

From COVID-19 Vaccine Hesitancy to Vaccine Acceptance in South Sumatra, Indonesia

by Najmah Najmah

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From COVID-19 Vaccine Hesitancy to Vaccine Acceptance in South Sumatra, Indonesia

Najmah

Sriwijaya University & Monash University
najmah@fkm.unsri.ac.id

Kusnan

I-Bantu

kusnan@ibantu.id

Sharyn Graham Davies

Monash University

sharyn.davies@monash.edu

Presenting from: Palembang/Indonesia & Melbourne/Australia

Please send us your abstract and short bio-note of the author(s) to Ms Valerie Yeo at valerie.yeo@nus.edu.sg by **30 April 2022**.

[MAXIMUM 5000 WORDS]

ABSTRACT

An abstract of about 300 words (maximum) with sufficient details of the significance of the research question(s), conceptual framing, methodology, and key findings.

INTRODUCTION

Trying to administer COVID-19 vaccines to an archipelagic targeted population of 208million people spread over 6000 islands is no small task. Indonesia is, however, one of five countries with the highest coverage of COVID-19 vaccines (Cabinet Secretary of The Republic of Indonesia, 2022)¹. As of 22 May 2022, Indonesia had administered the first vaccines to 95% of its citizens. Further, 80% of citizens had received a second vaccine and 20% a third (Covid-19 Task Force, 2022)².

This high vaccine uptake rate is in stark contrast to early attempts at vaccination, where hesitancy was high. Our research explores what socio-economic, political, and religious factors were at play to result in such high uptake of vaccines. We conducted a thematic analysis of online news reviews related to COVID-19, social media postings by government sectors, feminist-participatory action research, and interviews with 40 women and 20 health workers and policymakers in South Sumatra, Indonesia, to understand this increase.

FINDINGS

There are four critical factors behind vaccine hesitancy: first, distrust of government; second, lack of education about COVID-19 and victim blaming; third, fears of concern that the vaccine is not halal (permissible in Islam); and fears over Sinovac as it comes from China (and has imagined links with Communist contagion); vaccine coercion.

¹ Cabinet Secretary of The Republic of Indonesia, 2022. Indonesia is among the world's top 5 countries with the highest vaccination coverage. Retrieved in <https://setkab.go.id/en/indonesia-among-worlds-top-5-countries-with-highest-vaccination-coverage/>

² Covid-19 Task Force, 2022. Update Covid-19 situation in Indonesia (Update per 24 May 2022). Retrieved in <https://covid19.go.id/artikel/2022/05/24/situasi-covid-19-di-indonesia-update-24-mei-2022>

We found several factors responsible for this increase in uptake. First, the responsibility of meeting vaccine targets was shared by different parties. For instance, the Ministry of Health was responsible for meeting 60%, the Indonesian National Military (TNI) for 20%, and the Indonesian National Police for the remaining 20%. Indeed, police, military personnel, and local key leaders accompanied health workers in undertaking COVID-19 vaccination. Second, there are rewards and punishments. For instance, if people accessed COVID-19 vaccines, citizens could travel by plane and land transportation between regions. Small gifts were also provided, such as kg oil, 5kg rice, or winning a lucky draw for a motorcycle. Third, hardline Islamic groups were silenced, particularly about the halal issue of COVID-19 vaccines. Fourth, there was easy access to COVID-19 vaccines, including in schools, mosques, and neighbourhood centres. Fifth, there was vaccine coercion, vaccine obligations, and politics.

Introduction

¹ Trying to administer COVID-19 vaccines to an archipelagic population of 280 million people spread over 6000 islands is no small task. The high vaccine uptake rate is in stark contrast to early attempts at vaccination, where hesitancy was high though COVID-19 vaccines are considered life-savings. In December 2020, the results of a phone survey of 1,202 respondents in 34 provinces in Indonesia suggested that about 70% of Indonesia knew about the plan of COVID-19 vaccination for targeted groups in Indonesia, and about 80% population had trusted the government was able to provide the vaccines. However, only 37% were sure they would accept vaccination when it was offered, 17% did not accept the vaccines, and 40% would think first to accept or not the vaccines³.

In 2022, Indonesia is, however, one of five countries with the highest reported coverage of COVID-19 vaccines (Cabinet Secretary of The Republic of Indonesia, 2022)⁴. As of 18 September 2022, Indonesia claimed it had administered its first vaccines to 86 per 100 targeted populations, 204 million (87%) of its citizens out of 234 targeted populations. Further, 170 million (72%) citizens had received a second vaccine, and 62 million (26%) had a third (Ministry of Health; Figure 1 & 2).

Data of COVID-19 Vaccination

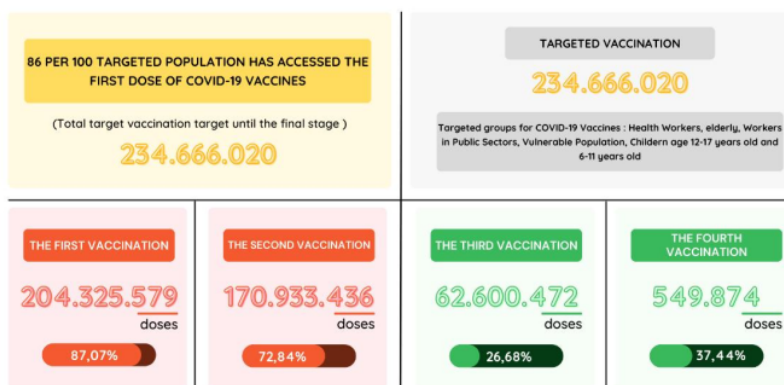


Figure 1: The achievement of COVID-19 vaccines in Indonesia (per 18 September 2022)

Source: <https://vaksin.kemkes.go.id/#/vaccines>

³ <https://saifulmujani.com/kepercayaan-publik-nasional-pada-vaksin-dan-vaksinasi-COVID-19/>

⁴ Cabinet Secretary of the Republic of Indonesia, 2022. Indonesia is among the world's top 5 countries with the highest vaccination coverage. Retrieved in <https://setkab.go.id/en/indonesia-among-worlds-top-5-countries-with-highest-vaccination-coverage/>

Our research explores what socio-economic, political, and religious factors were at play to result in such high uptake of vaccines. We conducted a thematic analysis of online news reviews related to COVID-19, social media postings made by government sectors, and feminist-participatory action research and interviews with 40 women and 20 health workers and policymakers in South Sumatra, Indonesia, to understand this increase in vaccine acceptance from 2021 to 2022.

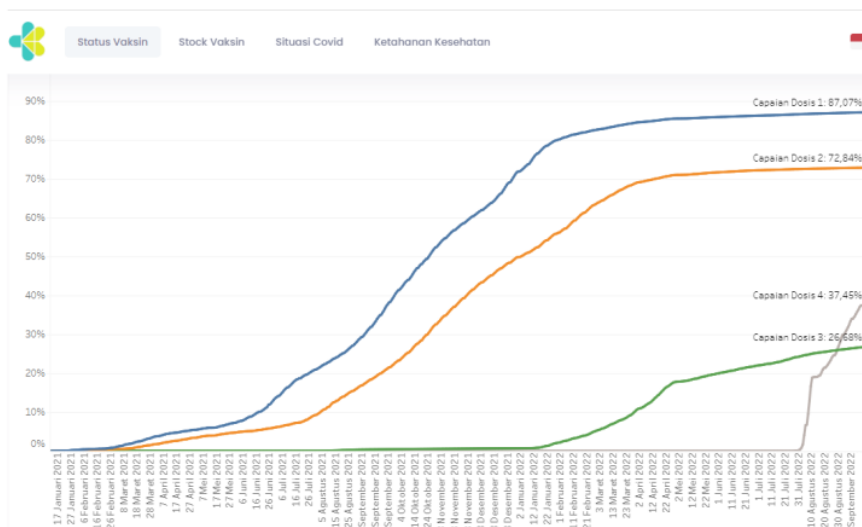


Figure 2: COVID-19 Vaccine Coverage in Indonesia (per 18 September 2022)

Source: <https://vaksin.kemkes.go.id/#/vaccines>

Methodology

Our project will also be guided by feminist-participatory action research (FPAR). This research project used a feminist participatory action research (FPAR) framework devised by Patricia Maguire in 1987⁵. Maguire highlights the importance of building trust, creating meaningful participation for women throughout the research process, and ensuring outcomes that include a collective critical consciousness that challenges oppressive attitudes, beliefs, and practices that may be deeply embedded in society. We applied feminist participatory action research to explore 40 women's diverse experiences of accessing or not accessing COVID-19 vaccination from January 2021-July 2022. FPAR enables Najmah, Kusnan, and Sharyn to work closely together in everyday life of the women from low-middle income families.

Interviews and group discussions were conducted via face to face or online by women in Palembang, South Sumatra. In addition, triangulation was conducted by reviewing news related to COVID-19 vaccination and social media postings by government sectors. In addition, participants from health workers are asked to share some pictures related to vaccination activities in the Southern part of Sumatra, including in Palembang, Jambi, and Bengkulu. All researchers can speak the Indonesian language (*Bahasa Indonesia*) fluently. Najmah

⁵ Maguire, P. 1987. *Doing Participatory Research: A Feminist Approach*. Amherst MA: The Centre for International Education, University of Massachusetts.

and Kusnan were raised in Palembang and Jambi, the Southern part of Sumatra, respectively, while Sharyn was ⁵ born in Australia and has over two decades in research projects in Indonesia.

Thematic analysis was performed to help understand some themes from transcriptions and online data. Figure 1 depicts the two common themes of vaccine resistance to vaccine acceptance for COVID-19 from government and society's views. In addition, regular discussions among writers were conducted to gain a deeper understanding of vaccine hesitancy and acceptance in Indonesia.

Figure 3: Factors related to COVID-19 Hesitancy and COVID-19 acceptance in Indonesia

Resistance		Acceptance	
Government	<ul style="list-style-type: none"> -Quick change of regulation related to COVID-19 -Confusing statement from the government -Massive marketing approach (Saya siap di vaksin) without education -Community blaming: Covidiot, “Yang miskin melindungi yang kaya”; “Tekak bantah” (Stupid and arrogant) and others 	Government	<ul style="list-style-type: none"> -Apply religious term: Accessing Covid-19 is a part of 'Jihad.' -Use mosques, churches, klenteng for Covid-19 vaccination -Silence of headline-Ulama about Haram-Halal COVID-19 vaccines -Working together with cultural leaders in Suku -Use Military as a part of Indonesia cultural “<i>TNI manunggal bersama rakyat</i>” -Provide rewards and gifts
Moral Panic	Blaming	Cultural and Religion approach	Vaccine Acceptance
	Society		Society
	<ul style="list-style-type: none"> Covid-19 Vaccine is Haram Communism issue Hard statement from a religious leader Some Hooks 	<ul style="list-style-type: none"> Queue in mosques and other religious places RT (a leader in a small unit in the community) provides their houses for vaccination. 	

[Developed by Najmah, Kusnan & Davies, 2022]

Results and Discussion

1. Resistance of COVID-19 vaccine: Voices in the first year of introduction of COVID-19 vaccines

Vaccine hesitancy refers to a delay in acceptance or refusal of a vaccine despite the availability of vaccination services.⁶ Concerning the COVID-19 vaccine, according to the SAGE Working Group on Vaccine Hesitancy, "vaccine hesitancy is to delay in acceptance or refusal of vaccination despite availability of vaccination services." Some factors need to be considered, including complacency, convenience, and confidence in accessing COVID-19 vaccination to understand the complexity of vaccine hesitancy, in a context-specific time and place.⁷

In Indonesia, there are two different key factors behind vaccine hesitancy; misinformation versus distrust of government; vaccine coercion versus **covidiot**; and uncertainty of halal status of the vaccines versus fears over Sinovac as it comes from China (and has imagined links with Communist contagion).

"Covid-19 vaccines as government's business": Misinformation to distrust of government

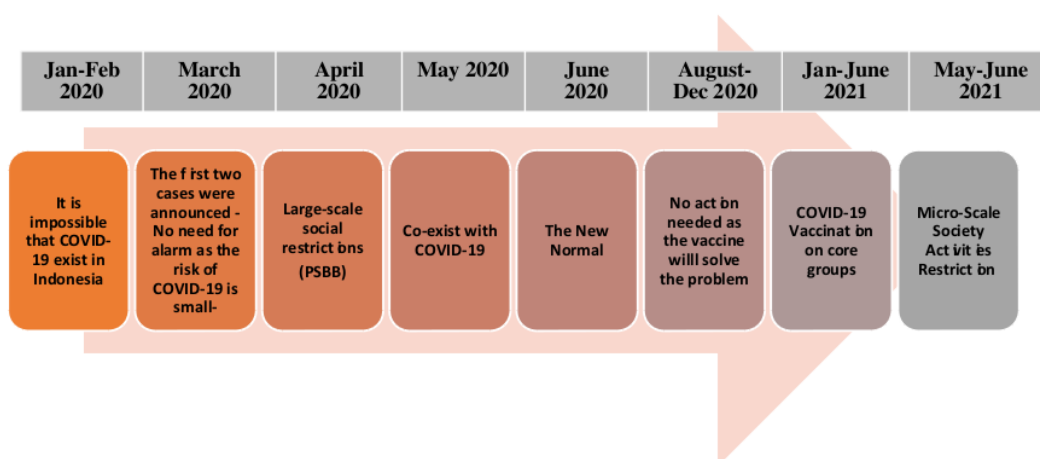


Figure 4: Timeline of government responses to the COVID-19 Pandemic (Developed by Najmah, 2022, copyright Routledge, 2023)⁸

The community observed how the Indonesian government solved COVID-19 in the first year of the COVID-19 Pandemic.⁵ Some responses from our respondents about COVID-19: "COVID-19 is a conspiracy" and "COVID-19 vaccination is only government's project (*proyek pemerintah*)". We argue that a quick change of regulation, information, and commands from the government may impact on population's perception related of COVID-19.⁹ For instance, from January to February 2020, it is impossible that COVID-19 would exist in Indonesia. After the president, Joko Widodo, announced the first case of COVID-19 in Indonesia, the no need for alarm as the

⁶ <https://www.ecdc.europa.eu/en/immunisation-vaccines/vaccine-hesitancy>

⁷ MacDonald, N. E. (2015). Vaccine hesitancy: Definition, scope, and determinants. *Vaccine*, 33(34), 4161-4164. <https://www.sciencedirect.com/science/article/pii/S0264410X15005009>

⁸ Najmah, Kusnan, Tom Graham Davies, and Sharyn Graham Davies. 2023. Disclosing one's HIV status during Indonesia's COVID-19 Pandemic. A book chapter in *Surviving Pandemic*, Editor Michael Ryan. Routledge: UK (Copy editing process)

⁹ <https://www.insideindonesia.org/covid-19-denial-in-indonesia>

risk of COVID-19 was small. Then, restrictions versus public health quarantine in April 2020; however, in May 2020, the president engaged the community to co-exist with COVID-19. Interestingly, during COVID-19 vaccine trials, the information from the media shared optimism about the effectiveness of COVID-19 vaccines and no action was needed as the vaccine would solve the problem (Figure 4)¹⁰. Therefore,

Victim blaming: Covidiot

'Covidiot' is "someone who behaves in a stupid way that risks spreading the infectious diseases COVID-19."¹¹ or safety. In Palembang, local word for covidiot is "tekak bantah". The blaming was rampant on social media to blame communities for spreading COVID-19 as they did not follow health protocol (protocol kesehatan). Interestingly, when health workers passed away related to COVID-19, patients who did not disclose their COVID-19 status or were unaware of getting infected to COVID-19 were considered covidiot; the messages were viral on social media and were cited over 30 national and international online media. After the distrust of health workers to patients and society due to moral panic, we wonder how come society could trust the government and health workers when they promote COVID-19 vaccines in the early 2021 by uploading twibbine "I am ready to be vaccinated".

Today, I learned what is the meaning of #Stay at home. Half of you may neglect this message or even make it a joke, but your neglecting of this message became tears for our family

My father can be stubborn, [we] told him not to practice, but he said he felt sorry for the patient who came from afar. It turns out that the said patient was a suspected Covid-19 patient whose x-ray showed that their lungs were entirely white. That patient insisted on going home from a Bintaro hospital because of this and that,

What was the effect? My father got a fever and shortness of breath his condition kept deteriorating before he was pronounced dead.

For your attention, my father never complained; when he broke his feet, he even could walk; when he got a cough, he still taught his class from his house. So when he said "I cannot breathe, it is not a joke".

He was treated in hospital; his short breathless did not recover, then his saturation went down, cardiopulmonary resuscitation, intubation, then passed away.

I wrote this to ask for help, to those who have the choice, please don't be stubborn and #StayAtHome, while for those who are [being treated at hospitals], please don't be stubborn to the point of insisting on going home

Angry? Of course, I'm angry because there are egoistic people like you who did not want to obey [the rules] and bring [the] disease to our family,"

Want to cry for help? No nurse around. The isolation room was closed; family members could not even see him

[Did you] know what my father did when he was out of breath last night? He called his children and child-in-law, asking for help

¹⁰ <http://intersections.anu.edu.au/issue45/najmah2.html>

¹¹ <https://dictionary.cambridge.org/dictionary/english/disease>

All I could do was call the hospital to notify them [about my father's condition] because we were not even allowed to visit him

So for you who are still alive, please appreciate your life; you still have family who needs you, and please does not spread Covid-19. (Leonita, Bambang Sutrisna's daughter, personal Instagram story)¹²

Community resistance toward COVID-19 vaccine

To answer the worry of Muslim society, Indonesian Ulema Council (Majelis Ulama Indonesia-MUI) and the Ministry of Health, Indonesia also supported the importance of halal vaccines for Indonesia. For instance some headlines "MUI: Pengadaan vaksinasi COVID-19 yang halal lebih diutamakan (MUI: Vaccination of COVID-19 with halal label is prioritised)"¹³(December, 2021), "Kemenkes buka suara soal Vaksin COVID-19 halal untuk muslim (Ministry of Health announce the halal COVID-19 vaccines for Muslim)"¹⁴(April, 2022), "Dari tujuh, ada empat vaksin COVID-19 yang bersertifikasi halal di Indonesia (From seven vaccines, there are four COVID-19 with halal certificates)"¹⁵. Two COVID-19 vaccines got halal certificate in 2021, Sinovac and ZVIVAX, while other two COVID-19 vaccines got halal certificate in 2022, Vaksin Merah Putih and Sinopharm. However, at grass root level, the worry is still there. However, secretariat of MUI said emphasized that

"The MUI fatwa on halal and holy vaccines, namely Sinovac and Zifivax, can be used as a guide for the government, Muslims and related parties who require halal aspects and the level of holiness of the vaccine." (MUI Sekjen, Liputan 6)



Figure 5: Tempo reports: From seven vaccines, there are four COVID-19 with halal certificates
Sumber: Tempo, 2022¹⁶

¹² <https://www.merdeka.com/trending/curhatan-anak-dokter-bapak-nya-wafat-akibat-virus-corona-sempat-telepon-sambil-sesak.html>

<https://coconuts.co/jakarta/news/dont-be-stubborn-daughter-of-indonesian-doctor-who-died-of-covid-19-cautions-against-ignoring-isolation-protocols/>

¹³ <https://www.liputan6.com/news/read/4810656/mui-pengadaan-vaksinasi-covid-19-yang-halal-lebih-diutamakan>

¹⁴ <https://www.dw.com/id/kemenkes-buka-suara-soal-vaksin-covid-19-halal-untuk-muslim/a-61577892>

¹⁵ <https://grafis.tempo.co/read/2992/dari-tujuh-ada-empat-vaksin-covid-19-yang-bersertifikasi-halal-di-indonesia>

¹⁶ <https://grafis.tempo.co/read/2992/dari-tujuh-ada-empat-vaksin-covid-19-yang-bersertifikasi-halal-di-indonesia>

¹
Fears of Sinovac and China (and imagine links with Communism)

¹
“The efficacy of the vaccines has not been proven with evidence. It could turn out to be medical malpractice. We hesitate then to take the vaccine and wonder if it is a vaccine or if it’s just vitamins. And where did the virus come from? And where is the vaccine made? Both in China! So maybe COVID-19 vaccines are just made for economic reasons to benefit China. China, you know, they are Communists. We have become experimental subjects, yes, guinea pigs (*kelinci percobaan*, literally test rabbits). For me, it is better to maintain our health, trust our body, and if we can maintain our health, then what is the COVID-19 vaccine for?”

¹ Part of the reason for vaccine hesitancy is that people are not convinced that the Sinovac vaccine is effective. ¹ But hesitancy also comes from a general distrust of China, including health products made by Chinese companies. This distrust extends from Indonesia’s long-standing tension with Communism, which continues to be banned in Indonesia. Rumours thus circulate that China might be waging a proxy war against Indonesia by delivering a vaccine that might have fatal consequences.

Further, women told us they felt China was pushing a vaccine (of dubious efficacy and potentially deleterious side effects) just to make money. This again taps into harmful stereotypes in Indonesia that Chinese businesses want to make a profit at any cost. Added to this profit discourse is the widespread belief that people from mainland China are coming to Indonesia to take away local jobs. There is thus a kind of grass-roots collective resistance against China and Chinese products, including COVID-19 vaccines. Furthermore, the conspiracy issues about China and microchips were also rampant on social media¹⁷

2. Acceptance of COVID-19 vaccine: One year after the introduction of COVID-19 vaccination in Indonesia

In a group discussion with 60 students in Postgraduate of Public Health, Sriwijaya University, August 2022, Najmah asked why people accept COVID-19 vaccination in 2022. Based on our discussion, there are two main reasons. First, the awareness of the importance of COVID-19 vaccines increases to reach herd immunity. One HIV-positive mother in this study shared that “I want to be vaccinated for my health, but as far as it is free.” Second, there is vaccine coercion. A certificate of COVID-19 is as one, mandatory requirement for many things (such as, getting on transportation, applying for a job, being ready for school or university, entering shopping malls and hospitals, getting temporary unconditional cash transfer-*bantuan langsung tunai*) etc). We learn there is a shift ⁷ from the vaccine hesitancy continuum to the acceptance of Vaccine hesitancy after one year of introducing the COVID-19 vaccine and investigate factors that influence people’s decision to accept the vaccine.

Vaccine acceptance, according to Noni E. MacDonald, 2015, ⁷ is the norm in the majority of populations globally; a smaller number refuse some vaccines but agree to others, and some delay vaccination or accept vaccination but are unsure about doing so. The condition of vaccine acceptance depends on vaccine complacency (perceived risks of vaccine-preventable diseases), vaccination confidence (trust in effectiveness and safety of vaccines, trust in competencies of health professionals and policymakers), and vaccine convenience (physical availability, affordability, geographical accessibility, and cultural context)¹⁸. In Indonesia, what are factors that increase vaccine acceptance after one year of the introduction the COVID-19 vaccines?

⁸ ⁶
¹⁷ <https://www.iseas.edu.sg/articles-commentaries/iseas-perspective/2020-82-tracking-the-swelling-covid-19-vaccine-chatter-on-tiktok-in-indonesia-by-yatun-sastramidjaja-and-amirul-adli-rosli/>

¹⁸ MacDonald, N. E. (2015). Vaccine hesitancy: Definition, scope, and determinants. *Vaccine*, 33(34), 4161-4164.

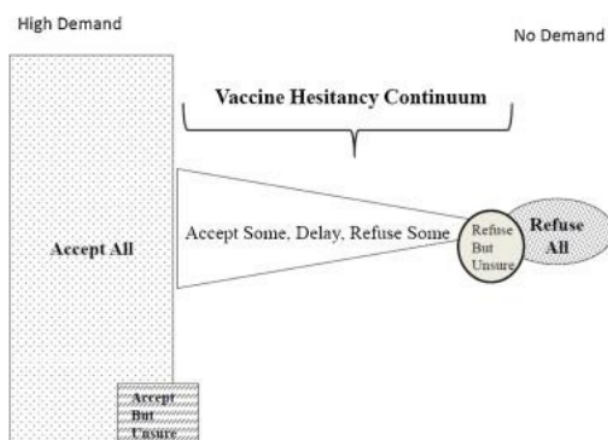


Figure 6: The continuum of vaccine hesitancy between full acceptance and outright refusal of all vaccines
Source: <https://www.sciencedirect.com/science/article/pii/S0264410X15005009>¹⁹

ACCESSING COVID-19 VACCINES AS A JIHAD

This phase of receiving the vaccine is also marked by the transfer of policies from the Indonesian central and regional government by taking a religious approach compared to policies with marketing approaches such as corporations. This phase begins with a statement from a member of parliament from the most prominent government party and the winner of the election, namely statement from Dr. Ripka Tjiptaning from the Indonesian Democratic Party of Struggle, who stated that he would never want to be vaccinated and would never allow his family to be vaccinated, she was willing to pay a fine for this²⁰. This statement, in a short time, went viral with the main caption (12 January 2021). "They just don't believe in vaccines." "They" in this case refer to "Government" or "Ruler".

I still do not want to be vaccinated, nor can those who are 63 years old get vaccinated. I'm already 63, if you want all ages you can, still, even there living in DKI, all my children and grandchildren get a penalty of Rp. 5 million, I'd better pay, want to sell the car, Grandpa," said Ribka Tjiptaning at the Commission's Working Meeting (Raker) IX DPR with Minister of Health Budi Gunadi Sadikin at the DPR Building, Senayan, Jakarta, Tuesday (12/1).

Who is Ripka Tjiptaning? None other than parliamentarians who present themselves as communists. She openly wrote a book entitled "I am proud to be a child of the PKI (Indonesian Communist Party)." So that the Indonesian people, who are, in fact, the majority of Muslims, recognize her as a communist figure in Indonesia.

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¹⁹ MacDonald, N. E. (2015). Vaccine hesitancy: Definition, scope and determinants. *Vaccine*, 33(34), 4161-4164.

²⁰ <https://news.detik.com/kolom/d-5333258/tolak-vaksin-aspirasi-wakili-rakyat-atau-pribadi>



(Source: Indonesian National Library)²¹



(Source: Detik.com)²²

Figure 7: Ribka Tjiptaning writing a book I am proud to be a child of the PKI (Indonesian Communist Party)

The relationship with the change in the government's approach is that the government wants to equalize the frequency first with the Indonesian people who reject this vaccine due to religious sentiments, halal and haram, and related to Communism because vaccine products, especially Sinovac, are imported from China. This way of evoking religious sentiment or enthusiasm is by placing the natural competitor of Muslims, namely communists, as opponents of the vaccine so that the general premise can be reached that Islam and Communism can't be in the same line.

To pull the Islamic Ummah (community) into the opposite carriage or section, the government began to use campaign statements or jargon with war terms such as the term "Jihad," which was then very popularly quoted by the government on various occasions. This Jihad movement emphasizes that the government is making every effort to utilize the energy and sentiment of resistance on a religious basis in launching a Covid control program, including so that the national vaccination program can be carried out correctly.

Basara's hope is in line with the appeal of the General Chairperson of the Nahdlatul Ulama (PBNU) Executive Board, Prof. KH Said Aqil Siraj. "In the context of Indonesia and the world facing this pandemic, students must take a role in jihad and give their best contribution to help overcome the COVID-19 outbreak," said Aqil.

Source: detik.com²³

Why can you say that? Because clearly, the Joko Widodo government is very anti-religious jargon representing violence, terrorism, and anti-diversity because this government maintains tolerance and diversity with its famous slogan, "I am NKRI, I am Pancasila." Nahdlatul Ulama then drove this religious campaign as a representative of the largest Muslim community in Indonesia, with Vice President Ma'ruf Amin as one of the leaders who are known and respected in this community. Jihad's statement was followed by local government, including the Governor of South Sumatra, Indonesia, and stated: "Vaccination in boarding school is one way for JIHAD to fight COVID-19".

²¹ <https://simpus.mkri.id/opac/detail-opac?id=779>

²² <https://news.detik.com/kolom/d-5333258/tolak-vaksin-aspirasi-wakili-rakyat-atau-pribadi>

²³ <https://news.detik.com/berita/d-5777619/kyai-dan-santri-dukung-program-vaksinasi-basarah-jihad-gaya-baru>

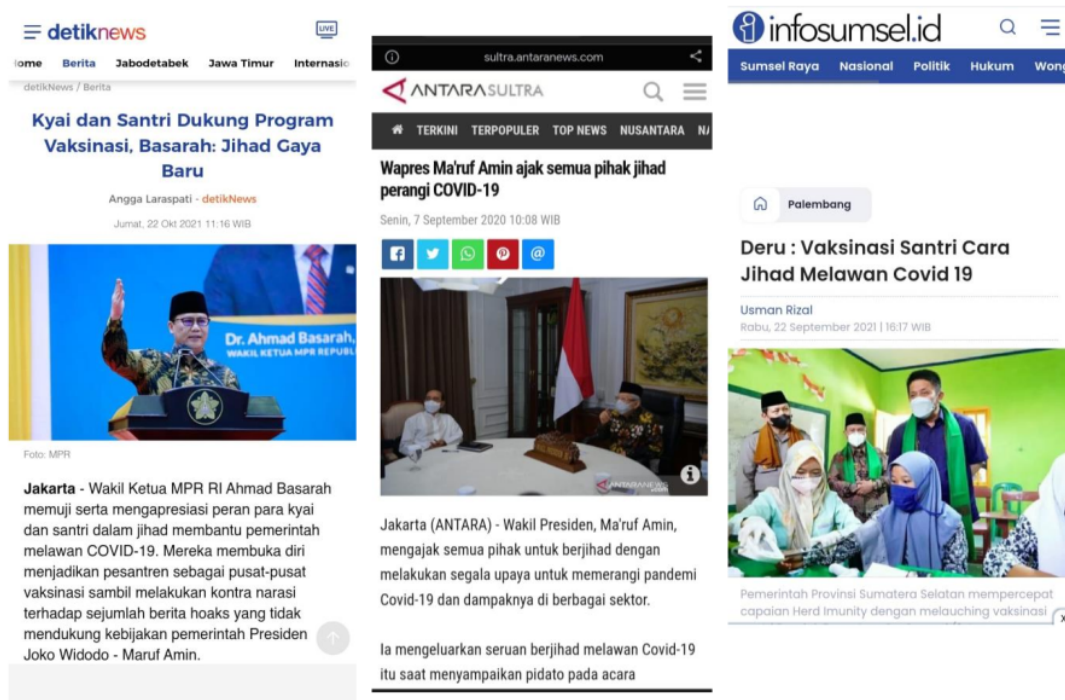


Figure 8: JIHAD statement from the biggest Muslim organisation in Indonesia as well as Vice president of Indonesia and Governor of South Sumatra

Furthermore, we can also find that in this phase of vaccine acceptance, Islamic opposition parties such as the Prosperous Justice Party (*Partai Keadilan Sejahtera*) wanted to maintain their way in winning the hearts of the people. Therefore, the party also supported the national vaccination program through an official statement from the Shura Council. For them, the Shura Council is the highest in their Party structure as a representation of a modern Islamic Party (Figure 8).



Figure 9: the Shura Council suggest society to access COVID-19 vaccination

Source: Website of PKS²⁴

²⁴ <https://pks.id/content/bayan-dewan-syariat-pusat-pks-tentang-anjuran-melakukan-vaksinasi-covid-19>

INVOLVING THE INDONESIAN NATIONAL MILITARY (TNI) AND POLICE

We shared roles in gaining targets for COVID-19 vaccines. We, from the health district, are responsible for 60% of the total target, while Indonesian National Military is responsible for 20%, and the Indonesian Police is for 20%. What I am curious, to encourage the community to visit Covid-19 vaccines; they provide gifts, like rice, oil to coupons to win a bicycle or motorcycle (A policy maker in health district, Informal

Some headline news also supported our observation. Some headlines wrote about appreciation from the President of Joko Widodo to his Ministers and some governors for TNI and Polri. Some headlines include: "Indonesian reach the 4th the world of COVID-19 coverage, Jokowi appreciate TNI-Polri"²⁵ "Ministry of Finance mentions the importance role of Indonesian Military and Polices in solving COVID-19", and Ministry of Health appreciates the involvement of Indonesian Military and Polices in COVID-19 vaccination²⁶.

"Therefore, I would like to take this opportunity to also thank all ranks of the TNI-Polri that in the currently extremely challenging atmosphere, the TNI-Polri institutions can be relied on to solve problems." (Ministry of Finance, Indonesia, website)²⁷

Only regencies/big cities do not experience problems with the availability of supporting facilities. "But small regencies/cities are messy too. So in the end we returned to the provinces. Well, the problem in the province is that there are many aspects, because this is a political position. , said Budi. "So, we need a special route that can go directly from the central government, push it down, namely using the TNI-Polri, (Ministry of Health, Indonesia, Kompas)²⁸

We learned from the field some notes about how the involvement of the military and police and providing gifts may contribute to the increased accessibility of COVID-19 vaccines. First, the responsibility of meeting vaccine targets was shared by different parties. For instance, the Ministry of Health was responsible for meeting 60%, the Indonesian National Military (TNI) for 20%, and the Indonesian National Police for the remaining 20%. Indeed, police, military personnel, and local key leaders accompanied health workers in undertaking COVID-19 vaccination. Second, citizens were provided with rewards and punishments. For instance, if we accessed COVID-19 vaccines, we could travel by plane and land transportation between regions. Small gifts were also provided, such as kg oil, 5kg rice, or winning a lucky draw for a motorcycle. Third, the key to vaccine acceptance is working with religious leaders and conducting the vaccine in praying centres.

²⁵ <https://nasional.sindonews.com/read/659201/15/vaksinasi-indonesia-urutan-4-dunia-jokowi-apresiasi-tni-polri-1642406460>

²⁶ <https://nasional.kompas.com/read/2021/08/25/20504281/menkes-apresiasi-keterlibatan-tni-polri-dalam-vaksinasi-covid-19>.

²⁷ <https://www.kemenkeu.go.id/publikasi/berita/menkeu-sebut-peran-penting-tni-polri-dalam-penanganan-covid-19/>

²⁸ <https://nasional.kompas.com/read/2021/08/25/20504281/menkes-apresiasi-keterlibatan-tni-polri-dalam-vaksinasi-covid-19>.



Source: Kompas.com



Source: Merdeka.com²⁹

Interestingly, TNI and Polri reach communities, from giving rewards for children and adults to the elderly who access COVID-19 vaccines to conducting COVID-19 vaccines in religious centres and praying, such as Mosques, churches and Buddhist temples, and Konghucu temples (klenteng). The cultural and religious approaches were conducted with national and local religious leaders to leaders of indigenous groups, such as *Suku Anak Dalam* in the Southern part of Sumatra, Indonesia.



Source: Researchers' documentation



Source: Researchers' documentation

LESSON TO LEARN: FAITH IN IMMUNITY: RELIGION, COVID-19 VACCINES, AND STRUCTURES OF TRUST

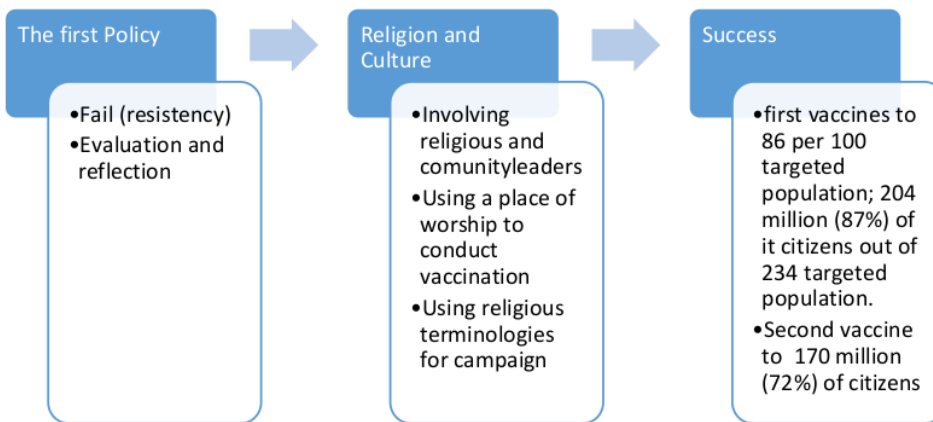
What can be drawn from a series of study cases in this paper is the link between the success of the Indonesian government in dealing with the COVID-19 Pandemic and the successful implementation of the national COVID vaccination program within the level of diversity in Indonesia. In other words, we want to underline that religious belief in Indonesia is a factor supporting this success.

On the one hand, the success of the Indonesian government in using a trusted approach cannot be separated from the ability of the government itself to introspect and correct wrong policies at the beginning of the Pandemic by exchanging them with religious and cultural approaches themselves. Furthermore, in Indonesia, where Religion is not merely a ritual but has been transformed into a culture, spirit, and foundation for society, the indicators of the success of this program become more significant and faster.

²⁹ <https://www.merdeka.com/peristiwa/masjid-istiqlal-akan-dijadikan-tempat-vaksinasi-covid-19.html>

In a religious culture like Indonesia, policymakers need to follow several approaches before including them in a policy, including the Need to embrace important figures or religious leaders and religious organizations that have a large mass. The position of the vice president, who is a representation of religious figures and respected clerics who comes from Nahdatul Ulama, is an added value. The second is to arouse religious sentiment in the community by touching it with a campaign that uses religious jargon to be very important. For example, the term Jihad is used in this context in order to equate and mobilize the ummah in one vision of "war" against the COVID-19 Pandemic as a whole.

On the one hand, how the Indonesian government twists the perception of Covid-19 and the vaccine contains elements of Communism because the original from China is a common enemy that must be fought in a way that deserves appreciation. Then it is equipped with the deployment of the military and police, which further strengthens the energy of "Jihad" between the united TNI and the people as a cultural jargon with the Pandemic itself. However, the national vaccine program and prevention of Covid-19 are going well, and it seems that Indonesia will survive more to face a similar pandemic.



CONCLUSION

This paper aims to answer the most dominant factors among socio-economic, political, and religious factors that produce the highest uptake of covid-19 vaccination in Indonesia. Our analysis concludes that Religion ultimately plays a significant role in producing a high uptake of COVID-19 vaccination in Indonesia, but other factors cannot be separated. Socio-economic and political factors then, together with Religion, is a unity that later became a separate culture in Indonesia.

For example, when the government decides to take a religious approach, the government must also take a political approach by embracing all religious leaders, including organizations or institutions, as well as opposition political parties. In addition, when the government uses village mosques and houses of worship located in underprivileged areas, it must be supported by providing parcels that attract poor people to participate in the vaccine.

Furthermore, further research should be carried out by taking direct data in the field through quantitative methods. The research aims to find the impact of this cultural-religious approach in the community on the success of the Covid-19 vaccination to obtain a comprehensive formula to deal with similar pandemic cases in the future.

From COVID-19 Vaccine Hesitancy to Vaccine Acceptance in South Sumatra, Indonesia

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