

Analysis of the Achievements of the Covid-19 Vaccination in Terms of Mobilization and Community Participation Factors at the Banda Aceh City Health Center

Jamilah¹, Nasrul Zaman², Safrizal Rahman³, T. Maulana⁴, Said Usman⁵, Ferdi Riansyah⁶

^{1,2,3,4,5}Syiah Kuala University Banda Aceh, Aceh, Indonesia

⁶Bina Bangsa Getsempena University Bnda Aceh, Aceh, Indonesia

Email address: jamilaputeh.7982@gmail.com, nasrulzaman@unsyiah.ac.id, rizal.rhmn@gmail.com, teukumaulana@unsyiah.ac.id, Saidusman@unsyiah.ac.id, ferdi@bbg.ac.id

Abstract— The end of 2019, December to be precise was known to be the start of a global pandemic and this situation has been going on for about two years since it was officially established by the World Health Organization which stated that the cause was a virus that originated in Wuhan, China. WHO states that the virus includes Severe Acute Respiratory Syndrome Corona Virus-2 with the name of disease, namely Coronavirus Disease 2019 or known as COVID-19. Vaccination achievements based on districts/cities in Aceh Province were obtained for the highest dose-1 and dose-2 vaccines occupied by Banda Aceh City, while for the 3rd dose, Banda Aceh City ranked 10th out of all districts/cities in Aceh. Aceh Besar District has the lowest vaccination achievement for vaccine dose 1 (12.6%), and the lowest for vaccine 2. North Aceh District (6.11%) and the lowest for vaccine-3 is Sabang City (5.7%). Vaccination in Banda Aceh City in the first period targeted recipients for health workers with a total of 1.3 million people, 17.4 million public service workers, and an elderly population over 60 years of 21.5 million people. Vaccination of Community Health Centers in Banda Aceh City received the most dose-1 vaccine by the community Baiturahman Health Center 37.7% and the lowest was Ulee Kareng Health Center 35.5%. In 2021, it was recorded that the total target for Covid-19 vaccination was 4,028,891 people with details of the administration of the Covid-19 vaccine dose-1 of 878,021 people, dose-2 of 473,283 people and dose-3 of 14,324. Vaccination achievement for the public worker group with vaccine dose-1 was 61.9%, dose-2 was 33.4% and dose-3 was 0% of the total target of 478,489 vaccination groups of public workers. Vaccination achievement for vulnerable groups and the general public with vaccine dose-1 was 18.5%, dose-2 was 9.1% and dose-3 was 0% of the total vaccination target of 2,5392,792 vulnerable and general population groups.

Keywords— Covid-19 Vaccination, Mobilization, Community Participation, City of Banda Aceh.

I. INTRODUCTION

The end of 2019, December to be precise was known to be the start of a global pandemic and this situation has been going on for approximately two years since it was officially established by the World Health Organization (WHO) which stated that the cause was a virus originating from Wuhan, China. WHO stated that the virus included Severe Acute Respiratory Syndrome Corona Virus-2 (SARS-COV-2) with the name of the disease, namely Coronavirus Disease 2019, also known as COVID-19 (Wang, Qiang, & Ke, 2020). In December 2019 many patients with mysterious pneumonia were reported for the first time in Wuhan, China.⁽¹⁾

Until now, in the global situation, according to updated data as of February 3, 2022, there were 383,509,3929 confirmed cases of Covid-19 and 5,693,824 cases of death due to Covid-19. Meanwhile in Indonesia, the latest data on the number of positive cases of the corona virus (Covid-19) as of February 1 2022 still shows an increase of 4,369,391 cases. The death rate for Covid-19 patients has also continued to increase by 144,348 people and 4,143,694 people recovered from the number of positive sufferers. From the comparison of these data, it can be seen that in Indonesia there has been an increase in new cases and the patient's recovery rate has also begun to increase.⁽²⁾

Meanwhile, the highest incidence of Covid 19 cases in Aceh Province was in the City of Banda Aceh with 12,083

confirmed cases, with 219 people dying and 7638 people recovering. The second highest number of cases in Aceh Besar District is 4630 confirmed cases, with 187 people dying and 3160 people recovering. And the third highest case is in Pidie Regency with 1,856 confirmed cases, with 168 people dying and 1,400 recovering.⁽³⁾

Individual characteristic factors can affect group activity, namely group mobility, and financial ability. Of the four characteristic variables studied, only age and level of education affect the level of participation. The educational factor is considered important because education will make it easier for someone to interact and communicate with others. The results of other studies indicate that internal factors include willingness in the form of attitudes and motivation as well as abilities in the form of knowledge, skills, and experience possessed by individuals⁽⁴⁾

The Covid-19 vaccination program, which places Indonesia in the 4th place with the largest number of countries with vaccination achievements in the world, cannot be separated from the various efforts and strategic steps taken by the Indonesian government to date. To be able to mobilize the community to participate, the Indonesian government designs and establishes various regulations that apply to all regions in Indonesia. In the early stages of the emergence of the Covid-19 pandemic in 2020, the government gave various appeals for efforts to prevent the spread, but these appeals were considered ineffective in breaking the chain of transmission,

so the government implemented regulations/regulations ranging from regulations related to prevention efforts, community mobilization to vaccinations that were implemented legally. National to various regions. Until 2021 the vaccination effort has brought about quite significant changes in reducing the positive number of Covid-19 people in Indonesia, including Aceh Province.⁽⁵⁾

The results of monitoring from several puskesmas found the main problem in the success of the co-19 vaccine program, namely public trust in the co-19 vaccine. Hoax news circulating in the community that the covid-19 vaccine can cause death, paralysis of the body, and the covid-19 vaccine is not halal, causing concern to the public. This has made the Puskesmas increase the frequency of delivering mobilization to the community every day.⁽⁶⁾

Efforts to mobilize the community carried out by the government can be a hope for the emergence of an awareness of cooperative attitudes, knowledge, and behavior in the community to provide time to follow government recommendations regarding the Covid-19 vaccination which is useful for increasing the body's resistance to Covid-19 infection. Government efforts related to educating information about the importance of vaccination in 2022 have given the responsibility to health workers working at the Puskesmas. Puskesmas is one of the community health service centers which until now continues to intensively hold vaccination programs because the Public health center is the regional health service center that is closest to the community⁽⁷⁾.

In the first period of vaccination, the recipients targeted 1.3 million health workers, 17.4 million public service workers, and 21.5 million elderly people over 60 years old. Whereas in the second vaccination period which was designed for April 2021 to March 2022 vaccine recipients totaled 63.90 million people with a high risk of transmission which included the lower socio-economic class. Then continued vaccination for 392.4 million people in general with a cluster approach according to vaccine availability⁽⁸⁻²⁴⁾

As of March 2022, the State of Indonesia is ranked 4th in the world after China, India, and America in terms of administering the Covid-19 vaccine with a total target of 208,265,720 people, with details of dose-1 vaccine being given to 194,988,786 people (93.78%), the second dose was 155,520,807 people (74.67%) and the third dose was 17,624,402 people (8.41%).⁽⁹⁻²⁵⁾

Data from the Aceh Health Service until September 2021 recorded that the total target of the Covid-19 vaccination was 4,028,891 people, with details of the first dose of the Covid-19 vaccine as many as 878,021 people, the 2nd dose as many as 473,283 people and the 3rd dose as many as 14,324. Based on these data, if grouped by the community, the vaccination achievement for health workers for the 1st dose of vaccine is 107.1%; the second dose of 94.2%; and the third dose of 25.4% of the total target of 56,470 health workers. Vaccination achievement for the elderly group with vaccine dose 1 was 7.6%, dose 2 was 3.9% and dose 3 was 0% of the total vaccination target of 339,125 elderly groups. Vaccination achievement for the public worker group with the 1st dose of vaccine was 61.9%, the 2nd dose was 33.4% and the 3rd dose

was 0% of the total target of 478,489 vaccination groups of public workers. Vaccination achievement for vulnerable groups and the general public with the 1st dose of vaccine was 18.5%, 9.1% for the 2nd dose, and 0% for the 3rd dose of the total vaccination target of 2,5392,792 vulnerable and general population groups. While the achievement of adolescent vaccination with the 1st dose of vaccine was 3.4%, the 2nd dose was 2.2% and the 3rd dose was 0% of the total vaccination target of 5392,015 adolescent groups.⁽¹⁰⁾

Based on the data, the results of vaccination by district/city in Aceh Province were obtained for the 1st and 2nd doses of the vaccine, which were the highest occupied by Banda Aceh City, while for the 3rd dose, Banda Aceh City ranked 10th out of all districts/cities in Aceh. Aceh Besar District had the lowest vaccination achievement for the 1st dose of vaccine (12.6%), the lowest for the 2nd dose of vaccine. North Aceh District (6.11%) and the lowest for the 3rd dose of vaccine was Sabang City (5.7%).⁽¹¹⁾

Data from the Banda Aceh City Health Office regarding the achievement of vaccination coverage by the group in Banda Aceh City where out of a total target of 190,289 people, the number of health workers who received the 1st dose vaccine was 7,405 people, the 2nd dose vaccine was 6,384 people and the 3rd dose vaccine was 1,3921 soul. As for public officials who received the first dose of the vaccine, there were 44,703 people, the second dose of the vaccine was 30,366 people, and there was no third dose of the vaccine. The target community group for the 1st dose vaccine was 60,379 people, the 2nd dose vaccine was 37,966 people and no one had received the 3rd dose vaccine. 3,278 people and no one has received the 3rd dose of the vaccine. Whereas for the elderly group who received the 1st dose of the vaccine there were 2,878 people, the 2nd dose was 1,987 people and there were no elderly who received the 3rd dose of the vaccine. Data from the Banda Aceh City Health Office for 2022 for the vaccination program carried out by Hospitals and City Health Centers in Banda Aceh found that of the total target of 190,289 vaccinations, there were 166,132 (87.3%) people who received the 1st dose of vaccine, 117,142 (61.6%) people got the 2nd dose of vaccine and 5688 (2.99%) people who received the 3rd dose of vaccine.⁽¹²⁻²⁵⁾

Based on January 2022 health service data, the vaccination achievement area for the Banda Aceh City Health Center for receiving the first dose of vaccine by the community was Baiturahman Health Center (137.7%) and the lowest was Ulee Kareng Health Center (35.5%). While the highest 2nd dose of vaccine was in the Baiturahman Health Center area and the lowest was in Lampaseh Health Center (17.6%) and the highest 3rd dose of vaccine was in the Batoh PKM area (1.3%) and the lowest was in the Jeulingkee Health Center area (0.2 %) of the total vaccination target in Banda Aceh City⁽¹³⁾.

II. METHOD

This study uses a quantitative approach using a cross-sectional design where the involvement of researchers is observational. A quantitative approach was carried out to find

out the relationship between community mobilization and participation in the achievement of the Covid-19 vaccination.

A. Location and Time of Research

This research was conducted at all health centers in Banda Aceh City. This study uses data from the Aceh Health Service up to 2021. Populasi dan Pengambilan Sampel

The population in this study were all vaccination targets at various Community Health Centers in Banda Aceh City, totaling 20,925 people in the second phase of vaccine administration. diverse, both in terms of gender, age, marital status, and level of education. Calculation of the minimum sample using the Slovin formula with the assumption of a sampling error (e) of 5%.

III. RESEARCH RESULT

From table 3.1 above it can be seen that there were 205 male respondents (52.3%) and 187 female respondents (47.7%) thus there were more male respondents than female respondents in various public health centers in Banda City. Aceh.

Based on age, it can be explained that the respondents aged between 20-29 years were 125 people (31.8%), and the respondents aged between 30-39 years were 136 people (34.8%). Furthermore, there are 131 employees aged over 39 years (33.4%). Thus respondents with an age level of 30-39 years are very dominant.

By the age level, most of the respondents who were married or with married status were 259 people (66.1%) and the remaining 133 people (33.9%) were single. So the majority of respondents are married.

The results of data collection showed that there were 23

respondents (5.9%) at various health centers in the city of Banda Aceh with the last education level being high school (5.9%); with Diploma education level (DIII) totaling 99 people (25.3%); Undergraduate (S1) consists of 215 people (54.8%); respondents with a postgraduate education background were 42 people (10.7%), and there were 13 respondents with doctoral educational backgrounds (3.3%). So the majority of respondents are with an undergraduate education background.

TABLE 3.1. Characteristics of Respondents

Characteristics	Frequency (n)	Percentage (%)	
Gender	Man	205	52,3
	Woman	187	47,7
	Total	392	100
Age	20-29 Year	125	31,8
	30-39 Year	136	34,8
	>39	131	33,4
	Total	392	100
Status	Marry	259	66,1
	Not married yet	133	33,9
	Total	293	100
Education	Senior High School	23	5,9
	D3	99	25,3
	S1	215	54,8
	S2	42	10,7
	S3	13	3,3
	Total	392	100

TABLE 3.2. Respondent Answer Rating Interval

Score	Information
1,00 - 1,79	Totally disagree (STS)
1,80 - 2,59	Do not agree (TS)
2,60 - 3,39	Disagree (KS)
3,40 - 4,19	Agree (S)
4,20 - 5,00	Strongly agree (SS)

Source: Sudjana (2005:47)

TABLE 3.3. Respondents' Descriptive Statistics on Community Mobilization

Statement	Answer Choices					Average
	STS (1)	TS (2)	KS (3)	S (4)	SS (5)	
Societal behavior						
I know the benefits of the Covid-19 vaccine to prevent the dangers	0	0	19	250	123	4,26
I agree that the Covid-19 virus must be prevented early on	0	2	13	236	141	4,31
I followed all directions from the government to prevent the existence of the Covid-19 virus	0	1	24	295	72	4,11
Officer Cooperation						
I see that the officers are working optimally to distribute the Covid-19 vaccine	0	1	32	278	81	4,11
I am sure the officers are able to meet the various expectations of the community in distributing the Covid-19 vaccine	0	2	35	287	68	4,07
I feel that the officers are people who have good skills in the health sector, especially regarding Covid-19	0	3	26	282	81	4,12
Regulation						
I believe that the various regulations that have been set by the Government are to deal with the various health hazards and threats posed by Covid-19	0	5	45	277	65	4,02
I believe that the Government absorbs various aspirations From society before setting each regarding rules prevention and tackling Covid-19	0	0	34	285	73	4,09
Various rules which is issued by the govern ment is for limit space movement of the spread of Covid-19 among the public	0	1	45	282	64	4,04
Information						
Various information highly accepted by society useful for know and avoid various dangers generated by Covid-19	0	4	33	297	59	4,05
I got comprehensive information about Covid-19	0	4	30	257	101	4,16
I just believe variety information from Government regarding Covid-19	0	19	68	234	71	3,91
Appeal						
I follow various appeals from Government regarding Covid-19	0	9	61	248	74	3,98
I get clear directions on various deep step face Covid pandemic 19	0	14	65	255	58	3,91
I'm routine get a variety of advice from Government regarding Covid-19	0	5	17	262	108	4,20
Overall Average						4,08

Based on table 3.2, the answers of all 392 respondents were analyzed to see the frequency of the answers given. Analysis of the frequency of respondents seen from all respondents. Of the 38 questions asked to produce an average score of variables and can be interpreted based on the length of the class as stated.

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The predicate in the good category is owned by indicators such as following all directions from the government to prevent the existence of the virus, seeing that officers are working optimally to distribute vaccines, are confident that officers are able to meet various expectations from the

community in distributing vaccines, feel that officers are people -people who have good skills in the health sector, especially regarding Covid-19, believe that the various rules that have been set by the Government are to deal with various health hazards and threats, believe that the Government absorbs various aspirations from the community before establishing any rules regarding prevention and countermeasures, Various regulations issued by the Government are to limit the space for its spread among the community, Various information received by the community is very useful for knowing and avoiding the various dangers posed, getting good information g thorough, only relying on various information from the Government, following various appeals from the Government, obtaining clear directions on various steps in dealing with a pandemic, and routinely receiving various appeals from the Government.

TABLE 3.4. Respondents' Descriptive Statistics on Community Participation

Statement	Answer Choices					Average
	STS (1)	TS (2)	KS (3)	S (4)	SS (5)	
Implementation in activities						
I welcome the government's seriousness in dealing with Covid-19	0	0	5	234	153	4,33
I invite families and local residents to always be vigilant and alert to the dangers of Covid-19	0	0	3	246	143	4,35
Play a role in the common interest						
I invite all family members and local residents to implement a culture of healthy living to prevent the spread of Covid-19	0	4	46	268	74	4,05
I checked my health when I got signs of Covid-19 in my body	0	1	30	283	78	4,11
I followed all directions from the government to prevent the existence of the Covid-19 virus	0	0	14	265	113	4,25
Spare Time						
I always set aside time to follow the stages of the Covid-19 vaccine regularly	0	12	71	257	52	3,89
I am willing to spare deep time Inspection health by periodically use anticipating presence Covid-19 in surrounding environment	0	5	30	283	74	4,08
Awareness and attitude						
I am aware of the magnitude of the danger posed by Covid-19	0	7	40	291	54	4,00
I join provide knowledge about the hazard and handling Covid-19 in around the place stay	0	10	43	283	56	3,98
I implement health protocols strictly Thorough	0	8	41	285	58	4,00
Success of activities						
I follow various appeals from Government regarding Covid-19	0	5	19	272	96	4,17
I get clear directions on various deep step dealing with the Covid-19 pandemic	0	6	37	255	94	4,11
Overall Average						4,11

Based on table 3.4, the average score of the community mobilization variable for each indicator is 4.11 with the response of the respondents being "good". As for the details, the very good predicate is owned by indicators such as welcoming the Government's seriousness in dealing with Covid-19, inviting families and residents to always be vigilant to the dangers of Covid-19, and informing the authorities when they know that there is a sign -signs of Covid-19 infection in the family or residents.

The predicate in the good category is owned by indicators such as inviting all family members and residents to adopt a culture of healthy living to prevent the spread of Covid-19, checking their health when they get signs of Covid-19 in the

body, informing the authorities when they know that there are signs of Covid-19 infection in the family or residents, always prepare time to take part in the stages of the Covid-19 vaccine regularly, are willing to spend time in regular health checks to anticipate the presence of Covid-19 in the surrounding environment, are aware of the magnitude of the danger caused by Covid-19, participate in providing knowledge about the dangers and countermeasures of Covid-19 around the place where you live, implement comprehensive health protocols, follow various recommendations from the Government regarding Covid-19, and get clear directions on various steps in dealing with the Covid pandemic -19.

TABLE 3.5. Respondents Descriptive Statistics on Vaccination Achievements

Statement	Answer Choices					Average
	STS (1)	TS (2)	KS (3)	S (4)	SS (5)	
The role of the vaccination officer						
I feel the officer's role is optimal in directing recipients of the Covid-19 vaccine	0	0	19	250	123	4,21
I was greatly helped by the role of the officers during the Covid-19 vaccination program	0	2	13	236	141	4,20
Vaccination planning						
I am sure that the Covid-19 vaccination program will run according to the plan set by the Government	0	1	32	278	81	4,27
I acknowledge that the government is planning a Covid-19 vaccination by reviewing various health aspects	0	2	35	287	68	4,22
Vaccine administrator						
I acknowledge the ability of health workers managing the Covid-19 vaccine	0	5	45	277	65	4,25
I see managing staff Covid-vaccination 19 carry out various standards internal health maintain quality vaccine to stay awake.	0	0	34	285	73	4,15
Implementation of vaccine services						
I see Vaccination distribution service officers have the ability to convince the public to following various stages vaccine arrived done	0	4	33	297	59	4,10
Officers Covid-19 vaccine serve me with full patience	0	4	30	257	101	4,18
I feel top satisfaction that service is given by officers	0	19	68	234	71	3,80
Monitoring and evaluation of vaccine programs						
I was given when information must follow Covid-19 vaccine next	0	9	61	248	74	4,13
My health condition is monitored by Officers health after given vaccine Covid-19	0	14	65	255	58	4,08
Overall Average						4,14

Based on table 3.5 the average value of the religiosity variable score for each indicator is 4.14 with the response of the respondents being "good". With details, the indicator has a very good predicate, namely feeling the maximum role of officers in directing vaccine recipients, believing that the vaccination program will run according to the plan set by the Government, recognizing vaccination plans carried out by the Government reviewing various aspects of health, and recognizing capabilities by the managing health staff.

Good predicates are owned by indicators such as, greatly assisted by the role of officers during the vaccination program, seeing vaccination management staff implementing various health standards in maintaining vaccine quality so that they are maintained, seeing vaccination distribution service officers have the ability to convince the public to take part in various stages of vaccines until it was finished, the vaccine staff served me patiently, felt satisfaction with the services provided by the officers, were given information when to take the next vaccine, and health conditions were monitored by health workers after being given the vaccine.

Assessing the Outer Model or Measurement Model

There are three criteria in the use of data analysis techniques with SmartPLS to assess the outer model, namely convergent validity, discriminant validity, and composite reliability.

a. Convergent Validity

Convergent in this case is intended to describe the relationship of measuring instruments that measure the same attribute. Instruments that measure the same attribute are expected to have a high score correlation. It is expected that the score correlation between these instruments is higher than the correlation with other instruments.

Based on the results of testing the measurement model shown in Table 3.6 it can be explained as follows:

1. The construct of public service motivation shows that all indicators have a loading factor above 0.6 and AVE > 0.5.
2. The job satisfaction construct shows that all indicators have a loading factor above 0.6 and AVE > 0.5.

TABLE 3.6. Average Variance Extracted (AVE)

Variable	AVE
Community Mobilization (X ₁)	0,825
Society participation (X ₂)	0,813
Vaccination Achievements (Y)	0,915

3. The employee performance construct shows that all indicators have a loading factor above 0.6 and AVE > 0.5.
4. The employee commitment construct shows that all indicators have a loading factor above 0.6 and AVE > 0.5.

Based on the results of the factor loading above, it can be concluded that the construct has good convergent validity.

b. Discriminant Validity

Discriminant validity of a model is considered good if each loading value of each indicator of a latent variable has the largest loading value with other loading values for other latent variables.

Based on table 3.7 it is known that the loading factor values for indicators of latent variables have a loading factor value that is greater than the loading factor values of other latent variables, which means that latent variables have good discriminant validity. The results of the Convergent Validity and Discriminant Validity tests can be seen in the following construct image.

c. Reliability dan Average Variance Extracted (AVE)

Evaluating Reliability and Average Variance Extracted (AVE)

The construct is said to have high reliability if the value is 0.70 and the AVE is above 0.50.

TABLE 3.7. Discriminant Validity Value (Cross-Validity)

Construct	Vaccine Achievements	Behavior Public	Officer Cooperation	Regulation	Information	Appeal	Implementati on in activities	Play a role in the common interest	Spare time	Awareness and attitude	Success of activities
PPV1	0,826	0,759	0,861	0,815	0,724	0,759	0,861	0,800	0,848	0,850	0,834
PPV2	0,908	0,868	0,865	0,855	0,889	0,868	0,865	0,815	0,870	0,932	0,893
PV1	0,833	0,855	0,810	0,900	0,832	0,855	0,810	0,855	0,790	0,876	0,885
PV2	0,719	0,717	0,891	0,876	0,848	0,717	0,891	0,900	0,757	0,889	0,765
TPV1	0,772	0,792	0,802	0,820	0,791	0,792	0,802	0,876	0,736	0,799	0,896
TPV2	0,873	0,648	0,809	0,840	0,785	0,648	0,809	0,820	0,625	0,335	0,848
PLV1	0,803	0,760	0,812	0,859	0,848	0,760	0,812	0,840	0,570	0,847	0,900
PLV2	0,775	0,729	0,776	0,921	0,857	0,729	0,306	0,859	0,912	0,881	0,876
PLV3	0,837	0,718	0,874	0,909	0,710	0,718	0,874	0,921	0,924	0,941	0,820
PEPV1	0,909	0,832	0,905	0,783	0,909	0,832	0,905	0,909	0,915	0,933	0,802
PEPV2	0,878	0,791	0,800	0,815	0,878	0,791	0,800	0,783	0,889	0,753	0,802

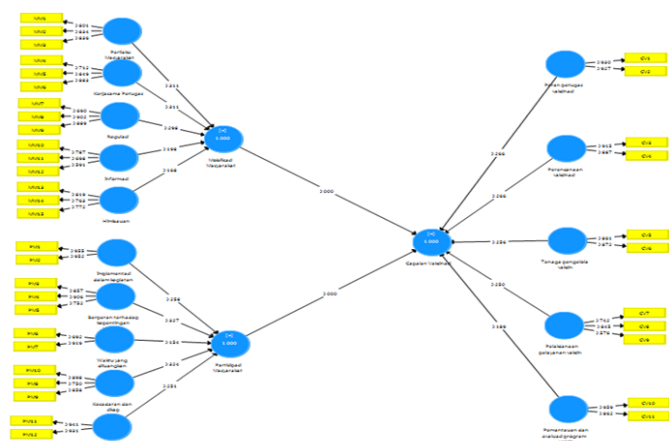


Figure 3.1. Construct Convergent Validity dan Discriminant Validity

TABLE 3.8. Composite Reliability dan Average Variance Extracted

Variable	Composite Reliability	Average Variance Extracted
Vaccination Achievements	0,963	0,915
Community Mobilization	0,941	0,825
Society participation	0,938	0,813
Community Behavior on Community Mobilization	0,933	0,655
Officer Cooperation in Community Mobilization	0,910	0,800
Regulation on Community Mobilization	0,919	0,776
Information on Community Mobilization	0,902	0,820
Appeal to Community Mobilization	0,909	0,740
Implementation in Activities on Community Participation	0,912	0,759
Playing a Role Against Common Interests in Community Participation	0,956	0,821
Time Spent on Community Participation	0,924	0,709
Awareness and Attitudes on Community Participation	0,915	0,683
Success Activities on Community Participation	0,940	0,615

Based on Table 3.8, it can be concluded that all constructs meet the criteria of reliability, this is indicated by the value of

composite reliability > 0.70 and AVE > 0.50 as the recommended criteria.

Structural Model Testing (Inner) Model

The structural model or inner model is evaluated by looking at the percentage of variance described, namely by looking at R2 for the dependent latent construct using the Stone-Geisser Q Square test and also looking at the structural path coefficients. Estimation stability was tested with t-statistics through the bootstrapping procedure.

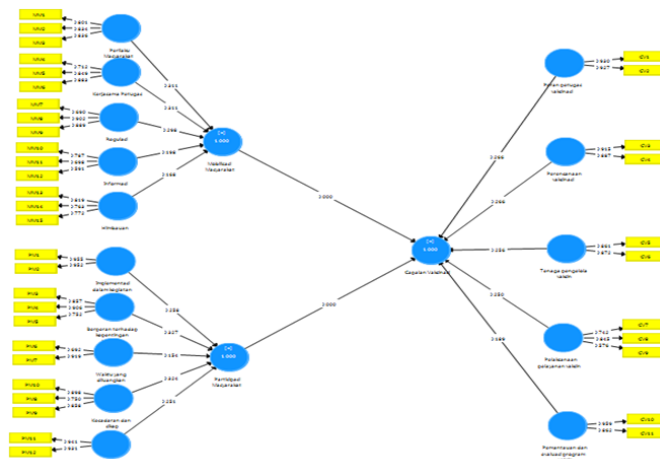


Figure 3.2 Structural Model

The results of the PLS R-Squares represent the total variance of the construct described by the model. The following presents the results of calculating the R-Squares value:

TABLE 3.9. R-Square value

Variable	R-Squares
Vaccination Achievements	0,844

Table 3.9 shows that the R-square value for the vaccination achievement variable was 0.844. These results indicate that the variables of community behavior, officer cooperation, regulations, information and appeals to community mobilization and implementation in activities, play

a role in shared interests, time spent, awareness and attitude and the success of activities can influence the variable of vaccination achievement by 84.4%.

Hypothesis test

Testing the 10 research hypotheses was carried out based on the significance value of a causality relationship from the SmartPLS processing results as shown in the following table.

TABLE 3.10. Path Coefficient

Construct	Original Sample	Sample Mean	T Statistic	P Values
Community Behavior on Community Mobilization → Vaccination Achievements	0,291	0,292	4,211	0,000
Officer Cooperation in Community Mobilization → Vaccination Achievements	0,223	0,225	3,893	0,000
Regulation on Mobilization Public → Vaccination Achievements	0,423	0,426	5,119	0,000
Information on Mobilization Society → Vaccination Achievements	0,735	0,736	6,209	0,000
Appeal to Mobilization Public → Vaccination Achievements	0,624	0,626	4,924	0,000
Implementation in Activities on Society participation → Vaccination Achievements	0,741	0,744	6,235	0,000
Playing a Role Against Common Interests in Community Participation → Vaccination Achievements	0,195	0,197	3,679	0,000
Time Spent on Community Participation → Vaccination Achievements	0,512	0,514	5,825	0,000
Awareness and Attitude of Participation Public → Vaccination Achievements	0,398	0,399	4,788	0,000
Success of Community Participation Activities → Vaccination Achievements	0,321	0,324	4,552	0,000

IV. DISCUSSION

Community Behavior Relations in Mobilization Communities on Vaccination Achievements in various Public health center in Banda Aceh City

The results showed that there was a positive and significant relationship between people's behavior in community mobilization towards vaccination attainment at various Community Health Centers in Banda Aceh City.

Based on research conducted by the Institute for Healthcare Communication, it was found that there is a very significant link between people's behavior and the level of achievement in vaccine distribution.

Community mobilization is defined as a capacity-building process in which individuals, groups, or community organizations plan, implement and evaluate activities in a participatory and sustainable manner to improve their health and other needs, either on their initiative or stimulated by others.

Behavior is the result of all kinds of experiences and human interaction with the environment. Behavior can be in the form of knowledge, attitudes, and actions. Human behavior consists of psychological, physiological, and social perspectives that are comprehensive. This point of view is difficult to distinguish between its influence and role in the formation of human behavior. ⁽¹⁶⁻¹⁷⁾

Collaborative Relations of Officers in Mobilization Communities on Vaccination Achievements in various Public health center in Banda Aceh City

The results of the study showed that there was a positive and significant relationship between staff cooperation in

Table 3.10 shows that H1, H2, H3, H4, H5, H6, H7, H8, H9, and H10: Have a relationship with community mobilization of vaccination achievements at various Puskesmas in Banda Aceh City with a coefficient value smaller than the calculated t value of and this value is greater than the t table, which means that the hypotheses H1, H2, H3, H4, H5, H6, H7, H8, H9, and H10 are accepted (p-value 0.000≤0.05).

community mobilization towards vaccination attainment at various Community Health Centers in Banda Aceh City, thus the officer cooperation in community mobilization towards vaccination attainment at various Pukesmas in Banda Aceh City (p value 0.000≤0.05).

The community leads or participates in all stages, from start to finish. With community mobilization, the role of the implementing agency shifted from the more traditional teacher/advisor/leader role to that of a facilitator. Cooperation is a form of social process, in which certain activities are shown to achieve common goals by helping each other and helping each other understand each other's activities. Cooperation is also defined as an activity carried out jointly by various parties to achieve a common goal. Usually cooperation involves the division of tasks, where everyone does every job that is their responsibility to achieve common goals. ⁽¹⁸⁻¹⁹⁾

Regulatory Relations in Community Mobilization against Vaccination Achievements at various Public Health Centers in the City Banda Aceh

The results showed that there was a positive and significant relationship between community mobilization regulation of vaccination attainment at various Community Health Centers in Banda Aceh City, this regulation of community mobilization of vaccination attainment at various Public Health Centers in Banda Aceh City (p-value 0.000≤0.05).

Regulations are rules made by governments or other authorities to control the way something is done or the way people behave. Regulation is a set of rules to control an order that is made to be free from violations and obeyed by all its members. the existence of various crises in setting standards

encourages the emergence of regulatory policies. The demand for such a policy or standard was driven by an emerging crisis, the accounting standard setters responded by providing the policy.

The main reason in terms of regulation is to protect individuals in the event of loss of information. Community mobilization is a key strategy for increasing the demand for and use of health services is a process that helps people to identify their own needs and to respond and deal with needs. Obtaining the participation of community members can help providers raise awareness of both health issues at the community level and social and cultural issues that can promote or discourage the use of information and services, as well as increase client understanding of the methods or services offered. (20-21)

Information Relations in Community Mobilization on Vaccination Achievements at various Health Centers in Banda Aceh city

The results showed that there was a positive and significant relationship between information on community mobilization on vaccination attainment at various Community Health Centers in Banda Aceh City, thus information on community mobilization on vaccination attainment at various Public Health Centers in Banda Aceh City (p-value $0.000 \leq 0.05$).

Mobilization or social change is intended as a process experienced in social life, namely changes regarding social systems and structures. Social change can be considered as changes that occur within or encompass a social system. More precisely, there are differences between the state of a particular system over different periods Robert K. Merton's structural-functional theory posits that social change in one part will lead to changes in another. Everyone must not be separated from information in their daily lives, both in terms of conveying information has become an important part of human life. There are various information theories expressed by experts who try to explain the meaning of "information" in sentences that can be understood by many people in an almost uniform sense. The need for information occurs because of uncertain circumstances that arise as a result of the gap in humans between the knowledge they have and what they need. (22)

Appeal Relations in Community Mobilization on Vaccination Achievements at various Health Centers in Banda Aceh city

The results showed that there was a positive and significant relationship between appeals to community mobilization to vaccination attainment at various Community Health Centers in Banda Aceh City, thus calling for community mobilization to vaccination attainment at various Community Health Centers in Banda Aceh City (p value $0.000 \leq 0.05$).

An appeal is an appeal, an invitation to an appeal is a statement expressed to encourage the interlocutor to take an action. Appeals are not mandatory or binding. An appeal is made if there is an emergency that requires a group of people to make social changes. Good attitude and knowledge from the community who can then accept and follow every call given (23)

Relationship Implementation In Activities On Participation Communities On Vaccination Achievements In Various Public Health Center In Banda Aceh City

The results showed that there was a positive and significant relationship between the implementation of activities on community participation on vaccination attainment at various Community Health Centers in Banda Aceh City, thus the implementation of activities on community participation on vaccination attainment at various Public Health Centers in Banda Aceh City (p value $0.000 \leq 0.05$).

Participation involves the community in responding to development projects. Participation is an active process, which implies that the person or group concerned takes the initiative and uses their freedom to do so. Community participation in development operational activities based on predetermined programs. In the implementation of development programs, forms of community participation can be seen from those who are active in participating, the forms that are participated for example labor, materials, money, all or part, direct or indirect participation, spirit of participation, occasional or repeated Mikkelson. (26)

Relations Role Against Common Interests On Community Participation in Vaccination Achievements in various Community Health Centers in Banda Aceh City

The results showed that there was a positive and significant role in the shared interest in community participation in vaccination attainment at various Community Health Centers in Banda Aceh City. (≤ 0.05).

Playing a role in the common interest shows human quality in life activities that always require collective participation. Humans are social beings who always in reality need the presence of others in realizing various desires and hopes. During a pandemic, it teaches us the meaning of togetherness in a broader sense and puts aside ego and self-needs alone. How we are faced with the rules that have been set by the Government to be our obligation to carry them out and then play an active role in preventing them to avoid the spread of the virus to maximum participation in the distribution of antidotes in the form of vaccines that have been prepared by the Government (Cohen & Uphoff, 2020).

Relations Time spent on Participation Society Against Vaccination Achievements in various Public health center in Banda Aceh City

The results of the study showed that there was a positive and significant relationship between the time spent on community participation in vaccination attainment at various Community Health Centers in Banda Aceh City, thus the time spent on community participation in vaccination attainment at various Public Health Centers in Banda Aceh City (p-value $0.000 \leq 0.05$).

Participation is an active process and initiative that arises from the community and will be realized as a real activity if it is fulfilled by three supporting factors, namely the will, the ability, and the opportunity to participate. Participation is a descriptive term that shows the involvement of several people with significant numbers in various situations or actions that

can improve their welfare. ⁽²⁷⁾

Relationship between Awareness and Attitude on Participation Society Against Vaccination Achievements in various Public health center in Banda Aceh City

The results showed that there was a positive and significant relationship between awareness and attitudes toward community participation in vaccination attainment at various Community Health Centers in Banda Aceh City. , 05).

The ability and willingness to participate come from those concerned (citizens or community groups), while the opportunity to participate comes from outsiders who provide opportunities. If there is a will but there is no ability from citizens or groups in a society, even though the state or government administrators have given the opportunity, then participation will not occur. Likewise, if there is a will and ability but there is no space or opportunity provided by the state or government administrators for citizens or groups from a community, it is also impossible for community participation to occur. Consciousness is formed because of events that take place and are realized by the five senses they have. This awareness will continue with the attitude that is realized as a form of response to the incident in question. The public's awareness and attitude toward the dangers of Covid-19 and its derivatives will lead them to a dimension that is more aware of the disease. In a more advanced form, this awareness and attitude lead them to participate in realizing the level of health⁽²⁸⁾.

Relationship Success Activities on Participation Society Against Vaccination Achievements in various Public health center in Banda Aceh City

the positive and significant success of activities on community participation in vaccination outcomes at various Puskesmas in Banda Aceh City, thus the success of activities on community participation on vaccination outcomes at various Puskesmas in Banda Aceh City (p -value $0.000 \leq 0.05$).

Participation involves more mental and emotional than a person's physical. Participation driven by mental and emotional is called autonomous participation, while participation driven by coercion is called mobilization. Participation encourages a person or group to contribute or support joint activities, based on volunteerism so that a sense of shared responsibility for the interests of the group or organization grows. Participation in general is the participation or participation/involvement of a person individually or in groups in an activity. Participating is not just participating in an activity without a goal to make the activity successful. The success or failure of an activity is highly dependent on the seriousness and systematic planning is undertaken. All matters directed by management must be carried out with full responsibility so that the implementation of the Covid-19 vaccination program at every Puskesmas in Banda Aceh City can be realized optimally and successfully.⁽²⁹⁾

The Most Dominant Factors Affecting Achievement Vaccination at Various Community Health Centers in Banda Aceh City

The results showed that the highest tcount value was obtained for the implementation variable in community participation activities, namely 6.235, thus hypothesis 6 (H6) was accepted and it can be concluded that the factor that most influences vaccination achievement with the highest score at various Community Health Centers in Banda Aceh City is implementation in activities on community participation (p value $0.000 \leq 0.05$).

Community participation is the main key to preventing the spread of the Covid-19 outbreak. Without community participation, the objectives of implementing the policy will not be achieved properly. Community participation in handling Covid-19 has a very important role, the community can play a role not only as an object but also as a subject of handling Covid-19. Community participation is basically a willingness from the community to help with disease management activities that occur in their respective areas so that the spread of Covid-19 does not become more widespread (Shults RA, 2003).

The results showed that the lowest calculated t value was obtained for the implementation variable in community participation activities, namely 3.679, thus hypothesis 7 (H7) was accepted and it can be concluded that the factor that most influences vaccination achievement with the lowest score at various Community Health Centers in Banda Aceh City is the role of common interest in community participation (p value $0.000 \leq 0.05$).

The role that all Indonesian people must have during a pandemic is so fundamental because preventing the spread of the Covid-19 virus really requires national awareness with various concrete actions to prevent the virus in society. This awareness is proven by concrete actions by improving the quality of health which has been neglected so far coupled with massive recommendations from the Government in promoting the importance of vaccination to prevent the various causes of Covid-19 from spreading. ⁽³⁰⁻³¹⁾

V. CONCLUSION

Based on the results of the study in this study regarding the influence of mobilization factors and community participation on vaccination outcomes at various Community Health Centers in Banda Aceh City, several conclusions can be drawn as follows:

1. There is a significant influence of mobilization and community participation factors on vaccination outcomes at various Public Health Centers in Banda Aceh City. This indicates that community mobilization and participation can be a driving factor in achieving vaccine distribution at various Community Health Centers in Banda Aceh City.
2. There is an influence on community behavior, officer cooperation, regulations, information, and appeals to community mobilization and implementation in activities, the role of shared interests, time spent, awareness, and attitude, as well as the success of activities on community participation which affect vaccination achievements at various Community Health Centers in the City Banda Aceh.
3. The factor that most influenced community mobilization

on vaccination outcomes at various Community Health Centers in Banda Aceh City was information.

4. The factor that most influences community participation in vaccination outcomes at various Community Health Centers in Banda Aceh City is implementation in activities.

VI. RESEARCH CODE OF ETHICS

Health research ethics committee dr. Zainoel Abidin in an effort to protect the human rights and well-being of research subjects, has carefully reviewed the research protocol entitled "*Analysis Of The Achievements Of Covid-19 Vaccination In View From Mobilization And Community Participation Factors In Banda Aceh City Public health center*" with protocol number 22-08-180 with no. Approval Number: 015/Etik/-RSUDZA/2022 on behalf of Jamilah and declared ethically feasible according to 7 (seven) 2011 WHO Standards and referring to the 2016 CIOMS guidelines.

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