

# Social Construction of Covid-19 Vaccination and its Implications on Achieving Herd Immunity in Indonesia

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**Abstract:** This article aims to highlight potential challenges to achieving herd immunity in Indonesia through the COVID-19 vaccination program. A key aspect of this article is the influence of social constructs on the COVID-19 vaccine, which impact compliance and participation rates. This article demonstrates the reality of negative social constructs on COVID-19 vaccination developing in Indonesian society. This poses a significant challenge that requires serious attention. Negative social constructs on vaccines appear to pose a serious threat to ensuring herd immunity as a pandemic control strategy. This situation appears to be related to the formation of public perceptions, which tend not to be fully controlled by the government

**Keywords:** COVID-19, vaccination, social construction, herd immunity, health resilience, Indonesia

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## Introduction

Health security is an integral part of human security, a non-traditional security concept that developed after the Cold War. Human security is a security concept that directly targets individuals. The UNDP defines human security in seven components: economic, food, health, environmental, personal, community, and political security.

The international community has made a commitment to human security through an agreement framed in the Sustainable Development Goals (SDGs), which contain 17 objectives. One of the SDGs related to health security is to ensure healthy lives and promote well-being for all people at all ages. To achieve this goal, the targets outlined are elaborated on the use of health technology and service systems that are supporting factors in achieving this goal.

Health resilience fundamentally addresses more than just the availability of healthcare services, but also addresses the sustainability of healthcare coverage itself. Therefore, discussions about health resilience fundamentally encompass not only healthcare technology and infrastructure but also human resources, specifically community participation. The community, as the subject of health programs, is crucial.

The Food and Agriculture Organization (FAO) estimates that 19.4 million Indonesians still suffer from hunger [1]. The COVID-19 pandemic, declared by the World Health Organization (WHO) in March 2020, has exacerbated this situation. By mid-2023, Indonesia had recorded more than 6.8 million confirmed cases and over 161,000 deaths. The 2021 Global Health Security Index ranked Indonesia 62nd out of 195 countries in terms of preparedness to face health threats [2]. While this is an improvement from the previous ranking, this position is certainly not encouraging and indicates that the government cannot fully guarantee health security in Indonesia.

Indications of health security challenges in Indonesia are inextricably linked to the lack of public participation in the COVID-19 vaccination program. Vaccination is not a preferred option for some Indonesians. This is crucial for the government to address, as in addition to healthcare technology and infrastructure, public participation is a key factor in the availability and sustainability of healthcare efforts, ultimately ensuring public health security. Low trust in government institutions, limited access to reliable health information, and the spread of misinformation further exacerbate public hesitation. Strengthening risk communication strategies and enhancing community engagement are essential to counter these issues. Without addressing

these underlying social and behavioral barriers, national health security will remain vulnerable in future health crises.

## **Health Resilience and its Conditions in Indonesia**

The expansion of the security concept that developed after the Cold War in the early 1990s is known as human security. As a new security concept, human security targets individuals individually. Security in this case concerns the welfare and dignity of humans which is assumed by the UN Security Council as an approach to assist member states in identifying and addressing widespread and cross-sectoral challenges to the survival, livelihoods, and dignity of their people [3]. An example is the problem of poverty, poverty is an important part that threatens human security not because poverty can trigger violence that threatens the stability of a country but because poverty threatens the dignity of individuals [4].

One of the seven elements of human security is health security, and factors that can threaten health security include disease outbreaks. To avoid disease outbreaks that threaten health security, communities must have physical and economic access to their most basic health needs at all times [4]. Health security exists when all people have physical, social, and economic access at all times to adequate, safe, and quality health services that meet their needs for an active and healthy life [5-7].

In an effort to ensure public health resilience, governments around the world have agreed on 17 Sustainable Development Goals (SDGs), one of which targets Indonesia's health resilience as one of the countries committed to the SDGs, as stated in Presidential Regulation Number 59 of 2017 concerning the Implementation of the Achievement of the Sustainable Development Goals. This was then followed up with various government policies related to the health sector. The various efforts made by the government to secure the health resilience sector have not been able to achieve comprehensive public health resilience.

Government health assistance, whether in the form of subsidies, infrastructure development, or medical equipment and medicines, has not been sufficient to meet the health needs of the Indonesian people. Malnutrition, hunger, and high healthcare costs remain prevalent in several regions across Indonesia. This undoubtedly undermines the ability of communities to meet their needs. Yet, health security is not only about the availability but also the sustainability of healthcare services.

Essentially, health security can be identified

through four dimensions: availability, access, utilization, and stability. Availability is the first dimension of health security, addressing the "supply side" of health security and determined by the level of health service provision, stock levels, and net trade. This availability dimension is related to how health services are produced. The production of health services depends on aspects of technology, infrastructure, and human resources (the community). Technology and infrastructure availability are mutually supportive in ensuring the availability of health services. However, these two aspects are certainly related to who uses the technology and utilizes the infrastructure. The community is certainly a very important aspect in the context of efforts to provide health services.

## **Social Construction and the Future of Vaccination Programs in Indonesia**

Social constructionists understand that knowledge and truth are created, not discovered by thought [8]. Berger and Luckmann (1991) are concerned with the nature and construction of knowledge: how knowledge emerges and how it acquires significance for society. They view knowledge as the result of individual interactions within society, which is central to constructionism [8]. Related to this, one aspect of social life that can be constructed is the choice to participate in community-led health programs.

In social life, society attaches certain images to certain health programs, and this naturally has implications for public perception and, indirectly, participation. Vaccination programs implemented by the government typically carry a certain image in the public mind and occupy a specific position in social life. Modernity also contributes to this shift in public perceptions of health programs. Through modernization, public mindsets are shifting, leading to greater trust in information circulating on social media over official government information.

The COVID-19 vaccination program is currently not fully perceived by the public as a program promising safety. Negative images often attach to the COVID-19 vaccine. This is how the public, particularly the younger generation, constructs their own perceptions about vaccines. Vaccines are associated with images of global conspiracies, dangerous ingredients, and fatal side effects. This image subsequently contributes to declining participation in the vaccination program in Indonesia. Full vaccination coverage in Indonesia as of December 2022 has only reached around 87% of the target population, while booster coverage remains very low, at around 23%.

The social constructs established thus far do not demonstrate the crucial role of vaccination in the

context of efforts to maintain health resilience and ensure pandemic control in Indonesia and indeed globally, considering that Indonesia is the fourth most populous country in the world. The availability and sustainability of public participation in vaccination in a country will be influenced by three important factors: vaccine availability, healthcare infrastructure, and public acceptance. Vaccine availability and healthcare infrastructure are two factors that can still be addressed by government policy, but public acceptance, in this case, participation in vaccination, is an independent aspect free from government intervention. The government does not have full authority over public participation preferences because the choice to be vaccinated is a private matter. When the government cannot act as a patron, the social constructs built within the community take that role.

The current importance of public participation in vaccination is linked to what epidemiologists say is necessary to achieve herd immunity, with at least 70-80% of the population being immune. If this situation persists with low participation, it will impact the availability of healthcare security. Therefore, based on this situation, efforts by the public and government must ensure the availability and sustainability of healthcare services.

To maintain the availability and sustainability of health security in Indonesia, the central and regional governments have issued various policies. In general, both central and regional government policies relate to vaccine assistance, appropriate technology, encouraging inter-regional trade, and several other policies [12]. The policies issued by the government are an effort to help increase community participation and marketing of products so that community welfare can be further improved. In reality, these policies are implemented, but they are not yet effective enough to address the problem of availability and sustainability of health security in Indonesia.

Issues related to the availability and sustainability of healthcare services in Indonesia revolve around the high import of healthcare needs, which indicates the inability of domestic production to meet community needs, high healthcare prices, and unequal access to healthcare services [13]. This condition occurs because there are problems related to community participation in health programs, community participation in this case is related to quantity and quality [13]. Quantity will certainly question the number of people participating in the vaccination program in Indonesia based on data that has decreased. In addition to quantity, the quality of public understanding is also an important determining factor.

The quality of public understanding speaks to the community's ability to adapt to or utilize the latest health information, which can be a driving factor in efforts to increase participation in health programs.

An emerging trend is that some Indonesians' understanding is influenced by misinformation and stems from low levels of health literacy. Negative social constructs about vaccines can increase perceived barriers and decrease perceived benefits, thereby reducing motivation to get vaccinated. These two factors, in turn, will impact the availability of health security and health security assurance in Indonesia. If these trends persist simultaneously, they will undoubtedly negatively impact public health security.

Various surveys indicate that a significant proportion of Indonesians are hesitant or refuse to be vaccinated for various reasons. A survey conducted by the Ministry of Health in mid-2021 showed that approximately 15-20% of respondents expressed doubt or refusal regarding the COVID-19 vaccine. The main reasons for hesitancy regarding the COVID-19 vaccine included: concerns about side effects (45%), doubts about the vaccine's effectiveness (28%), halal certification issues (18%), and distrust of the government or pharmaceutical companies (15%).

The social constructs formed in society are not easily changed through conventional policy interventions. This is because social constructs have become part of the belief and knowledge systems considered "correct" by certain groups in society. Social media and digital platforms have become the most dominant sources for the dissemination of information, both accurate and false. The Ministry of Communication and Informatics noted that thousands of hoaxes related to COVID-19 and vaccinations circulated on social media between 2020 and 2022. Although the government has made efforts to remove content proven to be misleading, the speed of information dissemination on social media far exceeds the speed of verification and removal.

## **Summary**

Health security is an element of human security that has become part of the international commitment known as the Sustainable Development Goals (SDGs). As a participating country, the Indonesian government naturally has legal standards for achieving health security. Fulfilling health security is linked to three main elements: technology, health infrastructure, and community participation.

The central and regional governments have policies related to health technology and infrastructure, as well as efforts to raise public awareness. However, participating in vaccination programs tends to be a less desirable career choice for some Indonesians. This view

is influenced by the social construct surrounding the vaccination profession. Declining public participation in Indonesia's vaccination program will negatively impact the achievement of herd immunity and pandemic control.

The achievement of herd immunity in a country will be influenced by three main aspects: vaccine availability, healthcare infrastructure, and public acceptance. The government can intervene in vaccine availability and infrastructure through policy, but public acceptance is an independent aspect and tends to be free from direct government intervention. The government does not have full authority over people's personal beliefs and decisions, as these fall within the private domain of individuals. When the government cannot act as a patron in shaping public perception, the social constructs that develop within society take over.

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