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Original Research

The Relationship between the Health Belief Model and the Acceptance of the Covid-19 Vaccine in the Community in the Work Area of the Puuwatu Health Center

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Abstract

The coverage of Covid-19 vaccination in Kendari City reached 237.735 (89.66%) in the first dose, 147.430 (55.60%) in the second dose and 3.518 (84.75%) in the third dose. Meanwhile, at the Puuwatu Health Center, the coverage of vaccination doses 2nd was 10.874 (34%). The low-vaccine program is influenced by individual perceptions and desires to vaccinate. This study aims to determine the factors associated with acceptance of the Covid-19 vaccine based on the health belief model theory. The research design used was a cross-sectional study. The population in this study were the people who were in the working area of the Puuwatu Health Center as many as 36.521 people, while the sample was 110 respondents. The sampling technique used was accidental sampling. Research data were analyzed using the chi-square test. The results of the study showed perceived vulnerability ($p=0.000$), perceived severity ($p=0.000$), perceived benefits ($p=0.001$), perceived obstacles ($p=0.000$), and cues to act ($p=0.000$). It can be concluded that perception is related to public acceptance of the covid-19 vaccine.

Keywords: perception, receiving the covid-19 vaccine, health belief model

INTRODUCTION

Coronavirus (CoV) is a large family of viruses that can cause a variety of mild to severe symptoms. In terms of symptoms, this virus family often attacks the human respiratory system. At least, two types of Coronavirus have also attacked Indonesian people and cases of spread are quite high, namely East Respiratory Syndrome Coronavirus (SARS-CoV) and Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV). And recently, a new coronavirus has appeared which is called the Covid-19 disease. According to WHO, based on Global Surveillance guidelines, the definition of Covid-19 can be classified into three parts, namely: suspected cases, probable cases or probable cases, and confirmed cases or patients who have proven positive through laboratory tests (Yanuarita & Haryati, 2020).

A new type of coronavirus that was discovered in humans since an extraordinary incident appeared in Wuhan China, in December 2019, was later named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) and caused Coronavirus Disease-2019 (Covid-19). The 2019-nCoV virus outbreak started at a local seafood market in winter, a similar environment to the time of the SARS virus outbreak (WHO, 2019).

The World Health Organization (WHO) states that Covid-19 has infected 226 countries with a total confirmed number of 433,296,489 with 5,956,313 deaths. Data on cases infected with Covid-19 in Indonesia on February 27 2022 as many as 5,539,394 people tested positive, of which 4,817,423 people were declared cured and 148,073 people died (Kemenkes RI, 2020)

One of the coping strategies to slow down and stop the rate of transmission/contagion, and delay the spread of Covid-19 transmission is vaccination. The implementation of the Covid-19 vaccination aims to protect the public from infection with SARS-CoV-2 which can cause morbidity and death due to Covid-19 (Ritunga et al., 2021).

The Indonesian government has implemented a national vaccination program to deal with Covid-19 from January 13 2021 until now. Indonesia has used 3 types of vaccines, namely the production of Sinovac (CoronaVac), AstraZeneca which is produced by SK Bio, and Sinopharm. These three types of vaccines have all been recommended by WHO through the emergency use list (EUL). The Covid-19 vaccine produced by Sinovac (CoronaVac) is the latest to receive validation from WHO on June 1. Meanwhile, AstraZeneca-SK Bio has been included in the EUL since 15 February 2021 and Sinopharm on 7 May 2021. The type of Covid-19 vaccine procured by the government is one whose safety and effectiveness have been confirmed to protect the public (Tamara, 2021).

Globally, on January 22, 2022, the total minimum dose of vaccine 1 was 4,764,824,473 (61.1%) and 4,101,264,482 (52.6%) were fully vaccinated with a target of 70% of the world's population by mid-2022 (6). Based on data from the Covid-19 Task Force as of January 22 2022, the number of vaccine receipts throughout Indonesia for the first dose was 180,714,550 (66.1%), people, the second dose was 123,782,386 (45.3%) people and for the third dose was 1,366,733 (%) people with a total target of 208,265,720 people (Herliandry et al., 2020).

Data from the Southeast Sulawesi Provincial Health Office, March 5 2022, found that the coverage of the first dose of Covid-19 vaccination was 1,660,000 (83.07%), people, the second dose was 985,550 (51.81%), people, the third dose was 9,690 (48%) people with a total target of 2,002,579 people. Out of 17 Regencies/Cities in Southeast Sulawesi Province, vaccination achievements in Kendari City topped the list with a total target of 265,147, the first dose reached 237,735 (89.66%), people, the second dose was 147,430 (55.60%) and the third dose was 3,518 (84.7%) people, although Kendari has the highest score the distribution of Covid-19 vaccinations is uneven, there is an area occupied by the lowest revocation, namely the Puuwatu District area with a total target of 31,398 people, but those who carried out

vaccination for second doses of Sinovac as many as 10.874 (34%) (Dinkes Provinsi Sultra, 2021).

Implementing the Covid-19 vaccination program depends on the perceptions, desires and attitudes of the community. However, factors in the field show that there is a lot of public distrust in the safety and effectiveness of vaccines, which makes vaccine success not optimal. One of the factors that influence people's attitudes is by looking at the Health Belief Model factor is a concept that explains and predicts health behaviour with people's belief patterns. In the Health Belief Model, there are 5 main constructs, namely vulnerability, severity, benefits, barriers and cues to act which will be predictors of public interest in participating in the Covid-19 vaccination program. This is a factor causing the low acceptance of vaccines in the working area of the Puuwatu Health Center based on the data obtained from as many as 10,874 (34%).

The results of initial observations made to the community in the working area of the Puuwatu Health Center as many as 10 people on January 1 2022, that acceptance of the Covid-19 vaccine has a relationship with all HBM components. 3 people consider the perceived vulnerability, benefit and severity factors to have received the Covid-19 vaccination. Perceived barriers regarding concerns about effectiveness and side effects, 2 people think the vaccine is not effective, and the distance to the puskesmas takes a long time so people who have done the first vaccine will be reluctant to do the second vaccine (complete vaccine) again for 4 people. The signal for action is that there is still 1 person who has been consumed by hoax news regarding the Covid-19 vaccination.

METHODS

The type of research conducted was observational research with a cross-sectional study design, namely research that explains the relationship between the independent variables and the dependent variable through hypothesis testing a Cro-Sectional Study design, namely collecting data at one time, in which the collection of dependent and independent variables is carried out to find out the relationship between Health Belief and acceptance of Covid-19 vaccination in the working area of the Puuwatu Public Health Center, Kendari City.

The variable of this study consists of the dependent variable, namely the acceptance of the Covid-19 vaccine as measured by using a vaccine certificate tool in the category of receiving the vaccine if the respondent has received at least the first dose of vaccination, and does not receive the vaccine if the respondent has not yet been vaccinated. The independent variables in this study consisted of perceived vulnerability, perceived severity, perceived benefits, perceived barriers and cues to act. Measurement of perception using a questionnaire that has been tested for validity and reliability. The objective criteria for the perception variable are carried out by calculating the maximum score minus the minimum score and then dividing it by 2, this is done to find out the class interval. After that, the researcher calculated the lower limit of the respondent's score using the maximum score minus the class interval. this is done to see the point of intersection of the perception variable categorization.

The sample was part of the population selected by accidental sampling technique and calculated using the Lemeshow formula to represent the population. The sample in this study was all people in the working area of the Puuwatu Health Center, totalling 110 respondents. Samples were taken when the community came to visit the Puuwatu Health Center. This study uses primary data obtained from interviews using a questionnaire that has previously been tested for validity and reliability. The research data were analyzed using the SPSS version 25.0 application using the chi-square test.

RESULTS

Table 1. Obtained from 110 respondents, the most age of respondents were in the age group of 25-29 years with a total of 22 respondents (18.0%) and the least was the age group of respondents 60+, namely 1 respondent (4%). There were 59 male respondents (53.6%) and 51 female respondents (46.4%). The education level of most respondents was Middle High School/Vocational School as many as 45 respondents (40.9%) and the least was Not Schooling as many as 3 respondents (2.7%). While the type of work most of the respondents were housewives as many as 37 respondents (33.5%) and the fewest were traders and PNS/TNI/POLRI, namely 4 respondents each (3.7%).

Table 1. Characteristic of respondent

Variable	Frequency	Percentage (%)
Sex		
Male	59	53,6
Female	51	46,4
Age		
15-19	1	4
20-24	10	10,1
225-29	22	18,0
30-34	15	13,0
35-39	17	13,4
40-44	12	10,9
45-49	20	16,1
50-54	10	9,1
55-59	2	1,4
≥60	1	4,0
Education level		
elementary school	12	13,6
Junior high school	26	23,6
Junior high school	45	40,9
Higher education	24	21,9
Job		
Farmers / Fishermen / Breeders	16	14,5
Self-employed	27	24,4
Private employees	6	5,5
Housewife	37	33,5
Student	5	4,8
Trader	4	3,7
Government employees	4	3,7
Unemployment	11	9,9

Data source: Primer data

Table 2 illustrates that the variables related to community acceptance of the covid1-19 vaccine at the Puuwatu Health Center are perceived vulnerability (p=0.000), perceived severity (p=0.000), perceived benefits (p=0.001), perceived obstacles (p=0.001), =0.000), cues to act (p=0.000).

DISCUSSIONS

Relationship between Perceived Vulnerability and Acceptance of the Covid-19 Vaccine

The perception of vulnerability in question is a person's risk or vulnerability, this is shown in a person's subjective perception of risk, and sensitivity to the condition of the Covid-19 disease so that it encourages to carry out the Covid-19 vaccination. The results showed that more respondents had a not-vulnerable perception compared to respondents who had a vulnerable perception. There were still respondents who had a perception that they were not vulnerable, as shown in the research questionnaire that many people felt that they were not easily infected with Covid-19, were not worried about contracting Covid-19 and that people did not have the potential to do the Covid-1 vaccine). This is due to the lack of public knowledge about Covid-19 disease, a lack of self-awareness of the possibility of being exposed to Covid-19 disease.

Table 2. Relationship between perceptions of vulnerability and acceptance of the Covid-19 vaccine in the community in the working area of the Puuwatu Health Center

Variables	Receipt of the Covid-19 Vaccine						p-value	OR (95% CI)
	Do not accept		Accept		Total			
	n	%	n	%	N	%		
Perception of Susceptibility								5,233
Not vulnerable	48	77,4	19	39,6	67	60,9	0,000	(2,282-12,002)
Prone to	14	22,6	29	60,4	43	39,1		
Perception of Severity								15,855
Not bad	53	85,5	13	27,1	66	60,0	0,000	(6,125-41,040)
Critical	9	14,5	35	72,9	44	40,0		
Perceived Benefits								3,829
Bad	42	67,7	17	35,4	59	53,6	0,001	(1,728-8,487)
Good	20	32,3	31	64,6	51	46,4		
Perceived Obstacles								6,267
Hampered	47	75,8	16	33,3	63	57,3	0,000	(2,718-14,450)
Not hampered	15	24,2	32	66,7	47	42,7		
Cues to Action								8,292
Not good	49	79,0	15	31,3	64	58,2	0,000	(3,495-19,673)
Good	13	21,0	33	68,8	46	41,8		

Data source: Primer data, June 2022

The statistical test results show that there is a relationship between perceived vulnerability and acceptance of the Covid-19 vaccine in the community in the working area of the Puuwatu Health Center, with a p-value (0.000). Some respondents had the perception of being vulnerable but did not receive the Covid-19 vaccine (32.6%). This was because the respondents did not understand the dangers of the Covid-19 disease itself, they thought that the Covid-19 outbreak was a common thing and not a common disease. turn off. This is why there is no incentive for someone to vaccinate against Covid-19.

This is in line with research conducted by (Azim et al, 2021), which states that there is an influence between perceptions of perceived vulnerability and acceptance of the Covid-19 vaccine because respondents who have low perceptions of vulnerability do not receive vaccinations. Respondents who felt vulnerable to Covid-19 disease and did not want to be vaccinated were due to a lack of information regarding the dangers of Covid-19. Lack of knowledge about Covid-19 causes respondents to feel less vulnerable to the transmission of Covid-19 (Ode Liaumin Azim et al., 2021).

Some people in the Puuwatu Health Center area have the perception that they are not vulnerable to Covid-19 disease because they do not understand that Covid-19 disease is a dangerous disease, and has risks and vulnerabilities that allow them to experience more severe conditions. This is based on the extent to which people think that Covid-19 is not a threat to them. If a person has a threat to himself against a disease then preventive behaviour can also increase. Someone taking action to prevent the occurrence of a disease then must feel vulnerable to a condition of the disease. If people feel vulnerable to being exposed to Covid-19, they will make efforts to avoid the Covid-19 disease.

Meanwhile, respondents who had a high perception of vulnerability received the Covid-19 vaccine more (67.4%). This is because people who are worried about being exposed to Covid-19 will take preventive behaviour by participating in the Covid-19 vaccine program. And people who feel vulnerable to Covid-19 disease and don't want to receive the vaccine are caused by the illness they are suffering from which requires them not to be vaccinated against Covid-19, as well as factors from other perceptions held by respondents.

Perceived vulnerability is an individual's belief about his vulnerability to disease risk in encouraging someone to carry out healthier behaviour. The greater the perceived risk, the more likely the individual is to engage in behaviour to reduce the risk. Someone will believe more if they are at risk of disease, they will be more inclined to take preventive measures. On the other hand, if someone is not at a state of risk of disease, they will be more likely not to take precautions or have assumptions about healthy behaviour (Lasmita et al., 2021).

Relationship between Perceived Severity and Acceptance of the Covid-19 Vaccine

The results showed that more respondents had less severe perceptions of Covid-19 disease compared to respondents who had perceived severity of Covid-19 disease. There were still respondents who had a low perception of severity as indicated by the low score of the respondents' answers on the research questionnaire, namely that many respondents felt that Covid-19 was not a serious disease, Covid-19 did not result in death and did not feel worried that the spread of the disease could not be prevented.

The results showed that there was a relationship between perceived severity and acceptance of the Covid-19 vaccine in the community in the Puuwatu Health Center work area with a p-value (0.000). Most of the respondents had the perception that it was not severe and had not received the Covid-19 vaccine. From the questionnaires answered by the respondents, it was found that there are still people who think that Covid-19 is not a dangerous disease.

This research is in line with research (Erawan et al, 2021), showing that high or low acceptance of the Covid-19 vaccine is closely related to the high or low perception of severity that each individual has. So that when people in the working area of the Puuwatu Health Center have a low perception of the severity of Covid-19, their interest in receiving the Covid-19 vaccine is also low. On the other hand, if people have a high perception of severity, their interest in receiving the Covid-19 vaccine is also high (Erawan et al., 2021).

Respondents who had the perception that it was not severe but did the Covid-19 vaccine (15.2%) were because respondents could have a vaccine certificate as a requirement for

various required activities so that respondents carried out the Covid-19 vaccination. Meanwhile, respondents who had a high perception of severity were willing to receive the Covid-19 vaccine (86.4%). This is because people feel that Covid-19 is a serious disease where if they don't get the Covid-19 vaccine it will have an impact on their daily lives, seeing the severe conditions with high levels of morbidity and mortality.

And individuals who feel that Covid-19 is a serious disease but do not want to receive the Covid-19 vaccine (13.6%) because the respondent is afraid of needles and syringes, while the assumption is that someone who has contracted Covid-19 disease and has recovered is not recommended to do so. do the Covid-19 Vaccine because they have made the immune system

Perceived severity is an individual's belief in the severity of the disease. Perceptions of disease severity are often based on information or knowledge of treatment, it may also come from beliefs about people who have difficulties about their illness or the impact of illness on their lives. For example, most of us view the flu as a mild illness. Most people think that just staying at home for a few days can make the body better. However, if a person has asthma and then also has the flu, then that person will think that the flu is a serious illness (Rawung et al., 2022).

The Relationship between Perceived Benefits and Acceptance of the Covid-19 Vaccine

The results of the study showed that more respondents had a bad category of perceived benefits regarding the Covid-19 vaccine compared to respondents who had a good category of perceived benefits regarding the Covid-19 vaccine. There are still respondents who have a bad category of perception of benefits as indicated by the low score of the respondents' answers on the research questionnaire, namely many respondents who think that vaccination is not useful for protecting against Covid-19, think vaccines do not improve health and have a negative impact and think vaccines have no advantage. The poor perception of benefits is caused by the many hoax news about the Covid-19 vaccine in the community so that individuals do not believe in the effectiveness of the vaccine itself, as well as the lack of education about the Covid-19 vaccine (Syafrianto et al., 2022)

Statistical test results show that there is a relationship between perceived benefits and acceptance of the Covid-19 vaccine in the community in the working area of the Puuwatu Health Center, with a p-value (0.001). This research is in line with research (Azim et al, 2021) the results of this study found that there was a relationship between perceived benefits and acceptance of the Covid-19 vaccine in Poasia District, Kendari City because respondents who felt that the Covid-19 vaccine had benefits, they would do the Covid-19 vaccine 19 as a prevention of Covid-19 disease (Ode Liaumin Azim et al., 2021).

Some respondents had a perception of benefits in the bad category of not receiving the Covid-19 vaccine program (71.2%). From the questionnaires answered by respondents, it was found that there were still people who did not really receive information about the Covid-19 vaccine program in the surrounding area and do not really care about the importance of vaccines as immunity, people still do not believe in the effectiveness of these vaccines. There is a lot of hoax news that is spread about vaccines such as vaccines that are unsafe and have adverse side effects, vaccines are not natural, vaccines cause autism, vaccines cause asthma or allergies, vaccines use preservatives, and many other hoax news are spread.

Whereas some people who received the Covid-19 vaccine even though they had bad perceptions of benefits (28.8%), were due to job demands required to take part in the Covid-19 vaccine program, apart from that the community was also motivated because they wanted to receive assistance, travel requirements outside the city, job registration requirements. Meanwhile, respondents who had a good category of perceived benefits received more of the

Covid-19 vaccine (60.8%). This happens because people can understand the importance of the Covid-19 vaccine for their bodies, and people can also distinguish or digest hoax news that is circulating so that it is not easy to accept the hoax news. People who have perceived benefits are in the good category but do not receive the Covid-19 vaccine (38.2%), due to reasons they are afraid of needles, being pregnant, breastfeeding, having contracted Covid-19 disease, as well as factors from other perceptions held by respondents

. Perceived benefits are beliefs about the benefits felt by individuals when carrying out healthy behaviors. The construction of perceived benefits is a person's opinion about the usefulness of a new behavior in reducing the risk of disease. Individuals tend to be healthier when they believe new behaviors will enable them to develop disease. Perceived benefit plays an important role in determining secondary prevention behavior (Rawung et al., 2022).

The Relationship between Perceived Barriers and Acceptance of the Covid-19 Vaccine

The results of the study showed that more respondents had hampered perceptions of receiving the Covid-19 vaccine compared to unhindered perceptions of receiving the Covid-19 vaccine. There are still many respondents who have a high perception of obstacles as indicated by the answers to the research questionnaire, namely many respondents are worried that the Covid-19 vaccine is not effective, worried about side effects after the Covid-19 vaccine, worried about the halal vaccine and it takes a lot of time.

Statistical test results show that there is a relationship between perceptions of obstacles and acceptance of the Covid-19 vaccine in the community in the working area of the Puuwatu Health Center, with a p-value (0.000)

The results showed that there was a relationship between perceptions of obstacles and acceptance of the Covid-19 vaccine in the community in the working area of the Puuwatu Health Center, with a p-value (0.000). Most of the respondents had hampered perceptions and did not receive the Covid-19 vaccine. From the questionnaires answered by the respondents, it was found that there are still many people who have the perception of high barriers due to a lack of knowledge possessed by individuals to go through all the obstacles that occur to receive the Covid-19 vaccine. People who have the perception of being hampered but want to do the vaccine because there are several job demands that are required to do the co-19 vaccine

This research is in line with (Syafrianto et al, 2022), negative barriers to individuals that prevent individuals from behaving healthily are caused by several things. Change is not an easy thing and becomes an individual barrier to change. This is owned by individuals to evaluate many respondents who are worried that the Covid-19 vaccine is not effective, are worried about side effects after the Covid-19 vaccine, are worried about the halal vaccine and that it takes a lot of time (statements 1,2,3,4). These obstacles arise in carrying out an action. Barriers experienced by someone in carrying out the Covid-19 vaccine include fear of side effects, not believing in Covid-19 disease, fear of injecting needles, and needing time to get to a health facility. These obstacles can be a reference for individuals to do the Covid-19 vaccine or do not want to do the Covid-19 vaccine (Syafrianto et al., 2022).

Respondents who had hampered perceptions and did not receive the Covid-19 vaccine (84.8%) due to concerns about efficacy and side effects, people who were indifferent when they were about to receive the Covid-19 vaccine, needed a lot of time because of the distance between their homes and health facilities far away. Respondents who had perceived obstacles but wanted to do the Covid-19 vaccine (15.2%) were due to several requirements such as requirements for receiving assistance, requirements for travel outside the city, requirements for job registration that required a vaccine certificate so that respondents were required to do the Covid-19 vaccine, and encouragement from other perceptions held by respondents.

People who have the perception that they are not hampered but do not want to do the Covid-19 vaccine (13.6%) are caused by reasons of facilities to go to health facilities, health factors experienced by individuals, time factors, namely, they are busy they don't have time to go to health facilities to do it. Covid-19 vaccine.

The perception of obstacles is a negative aspect of an individual that hinders the individual from behaving healthily because making changes is not an easy thing. The construct of the Health Belief Model addressing this problem is perceived resistance to change. It is owned by the individual himself evaluating the obstacles in the individual's way to carry out a new behaviour of all constructs, the perceived resistance is the most significant thing in determining behaviour change. When a new behaviour is performed, a person needs to believe that the benefits of the new behaviour are greater than continuing the old behaviour. This allows for barriers to be overcome in determining the new behaviour to be performed (Rawung et al., 2022).

Relationship of Cues to Action with Acceptance of Covid-19 Vaccines

The results showed that more respondents had cues to act in a bad category towards receiving the Covid-19 vaccine compared to respondents who had cues to act in a good category. There were still respondents who had cues to act in a bad category as shown by the respondent's answers to the research questionnaire, namely that there were still many respondents who did not feel compelled by family and friends to do the Covid-19 vaccine. The low signal of action is caused by the lack of encouragement from family or friends to do the Covid-19 vaccine.

The results showed that there was a relationship between cues to act and acceptance of the Covid-19 vaccine in the community in the working area of the Puuwatu Health Center, with a p-value (0.000). This research is in line with research conducted by (Hardiansyah et al., 2021) the results found in this study are that there is a relationship between the signal to act high on the implementation of vaccinations in the context of tackling the Covid-19 pandemic in health workers within the scope of the Nagan Raya District Health Office in 2021 Health workers who have low cues to action have 4.33 times the chance of being given the vaccine (Hardiansyah et al., 2022).

The results showed that respondents who had cues to act in the bad category but wanted to receive the Covid-19 vaccine (26.6%) were caused by reasons of fear of being infected with Covid-19, reasons for work that required them to do the Covid-19 vaccine, reasons for travel requirements, and encouragement from other perceptions held by respondents. Meanwhile, respondents who had a signal to act well but did not want to do the Covid-19 vaccine (32.6%) were caused by the reason that individual who had a congenital disease, and was still breastfeeding because the individual did not know the side effects of the vaccine on pregnant and lactating women so he was afraid to do the vaccine Covid-19, as well as other perception factors owned by respondents. Individuals distrust vaccines that can protect themselves and those around them.

In modern times or the digital era, people have many opportunities to access information about health from various sources such as the internet and social media platforms. If the platform gains increasing worldwide popularity, the repercussions could be a concern in the growing public health sector about the anti-vaccination content of vaccine rejections. This has resulted in the uptake of emerging vaccine information, such as ongoing efforts to develop an effective vaccine against Covid-19. This suggests that in the future we must focus on the development and analysis of effective strategies that aim to encourage the uptake of vaccine information and promote health literacy (Puri et al., 2020).

The higher the signal to act, the higher the acceptance of the Covid-19 vaccine. People who have cues to act are in a good category but do not want to do the Covid-19 vaccine due to the illness suffered by the respondent who is not recommended to do the Covid-19 vaccine, the respondent who has contracted the Covid-19 disease, as well as factors from other perceptions owned by the respondent.

CONCLUSIONS

Most of the 110 respondents in the working area of the Puuwatu Health Center did not receive the Covid-19 vaccine, namely 62 respondents (56.4%). There is a relationship between perceived vulnerability, perceived severity, perceived benefits, and perceived obstacles with the acceptance of the Covid-19 vaccine in the community in the working area of the Puuwatu Health Center in 2021

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