose of the study are, To assess the level of knowledge on covid-19 vaccine among rural and urban people at selected areas. The selection on rural and urban people was done by Non Probability Convenience sampling technique the sample consists of 50 people from Manickampalayam rural area and 50 people from karattupalayam urban area ,Namakkal. The research approach adopted for the study was quantitative descriptive approach. The research design selected for the study was comparative descriptive research design which was used to measure the knowledge and practice of rural and urban people.

**KEYWORD:** Level of knowledge, Attitude, COVID-19, Rural, Urban

## **INTRODUCTION;**

The world is currently facing a major epidemic caused by the novel coronavirus which was first disband on December 21, 2019. The disease spread to patients who were in contact with the Huanan Marine Food Market (Wuhan, China). This virus has since been named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the disease caused by it is called as COVID-19. The disease has spread rapidly from China and as of June 16, 2020 has spread to 216 countries around the world. COVID-19 was declared a pandemic by the WHO on March 11, 2020. The disease has now spread to humans from a very high rate of infection. (H Nishiura • 2020)

Coronaviruses are a large family of encapsulated, illicit RNA viruses that belong to the Nidovirales. A prominent feature of this virus is the speck of a club-shaped spike emanating from its surface, giving it the appearance of a solar

corona. They are known to cause a variety of diseases in animals, especially mammals and birds. They can sometimes cause human infections such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and now coronavirus disease 2019 (COVID) ( **AE Gorbalenya · 2019**)

### **NEED FOR THE STUDY**

In late December 2019, Wuhan, as part of central China, experienced the first outbreak of coronavirus (COVID-19). The disease quickly spread to other parts of China. As a neighbouring province, Henan had 206 confirmed cases on January 29, 2020, and 1272 confirmed the cases on February 29. COVID-19 is a worldwide public health emergency. As of May 2, 2020, there were 3,272,202 confirmed cases of COVID-19 deaths and 230,104 deaths. COVID-19 was classified as class B infection. (**WHO 2020**)

Several vaccines have been approved to fight coronavirus (COVID-19) and have been distributed worldwide in various regions. However, general public knowledge and attitudes on the COVID-19 vaccine are not well understood. Therefore, the investigator felt to conduct the study to assess the knowledge and attitudes about the COVID-19 vaccine among rural and urban populations.

### **OBJECTIVES OF THE STUDY:**

1. To assess the level of knowledge on covid-19 vaccine among rural and urban people at selected areas.
2. To assess the level of attitude on covid-19 vaccine among rural and urban people at selected areas.
3. To compare the level of Knowledge on covid-19 vaccine among rural and urban people at selected areas.
4. To compare the level of attitude on covid-19 vaccine among rural and urban people at selected areas.
5. To find out the association between level of knowledge and attitude score on covid 19 vaccine with their selected socio demographic variables of rural and urban people at selected areas.

### **Research Variable:**

Research variables can be defined as qualities, attributes, properties or characteristics which are observed or measured in a natural setting without manipulating & establishing cause-&-effect relationship **Polit and Beck, (2014)**

In the present study research variables are Knowledge and Attitude Regarding Covid 19 Vaccine.

### **STUDY SETTING**

Study setting is the physical location and condition in which data collection takes place in the study. (**Polit&Hungler, 2014**).

**RESEARCH DESIGN**

It states that research design is the overall plan for collecting and analyzing data, including specifications for enhancing the internal and external validity of the study. **(Polit and Hungler, 2016)**

The research design used for the present study was descriptive research design.

**SAMPLE SIZE**

The number of sampling units is included in the sample **(Polit and Hungler, 2010)**.

In present study, the number of study participants was 50 for urban area and For Rural area 50 samples.

**SECTION I**

**Table 4.1: Frequency and percentage distribution of demographic variables of rural and urban people at selected areas.**  
N:100

S.No	Demographic Variables	Urban		Rural	
		Frequency n=50	%	Frequency n=50	%
<b>1</b>	<b>Age in years:</b>				
	25 – 30	15	30	18	36
	31 – 35	19	38	17	34
	36 – 40	16	32	15	30
<b>2</b>	<b>Gender:</b>				
	Male	27	54	24	48
	Female	23	46	26	52
<b>3</b>	<b>Religion:</b>				
	Hindu	20	40	19	38
	Muslim	16	32	15	30
	Christian	14	28	16	32
	Others	0	0	0	0
<b>4</b>	<b>Educational Status:</b>				
	High School	17	34	19	38
	Higher Secondary	20	40	21	42
	Graduation	13	26	10	20
<b>5</b>	<b>Marital Status :</b>				
	Married	27	54	30	60
	Unmarried	23	46	20	40
<b>6</b>	<b>Monthly Income:</b>				
	< Rs.10000	21	42	26	52
	Rs.10001- 20000	19	38	16	32
	Rs.20001-30000	10	20	8	16
	>Rs.30001	0		0	

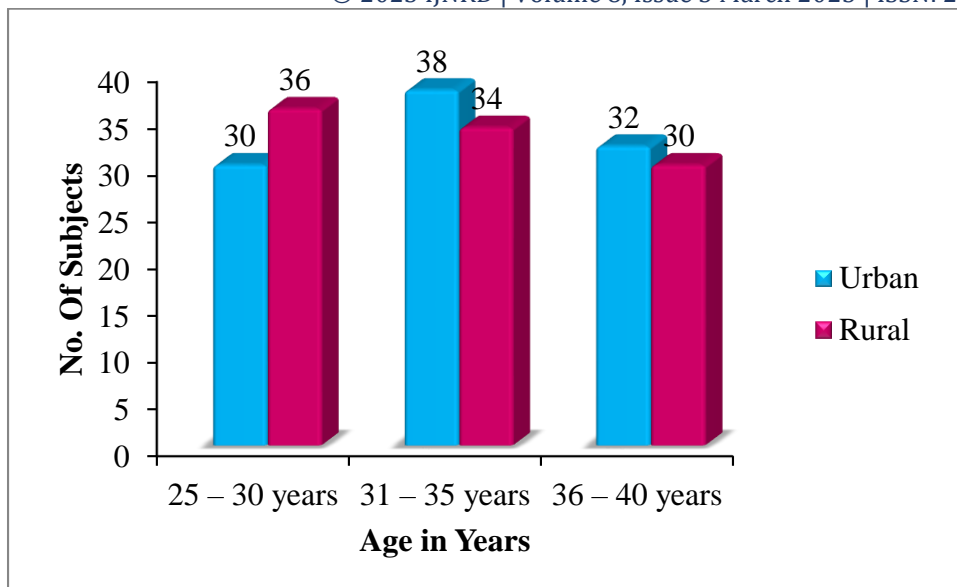
<b>7</b>	<b>Residence</b>				
	Urban	50	100	0	
	Rural	0		50	100
<b>8</b>	<b>Family type</b>				
	Nuclear	36	72	28	56
	Joint	14	28	22	44

<b>9</b>	<b>Have you received all the necessary vaccine in your life time?</b>				
	Yes	40	80	34	68
	No	10	20	16	32
<b>10</b>	<b>Heard about Covid-19 vaccine?</b>				
	Yes	50	100	50	100
	No	0		0	
<b>11</b>	<b>Have you had Covid-19 vaccine?</b>				
	Yes	16	32	12	24
	No	34	68	38	76
<b>12</b>	<b>Have had Covid-19?</b>				
	Have not had Covid-19	27	54	32	64
	Have had Covid-19	23	46	18	36
<b>13</b>	<b>Source of information regarding Covid-19vaccine</b>				
	Social media	12	24	14	28
	Newspaper/ Books	19	38	10	20
	Family members/ Relatives/Friends	10	20	15	30
	Health worker	9	18	11	22

The table 4.1 represents the frequency and percentage distribution of demographic variables rural and urban people at selected areas. About the age group of participants, majority 19(38%) were belonging to 31-35 years, 16(32%) were in 36-40 years and 15(30%) were belonging to 25-30 years of age group in urban setting. In case of rural setting, majority 18(36%) were belonging to 25-30 years, 17(34%) were in 31-35 years and 15(30%) were in 36-40 years of age group.

The table revealed about gender, most of the participants 27(54%) were males and 23(46%) were females in urban setting. In case of rural setting, majority 26(52%) were females and 24(58%) were males.

With reference to the religion, in urban setting, majority 20(40%) were belonging to Hindu religion, 16(32%) were Muslims and 14(28%) were belonging to Christianity. In rural setting, majority 19(38%) were belonging to Hindu religion, 16(32%) were Christians and 15(30%) were Muslims. None of them were found in other religion both in urban and rural setting.



**Fig 4.1: Frequency and percentage distribution of age of rural and urban people at selected areas.**

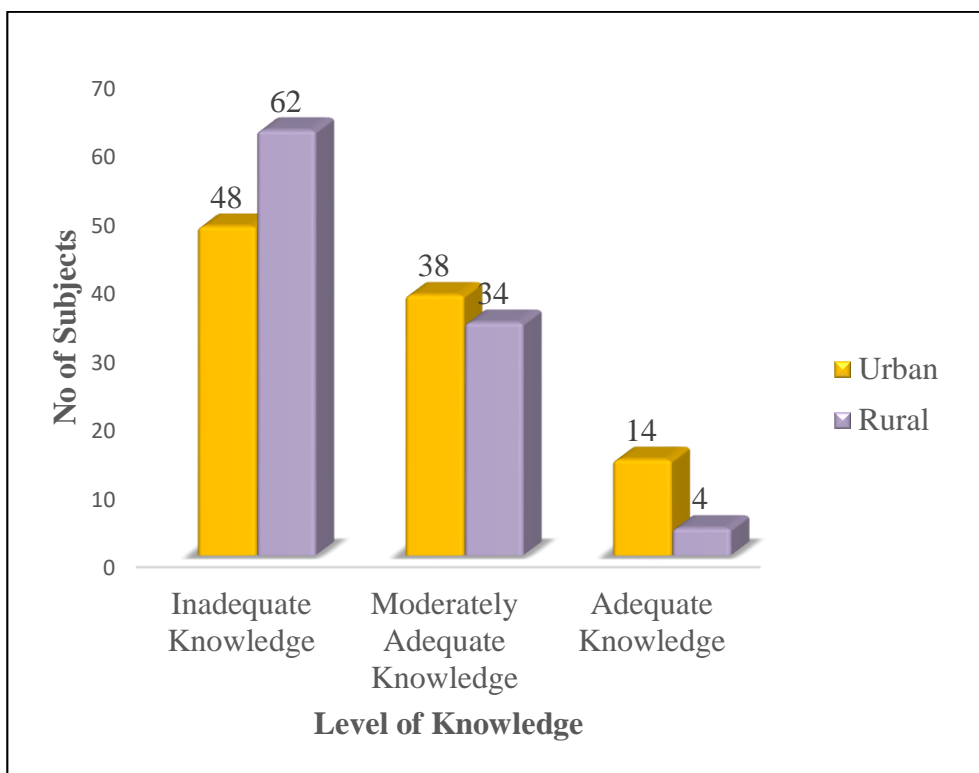
## SECTION II

**Tab.4.2: Analysis of frequency and percentage distribution of level of knowledge on Covid-19 vaccine among rural and urban people at selected areas.**

Level of Knowledge	Urban N=50		Rural N=50	
	Frequency	%	Frequency	%
Inadequate Knowledge (0-50%)	24	48	31	62
Moderately Adequate Knowledge (51-75%)	19	38	17	34
Adequate Knowledge (76-100%)	7	14	2	4

Tab.4.2 depicts the frequency and percentage distribution of level of knowledge on Covid-19 vaccine among rural and urban people at selected areas. Among the urban participants, most of them, 24 (48%) were found with inadequate knowledge, 19 (38%) of them were found with moderately adequate knowledge and 7 (14%) of them were found with adequate knowledge.

Among the rural participants, most of them, 31 (62%) were found with inadequate knowledge, 17 (34%) of them were found with moderately adequate knowledge and 2 (4%) of them were found with adequate knowledge.



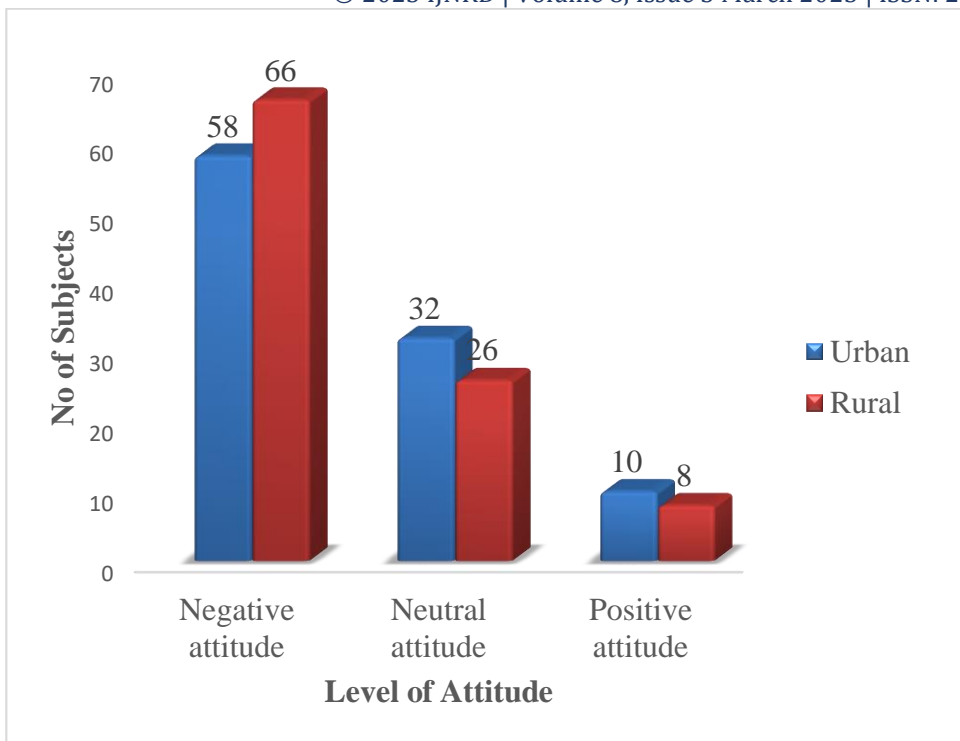
**Fig 4.5: Percentage distribution of level of knowledge on Covid-19 vaccine among rural and urban people at selected areas.**

**Tab.4.3: Analysis of frequency and percentage distribution of level of attitude on Covid-19 vaccine among rural and urban people at selected areas.**

Level of Attitude	Urban N=50		Rural N=50	
	Frequency	%	Frequency	%
Poor level of attitude (0-50%)	29	58	33	66
Average level of attitude (51-75%)	16	32	13	26
Good level of attitude (76-100%)	5	10	4	8

Tab.4.3 depicts the frequency and percentage distribution of level of attitude on Covid-19 vaccine among rural and urban people at selected areas. Among the urban participants, most of them, 29 (58%) were found with poor level of attitude, 16 (32%) of them were found with average level of attitude and 5 (10%) of them were found with good level of attitude.

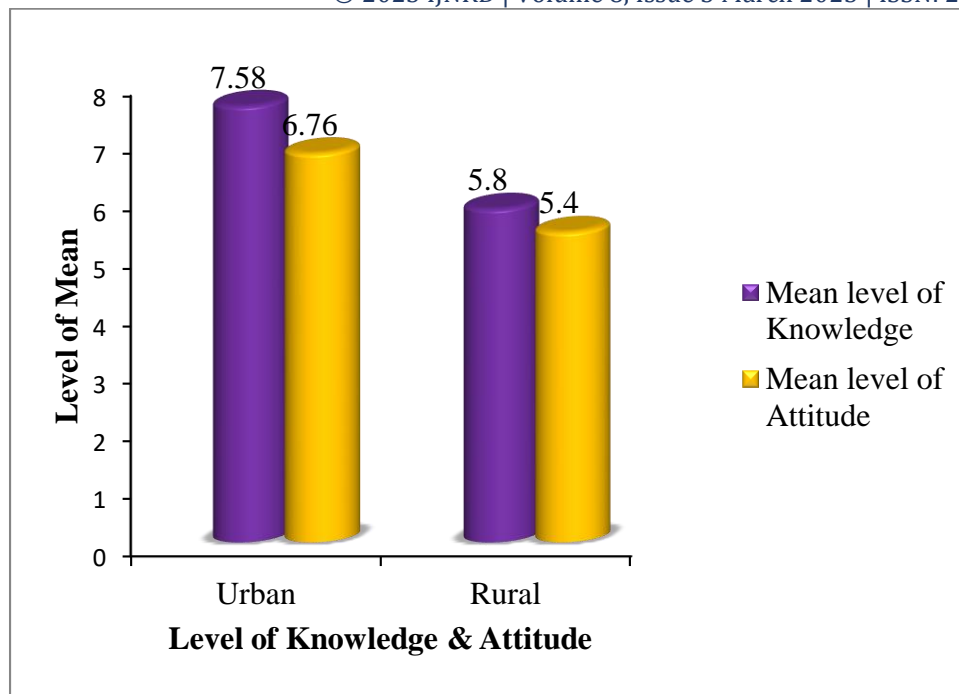
Among the rural participants, most of them, 33 (66%) were found with poor level of attitude, 13 (26%) of them were found with average level of attitude and 4 (8%) of them were found with good level of attitude.



**Fig 4.6: Percentage distribution of level of attitude on Covid-19 vaccine among rural and urban people at selected areas.**

**Table: 4.4 Mean level of knowledge and attitude on covid-19 vaccine among rural and urban people at selected areas.**

Variables	Urban		Rural	
	Mean	SD	Mean	SD
Knowledge	7.58	2.08	5.8	2.41
Attitude	6.76	3.11	5.4	2.56



**Fig 4.5: Meanlevel of knowledge and attitude on covid-19 vaccine among rural and urban people at selected areas**

**Table 4.5 Comparison of mean levels of knowledge on covid-19 vaccine among rural and urban people at selected areas.**

N=50

Knowledge	Mean	SD	t value
Urban	7.58	2.08	<b>3.96*</b> Table value: 2.7
Rural	5.8	2.41	

\*significant at  $p > 0.01$  level

## CONCLUSION

The rapid development of COVID-19 vaccine might have contributed to the emergence of concerns among the general population. Awareness about the COVID-19 vaccine, and its acceptance, varies depending on socio demographic characteristics. The most important factor for vaccine hesitancy is the occurrence of mild or serious adverse effects following immunization, and this may be the biggest challenge in the global response against the pandemic.



## NURSING IMPLICATION

The present study has got implications in the field of nursing, nursing administration, nursing research and nursing service. The nurse as a health care provider should be able to make significant contributions to maintain adequate knowledge and attitude regarding covid 19 vaccines to save the life of the individual.

## RECOMMENDATION

Based on the research findings the recommendations are as follows:

- ❖ A similar study can be conducted to assess the knowledge and practice among old age people regarding covid 19 vaccine.
- ❖ A study can be conducted among different group of people.
- ❖ A study can be conducted to find out the knowledge of parents and teachers on covid 19 vaccination.
- ❖ Similar study can be conducted with large sample to generate the findings.
- ❖ Similar study can be conducted by using experimental and control group.
- ❖ A similar study can be done with use of other teaching methods and teaching aids Regarding covid 19 vaccines.
- ❖ Educational programme on covid 19 vaccine can be conducted for the family members also.

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