

ORIGINAL ARTICLE

MALAYSIANS PERCEPTIONS TO THE NATIONAL COVID-19 IMMUNIZATION PROGRAM

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ABSTRACT

Vaccination has become a global priority in response to the COVID-19 pandemic which began in early 2020. Manufacturers' production of the vaccines has elicited a range of emotions from the public, including acceptance, rejection and even doubt. Sociodemographic factors play a role in Malaysians' perceptions. Therefore, the goal of this study was to analyse Malaysians' perceptions to the National COVID-19 Immunization Program (NIP). For four weeks, an online survey was employed to perform the research. To answer the study's objectives, a descriptive analysis and the one-way ANOVA were applied. The study's findings revealed that the component of confidence in NIP, particularly in obtaining herd immunity to ensure life returns to normal, is important. There is a widespread of public mistrust about the government's ability to manage vaccinations. The vaccination system should be improved according to substantial viewpoints regarding the program. Overall, confidence in NIP was strong while hesitancy in it was moderate. The public's perceptions of NIP indicated that NIP in Malaysia received high acceptance and cooperation for oneself and family to be vaccinated. Vaccination is widely accepted in Malaysia by the multi-religious population as the need for vaccination is consistent with religious demands.

Keywords: COVID-19 vaccines, Malaysians, Sociodemographic, Vaccine acceptance, Vaccine hesitancy.

INTRODUCTION

Countries that have experienced a rapid virus spread have implemented a variety of measures, including the use of face mask, frequent hand washing and even disinfection. According to Datuk Dr Noor Hisham Abdullah, the Director General of Health Malaysia, has recommended campaigns to reduce the risk of COVID-19. These include physical distancing and the 3Ws (wear a mask, wash your hands and watch your distance)¹. He went on to say that 3C practises such as avoiding crowded places, confined spaces and close conversations can help to prevent COVID-19 transmission. Preventive practises and measures have been implemented while countries affected by the COVID-19 outbreak have requested vaccine supplies from the producing countries in order to boost public vaccination rates. The vaccination program is being introduced to lower the risk of catching the disease while strengthening the body's natural defences. This is to provide the immune system with the tools it needs to respond to any disease infections². There are a variety of reasons why people require vaccinations. Some of the reasons are 1) to prevent diseases that have not yet vanished, 2) to maintain health, 3) important for overall health, 4) makes a difference between life and death, 5) safe, 6) will not cause disease as they are produced to prevent disease, 7) young and healthy people are

also vulnerable to disease, 8) to protect family members who are at risk of infection and 9) form a society with herd immunity³.

The total global spending on COVID-19 vaccines is projected to reach \$157 billion by 2025⁴. According to statistics collected⁵ from 12 countries between December 31, 2020 and May 31, 2021, some populations in certain countries rejected to be vaccinated. Australia and France have refused to take and accept vaccines which affects 30% of the population whereas South Korea's population accounted for 22% of the total. Citizens of the United Kingdom and Canada, on the other hand, had received vaccines by mid-March 2021 with the percentage of intakes in both countries increased from 13.26% in Canada and 45.88% in the United Kingdom to almost 58%. More than seven percent of Spaniards, Danes, Germans, Italians, Japanese, Norwegians and Singaporeans are still apprehensive about obtaining and administering the vaccines. Vaccines to increase immunization are also said to be the least popular among French population despite the fact that vaccines have been proven safe⁶.

In Malaysia, vaccination resources are obtained through The Special Committee for Ensuring Access to COVID-19 Vaccine Supply (JKJAV) which is part of the Ministry of Health Malaysia (MOH). JKJAV also acts as a main committee for

organising, administering and monitoring the National COVID-19 Immunization Program (NIP). NIP, through JKJAV, employs Whole-of-Government and Whole-of-Society Approaches in collaboration with several government ministries and agencies, state governments, non-governmental organisations (NGOs), the private sector and community members to guarantee the program meets its objectives⁷. However, the Malaysian government's immunization campaign receives both favourable and negative feedback. The negative perception, to some extent, jeopardizes the smooth operation of the vaccination program because there are anti-vaccine groups that disseminate erroneous information to the public causing less people to register and 8000 to withdraw from being vaccinated using the MySejahtera app⁸. The situation in Malaysia demonstrates that there are mixed perceptions among Malaysians. This paper aimed to examine Malaysians' perceptions to the introduction of a vaccination program. These perceptions are the result of a variety of factors, including external factors and factors that influence vaccine acceptance or rejection, such as recent studies conducted in various countries, which discovered that the trend of acceptance and rejection of the COVID-19 vaccine occurs globally, not just in Malaysia.

METHODS

Research Design

To meet the study's objectives, a quantitative approach was applied. This study employed a survey method that was sufficiently precise to be used on a wide population⁹. In the Malaysian context, a cross-sectional survey study was perceived to be the most accurate way of gathering information on perceptions to the COVID-19 vaccines. The data were collected online using the Google Form platform. Participation in this survey study was solicited through social media.

Recruitment Procedure

Participants were chosen using convenience sampling. Participants who were willing and volunteered for this study would read the instruction guideline and then press the 'Continue' button to complete it on their own. This cross-sectional survey was performed from June 5th to June 30th, 2021. The study's goal sample size was 300, which was obtained by choosing the lowest admissible measure from the demographic subgroup with an error margin of 5% and a confidence level of 95%^{10,11}. The researchers decided to conduct an online poll using Google Forms on Malaysians aged 18 and above. Over a three-week data collection period, the researchers adopted a variety of strategies to reach as many respondents as possible across the country. This technique involved reaching out to community leaders through professional and personal networks of researchers, as well as

using social media to disseminate and exchange survey research. To distribute this survey study, three primary channels were used: social media (Facebook, Twitter and Instagram), as well as WhatsApp and Telegram. Facebook and WhatsApp are the most popular social media sites in Malaysia. While elder Malaysians prefer Facebook, Twitter and Instagram are more popular among the younger generation.

Study Instrument

The survey research instrument was a modification of a measure developed in collaboration with the World Health Organization (WHO) in a study on Indonesians' acceptance feedback to the COVID-19 Immunization program¹². The survey was divided into four major themes: 1) demographics, which examined participants' socio-demographic characteristics such as gender, age, religion, residence status, level of education, occupation, household income and level of health; 2) understanding of the COVID-19 immunization program; 3) trust in the COVID-19 immunization program; 4) questions about the COVID-19 immunization program and 5) significant points of agreement or disagreement concerning the COVID-19 immunization program. Measurements on all items were ensured after consultations with a panel of Malay experts were carried out. 13 questions were adapted from a research conducted by Kazi and Khandaker¹³ which was used to assess knowledge about immunization programs. The questions focused on the participants' understanding of the immunization program (items 1-2), agreement with the program (items 3-4) and vaccine status (item 5). Participants might choose to answer the knowledge question with "Yes" or "No." On a scale of 'very not confident', 'not confident', 'not sure', 'confident', and 'very confident', eight questions were used to assess elements of confidence connected to the COVID-19 vaccination campaign. The inquiry sought to ascertain people's level of trust in NIP. The general public's level of trust was also analysed in order to determine their acceptability of the vaccination program. There were eleven questions with levels of doubt ranging from 'highly doubtful', 'doubtful', 'not sure', 'confident' and 'highly confident'. Ten questions about people's attitudes toward vaccine-related phenomena, concerns and implementation techniques were scored on a five-point scale: 'strongly disagree', 'disagree', 'not sure', 'agree' and 'strongly agree'.

Statistical analysis

This study's data were analysed using the 26th version of Statistical Package for the Social Sciences (SPSS). For demographic data, some analytical methods included frequency and percentage. Descriptive analysis was used to explain related knowledge, beliefs, uncertainties and points of view. A one-way ANOVA test

analysis was done to check for variations in employment connected to doubts. The statistical significance level was set at $p < .01$.

RESULTS

Respondents' Socio Demographic Profiles

This study was made possible by the participation of 363 persons who shared their thoughts about NIP. The demographic information of the respondents is shown in Table 1. The bulk of responses were 237 in total of women and 126 men. The respondents' age span in this study was from 18 to 57 years old. The respondents aged 18-22 years accounted for 38.8 % of the total while the same number of respondents belonged to the age groups of 38-42 and 43-47 years old with 23 respondents (6.3%). Muslim responses accounted for 321 people, Hindu and Buddhist respondents accounted for two people respectively and Christianity accounted for 38 people.

In terms of education, the level of undergraduate education was the highest at 66.4%. The second highest degree of education was a skills certificate/diploma, which accounted for 15.7%. As for employment, the respondents were among the unemployed, including students which was the highest group of respondents at 50.4%. Meanwhile, government employees were at 22.0%. Traders/entrepreneurs accounted for 4.7% of all the employed respondents, with the overall mean for income set at 4.92. The lowest income received by the respondents is below RM700.00 and the highest pay they get is RM10,961 above. Besides that, Selangor had the largest percentage of respondents (20.4%), whereas Sabah and Terengganu had the same second highest rate (11.6%). Finally, on the scale of respondents' health level during the survey, a total of 245 respondents (67.5 %) reported that they were in a very good condition, i.e., at level 10, whereas those who belonged to levels one to three were considered to have critical health problems at 0.6% each

Table 1a: Respondents' Demographic Information (n = 363)

Characteristics		Frequency	Percentage
Gender	Male	126	34.7
	Female	237	65.3
Ages	18 - 22 Years Old	141	38.8
	23 - 27 Years Old	50	13.8
	28 - 32 Years Old	29	8.0
	33 - 37 Years Old	42	11.6
	38 - 42 Years Old	23	6.3
	43 - 47 Years Old	23	6.3
	48 - 52 Years Old	26	7.2
Religions	53 - 57 Years Old	14	3.9
	Islam	321	88.4
	Buddha	2	0.6
	Hindu	2	0.6
Education Levels	Christian	38	10.5
	Does not go to school	2	0.6
	Primary School	1	0.3
	Secondary School	25	6.9
	Certificate of Skills/Diploma	57	15.7
	Bachelor's Degree	241	66.4
	Master's Degree	25	6.9
Occupations	PhD/EdD	12	3.3
	Unemployed/Student	183	50.4
	Government/Employee	80	22.0
	Private Employee	45	12.4
	Self-employed	20	5.5
	Entrepreneur/Trader	17	4.7
	Others	18	5.0
Household Monthly Income	Below RM700	70	19.3
	RM701 - RM1,500	49	13.5
	RM1,501 - RM2,500	53	14.6
	RM2,501 - RM3,169	26	7.2
	RM3,170 - RM3,969	19	5.2
	RM3,970 - RM4,849	17	4.7
	RM4,850 - RM5,879	36	9.9
	RM5,880 - RM7,099	22	6.1
	RM7,110 - RM8,699	17	4.7
	RM8,700 - RM10,959	16	4.4
RM10,961 and above	38	10.5	

Table 1b: Respondents’ Demographic Information (n = 363)

States of Residence			
	Kelantan	29	8.0
	Terengganu	42	11.6
	Pahang	12	3.3
	Pulau Pinang	10	2.8
	Kedah	18	5.0
	Perak	36	9.9
	Selangor	74	20.4
	Negeri Sembilan	10	2.8
	Melaka	2	0.6
	Johor	35	9.6
	Sabah	42	11.6
	Sarawak	35	9.6
	Wilayah Persekutuan Kuala Lumpur	13	3.6
	Wilayah Persekutuan Putrajaya	5	1.4

Knowledge of NIP

The National COVID-19 Immunization Program (NIP) commenced on February 24, 2021 after the Cabinet Meeting on October 14, 2020 which agreed to the formation of the COVID-19 Vaccine Access Assurance Special Committee. All respondents were aware of the government’s NIP initiative to combat the COVID-19 outbreak. The respondents learned about NIP through a number of sources, including family members (10), mainstream media such as newspaper, radio and television (145), social media (up to 199), health officials (7) and acquaintances (2). NIP registered 337 people to receive injections, but 26 individuals did not register when the survey was conducted. Two respondents agreed with NIP, but did not sign up to receive the vaccine injection. In terms of vaccine shots, the majority of 189 respondents had not received or were currently waiting for their turn. Meanwhile, 92 respondents had received one injection and 82 had completed two. A total of 339 respondents agreed with NIP while 24 respondents disagreed. The followings are some of the reasons from respondents who disagreed: “dubious, the involvement of bad politicians, unsafe vaccines, many other methods, a lot of evidences of adverse effects, there is the interest of certain parties”; “Vaccines do not save us from COVID-19”; “Because there are cheap and safe alternatives” “still in the clinical study stage and not yet approved for use by the FDA, only

approved for Emergency Use Authorization (EUA) use”.

Public Confidence in the National COVID-19 Immunization Program

The level of public trust in the National COVID-19 Immunization Program is seen in Table 2. Eight topics were covered. The item “Forming Herd Immunity” gained the highest Confident and Very Confident scales. A total of 28.4% among the respondents were highly confident, while 47.7% were confident that vaccinations could reach the goal. The items with the highest percentages on Not Sure scale were “Return to Normal Life” and “Avoid Getting Infected,” with both recorded at 23.4%. This uncertainty could be seen on social media as there is still a possibility of one getting an infection even after being vaccinated. At 10.2%, the item “Avoid Getting Infected” had the highest percentage on Not Confident scale, while the item “Resolving Pandemic Issues” had the highest percentage on Very Not Confident scale with 10.5%. The doubt may be related to misleading information gathered during the initial introduction of vaccination. Overall, the mean value of each item was close to 4.0 indicating that public trust in the National COVID-19 Immunization Program was good. It clearly demonstrated that the program was the government’s effort aimed at containing and eventually eliminating the COVID-19 epidemic.

Table 2: Public Confidence in the National COVID-19 Immunization Program

Item	Percentage					Mean	SD
	VNC	NC	NS	C	VC		
Resolving Pandemic Issues	10.5	7.7	19.0	40.8	22.0	3.56	1.214
Reduce the Risk of Infection	8.0	6.3	15.2	42.7	27.8	3.76	1.161
Reduce the Risk of Death	7.2	5.2	20.7	41.6	25.3	3.73	1.115
Forming Herd Immunity	6.6	5.2	12.1	47.7	28.4	3.86	1.092
Return to Normal Life	8.0	6.3	23.4	39.7	22.6	3.63	1.138
Avoid Getting Infected	9.6	10.2	23.4	36.4	20.4	3.48	1.201
Reduce Facilities Congestion	7.2	6.6	17.9	46.3	22.0	3.69	1.104
Economic Stability	6.9	5.2	22.3	43.0	22.6	3.69	1.089

Mean Classification: 1.00-2.32 = Low; 2.33-3.66 = Moderate; 3.67-5.00 = High

Notes: VNC=Very Not Confident; NC=Not Confident; NS=Not Sure; C=Confident; VC=Very Confident
SD=Standard Deviation

Public Doubts Regarding the National COVID-19 Immunization Program

Table 3 depicts the public's doubt towards NIP as expressed through ten items. The item "vaccines are against religion" was on the Highly Confident scale with 24.8%. This suggested that the respondents disagreed with the statement as the Minister of Islamic Affairs has issued a fatwa declaring that people should get the vaccine to protect themselves. The "Halal status" item had the highest percentage on the Confident scale at 39.9%. The issue of fatwas on vaccine uptake had boosted the respondents' awareness of the vaccine content, resulting in no questions regarding the status of vaccines. The Not Sure scale with the highest percentage of 38.8% was on the item of "the Western world's agenda." The misinformation that travels on social media about the Western agenda might be contributing to the uncertainty. The Doubtful scale had the

highest percentage of "vaccines manufacture" item. This might also have something to do with the Western's world agenda. News of other vaccine manufacturing that had taken a long time compared to the COVID-19 vaccine manufacturing had contributed to the public's lack of confidence to get vaccinated. Hence, the item "whether or not the vaccine is effective" scored the highest percentage on the Highly Doubtful scale at 9.4%. High doubts about the vaccination's success might be a reason for the existence of the anti-vaccine group. This is because the failure of the vaccines, which also involved mortality, is frequently depicted in the mass media. Overall, the respondents gave each issue a moderate rating for people's doubts. This demonstrated that people continue to have reservations about NIP. Therefore, vaccine management techniques should be strengthened to reduce NIP-related concerns.

Table 3: Public's doubts regarding the National COVID-19 Immunization Program

Item	Percentage					Mean	SD
	HD	D	NS	C	HC		
Vaccines' content	6.6	24.8	17.4	34.2	17.1	3.30	1.024
Vaccines' manufacturing	8.5	26.2	19.0	31.1	15.2	3.18	1.221
Halal status	4.1	18.2	17.1	39.9	20.7	3.55	1.13
Whether or not the vaccines are effective.	9.4	25.9	20.9	30.6	13.2	3.12	1.207
Many people survive without vaccinations.	8.3	13.8	35.3	25.9	16.8	3.29	1.148
Vaccines have side effects.	6.6	20.9	28.9	29.8	13.8	3.23	1.128
Long-term effects are unknown.	7.7	22.3	36.6	21.2	12.1	3.08	1.107
The Western world's agenda	8.5	15.2	38.3	21.5	16.5	3.22	1.15
Vaccines are against religion.	8.3	9.6	27.0	30.3	24.8	3.54	1.199
Vaccines are well-managed by the government.	9.9	16.0	20.4	30.3	23.4	3.41	1.277

Mean Classification: 1.00-2.32 = Low; 2.33-3.66 = Moderate; 3.67-5.00 = High

Notes: HD=Highly Doubtful; D=Doubtful; NS=Not Sure; C=Confident; HC=Highly Confident
SD=Standard Deviation

Public perceptions on the National COVID-19 Immunization Program

Table 4 summarises public opinion on the National COVID-19 Immunization Programs, which is now being administered across the country. Ten topics were covered. The "the vaccination system needs to be improved" item had the highest percentage scale of Strongly Agree by 44.6%. This could be evident in people's complaints on social media when the vaccination process was still deemed insufficient. The "many are ready to be vaccinated" item had the greatest percentage on the Agree scale. Many complaints on social media highlighted that many people were still waiting to get vaccinated while a few others were going viral of getting vaccinated without waiting for their turn. The item "the government obtained a sufficient supply of vaccination" was 39.1% on the Not Sure scale. This widespread feeling of uncertainty among the respondents might be attributed to the government's receiving vaccine aid from other countries, as reported by online news. The "the vaccination programme is progressing well" item received the highest rate of Disagree, i.e., 15.4%. This perspective might be influenced by the experience of the respondents who were still waiting for their turn, as well as the numerous

rumours received throughout the survey. Each of the "vaccination rates are still low" and "the vaccination program is progressing well" statements had the same percentage on the scale of Strongly Disagree, which was 6.6%. Both of these items most likely represented NIP experiences. Overall, each item's mean value was evaluated at a high level, i.e., the mean approached and exceeded 4.0. This demonstrated that the public's opinion on the National COVID-19 Immunization Program must be evaluated and used as a reference from time to time in order for the program to be successful and achieve the intended results.

Differences in people's doubt regarding the National COVID-19 Immunization Program by Occupation

A one-way ANOVA test was used to examine the level of doubts regarding the National COVID-19 Immunization Program based on the job type as presented in Table 6. The reason why occupation is chosen because previous studies stated that the perceptions of COVID-19 vaccination may have a link between individual sociodemographic background^{20,22}. The mean score for people's level of doubt varied depending on whether they were unemployed or students (M=3.50, SD=.81),

government employees (M=3.26, SD=.84), private employees (M=3.02, SD=.76), self-employed respondents (M=3.08, SD=.68), entrepreneurs or traders (M=2.67, SD=.63) and others (M=2.93, SD=.92). The findings also revealed a substantial difference in people's levels of doubt across all sorts of employment, with $F(5,357) = 6.419.01$. The Turkish test analysis revealed significant disparities between unemployed respondents or

students, private employees, and traders or entrepreneurs, $p < .01$. This clearly demonstrated that people's levels of doubt fluctuate depending on the type of employment they have. The distribution of the levels of doubt by occupation is shown in Table 5. The unemployed or students should be given good information because they are the ones who constantly access information in their everyday lives.

Table 4: Public's perceptions on the National COVID-19 Immunization Program

Item	Percentage					Mean	SD
	SD	D	NS	A	SA		
The vaccination program is progressing well.	6.6	15.4	18.5	41.3	18.2	3.49	1.15
Many people believe in vaccinations.	2.5	9.4	23.1	47.1	17.9	3.69	0.955
Many are ready to be vaccinated.	1.9	7.7	17.4	51.5	21.5	3.83	0.919
The government procured a sufficient supply of vaccines.	5.5	13.5	39.1	27.3	14.6	3.32	1.055
Vaccination rates are still low.	6.6	13.2	26.4	35.5	18.2	3.45	1.13
PPVs should be expanded.	3.6	2.8	13.2	39.4	41.0	4.12	0.982
Community advice should be maintained.	2.5	3.6	9.1	41.6	43.3	4.20	0.924
The vaccination system needs to be improved.	2.5	3.6	13.5	35.8	44.6	4.17	0.961
The vaccines provided by the government are the best.	3.3	5.5	32.2	38.3	20.7	3.67	0.971
Vaccination from house-to-house.	5.0	4.1	16.0	33.1	41.9	4.03	1.092

Mean Classification: 1.00-2.32 = Low; 2.33-3.66 = Moderate; 3.67-5.00 = High

Notes: SD=Strongly Disagree; D=Disagree; NS=Not Sure; A= Agree; SA=Strongly Agree
SD=Standard Deviation

Table 5: The distribution of people's level of doubt by occupation

Occupation	Number	Mean Score	Standard Deviation
Unemployed/Student	183	3.493	.80997
Government Employee	80	3.260	.84158
Private Employee	45	3.016	.76335
Self-Employed	20	3.080	.68102
Entrepreneur/Trader	17	2.671	.65361
Others	18	2.928	.91575
Total	363	3.293	.83377

Table 6: ANOVA test of people's level of doubt by occupation

	Total Squared	Degrees of Freedom	Mean Squared	F Value	Sig
Among Groups	20.758	5	4.152	6.419	.000
Within Group	230.895	357	.647		
Total	251.653	362			

DISCUSSION

People's acceptance is a major factor in the success of vaccination programs in Malaysia and around the world²⁰. While there have been responses involving both confidence and doubts concerning vaccines, it is clear that the doubts that prevail among the public is merely propaganda. This is because there is no relationship between uncertainty and occupation background. This demonstrates that differential of sociodemographic backgrounds does not have an issue with vaccines even when faced with mistrust from their employers. Indeed, many Muslims adopt an understanding of work and trust. Most Muslims who receive the vaccine agreed that getting vaccinated is one of the ways they safeguard themselves and other members of the society. Following that, they adhere to the factor of trust in order to take the vaccine¹⁴. Countries can achieve herd immunity by providing accurate facts regarding vaccine effectiveness. Information from vaccine-related

authority on social media also adds value to vaccination efforts. To alleviate people's concerns, social media, which is a source of information, should ensure that vaccine effectiveness is widely publicised. Vaccines will pose ethical quandaries in society if sufficient publicity is not provided. This is similar to a parallel study on Twitter users in Austria by Eibensteiner et al.¹⁵ regarding an understanding of public opinion through health agency announcements, which exhibited the adequacy of COVID-19 vaccine safety (i.e., the safety of the currently available vaccines; they were agreed upon by 1579 out of 3439 (45.9 percent)).

People will be more confident in meeting herd immunity if vaccine management is easy and effective. With systematic facilities, it will enhance acceptance and perception from the public, plus vaccinations are not charged and prices are not prohibitively expensive. It is also demonstrated through a study by Abedin et al.¹⁶ which revealed that 74.6% are willing to be

vaccinated against COVID-19 if a safe and effective vaccine is given for free. Furthermore, the study data reported that COVID-19 vaccine refusal was substantially higher among farmers, day-laborers and housewives. The findings of this study were nearly identical in terms of doubts regarding the sort of employment as in the unemployed, students and other employment groups have strong doubts towards vaccination. In this aspect, influential persons with a large group of followers, whether researchers, religious scholars, activists, artists or social media influencers, play a role in raising awareness toward the necessity of vaccine protection and encouraging more members of society to get vaccinated.

People's trust in vaccines as a whole is built through continual campaigns to eliminate distrust. As news sources on social media are very rapid, confidence comes from campaigns and clear explanations to fight COVID-19 as it can avoid the occurrence of domination by anti-vaccine groups against the public¹⁷. This is owing to the fact that when it comes to deaths due to blood clots and weak antibodies, side effects become a major concern. As a result, assurance of life safety is critical for increasing trust. Vaccination concerns such as prior vaccine experience, risk perception and trust, perceived importance of vaccination, subjective standards, as well as religious and moral convictions should be addressed as thoroughly as feasible¹⁸. The role of religion, according to this study, has enhanced people's trust in receiving the vaccines. This is a role that the medical community can play in the future so that disease prevention can be disseminated to religious figures more generally as medicine has expanded community concern of its contents.

The vaccine program's success is due to efficient administration that incorporates several government agencies as it involves multiple parties to ensure public health may be enhanced. Indeed, the government has done a fantastic job of distributing immunizations to all members of the population through the MOH. The collective cooperation from various management teams is shown through the responsibility of handling and managing the NIP²³. However, more vaccine campaigning is needed, as well as the ability to recruit volunteers to travel from house-to-house, particularly in remote regions, to broaden and speed up vaccination. The government must maintain public confidence in the vaccines' efficacy and safety, capacity and effectiveness of regulatory agencies in handling issues and communicating consistently, together with the effectiveness of the public engagement and communications that accompany these¹⁹. Governments must also cooperate with and assist community organisations to perform broad and well-managed community involvement in order

for vaccination programs to be successful¹⁸. The individual concerns of different populations, prior experiences with vaccination and the health system in general, religious and/or political affiliations, as well as socioeconomic background must all be taken into account. This is because vaccines are now widely regarded as the most effective preventive approach in protecting 95 percent of the population²⁰. Currently in Jan 2022, numbers of 11 million Malaysian already had their booster injection. This shows that they already have a positive thought about the effectiveness of vaccines and willing to take the booster jab²⁴.

CONCLUSION

According to the data, NIP's level of confidence exceeds its level of doubt. Despite the fact that respondents came from a variety of socioeconomic backgrounds, they all agreed that NIP are important for creating herd immunity and returning to normalcy as before COVID-19. The government should disclose to the population the adoption of clear vaccination without regard to any party's interests. Henceforth, there will be no uncertainty or refusal. Doubts about the vaccines within a community are caused by a lot of duplication of information, which lead to the establishment of an anti-vaccine organisation. This group must be handled carefully so that it does not become dominant in educating the community and disrupting the vaccination process. Several medical practitioners in Malaysia have effectively disseminated information to ensure that people are aware of the vaccination importance. The cooperation between diverse parties and the government in tackling the vaccine issue today demonstrates the public's trust in the COVID-19 vaccines. The growing public trust in the ministry of health's disclosures must be conveyed through different avenues, not just social media platforms. Measures to instil trust in vaccines, as well as modern medicine's ability to solve health problems must be the key components of future education in order for people to be prepared of any eventuality. The collaboration of medical authorities and religious figures should be lauded in the face of public distrust of contemporary medicine, such as vaccination. It is for the society to understand the significance of medical importance not only from a scientific, but also from a religious standpoint. This significance can be used in the community as a useful cultural foundation for referring professionals in a medical issue.

Ultimately, the success of vaccination may be achieved by considering the views of the community as it is a group of recipients who are always aware of current issues. The urgent need for a good life of the people must be on the agenda in improving public health. It can be observed through social media that the health

system's needs need to be enhanced and given appropriate exposure, so that there will be no problems in providing health services to the population. Finally, employers play a vital role in ensuring that employees participate in the government's aim to restore a prosperous lifestyle. When employees are healthy and do not transfer sickness to other employees or family members, they contribute to economic stability. Such things can generally educate family members about the need of maintaining their health through vaccinations tailored to their own needs. The recommendation for future research is to try to focus on booster willingness or on children vaccination programme. These two issues are also important to investigate, and they are related to existing research on the effectiveness of NIP.

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Conflict of interests

The authors declare no potential conflict of interest.

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