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FACTORS ASSOCIATED WITH COMMUNITY PARTICIPATION IN THE COVID-19 VACCINE PROGRAM

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ABSTRACT

Vaccination is a public health effort that is considered the most effective and efficient in preventing the transmission of dangerous diseases. Covid-19 vaccination aims to minimize the spread of Covid-19, reduce the number of positives and deaths due to Covid-19, achieve herd immunity. The purpose of this study was to determine the factors associated with community participation in the Covid-19 Vaccine program in Sukaluyu Village, Ganeas District, Sumedang Regency. This research is a quantitative study using a cross sectional design. In this study, there were 67 samples obtained by filling out questionnaires. Data analysis using Spearman Rank and Chi Square. It showed that out of 67 respondents, there were 7 respondents (10.4%) who did not participate in the Covid-19 vaccine program, while 60 respondents (89.6%) participated in the Covid-19 vaccine program. The variable associated with community participation in the Covid-19 vaccine program is the knowledge variable (P-value=0.015). The unrelated variables are anxiety (P-value=0.068), comorbidities (P-value=1.000). Knowledge is related to community participation in the Covid-19 vaccine program, therefore it is necessary to provide regular information to all communities about the usefulness, safety of the covid-19 vaccine and all updated information about the Covid-19 vaccine.

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1. INTRODUCTION

Corona Virus Disease 2019 or commonly abbreviated as COVID-19 is an infectious disease caused by SARS-CoV-2, a type of coronavirus. People with COVID-19 can experience fever, dry cough, and difficulty breathing. The infection spreads from one person to another through droplets from the respiratory tract that are often produced when coughing or sneezing. The droplet range is usually up to 1 meter. Droplets can stick to objects, but will not stay in the air for long. The time from exposure to the virus to the onset of clinical symptoms is between 1-14 days with an average of 5 days. So, people who are sick are required to wear masks to minimize the spread of droplets.Until now, the cause of the Corona virus is unknown, but it is known that this virus is spread by animals and is able to spread from one species to another, including humans. It is known that the Corona virus originated in Wuhan City in China and appeared in December 2019.

The World Health Organization (WHO) has declared Covid-19 a Global Pandemic. Indonesia is one of the countries that contracted the coronavirus in early 2020. On March 2, 2020 Indonesia reported 2 cases of Covid-19. Starting from this case, the number of cases of people affected by the corona virus increased every day until July 13, 2021. Indonesia is also said to be the country with the highest Covid-19 cases in Southeast Asia, which of course this condition greatly affects the entire world community. According to data from the Indonesian Ministry of Health, the number of cases affected by Covid-19 in Indonesia has reached 2,615,529

cases, and confirmed cases of death caused by Covid-19 with a total death of 68,219 cases (2.6%). (Indonesian Ministry of Health, 2020, in Argista, 2021).

The government has declared a Covid-19 public health emergency in Indonesia through Presidential Decree Number 11 of 2020 concerning the Determination of Corona Virus Disease 2019 (Covid-19) Public Health Emergency, so that countermeasures must be carried out in accordance with the provisions of laws and regulations (Ministry of Health of the Republic of Indonesia 2021). The determination of the Covid-19 public health emergency is carried out considering the extraordinary spread of Covid-19 characterized by the number of cases and the number of deaths that have increased and expanded to cross-regional and cross-country and have an impact on political, economic, social, cultural, defense and security aspects, as well as the welfare of the people in Indonesia.

In addition, considering the spread of Covid-19 has an impact on increasing the number of victims and property losses, expanding the scope of affected areas, and having implications on broad socio-economic aspects in Indonesia, the government issued Presidential Decree Number 12 of 2020 concerning the Determination of the Non-natural Disaster of the Spread of Corona Virus Disease 2019 (Covid-19) as a National Disaster (Ministry of Health of the Republic of Indonesia 2021).Covid-19 countermeasures continue to be carried out with various strategies. The rapid spread of Covid-19 means that simply complying with health protocols is not enough. Quick and effective steps are needed in a short time to minimize the impact it causes. One very possible way to prevent the spread of this virus is to develop a vaccine. This is because vaccines not only protect those vaccinated, but also protect the wider community by reducing the spread of the disease in the population.

Vaccination is considered the most effective and efficient public health effort in preventing the transmission of dangerous diseases. History has recorded the great role of vaccination in saving people from morbidity, disability, and even death due to diseases that can be prevented by vaccination (PD3V). In the effort to overcome the Covid-19 pandemic, Covid-19 vaccination aims to minimize the spread of Covid-19, reduce the number of positives and deaths due to Covid-19, achieve herd immunity and protect the community from Covid-19 to remain socially and economically productive. Covid-19 vaccination efforts have been carried out by various countries, including Indonesia (Ministry of Health of the Republic of Indonesia, 2021). However, the problem faced by Indonesia since the emergence of the discourse on vaccination is that there are still many people who refuse vaccination. One of the factors that cause people to be reluctant to vaccinate is the spread of hoaxes that vaccines are harmful to human health, vaccines contain pig oil, vaccines have tracking devices (chips), vaccines contain very high side effects, causing death. Such hoaxes influence the public and make them afraid to be vaccinated. The Indonesian government also received a lot of criticism for its handling of Covid-19 and this lasted until the Covid-19 vaccination stage.

The Covid-19 vaccination has now reached the 3rd dose (booster vaccine). According to the source of the Ministry of Health's website regarding the National Covid-19 Vaccination data as of April 10, 2022 at 18.00 WIB. For the achievement of the 1st Dose Vaccination rate in Indonesia, it has reached 94.83%, 2nd Dose Vaccination has reached 77.52%, 3rd Dose Vaccination has only reached 13.00% of the total vaccination target of 208,265,720 Indonesian residents consisting of health workers, the elderly, public officials, vulnerable communities and the general public, ages 12 - 17 years and children - children. The achievement rate of Covid-19 vaccination in West Java Province for Dose 1 vaccination reached 94.04%, Dose 2 vaccination reached 79.08% and Dose 3 vaccination only reached 14.24% of the total vaccination target of 37,907,814 residents of West Java Province. The achievement rate of Covid-19 vaccination in Sumedang Regency for Dose 1 vaccination reached 90.59%, Dose 2 vaccination reached 78.45%, and Dose 3 vaccination only reached 13.27% of the West Java provincial target. The achievement rate of Covid-19 vaccination in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas Subdistrict, Sumedang Regency, Dose 1 vaccination reached 78.8% of the target of 203 people, Dose 2 vaccination 74.3% of the target of 203 people, while Dose 3 vaccination has only reached 0.1% of the target of 167 people.

Based on the data mentioned above, the achievement rate of dose 3 vaccination in Sumedang Regency, especially in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas Subdistrict is still less than the target target, so we are interested in conducting research on what factors are associated with community participation in the Covid-19 Vaccine program in Cihanja Hamlet.

2. METHOD

This research is a quantitative study with a descriptive correlation design using a Cross Sectional approach. Where all variables were observed, measured at the time of the study. This study uses primary data to determine the relationship between diet and gastritis in adolescent girls of Al-Ma'mun Islamic Boarding School. Where the independent variable is diet and the dependent variable is the occurrence of gastritis will be collected at the same time.

This type of research is quantitative research. This research design uses a cross sectional design. Cross Sectional is a type of research that emphasizes the time of measurement or observation of data on independent and dependent variables only once at a time. In this type, the independent and dependent variables are assessed simultaneously at a time, so there is no follow-up (Nursalam, 2020).

In this study, researchers wanted to know the factors associated with community participation in the Covid-19 Vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency. The population in the study is a subject that meets predetermined criteria (Nursalam, 2020). The population in this study were the people of Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency who were the target of the Covid-19 vaccine program, namely 203 people. Type of purposive sampling. Purposive sampling is a sample placement technique by selecting samples among the population according to the researcher's wishes (objectives/problems in the study, so that the sample can represent the characteristics, population that has been previously known.(Nursalam, 2020). This study involved a total of 67 samples.

The questionnaire used is the Hamilton Rating Scale for Anxiety (HRS-A) questionnaire and a questionnaire that has been used by previous researchers, namely the questionnaire in the research article by Nabila Hi Daud, a student of the Pharmacy Study Program, Faculty of Health, Ngudi Waluyo University with the title of the article "Level of Knowledge of the Saketa Village Community, West Gane District About the Covid-19 Vaccine" which has been tested validity and reliability tests. The measuring instrument in this study did not require a reliability test because it used the standardized Hamilton Rating Scale for Anxiety (HRS-A) questionnaire and a questionnaire that had been used by previous researchers, namely researcher Nabila Hi Daud who had passed the reliability test stage. The results of the reliability test of the Covid-19 Vaccine Understanding variable obtained reliable or consistent results with a Cronbach's Alpha value of 0.902. Data analysis to see the relationship between the variables of knowledge level, anxiety and community participation, the analysis used is Spearmen Rank.

3. RESULTS AND DISCUSSION

3.1. Results

3.1.1 Overview of community participation in the implementation of the Covid-19 vaccine program

Table 1.
Overview of community participation in the implementation of the Covid-19 vaccine program

No.	Community Participation	Frequency	Percentage (%)
1	No	7	10,4
2	Yes	60	89,6
Total		**67**	**100**

Based on table 1 above, it can be seen that 7 respondents (10.4%) did not participate in the Covid-19 vaccine program, while 60 respondents (89.6%) participated in the Covid-19 vaccine program. It can be concluded that respondents in this study want to participate in the Covid-19 vaccine program.

3.1.2 Overview of the level of public knowledge in the implementation of the Covid-19 vaccine program

Table 2.
An overview of the level of public knowledge in the implementation of the Covid-19 vaccine program

NO	Knowledge Level	Frequency	Percentage (%)
1	Less	9	13,4
2	Simply	58	86,6
Total		**67**	**100**

Based on table 2 above, it can be seen that the respondents' level of knowledge of the Covid-19 vaccine after being categorized, namely those with a lack of knowledge were 9 respondents (13.4%), those with a sufficient level of knowledge were 58 respondents (86.6%) while those with a good level of knowledge did

not exist (0%), because the average respondent answered Know not Very Know. It can be concluded that respondents in this study have a sufficient level of knowledge of the Covid-19 vaccine.

3.1.3 Overview of public anxiety in the implementation of the Covid-19 vaccine program

Table 3.
An overview of community anxiety in the implementation of the Covid-19 vaccine program

Category	Frequency	Percentage (%)
No anxiety	30	44,8
Mild anxiety	12	17,9
Moderate anxiety	13	19,4
Severe anxiety	12	17,9
Total	**67**	**100**

Based on table 3 above, it can be seen that respondents' anxiety about the Covid-19 vaccine after being categorized, namely those who did not have anxiety were 30 respondents (44.8%), who had mild anxiety were 12 respondents (17.9%), who had moderate anxiety were 13 respondents (19.4%), while those who had severe anxiety were 12 people (17.9%). It can be concluded that the respondents in this study were mostly respondents who did not have anxiety about the Covid-19 vaccine.

3.1.4 Overview of community comorbidities in the implementation of the Covid-19 vaccine program

Table 4
Overview of community comorbidities in the implementation of the Covid-19 vaccine program

Comorbid	Frequency	Percentage (%)
No	60	89,6
Yes	7	10,4
Total	**67**	**100**

Based on table 4 above, it can be seen that people who do not have comorbidities are 60 respondents (89.6%) while people who have comorbidities are 7 respondents (10.4%). It can be concluded that most respondents in this study were respondents who did not have comorbidities.

3.1.5 Relationship between knowledge level and community participation in the implementation of the Covid-19 vaccine program

Table 5
Relationship between knowledge level and community participation in the implementation of the Covid-19 vaccine program

Knowledge Level	**Community Participation**				**Total**		**P Value**
	No		**Yes**				
	n	**%**	**n**	**%**	**n**	**%**	
Less	3	4,4	6	9,0	9	13,4	0,015
Simply	4	6,0	54	80,6	58	86,6	
Total	**7**	**10,4**	**60**	**89,6**	**67**	**100**	

Based on the results of the analysis of the relationship between the level of knowledge and community participation in the Covid-19 vaccine program in Cihanja Hamlet, it shows that there are as many as 3 (4.4%) people who have a lack of knowledge who do not participate in the Covid-19 vaccine program and there are as many as 6 (9.0%) people who have a lack of knowledge who participate in the Covid-19 vaccine program. Meanwhile, there are as many as 4 (6.0%) people who have a sufficient level of knowledge who do not participate in the Covid-19 vaccine program and there are as many as 54 (80.6%) people who have a sufficient level of knowledge who participate in the Covid-19 vaccine program.

The results of the Spearmen Rank statistical test obtained a p-value (0.015), it can be concluded that there is a relationship between the level of knowledge and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency.

3.1.6 Relationship between anxiety and community participation in the Covid-19 vaccine program

Table 6
The relationship between anxiety and community participation in the Covid-19 vaccine program

Anxiety	Community Participation				Total		P Value
	No		Yes				
	n	%	n	%	n	%	0,068
No anxiety	1	1,5	29	43,3	30	44,8	
Mild anxiety	0	0,0	12	17,9	12	17,9	
Moderate anxiety	5	7,5	8	11,9	13	19,4	
Severe anxiety	1	1,5	11	16,4	12	17,9	
Total	**7**	**10,4**	**60**	**89,6**	**67**	**100**	

Based on the results of the analysis of the relationship between anxiety and community participation in the Covid-19 vaccine program in Cihanja Hamlet, it shows that there are 1 (1.5%) people who do not have anxiety who do not participate in the Covid-19 vaccine program and there are 29 (43.3%) people who do not have anxiety who participate in the Covid-19 vaccine program. There are as many as 12 (17.9%) who have mild anxiety participating in the Covid-19 vaccine program.

There are 5 (7.5%) who have moderate anxiety participating in the Covid-19 vaccine program and there are 8 (11.9%) people who have moderate anxiety participating in the Covid-19 vaccine program. While there are as many as 1 (1.5%) who have severe anxiety participating in the Covid-19 vaccine program and there are as many as 11 (16.4%) people who have severe anxiety participating in the Covid-19 vaccine program.

The results of the Spearmen Rank statistical test obtained a p-value (0.068), it can be concluded that there is no relationship between anxiety and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency.

3.1.7 Relationship between comorbidities and community participation in the Covid-19 vaccine program

Table 7
Relationship between comorbidities and community participation in the Covid-19 vaccine program

Comorbid	Community Participation				Total		P Value
	No		Yes				
	n	%	n	%	n	%	
No	7	10,4	53	79,2	60	89,6	1,000
Yes	0	0,0	7	10,4	7	10,4	
Total	**7**	**10,4**	**60**	**89,6**	**67**	**100**	

Based on the results of the analysis of the relationship between comorbidities and community participation in the Covid-19 vaccine program in Cihanja Hamlet, it shows that there are 7 (10.4%) people who do not have comorbidities who do not participate in the Covid-19 vaccine program and there are 53 (79.2%) people who do not have comorbidities who participate in the Covid-19 vaccine program.

While there are as many as 7 (10.4%) who have comorbidities participating in the Covid-19 vaccine program. The results of the Chi square statistical test with Fisher's Exact obtained a p-value (1.000), it can be concluded that there is no relationship between comorbidities and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency.

3.2. Discussion

3.2.1 Overview of community participation in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency

Community participation according to Isbandi (2007) is the participation of the community in the process of identifying problems and potential in the community, selecting and making decisions about alternative solutions to deal with problems, implementing efforts to overcome problems and community involvement in the process of evaluating changes that occur. The type of community participation in the Covid-19 vaccine program is participation in implementation. This type of participation is a continuation of the previously agreed plan, both with regard to planning, implementation, and goals. In implementing the

program, the involvement of various elements is needed, especially the government in its position as the focus or main source of development. By increasing community participation through their involvement in the COVID-19 vaccination program, the health sector has the opportunity to provide vaccination services that are realistic, relevant and in accordance with the needs and challenges of the target group.

According to the results of previous research conducted by Zisi Lioni Argita (2021) with the title "Public Perceptions of the Covid-19 Vaccine in South Sumatra" showed that there were as many as 85 (86.7%) people who were not willing to be vaccinated and as many as 78 (22.8%) people who were willing to be vaccinated. Meanwhile, in the research conducted by the researcher, it was found that the community who did not participate in the Covid-19 vaccine program was 7 respondents (10.4%) while the community who participated in the Covid-19 vaccine program was 60 respondents (89.6%). There are differences in the research conducted by Zisi and the research conducted by researchers where in this study there were more respondents who were willing to participate (willing) to be vaccinated with a total of 89.6%.

People who are willing to vaccinate against COVID-19 organized by the government believe that vaccines can prevent the body from COVID-19 infection, to protect the family from Covid-19 infection. In this study, there are still people who do not participate in the Covid-19 vaccine program. In this case, the doubts of the community in participating in the Covid-19 vaccine program are due to the halalness of the vaccine itself, which affects public acceptance of the covid-19 vaccine, then public doubts about the efficacy of vaccines that are still unproven. This of course affects the community's willingness to vaccinate covid-19, because people do not want to take risks by vaccinating and some people also think that they are healthy and in good condition so they only need to carry out health protocols and increase the body's immune system by taking vitamins. And also the fear of being injected is one of the reasons for not participating in the Covid-19 vaccine.

3.2.2 An overview of the level of public knowledge in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency.

Knowledge is facts, truths or information obtained through experience or learning called a posteriori, or through introspection called a priori. Knowledge is information that a person knows or is aware of. Knowledge is seen when someone uses their intellect to recognize certain objects or events that have never been seen or felt before. An example of knowledge is when someone tastes a new dish, they gain knowledge in the form of the shape, taste and aroma of the dish (Maier, 2007). The type of knowledge that must be possessed in the Covid-19 vaccine program is procedural knowledge. The community must know what the Covid-19 vaccine is, the benefits and how the procedure in doing the Covid-19 vaccine.

According to research conducted by Nabila Hi Daud with the title "Level of Knowledge of the Saketa Village Community, West Gene District About the Covid-19 Vaccine", the results of the level of knowledge of the Covid-19 vaccine were found to be less knowledgeable with a score of 51.31%, and the respondent's level of knowledge of Covid-19 was moderately knowledgeable with a score of 58.84%. Meanwhile, in the research conducted by the researcher, it was found that those who had a lack of knowledge were 9 respondents (13.4%), who had a sufficient level of knowledge were 58 respondents (86.6%). In the category of sufficient knowledge level, the results of this study are greater than the results of Nabila Hi Daud's research.

In the research conducted by researchers, the level of knowledge in the moderate category was 86.6%, this shows that the community already knows the Covid-19 vaccine. Knowledge about the Covid-19 vaccine can now be easily accessed by the public through communication media such as electronic media (television, cellphones, videos played back in public spaces), also obtained through outdoor media such as billboards, banners. And many media are carried out by the government to campaign for the Covid-19 vaccine program with the aim of spreading basic information about the Covid-19 vaccine so that the public knows about the Covid-19 vaccine. But in this study, 13.4% of people were still found to have less knowledge about the Covid-19 vaccine, this is because some people in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village do not have communication media such as cellphones or television so that information about the Covid-19 vaccine is not conveyed, and also they do not find out information about the Covid-19 vaccine, they are more focused on meeting their daily economic needs.

3.2.3 Overview of community anxiety in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency

Anxiety is a negative emotion felt by humans, the emergence of tense feelings and thoughts, usually accompanied by symptoms of fast heartbeat, sweating, and tightness (Annisa & Ifdil, 2016). Anxiety is a normal feeling that humans have, because when feeling anxious humans are made aware and reminded that there is a threatening dangerous situation. However, when anxiety that was normal and can be controlled turns into anxiety that is continuous and cannot be controlled, it will interfere with daily activities (Dewi & Fauziah, 2018).

According to research conducted by Dina Kholidiyah, et al (2021) with the title "The Relationship between Community Perceptions of the Covid-19 Vaccine and Anxiety When Undergoing Covid-19 Vaccination in Bangkok Village, Glagah District, Lamongan Regency", the results showed that most respondents experienced moderate anxiety, namely 114 respondents (80.3%) and a small proportion of respondents experienced mild anxiety, namely 10 respondents (7.0%). Whereas in the research conducted by researchers, it was found that those who did not have anxiety were 30 respondents (44.8%), who had mild anxiety were 12 respondents (17.9%), who had moderate anxiety were 13 respondents (19.4%), while those who had severe anxiety were 12 people (17.9%). This shows the difference in research results, especially for moderate anxiety where the results of research conducted by Dina Kholidiyah, et al as much as 80.3% are greater than the results obtained in research conducted by researchers for moderate anxiety as much as 19.4%. The anxiety experienced by respondents in this study is a natural thing that can occur considering that the current Covid-19 pandemic is a type of disease pandemic that has never been experienced by the community before.

3.2.4 Overview of community comorbidities in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency

Comorbid diseases are comorbidities or congenital diseases that can worsen the condition of COVID-19 infection and can also reduce the immune system (Marzuki et al., 2021, p. 93). The Indonesian Ministry of Health states that one of the groups that are vulnerable to exposure to COVID-19 is people who have comorbid diseases, this group is also at a higher risk of death (Indonesian Ministry of Health, 2020, p.1). According to research conducted by Zisi Lioni Argita (2021) with the title "Public Perception of the Covid-19 Vaccine in South Sumatra", it is known that out of 440 respondents who have non-communicable disease conditions, where respondents who have autoimmune disease conditions are 20 people (4.5%), Chronic Lung Disease (Asthma, emphysema, COPD) are 21 people (4.8%), Immunocomprimised as many as 5 people (1.1%), cancer as many as 5 people (1.1%), Cycle Cell Disease as many as 2 people (0,5), diabetes as many as 7 people (1.6%), High Blood Pressure as many as 19 people (4.3%), obesity as many as 21 people (4.8%), heart disease as many as 9 people (0.9%), kidney disease as many as 4 people (0.9%), and Chronic Liver Disease (Hepatitis, etc.) as many as 6 people (1.4%) and it can be concluded that respondents who have a history of non-communicable diseases are 31 people (7%) while respondents who do not have a history of non-communicable diseases are 409 people (93%). This disease history is a comorbid in participating in the Covid-19 vaccine program.

In a study conducted by researchers, it was found that people who did not have comorbidities were 60 respondents (89.6%) while people who had comorbidities were 7 respondents (10.4%). There is a difference in results for people who do not have comorbidities as much as 89.6% smaller than the research conducted by Zisi Lioni Argita (2021) as much as 93%. Most of the people in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village do not have comorbidities, due to the healthy lifestyle adopted by the community. People who have comorbidities include hypertension and Diabetes Mellitus.

3.2.5 The relationship between knowledge level and community participation in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas Subdistrict, Sumedang Regency.

Knowledge is an idea that arises to obtain information and understand known things that can be remembered in the mind so that new ideas or information can be taken. Knowledge is also one of the factors that can influence a person's perception in understanding something. According to Rahman Widyar (2021), said that when viewed from the level of knowledge, 98.7% of people are aware of the vaccination program that has been implemented by the government in Indonesia. Because it can be seen from the level of public knowledge regarding the importance of health protocols, namely by implementing 3M even though they have been vaccinated, how to administer the covid-19 vaccine and the importance of administering vaccines in an area. Then some people also know the name of the vaccine that has been injected in Indonesia (Rahman, 2021).

Based on the results of bivariate analysis using the Spearmen Rank statistical test, the p-value (0.015) shows that there is a relationship between the level of knowledge and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency. This is in accordance with research conducted by Rizky Yusfasari (2022) with the title "The Relationship between the Level of Community Knowledge about the Covid-19 Vaccine and the Willingness to Vaccine in Sibolga City" showing that there is a significant relationship between the level of knowledge and the willingness of the community to do the Covid-19 Vaccine in Sibolga City Community" with a p value of 0.00.

Good and sufficient knowledge about the Covid-19 vaccine will make the community moved to realize it with real actions such as the willingness of the community to participate in vaccinating Covid-19. This shows that the higher the level of knowledge, the higher the community participation. On the other hand,

people whose level of knowledge is less allows people to not care about the Covid-19 virus and do not know the preventive actions that can be taken, as well as reluctant to carry out health protocols and lack of interest in vaccinating Covid-19.

3.2.6 The relationship between anxiety and community participation in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas Subdistrict, Sumedang Regency.

Anxiety is a subjective emotional response and individual judgment that is influenced by the subconscious and the factors that cause it are not specifically known. (Lestari, 2015). According to the Decree of the Director General of the Covid Vaccination Technical Guidelines (Ministry of Health, 2021) anxiety is one of the factors associated with the implementation of the Covid-19 Vaccine. Covid-19 vaccination efforts have been carried out by various countries, including Indonesia (Ministry of Health of the Republic of Indonesia, 2021). However, the problem faced by Indonesia since the emergence of the discourse on vaccination is that there are still many people who refuse vaccination. One of the factors that cause people to be reluctant to vaccinate is the spread of hoaxes that vaccines are harmful to human health, vaccines contain pig oil, vaccines have tracking devices (chips), vaccines contain very high side effects, causing death. These hoaxes affect the public and make them afraid to get vaccinated.

Based on the results of the analysis using the Spearmen Rank statistical test, the p-value (0.068) shows that there is no relationship between anxiety and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency. This is in line with research conducted by Yohanes, et al (2021) with the title "The Relationship between Covid-19 Vaccination and Anxiety Level in Post-Vaccination Elderly at Budi Agung Social Home in Kupang City" stating that there is no significant relationship between Covid-19 vaccination and the anxiety level of post-vaccination elderly at Budi Agung Social Home in Kupang City with a significance value of $p=0.071$ or $p>0.05$. In contrast to the results of research conducted by Kirana Eka, et al (2021) entitled "Public Anxiety About Covid-19 Vaccination" states that there is a relationship between willingness to be vaccinated and anxiety with a p-value of 0.000.

In the research conducted by researchers, it shows that there is no relationship between anxiety and community participation in the Covid-19 vaccine program, because currently public anxiety about vaccination is decreasing with the existence of socialization activities, providing motivation and education about the importance of vaccines and the safety level of vaccines so as to raise public awareness to participate in the Covid-19 vaccine program.

3.2.7 The relationship between comorbidities and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency

Comorbid diseases are comorbid or congenital diseases that are owned, and have acute to chronic signs and symptoms that last for years. Examples of comorbid diseases include hypertension, diabetes, chronic lung disease, heart disease, kidney failure, cancer, and stroke (Maryono, 2021). According to the Decree of the Director General of the Covid Vaccination Technical Guidelines (Ministry of Health, 2021), community groups that are at high risk of exposure to Covid-19 (comorbidities) are one of the factors associated with the implementation of the Covid-19 Vaccine.

Based on the results of the analysis using the Chi square statistical test with Fisher's Exact, the p-value (1.000) shows that there is no relationship between comorbidities and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency. This is different from the research conducted by Aziza (2022) entitled "Factors Associated with Covid-19 Vaccination in the Elderly in Biringkanaya District" which states that there is a relationship between comorbidities and Covid-19 Vaccination in the Elderly in Biringkanaya District with a p-value of 0.000.

In research conducted by researchers, it shows that there is no relationship between comorbidities and community participation in the Covid-19 vaccine program, because currently comorbidities are not an obstacle for people to take the Covid-19 vaccine as long as they have requirements, for example in hypertensive patients, patients routinely take drugs so that their high blood pressure is controlled and there are no symptoms that indicate acute. Type 2 Diabetes Mellitus patients can be given the vaccine if they are controlled and HbA1C is below 58 mmol/mol or 7.5 percent and there are no complications of the disease. Of course, this must be on the recommendation of the doctor examining the patient.

4. CONCLUSION

Based on the results of the research that has been conducted and described in the discussion exposed in the previous chapter, the authors can provide the following conclusions:

1. The distribution of community participation in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas Subdistrict, Sumedang Regency illustrates that most people participate in the Covid-19 vaccine program with a total of 60 respondents (89.6%).
2. The distribution of the level of community knowledge in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas Subdistrict, Sumedang Regency illustrates that most people have a sufficient level of knowledge with a total of 58 respondents (86.6%).
3. The distribution of community anxiety in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency illustrates that most people do not have anxiety with a total of 30 respondents (44.8%).
4. The distribution of community comorbidities in the implementation of the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency illustrates that most people do not have comorbidities with a total of 60 respondents (89.6%).
5. There is a relationship between the level of knowledge and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency with a p-value (0.015).
6. There is no relationship between anxiety and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency with a p-value (0.068).
7. There is no relationship between comorbidities and community participation in the Covid-19 vaccine program in Cihanja Hamlet RT 01 RW 04 Sukaluyu Village, Ganeas District, Sumedang Regency with a p-value (1.000).

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