University of Basrah

College of Nursing

Attitudes Towards COVID-19 Vaccines in Basrah University Students.

A Research Project

Submitted to the counsel of the college of nursing at the university of Basrah

In the Partial Fulfillment of the Requirements for the Degree of Bachelor in Nursing Science.

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بسم الله الرحمن الرحيم

﴿ قُل لَّن يُصِيبَنَا إِلَّا مَا كَتَبَ اللَّهُ لَنَا هُوَ مَوْلَانَا وَعَلَى اللَّهِ فَلْيَتَوَكَّلِ الْمُؤْمِنُونَ ﴾

صدق الله العلي العظيم

[سورة التوبه :ايه ٥١]

الإهداء

إلى سيدِ الأنبياءِ والأوصياءَ مُحمدَ (ص) وأهلِ بيتهِ الميامينَ (عليهم السلام)...

إلى الأملِ الموعود والعدلِ المُنتظرَ (صاحب العصر والزمان)...

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Supervisors support

I certify that this project of research

Attitudes towards COVID-19 vaccines in Basrah University students

Was prepared under my supervision at the college of nursing university of Basrah.

Ass prof louay abud alwahid

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Attitudes Towards COVID-19 Vaccines in Basrah University Students.

Abstract

Background: The corona virus disease (COVID-19) pandemic has impacted everyone, including students . Accurate information about disease, its spread, preventive measures and government-issued advisories is critical for containin ganoutbreak.One of the key strategies to stop the increase of corona virus disease 2019 (COVID-19) cases is vaccine.

Objective of the study: To assess attitudes towards COVID-19 vaccines and knowledge about COVID-19 protection among Basrah University students.

Methodology: the study was descriptive cross sectional study questionnaire was used for the purpose of the data collection. the projects carried out in university of basrah .the study started from 18 November 2021 to 17 April 2022.the number of the sample is 484 students from all college 202male and 282 female. The questionnaire divided in to Main parts, the first part was to identify the demographic characteristics include gender ,age ,marital status and The place of residence and Second part consist of 20 questions 8 multiple choices.The last part includes the scientific axis consisting of 12 yes or no questions about the knowledge of the vaccine, the safety of the vaccine, and the impact of communication sites on the attitude towards the vaccine. The data was collected by Fill out the questionnaire while attending. before any attempt For data collection, the study was approved and presented to experts.

Results: The trend was positive towards taking the vaccine, as the percentage of those vaccinated was 92%.In case of infection, the percentage of students infected before the vaccination was 35%,while the percentage of infection after the vaccination was 4%.

Conclusion: A high rate of acceptance of COVID-19 vaccines was found among Basra University students. The ratio of vaccinators is very high and the majority of students vaccinated, taking the two doses. This latest difference where the rate of infection after the vaccine is less than the injuries before the vaccine and the participants of female high than male and the participants of single are lesses than the unmarried and outside the center high than city center.

Recommendation: We recommend health departments to Give educational courses and seminars on removing fears of vaccination ,a and some points must be planted, the most important of which are:

Trust: A person's confidence in the effectiveness and safety of vaccines.

Conviction: whether or not a person considers the disease to be extremely dangerous to his health.

Restrictions (or convenience): How easy it is for the person concerned to have access to the vaccine.

Collective responsibility: the desire to protect others from infection, through personal vaccination.

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Chapter One

INTRODUCTION

Chapter one

Introduction

1.1 Introduction

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic is one of the most important health challenges of the last century and is producing significant psychological, social and economic consequences .To date, there is still no definitive treatment for this viral respiratory infection, so prevention is essential [2].

Since coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was first described based on a cluster of cases in China, there have been more than 236 million confirmed cases of COVID-19, including 4.8 million deaths, and the disease has caused an ongoing global pandemic .Preventive measures such as social distancing, quarantining, and wearing masks, have become an essential part of daily life, and this pandemic has affected a wide range of people's lives, including mental, physical, and social aspects .To eliminate this pandemic, widespread vaccination against COVID-19 has been regarded as a promising measure[3].

Vaccines are one of the most reliable and cost-effective public health interventions ever implemented that are saving millions of lives each year [4].There is no doubt about the usefulness of the vaccine; however, in addition to vaccination other hygiene measures, such as

surface disinfection practices , hygienic sanitary measures such as hand hygiene and the use of a hydroalcoholic solution , as well as physical and social distancing and/or wearing masks , are necessary. Even though all of these measures have been useful since the beginning of the pandemic, their efficacy could be underestimated due to the appearance of vaccines, which are considered to be the most effective measure for achieving definite control of the virus **[2].**

The Government of Iraq had started the vaccination campaign on March 25, 2021 and as of February 13, 2022, nearly 9 million people have been vaccinated with at least one dose. However, one of the major threats to the coverage of vaccines and successful mitigation of the pandemic is vaccine hesitancy. Vaccine hesitancy was defined by the WHO Strategic Advisory Group of Experts as "delay in acceptance or refusal of vaccination despite availability of vaccination services"." Uncertainty and unwillingness to receive COVID-19 vaccine will be a significant challenge in accomplishing the vaccination coverage required for population immunity. Vaccine hesitancy is associated with several factors and is present worldwide and has been labelled as one of the ten threats to global health in 2019 .The main reasons to decline the vaccines were the thought that it was produced in a hurry, may have side effects, doubt about the efficacy of the vaccines, and also many people believe that they have already developed immunity against the virus **[5].**

High vaccination coverage rates are particularly necessary in the context of the current COVID-19 pandemic, to enable indirect protection of society as a whole, return society to a normal lifestyle, and reopen the

global economy .High vaccination rates are also essential in achieving herd immunity in order to reduce transmission of COVID-19 and create a low risk of infection among the general population and those most susceptible to transmission [6].

1.2 The importance of study

Students are one of the most vulnerable subpopulations to the COVID-19 pandemic due to their insufficient ability to self-protect from infectious diseases. Therefore, it is important to understand attitudes toward COVID-19 vaccines in this subpopulation to achieve the public health goals of vaccination programmes.

1.3 The aims of study

To assess attitudes towards COVID-19 vaccines and knowledge about covid-19 protection among Basra University students.

1.4 Definition term

1-Attitude : is a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor".[7]

2-SARS-CoV-2: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV 2) is a novel coronavirus (CoV) previously unknown to mankind. It is

classified as a beta-CoV of group 2B and is the cause of a serious life-threatening disease known as coronavirus disease of 2019 (COVID-19). **[8]**

3-Coronaviruses: is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which caused global pandemic that led to a dramatic loss of human life worldwide.**[9]**

4-vaccine hesitancy: refers to delay in acceptance or refusal of vaccination despite availability of vaccination services.**[10]**

Chapter Two

REVIEW OF LITEARATURE

Chapter Two

Review of Literature

2.1 COVID-19

2.1.1 Definition

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2(SARS-CoV-2).[11]

The new strain of coronavirus — COVID-19 — was first reported in Wuhan, China in December 2019. The virus has since spread to all continents.[12] [13]

Coronaviruses are named for their appearance: **"corona**" means **"crown."** The virus's outer layers are covered with spike proteins that surround them like a crown. [14]

2.1.2 Causes

Researchers aren't sure what caused it, and investigations as to its origin are ongoing. There's more than one type of coronavirus. They're common in people and in animals including bats, camels, cats, and cattle. SARS-CoV-2, the virus that causes COVID-19, is similar to MERS and SARS. They all came from bats.[15]

2.1.3 Signs and symptoms

Signs and symptoms of coronavirus disease 2019 (COVID-19) may appear 2 to 14 days after exposure. This time after exposure and before

having symptoms is called the **incubation period.[16]** Common signs and symptoms can include:

- Fever
- Cough
- Tiredness

Other symptoms can include:

- a loss of taste or smell.
- Shortness of breath or difficulty breathing
- Muscle aches
- Chills
- Sore throat
- Runny nose
- Headache
- Chest pain
- conjunctivitis
- Nausea
- Vomiting
- Diarrhea

[17]Children have similar, but usually milder, symptoms than adults. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes are at higher risk of more serious complication from COVID-19. **[18]**

The severity of COVID-19 symptoms can range from very mild to severe. **[19]**Some people may have only a few symptoms. Some people may have no symptoms at all, but can still spread it (asymptomatic

transmission) [20] [21]. Some people may experience worsened symptoms, such as worsened shortness of breath and pneumonia, about a week after symptoms start.

Some people experience COVID-19 symptoms for more than four weeks after they're diagnosed. These health issues are sometimes called post-COVID-19 conditions. Some children experience multisystem inflammatory syndrome, a syndrome that can affect some organs and tissues, several weeks after having COVID-19. [15]

2.1.4 Prevention of the COVID-19

- The best defense to prevent getting COVID-19 is to get vaccinated.
- Wash your hands for at least 20 seconds— especially before eating and preparing food, after using the bathroom, after wiping your nose, and after coming in contact with someone who has a cold.
- Wear a multilayered cloth facemask that fits snugly on your face and covers your mouth, nose and chin.
- Avoid touching your eyes, nose and mouth to prevent the spread of viruses from your hands.
- Cover your mouth and nose with a tissue when sneezing and coughing or sneeze and cough into your sleeve. Throw the tissue in the trash. Wash your hands afterward. Never cough or sneeze into your hands!
- Avoid close contact (within 6 feet) with those who have coughs, colds or are sick. Stay home if you are sick.

- If you are prone to sickness or have a weakened immune system, stay away from large crowds of people. Follow the directions of your healthcare authorities especially during outbreaks.
- Clean frequently used surfaces (such as doorknobs and countertops) with a virus-killing disinfectant.
- Use hand sanitizers that contain at least 60% alcohol if soap and water are not available.
- Get enough sleep, eat a healthy diet, drink plenty of liquids and exercise if you are able. These steps will strengthen your immune system and enable you to fight off infections easier. **[22]**

2.1.5 Spread of the COVID-19

❖ The virus travels in respiratory droplets released into the air when an infected person coughs, sneezes, talks, sings or breathes near you (within 6 feet). You may be infected if you inhale these droplets. **[23-26]**

❖ Can also get COVID-19 from close contact (touching, shaking hands) with an infected person and then touching your face. **[27]**

❖ It's considered possible to get COVID-19 after touching a contaminated surface and then touching your eyes, mouth, or nose before washing your hands. But it's thought to be unlikely.

2.1.6 Diagnosis

COVID-19 is diagnosed with reverse transcription polymerase chain reaction **(RT-PCR)** or other nucleic acid testing of infected secretions **a laboratory test**[28] . The healthcare providers may collect a sample of your saliva or swab your nose or throat to send for testing. [29] [30]

Imaging (Chest X_ray and CT scan) Chest CT scans may be helpful to diagnose COVID‑19 in individuals with a high clinical suspicion of infection but are not recommended for routine screening.[31][32]

large study in China compared chest CT results to PCR and demonstrated that though imaging is less specific for the infection, it is faster and more sensitive.[33]

2.1.7 Treatment

There is no specific, effective treatment or cure for coronavirus disease 2019 (COVID‑19), the disease caused by the SARS-CoV-2 virus.[34] [35] One year into the pandemic, highly effective vaccines have now been introduced and are beginning to reduce mortality related to SARS-CoV-2. [36]

2.2 A COVID- vaccines

2.2.1 Defention

is a vaccine intended to provide acquired immunity against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19)**[37]**

As of 21 February 2022, 10.57 billion doses of COVID-19 vaccines have been administered worldwide based on official reports from national public health agencies**[38]**. By December 2020, more than 10 billion vaccine doses had been preordered by countries**[39]**،with about half of the doses purchased by high-income countries comprising 14% of the world's population**[40]**

2.2.2 Common Side effects after receiving the vaccine

- feeling tired .
- headache .
- Pain at the injection site.
- Muscle aches .
- feeling unwell.
- High temperature.
- shivering in the body.

✓ It is noted that most side effects after vaccination are mild to moderate, occur within the first three days of vaccination, and disappear within one to two days of its start. If symptoms persist for more than 5-7 days, it is preferable to see a doctor to do the necessary tests**[41]**

2.2.3 Vaccines Work

SARS-CoV-2 is the virus that causes COVID-19. The spike protein on the surface of SARS-CoV-2 is an example of an antigen. Vaccines are the best way to train our immune system to recognize viruses, or pieces of viruses, called antigens. Our immune system creates antibodies and other defenses to protect us. When a vaccinated person is exposed to SARS-CoV-2, their immune system will recognize the viral antigens and spring into action to keep them healthy. There are many different types of vaccines.

2.2.4 Types of Vaccine Platforms

All vaccine platforms are designed to train our immune system. There are two categories of COVID-19 Vaccines:

1-Component Viral Vaccines

2- Whole Virus Vaccines.

1-Component Viral Vaccines

A. **Protein Subunit**: Contains isolated and purified viral proteins like:
   - Ebi Fac vaccine(Victor for Virology Russia)
   - Anhui Zhifei Longcom (Minhai Biotechnology Chinese) .

B. **Virus-like Particles (VLP)**: Contains viral proteins that mimic the structure of the virus, but no genetic material like :

- Sputnik-in(Aesthetics Institute in Moscow) .

C. **DNA-based and RNA-based:** Contains viral genetic material (such as mRNA) which provides the instructions for making viral proteins like :

- Pfizer-Biontech Vaccine (Pfizer American).
- moderna (moderna American).
- Takeda (Takeda Pharmaceutical Chinese).

D. **Non-Replicated Viral Vector:** Contains viral genetic material packaged inside another harmless virus that cannot copy itself.

E. **Replicating Viral Vector:** Contains viral genetic material packaged inside another harmless virus that can copy itself like:

- The Johnson (The Johnson & Johnson American).
- AstraZeneca (AstraZeneca-Oxford British).
- CanSino (CanSino Biologics Chinese).

2-Whole Virus Vaccines

A. **Inactivated**: Contains copies of the virus that have been killed (inactivated) like;

- Sinopharm (Sinopharm Chinese).
- koofy fak (Chumakov" in Russia).
- Bharat (Bharat Biotech Indian) .
- Sinovac CoronaVac chinnes .

B. **Live-Attenuated**: Contains copies of the virus that have been weakened (attenuated) like;

- Koveshield **(AstraZeneca-Oxford)**(Serum Institut in Indian)**[42]**.

2.2.5 Benefits of covid 19 vaccines

1) Prevents you from contracting COVID-19 or from becoming seriously ill or dying from COVID-19.
2) Preventing the spread of COVID-19 to others.
3) The number of vaccinated community members increases against COVID-19 - which slows the spread of the disease and contributes to herd immunity (so-called herd immunity).
4) Preventing the virus that causes COVID-19 from spreading and replication, the two processes that allow it to form a mutation that may be better able to resist vaccines**[43].**

Chapter Three

METHODOLOGY

Chapter Three

Methodology

3.1.Design of the project:

Descriptive cross-sectional study.

3.2.Setting of the project:

The projects carried out in university of basrah .the study started from 18 November 2021 to 17 April 2022.

3.3.Sample of the project:

Random study sample. The number of the sample is 484 students from all college 202 male and 282 females.

3.4.project instruments:

The questionnaire divided in to Main parts, the first part was to identify the demographic characteristics include gender ,age, marital status and The place of residence and Second part consist of 20 questions 8 multiple choice and 12 yes ,No questions.

The last part includes the scientific axis consisting of 12 yes or no questions about the knowledge of the vaccine, the safety of the vaccine, and the impact of communication sites on the attitude towards the vaccine. The data was collected by Fill out the questionnaire while attending.

3.5.Validity of instruments:

Content validity has been determined for evaluation of the tool through a panel of six experts, (Appendix A). To investigate the content of the questionnaire, those experts were provided with a copy of the study instrument asked to review and evaluate the instrument for its content clarity and adequacy. The researcher applied all recommendation of experts. Some items were excluded and others were added after taking all the comments and recommendations into consideration. The questionnaire was considered valid after performing the modifications that were based on their responses.

3.6.Statistical Data Analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS), version 26.

For data analysis

1- Percentage.

2- Frequency.

3- Variance.

4_Standard deviation .

5_mean of score .

Were used

Chapter Four

RESULTS OF STUDY

Chapter Four

Results of the Study

Table (4.1) Distribution of the Variables Related Demographic Characteristics N=484 Students .

4.1.1

Statistics		Frequency	Percent
Sex	Female	282	58 %
	Male	202	42 %
	Total	484	100 %

4.1.2

Statistics		Frequency	Percent
Living	City center	212	44 %
	Out center	272	56 %
	Total	484	100 %

4.1.3

Statistics		Frequency	Percent
Social statue	Single	449	93 %
	Married	35	7 %
	Total	484	100 %

The result of Table (4. 1) showed that the number of participating female students is higher than males by 58% for females compared to 42% for males.The percentage of students who live inside the city center was 44% and outside the city center was 56%.on other hands the percentage of single students 93% higher than married.

Table (4.2) Results of the Vaccination Attitudes for the sample N=484 Students.

4.2.1

Statistics		F	%
Vaccine	No	38	8 %
	Yes	446	92 %
	Total	484	100 %

4.2.2

Statistics		F	%
Type of Vaccine	No	38	8 %
	Pfizer	353	73 %
	Sino pharm	77	16 %
	AstraZeneca	16	3 %
	Total	484	100 %

4.2.3

Statistics		F	%
Dose	No	38	8 %
	Single dose	124	26 %
	Two doses	322	66 %
	Total	484	100 %

4.2.4

Before vaccine		F	%
Infection	No	314	65 %
	Yes	170	35 %
	Total	484	100 %

4.2.5

After vaccine		F	%
Infection	No	465	96 %
	Yes	19	4 %
	Total	484	100 %

4.2.6

Symptoms		Frequency	Percent
Fever	No	289	60 %
	Yes	195	40 %
	Total	484	100 %
Headache	No	301	62 %
	Yes	183	38 %
	Total	484	100 %
tiredness and lethargy	*No*	*218*	*45 %*
	Yes	266	55 %
	Total	484	100 %
Nausea	*No*	437	90 %
	Yes	47	10 %
	Total	484	100 %
Cough	*No*	459	95 %
	Yes	25	5 %
	Total	484	100 %
Shortness of breath	*No*	443	91 %
	Yes	41	9 %
	Total	484	100 %

Table (4.2) represents the frequency of participants' responses to the situation questions. The trend was positive towards taking the vaccine, as the percentage of those vaccinated was 92%, while the percentage of those who were not vaccinated was 8%.In the case of the type of vaccine, the percentage of students who received the Pfizer vaccine was 73%, Sino pharm 16% and AstraZeneca 3%.

The percentage of students receiving single doses was 26%, while the percentage of students receiving two doses was 66%.In case of infection, the percentage of students infected before the vaccination was 35%, while the percentage of infection after the vaccination was 4%.on other hand The symptoms of the vaccine that appeared on the students were fever 40%, headache 38%, tiredness and lethargy 55%, nausea 10%, cough 5%, shortness of breath 9%.

Table (4.3) Results the Assessment of knowledge about corona virus protection, N=484 Students .

Assessment of knowledge					
Question	N	Mean Score	Sd.	Variance	Ass.
Q1	484	0.73	0.443	0.196	Good
Q2	484	0.89	0.307	0.094	Good
Q3	484	0.70	0.459	0.210	Good
Q4	484	0.12	0.320	0.103	Weak
Q5	484	0.71	0.454	0.206	Good
Q6	483	0.37	0.485	0.235	Medium
Q7	484	0.54	0.499	0.249	Medium
Q8	484	0.68	0.465	0.217	Good
Q9	484	0.89	0.531	0.282	Good
Q10	484	0.87	0.339	0.115	Good
Q11	484	0.73	0.446	0.199	Good
Q12	484	0.62	0.487	0.237	Medium

*Weak = (0 – 0.33), medium = (0.34 – 0.67), good = (0.68 – 1) Mean Score

Mean Score assessment for sample						
Statistics	N	Min	Max	Mean Score	Sd.	Ass.
Knowledge	484	0.00	0.91	0.65	0.184	Medium

*Medium = (0.34 – 0.67) Mean Score

Overall assessment of knowledge about protection from coronavirus			
Mean Score	F	%	Ass.
0 – 0.33	47	10 %	Weak
0.34 – 0.67	221	46 %	Medium
0.68 - 1	216	44 %	Good
Total	484	100 %	

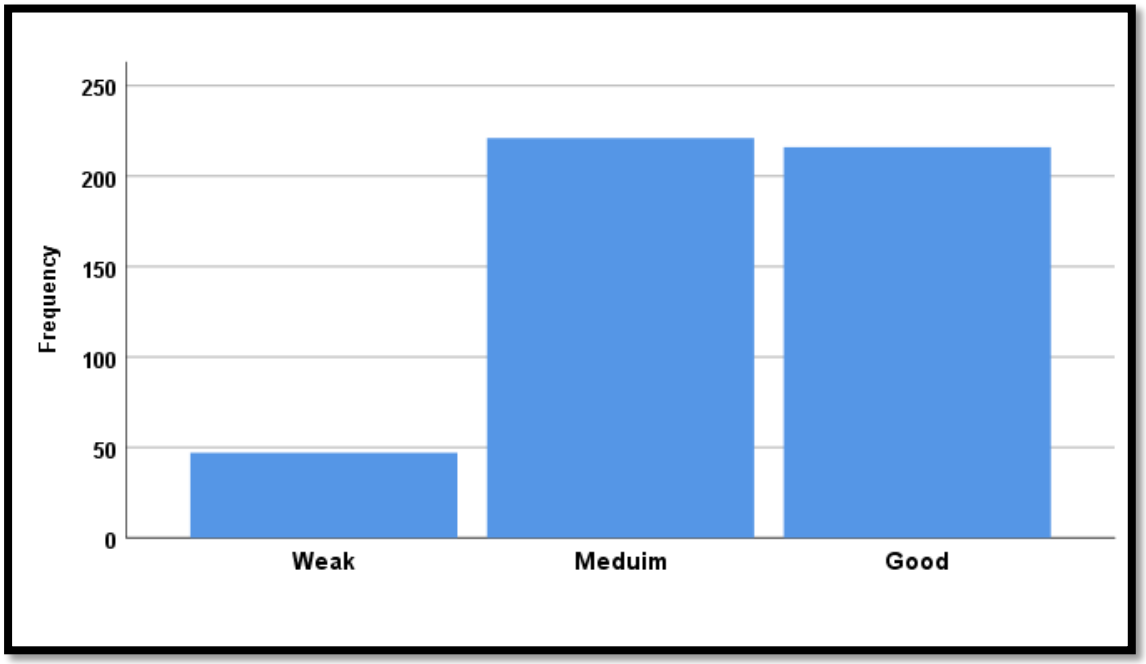

Figure 4.3.1 Overall assessment of knowledge about protection from covid-19 (weak=10%, medium=46%, good=44%)

Chapter Five

Chapter Five

Discussion

5.1 Discussion

This study was conducted for Basra University students to find out their attitudes towards the coronavirus vaccine. Various questions were asked to a number of Basra University students of both sexes (males and females).

Demographic information shows that the majority of students who answered the questionnaire 58% were female. The majority of the students participating in the study are from the out center , at 56%. According to (Table 4_1).Through the vaccination situation, the results were positive, as the percentage of vaccinated students reached 92%. The rate of infection with the Corona virus before vaccination was 35%, while the infection rate after vaccination was 4%. (Table 4_2).Through the overall assessment of knowledge about protection from the Corona virus, the results medium 46%.44% good, Weak by 6%. (Table 4_3).

According to a previous study examining the acceptability of COVID_19 vaccines among adolescents in China, there were (75.59%) adolescents who would accept vaccination for COVID-19.**[44]** According to another research conducted in Saudi Arabia, 63.2% of males and 66.9% of females had a positive attitude towards taking the COVID-19 vaccine whenever it was available **[45].** In a previous study, the general attitude towards the vaccine in Jordan was negative as it showed a low percentage (37.4%)**[4]**, while it was noted that the Spaniards, 95%, had a positive attitude. **[2]**

Chapter Six

CONCLUSION AND RECOMMENDATION

Chapter Six

Conclusion and Recommendation

6.1. Conclusion:

A high rate of acceptance of COVID-19 vaccines was found among Basra University students. The ratio of vaccinators is very high and the majority of students vaccinated, taking the two doses. This latest difference where the rate of infection after the vaccine is less than the injuries before the vaccine and the participants of female high than male and the participants of single are lesses than the unmarried and outside the center high than city center.

6.2. Recommendation :

We recommend health departments to give educational courses and seminars on removing fears of vaccination, and some points must be planted, the most important of which are:

1-Trust: A person's confidence in the effectiveness and safety of vaccines, the health services they provide, and the policymakers who decide to introduce them.

2-Conviction: whether or not a person considers the disease to be extremely dangerous to his health.

3-Calculation: the individual's participation in the comprehensive search for information that makes them weigh the risks and benefits of getting the vaccine.

4-Restrictions (or convenience): How easy it is for the person concerned to have access to the vaccine.

5-Collective responsibility: the desire to protect others from infection, through personal vaccination.

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Appendix [a]

Panel of Experts

ت	الاسم	اللقب العلمي	الشهاده والاختصاص	مكان العمل	سنوات الخبره
1	أ.د.سجاد سالم عيسى	أستاذ الدكتور	بورد طب الأسره	جامعة البصره كلية التمريض	26 سنه
2	د.سميره محمد	الأستاذ الدكتور	دكتوراه طب صحة المجتمع	جامعة البصره كلية التمريض	30 سنه
3	أ.د.محفوظ سالم	أستاذ	دكتوراه علم الفسيولوجيا	جامعة البصره كلية التمريض	22 سنه
4	أ.م.د.وصفي ظاهر عبد علي	أستاذ مساعد دكتور	دكتوراه علم الفسلجه	جامعة البصره كلية التمريض	30سنه
5	م.د.فراس عبد القادر	مدرس	دكتوراه طب الاسره	جامعة البصره كلية التمريض	10 سنه
6	م.فرحان لايذ	مدرس	ماجستير علوم الحياة	جامعة البصره كلية التمريض	15 سنه

APPENDIX B

QUSTIONNAIRE

Attitudes towards COVID-19 vaccines in basrah university students

مواقف طلبة جامعة البصرة حول لُقاح فيروس كورونا المستجد

اولاً: المعلومات الديموغرافية

الجنس ذكر ☐ انثى ☐

العمر ☐

محل السكن مركز ☐ أطراف ☐

الحالة الاجتماعية اعزب ☐ متزوج ☐

ثانياً : الموقف التلقيحي

هل أخذت اللقاح ؟ نعم ☐ كلا ☐

نوع اللقاح فايزر ☐ سينوفارم ☐ استرازينكا ☐

عدد جرعات اللقاح التي تلقيتها جرعة واحدة ☐ جرعتان ☐ أكثرمن جرعتان ☐

أعراض اللقاح حمى ☐ صداع ☐ تعب ونحول ☐ غثيان ☐ سعال ☐
ضيق النفس ☐ أعراض أخرى ☐

هل أصبت بفيروس كورونا المستجد قبل اللقاح ؟ نعم ☐ كلا ☐

هل أصبت بفيروس كورونا المستجد بعد اللقاح؟ نعم ☐ كلا ☐

أسباب قد تدفعُكَ إلى قبول اللقاح (يمكنك أختيار اكثر من نقطة)

☐ التحصين ضد المرض
☐ التخلص من القيود المفروضة مثل التباعد الاجتماعي وارتداء الكمامات
☐ العودة إلى الحياة الطبيعية
☐ قناعتي بأن اللقاح مهم جدا لإنهاء الجائحة

☐ أسباب أُخرى

أسباب قد تَمنُعك من تلقي اللقاح (يمكنك أختيار أكثر من نقطة)

☐ لا يوجد لديه معلومات كافيه عن اللقاح
☐ الإشاعات المتداولة حول اللقاح في وسائل التواصل الإجتماعي
☐ أنا قد أصبت بكوفيد-19 ولم يعد هنالك داعي لتلقي اللقاح
☐ الخوف من الوخز بالأبر
☐ لديه سبب طبي يمنعني من تلقي التطعيم
☐ أخاف من الأعراض الجانبية والمضاعفات للقاح
☐ أسباب أخرى

ثالثاً: المحور العلمي والمعرفة

ت	السؤال	نعم	كلا
١	هل لديك المعرفة عن اللقاح ؟		
2	هل تنصح الاخرين بتلقي اللقاح؟		
٣	هل تثق بسلامة اللقاح ؟		
٤	هل تعارض اللقاحات تماماً ؟		
٥	هل تعتقد بأن اللقاح يوفر حماية من الاصابة بفيروس كورونا المستجد؟		
٦	هل تفضل أن تأخذ اللقاح إذا كنت تعاني من امراض مزمنة ؟		
٧	هل تعتقد أن اعطاء اللقاح لا يسبب اثار جانبية خطرة ؟		
٨	هل تشعر بالإطمئنان بعد تلقي اللقاح ؟		
٩	هل مؤسستك التعليمية شجعتك على اخذ اللقاح ؟		
١٠	هل تقدر نصيحة المتخصصين في الرعاية الصحية بشان فعالية اللقاح ؟		

١١	هل تعتقد بالتعقيم والتباعد الاجتماعي ولبس الكمامة ضروري بعد تلقي اللقاح ؟		
١٢	هل كان لمواقع التواصل الأجتماعي تأثيراً على موقفك تجاه اللقاح ؟		

QUSTIONNAIRE

Attitudes towards COVID-19 vaccines in basrah university students

First: demographic information

Sex male ☐ female ☐

Age ☐

Living *city center* ☐ *out* center ☐

Social status *single* ☐ *married* ☐

Second : vaccination attitudes

Did you take the vaccine? yes ☐ no ☐

Type of vaccine Pfizer ☐ Sino pharm ☐ AstraZeneca ☐

How many doses of vaccine you have received? single dose ☐ two doses ☐ more than two doses ☐

Vaccine symptoms fever ☐ a headache ☐ tired and diverted ☐ nausea ☐ cough ☐ shortness of breath ☐

Were you infected with the emerging corona virus before the vaccine?

Yes ☐ no ☐

Were you infected with the emerging corona virus after the vaccine?

Yes ☐ no ☐

Reasons that may motivate you to accept the vaccine **(you can choose more than one point).**

☐ Immunization against disease.

☐ Getting rid of restrictions such as social distancing and wearing masks

Back to normal life.

☐ My conviction is that the vaccine is very important to end the pandemic.

☐ Other reasons.

Reasons that may prevent you from receiving the vaccine **(you can choose more than one point).**

☐ He does not have enough information about the vaccine.

☐ Rumors circulating about the vaccine on social media.

☐ I have contracted COVID-19 and there is no need to get vaccinated anymore .

☐ Fear of acupuncture.

☐ He has a medical reason not to receive the vaccination.

☐ I am afraid of the side effects and complications of the vaccine.

☐ Other reasons.

Third: the scientific and knowledge axis

	Question	Yes	No
Q1	Do you know about the vaccine?		
Q2	Do you advise others to receive the vaccine?		

Q3	Do you trust the safety of the vaccine?		
Q4	Are you completely against vaccinations?		
Q5	Do you think that the vaccine provides protection from infection with the emerging corona virus?		
Q6	Would you rather be vaccinated if you suffer from chronic diseases?		
Q7	Do you think that giving the vaccine does not cause dangerous side effects?		
Q8	Do you feel reassured after receiving the vaccine?		
Q9	Did your educational institution encourage you to take the vaccine?		
Q10	Do you appreciate the advice of healthcare professionals about the effectiveness of the vaccine?		
Q11	Do you think sterilization, social distancing and wearing a mask are necessary after receiving the vaccine?		
Q12	Did social media have an impact on your attitude towards the vaccine?		

الخلاصة

الخلفية : أثر جائحة فيروس كورونا (COVID-19) على الجميع ، بما في ذلك الطلاب. المعلومات الدقيقة عن المرض وانتشاره والإجراءات الوقائية والصادرة عن الحكومة التحذيرات أمر بالغ الأهمية لاحتواء تفشي المرض. اللقاح هو أحد الاستراتيجيات الرئيسية لوقف زيادة حالات الإصابة بمرض فيروس كورونا 2019 (COVID-19).

اهداف البحث : تقييم المواقف تجاه لقاحات Covid-19 ومعرفة الحماية من Covid-19 بين طلاب جامعة البصرة.

المنهجية : كانت الدراسة وصفية مقطعية ، تم استخدام الاستبيان لغرض جمع البيانات. المشاريع المنفذة في جامعة البصرة بدأت الدراسة من ١٨ نوفمبر ٢٠٢١ حتى ١٧ أبريل ٢٠٢٢.

بلغ عدد العينة 484 طالباً وطالبة من الكلية 202 طالب و 282 طالبة. الاستبيان مقسم إلى أجزاء رئيسية ، الجزء الأول كان لتحديد الخصائص الديموغرافية وتشمل الجنس والعمر والحالة الاجتماعية ومكان الإقامة والجزء الثاني يتكون من 8 أسئلة اختيار من متعدد .

يتضمن الجزء الأخير المحور العلمي المكون من 12 سؤالاً بنعم أو لا حول معرفة اللقاح ، وسلامة اللقاح ، وتأثير مواقع التواصل على الموقف من اللقاح. تم جمع البيانات عن طريق تعبئة الاستبيان أثناء الحضور. قبل أي محاولة لجمع البيانات ، تمت الموافقة على الدراسة وعرضها على الخبراء.

النتائج: كان الاتجاه إيجابياً نحو أخذ اللقاح ، حيث بلغت نسبة الملقحين 92٪ ، وفي حالة الإصابة كانت نسبة الطلاب المصابين قبل التطعيم 35٪ ، بينما كانت نسبة الإصابة بعد التطعيم 4٪.

الاستنتاج: تم العثور على معدل مرتفع لقبول لقاحات COVID-19 بين طلاب جامعة البصرة. كانت نسبة الملقحين عالية جدا وكان اغلب الطلبة الملقحين اخذين للجرعتين وهذا احدث فارق حيث معدل الاصابات بعد اللقاح اقل من الإصابات قبل اللقاح وكانت نسبة المشاركين من الاناث اعلى من الذكور وكان المشاركين من المتزوجين اقل بكثير من غير المتزوجين ومن خارج المركز اعلى من المركز.

التوصية: نوصي الإدارات الصحية بإعطاء دورات تثقيفية وندوات حول إزالة مخاوف التطعيم ، ويجب غرس بعض النقاط ، ومن أهمها:

الثقة: ثقة الشخص في فعالية وسلامة اللقاحات .

الإدانة: سواء كان الشخص يعتبر المرض خطيرا للغاية على صحته.

القيود (أو الملاءمة): ما مدى سهولة حصول الشخص المعني على اللقاح.

المسؤولية الجماعية: الرغبة في حماية الآخرين من العدوى ، من خلال التطعيم الشخصي.

جامعة البصره

كلية التمريض

مواقف طلبة جامعة البصره حول لقاح كورونا.

مشروع بحث

قدم إلى مجلس كلية التمريض في

جامعة البصرة

إستيفاء جزئي لمتطلبات درجة

البكالوريوس في علوم التمريض.

من قبل الطالبتين

إستبرق حسن عبد الزهره

إبتهال حامد سالم

بإشراف

أستاذ مساعد .لؤي عبد الواحد شهاب

2021-2022