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Applying the of Theory of Planned Behavior to Increase Community Participation in Covid-19 Vaccination Programs: A Study in the Pasirwangi District of Garut Regency

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Abstract *It should be grateful that the Covid-19 pandemic is getting under control; however, there are still problems related to community participation, especially in the vaccination program. Apart from the Covid-19 vaccination, in Indonesia there are still a number of other vaccinations that, really need the participation of the community. As happened in Pasirwangi District, Garut Regency, out of 53,093 residents who met the requirements to get the Covid-19 vaccine, only 2,492 residents, took advantage of this opportunity. For this reason, this study intends to find alternative ways, through the application of the theory of planned behavior, to increase opportunities for community participation by identifying which variables have the most potential to be used for this purpose. Efforts to collect data through the distribution of questionnaires with an alternative of 5-likert scale answers and involving 650 respondents through purposive sampling technique The analysis tool used was SEM AMOS. The results showed that all exogenous variables were significantly correlated with endogenous variables (behavior), as well as intervening variables that were significantly correlated with endogenous variables. Through the Sobel test, a review of indirect effects was also carried out, and the results showed that all indirect effects were significantly correlated with endogenous variables.*

Keywords: *Vaccination, theory of planned behavior, society participation*

Abstrak. *Patut disyukuri, pandemic Covid-19 semakin terkendali, namun demikian, masih terdapat persoalan berkaitan dengan partisipasi masyarakat, khususnya berkaitan dengan peran serta dalam program vaksinasi. Selain vaksinasi Covid-19, di Indonesia masih terdapat sejumlah vaksinasi lain yang tentunya sangat membutuhkan peran serta masyarakat. Seperti yang terjadi di Kecamatan Pasirwangi Kabupaten Garut, dari 53.093 penduduk yang memenuhi syarat untuk mendapatkan vaksin Covid-19, hanya 2.492 penduduk, atau sekitar 4,7% yang memanfaatkan kesempatan ini. Untuk itu, penelitian ini bermaksud untuk mencari alternative cara, agar peluang partisipasi masyarakat meningkat, melalui penerapan Theory of Planned Behavior, menemukenali variable manakah yang paling potensial dimanfaatkan untuk tujuan ini. Upaya pengumpulan daya melalui penyebaran kuesioner pernyataan tertutup, dengan alternative 5 jawaban berskala likert, dan melibatkan 650 responden, melalui teknik sampling purposive. Alat analisis yang digunakan adalah SEM AMOS versi 26. Hasil penelitian menunjukkan semua variable eksogen berkorelasi signifikan terhadap variable endogen (Behavior), juga variable intervening yang berkorelasi signifikan terhadap variable endogen. Melalui uji Sobel, dilakukan juga tinjauan indirect effect, dan hasilnya semua indirect effect berkorelasi signifikan terhadap variable endogen. Dengan demikian, berdasarkan variable yang ada di teori ini dapat dimanfaatkan bagi upaya peningkatan kesadaran masyarakat berpartisipasi aktif dalam program pemerintah, khususnya berkait dengan program vaksinasi yang tidak hanya untuk covid-19.*

Kata kunci: *Vaksinasi, theory of planned behavior, partisipasi masyarakat*

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Introduction

We should be grateful that the spread of the Corona virus (Covid-19), which the WHO declared a pandemic since March 11, 2020, is gradually coming under control, at least in Indonesia. This was marked by the official report by the Coordinating Minister for the Economy of Indonesia, Airlangga Hartarto, to the President of Indonesia, who said that for almost 1 year the number of Indonesians infected with the COVID-19 virus has been relatively sloping and daily cases are below 2000. Based on WHO criteria, this condition is at level 1, which means that the pandemic case has become endemic (Rizqo, K.A., 2022). However, of course, to be able to reach this stage, it takes a lot of effort and a lot of time, and it is quite possible that the struggle is not over.

This virus became known around the end of 2019 in a small town called Hunan in Hubei Province, China (Gunadi et., al., 2021). This Corona virus, in medical terms, is called the 2019 Novel Corona virus (2019-nCoV). Symptoms of a disease caused by this virus include loss of the ability to taste (ageusia) or smell (anosmia), nasal occlusion, red eyes, sore throat, headache, muscle pain, skin rash, digestive disorders, such as nausea, vomiting, or diarrhea, chills, and a lack of appetite (Adrian, Kevin, 2021; Alodokter, 2021).

Reporting from A Handbook of 2019-nCoV Pneumonia Control and Prevention (Arianto, 2020), there are five ways of transmitting the corona virus from human to human, namely:

1. Transmission from fluids: water can carry the virus from a patient to another person within about one meter. The water in question is usually in the form of bodily fluids that come out when talking, coughing, and sneezing.
2. Transmission from the air: the Corona virus can spread over long distances through the air. This method is the same as how the flu, SARS, variola, and norovirus spread from one person to another.
3. Contact transmission: the virus can be transmitted through direct contact with the skin or mucous membranes (such as the eyes, tongue, open wounds, etc.). Transmission can also take place through the blood that enters the body or on the mucous membranes.
4. Transmission from animals: people who process, sell, and distribute wild animals that carry the Corona virus can become infected through this contact.
5. People who have had close interact with patients—family, people who live in the same house, medical staff, or even people who have been close to patients—are susceptible to infection.

In just about 2 months, the virus, which previously only attacked the city of Hunan, was reported by the WHO to have spread to 18 countries, including Finland, India, the Philippines, Japan, Singapore, Malaysia, France, South Korea, Vietnam, Cambodia, Thailand, Nepal, Sri Lanka, the United States, Canada, Germany, and the United Arab Emirates,besides Indonesia(Ariyanto,2020).

From the names of these countries, it is known that this virus has spread to three continents. Finally, on January 30, 2020, the World Health Organization (WHO) acknowledged a global emergency against the Corona virus. WHO chief Tedros Adhanom Ghebreyesus said the emergency situation was not due to the spread of the virus in China but because it had spread extensively to many countries (Ariyanto, 2020).

It is realized that no country in the world has experience dealing with the threat of this new virus. Thus, the speed and accuracy of anticipatory steps compared to the increasing number of sufferers and the fatal consequences of this virus attack are very decisive. One of the steps that can be taken is administering a vaccine, and of course it takes months of testing to be sure that the vaccine is effective and safe for humans, apart from the issue of halal or haram, which sometimes creates additional problems.

In line with this, sourced from the Malang Regency Health Office, since the beginning of 2021, the government of the Republic of Indonesia has planned for four groups to list recipients of the Corona virus vaccine, namely:

Phase1 (January–April2021)
The focus of the phase 1 COVID-19 vaccination include health personnel, assistant health personnel, support staff, and students who are undertaking medical professional education and work in Fasilitas Pelayanan Kesehatan (Fasyankes).

Phase 2 (January–April 2021)
The target of the phase 2 COVID-19 vaccination is:

a. Public service officers, legal officers, and other public service officers, which include officers at airports/harbors/stations/ terminals, banks, the state electricity company, and regional drinking water companies, as well as other officers who are directly involved in providing services to the community.
b. Elderly age group (≥ 60 years).

Phase 3 (April 2021–March 2022)
Furthermore, phase 3 of the COVID-19 vaccination targets vulnerable communities from social, geospatial, and economic aspects.

Phase 4 (April 2021–March 2022)
The phase 4 COVID-19 vaccination given by the government is targeted at communities and other economic actors with a cluster approach based on vaccine availability. The activity of compiling stages and compiling priority groups for vaccine recipients is carried out by taking into account the World Health Organization (WHO) Strategic Immunization Expert Group Road Map. As well as reviews from the Indonesian Technical Advisory Group on Immunization). Meanwhile, the priorities to be vaccinated in line with the WHO Strategic Advisory Group of Experts on Immunization (SAGE) Roadmap include:

1. Health workers who are in the high to very high risk category of being exposed to and transmitting SARS-CoV-2 in the community.
2. Groups that have a risk of death or serious illness (comorbidity). The dose of administration is adjusted to the safety profile of each vaccine.
3. Social workers or workers who are at high risk of being exposed to and transmitting infection because they cannot undertake effective physical distancing (public workers))

The steps above are intended so that at least 70 to 80 percent of Indonesian citizens, or the equivalent of 181.5 million people, will receive an injection of the COVID-19 vaccine. This effort was implemented in order to meet the government's target of realizing herd immunity or group immunity against the transmission of the Corona virus. As is known, most Indonesians have undergone 2 rounds of vaccines and 1 round of booster vaccines. In order to increase awareness, sourced from the Indonesian Information Portal dated March 20, 2023, since February 2023 the government of the Republic of Indonesia has launched a phase 2 booster vaccination program.

According to data from the PHEOC of the Ministry of Health, in Indonesia as of March 23, 2023, the number of confirmed cases of patients caused by this virus was 6,742,510; recovered cases were 6,577,428 (97.6%), death cases were 160,982 (2.4%); and active cases totaled 4,100 (0.1%). However, when compared with cases that occurred in the world, it is known that confirmed cases were 760,360,956 people and cases of death amounted to 6,873,477 people, or 0.9% of confirmed cases. When compared with cases in Southeast Asia, namely confirmed cases of 60,777,224 people and cases of death amounted to 803,925 people, or 1.3% of confirmed cases, the percentage of patients who died in Indonesia (2.4%) was still relatively high compared to the percentage of patients who died in the world or in Southeast Asia. Apart from the problem of success, for which we should be grateful, the numbers above can indicate other problems. So the death rate due to the COVID-19 virus is still relatively high,

and one of the reasons this may occur is the presence of barriers to community participation, such as a lack of trust in government programs (Asrianti, et.al., 2022) and concerns that vaccines contain haram substances (Damuri, 2022).

If this issue is not handled carefully, then it will have the potential to interfere with other immunization programs, which are essentially very much needed by the community. Sourced from RSU Pindad Bandung, at least there are several vaccines that the Indonesian people really need, including:

1. Influenza
   Basically, all adults are recommended to get this influenza vaccination once every year. Some groups or conditions that are highly recommended for getting the influenza vaccination.
2. Tetanus, Diphtheria, and Pertussis (Td/Tdap) Giving a Td/Tdap booster is very important, especially during diphtheria outbreaks, which often occur in several regions in Indonesia.
3. Varicella (chickenpox)
   All adults who have not proven to have experienced chicken Pox or do not have immunity to varicella are recommended to be vaccinated. The clinical manifestations of chickenpox in adults are generally more severe than in children. Varicella can cause fetal defects if the primary infection occurs in the first trimester of pregnancy, so it is recommended to give it before marriage or pregnancy.
4. Human Papillomavirus (HPV) for Women
   HPV vaccination for women can use a bivalent or quadrivalent HPV vaccine. The best time of administration to obtain maximum effectiveness is between the ages of 9 and 26 years and/or before being sexually active. Vaccines can be given up to the age of 55, but this vaccination cannot replace the Pap smear.
5. Human Papillomavirus (HPV) for Men
   HPV vaccination for men only uses the quadrivalent HPV vaccine and is given at the age of 9–21 years.
6. Zoster
   This vaccine is given to all individuals over the age of 60, to prevent contracting herpes.
7. Measles, Mumps, Rubella/German Measles (MMR)
   The MMR vaccine is a live vaccine, highly recommended for health workers, tourists, and people who live in dormitories or crowded environments.
8. Hepatitis A
   This vaccine is recommended for all individuals. Special attention must be given to tour operators and food handlers.
9. Hepatitis B
   Vaccinations for all adults, it is highly recommended to check HbsAg first. Groups of people at high risk need special attention, such as health workers, patients with immunocompromised conditions, patients with chronic liver disorders, chronic kidney disorders, including patients undergoing hemodialysis.
10. Hepatitis A and B (combination)
    If available, use the combination vaccine for Hepatitis A and B. In addition to being more economical, the opportunity to increase immunization coverage is greater.

Concerns about the problem of community participation, as mentioned above, can be seen at least in Pasirwangi District, Garut Regency, West Java Province. It was recorded that there were 53,093 residents who met the criteria for getting the first COVID-19 vaccine, but only 2,492, or 4.7% of the population, used it, as can be seen in the following table.

Table 1.
Population in Pasirwangi District

No.	Village Name	Number That Has Been Vaccinated
1	Pasirwangi	485
2	Talaga	256
3	Padaawas	429
4	Barusari	246
5	Karyamekar	753
6	Sarimukti	323
	Total	2,492

Source: Pasirwangi sub-district health data centre (Retrieved on October, 7th 2021)

From the figures above, it can be seen that, at least in these areas, community participation in the COVID-19 vaccination program, which is basically very necessary for the community and also free of charge, is still very low. You can imagine how this community is involved in a vaccination program that is not as important as the COVID-19 virus and is also paid for. For this reason, researchers are trying to find alternative ways, so that opportunities for community involvement in this kind of thing are getting bigger.

The Theory of Planned Behavior (Ajzen, 1988, 1991) is essentially an expansion of The Theory of Reasoned Action, by containing perceived behavioral control. Theory of Planned Behavior states that a person's behavior is directly determined by individual intentions and perceived behavioral control. Whereas perceived behavioral control, also referred to as self-efficacy, will include the the degree to which an individual believes they have control over performing the behavior. Furthermore, intention, in turn, can be directly predicted by (1) an individual's attitude toward behavior, (2) subjective norms, and (3) perceived behavioral control.

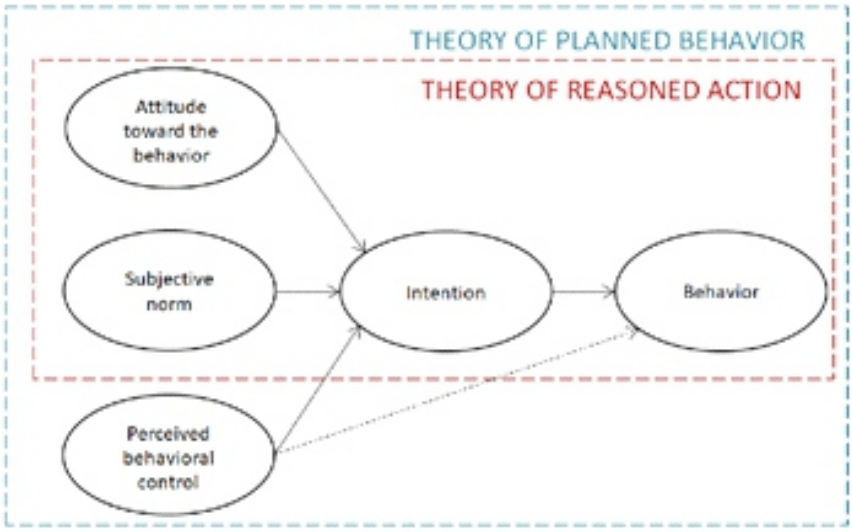

Figure 1.
Theory of Reasoned Action and Theory of Planned Behavior
Source: Tommasetti A., et.al. (2018)

According to Amber K. Worthington (Worthington, 2021), The Theory of Planned Behavior argues that intention leads to behavior; However, intention does not always determine behavior. The theory of planned behavior emphasizes the principle of specificity. This means that to estimate the best behavior, attitudes, subjective norms, and perceived behavioral control beliefs must be related to specific intentions and certain specific behaviors. This framework states that each specific behavior includes an action, target, context, and time period. In principle, the Theory of Planned Behavior emphases on rational reasoning and excludes the role of emotional influences and the subconscious.

Scholars argue about the importance of these variables and therefore suggest that anticipated emotions, habitual behaviors should be added to the Theory of Planned Behavior to better forecast intentions and subsequent behavior. A person anticipates the emotions experienced after performing a certain behavior. Anticipated emotions can shape and motivate behavior when the person tries to avoid negative feelings and then tries to achieve positive feelings (Baumeister et.al., 2007). Previous research has found that predicted emotions have added to the expounding power of the Theory of Planned Behavior for predicting cancer screening (McGilligan et.al., 2009), vaccination (Gallagher, Povey, 2006), and registration of organ donors (Wang, 2011).

This explanation shows that this theory has been used in the world of health, and for that reason, it is used in this study. Thus, taking into account the problems mentioned above, namely the low participation of some people in government programs, in this case related to the vaccination program, by utilizing the Theory of Planned Behavior, the purpose of this research is to identify the independent variables in this theory that have the most positive correlation and significance to the dependent variable Behavior, which can then be used to increase the role of the community in government programs, particularly in the health sector.

Research Methodology

As can be seen in Figure 2, this research begins with determining the research problem, setting the research objectives, and then considering the theories that will be used as the basis for carrying out this research. As explained in the previous section, the research will be conducted in Pasirwangi District, Garut Regency, and West Java Province.

The research population was made up of residents of Pasirwangi village who had met the criteria for receiving the COVID-19 vaccine minus the number of residents who had received the vaccine, which was 50,601 residents. Thus, to find out the minimum number of samples, it is done through the Slovin formula (Stephanie E., 2003), as follows:

$$n = \frac{N}{1 + Ne^2} \quad \text{..... (1)}$$

Legend:
N: number of population
n: number of sampel
e: error margin

From the existing population figures and using a 5% margin of error, a minimum sample size of 397 was obtained, and in this study, data were collected from 650 respondents. Furthermore, the data obtained will be analyzed using SEM Amos, to obtain a model, which is expected to be used as a consideration in obtaining solutions to research problems.

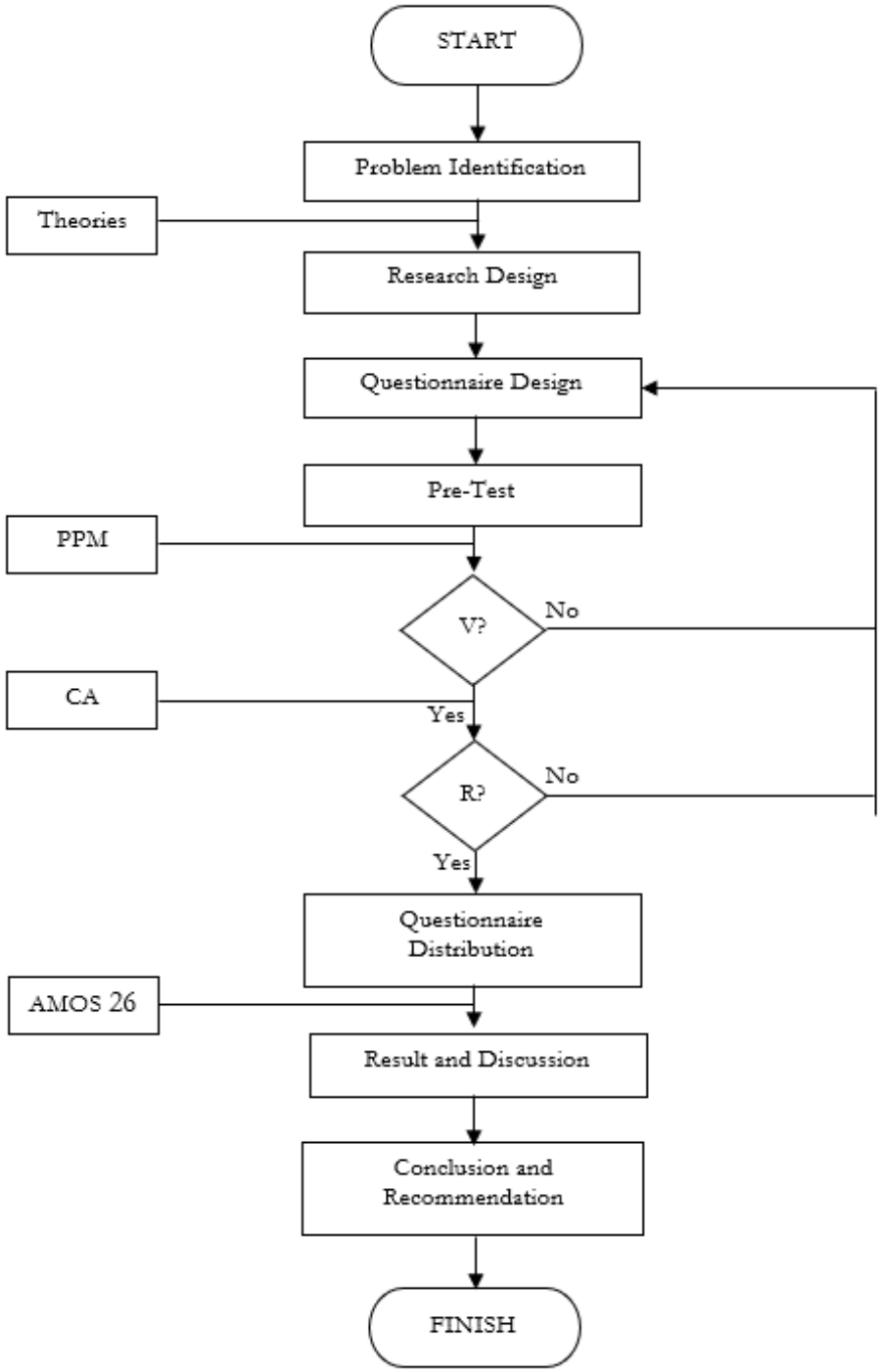

Figure 2.
Research Framework

Result and Discussion

The initial results that can be presented on this occasion are the results of the normality, validity, and reliability tests, as follows:

Tabel 2.
Normality Test

No	Variable	Min	Max	Skew	C.R.	Kurtosis	C.R.
1	B4	1.000	5.000	-.194	-2.019	-.275	-1.431
2	B3	1.000	5.000	-.241	-2.513	-.100	-.523
3	B2	1.000	5.000	-.216	-2.249	-.283	-1.471
4	B1	1.000	5.000	-.240	-2.498	-.083	-.430
5	I4	1.000	5.000	-.247	-2.568	.110	.572
6	I3	1.000	5.000	-.183	-1.907	.026	.134
7	I2	1.000	5.000	-.198	-2.057	-.001	-.007
8	I1	1.000	5.000	-.104	-1.081	-.232	-1.207
9	PH4	1.000	5.000	-.205	-2.138	-.192	-.997
10	PH3	1.000	5.000	-.187	-1.950	-.434	-2.257
11	PH2	1.000	5.000	-.226	-2.351	.203	1.055
12	PH1	1.000	5.000	-.221	-2.298	-.086	-.448
13	SN4	1.000	5.000	-.210	-2.182	-.178	-.926
14	SN3	1.000	5.000	-.147	-1.526	-.376	-1.957
15	SN2	1.000	5.000	-.183	-1.900	-.086	-.450
16	SN1	1.000	5.000	-.127	-1.327	-.262	-1.365
17	ATB4	1.000	5.000	-.183	-1.909	-.189	-.981
18	ATB3	1.000	5.000	-.056	-.586	-.384	-2.001
19	ATB2	1.000	5.000	-.204	-2.128	.035	.183
20	ATB1	1.000	5.000	-.119	-1.243	-.164	-.855
	Multivariate					3.551	1.526

Source: Processed by SEM AMOS 26

From the results of the table above, it can be seen that the multivariate number is 1.526, which is smaller than the threshold number of z score 2.58, so it can be said that the data is normally distributed. Furthermore, for validity and reliability testing, the results were obtained as shown in the table below.

Table 3.
Validity and Reliability Test

No	Variable	Indicator	Standard Loading (Loading Factor)	Measurement Error (1-Std Loading^2)	Construct Reliability	Average Variance Extracted (AVE)
1	Attitude Toward Behaviour	ATB1	0.729	0.469	0.832	0.554
		ATB2	0.763	0.418		
		ATB3	0.708	0.499		
		ATB4	0.776	0.398		
		Sigma	2.976	1.783		
		Sigma^2	8.857			
2	Subjective Norms	SN1	0.733	0.463	0.825	0.540
		SN2	0.734	0.461		
		SN3	0.723	0.477		
		SN4	0.750	0.438		
		Sigma	2.940	1.839		
		Sigma^2	8.644			
3	Perceived Behavioural	PH1	0.716	0.487	0.825	0.541
		PH2	0.734	0.461		
		PH3	0.729	0.469		
		PH4	0.762	0.419		
		Sigma	2.941	1.837		
		Sigma^2	8.649			
4	Intention	I1	0.710	0.496	0.814	0.522
		I2	0.723	0.477		
		I3	0.738	0.455		
		I4	0.720	0.482		
		Sigma	2.891	1.910		
		Sigma^2	8.358			
5	Behaviour	B1	0.754	0.431	0.836	0.561
		B2	0.752	0.434		
		B3	0.746	0.443		
		B4	0.743	0.448		
		Sigma	2.995	1.757		
		Sigma^2	8.970			

Source: Processed by SEM AMOS 26

In conducting convergent validity testing, it can be assessed based on Construct Reliability (CR) and Average Variance Extracted (AVE). Typically, the Construct Reliability (CR) limit in research is 0.70, and the AVE limit is 0.50. From the table above, it can be seen that all CR and AVE numbers meet the criteria as mentioned above, so it can be concluded that all research variables have good convergent validity (Sekaran & Bougie, 2016). Furthermore, the results of the analysis of the formation of the research model can be seen in the figure 2.

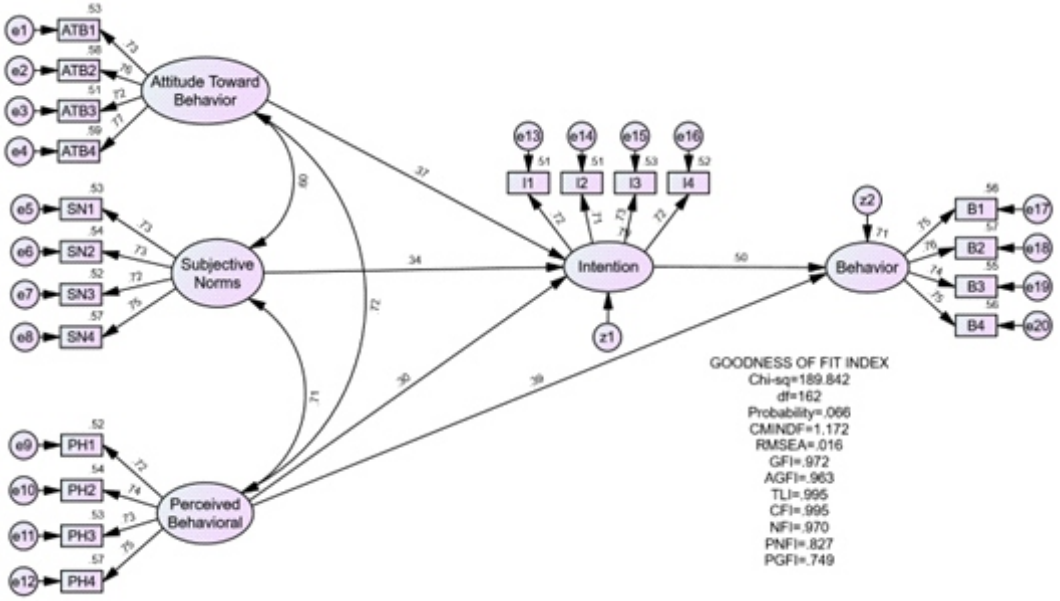

Figure 2.
Structural Model

Next, we will review the goodness of fit of the model mentioned above, and produce something like the table 3.

Table 3.
Goodness of Fit Crteria

NO.	Goodness of Fit Index	Cut off Value	Result	Evaluation Model
1	Chi – Square	Small	189,842	Fit
2	Probability	≥ 0,05	0,066	Good Fit
3	CMIN/DF	≤ 2,00	1,172	Good Fit
4	RMSEA	≤ 0,08	0,016	Good Fit
5	GFI	≥ 0,90	0,972	Good Fit
6	AGFI	≥ 0,90	0,963	Good Fit
7	TLI	≥ 0,90	0,995	Good Fit
8	CFI	≥ 0,90	0,995	Good Fit
9	NFI	≥ 0,90	0,970	Good Fit
10	PNFI	≥ 0,60	0,872	Good Fit
11	PGFI	0,00-1,00	0,749	Good Fit

Thus, it can be concluded that the model formed can be used to make inferences, according to the research objectives.

Furthermore, the results of the estimation of the research parameters can be seen in the section below.

Table 4.
Results of Estimation of Research Parameters

			Estimate	S.E.	C.R.	P	Label
Intention	<---	AttitudeTowardBehaviour	.368	.055	6.740	***	par_16
Intention	<---	SubjectiveNorms	.336	.053	6.337	***	par_17
Intention	<---	PerceivedBehaviouralControl	.286	.062	4.645	***	par_18
Behaviour	<---	PerceivedBehaviouralControl	.396	.077	5.112	***	par_19
Behaviour	<---	Intention	.519	.082	6.304	***	par_20

Source: Processed by SEM AMOS 26

All of the covariance values generated above are significant, as indicated by the *** sign on the P value. The CR value, which stands for critical ratio, is obtained from the estimated value divided by the standard error value (S.E).

The critical value outside the range of -1.96 to 1.96 produces a significant P value. Thus, it can be seen that all research hypotheses will be rejected, and it can be concluded as follows:

1. There is significant correlation between Attitude toward behavior and Intention
2. There is significant correlation between Subjective norm and Intention
3. There is significant correlation between Perceived behavioral control and Intention
4. There is significant correlation between Intention and Behavior
5. There is significant correlation between Perceived behavioral control and Behavior

Considering that the research model uses one intervening variable, namely 'Intention', to find out the indirect effect, calculations are carried out using the Sobel formula, as follows:

$$z = \frac{ab}{\sqrt{(b^2SE_a^2) + (a^2SE_b^2)}}$$

Where:
A= Regression coefficient of independent variable on the mediating variable
B= Regression coefficient of mediating variable on the dependent variable
SE_a = Standard error of estimation from the influence of Independent variable on mediating variable
SE_b = Standard error of estimation from the influence of mediating variable on dependent variable

The calculation of the Indirect effect variable Attitude toward behavior, through the Intention variable, can be seen in the following calculation examples:

Table 5.
Calculation Of Indirect Effect Variable Attitude Toward Behavior

ATB		A	a^2	Sea	SEa^2	b	b^2	SEb	SEb^2
		0,368	0,1354	0,06	0,003	0,519	0,269	0,08	0,006724
	ab	0,190992							
b^2*SEa^2		0,000815							
a^2*SEb^2		0,000911							
(b^2*SE^2)+(a^2*Seb^2)		0,001725							
V(b^2*SE^2)+(a^2*Seb^2)		0,041538							
z=		4,598003							
z table		1,963649							

From the calculation above, it is known that the calculated z (4.598) surpasses the table z (1.963) for a significance level of 5%. Thus, it can be stated that the indirect effect is significant. Using the same calculation method, for the Social Norms variable, a z calculated of 4.479 is obtained, and for the perceived behavioral control variable, a z calculated of 3.728 is obtained. So it can be concluded that for all exogenous variables, there is a significant indirect effect on the endogenous variables, through variable intervention.

It is understandable that during the pandemic, both the government and researchers tried to increase community participation, in this case, active participation in the vaccination program. As can be seen in the book *Strategi Komunikasi vaksinasi Covid-19,* published by *Direktorat Promosi Kesehatan dan Pemberdayaan Masyarakat*, Indonesian Ministry of Health, 2020, there has been sufficient discussion of programs prepared by the government, such as discussions on basic considerations, key messages and communication strategies, campaign targets, public communication approaches and opportunities for behavior change. From the research presented in this book, it is known that there are several reasons why people are still reluctant to take part in the vaccination program, namely: still worried about vaccine safety (30%), still worried about vaccine effectiveness (22%), did not trust vaccines (13%), worried about side effects (12%), and there were several other reasons.

Research conducted by Sari R.N (2022), entitled *Strategi Bidan Desa Dalam Mensosialisasikan Vaksin Covid-19 kepada Masyarakat Desa Bosar Nauli Kecamatan Hatonduhan Kabupaten Simalungun*, found that there was an assumption by the local community that the virus would not reach the countryside. In addition, this study also considers several previous studies, among others Wulandari (2021) entitled *Komunikasi MUI Propinsi Bengkulu dalam Mensosialisasikan Vaksinasi Covid-19*, Eviyani, Meli. (2021), entitled *Strategi Komunikasi Humas Pemerintah Kabupaten Banyumas dalam Mensukseskan Program Vaksinasi Covid-19*, Putri, C. (2021), entitled *Sosialisasi Vaksinasi Covid-19 Melalui Media Cetak untuk Meningkatkan Pemahaman Masyarakat Mengenai Pentingnya Vaksinasi Covid19*, and Apriansyah A. (2021), entitled *Strategi Komunikasi Petugas Puskesmas Kepuh Dalam Melakukan Sosialisasi Pencegahan Penyebaran Covid-19 pada Masa Adaptasi Kebiasaan Baru di Desa Kepuh Kecamatan Palimanan Kabupaten Cirebon*. Taking into account the research titles above, it is understandable that a lot of research has been carried out in many places in Indonesia, but there are still many problems related to community participation.

Taking into account the research results of Limbu et.al. (2022), entitled Predicting Vaccination Intention against Covid-19 using Theory of Planned Behavior: A Systematic Review and Meta-Analysis, which was carried out quantitatively, resulted that Variable

Attitude Toward Behavior was the highest predictor for people's intention to take part in the vaccination program. Likewise with the research conducted by Bui et.al. (2023), entitled Utilizing the Theory of Planned Behavior to Predict Covid-19 Vaccination Intention: A Structural Equational Models Approach. This research was conducted in Vietnam, resulting in all exogenous variables contributing positively to Intention, however, if sorted, Limbu's research results in the Subjective Norms variable in second place, while Bui's research places the Perceived Behavioral Control variable in second place. Of course, this difference in results is not a significant difference, considering that the two studies above state that all exogenous variables contribute positively to the Intention.

If the research results of the two studies above are compared with the results of the research conducted by this researcher, it can be seen that the theory of planned behavior can be used as a predictor, in terms of efforts to increase people's intention to participate in the Covid-19 vaccination program. In addition, all research respondents in these three studies were in the adult age group, which is very likely due to this age group being the first priority in the Covid-19 vaccination program. In addition, the results of Bui et.al.'s study found that there was a significant difference between the intentions of male and female respondents in participating in the co-19 vaccination program. While the research conducted by this researcher did not classify respondents based on gender.

Furthermore, taking into account the results of research by Anggreani et. al. (2023), entitled Application of Theory of Planned Behavior on Covid-19 Vaccine uptake in Palu, Central Sulawei, Indonesia, which was conducted based on qualitative research, also resulted that all exogenous variables had a positive effect on Intention. However, in this study it was also concluded that the cause of delays in the socialization of this vaccination program was the limited knowledge of the community, in this case especially rural communities, regarding the vaccine itself. In addition, the spread of news about the bad consequences of vaccines, which is not necessarily true, also contributed to the delay in this vaccination program. If the results of this study are compared with the results of research conducted by researchers, it can be seen that there are some similarities, among other things, the research location is in rural areas in Indonesia. As mentioned above, the results of Anggreani et.al.'s research conveyed the finding that the public had very limited knowledge regarding this vaccination program.

This was also felt by researchers when conducting pre-test questionnaires. Several attempts were made to simplify the use of words as well as sentences, so that it would be easily understood by the people who would be the respondents. This is due, apart from the language factor, as well as the very limited public understanding of the Covid-19 virus and its vaccination program. It is often found that the use of local languages and activities that are local in nature, such as local art performances can actually be used as media for promotion and socialization of this Covid-19 vaccination activity. From the description above, it can be seen that research related to efforts to increase community participation in terms of the Covid-19 vaccination program has been carried out in many places, but problems still occur. For this reason, efforts to socialize this program need to be carried out specifically and adapted to the existence of the local community. For this reason, persuasion methods that have greater opportunities so that people can participate more in government programs, in this case the vaccination program, are urgently needed.

Conclusion

This study concluded that the variables attitude toward behavior, social norms, and perceived behavioral control correlated significantly withthe intention variable. Furthermore, the intention variable has a significant correlation with the behavior variable.

Likewise, the variable perceived behavioral control has a significant correlation with the behavior variable. From the calculation of the indirect effect, it is also known that all indirect effect paths are significantly correlated with the endogenous variables. Thus, this study shows that, especially for Pasirwangi District in Garut Regency, there are still very wide opportunities to utilize the three exogenous variables in the theory of planned behavior because all three show a significant correlation with the intention variable as an intervening variable, which is also significantly correlated with the behavior variable as an endogenous variable.

For this reason, creativity is needed to be able to take advantage of the correlation between variables in this study. Paying attention during the data collection process, it is known that the people in the research location are still dominated by people who speak local languages. It seems that a cultural approach is also a very worthy thing to try in implementing creative ideas in order to increase community participation, especially efforts to utilize local community leaders to set examples of participation, in this case related to the vaccination program and not limited to vaccination for COVID-19.

In the article entitled *Kepemimpinan, Modal Sosial dan Pembangunan Desa* (Saefulrahman, 2017), in which the research location is in Garut district, it was stated that the success of village development involves 3 components, namely social norms, trust and networking. Social norms that stand out in this area are mutual cooperation, a sense of togetherness, and caring. Thus, this is in line with the findings of this research, which also results that Social Norms will contribute positively and significantly to intention and behavior. In addition, trusted figures are also one of the keys to successful village development in Garut Regency. For this reason, the role of respected figures is needed, both formal and informal figures, who can become role models, inviting people to take part in the vaccination program, not only for personal gain, but also to protect neighbors and the surrounding community.

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