

A study on Knowledge and perceptions about COVID-19 vaccination among the general public, India: An online survey

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by

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2021

by Student DECLARATION

BY STUDENT

I hereby declare that this dissertation titled A study on Knowledge and perceptions about COVID-19 vaccination among the general public, India: An online survey is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Name of Student -Chankit Gupta

Date 2 July 2021

CERTIFICATE

This is to certify that Chankit Gupta in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur has successfully completed his internship at IIHMR University during March 22, 2021 to June 19, 2021.

Place:
Date:

Preceptor/Head of the Organization
Name of the organization

CERTIFICATE

This is to certify that dissertation titled A study on Knowledge and perceptions about COVID-19 vaccination among the general public, India: An online survey is a record of the research work undertaken by Chankit Gupta in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
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Date

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Abstract

Only a few vaccines have received support against a COVID-19 (coronavirus) infection and are in circulation in several districts internationally. However, general local knowledge and insight into COVID-19 vaccination are considered ineffective. The aim of the study is therefore to examine the knowledge and findings about the COVID-19 vaccination in the general public (INDIA). An unknown population-based electronic survey was coordinated among a total of 214 people (61% male; 40% female; age group = 18+ years). The general description was carried out through a semi-organized and self-focused survey that included informed consent and three areas. (i.e. knowledge, socio demographics, and perceptions). Multiple linear regression was performed to determine the element that provides information and perceptions about COVID-19 vaccination.

About a quarter of the participants thought that the COVID vaccines available in INDIA are safe, 3.5% will be fully vaccinated and around 99% recommend them to family and friends. In the multiple regression model, higher levels of education, family units, and a history of basic vaccine intake were related to knowledge, little more than a fraction of the members believed that everyone should be vaccinated, and 61% responded that social workers should be vaccinated. Vaccinated first on the premise of need. 95% of vaccines in INDIA must be given for free and practically 90%. It is accepted that the COVID-19 antibody used in INDIA may have worked.

The results reflect poor information but more edifying information about the COVID-19 vaccine in the general population of INDIA. In order to develop the knowledge further, quick welfare orientation programs should be started before the mass vaccination plan.

Keywords: Perceptions, COVID-19, Antibody, Result, Knowledge.

INTRODUCTION

The coronavirus pandemic (COVID-19) will subsequently cause enormous severity and mortality pressures and in this way really affect the world's population and economies. Governments must be prepared to ensure access to and transmission of COVID-19 vaccines on a large scale and on an equal basis as guaranteed and reliable vaccines become available. This would include adequate delineation in terms of wellness, as well as methods of increasing confidence and understanding of the vaccine and those who administer it.

In 2015, the WHO Strategic Advisory Committee on Vaccination described the accessibility of vaccination facilities, describing vaccination aversion as "delay in approval or waiver of vaccinations, which can vary in type and severity depending on when and where it occurs and what "Vaccine is included as little research has confirmed. Immunization problems are increasing worldwide.

In 2019 it was named one of the top ten wellness options in the world by the World Health Organization. In many countries, vaccine misinformation creates significant difficulties in achieving population inclusion and immunity. Governments, welfare agencies, and mindfulness organizations need to be prepared to evolve and develop antibody mindfulness so that the public will advocate vaccination whenever possible. Misinformation sent across multiple networks can have a huge impact on the approval of a COVID-19 vaccine. Governments and networks should investigate existing levels of availability in order to obtain a potentially protected and fertile COVID-19 vaccine and identify the reasons for the reluctance and beyond that for antibody support. The coronavirus antibody is 90% viable in COVID19 due to SARS-COV2 contamination and will spread from December. We examine the respondents with a focus on vaccine preparation and reasonableness.

COVID disease (COVID-19) is a deadly contamination / dangerous infection that continues to affect various nations on the planet. This is due to the new strain COVID SARS-CoV-2, which has become a real general welfare problem worldwide. The World Health Organization (WHO) announced COVID-19 Outbreak as a pandemic on March 11, 2020. At this time, 223 were affected by this pandemic Nations with more than 104.37 million confirmed cases and 22.71 million registered deaths worldwide. The incidence is

higher in America (46,313,540 cases and 1,072,244 deaths) and Europe (35,003,091 cases and 767,235 deaths) than in Southeast Asia (12,982,540 cases and 199,668 deaths).

The number of new cases has increased rapidly in the country. Vaccines are the primary measure of general wellbeing and the best way to protect the population from COVID-19 as SARS-CoV-2 is an exceptionally contagious infection and has a profound impact on the population and from one side of the planet to the other. . Opposition to innovation and advancement of the COVID-19 vaccine against the spread and catastrophic effects of the disease continues, and new and more powerful antibodies are likely to be made as the pandemic progresses. Check the local detection of COVID-19 vaccinations while the vaccination is in progress.

In any case, there is an extraordinary discussion going on in India about the COVID-19 vaccine. A worldwide study on the possible detection of COVID-19 antibodies shows that 48% of the population studied were confused by the COVID-19 vaccination and remained questionable as to whether they would receive the vaccination. In addition, a Chinese report found that only a fraction of its members (54%) said they had been vaccinated. These generally low proportions of people who want the antibody can be stressful as the most successful proportion in fighting the spread of COVID-19 disease is protecting yourself from contracting COVID-19 by keeping the weak Accumulation of people when being vaccinated is the first opportunity.

Literature review

Holingue et al 2020: It showed in a population-based study of American adults that anxiety and fear of contamination and transmission of coronavirus (COVID-19) were related to expanded mental stress. In addition, the individual safety and cleanliness measures people took to avoid infecting others, she had it likelihood of intellectual problems

Luo et al 2020; in this investigation Luo portrayed An orderly survey and meta-examination of the mental and mental effect of COVID-19 showed that the commonness of nervousness and sadness individually.

Wang et al 2020; Wang u public to introduce such practices not only to reduce the risk of disease but also to reduce the stress related to COVID-19.

Simms et al 2020: Japan positioned among the nations with the most minimal antibody trust on the planet: this may be connected to the human papillomavirus (HPV) immunization wellbeing alarms that began in 2013, and following the choice by the Japanese Ministry of Health, Labor and Welfare in June, 2013, to suspend proactive suggestion of the HPV immunization.

Rochmyaningsih 2018; Yufika et al 2020; Moreover, Indonesia saw a huge drop in certainty somewhere in the range of 2015 and 2019, halfway set off by Muslim pioneers scrutinizing the wellbeing of the measles, mumps, and rubella (MMR) immunization, and at last giving a fatwa—a strict decision—asserting that the antibody was haram and contained fixings got from pigs and along these lines not satisfactory for Muslims. Neighborhood healers elevating normal options in contrast to antibodies likewise added to the fading trust in immunizations.

Fu , Padhi and Almohaithef 2020; Vaccination acknowledgment among general local area individuals in Saudi Arabia and among HCWs in China. Low apparent danger

may not exclusively be associated with antibody acknowledgment, yet additionally adherence to social removing measures and other general wellbeing countermeasures.

Aim/Objective

The objective of our study was to find out Knowledge and perceptions about COVID-19 vaccination among the general population in India.

Research Objective:

The specific objectives were:

- To determine perception towards COVID-19 Vaccination.
- To Determine awareness of COVID Vaccine.

Research Methodology

The study was conducted with inclusion of following variable under given headings:

TYPE OF RESEARCH

Primary research

STUDY TYPE

Descriptive study

STUDY AREA

The use of online form for data collection permits sampling of people from whole country who are literate and can use the internet and filling the self-administered response form.

STUDY POPULATION/ RESPONDENTS

General Public

RESEARCH DESIGN

Descriptive study design will be used for identifying the Knowledge and Perception of the sampled population.

SAMPLING

Non-probability convenience sampling was used for the allocation of the sample in target population.

SAMPLE SIZE

The sample comes out to be 160 patients with the given prevalence and calculation. The addition of over estimation (25%) and rounding figures set the target calculated sample size of more than 200. (With increase in sample size the validity of the results can be increased).

METHODS OF DATA COLLECTION

Online google form was used for the collection of data in google sheet, which was later imported to excel sheet.

DATA COLLECTION TOOL

Researcher administered Semi structured questionnaire.

QUESTIONNAIRES ADMINISTRATION

The administration of questionnaire to the units of analysis is either through face to face appointments or through sending it via the electronic mail. Primary data is collected from major hospitals and clinics from 199 patients. Sample size of 214 people is considered as sample from the population for the study. The time period of the study is around seven months.

This is a review study conducted at Pan India. This survey creates a questionnaire on information and findings about the COVID-19 vaccination. The survey is listed in a structured form by Google and the form of Google flows among the people of India. The sample was calculated using the 95% confidence interval. This information was analyzed with MS Excel 2016 and SPSS 22.

Result

Profile of General participants

A Sum of 214 complete survey were remembered for the last examination. Of them, 60.6% were male and 39.4% were female. Most were in this gathering from more elevated levels of education (42.7are alumni). Approximately 99 % of participants are vaccinated and (10%) of participants are not vaccinated.

Knowledge about the COVID-19 Vaccine

The spread of the individual data on the coronavirus (Covid-19) vaccination is shown. The average knowledge (information) score was significantly higher for the members who stated that they had a high school leaving certificate. with a history of receiving each of the vital vaccines as variables that are fundamentally related to the information displayed to participants.

Perception towards the COVID-19 vaccine

The appropriation of every insight's thing about COVID-19 antibody are Introduced by the inquiry 'Who should to have been vaccinated?'. This insight was altogether higher among guys versus females (60.6% versus 39.4%, $p = .004$). Practically 95% of members reacted that the immunization ought to be managed for nothing in India, moreover, most members accepted that the newfound COVID-19 antibody may have results (98%). More than half of members (56%) that if everyone in the overall population keeps up The Preventive measures, the corona virus pervasive can be annihilated without inoculation and reacted that they would not buy the antibody at their own cost on the off chance that it was not given for nothing by the public authority.

The study reveals the demographic profile of the individuals participated in the study. The basic profile indicated the participation of Male 60.6% and female 39.4 % as the sample population (n= 214)

Q. Age:

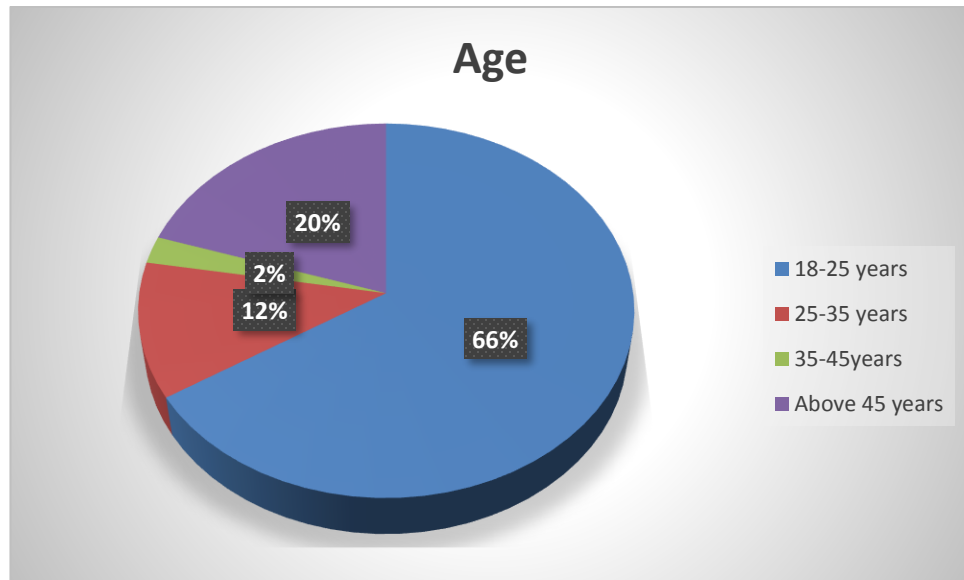


Figure 1: Age group segmentation of the sampled population (n=214)

Interpretation: Out of 214 sample population most of the population is from age group of 18-25 (66%) year. After that 45 and above years (20%) then 25-35 year (12 %) after that 35-45 years (2%). The minimum population Comes under age 35-45 year (2%).

Q. Demographic (Gender) segmentation of the sample population?

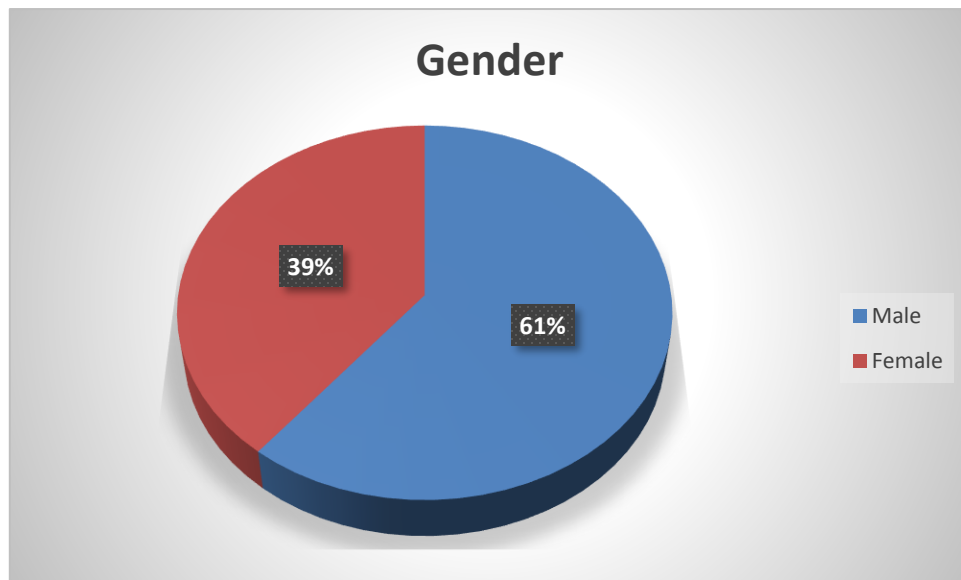


Figure 2 Demographic segmentation of the sample population (n=214)

Interpretation: In this chart, the basic profile indicated the participation of Male 61% and female 39% as the sample population (n= 214).

Q. Demographic (Education group) segmentation of the sample population?

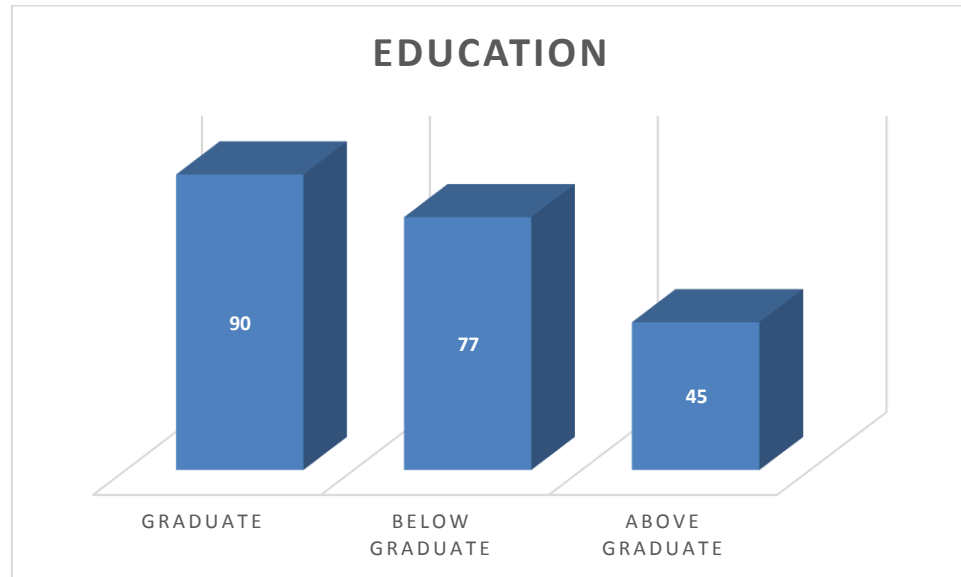


Figure 3 Demographic segmentation of the sample population (n=214)

Interpretation: In this chart in India most of the peoples are graduate 42.7% and 36.0% are below graduate, and 21.3% are Above graduate. It means most of the people are graduate.

Q. Employment status (Demographic) segmentation of sample population?

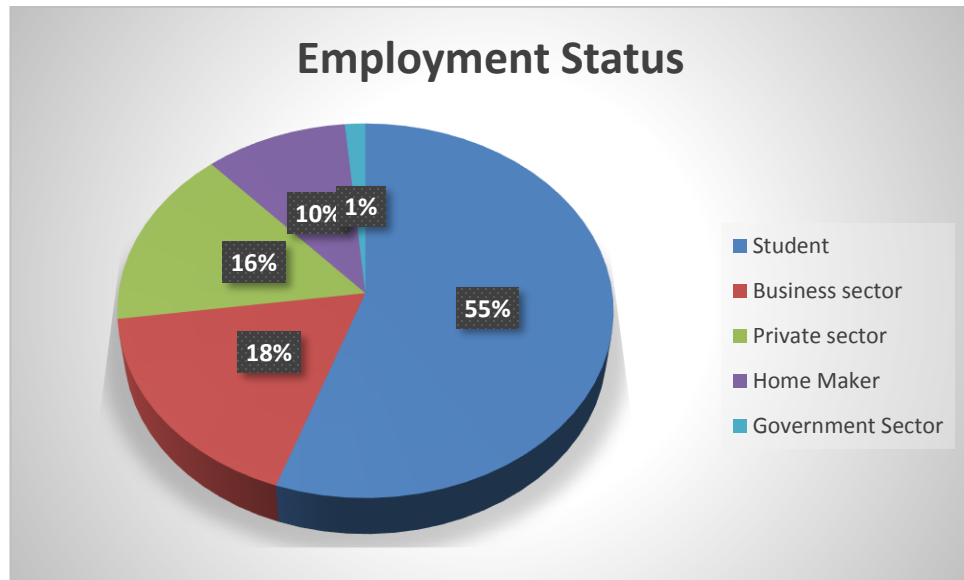


Figure 4 Employment status (Demographic) segmentation of sample population (n=214)

Interpretation: In this chart, 55% participants are Student and 18% participants are from Business Sector and 16% participants are from Private sector and 10% participants are from Home maker and 1% participants are from Government sector Background.

Q. Residency segmentation of sample population?

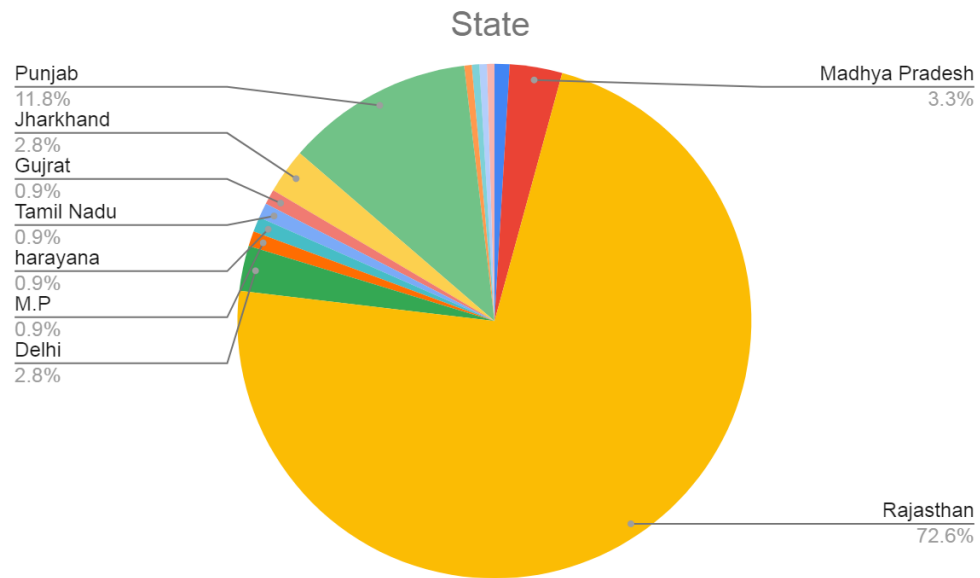


Figure 5 Residency segmentation of sample population (n=214)

Interpretation: In this chart 72.6% participants are from Rajasthan and 11.8% participants are from Punjab and rest of the participants (3.3% participants) are from Madhya Pradesh and remaining are from Jharkhand, Gujarat, Tamilnadu, Haryana and Delhi.

Q. Have you taken COVID-19 vaccine?

- Yes
- No

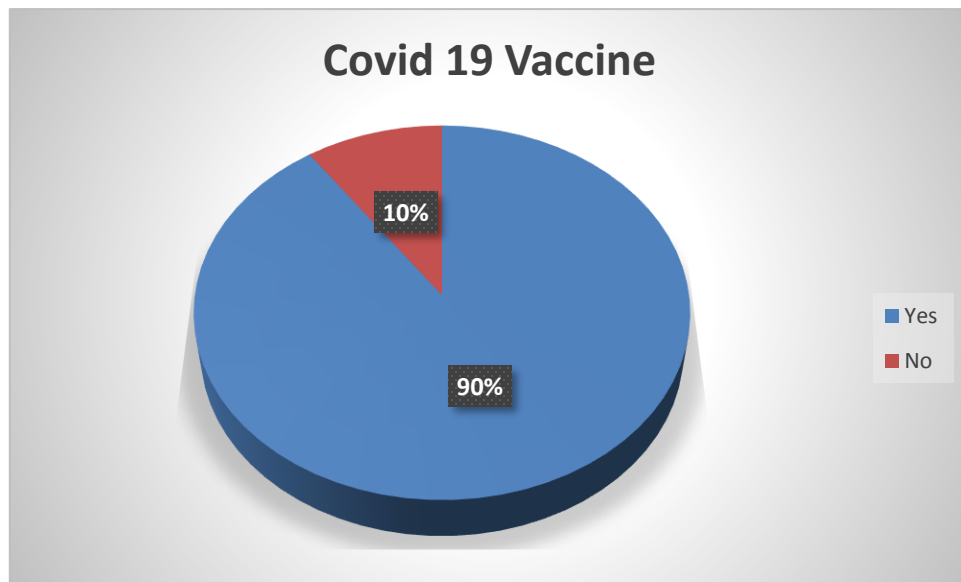
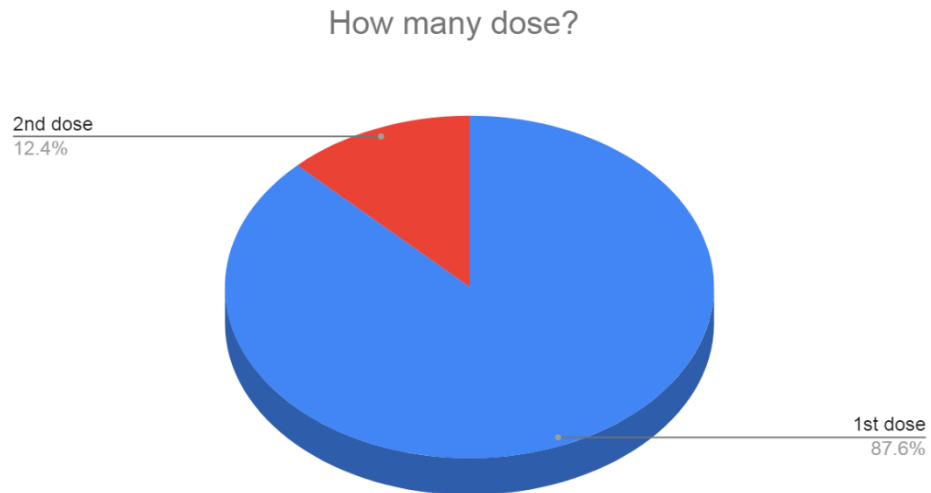


Figure 6 COVID-19 vaccine segmentation of sample population (n=214)

Interpretation: In this chart ,90.0% participants are taken COVID-19 vaccine and Approximately 10% of participants that they did not get vaccines.

Q. If yes how many does?

- 1st dose
- 2nd dos



=

Figure 7 Vaccine dose segmentation Of sample population (n=214)

Interpretation: In this chart, 87.60% participants are got first dose of covid-19 Vaccine and in which 12.40% participants are got both dose (1st and 2nd dose) of COVID Vaccine.

Q Which of the following vaccines have you got?

- COVISHIELD
- COVAXIN
- SPUTNIK

Which of the following vaccines have you got?

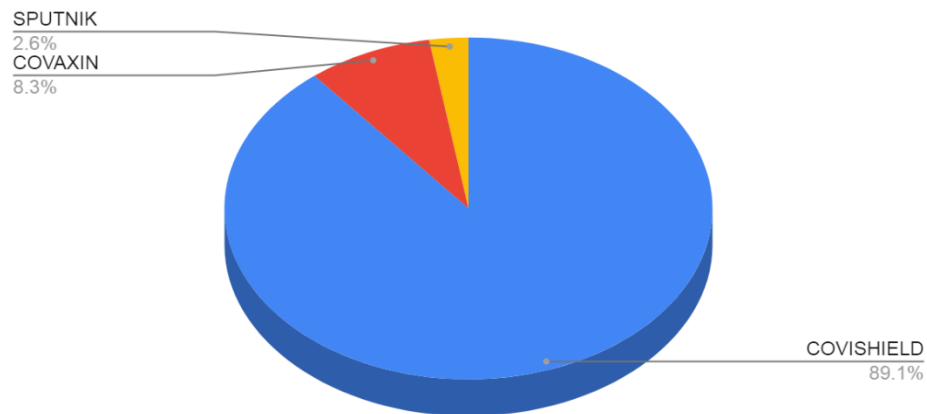


Figure 8 which of the following vaccine have you got is segmentation of sample population (n=214)

Interpretation: In this chart 89.1% participants got COVISHIELD and 8.3% participants are getting COVAXIN and 2.6% participants are got SPUTNIK.

Q. Where you have been vaccinated?

- Government hospital/ school
- Private hospital
- OTHER

Where you have been vaccinated?

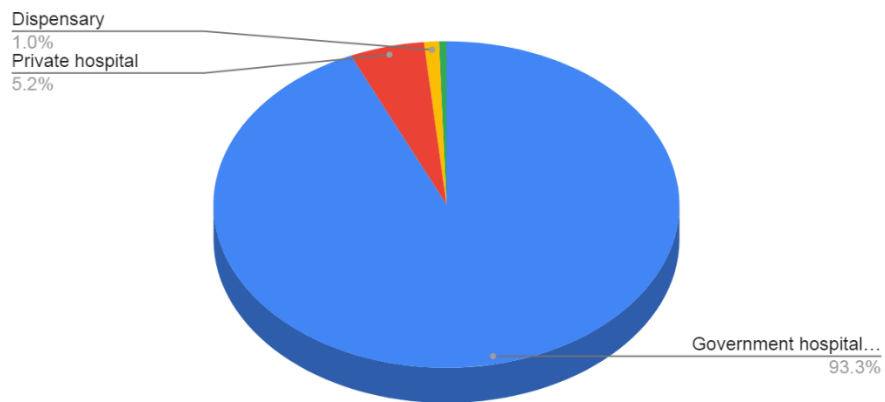


Figure 9 Where you have been vaccinated segmentation sample population(n=214)

Interpretation: In this chart 93.3% participants have got vaccination in government hospital and 5.2% have got vaccination in Private hospital and 1.0% participants have got vaccination in Dispensary.

Q How long you have Vaccinated?

- 1-2 week
- 2-3 week
- 4 week
- More than one month

How long you have Vaccinated?

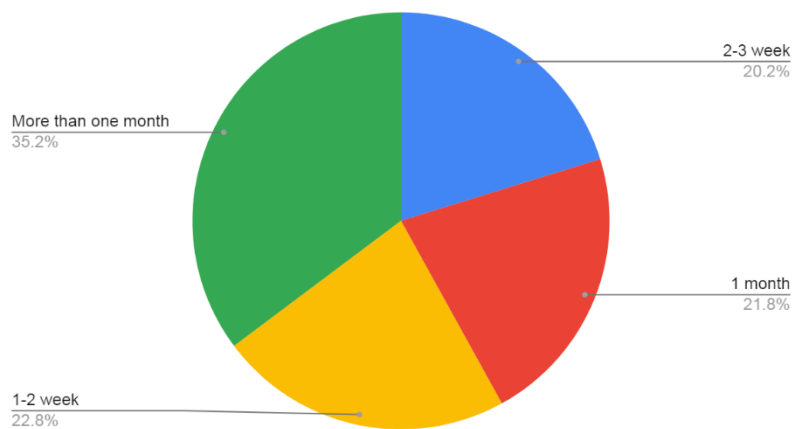


Figure 10 How long you Have vaccinated segmentation sample population (n=214)

Interpretation: In this chart, 47% participants are vaccinated more than one month ago, and 22.6% participants are vaccinated 1 to 2 weak ago and 21.8% participants are vaccinated one month ago 20.2% participants are vaccinated 2 to 3 weak ago.

Q. If you take both doses, so how much gap between the first and second dose of the COVID-19 vaccine?

- 28 days
- 48 days
- 84 days

If you take both doses, so how much gap between the first and second dose of the COVID-19 vaccine?

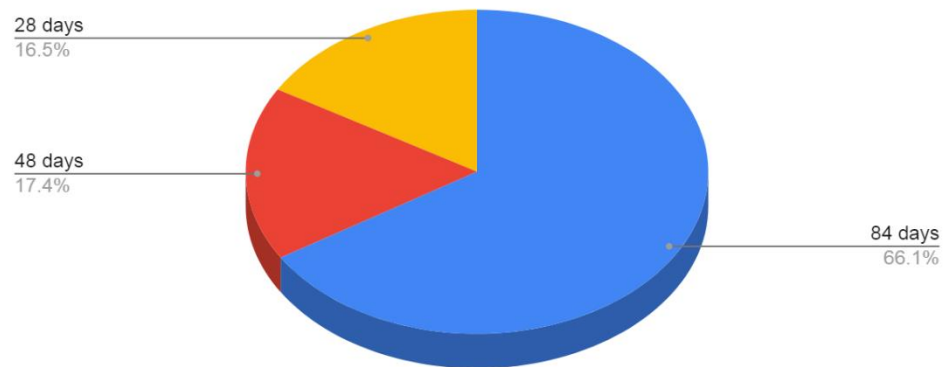


Figure 11 If you take both doses, so how much gap between the first and second dose of the COVID-19 vaccine segmentation sample population (n=214)

Interpretation: In this table, we find that 66.1% of the participants received the first and second doses of the corona virus immunization (COVID-19 vaccine) in 84 days and 17.4% of the participants received both doses of the corona virus immunization (COVID-19 vaccine) in 48 days. of the participants received the first and second dose. COVID-19 vaccine doses within 28 days.

Q. What is the maximum time you would spend getting the COVID-19 vaccine?

What is the maximum time you would be willing to spend to get the COVID-19 vaccine?

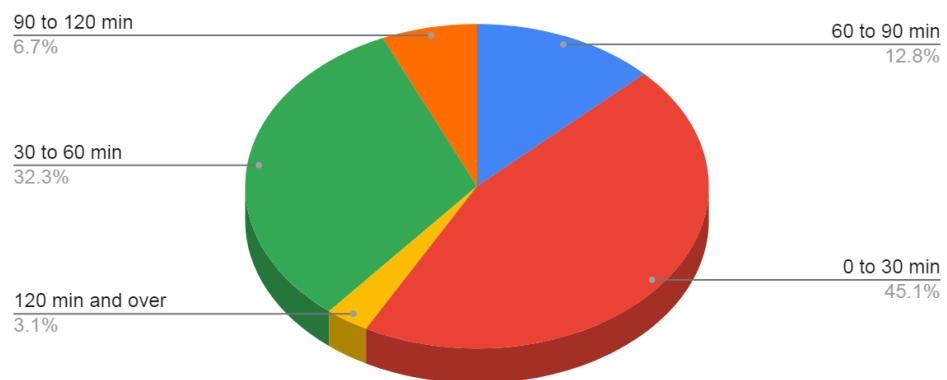


Figure 12 What is the maximum time you would be willing to spend to get the COVID-19 vaccine segmentation sample population (n=214).

Interpretation: In this graph, 45.1% of the participants spend 0 to 30 minutes for the COVID-19 vaccination and 32.3% of the participants spend 30 to 60 minutes for the COVID-19 vaccination and the 12.8% of the participants spend 60 to 90 minutes to receive the COVID-19 vaccine and 6.7% of participants devoted 90 to 120 minutes to taking the COVID-19 vaccine and 3.1% of participants devoted more than 120 minutes to taking the COVID -19 vaccine.

Q. What are the side effects you observe after vaccination? *

- Fever
- Headache
- Nausea
- Joint pain
- Fatigue
- Other

What are the side effects you observe after vaccination?

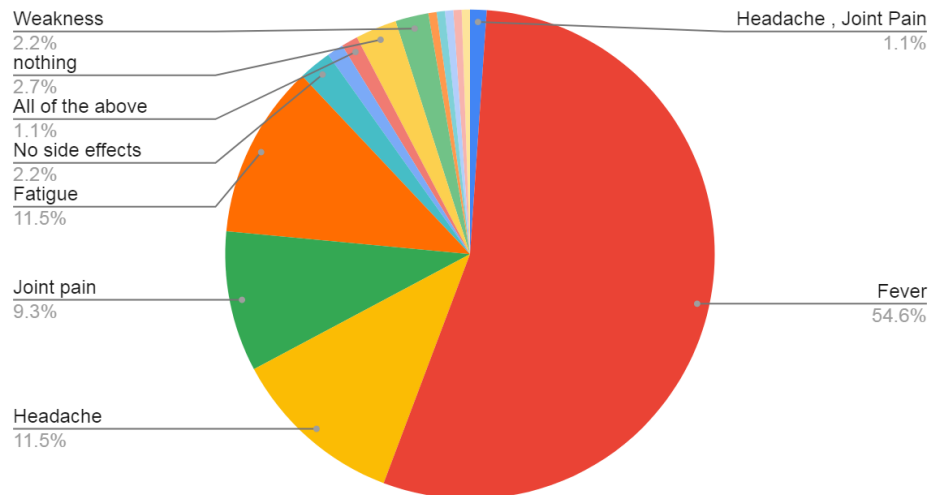


Figure 13 What are the side effects you observe after vaccination segmentation sample (n=214).

Interpretation: In this chart, 39% participants observe *Fever after taking vaccination* and 11.5% participants observe *Headache after vaccination* 11.5% participants observe *Fatigue after taking vaccination* and 9.3% participants feel joint pain *after vaccination* and remaining all participants observe *no side and weakness effect after taking vaccination*.

Q. What are the habitual changes you have observed after vaccination? *

- Loss of appetite
- Increase in appetite
- Improper sleep
- Mental health issues
- None of the above
- Other

What are the habitual changes you have observed after vaccination?

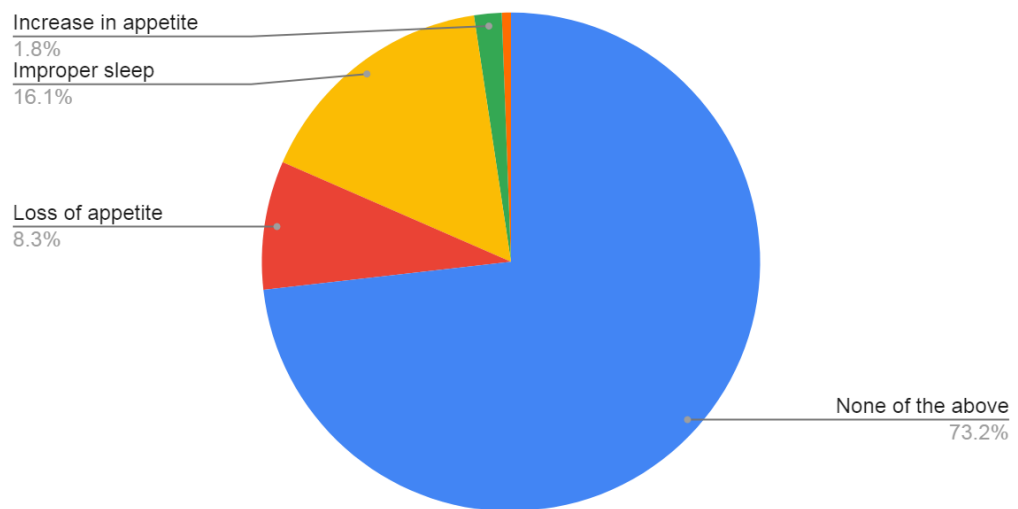


Figure 14 What are the habitual changes you have observed after vaccination segmentation sample population (n=214)

Interpretation: In this chart, the participants observed habitual changes after vaccination.

73.2% -none of above

16.1%-improper sleep

8.3%-Loss of appetite

1.8%- increase in appetite

Q. Do you motivate your family members and friends to go for coronavirus vaccination?

- Yes
- No

Do you motivate your family members and friends to go for coronavirus vaccination?

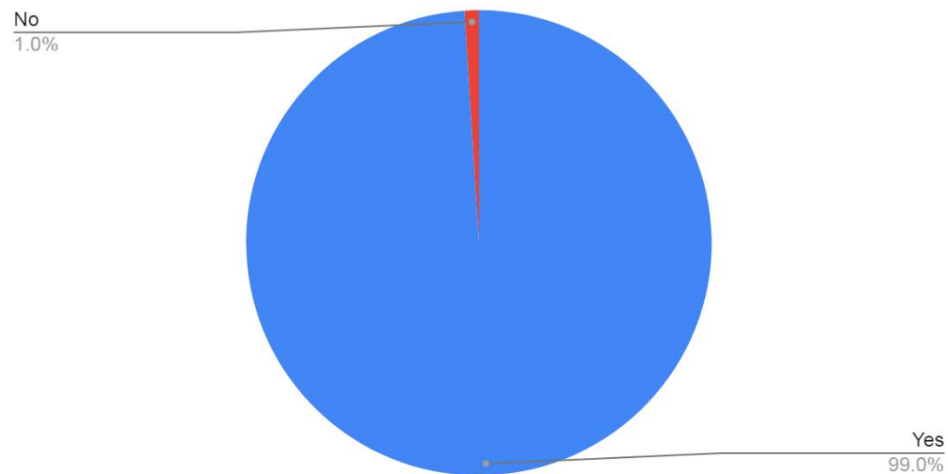


Figure 15 motivate your family members and friends to go for coronavirus vaccination segmentation sample population (n=214)

Interpretation: This chart said, 99% participants motivate your family members and friends to go for coronavirus vaccination and 1% not motivate your family members and friends to go for coronavirus vaccination.

Discussion

Our review found that more educated participants had more information about the coronavirus vaccine, which is also supported by previous research. Comparative situations were found in previous concentrates in India, showing that people with a higher teaching base showed more information about the coronavirus (COVID-19). Facts can confirm that more educated people are more competent and concerned about their wellbeing and prosperity by entering more data sources and addressing more life events that could affect them, such as the COVID-19 vaccine.

Strong associations were found between living in a home and information on COVID-19 vaccination. This is not confirmed by an initial report of cholera and oral cholera vaccinations in a similar country that did not find a strong association between information and family type. The group of people had more information about COVID-19 vaccines, which is similar to the research done in Indonesia to assess dengue antibody detection.

People who had previously received a vaccine had more information about the COVID-19 vaccine in this study. A new report in China assessing the detection of COVID-19 antibodies found that people recently vaccinated against the flu will need to detect the COVID-19 vaccine, which was also shown in a test in Hong Kong . This tendency in humans may be due to previous vaccination encounters. However, this affiliation was not maintained in the event of another relapse. This is confirmed by previous research in India that has shown a critical link between COVID-19 information and the metropolitan area. However, our finding contradicts a new report that uncovered more detailed information on COVID-19 in people living in rural areas of India.

Conclusion

The corona virus immunization (COVID-19) vaccination represents a potential of expectation for what's to come. The current investigation uncovered lacking knowledge however more uplifting outlooks towards COVID-19 vaccination in India. The discoveries propose quick wellbeing instruction projects and more precise data ought to be appropriated and promoted by separate wellbeing specialists. Strategy producers should find ways to guarantee enough information, inspirational perspectives and discernments towards COVID-19 Vaccination.

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ANNEXURE

Q.2 Name

.....

Q.3 Age:

.....

Q.4 Gender:

- Male
- Female
- Other.....

Q.5 Education:

- Below Graduate
- Graduate
- Above Graduate

Q.6 What is your employment status?

- Government Sector
- Private Sector
- Business
- Student
- Home Maker
- Other.....

Q.7 State:

.....

Q.8 Have you taken COVID-19 vaccine?

- Yes
- No

Q.9 If yes how many does?

- 1st dose
- 2nd dos

Q.10 Which of the following vaccines have you got?

- COVISHIELD
- COVAXIN
- SPUTNIK

Q.11 Where you have been vaccinated?

- Government hospital/ school
- Private hospital
- OTHER

Q.12 Mention the name of hospital /school, where you have been vaccinated?

.....

Q.13 How long you have Vaccinated?

- 1-2 week
- 2-3 week
- 4 week
- More than one month

Q.14 If you take both doses, how much time elapses between the first and second doses of the COVID-19 vaccine?

- 28 days
- 48 days
- 84 days

Q.15 What is the maximum time you would spend getting the COVID-19 vaccine?

Q.16 If you receive the COVID-19 vaccine in a private hospital, how much money do you spend on the COVID-19 vaccine?

- 200
- 250
- 300
- 350 and above

Q.17 What are the side effects you observe after vaccination? *

- Fever
- Headache
- Nausea
- Joint pain
- Fatigue
- Other

Q.18 What are the habitual changes you have observed after vaccination? *

- Loss of appetite
- Increase in appetite
- Improper sleep
- Mental health issues

- None of the above
- Other

Q.19 Do you motivate your family members and friends to go for coronavirus vaccination?

- Yes
- No

Q.20 Any comments about COVID-19 vaccination?

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