Assessment of Attitude and Perception of COVID-19 Vaccine Hesitancy in Rural and Urban Areas of Maharashtra, India

Radhika Gadge a#, Shreya Gupta a#, Amit Reche a## and Priyanka Paul Madhu a##

a Department of Public Health Dentistry, Sharad Pawar Dental College and Hospital, Datta Meghe Institute of Medical Sciences (Deemed to Be University), Sawangi (Meghe), Wardha 442001, Maharashtra, India.

Authors' contributions
This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: COVID-19 pandemic has afflicted the whole world. Older age group and people with comorbidities are on major risk to COVID-19. Around 200 vaccines are being developed around the world in hope to return the life to normal. On January 3, 2021, India’s drug regulator approved two COVID 19 vaccines in India- Covaxin and Covishield. COVID 19 vaccines are a great boon for the public health but they have posed new challenges amongst the healthcare workers as well as general population. Hesitancy towards these vaccines is one such significant botheration to public health.

Objectives: To evaluate the attitude and perception of COVID 19 vaccine hesitancy amongst the different age groups i.e., 18-45 years, >45 years (without co-morbidities and >45 years (with co-morbidities).

Methodology: A special questionnaire would be designed for evaluation of the hesitancy for COVID 19 vaccine amongst the 400 participants from various rural and urban areas in Maharashtra according to different age groups i.e., 18-45 years, >45 years (without co-morbidities and >45 years (with co-morbidities).
Keywords: Vaccine hesitancy; patient attitude; patient perception; COVID 19; Indian population.

1. INTRODUCTION

COVID 19 is a fatal pandemic endangering the entire population with the toxic virus. It mainly affects the respiratory system resulting in deficiency to draw breath. Along with this, patients also reported symptoms like pyrexia with chills, dry expectorations, tiredness and headache. The virus spreads mainly through person-to-person contact. Older age group and people with comorbidities are on major risk to COVID 19. The disease sprung from Wuhan, China in December 2019 with a large number of cases appearing globally. As a result of the prodigious spread of the virus, the entire country went into a state of complete lockdown on 24th March 2020 [1]. Thereafter, several measures were implemented by the ministries and other authorities to contain the spread of virus: maintaining social distancing among the people, use of N95 or surgical or fabric masks, recurrent handwashing, etc. As there is no availability of specific drugs for the disease, People prefer home remedies. Around 200 vaccines are being developed around the world in hope to return the life to normal. Russia is the first country to launch the COVID 19 vaccine. In December 2020, medicines and healthcare products regulatory agency (MHRA) of United Kingdom approved the use of COVID 19 vaccine and this became the first country to launch the PfizerBioNTech vaccine. On January 3, 2021 the drug regulator of India approved two COVID 19 vaccines in India- Covaxin and Covishield. Bharat Bio Tech in concordance with Indian Council of Medical Research and National Institute of Virology formulated Covaxin (also called as India’s own vaccine). It puts to use the deactivated SARS-COV2 virus obtained from an asymptomatic patient. The vaccine was approved by the Drug Controller General of India (DCGI) for Human Clinical Trials, as well as a flexible, consistent Phase I followed by a Phase II (Randomised, Double Blinded and Polycentric Study). The main objective was to assess the security, Reactogenicity, endurability, and Immunogenicity of the Vaccine [2]. Covishield is a derivative from the Oxford University’s AstraZeneca vaccine concocted by the Serum Institute of India (SII). This vaccine contains the weakened form of adenovirus. According to recent studies, Covishield is better recognised with an efficacy of 70.4% [2]. Both vaccines act by briefing the immune system with the SARS-COV2 spike protein.

As the COVID-19 vaccines emerge successful from clinical trials, the focus must shift from the advanced and sophisticated technologies to the behaviour and communications that will build trust among clinicians and the general public. COVID 19 vaccines are a great boon for the public health. Not only the vaccines provide first hand security to the vaccinated individuals but also it helps in concomitant safety of the general public through the generation of herd immunity. While significant resources have been invested in the evolution of shielded and efficacious vaccines, it is important to note that vaccination prevents harm and saves lives. Recently, India has started the vaccination drive on 16th March 2021 encompassing with it a lot many challenges and opportunities.

COVID 19 Vaccine hesitancy is one such challenge to public health recognised by WHO [3]. It is characterised as a spectrum of vaccine beliefs and behaviours that ranges from complete vaccine refusal to complete vaccine acceptance. Within this spectrum, vaccine-averse people make up a diverse group. They may reject some vaccines but accept others; they may hold up or welcome vaccines depending upon the advocated programmes but are unassertive whether their decision is “right.” [4]. Vaccine hesitancy is described by the World Health Organization as a “detainment in accepting or refusing vaccinations in spite of

| Expected Results: | As the world is fighting with the deadly pandemic, COVID 19 vaccines have come to the relief of the people. The emanation and distribution of these vaccines have put forth many challenges in front of the government and the health care workers. COVID 19 vaccine hesitancy is one such challenge amongst the Indian population. Thus, this study is formulated to assess the attitude and perception of people towards COVID 19 vaccine hesitancy and to determine the cause of it. |
| Conclusion: | This study will evaluate the attitude and perception for COVID 19 vaccine among the participants. Senior citizens perceive that they will have some side effects due to vaccine whereas 18+ citizens perceive that their immunity can resist COVID-19. |
accessibility and feasibility of vaccination facilities.” Health knowledge gathered from a number of outlets, comprising of digital media such as the Internet and social media networks, can fuel COVID 19 vaccine hesitancy [5]. Since vaccines for COVID 19 are distinctive, unique and recently developed; misinformation or lack of knowledge, mistrust and fear for the vaccines can also trigger vaccine hesitancy. Thus, this study aims to assess the “COVID 19 vaccine hesitancy” amongst the general population in various rural and urban areas of Maharashtra.

1.1 Background/rationale

COVID 19 pandemic has afflicted the whole world. Older age group and people with comorbidities are on major risk to COVID 19. Around 200 vaccines are being developed around the world in hope to return the life to normal. On January 3, 2021, India’s drug regulator approved two COVID 19 vaccines in India- Covaxin and Covisheild. COVID 19 vaccines are a great boon for the public health but they have posed new challenges amongst the healthcare workers as well as general population. Hesitancy towards these vaccines is one such significant botheration to public health.

1.2 Objectives

To assess the attitude and perception of COVID 19 vaccine hesitancy amongst the different age groups i.e., 18-45 years, >45 years (without co-morbidities) and >45 years (with co-morbidities).

2. MATERIALS AND METHODOLOGY

Sample selection-

Sample size is determined using the following formula

\[ \sqrt{n} = \frac{\frac{Z\alpha}{2} \times \sigma}{E} \]

Where,

- \( \sigma \) = previous expected values=24
- \( E \) = desired Margin of error = 5
- \( Z_{\alpha/2} \) = confidence interval of 90%, \( Z = 1.65 \)

n = sample size estimated 400

A special questionnaire would be designed for evaluation of the hesitancy for COVID 19 vaccine amongst the 400 participants from various rural and urban areas in Maharashtra.

Inclusion criteria: Individuals in the age group of:

1) 18-45 years
2) >45 years (without co-morbidities)
3) >45 years (with co-morbidities)

Exclusion criteria:

1) Healthcare workers
2) Individuals less than 18 years of age.

2.1 Measurement

A questionnaire is designed to evaluate the hesitancy for COVID 19 vaccine amongst the participants. The questionnaire is divided in 3 parts: the first part consists of the demographic information of participants, and their educational status. The second part include assessing the attitude and the third assessing the perception using a 5-point Likert scale. Participants will be asked to complete a questionnaire in a particular period and demographic information was included at the start of the survey.

Bias: All the potential sources of bias has been removed.

Quantitative variables: All the demographic details and the questions in relation to the questionnaire will be recorded with the help of electronic forms and record in the excel sheet.

Statistical methods: Statistical software of SPSS version 22 has been used for the analysis. Descriptive statistics and frequency distribution will be done for recording the demographic details and responses of the questionaire. Person’s correlation and chi-square analysis is done to evaluate the association between age, gender and socioeconomic scale with the perception of the patients towards the selection of dentist.
Table 1. Attitude based questions

<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Question</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Do you think you Have taken COVID 19 vaccine on your own will?</td>
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<td>2)</td>
<td>Do you feel lack of confidence regarding COVID 19 vaccine safety?</td>
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<td>3)</td>
<td>Do you feel lack of confidence in efficacy of COVID 19 vaccines?</td>
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<td>4)</td>
<td>Do you feel there is any anti vaccination movement against COVID 19 vaccine?</td>
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<td>5)</td>
<td>Do you have any kind of fear of needles and pain?</td>
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<td>6)</td>
<td>Do you think that the side effects occurring after the dose of COVID 19 vaccine are adverse?</td>
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<td>7)</td>
<td>Do you think you are self-satisfied after taking take the COVID 19 vaccine?</td>
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Table 2. Perception based questions

<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Question</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Do you think there is lack of knowledge regarding COVID 19 vaccine?</td>
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<td>2)</td>
<td>Do you think there is circulation of any negative information about the COVID 19 vaccines on the internet and social media?</td>
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<td>3)</td>
<td>Do you think there is inadequate transmission of information on vaccination by public health authorities?</td>
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<td>4)</td>
<td>Do you think there are issues related to COVID 19 vaccination policies and programs?</td>
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<td>5)</td>
<td>Do you feel there is lack of convenience to the COVID 19 vaccine?</td>
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<td>6)</td>
<td>Do you think there are religious beliefs against COVID 19 vaccine?</td>
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<td>7)</td>
<td>Do you think that the medical establishment is not trustworthy regarding COVID 19 vaccine?</td>
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<td>8)</td>
<td>Do you feel that the foreign vaccines are more effective than indigenous vaccines?</td>
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<td>9)</td>
<td>Do you think that the herd immunity will protect you even if you don’t take the vaccine?</td>
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</table>
3. RESULTS

As the world is fighting with the deadly pandemic, COVID-19 vaccines have come to the relief of the people. The emanation and distribution of these vaccines have put forth many challenges in front of the government and the health care workers. COVID-19 vaccine hesitancy is one such challenge amongst the Indian population. Thus, this survey is formulated to analyse the attitude and perception of people towards COVID-19 vaccine hesitancy and to deduce the cause of it.

4. DISCUSSION

COVID-19 is an infirmity originating from the novel coronavirus. Older age group and people with comorbidities are on major risk to COVID-19. Around 200 vaccines are being developed around the world in hope to return the life to normal. On January 3, 2021, India’s drug regulator approved two COVID-19 vaccines in India—Covaxin and Covishield. Covaxin is formulated by Bharat Bio Tech in cooperation with Indian Council of Medical Research and National Institute of Virology; also called as India’s own vaccine. Covishield is a derivative from the Oxford University’s AstraZeneca vaccine manufactured by the Serum Institute of India (SII).

According to Wilson SL and Wiysonge C, there is an important association between confederations on the online platform and uncertainties in the eyes of public on vaccine safety. To boot this, there is considerable correlation between foreign misguidance campaigns and dwindling of vaccination rates. According to Sarah Lanea, Noni E., Mac Donalda, hesitancy was commonly reported by >90% of countries. The reasons varied by country income level, by WHO region and over time and within a country. Eve Dubé et al and Dominique Gagnon et al concluded that the researchers as well as health care workers have the approach that vaccination rates are waning owing to the hesitancy regarding the vaccines which is a significant matter to buckle down to in Canada. Dispersal of cyanical facts online and deficiency of awareness were the crucial elements for vaccine hesitancy as brought to light by the participants. A number of related studies on COVID-19 and its impact have been reported [5-8]. Few of the related studies on awareness were reviewed [9-11].

5. CONCLUSION

This study will evaluate the attitude and perception for COVID-19 vaccine among the participants. Senior citizens perceive that they will have some side effects due to vaccine whereas 18+ citizens perceive that their immunity can resist COVID-19.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

CONSENT

As per international standard or university standard, participants’ written consent will be collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval will be collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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