Second Wave Covid-19: Survey on Attitudes and Acceptance of Vaccines and Psychological Impact of Second Wave

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ABSTRACT

Introduction: The second wave of COVID-19 is distressing the majority of the planet. This raised questions about approximately a conceivable second wave of coronavirus infection in 2019. (COVID-19).

Objective: The aim of this overview was to find out the level of vaccine information, demeanors, and acknowledgment, as well as to survey the mental status in connection to the second wave of COVID-19. Further, acceptance of COVID-19 vaccines is analyzed for Indian states by evaluating test inspiration and case death rates. At last, figures and noteworthy inputs are given based on scientific and epidemiological models.

Methodology: Snowball sampling at procedures was utilized to perform the online overview.

Results: The results are compared to the current COVID-19 wide scene; they choose up to urge to the mindfulness arrange, state of intellect against the antibodies, uneasiness, passionate trouble, as the affected individuals are seen as tall compared to the primary wave.

Conclusion: It is especially critical to require care of the population's mental well-being and valuable measures to moderate its badly arranged impacts within the middle of the COVID-19 second wave far-reaching, in spite of the truth that for the patients who are recovered from the COVID-19.

Key Words: COVID-19, Second wave, Vaccines, Attitude, Behavior, Psychological impact

INTRODUCTION

More than a year after the World Health Organization (WHO) announced COVID-19 a widespread on Walk 11, 2020, the dangerous SARS-CoV-2 infection proceeds to undermine open life around the world. Whereas most lockdown standards have been loose, social life remains distant from typical.^{10,12} A few immunizations have as of late been created by Oxford Covishield/Vaxzevria), Bharat Biotech (Covaxin), and others. However, mass-producing and disseminating vaccinations to cover a vast populace remains a difficult challenge. Meanwhile, most countries are also implementing anti-virus measures such as masking, psychological distancing guidelines, partial lockdowns, and shortened shop hours to keep the virus from spreading during the vaccine program.

The second wave is distinctive from the primary wave in September 2020 in two imperative ways: to begin with, the

rate of increment in modern cases is altogether higher. The increment from 10,000 to 80,000 modern cases per day from February to April has taken less than 40 days.

To meet the expanding request, state governments over the nation are working to guarantee the accessibility of sufficient healing center beds, both ICU and non-ICU, for COVID administration, as well as extended capacity in COVID Care Centers (CCCs) in both the open and private divisions.^{1,8, 11}

The second outbreak of COVID-19 contaminations has taken India's healthcare system off balance, with research failures and reports of critical-care bed, oxygen, and healing center shortages, effectively leaving ill patients without medication. The ice-cold quest for healing center beds may be a nationwide occurrence.^{2,13, 14} India is now dealing with the outbreak's myriad impacts on accessible health and social mediations, as current vulnerabilities are exacerbated

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and new vulnerabilities arise, in addition to the wellbeing impacts of the SARS-COV-2 infection and the COVID-19 disease^{3,16}. Casual laborers who work in densely developed, low-resource metropolitan areas have suffered significantly as a result of these changes. Quickened immunization campaigns are basic to the government's endeavors to avoid the spread of COVID-19. With the later increment in episodes, the government's possess objective is to manage 5 million dosages a day to individuals over the age of 45.^{17, 12}

The COVID-19 widespread has come to a basic point in India. To begin with put, all endeavors must be made to break the transmission chain and decrease the rate of modern diseases whereas causing the slightest harm to the economy and people's employments. At the same time, accelerated vaccines would help within the long-term control of the widespread. The past year has appeared, both inside India and in other nations, that solid political will, combined with health-system status and individual and community behavior alter, can create capably comes about. We trust that great, definitive steps taken presently will spare India from a long-moment wave of COVID-19 diseases and will put measures in put to dodge future waves of COVID-19 diseases.^{7,9,15}

RESEARCH PROBLEM

Vaccine hesitancy applies to the postponement or refusal of vaccines due to a lack of vaccine facilities. Factors like ease of use and confidence have an effect. Governments and societies must evaluate existing levels of awareness and ability to access a theoretically secure and reliable COVID-19 vaccine, as well as identify the root causes of vaccine skepticism.^{6,8} As a result, the aim of this Pan-India online survey was to determine how well our people knew about and accepted the latest COVID-19 vaccination program. Since COVID-19 vaccines are recent, there might be some doubt regarding their acceptance; as a result, we performed this research to better understand the situation and enable better use of resources.

It's important to understand as much as possible about the public's desires, reality, demeanors, and attitudes through an irresistible challenging outbreak in the second wave. Such data will help public health authorities and doctors in their attempts to increase connectivity. According to our interpretation, the bulk of research on this episode focuses on differentiating the evaluation of disease transmission and clinical characteristics of infected individuals, genomic characterization of the virus, and public health administration challenges.^{4,5} In either event, no investigative studies have been published on the effect of the COVID-19 second wave on India's general population's mental wellbeing. This study also provides a description of the real psychological condition of citizens in the second wave of COVID-19, which is not discussed in other reports.

OBJECTIVE OF THE STUDY

1. To analyze the level of acceptance of COVID-19 vaccines among individuals, as well as their attitudes and behavior during the second wave.
2. To investigate the current psychological status of individuals during the second wave.
3. To suggest the measures and coping techniques to improve the psychological health of the individual during the pandemic situation of second

RESEARCH METHODOLOGY

The current survey research is focused on important information gathered from 780 people from various parts of Tamilnadu, India. The data was collected using the snow-ball sampling survey methodology. Using an online survey, a cross-sectional overview plan was developed to assess the public's acceptance and attitude toward vaccines, as well as their psychological status response during the affliction of COVID-19 second wave. The online summary was initially distributed to friends and understudies, who were then encouraged to spread it to others.

SURVEY DEVELOPMENT

Socio-statistical factors, data and questions regarding COVID-19 vaccines; cautious COVID-19 preventive measures; the emotional effects of the COVID-19 second wave; and emotional well-being state were all included in the summary.

Age, gender, conjugal position, ability, range of place, and occupation are all included in the socio statistics portion. The survey's information level included specifics regarding COVID-19 vaccines and their approval level variables, which included the level of attitude toward vaccines, in conclusion, the level of fulfillment of COVID-19 second wave wellbeing results, the drift of unused cases and moving, and potential COVID-19 contamination care during the second wave. Respondents were required to show where their data came from. A self-administered survey that has been adopted by the Tamilnadu community for assessing the degree of mental effect after the presentation of a public health emergent. In the second wave, people's pain, nervousness, fatigue, and anxiety is used to measure their mental wellbeing.

RESEARCH LIMITATIONS

The study's most significant limitation is the participants' self-report. As a consequence, there's a chance the reports may be skewed. The study was conducted virtually over the internet, giving researchers access to people who use

social media. As a consequence, they don't worry about it right away, and they don't come up with a clear finding to back up a desire for a concentrated public health activity. A select number of peers was oversampled, which culminated in choice prejudice. Another stumbling block is that self-reported levels of emotional impact, uneasiness, depression, and stretch cannot be updated on a regular basis for a mental health expert's evaluation. In terms of satisfaction with the health information received and precautionary measures, respondents could have shown socially unfavorable answers.

DATA ANALYSIS AND INTREPRETATION

Based on our survey it was found that the utmost respondents (55.8%) contributed towards this research are females and under the age group of 30-40 years (37.5). Major contributions to this study are from married (60.6%) respondents and most of the samples have post graduate (63.5%) educational qualification. People residing in village (47.1%) have contributed much to our study and among the respondents, majority are private employees (60.6%). This constitutes the overall demographic analysis of the samples of this research.

AWARENESS, ATTITUDE AND BEHAVIOUR OF PEOPLE TOWARDS VACCINATION

From **Table 1** based on the awareness level and attitude of the respondents, most of them (50%) gets a daily media exposure of less than 1 hour on COVID-19 related information and they strongly agreed (58.7%) that they have awareness about vaccine and its importance. Social media (45.5%) gives the major source of awareness about the vaccine to the people. About (54.8%) of the respondents have no hesitancy to the vaccine and for the rest reason for the hesitancy was no response (53.8%). In the same time majority (60.6%) of the respondents feels the importance of vaccination. Based on the study majority (79.8%) of the respondents are not vaccinated. It is evident from the research that the most of the people (78.6%) opined that safety measures and medicines are not prescribed by hospitals after vaccination. Most of the respondents (51%) have positive feeling after the vaccination. Based on the study it is evident that majority (55.8%) of the respondents have no doubt on the vaccine safety and its efficacy. **Fig 1** shows that about (59.9%) of the respondent opined that demands of vaccines are the barrier they faced in vaccination. **Table 2** shows that fear of going in crowd to vaccinate is the major reason for vaccine hesitancy.

PSYCHOLOGICAL STATUS OF PEOPLE DURING INFECTED AND COVID-19 RECOVERED

Based on the inferential **Table 3** majority of our respondent (91.3%) are COVID-19 negative. About (65.4%) of the respondent family members are also tested negative. It shows that (91.3%) of respondents are not tested COVID-19 positive and about (65.4%) of respondents have their family or friends not affected with COVID-19. Most of the respondents (90.4%) have not admitted in the ICU for treatment. Most people opined that they face no sleep problem post recovery period but they faced fear or anxiety problem (71.2%) during the treatment. Fear on family safety was felt by at most (94.2%) the entire respondent. Major portion of the unit (66.7%) felt lonely and depressed during the treatment and it was an equalizer (50 -50%) in the respondent's opinion towards their experience about change in sleeping and eating pattern. Need for psychological support after recovering from COVID-19 is almost half of the people told that they require the support.

PSYCHOLOGICAL STATUS OF PEOPLE IN SECOND WAVE OF COVID-19

Based on the descriptive analysis of the **Table 4** shows that among the major concern of fear/ anxiety during second wave, fear of increase in death (45.2%) was found to be the major concern of the respondent. Most of the respondent (53.5%) feels adaptable in the second wave lock down compared to the first lock down. Based on the majority (66.3%) of the respondent faced mood swings / change in behavior after returning from treatment. Loss of income (45.2%) was the main impact on the respondent's life with the prevailing situation of COVID-19 pandemic. **Fig 3** shows that respondent strongly agreed (66.3%) by the people that they fear much about the second wave compared to first. It is evident from the research that most people (57%) needs psychological support during the lock down of the second wave and **Fig 2** also shows after the recovery (46%) from COVID-19.

Socio-demographic and Attitude and behaviour of people towards vaccine

H₁: There is a significant relationship between the age and attitude towards vaccine

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	47.367 ^a	12	.000
Likelihood Ratio	25.240	12	.014
Linear-by-Linear Association	.378	1	.539
N of Valid Cases	104		

a. 14 cells (70.0%) have expected count less than 5. The minimum expected count is .02.

Interpretation: Since the value of $P < 0.05$, we reject the null hypothesis. So there exists a significant relationship between the age and attitude towards vaccine

H_2 : There is a significant relationship awareness on vaccine safety and vaccine hesitancy

Chi-Square Tests				
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.612 ^a	1	.001	
Continuity Correction ^b	9.359	1	.002	
Likelihood Ratio	10.761	1	.001	
Fisher's Exact Test				.001
Linear-by-Linear Association	10.510	1	.001	
N of Valid Cases	104			

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.79.

Interpretation: Since the value of $P < 0.05$, we reject the null hypothesis. So there exists a significant relationship between the awareness on vaccine safety and vaccine hesitancy

Overall Interpretation

Based on the above table it's clear that vaccination barriers exist among India and based on the barriers, spending more time in the vaccination centre acts as a major barrier among people to vaccinate, next travelling long distance to vaccinate acts as a next main barrier among people, and demand of vaccines is also considered a barrier which is ranked in third position.

Factors	Chi-square value	Interpretations
Gender Vs. Vaccine hesitancy	0.203	Significant relation between gender and vaccine hesitancy
Area Vs. Mode of awareness	0.00	Significant relation between area and mode of vaccine awareness
Awareness of vaccine Vs. Vaccine hesitancy	0.00	Significant relation between awareness of vaccine and vaccine hesitancy
Vaccine safety doubts Vs. Vaccine hesitancy	0.001	Significant relation between doubts on vaccine safety and hesitancy on vaccines
Awareness of vaccine Vs. Fear of second wave	0.003	Significant relation between awareness level of vaccine and level of fear on second wave
Fear of second wave Vs. Change in sleep pattern	0.040	Significant relation between change in sleep pattern and fear of second wave

Awareness of vaccines and Level of fear during second wave

Second wave fear	Pearson Correlation	.317**
	Sig. (2-tailed)	.000
	N	510

Interpretation:

From the above Table, it's understood that correlation is significant at the 0.00 level (2-tailed). It's evident that there is positive correlation between awareness of vaccines and level of fear during second wave.

		sleep problem after recovery	Change in sleep pattern	anxiety about health	sleep problem in second wave	Nervous about situation
Anxiety about health	Pearson Correlation	.192	.404**	1	.420**	.244
	Sig. (2-tailed)	.156	.002		.001	.069
	N	56	56	56	56	56
Sleep problem in second wave	Pearson Correlation	.025	.410**	.420**	1	.282*
	Sig. (2-tailed)	.853	.002	.001		.035
	N	56	56	56	56	56

SUMMARY OF FINDINGS

In the statistical analysis, the maximum of the people (55.8%) contributed towards this research are females and under the age group of 30-40 years (37.5). Major contributions to this study are from married (60.6%) respondents and most of the samples have post graduate (63.5%) educational qualification. People residing in village (47.1%) have contributed much to our study and among the respondents, majority are private employees (60.6%). (60.6%) of the respondents feels the importance of vaccination. Based on the study majority (79.8%) of the respondents are not vaccinated. It is evident from the research that the most of the people (78.6%) opined that safety measures and medicines are not prescribed by hospitals after vaccination. Most of the respondents (51%) have positive feeling after the vaccination. Based on the study it is evident that majority (55.8%) of the respondents have no doubt on the vaccine safety and its efficacy. About (59.9 %) of the respondent opined that demands of vaccines are the barrier they faced in vaccination. Most people opined that they face no sleep problem post-recovery period but they faced fear or anxiety problem (71.2%) during the treatment. Fear on family safety was felt by at most (94.2%) the entire respondent. Major portion of the unit (66.7%) felt lonely and depressed during the treatment and it was an equalizer (50 -50%) in the respondent's opinion towards their experience about change in sleeping and eating pattern. Need for psychological support after recovering from COVID-19 is almost half of the people told that they require the support. (53.5%) feels adaptable in the second wave lock down compared to the first lock down. **Table 4 and Table 5** shows most of the people (60.6%) stay at their home and don't go outside at all during second wave. It was strongly agreed (52.9%) by majority of the sample unit that they faced anxiety about health during the second wave but they felt no sleep problems (60.6%) faced during second wave. In the same time majority of the people (63.5%) were feeling nervous and stress (70.2%) during the second wave of COVID-19. It was strongly agreed (66.3%) by the people that they fear much about the second wave compared to first. It is evident from the research that most people (57%) needs psychological support during the lock down of the second wave and also after the recovery (46%) from COVID-19. There is positive relation between the awareness and vaccine hesitancy. There is a positive relation between vaccines importance and anxiety level in the second wave.

DISCUSSION

According to the results, the majority of the participants are conscious of the present pandemic situation in India as well as vaccinations. Additionally, it seems that the majority of the participants regard vaccine demand as a significant ob-

stacle that the Indian government should strongly consider. Some of them have had questions about the vaccine and its efficacy, which could be answered by experts by calling any toll-free number, raising vaccine knowledge and value. 71 percent of respondents rated the episode's emotional impact as direct and fearful during treatment; 51 percent of respondents cited significant depression side effects; 46 percent cited high fear and intense stress levels, as well as the desire for psychiatric help long after they recovered. Health professionals should take this into consideration, because they should be able to identify high-risk individuals dependent on sociodemographic evidence in order to include early mental therapies. Since younger people are more receptive to smart phone apps, healthcare providers can recommend providing web or smart phone-based psychoeducation and mental mediations to patients to reduce the post-recovery psychological impact. The major effect of the current covid pandemic on the respondents' lives was a loss of jobs. As people thought about the second wave, they were more anxious and sad than when they thought about the first wave. According to the study, the majority of patients need psychiatric assistance during the second wave lockdown, and health care providers should take this into account. To - the impact of rumors, the government and health experts must provide detailed health details during the outbreak. The precautionary steps taken to prevent the dissemination of COVID-19 could have preventive psychological effects in the early stages of the outbreak.

CONCLUSION

During the COVID-19 episode's second level. As the affected individuals are seen as a minority and isolated from the majority of the population, the outcomes are related to the existing COVID-19 widespread; they include increased mindfulness, anxiety, uneasiness, and passionate difficulty. A lower mental impact of the flare-up, vaccination supply and understanding, and lower levels of stretch, uneasiness, and suffering were all linked to specific up-to-date and exact health details and some cautious interventions. The mediation measures used by various health experts and government bodies in combating vaccination doubts and demand for vaccination may help in removing the danger during the time of vulnerability; however, multivariate analyses done on previous flare-ups seem to have long-term cognitive and mental wellbeing impacts on the populace. During the COVID-19 second wave, it is important to prioritize the public's emotional health and take constructive measures to mitigate its negative consequences.

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Table 1: Awareness, Attitude and Behaviour of People towards Vaccination

Content	Factors	Percentage (%)
Daily media exposure to covid-19 related information	<1 hr	50
	1-2 hrs	31.7
	2-4 hrs	12.5
	>4 hrs	5.8
Awareness of vaccines and its importance	Strongly agree	58.7
	Agree	28.8
	Neutral	7.7
	Disagree	2.9
	Strongly disagree	1.9

Table 1: (Continued)

Content	Factors	Percentage (%)
Source of awareness about the vaccines	TV	19.2
	Social media	45.5
	Government ads	15.2
	Newspaper	10.1
	Friends and family	10.1
	Others	0
Possess vaccine hesitancy	Yes	45.2
	No	54.8
	Very important	60.6
Think vaccinating is important	Important	27.9
	Not much important	11.5
	Less important	0
vaccinated	Yes	20.2
	No	79.8
Safety measures and medicines prescribed by hospitals after vaccination	Yes	21.4
	No	78.6
Feeling after vaccination	Feeling safe and relaxed	49
	Fear of side effects	0
	Positive feeling on vaccines	51
	Others	0
Doubt on vaccine safety and its efficacy	Yes	44.2
	No	55.8
Barriers you faced in vaccinating	Travelling long to vaccinate	7.8
	Maximum time of spending in vaccine centre	22.3
	Demand of vaccines	59.9
	Cost of vaccines in private hospitals	7.8
	Others	2.2

Table 2: Reason for vaccine hesitancy

Reason for Vaccine hesitancy	Mean	Rank
Fear of risk or other serious problems	2.60	2
Fear of vaccine or injection	2.50	3
Fear of side effects	2.50	3
Fear of going in crowd to vaccinate	3.00	1

Table 3: Psychological Status of People during Infected and Covid-19 Recovered

Content	Factors	Percentage (%)
Currently tested positive	Yes	8.7
	No	91.3
Anyone from family or friends tested positive	Yes	34.6
	No	65.4
Any of you been in ICU for treatment	Yes	9.6
	No	90.4

Table 3: (Continued)

Content	Factors	Percentage (%)
Sleep problems affected post recovery	Yes	45.2
	No	54.8
Fear or anxiety during treatment	Yes	71.2
	No	29.8
Fear on family safety	Yes	94.2
	No	5.8
Felt lonely and depressed during treatment	Yes	66.7
	No	33.3
Fear much of second wave than first	Highly agree	66.3
	Agree	24
	Somewhat	7.7
	Disagree	1
	Strongly disagree	1
Experience change in sleeping and eating pattern in second wave	Yes	50
	No	50
Need of psychological support during lockdown of second wave	Yes	57
	No	21
	Somewhat	22
Need of psychological support after recovering	Yes	46
	No	28.8
	Somewhat	25.2

Table 4: Psychological Status of People in Second Wave OF COVID-19

Content	Factors	Percentage (%)
Kind of fear/anxiety during Second wave	Fear of increase in death	45.2
	Fear of hospital capacity	29.8
	Fear of traveling	4.8
	Fear on effectiveness of vaccine	8.7
	Fear of unemployment	11.5
	Other	0
Feel adaptable in second wave lock down than first	Yes	53.5
	No	21.5
	Somewhat	25
Mood swings or change in behavior after return from treatment	Yes	66.3
	No	33.7
Impact on your life if the situation continues	Feeling isolated from friends	24
	A negative effect on mental health	28.8
	Not having access to creativity	1.9
	Loss of income	45.2
	Other	0

Table 4: (Continued)

Content	Factors	Percentage (%)
Anxiety about health more that first wave	Strongly agree	52.9
	Agree	39.4
	Neutral	7.7
	Disagree	0
	Strongly disagree	0
Sleep problems in second wave	Yes	39.4
	No	60.6
Nervous about current circumstances	Yes	63.5
	No	15.4
	Somewhat	21.1
Feel Stress of second wave	Yes	70.2
	No	11.5
	Somewhat	18.3
Fear much of second wave than first	strongly agree	66.3
	Agree	24
	Somewhat	7.7
	Disagree	1
	Strongly disagree	1
Need of psychological support during lock-down of second wave	Yes	57
	No	21
	Somewhat	22
Need of psychological support after recovering	Yes	46
	No	28.8
	Somewhat	25.2

Table 5: Functioning of people during second wave

Functionduringsecond wave	Mean	Rank
I stay at home and I do not go outside at all	2.47	1
I stay at home and go out occasionally	2.75	3
I stay at home, but I go to work regularly	2.50	2

Figure 1: Barriers for vaccination.

Figure 2: Psychological support need after recovery.

Figure 3: Fear of second wave than first wave.