Factor Analysis Of Rejection Of Covid-19 Vaccination In Rural And Urban People Communities In Langkat Regency In 2022

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Abstract.

Coronavirus is one of the diseases with the fastest transmission rate that is currently disturbing the world. One alternative that could be done to anticipate this complaint was to administer a vaccine as an antidote to this virus. The purpose of this study was to determine the factors contributing the rejection of Covid -19 vaccination in rural and Urban communities in Langkat Regency in 2022. The research method used in this research combined quantitative methods and qualitative methods. With a total sample of 260 people divided into 2 groups (rural and Urban comunity, the number of samples in Urban comunity areas was 130, and the number of samples in rural community areas was 130. The results of this study indicated that the community's rejection of vaccines was caused by several factors, namely anxiety about side effects (an average of 15.37 ± 2.494 for rural communities) and fear of being injected. 13.42 ± 2.539 for rural communities that had never been vaccinated and 13.75 ± 3.419 for Urban people, rejection of community leaders as much as 13.42 ± 3.452 for village people; doubts about vaccine halalness as much as 14.88 ± 2.698 for Urban people; fake news for about 14.68 ± 2.904 for Urban people, did not believe in the virus 12.93 ± 3.216 for people in cities, and the uncertainty of the vaccine program as much as 12.71 ± 2.997 for Urban people. From the results of the analysis, it could be seen that the largest level of rejection was carried out by Urban people communities.

Keywords: *Covid – 19, Vacination, City People Communities, and Villages.*

I. INTRODUCTION

The first case of coronavirus disease (Covid-19) occurred in Hubei-Wuhan Province with a mysterious diagnosis of pneumonia. COVID-19 is an infectious disease caused by Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV2). SARS-CoV2 is a new strain that has not been previously identified in humans [1].According to data from the World Health Organization (WHO), there were 504 million COVID-19 patients worldwide as of April 16, 2022, with 6.2 million deaths (1.2%). The three countries with the greatest rates are Brazil (30.3 million and 662 thousand deaths), India (43 million and 522 thousand deaths), and the United States (80.5 million and 987 thousand deaths, or 1.2% respectively). 27 million in France with 141,000 fatalities (0.5%), and 23.4 million in Germany with 133,000 fatalities (0.6%) [2]. In Indonesia, there were 6,038,664 COVID-19 cases during the same time period, with 155,820 deaths (2.6%) (CoVID-19 Handling Task Force, 2022). In North Sumatra Province, there were 154,883 cases overall, affecting 151,169 people [3].The COVID-19 pandemic issue is being met head-on by the government. A national team was established by the President of the Republic of Indonesia to hasten the COVID-19 vaccine development. The creation of a COVID-19 vaccine development team, which was under the direction of the Minister of Economy, was governed by Presidential Decree No. 18/2020 issued on September 3, 2020. The COVID-19 vaccine is the community's last line of defense against disease, death, and transmission so that people can continue to contribute to society and the economy [4]. If vaccination rates are high and evenly dispersed across the area, herd immunity may develop.

Vaccination is more cost-effective than curative methods [5].There are 14 areas in Selesai Regency which are divided into 1 sub-district and 13 rural. Based on data obtained from the Covid-19 Task Force in the Langkat District, the area with the highest coverage of the Covid-19 vaccination was the Pekan Selesai area with 54.2% of the total population of the Pekan Selesai Village. As for the areas with the lowest COVID-19 vaccination coverage, there were 5 rural, namely Tanjung Merahe Village (14.6%), Kwala Air Hitam Village (15.3%), Nambiki Village (15.5%), Kuta Parit Village (16.3%), and Perhiasan Village

(16.7%). The five rural mentioned above became comparison rural with Urban community areas (Stabat Baru) to find out the community rejection of the COVID-19 vaccination. Based on the description above, the researchers are interested in conducting research under the title "Factor Analysis of Rejection of COVID-19 Vaccination in Rural and Urban People Communities in Langkat Regency in 2022."

II. METHODS

Research Type and Design

The type of research method used in this study was the combination of quantitative and qualitative methods with a mixed Multilevel Sequential method [6]. The design used in this research was comparative research.

Population and Sample

Population

The population in this study was divided into target populations and reachable populations. The target population was the entire community in the Prestasi District of Langkat Regency, with a total of 72.592 people, while in the Stabat District there were 93.063 people. While the reachable population was the number of residents in 5 rural/kelurahan in the Prestasi District area with a total of 12.120 people, and 1 Urban, namely Stabat Baru in Stabat District with a total of 6.459 people.

Sample

The number of samples was determined using the Lameshow formula. A sample of 260 people was divided into 2 groups (rural and Urban people), so the number of samples in Urban people areas was 130 and the number of samples in rural areas was 130. Furthermore, the sampling technique in rural areas was carried out with a balanced sample (proportional sampling).

Method of collecting data

The data collection method in this study was divided into two parts: quantitative data collection by distributing questionnaires to respondents and qualitative data collection using interview guidelines that had been prepared [7].

Data Processing Methods

The phases of data collection, verification, coding, and entry make up were the quantitative data processing technique used in this study. The stages of observation, in-depth interviews, and documentary studies were parts of qualitative data processing.

Data analysis

Research data were analyzed in both quantitative and qualitative ways. The steps of univariate analysis and bivariate analysis were used to conduct quantitative data analysis. The process of data reduction, data presentation, and conclusion-making were used in qualitative data analysis.

III. RESULT AND DISCUSSION

Characteristics of Respondents

Based on the results of the study, the characteristics of the respondents were examined based on age, gender, education, occupation, and marital status, as shown in Table 1 below.

Table 1. Frequency distribution of respondents based on characteristics in Kab. Langkat

No	Characteristics	Villagers		Urban people	
		Total	%	Total	%
1.	Age :				
	a. 20 – 40 years	69	53.1	59	45.5
	b. 41 – 60 years	61	46.9	71	54.6
Total		**130**	**100**	**130**	**100**
2.	Gender :				
	a. Male	67	51.5	57	43.8
	b. Femele	63	48.5	73	56.2
Total		**130**	**100**	**130**	**100**
3.	Education :				
	a. SD	21	16.2	10	7.7
	b. SMP	70	53.8	47	36.2
	c. SMA	37	28.5	66	50.8
	d. University	2	1.5	7	5.4

	(D3 – S1)				
Total		**130**	**100**	**130**	**100**
4.	Jobs:				
	a. Teacher	2	1.5	1	0.8
	b. Housewife	45	34.6	54	41.5
	c. Employee	2	1.5	13	10.0
	d. Contractor	1	0.8	0	0.0
	e. Student	3	2.3	9	6.9
	f. Trader	5	3.8	3	2.3
	g. Retired	2	1.5	2	1.5
	h. Farmer	58	44.6	0	0.0
	i. Self-employed	12	9.2	43	33.1
	j. Civil servant	0	0.0	2	1.5
	k. Doesn't work	0	0.0	3	2.3
Total		**130**	**100**	**130**	**100**
5.	Marital status :				
	a. Marry	113	86.9	87	66.9
	b. Singel	12	9.2	22	16.9
	c. Widow	4	3.1	10	7.7
	d. Widower	1	0.8	11	8.5
Total		**130**	**100**	**130**	**100**

According to the aforementioned data, the majority of rural communities had 69 individuals who were 20 to 40 years old (or 53.1%), while the majority of Urban people communities had 71 people aged 41 to 60 years old (or 54.6%). According to the respondents' gender, there were up to 67 men in village regions who made up the majority of the population (51.5%), while there were up to 73 women in Urban people areas who made up the majority of the population (56.2%). According to occupation, 58 individuals in village areas worked as farmers (44.6%), while 54 people in Urban people areas were housewives (41.5%). As many as 113 people (86.9%) in rural communities and as many as 87 people (66.9%)reside in metropolitan areas were mostly married

Results of Respondent's Rejection Factor Analysis

Based on the research results on the characteristics of the respondents who had been studied with the dependent and independent variables, the univariate analysis of the research variables is shown in Table 2 below.

Tabel 2. Frequency Distribution of Respondents Based on Community Rejection of Vaccination Covid – 19 in Kab. Langkat

No.	Research variable	Villagers		Urban people	
		Total	**%**	**Total**	**%**
1.	Worried about side effect				
	a. Worried	112	86.2	104	80.0
	b. No worries	18	13.8	26	20.0
	Total	130	100	130	100
2.	Afraid of being injected				
	a. Afraid	74	56.9	69	53.1
	b. Not afraid	56	43.1	61	46.9
	Total	130	100	30	100
3.	Never been vaccinated				
	a. Yes	71	54.6	81	62.3
	b. No	59	45.5	49	37.7
	Total	130	100	130	100
4.	Rejection of community figure				
	a. High	39	30.0	76	58.5
	b. Low	91	70.0	54	41.5
	Total	130	100	130	100
5.	Doubt about the Halalness of vaccine				
	a. Yes	36	27.7	105	80.8
	b. No	94	72.3	25	19.2
	Total	130	100	130	100
6.	Hoax news				
	a. Yes	112	86.2	106	81.5
	b. No	18	13.8	24	18.5

	Total	130	100	130	100
7.	Don't believe in the COVID -19				
	a. Believe	30	23.1	71	54.6
	b. Don't believe	100	76.9	59	45.5
	Total	130	100	130	100
8.	Inconvenience of the vaccine program				
	a. Yes	50	38.5	57	43.8
	b. No	80	61.5	73	56.2
	Total	130	100	130	100

Based on the data in the table above, it is clear that people in Langkat Regency refuse the COVID-19 immunization due to anxiety about potential adverse effects; the majority of rural residents—112 people (86.2%)—felt concerned, as did 104 Urban people residents (80.0%). 74 members of the community (56.9% of the total) in rural regions and 69 members of the community (53.1% of the total) in Urban people areas declined the COVID-19 vaccine due to their fear of injection. According to those who had never received a vaccination before, 71 persons in rural areas (54.6%) said "yes," compared to 81 people (2.3%) in Urban people areas. Based on the rejection of community leaders, 91 people in village areas said it was low (70.0%), compared to those in Urban people areas, who said it was higher.

The majority of village respondents (up to 94, or 72.3%) indicated they had no questions about whether the COVID-19 vaccine was halal, which correspond to the Urban people respondents, with a total of 105, or 80.8%. Compared to 106 persons in Urban people areas (81.5%), 11.2% of people in village regions rejected the COVID-19 immunization because of fake news. 100 people in rural declined because they did not believe in the COVID-19 virus (76.9%), compared to 71 people in Urban people areas who thought there were 56 COVID-19 viruses (54%). Additionally, 73 Urban people residents (56.2%) and 80 village residents (61.5%) both lack faith in the COVID-19 vaccination program.The results of the analysis of rural and Urban people communities' rejection of the Covid-19 vaccination in Langkat Regency can be seen in Table 3 below.

Tabel 3. Frequency Distribution of Respondents Based on Community Rejection of Vaccination Covid – 19 in Kab. Langkat

No.	Research Variabel	N	Mean ± SD	T	P – value
1.	Worried about side effect				
	Villagers	130	15.37 ± 2.494	1.124	0.262
	Urban people	130	14.97 ± 3.199		
2.	Afraid of being injected				
	Villagers	130	13.42 ± 2.539	1.314	0.181
	Urban people	130	12.59 ± 3.163		
3.	Never been vaccinated				
	Villagers	130	12.74 ± 3.678	-2.305	0.022
	Urban people	130	13.75 ± 3.419		
4.	Rejection of community figure				
	Villagers	130	14.42 ± 3.452	0.001	1.000
	Urban people	130	13,42 ± 3,052		
5.	Doubt about the Halalness of vaccine				
	Villagers	130	9.89 ± 3.637	-12.569	0.001
	Urban people	130	14.88 ± 2.698		
6.	Hoax news				
	Villagers	130	14.08 ± 2.255	-1.806	0.064
	Urban people	130	14.68 ± 2.904		
7.	Don't believe in virus				
	Villagers	130	10.81 ± 3.339	-5.221	0.001
	Urban people	130	12.93 ± 3.126		
8.	Inconvenience of the vaccine program				
	Villagers	130	11.62 ± 2.878	-2.976	0.001
	Urban people	130	12.71 ± 2.997		

Based on the table above, it can be seen that the variables that have a significant value with a p value of 0.05 include "never been vaccinated" (p = 0.022), "doubt about vaccine halalness" (p = 0.001), do not believe in the COVID-19 virus (p = 0.001), and uncertainty about the COVID-19 vaccination program (p = 0.003). While the variable is not significant because it has a p value > 0.05, meaning that there is no difference in the reasons for refusal by village communities and Urban people communities, namely anxiety about vaccine side effects (p = 0.262), fear of injections (p = 0.181), rejection of community leaders (p = 0.262), and hoax news (p = 0.064).

Attitude Towards Behavior

Worried about the Side Effects of the Covid Vaccine – 19

With a p value of 0.262, the rejection of the COVID-19 immunization by rural and Urban people communities in Langkat Regency through an attitude toward behaviour based on fear about side effects was comparable. According to the theory of planned behavior, a belief that affects three determinants, including fear of the COVID-19 vaccine's negative effects, is what drives vaccine refusal [8]. Because the government does not actually provide comprehensive information regarding the negative effects of the COVID-19 immunization, some people refuse to get the shot [9].Some people in Langkat Regency had concerns about the side effects of the COVID-19 vaccine. It can be seen due to a question in the community whether having been vaccinated against COVID-19 guarantees that they will not get COVID-19 again, due to the fact that they received information that people who received the COVID-19 vaccine could still get COVID-19 19. These conditions were getting people worry more about side effects and doubted the effectiveness of the COVID-19 vaccine.In the case of vaccine refusal behavior, individual or group anxiety is a belief that influences attitudes that change intentions which trigger vaccine refusal behavior. Based on the recommendations of related policymakers, in this case the government through the Task Force for the acceleration of handling of COVID-19 is expected to increase openness to the public regarding the safety and effectiveness of the COVID-19 vaccine through the mass media. Apart from that, the government is also expected to be able to improve centralized information sites and anticipate hoax news related to vaccine safety which will also affect the normative beliefs of the people [10].

Fear of Injecting

With a p value of 0.181, the COVID-19 vaccine in Langkat Regency was rejected by both Urban people and rural communities through attitudes toward behaviour based on needle phobia. Communities in Langkat Regency's rural and Urban people areas who rejected the COVID-19 immunization due to injection-related anxiety stemming from a variety of factors, such as childhood trauma, were regarded as trials. People who have had needle trauma frequently refuse to receive the COVID-19 vaccine. In addition to children, adults also develop a phobia of needles. Most often, those who are afraid of needles will exhibit symptoms ranging from mild to severe anxiety, and some people may even experience panic attacks. Those with a fear of needles are shown by exaggerated symptom reactions such as shortness of breath and fainting, so they cannot think. Generally, they make efforts to avoid conditions related to needles. People with a phobia of needles will always avoid the mention of injections or immediately cover up pictures of needles when they see them, even if they try hard or refuse to do a doctor's examination even though they are suffering or experiencing serious pain [11], [12].

Subjective Norm

Never Vaccine

The difference between rural and Urban people communities in Langkat Regency's rejection of COVID-19 vaccination through subjective norms based on the variable never having had a COVID-19 vaccine had a p value of 0.022. This meant that there was a significant difference in the rejection of the COVID-19 vaccination by rural and Urban people communities due to the fact that they had never been vaccinated against COVID-19. People's rejection of the COVID-19 vaccine used the theory of planned behavior that normative factors caused them to reject it, one of which was a history of receiving previous vaccines or having never had a vaccine before. There is a very weak relationship between never having been vaccinated and people's perceptions of the Covid-19 vaccine. This means that the number of people who refused to vaccinate against COVID-19 was higher among those who have never been vaccinated than

among those who have had the COVID-19 vaccine before. Urban people communities in Langkat Regency refused the COVID-19 vaccination because they had never received the vaccine before, while rural communities in Langkat Regency were caused by other stronger factors that caused them to refuse the COVID-19 vaccination as they did not believe that the COVID-19 virus existed [10], [13].

Rejection of Community Figures

The results showed that there was no difference in the rejection of rural and Urban people communities in Langkat Regency to the COVID-19 vaccination through subjective norms based on the variable of rejection by community leaders, with a p value of 1,000. This means that rural and Urban people communities have the same reasons for refusing the COVID-19 vaccination because of the rejection by community leaders. The subjective norm factor that influences the refusal of the COVID-19 vaccine is the rejection of the COVID-19 vaccination by members of the DPR. The public's rejection of the COVID-19 vaccine uses the theory of planned behavior that the subjective norm factor causes them to refuse the COVID-19 vaccination, namely refusal from public figures or a vaccine rejection campaign. The anti-vaccine movement itself is not new; recorded since the 1800s and commanded by several community leaders and religious leaders. The movement intensified in 1998, when a doctor in London published an inaccurate report regarding the impact of a vaccine that was thought to be capable of causing intestinal disease and autism [14], [15].

Doubt about Halal Vaccines

The results of the study showed that there were differences in the rejection of the COVID-19 vaccination by rural and Urban people communities in Langkat Regency through subjective norms based on the variable doubtful about the halalness of the COVID-19 vaccination, with a p value = 0.001. This means that people in village areas and Urban people communities in Langkat Regency have different reasons regarding the halalness of the COVID-19 vaccine. The Urban people community (Stabat Urban), where the majority are dominated by Muslims, tends to doubt the halalness of vaccines, while the rural community (Kecamatan Selesai) 71, which are dominated by Christians, tends not to doubt the halalness of vaccines.Some people, especially those who are Muslim, believed that in the manufacturing process, vaccines used ingredients from pork, which are unlawful to use, so they refused to vaccinate against COVID-19 [16]. Some people found factors influencing vaccine rejection based on subjective norms, including doubts about the halalness of the COVID-19 vaccine. Factors that influenced vaccine rejection based on subjective norms were found, including doubts about the halalness of the COVID-19 vaccine [10].

Hoax News

The results showed that there was no difference in the rejection of rural and Urban people communities in Langkat Regency to the COVID-19 vaccination through subjective norms based on the variable presence of hoax news, with a p value of 0.064. This means that rural and Urban people communities have the same reasons for rejecting the COVID-19 vaccination because of hoax news that is spreading in society. The COVID-19 vaccine was rejected as a result of persistent rumors (false news) about COVID-19 and COVID-19 inoculation. Due to several unfounded allegations circulating, some people choosed not to receive the COVID-19 immunization. The negative effects of vaccination are obvious, however the government doesn't actually share information on what's happening locally about the COVID-19 vaccination. Widespread knowledge on the COVID-19 vaccine, which is widely available in digital media, is followed by government policies in vaccine procurement and the implementation of the COVID-19 countermeasures vaccination program [10]. However, a lot of this information is flagged as being false. The widespread disseminationof false information about the COVID-19 vaccination has led to an entirely counterproductive approach to the management of the situation. At the beginning of the spread of the COVID-19 outbreak, the public was also hit by hoax information, especially before the government officially announced that the virus had entered.

Perceived – Behavior Control

Don't Believe in the Covid-19 Virus

The results showed that there were differences in the rejection of rural and Urban people communities in Langkat Regency to the COVID-19 vaccination through acceptance of perceived behavioral

control based on the variable distrust of the COVID-19 virus, with a p value = 0.001. This means that there is a significant difference in the rejection of the COVID-19 vaccination by rural and Urban people communities due to their distrust of the COVID-19 virus.Factors that can influence the refusal to give or use vaccines based on the theory of planned behavior, namely acceptance of perceived behavior control, one of which is not believing in the existence of the COVID-19 virus [10]. People who do not believe in the COVID-19 virus will refuse to get the COVID-19 vaccination [9]. Individuals reject the COVID-19 vaccine because they believe that the vaccine is unsafe and ineffective, and they also believe that the COVID-19 virus does not exist, so they reject it [17].Many people did not think the COVID-19 virus even existed during the COVID-19 outbreak. In order to spread any information regarding COVID-19, the media is crucial. Both in terms of fundamental understanding of COVID-19 disease, the mechanisms by which the Corona virus can spread, the results of such dissemination, the prevention and treatment of COVID-19 disease, as well as other details pertaining to the COVID-19 pandemic [18]. The COVID-19 pandemic has also given rise to a number of ideas that contradict with what is depicted in the media, as well as rational explanation for the disease. One of them deals with conspiracies. Some individuals think that the Corona virus was created in a lab [19], [20].

Disbelief in the Covid-19 Vaccination Program

The results showed that there were differences in the resistance of rural and Urban people communities in Langkat Regency to the COVID-19 vaccination through acceptance of perceived behavior control based on the variable of uncertainty about the COVID-19 vaccination program, with a p value of 0.001. This means that there is a significant difference in the rejection of the COVID-19 vaccination by rural and Urban people communities related to uncertainty regarding the COVID-19 vaccination program.One factor influencing the rejection of the COVID-19 vaccine from perceived behavior control (acceptance of behavior control) is distrust of government programs related to COVID-19 vaccination [21]. Community rejection of the COVID-19 vaccine uses the planned behavior theory that the factor of acceptance of perceived behavior control causes them to reject the COVID-19 vaccination, namely public distrust of government programs related to COVID-19 vaccination [10]. The level of public trust in the government in implementing policies for handling COVID-19 is generally at 3.40 from a range of 1 to 5 and is continuously included in the category of lack of trust [22]. The behavioral control factor is seen as controlling individual behavior on a continuum of behaviors that can be carried out with sufficient effort and resources, so this belief factor related to vaccine refusal behavior requires intervention to implement a free vaccine policy that is given to the poor and vulnerable groups. This intervention is expected to increase access to and coverage of vaccines in the community [18].In this study, the people of Langkat Regency have confidence in the government's program for handling COVID-19 because they see many medical personnel and programs that the government is pursuing through medical staff greatly reduce morbidity and mortality due to COVID-19.

IV. CONCLUSION

There is no difference in the attitude of rejection of the COVID-19 vaccine in rural and Urban people communities in Langkat Regency in 2022 based on factors of anxiety about vaccine side effects and fear of injections; based on subjective norms of vaccine refusal, there are differences in Urban people and rural communities. Acceptance of perceived behavior control over rejection of the COVID-19 vaccination in rural and Urban people communities in Langkat Regency in 2022 has a significant difference, namely distrust of the COVID-19 virus and the COVID-19 vaccination program. Forms of refusal to vaccinate between Urban people and rural communities tend to be the same.

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