

Determinant Factors of Community Rejection toward the Booster Vaccination Program Examined From Various Perspectives

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Abstract: This research aims to determine the perceptions of the people designated as informants and respondents so as to reveal the reasons for refusing to take part in booster vaccinations, both the third and fourth vaccinations in Palu City, Central Sulawesi from various perspectives, religious perspectives; sociocultural; medical, disbelief or from the perspective of ignorance. To find out the reasons for the informants, seven informants were selected, but three of them were categorized as ignored informants because they indicated they had inattention, hyperactivity and impulsivity, so only four of them were used as informants. To strengthen the informant's argument, 60 respondents were selected from two sub-districts, namely 30 people from Lolu Selatan Subdistrict, East Palu District and 30 people from Tondo Subdistrict, Mantikulore District. The interview results are expressed in a structured narrative while the questionnaire results are expressed in Likert scale groupings by determining the index percentage obtained from the five prepared answer criteria, namely Strongly Agree (SS), Agree (S), Disagree (KS), Disagree (TS), and Strongly Disagree (STS). The theory used in dissecting interview results and questionnaire results is Perception Theory or what is known as Gibson's Theory of Direct Perception and Skinner Theory related to the responses a person receives. The results of the research show that (i) of the four informants who were interviewed in depth, they were divided into three points of view, namely believing that health does not come from anyone but from God and from oneself. From Allah as the ruler of the universe and from oneself through purifying the way of thinking and understanding through the heart and brain. The basis of the perspective is religious and psychosocial forces to create a healthy body. The health perspective of this first informant is the resultant of a health perspective and a psychosocial perspective. Meanwhile, the second informant saw that he felt worried about the stimulus received from social media, which influenced his decision because he was worried about the information obtained from Fake News. The perspective that is built is health and psychosocial as the basis for building the perception of refusing to receive the Booster vaccine. The third information starts from the perspective of ignorance because there is misinformation for him so he agrees with the booster vaccination but is not aware of the existence of this government program because his understanding is that the third vaccine is for those who have not been vaccinated at all. Meanwhile, the fourth informant was a stimulus received by his own sense of sight, so he believed that the booster vaccine could cause a high fever, instead of getting healthier, he actually suffered from illness other than Covid-19. The results of the Likert Scale analysis showed that of the 60 respondents, 40 percent agreed and 60 percent disagreed with the booster vaccine program, but none of the respondents had received the booster vaccine. Agree in terms of attitude but not in terms of attitude implementation.

Keywords: Determinants, Attitudes, Perspectives, Booster Vaccines.

I. INTRODUCTION

Vaccination was created as an effort to overcome the spread of the corona virus so that it can protect public health[1]. Mass vaccination programs with the COVID-19 vaccine have been implemented in almost all regions of the world. This widespread vaccination has been proven to be effective and can reduce the number of cases of infection and the severity of the disease so that the death rate due to COVID-19 continues to decline. Vaccination is one of the rules that must be implemented by all citizens unless there are certain considerations both from the health aspect and the age aspect and this vaccination step, the government hopes to minimize the transmission of the Covid 19 outbreak.[2]. The Vaccination Program is an effort to administer special drugs that are injected into an individual's body in order to actively increase a person's immunity so that they can avoid viruses or diseases so that when exposed to disease, the body's immune system becomes strong which can prevent exposure to viruses from entering the body. Somebody [3]. Some vaccines are given with a strategy of administering an initial (or primary) dose along with a booster dose. A COVID booster vaccine is an additional dose or dose of vaccine given after the protection provided by the initial vaccine begins to wane over time. Boosters help people maintain strong protection from severe coronavirus disease and prepare the body for the emergence of new variants of the virus[4], [5].

The aim of a booster vaccine is to strengthen the body's immunity against new variants of the virus or to maintain high levels of immunity for a longer period of time. Some people's rejection of this booster vaccine could hinder efforts to control the Covid-19 virus in a sustainable manner [6].

Based on data from the results of the Indonesian Political Indicators survey in 2021, it shows that the majority of Indonesian people refuse to receive booster vaccines. The results showed that 54.8% of respondents said they did not agree to receive the booster vaccine, while 41.7% chose not to agree, and the remaining 3.5% did not provide a response. The city of Palu itself, based on updates as of March 2023, the number of residents who received the booster vaccine is still at 15.36%. This data was rationalized with data from two sub-districts, namely East Palu Sub-district and Mantikulore Sub-district, which are the sub-districts at the locus of this research, namely South Lolu Subdistrict and Tondo Subdistrict with the lowest number of recipients of booster vaccine doses. Of the total population, no more than 50% percent have received the booster vaccine. In Tondo Village, out of a total population of 14,461, only 1,781 people have received the booster vaccine. Meanwhile in the South Lolu family it is not much different, where only 1,171 people have received the vaccine out of a total population of 10,978. The phenomenon of rejection of the booster vaccine, if viewed from the perspective of its usefulness, is very illogical if there is rejection, because functionally it will be useful for increasing the strength of a person's immunity, especially against the Covid-19 virus and the goal holistically is to build herd immunity in society. So of course there are other reasons that build the public's perspective to reject booster vaccination besides.

It is also feared that rejection of the booster vaccine could hamper efforts to overcome COVID-19 as a whole. If rejection of the booster vaccine continues, an effective level of community immunity or "herd immunity" will be difficult to achieve. This can result in an increase in the risk of spreading the virus so that even though currently Indonesia has released changing its pandemic status to endemic, if this rejection phenomenon continues to occur, it is possible that the pandemic status will return. Rejection of booster vaccines can also have an impact on economic recovery efforts and social conditions. The refusal of the majority of people not to receive the booster vaccine means that the risk of transmission and health impacts occurring will still exist, this is what could potentially be an obstacle to the recovery of sectors such as tourism, hospitality and industry. This rejection is made aware of because there are perceptions that arise from different perspectives between one individual and another, both perceptions from a religious perspective and from a psychosocial perspective.[7], [8].

In the midst of a pluralistic society, both in terms of education, culture and beliefs that develop within the community, perceptions related to reluctance to be vaccinated vary widely due to various perceptions. Different perspectives have given rise to various opinions as to the forms and reasons for refusing to be fully vaccinated or not wanting to be vaccinated at all. There are even those who have been vaccinated twice but are reluctant to take part in the third or booster vaccination, which according to medical explanations has a higher resistance than the first and second vaccines. It's just that, the issues that are developing around the booster vaccine are mostly not related to the medical aspect but instead are beliefs coupled with hoax issues, thus completing the reasons for people's reluctance to take boosters.[9].

II. METHOD

Researchers used a mix method by combining quantitative and qualitative research. Quantitative methods were used with a Likert scale to determine the level of community rejection of booster vaccines in the research locus area, as well as being the basis for determining respondents who could be interviewed to obtain qualitative data in the form of descriptions of the basic reasons for refusing booster vaccines. The qualitative method uses case study research to dig deeper into the reasons why informants refuse booster vaccines and uses natural observations to analyze informants' behavior when interviewed. According to Pyo et al. (2023) Qualitative research is research in which research procedures are carried out using descriptive data in written or oral form from research informants who can be observed. Qualitative research is also related to the quality aspect, namely the value or meaning behind a fact. These qualities can be expressed and explained using linguistic means, language or words [11].

III. RESULT AND DISCUSSION

A. Respondent Perception Index on a Likert Scale

Index (I) of perceptions from the five perspectives proposed in the questionnaire distributed into 20 questions to 60 respondents showed that only 24 people answered Agree (S) and 36 other people answered Disagree (KS), while those who answered Strongly Agree (SS), Disagree (TS) and Strongly Disagree (STS) no one answered. This shows that more people gave Disagree answers.

The results of the Likert scale indexation show that there are only two groups of answers from 20 questions to 60 respondents. Of the five Likert scales proposed, namely Strongly Agree (SS) 80.00 – 100.00%; Agree (S) 60.00%–79.99%; Disagree (KS) 40.00%–59.99%; Disagree (TS) 20.00%–29.99%; and Strongly Disagree (STS) 0.00%–19.99%. Based on the division of the index, an overview was obtained that the answers obtained were only two groups of respondents, namely Agree (S) with a total of 24 people or with an Index of 40% and the second group was Disagree (KS) with a total of 36 respondents with an Index of 60%.

The index data indicates that there are still 40% of respondents who basically agree with the booster vaccine, but with various perspectives awakening in them, they still do not receive the booster vaccine. This shows that someone who expresses agreement but does not prove it because there are differences between the narratives does not reject it but not at the implementation level. Meanwhile, 60% said they did not agree, meaning that apart from disagreeing, they also did not receive the booster vaccine. Agreeing or disagreeing or disagreeing is a different but similar attitude in implementation. This view is in contact with what is described by Muhyidin & Zamroni Ishaq (2023) about Qdariah and Jabariah. According to him, community groups who follow the MUI's recommendations are called Qdariah, while community groups who refuse are called Jabariah. In this way, people's behavior in facing government and MUI policies regarding the Corona virus is nothing more than a battle between two sects, namely the Qdariah sect and the Jabariah sect. Both have been around for a long time among the Muslim community, including in Indonesia and have had a great influence on the Muslim community, both in thinking, acting and behaving. Lexically, Qadariah comes from Arabic, namely qadara, meaning ability and strength, while grammatically Qadariah is defined as a sect that believes that all human actions or deeds are not intervened by God. Meanwhile, Jabariah is the opposite of that, that everything in human behavior is determined by God. Historically, Jabariah is a school of thought that emerged at the same time as the presence of Qadariah in the Kurasan area, a school of kalam science which holds the view that everything that exists in the universe, including humans, is bound to the Qadrat and Irodad of Allah SWT alone. Jabariah is an understanding that says that good deeds are not the cause of our entry into heaven in all cases, and the opposite is Qadariah, which believes that heaven is an absolute payment for our deeds. And both of these ideas are false, that we do charity and Allah SWT determines whether the charity is accepted or not. Of course, we do not stand idly by, nor do we rely on charity to ensure that we enter heaven and are free from hell. Jabariah is an ideology and heretical sect in the faith that emerged in the 2nd century Hijriah in Khurasan. Jabariah believes that every human being is forced by fate without having any choice or effort in his actions.

B. Rejection of Booster Vaccines from a Religious Perspective

Views regarding vaccination from a religious perspective were widely outlined by the informant on behalf of Mr Farullah, who outlined specific aspects of his rejection of booster vaccination. Mr Farullah brings a unique perspective by examining this issue through the lens of religious values and beliefs. This interview provides an in-depth understanding of how religious factors can play an important role in shaping attitudes towards vaccination, especially booster vaccination, which is

currently the subject of heated debate. It is important to note that informants' views reflect not only the attitudes of the individual, but also of many people who may hold similar views. Examining the informants' views provides a more complete picture of how religious values influence medical decision making. From this interview it can be understood the religious basis underlying Mr Farullah's rejection of booster vaccination and how these values interact with health information and scientific guidelines.

From the informant's view, it can be stated that there are two perspectives that are translated regarding his view that he no longer wants to be given a booster, after the first and second vaccinations. The translational power of two perspectives simultaneously is two conditions or objects that move or influence together (Garrison et al., 2022), which in this research are a religious perspective and a psychosocial perspective. The two power gaps between the religious perspective and the psychosocial perspective are equally strong so that they are simultaneously expressed even though in Mr. Fahrullah's mind he does not know that the perspectives that researchers are testing and exploring in the field are the two that have been well mentioned by Mr. Fahrullah. It can even be associated with three perspectives at once, namely the religious, psychosocial and health perspectives, although the health perspective is positioned by Mr. Fahrullah as or at least seems to be the resultant (result) of the two translated perspectives, namely the religious perspective and the psychosocial perspective. The linking of two dimensions to give birth to a new dimension or can be positioned into another dimension even though it was initially the same is a view that is subject to the simultaneous paradigm (Wilson et al., 2020).

C. Refusal of Booster Vaccines from a Psychosocial and Distrust Perspective

One informant brought psychosocial aspects and distrust into the discussion as a basis for opposing booster vaccination. Ms. Zahra provides an interesting perspective and is able to explore the complexity of non-biological factors influence a person's vaccination decision. In this interview, the informant thoughts are explored and how psychological aspects and distrust can influence her attitude towards booster vaccination.

Factors such as trust in information, personal experience, and even distrust of medical authorities can be important factors in medical decision making. Through a deeper understanding of the informants' perspectives it is possible to explore the level of complexity of psychosocial involvement in a public health context. These interviews also provide valuable insights for developing a more holistic approach to communication and provision of information related to vaccination, taking into account the psychosocial aspects that play an important role in individual decision making.

Information that develops in society is not an easy thing to control, especially in the era of open social media. Starting from Facebook, Twitter, TikTik to Instagram. Not to mention online media portals. The information received by the public regarding booster vaccination is very diverse, especially statements that cannot be justified regarding the impact of booster vaccines on health.

From the explanation given by the informant, the third vaccine he meant was a booster vaccine. The stimulus received about many people having high fevers after the third vaccine made the informant refuse to receive the booster vaccine. His dismissive view comes from a health and psychosocial perspective. Fear from a psychosocial perspective, and reasons for rejection from a health perspective. Receiving frightening information related to health if you receive the third vaccine is a stimulus for thinking so that you reject the booster vaccine. The attitude taken by the informant was not because they knew the contents of the booster vaccine, but rather because of the stimulus which was the factor that prompted them to decide to reject the booster vaccine. Inaccurate information influences a person's attitude so that they make inappropriate decisions.

Inappropriate decisions due to wrong acceptance, cause someone to make inappropriate decisions because the considerations used are not valid or valid (Garvey et al., 2023). Decisional ability is part of style because it is closely related to norms of behavior in oneself and oneself when influencing the behavior of others and oneself in making decisions. The type and style of decision is not necessarily the way it is, but always develops from time to time and is very situational. (Alharbi & Alnoor, 2022). Filters are needed to receive invalid information. Currently, many people use social media to innovate and be creative. It is not uncommon for social media users to use it for several things, for example, to actualize themselves, get closer to their families, and earn income.

However, ironically, on the other hand, there are also people or groups of people who use social media to commit crimes or things that harm other people. (Alacreu-Crespo et al., 2019). One form of crime on social media is an attempt by a person or group of people to generate and share hoax news. Fake news (hoaxes) in the digital era are easily spread. Hoaxes have become an inseparable part of technology and social media users (Asnaria et al., 2022), which ultimately resulted in other

people making wrong decisions, including being reluctant to take the booster vaccine because informant received misleading information.

D. Rejection of Booster Vaccines from the Perspective of Ignorance

An interview with one of the informants revealed how a lack of adequate information and understanding can be an important factor in a person's medical decision making. The informants were a group of people who were poorly informed about booster vaccinations, and this interview sought to understand the context of the ignorance underlying their decisions. This provides insight into the challenges in communicating health information effectively to the public and the important role of education in increasing understanding of vaccination. By looking at the reasons for the ignorance faced by informants, we can create better and more inclusive information campaigns so that everyone can make a difference. informed and educated health decisions.

The informant's attitude and failure to take part in the booster vaccine was not a decision, but rather that he was not aware of the existence of the booster vaccine program. It is clear that the Informant's view that the information that was not received was not the government's fault but rather his own fault, which during the day did not interact with neighbors enough because he preferred to rest so that at night he could be more fit to earn a living in the middle of the sea in Palu Bay. Ignorance as a perspective that is the basis for failure to get a booster vaccine is a form of misinformation for informants which causes the booster vaccine to be missed. Communication that breaks down due to various causal factors can close someone's opportunity to get something because of misinformation from word of mouth even though the technological era is increasingly advanced. Technological developments have also resulted in the emergence of negative phenomena, namely the problem of disinformation. Disinformation is the impact of the distribution of fake news that circulates online in cyberspace and does not even provide enlightenment but can be misleading. It is very easy for the public to absorb information in general because disinformation spreads very quickly and is easily accepted.

Even if the problem of disinformation is resolved, this phenomenon may still continue to shape the impression on people's social behavior. Therefore, it is important for the public to be able to distinguish the types of information that can cause disinformation and explore the reasons for its creation and distribution. Disinformation is the delivery of false information, whether done intentionally to confuse other people or for other purposes. Disinformation that occurs in society is caused by people easily believing the information they obtain without looking or searching again for the original source of the information. Disinformation that occurs in society must be handled well, so that people, especially the millennial generation, can be smarter, both in using and communicating information obtained in the 21st century.(León et al., 2022). However, the case of the informant's failure to take the booster vaccine was not at all due to fake news or disinformation but rather misinformation that was not obtained, either from family, neighbors or colleagues.

E. Refusal of Booster Vaccines from a Health Perspective

One of the informant was against additional vaccination from a health perspective. In his interview, it can be seen how Neri La Dalle's thoughts on personal health considerations can play an important role in vaccination decisions after seeing the phenomenon of other people's body reactions after receiving the vaccine. Ms. Neri La Dalle can represent those who carefully consider the health impacts of all medical measures, including booster vaccinations. When considering Neri La Dalle's reasons from a health perspective, the health factor of close people who have received the vaccine is the main reason for refusing booster vaccination. It shows how individuals assess and evaluate the health impacts of vaccination, and how personal experiences and underlying health conditions influence attitudes toward additional vaccination.

In the informant's straightforward explanation, it was clear that what was behind the birth of the perception that the booster vaccine was unsafe began with the inclusion of related information stimulus regarding the side effects of the booster vaccine which could cause high fever and chills for booster vaccine recipients. This proves that the informant started from a health perspective as the basis for the birth of this perception because from his own testimony seeing someone close to him with a high fever had affected his psychology to the point that he felt afraid. The stimulus received after directly seeing the fever sufferer was able to reach the end of the psychomotor decision to refuse the booster vaccine. Carl Iver Hovland in 1953 which was used as a theoretical basis for educators, psychologists and communication experts in his writing entitled *Communication And Persuasion; Psychological Studies of Opinion Change* has been developed by many groups. One of Hovland's views is developing a social judgment theory of attitude change. He argued that a person's ability to resist advances by a particular group depends on the person's level of attachment to that group. This view proves that the

persuasion received by the informant was not in the form of a narrative but a testimony of seeing directly that his family had a high fever after taking the Booster Vaccination. Thus, the informant's refusal to not want the booster vaccine was the result of a stimulus received through the sense of sight, which was then confirmed at the affection stage until finally deciding to refuse to get the booster vaccine. So, the health perspective is the basis for Mrs. Lebi who ultimately gives a perception of what a booster vaccine is like. Carl Iver Hovland's views developed by APA in 2020 are contained in (PsycInfo Database Record, 2020). Based on a research program on modifying attitudes and beliefs through communication, it tries to analyze the effectiveness of arguments and appeals, personality factors underlying susceptibility to persuasion, and the influence of social roles on resistance to acceptance of new ideas. The importance of motivation and higher thought processes, their relevance to social influences in everyday life and issues of effective communication are emphasized. The reason is exactly the same as what happened to the informant, that the change in attitude which initially did not question the booster vaccine ended up rejecting it with the perception that the booster vaccine was the cause of fever, without thinking about whether the vaccine.

IV. CONCLUSION

1. There are 40 percent who still agree with the booster vaccine and 60 percent who disagree, but all of them do not participate in the booster vaccination program for various reasons and considerations. Based on the division of the index, an overview was obtained that the answers obtained were only two groups of respondents, namely Agree (S) as many as 24 people or with an Index of 40% and the second group was Disagree (KS) as many as 36 respondents with an Index of 60%. The index data indicates that there are still 40% of respondents who basically agree with the booster vaccine, but with various perspectives awakening in them, they still do not receive the booster vaccine.

2. The views of the four selected informants show that even though all of them were not given the booster vaccine, there are differences in views and attitudes according to their respective perspectives. There are informants who are of the view that there are two perspectives that can be interpreted regarding their view that they no longer want to be given a booster, after the first and second vaccinations. The translational power of two perspectives simultaneously is two conditions or objects that move or influence together. It can even be associated with three perspectives at once, namely the religious, psychosocial and health perspectives, although the health perspective is positioned as the resultant (result) of the two translated perspectives, namely the religious perspective and the psychosocial perspective. Another view is that they refuse to get a booster vaccine because they receive information from social media so they don't have the courage to get a booster psychologically. This happened because his attitude of refusing the booster vaccine was based on health considerations but was based on an attitude that was born from the fake news he received. Apart from that, there is information that claims that they do not mind being vaccinated with a booster, but there is misinformation so that failure to receive a booster vaccine is based on the perspective of ignorance. Meanwhile, other informants were afraid of seeing residents who had been vaccinated with boosters experiencing high fevers. This refusal was due to concerns and started from a health perspective.

REFERENCES

- [1] E. J. Chow, T. M. Uyeki, and H. Y. Chu, "The effects of the COVID-19 pandemic on community respiratory virus activity," *Nat Rev Microbiol*, Oct. 2022, doi: 10.1038/s41579-022-00807-9.
- [2] M. Motta and D. Stecula, "The Effects of Partisan Media in the Face of Global Pandemic: How News Shaped COVID-19 Vaccine Hesitancy," *Political Communication*, pp. 1–22, Mar. 2023, doi: 10.1080/10584609.2023.2187496.
- [3] R. Grant et al., "When to update COVID-19 vaccine composition," *Nat Med*, vol. 29, no. 4, pp. 776–780, Apr. 2023, doi: 10.1038/s41591-023-02220-y.
- [4] Y. Fong et al., "Immune correlates analysis of the PREVENT-19 COVID-19 vaccine efficacy clinical trial," *Nat Commun*, vol. 14, no. 1, p. 331, Jan. 2023, doi: 10.1038/s41467-022-35768-3.
- [5] D. S. Khoury, S. S. Docken, K. Subbarao, S. J. Kent, M. P. Davenport, and D. Cromer, "Predicting the efficacy of variant-modified COVID-19 vaccine boosters," *Nat Med*, vol. 29, no. 3, pp. 574–578, Mar. 2023, doi: 10.1038/s41591-023-02228-4.
- [6] J. V. Lazarus et al., "Revisiting COVID-19 vaccine hesitancy around the world using data from 23 countries in 2021," *Nat Commun*, vol. 13, no. 1, p. 3801, Jul. 2022, doi: 10.1038/s41467-022-31441-x.

- [7] J. V. Lazarus et al., "A global survey of potential acceptance of a COVID-19 vaccine," *Nat Med*, vol. 27, no. 2, pp. 225–228, Feb. 2021, doi: 10.1038/s41591-020-1124-9.
- [8] F. Pierri et al., "Online misinformation is linked to early COVID-19 vaccination hesitancy and refusal," *Sci Rep*, vol. 12, no. 1, p. 5966, Apr. 2022, doi: 10.1038/s41598-022-10070-w.
- [9] K. H. Nguyen, Y. Chen, J. Huang, J. D. Allen, P. Beninger, and L. Corlin, "Who has not been vaccinated, fully vaccinated, or boosted for COVID-19?," *American Journal of Infection Control*, vol. 50, no. 10, pp. 1185–1189, Oct. 2022, doi: 10.1016/j.ajic.2022.05.024.
- [10] J. Pyo, W. Lee, E. Y. Choi, S. G. Jang, and M. Ock, "Qualitative Research in Healthcare: Necessity and Characteristics," *J Prev Med Public Health*, vol. 56, no. 1, pp. 12–20, Jan. 2023, doi: 10.3961/jpmph.22.451.
- [11] M. Ock et al., "Experience and Awareness of Health Managers, Administrators, and Workers on a Hearing Conservation Program in Korea: A Qualitative Study," *IJERPH*, vol. 17, no. 7, p. 2302, Mar. 2020, doi: 10.3390/ijerph17072302.