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Communication on COVID-19 Vaccination in Indonesia and the Truth of the Digital Society

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Abstract

COVID-19 vaccination during the pandemic appears and is considered an innovation or new thing that must be quickly implemented to minimize epidemic transmission. As a country affected by COVID-19, Indonesia has also started distributing vaccines to various parties. The distribution process encountered various challenges. One of them is the truth or public trust in the government regarding handling the COVID-19 outbreak, which affects people's decisions not to or to carry out vaccines. This paper uses a non-interactive qualitative method by collecting various information about COVID-19 vaccination from a communication perspective. The theory used is the diffusion of innovation to see how the people of Indonesia can accept vaccines amid many people's doubts about the government. Truth is an important concept that determines the success of the COVID-19 vaccine. However, there is much public apathy towards the government's work rhythm; on the other hand, the government continues to intensively socialize various ways related to the benefits of vaccines, safety, easy ways to get vaccines and other benefits. The government can achieve at least 70% of the Indonesian sub-population vaccination target by gaining trust.

Keywords

vaccines; covid-19; truth



I. Introduction

People in various parts of the world are still struggling with the rate of transmission of COVID-19, including Indonesia. It has been 16 months since Indonesia has carried out various trials and errors in tackling the COVID-19 outbreak. The outbreak of this virus has an impact of a nation and Globally (Ningrum *et al*, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and psychological impact on society (Saleh and Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020). WHO (January 05 2021) states that at least 63 types of COVID-19 vaccines have entered clinical trials, and 15 types of vaccines have been in the third stage of clinical trials (Farmalkes.kemendes.go.id, 2021). The Government of the Republic of Indonesia is also trying to develop a COVID-19 vaccine by delegating it to the Eijkman Molecular Biology Research Institute to lead the vaccine development process and involving the ministry of health, universities and industry.

Currently, the issue and concern of the entire community are regarding the COVID-19 vaccination, which is considered a road map to end the pandemic period. About the preparation process for the COVID-19 vaccination program in Indonesia, the Government of the Republic of Indonesia issued a policy regarding the procurement of vaccines and the implementation of vaccinations in the context of dealing with the COVID-19 pandemic as stipulated in Presidential Regulation No. 99 of 2020 and Regulation of the Minister of Health No. 84 of 2020. The purpose of vaccination is to reduce the number of COVID-19

cases and also to achieve population immunity or what is known as herd immunity. The government targets this vaccination program to be completed in 5 months and to target 181.5 million Indonesians (Indicator Survey, 2021). Based on the Decree of the Minister of Health Number HK01.07/Menkes/9860/2020, there are several types of vaccines used by the people of Indonesia, namely: the COVID-19 vaccine made by PT. Bio Farma (Persero), COVID-19 vaccine made by AstraZeneca, COVID-19 vaccine made by China National Pharmaceutical Group Corporation (Sinopharm), COVID-19 vaccine made by Moderna, COVID-19 vaccine made by Pfizer Inc and BioNTech, and COVID-19 vaccine made Sinovac Biotech Ltd (Aida, 2021).

In Indonesia, the distribution of the COVID-19 vaccine in the early stages has been carried out since early January 2021 to 34 provinces, and the implementation is carried out free of charge or free. The moment that marked the start of implementing the COVID-19 vaccination in all regions in Indonesia was when President Joko Widodo was the first to receive the vaccine (BPMI Setpres, 2021).

From a communication perspective, vaccination is a very strategic public issue. The government will face various challenges in organizing the vaccination program. The implementation of the vaccination program also cannot be implemented in a short time. The success of the COVID-19 vaccination is also determined by the active participation of the community who plays a central role in the implementation of the program (Wikan, 2021).

As the leading actor in making all significant decisions regarding the COVID-19 vaccine, the President seems to be the sole communicator who will later be responsible for the success or failure of the COVID-19 vaccine in reducing mortality in Indonesia. Communication plays a strategic role in the vortex of public doubt about the COVID-19 vaccine. As the highest communicator, the government must build trust in the public by presenting positive rhetoric.

No matter how sophisticated the vaccine will be distributed, it will not have a good impact if it is not in line with delivery and good communication patterns. Health communication uses strategies that focus on how individuals or groups/society deals with health issues and maintain them. Problems related to health issues are not only rooted in the community's negligence in responding to these issues. Furthermore, it can be sourced from misinformation and disinformation that is spread in the media room in this era. This will undoubtedly affect public trust. (Rahmadiana, 2012)

The world community's acceptance of the COVID-19 vaccine is also diverse. As quoted in an online news source (Warta Ekonomi.co.id, 2021), it was stated that only 50% of the United States population is willing to receive the vaccine. Meanwhile, in a survey of 14 countries conducted by Instituto for Global Health Innovation (IGHI) Imperial College London's and polling company YouGov, it was stated that France, Japan and Singapore have low confidence levels because they are worried about vaccine side effects. The survey also found that 77% of Britons are most willing to receive the covid-19 vaccine (voaindonesia.com, 2021).

On March 18, 2020, the government formed a task force for handling covid 19 to establish the information media covid19.go.id. This page is the entrance and exit for various types of information that must be carefully selected before reaching the public. Starting from the number of cases, the number of people infected, recovered to death, will be updated every day. Not only that, news related to COVID-19, especially vaccines, is information that the public has been waiting for, but of course, the information cannot be entirely accepted by the public due to specific considerations.

Vaccines now seem to be the only saviour of people's 'sanity' after more than a year of having to move amid motor limitations. However, there are many doubts regarding its effectiveness, halal and haram, and much more information that contributes to the credibility of vaccines being low in the public's eyes. The government must see this condition as early as possible to instil public confidence that a COVID-19 vaccine is a form of a joint effort to save Indonesia from this epidemic.

Various stakeholders also help the government educate the public, from the private sector to the community.



Source: Japeli (network of digital literacy activists)

Figure 1. Health Campaign in Indonesia

Media also has a vital role as a facilitator in delivering messages to the broader public. The media have various points of view in responding to every government decision. So the government needs to establish two-way, balanced and proportional communication with the mass media to help the government ward off hoaxes circulating in the community by presenting complete and credible information.

Devito (2007) "all relationships are held together, in part by commitment based on desire, obligation, or necessity, or on some combination deterioration, is related to your degree of commitment. Devito explained that establishing good relations with many parties can have a good impact on mutual agreements. Likewise, in the context of the government as a communicator, it cannot work alone in conveying strategic steps for handling COVID-19 to a wide audience. The government needs the mass media as a communicator second as a 'tool' still trusted by the public to seek information.

This paper will analyze how the government's health communication regarding the plan distribution COVID-19 vaccine can be accepted and trusted by the Indonesian people.

II. Research Methods

The method used to discuss this paper is qualitative non-interactive. This method is done by analyzing secondary data in reports, news, journals, documents. Non-interactive qualitative methods do not involve informants/participants as data providers directly, so researchers do not have to collect from the source but have obtained data in the form of writing, graphics, charts or photos (Pujileksono, 2015). The data collection technique in this paper is carried out by collecting various information regarding the communication of COVID-19 vaccination in Indonesia and the truth of the digital community obtained from various accurate and reliable sources, such as books, scientific articles and journals, online news, internet sites, and various documents. Supporters who are relevant to the theme raised in the paper.

III. Results and Discussion

3.1 Communication Health

Communication is a systematic effort to positively influence public health behaviour by using various principles and methods of communication, both using interpersonal communication and mass communication (Notoatmodjo, 2007). Health Communications Partnership M/MC Health Communication Materials Database, (2004) explains that health communication includes information about disease prevention, health promotion, health care policies including, health care, business regulations in the health sector that as far as possible change and update the quality of individuals in a community or society by considering scientific and ethical aspects.

Communication is an essential aspect for the success of a health campaign, so a strategy and careful design are needed in formulating a health message formula that is readily accepted by the wider community. Especially with the development of technology, health communication has an excellent opportunity to distribute, reproducing messages en masse. However, on the other hand, technological developments also pose challenges for the world of health, namely being prone to hoaxes that will affect the success or failure of a health campaign.

In the past, communication through counselling programs was the most frequently used way by government officials to convey health messages such as family planning, the importance of immunization and others. However, now the world is benefiting from technology that makes it easier to exchange messages. The COVID-19 pandemic, which requires us not to meet in person to minimize the transmission of the COVID-19 virus, makes technology the only medium of communication. Communication problems that increase individual anxiety during a pandemic are the lack of communication channels that allow individuals to communicate with the government or trusted organizations (Goto et al., 2014)

a. Impact of Health

Communication Impact of health communication on health development (Putra & Agustina, 2020);

- a. Health communication refers to the fields of national health programs and the world, health promotion and health plans public, so indirectly, health communication is instrumental in the process of health development.
- b. Health communication capable of growing aspirations of the people in all walks of life so that it can accelerate the development process of health communication.
- c. Health communication operates [there is a level or context of communication between personal, group, organizational, public and mass communication so that the health development process can be carried out evenly.
- d. Health communication includes a variety of interactions in health work, such as communication with patients in clinics, self-help groups, mailings, hotlines and mass media campaigns.
- e. Health communication is an approach that emphasizes efforts to change audience behaviour so that they are responsive to specific problems within a particular time unit, which can later affect the health development process.
- f. Health communication uses communication technology, media and information technology in disseminating health information to facilitate health development plans.

b. Corona Vaccination Roadmap

Vaccination is not only aimed at breaking the chain of transmission of disease outbreaks but also eliminating and eradicating the disease itself in the long term. Historically, Indonesia has a long experience in efforts to control infectious diseases by vaccination or immunization. Specifically, vaccination has an objective to provide specific immunity against a particular disease so that if one day we are exposed to the disease, we will not get sick or only experience mild illness (Ministry of Health, 2020)

The free COVID-19 vaccination program in Indonesia has been implemented since January 2021. The COVID-19 vaccination program aims to increase individual and group herd immunity. This immunity will lead to cross-protection in the community, and this can be achieved if vaccination coverage is high and evenly distributed throughout Indonesia.

The government compiled a roadmap for the COVID-19 vaccination program to achieve the Decree of the Director-General of Disease Prevention and Control Number HK goals. This COVID-19 vaccination roadmap was compiled based on several considerations: vaccine availability, population, risk areas, stages of use, and usage index.

The Indonesian government has determined six types of COVID-19 vaccines used in the COVID-19 vaccination program based on the Decree of the Minister of Health Number HK01.07/Menkes/9860/2020, as shown in the following table (Rahayu and Sensusiyati, 2021):

Table 1. Types Covid-19 Vaccines in Indonesia

Types of Vaccines	Developed by	Clinical Trials in Various Countries & Effectiveness of vaccines
SinovacSinovac	China	Turkey (91.25%), Brazil (78%) and Indonesia (63.50%)
CoronaVac	PT. Bio Farma	Efficacy Details not mentioned. The content and safety efficacy profile are the same as Sinovac.
Sinopharm	Bio-Institute Biological Products Co., China	China (79%), United Arab Emirates (86%)
Pfizer BioNTech (BNT162b2)	Pfizer Inc., and BioTech from the United States	A clinical trial involving 20,000 volunteers aged over 16 years covered 81.90% of skin race white, 26.20% Hispanic, 9.80% African American, 4.40% Asian, and <3% other. 95% Efficacy
AstraZeneca (AZD1222)	AstraZeneca Holding Company in collaboration with Oxford University UK	Involved 20,000 volunteers with \pm 70% efficacy results

Moderna (mRNA-1273)	ModernaTX. Inc United States	A clinical trial of 15,400 individuals 18 years of age 79.40% white, 20% Hispanic or Latino, 9.7% African American, 47% Asian, <3% other race. Efficacy 94.10%
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Source: Rahayu & Sensusiyati, 2021

At the beginning of the implementation of the COVID-19 vaccination, the government targeted the program target for people aged 18 years and over with a total population that could be vaccinated, namely 181,554,465. However, some exceptions to the vaccination program target people who have several conditions, such as having uncontrolled comorbidities, being pregnant, or being exposed to COVID-19 three months before the injection date (Kompas id, 2021). Since July 2021, the target of this vaccination program has been increased to 208,264,720 residents and includes the target for children and adolescents from the age of 12 -17 years (tempo.co, 2021).

The target group for COVID-19 vaccine recipients is determined based on the roadmap WHO strategic advisory group of experts on immunization (SAGE) as well as a study from the (Indonesian Technical Advisory Group on Immunization Indonesian Technical Advisory Group on Immunization) with the following vaccination stages (Ministry of Health, 2021):

Table 2. Recipient Groups and Vaccination

Stages Vaccination Stages	Recipient Group	Vaccination Timeline	Number of Target Recipients mental Units
Phase I	Health workers, assistant health workers, support staff and students who are currently undergoing the medical professionals working in health service facilities in 34 provinces in Indonesia	January – April 2021	1.4 million
Phase II	a. Public Service Officers (TNI and the Indonesian National Police, law enforcement officers, other public service officers such as: gas at airports/stations/terminals/ports, banks, state electricity companies, regional drinking water companies, as well as other officers who are directly involved in providing services to the community), b. elderly age group 60 years and over	January – April 2021	17, 4 Million 21,5 million

Phase III	a. Vulnerable communities from geospatial, social and economic aspects b. The community and other economic actors with a cluster approach by the availability of vaccines.	April 2021- March 2022	141.2 Million
Phase IV	Age Group 12 – 17 Years		26.7 Million

Source: Ministry of Health RI, 2021

The implementation of the COVID-19 vaccination program in all provinces in Indonesia, which has been carried out for the past six months (based on the number of data coverage from January – July 14, 2021), stated that the coverage of recipients of the first dose of vaccination only reached 20.1% or 41,673,464, while the coverage of recipients of the second dose only reached 7.81% or 16,274,150. This can be explained in the following Table 3:

Table 3. Coverage of Vaccination Doses I and II in Indonesia

Vaccine Recipients Vaccine	Achievement Targets	Implementation of	
		Dose I	Dose II
Health Workers	1,468,764	1,584,885 (107.91%)	1,438,042 (97, 91%)
Public Officials	17,327,167	23,058,511 (133.08%)	9,449,672 (54.54%)
Elderly	21,552,118	5,229,539 (24.26%)	3,221,976 (14.95%)
Vulnerable and General	141,211,181	11,363,361 (8.05%)	2,164,430 (1.53%)
Age Group 12-17 Years	26,705,490	437,168 (1.64%)	30 (0%)
Total	208,264,720	41,673,464	16,274 .150

Source: Ministry of Health of the Republic of Indonesia, 2021

In the realization of the COVID-19 vaccination program in 34 provinces in Indonesia (based on data from the Indonesian Ministry of Health as of July 14, 2021), only three provinces, namely Bali, DKI Jakarta, and Riau Islands that can implement > 50% of the regional achievement targets for the administration of the first dose of vaccine. However, in the second phase, only 10-20% has been achieved. The realization of the national vaccine program can be seen based on the following Table IV:

Table 4. Realization of COVID-19 Vaccination in 34 Provinces in Indonesia

Province	Target	Realization in percentage (%)	
		Dose I	Dose 2
Aceh	4,028,891	15	5
Sumatra North	11,419,559	15	7
Riau	4,840,347	16.91	9.74
Riau Islands	1,581,035	59.31	10.03

Bangka Belitung	1,137,824	16.12	7.74
West Sumatra	4,408,509	10.78	3.94
Jambi	2,686,193	18.74	6.55
Sumatra South	6,303,096	13.51	5.87
Bengkulu	1,553,792	13.93	4.69
Lampung	6,645,226	8.54	3.86
DKI Jakarta	8,395,427	72.31	23.48
Banten	9,229,383	13.92	5.69
West Java	37,907,814	12.17	5.79
Central Java	28,727,805	14.47	7.48
Yogyakarta	2,879,699	32.55	13.97
East Java	31,826,206	20.56	7.93
Bali	3,405,130	81.35	22, 62
West Nusa Tenggara	3,910,638	12.86	4.94
East Nusa Tenggara	3,831,439	12.66	5.52
Maluku	1,417,690	12.35	4.46
West Kalimantan	3,872,477	12.32	4.49
Central Kalimantan	2,036, 104	20.04	9.79
East Kalimantan	2,874,401	16.38	8.75
South Kalimantan	3,161,137	13	6.55
North Kalimantan	2,874,401	14.32	6.1
North Sulawesi	2,080,685	33.51	7.61
Gorontalo	938,409	19.87	7.57
Central Sulawesi	2,135,907	12.73	5.24
West Sulawesi	1,089,240	15.32	6.01
South Sulawesi	7,058, 141	17.18	7.14
Southeast Sulawesi	2,002,579	16.64	5.69
North Maluku	954,092	9.56	4
West Papua	797,402	15.39	6.59
Papua	2,583,771	11.31	5.3

Source: Ministry of Health RI, 2021

Based on Table IV regarding the realization of COVID-19 vaccination in 34 provinces in Indonesia, it can be stated that the government still has a very long homework to do in the realization of the COVID-19 vaccination program to be able to achieve 95% herd immunity which was previously targeted at the end of 2021 (CNN Indonesia, 07/2021)

3.2 Covid-19 Vaccine and Health

In the COVID-19 vaccination program, the communication pattern applied is top-down, where access to information comes from the central government, which is then distributed to various provinces throughout Indonesia through the provincial and district/city governments. The initial data collection system is carried out through the COVID-19 Vaccination One Data Information System sourced from the relevant

Ministries/Institutions, including the Name, Population Identification Number, and residential address of the target group, which is then filtered or filtered data so that the group receiving the COVID-19 vaccine can be obtained according to established criteria. After the target data collection is carried out, the next stage is data collection and determination of health service facilities implementing the COVID-19 vaccination program. In this case, the government stipulates several health facilities to implement the vaccination, namely health centres and sub-health centres; clinics; hospitals; and the health service unit at the Port Health Office (KKP) (Ministry of Health of the Republic of Indonesia 2021).

Communication in the COVID-19 vaccination program is not an easy job. This can be seen from the target data for the vaccine program, which only reached 20.1% for the first dose and 7.8% for the second dose (based on data from the Indonesian Ministry of Health dated July 14, 2021). The success of strategic communication in the vaccination program should be determined from the resulting outcome, namely the awareness and behaviour change from the community who consciously wants to carry out the COVID-19 vaccination, continue to apply health protocols to prevent the spread of COVID-19 and implement Clean and Healthy Lifestyle (PHBS) in the community. Until now, the government's strategic communication target in the program is still limited to output, and this can be proven from the still far-reaching targets for vaccine acceptance in the community, the number of case violations and the lack of application of health protocols as well as the increasing number of positive cases of COVID-19 in Indonesia.

Health communication in the implementation of the COVID-19 vaccination program must be carried out in three phases, namely pre-vaccination, vaccination and post-vaccination (PR Indonesia, 2021). Pre-vaccination communication is carried out to increase public acceptance of the vaccination program. At this stage, very early research needs to be done to achieve awareness, acceptance and action audiences in the vaccine program. Information that is disseminated to the public can be in the form of information about the safety, halalness and effectiveness of vaccines; type and dose of vaccine; vaccine program mechanism; priority of vaccine recipients; vaccine schedule; an invitation to continue to apply health protocols; and straightening out various rumours and hoax news that are spread in various media channels. The pre-vaccination stage is a crucial step towards the next stage; therefore, it is essential to minimize the presence of information media that can affect public trust regarding the COVID-19 vaccine program.

The next phase is the implementation of vaccination which aims to increase vaccine access to priority target groups. In this phase, the messages communicated in the first phase must be carried out continuously to be disseminated during the vaccination implementation phase. The goal is for the public to get much exposure to information related to the program. This is also to minimize the entry of various hoax news that are so massively spread, especially on social media. President Joko Widodo became the first recipient of the vaccine, followed by public officials, influencers, and human health resources. It was perfect for making a positive impression on the broader community's minds, which further fostered trust COVID-19 vaccination program.

The last phase is post-vaccination which must be managed in such a way as to evaluate the entire vaccination program. The post-vaccination phase is carried out to manage public feedback regarding the program. In this phase, the government must collect various information regarding symptoms of side effects/side effects after vaccination and how to overcome them; education to keep implementing health protocols; information about the body's condition after the implementation of vaccination. This phase is carried out to analyze how the pre-vaccination stages and the implementation of vaccinations have

been carried out, the shortcomings, and which parts must be improved to achieve the goals of the vaccination program. In addition, this phase is critical to minimize rumors, hoax news or various negative viral information on social media regarding the effects of vaccination.

According to The Center for Disease Control and Prevention in a book written by Thomas (2006), health communication in vaccination programs needs to be managed strategically to reach several levels at the level of individuals, social networks, organizations, communities, and society large. The more levels achieved in a health communication program, the more likely it will create and sustain the desired changes.

Health communication cannot change systemic health problems related to poverty, environmental degradation, and lack of healthcare access. However, a comprehensively designed health communication program must systematically explore all the factors that can contribute to health and carry out various strategies that can be used to influence these factors. Therefore, in the context of the COVID-19 vaccination program, consideration of mapping issues related to vaccines, a comprehensive sociocultural approach, and the role of the government as the primary communicator will influence the success of the vaccination program to achieve behavioural change in Indonesian society.

3.3 Public Trust in the Vaccination Era

The rise of the government with vaccine targets that must be achieved per day is a severe challenge to the extension of the government's hands, such as health workers, volunteers and public officials. They have to struggle to convince the public to believe in the safety of vaccines amid the rush of vaccine hoaxes that exist every day. Especially in the digital world, massive information related to vaccine fake news spreads quickly and widely; not everyone has reasonable literacy skills in consuming the information they get. As a result, many 'groups' do not believe and decide not to be vaccinated.

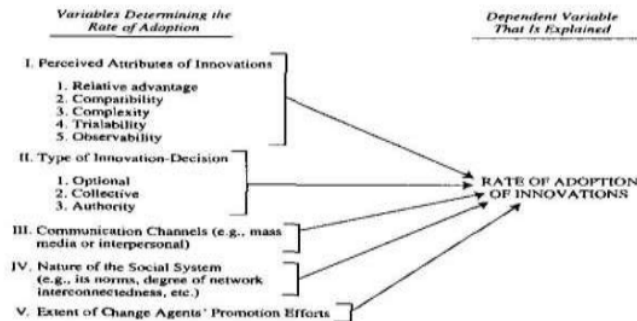
Vaccines are not a solution to break the chain of pandemics, nor can vaccines guarantee a person can be avoided entirely from exposure to COVID-19 for the second time, but with vaccines as a form of effort to alleviate the symptoms of COVID-19 if someone is later exposed to it. Positive information like this should be built by anyone who desires to help Indonesia recover from the pandemic. However, digitalization has such fast and practical spaces that everything will want and not want to be vaccinated.

The Executive Director of Indicators, Burhanuddin Muhtadi, explained in the survey that the public understands the COVID-19 pandemic and vaccines can change conditions for the better as much as 91.3%. However, when asked about their willingness to be vaccinated, only 54.9% were willing to be vaccinated, consisting of 15.8% (very willing), 39.1% (quite willing), 32.1% (less willing) and 8.9% (very unwilling) <https://www.beritasatu.com/politik/736305/level-belief-low-only-55-people-yang-mau-vaccinasi-covid19>

The above data indicates that communication is crucial in various forms of implementation such as socialization, health campaigns, persuasive personal approaches, and others. Especially at the pandemic's beginning, the community was brought to the government's platform in tackling the pandemic, as seen from the government's stuttering in early March 2020 when the pandemic began to enter Indonesia. The out-of-sync information that occurs at the top communication level, the understanding of the spokesperson for the COVID-19 task force, the number of public officials who are negligent with health protocols have made people's daily spectacles that have formed doubts about the government until now.

3.4 Adoption of Innovations in Vaccination Programs

The adoption rate relates to the relative speed with which a social system adopts an innovation in the diffusion of innovations. This level of adoption relates to the measurement of numerical indicators related to the steepness of the innovation adoption curve, which is described through five variables, namely perceptions of innovation attributes, types of innovation decisions, communication channels, the state of the prevailing social system, and the role of change agents in disseminating innovations to a broad audience. Rogers, 1995):



Source: Rogers, 1995

Figure 2. Attributes of Innovation and Level of Adoption

The decision to adopt an innovation is primarily determined by the mental process of the adopter in evaluating the innovation so that the adopter will determine the choice to accept and run the new ideas adopted or reject the idea the new. This mental process consists of several stages as follows (Kaminski, 2011):

- a. The stage of knowledge or awareness is where people are exposed to innovation but still lack clear information about the innovation.
- b. The stage of persuasion or interest in innovation is when individuals become interested in innovations and start looking for supporting information.
- c. The decision or evaluation stage is when the individual mentally tries to apply the innovation to the current situation and anticipates it in future situations, then decides whether to try or reject it.
- d. The trial or implementation stage is the stage where individuals fully utilize the innovation.
- e. The confirmation or adoption stage is the stage where individuals continue to use the innovation fully.

Covid-19 is a severe epidemic and has become a global problem in the last 19 months. The whole world is working hard to break the chain of the spread of the epidemic through the provision of a COVID-19 vaccine for the entire world community. However, the implementation of the COVID-19 vaccine program has reaped various pros and cons, and this is not only happening in Indonesia but throughout the world.

In a survey conducted by Lazarus et al. (2021) regarding the potential acceptance of the COVID-19 vaccine and the factors that affect public acceptance in 19 countries, some of which have high COVID-19 cases, it was stated that 71% of the world's people are willing to receive the COVID-19 vaccine. 19 if the safety and effectiveness of the vaccine can be proven to break the chain of outbreaks. Meanwhile, 48.1% of respondents said they were willing to receive the COVID-19 vaccine if the company/institution where the

respondent worked provided recommendations or access to vaccines. This survey also stated that 80% of people in Asian countries (China, South Korea and Singapore) have very high acceptance of the COVID-19 vaccination. This is due to the strong trust in the central government. Middle-income countries such as Brazil, India and South Africa also have a relatively high vaccine acceptance.

The survey above shows that trust in the government is an intrinsic component and can be potentially modified to accept the COVID-19 vaccine as an innovation successfully. This will contribute to public compliance in accepting and implementing recommended innovations.

In the COVID-19 vaccination program in Indonesia, the coverage of receiving the first dose and the second dose was only adequate among human health resources (first dose 107.91% and second dose 97.91%) and public officials (first dose 133.08% and the second dose is 54%), while for other target recipients of vaccines such as the elderly, the vulnerable and the general public and the age group 12-17 years, it is still far from the expected achievement target (See table 3 regarding Coverage of Dose I and Dose II Vaccination in Indonesia).

In a survey conducted by the Indonesian Ministry of Health's Balitbangkes in April-May 2021, it was stated that 99% of respondents stated that they received information about the COVID-19 vaccine. However, the percentage of Indonesian people's confidence that vaccines can prevent COVID-19 is 67%. Meanwhile, 33% of the people are still not convinced and even refuse the vaccine. When viewed based on educational status, the percentage of vaccine refusal comes from respondents with higher education status, namely the D-4 and S-1 groups and above (unpaid.ac.id).

Each innovation has several characteristics that are perceived by adopters who will accept or reject it. This includes relative advantage, compatibility, complexity, trialability and observability. In the context of COVID-19 vaccination, it relates to safety, efficacy and the need for vaccines. If the benefits and effectiveness of the vaccine are high, it will increase the acceptance of the vaccine. Conversely, if the fear of side effects, and negative views about vaccine acceptance increases, it will increase the tendency to reject the vaccine.

Communication channels refer to all media platforms through which people get information about innovations. In recent decades, social media has served as a platform for seeking various sources of health information, including COVID-19 vaccinations. On the one hand, this media can help increase public knowledge regarding health information. However, on the other hand, it can also have a negative effect when used to spread misinformation, thereby increasing public concern about receiving vaccination programs.

Adopter characteristics are related to the level of innovation and openness of individuals in adopting innovations. The group of innovators and early adopters is a group that is more daring and willing to accept new things. However, this party is also more critical so that it can influence other adopter groups.

The structure of the social system can influence the attitude of individuals in receiving the vaccination program. The social pressure created in descriptive norms can increase a person's intention to adopt or reject an innovation. Here, it is essential to take a sociocultural approach in society in Indonesia, from lower to upper social status groups, and the public's perspective regarding the COVID-19 vaccine.

In addition, the role of social agents in creating behavioural changes in adopting vaccination will determine the program's success. As the primary communicator, the government can choose and cooperate with opinion leaders and create a single narrative to build an integrated vaccination message.

IV. Conclusion

Truth becomes the main point in health communication. Truth as a communicator driving element in decision making, especially during a pandemic. Creating, building and maintaining truth certainly requires much energy, starting from the government, community institutions, opinion leaders and other elements of society that must go hand in hand with one goal, namely COVID-19 vaccination.

The COVID-19 vaccination is now an innovation or new thing that the broader community must quickly accept amid the rapid mutation of COVID-19. There is no longer time to unravel everything about the COVID-19 vaccine. However, there is always the right time to understand to the broader community that a COVID-19 vaccine is a form of effort to minimize all forms of transmission.

Pros and cons are reasonable in every emergence of policies, hoax attacks, the division of vaccine and non-vaccine camps and much more. This phenomenon is increasingly testing the government as the leading communication actor in this condition. Because no matter how good the vaccine has been distributed, it will not work effectively if the truth between the government as a communicator and the community cannot build a strong concept of trust.

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