

Vaccine Covid-19: Refusal Treatment in Indonesia

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Abstract: *This study investigated the problem of COVID-19 vaccination program refusal. To solve this problem, it is necessary to develop regulations governing sanctions for the COVID-19 vaccination program refusal and include the sanctions on informed consent documents. An informed consent document can be the basis for health workers to give a person a COVID-19 vaccine and can be concrete evidence that a person refuses to be vaccinated. This is very important considering that the COVID-19 vaccination program is expected to be able to accelerate COVID-19 handling and prevention by achieving herd immunity. In this study, the researchers applied a socio-legal research method. This study investigated several things. The first is the problem of the COVID-19 vaccination program refusal. The second is a legal perspective on the COVID-19 vaccination program refusal. The third is a recommended regulation model to deal with the problem of COVID-19 vaccination program refusal.*

Keywords: *COVID-19 Vaccination Program; Effectiveness; False Information; Regulation Development*

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Introduction

The number of COVID-19 cases in Indonesia has been fluctuating. The COVID-19 National Handling Task Force stated that the total number of COVID-19 cases till that day was 6,811,945 cases per August,9 2023. Moreover, the number of COVID-19 recoveries and deaths was 161.870. The WHO has declared a Public Health Emergency of International Concern which means that COVID-19 is a big threat to the world.¹ Globally, there were 768,983,095 confirmed cases and 6,953,743 deaths from 235 countries.² The COVID-19 pandemic got more serious when researchers found that the virus can mutate into new forms. In Indonesia, some new forms have entered such as the B117 from the UK, the B1351 from Africa, and the B1617 from India. The factor that causes the increase in COVID-19 cases is the mobility of people. The B117 has a higher transmission and spread rate of around 36% to 75% than the previous one. Furthermore, the spread of COVID-

¹ N.C. Peeri et.al, "The SARS, MERS and Novel Coronavirus (COVID19) Epidemics, the Newest and Biggest Global Health Threats: What Lessons Have We Learned?," *International Journal of Epidemiology* 3, no. 1 (2020), <https://doi.org/https://doi.org/10.1093/ije/dyaa033>.

² Tim Komunikasi Publik Gugus Tugas Nasional, "Data Sebaran Perkembangan Covid-19," Covid19.go.id, 2023.

19 is increasingly unpredictable due to the various conditions of COVID-19 survivors, such as People without Symptoms, People Under Supervision, and Patients Under Supervision. Asymptomatic people should get more attention because they have the potential to be infected by a confirmed person with COVID-19 but do not experience COVID-19 symptoms.³ Furthermore, COVID-19 can attack all lines of society, As obesity will interfere with respiratory function and restrict ventilation by obstructing diaphragm excursion, it impairs immune responses to viral infection, is pro-inflammatory, and induces diabetes and oxidant stress to adversely affect the cardiovascular system.⁴ Based on one study, is reported that COVID-19 in the child population usually causes mild symptoms with fever or no fever, cough, fatigue, diarrhea, vomiting, or abdominal distension.⁵

The emergency committee stated that the spread of COVID-19 may be interrupted by early detection, isolation, prompt treatment, and the implementation of a robust system to trace contacts.⁶ Another study found 'increased psychological morbidity was evident in this UK sample and found to be more common in younger people, women and in individuals who identified as being in recognized COVID-19 risk groups.⁷ The government has made various efforts to reduce the number of COVID-19 cases, one of which is by implementing a COVID-19 vaccination program. The main objectives of the COVID-19 vaccination are to reduce COVID-19 transmission, reduce the morbidity and mortality rate of COVID-19, achieve herd immunity, and protect the community from COVID-19 so that they remain socially and economically productive.

The number of vaccinated people is way off target. This problem indicates that the strategy to accelerate COVID-19 prevention by achieving herd immunity has not been implemented effectively. The main factor that significantly hinders the implementation of the COVID-19 vaccination program is the debate on the pros and cons of receiving a COVID-19 vaccine. Some people refuse to be vaccinated because they believe in some rumors of the COVID-19 vaccination program spreading throughout the internet. Data from indicator.co.id (2021) shows that as many as 41% of the residents refuse to be vaccinated. The reasons are the vaccines' unconfirmed side effects (54.2%), the

³ Kementerian Kesehatan, "Pedoman Kesiapsiagaan Menghadapi Infeksi Novel Coronavirus (2019-nCoV)," Direktorat Penyakit, Jenderal Pencegahan dan pengendalian, 2020.

⁴ David A Kass, Priya Duggal, dan Oscar Cingolani, "Obesity could shift severe COVID-19 disease to younger ages," *The Lancet* 395, no. 10236 (Mei 2020): 1544–45, [https://doi.org/10.1016/S0140-6736\(20\)31024-2](https://doi.org/10.1016/S0140-6736(20)31024-2).

⁵ Pramon Viwattanakulvanid, "Ten commonly asked questions about COVID-19 and lessons learned from Thailand," *Journal of Health Research* 35, no. 4 (15 Juni 2021): 329–44, <https://doi.org/10.1108/JHR-08-2020-0363>.

⁶ C. Sohbari et.al, "World Health Organization Declares Global Emergency: A Review of the 2019 Novel Coronavirus (COVID-19)," *International Journal of Surgery* 1, no. 2 (2020), <https://doi.org/https://doi.org/10.1016/j.ijssu.2020.02.034>.

⁷ Conrad Nyamutata, "Funerary Rites and Rights of the Dead: Jurisprudence on COVID-19 Deaths in Kenya, India and Sri Lanka," *Global Journal of Comparative Law* 12 (2023): 39.

unconfirmed effectiveness of the vaccine (27%), feeling healthy (23.8%), and paid vaccines (17.3%).⁸

Furthermore, the COVID-19 vaccination program refusal occurs throughout Indonesia due to people's false thoughts about COVID-19 vaccines. There are more people outside Java Island (33%) than inside Java Island (27%) who refuse to be vaccinated, and the Special Capital Region of Jakarta is the province that has the most residents refusing the COVID-19 vaccination program.⁹ This is a serious problem considering that 70% of Indonesian citizens must be vaccinated to achieve herd immunity. The people's false thoughts of COVID-19 vaccines are not only a health problem but religion and politics. For some, COVID-19 disease was instrumentalized for political purposes, in violation of rights essentially protected and guaranteed by the Constitution.¹⁰ It is a complex problem. The government should conduct an evaluation and think about a better communication strategy to convince the public that the COVID-19 vaccination program effectively accelerates COVID-19 handling and prevention.

Laws such as social control, social engineering, and social welfare play an important role in regulating people's behavior. To support the COVID-19 vaccination program, preventive and repressive legal products should provide information for people on their rights and obligations to accelerate COVID-19 handling and prevention. Not only persuading people to do something by using force or threats, but the legal products also should protect their rights. Based on the problem, this study investigated several things that are the urgency of developing a regulation against COVID-19 vaccination program refusal and recommendations to improve the effectiveness of the COVID-19 vaccination program. This study is a socio-legal study. A socio-legal study is a study of law using both legal and social science approaches.¹¹ A socio-legal study is an alternative approach that examines doctrinal studies of law. In a socio-legal study, the word 'socio' represents an interface with a context within which law exists.¹² A socio-legal approach aims to explore a problem by simply studying related legal norms or doctrines and taking a complete look at the context of norms and their enforcement.¹³ The researchers conducted a socio-legal study to analyze the COVID-19 vaccination refusal problem, mainly caused by the wrong public perception. Based on the problem, the researchers developed recommendations to improve the effectiveness of the COVID-19 vaccination program.

⁸ Indikator, "Siapa Enggan Divaksin?: Tantangan dan Problem Vaksinasi COVID-19 di Indonesia" (Jakarta Pusat, 2021).

⁹ Saiful Mujani Research & Consulting, "Satu Tahun COVID-19: Perilaku Warga Terhadap Vaksin" (Jakarta Pusat, 2021).

¹⁰ Ismaelline Eba Nguema, "The Rule of Law Tested by COVID-19: The Case of Gabon," *Global Journal of Comparative Law* 12 (2023): 72.

¹¹ Sulistyowati. et.al Irianto, *Kajian Socio Legal* (Bali: Pustaka Larasan, 2012).

¹² Reza .Max Traver Banakar, "Theory and Method in Socio-Legal Research," *Law, Sociology and Method*, 2005.

¹³ Herlambang P. Wiratman, "Penelitian Socio-Legal dan Konsekuensi Metodologisnya," 2016, 1.

Discussion

The urgency of developing a regulation against COVID-19 vaccination program refusal

The government has implemented some policies to prevent and handle COVID-19, such as urging people to be disciplined with health protocols, restricting community activities that can cause a wider spread of COVID-19, conducting a COVID-19 vaccination program to achieve herd immunity, etc. A caveat to vaccination success stories, vaccine hesitancy has preoccupied health experts and media for the last several decades.¹⁴ As of June 19, 2021, 22,873,342 people received the first dose of COVID-19 vaccines, and 12,212,906 people received the second dose of COVID-19 vaccines from the target of 181,554,465 people, according to the Committee for Handling COVID-19 and National Economic Recovery. Based on the data, it can be concluded that the implementation of the COVID-19 program does not run effectively because the number of people that have received the vaccine is way off target for achieving herd immunity.

This is due to the high level of COVID-19 vaccination program refusal. The reasons are the vaccines' unconfirmed side effects (54.2%), the unconfirmed effectiveness of the vaccines (27%), feeling healthy (23.8%), and paid vaccines (17.3%).¹⁵ In addition, religion negatively and significantly affects the community's willingness to be vaccinated. Muslims are more resistant to COVID-19 vaccines. 81.9% of them state that they want to be vaccinated if only the COVID-19 vaccine is halal. Muslim majority countries, where higher trust in religious leaders was associated with responding "maybe" in Indonesia and Malaysia but not in Turkey.¹⁶

The study by Fajar Fathur Rachman (2020) showed that the public gave more positive responses to the COVID-19 vaccination program (30%) than negative responses (26%). Below is the table for more detailed information.

Sentiment	Total	Percentage
Positive	1461	29,6
Neutral	2313	46,8
Negative	1167	23,6

Table 1. The total and percentage of public responses to the COVID-19 vaccination program

¹⁴ Harrison EA and Wu JW, "Vaccine Confidence In The Time of COVID-19," *Eur J Epidemiol* 35, no. 4 (2020).

¹⁵ Indikator, "Siapa Enggan Divaksin?: Tantangan dan Problem Vaksinasi COVID-19 di Indonesia."

¹⁶ Laura S. Rozek. et.al, "Understanding Vaccine Hesitancy in the Context of COVID-19: The Role of Trust and Confidence in a Seventeen-Country Survey," *International Journal of Public Health* 66 (2021).

Positive				Negative			
Words	Total	Words	Total	Words	Total	Words	Total
Safe	323	Available	47	Side Effects	150	Die	26
Effective	109	Important	39	Hoax	98	Conspiracy	22
Ready	111	Guard	37	Hurry	65	Doubt	22
Independent	82	Supporting	29	Afraid	64	Worry	21
Free	76	Halal	26	Dead	48	Confused	20
Best	75	Support	26	No Need	40	Halal	20
Believe	68	Powerful	23	Refuse	37	Effectiveness	18
Affordable	68	Proceed	19	Hurry	30	Victim	18

Table 2. Words that are often said by the public based on the type of sentiment

49.9% of the public states that they feel very worried over false information about COVID-19 vaccines, and 32.8% of the public states that they feel rather worried over false information about COVID-19 vaccines.¹⁷ Consequently, invalid information about COVID-19 vaccines negatively affects the public willingness to receive them. Moreover, there is an invitation to refuse the COVID-19 vaccination program. The data from Saiful Mujani, Research, And Consulting (SMRC) showed that 8.4% of the public has ever received an invitation to refuse the COVID-19 vaccination program. Furthermore, 35% of the public who had ever received an invitation to refuse the COVID-19 vaccination program stated that they were willing to be vaccinated, and 47% of the public who had never received an invitation to refuse the COVID-19 vaccination program stated that they were willing to be vaccinated. People who were invited to refuse the COVID-19 vaccination program mostly were from Central and Eastern Indonesia (13%) and East Java (12%).

Saiful Mujani Research & Consulting (2021) provides data on the COVID-19 vaccination program refusal based on social groups that are genders, regions, ages, education levels, etc. Those who do not want to be vaccinated are relatively higher among male residents (33%), those aged less than 25 years (37%), and residents with elementary education or no school education (34%). There is a lower percentage of unwillingness to vaccinate in our relatively younger study cohort, given that young people have been described as more likely to have "invulnerability bias" and are considered to be the most hesitant age

¹⁷ Indikator, "Siapa Enggan Divaksin?: Tantangan dan Problem Vaksinasi COVID-19 di Indonesia."

group for the COVID-19 vaccine.¹⁸ Moreover, many people in the priority group also refuse to be vaccinated, for example, teachers. As of May 31, 2021, only 1.699.644 teachers (28 %) had received the first dose of COVID-19 vaccines.

The Indonesian Child Protection Commission found the problem in Bengkulu that only about 50% of teachers had received the vaccine.¹⁹ More people refused to be vaccinated in rural areas (30%) than in urban areas (28%). More people refused to be vaccinated outside Java (33%) than in Java (27%). In Java, Jakarta Capital Special Region was the province with the most people who refused to be vaccinated (33%). This should not happen because Jakarta Capital Special Region was the province with the most additions of COVID-19 positive cases based on the data from the Ministry of Health. On May 2, 2021, there were 854 new COVID-19 positive cases in Jakarta Capital Special Region so the total number of COVID-19 positive cases was 410,400 people.²⁰

The act of refusing the COVID-19 vaccination program is certainly not justified by law because the program aims for the common good to stop the spread of COVID-19. Law as social control plays an important role in this situation. The use of law as a means of social control means that the law can control people's behavior or in other words that the law functions to limit people's behavior so as not to commit acts that are against the law.²¹ According to Iriani (2011), the implementation of formal social control is through written norms made by parties who have formal power and authority, but the implementation of informal social control is through education, religion, seminars, and the dissemination of legal understanding. Sanctions in formal social control are usually in the form of punishment, fines, and therapy or conciliation to restore the situation to the way it was. Law has power over society so that people can decide what they must do, for example receiving COVID-19 vaccines. Until now, Indonesia has not had a regulation that specially forbids the COVID-19 vaccination program refusal. However, Jakarta Capital Special Region Regional Regulation has Jakarta Capital Special Region Regional Regulation No. 2 of 2020 Article 30, which states anyone who deliberately refuses to be treated and/or vaccinated against COVID-19 must pay over a maximum of IDR 5,000,000.00 in fines. Nationally applicable laws as legal foundation to implement the COVID-19 vaccination program is only Law No. 4 of 1984 Article 14 paragraph (1) concerning outbreaks of infectious diseases. The law states anyone who deliberately obstructs the implementation of the epidemic control as regulated in this Law is

¹⁸ Nicholas W.S Chew. et.al, "An Asia-Pacific study on healthcare workers' perceptions of, and willingness to receive, the COVID-19 vaccination," *International Journal of Infectious Diseases* 106 (2021).

¹⁹ Karin Nur Secha, "KPAI Ungkap Banyak Guru Tolak Divaksin, Pemda Diminta Tak Asal Buka Sekolah," DetikNews, 2021, <https://news.detik.com/berita/d-5595688/kpai-ungkap-banyak-guru-tolak-divaksin-pemda-diminta-tak-asal-buka-sekolah/amp>.

²⁰ Delvira Hutabarat, "Jakarta Tertinggi Penambahan Kasus Positif COVID-19 per 2 Mei 2021," *Liputan 6*, n.d., m.liputan6.com/news/read/4547839/jakarta-tertinggi-penambahan-kasus-positif-covid-19-per-2-mei-2021.

²¹ Tuti Haryanti, "Hukum dan Masyarakat," *Tahkim* 10, no. 2 (2014): 162.

threatened with a maximum imprisonment of 1 one year and/or a maximum fine of IDR 1,000,000.00.

Law No. 4 of 1984 Article 14 paragraph (1) does not state specific violations. It is not clear whether COVID-19 vaccination program refusal is an act of deliberately obstructing the implementation of epidemic control or not. Everyone may have a different interpretation, including judges. The law, the implementation of the law, and the community interpretation are in diametric opposition. This becomes a challenge because of social dynamics influenced by various factors and the nature of law that is sure and rigid, leading to a reasonable level of conflict. Therefore, there should be a specific regulation that states sanctions imposed against anyone who refuses to be vaccinated to accelerate COVID-19 handling and prevention. Furthermore, this regulation will have implications for therapeutic transactions in that a doctor and a patient have an equal position, each of which has rights and obligations that have legal value.

Recommendations to improve the effectiveness of the COVID-19 vaccination program

The COVID-19 vaccination program has not run effectively and efficiently. Data from the Ministry of Health states that 3.29 % of the target recipients have received the first dose of the COVID-19 vaccine, and only 1.49% of the target recipients have received the second dose of the COVID-19 vaccine from the total national target of 181,554,465 people. Every target recipient will get two doses of COVID-19 vaccines, so the total injection is 380 million. Until now, the COVID-19 vaccine injection has only been 23 million injections. This problem is due to several factors: the limited number of vaccines, the priority groups, and the act of refusing to be vaccinated. The act of refusing the COVID-19 vaccination program is mainly due to false information about the program. There should be a solution to make the program run more effectively and efficiently, one of which is developing a regulation designed to impose sanctions against anyone refusing to be vaccinated. Moreover, there should be some solutions to educate people about this program, as follow:

Socialization of the COVID-19 vaccination program

The government has begun the second phase of the COVID-19 vaccination program, but society is still in doubt about whether COVID-19 vaccines are safe or not. The main reason is that the socialization of the program is not effectively implemented. Many people still believe wrong information about the COVID-19 vaccination program reflects the fact of unsuccessful socialization. A policy must be clearly defined, and information related to the policy should be easily understood to make the people involved in the

implementation of the policy have considerable knowledge of the policy.²² The effectiveness of this socialization depends on the information provided, the intended target, and the means used. So far, to socialize this program, the government conducts seminars, focus group discussions, and field socialization even though social media has more impact on society. Nurliya Ni'matul Rohmah (2020) studied people's opinions about the benefits of social media during the COVID-19 pandemic. The study showed that 80% of the respondents agree that social media is useful as social information, 93% of the respondents agree on social media as a COVID-19 information medium, 83% of the respondents agree that social media information can help others, 80% the respondents agree on social media as an escape from routine and personal problems during the COVID-19 pandemic, 85% of the respondents agree that social media provides information about COVID-19.

The results of the study indicate that social media and field socialization are effective in educating society about the COVID-19 vaccination program. Considering there is a large amount of false information about the COVID-19 vaccination program spread on social media, it may be effective to use the same place to share true information about the COVID-19 vaccination program to reduce the number of people refusing to be vaccinated. It will be more effective if the government also involves public figures such as doctors to share true information about the COVID-19 vaccination program. 71.5% of Indonesians trust doctors to explain COVID-19 prevention more than the President (8.6%) and religious leaders (4.5%).²³

Regulation against the COVID-19 vaccination program refusal

In addition to conducting socialization, the government should develop a regulation against anyone refusing the program so that it is clear what acts are considered refusing the COVID-19 vaccination program and what sanctions will be imposed. The regulation should contain informed consent, rights and obligations, and sanctions. An informed consent document can tell that somebody will or refuses to be vaccinated. If somebody refuses to receive COVID-19 vaccines, there should be good reasons such as health problems written on the informed consent document. Informed consent tells that people cannot refuse the COVID-19 vaccination program. They can refuse it if they have a special health condition.

Furthermore, An informed consent document contains information about the rights and obligations of people as vaccine recipients. The rights and obligations play an important

²² Dian Herdiana, "Sosialisasi Kebijakan Publik: Pengertian Dan Konsep Dasar," *Jurnal Ilmiah Wawasan Insan Akademik* 1, no. 3 (2018).

²³ Kumparan, "SMRC: Dokter Lebih Dipercaya Jelaskan COVID-19 Dibanding Presiden-Tokoh Agama," *Kumparan News*, 2020, <https://kumparan.com/kumparannews/smrc-dokter-lebih-dipercaya-jelaskan-COVID-19-dibanding-presiden-tokoh-agama-1upVRdAFiSL/full>.

role in saying that society and health workers are equal. Some rights of a vaccine recipient are that he/she has a right to information about his/her health condition, the material and brand of the vaccine, and certainty regarding the vaccination that will be carried out as well as possible. Moreover, some obligations of a vaccine recipient are giving information about his/her health condition at that time and medical history and carrying out pre and post-vaccination health protocols. On the other hand, the rights of health workers are to get information about a vaccine recipient's health condition, and the obligations are to provide the best possible health services and information about the vaccination.

In addition, a regulation against the COVID-19 vaccination program can encourage society to be more critical instead of accepting any information without questioning it. The sanctions for those who refuse to be vaccinated have been stated in Presidential Decree No. 14 of 2021 Articles 13A and 13B concerning the amendment to Presidential Decree No. 99 of 2020 concerning vaccine procurement and vaccination implementation to handle the COVID-19 pandemic. Article 13A paragraph (2) states that everyone who has been designated as the target recipient of the COVID-19 vaccine based on the data collection as referred to in paragraph (1) must take part in the COVID-19 vaccination. Furthermore, paragraph (4) states that everyone who has been designated as the target recipient of the COVID-19 vaccine who does not participate in the COVID-19 vaccination as referred to in paragraph (2) may be subject to administrative sanctions, in the form of a) postponement or termination of the provision of social security or social assistance; b) suspension or termination of government administration services; c) fines. Paragraph (5) states that the imposition of administrative sanctions, as referred to in paragraph (4), is carried out by the ministry, institution, regional government, or agency under their authority. The imposition of administrative sanctions is carried out by ministries, institutions, local governments, or agencies under their authority.²⁴ The imposition of the sanctions must be based on an informed consent document so that law enforcement can run fairly.

²⁴ Firdita Ratriani, "Ini Ancaman Sanksi Penolak Vaksin COVID-19, Dari Denda Hingga Bansos Dicabut," Kontan.id, 2021, <https://kesehatan.kontan.co.id/news/ini-ancaman-sanksi-penolak-vaksin-COVID-19-dari-denda-hingga-bansos-dicabut>.

Conclusion

The diametric opposition between the law, the implementation of the law, and the community interpretation become a challenge because of social dynamics influenced by various factors and the nature of the law that is sure and rigid, which will lead to a reasonable level of conflict. Therefore, there should be solutions to improve the effectiveness of the COVID-19 vaccination program that is through socialization and regulation against anyone refusing to be vaccinated. Consequently, more people are willing to receive COVID-19 vaccines to achieve herd immunity, which reduces the number of COVID-19-positive cases. It is necessary to conduct socialization regarding COVID-19 vaccination to fight false information and develop a regulation against anyone who refuses to be vaccinated.

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