Socialization of the Covid-19 vaccine for children on the acceptance of parents

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ABSTRACT

This study aims to find out how the influence of the socialization of the Covid-19 vaccine program on children by the Indonesian government has on the level of parental acceptance in Medan City. The research was conducted using a quantitative approach to 200 parents of elementary school students. Data collection was carried out through questionnaires and data analysis was carried out by testing hypotheses through t-test and f-test and the coefficient of determination. The results of the study found that the outreach carried out by the government about the benefits of the Covid-19 vaccine for children was not effective. This can be seen from the results of the coefficient of determination test, whether there is a level of trust of respondents in the information on the Covid-19 vaccine and whether there is a child's behavior in implementing the health protocol which is carried out simultaneously. regarding the respondent's attitude regarding Covid-19 vaccination for children, the respondent's acceptance rate was 14.1%. This shows the failure of the Indonesian government in socializing the benefits of the Covid-19 vaccine for children in efforts to prevent Covid-19.

1. Introduction

The spread of Covid-19 so far has found no signs of ending soon. This is coupled with the increase in the number of positive cases of Covid-19 that hit children. Based on data from the American Academy of Pediatrics [1] there were about 10,603,034 total reported cases of Covid-19, this shows that around 18.4% of Covid-19 sufferers in total are children. Covid-19 vaccination is a preventive process in the body, which makes a person immune or protected from a virus so that when exposed to the virus they will not get sick or only experience mild illness [2], is one of the important strategies in efforts to control the spread of Covid-19. This program also includes children as part of those who must receive the covid-19 vaccine. Even though children who have Covid-19 disease are not in too severe a condition, it is hoped that vaccination can help prevent this Covid-19 [3].

Parental preference for receiving and accessing COVID-19 vaccines for children is something that the government must consider in producing a COVID-19 vaccine policy for children aged 5-11 years [3]. In the United States, for example, the acceptance rate of the covid-19 vaccine for children is at a low level, one of the reasons is the low education factor that encourages parents to not believe any information submitted by the government related to the Covid-19 vaccine [4-6], this is different

from the level of parental acceptance of the Covid-19 vaccine program in the United Arab Emirates [7]. The issue of the Covid-19 vaccine on the level of parental anxiety about the side effects it causes is higher than some other vaccine programs applied to children [8,9].

Based on information submitted by the government, according to the population census data conducted by the Central Statistics Agency in 2020, there are around 26.8 million children aged between 6-11 years. Therefore, information related to vaccines for children is a process that must be carried out by the government as a whole, where the information conveyed must be easily and clearly understood by the public so that the message conveyed can be responded to and followed up by the community properly [9].

In relation to this policy, based on the results of Williams' research [10] there are at least six main problems that arise from this vaccination program, namely: (1) Uncertainty whether children can be infected, transmit, or be severely harmed by COVID-19; (2) Lower risk tolerance for the unknown long-term effects of the vaccine in children; (3) The linkage of the vaccine program with the government's handling of the pandemic; (4) Local social norms as a driver of doubt; (5) Vaccinating children as a way to protect vulnerable adults; (6) Vaccination of children as the choice of parents. The level of safety, effectiveness and potential side effects of vaccines are the main reasons that influence parents not to involve their children in the covid-19 vaccine program[11]. Misinformation about the Covid-19 vaccine for children will raise a level of doubt and even rejection from the community of the program [13-15].

In the state of Florida, Byrne et al [15] found that around 75.7% of respondents were hesitant to vaccinate their children with COVID-19 due to concerns about the long-term side effects of the vaccine. The same thing was also found in the results of Szilagyl et al [16] research concerning parents' concerns about including their children in the Covid-19 vaccine program due to public distrust of the safety of vaccines and the side effects of these vaccines. Meanwhile, in Ireland, Ceannt et al[17] found that acceptance of the vaccine program for children was strongly influenced by the level of vaccine acceptance for adults. The model of communication messages conveyed also has different patterns between parents who accept and reject vaccine programs for children.

In contrast to Italy, where based on the results of a study by Di Giuseppe et al [18] found that around 68.5% of respondents received the Covid-19 vaccination program for their children. The process of accepting the COVID-19 vaccine program for children is largely determined by the level of trust in the information received by the public. Takahashi et al[19] explained that assisting the community in evaluating the correct receipt of information regarding the Covid-19 vaccine for children is a very important action to take to increase public awareness in accepting the program.

The research conducted in this study has differences from the results of previous studies. In this study, researchers tried to obtain an overview related to the level of public trust in information providers related to the Covid-19 vaccine, and how the community views efforts to implement health protocols for children while participating in learning activities at school, as well as the attitude of the community itself towards acceptance of the vaccine program for children.

The pros and cons related to the mandatory Covid-19 vaccination, especially for children aged 6-11 years, have become the subject of daily conversation. The growing discourse regarding the obligation to vaccinate COVID-19 as a condition for students to be able to take part in face-to-face learning has created a commotion in the community. The commotion that occurred was inseparable from the information that developed after the Covid-19 vaccination was carried out. This is also exacerbated by the process of information submitted by the government during the handling of the spread of COVID-19 [20].

The policies produced by the government during the COVID-19 pandemic, were not fully obeyed by the community, one of the reasons was the existence of information and policies that were not in line between the central government and local governments, this shows the weak coordination of the government in dealing with extraordinary events that result in improperly aligned and integrated policy making. in harmony These policy differences ultimately have an impact on people's attitudes in implementing any existing policies [21].

Seeing the current conditions, getting the response of the people of Medan City to the discourse on the mandatory Covid-19 vaccine for elementary school students as a condition for participating in face-to-face learning, will allow the implementation of strategies and future steps to increase access

and encourage the level of public awareness of the program. the Covid-19 vaccine. The message conveyed related to the risks and benefits of Covid-19 vaccination to children needs to get priority and clarity so that it will create public trust in the program [22].

The purpose of this study is to examine how the level of trust the people of Medan City have in providing information about vaccines for children and what is the role of parents in increasing children's awareness in implementing health protocols during the face-to-face learning process and what is the attitude of parents' acceptance of the co-19 vaccine program for children.

2. Theorical Framework

2.1. The Role of Effective Communication in the Implementation of the Covid-19 Vaccine Policy for Children

The implementation of the Covid-19 vaccination policy is inseparable from the implementation of good governance. The more aligned policies and decision-making practices are, the better the country's performance in this regard regarding the handling of Covid-19 [23]. One of the core characteristics of good governance is carried out through good communication [24].

Effective communication about the safety of the covid-19 vaccine is the key to success in building public trust in the covid-19 vaccination program. Planning and determining the right information sources is one step in building public awareness of the importance of the Covid-19 vaccine [25].

Steps that must be considered in implementing the Covid-19 vaccine policy include building public trust and proving the credibility of the performance of the benefits of the Covid-19 vaccine, having empathy for the government in facing the difficulties of preventing Covid-19, focusing on messages conveyed about the impact of covid-19, involving the community in educating the importance of the Covid-19 vaccine, as well as the ability to assign competent people and institutions to convey this message and the ability to build messages according to the demographics of society [26]

The political conditions that are occurring in Indonesia also greatly affect the level of acceptance of the Covid-19 vaccine for children. The public's distrust of the government is inseparable from the attitudes and statements made by the government in dealing with the spread of Covid-19 at the start of the outbreak of this virus in Indonesia. This condition has exacerbated the level of public trust in the government, giving rise to speculation about the politicization of the co-19 vaccine program [20].

2.2. Public Attitudes towards the Covid-19 Vaccine Program

Regarding the response, Engel et al. [27] revealed that there are 3 stages of the expected response, namely: (1) cognitive aspects, (2) affective aspects, and (3) conative aspects. Belch & Belch [28] explain that the most important aspect in a communication is understanding the response from the recipient which may lead to a more specific message received.

Some form of response, namely: (1) responses according to the senses of the observer, (2) responses according to occurrence and (3) responses according to the environment. Therefore, the purpose of this study was to find out the response of the people of Medan City to the discourse on the mandatory Covid-19 vaccine to elementary school students as a condition for participating in face-to-face learning.

3. Method

The method used in this study is the quantitative method, emphasizes that the quantitative analysis is on numerical data (numbers) that are processed by statistical methods. according to Neuman[29], quantitative research places more emphasis on research design, measurement, and sampling because it uses a deductive approach that focuses more on detailed planning before data collection and analysis. Quantitative research also produces hard data in the form of numbers". While the type of research used is a survey research type. Therefore, since this research is a correlational study, this research intends to detect the extent of variations or more other factors

based on their correlation coefficients. Creswell[30]. While the simple linear regression analysis is to determine the effect of the independent variable (X) on the dependent variable (Y).

In quantitative research, in order to find the cause and effect that occurs, it must first determine the variables. Creswell [30] defines the independent variable as the variable that causes, while the dependent variable is the variable that depends on the independent variable. In this study, the variables that were set were:

- Variabel (X_1): Respondents' trust in Covid-19 Vaccination information

- Variabel (X_2): Respondents' perceptions of children's behavior in implementing health protocols while at school

- Variabel (Y): Respondent's attitude about covid-19 vaccination for elementary school students

Variable (X) which is an independent variable, is a variable that is suspected to be the cause or precursor of other variables. The variable (X1) in this study is the respondent's trust in Covid-19 vaccination information. The variable (X2) in this study is related to respondents' perceptions of children's behavior in implementing health protocols while at school. While the variable (Y) in this study is the attitude of the respondents about the covid-19 vaccination for elementary school students.

This research was conducted on 200 respondents who are parents of elementary school students in Medan City through multistage random sampling method. Data was collected using a questionnaire by questioning it face-to-face. Data analysis was done by testing the hypothesis through t test and f test and the coefficient of determination using SPSS 25.0 tool.

4. Results and Discussion

Research on the attitude of the people of Medan City towards the Covid-19 vaccine policy for elementary school students was carried out at the end of July 2022. The study was conducted on 200 respondents who have children and are currently in elementary school consisting of 78.50% (157) gender female and 21.50% (43) people are male. The average age of respondents in this study was 39.50% aged 25-30 years, aged 31-35 years was 38.50%, aged between 36-40 years was 16.50% and over the age of 41 years was 5.50 %. In terms of the religious background of the respondents, 85.00% of respondents are Muslim, 8.50% are Protestant and 6.50% are Catholic. For the background of the respondent's work, 26.50% of respondents are housewives, 21.50% of respondents have activities as entrepreneurs or traders, and 10.00% of respondents work as private employees, the rest are scattered in other types of work.

This study also examined the age of the respondent's children who were in elementary school. Of the 200 respondents, 54.00% of respondents stated that the age of their child who was sitting in elementary school was 8 years old. 40.00% of respondents have children aged 7 years, while 4.50% are 9 years old and 1.00% are 10 years old and 0.50% are 11 years old.

4.1. Distribution of Variable X1, Respondents' Trust in Covid-19 Vaccination Information

The condition of dealing with COVID-19 in Indonesia, by conducting a Covid-19 vaccination program for children aged 6-11 years, has not received positive respondents from the community. One of the factors that influence the apathy of the public regarding Covid-19 is the information and information providers themselves who receive less attention from the public. Public trust in information sources or communicators who convey messages related to the COVID-19 vaccine can be seen in table 1.

Table 1. Distribution of X1 Variables, Respondents' confidence in Covid-19 Vaccination information (n=200)

Category	Don't Believe	Lack of Trust	Just Believe	Believe	Strongly Believes
Covid-19 Vaccination Information from the Central Government	32	86	82	0	0

Covid-19 Vaccination Information from the Governor/Mayor	1	8	111	80	0
Covid-19 Vaccination Information from Religious Leaders	0	1	6	122	71
Covid 19 Vaccination Information from Community Leaders	1	14	29	97	59
Covid-19 Vaccination Information from Health Officers (Doctors, Nurses, Midwives, etc.)	2	15	59	69	55

Source: primary data from 2022 research data processing

Based on table 1, it can be seen that the respondent's level of trust in vaccination information submitted by the government tends to cause respondents' distrust of the government, this can be seen, only at the level of trust enough from respondents to the covid-19 vaccination information submitted by the central government, is with a yield of 41.00%. Meanwhile, the information submitted by the Governor/Mayor tends to get the level of public trust at 40.00%. The interesting thing that can be seen from the results of this study is that there are around 96.00% of respondents who believe in the Covid-19 vaccination information conveyed by religious leaders. Likewise, information related to the Covid-19 vaccination submitted by community leaders tends to gain the respondent's confidence level with a figure of 78.00%.

4.2. Distribution of Variable X2, Respondents' Perceptions of Children's Behavior in Implementing Health Protocols While at School

Parents are responsible for the health condition of their children. During the COVID-19 pandemic, the role of parents to always encourage and remind their children to always apply health protocols is one of the steps to prevent the spread of COVID-19. The appeals and warnings conveyed by parents to their children to always apply health protocols, especially during children's activities at school can be seen in table 2.

Table 2. Distribution of X2 Variables, Respondents' perceptions of children's behavior in implementing health protocols while at school (n=200)

Category	Never	Seldom	Often Enough	Often	Very Often
Washing Hands Using Soap	4	12	33	99	52
it Touching Eyes, Nose and Mouth Before Washing Hands	29	24	91	44	12
Using a Mask During Activities at School	15	22	64	80	19
Connect directly with a friend who is sick	32	52	91	21	4
crowd	1	13	41	107	38
Maintain a minimum distance of 1 meter when resting at school	2	6	16	120	56

Source: primary data from 2022 research data processing

The actions taken by parents for their children to always implement health protocols during their activities have been going quite well. Of the six indicators used to measure children's behavior in implementing health protocols at school, only the appeal to avoid direct contact with friends who are sick seems to be forgotten.

4.3. Distribution of Variable Y, Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students

Regarding the discourse on the obligation to take part in the Covid-19 vaccination for children aged 6-11 years, respondents gave a negative response to the 7 indicators in question. More details can be seen in table 3.

Table 3. Distribution of Variable Y, respondents' attitudes about covid-19 vaccination for elementary school students

Category	Strongly Disagree	Don't Agree	Disagree	Agree	Strongly Agree
Students who have received the Covid-19 vaccine will minimize the impact of being exposed to Covid-19	56	20	116	3	5
The Covid-19 vaccine for elementary school students has a health effect in preventing Covid-19	30	68	74	17	11
The information related to vaccines for children that has been conveyed is very clear, so that it creates a willingness for parents to include their children in the Covid-19 vaccine program	30	31	104	27	8

Category	Strongly Disagree	Don't Agree	Disagree	Agree	Strongly Agree
Students who have carried out the Covid-19 vaccine, no longer need to apply health protocols	46	49	80	17	8
The Covid-19 vaccine will provide immunity for the body to avoid Covid-19	42	48	76	27	7
The existence of a statement letter that must be signed by the parents when the child will be vaccinated against Covid-19, makes parents feel doubtful about the benefits of the Covid-19 vaccine.	38	33	91	30	8
The impact of the Covid-19 vaccine on children is not guaranteed, making parents reluctant to include their children in the Covid-19 vaccination program	0	1	21	104	74

Source: primary data from 2022 research data processing

4.4. Multiple Linear Regression Equation Analysis

Table 4. Multiple Linear Regression Test Results

Coefficients [a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	13,468	1,600		8,416	0,000
Respondents Trust Level on Covid-19 Vaccination Information (Variabel X_1)	-0,061	0,086	-0,050	-0,706	0,481
Respondents' Perceptions About Child Behavior in Implementing Health Protocols While in School (Variabel X_2)	0,352	0,062	0,403	5,705	0,000

[a.] Dependent Variable: Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students (Variabel Y)

Source: primary data from 2022 research data processing

Based on data analysis using SPSS 25.0 as table 4, the results of the regression equation are as follows:

$$Y= 13,468+-0,061X_1+0,352X_2$$

The regression equation shows the relationship between the independent variable and the Dependent variable partially, from the equation it can be concluded that:

- The value of Constanta is 13,468, meaning that if there is a change in the Respondent's Confidence Level on Covid-19 Vaccination Information (Variable X1) and Respondents' Perceptions About Child Behavior in Implementing Health Protocols While in School (Variable X2) (X1 and X2 values are 0) then the attitude of respondents to the use of political advertising through outdoor media is 13,468 units.

- The value of the regression coefficient related to Respondents' Trust Level on Covid-19 Vaccination Information (Variable X1) is -0.061, meaning that if the Respondent's Confidence Level variable on Covid-19 Vaccination Information (Variable X1) increases by 1% assuming the variable Respondents' Perceptions About Behavior Children in Implementing Health Protocols While in School (Variable X2) and constant (a) is 0 (zero), then Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students (Variable Y) is -0.061 units. This shows that there is no positive contribution from Respondents' Level of Trust in Covid-19 Vaccination Information (Variable X1) on Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students (Variable Y).

- The value of the regression coefficient related to Respondents' Perceptions of Child Behavior in Implementing Health Protocols While in School (Variable X2) is 0.352, meaning that if the variable of Respondents' Perceptions of Child Behavior in Implementing Health Protocols While in School (Variable X2) increases by 1% Assuming the Respondent's Confidence Level variable on Covid-19 Vaccination Information (Variable X1) and the constant (a) is 0

(zero), then Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students (Variable Y) is 0.352 units. This shows a positive contribution from Respondents' Perceptions About Child Behavior in Implementing Health Protocols While in School (Variable X2) to Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students (Variable Y)

4.5. T-Test Results (Partial)

This test is carried out by looking at the significance column for each independent variable (free) with a significance level of <0.05. The t-test performed can be seen in table 4. Based on table 4, taking into account the row, column t and sig, it can be explained as follows:

1) The Influence of Respondents' Trust Level Variables on Covid-19 Vaccination Information (Variable X_1) on Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students (Variable Y) (H_1)

The respondent's confidence level variable on covid-19 vaccination information (x_1) had a negative effect on respondents' attitudes about covid-19 vaccination for elementary school students (Variable Y). This can be seen from the significant level of respondents' confidence in Covid-19 vaccination information (X_1) $0.481 > 0.05$, and the value of $t_{table} = t\ (\alpha/2;\ n-k-1)$, = $(0.05/2;200-2\ -1)$ = $(0.025;197) = 1.972079$. It means that the value of t_{count} is greater than t_{table} ($-0.706 < 1.972079$), then H_0 is accepted and H_1 is rejected, so the hypothesis which reads that there is no respondent's level of trust in covid-19 vaccination information on respondents' attitudes about covid-19 vaccination for elementary school students.

2) The Influence of Respondents' Perceptions of Children's Behavior in Implementing Health Protocols While in School on Respondents' Attitudes About Covid-19 Vaccination for Elementary School Students (Variable Y) (H2)

Respondents' perception variables about child behaviour in implementing health protocols while in school (X2) had a positive effect on respondents' attitudes about Covid-19 vaccination for elementary school students. this can be seen from the significance of respondents' perceptions about child behaviour in implementing health protocols while in school (X2) $0.000 > 0.05$, and the value of $t_{table} = t\ (\alpha/2;\ n-k-1)$, = $(0.05/2\ ;200-2-1)$ = $(0.025;197) = 1.972079$. It means that the value of t_{count} is greater than t_{table} ($5.705 > 1.972079$), then H0 is rejected and H2 is accepted, So the hypothesis which reads is that there is an influence on respondents' perceptions about child behaviour in implementing health protocols while at school on respondents' attitudes about Covid-19 vaccination for elementary school students.

4.6. F Test Results

The F test was conducted to test the simultaneous effect of the independent variables on the dependent variable. This test is done by comparing the significance of the value of Fcount > Ftable. where Ftable = f(k;n-k), F= (2; 200-2), then Ftable = (2;198) = 3.04 with an error rate of 5%. The F test performed can be seen in table 5.

Table 5. F Test Results

ANOVA[b]

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	212,226	2	106,113	17,386	.000[b]
Residual	1202,329	197	6,103		
Total	1414,555	199			

[b.] Dependent Variable: respondents' attitudes about Covid-19 vaccination for elementary school students (Variable Y)

Predictors: (Constant), respondents' perceptions of children's behavior in implementing health protocols while in school (variable x2), respondents' level of trust in Covid-19 vaccination information (variable x1)

Source: primary data from 2022 research data processing

Based on table 5, it can be seen that the Fcount value is 17.386 and the Ftable value is 3.04. Thus, Fcount > Ftable or 17.386 > 3.04 and a significance value of 0.000 < 0.05. Then H0 is rejected

and H3 is accepted. Thus, it can be concluded that the variables of respondents' confidence in Covid-19 vaccination information (X1) and respondents' perceptions about child behavior in implementing health protocols while at school (X2) simultaneously have a significant effect on respondents' attitudes about Covid-19 vaccination for school students. base (Variable Y).

4.7. Coefficient of Determination Test Results

The coefficient of determination (R2) is used to measure how far the model's ability to explain the dependent variables is. The coefficient of determination test can be seen in table 6.

Table 6. Coefficient of Determination Test Results

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.387[a]	0,150	0,141	2,47046

Predictors: (Constant), respondents' perceptions of children's behavior in implementing health protocols while in school (variable x_2), respondents' level of trust in Covid-19 vaccination information (variable x_1)

Source: primary data from 2022 research data processing

Based on table 6, it can be seen that the value of the coefficient of determination is found in the Adjusted R Square value of 0.141. This means that the ability of the independent variable in explaining the dependent variable is 14,1%.

Uncertain information related to the safety of the covid-19 vaccine has raised doubts in the community, so that the messages conveyed regarding tackling the spread of covid-19 through the vaccine program for children do not go well [29-30].

Several factors that influence these doubts include knowledge, attitudes, beliefs, social networks, media information, cultural and religious influences, information conveyed by health workers and government statements in an effort to overcome the spread of Covid-19. The socialization that was conveyed regarding the benefits of the Covid-19 vaccine, especially for children, did not reflect the complete level of understanding for parents. The messages and media used by the government were apparently unable to provide confidence for parents to be able to involve their children in the co-19 vaccine program [20].

5. Conclusion

The results of research conducted regarding the socialization of the Covid-19 vaccine for children on parental acceptance which was carried out on 200 respondents based on the results of the t (partial) test and F test found that there was no public trust in the information conveyed about the Covid vaccine. -19 for children against wanting to include children in vaccine programs. The people of Medan City tend to remind or encourage children to always implement health protocols while in the school environment.

Meanwhile, based on the results of the coefficient of determination test, if there is a respondent's level of confidence about the Covid-19 vaccine information and there is a child's behavior in implementing health protocols that are carried out simultaneously on the respondent's attitude about Covid-19 vaccination for elementary school students, the respondent's acceptance rate is equal to 14,1%.

The disapproval of parents in inviting their children to take part in the Covid-19 vaccine program is a manifestation of the government's failure to convey messages about the benefits of the Covid-19 vaccine. The government is expected to be more sensitive to the condition of its people, not only through the policies issued, but also through the actions and behavior of public officials in responding to the current conditions. The Indonesian government must learn more in building effective communication, especially in dealing with disaster conditions.

References

[1] A. A. of Pediatrics, "Children and COVID-19: State-Level Data Report," American Academy of Pediatrics, 2022. https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/ (accessed Jan. 25, 2022).

[2] M. Généreux et al., "One virus, four continents, eight countries: An interdisciplinary and international study on the psychosocial impacts of the covid-19 pandemic among adults," Int. J. Environ. Res. Public Health, vol. 17, no. 22, pp. 1–16, 2020, doi: 10.3390/ijerph17228390.

[3] R. M. Humble et al., "Canadian parents' perceptions of COVID-19 vaccination and intention to vaccinate their children: Results from a cross-sectional national survey," Vaccine, vol. 39, no. 52, pp. 7669–7676, 2021, doi: 10.1016/j.vaccine.2021.10.002.

[4] K. H. Nguyen, K. Nguyen, K. Mansfield, J. D. Allen, and L. Corlin, "Child and adolescent COVID-19 vaccination status and reasons for non-vaccination by parental vaccination status," Public Health, vol. 209, no. December 2021, pp. 82–89, 2022, doi: 10.1016/j.puhe.2022.06.002.

[5] T. L. Salazar, D. L. Pollard, D. M. Pina-Thomas, and M. J. Benton, "Parental vaccine hesitancy and concerns regarding the COVID-19 virus," J. Pediatr. Nurs., vol. 65, pp. 10–15, 2022, doi: 10.1016/j.pedn.2022.03.010.

[6] L. M. B. AlKetbi et al., "Parents' views on the acceptability of a COVID-19 vaccine for their children: A cross-sectional study in Abu Dhabi-United Arab Emirates," Vaccine, vol. 40, no. 38, pp. 5562–5568, 2022, doi: 10.1016/j.vaccine.2022.07.056.

[7] R. D. Goldman et al., "Caregiver willingness to vaccinate their children against COVID-19 after adult vaccine approval," International Journal of Environmental Research and Public Health, vol. 18, no. 19. 2021, doi: 10.3390/ijerph181910224.

[8] M. H. Temsah et al., "Parental Attitudes and Hesitancy About COVID-19 vs. Routine Childhood Vaccinations: A National Survey," Front. Public Heal., vol. 9, no. October, pp. 1–11, 2021, doi: 10.3389/fpubh.2021.752323.

[9] C. Vardavas et al., "Public perspective on the governmental response, communication and trust in the governmental decisions in mitigating COVID-19 early in the pandemic across the G7 countries," Prev. Med. Reports, vol. 21, p. 101252, Mar. 2021, doi: 10.1016/j.pmedr.2020.101252.

[10] S. N. Williams, "'I don't want my son to be part of a giant experiment': Public attitudes towards COVID-19 vaccines in children," Public Health, Jan. 2022, doi: 10.1016/j.puhe.2022.01.016.

[11] Y. Liu, Q. Ma, H. Liu, and Z. Guo, "Public attitudes and influencing factors toward COVID-19 vaccination for adolescents/children: a scoping review," Public Health, vol. 205, pp. 169–181, 2022, doi: 10.1016/j.puhe.2022.02.002.

[12] D. Romer, K. M. Winneg, P. E. Jamieson, C. Brensinger, and K. H. Jamieson, "Misinformation about vaccine safety and uptake of COVID-19 vaccines among adults and 5 – 11-year-olds in the United States," Vaccine, no. April 2021, 2022, doi: 10.1016/j.vaccine.2022.09.046.

[13] S. Loomba, A. de Figueiredo, S. J. Piatek, K. de Graaf, and H. J. Larson, "Measuring the impact of COVID-19 vaccine misinformation on vaccination intent in the UK and USA (Feb, 10.1038/s41562-021-01056-1, 2021)," Nat. Hum. Behav., vol. 5, no. 7, p. 960, 2021.

[14] D. Romer and K. H. Jamieson, "Conspiracy theories as barriers to controlling the spread of COVID-19 in the U.S.," Soc. Sci. Med., vol. 263, p. 113356, 2020, doi: 10.1016/j.socscimed.2020.113356.

[15] A. Byrne, L. A. Thompson, S. L. Filipp, and K. Ryan, "COVID-19 vaccine perceptions and hesitancy amongst parents of school-aged children during the pediatric vaccine rollout," Vaccine, vol. 40, no. 46, pp. 6680–6687, 2022, doi: 10.1016/j.vaccine.2022.09.090.

[16] P. G. Szilagyi et al., "Parents' intentions and perceptions about COVID-19 vaccination for their children: Results from a national survey," Pediatrics, vol. 148, no. 4, 2021, doi: 10.1542/peds.2021-052335.

[17] R. Ceannt, F. Vallieres, H. Burns, J. Murphy, and P. Hyland, "Covid-19 vaccine hesitancy and resistance amongst parents of children under 18 years of age in Ireland," Vaccine, no. xxxx, 2022, doi: 10.1016/j.vaccine.2022.08.073.

[18] G. Di Giuseppe, C. P. Pelullo, A. S. Volgare, F. Napolitano, and M. Pavia, "Parents' Willingness to Vaccinate Their Children With COVID-19 Vaccine: Results of a Survey in Italy," J. Adolesc. Heal., vol. 70, no. 4, pp. 550–558, 2022, doi: 10.1016/j.jadohealth.2022.01.003.

[19] Y. Takahashi et al., "COVID-19 vaccine literacy and vaccine hesitancy among pregnant women and mothers of young children in Japan," Vaccine, vol. 40, no. 47, pp. 6849–6856, 2022, doi: 10.1016/j.vaccine.2022.09.094.

[20] A. Adhani, A. Anshori, and A. Mahardika, "Public Attitudes towards the Government's Policy Communication in Preventing COVID-19," J. ASPIKOM, vol. 7, no. 1, p. 61, 2022, doi: 10.24329/aspikom.v7i1.1058.

[21] A. Masduki, P. Niu, and M. E. Yana, "Indonesian government crisis communication facing coronavirus pandemic," Int. J. Commun. Soc., vol. 4, no. 1, pp. 48–58, 2022.

[22] P. Limilia and B. B. Pratamawaty, "Google Trends and Information Seeking Trend of COVID-19 in Indonesia," J. ASPIKOM, vol. 5, no. 2, p. 188, 2020, doi: 10.24329/aspikom.v5i2.741.

[23] M. H. Nabin, M. T. H. Chowdhury, and S. Bhattacharya, "It matters to be in good hands: the relationship between good governance and pandemic spread inferred from cross-country COVID-19 data," Humanit. Soc. Sci. Commun., vol. 8, no. 1, p. 203, Aug. 2021, doi: 10.1057/s41599-021-00876-w.

[24] H. Addink, Good governance: Concept and context. Oxford: Oxford University Press, 2019.

[25] World Health Organization, Covid-19 Vaccines: Safety Manual. 2021.

[26] Ontario Hospital Association, "Effective Communication Strategies for COVID-19," 2020.

[27] F. Engel, J, D. Blackwell, R, and W. Miniard, P, Consumer Behavior, 8th ed. d'Orlando: The Dryden Press, 1995.

[28] E. Belch, G and A. Belch, M, Advertising and Promotion: an Integrated Marketing Communication Perspective, 6th ed. New York: McGraw-Hill, 2014.

[29] W. Neuman, Social Research Methods: Qualitative and Quantitative Approaches, 9th ed. Essex: Essex: Pearson Education Ltd, 2014.

[30] J. W. Creswell, Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. London: London: Sage Publications, 2014.