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ANALYSIS OF DETERMINANTS OF COVID-19 VACCINATION BEHAVIOR IN THE ACEH BESAR COMMUNITY

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ABSTRACT

Introduction: The COVID-19 vaccination program is one of the Government's policies to prevent the spread of COVID-19 disease. Some people in Aceh Besar receive and participate in vaccinations voluntarily. However, there are some people who take vaccinations because they are forced to and there are also those who refuse vaccination. This community behavior has greatly influenced the achievement of COVID-19 vaccination in Aceh Besar. In mid-February 2022, the achievement of the first dose of COVID-19 vaccination in Aceh Besar reached 90.5% and the achievement of the second dose was still low at only 47%. **Objective:** analyze the relationship between Perceived Behavioral Control and behavior, analyze the relationship between Actual Behavioral Control and behavior and analyze the relationship between Actual Behavioral Control and Perceived Behavioral Control. **Method:** This research is a quantitative research with a cross sectional research design. Sampling using cluster sampling. The respondents were determined to be 384 people. Data analysis with Spearman Correlation using the SPSS application. **Results:** There is a significant relationship between Perceived Behavioral Control and behavior, between Actual Behavioral Control and behavior, and between Actual Behavioral Control and Perceived Behavioral Control (p-value 0.000). There is a fairly strong relationship between Perceived Behavioral Control and behavior (r = 0.433). There is a fairly strong relationship between Actual Behavioral Control and behavior (r = 0.502). There is a strong relationship between Actual Behavioral Control and Perceived Behavioral Control (r = 0.725). **Conclusion:** Actual Behavioral Control influences COVID-19 vaccination behavior in the people of Aceh Besar more than Perceived Behavioral Control.

Keywords: Behavior, COVID-19 Vaccine, Perceived Behavioral Control, Actual Behavioral Control.

INTRODUCTION

Vaccination behavior is the reaction, response and response of society or individuals to the vaccination program. This behavior can be behavior that accepts vaccination or behavior that refuses vaccination. The vaccination referred to here is the COVID-19 vaccination which is a Government program in dealing with COVID-19. Vaccination is the administration of a vaccine into the body through an injection process

with the aim of causing and increasing a person's immunity against a disease. So that if one day the body is exposed to the disease, it will not get sick or will get sick with mild symptoms. Through the COVID-19 vaccination program, the Government wants to achieve herd immunity in suppressing confirmed positive cases and reducing morbidity and death rates due to COVID-19*(COVID-19 Vaccine | Covid19.go. en, 2021) (World Health Organization, 2020)*.

COVID-19 spread quickly and widely from its origin in Wuhan throughout the world. Confirmed cases are increasing rapidly accompanied by an increase in deaths. COVID-19 vaccination aims to break the chain of spread and transmission of COVID-19. According to WHO data, as of December 2020 there were more than 200 COVID-19 vaccine candidates being developed. Of this number, at least 52 vaccines are currently being tested on humans. Meanwhile, several other vaccine candidates are currently in phase I, phase II trials and will soon enter phase III trials *(World Health Organization, 2021b)*.

Vaccines are biological products that contain viruses, bacteria or germs that can trigger the body's immune system to produce antibodies. The part of a pathogen *(virus, bacteria, germ that causes illness)* that triggers antibodies is called an antigen. Every antigen that enters the body, the body's immune system will recognize it and respond by forming specific antibodies against that antigen. The human body has many different antibodies for each incoming antigen. The body's primary response to antigens, apart from forming antibodies, also forms antibody-forming memory cells which will remain even if the antigen is killed. If one day the body is infected with the same antigen, the body will react much more quickly to form antibodies than when first infected *(World Health Organization, 2020)*.

Indonesia started the COVID-19 vaccination program on January 13 2021 where the President of Indonesia was the first person to receive the COVID-19 vaccine, in this case the Sinovac vaccine. A number of officials and public figures also received COVID-19 vaccinations on the same day. Previously, on December 6 2020, 1.2 million doses of Sinovac vaccine arrived in Jakarta as the first COVID-19 vaccine to arrive in Indonesia. *(Director General of P2P Ministry of Health, 2021) (Aceh Besar District Health Service, 2021)*.

The COVID-19 vaccination program in Aceh started on January 15 2021, where the first locations were Banda Aceh City and Aceh Besar Regency. The Governor of Aceh was the first person to be vaccinated, followed by a number of officials from both health and other related officials *(Abdullah, 2021)*.

The national target for COVID-19 vaccination is 208,265,720 people. Vaccination targets include health workers, public service workers, the elderly, teenagers aged 12-17 years and most recently children aged 6-11 years. The achievement of complete vaccination nationally is 40.4% as of November 15 2021. This figure has exceeded the target set by WHO. By the end of 2021, WHO targets that every country can vaccinate at least 40% of its people. Indonesia has been able to achieve this target faster than the specified time *(Ministry of Health of the Republic of Indonesia, 2021)*.

However, achieving national vaccination that exceeds WHO targets does not occur in all provinces in Indonesia. In Aceh, the COVID-19 vaccination rate is still very low. The target number for COVID-19 vaccination in Aceh is 4,028,891 people. Those who have received two doses of vaccine are 750,454 people or only 18.6%. For Aceh Besar, the achievement of COVID-19 vaccination as of November 17 2021 was only 25.5%. This is very different when compared to the achievements of Aceh Besar's

neighbor, namely Banda Aceh. Banda Aceh City's COVID-19 vaccination achievement reaches 81.3% *(Aceh Provincial Health Service, 2021a) (Aceh Provincial Health Service, 2021b)*.

The still low achievement of COVID-19 vaccination in Aceh Besar Regency is of course a health problem that must be faced by the Health Service and the Aceh Besar Regency Government. Herd immunity *(herd immunity)* will only be achieved if the vaccination achievement is at least 70%. The low interest of the people of Aceh Besar in getting the COVID-19 vaccination which has resulted in the behavior of people who refuse and don't want to be vaccinated is certainly an interesting thing to research.

Community behavior in refusing the COVID-19 vaccine in Aceh Besar Regency is still high. There are various reasons why people don't want to be vaccinated, so they don't want to come to vaccine outlets, including being afraid of the side effects of the vaccine, not believing in COVID-19, feeling healthy so they don't need to be vaccinated, and doubting the safety and halalness of the vaccine. The behavior of the people of Aceh Besar in accepting or refusing vaccination will greatly influence Aceh Besar's vaccination achievements. Until the end of 2021, Aceh had not yet achieved the target of 70% of the first dose of vaccination given by the President.

Entering the beginning of 2022, the achievement of the first dose of vaccination in Aceh will begin to increase significantly. It was reported that in mid-February 2022, the achievement of the first dose of COVID-19 vaccination reached 90.5%. However, the achievement of the second dose is still low, namely 47%. There are ten regions in Aceh where the second dose of COVID-19 vaccination is still low, namely below 50%. These areas include Lhokseumawe 46.5%, East Aceh and Aceh Jaya 44.7%, Aceh Besar 41.9%, Nagan Raya 40.1%, South Aceh 39.5%, West Aceh 39.2%, Bireuen 38, 5%, Pidie 33.7% and North Aceh 31.1%. The very large difference between the first dose and the second dose is certainly a confusing phenomenon *(Yusef, 2022)*

Many people who have received the first dose of vaccination do not return for the second dose of vaccination. If it is more than 6 months after receiving the first dose but has not received the second dose, this is called a vaccination dropout. Community behavior as reflected in the differences in achievement of the first and second doses of vaccination in Aceh is certainly interesting to study in more depth. Why do people in Aceh in general and Aceh Besar in particular want to get the first dose of vaccination but not return for the second dose? Do people just want to get a vaccine certificate? Do people vaccinate voluntarily or because they are forced to?

METHOD

This research uses a quantitative type of research. The research design used is cross sectional, namely research that aims to determine the relationship between variables. The independent variable and dependent variable are identified at one unit of time

A. **Location:** The location of this research was carried out at 12 Community Health Centers in Aceh Besar Regency.
B. **Time of Research:** The research was conducted in January 2024.
C. **The Sample in This Research:** The number of samples was set at 384 people. The inclusion criteria for respondents were people from Aceh Besar aged 19-59 years who had or had not been vaccinated

against COVID-19. Can read and write and be willing to fill out the questionnaire given by the researcher with actual information.

RESEARCH RESULTS

Univariate analysis aims to determine the value and percentage of each variable studied. Univariate analysis can also show the value of each category of the variables studied.

Based on table 1, the majority of respondents came from the 30-39-year age group, namely 31.2%. 29.2% from the 19-29-year age group, 26.0% from the 40-49-year age group and 13.5% from the 50-59-year age group. The majority of respondents were women, namely 73.7% and 26.3% men. Based on the type of work, it can be seen that the majority of respondents came from the Housewife group at 39.3%. Followed by the Self-Employed group 22.9%, the ASN group 16.4%, the Farmers group 12.2%, and the smallest 9.1% from the Student group.

Table 1 *(Frequency Distribution of Demographic Characteristics)*

Demographic Characteristics	**N**	**%**
Age 19-29 Years	112	29.2
30-39 Years	120	31.2
40-49 Years	100	26.0
50-59 Years	52	13.5
Gender		
Man	101	26.3
Woman	283	73.7
Work		
Student/Students	35	9.1
Farmers/Fishermen	47	12.2
Self-employed	88	22.9
ASN	63	16.4

Demographic Characteristics	N	%
Age 19-29 Years	112	29.2
30-39 Years	120	31.2
40-49 Years	100	26.0
50-59 Years	52	13.5
Housewife/Not Working	151	39.3
Total	**384**	**100.0**

Table 2 shows the categories of the Perceived Behavioral Control variable after scoring. There were 18 people in the low category, 133 people in the medium category and the remaining 233 people in the high category.

Table 2 *(Categories of Perceived Behavioral Control.)*

Category	N	%
Low	18	4.7
Currently	133	34.6
Tall	233	60.7

Table 3 shows the categories of the Actual Behavioral Control variable. There were 15 people from the total sample in the low category, 158 people in the medium category and the remaining 211 people in the high category.

Table 3 *(Categories of Actual Behavioral Control.)*

Category	N	%
Low	15	3.9
Currently	158	41.1
Tall	211	54.9

Table 4 shows the categories of Covid-19 vaccination behavior among the people of Aceh Besar. A total of 213 respondents had good Covid-19 vaccination behavior because they had received complete vaccination. A total of 171 respondents had poor COVID-19 vaccination behavior because their vaccine status was incomplete.

Table 4 *(Behavior Categories.)*

Category	N	%
Bad	171	44.5
Good	213	55.5

Bivariate analysis aims to determine the relationship between the independent variable and the dependent variable. The relationship between these two variables will be analyzed using the Spearman correlation test.

Table 5 shows the bivariate analysis between Perceived Behavioral Control and behavior using Spearman correlation. The results obtained were a correlation coefficient of 0.433 with a p-value of 0.000.

Table 5 *(Relationship between Perceived Behavioral Control and Behavior.)*

Variable 1	Variable 2	N	P	R
Perceived Behavioral Control	Behavior	384	0,000	0.433

Table 6. Shows the results of bivariate analysis between Actual Behavioral Control and behavior, obtained a correlation coefficient value of 0.502 with a p-value of 0.000.

Table 6 *(Relationship between Actual Behavioral Control and Behavior.)*

Variable 1	Variable 2	N	P	R
Actual Behavioral Control	Behavior	384	0,000	0.502

Table 7. Shows the results of bivariate analysis between Actual Behavioral Control and Perceived Behavioral Control with Spearman's correlation, obtaining a correlation coefficient of 0.725 with a p-value of 0.000.

Table 7 *(Relationship between Actual Behavioral Control and Perceived Behavioral Control.)*

Variable 1	Variable 2	N	P	R
Actual Behavioral Control	Perceived Behavioral Control	384	0,000	0.725

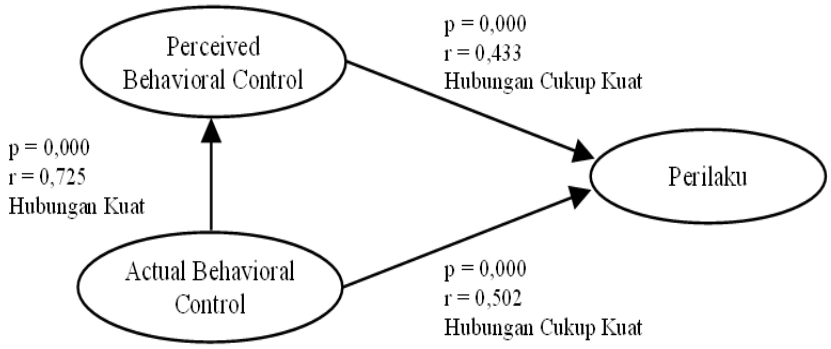

Figure 1 *(Relationship between variables.)*

Figure 4.1 explains the relationship between variables in this research, namely that there is a fairly strong relationship between Perceived Behavior Control and behavior, r = 0.433 and p = 0.000. There is a fairly strong relationship between Actual Behavior Control and behavior r = 0.502 p = 0.000. There is a strong relationship between Actual Behavioral Control and Perceived Behavioral Control r = 0.725 p = 0.000.

DISCUSSION

The Relationship between Perceived Behavioral Control and Behavior

Based on the results of this research, to analyze the relationship between Perceived Behavioral Control and behavior, a correlation coefficient value of 0.433 and a p-value of 0.00 were obtained. These results indicate that there is a significant and unidirectional relationship between Perceived Behavioral Control and behavior. The better the public's perception of COVID-19 vaccination, the better the behavior of COVID-19 vaccination in the community will be.

Perceived Behavioral Controlcan influence behavior in two ways, namely directly and indirectly. Indirectly, namely influencing behavior through intention. Perceived Behavioral Control will directly influence behavior when there is a similarity between the perception of control and a person's actual control over behavior *(Ajzen, 2015)*.

As many as 46.8% of respondents in this study agreed and believed in the effectiveness of the COVID-19 vaccine in preventing COVID-19 disease. This is in line with research by Linda and Estri *(2021)* which analyzed the relationship between perceptions of the effectiveness of the COVID-19 vaccine and willingness to take the vaccine. The research results show that there is a significant relationship between perceptions of vaccine effectiveness and willingness to take the COVID-19 vaccine *(Widayanti and Kusumawati, 2021)*.

The results of this research are in line with the results of research conducted by Fajrin Violita and Muhammad Akbar Nurdin *(2022)* regarding the influence of perceptions on COVID-19 prevention behavior among health students in Jayapura. Where the results of the research also found that perception has a significant relationship with behavior. Perception of vulnerability with p=0.042, perception of danger & seriousness of COVID-19 p=0.026, perception of benefits of preventing COVID-19 p=0.007, and perception of prevention of COVID-19 p=0.031*(Violita and Nurdin, 2022)*.

The results of this research are also in line with research conducted by Djunizar Djamaludin et al *(2022)* which shows that there is a significant relationship between public perception of the COVID-19 vaccine and public participation in carrying out COVID-19 vaccination with a p-value of 0.000*(Djamaludin, Hartati and Trismiyana, 2022)*.

Research conducted by Ayu Nabiha Septiani and Muhammad Azinar *(2022)* also obtained results that were in line with the results of this research. They researched the relationship between perceptions about the COVID-19 vaccine and vaccine acceptance among people aged over 45 years in the city of Magelang. And the results obtained are that there is a relationship between perceptions of vaccine safety *(p-value 0.003)*, perceptions of vaccine effectiveness (p-value 0.0001), perceptions of vaccine side effects *(p-value 0.002)* and vaccine acceptance behavior. *(Septiyani and Azinar, 2023).*

The Relationship between Actual Behavioral Control and Behavior.

After analyzing the relationship between Actual Behavioral Control and behavior using Spearman correlation, a correlation coefficient value of 0.502 was obtained with a p-value of 0.000. It can be concluded that there is a significant and quite strong and unidirectional relationship between Actual Behavioral Control and behavior. This means that the higher the public's confidence in the resources they have, both internal and external, the greater the community's COVID-19 vaccination behavior will increase. In this context, external resources are in the form of government policies regarding mandatory COVID-19 vaccination as a condition for traveling and entry into certain buildings during the previous pandemic.

Research conducted by Mochamad Bhagas Abdullah et al *(2022)* showed the same results. The results of the research show that the government policy variable has a significant relationship with COVID-19 vaccination compliance behavior because it has a p-value of 0.01. There are 94% of people who comply with vaccination because they are influenced by government policy and 68% of people who do not comply with vaccination are dominated by those who are not influenced by government policy. *(Abdulah, Sholih and Hilmi, 2022)*.

The greater the influence of a government policy on community behavior, the higher the level of community compliance, in this case the COVID-19 vaccination behavior. This is in line with research by Yunus & Rezki *(2020)* which states that government policies can influence community compliance, in this case compliance with carrying out COVID-19 vaccination. *(Yunus and Rezki, 2020)*.

According to Rohman *(2016)*, policies are made by the government based on events or happenings in society. Policies will grow in diversity in social life. Policy is a practice in a social environment that cannot be separated and does not stand alone *(Rohman, 2016)*.

This is in line with research conducted by Rapotan Hasibuan and Rahmi Silvia Anggriani regarding the relationship between COVID-19 vaccine policy and the behavior of accepting the COVID-19 vaccine among parents of elementary school students in Simalungun Regency. The results obtained are that there is a relationship between government policy and the behavior of accepting the COVID-19 vaccine among parents of elementary school students in Simalungun Regency *(Hasibuan and Anggriani, 2023)*.

According to Fishbein & Ajzen in Sulistiono and Ajeng Kesuma *(2023)* that Actual Behavioral Control can moderate the relationship between intentions and behavior. What is meant by Actual Behavioral Control here is individual skills and environmental factors that influence behavior. Fishbein & Ajzen clearly state the important role of Actual Behavioral Control by stating that a behavior is likely to occur if there are three things, namely if a person has a strong intention to carry out a behavior, if there are no environmental obstacles that can prevent the behavior from occurring, and if a person has the skills to carry out a behavior *(Sulistiono and Kesuma, 2023)*.

The results of this research are also in line with the results of research conducted by Hamdan and Roni Ekha Putera (2023). The results of his research show that the implementation of government policy in the form of implementing a COVID-19 vaccine certificate as a requirement for carrying out public activities has increased community participation in carrying out vaccinations. *(Hamdan and Putera, 2023)*.

Research conducted by Dian Nur Adkhana Sari et al *(2023)* on pregnant women in the Bantul area of Yogyakarta to look at the relationship between participation in COVID-19 vaccination and compliance with health protocols also obtained results that are in line with this research. The results of the research show that there is a significant relationship between participation in COVID-19 vaccination and compliance with health protocols with an Asymptomatic Significance (2-Sided) value of 0.000*(Sari et al., 2023)*

The Relationship between Actual Behavioral Control and Perceived Behavioral Control.

Based on the results of the analysis using Spearman's correlation for the relationship between the Actual Behavioral Control and Perceived Behavioral Control variables, a correlation coefficient value of 0.725 with a p-value of 0.000 was obtained. It can be concluded that there is a strong and unidirectional significant relationship between Actual Behavioral Control and Perceived Behavioral Control.

The results of this analysis show that the more a person's Actual Behavioral Control increases, the more their Perceived Behavioral Control will increase. The government's policy regarding mandatory COVID-

19 vaccination for the public has increased public confidence and good perception regarding the implementation of COVID-19 vaccination.

This is in line with research conducted by Chontina Siahaan and Donal Adrian (2021) who assessed the influence of government policy regarding the COVID-19 vaccine on public perceptions in Palu City. The results of the research found that government policy regarding the COVID-19 vaccine was a stimulus that played a very important role in shaping the perception of the people of Palu City about the COVID-19 vaccine and the community gave positive reactions and responses. *(Siahaan and Adrian, 2021)*.\The results of this research are also in line with research by Elis Tiana and Nida Amalia (2021) who assessed the public's perception of the COVID-19 vaccine policy. The research results show that the people of Samarinda have a good perception of the COVID-19 vaccine. They stated that COVID-19 vaccination is an important step in preventing COVID-19 disease *(Tiana and Amalia, 2021)*.

Research conducted by Anisa Pratiwi et al (2021) on the influence of the Emergency PPKM policy on the formation of public opinion found a significance value of 0.001, which is smaller than 0.5. So it can be concluded that there is a moderate (neutral) relationship between the Emergency PPKM policy and the formation of public opinion *(Pratiwi, Setiawan and Hani, 2021)*.

Another study conducted by Nurtakwa (2021) also found similar results. This research assesses the influence of Perbup policy No. 42 of 2020 on public perceptions and behavior. The results of the research found that the policy of Perbup No.42 of 2020 had a positive and significant effect on perceptions by 73.86% and on behavior by 20.3%. *(Nurtakwa, 2021)*.

However, different results were obtained in research conducted by Lutfia Hidayati and Nur Holifah (2023) where 61.94% of Madurese people had a fair perception of the COVID-19 vaccine, 26.54% of Madurese people had a bad perception of the COVID-19 vaccine and only 6.32% of Madurese people have a good perception of the COVID-19 vaccine *(Hidayati and Holifah, 2023)*.

CONCLUSION

The conclusions in this research are:

1. There is a significant and unidirectional relationship between Perceived Behavioral Control and vaccination behavior in the community in Aceh Besar District. The correlation coefficient value of 0.433 indicates a fairly strong relationship.
2. There is a significant and unidirectional relationship between Actual Behavioral Control and vaccination behavior in the community in Aceh Besar District. The correlation coefficient value is 0.502, indicating a fairly strong relationship. When compared with the relationship between Perceived Behavioral Control and behavior, the relationship between Actual Behavioral Control and behavior is stronger.
3. There is a strong and unidirectional significant relationship between Actual Behavioral Control and Perceived Behavioral Control. The correlation coefficient value of 0.725 indicates a strong relationship.

RESEARCH ETHICS

Research ethics have been issued by the Chair of the Health Research Ethics Committee (KEPPKN) of the Faculty of Medical Sciences, Syiah Kuala University (USK) with registration number: 1171012P. Ethical Exempted with letter number: 003/EA/FK/2024.

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