CHAPTER 1

INTRODUCTION

1.1 Background

The Covid-19 outbreak entered Indonesia on March 2nd, 2020. However, University of Indonesia (UI) Epidemiologist Pandu Riono said the SARS-CoV-2 coronavirus as the cause of Covid-19 had been in Indonesia since early January. Since March 2020, the Coronavirus disease 2019 (Covid-19) has been declared as a pandemic (Reiter et al., 2020). According to Mazubber et al., (2021), Covid-19 has an impact on various aspects of life in the community, such as closing the shopping center, limitation of social gatherings, online learning, and working from home to minimize the spread of the virus. Covid-19 is a new type of disease that has never been previously identified in humans. The virus that causes Covid-19 is called Sars-CoV-2. Corona virus is zoonotic (transmitted between animals and humans). Meanwhile, the animal that is the source of the transmission of Covid-19 is still unknown. Based on scientific evidence, Covid-19 can be transmitted from human to human through coughing/sneezing droplets. The people who are most at risk of contracting this disease are those in close contact with Covid-19 patients, including those caring for Covid-19 patients (Kemenkes RI, 2020).

Common signs and symptoms of Covid-19 infection include symptoms of acute respiratory distress such as fever, cough, and shortness of breath. The average incubation period is 5 - 6 days. In severe cases, Covid-19 can cause pneumonia, acute respiratory syndrome, kidney failure, and even death (Tosepu

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et al., 2020). The Covid-19 vaccine is available in Indonesia. The government has started a vaccination program as an effort to break the chain of the spread of Corona virus infection and reduce the number of Covid-19 cases. The Covid-19 vaccination is one of the Indonesian government's efforts in dealing with the Covid-19 problem. The Covid-19 vaccination aims to create herd immunity so that the community becomes more productive in carrying out their daily activities (Kemenkes, 2021).

The distribution of vaccinations did not run well. There are many controversies that occur in the world, even in Indonesia. The government's plan for Covid-19 vaccine for the entire population of Indonesia has generated various responses in the community. The number of notifications that come from many sources can affect the public's perception of vaccines. The negative perception of vaccines experienced by the community can trigger anxiety. People who are willing to be vaccinated say that they believe vaccination can protect themselves, their families and others. Meanwhile, people who refuse vaccines have doubts about vaccines. Doubts that occur can be caused by inaccuracy of the source of the information received (Puteri, 2021). Many controversies have occurred about the covid-19 vaccine program, including, people are worried and afraid to take the vaccine, hoax news spread on social media, people who do not believe and doubt the effectiveness of the vaccine, people question about the halalness of vaccine ingredients, people are afraid of the impact of injecting the vaccines, and etc. Supriyono, a resident of Kebalenan Banyuwangi, claimed to have received news that his direct financial support (BLT) would be canceled if he did not get vaccination against Covid-19.

World Health Organization (WHO) 2021 said that on May 29th, 2021, at the global level, the total number of infections with this virus reached more than 173 million cases with a total death of 3.71 million. The first case of Covid-19 in Indonesia was found in Depok in early March 2020 in an Indonesian citizen whose mother and child had direct interaction with Japanese foreigners who were known to have been exposed to the disease (Hamid, 2020). As of September 15th, 2021, the total confirmed cases of Covid-19 in the world are 225,680,357 cases with 4,644,740 deaths Case Fatality Rate (CFR 2.1%) in 204 infected countries and 151 community transmission countries. As of September 15th, 2021, the Government of the Republic of Indonesia has reported 4,178,164 confirmed positive cases of Covid-19 and there have been 139,682 deaths (CFR: 3.3%) reported from Covid-19 and 3,953,519 patients have recovered from the disease. Meanwhile, in Banyuwangi Regency, the confirmed Covid-19 data reached 13,640 cases with 1,694 deaths (Banyuwangikab, 2021).

A total of 4.93 billion doses have been injected worldwide and every day 34.25 million doses are injected. Meanwhile, only 1.4% of people in poor countries received the first dose. Graphic data on the Our World Data website on August 21st, 2021 shows that Indonesia is in the fourth place in the country with the largest population that has been vaccinated, which is 56.99 million people. The Covid-19 vaccination program has been carried out by many countries, including Indonesia. From Kominfo on Oct. 20th, 2021, the Ministry of Health reported that the number of recipients of the Covid-19 vaccine in Indonesia reached 107,503,228 people. An increase of 833,258 from the data on Saturday, Oct. 16th 2021 at 12.00 A.M, which shows that there were still

106,669,970 people. This shows that the percentage of recipients of the first dose of vaccine was 51.62% of the vaccination target of 208,265,720 people. While the recipients of the second dose of the vaccine were 62,732,568 people, or equivalent to 30.12%. An increase of 565,652 from yesterday's data of only 62,166,916 people. The recipients of the third dose of the Covid-19 vaccine totaled 1,070,061 people, or 72.85% of the target of 1.4 million. An increase of 4,645 from yesterday's data of only 1,065,416 people. It was recorded that on October 20th, 2021, Banyuwangi Regency had implemented a vaccination program on 1.23 million people (Banyuwangikab, 2021). Based on the results of a preliminary study conducted on November 3, 2021, through a questionnaire via Google Form to the people of Banyuwangi Regency, there were 145 respondents who passed the selection criteria. 81.9% were women and the rest were men. The highest percentage of the last level of education is high school, and the rest are undergraduates. There were various occupations of the participants, from students, state officials to housewives. 83.6% of respondents had already administered the second dose of vaccine, and the rest were still on the first dose. The dominant types of vaccines used are AstraZeneca and Sinovac, and some are Moderna. From the survey results, the reasons for implementing the vaccine program are government regulations, to increase immunity, obligations, and to avoid Covid-19. Effects after the vaccine vary, from no symptoms, to drowsiness, dizziness, to diarrhea.

The application of restrictions and regional closures in the case of this pandemic is carried out by almost all countries. To break the chain of spread of Covid-19, the Indonesian government has programmed 3M (physical distance,

wearing masks, and washing hands with soap). According to Dicky Budiman, Epidemiologist at Griffith University Australia, this prevention program was increased to 5M, namely physical distance, wearing masks, washing hands with soap, limiting mobilization, and staying away from crowds. This prevention is the basis for the establishment of a new normal order in all countries as suggested by WHO (WHO, 2020). Prevention of Covid-19 has also entered a new stage with the availability of a Covid-19 vaccine that has gone through several phases of clinical trials and can be mass-produced. Good immunity helps reduce the risk of spreading Covid-19. Ways to increase immunity are taking vitamins, utilizing solar energy, light activities, and vaccinating. This vaccine has several benefits, namely protecting from exposure to the virus and reducing the spread of the virus (Abna, 2021). Another important benefit of vaccination is it can break the chain of virus transmission with human immunity, which is called "herd immunity" or "community protection" (Pang J. et al, 2020).

A survey by the Indonesian Ministry of Health together with United Nations Children's Fund (UNICEF) and WHO in 34 provinces in Indonesia in September 2020 showed that around 64.8% of respondents agreed to undergo Covid-19 vaccination, 27.6% were hesitant, and 7.6% refused the vaccination (Ministry of Health Republic of Indonesia and WHO, 2020). This is due to many factors, including misinformation about Covid -19 that has spread throughout the media (Reiter et al., 2020). Lack of information is also one of the reasons. According to Polack et al. (2020), health workers should be able to handle the problems by clearly communicating vaccine information in terms of

safety, effectiveness, manufacture process, and method of administering the Covid-19 vaccine, as well as side effects, commonly known as Adverse Events Following Immunization (AEFI). Intentions to receive a Covid -19 vaccine varied across demographics, proposed virus severity, Covid -19 vaccine, and general vaccine beliefs (Coe et al., 2021). Vaccine education is critical for emphasizing the seriousness of Covid -19, particularly the potential long-term negative health consequences, addressing common vaccine side effects concerns by dispelling myths, and focusing on the most vulnerable. The efforts can increase the perception of vulnerability and severity, which can encourage people to take protective behavior, including taking vaccines (Shan Qiao, et al.,2021).

The Banyuwangi Government held a mass immunization at the Tawangalun Sports Center in Banyuwangi on Saturday, June 26th, 2021. Many of the vaccination participants had burst out of the Tawangalun Sport Center, according to detik News journalist Ardian Fanani. The individuals did this because they needed a vaccination certificate to get into work. Supriyono, a resident of Kebalenan Banyuwangi, claimed to have received word that his direct financial support (BLT) would be canceled if he did not vaccinate against Covid-19. The government has a number of options for speeding up the vaccine campaign in Indonesia, including going door to door.

The Directorate General of Public Health plays a role in controlling Covid-19 in Indonesia. Emphasis on preventive promotive efforts continues to be carried out in increasing the participation of the community, the private sector, across programs and cross-sector to support the efforts in handling and

preventing Covid-19. It is expected the result will be positive and the death rate of Covid-19 can be suppressed. In this effort, socialization and education about vaccination have been carried out, implementation of health protocols in all public places has been encouraged, provision of isolation places for people infected with Covid-19 and equal distribution of vaccination programs in Indonesia have been performed (Kesmas, 2021). Based on the explanation above, researcher is interested in conducting research on exploring the experience of conducting a vaccine program and taking the title "The Experience of Covid-19 Vaccine Program in the Banyuwangi Regency Community: An Exploration Study".

1.2 Problem Formulation

Based on the previous description, the problem formulation of this research is "What is the Experience of Covid-19 Vaccine Program in the Banyuwangi Regency Community: An Exploration Study"?

1.3 The Objective of Study

Based on the above problem formulation, the objectives to be achieved in this research are:

1.3.1 General Aim

To explore the experience of covid-19 vaccine program in the Banyuwangi regency community.

1.3.2   Specific Aims

1. Explore the Banyuwangi Regency community's understanding of the Covid-19 vaccine program.

2. Explore the Banyuwangi community's perception of the Covid-19 vaccine program.

3. Explore the experience of the Banyuwangi Regency community before carrying out the Covid-19 vaccine program.

4. Explore the experience of the Banyuwangi Regency community when carrying out the Covid-19 vaccine program.

5. Explore the experience of the Banyuwangi community after carrying out the Covid-19 vaccine program.

1.4 Expected Result

Based on the research objectives to be achieved, the expected results of this research are:

1.4.1   Theoretical

Contribute in the field of health, improve and develop knowledge, especially in the field of nursing. Get information about the Experience of Covid-19 Vaccine Program in the Banyuwangi Regency Community and can be input for further researchers.

1.4.2   Practical

1. Researchers

The benefits achieved by researchers can find out the process of qualitative nursing research, especially in the field of community

nursing science with the topic of experience of the Covid-19 vaccine program.

2. Educational Establishments

   The results of this study are expected to be used as an example of a study for further researchers who review further in the field of community nursing with the topic of experience of the Covid-19 vaccine program.

3. Community

   To become literature for the community, especially in Banyuwangi Regency about the description of the Covid-19 vaccine experience and as a health promotion for people who have not been vaccinated to immediately carry out the Covid-19 vaccine.
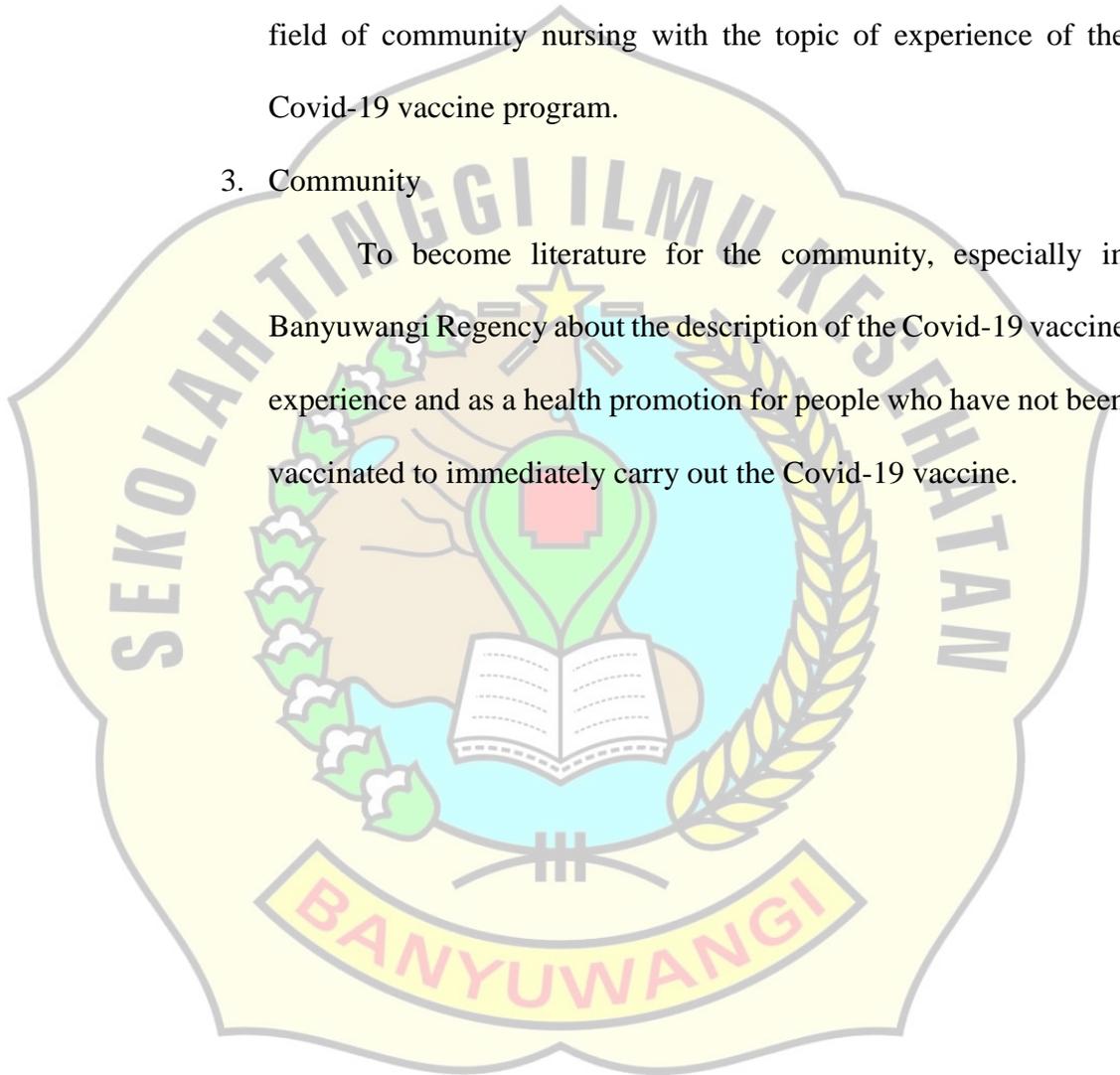
CHAPTER 2

LITERATURE REVIEW

2.1 Overview of Corona Virus Disease 19 (Covid-19)

2.1.1 History of Covid-19

Covid-19 has become the fifth documented pandemic since the 1918 flu pandemic. Covid-19 was first reported in Wuhan, China, and then spread around the world. The coronavirus that causes Covid-19 was officially named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses (ICTV) based on phylogenetic and taxonomic analysis. SARS-CoV-2 is believed to be an outbreak of an animal coronavirus that then adapted and transferred its transmission from human to human. Because this virus is highly contagious, it spreads rapidly and continues to multiply in the human population (WHO, 2021).

Other reports show transmission to travelers Chinese who visited Japan accompanied by other evidence of infection in household contacts outside China of confirmed patients and went to The city of Wuhan to his partner in the United States. Direct transmission between humans (human to human transmission) this gives rise to an extraordinary increase in the number of cases until the end of January 2020 an increase of 2,000 confirmed cases in 24 hours. At the end January 2020 WHO declares Global Emergency status for virus cases This Corona and on February 11st, 2020, WHO named it as Covid-19.

All human coronaviruses originate from animals as natural hosts. As quoted from (JVI) Bats may be natural hosts of HCoV-229E, SARS-CoV, HCoV-NL63, and MERS-CoV. In addition, HCoV-OC43 and HKU1 may be of rodent origin. Bats are the main natural reservoir of alpha-coronaviruses and beta-coronaviruses. Pets can suffer from disease and act as intermediate hosts causing virus transmission from natural hosts to humans; for example, SARS-CoV and MERS-CoV cross-species barriers such as civets and camels. The SARS-CoV-2 sequence in the early stages of the Covid-19 outbreak had only a 79.6% match with SARS-CoV by comparison of the full genome sequence. However, the SARS-CoV-2 genome was very identical (96.2%) with Bat-CoV RaTG13, which was previously detected in the bat species *Rhinolophus affinis* from Yunnan Province, more than 1.500 km from Wuhan (WHO, 2021)

Bats are most likely the reservoir host for SARS-CoV-2. Whether Bat-CoV RaTG13 jumps directly to humans or transmits via an intermediate host to facilitate transmission remains no concrete evidence. That's because no intermediate host samples were obtained by scientists in the initial case of infection at the Huanan Seafood and Wildlife Market in Wuhan, where the sale of wild animals may have been a source of zoonotic infections (WHO, 2021).

2.1.2 Epidemiology of Covid-19

Covid-19 started with the discovery of the first case in Wuhan, China, which reported its first case and then spread to other areas and

even all over the world. Covid-19 cases are likened to a snowball which is increasing in positive numbers from almost all countries, until this article was made there were more than 205 million positive cases with 4.33 million deaths (WHO, 2021). The first case of Covid-19 in Indonesia was reported in Depok on March 2, 2020, so far positive cases in Indonesia have reached 3.75 million and 112,000 have died. Lampung Province itself has a positive number of 39,446 with the death toll reaching 2,665 people (Kemenkes RI, 2021).

Based on available data, the age of the patient infected with Covid-19 ranging from the age of 30 days to 89 years. According to a report of 138 cases in Wuhan City, obtained an age range of 37–78 years with a mean of 56 years (42–68 years) but ICU-inpatients were older (median 66 years (57-78 years) compared to non-ICU care (37-62 years) and 54.3% men. Report 13 confirmed Covid-19 patients outside Wuhan City showing age younger with a median of 34 years (34-48 years) and 77% male.

2.1.3 Virology of Covid-19

Genetically the SARS-CoV-2 found today is genetically similar to SARS, which was discovered in 2002. The coronavirus will become infective when it reaches a site that provides a cellular environment for viral development and viral mutation. A study with phylogenetic analysis showed this virus belongs to the betacoronavirus genus. Another study conducted stated that the general morphology of the virus was pleomorphism with a diameter of 60-140 nm. This virus has a spike

protein or S protein with a size of 9-12 nm (Zhu et al., 2020). Coronavirus virulence mechanisms are related to structural proteins and non-structural proteins. In Coronavirus there is messenger RNA (mRNA) which helps the translation of replication/transcription. There are 16 non-structural proteins encoded by ORF (Open Reading Frame). The other 1/3 part of the viral RNA sequence, which does not play a role in the replication/transcription process, plays a role in encoding 4 structural proteins, namely protein S, protein E, protein M, and protein N. The entrance of the virus into the cell is fundamental to transmission. All coronaviruses encode surface glycoproteins, namely S proteins that bind to host receptors and become the entry point for viruses into cells (Letko, 2020).

2.1.4 Transmission of Covid-19

Transmission of Covid-19 is divided into several types, including the following:

a. Contacts and droplets The transmission of Covid-19 occurs through direct, indirect, or close contact with people infected with Covid-19 through saliva and droplets that come out of people with Covid-19 when they are talking, singing, coughing, and other activities. Transmission through droplets can occur at a distance of approximately 1 meter (WHO, 2020).

b. Air. Airborne transmission is defined as an infectious agent caused by the spread of droplets that float and are still in an infectious state and can move far away (WHO, 2020).

c. Fomit is transmission caused by contamination of surfaces and objects exposed to droplets from people infected with Covid-19 (WHO, 2020).

According to Xu et al. (2020) there are several kinds of spread of Covid-19 including the following.

a. Droplet. Covid-19 is transmitted primarily through respiratory droplets. When a patient coughs or sneezes, droplets containing the virus may be inhaled by vulnerable individuals.

b. Direct Contact. It was found that 71.8% of the non-local population had a history of Covid-19 due to contact with individuals from Wuhan. Over 1800 from 2055 (~88%) medical workers with Covid-19 are in Hubei, according to reports from 475 hospital.

c. Indirect Contact. This happens when droplets containing Covid-19 land on a surface desks, doorknobs, telephones, and other inanimate objects. The virus was transferred from surface to mucous membranes with a contaminated finger touching the mouth, nose or eyes. Research has estimated that Covid-19 can lasts up to 5 days at 20°C, 40-50% humidity, and can survive live less than 48 hours in dry air, with reduced viability after 2 o'clock.

d. Asymptomatic Transmission. Asymptomatic infections have been reported in at least two cases with history of exposure to potentially pre-symptomatic patients who later diagnosed with Covid-19. The virus used to be transmitted to three family members other healthy.

Before symptoms develop, individuals may not be isolated and may be an important source of cellular viruses.

e. Transmission Between Families. Transmission within family clusters is very common. One study reported that 78 to 85% of cases in the large aggregate cohort occur due to intertransmission military in Sichuan and Guangdong, China.

f. Aerosol Transmission. Closed environment with poor ventilation conditions, aerosols can persist in air for 24-48 hours and spread from a few meters to tens of meters. However, there is no strong evidence for aerosol transmission yet. WHO also considers that this route requires further investigation.

g. Ocular Contagion. It has been reported that doctors without eye protection were infected for inspection in Wuhan on January 22, 2020. Further study found that Covid-19 can be detected in tears and conjunctival secretions of Covid-19 patients.

h. Fecal-oral transmission. First reported in a case of Covid-19 in the US. Next study SARS-CoV-2 was detected in the stools and rectal swabs of Covid-19 patients. Furthermore, 23.3% of Covid-19 Patients remain Covid-19 positive even when viral load is no longer detectable in the respiratory tract. SARS-CoV-2 has also detected in gastric, duodenal, and rectal epithelium. There is not enough evidence to support vertical transmission due to samples from neonates born positive for Covid-19 from a negative mother. Moreover, no viral load has been detected from the vaginal

environment of 35 female patients, indicating a lack of evidence for sexual transmission of Covid-19.

2.1.5 Risk Factors of Covid-19

According to R. Miller (2020) there are several risk factors for Covid-19 including:

1. Age 65 and Older

Severity and outcome of Covid-19 highly dependent on the age of the patient. Elderly people aged 65 years and over-represents 80% of hospitalizations and have a 23-fold greater risk of death than those under 65 years (Mueller et al., 2020).

2. Living in a Nursing Home or Long-Term Care Facility

This is due to poor maintenance or hygiene and lack of tools for personal protection so that they are easily at risk of Covid-19 (S. M. Shi et al., 2020).

3. Chronic Obstructive Pulmonary Disease (COPD)

In a study evaluating 1,099 patients diagnosed at Covid-19 laboratory in China, COPD was detected in 1.1% of patients. In a meta-analysis evaluating the incidence of this underlying disease in Covid-19 patients who requiring hospitalization, 0.95% of patients were found to have COPD (95%) (Çakır Edis, 2020).

4. Asthma Sufferers

The proportion of people with asthma and Covid-19 during the study period was 1.41%, which is much higher than the 0.86% observed in the general population. Even though the data this suggests

a higher frequency of Covid-19 in asthmatic patients, manifestations of the disease in this clinical population are less severe, with low hospital admissions. Moreover, this proportion is lower than reported for patients with other chronic diseases (Izquierdo et al., 2020).

5. Serious Cardiovascular Conditions

The increase in cardiovascular comorbidities applies to Covid-19 as well, especially among those with more severe diseases. In 1 cohort of 191 patients from Wuhan, China, comorbidity was found in 48% (67% who did not) survived), hypertension in 30% (48% who did not survive), DM (Deabetic Mellitus) in 19% (31% did not survive), and CVD (Cardiovascular Disease) in 8% (13% of did not survive). In the cohort of 138 hospitalized patients with Covid-19, comorbidities are similar common (46% overall and 72% in patients requiring treatment Intensive Care Unit [ICU]), as well as cardiovascular comorbidities: hypertension in 31% (58% in patients requiring ICU care), CVD in 15% (25% in patients requiring ICU care), and DM in 10% (22% in in patients requiring ICU care) (Clerkin et al., 2020).

6. Receiving Chemotherapy

People receiving chemotherapy with compromised immune systems and complications, after stem cell transplantation has an increased risk of infection (Ahnach & Doghmi, 2020) .

7. History of Bone Marrow or Organ Transplant

During bone marrow transplantation, pulmonary complications are common and related to death. Covid-19 infection can complicate clinical symptoms with a higher risk of respiratory distress and this situation can become more critical depending on comorbid factors such as age, disease cardiovascular, liver, and kidney (Ahnach & Doghmi, 2020).

8. Immune Deficiency

In summary, the clinical impact of Covid-19 on PIDs varies from mild symptoms until death. The proportion of deaths in this series (25%) is greater than in general population with Covid-19 reported in New York City hospitals (10.2%), and are similar to the outcome data reported in kidney transplantation population (28%). In this single-center experience, those who died from PID-related illness or other pre-existing comorbidities.

9. HIV/AIDS is not well controlled

Symptoms reported with severity of Covid-19 patients with HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immunodeficiency Syndrom) infection. Common symptoms were fever (165 of 223, 74.0%), cough (130 of 223, 58.3%), and dyspnea (68 of 223, 30.5%). Less common are headaches (44 of 223, 19.7%), arthralgia/myalgia (33 of 223, 14.8%), and sore throat (18 out of 223, 8.1%). Each gastrointestinal symptom was reported at 13.0%. Covid-19 was reported as mild to moderate in 141 cases 212 (66.5%), severe

in 46 patients (21.7%), and critical in 25 patients (11.8%). The majority of patients (158 of 244, 64.7%) were hospitalized; 16.8% admitted to the intensive care unit (Mirzaei et al., 2020).

10. Smoking History

A total of 16 articles detailing 11322 Covid-19 patients were included that The results of a meta-analysis revealed a relationship between smoking history and 95% of severe Covid-19 cases. In addition, a relationship was found between history of current smoking and severe Covid-19 95%. then 10.7% (978/9067) non-smokers, Covid-19 is severe, while in smokers active, severe Covid-19 occurred in 21.2% (65/305) of cases (Gülsen et al., 2020).

11. Diabetes Mellitus

Patients with diabetes mellitus have a tendency to increase infection viruses and bacteria that affect the respiratory tract. One mechanism responsible for this tendency is the leukocyte syndrome, which is a disorder of leukocyte function from phagocytosis (immune disorders). This matter further emphasizes the possible increased tendency of SARSCoV-2 infection in the diabetic group.

12. Chronic Kidney Disease (CKD)

Chronic kidney disease is associated with a higher risk of infection critical. In a meta-analysis, 20% of patients with kidney disease chronically infected with Covid-19 have severe disease, the risk is 3 times more higher than those without chronic kidney disease (Hassanein et al., 2020).

13. Liver Disease

In addition, according to Susilo et al. (2020) several other risk factors such as type of male sex which is known to be closely related to the prevalence of active smokers who height, people who have close contact, people who live with the patient confirmed to have the Covid-19 virus, have traveled to an area affected by the virus, the same environment but never close contact or distance of 2 meters including low risk, and lastly, health workers are one of the most high risk of infection.

2.1.6 Complication of Covid-19

The most important complication in Covid-19 patients is ARDS, but not only ARDS (Acute Respiratory Distress Syndrome), but other complications can occur. According to Susilo., et.al. (2020), other complications are:

a. Acute Kidney Disorder

b. Cardiac Disease

c. Liver dysfunction & Pneumothorax

d. Sepsis Shock

e. Disseminated Intravascular Coagulation (DIC)

f. Rhabdomyolysis

g. Pneumomediastinum

According Ferreira., et al. (2020), reports a typical confirmed case of Covid-19 pneumonia, with hypoxemia that did not require mechanical ventilation, with an initial apparent favorable recovery. This case

highlights an uncommon clinical scenario of spontaneous pneumothorax as a late complication of Covid-19 pneumonia. Covid-19 has been associated with sev- eral neurological complications. We presented a case of acute myelitis as a neurological complication of Covid-19 infection that was admitted with paraplegia and urinary retention. The patient eventually improved and regained motor functions. In the current pandemic Status; Covid-19 should be considered a differential diagnosis in patients presenting with loss of con- sciousness, ataxia, convulsions, status epilepticus, encephali- tis, myelitis, or neuritis (AlKetbi., et al. 2020). Cases of pulmonary embolism that we believe were triggered by Covid-19 infection (Akel, T., et al. 2020). In systematic review and meta-analysis evaluated the epidemiology, clinical course, and outcomes of patients suffering from stroke as a complication of Covid-19 (Siow, I. et al. 2021).

According to the Indonesian Ministry of Health (2020) complications consist of several types:

a. Complications Due to Prolonged Use of Invasive Mechanical Ventilation (IMV)

b. Ventilator-Associated Pneumonia (VAP)

c. Venous Thromboembolism

d. Catheter-Related Bloodstream

e. Ulcer Stress And Gastrointestinal Bleeding

f. Weakness Due to Treatment in ICU

g. Other Complications During Patient Care

2.1.7 Variants of Covid-19

In United Kingdom, Covid-19 has 14 new mutation variants generated in amino acid changes and three deletions. Some of the new variants are believed to be capable of transmitting to humans. WHO has reported that one of the identified mutation (N501Y) altering and amino acids in the six major residues in the receptor binding domain. 3 This same receptor binding domain mutation (N501Y) has also been reported in South Africa (n=45), where it appears independently of British and Australian variants (n=37). Other changes from significance is the deletion at position 69/70, which has been found to affect the performance of some diagnostic Polymerase Chain Reaction (PCR) test using the target gene S (spike) (Mahase, 2020).

According to the Ministry of Health, in 2021, there will be 3 variants of the Covid-19 virus in Indonesia, including:

1. Variant Alpha

This virus is a variant that was initially detected in the UK. Alpha has other names, such as the Kent variant or the B117 virus. It said the virus was at least more contagious than the strain first detected in China. In October, this strain only occurred in 3 per cent of the UK's total cases, but as of early February, it accounted for 96 per cent of the total, giving rise to a third wave. In addition, the data also shows that the Covid-19 virus is about 30–70 percent more deadly than others. Even so, a study shows that the AstraZeneca vaccine has a 70.4 percent effectiveness rate against Covid-19

symptoms of this new variant. For Pfizer, the figure was 89.5 percent occurring at least 14 days after receiving the second dose.

2. Beta Variant

This beta strain was first detected in South Africa in early October and has been found in more than 80 countries. The virus carries a mutation called E484K, which can help the disease evade the immune system. This type of virus, also called B1351, is said to not work well in someone who gets the AstraZeneca vaccine, because it only provides 10 percent protection against mild to moderate symptoms.

3. Delta Variant

This variant found in India was first detected in October, causing a second wave that had initially receded. This type of Covid-19 virus is more contagious and is able to avoid the body's immune response due to mutations that occur. In fact, this variant is estimated to be 40 percent more infectious than the Alpha strain and its original strain. It is also mentioned that the vaccine is less effective against this delta variant. In fact, a recent risk assessment suggests that there is a high degree of uncertainty about the effectiveness of AstraZeneca against this strain despite two doses. A person infected with the delta type of Covid-19 virus is more at risk of getting hospital treatment than the Alpha type. Therefore, this strain is said to be the worst of all existing types.

The Ministry of Health of the Republic of Indonesia on May 11st, 2021 stated that since the WHO declared Covid-19 as a pandemic or the highest outbreak of the epidemic, several countries began to discover new variants of this virus. Currently, 3 new variants of Covid-19 have been found. The three variants are the B.1.1.7 variant, the B.1.3.5.1 variant and the B.1.6.1.7 variant. The three variants have also been found in Indonesia and are very dangerous because they can spread faster than the previous variant. This can be seen from several countries that have confirmed an increase in cases as the discovery of this new variant in their country.

Ministry of Health vaccination spokesman dr. Siti Nadia Tarmizi, M.Epid said that in several countries there is currently a spike in Covid-19 cases. Several factors that have caused the increase in cases in these countries are the mobility of people's movements, there is a new variant of the Covid-19 virus, namely B.117 from England, then B.1351 from South Africa and a double mutation variant from India B. 1617. The following is an explanation of the three new variants of the Covid-19 virus:

1. Variant B.1.1.7

Variant B.1.1.7 or known as the English variant was first discovered in England. Until now, variant B.1.1.7 has a fairly high transmission rate, which is 36% - 75%. Based on WHO data, this variant is the most frequently reported variant and its circulation has begun to increase in Southeast Asia since February 21st, 2021. In

Indonesia, there have been 13 cases of local transmission from February to April 2021. Variant B.1.1.7 is usually found in Indonesia in genome sequencing testing.

2. Variant B.1.6.1.7

The variant, better known as the Indian variant, has been circulating in several Southeast Asian countries such as Malaysia, Singapore, and Indonesia. Every day the case of this variant continues to increase. The increase in cases in Malaysia as of May 2, 2021 has reached 30 thousand people affected by this new variant. Meanwhile, the discovery of the B.1.6.1.7 variant for the first time in Indonesia occurred in Jakarta on April 3th, 2021.

3. Variant B.1.3.5.1

Variant B.1.3.5.1 or better known as the South African variant, as the name implies, this variant comes from the South African country. Case B.1.3.5.1 was first discovered in Bali in January 2021. The positive patient for this variant also died on February 16, 2021. The rapid transmission of new variants of the Covid-19 virus has forced people to increase their vigilance against transmission. Therefore, people are expected not to be careless in implementing health protocols even though they have been vaccinated. For people who have not been vaccinated, they can seek information and get it at the vaccination center, puskesmas or nearest health service facility. The public is advised to continue to wear masks, wash hands with soap and running water for 20 seconds,

maintain distance, limit mobility, and avoid crowds so that Indonesia can recover quickly and keep yourself, family and people around you safe from the transmission of Covid-19.

Ministry of Health keep track of progress the variants that appear are the variants of concern, namely the Alpha, Beta, Gamma, and Delta variants as well as the variants of Interest such as the Eta, Theta, Iota, Kappa, Lambda, MU variants, including local variants that appear in Indonesia (Kemenkes, 2021). The Mu variant was classified by the World Health Organization (WHO) as part of the variant of interest on August, 30th 2021. This variant is different from the Delta variant which is categorized as a variant of concern. Although the Mu Variant has some similarities with the Beta Variant but can not be classified into a more dangerous stage. (Kemenkes, 2021).

2.1.8 Management of Covid-19

a. Asymptomatic Management

Asymptomatic Covid-19 patients should self-isolate, and may be given vitamin C and vitamin D (Cennimo, 2019). Self-isolation can be carried out by asymptomatic Covid-19 patients, as well as patients with mild and moderate symptoms. Patients are advised to maintain a distance of at least 1 meter from their family, wash their hands with soap or hand sanitizer as often as possible, and always wear a mask when leaving the room or interacting with family members. Patients

are also advised to sunbathe for a minimum of 10-15 minutes every day, before 9 am and after 3 pm (Kemenkes, 2021).

Vitamin C acts as an antioxidant and cofactor of the immune system. Vitamin C in the intracellular accumulation of neutrophils, which plays a role in chemotaxis and phagocytosis of microbes. In addition, vitamin C also prevents oxidative stress on neutrophils and lymphocytes. At the time of infection, vitamin C is required in large quantities to suppress inflammation and enhance immunoregulation (Milani, 2021). Vitamin D memiliki efek melawan virus *enveloped*, termasuk coronavirus. Beberapa studi telah menunjukkan bahwa tingkat vitamin D dalam darah dapat menentukan risiko terinfeksi, tingkat keparahan, dan mortalitas Covid-19 (Yisak, Hiwot. et al. 2021).

b. Management of Mild Symptoms

In mild Covid-19 patients, isolation can be done at home with pharmacology in the form of vitamins, antivirals, and supportive therapies such as antipyretics, antitussives, and expectorants (Yisak, Hiwot. et al. 2021).

c. Management of Moderate Symptoms

Self-isolation can be carried out by Covid-19 patients with moderate symptoms, but requires close monitoring of the amount of calorie and electrolyte intake, hydration/fluid status, and oxygen saturation to evaluate the progress of the patient's condition. Patients with SpO2 <93% should be hospitalized. Monitoring of supporting

examinations that need to be carried out is a complete peripheral blood laboratory including type count, and if possible added CRP (C-reactive protein), kidney function, liver function, and chest X-ray periodically (Yisak, Hiwot. et al. 2021).

d. Management of Severe Symptoms

Covid-19 patients with severe or critical degrees need to be treated in the isolation room of a referral hospital, or treated in a cohort manner. Infection control and supportive therapy are key principles in the management of patients with Covid-19 in critical condition. Oxygen therapy was given to patients with SpO2 <93%. If the patient is deteriorating, such as severe ARDS, multiple organ failure, and shock, intubation and invasive mechanical ventilation are advised. Extra Corporeal Membrane Oxygenation (ECMO) is a supportive therapy used in severe ARDS, which is only available in type A hospitals that have their own services and resources (McIntosh, 2020)

2.2 Overview of Covid-19 Vaccine

2.2.1 Definition of Covid-19 Vaccine

The definition of vaccines as described in the Regulation of the Minister of Health Number 42 of 2013, vaccines are antigens in the form of microorganisms that have been dead, alive but attenuated, whole or parts thereof, which have been processed, in the form of microorganism toxins that have been processed into toxoids, proteins, recombinant

which when given to a person will cause immunity specifically active against certain infectious diseases (Agusfina, 2018).

Vaccines are an effective way to prevent Covid-19 This means that the benefit of the vaccine is to prevent Covid-19. So the main goal of the vaccination program is to reduce the transmission of Covid-19 and reduce the number of deaths caused by Covid-19. Through vaccination, people will Hard immunity will be formed so that it can protect the community from transmission Covid-19. Thus the Covid-19 vaccination is the most important part of handling the Covid-19 outbreak, which has become a pandemic (Makmun, 2020).

2.2.2 Vaccine Management Quality Indicators

Indicators of good vaccine management quality are vaccine supply shortage, temperatures are maintained, no vaccines are damaged and haven't been beyond the expiry date (Shafa, 2017). Average percentage vacancy time formula vaccines, defective vaccines, and expired vaccines refer to the "Material" Pharmaceutical Management Training in District/City Pharmacy Installations" which made by the Directorate of Public Medicine and Health Supplies Directorate General of Pharmaceutical and Medical Device Development Ministry of Health of the Republic of Indonesia, which discusses indicators of drug and supply management health. The researchers substituted the formula for vaccines, because vaccines including medicine and medical supplies.

2.2.3 Types and Effect of Covid-19 Vaccine in Indonesia

According to the official website Covid19.go.id, Jakarta Smart City, and the Covid-19 Handling Task Force States (2021) that there are 5 types of vaccines used in Indonesia :

1. Sinovac Vaccine

   Sinovac is a vaccine produced by the Chinese biopharmaceutical company Sinovac BioTech. This CoronaVac branded vaccine is a type of whole virus vaccine that utilizes the inactivated SARS-CoV-2 virus. In trials in Brazil, the Sinovac vaccine had an efficacy of about 50.65%. In Turkey, the efficacy of the Sinovac vaccine is about 91.25%. While in Indonesia, the efficacy of Sinovac vaccine is around 65.3%. After obtaining an emergency use permit from the Food and Drug Administration, the Sinovac vaccine began to be used for vaccination programs in Indonesia. Side effects: Sinovac vaccine side effects with severe degrees such as headache, skin irritation or diarrhea are reported only about 0.1 to 1 percent.

2. AstraZeneca Vaccine

   The AstraZeneca vaccine or Oxford-AstraZeneca is a vaccine produced by a British biopharmaceutical company with the University of Oxford. This vaccine is a type of viral vector vaccine that uses chimpanzee adenovirus (which has been weakened so that it is harmless), to deliver spike proteins from Covid-19 into body cells, thereby triggering the formation of antibodies. The efficacy of

the AstraZeneca vaccine stands at 70% overall. After obtaining an emergency use permit from the WHO, this vaccine began to be distributed and used in various countries. Side effects: The side effects of the Astrazeneca vaccine are mild to moderate. The following are the side effects of the AstraZeneca vaccine: pain, redness, itching, swelling, fatigue, headache, fever, and nausea.

3. Moderna Vaccine

Moderna vaccine is a vaccine produced by the biotechnology company from the United States, Moderna. The Moderna vaccine is a type of mRNA vaccine that uses genetic material to stimulate the body's cells to form antibodies. The efficacy of the Moderna vaccine is about 95% and has received an emergency use permit from the United State Food and Drug Administration (FDA). Side effects: Some of the most common side effects are as follows: pain (at the injection site), fatigue, muscle aches, joint pain, and dizziness. Meanwhile, potential general or moderate symptoms that appear can include weakness, headache, chills, fever, and nausea.

4. Pfizer Vaccine

Pfizer-BioNTech is the world's first vaccine to be administered to the general public. This vaccine is the result of a collaboration between a German biotechnology company, BioNTech, and an American pharmaceutical company, Pfizer. Like Moderna, the Pfizer-BioNTech vaccine is a mRNA type vaccine or a nucleic acid vaccine. This vaccine uses genetic material, namely

the spike protein from Covid-19, which is used to give instructions to our body's cells to form antibodies. The Pfizer-BioNTech vaccine has an efficacy of about 95% and has received an emergency use permit from the WHO. Side effects: For post-vaccination side effects, most tend to be mild. The following are some of the commonly reported side effects of Pfizer vaccine: body aches at the injection site, fatigue, headache, muscle aches, joint pain, and fever.

5. Sinophram Vaccine

The Sinopharm vaccine is a coronavirus vaccine made in China and has been tested in several other countries. This vaccine uses the same platform as the Sinovac vaccine, which is an inactivated virus or an inactivated vaccine type. The vaccine has been included in the WHO Covid-19 vaccine list and has received Emergency Use Authorization in China, the United Arab Emirates, Bahrain, Egypt and Jordan, and now also in Indonesia. The Sinopharm vaccine has also received a halal certificate from the Indonesian Ulema Council. The efficacy of the Sinopharm vaccine was 78.02%. Side effects: The most common side effects of the Sinopharm vaccine are mild local side effects. These include the following: pain or redness at the injection site, systemic side effects such as headache, muscle aches, fatigue, diarrhea, and cough.

2.2.4 Covid-19 Vaccine Requirements

Jakarta, June 25th, 2021, the Ministry of Health through the Director General of Disease Prevention and Control accelerated the

implementation of Covid-19 vaccination with a target of 1 million doses per day. To achieve this target, it is necessary to use vaccination service posts and optimize the Vertical Technical Implementation Unit of the Ministry of Health. Reported in the Head of the Bureau of Communication and Community Services, Indonesian Ministry of Health (2021), conditions that need to be considered before receiving the Covid-19 vaccine in Indonesia are:

a. Do not have chronic diseases, such as heart disease, autoimmune, chronic kidney failure, autoimmune rheumatism, chronic digestive tract disease, hyperthyroidism or hypothyroidism, and cancer.

b. Not currently experiencing an acute infection accompanied by fever, cough, runny nose, diarrhea, and others.

c. Not pregnant.

d. Do not have family members who are Covid-19 patients or are being treated for Covid-19.

e. If during health screening, have a fever or body temperature is above 37.5 degrees Celsius, the vaccination will be postponed. Then they will be asked to do an examination related to the symptoms experienced and visit the same health post. If the cause is not Covid-19 and the temperature has returned to normal, then vaccination can be done by screening first.

f. People with controlled type 2 diabetes and an HbA1C below 58 mmol/mol or 7.5% can be vaccinated against Covid-19.

g. If have a lung disease, such as asthma, COPD, or tuberculosis, the vaccination will be postponed until your condition can be declared good.

h. For people with tuberculosis who are still being treated, vaccination can be given two weeks after receiving antituberculosis drugs.

i. If during the health screening you have a blood pressure above or equal to 180/110, it means that the vaccination cannot be given.

j. Survivors of Covid-19 can get vaccinated at least three months after recovering.

Reporting from the Indonesian Ministry of Health (2021), the following are the conditions for pregnant women to receive the Covid-19 vaccine.

1. Normal body temperature. If the body temperature is more than 37.5 degrees Celsius, then the vaccine is postponed.

2. Gestational age more than 13 weeks. If the pregnancy is less than 13 weeks, then the vaccine is postponed.

3. Has no symptoms of preeclampsia.

4. No history of severe allergies, such as shortness of breath, swelling, itching all over the body. Have no co-morbidities, such as heart disease, diabetes, asthma, lung disease, HIV, thyroid disease, chronic kidney disease, and liver disease.

5. Have no autoimmune disease.

6. Not being treated for a blood clotting disorder, blood disorder, immune deficiency, and not a recipient of blood products or transfusions.

7. Not currently taking drugs that have immunosuppressive properties, such as corticosteroids and chemotherapy.

8. If you have been confirmed positive for Covid-19, it has been more than three months, if still less than 3 months, then the vaccine is postponed.

9. For the second vaccine, there was no history of severe allergies at the first dose.

2.3 Overview of Experience

2.3.1 Definition of Experience

Definition of experience is something that has been experienced (lived, felt, borne) according to Alwi Hasan (2002:26). Experience is something that cannot be separated from everyday human life. Experience is also very valuable for every human being, and experience can also be given to anyone to use and be a guide and human learning. Experience can be interpreted as something that has been experienced, lived, or felt, whether it has been a long time or has just happened (Mapp in Saparwati, 2012). Notoatmojo (2021) said that experience is an observation that is a combination of sight, smell, hearing, and past experiences. From some of these opinions, it can be concluded that

experience is something that has been experienced, lived, or felt which is then stored in memory (Oktorina R., et.al. 2019).

Definition of experience according to Schmitt (1999:60), experiences are personal events that occurs due to a certain stimulus (for example, the marketer before or after the purchase of goods or services). Pine II and Gilmore (1999:12), argue that experience is an event that occurs and binds each individual personally. According to Kotler (2005:217) experience is learning that influences change in a person's behavior. The type of experience that appears to create an experience through the five senses such as eyes, ears, skin, tongue and nose (Schmitt in Amir Hamzah, 2007:23).

2.3.2 Factors Affecting of Experience

Everyone has a different experience though see the same object, this is influenced by: knowledge and education of a person, actor, or factor on the part of who have experience, object, or target factors perceived and factors in the situation in which the experience is carried out. Age, education level, socio-economic background, culture, environment physical, work, personality, and life experiences of each individual as well determine the experience. (Notoatmojo, 2012). Everyone's experience of an object can be different because experience has a subjective nature, which is influenced by the content his memory. Whatever enters the senses and is noticed will stored in its memory and will be used as a reference to respond to new things.

According to Sulaiman (2015) the level of knowledge consists of 4 kinds, namely descriptive knowledge, causal knowledge, knowledge normative and essential knowledge. Meanwhile, according to Daryanto in Yuliana (2017), a person's knowledge of objects has intensity different and explains that there are six levels knowledge are as follows:

1. Knowledge interpreted only as recall. Someone is required to know facts without being able to use them.

2. Comprehension an object is not just knowing, no can only mention but must be able to interpret correctly about known objects.

3. Application is defined when people who have understood the object be able to use and apply known principles to another situation.

4. Analysis is the ability someone to describe and separate, then look for the relationship between the components contained in an object.

5. Synthesis is the ability to arrange new formulations from existing formulations. Synthesis indicates a person's ability to summarize or put in a logical relationship the components knowledge possessed.

6. Evaluation, which is a a person's ability to make an assessment of an object certain criteria are based on criteria or norms that apply in the public.

2.4 Overview of Community

2.4.1 Definition of Community

According to Prof. Dr. Soejono Soekanto (2007) the term community can be translated as "local community", another term

referring to the citizens of a city, tribe, or nation. If the members of a good group big or small group, live together like that such a way that they feel that the group can fulfill life's needs main, then the group can be called society local. The point is that they establish social relationships (social) relationships). According to Christensson and Robinson (2009), Community is people who live in geographically restricted blood, they communicate with each other and have a bond between the people who live there and the area where they live. Community is a means of gathering of people who have common interests (Delobelle, V. 2010).

2.4.2 Factors of Community Building

According to Vanina Delobelle (2008), the factors of community are :

1) Communication and sharing: The members help each other.

2) A mutually agreed place to meet

3) Rituals and customs: People come regularly and periodic

4) Influencers: Influencers are pioneering things and all member gets involved

Vanina also explained that the community has some of its own rules, namely:

1) Share: They help each other and share with each other in the community.

2) Communication: They respond to each other and communicate with each other.

3) Honesty: Lying is strictly prohibited. Once someone lie, it will soon be abandoned.

4) Transparency: Talking openly and no-nonsense hiding something.

5) Participation: All members must be there and participate in community events.

2.5 Theory of Health Belief Model (HBM)

2.5.1 History of Health Belief Model

The development of health education programs began to be developed by the United States in 1950 but found problems with few people participating in prevention programs and disease detection. Research that continues to grow gives birth to models health belief model theory. Irwin Rosenstock (1974) is a character who created the health belief model for the first time with Godfrey Hochbaum (1958). They develop it by suggesting perceived susceptibility to TB disease. This theory explains how the medical screening program offered by the U.S. Public Health Service (USPHS), especially for unsuccessful tuberculosis (Champion & Skinner, 2008).

2.5.2 Definition of Health Belief Model

The Health Belief Model (HBM) was first proposed by Resenstock 1966, then refined by Becker, et al 1970 and 1980. This theoretical model is a conceptual formulation to determine the individual's perception of whether they accept it or not about their health. Assessed variable includes the individual's desire to avoid pain, belief them that there are efforts to avoid the disease. HBM is a concept that expresses the reasons for individuals to willing or unwilling to engage in healthy behavior (Janz & Becker, 1984). HBM can also be interpreted as

a theoretical construct regarding individual belief in healthy behavior (Conner, 2005). The Health Belief Model (HBM) is a theory of behavior change health and psychological models used to predict behavior health by focusing on individual perceptions and beliefs about a disease (Priyoto, 2014).

The Health Belief Model theory is based on three essential factors, namely: (1) individual readiness to change behavior in order to avoid a disease or reduce a health risk. (2) There is an impulse in individual's environment that makes him change behavior. (3) The behavior itself. The three factors above are influenced by factors such as perception, potential threats, motivation to reduce susceptibility to a disease, the belief that behavior change can provide benefits, individual assessment of the changes offered, interaction with officers health, as well as the experience of trying similar behaviors (Priyoto, 2014). HBM is an expectancy value theory, the concept of expected value in context health-related behavior, namely the desire to avoid disease or being healthy and the belief that certain healthy actions can be taken to prevent or reduce pain. This expectation is further explained regarding with individual estimates of personal susceptibility to disease and weight disease and the possible ability to reduce the threat through personal action. HBM was developed from behavioral theory, which among other things assumes that a person's behavior depends on the value the individual places on a goal and the individual's estimate of the probability

that behavior will achieve these goals (Glanz, Rimer and Viswanath, 2008).

2.5.3 Components of Health Belief Model

According to Clarke (2000) in Tarkang and Zotor (2015) divides Health Belief Model in 6 components, namely:

1) Perceived Susceptibility

Perceived Susceptibility is a person's perception of susceptibility to a disease. Someone who have a high perception of susceptibility to a disease then the person's healthy behavior is also high (Chamion and Skinner 2008, in Hasbi 2012). Sometimes there Individuals who do not realize that they are at risk to be susceptible to a disease, so do not do preventive measure. Someone will take action prevention if the individual himself or his family is vulnerable against disease (Notoatmodjo, 2010).

2) Perceived Severity

Perceived Severity is an individual's perception of with a feeling of the seriousness of the disease if not immediately handling is done. Individuals will think about the possible consequences of the disease, such as physical conditions poor health, depression, decreased quality of work, family problems, as well as death. The more impacts or consequences that believed to happen, the greater the individual's perception that the problem is a threat so that must take immediate action.

3) Perceived Benefits

Perceived Benefits is the perception of the benefits of recommended methods to reduce disease risk or the perception of the benefits that might be obtained if someone willing to try to reduce the threat of disease (Sadeghi, Mohammad & Mahnaz, 2012).

4) Perceived Barriers

Perceived barrier is the perception of obstacles or decreased comfort when leaving behavior not healthy. One would consider the effectiveness of a behavior by looking at the possible losses that obtained as it takes a lot of time, emotion, cost and money convenience. Generally, one would not do healthy behavior if the loss exceeds profits (Jones & Bartlett, 2010)

5) Cues to Action

Cues to action is someone's belief to take preventive measures through the results of the analysis of signs or signals emerging. The sign or signal comes from internal or external such as mass media, advice from the closest people and information from officers (Cao, Chen & Wang, 2014).

6) Self Efficacy

Self-efficacy is a person's beliefs about ability to behave in a healthy life (Hsieh & Tsai, 2013). Self-efficacy is divided into two, namely outcome expectancy such as receiving a good response and outcome value is like receiving social value.

7) Modification Variable

Namely the variables of knowledge, demographics, culture, level of education, sociopsychological and structural diversity can influence perceptions, thereby indirectly influencing the behavior related to health.

Threats obtained can change a person's behavior. Their current behavior patterns (perceived susceptibility and severity) and believe that certain changes will have valuable results with acceptable costs and believe there is a perceived benefit of the action. They should also feel themselves competent to overcome perceived barriers by taking action (Glanz, Rimer and Viswanath, 2008).
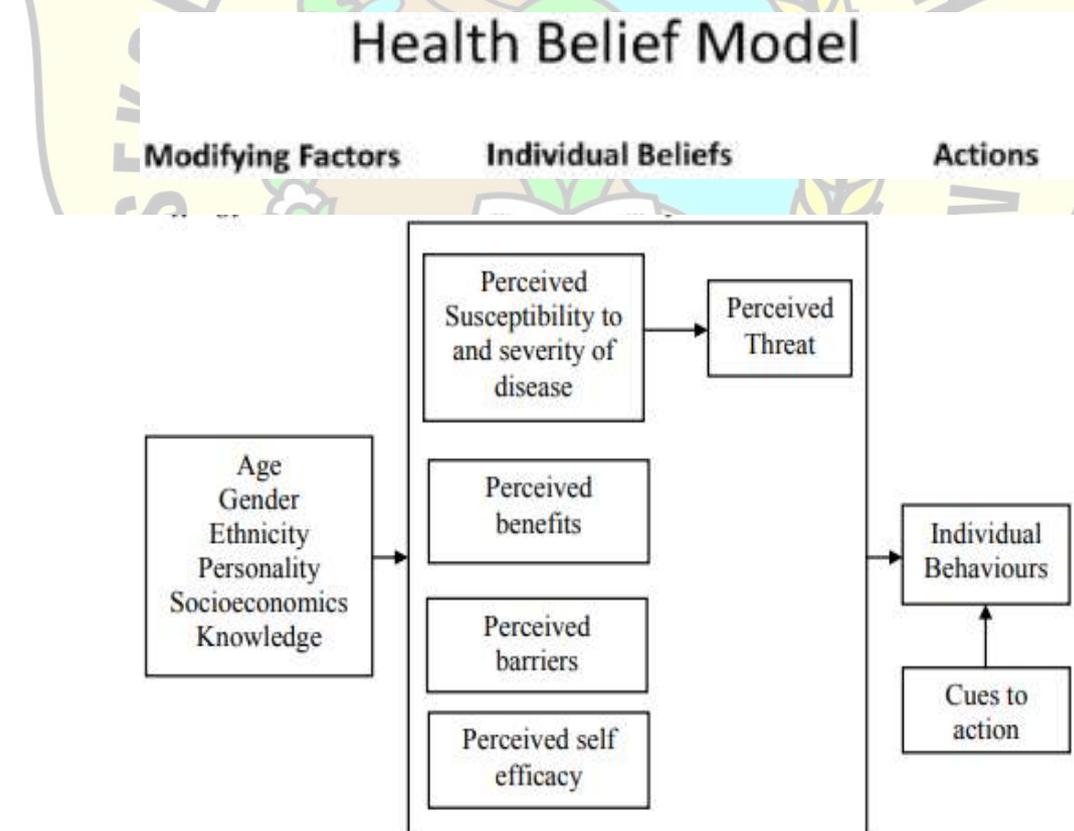

Figure 2.1 Health Belief Model by Glanz et al. (2008)

2.6 The Experience of Covid-19 Vaccine Program

For the successful implementation of the presentation of the Covid-19 Vaccine in Indonesia, the public must first know information related to vaccines so that the level of perception and acceptance society is relatively high. Vaccines are effective interventions that can reduce the burden of disease globaly. In January, one of the strategies carried out by the Government is the provision of free vaccines, according to with the Regulation of the Minister of Health of the Republic of Indonesia No. 10 of 2021 concerning the Implementation of Covid-19 Pandemic Management Framework, for all people (Ministry of Health of the Republic of Indonesia, 2021). And in January, 13th 2021, the first Covid-19 vaccine was given to the President of the Republic of Indonesia with the aim of convincing the public that the Covid-19 vaccine is safe, effective, and halal. Vaccine effectiveness refers to how much of a vaccine's efficacy level is measured after the vaccine has a distribution permit and is given to the public (The Immunization Advisory Centre, 2020).

Research conducted by El-Elimat et al di Yordania (2021) entitle "Acceptance and attitudes toward Covid-19 vaccines: A cross-sectional study from Jordan" stated that the adult age group, over 35 years, have a lower level of acceptance of the vaccine with a p value = 0.001 compared to young age group. While Lazarus et al entitle "A global survey of potential acceptance of a COVID-19 vaccine. Nature Medicine" stated different things that older people, 25-64 years, are more likely to receive vaccines than younger age groups (less than 25 years) (Lazarus et al., 2021). Research from Putri et al (2021), the results of the study 81.2% of respondents willing to be vaccinated,

48.1% respondents experience anxiety about vaccines. The results of the analysis indicate a willingness to do vaccination was associated with anxiety (P value <0.001).

Research conducted by Arumsari et al, 2021 entitle "Overview of Covid-19 Vaccine Acceptance in Semarang City" According to research results, 9 most of the respondents responded negatively to statements including: 54.1% of respondents did not agree that the Covid-19 Vaccine is safe to use; 59.5% of respondents felt that the vaccine could not suppress the spread of the Corona Virus; 42.6% of respondents doubt the effectiveness of the Covid-19 Vaccine; 50% of respondents questioned the halalness of Vaccines; 58.1% of respondents agree that humans do not need vaccines; 52.0% of respondents also agreed that the Corona Virus would disappear with itself if man surrenders completely to God; 47.3% of respondents agree that only with preventive measures in the form of 3M can suppress the spread of the Virus; 48.0% of respondents agree assuming that Covid-19 can be cured with herbs/rhizomes typical of Indonesia; 51.4% of respondents agree that with the opinion that the Covid-19 Pandemic is a product of propaganda, corruption and so on; and 57.4% of respondents are not sure that the government is able to handle the Covid-19 pandemic well.

2.7 Synthesize Table

Table 2.1 Synthesize of The Experience of Covid-19 Vaccine Program

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
1.	**Title :** COVID-19 Vaccine Acceptance among Health Care Workers in the United States **Author :** Rahul Shekhar et al., 2021	1. A cross sectional study to assess the attitude of HCWs toward COVID-19 vaccination. Data were collected between 7 October and 9 November 2020. 2. N = 4080 responses out of which 3479 were complete responses and were included in the final analysis	An online English questionnaire was created using REDCap electronic data capture tools hosted at the University of New Mexico. The survey was modified from a previously published general population survey to capture more information	Three groups according to the primary outcome variable, would a participant take the COVID-19 vaccination immediately, or would wait to review safety data, or would not take the vaccination at all. Data were collected anonymously, and no personally identifying information was collected. This study was approved by the University of New Mexico Hospitals Institutional Review Board.	36% of respondents were willing to take the vaccine as soon as it became available while 56% were not sure or would wait to review more data. Only 8% of HCWs do not plan to get vaccine. Vaccine acceptance increased with increasing age, education, and income level. A smaller percentage of female (31%), Black (19%), Lantinx (30%), and rural (26%) HCWs were willing to take the vaccine as soon as it became available than the overall study population. Direct medical care providers had higher vaccine acceptance (49%). Safety (69%),	Immediate acceptance of a COVID-19 vaccine is low, with the majority of HCWs choosing to wait to review more data before deciding on personal vaccination. However, a very small percentage of respondents plan to refuse vaccination, suggesting the potential for high uptake. Overall attitudes toward vaccination were positive but specific concerns regarding COVID-19 vaccine are prevalent. Differences in vaccine acceptance were noted along demographic lines in our subjects with lower acceptance in historically under-served communities. Addressing barriers to vaccination among these groups will be essential to avoid exacerbating health

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
			pertinent to healthcare workers.		effectiveness (69%), and speed of development/approval (74%) were noted as the most common concerns regarding COVID-19 vaccination	inequities laid bare by this pandemic.
2.	**Title :** Acceptance of a COVID-19 Vaccine in Japan during the COVID-19 Pandemic **Author :** Masaki Machida et al., 2021	1. This was a cross-sectional study based on an internet survey 2. N = 2956 participans	Regarding participants' likelihood of getting a COVID-19 vaccine, if a participant responded "very likely" or "somewhat likely", it was determined that the participant had a high likelihood of getting a	The dependent variable was set as a dichotomous variable coded as "1" if the participant had a high likelihood of getting a COVID-19 vaccine, and "zero" otherwise. In model 1, the independent variables were sex, age (20–49/50–64/≥65 years), underlying diseases, marital status, employment status, residential area (Tokyo metropolitan area/other areas), living arrangement,	Indicate that the perceived effectiveness of the vaccine and willingness to protect others may play an important role in the acceptance of the COVID-19 vaccine.	In conclusion, the self-reported likelihood of getting a COVID-19 vaccine before the start of vaccination in Japan was 62.1%. This result indicate that vaccine acceptance was lower among several sociodemographic groups, such as women, adults aged 20–49 years, and those with low-income levels. Trying to improve people's trust in the effectiveness of the COVID-19 vaccine and attempting to increase willingness among individuals to protect others by getting oneself vaccinated may be the key to promoting vaccine acceptance. These results may be useful in the planning of

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
			COVID-19 vaccine.	educational attainment, and annual personal income. Statistical analyses were performed using IBM SPSS Statistics for Windows, version 27 (IBM Japan, Tokyo, Japan)		educational activities to increase the acceptance of the COVID-19 vaccine.
3.	**Title :** Acceptance and attitudes toward COVID-19 vaccines: A cross-sectional study from Jordan **Author :** Tamam El-ElimatID et al., 2021	1. An online (Facebook, WhatsApp), cross-sectional, and self-administered questionnaire 2. N = 3,100 participants	For analysis, responses to the attitudes section were combined. For example, both responses "strongly agree" and "agree" were combined in one category and both responses "strongly disagree" and "disagree" in	Variables that were investigated as potential predictors of COVID-19 vaccines acceptance. The questionnaire used in this study was developed based on a literature review and discussion within the research team. Questionnaires are designed to reduce survey fatigue and are reviewed by experts in survey research to: face validity. The	Participants who believed that there was a conspiracy behind COVID-19 (OR = 0.502, 95CI% = 0.356–0.709, p < .001) and those who do not trust any source of information on COVID-19 vaccines (OR = 0.271, 95CI% = 0.183–0.400, p < .001), were less likely to have acceptance towards them.	In conclusion, identifying Jordan as one of the lowest countries in acceptance Covid-19 vaccine, of which a sizable percentage of the Jordanian population (36.3%) indicated refusal to be vaccinated, while 26.3% were unsure.

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
			one category. Prior to analysis, independence of variables was analysed using a correlation smatrix. No multicollinearity was detected among predictor variables.	questionnaire is organized into 4 parts. A pilot sample (n = 26) is used to improve the wording and clarity of expression of survey items. The latest version of the questionnaire requires and estimated time 5-10 minutes to complete.		
4.	**Title:** Overview of Covid-19 Vaccine Acceptance in Semarang City **Author :** Wahyuni Arumsari et al., 2021	1. Research using descriptive quantitative with cross sectional design. 2. N = The subjects for this study were 200 people internet users	The data is processed by describing each option answers in the form of frequency and percentage. Data processing using IBM SPSS Statistics	The variable studied was acceptance of Covid-19 Vaccine in Semarang City. Questions about public acceptance of the Covid-19 Vaccine which consists of 12 questions including: confidence in the level of vaccine safety, effectiveness and the ability of the vaccine,	A total of 9 statements responded negatively, including: unsafe vaccine (54.1%), unable to suppress the spread of Covid-19 (59.5%), doubts about the effectiveness of vaccines (42.6%), doubts about vaccines halal (50%), humans don't need vaccines (58.1%), the corona virus will disappear if surrender to God	This study is about the experience of receiving vaccines in the city of Semarang with 200 respondents aged 18-59 years and according to the results of the study, 9 most of the statements responded negatively by respondents

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
		in Semarang City (aged 18-59 years)	24. Data analysis in this study was carried out univariately.	the side effects caused, the level of halalness of the vaccine, and alternative methods other COVID-19 prevention. Questions are measured using three alternative answers, namely: "Disagree", "Doubtful", and "Agree"	(52.0%), preventive measures alone are able to suppress the virus (47.3%), the virus can be cured with herbs/rhizomes (48.0%), pandemicCovid-19 is propaganda and conspiracy (51.4%), the Government of Indonesia does not able to handle the pandemic well (57.4%).	
5.	**Title :** Community Perception Relationship About Covid-19 Vaccine With Worry When You Will Take The Covid-19 Vaccination **Author:**	This research uses the type of research analytically using a cross-sectional approach. N = 142 specified respondents with simple random sampling technique	This research uses the type of research analytically using a cross-sectional approach.	Independent variables in this studyis the public perception of the covid-19 vaccine, and the dependent variable in This research is about anxiety when going to undergo Covid-19 vaccination. Coefficient test Contingency with the help of SPSS with a	From the results of the study, it was found that more than half of the respondents had negative perceptions about the covid-19 vaccination as many as 78 respondents (54.9%) and almost half of the respondents have a positive perception of covid-19 vaccination, as many as 64 respondents (45.1%).	From the results of the contingency coefficient test with a significance of (0.05) the value of is obtained p value of 0.000. Because the p value obtained is 0.000 < significance (0.05) then the research hypothesis is accepted which means there is The relationship between public perception of the COVID-19 vaccine and

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
	Dina Kholidiyah et al., 2021			significance level of = 0.05.	People's anxiety when they will undergo the Covid-19 vaccination from the results The study found that most of the respondents experienced moderate anxiety namely as many as 114 respondents (80.3%) and a small proportion of respondents experienced mild anxiety as many as 10 respondents (7.0%)	anxiety when going to undergo Covid-19 vaccination in Bangkok Village District Glagah Lamongan Regency
6.	**Title :** Conspiracy beliefs and trust as determinants of COVID-19 vaccine acceptance in Bali, Indonesia: Cross-sectional study **Author :**	Cross-sectional design with a single online surveybased data collection ,bivariate and multivariate analysis N = 779 respondents	Bivariate analyses for conspiracy beliefs and trust variables with vaccine acceptance variables was conducted with non-parametric correlation and	Investigate association between conspiracy beliefs, trusts in media and authoritative information sources, with COVID-19 vaccine acceptance. The survey collected data on respondents' demographic information, health, social, and economic impact of COVID-19	There were 842 responses to the online survey, 60 was excluded as duplicates and further 3 responses were excluded due to incomplete data.	Found adequately high level of COVID-19 vaccine acceptance among Balinese residents. Meanwhile, we observe low but significant level of COVID-19 conspiracy beliefs with moderate level of trust in conventional media and high level of trust in authoritative information sources. Conspiracy beliefs and trust was significantly and independently associated with vaccine acceptance. Our results

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
	Gede Benny et al., 2021		Kruskal-Wallis analyses. For multivariate analyses, vaccine acceptance variables were dichotomized, and analyses was conducted with multiple binomial logistic regression. All analyses were conducted on IBM SPSS 23.0.	pandemic, as well as trust in media and authoritative information sources, conspiracy beliefs, and vaccine acceptance. Conspiracy beliefs were measured with a 12-itemed questionnaire based on the work of Miller (2020). Trust in media and authoritative sources was measured by 4-itemed questionnaire each. Cronbach alpha values for conspiracy beliefs, trust in conventional media, and in authoritative sources was 0.933, 0.897, and 0.900, respectively.		imply the need of strong and clear public health messaging in the crucial months of COVID-19 vaccine public rollout.
7.	**Title :** Understanding COVID-19	A nationwide cross-sectional,	multivariable logistic regression	The survey consisted of questions that assessed	The majority reported a probably yes intent (54.6%), followed by a	The findings demonstrate the utility of HBM constructs in understanding COVID-19

No.	Title & Author	Study Design & Sample	Data Analysis	Variable and Measurment	Result	Conclusion
	vaccine demand and hesitancy: A nationwide online survey in China **Author :** Yulan LinID et al., 2020	self-administered online survey N : 3,541 respondents	analysis Commenced a cross-sectional, web-based anonymous survey using an online questionnaire used WeChat (the most popular social media platform in China)	1) demographic background, self-perceived health status, and COVID-19 experience; 2) perception of COVID-19 and COVID-19 vaccination; 3) intention to receive a COVID-19 vaccine; 4) WTP for a COVID-19 vaccine; and 5) vaccine confidence and preference.	definite yes intent (28.7%). The perception that vaccination decreases the chances of getting COVID-19 under the perceived benefit construct (OR = 3.14, 95% CI 2.05–4.83) and not being concerned about the efficacy of new COVID-19 vaccines under the perceived barriers construct (OR = 1.65, 95% CI 1.31–2.09) were found to have the highest significant odds of a definite intention to take the COVID-19 vaccine	vaccination intent and WTP. It is important to improve health promotion and reduce the barriers to COVID-19 vaccination.

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1 Conceptual Framework

Modifying Factors

Individual Beliefs

Action

Age
Gender
Ethnicity
Personality
Socioeconomics
Knowledge
Education Level

Perceived Susceptibility to Disease
The participants have commorbid disease

Perceived Severity of Disease
The participant has been confirmed with covid-19 disease

Perceived Benefits of Preventative Action
Participants believe in the benefits of the safe vaccine, halal vaccine, reduce the severity of symptoms due to covid-19, get subsidized assistance from the government, can go to work, can travel, and etc.

Perceived Barriers to Preventative Action
Deficient of knowledge, deficient of support, and etc

Perceived Self-efficacy
Self-efficacy of participants to do covid-19 vaccine program

Perceived Threat
Infected with covid-19 disease, dead, etc.

Individual behavior
To do covid-19 vaccine program

Cues to action
Media campaigns
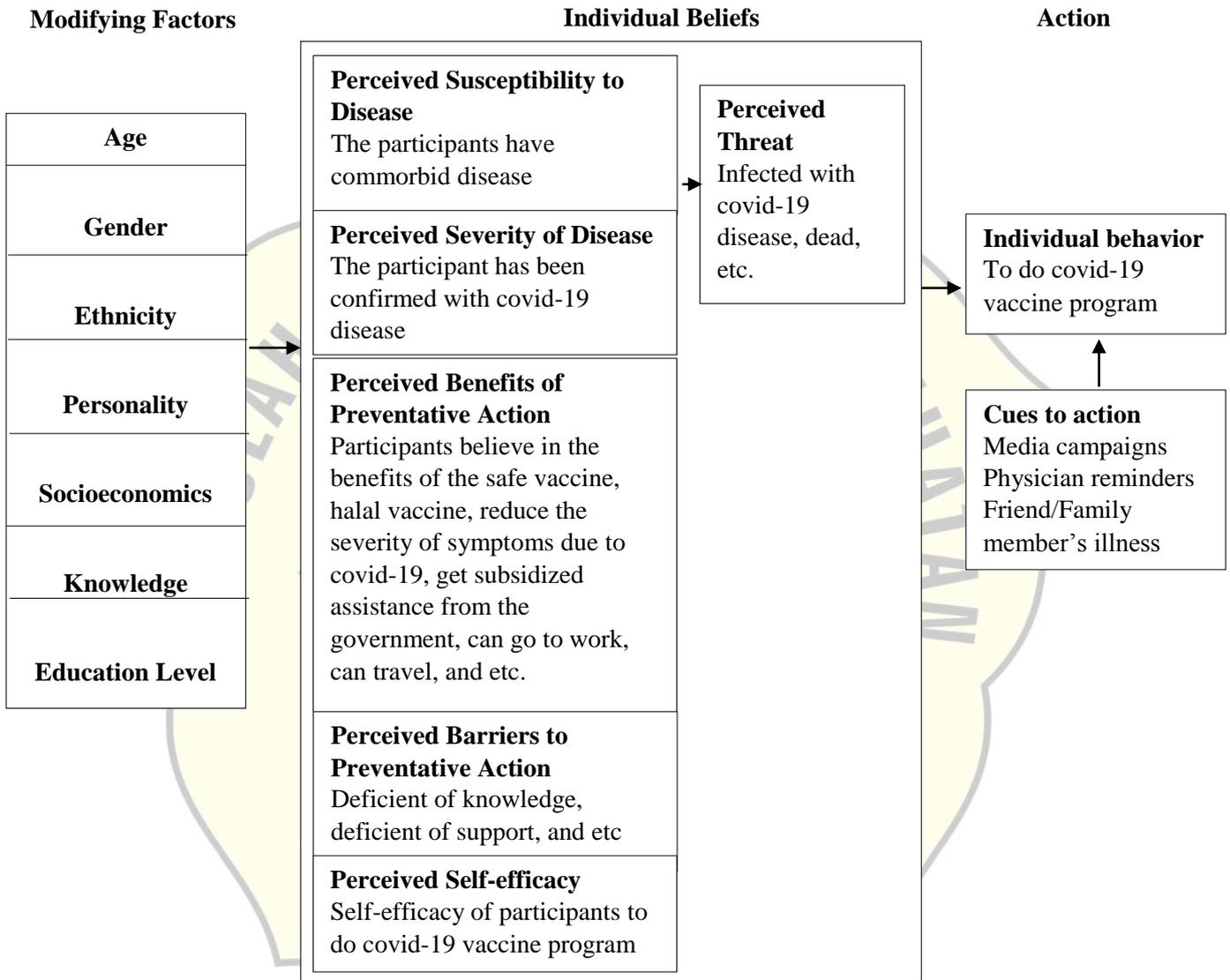Physician reminders
Friend/Family member's illness

Figure 3.1 Conceptual Framework (Health Belief Model Theory)

Note :

☐ = Variables Studied

⟶ = Related

The theoretical framework is based on the theory described in previous discussion. This theoretical framework is a theoretical guide for conducting research. Theories, concepts and models used to build this theoretical framework is the Health Belief Model Theory. The Health Belief Model is a health behavior change model that was developed to explain and predict health-related behavior, particularly in terms of the use of health services. The health service used is the Covid-19 vaccine service. Many factors influence a person's behavior change. One of which is having to feel threatened by someone's current pattern of behavior (perceived susceptibility and severity), believing that certain changes will have valuable results with acceptable costs, and believing there is a perceived benefit of the action. Confidence to take action is also very necessary for better behavior change (Glanz, Rimer and Viswanath, 2008).
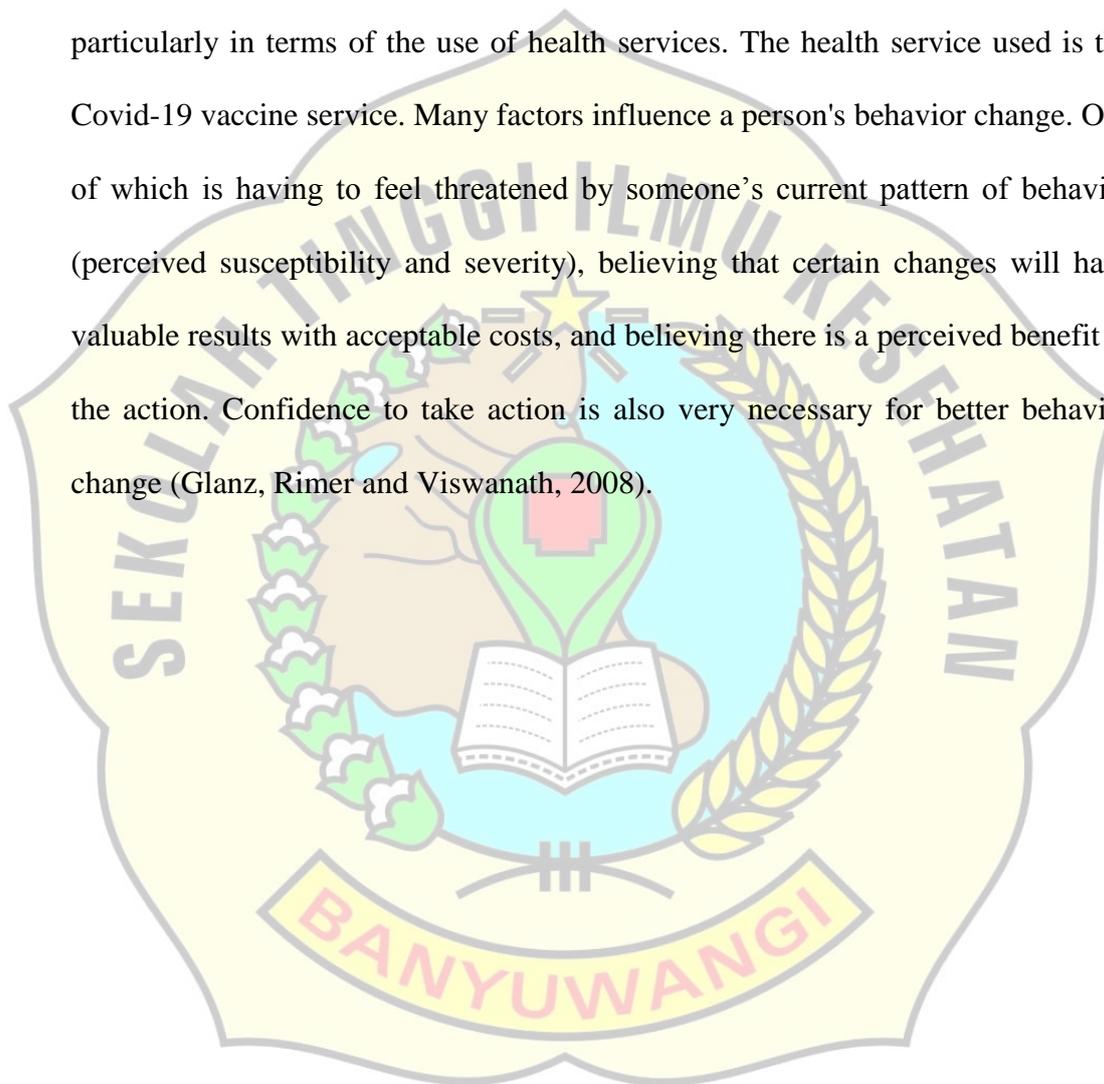
CHAPTER 4

RESEARCH METHODS

4.1 Research Design

The type of research used is qualitative to explore in-depth information about the experience of the Banyuwangi Regency community in participating in the Covid-19 vaccination program during the pandemic. The research method used is the phenomenological method. This method is used to identify relationships, to identify and develop related relationships from the meaning of the phenomenon under study. Phenomenology is a study that tries to understand human perception and understanding of situations that occur to involve experience and how an existing phenomenon affects human attitudes (Kuswanto, 2009). Phenomenology, rooted in a philosophic tradition developed by Husserl and Heidegger, is an approach to explor and understanding people's everyday life experiences (Denise F. Polit and Beck, 2009). Qualitative research can explore things related to the information conveyed according to the views of each participant (Lincoln, 1985). This study used a descriptive research design, which is a research design delivered on how to describe and explain research problems. Usually based on characteristics of place, gender, time, social world, work, and lifestyle subject. The exploration study aims to explore broadly about the causes or things that affect the occurrence of something and is used when the cause is not known and aims to map an object relatively in depth.

4.2 Population, Sample, and Sampling Technique

4.2.1 Population

Population refers to the set or group of all units in which the research findings will be applied. Referring to the definition of population, we can say that the population consists of all the units to which the research findings can be applied. In other words, the population is a collection of all units that have the characteristics of the variable under study and whose research findings can be generalized (Shukla, 2020). It is also explained that the population in the study is the subject (eg humans, clients) who meet predetermined criteria (Nursalam, 2020). The populations of this research is in the Banyuwangi Regency population census data. It was found that the population reached 1,708,114 inhabitants (Banyuwangi Regency Statistics Center, 2020).

4.2.1 Sample

The participants of qualitative research are not limited by the nominal unit but from the saturation level (Denise F. Polit and Beck, 2008). The number of participants in qualitative research is 11 participants. However, if data saturation has not been reached, the number of participants can be increased until the repetition of information from participants is achieved (Creswell, 2007). Data saturation is achieved if there is a similarity of the descriptions submitted by participants even though they are viewed from various perspectives (Speziale & Carpenter, 2003). Sugiyono (2020) also explained that the

sample is part of the population used. The criteria for participants in this study are :

1. Inclusion Criteria

   a. Banyuwangi Regency community

   b. Over 18 years old

   c. Have received the Covid-19 vaccine at least the first dose

2. Exclusion Criteria

   a. Unable to provide information/become participant

   b. Health workers

4.2.2 Sampling Technique

Participants in this study were selected by using purposive sampling where the researcher selects participants according to the research objectives based on predetermined criteria (Prior, 2008). The approaches used in this research were observation and in-depth interview.

4.3 Framework

The framework is a research flow that gives clear description of the process of research (Notoatmodjo, 2010). The framework in this research is as follows:
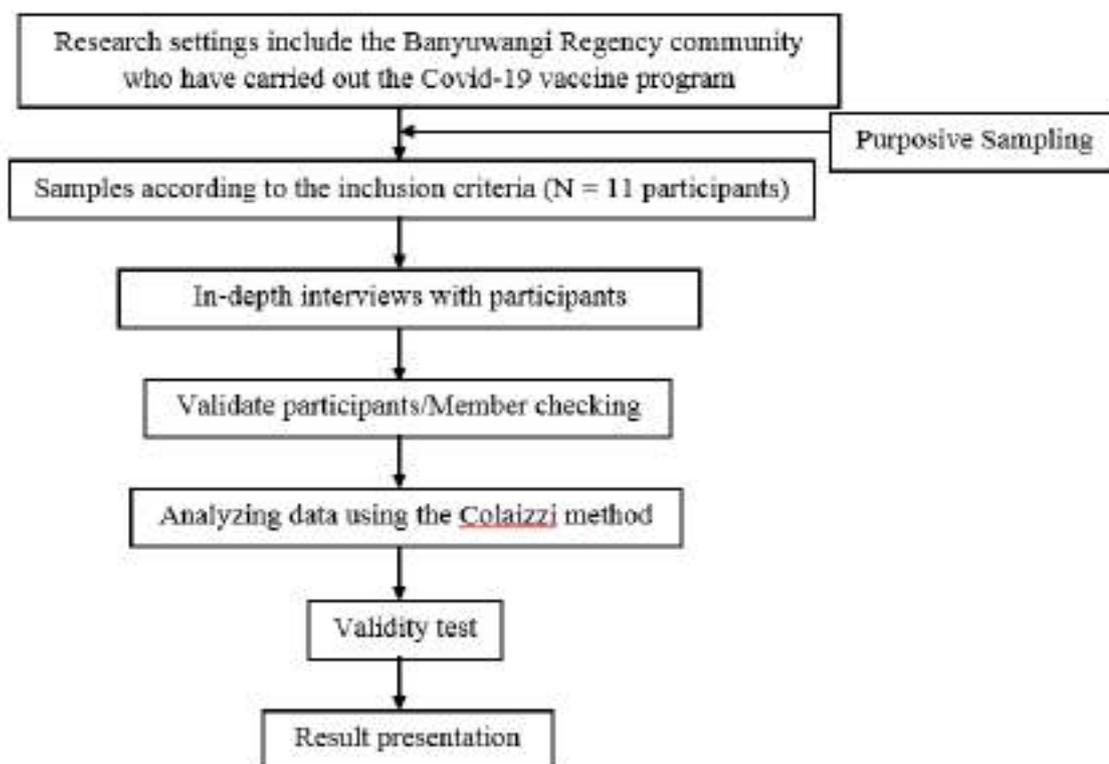
Figure 4.1 Framework for The Experience of Covid-19 Vaccine Program in the Banyuwangi Regency Community: An Exploration Study

4.4 Data Collection and Data Analysis

The data collection technique is the most important step in conducting research, because the main purpose of a research is to get data. Without any technical knowledge about data collection, the researcher will not be able to get the data that meet the data standards set. Data collection is a process of approaching the subject and a process of collecting characteristics subject required in a study (Nursalam, 2020). In this study, the data collected and used were obtained from primary sources and secondary sources. In addition, qualitative research that is also described in data collection can be done in natural settings (conditions natural), primary data sources, and more data

collection techniques on participant observation, interview in-depth interviews, and literature study.

4.4.1 Research Instrument

Research instrument is a tool or facility used in collecting data thus the work is easier and the results are better, in the sense of being more accurate, complete, and systematic so it is easier be processed. Variations in the types of research instruments used in science of Nursing care can be classified into 5 parts including: measurement, bio physiology, observation, interviews, questionnaires, and scales (Nursalam, 2020). The instrument in this study is a human instrument that functions setting the focus of research, selecting informants as data sources, perform data collection, assessing data quality, analyzing data, interpreting the data, and making conclusions based on the findings (Sugiyono, 2017). In addition to use human instruments, it also uses guidelines interviews and interview transcripts. The tool used are a notebook to note of observations, recorder cellphone to record interviews which are then used as interview transcripts, as well as cellphone cameras to capture videos and pictures of research activities as supporting data in this study.

4.4.2 Research Location and Time

This research was conducted in Banyuwangi Regency and the time was November 2021 until January 2022.

4.4.3 Procedure

1) Administrative Procedures

Before researchers conduct research, researchers took an administrative approach to education agencies first by applying for initial data collection permission to conduct research from STIKES Banyuwangi through the Bureau of Research and Community Service.

2) Technical Procedures

The techniques of data collection is purposive sampling. Purposive sampling is a sampling technique of data sources with certain considerations because not all samples have criteria that are in accordance with the phenomenon under study and determine certain criteria that must be met by the sample (Sugiyono, 2016).

4.4.4 Data Analysis

Data analysis is the process of searching and compiling systematically data that were obtained from interviews, field notes, and documentation by organizing data into categories, breaking the data down into units, synthesizing, arranging in a pattern, choosing which data are the most important and which will be studied, and making conclusions so that they are easily understood by the readers (Sugiyono, 2020). The process of data analysis is carried out simultaneously with data collection process. The stages of the data analysis process in this study using measures from Colaizzi (1978). The steps of data analysis according to Colaizzi (1978) that has been carried out by the researchers are:

1. Read all protocols to acquire a feeling for them.

2. Review each protocol and extract significant statements.

3. Spell out the meaning of each significant statement (i.e., formulate meanings).

4. Organize the formulated meanings into clusters of themes.

   a. Refer these clusters back to the original protocols to validate them.

   b. Note discrepancies among or between the various clusters, avoid the temptation of ignoring data or themes that do not fit.

5. Integrate results into an exhaustive description of the phenomenon under study.

6. Formulate an exhaustive description of the phenomenon under study as a statement of identification as unequivocal as possible.

7. Ask participants about the findings as a final validating step.

4.4.5 Data Validity

The validity of research data using Lincoln & Guba's Framework (1985) states that qualitative research must have a component of validity and suggested four criteria for developing the trustworthiness of a qualitative inquiry: credibility, dependability, confirmability, and transferability. In their later writings, responding to numerous criticisms and to their own evolving conceptualizations, a fifth criterion that is more distinctively within the naturalistic paradigm was added: authenticity (Guba & Lincoln, 1994). The validity of the data used in this study, as follows:

1. Credibility

    According to Sugiyono (2020) explains that the credibility test orients on validity with respect to the degree of accuracy of the research design with the result achieved or the truth value of the research. Credibility is viewed by Lincoln and Guba as an overriding goal of qualitative research. Credibility refers to confidence in the truth and interpretations of the data. Qualitative researchers must strive to establish confidence in the truth of the findings for the particular participants and contexts in the research. Lincoln and Guba pointed out that credibility involves two aspects: first, carrying out the study in a way that enhances the believability of the findings, and second, taking steps to demonstrate credibility to external readers.

    According Denzin (1989), credibility test used in this study is the triangulation method. Triangulation is the use of several methods in a qualitative data collection strategy to reduce prejudice. Triangulation refers to different references to infer a truth. There are:

1. Data triangulation includes the use of multiple data sources in conducting a study to obtain different points of view with the aim of obtaining valid results and minimizing prejudice. Triangulation of data is divided into 3 parts. First, time triangulation is done by collecting a phenomenon in different time periods. Second, place triangulation is collecting data about the

same phenomenon from different places. Third, people triangulation is collecting data from different participants.

2. Researcher triangulation is carried out involving two or more researchers who are experienced in analyzing and interpreting qualitative data.

3. Theoretical triangulation is carried out by researchers using related theories or involving experts in analyzing and interpreting the data that has been found.

4. Method triangulation is triangulation carried out by using several methods in collecting data on the same phenomenon or problem.

5. Triangulation analysis uses two or more analytical techniques on the same data.

6. Multiple Triangulation explained that the researcher used several triangulation methods above to collect and analyze data.

2. Dependability

In Lincoln and Guba's work, the dependability test is a dependency that refers to the stability of the data over time and conditions. This process is an audit and research evaluation process carried out by supervisors (Mekarisce, 2020; Polit & Beck, 2010)

3. Confirmability

Confirmability refers to objectivity, that is, the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning. This stage is the writing examination stage, researchers can do conformability by consulting

the final researcher, and can disseminate research results at conferences or meetings (Mekarisce, 2020; Polit & Beck, 2013).

4. Transferability

Transferability, analogous to generalizability, refers to the extent to which qualitative findings can be transferred to (or have applicability in) other settings or groups. The reader is a transferability test so the generalizability of the findings depends on each reader. In addition, generalizations in this qualitative research related to the context of research findings can be applied to other wider social groups (Golafshani, 2015; Mekarisce, 2020).

5. Authenticity

Authenticity refers to the extent to which researchers fairly and faithfully show a range of different realities. Authenticity emerges in a report when it conveys the feeling tone of participants' lives as they are lived. A text has authenticity if it invites readers into a vicarious experience of the lives being described, and enables readers to develop a heightened sensitivity to the issues being depicted. When a text achieves authenticity, readers are able to understand the lives being portrayed "in the round" better with some sense of the mood, feeling, experience, language, and context of those lives.

4.5 Research Ethics

4.5.1 Informed Consent

Subjects must get complete information about the research objectives to be carried out, have the right to be free to participate or refuse to be participant. Informed consent also needs to state that the data obtained will only be used for scientific development (Nursalam, 2017).

4.5.2 Anonymity

Participants' names are not listed on the data collection sheet. This is intended to maintain the confidentiality of the participants and the researcher used the code on each data collection sheet with code P (participant) example P1, P2, P3, and etc.

4.5.3 Confidentially

Confidentiality is an ethical issue in a study which is carried out by providing assurance of the confidentiality of research results, both information and other issues. All information that has been collected is guaranteed confidentiality by the researcher, only certain data groups will be reported on the research results (Wiles, Crow, Heath, & Charles, 2018).

4.5.4 Veracity

Be honest when collecting data, literature, methods, procedures, research, and publication of results. Be honest about the shortcomings or failures of the research process. The researcher does not recognize the work which is not his/her work (Wasis, 2017).

4.5.5 Non-maleficence

Non-maleficence is a principle which means that every action a person takes does not cause harm physically or mentally (Wasis, 2017).

4.5.6 Respect for Person

Respect for person are two things that need to be considered, that is researchers must consider in depth the possible dangers and misuse of research and provide protection to participants who are vulnerable to the dangers of research (Wasis, 2017).

4.5.7 Beneficence

Ethical imperatives to seek maximum benefits and minimize losses or risks to the subject and research errors. In this case, the research must be carried out appropriately and accurately, the participant's safety and health are maintained (Wasis, 2017).