



Identifying Rejection Response of the COVID-19 Vaccination Program in the View of Elderly Community in Palembang

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ABSTRACT

The general public's willingness to be vaccinated against COVID-19 is the first step toward establishing a high vaccination rate and managing the pandemic. However, because some people refuse to take the vaccine, vaccine indecision is one of the greatest barriers to managing a pandemic. The objective of this study is to describe the experience of elderly refusing to be vaccinated against COVID-19. This research is a qualitative study with an empirical phenomenological approach and uses in-person interviews with time that has been mutually agreed between researchers and informants. Informants are recruited through purposive sampling with criteria for inclusion of elderly age and do not want to be vaccinated. This study reached saturation when the number of participants reached 6 people. Data analysis was administered through Haase's adaptation of the Colaizzi method used to analyze the transcribe. Based on the theme formed, the initial theme is the rejection of the presence of vaccination programs, deep doubts about the validity of the vaccine, mistrust about the content and benefits of the vaccine and the determination of the elderly to maintain rejection. The problem of vaccine doubt is influenced by many factors both sourced from internal and external, and modifications are needed to the internal and external factors.

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Kata kunci:

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ABSTRAK

Kesediaan masyarakat umum untuk menerima vaksinasi COVID-19 adalah langkah pertama untuk mencapai tingkat pengambilan vaksinasi yang tinggi dan mengendalikan situasi pandemi. Namun, keragu-raguan vaksin merupakan salah satu kendala utama untuk mengendalikan pandemi karena beberapa individu menolak untuk divaksin. Penelitian ini bertujuan untuk menggambarkan pengalaman lansia menolak untuk divaksinasi COVID-19. Pada penelitian ini menggunakan metode kualitatif dengan pendekatan fenomenologi empiris dan menggunakan wawancara langsung dengan waktu telah disepakati bersama antara peneliti dengan informan. Informan direkrut melalui *purposive sampling* dengan kriteria inklusi usia lansia dan tidak mau divaksin. Penelitian ini mencapai satu rasi ketika jumlah partisipan mencapai 6 orang. Analisis data dilakukan melalui adaptasi Haase dari metode Colaizzi digunakan untuk menganalisis transkrip. Berdasarkan tema yang terbentuk tema awal yaitu penolakan terhadap kehadiran program vaksinasi, keraguan mendalam terhadap kehalalan vaksin, ketidakpercayaan mengenai kandungan dan manfaat vaksin dan keteguhan lansia untuk mempertahankan penolakan. Masalah keraguan vaksin dipengaruhi oleh banyak faktor baik yang bersumber dari internal maupun eksternal, dan diperlukan modifikasi pada faktor internal maupun eksternal tersebut.

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INTRODUCTION

Novel corona virus is a disease that attacks acute respiratory function caused by the corona virus. In general, the main clinical symptoms are malaise, fever, cough, shortness of breath and loss of sense of smell. However, in some patients there is an asymptomatic condition or the absence of symptoms of the disease that poses a risk of transmission in vulnerable groups (Wang et al., 2020; Disease & Report, 2020). Coronavirus disease is spreading globally and rapidly throughout the country and becoming a world pandemic, when the study was conducted in May 2020 there was already more than two million confirmed cases worldwide with more than one hundred and sixty thousand deaths worldwide and deaths in mainland China reaching more than four thousand people (Wang et al., 2020; Mesa Vieira et al., 2020). Data on the development of in Indonesia with confirmed cases continues to increase, including deaths (Apresian, 2020; Djalante et al., 2020; Gutenbrunner, 2020; Setiati & Azwar, 2020; Susanna, 2020; Disease & Report, 2020). The incidence of COVID-19 positive confirmed cases in Indonesia in March 2021 was 1,465,928 cases with a cure rate of 1,297,967 patients and 39,711 deaths (Data Covid19 Nasional, 2020). Efforts made with the aim to reduce the number of deaths and pain due to exposure from the virus were performed through preventive and curative efforts (Gao et al., 2020; Chang et al., 2020). Preventive efforts are conducted through clean and healthy living behaviors, minimizing outdoor activities and using masks, while curative efforts are implemented by health workers (Wu et al.; 2019; Olson et al., 2016). The spread of COVID-19 that occurred so large and fast caused on a declaration by WHO as a pandemic public health emergency, then there was an urgent need for rapid diagnose (Pang et al., 2020). The genetic sequence of SARS-CoV-2 was announced in January 2020, triggering a lot of research to develop a vaccine that can fight a pandemic on a global level (Polack et al., 2020).

Several confirmed coronavirus vaccines are now being utilized in several countries throughout the world as of December 2020 (Guten brunner, 2020; Polack et al., 2020). Early evidence of the vaccine effectiveness against coronavirus has been found in the form of reduced SARS-CoV-2 infection and vaccine instances, as well as a reduction in hospitalizations and mortality in those who have been vaccinated (Amit et al., 2021; Dashraath et al., 2020; Hall et al., 2021). To achieve safe group immunity and contain the pandemic, universal and globalized SARS-CoV-2 vaccinations are required (Khalife & Van Gennep, 2021; Lacsas & Cordero, 2021). Despite this, a lot of research is going into finding effective vaccinations to prevent coronavirus illness. The development of the vaccine itself, however, will not be enough given the large number of people who need to be vaccinated to achieve the immunity of individuals and broad groups. Meanwhile, doubts about the benefits of vaccines are also starting to increase as well as with numbers that vary considerably in some countries that are associated with views on conspiratorial theory (Amit et al., 2021; Lacsas & Cordero, 2021).

Currently, phase 2 vaccination programs include senior citizens over 60 and people between 45 and 59 years of age with comorbid. The success of any immunization effort depends on its scope and acceptance rate, but there may be various concerns among people about the vaccine among the elderly in India. In order to have a wide range of populations with vaccinations and avoid indecision of vaccines, it is very important to understand the public's view of vaccines

(Kumari et al., 2021). The general public's willingness to be vaccinated against coronavirus is the first step toward establishing a high vaccination rate and managing the pandemic. However, because some people refuse to take the vaccine, vaccine indecision is one of the major roadblocks to managing a pandemic (Bell et al., 2020; J. Wang et al., 2020). Vaccination intentions range from 27.7% to 97 percent in the general population, with lower rates observed in Africa, the Middle East, Russia, and several European nations (Amit et al., 2021; Latkin et al., 2021). Similarly, health workers with a proportion of 55.9% expressed varying intents to receive the coronavirus immunization (ranging from 23.4 percent to 81.5 percent) (Galanis, et al., 2021).

Vaccine indecision and mis information present major barriers to achieving community coverage and immunity. The study on the potential acceptance of the vaccine in 13,426 people was randomly selected in 19 countries. Of these, 71.5% responded that they would take the vaccine if it proved safe and effective, and 48.1% said they would be vaccinated if their employer recommended it. However, if observed high heterogeneity in responses between countries, because vaccine decisions are complex and can alter over time, stating a person's willingness to get vaccinated may not always be a strong predictor of acceptance. A lack of universal readiness to receive a vaccine is a cause for concern; countries with receipts over 80% tend to be Asian countries with great faith in central governments, such as Philippines, China, South Korea and Singapore. A relatively high trend towards admissions in middle-income countries, such as Brazil, India and South Africa, was also observed. Unless and until the origin of wide variations in the willingness to receive the vaccine, it is better understood and addressed, differences in vaccine coverage between countries could potentially delay global control of pandemics and subsequent social and economic recovery (Lacsas & Cordero, 2021; J. Wang et al., 2020).

The spread of mis information through various channels can have a major impact on the acceptance of the vaccination program. Accelerating vaccine development further increases public anxiety and can disrupt public acceptance. Governments and the public should measure the current level of willingness to receive potentially safe and effective vaccines and identify correlations in doubt and vaccine acceptance (Dagan et al., 2021; Polack et al., 2020). The objective of this study is to explore in depth about the picture of elderly perceptions related to the reasons for the rejection of the vaccination program in the city of Palembang.

METHOD

Participant characteristics and research design

The empirical phenomenological approach used in this study was to obtain an idea of the perception of the elderly related to the reason for the rejection of a vaccination program.

Sampling procedures

Data collection in this qualitative study using in-person interviews with time has been mutually agreed between researchers and informants. Informants were recruited through purposive sampling with criteria for inclusion of elderly age and do not want to be vaccinated. The size of the

sample was determined from data saturation or data saturation, the point at which no new data or themes related to the experience of the informant emerge. The characteristics of the informant explain several things, which are age, gender, marital status, history of illness, occupation, place of residence.

Sample size, power, and precision

This study reached saturation when the number of participants reached 6 people.

Measures and covariates

The research team explained the purpose of the study and provided informed consent to participants, followed by asking for approval and a contract to conduct in-depth interviews at agreed times in the range of dates ranging from September 10-29, 2021. With the permission of all informants, the interview was recorded with voice recording devices and audio. Here are some questions provided to the elderly, which is about changes related to self-confidence, thoughts, feelings and behavior of the elderly that come when facing a vaccination program, the elderly's view of the vaccination program if required by the government, and whether the data collection is completed in conjunction with data analysis. Sound or audio recordings were then transcribed word for word within 24 hours of completion of the interview, the accuracy of the recording results was also reviewed by the interviewing team.

Data analysis

Data analysis was administered through Haase's adaptation of the Colaizzi method used to analyze the

transcribe. Analysis starts from reading the transcript several times in order to obtain an understanding of the meaning conveyed, then identify important phrases and then repeat them in general terms followed by formulating meaning and validating meaning through discussions of the research team to achieve consensus. The final stage by identifying and grouping themes into clusters and categories developed in full into a theme description (Patton, 2002; Sargeant, 2012). Strategies used to ensure accuracy or data trust were credibility and transfer ability. The two authors conducted an independent transcript analysis with bracketing data on some previously formed ideas then systematically followed adaptations of Colaizzi's method. The findings were then compared and discussed by the team until an agreement on the theme, theme group (domain) and category (coding) was reached. Meanwhile, transferability was performed taking into account the variation in the characteristics of participants and the quotes that were widely obtained from in-depth interviews. Data confidentiality was also guaranteed in the process of collecting data by using a number instead of a name with a quote code (participant number) and removing the identification of information from the transcript. All audio recordings and transcripts were stored with computer password protection. Throughout this study, the team followed the reference or reporting standards of qualitative research guidelines.

RESULTS AND DISCUSSION

The identification results describe the characteristics of the elderly participants consisting of age, gender, marital status, disease history, occupation, and residence status (Table 1).

Tabel 1.
The Characteristics of participants

Partisipant number	Age (years)	Sex	Marital status	Education	Disease history	Occupation
Elderly 1	71	Male	Married	Senior High School	Yes	Labour
Elderly 2	61	Male	Married	Senior High School	Yes	Seller
Elderly 3	69	Female	Widow	Junior High School	Yes	Farmer
Elderly 4	63	Female	Married	Junior High School	Yes	Seller
Elderly 5	65	Female	Married	Junior High School	Yes	Seller
Elderly 6	68	Male	Married	Senior High School	Yes	Farmer

Furthermore, the analysis stage of the results of in-depth interviews was performed, starting from the selection stage of quotes combined in quota groups, as the basis for the formation of coding to further formulate categories, domains and themes. Based on the theme formed the initial theme which is the rejection of the presence of vaccination programs, deep doubts about the validity of the vaccine, mistrust about the content and benefits of vaccine and the determination of the elderly to maintain rejection, Table 2 shows the process of forming a theme, which begins with the quota of in-depth interviews of six elderly people as participants.

Based on the results of exploration with a qualitative approach by conducting interviews with vulnerable groups

of individuals, which is the elderly, it was obtained an elderly view of vaccination programs programmed by the government. Some of the views of the elderly range from the initial rejection of the presence of the vaccine program. This initial rejection attitude is then accompanied by the emergence of doubts felt by the elderly about the benefits of vaccines, he is feeling of doubt of the elderly about the benefits of vaccines that ultimately forms deep doubts about the validity of the vaccine, and mistrust of the content and benefits of the vaccine. The view expressed by the elderly at the end of the exploration process is the determination of the elderly to maintain the rejection of vaccine programs from the government.

Table 2.
Image of elderly perception related to areason for the rejection vaccination program

Result		Elderly views on the vaccination program		
Theme 1	Rejection of the presence of vaccination programs			
Category	The response of rejecting in the elderly			
Codes	Feelings of annoyance and anger	Do not want to accept the program		
Quotes	<p>"... Covidvaccine program, is viral, this elderly becomes the main target of the elderly, I am angry if asked always " (Participant 1).</p> <p>"... There have been many incidents that we continue to be the main target, even though we are elderly also not traveling, this is what makes me annoyed" (Participant 3).</p> <p>Something like this, which makes us angry as if it were... (Participant 2).</p>	<p>"... I do not want to receive the Covidvaccine program from the government" (Participant 2).</p> <p>"... It is okay if I do not want to join the Covidvaccine program from the government" (Participant 3).</p> <p>"The point is, I still do not want to join this program (Participant 1).</p> <p>We are as elderly, do not want to participate in the vaccine program (Participant 5).</p> <p>...That's right, the government program, we have the right also not to participate the vaccine (Participant 4).</p>		
Theme 2	Deep doubts about the validity of the vaccine			
Category	Doubts about the validity of vaccines			
Codes	Big doubts	Halal ingredients	Concerns over vaccine trials	
Quotes	<p>"..... Vaccines are only so that the public is not excited, yes doubt the point of vaccine" (Participant 3).</p> <p>".....I have very doubts about vaccines from abroad" (Participant 2).</p> <p>".....from the beginning, I doubted about the vaccine" (Participant 5).</p>	<p>"... Vaccines were made abroad, halal or not all of them." (Participant 6).</p> <p>"..... not indonesian production, the halal slogan is not identified" (Participant 1).</p> <p>".....the coronavirus vaccine is halal or not, it is still a question mark" (Participant 4).</p>	<p>"...the issue of trials, aka vaccine tests, is what worries...". (Participant 2).</p> <p>.....That vaccine test, I'm worried if there's anything to try on the elderly." (Participant 5).</p>	
Theme 3	Mistrust of the content and benefits of a vaccine			
Category	The content and benefits of vaccines are not conclusive			
Codes	Benefit anxiety	Expression of disbelief	Negative thoughts of vaccine ingredients	
Quotes	<p>"...very anxious about the benefits of vaccines, whether potent or not...." (Participant 3).</p> <p>"...the benefits of the vaccine, that is, really tested or...." (Participant 6).</p> <p>"...the elderly of course we are very worried about the use of the vaccine" (Participant 1).</p>	<p>"...obviously I don't believe in terms of the content and use of the vaccine..." (Participant 5).</p> <p>"...the elderly has many diseases, then asked to vaccine, well do not believe whether with vaccines become immune" (Participant 4).</p>	<p>"... It is chemicals from the vaccine. It is not sure whether it is good or not if it comes into the body " (Participant 2).</p> <p>"... Afraid if it is not suitable with the human body" (Participant 1).</p> <p>Not sure if the content of the vaccine is good or bad. It is from the virus, isn't it? (Participant 6).</p>	
Theme 4	Elderly determination to maintain rejection			
Category	Self-confidence and God still refuse			
Codes	Reasons for disease	God is the source of health.	Reasons for age	
Quotes	<p>"...because of my illness, so I still do not want to go with the vaccine..." (Participant 1).</p> <p>"...I am sick and there is a disease, so we still refuse in vaccine..." (Participant 2).</p> <p>"...the disease in the body is already more than one, so it does not want to be vaccinated..." (Participant 3).</p> <p>" .. The elderly already have high blood disease, diabetes. Thus, we do not want to be vaccinated..." (Participant 5).</p>	<p>"... We, elderly are sure even if we are vaccinated, <i>insyaAllah</i> we will be still healthy..." (participant 3).</p> <p>"...if I only believe in God who provides health..." (Participant 2).</p> <p>"Although we are not vaccinated, by continuing to pray and believe, Allah the Almighty provides protection..." (Participant 4).</p>	<p>"... We are old, elderly so we still refuse..." (Participant 3).</p> <p>"...Our age is in 70s, very old, so it is no longer necessary to be vaccinated" (Participant 1).</p> <p>"... I am already an elderly, anyway I do not want to be injected with vaccines..." (Participant 3).</p>	

The vaccination program in the elderly group who are one of the individuals in the group is vulnerable to exposure

to coronavirus. The safe, effective, and widely recommended use of a vaccine will reduce the spread of the virus and

increase the proportion of the population that has high immunity to the disease (Kumari et al., 2021). In accordance with the results of research that has been conducted, on the issue of doubts about the benefits of vaccines and attitudes of rejection of the elderly, previous research has also identified the problem of vaccine doubt, which defines doubt as a delay in acceptance or rejection of vaccines. This is despite the availability of vaccine services in the community, it is perceived as a major obstacle to achieving widespread and comprehensive vaccination (Butter et al., 2021; Hacımusalar et al., 2020). The issue of doubt about the benefits of vaccines was made by WHO as the top ten global health threats in 2019. In some developed countries such as the United States, Australia, Italy, England, it is also stated that there is a level of doubt from vaccine recipients about the benefits that will be obtained if they have followed the vaccine program from the government (Lacsá & Cordero, 2021; Logunov et al., 2020; J. Wang et al., 2020).

The problem of vaccine doubt is influenced by many factors both sourced from internal and external. However, one of the efforts to overcome the problem of doubt about the benefits of vaccines is the trust that needs to be grown in all vaccine recipients especially in the community (Bell et al., 2020; Pang et al., 2020; J. Wang et al., 2020). The trust issues identified from this study stem from the doubts and feelings of fear of the elderly so that the lack of confidence in vaccines is not the same as the degree of confidence of the elderly about the importance of maintaining health protocols in efforts to control COVID-19. It has been conducted through hand washing, using masks and social distancing that has become a habit of the community.

To attain a level of confidence that is still low, vaccination must also pay attention to areas of public health infrastructure, such as vaccine production, testing, and approval processes, as well as widely circulated conspiracy theories and misinformation on social media (Pang et al., 2020; J. Wang et al., 2020). Individuals who indicated greater confidence in vaccine information were countries with health departments that conducted vaccination testing, and universities known for sharing vaccine data were also more inclined to trust vaccine, according to the study's findings. When it comes to providing timely information regarding vaccine, these two parts work well together. This content should be widely disseminated across networks and platforms with high user quantities by optimizing reach (Butter et al., 2021; Susanna, 2020).

To address the lack of trust in vaccine, vaccination promotion efforts must include and be informed by health professionals, such as doctors, nurses, pharmacists, public health workers, and mental health therapists, who already have relationships with patients and may have increased capacity to build trust (Bell et al., 2020; Xie et al., 2020).

The public confidence level model on the fourth wave of coronavirus incidents in November 2020 is very similar to the model that uses confidence levels on wave three in July 2020. There is only 1 variable, trust in any of the news sources or information, which becomes statistically insignificant, which is partly due to the source of the news that is from the government. Multivariable modeling explains that individual conservatism attitudes are strongly linked to lower vaccine confidence. The findings could be attributed in part to political polarization and conservatives' increased skepticism of government (Hacımusalar et al., 2020; Susanna, 2020; Xie et al., 2020). Efforts must be taken to foster trust among those who have conservative ideas. These activities could involve doing targeted outreach or spreading information through specific networks or media

channels that are more popular among conservative political viewpoints (Bell et al., 2020). Furthermore, stronger persons believe it is socially acceptable to engage in vaccine preventive activities like as social distancing and mask wearing. The vaccine is predicted to have a higher level of confidence. Thus, general health campaigns and public policies that broadly promote and normalize vaccine prevention behaviors and vaccine benefits can improve public perceptions of social norms around prevention and lead to increased vaccine confidence (Galanisa, 2010).

Findings from previous qualitative result suggest that the speed of development vaccine is of great concern. It raised more pronounced concerns among those with a negative attitude of confusion and fear about trust in vaccines than those with negative vaccine confidence. It is because it is likely to be easier to promote the use of vaccines among the confusion group compared to those with low confidence in the vaccine (Latkin et al., 2021). Campaigns to promote the use of vaccines should address these concerns. The second most frequently mentioned concern in his open-ended questions is about its side effects and safety, which is likely to be exacerbated by an expedited approval process (J. Wang et al., 2020). These findings suggest that it is important to answer questions about how side effects are monitored, typical and atypical side effects, and why vaccines are unlikely to produce unknown side effects. One approach that can be employed to reduce concerns over side effects may be to standardize and frame information about side effects in terms of relative side effects, such as presenting the same risk of side effects from many other medications that can eventually elicit feelings of calm and relief (Latkin et al., 2021).

The same problem is also revealed from the results of exploration from elderly individuals, regarding feelings of fear and confusion to be able to receive vaccine programs set by the government even though in the end, the elderly are willing to receive vaccines for the most part on the grounds of compulsion. Seniors also revealed a lack of detailed explanation of the side effects of vaccines on some history of accompanying diseases. It is in accordance with previous research that emphasizes the importance of information that must be clearer and more detailed in terms of the benefits and side effects of vaccines delivered to vulnerable groups in this case the elderly by also paying attention to the affordability of information for some elderly who live alone or with family, the conservative attitude of the elderly, and the distance of elderly living with health services.

Previous research on the acceptance of vaccine in the population in China illustrates that the rate of acceptance of the vaccine is quite high, although there are some problems in the vaccination process from the intention to be vaccinated to the real behavior, most of which delay the intention of vaccination until the safety of the vaccine has been confirmed. Concerns or uncertainties about the safety of the vaccine cause public doubts to be vaccinated (Hacımusalar et al., 2020; Khalife & Van Gennep, 2021). Public concerns about vaccine safety are pretty much reported as a major obstacle to vaccination decision-making, especially for introducing vaccines that have not been fully tested (Bell et al., 2020; Polack et al., 2020). There are at least two reasons that explain the vaccine delay observed in previous studies. First, vaccine against coronavirus is still under development during the survey period, and there is no information about safety vaccines for reference. Second, concerns about the use of new vaccines during pandemics reportedly differ from established products in non-crisis situations, as uncertainty about new vaccine products,

emerging new infectious diseases and concerns about drugs will lower public confidence in vaccines (Pang et al., 2020; J. Wang et al., 2020). The issue of concern, safety and doubts about the benefits of vaccines is quite a thorny problem and many appeared in some previous studies.

Individual concerns that contribute to negative attitudes related to vaccine doubt are the lower number of active COVID-19 cases, preference for natural immunity, misinformation about vaccines, lack of security, lack of side effects, fear of false vaccines, and government conspiracy theories. The current literature also reports the perception of vaccine safety as a major contributing factor to vaccine intentions (Kumari et al., 2021). The development of appropriate information, education and communication channels to spread awareness about the availability, procedures and benefits of vaccines through print and social media, in order to build a positive attitude towards vaccines becomes essential for individual acceptance (Kumari et al., 2021).

LIMITATION OF THE STUDY

The study was only conducted in one region, Thus, it does not describe the spread of information related to the covid vaccine.

CONCLUSIONS AND SUGGESTIONS

The description of the experience of the elderly refusing to be vaccinated against coronavirus is influenced by several reasons, which are deep doubts about the validity of vaccine, mistrust about the content and benefits of the vaccine and the determination of the elderly to maintain rejection. Based on the results of the study, it is expected that health workers and the bottom-line task force team are able to provide explanations related to vaccine periodically and continuously. When conducted periodically, the public will gain knowledge as often as possible so as to affect their perception of the vaccine.

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The ethical approval for this research was accepted and processed by the board of ethical review or the ethics committee Health Polytechnic of Ministry of Health Palembang *Palembang* (No: 013 KEP/ADM2/2020).

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There is no conflict of interest either directly or indirectly related to the work submitted for publication.

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