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Affective Dimensions in Community Responses to the Free COVID-19 Vaccination Program and Its Relationship with Public Health in Sidoarjo Regency

Trenda A. Oktariyanda[1]*, Meirinawati[2], Eva H. Fanida[2], Fitrotun Niswah[2], and Ngukup C. Achmadja[2]
[1]Departement of Public Administration, Faculty of Social and Law, Universitas Negeri Surabaya, Jalan Ketintang, Surabaya 60231, Indonesia, ORCID ID: 0000-0002-7099-427X
[2]Departement of Public Administration, Faculty of Social and Law, Universitas Negeri Surabaya, Jalan Ketintang, Surabaya 60231, Indonesia
[1]*trendaoktariyanda@unesa.ac.id, [2]meirinawati@unesa.ac.id,
[3]evafanida@unesa.ac.id, [4]fitrotunniwah@unesa.ac.id,
[5]ngukup.18098@mhs.unesa.ac.id

Abstract. The increasingly sloping development of COVID-19 cases cannot be separated from the COVID-19 Free Vaccination Program. The implementation of the vaccination program is oriented towards mass immunity against COVID-19. This is the link between the response and the public health aspect. This study discusses the community's response to the affective dimension (awareness and expectation) about public health in 100 community respondents in Sidoarjo Regency. This research uses a quantitative method with a descriptive type. Several 100 samples were obtained from the formula for measuring samples developed by Slovin. The results showed that most of the respondents on the indicators of awareness and hope chose the "enough" answer. The rest answered, "poor." Interestingly, none of the respondents in the two indicators answered "good." Of course, this is a note for policymakers (government), especially in the free vaccine program, that must be evaluated and further improved to improve the effective response of the community.

1. Introduction

Before going into the core background, let us take a moment to explore the journey of the COVID-19 pandemic case that hit the country of Indonesia, starting from the beginning of its entry until the critical moment in 2021 when it became the peak of cases. The COVID-19 pandemic, which entered Indonesia in the first quarter of 2020, showed an increasing trend of severe cases. It was recorded that in March 2021, there were 129,844 positive people, 1,290 cases were declared cured, 790 people died, and 39,550. The highest record of adding daily positive COVID-19 cases was 54,000 on July 14, 2021 [1]. The Indonesian government has taken various steps to deal with the COVID-19 pandemic. National data in August 2022 showed positive as many as 52,009 people, and the number of cases declared cured as many as 6,097,334 people [2]. The distribution from East Java Province is 939 positive people, the number of cases declared cured 560,978 people, and the number of cases died is 31,079 people [3]. Specifically, the distribution in Sidoarjo was 71 positive, 45,442 people recovered, 1,019 people died, and 0 suspects.

One of the paths taken by the Government of Indonesia in dealing with COVID-19 is through

Presidential Regulation 99 of 2020 concerning Vaccine Procurement and Vaccination Implementation in the Context of Eradicating the Corona Virus Disease 2019 (COVID-19) Pandemic.

Based on the Presidential Decree, the government, through the Minister of Foreign Affairs in 2020, will conduct international diplomacy to gain access to the Covid-19 vaccine and budget support for multilateral cooperation and other necessary support. The result of this policy is that more than 300 million COVID-19 vaccines will be injected from various manufacturers and countries in early 2022 [4]. The success of the procurement of vaccines and national COVID-19 vaccinations will not run smoothly without the Minister of Health Regulation Number 84 of 2020 concerning the Implementation of Vaccinations in the Context of Combating the 2019 Corona Virus Disease (COVID-19) Pandemic. It can also be said that the government's efforts are also oriented towards achieving mass immunity from COVID-19 in particular and fulfilling optimal public health in general. Public health is the science and art of maintaining, protecting, and improving public health through community organizing efforts [5]. This aspect of public health is urgent because it also concerns long-term life expectancy and community productivity.

Departing from the above background, the researcher is interested in how the community's behavioral or affective response is related to vaccine regulation. Does the community fully support the government program or vice versa? The diversity or diversity of the majority or minority of the community's affective response is one of the vital pieces of information that cannot be separated from seeing how the government is performing, especially in dealing with COVID-19 and improving the health status of the community. Based on the description above, this research studies the vaccination response. The research location is focused on Sidoarjo Regency, with the letter from the Ministry of Health that the priority of the first phase of the Sinovac vaccine is Surabaya, Gresik, and Sidoarjo. Therefore, researchers are interested in taking the research title "Affective Dimensions in Community Responses to the Free COVID-19 Vaccination Program and Its Relation to Public Health in Sidoarjo Regency". The purpose of this study was to capture and analyze the public's response to the government's vaccination program, especially from the affective dimension and its relationship to public health in Sidoarjo Regency, Indonesia.

2. Methods

This study uses a quantitative research approach with a descriptive type. Research [6] states that quantitative research is research whose data type is in the form of numbers or qualitative information that is numbered. The selection of the quantitative approach in this study was due to the adjustment of the research objectives, namely to measure and analyze the results of community responses which were included in the affective dimension of the free vaccination program in suppressing the spread of COVID-19 in Sidoarjo Regency and its relationship to public health. The sample is 100 people of Sidoarjo Regency based on calculations with Slovin's formula [7]. Questionnaires were distributed online to 100 respondents in Sidoarjo Regency. The sample is a resident of Sidoarjo Regency who is of the appropriate age to be given the vaccine, namely the age of 17 years to 65 years and over.

3. Results and Discussion

3.1 Characteristics of Respondents

In this scientific article based on empirical research, the authors classify the characteristics of respondents based on age, education level, type of work, and vaccination status. Regarding the age range of respondents, as many as 93 percent of respondents are aged 18 to 64 years. Then followed by 3 percent of respondents aged 12 to 17 years and 4 percent of respondents aged 65 years and over. Hurlock revealed that the older the level of maturity and strength of a person would be more mature they are in thinking and working [8]. Thus, the more mature the respondent is, the more accurate the information that can be provided in this study will be. Research [9] states that education is the ability to absorb knowledge. The higher the level of education, the easier it is for someone to absorb knowledge. In this study, 39 percent of respondents had undergraduate education, then 36 percent of respondents had high school education/equivalent, and 16 percent had postgraduate education.

Furthermore, at the last three education levels, 6 percent have graduated with a diploma, 2 percent have just graduated from junior high school/equivalent, and only 1 percent have not finished school. This shows that respondents can understand the questions asked by the research team in collecting research data. So that the data obtained is accurate. The respondents' occupations were 40 students, 19 private employees, 18 civil servants, and 23 percent working in other sectors/not working. In addition, the last respondent's characteristics are related to whether the respondent received the COVID-19 vaccination or not. When the team conducted data collection, as many as 82 percent of the respondents had received the first or second dose of vaccine injection. Meanwhile, the remaining 18 percent have not received any vaccine injections.

3.2 Response Level

The response is a psychological term used to describe responses to stimuli received by the five senses. The things that support and underlie the size of the response are attitudes, perceptions, and participation. A person's attitude precedes the response in the process because attitude is a person's tendency or willingness to behave when faced with a specific stimulus. In general, it can be said that three factors influence a person's response, namely: 1) The person concerned sees. The person concerned who sees and tries to give an interpretation of what he sees, which is influenced by his attitude, awareness, and expectations; 2) Response targets. In the form of people, things, or events. The characteristics of the sign usually influence the reaction of the viewer. In other words, the movement, sound, size, action, and other characteristics of the response target also determine how people perceive it; 3) Situational factors. The response can be seen contextually, meaning that it gets attention in situations where the answer appears. The problem is a factor that plays a role in forming a person's response. The response is essentially a behavioral response or attitude that becomes reverse behavior, which is also a process of organizing the stimulus in which the proximal stimulus is arranged in such a way that there is a phenomenal representation of the proximal stimulus. A person's attitude precedes the response in the process because attitude is a person's tendency or willingness to behave when faced with a specific stimulus. So, attitude determines whether someone responds or does not respond to something.

3.3 Affective Dimension

The affective dimension relates to the tendency to act, operate, think and feel in the face of objects, ideas, situations, and values-driven by the existence of goals, values, and motivational needs. The following are the results of research on the affective dimension.

Table 1. Affective Dimension Response Category.

Response Category	Overall Score	Total	
		f	%
Good		0	0
Enough	2.984	85	85
Bad		15	15

Table 1 shows that the overall affective dimension of the community's response to the free vaccination program is still quite adequate. Where most respondents gave a sufficient rating of 85 percent, this shows that the free vaccination program is still considered "only" sufficient by the community, even though 15 percent of the community has a bad or unfavorable view.

3.3.1. Indicators of Awareness.

The awareness indicator in this affective dimension is the first consideration because the awareness wrapped in a pattern or way of thinking is one of the fundamental factors in a person's behavior. [9] defines consciousness as the result of how a group of people thinks, and each thought is separate from another [10]. The following are the results of research on awareness indicators.

Table 2. Awareness Indicator Response Category

Response Category	Overall Score	Total	
		f	%
Good		0	0
Enough	2.426	87	87
Bad		13	13

Based on table 2, it is known that the overall awareness indicator is quite adequate, where there is 87 percent of respondents choose sufficient and reasonable. This shows that the respondents consider the free vaccination program "merely" sufficient. However, a small proportion (13 percent) of respondents still do not yet have or meet these knowledge indicators. One of the interesting findings here is that there are no respondents who rate well. This reflects the government's performance, especially in the free vaccine program, which must be evaluated and further improved so that the community's affection response improves.

3.3.2 Indicators of Expectations

According to the theory of SOR (Stimulus-Organism-Response), the size of the influence of the message stimulus on the response depends on the amount of attention given to being understood and accepted by the recipient of the message. Furthermore, [11] revealed that a person's attention is influenced by psychological factors such as willingness, desire, motivation, hope, etcetera, and biological and socio-cultural factors. The following are the results of research on the expectation indicator.

Table 3. Expectation Indicator Response Category.

Response Category	Overall Score	Total	
		f	%
Good		0	0
Enough	558	84	84
Bad		16	16

Based on table 3, it is found that the overall expectation indicator is in the excellent category. That is, as many as 84 percent of respondents chose the answer enough. This data shows that respondents' experience with the government's free COVID-19 vaccination program is still at a sufficient level. The remaining 16 respondents considered the free vaccination program in the wrong category. This needs more attention from the government, considering that this vaccination program has entered its fourth dose and may continue in the future.

3.4 The Relationship with Public Health Factors

The concept of public health is one of the essential foundations to see how the government's free vaccination program results and objectives are achieved from the community's perspective, which can also be seen from the community's response (affective dimension). According to [12], public health is the science and art of preventing disease, prolonging life, promoting physical and mental health and efficiency through organized community efforts to improve environmental sanitation, infection control in the community, education of individuals about personal hygiene, and organization of medical services. Moreover, for early diagnosis, disease prevention, and social development, nursing will support everyone in society to have a substantial standard of living to maintain their health. The scope of public health includes two main disciplines, namely biomedical sciences and social sciences, in line with the development of public health sciences, among others; Biology, medicine, chemistry, physics, environment, social, anthropology, education, etcetera. The disciplines supporting public health are biology, medicine, chemistry, physics, environment, social, anthropology, education, etcetera. The

disciplines that support public health are as follows; 1) Epidemiology; 2) Biostatistics/health statistics; 3) Environmental health; 4) Health education/behavioral science; 5) Public Health Administration; 6) Community nutrition; 7) Occupational health.

According to [13], four factors influence public health status, namely: 1) Behavior, 2) Environment, 3) Health Care Services, and 4) Heredity. From the four factors above, it turns out that the influence of behavior is quite significant, followed by environmental factors, health care services, and heredity. The four factors above are closely related and influence each other. Healthy behavior will support increasing health status. This can be seen from the number of behavior and lifestyle-based diseases.

3.4.1 Behavior Factor

Lifestyle is the first factor that affects public health because health and an unhealthy environment are highly dependent on human behavior. In addition, it is also influenced by habits, customs, beliefs, education, socioeconomic and other behaviors inherent in him. For example: in a society undergoing a transition from a traditional society to modern society, there will be changes in lifestyle that have an impact on health status. Specific examples: some people still think that vaccine injections are not halal, or there is also an assumption that vaccine liquids harm the body and are only projects for the benefit of the government

3.4.2 Environment Factor

This environment includes the physical environment (both natural and artificial), such as waste, water, air, and water. Housing and socio-cultural (economy, education, employment, and others). In the physical environment, health will be affected by the quality of environmental sanitation where humans are located and influenced by the spread of diseases in the vicinity (e.g., COVID-19, which has spread everywhere). This is because many diseases originate from poor quality of environmental sanitation. For example, clean water availability in an area will affect health status because water is a basic human need, and humans constantly interact with water in their daily life. At the same time, the social environment is related to the economic condition of society. The poorer the individual/community, the more difficult it is to access good health.

3.4.3 Health Care Services Factor

Health services are the third factor that affects the degree of public health because the existence of health facilities is very decisive in health recovery services, prevention of disease, treatment, and nursing, as well as groups and communities that require health services. The availability of facilities is very influential by the location, whether it can be reached by the community or not, health workers who provide services, information and community motivation to do so visiting facilities to obtain services, as well as whether the health service program itself is following the needs of the community itself.

3.4.4 Heredity Factor

Hereditary/genetic factors are also very influential on health status. This is because several diseases are passed down through genetics or factors that already exist in humans that are brought from birth, for example: from hereditary diseases, including diabetes mellitus, bronchial asthma, epilepsy, mental retardation, hypertension, and color blindness.

From the description above, the relationship between public health factors, especially people's behavior with the affective dimension of the community's response to the government's vaccination program becomes evident and straightforward. This happens because the behavioral factor here is a manifestation or a tangible manifestation of the awareness and expectations of the community, which are contained in the affective dimension of the community's response itself. It becomes illogical when people can be moved if there is no form of mental, physical, or psychological awareness. A link between public health behavioral factors and the affective dimension of community response also strengthens its influence in observing and assessing government vaccination programs from the community's perspective.

4. Conclusion

Based on the data analysis of the research results, it is known that the majority of the community, in terms of their affective dimension, considers the government vaccination program to be "merely" sufficient. One of the interesting findings here is that from the two indicators (awareness and expectation), there are no respondents who rate well. This reflects the government's performance, especially in the free vaccine program, which must be evaluated and further improved to improve the community's affective response. Therefore, this community response reflects "at a glance" the Sidoarjo Regency Government and the central government, which incidentally still bears quite a lot of homework. Hence, the government needs to work together to provide more socialization, education, and counseling to the community about the benefits of free vaccination programs. This is expected to dispel doubts and disinformation regarding the free vaccination program.

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