



**ORIGINAL RESEARCH PAPER**

**Nursing**

**ASSESS THE MYTHS AND MISCONCEPTIONS REGARDING COVID-19 VACCINATION AMONG ADULTS**

**KEY WORDS:** vaccine, myths; Covid-19 vaccination, misconception, General public; Urban area.

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**ABSTRACT**

**Background:** Prior to the COVID-19 Pandemic, an established body of attitude existed about the structure and function of corona virus causing diseases like severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). This attitude accelerated the development of various vaccine platforms during early 2020. [1] The initial focus of SARS-CoV-2 vaccines was on preventing symptomatic, often severe illness. **Method:** The study was conducted on 15/02/2022. The research approach used to the study was quantitative approach, design was non experimental, descriptive survey research design, by using Non probability convenient sampling technique 100 adults of urban area at Kolhapur were selected. Myths and misconception scale was used which consist of 30 items to assess the level of myths and misconception of covid – 19 vaccination. Average time given for data collection to each sample was 30 min approximately. Data was analyzed by using mean, median, mode, Chi square test for finding association. **Result:** The result of the study revealed that 100 samples were selected conveniently from selected area of Bawada, of which 58% were females and 42% males, Most of them were in the age group of 20 – 30 years. Mean attitude score of the samples was 14.62 towards covid-19 vaccination. The findings of the study revealed that majority 92 (92%) of the sample had Poor Myths and Misconceptions, 6 (6%) of them had Moderate Myths and Misconceptions and 2 (2%) were having High Myths and Misconceptions towards covid-19 vaccination. **Conclusion:** The findings reveal that majority of the samples in urban area had Poor Myths and Misconceptions towards covid-19 vaccination.

**INTRODUCTION**

A COVID – 19 vaccine is vaccine intended to provide acquired immunity against severe acute respiratory syndrome corona virus 2 (SARS-COV-2), the virus that causes corona virus disease 2019 (COVID-19).<sup>1</sup>

The COVID-19 vaccines are widely credited for their role in reducing the severity and death caused by COVID-19. Many countries have implemented phased distribution plans that prioritize those at highest risk of complications, such as the elderly, and those at high risk of exposure and transmission, such as healthcare workers.<sup>1</sup>

As of 26 May 2022, 11.81 billion doses of COVID-19 vaccines have been administered worldwide based on official reports from national public health agencies. By December 2020, more than 10 billion vaccine doses had been preordered by countries, with about half of the doses purchased by high – income countries comprising 14% of the world's population. Despite the extremely rapid development of effective mRNA and viral vector vaccines, worldwide vaccine equity has not been achieved. The development and use of whole inactivated virus whole (WIV) and protein-based vaccines has also been recommended, especially for use in developing countries.<sup>1</sup>

Stigma remains a powerful negative attribute in all social relation. It is a considered an amalgamation of 3 related problems: a lack of attitude (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviour (discrimination). Scheff reported that people who are labeled as mentally ill associate themselves with society's negative conceptions of covid-19 vaccination and that society's negative reactions contribute to the mentally ill people even further. A persistent negative attitude and social rejection of people with covid-19 vaccination has prevailed throughout history in every social and religious culture. Of all the health problems, covid-19 vaccinations are poorly understood by the general public. Such poor attitude and negative attitude towards covid-19 vaccination threatens the effectiveness of patient care and rehabilitation. This poor and inappropriate views about covid-19 vaccination and negative attitude.<sup>1</sup>

Better attitude is often reported to result in improved attitudes towards people with covid-19 vaccination and a belief that covid-19 vaccinations are treatable can encourage early

treatment seeking and promote better outcomes. General public's view about covid-19 vaccination remains largely unfavorable. The topic of covid-19 vaccination itself evokes a feeling of fear, embarrassment or even disgust fostering negative attitude towards covid-19 vaccination and mentally ill people.<sup>1</sup>

Until everyone can be vaccinated, be sure to continue to follow all guidelines from your local health authority and take steps to protect yourself and others. Isolating yourself if you have any symptoms, wearing a mask, spending time outdoors rather than indoors, avoiding crowded places, and maintaining good hand hygiene can all help reduce the risk of SARS-CoV-2 transmission. So this initiated the nursing researchers to conduct a study on the level of myths and misconception among adults of selected urban area at Kolhapur.<sup>22</sup>

**MATERIALS AND METHODS**

The Quantitative, descriptive study was undertaken at Bawada PHC in Kolhapur, Maharashtra. The study population consisted of adults between the age group of 20 to 50 years residing at selected urban area at Kolhapur. A total 100 adults were selected by non-probability, convenient sampling technique. Adults who were willing to participate were included in the study, whereas adults who were mentally ill or not present during data collection were excluded from the study.

After an extensive review of literature, referring the books and journals as well as discussion with the guide and experts in field, the study tool was developed. It contained two sections. Section A comprised of 10 items seeking information on socio-demographic variables like Age in year, Gender, Religion, Family Status, Educational qualification, Occupational, Monthly Income in Rupees, Family history of any Covid-19 Vaccination, Family history of any Covid-19 Affected, Dose any member of the family belong to a health professional. Section B consists of 30 items of myths and misconception scale regarding covid-19 vaccination.

which was categorized into Positive and Negative Statements based on five-point Likert scale. They were scored 111-150 for poor, 71-100 for Moderate, 30-70 for High level of myths and misconception respectively. Prior permission was obtained from the concerned authority. For, maximum co-operation, the

investigators introduced themselves to the respondent and willingness of the participants was ascertained. The respondents were assured the anonymity and confidentiality of information provided by them. The data was collected from the subject on 15/02/2012 which took on an average 30 minutes for each subject. data collected were recorded systematically for each subject & was organized in a way that facilitates

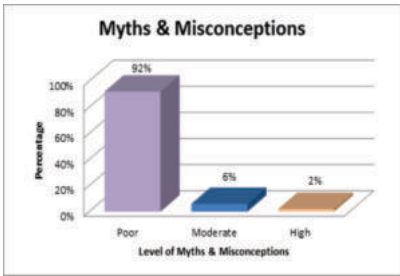
**Data was analyzed by following steps :**

- Organizing the data in master sheet.
- Frequency & percentage of data will be calculated for describing demographic variables.
- In Inferential statistics, Chi-square test was used to determine the association between the level of myths and misconception regarding covid-19 vaccination of adults with their selected socio-demographic variables.

In the main study, indicates that the majority of adults 47 (47%) belongs to age group 20-30 years & 32 (32%) belongs to age group 31-41 years. And 21(21%) belong to age group in 41-50. Majority of adults 42 (42%) were male & 52 ( 52%) were female, Majority of the adults 81 ( 81%) belongs to Hindu religion & 9(9%) belong to a Muslim 6 (6%) was belongs to christian, 4 (4%) belong to a other . Majority of the adults 74 (74%) were nuclear family & 24 ( 24%) was cousin family and 2 (2%) was joint family , Majority of the adults 41 ( 41% ) studied up to primary & 217(27%) were secondary educational status, Majority of the adults 21(21%) were high secondary and 8 (8%) graduate and 3(3%) were illiterate of the adults 37(37%) belong to be private employe ,and 35(35%) belong to be business, 18(18%) belong to be farmer ,and 10(10%) belong to be government employe 41 (41%) monthly family income is between Rs. 5000- 10,000 and 27 (27%) are <5000, 33(33%) belong to be a above 10,000 Majority of the adults 89 (89%) belong to be no family history of any health worker 11(11%) have family history of any health worker .Majority of the adults 79 (79%) had NO any affected in COVID 19& 31 (31%) belong to be family history of COVID 19 affected .20(20%) Major adult in family belong to health professions. 80(80%) belong

Sr. No.	Demographic Variable	.Score			Chi-square value		DF
		Poor	Mod erate	Good	Calculated value	Table value	
1	<b>Age Group</b>						
	21-30	2	24	2	15.94	12.59	6
	31-40	5	45	0			
	41-50	1	20	0			
	50+	1	0	0			
2	<b>Gender</b>						
	Male	5	41	0	2.03	5.99	2
	Female	4	48	2			
3	<b>Religion</b>						
	Hindu	5	44	2	2.78	12.59	6
	Muslims	2	25	0			
	Christian	2	15	0			
	Other	0	5	0			
4	<b>Family type</b>						
	Nuclear	5	64	2	3.3	9.49	4
	Joint	0	5	0			
	Cousins	4	20	0			
5	<b>Education</b>						
	illiterate	0	5	0	11.41	12.59	6
	Primary	0	28	2			
	secondary	5	41	0			
	Graduate	4	15	0			
6	<b>Income</b>						
	10000 below	2	19	0	4.86	15.51	8
	10001-20000	2	21	0			
	20001-30000	4	29	2			
	30001-40000	1	14	0			

40000+	0	6	0			
<b>7 Occupation</b>						
Unemployment	0	11	0	7.45	15.51	8
Farmer	1	18	0			
Private	3	38	2			
Govt.	1	6	0			
Business	4	16	0			
<b>8 Health workers</b>						
Yes	0	1	0	0.12	5.99	2
No	9	88	2			
<b>9 Covid 19 Affected</b>						
Yes	0	2	0	0.25	5.99	2
No	9	87	2			
<b>Professional Relative</b>						
Yes	1	9	0	0.24	5.99	2
No	8	80	2			



Majority of the samples 92 (92%) were having poor Level of myths and misconceptions, 6 (6%) were having Moderate Level of myths and misconceptions and 2 (2%) were having High Level of myths and misconceptions.

**DISCUSSION**

The chapter deals with the summary and discussion of the study findings. In addition to this it also deals with conclusion, recommendation for further research and implication. The present study has been undertaken to assess the myths and misconception regarding COVID 19 vaccination among adults in urban area at Kolhapur.

**Objectives:**

- To assess the myths and misconceptions regarding COVID 19 vaccine among adults of selected urban area at Kolhapur.
- To find out an association between the level of myths of COVID 19 vaccination among adults with their selected socio demographic variables.
- To find out an association between the level of misconception of COVID 19 vaccination among adults with their selected socio demographic variables.

The discussion has been presented under following headings

- Findings related to selected socio-demographic variables.
- Findings related to distribution of samples according to the level of myths and misconception of covid-19 vaccination.
- Findings related to association between the myths and misconception regarding covid-19 vaccination.

**1) Findings related to selected socio-demographic variables:**

Indicates that the majority of adults 47 (47%) belongs to age group 20-30 years & 32 (32%) belongs to age group 31-41 years. And 21(21%) belong to age group in 41-50. Majority of adults 42 (42%) were male & 52 (52%) were female, Majority of the adults 81 ( 81%) belongs to Hindu religion & 9(9%) belong to a Muslim 6 (6%) was belongs to christian, 4 (4%) belong to a other Majority of the adults 74 (74%) were nuclear family & 24 ( 24%) was cousin family and 2 (2%) was joint family , Majority of the adults 41 ( 41% ) studied up to primary & 217(27%) were secondary educational status,

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**2) Findings related to distribution of samples according to the level of myths and misconception of covid-19 vaccination.**

In the present study, out of 100 adults, majority of the samples 92 (92%) were having poor level of myths and misconception, while 6 (6%) were having moderate level of myths and misconception and 2 (2%) were having High level of myths and misconception.

**3) Findings related to association between the myths and misconception regarding covid-19 vaccination.**

In the present study, out of 100 adults, there is a significant association between the level of myths and misconception of covid -19 vaccinations with socio demographic variables such as like age group the calculated value chi square values are higher than tabulated value.

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