



# Disobedience of Sentul Village Community Towards Covid-19 Vaccination Policy

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Covid-19 cases that have occurred in Indonesia have so far reached in remote rural areas, this thing is because of some villagers who become workers in big cities or indeed there are migrants who enter the villages. In response to this, several policies that have been carried out by the government, namely preventive and curative. Some of these policies include PSBB (Large-Scale Social Restrictions), PPKM Policy (Enforcement of Restrictions on Community Activities), *Social Distancing* Policy, *Physical Distancing* Policy. Until now, the Covid 19 vaccination is implemented using 2 (two) vaccines, namely the *Sinovac* Vaccine and *the Astra Zeneca Vaccine*. Taking the formulation of the problem 'Why is there a Defiance of the Sentul Village Community towards the COVID-19 Vaccination Policy?' By using a qualitative approach, this research describes the attempt of the Sentul village government, Jombang Regency by socializing at each *event* carried out on every occasion. The reasons (motivation) for the community to defiance of the COVID-19 vaccination policy are: Internal Barriers (1) Self-fear of injections, (2) Self-fear of vaccines, (3) Self-fear of the implications of vaccines, (4) Understanding and ideology, (5) Self-fear of being lawful and illegitimate from vaccines. Meanwhile, external barriers: (1) Information from online media that is often frightening, (2) Unwillingness to follow the bureaucracy of vaccine implementation, (3) Lack of socialization in the community as a whole, (4) Availability of vaccines and more vaccination implementers, so that there are no queues. The attitude of the Sentul village government in overcoming internal problems is to vaccinate by visiting residents one by one to their homes: (a) Cooperate with the Police to vaccinate *door to door*, (b) Facilitate vaccinations for people with certain cases such as ODGJ (People with Mental Disorders) with doctors who understand how to communicate with ODGJ, (c) Socializing



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vaccination activities at every *event* carried out in Sentul village. The recommendations given are mainly to reduce bureaucracy to prepare for obtaining vaccines so that it does not cause laziness, deterrence, and fear.

**Keywords:** *disobedience, public policy, policy dynamic, smart policy, motivation, COVID-19 vaccination*

## Introduction

Responding to the widespread transmission of the Covid-19 virus that enters remote rural areas, the Indonesian government has implemented several policies, including the PSBB (Large-Scale Social Restrictions) Policy, PPKM Policy (Enforcement of Restrictions on Community Activities), *Social Distancing Policy*, *Physical Distancing Policy*, and the vaccination.

In the results of a survey conducted by the Saiful Mujani Research Center (SMRC) in March 2021, East Java is the second province with the highest level of rejection of the Covid 19 vaccine, namely 31% of residents of east Java refuse to be vaccinated against Covid 19, this is certainly a concern considering that the number of Covid 19 sufferers in East Java is still increasing until January 2021.

As stated by the Ministry of Health of the Republic of Indonesia, the Directorate General of Disease Prevention and Control that "The COVID-19 pandemic also has a major impact on the economy: (1) Making people's purchasing power, which is the support of the economy by 60 percent, fall quite deeply. This is evidenced by data from BPS (Central Bureau of Statistics) which recorded that household consumption fell from 5.02 percent in the first quarter of 2019 to 2.84 percent in the 1st quarter of 2020; (2) Creating prolonged uncertainty in the business world so that investment also weakens and has implications for business stalling; and (3) The whole world experienced economic weakness, causing commodity prices to fall and Indonesia's exports to several countries to also stop. In addition, the COVID-19 pandemic that has hit the world, has also had a noticeable impact in various sectors including the social, tourism, and education sectors (Kemenkes<sup>1</sup> RI, 2021).

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<sup>1</sup> Kemenkes is The Ministry of Health of the Republic of Indonesia has the task of assisting the President in carrying out some government affairs in the health sector. Based on Permenkes (Ministry of Health Regulation) 64 of 2016, article 3 in carrying out its duties, the Ministry of Health of the Republic of Indonesia carries out the functions of: (1) formulation, determination, and implementation of policies in the fields of public health, disease prevention and control, health services, and pharmaceuticals and medical devices; (2) coordination of task implementation, guidance, and provision of administrative support to all elements of the organization within the Ministry of Health; (3) management of state property that is the responsibility of the Ministry of Health; (4) implementation of research and development in the health sector; (5) implementation of the development and empowerment of human resources in the health sector and the management of health workers; (6) implementation of technical guidance and supervision over the implementation of the affairs of the Ministry of Health in the regions; (7) supervision of the implementation of duties within the Ministry of Health; (8) the implementation of substantive support to all elements of the organization within the Ministry of Health;

The government's policy to provide mass vaccinations to the Indonesian people has gradually begun to be implemented based on the President's instruction (Kemenkes RI, 2021): (1) The COVID-19 vaccine is given free of charge and the public is not charged at all. ; (2) All ranks of cabinets, ministries, institutions, and local governments to prioritize the vaccination program in fiscal year 2021; Prioritizing and relocating other budgets related to the availability of free vaccinations; (3) The President became the first to receive the COVID-19 vaccine; (4) Request the public to continue to carry out 3M discipline, which are Wearing masks, Keeping distance, and Washing hands. The countermeasures strategy carried out by the government is illustrated in the following scheme:

Figure 1. Countermeasures Strategy



Source: Ministry of Health of the Republic of Indonesia, 2021

The implementation of the COVID-19 vaccination in Jombang-East Java Regency has generally been launched in January 2021. Located at the Tambakrejo Health Center, Jombang District, on Wednesday, January 27, 2021, Jombang Regent Hj. Munjidah Wahab was present at the launching of the COVID-19 Vaccination Implementation and the inauguration of the new building of the Tambakrejo Health Center, Bareng Health Center, Peterongan Health Center, Mojowarno Health Center, and Kesamben Health Center, at the event was also attended by the Jombang Regency Forkominda and several community leaders were followed virtually by 33 Puskesmas (Community Health Center) throughout Jombang Regency. In the first phase, 4,000 vaccines have been received from the submission of 5,300 vaccines, so there is still a shortage of 1,300 vaccines. At this stage, vaccine administration will be prioritized to health workers in 34 puskesmas, 11 hospitals and 2 clinics. Sentul Village in Tembelang District, Jombang Regency, is a village in Tembelang District. Sentul village is a developed village, this can be measured from several village program activities carried out in the village. However, the relationship in the awareness of the participation of the COVID-19 vaccination is still found to be a lot of public resistance in the implementation of government policies regarding COVID-



19 vaccination, because public enthusiasm is still low (Dinkes<sup>2</sup> Jombang, 2021). Based on that background. Therefore, the researcher wants to provide a descriptive explanation of the defiance of the people of Sentul Village towards the COVID-19 Vaccination policy. (1) Provide an overview of the village government's efforts to socialize the COVID-19 vaccination policy; (2) Provide an overview of the motivations of people who defied the COVID-19 vaccination policy; (3) Provide an overview of the village government's efforts in overcoming internal problems that occur in Sentul Village which can increase attention and reduce defiance of the COVID-19 vaccination policy.

## Literature Review

Provides another view in putting forward the theories used for the discussion of related studies. In this case it is related to some policy theory, participatory policy, policy dynamics, smart policy, and disobedience. This research will include the real implementation of COVID-19 vaccination policies that touch rural communities. It also discusses the motivation behind the village community in determining attitudes in welcoming policies from the government that are delegated to local governments (villages).

### *Public Policy*

Public policy is not only about what the government does, but also includes what the government does not do, including for example regulating conflicts. Strictly speaking, public policy is a series of actions that are determined and implemented or not implemented by the government that aim or are oriented towards certain goals for the benefit of the entire community. This definition has implications (Abdullah & Rusfiana, 2016:8): (1) That the government's policy is in its inaugural form a determination of government actions; (2) That the government's policy is not sufficiently stated, but implemented in a tangible form; (3) That the policy of the government is good for doing something or not doing something that has and is based on a certain purpose and purpose; (4) That the government's policy should always be aimed at the interests of all members of society.

### *Participatory Policy to Reconcile Claims*

Policy is an event caused because it is necessary to reconcile the claim (demands) of the conflicting parties, or to create incentives for joint action by the parties who participate in setting the goal will still get irrational treatment in the joint effort. In addition, if there are several parties who together participate in determining the goals to be achieved together, but during it there are parties who get unequal and irrational treatment, then an action is created in the form of a policy that can encourage it to be created. rational situation. This kind of policy

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<sup>2</sup> Dinkes is the health Office which implementing element of regional autonomy in the health sector which is domiciled under and responsible to the Regent through the Regional Secretary



will provide benefits obtained from community participation, including (Miftah Thoha, 2003): (1) The benefits of community participation can solve problems that were not foreseen; (2) With the participation of the public, planners and bureaucrats in general will get the most precise information for them; (3) The people will be very receptive to the changes made if they are invited to participate in designing to produce those changes. The process that must be started when designing, constructing, glamorizing, and up to the moment of evaluation; (4) Some studies have revealed that with participation will save a lot of costs; (5) It is well known that the involvement of the people provides enormous benefits in completing a project; (6) The monitoring process is an activity that requires coming to the field in person, it will actually be more useful and efficient if local people are involved; (7) Participation in the Education process, with the participation of the people, is educated to feel the ownership, maintenance, and control of each program created together.

### *Policy Dynamics*

Understanding the dynamics is about understanding the changes and the attention to the dynamics of policy should, to some degree, be about policy changes—ways to get from here to there in the political process. Not all systems are dynamic, but all dynamics occur in the system. Therefore, we have to say something from the very beginning about how to understand the system. The current policy choice is the product of a previously made policy choice—the "trajectory"—sometimes decades earlier. This is the concept of "trajectory-dependent." Previous options may have an inhibiting or "locking" effect and an increase-chance effect (Bardach, 2015:422-437).

### *Smart Policy*

The term *smart policy* is used by reform entrepreneurs who support a technical-instrumentals perspective on *New Public Management (NPM)* to describe the notion of increased effectiveness and efficiency. Two main components determine the success of intelligent policy in feasible and desirable practices (March and Olsen 1983; Pollitt and Bouckert 2004,26). Feasibility concerns the quality of organizational thinking behind *the NPM and the* potential to control the process of reform and its implementation. Desirable is about what kind of society and administrative-political system is preferable. NPM-related thinking will easily lead to increased efficiency and effectiveness and hence smart policies especially when *NPM* reforms are broad and ambitious. The preconditions of smart policy may be more realistic if a reform is narrow, one-sector-related, public institutions or it deals with functions that are inherently easy to quantify (e.g., technical function) or targeted by elites as quantifiable (Christensen and Laegreid 2001, 301-11) in (Christensen, 2015:563-575).



### *Vaccination Covid-19*

Public health the context of overcoming the COVID-19 pandemic is not only carried out in terms of implementing health protocols, but also interventions with vaccinations as part of efforts to prevent and control COVID-19 (Kemenkes, 2021). There are several vaccination goals as proclaimed by the government, such as (Kemenkes, 2021): (1) Reducing pain and death due to COVID-19; (2) Achieving *Herd Immunity* to prevent and protect public health; (3) Protect and strengthen the health system as a whole; (4) Maintain productivity and minimize social impacts.

Strategies for meeting the needs of COVID-19 Vaccines in Indonesia are: (1) Purchasing vaccines from abroad (meeting the criteria-safe, quality and efficacy); (2) Conduct bilateral cooperation (technology transfer, *capacity building*); Sinovac; (3) Develop a red and white COVID-19 vaccine and the cooperation of domestic and foreign vaccine manufacturing companies.

The selection of COVID-19 vaccines implemented in Indonesia are: (1) Safety (no severe side effects); (2) Efficacy (Ideal: 70%; minimum 50%); (3) Long protection duration (at least 1 year; (4) Stabil storage it as (temperature 2-8<sup>0</sup> C); (5) Packaging: multi dose (optimization of vaccine cold chain capacity); (6) The same platform for easy evaluation; (7) Approval of use from BPOM-obtaining *Emergency Use Authorization (EUA)*.

The principles of the implementation of the COVID-19 vaccination are: (1) The provision of COVID-19 vaccination is carried out by doctors, nurses or midwives who have competence; (2) The implementation of COVID-19 Vaccination services does not interfere with routine immunization services and other health services; (3) Screening/screening the target's health status before vaccination is carried out; (4) Implement health protocols; (5) Integrating with COVID-19 surveillance activities, especially in detecting cases and analyzing impacts

Coordination of COVID-19 implementation: (1) The implementation of COVID-19 vaccination at the provincial level is coordinated by the Governor, while at the district/city level it is coordinated by the Regent/Mayor; (2) Provincial governments and district/city governments in the implementation of COVID-19 vaccination need to cooperate with state-owned/regional enterprises or private enterprises, professional/community organizations, the Indonesian National Army/National Police of the Republic of Indonesia, and other relevant parties. Cooperation efforts undertaken include: (a) support for the provision of health workers; (b) COVID-19 vaccination sites; (c) security; (d) community outreach and mobilization; (e) support for the provision of non-health workers; and (f) medical waste management.

For cooperation to be carried out effectively, an Implementation Team is needed starting from the provincial, regency/city and Puskesmas (Community Health Center) levels. This team must involve all cross-programs within the health sector as well as across related sectors.



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### *Disobedience*

Disobedience according to Indonesian Dictionary is unwillingness to obey (command); disobedient; challenging; debunking; people who hinder progress; challenger; or process, the way of doing it: defection and this is what gave birth to the February revolution called the revolution of popular power (Kemendikbud RI, 2008:130).

### **Methodology**

This study wants to explore information that occurred at the research site related to the motivation for disobedience that occurred in the community in Sentul village, Tembelang District, Jombang-East Java Regency. Because this study explores in-depth information, the approach used by the researcher is qualitative to obtain a real and comprehensive picture of what is the motivation, the efforts made by the Sentul village government related to minimize disobedience that occurs, as well as socialization carried out by the Sentul village government. This information is collected from village heads, community leaders and communities who are treated by informants according to needs.

Purposive sampling was applied for this study. Using informants in this study are (1) Sentul Village Head: as a key informant; (2) Sentul Village Community Leaders who commit disobedience: as the main informant (3) and Sentul village community who commits disobedience; as the main informant.

### *Data Collection*

Data collection is carried out by processing primary data, namely data carried out directly by researchers through surveys, observations, and documentation, while secondary data is carried out by researchers through magazines, newspapers, literature studies whose function is to strengthen the data in the previous year, either printed or electronic, so that the data can be comprehensively summarized in the required analysis so as said by Creswell (Creswell, 2017:254).

In this qualitative study collect various types of data and make the most of the time as effectively as possible to collect information at the research site. Some of the qualitative data collection approaches in this study were carried out in the following ways

Table 1. Qualitative Data Collection

Approach	Tasks performed
<b>Observation</b>	<ul style="list-style-type: none"><li>• Collecting field data by acting as observers and participants</li><li>• Collecting field data by acting as <i>outsiders</i> first, then starting to enter the research <i>setting</i> as an <i>insider</i>.</li></ul>
<b>Interview</b>	<ul style="list-style-type: none"><li>• Conducting unstructured and open interviews.</li></ul>
<b>Documentation</b>	<ul style="list-style-type: none"><li>• Documenting the activities carried out during the research was carried out in sequence. In the form of photos of activities.</li></ul>

This data collection provides an advantage, being able to find problems that occur in the field with information collected from informants. Using the data triangulation method, researchers cross-check data from communities and policy collectors from related villages.

#### *Techniques for Guaranteeing Validity*

Qualitative validity is an effort to check the accuracy of research results by applying certain procedures, while qualitative reliability indicates that the approach used by researchers is consistent if applied by other researchers (and) to different projects (Gibbs, 2007) (Creswell, 2017:269).

### **Results and Discussion**

#### *Jombang Regency Government's Efforts in Maximizing Vaccines*

The efforts of the local village government are to follow the Jombang regency government's policy of promoting free mass vaccination with scheduling according to the profession. In this case, the government has been proactive by providing socialization and information to citizens through the website.

#### *Vaccination Activity 1*

This first phase of vaccination targets health workers. The total number of health workers who will be vaccinated is the most from Jombang Regional Hospital as many as 351 health workers and RSI Jombang, 154 health workers. In implementing the vaccination, the Jombang Regency Health Office prepared 47 vaccinators (Yuanto, 2021).

The first phase of the COVID-19 vaccination process in Jombang Regency is going well and has reached the target of 99.8 percent. the number of vaccine targets in Jombang is 976,501 people and has been realized 99.8 percent, meaning that the initial wave of vaccination has



been achieved. Meanwhile, for this first batch of vaccinations, according to data, there are several community elements that are the target of vaccination in Kota Santri (students living in Islamic boarding schools). Among them, health workers public services, the elderly and vulnerable communities and now the target is shifting to children aged 12-17 years (Jombang District Health Office. 2021).

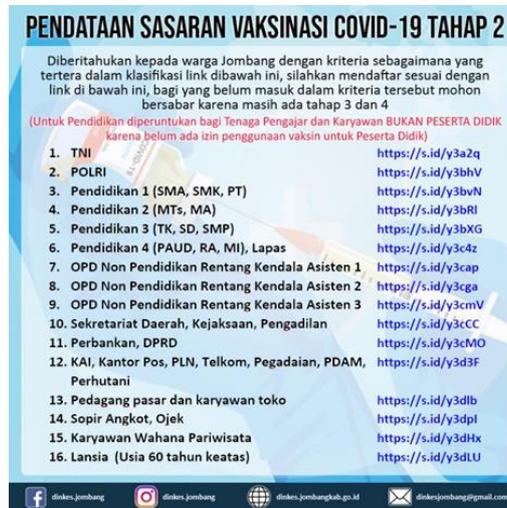
### *Vaccination Activity 2*

Given notification to Jombang residents with the criteria as stated in the link classification below, please register according to the link below, for those who have not been included in the criteria, please be patient because there are still stages 3 and 4. (For Education, it only applies to Teaching Staff and Non-Student Employees / Students because there is no permission to use vaccines for Students / Students) (Jombang District Health Office. 2021).

The Jombang Police Department is helping the government accelerate the second dose of COVID-19 vaccination for the community. In addition to security and socialization, the police also serve shuttles for residents receiving vaccines. the second dose of COVID-19 vaccination against the elderly in This village runs smoothly by complying with health protocols. Because Puskesmas (Community Health Center) officers have compiled a vaccination schedule so that there is no queue of vaccine recipients. Based on data released by the Jombang Regency Health Office, the central government allocated 679,830 doses of the COVID-19 vaccine for phase 1 and 2 vaccinations. The targets of vaccination are health human resources, public service workers and the elderly.

The mass vaccination held by the Jombang Police Today targeted thousands of students and administrators of Islamic boarding schools. Police allocated 1,300 doses of COVID-19 vaccines to Islamic boarding schools in Santri City. The COVID-19 vaccination against students was held at Ponpes (Islamic Boarding School) Bahrul Ulum Tambakberas, Jombang. A total of 1,600 doses of COVID-19 vaccine have been allocated to Islamic boarding schools and places of worship in Jombang Regency. 300 doses of Corona vaccine have been injected into tridharma people at *Hok Liong Kiong* Shrine, Kepatihan Village, Jombang District. Based on data from the [vaksin.kemendes.go.id](http://vaksin.kemendes.go.id) website, recipients of the first dose of vaccine in Jombang have reached 631,911 people or 61.96 percent of the target. Meanwhile, the recipients of the second dose were 414,529 people or 40.64 percent of the target (Budianto, 2021).

Figure 2. Covid-19 Vaccination Data Collection Phase 2



No	Kategori Sasaran	Link Pendaftaran
1.	TNI	<a href="https://s.id/y3a2q">https://s.id/y3a2q</a>
2.	POLRI	<a href="https://s.id/y3bhV">https://s.id/y3bhV</a>
3.	Pendidikan 1 (SMA, SMK, PT)	<a href="https://s.id/y3bvN">https://s.id/y3bvN</a>
4.	Pendidikan 2 (MTs, MA)	<a href="https://s.id/y3bRI">https://s.id/y3bRI</a>
5.	Pendidikan 3 (TK, SD, SMP)	<a href="https://s.id/y3bXG">https://s.id/y3bXG</a>
6.	Pendidikan 4 (PAUD, RA, MI), Lapas	<a href="https://s.id/y3c4z">https://s.id/y3c4z</a>
7.	OPD Non Pendidikan Rentang Kendala Asisten 1	<a href="https://s.id/y3cap">https://s.id/y3cap</a>
8.	OPD Non Pendidikan Rentang Kendala Asisten 2	<a href="https://s.id/y3cga">https://s.id/y3cga</a>
9.	OPD Non Pendidikan Rentang Kendala Asisten 3	<a href="https://s.id/y3cmV">https://s.id/y3cmV</a>
10.	Sekretariat Daerah, Kejaksaan, Pengadilan	<a href="https://s.id/y3cCC">https://s.id/y3cCC</a>
11.	Perbankan, DPRD	<a href="https://s.id/y3cMO">https://s.id/y3cMO</a>
12.	KAI, Kantor Pos, PLN, Telkom, Pegadaian, PDAM, Perhutani	<a href="https://s.id/y3d3F">https://s.id/y3d3F</a>
13.	Pedagang pasar dan karyawan toko	<a href="https://s.id/y3dlb">https://s.id/y3dlb</a>
14.	Sopir Angkot, Ojek	<a href="https://s.id/y3dpl">https://s.id/y3dpl</a>
15.	Karyawan Wahana Pariwisata	<a href="https://s.id/y3dHx">https://s.id/y3dHx</a>
16.	Lansia (Usia 60 tahun keatas)	<a href="https://s.id/y3dLU">https://s.id/y3dLU</a>

Source: Jombang District Health Office

<https://www.lensaindonesia.com/2021/01/27/vaksinasi-tahap-pertama-di-jombang-dimulai-para-nakes-disuntik-vaksin-COVID-19.html>

### *Community Disobedience of Vaccination Policy and Village Government Attitudes*

#### *The Condition of the People of Sentul Village During the Pandemic*

The condition of the people of Sentul Village is an upper-middle-class village community. The location of the village, which is not too far from the Berantas river bridge, is a beautiful village headed by the Village Head. The head of Sentul Village, who was then held by Nasutiono as stated at the beginning, in January 2021, he became one of the victims of the COVID-19 pandemic, until he could not be saved. The head of Sentul village, who at that time was very active in carrying out activities with residents, had been diagnosed with COVID-19 after the body fever that was felt did not tend to go down, until in the end he was rushed to the Surabaya Islamic Hospital, but could not be helped, because the condition of the victim at that time was already bad. Buried in Sentul Village using COVID-19 funeral protocols. Amirullah as the PJ (Acting) head of Sentul village eventually intensified the vaccination program required by the central government. As the implementer of vaccination activities at the bottom level in the government structure, Amirullah is concerned about the pandemic conditions that affect 42 (forty-two) of its residents. Various efforts were carried out by the village officials who at that time were led directly by Amirullah.

On that occasion, Amirullah provided data for the people of Sentul Village who were victims of COVID-19. Some managed to get healthy and Returned to the family after undergoing treatment in the hospital. Some self-isolate in their respective homes. However, there are some residents of the community who have been confirmed with COVID-19 and have not managed to be rescued. The largest COVID-19 wave that attacked Sentul village mainly occurred in July

2021. Most of the population who cannot afford to be rescued are those who have comorbid asthma. So that in handling it at that time it needed oxygen cylinders, which at that time became a rare item in the community, because it was difficult to obtain and the price was very expensive, as well as the limited capacity of the hospital at that time.

Figure 3. Sentul Village Hall



Figure 4. Sentul Village Hall



Figure 4 & 5. Condition of the People of Sentul Village



### *Reasons for Disobedience of Society in General*

The results of a survey by the Indonesian Survey Institute (LSI) showed that around 36.4 percent of people were not willing to receive the COVID-19 vaccination. LSI Executive Director Djayadi Hanan said this was known from the results of a survey conducted by his party on June 22-25, 2021, of 1,200 respondents from 34 provinces. The survey was conducted using a simple random sampling method with an error rate of about 2.8 percent. There are still 82.6 percent who have not been vaccinated. Meanwhile, as many as 7.5 percent have received



2 doses of vaccination, and 9.9 percent have only received the first dose of vaccination. Of the 82.6 percent, it turned out that as many as 36.4 percent of people were not willing to get vaccinated. There are 3 (three) big reasons why there are still many people who refuse vaccination. (1) First, fear of the side effects of vaccination (55.5 percent); (2) Consider vaccines ineffective (25.5 percent); and (3) Assume no need for vaccines because the body is healthy (19.9 percent). There are still many who do not believe that vaccination can prevent people from contracting the coronavirus. There are 23.5 percent who still don't believe it. Only about 68.6 percent of the public believed the vaccine would prevent the transmission of Covid. Of the 23.5 percent of people who do not believe in vaccination, the majority are from rural areas, about 50.2 percent. In terms of education, this level of trust, vaccines are able to prevent transmission it tends to be higher among higher education. In low-education circles, it tends to have a lower level of trust (LSI, 2021).

Meanwhile, in the results of another survey, as many as 56.8 percent of respondents admitted to being afraid of the side effects of vaccination and 30.5 percent of respondents admitted that they were hesitant about the effectiveness of vaccination. Meanwhile, as many as 8.8 percent of respondents said they were afraid that vaccines would not be halal. Another 3.9 claimed not to know or did not answer. A total of 56.8 percent of respondents said they were afraid of the side effects of vaccination. Meanwhile, 30.5 percent of respondents said they doubted the effectiveness of the vaccine. In conclusion, most people believe that vaccines can prevent humans from contracting the coronavirus. But there are still people who are not willing to be vaccinated. The data collection of this survey was carried out on April 21-30, 2021, through face-to-face interviews using a structured questionnaire. The total sample was 1,600 respondents. The sample is determined by *multistage random sampling*. With a margin of error of +/- 2.5% and a confidence level of 95% (Rahmadi, 2021).

#### *Reasons for Disobedience in Sentul Village, Tambakberas Village and Dempok Village*

The defiance carried out by several village communities is mostly carried out by *people who* are at a productive age and are fairly young. The principal reason is the reason why the villagers do not vaccinate even though it has been facilitated by the government and also vaccinations in the village have been carried out gradually and evenly to all levels of village society.

From interviews conducted with several informants in get different reasons for disobedience. As described as follows. M. Khamilun Najjah (Student of UIN Tulungagung, aged 27 years) he did not want to participate in the vaccination program for reasons of principle and ideology that were not forced, even though it had been facilitated by the village and campus.

"I don't want to do the vaccine, because of my understanding and ideology. Nevertheless, my father and mother still followed the vaccine. So, in my family to get vaccinated it is the right of every family member. So, I didn't follow the vaccine not out of fear, but it was more about my understanding and principles about covid-19 vaccination itself." (Interview results on October 12, 2021).

It is known that the family of M. Khamilun Najjah has never been exposed to COVID-19, so during this time the informant's family was in good health. And in addition, other families have vaccinated varyingly in quantity, namely some have been 2 (two) times, and there are still 1 (one) time. From the interview, it can be interpreted that the informant already knows with information about the schedule for the implementation of vaccinations facilitated by the local village government. Nevertheless, the beliefs and ideologies in him made him refuse to carry out vaccinations with well-realized consequences. The conflict that occurs is a conflict, because on the one hand, the informant's self-aware of the danger of being infected with COVID-19 at any time due to activities carried out on campus, as well as on the way by public transportation. This view of ideology and belief is one obstacle for the village government to implement vaccinations for its citizens. From what was said by Eugene Bardach that not all systems run dynamically. Previous choices may have a hindrance effect such as what is called policy dynamics.

In addition to this, some people in Sentul village refuse to be vaccinated for health reasons with comorbid diseases they suffer from. As stated by Habib (Age 61 years, Citizen), where he refused the vaccine on the grounds of self-health. The comorbidities suffered in the form of diabetes mellitus made him feel afraid to take the vaccine.

"I am afraid that I will also get covid, so I am diligent in drinking herbal medicine. Although all my family has been vaccinated, I am not vaccinated myself. So, I also must be careful, because I myself am sick, my hands are tingling, but I never complain about my illness to people, for fear of later being mistaken for covid. I already have BPJS (Social Security Administering Agency), but I have never used it, I am diligent in my activities. (Interview, on October 12, 2021).

Figure 6. Interview with Habib (Sentul Village Community who refused vaccines)



The choice not to do the vaccine is more of a defense attitude towards the self who is suffering from illness. It is like informant M. Khamilun Najjah, that informant 2 had a self-determination



to make a choice that made the dynamics occur in the implementation of the vaccine, namely without coercion and in this case more reasonable because of the disease he suffered.

It is different from what has been done by Hasan (Age 32 years, Citizen of the community). He did not take the vaccine because of the information heard from several *online* media and some acquaintances. After doing the vaccine, several people he knew were suffering from pain. This made fear arise in him, so he decided not to vaccinate his family.

"My wife and I didn't do the vaccine because we were afraid, because I heard some news that after doing the vaccine, I got sick. And seeing my mother after doing the vaccine and then my mother became ill for a few days." (Interview on October 12, 2021).

From the results of the interviews conducted, it can be seen that the *policy* is not only on what the government does, but also includes what the government does not do, including for example regulating conflicts. Strictly speaking, *public policy* is a series of actions that are determined and implemented or not implemented by the government that aim or are oriented towards certain goals for the benefit of the entire community. Nevertheless, what happened was not always in accordance with the goal and went smoothly. Socialization to ordinary people must first be well understood, so that later there will be no misdirection of information which results in public misconceptions of actions taken in the field. All consequences of must are well socialized, so that there is a balance of information.

Several other informants conducted interviews and the majority were actually from among the productive age among economic actors refused to do the vaccine for several reasons.

Interview with Dedy (23 years old, *Café* employee)

"I didn't want the vaccine, because my neighbor after doing the vaccine, a week later died. Besides myself I have a congenital disease. And a little lazy too, because you must queue up, the hours are crowded. At first, my neighbors were after *the vaccine* was hot, some died. (Interview on October 13, 2021).

Interview with Hari (23 years old, *Café* employee)

"If I'm almost the same, but I was originally afraid of injections. And I'm also a bit of a freak because I'm queuing up. (Interview, on October 13, 2021).

Interview with Iwan (23 years old, *Café* employee)

"If I don't want a vaccine because I have a stomach disease. I'm afraid of getting vaccinated." (Interview, on October 13, 2021).

Interview with Didi (Age 23, *cracker sales*)

"I don't have a problem because of the effects of the vaccine that I hear from the news, after the vaccine it gets sick." (Interview, on October 13, 2021).

Interview with Wawan (Age 37, *Café* Employee)

"I don't have any desire for a vaccine because of the effects of the vaccine that I heard about, after the vaccine went straight to the ground. My family and I have been exposed to the COVID-19 virus. But I'm just trying to get a vaccine. That time for healing I drank red ginger, honey, probiotics, vitamins. At that time, I was a week I suffered from heat, and lost my sense of smell for a month. I recovered without seeing a doctor. I was quarantined in my own family. I have bone cancer myself. And I can tell you that people with cancer should not be vaccinated." (Interview, on October 13, 2021).

Figure 7. Interviews With Residents of the *Café* Worker Community



From interviews conducted with several members of the public, it can be concluded that the reluctance to do the vaccine is from internal and external factors. Some are due to self-health factors that do not allow vaccines to be carried out with the disease suffered. On the other hand, there is information and real circumstances from vaccine actors who end up suffering from illness to cause death. From here a policy brings its own dynamics to the community in making choices to follow the policies that have been set by the government. Whether to refuse or accept it. According to *the theory of smart policy*, in its implementation, a policy requires monitoring and evaluation. From here, it can be known that the implementation of a policy can be measured in its effectiveness in society.

#### *Obstacles for Village Governments in Implementing Vaccination Policies*

Some of the data that has been collected in the field, that the obstacles that occur in society come from the internal community itself and externally from outside the community. Some of these obstacles are Obstacles internal, some internal obstacles that come from the community self: (1) Self-fear of injections; (2) Self-fear of vaccines; (3) Self-fear of the implications of vaccines; (4) Understanding and ideology; (5) Self-fear of halal and illegitimate vaccines. While Obstacles external; (1) Information from *online* media that is often frightening; (2) Reluctance to follow the bureaucracy of vaccine implementation; (3) Lack of socialization in



society as a whole; (4) Availability of vaccines and more vaccination implementers, so that there are no queues.

### *Proactive Attitude of Village Government in Vaccination Implementation*

The government takes a policy by collecting community data based on work, which is then given a schedule to vaccinate for free through designated health service places. Proactive steps taken by the government are actually (1) Data collection of the public in accordance with the characteristics of the work and distributing forms for vaccine registration along with a schedule for vaccination; (2) Record people with disabilities to get the vaccine and have been carried out as many as 50 and an increase of up to 400 people; (3) Provide vaccinations to children aged 12 years; (4) For clients who are in the city, they come directly to the pavilion with their families or local village officials escorted; (5) Clients who are outside the city, are picked up using a bus vehicle owned by the Department of Transportation while still being escorted by companions and their families; (6) Carry out mass vaccinations at village halls or village halls with health teams from BLUD (Regional Public Service Agency), Puskesmas (Community Health Center) to make it easier for people to get vaccinated; (7) Providing counseling on COVID-19, health protocols, maintaining health, and clean and healthy living behaviors (PHBS); (8) Vaccinate Islamic boarding school students in mass and continuously. In addition, the village government carries out 5 (five) tasks to overcome COVID-19. The five tasks include (Farisa, 2021): (1) Village officials must process the flow of data and information of all residents. Data and information cover the economic condition of citizens, in order to maintain their quality of life and health during the outbreak.; (2) Village officials must be able to manage the control of information related to COVID-19. Don't be anxious in the face of this outbreak because of the vagueness of the information; (3) Village officials take initiatives to mitigate the social and economic impacts of residents. How the social impact of the COVID-19 emergency on religious and cultural activities; (4) The village apparatus can create new social institutions according to the needs in the village. This is to prevent social conflicts from occurring during the pandemic; (5) The village apparatus may provide information related to COVID-19 daily. For example, by creating a *WhatsApp* group or an official village portal.

Some of the real activities carried out by the Sentul village head and the village apparat in embracing the residents of Sentul village community to vaccinate. Activities carried out by providing regular schedules to the village government apparat to together with the TNI and Polri (Police of the Republic of Indonesia) carry out maintenance as a form of providing a sense of security to people exposed to COVID-19 to get the same treatment for welfare stuff. As a program from the local government that isoman (Self-isolation) is no longer carried out at home but is carried out in schools that during the pandemic were not used as teaching and learning places. This is to prevent and stop the spread of COVID-19 in family *clusters*.

Sentul Village Head (PJ), Amirullah said that:

"The population in Sentul village itself is that there are still many age criteria that are productive from 5 thousand people who are aged 17 years and over. The total population as of October 5, 2021, is 4,953 people (total population). Of the total population, every month it changes, because there are births, deaths, moves, there are immigrants. So sometimes there tends to shrink, because sometimes it dies, goes out, and the birth is minimal. If for the vaccine, yesterday the last one that was 18 we only had less 348 then it was 185, so it was less than 163. As for the age of 12, most of them participate in vaccine activities in schools, so we detect it a bit difficult, because it is school based. Including there are Bulaga (Regents Serving Residents) activities, including those vaccination activities." (Interview on October 13, 2021).

Amirullah Further says:

"What many vaccinations do is age 17 and above. If in the past there was still fear, then now it is a necessity. We echo every *event*, because vaccines are the need of the community for services that will later be provided to the community." (Interview on October 13, 2021)

Figure 8. Interview with (PJ) Sentul Village Head, Amirullah



"... those who are reluctant to do the vaccine are fears because of the effects of after doing the vaccine then falling ill." (Interview on October 13, 2021)

"The dose given depends on the availability of the health Office, which depends on the Jatiwates Health Center and the Tembelang Health Center. This means that if the dose I is 300, then the II dose must also be provided 300. Here it has been done for *Sinovac*, *AstraZeneca*, and *Moderna*. But for *Moderna*, it is specifically for health workers. For the implementation of the vaccine, we pick up the ball by going directly to the residents in collaboration with the Police. There are cases for vaccines that are carried out in ODGJ (People with Mental Disorders). ODGJ is directly handled by a specialized doctor with a certain approach. So, they understand the doctor as well. So that it uses a certain language



when communicating with ODGJ until finally ODGJ wants to be vaccinated. The number of ODGJ alone is 12 people." (Interview on October 13, 2021).

From the data obtained from the interviews, the village government has made various efforts to maximize the vaccine program carried out. However, it is still unable to achieve the overall target of 100%. So that it can be concluded that several efforts have been made by the Sentul village government, including: (1) Vaccinating by visiting residents one by one to their homes; (2) Cooperate with the Police to vaccinate on a regular basis *door to door*; (3) Facilitate vaccination for people with certain cases such as ODGJ (People With Mental Disorders) with doctors who understand how to communicate with ODGJ; (4) Socialize vaccination activities at every *event* carried out in Sentul village; (5) Vaccine activities are still carried out with a target of productive age, namely the age of 17 years and over; (6) Monitoring the age of 12 years in collaboration with schools; (7) Vaccination activities are carried out by simplifying bureaucracy, namely by accepting prospective vaccine recipients from outside Sentul village; (8) Adjustment of the number of doses for vaccination I with vaccination II in a balanced manner in numbers.

## Conclusion

The efforts of the Sentul village government in socializing the COVID-19 vaccination policy are by socializing at every *event* carried out at every opportunity. This vaccination awareness is carried out, especially for productive age over 17 years. As for the age of 12 years and above, it is through cooperation with the school. In addition, the government specifically carried out socialization with the implementation of Bulaga (Regent serving citizens) where at that time all residents of the community were involved. Socialization is also carried out proactively by using banners, pamphlets posted at the village hall, so that the community can always read information related to the implementation and what benefits are obtained from the COVID-19 vaccination. The reasons (motivations) of the community to defiance of the COVID-19 vaccination policy are: (1) Self-fear of injections; (2) Self-fear of vaccines; (3) Self-fear of the implications of the inflicted implications of vaccine; (4) Understanding and ideology; (5) Self-fear of halal and illegitimate vaccines. External Barriers: (1) Information from *online* media that is often frightening; (2) Reluctance to follow the bureaucracy of vaccine implementation; (3) Lack of socialization in society as a whole; (4) Availability of vaccines and more vaccination implementers, so that there are no queues.

The attitude of the village government in overcoming internal problems that occur in Sentul Village, thereby increasing attention and reducing community defiance in the implementation of the COVID-19 vaccination policy is: (a) Vaccinating by visiting residents one by one to their homes; (b) Cooperate with the Police to vaccinate *door to door*; (c) Facilitate vaccination for people with certain cases such as ODGJ with doctors who understand how to communicate with ODGJ; (d) Socialize vaccination activities at every *event* carried out in Sentul village; (e) Vaccine activities are still carried out with a target productive age of 17 years and above; (f) Monitoring the age of 12 years in cooperation with schools; (g) Vaccination activities are



carried out by simplifying bureaucracy, namely by accepting prospective vaccine recipients from outside Sentul village; (i) Adjustment of the number of doses for vaccination I with vaccination II in a balanced manner in numbers.

There are several recommendations related to disobedience or the attitude of refusing community residents to be vaccinated: (1) The village government is actually involving community members to actively participate in monitoring their families, so that it will be easier to take proactive action to invite them to vaccine; (2) Simplify the bureaucracy for the preparation of obtaining vaccines so as not to cause laziness, deterrence and fear; (3) Provide complete socialization regarding the implications that will be felt after vaccination, so as not to cause fear triggered by *online* media; (4) Be more lenient in providing explanations to residents who were initially hesitant to become more certain to vaccinate.

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