



Evaluation of The Coverage of The COVID-19 Vaccine and The Contribution of Patriarchal Culture in Influence it on Nias Island

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<p>Track Record Article</p> <p>Accepted: 02 September 2023 Revised: 20 September 2023 Published: 30 September 2023</p> <p>How to cite :</p> <p>Wasiyem, W., Ismah, Z., Nanda, M., & Purnama, T. B. (2023). Evaluation of The Coverage of The COVID-19 Vaccine and The Contribution of Patriarchal Culture in Influence it on Nias Island. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 5(3), 1066–1079.</p>	<p style="text-align: center;">Abstract</p> <p><i>The President targets that by the end of 2021, the number of people vaccinated will be 70%. Meanwhile, in October 2021, the target for achieving dose 1 had only reached 43.13%. The implementation of the Covid-19 vaccination in Indonesia, especially in several outer islands of Sumatra, still faces several obstacles in the community. These obstacles include difficult storage and distribution of vaccines in island areas far from the provincial center. This research aims to evaluate the coverage achievement figures, the Covid-19 vaccine and the contribution of Patriarchy culture in Nias Island. This research is a mixed methods research with explanatory sequential design. The sampling for quantitative research using the categorical proposition formula were 338 samples and for qualitative research were 22 informant. Thus, the total number of people studied in this reasearch was 410 people over 15 years of age who permanently live on Nias Island, North Sumatra. Data collection in this research is primary data by questionnaires and in-depth interviews. Data anlaysis for quantitative data was carried out in 2 ways, namely univariate and bivariate (chi-square) analysis. Meanwhile, analysis for qualitative data uses content analysis. The research results showed that the coverage rate of the Covid-19 vaccine on Nias Island in this study was lower than reported in the Indonesian Ministry of Health data with details of dose 1 (87.9%), dose 2 (75%), and dose 3 (16.2%). The contribution of Patriarchy culture to the acceptance of the Covid-19 vaccine on Nias Island is in the form of families who are extremely partiarchy having a greater chance of not getting the vaccine than those who are normally Partiarchy. If a father (from a patriarchal family) does not want the vaccine, the whole family will follow the father's decision even if there are differences in the opinions of other family members, and vice versa. Recommendations from the results of this research are to increase the coverage rate of the Covid-19 vaccine, requiring special attention and approaches to radical partyarchy families.</i></p> <p>Keywords : Covid-19 Vaccine, Patriarchy culture</p>
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INTRODUCTION

The President targets that by the end of 2021, the number of people who have been vaccinated is 70%. Whereas, in October 2021 the target for achieving dose 1 only reached 43.13%. The implementation of the COVID-19 vaccination in Indonesia, especially in some of the outermost islands of Sumatra, still has several obstacles in the community. These constraints include difficult vaccine storage and distribution in island areas far from the provincial center as well as the perception of some people who doubt the COVID-19 vaccination (Harapan et al., 2020). Another problem encountered, currently the impact of vaccines is widely difficult to access due to research and publications that are rare, especially for the outermost island communities.

Based on a survey of vaccine acceptance by the public conducted by the government, it showed that 64.8% accepted it with pleasure, 27.6% received it passively and 7.6% refused

all vaccines (Kemenkes RI, 2020). Several factors cause people to refuse to be vaccinated, such as cultural factors, namely patriarchal culture. This culture assumes that the wife tends to obey her husband, even if it is a bad decision because if she does not comply, it is considered as not respecting her position as a husband and results in no support for intentions within the family to treat or prevent COVID-19 (Dilawati et al., 2021).

Patriarchal culture means that the role of men in the family is greater than that of women. The position of men has the highest position for decision making so that when the husband does not support vaccination activities it will become an obstacle in the implementation of the COVID-19 vaccine (Prasetya et al., 2019). Patriarchy can also be explained by men controlling women in decision making and women having a small role in all aspects of the economy, social life and culture (Sabadia, 2018).

During a pandemic, women who are symbolized as weak creatures tend to experience oppression in the public sector, such as termination of employment. In this case, women will experience a double burden in the family apart from losing their jobs and financially having to take care of all the household chores (Dilawati et al., 2021). In a low-income country like Indonesia, the virus will continue to spread and women will continue to face greater challenges in accessing quality health services (Matheson et al., 2021). This patriarchal culture is one of the main problems in administering the COVID-19 vaccine. In addition to its patriarchal culture, the condition of the area is still very remote, so that health facilities and infrastructure are things that must be considered by the government.

The importance of evaluating the status and impact of the COVID-19 vaccine as well as the influence of local culture can provide a holistic new description and knowledge about vaccination in the outermost island communities of Indonesia. Therefore, this research is conducted to evaluate the coverage status figures, the COVID-19 vaccine and the contribution of Patriarchal culture on Nias Island.

METHODS

The type of research used in this research is a mixed methods design. Mixed methods is a research method that combines quantitative and qualitative research with the aim of overcoming the weaknesses that exist in quantitative or qualitative research alone. Thus, the data obtained is more comprehensive, valid, reliable and objective (Samsu, 2017; Sugiyono, 2011).

The research method used is explanatory sequential design which prioritizes quantitative research first, then explains the quantitative results in more detail and describes

them as a whole using a qualitative approach (Creswell & Plano, 2011). This research was conducted on Nias Island which is located west of Sumatra Island, North Sumatra Province. The population of this study is people over 15 years of age who permanently live on Nias Island, North Sumatra.

The size of the quantitative research sample in this study was determined using the categorical proposition formula. Where 338 samples were obtained for quantitative research. Meanwhile, in qualitative research, research subjects or informants are based on proportional sampling, namely a sampling technique that meets certain criteria (Sugiyono, 2008). The criteria for informants for this research are those who are directly involved in patriarchal culture (key informants), namely family members with a total of 15 informants, people who have knowledge about the Covid-19 vaccine program (key informants), namely the health service with 2 informants and people who are able to spread the word. patriarchal culture and information on vaccine development in society (supporting information providers) totaling 5 informants. Thus, 22 informants were obtained in qualitative research. Thus, the total number of people studied in this research was 410 people (338 quantitative samples + 22 qualitative informants).

The data source in this research is primary data. Primary data collection was carried out by distributing questionnaires and in-depth interviews with predetermined research informants. Quantitative data analysis was carried out in 2 ways, namely univariate (frequency and proportion) and bivariate (chi square) analysis. Meanwhile, analysis for qualitative data uses content analysis, namely analysis that involves an in-depth discussion of the content of information, whether written or in text form, with the aim of describing the characteristics of the content of a message and being able to draw conclusions from the causes of the message (Zuchdi & Afifah, 2019).

Triangulation in this research was carried out using source triangulation techniques. Where there are 3 groups who become informants, namely the community, community leaders and health program holders. Answers from one group of informants will be validated with another group. Next, the answers from each informant were triangulated.

RESULTS

Characteristics of Respondents

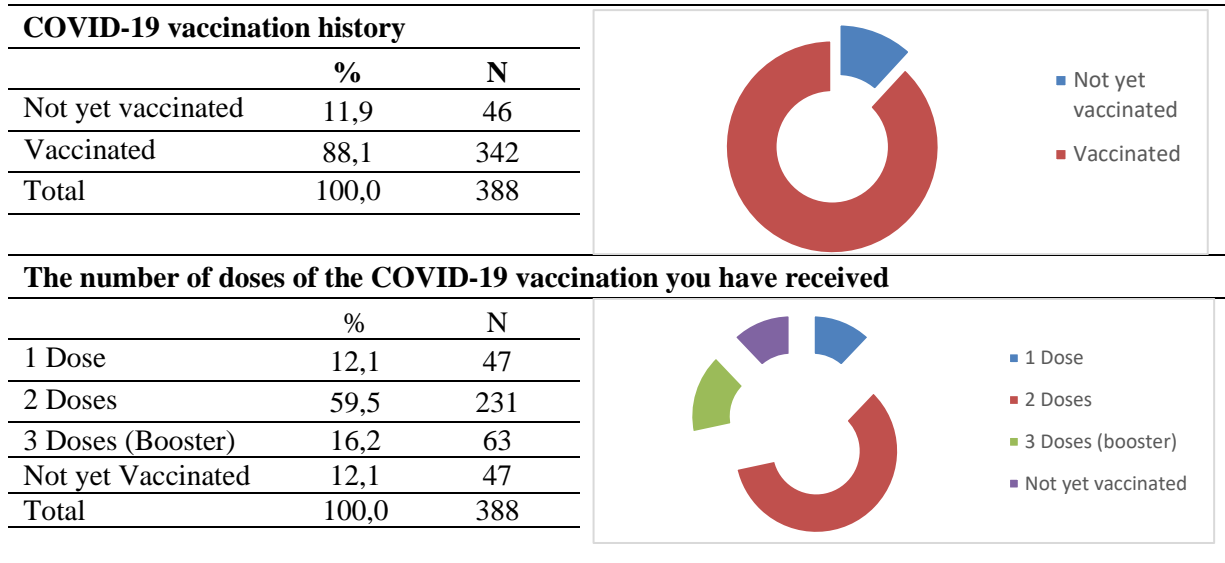
Table 1. Characteristics of Respondents

	%	N		
Gender			<ul style="list-style-type: none"> ■ Man ■ Woman 	
Man	47,2	183		
Woman	52,8	205		
Total	388	100,0		
Last Education			<ul style="list-style-type: none"> ■ Elementary school ■ Junior high school ■ Senior high school ■ University 	
Elementary school	3,6	14		
Junior high school	29,1	113		
Senior high school	52,3	203		
University	14,9	58		
Total	388	100,0		
Occupation				
Student	46,9	182		
Employee	13,9	54		
Entrepreneur	14,2	55		
PNS	2,6	10		
Housewife	7,0	27		
Unemployment	8,0	31		
Lecture/Teacher	4,9	19		
BUMN/BUMD	1,0	4		
Health workers	,8	3		
Retired	,8	3		
Total	388	100,0		
Status in family				<ul style="list-style-type: none"> ■ Husband ■ Wife ■ Child
Husband	18,6	72		
Wife	15,2	59		
Child	66,2	257		
Total	388	100,0		

Based on the results of the study, it can be seen that respondents were dominated by women with the last education distribution showing that most of them had graduated from high school and most of the respondents' jobs were students. The status of the respondents in the family is dominated by children.

COVID-19 Vaccine Coverage Status Figures

Table 2. COVID-19 Vaccination Status



Based on research results related to the status of coverage of the COVID-19 vaccine, 88.1% of respondents had received the COVID-19 vaccination. The most widely accepted number of doses is dose 2. Sinovac is the vaccine brand most used by respondents at doses 1 and 2. As for dose 3, most respondents used the moderna vaccine brand. Most respondents have not done the 2nd dose of vaccination.

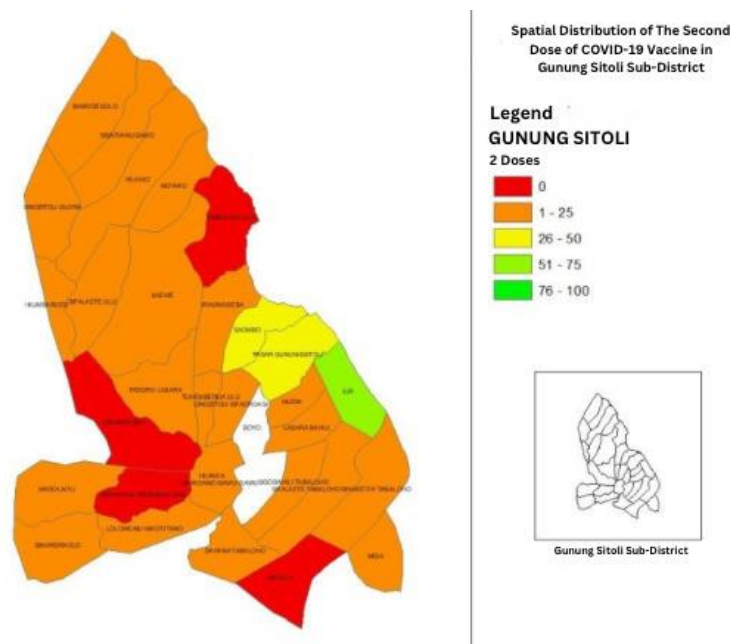


Figure 1. Spatial Distribution of The Second Dose of COVID-19 Vaccine in Gunung Sitoli Sub-District

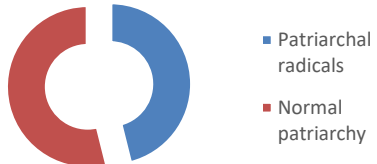
Based on the results of spatial distribution research in the community, there were 3 sub-districts that had not implemented the COVID-19 vaccine dose 2 and 27 sub-districts had

carried out vaccinations with the most vaccinated people in Ilir District, Saombo District, and Pasar Gunung Itoli District. This is because the sub-district is the city center, near the port, and is more heterogeneous so that it has more extensive knowledge.

Patriarchal Culture Level

Table 3. Patriarchal Culture Level in Nias

Patriarchal Level	Percent	Frequency
Patriarchal Radicals	46,1	179
Normal Patriarchy	53,9	209
Total	100,0	388



At the patriarchal level, the results showed that most of the respondents are in the normal patriarchal category with (53.9%) while the others (46.1%) are at the patriarchal radical level.

The Contribution of Patriarchal Culture to the COVID-19 Vaccine

The results of Chi Square analysis based on vaccine status are as follows:

Table 4. Analysis of the Significance of the Relationship between Patriarchal Level and Vaccination Status

Vaccine Status	Patriarchal Extremes		Patriarchal Moderate		Total		P	PR (95%CI)
	n	%	n	%	n	%		
Not yet vaccinated	32	69,6%	14	30,4%	46	100,0%	0.001	1,618 (1,290- 2,030)
Vaccinated	147	43,0%	195	57,0%	342	100,0%		
Total	179	46,1%	209	53,9%	388	100,0%		

The results shows that there is a relationship between vaccine status and patriarchal culture, where families with extreme patriarchy had 1,618 times the chance of not getting vaccinated compared to moderate patriarchal families.

To see the results of interviews related to patriarchy with the decision to vaccinate can be presented in the following table:

Information:

Father: A, B, C, D, E, F, G, H

Mother: I, J, K, M, N

Child: L.O

Table 5. Who Makes Decisions for Vaccines at The Household Scale

Public	Public figure	Health Office
A,B,C,D,E,H : "It is the father who makes the decision for the vaccine, because the father is the head of the household"	The people here have high patriarchal beliefs and culture. Father or husband who has a big role.	Mothers work in this area and fathers hang out a lot.
F,G : "Father and mother because of the same position to lead the family"	If someone is sick, the culture here is that the head of the family leads and all decisions rest with the head of the family, but for some children who have understanding, they can change it.	If in a village or hamlet there may be a woman leader.
N,I,J,K : "Mother makes vaccine decisions, because mother understands vaccines and understand health"		
L,O : "Parents do not want vaccines, so I (child) myself take the initiative for vaccines, because they are relied on at home"		
M : "Mother (wife) because husband has died"		

Most of the decision makers to receive vaccines are fathers because fathers are the head of the household. In line with what community leaders say that the father or husband has a big role in the household. High patriarchal culture causes the decision to be made by the head of the family when a family member is sick, but children who have understanding can change it. However, it is undeniable that some make the mother the decision maker because more mothers work near the health office than fathers, so they know more about vaccines and family health.

Table 6. The Role Of The Wife In Vaccine Decisions

Public	Public Figure	Health Office
A,B,C,D,E,F,H : "Wife only follows husband"	For health and family planning problems, it is up to the mother/wife and father to agree	Yes, but for health matters, the house is handed over to the mothers
G : "The wife also plays a role in convincing other family members of every father's decision"	Yes, usually the head of the family decides, although the wife also plays a role	It depends on the family, in the past maybe the men dominated but now the men and women are the same.
N,I,J,K,M,O : Mothers who make vaccine decisions, because mothers understand vaccines and understand health. Husband goes to work at sea so wife manages it.		
L : Mother forbids vaccines because she is very worried.		

Based on the interview results, the wife's role is very influential in vaccine decisions. This was justified by community leaders that although there are still families where the wife

follows the husband's decision, health matters have been handed over to the wife and the father will agree because the mother understands more about vaccines and family health.

Table 7. If There is a Difference of Opinion Between The Father (Husband) and The Mother (Wife)

Public	Public figure
A,B,C,D,G: "The decision is took by father".	Husbands or fathers believe that the vaccination issue is a mother's problem, so the mother must resolve it and the father agrees
E,N,I,J,K : "The decision is took by mother/wife"	
H,F : "The decision is taken by anyone"	
L : "We will deliberate and then the opinion that has the most number will be the decision"	

Based on the results of the interviews, if there is a difference of opinion between the father (husband) and the mother (wife), then the decision of the father (husband) will be taken, but the father will leave the vaccination problem to the mother because the mother is more trusted to solve health problems.

Table 8. Trust in Vaccines

Public	Public figure	Health Office
A,F,H: "Believe in the government"	The people were very enthusiastic about receiving the vaccine which they initially refused	At first, the people didn't believe it, but because of the administration to other islands they had to get a vaccine
D : "I do not believe it"		
B,C,E,G,N,I,J,K,L: "Believe it, for health and body resistance so that we do not get infected and if we get infected it will not hurt badly"	There are many levels of vaccines, but there are also rejections for various reasons such as fear, lack of outreach, and lack of will.	

Most people already understand the benefits of vaccination so many people already believe that vaccines are done for health and body immunity so that they do not get infected and when they get infected they do not cause serious effects. This is in accordance with what the health office said that residents were very enthusiastic about receiving vaccines even though initially there was refusal due to fear and lack of socialization. As for residents who believe in following government regulations, they are forced to get vaccinated so they can cross to another island.

Table 9. Reasons for Vaccinating

Public	Public Figure	Health Office
A, F,H: "Government regulations, rules for leaving the area"	The reason for the majority of people getting vaccinated is to pass the administrative requirements for transportation, especially for crossing outside the island. If only awareness for health is still lacking.	The reason for the majority of people getting vaccinated is to pass the administrative requirements for transportation, especially to cross outside the island.
C,N,I,J,K,L : "Fear because many victims fall because of COVID, prevent from being infected, feel at risk of infection"	But there is also to boost immunity.	Requirements for the disbursement of aid fund (<i>Bantuan Langsung Tunai</i>) from the government.
D : "I do not believe it".		
E: "Required by the school"		

Most of the people's reason for getting vaccinated is fear because many victims have died from COVID-19 so to prevent this, residents want to get vaccinated. In addition, residents want to get vaccinated because of government regulations which stipulate that the requirement to travel outside the area is to show a vaccination card. In line with what the community leaders said, the majority of the people got vaccinated due to the requirements to seek funding (*Bantuan Langsung Tunai*) from the government and pass transportation administration, especially for crossing to the outside of the island.

Table 10. The Role of Toma and The Task Force in Improving Vaccines

Public Figure	Health Office
His role is very big because together with the health center he conducts outreach to members of the community both through traditional events, parties and at the church.	There is promotion and outreach through Toma and mass vaccination in collaboration with the army and police. Door to door and providing rice and other materials for vaccines, the booster rate is already 39 percent. There are people who refuse it because they feel it is ineffective, people who refuse are usually consumed by hoaxes, especially Muslims, they think vaccines are not halal because they contain pork but after being educated they can be overcome

Based on the interview results, the role of Toma and the COVID Cluster Unit in improving vaccines is very large. The existence of outreach from the Public Health Centre through traditional events, parties, and in churches will provide the community with knowledge about the COVID-19 vaccine so that people do not hesitate to get vaccinated. This is in line with what the Health Office said that the promotion was carried out via Toma, door to door by

providing rice and other materials, even with mass vaccination in collaboration between the army and police.

DISCUSSION

According to reports on the Indonesian Ministry of Health's Covid-19 Vaccine website, it shows that many people have vaccinated with dose 1 and 2, but this is different from the results of this study which obtained figures below the percentage reported by the Indonesian Ministry of Health. The low vaccine coverage rate in this study compared to the government's target was used as evaluation material (P2PM, 2022). In terms of vaccine type, people cannot choose the type of vaccine, they only accept what is available from the place where they are vaccinated. The most common type of vaccine for doses 1 and 2 is Sinovac (Andini et al., 2022). Meanwhile, the type of vaccine with dose 3 is Moderna (Anggraeni et al., 2022).

In Indonesia, the types of vaccines most often used are Sinovac, Moderna, and Astra Zeneca. However, the Sinovac vaccine is the first vaccine imported from China to Indonesia to treat COVID-19 with lower side effects than other types of vaccines. The clinical trial of the Sinovac vaccine is also faster so that the availability of this vaccine is easy to obtain (Octafia, 2021). Therefore, in this study, the types of vaccine doses 1 and 2 are usually the most commonly found with the Sinovac vaccine.

From the results of this qualitative research, the main reason people get vaccinated is to fulfill various administrative requirements that are required by the government, especially travel requirements considering that Nias is an island that must be crossed if you want to access the provincial capital (Medan). In line with previous researchers, the sanction for people who refuse vaccines is to stop allowing aid fund (*Bantuan Langsung Tunai*) from the government or administrative services from the government (Kurnia, M. L., & Januardi, 2022). Apart from that, according to the Health Office and Community Leaders, their community is also vaccinated because it is an obligation from schools, workplaces and also the conditions for disbursing aid fund (*Bantuan Langsung Tunai*) from the government. This is done so that the vaccine status rate increases and reduces the spread of COVID-19.

Another reason for people to receive vaccines is that they already have awareness to protect themselves from COVID-19 infection by deciding to get vaccinated. This was confirmed by the opinion of Community Leaders that people are increasingly accepting and enthusiastic about vaccines. According to the Health Office, their outreach and education made people slowly start receiving vaccines compared to when the vaccine was first introduced. Community leaders and the Health Office acknowledged that this increase in vaccination

coverage consisted of the role of cross-sectoral collaboration. There is promotion and outreach through community leaders and mass vaccination in collaboration with the Army and Police. They are door to door giving vaccines with compensation of rice and other materials. Collaboration is also carried out with religious leaders such as through churches, Muslim recitations, so that the congregation can be vaccinated. This is in line with previous research Diah (2022) who found that there was an effect of appropriate and accurate socialization on public awareness to administer the COVID-19 vaccine.

In people who refuse to get vaccinated, it is usually due to fear and belief in hoaxes that vaccines have no benefit and make themselves weaker. The results of this study were also found in the Leiwakabess study (2022) in Central Maluku, that people refused vaccines since they were afraid of side effects. In this study, it was found that members of the public who did not get vaccinated would have a role in influencing other people not to get vaccinated. They (non-vaccinated individuals) will "dramatize" and exaggerate the stories of other people who get the after-effects of the vaccine as a reason not to vaccinate. This is also the same as found in Agus's research (2022) that people refuse vaccines because they are afraid of seeing other people get sick after receiving the vaccine. Basically, people find it difficult to sort out true or false information, so they are easily influenced by hoax news, so the government and health team continue to look for ways to increase public confidence in the COVID-19 vaccine (Aini et al., 2021).

Patriarchal culture contributes to vaccine acceptance. From the results of the statistical chi-square test in this study, it was found that families with extreme patriarchy have a greater chance of not getting vaccinated than those with moderate patriarchy. Supported by the results of in-depth interviews with the majority of people who said that the vaccine decision rests with the father as the head of the household. If there is a difference of opinion between the father and the mother then the opinion of the father is followed. The statements of community leaders and the Health Office are the same that in the Nias region, decisions are still dominated by fathers.

From the interview results, it is found that in a patriarchal family, if the father agrees with the vaccine, then one family will be vaccinated. In line with Madison's (2021) research that father's support is very influential in making decisions to do the COVID-19 vaccine. Father's support in the family is a form of attitude, caring behavior, and affection towards sick families. However, if the father disapproves of the vaccine, and is against the mother then there will be some commotion and conflict. The conflict will get worse if their child gets sick after being vaccinated. According to Sari (2022) the amount of unclear information about vaccines

from irresponsible persons and the father's lack of knowledge about Post-Immunization Events (AEFI) will cause fathers to disagree with vaccines.

Patriarchy culture on Nias island will decrease if a mother or wife has good knowledge and information. The father's position as the decision maker will no longer be dominant and decisions regarding health, especially vaccines, will be left to the wife. The wife's role becomes bigger and family decisions are also taken through discussion. This is in line with Zahrok's (2018) research that shown in this era of globalization, both men and women have equal opportunities in all fields. The female population, which is greater than the male population, needs to be empowered so that they can contribute to creating the next generation. Women are a strong pillar in the family. Therefore, in a family the role of the mother in influencing the family to do the COVID-19 vaccine is very crucial, namely as a caretaker who cares about maintaining the health of the family so that the family is healthy, safe, protected and happy.

According to Mawarid (2017), one of the criteria for a healthy family is a family that has freedom of opinion, deserves to be heard, and is respected. In a patriarchal culture, the father is the sole determinant, but this research finds that children can also influence family decisions, if the child has good knowledge and understanding. Reporting from Kompas.com (2021) that most parents think their children are smarter than them because they have unlimited internet access so they get more information. Information obtained by children is considered true and trusted by family members. As stated WHO (2020), the family environment is a positive influence that can be utilized to increase the willingness of vaccination recipients.

CONCLUSIONS

Based on the results that has been conducted on evaluation the coverage of the COVID-19 vaccine and the contribution patriarchal culture in influence it on Nias Island, the following conclusions can be drawn:

1. The coverage status figure for the COVID-19 vaccine on Nias Island in this study is lower than reported in data from the Indonesian Ministry of Health with details of dose 1 (87.9%); dose 2 of 75, The status of dose 3 in this study was 16.2%.
2. The contribution of patriarchal culture to acceptance of the COVID-19 vaccine on Nias Island in the form of a family that is extreme patriarchy has a greater chance of not getting vaccinated than moderate parties.
3. A father (in a patriarchal family) who doesn't want to be vaccinated, the whole family will follow the father's decision even though there are differences of opinion of other family members, and vice versa.

4. Acceptance of the COVID-19 vaccine in a patriarchal culture is due to education from community leaders and the Health Office, as well as sanctions in the form of termination of financial assistance (*Bantuan Langsung Tunai*) from the Government.
5. The rejection of the COVID-19 vaccine occurred due to a patriarchal society's lack of knowledge and more trust in hoaxes from irresponsible individuals.

Suggestions that can be given to It is hoped that further research will be able to seriously and in-depth study the systems and culture that occur in patriarchal families, especially their decisions regarding health. Advice to community leaders and the Health Service uTo increase the coverage rate of the Covid-19 vaccine, special attention and approach is needed for radical party families. Because this family's way of thinking is a little closed and it is easier to believe hoaxes. The special attention and approach referred to is consistent education by community leaders and the Health Service.

REFERENCE

- Aini, S., Maryani, D., Solikhah, S., & Purwo Yudi Utomo, A. (2021). Infographic Analysis as a Form of Socialization of Covid-19 Vaccination on the Interests of the Sukorejo Village Community in Vaccination. *Implementation Journal*, 1(2), 139–145.
- Andini, A. A., Sididi, M., Sartika, Abbas, H. H., & Muhsanah, F. (2022). Faktor yang Berhubungan dengan Kejadian Ikutan Pasca Imunisasi (KIPI) pada Penerima Vaksin Sinovac. *Window of Public Helath Journal*, 3(4), 728–740.
- Anggraeni, R., Setianingsih, S., & Darwati, L. E. (2022). Studi Vaccine Product-Related Reaction Pasca Pemberian Booster Vaksin Covid-19. *Jurnal Gawat Darurat*, 4(2), 137–146. <https://doi.org/10.32583/jgd.v4i2.667>
- Creswell, J., & Plano, C. V. (2011). *Desaigning and Conducting Mixed Methods Research* (2nd ed.). SAGE Publications.
- Diah Rhamadani, T. (2022). *The effect of the socialization of the Covid-19 vaccination on the level of public awareness in Hamlet I, Huta Padang Village, Bandar Pasir Mandoge District.*
- Dilawati, R., Zulaiha, E., & Huraiani, Y. (2021). Women and Family Resilience during the Covid-19 Pandemic: Case Studies of Former Female Workers in the City of Bandung. *Journal of Society and Development*, 1(2), 46–58.
- Harapan, H., Wagner, A. L., Yufika, A., Winardi, W., Anwar, S., Gan, A. K., Setiawan, A. M., Rajamoorthy, Y., Sofyan, H., & Mudatsir, M. (2020). Acceptance of a COVID-19 Vaccine in Southeast Asia: A Cross-Sectional Study in Indonesia. *Frontiers in Public Health*, 8(July), 1–8. <https://doi.org/10.3389/fpubh.2020.00381>
- Kompas. (2021). The majority of parents feel today's children are smarter. *Kompas.Com*.
- Kurnia, M. L., & Januardi, U. (2022). Implementation of Administrative Sanctions in The Presidential Regulation Regarding Procurement of Vaccine And Implementation of Vaccinations in The Framework of Corona VIRUS DISEASEVirus Disease Pandemi (Case Study in Gurun Laweh Nan XX VILLAGE)". *Jurnal Normative*, 10(2).
- Madison, A. A., Shrouf, M. R., Renna, M. E., & Kiecolt-Glaser, J. K. (2021). Psychological and Behavioral Predictors of Vaccine Efficacy: Considerations for COVID-19. *Perspectives on Psychological Science*, 16(2), 191–203.

- <https://doi.org/10.1177/1745691621989243>
- Matheson, A., Kidd, J., & Came, H. (2021). *Women , Patriarchy and Health Inequalities : The Urgent Need to Reorient Our Systems*. 4–7.
- Mawarid, A. (2017). Pre-Marriage Education; Efforts to Form Sakinah Family. *TARBAWI : Journal of Islamic Religious Education*, 2(02), 158–168. <https://doi.org/10.26618/jtw.v2i02.1036>
- Ministry of Health of the Republic of Indonesia. (2020). *Survey of COVID-19 Vaccine Acceptance in Indonesia* (Issue November 1-26).
- Octafia, L. A. (2021). Covid-19 Vaccine: Debate, Perceptions and Choices. *Emik*, 4(2), 160–174. <https://doi.org/10.46918/emik.v4i2.1134>
- P2PM. (2022). Laporan Kinerja Direktorat Jenderal Pencegahan dan Pengendalian Penyakit. *Kemkes*, 1–114.
- Prasetya, F., Sari, A. Y., Delfiyanti, & Muliana. (2019). Perspective: Patriarchal Culture in the Practice of Exclusive Breastfeeding. *Jurnal Keperawatan*, 3(01), 44–47.
- Sabadia, A. (2018). *The Influence of Patriarchal Culture on Decision Making of Pap Smear Examination at Public Health Centre of Sedayu II Batu Yogyakarta 2018*. Doctoral Dissertation: Universitas Alma Ata Yogyakarta.
- Samsu, S. (2017). *Metode Penelitian: (Teori dan Aplikasi Penelitian Kualitatif, Kuantitatif, Mixed Methods, serta Research & Development)* (Rusmini (ed.); I). Pusat Studi Agama dan Kemasyarakatan (PUSAKA).
- Sari, Y. D. Y., Wardani, L. K., & Sari, D. K. (2022). The Relationship between Husband's Support and the Level of Anxiety of Third Trimester Pregnant Women in Conducting Covid Examinations during the Covid-19 Pandemic Period at the Badegan Health Center, Ponorogo Regency. *Journal Of Health Science Community*, 3(1), 1–7.
- Sugiyono. (2008). *Educational research methods: (quantitative, qualitative and R&D approaches)*. Alfabeta.
- Sugiyono. (2011). *Metode Penelitian Kombinasi (Mixed Methods)* (2nd ed.). Alfabeta.
- WHO. (2020). Behavioural considerations for acceptance and uptake of COVID-19 vaccines. *World Health Organization (WHO)*, October, 18.
- Zahrok, S., & Suarmini, N. W. (2018). The Role of Women in the Family. *IPTEK Journal of Proceedings Series*, 0(5), 61. <https://doi.org/10.12962/j23546026.y2018i5.4422>
- Zuchdi, D., & Afifah, W. (2019). *Analisis Konten, Etnografi & Grounded Theory dan Hermeneutika dalam penelitian* (R. Darmayanti (ed.); 1st ed.). PT Bumi AKSARA.