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Original Research Article

Comparison of Knowledge and Behaviour between Health Workers with Non-Health Workers in Handling AEFIs of the COVID-19 Vaccine at a Hospital in Kupang

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Abstract: ***Background*:** In vaccine delivery, a health worker (HW), particularly primary care physicians' knowledge and behavior in handling AEFI on COVID-19 vaccine are important. The role of health workers and non-health workers in building public trust in vaccination programs is essential in the community. ***Research Objective*:** Comparing the knowledge and behavior in handling the AEFI vaccine COVID-19 between health workers and non-health workers at a hospital in Kupang. ***Settings and Design* :** This is a cross-sectional observational analytic study conducted on health workers and non-health workers at a hospital in Kupang. ***Method and Material*:** There are 118 respondents who met the inclusion criteria that were chosen through the consecutive sampling using validated and reliable questionnaires to assess knowledge, and behavior on handling vaccine AEFI. ***Statistical analysis used*:** The research was analyzed univariately using a frequency distribution table and bivariate analysis using the chi-square test. ***Results*:** In terms of knowledge, 60.5% of health workers had sufficient knowledge, while 56.3% of non-health workers had enough knowledge. In terms of behavior, 74.4% of health workers and 62.5% non health workers behaved well. The results of the bivariate test using the Chi-Square test for the analysis of differences in knowledge obtained $p = 0.432$ ($p>0.05$), while for the study of behavioral differences, the results were $p = 0.297$ ($p>0.05$). ***Conclusion*:** It is important to monitor the level of understanding of AEFI among health and non-health workers, as they play a significant role in establishing public trust.

Keywords: Knowledge, Behavior, AEFI, Health Workers, COVID-19.

INTRODUCTION

The COVID-19 pandemic can be resolved if herd immunity is achieved, i.e., the state of almost the majority of the community has been protected from disease to protect people who cannot be vaccinated. The government is targeting 70% COVID-19 vaccination coverage to achieve herd immunity [1-5].

The Saiful Mujani Research Center (SMRC) survey, showed that only 46% of the Indonesian population were willing to be vaccinated against COVID-19, of which 29% said they were not willing to be vaccinated and 23% had not yet determined their attitude; this, of course, affected the progress of achieving herd immunity [6].

Adverse Events Following Immunization (AEFI) apprehensive is one of the factors that influence vaccination acceptance. AEFI is a medical event that is thought to be related to vaccination. Based on the AEFI acceptance survey, it is known that the respondent's level of concern about vaccine safety is 30% and vaccine effectiveness is 22%, so it is essential to convey correct information regarding vaccination to the public [7, 8].

COVID-19 vaccine is a novel vaccine; public acceptance will be challenging due to misinformation,

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skepticism, and outright refusal. Additionally, if an AEFI occurs, it can create issues for the public if it is not handled properly and there is no clear explanation for it. To avoid this, a suitable and trustworthy source of information is required. According to the vaccination acceptance study, 57 percent of the population prefers to get information from health workers.

This study also evaluated the description of knowledge and behavior in handling AEFI in non-health workers because based on the results of a vaccine acceptance survey, 32% of the public chose information sources that came from families and also from people who had been vaccinated, so that non-health workers also played a role in improving public trust to be vaccinated [8].

Health workers and non-health workers played a role in educating and building public confidence in the safety of the COVID-19 vaccination program, primarily related to AEFI.

RESEARCH METHODOLOGY

This was a cross-sectional observational analytical study conducted online using Google Forms on health and non-health professionals. Between July and August of 2021, the research was conducted. The study was conducted after institutional ethical clearance (reference no. 61/UN15.16/KEPK/2021). The purpose of this study was to compare the knowledge and behaviour of health workers and non-health workers about the handling of COVID-19 vaccine AEFIs. Non-probability sampling was used, with 118 respondents meeting the inclusion criteria. The study was evaluated univariately using the frequency distribution table, and bivariately using the chi-square test.

RESULT

General Characteristics of Respondents

Characteristics of the respondents are women (69.5%), ages 20 to 29 years (66.1%) with the average age of respondents being 29.72 years, type of work as a nurse (42.4%), last education undergraduate (72%), and has no history of disease (93.2%) (Table 1).

Most of the education history for health and non-health workers is the same, namely bachelor's degree with 72.1% for health workers and 71.9% for non-health workers.

Table 1: General Characteristics of Respondents

Characteristics Respondents	Frequency (n)	Percentage (%)
Gender		
Male	36	30,5
Female	82	69,5
Age		
20-29	78	66,1
30-39	30	25,4
40-49	8	6,8
≥50	2	1,7
Profession Health Worker		
Nurse	50	42,4
Tocologist	7	5,9
Medical Specialist	7	5,9
General Practitioners	7	5,9
Pharmacist	7	5,9
Laboratory Analyst	5	4,2
Medical Records Officer	2	1,7
Refractions	1	0,8
Non-Health Worker		
Registration	7	5,9
Management	5	4,2
Administrative	5	4,2
Cashier	4	3,4
Security	4	3,4
Nutritionist	3	2,5
IT	2	1,7
Driver	1	0,8
Maintenance	1	0,8
Educational Background		
High School/ Equivalent	6	5,1
D3	14	11,9

Characteristics Respondents	Frequency (n)	Percentage (%)
D4	3	2,5
Bachelor	85	72
Master	10	8,5
Riwayat Penyakit		
Asthma	3	2,6
Gerd	1	0,8
Hypertension	4	3,4
None	110	93,2

Table 2: Distribution of Information Sources Regarding Handling of AEFI Vaccine COVID-19

Resources	N	%
Internet	80	67,79
Vaccinator	74	62,7
Social Media	69	58,47
Electronic Media	42	35,6
Webinar	40	33,9
People who have already received the vaccine	19	16,10
Print Media	16	13,6

Respondents obtained more sources of information regarding the handling of COVID-19 vaccine AEFIs from the internet (websites, blogs) as much as 67.79% (Table 2).

Table 3: Comparison of Knowledge and Behavior between Health Workers and Non-Health Workers

Variable	Profession		*P*
	Health Worker (n = 86)	Non Health Worker (n= 32)	
Knowledge (%)			
Good	24,4	18,8	0,432
Enough	60,5	56,3	
Less	15,1	25,0	
Behaviour (%)			
Good	74,4	62,5	0,297
Less	25,6	37,5	

Characteristics of Respondents Based on Knowledge and Behaviour

Respectively, 60.5 percent and 56.3 percent of health and non-health workers, had proper understanding regarding the handling of COVID-19 vaccination AEFIs. The majority of health care and non-health care professionals exhibit positive behavior when it comes to managing AEFI, with 74.4 percent and 62.5 percent, respectively (Table 3).

Comparison of Respondents' Knowledge in Handling COVID-19 Vaccine AEFI

The Chi-square analysis reveals a p-value of 0.432 when comparing the occupation to the knowledge of how to handle AEFIs. If $p < 0.05$, the p-value is significant (Table 3). Because the p-value > 0.05 in the analysis, it may be inferred that there is no significant difference in knowledge regarding the handling of COVID-19 vaccination AEFIs between health workers and non-health workers.

Comparison of Respondents' Behavior in Handling AEFI Vaccine COVID-19

The Chi-square study comparing the type of work to the behaviour in which AEFIs are handled shows a p-value of 0.297 (Table 3). If $p < 0.05$, the p-value is significant. Because the p-value > 0.05 in the study, it can be concluded that there is no significant difference in the behavior of health workers and non-health workers when handling COVID-19 vaccine AEFIs.

DISCUSSION

In the first dose of vaccination, the most frequently reported symptoms of AEFI were local pain from the injection site and myalgia while myalgia was the most frequently mentioned symptom in the second dose. As many as 20.3 percent of respondents reported experiencing no symptoms following the first vaccination, while the number of those reporting no symptoms following the second dose increased to 50.8%.

The increase in asymptomatic respondents following the second dose of vaccination has shown that the body is capable of producing specific antibodies against the infecting antigen. Due to the presence of memory B cells, re-exposure to the same antigen in the second dose of vaccination will initiate the same process of proliferation and differentiation as in the first dose. Therefore, it can minimize the body's excessive immune response in order to avoid exacerbating AEFI symptoms [9].

The majority of respondents had a BMI within the normal range, and the average BMI was 22.59. Systemic AEFI following the first and second doses of vaccination was more prevalent in overweight and obese respondents. The immune system will respond to vaccines by producing pro-inflammatory proteins and causing inflammatory reactions that manifest as AEFI symptoms. Obesity is associated with an increased inflammatory response because it results in an increase in leptin (a pro-inflammatory hormone) and a decrease in adiponectin (an anti-inflammatory hormone), an increase in unsaturated fatty acids, and an increase in adipocytes, all of which stress the endoplasmic reticulum and cause cell hypoxia. In overweight and obese individuals, this situation can result in a more severe inflammatory response than in other categories [10, 11].

According to the level of knowledge regarding regading the proper handling of the AEFI vaccine for COVID-19, it is known that the majority of health worker and non-health workers already obtain sufficient knowledge. According to the distribution of respondents' responses to the knowledge questionnaire on AEFI management, both of the group correctly answered the same statement, such as how to handle severe AEFIs. Even among the group of health and non-health workers, some responded incorrectly to basic AEFI statements such as symptoms and treatment. This is vital because understanding the symptoms of AEFIs enables more accurate identification and reporting of AEFIs. Handling AEFIs is also a skill that must be mastered because, in addition to assisting in the resolution of complaints, good knowledge of how to handle AEFIs contributes to education and increases public confidence in vaccination.The same thing was found in the distribution of respondents' answers to the AEFI handling behavior questionnaire. Although most of the respondents in the health and non-health worker groups already had good behavior, there were still basic statements related to the behavior of handling AEFIs which were answered incorrectly by both groups.

The bivariate analysis revealed no significant difference in knowledge of how to handle AEFI vaccine for COVID-19 among both groups. This finding is consistent with Bernadine et al finding's, that there was no significant difference in knowledge about COVID-19 between health workers and non-health workers. One factor contributing to this is that respondents in the study, both health workers and non-health workers, have an estimate of undergraduate and postgraduate education. According to Notoadmojo, the more education one receives, the more knowledge one acquires. According to Akhmad et al research's respondents with sufficient knowledge were those with a diploma or an undergraduate degree. The majority of health workers and non-health workers in this study held an undergraduate degree. This may explain why there is no significant different in knowledge between the two groups [12, 13].

In Kieran's study, they found that the students from medical faculties had a higher level of knowledge about Dengue Hemorrhagic Fever (DHF) than students from other faculties. This is because medical students have received lessons on DHF during their lectures, whereas students from other faculties have not. However, because the COVID-19 vaccination AEFI is novel, neither groups of health professionals nor groups of non-health professionals receive lessons on this material during their courses. Therefore, both groups end up sharing the same level of knowledge in this area. Given that both groups received training from the hospital, so there may be no significant difference in their knowledge of how to handle AEFI vaccine for COVID-19 [14].

Research by Riyike Ogunyemi *et al*., found that health workers in Lagos, Nigeria already have good knowledge of handling AEFI. Similar results were found in a similar study in Australia which showed very high knowledge of health workers about AEFI and its management. Different results were obtained from the study of Calistus Masika, et al. It was found that most of the health workers in Nairobi, Kenya had less knowledge of handling AEFIs [15-17].

Riyike Ogunyemi *et al.*, discovered that health workers in Lagos, Nigeria, are already well-versed in AEFI management. Similarly, an Australian study discovered that health workers inhabited a high level of knowledge about AEFI and its management. Calistus Masika *et al*., study's came to a different conclusion. It was discovered that the majority of health workers in Nairobi, Kenya had inadequate knowledge about the proper handling of AEFIs. The inadequate knowledge among Kenya health workers is due to the fact that only a few have received training on the knowledge about proper handling of AEFIs, compared to 61.4 percent of health workers in Nigeria. According to interviews with the Education and Training Section of the hospital where the research was conducted, all employees receive

training on the proper handling of AEFIs, and thus all research respondents had attended training on the proper handling of AEFIs in this study [17].

The source of information also influencesce knowledge. According to Mubarak, people who have a larger variety of sources of information will have a greater amount of knowledge. Respondents in this study obtained information about how to manage AEFI from the internet (websites and blogs) (67.79 percent), vaccine providers (62.7 percent), and social media (58.47 percent). Additionally, based on the respondents' information sources, it can be seen that the majority of respondents prefer information from online media. According to Khelian's research, there is a link between increased knowledge and the use of the internet as a source of information [18, 19].

The analysis of AEFI handling behavior between health workers and non-health workers group revealed no statistically significant difference. This is similar to the findings of Adelia et al., who found no significant difference in the behavior of health workers and non-health workers when it came to preventing nosocomial infections. This could be because both groups worked in the same environment, so both groups understood their field of work that are involved nosocomial infections [20].

Green asserts that three factors influence behavior: predisposing factors, enabling factors, and supporting factors. Predisposing factors are those that facilitate an individual's activities, such as their attitudes, knowledge, values, and traditions. Appropriate behavior is shaped by adequate knowledge [21, 22].

According to Indah *et al.*, there is a correlation between knowledge and behavior regarding hand washing with soap to prevent COVID-19. The same thing was discovered in a study by Yuhemy, who discovered that mothers' knowledge of how to handle AEFI in infants following vaccination resulted in positive AEFI handling behavior. Different findings were obtained in Helena's research, which indicated that there was no significant relationship between knowledge and behavior, owing to the influence of self-motivation, and that even when respondents possessed adequate knowledge, they did not always comprehend and apply it in the form of appropriate behavior [23-26].

According to this study, the government's policy of prioritizing vaccination for health care workers and the presence of COVID-19-related anxiety can affect the self-motivation of research respondents, resulting in the emergence of positive behavior [27].

Enabling factors are those that encourage someone to take action. These factors include funds, transportation, and facilities. Free vaccination services and medicines related to the handling of AEFIs, as well as all government funding for health services related to AEFIs, as well as the accessibility of educational leaflets and training on the handling of AEFIs, were all found to be factors that facilitated in the development of respondents' good behavior [28, 29].

Reinforcing or driving factors contribute to beliefs that encourage someone to act, such as laws, the attitudes, and behavior of community leaders, religious leaders, the environment, and other people. According to Adelia et al research's a similar work environment has an effect on infection prevention behavior in health and non-health workers. Both groups show a positive infection prevention behaviors, owing to the fact that they work in the same environment, which encourages them to understand aspects of their work environment. Health and non-health workers in this study share same work environment, which promotes the development of positive AEFI handling behaviors. Additionally, management's implementation of training and supervision can be a factor in the development of proper AEFI handling behavior [30, 31].

Knowledge and behavior in managing AEFI in health and non-health workers, particularly primary care physicians, is critical because they act as dependable sources of information for the public, helping to build trust, correct misinformation, and so that they can respond properly in the occurrence of a mild or severe vaccine AEFI.

CONCLUSION

This study shows that both staffs working in hospitals if provided with adequate training and education related to the AEFI covid-19 vaccine, will result in good knowledge and AEFI handling behavior. Quality of training and education provided by the hospital to its employee is essential for their knowledge and behavior. it is expected that both health workers and non-health workers are actively seeking out the updated information.

This is important because it is known that health workers and non-health workers have an essential role in building public trust regarding vaccination especially for primary care physicians because they play a key role in reaching many people who have not yet been vaccinated against COVID-19. We also know from this study that more people prefer information sources like the internet and vaccinators. Thus, it enables us to use suitable media to deliver information about the covid-19 immunization.

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