A Study on Attitude of Indian Citizen towards Covid – 19 Vaccinations

M. RAGHURAM B.Com, MBA., DR. J. RANI MBA, M.Phil., Ph. D

School of Management studies, Sathyabama Institute of science and technology Chennai, Tamil Nadu, South India
Assistant Professor, Sathyabama Institute of science and technology Chennai, Tamil Nadu, South India

ABSTRACT
Vaccines are effective interventions that can reduce the high burden of diseases globally. However, public vaccine hesitancy is a pressing problem for public health authorities, With the availability of COVID-19 vaccines, little information isavailable on the public acceptability and attitudes towards the COVID-19 vaccines. This study aimed to investigate the acceptability of COVID-19 vaccines and its predictors in addition to the attitudes towards these vaccines among public.

I.   INTRODUCTION
The pandemic has disrupted the life of people globally. Amidst this grim situation, one of the positive signs of humanresilience is the development of effective and safe vaccines, within a year of onset of the pandemic. Vaccines are effective public health tools, which when given to sufficient numbers of people, can halt outbreaks of serious infections. The world currently faces a gross inequity in access to COVID-19 vaccines. While high income countries are making great strides in giving vaccines to all its people, low and middle income countries are still languishing with poor vaccine access.

II.   REVIEW OF LITERATURE
•   AAP Committee on infectious Diseases. COVID 19 vaccines in children and adolescents. Paediatrics 2021.
•   ABU-RADDAD LJ, Chealey H, Bitt AA, for the National Study Group for COVID-19 Vaccination.
Effective of the BNTI162b2 Covid-19 vaccine against the B.1.1.7 and B.1.351 variants. N El J Med.
•   ABURTO JM, Solly J, ahis sky I, et al.
Quantifying impacts of the COVID-19 pandemic through life-expectancy losses; a population - level study of 29 countries. Int J epidemic 2021.
•   FL, Ario AR, Al-PH, et al.
Cutaneous anthrax associated with handling carcasses of animals that died suddenly of unknown cause: Aura District, Uganda, January 2015-August 2017. PLOS Neg Trop Dis 2021.

INDUSTRY PROFILE
To ensure the latest information is available, the landscape will be updated twice a week by searching, gathering and cross- checking data from multiple sources such as the Cochrane vaccine mapping tool, PubMed, Clinical Trials gov, WHOICTRP and from a network of researchers and industry for new candidate vaccines by screening registered trials for clinical information. Where data is missing, we either do not add any information or we supplement information gathered from press or public releases. We welcome your feedback to help us update or make necessary changes.

OBJECTIVES
Rapid deployment of vaccines against COVID-19 may enable non-pharmaceutical interventions to be eased in the coming months. Efficient and effective vaccination strategies should be directed by explicit objectives.

NEED FOR THE STUDY
A COVID Vaccine Certificate (CVC) issued by the government offers an assurance to the beneficiary on the vaccination, type of vaccine used, and the provisional certificate also provides the next vaccination due. It is also evidence for the citizen to prove to any entities which may require proof of vaccination specially in case of travel.

SCOPE OF THE STUDY
Acceptance of vaccines has been on the decline in recent years. Despite encouraging early results for coronavirus vaccine trials, achieving herd immunity requires substantial uptake. We presented scenarios varying vaccine efficacy, minor side effects, and severe reactions to a sample representative of the US population.

RESEARCH METHODOLOGY
Vaccines go through various phases of development and testing-there are usually three phases to clinical trials, with the last one designed to assess the ability of the product to protect against disease, which is called efficacy. All phases assess safety.

SOURCES OF DATA:
Primary data- Questionnaire given with 66 respondents. Secondary data- Websites and online journals, Published reports and review of literature from published article.
STRUCTURE OF QUESTIONNAIRE:
Questionnaire was divided into two sections.
First part was designed to know general information about respondents and the second part contained the respondent opinion about **Indian Citizen's**.
Basic introduction
Personal details
Research related question
Perception questions
Likert scaling Questions
Suggestion questions

III. DATA ANALYSIS
TABLE 1: AGE OF THE RESPONSE

PARTICULAR	NO OF RESPONSE	PERCENTAGE OF RESPONSE
18-22	40	60.6
22-30	18	27.3
30-45	6	9
45 and above	2	3.1

INTREPRETATION
From the above table shows that the age of the response 60.6% of 18-22, 27.3% of 22-30, 9% of 30-45, and 3.1% of 45 and above of the respondent.
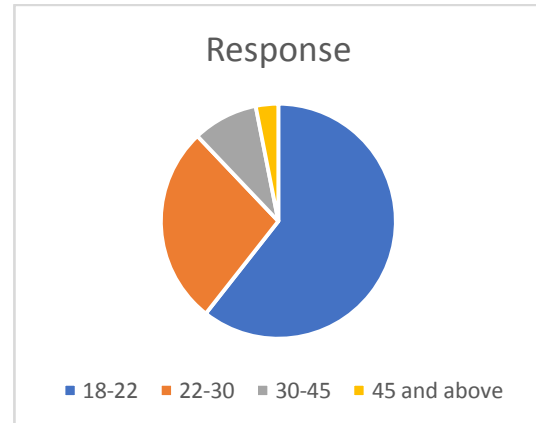
CHART 1: AGE OF THE RESPONSE

Response

| ■ 18-22 | ■ 22-30 | ■ 30-45 | ■ 45 and above |

TABLE 4: WHAT ARE THE SYMPTOMS FACED AFTER GETTING VACCINATED?

PARTICULAR	NO OF RESPONSE	PERCENTAGE OF RESPONSE
COLD	1	1.5
COUGH	0	0
HEADACHE	4	6.1
FEVER	9	13.6
BOTH A AND B	33	50
ACHES AND FEVER	10	15.2
FATIGUE AND HEADACHE	9	13.6

INTREPRETATION
From the above shows that the what are the symptoms faced after getting vaccinated of the response 1.5% of cold, 0% of cough, 6.1% of headache, 13.6% of fever, 50% of both a and b, 15.2% of aches and fever and 13.6% of fatigue and headache.

CHART 4: WHAT ARE THE SYMPTOMS FACED AFTER GETTING VACCINATED?

Response

- ■ Cold
- ■ Cough
- ■ Headache
- ■ Fever
- ■ Both a and b
- ■ Aches, fever
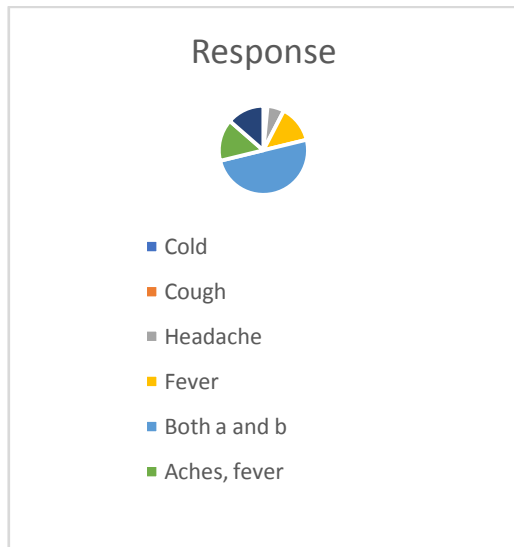
IV. CONCLUSIONS

The coronavirus disease continues tospread across the world following a trajectory thatis difficult to predict. The health, humanitarian and socioeconomic policies adopted by countries will determine the speed and strength of the recovery.

REFERENCE

[1]. Journals.plos.org
[2]. www.ncbi.nlm.nih.gov
[3]. docs.google.com
[4]. www.who.int
[5]. www.cidrap.unm.edu
[6]. www.mintegral.com
[7]. www.mdpi.com
[8]. www.axiomllc.com