

Motivation, COVID-19 Stigma, Knowledge, and Perception About the Vaccine Among the Public Who Have Received the COVID-19 Vaccine

Motivasi, Stigma Covid, Pengetahuan Dan Persepsi Tentang Vaksin Pada Masyarakat Yang Melakukan Vaksin Covid 19

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ABSTRACT

This study aims to examine the motivation, COVID-19 stigma, knowledge, and perceptions about vaccination among the community in the Suka Bangun Health Center area. This descriptive research with a cross-sectional design involved 387 respondents from a population of 11,518 individuals who had not been vaccinated by December 31, 2021. The sample was selected using proportional sampling and data were collected through interviews using Kobo Collect. Data analysis was conducted univariately to observe proportions and tendencies. The results showed that 91.7% of respondents were motivated to vaccinate for administrative purposes, 83.1% out of fear of contracting COVID-19, and 70.5% were encouraged by family members. Additionally, 80.4% had a COVID-19 stigma, 67.7% had good knowledge about vaccines, and 73% had a positive perception of vaccination. These findings highlight the need for intensive socialization on the benefits of vaccination, involving religious and community leaders to change perceptions about vaccines, and future health education interventions to increase knowledge about COVID-19 through mass media. Health workers play a crucial role in promoting vaccination, countering misinformation, and providing support and protection for individuals with COVID-19 in the community.

ABSTRAK

Penelitian ini bertujuan untuk mengetahui motivasi, stigma COVID-19, pengetahuan, dan persepsi masyarakat tentang vaksinasi di wilayah Puskesmas Suka Bangun. Penelitian deskriptif dengan desain cross-sectional ini melibatkan 387 responden dari populasi 11.518 yang belum divaksin hingga 31 Desember 2021. Sampel diambil dengan teknik proportional sampling melalui wawancara menggunakan Kobo Collect. Analisis dilakukan secara univariat untuk melihat proporsi dan kecenderungan. Hasil menunjukkan bahwa 91,7% responden divaksin untuk memudahkan administrasi, 83,1% karena takut tertular, dan 70,5% disarankan oleh orang tua/kerabat. Sebanyak 80,4% memiliki stigma COVID-19, 67,7% memiliki pengetahuan baik tentang vaksin, dan 73% memiliki persepsi positif terhadap vaksinasi. Hasil ini menunjukkan pentingnya sosialisasi tentang manfaat vaksinasi kepada masyarakat, melibatkan tokoh agama dan masyarakat dalam mengubah persepsi terkait vaksin, serta intervensi pendidikan kesehatan untuk meningkatkan pengetahuan tentang COVID-19 melalui media massa. Peran petugas kesehatan sangat penting dalam mempromosikan vaksin, menangkal hoaks, dan memberikan dukungan serta perlindungan bagi penderita COVID-19.



1. INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is a novel coronavirus that had not been previously identified in humans. At least two types of coronaviruses are known to cause severe diseases, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Common signs and symptoms of a COVID-19 infection include acute respiratory symptoms such as fever, cough, and shortness of breath. The average incubation period is 5-6 days, with the longest incubation period being 14 days. In severe cases, COVID-19 can lead to pneumonia, acute respiratory syndrome, kidney failure, and even death¹.

The increase in the number of cases and/or deaths, along with the widespread transmission across regions and countries, has impacted various aspects including politics, economy, social, culture, defense and security, as well as public welfare in Indonesia, making COVID-19 a public health emergency and a National Disaster². Efforts to control COVID-19 must continue to be carried out on a large scale with various strategies, considering that the prolonged COVID-19 pandemic has had a significant impact on the economy and social life. The level of vulnerability in society has also increased due to a lack of awareness regarding the implementation of health protocols. Therefore, interventions are needed not only in terms of enforcing health protocols but also in other effective measures to break the chain of disease transmission through vaccination efforts².

Vaccination is the most effective and efficient public health effort in preventing several dangerous infectious diseases. In the effort to combat the COVID-19 pandemic, COVID-19 vaccination aims to reduce transmission of COVID-19, lower morbidity and mortality rates due to COVID-19, achieve herd immunity in the community, and protect the population from COVID-19 to ensure they remain socially and economically productive².

Regarding the scope of implementation, the concept of herd immunity can be achieved if the vaccination coverage is high and evenly distributed across all regions, so that a majority of the target population will indirectly provide protection to other age groups. According to recommendations from the World Health Organization (WHO) and the Indonesian Technical Advisory Group on Immunization (ITAGI), herd immunity can be achieved with a vaccination coverage target of at least 70%².

There are several barriers to individuals' decision to get vaccinated. Some studies have revealed that knowledge, gender, and social media are related to the intention of adults in the United States to get the COVID-19 vaccine³. Other research shows that, in addition to knowledge, factors such as age, family income, perceived benefits, and perceived barriers are associated with individuals' decisions to get vaccinated for COVID-19⁴. Meanwhile, the study by Chu and Liu (2021) found that perceived benefits and positive attitudes toward the vaccine are positively correlated with vaccination intentions⁵. Understanding the characteristics of the population that has been vaccinated against COVID-19 is crucial so that efforts can be made to enhance and accelerate the factors that influence vaccination decisions.

2. METHODS

This study is a descriptive research with a cross-sectional approach. The population in this study consists of 11,518 residents in the working area of the Suka Bangun Health Center who had not been vaccinated by September 31, 2021, and visited

the vaccination site organized by the Suka Bangun Health Center in Ketapang Regency, Indonesia, from October to December 2021. The research sample consists of 387 respondents, selected proportionally from three villages in the health center's working area: Kali Nilam, Suka Bangun, and Suka Bangun Dalam. Data collection was carried out using a questionnaire with the help of the Kobo Collect application, and data analysis was performed using univariate analysis.

3. RESULTS

The characteristics of the respondents show that approximately 64.6% received the second dose of vaccination, 57.4% are female, 48.1% are between the ages of 12-25 years, 38.2% have completed junior high school or equivalent, 31.8% are students, and 56.6% are unemployed. A more detailed breakdown can be seen in Table 1 below:

Table 1. Frequency Distribution of Respondent Characteristics

Variable	Count	Percentage (%)
Vaccination Status		
1st Dose	132	33.8
2nd Dose	250	64.6
3rd Dose	5	1.3
Gender		
Female	222	57.4
Male	165	42.6
Age		
12-25 Year	186	48.1
26-45 Year	132	34.1
46-70 Year	69	17.8
Education		
No School	5	1.3
Elementary School	63	16.3
Junior High School	148	38.2
Senior High School	138	35.7
Diploma/Bachelor/Master	33	8.5
Occupation		
Unemployed	97	25.1
Student	123	31.8
Farmer/Fisherman	19	4.9
Private Employee	68	17.6
Entrepreneur	34	8.8
Civil Servant/Police/Military	15	3.9
Laborer	2	0.5
Other	29	7.5
Income		
≥ Rp 2.000.000	116	30.0
<2.000.000	52	13.4
Unemployed	219	56.6

Primary data sources, 2021

Approximately 2.8% of respondents received the vaccine because they wanted to receive essential goods or gifts, 91.7% did so to ease administrative requirements, and 70.5% were vaccinated because they were encouraged or advised by their parents/family/relatives, rather than from personal awareness. A clearer breakdown is shown in Table 2 below:

Table 2. Frequency Distribution of Respondents' Vaccination Motivations

Variable	Count	Percentage (%)
Vaccinated to receive essential goods/gifts		
No	376	97.2
Yes	11	2.8
Vaccinated to ease administrative requirements		
No	32	8.3
Yes	355	91.7
Vaccinated because advised by parents/family/relatives		
No	114	29.5
Yes	273	70.5
Vaccinated due to fear of contracting the virus		
No	66	16.9
Yes	324	83.1

Primary data sources, 2021

Approximately 80.4% of respondents had a COVID-19 stigma, while 19.6% did not. From the data collected, 54.0% of respondents felt that if they contracted COVID-19, they would be treated differently, and 51.4% expressed feeling ashamed if they contracted the virus. A more detailed breakdown is presented in Table 3 below:

Table 3. Frequency Distribution of COVID-19 Stigma and Respondents' Answers About the Stigma

Variable		Count	Percentage (%)		
COVID-19 Stigma					
There is stigma		311	80.4		
No stigma		76	19.6		
No	Respondents' Answers Regarding Stigma	Agree n	Disagree %	Disagree n	Disagree %
1	If I contract COVID-19, I will be very ashamed	199	51.4	188	48.6
2	If I contract COVID-19, people will think badly of me	197	50.9	190	49.1
3	If I contract COVID-19, people will treat me differently	209	54.0	178	46.0
4	If I contract COVID-19, I will not tell anyone	154	39.8	233	60.2

Primary data sources, 2021

Approximately 67.7% of respondents have good knowledge, while 32.3% have less adequate knowledge. From the item-wise responses, it is found that 94.8% of

respondents do not know how long the COVID-19 vaccine protects the body, 69.3% do not know how the COVID-19 vaccine works by teaching the immune system to recognize the virus, and 58.7% do not know the main components of the COVID-19 vaccine, which are weakened or inactivated viruses. A more detailed breakdown can be seen in Table 4 below:

Table 4. Frequency Distribution of Vaccine Knowledge and Respondents' Answers

Variable		Count	Percentage (%)	
Vaccine Knowledge				
Good (≥ 2)		262	67.7	
Poor (< 2)		125	32.3	

No	Respondents' Answers Regarding Vaccine Knowledge	Wrong		Correct	
		n	%	n	%
1	Main components of the COVID-19 vaccine	227	58.7	160	41.3
2	How the COVID-19 vaccine works	268	69.3	119	30.7
3	Side effects of the COVID-19 vaccine	156	40.3	231	59.7
4	Masks should still be worn to protect oneself even after vaccination	109	28.2	278	71.8
5	Duration of COVID-19 vaccine protection (approximately 6 months)	367	94.8	20	5.2

Primary data sources, 2021

Approximately 73.1% of respondents have a positive perception of the vaccine, while 26.9% have a negative perception. From the item-wise responses, it is found that 86.0% of respondents disagree with the notion that the vaccine has side effects in the future, 88.9% disagree with the notion that the vaccine contains non-halal ingredients, and 82.7% do not doubt the effectiveness of the vaccine. A more detailed breakdown can be seen in Table 5 below:

Table 5. Frequency Distribution of Perception of the Vaccine and Respondents'

Variable		Count	Percentage (%)	
Perception of the Vaccine				
Positive (≥ 3)		283	73.1	
Negative (< 3)		104	26.9	

No	Respondents' Answers Regarding Perception of the Vaccine	Agree		Disagree	
		n	%	n	%
1	The vaccine has side effects in the future	54	14.0	333	86.0
2	The vaccine contains non-halal ingredients	43	11.1	344	88.9
3	Doubting the effectiveness of the vaccine	67	17.3	320	82.7

Primary data sources, 2021

4. DISCUSSIONS

Motivation is the driving force that causes an individual to perform an action in order to achieve a specific goal. Motivation comes from the word "motive," which means "drive," "stimulus," or "mover" within oneself or from others⁶. For a comprehensive understanding of vaccination motivation, it is important to consider the level of fear about COVID-19. A study in Poland by Szymd et al. found that the willingness to get vaccinated was significantly strengthened by increased fear of COVID-19⁷. Other research also revealed that there was a much higher level of fear of COVID-19 among respondents who had already started vaccination, compared to those who had not been vaccinated⁸.

In this study, the motivation for vaccination is not just driven by the fear of contracting COVID-19, but also by the desire to ease administrative requirements, with a significant role played by parents, family, and relatives in people's decisions to get vaccinated. It is important to increase positive vaccination motivation in society, using an approach that matches the social patterns and behaviors of the people. This means that, in addition to a sociological approach involving close family members, a positive psychological approach is also necessary. The aim is for people to get vaccinated not out of excessive fear, but to protect themselves and others. From a communication perspective, it is also essential to clarify that vaccination should not be seen merely as a requirement for certain administrative procedures but as a necessary screening condition for access to certain places. Efforts are needed to socialize the benefits of vaccination to the public so that it can increase positive vaccination motivation and decision-making.

Stigma is a negative view or thought directed at an individual or group based on behavior that is considered deviant from a particular norm or habit. Stigma is created by society when they perceive something as different due to something unusual⁹. COVID-19 stigma is not only prevalent in the general public but also among healthcare workers. A study of 12 hospitals in Indonesia found that 21.9% of healthcare workers experienced stigma related to COVID-19. The stigma related to COVID-19 was relatively high among healthcare workers in the early phase of the COVID-19 pandemic in Indonesia¹⁰. COVID-19-related stigma has been widespread in the general public in China. Actions need to be taken to combat stigma by curbing the spread of misinformation about COVID-19, changing misconceptions, and providing psychosocial support to those affected¹¹. The spread of false information, especially hoaxes related to the vaccine and COVID-19, must be tackled, and security protection and support from all parties including the community, government, and local authorities are essential to reduce stigma, especially for COVID-19 sufferers.

Knowledge is a crucial factor in shaping an individual's actions¹². Knowledge is one of the factors that facilitate behavioral changes, especially regarding COVID-19 vaccination. Several studies have demonstrated a connection between knowledge and vaccine acceptance, with respondents who have poor knowledge being less likely to accept the COVID-19 vaccine compared to those with good knowledge about the vaccine¹³. It is hoped that the government will intensify health socialization efforts, especially regarding knowledge about the contents of the vaccine, how the vaccine works, vaccine side effects, the duration of vaccine protection in the body, and what actions should be taken after vaccination, such as wearing a mask. Strengthening mass communication efforts is needed, especially in areas with low vaccination rates, to highlight the importance of vaccination, vaccine side effects, halal status, and vaccine

effectiveness to the public. Mass communication is highly effective in changing knowledge and perceptions within society because it reaches a broad audience. Future health education interventions should focus on enhancing knowledge about COVID-19 through mass media messages and promoting vaccination by healthcare workers¹⁴.

Perception is an experience of objects, events, or relationships derived by synthesizing information and interpreting messages¹⁵. The safety of the COVID-19 vaccine is crucial and must be ensured before the vaccine is distributed and used by the public. The side effects of COVID-19 vaccination are generally mild and easy to manage, such as local reactions like pain, redness, and itching. These side effects are common and often experienced by most people. They typically last for a few days. In this study, people who received the vaccine tended to have a positive perception, disagreeing with the idea that vaccines have long-term side effects, disagreeing with the notion that vaccines contain non-halal substances, and not doubting the effectiveness of the vaccine. Concerns about vaccine side effects, the halal status of vaccines, and doubts about vaccine effectiveness can influence decisions regarding vaccination. Research conducted by Widayanti et al. found a correlation between respondents' perceptions of the effectiveness and safety of the COVID-19 vaccine and their willingness to undergo vaccination¹⁶.

For those who do not believe in the safety, halal status, and effectiveness of the COVID-19 vaccine, there are still many doubts within society about the vaccine. Strengthening efforts to foster positive perceptions in the public is necessary to generate positive responses toward vaccination, ensuring people do not hesitate to get vaccinated. Socialization efforts, especially in regions with low vaccination rates, should involve important community figures, including religious leaders, to ensure that perceptions about the importance of vaccines, vaccine side effects, halal status, and effectiveness become positive, ultimately influencing vaccination decisions.

5. CONCLUSIONS

The main motivation for the public to get vaccinated is to ease administrative requirements, with 91.7% of respondents citing this as their reason. Additionally, 80.4% of respondents experience COVID-19 stigma. Furthermore, 67.7% of respondents have good knowledge about COVID-19, and 73.1% have a positive perception of the vaccine.

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