



ORIGINAL RESEARCH PAPER

Medical Surgical Nursing

A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING COVID-19 VACCINATION AMONG PEOPLE IN SELECTED RURAL AREAS OF MOHANLALGANJ, LUCKNOW, UTTAR PRADESH, INDIA

KEY WORDS:

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ABSTRACT

Introduction: COVID-19 vaccination uptake depends on community knowledge and attitudes. Few studies assess these in rural Indian settings. **Aim:** To assess knowledge and attitude regarding COVID-19 vaccination among people in selected rural areas of Mohanlalganj, Lucknow. **Methods:** A descriptive, non-experimental survey was conducted. Purposive convenient sampling obtained a sample of 100 adults (18–60 years). Data were collected using socio-demographic proforma, 11-item knowledge questionnaire, and 11-item attitude scale. Tool validity/reliability established; pilot conducted. Descriptive statistics and chi-square tests were used. **Results:** Mean knowledge score = 19.94 (SD 2.82); 18% had good knowledge, 65% average, 17% poor. Attitude: 58% favorable, 29% moderately favorable, 13% unfavorable. Most (92%) vaccinated. No significant associations found between knowledge and demographics. **Conclusion:** Majority had average knowledge and generally favorable attitudes. Targeted education may improve outcomes.

INTRODUCTION

COVID-19 has caused a global public-health emergency. Vaccination is a critical mitigation strategy, but acceptance depends on knowledge and attitudes in the community. Understanding local knowledge and attitudes helps design interventions.

Objectives

1. Assess knowledge regarding COVID-19 vaccination.
2. Assess attitude regarding COVID-19 vaccination.
3. Find associations between knowledge and demographics.

METHODS

Design: Descriptive cross-sectional survey in rural Mohanlalganj, Lucknow.

Participants: Adults 18–60 years; n=100, purposive convenient sampling.

Instrument: Demographics, 11-item knowledge questionnaire, 11-item attitude scale (Likert). Validated and pilot tested.

Ethics: Permissions and informed consent obtained.

Analysis: Descriptive statistics, chi-square tests ($p < 0.05$).

RESULTS

Sample: 26% aged 20–30, 33% aged 31–40, 29% aged 41–50, 12% aged 51–60. Gender: 48% male, 52% female. Education varied from illiterate (19%) to post-graduate (5%). Income: majority 10,001–20,000 (43%). Religion: 81% Hindu, 17% Muslim, 2% Christian. Vaccination: 92% vaccinated.

Knowledge: Good 18%, Average 65%, Poor 17%. Mean=19.94 (SD 2.82).

Attitude: Favorable 58%, Moderately favorable 29%, Unfavorable 13%.

No significant associations between knowledge and demographics ($p > 0.05$).

DISCUSSION

The study shows average knowledge and favorable attitudes toward COVID-19 vaccination. High vaccination coverage suggests effective outreach, though knowledge gaps remain. Results align with other studies on rural vaccine awareness. Public education is key.

CONCLUSIONS

Most participants had average knowledge and favorable attitudes. Targeted education campaigns and comparative urban-rural studies are recommended.

Implications

Nurses are crucial in vaccine education and community outreach. Nursing education should emphasize preparing nurses for public health education roles.

Limitations

Single-site, small sample (n=100). Convenience sampling limits generalizability. Self-reported data may have social desirability bias.

Recommendations

Replicate with larger, randomized samples. Comparative studies rural vs urban. Implement and evaluate targeted educational interventions.

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