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The Effects of Health Belief Model and Trust in Media on Vaccination Behavior: Case Study of Generation Y and Z on Muslim Communities in City of Bekasi

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Abstract

During the Covid-19 pandemic, vaccine hesitancy has been a major problem not only in the world but also in Indonesia. This makes it difficult for the Government of Indonesia to carry out the herd immunity against the Covid-19 virus. In this study, we want to investigate whether the health belief model (HBM) and trust in the media have a significant effect on Covid-19 vaccination behavior. We use a quantitative approach which is conducted by survey method. Generation Y and Z within Muslim communities in Bekasi City are the subject and locus of the research, respectively. We obtain the primary data by distributing questionnaires to 242 respondents through non-probability sampling technique. We found that three of the five dimensions of the Health Belief Model, namely: (1). perceived vulnerabilities; (2). perceived benefits; and (3). perceived barriers, had a significant effect on the behavior of the Covid-19 vaccination. Meanwhile, trust in the media, which includes trust in traditional media and new media, also has a significant effect on the Covid-19 vaccination behavior of generation Y and Z Muslim communities in Bekasi City.

Keywords
Health belief model; trust in media; vaccination behavior; generation Y and Z; Muslim community

I. Introduction

Coronavirus or in the Indonesian term referred to as Corona Virus is a collection of viruses from the subfamilli Orthocoronavirinae in the Coronaviridae family and the order of Nidovirales. This group of viruses basically can cause disease in birds, including human mammals (id.wikipedia.org). In humans, this virus can cause respiratory infections from mild in nature such as colds to those of a severe and deadly nature such as SARS and MERS. Coronavirus is currently developing and experiencing changes in variation which is then referred to as Covid-19 (Corona Virus Disease in 2019). (Nazar, M. et al. 2020)

Social changes are happening to people around the world on a large scale due to the sharp increase in the spread of the Corona virus (COVID-19). Indonesia itself has been facing this COVID-19 outbreak for more than a year. This condition causes residents to have more knowledge about the Covid-19 virus. The community is expected to be more familiar with the changes set by the Government in terms of healthy living behavior. Of course, these changes bring positive things to society. The only negative thing that people are worried about is how long this pandemic will last. Changes in a person's behavior can be determined and influenced by both external and internal factors. The central government through the Ministry of Health requires Public to obey Health protocols such as 3M (Wearing a mask, washing hands and keeping a distance) the last is mandatory vaccination.

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Even though the majority of the people were aware of and agreed with the vaccination program implemented by the government, there were a number of groups of respondents who tended to be unwilling to be vaccinated. The overall survey results to date also show that the Muslim respondent group as well as generations Y and Z have low confidence in the safety and efficacy of vaccines in Indonesia. The latest, according to research conducted by Indicator at the end of August 2021, revealed that 57% of Indonesians who had not been vaccinated were unwilling to receive the vaccine. Factors such as vaccine safety, vaccine effectiveness, and respondent immunity are the causes of the Indonesian people's not participating in the vaccine program implemented by the government. In line with the indicators, the BPS report of West Java Province (2021) stated that 41% of the population who had not vaccinated from region II, which included Bekasi City, did not believe in the effectiveness of the vaccine, then stated that the proportion of generations Y and Z who had not been vaccinated and did not want to be vaccinated was quite large due to side effects and vaccine effectiveness. Therefore, this study is the first study in Indonesia to investigate behavior for COVID-19 vaccination focusing on three groups of respondents.

Referring to the discussion and critical evaluation of some of the literature described above, the author tries to fill in the gaps in the existing literature study, including: 1). Different from the study conducted by Head et al. (2020) and Ruiz & Bell (2021), the authors will explore the low vaccine behavior of generation Y and Z Muslim communities in Bekasi City referring to the latest data development purposively, so that the behavior of respondents can specifically be described well. In addition, the survey was conducted in Indonesian so that the representation of the population can be represented; 2). Different from Gong et al. (2020), the data collection process in this study was carried out during the corona virus period, so that the actual behavior of the respondents could be fully described; 3). Unlike Xiao (2021) and Head et al. (2020), this study will control the respondent's experience history of the corona virus. This study will also control respondents who have been vaccinated against COVID-19 and/or have started the COVID-19 vaccine stage. Besides this, the perception of the Health Belief Model will be elaborated in this study. In the end, this whole set can more accurately describe perceived severity, perceived vulnerability, perceived self-efficacy, perceived benefit and perceived level of inhibition; 4). Unlike Woko et al.(2020), this study will not use self-assessment reports, so that the bias that occurs in the reports can be minimized; and 5). This study also adds a trust variable to the media. Conditions that can be taken as an example, according to Lin (2019), regarding the case of haze pollution, traditional media in several Southeast Asian countries tend to provide informative news with a positive story angle centered on the efforts of local authorities, while new media tend to have diverse topics and alternative perspectives with critical tones and negative sentiments. The opposite condition can be found regarding the COVID-19 response policy in Indonesia through the implementation of vaccination, where new media tend to be more influential than the mainstream mass media (Tri Hapsari, 2020). Differences in media messages can lead to variations in the level of public trust in traditional and new media content, related to vaccination issues. Specifically, these differences also have implications for the attitudes and reactions of the target group in this study to take protective measures during a public health crisis. This condition indicates the need for further scientific investigations on protective measures, especially related to behavior for COVID-19 vaccination in the Muslim community of generations Y and Z, especially in the city of Bekasi.

Based on the background and rationale, this study aims to analyze the effects of perceived severity, perceived susceptibility, perceived self-efficacy, perceived benefits, perceived barriers, and trust in media on COVID-19 vaccination behavior.

II. Review of Literature

2.1 Health Belief Model

Health Belief Model (HBM) is a model that is used to examine individual beliefs about healthy living behavior, so that the individual performs healthy behavior. These healthy behaviors range from preventive behavior to the use of recommended health facilities. Main concept of HBM is healthy behavior determined by individual beliefs or perceptions about disease and the available means to avoid the occurrence of a disease, such as free vaccination provided by the government in dealing with an outbreak of a disease. Over the past three decades, this model has been one of the most consistently influential and widely used psychosocial approaches to explaining the relationship between behavior and health.

2.2 Perceived Severity

Perceived severity has been defined as beliefs about the seriousness of contracting the disease or leaving it untreated (Janz & Becker, 1984). Dimensions of perceived severity include possible medical consequences (i.e., pain, disability, and death) and social consequences (i.e., on work and family life) (Janz & Becker, 1984; Rosenstock, 1974). The interpretation of perceived severity indicates a person's beliefs about the seriousness or severity of an illness. At first, the perception of seriousness is often based on information medical and knowledge related, which may also stem from one's beliefs about difficulty disease can provide effect on life in general (McCormick-Brown, 1999).

Ha 1: Effect of perceived severity affect the behavior of COVID-19 vaccination.

2.3 Perceived Susceptibility

Perceived vulnerability has been defined as an individual's belief about personal susceptibility to a disease or an individual's belief about his or her susceptibility to disease risk in encouraging people to adopt healthier behaviors (Janz & Becker, 1984). The vulnerability a person feels can vary from strongly denying that there is a chance of contracting the disease, to being moderately accepting that there is some possibility of contracting the disease, and feeling that a person is in real danger of contracting the disease (Rosenstock, 1974).

Ha 2: Effect of perceived susceptibility affect the behavior of COVID-19 vaccination.

2.4 Perceived Self-Efficacy

The concept of self-efficacy was added to the HBM by Rosenstock et al. (1988). Self-Efficacy is a person's ability to respond to recommended actions (Witte, 1992). The authors argue that people should feel confident about implementing the changes recommended in health messages. They suggest self-efficacy not as part of a barrier but as an explicit concept of oneself to encourage more productive research and practice (Rosenstock et al., 1988).

Ha 3: Effect of perceived self-efficacy affect the behavior of COVID-19 vaccination

2.5 Perceived Benefits

In HBM, the concept of perceived benefit is similar to the concept of Response-Efficacy in the Extended Parallel Process Model. The perceived benefit of taking action is defined as a person's belief about how effective various alternatives might be in reducing the threat of disease to an individual (Rosenstock, 1974). Perceived benefits play an important role in the actions a person will take regarding this disease. A person may assume that the threat of disease is severe and they are susceptible to this disease but whether they will take action depends on the availability and effectiveness of the various suggested measures (Janz & Becker, 1984; Rosenstock, 1974).

Ha 4: Effect of perceived benefits affect the behavior of COVID-19 vaccination.

2.6 Perceived Barriers

The final dimension of the HBM addresses the issue of perceived barriers to behavior change. This is because changing behavior is not something that is easy for the majority of people and an individual's self-evaluation of obstacles is needed in its journey so that it can influence new behavior. In HBM, perceived barriers are defined as the costs of take action that recommended in case of health hazard (Rosenstock, 1974). Actions that should be effective in reducing threat disease could considered uncomfortable, unpleasant, painful or annoying and expensive (Rosenstock, 1974). This indicates an obstacle to an action, which can then cause the action to be avoided (Janz & Becker, 1984; Rosenstock, 1974).

Ha 5: Effects of perceived barriers affect the behavior of COVID-19 vaccination.

2.7 Trust in Media

The use of mass media is very important in crisis situations. According to Lowrey (2004), when people see a threat in a social crisis, they tend to have a higher dependence on mass media, including television, newspapers, and radio. However, new media are playing an increasingly significant role in disseminating health or environmental information during a public health crisis, especially for those who are digitally savvy. The trend of mainstream media consumption during the pandemic is increasing rapidly. The public is fed up with hoax information circulating about Covid-19 on social media. The rapid circulation of various information about the corona virus is also very misleading. Finally, the public withdrew to seek credible information through the mainstream media (Widiantara, 2020).

Ha 6: The influence of trust in the media affects the behavior of the COVID-19 vaccination.

III. Research Method

The research subject is where the research variables are attached. The research subject is the place where the data for the research variables are obtained (Arikunto, 2010). According to Sugiyono (2013, p. 38), objects in a study are values, attributes or properties of people and activities or objects that have certain variations and are then determined by researchers to be studied and then conclusions are drawn. Generation Y and Z Muslim communities in Bekasi City are the subject and locus of the research. The Perspective of the Health Belief Model and Trust in the Media are independent variables, while the COVID-19 Vaccination Behavior is the dependent variable, then the two variables are referred to as research objects. This study also uses control variables in the form of gender, education, ethnicity, and experience of COVID-19.

IV. Results and Discussion

4.1 Empirical Results

Table 1. Margin Probit Regression of HBM, Trust in Traditional Media, and Vaccination Behavior

Ind. Variables	Dep. Variable = Vaccine Behavior margin of outcome = 0	Dep. Variable = Vaccine Behavior margin of outcome = 1	Dep. Variable = Vaccine Behavior margin of outcome = 2
severe	-0.001	-0.007	0.008
	(0.001)	(0.007)	(0.008)
susceptibility	0.002	0.014**	-0.015**
	(0.001)	(0.007)	(0.007)
self_efficacy	-0.001	-0.007	0.008
	(0.001)	(0.008)	(0.008)
benefits	-0.001	-0.009**	0.010**
	(0.001)	(0.004)	(0.005)
barrier	0.001	0.010**	-0.011**
	(0.001)	(0.005)	(0.006)
old_media	0.002	0.016**	-0.018**
	(0.001)	(0.008)	(0.009)
female	-0.008	-0.053	0.061
	(0.007)	(0.044)	(0.049)
diploma	-0.006	-0.046	0.053
	(0.005)	(0.034)	(0.038)
java	-0.002	-0.012	0.014
	(0.004)	(0.033)	(0.037)
know	0.002	0.014	-0.015
	(0.005)	(0.048)	(0.054)
Observations	242	242	242

*Notes: Robust standard errors in parentheses. Asterisks denote as follows: *** p<0.01, **p<0.05, *p<0.1*

In Table 1, it can be analyzed that the Health Belief Model Perspective and belief in traditional media have no effect on the behavior of Muslim community generations Y and Z who have not vaccinated against Covid-19 at all. This condition can be seen from the p-value which is greater than 0.05 and therefore, H0 is accepted and Ha is rejected.

Table 1 also shows that the p-value of the Vulnerabilities, Benefits, Barriers and Traditional Media dimensions is smaller than 0.05. Therefore, Ha2, Ha4, Ha5 and Ha6 are accepted, while Ho2, Ho4, Ho5 and Ho6 are rejected. Furthermore, it can be analyzed that on average, a one-unit increase in the perceived susceptibility dimension is associated with an increase in the probability of generation Y and Z Muslim communities in Bekasi City carrying out the first stage of vaccination by 1.4% (0.014 x 100 %), by keeping the other independent variables constant. On the other hand, on average, a one-unit decrease in the perceived susceptibility dimension is associated with a decrease in the probability of

generation Y and Z Muslim communities in Bekasi City carrying out the first stage of vaccination by 1.4% (0.014 x 100 %),

On average, when the value of the perceived benefit dimension increases by one unit, the probability of generation Y and Z Muslim communities in Bekasi City to carry out the first stage of vaccination will decrease by 0.9% (0.009 x 100%), by maintaining other independent variables remain constant. On the other hand, when the value of the perceived benefit dimension decreases by one unit, the probability of generation Y and Z Muslim communities in Bekasi City to carry out the first stage of vaccination will increase by 0.9% (0.009 x 100%), keeping other independent variables remain constant.

Contrasting conditions are also found in perceived barriers and trust in traditional media. On average, a one-unit increase in the perceived barrier dimension and trust in traditional media is associated with an increase in the probability of generation Y and Z Muslim communities in Bekasi City carrying out the first stage of vaccination by 1% (0.010 x 100%) and 1.6% (0.016 x 100%), keeping other independent variables constant. On the other hand, on average, a one-unit decrease in the dimensions of perceived barrier and trust in traditional media is associated with a decrease in the probability of generation Y and Z Muslim communities in Bekasi City carrying out the first stage of vaccination by 1% (0.010 x 100%) and 1.6% (0.016 x 100%),

Overall, this study found that the average Muslim generation Y and Z in Bekasi City with low perceived susceptibility and perceived barriers, but high perceived benefits, and do not trust traditional media, tend not to carry out the first stage of vaccination. On the other hand, if the average Muslim generation Y and Z in Bekasi City have high perceived susceptibility and perceived barriers, they have low perceived benefits and trust the media more. Traditionally, they tend to carry out the first stage of vaccination.

Moreover, Table 1 shows the p-value of the traditional Vulnerabilities, Benefits, Barriers and Media dimensions which are smaller than 0.05. Therefore, Ha2, Ha4, Ha5 and Ha6 are accepted, while Ho2, Ho4, Ho5 and Ho6 are rejected. On average, a one-unit increase in the perceived susceptibility dimension was associated with a decrease in generation Y and Z Muslim communities in Bekasi City who carried out the second and booster vaccinations by 1.5% (0.015 x 100%), keeping the independent variable others remain constant. On the other hand, on average, when the value of the perceived susceptibility dimension decreases by 1 unit, it is likely that generation Y and Z Muslim communities in Bekasi City will carry out the second stage of vaccination and booster will increase by 1.5% (0.015 x 100%).

Overall, this study found that if the average Muslim generation Y and Z in Bekasi City have low perceived susceptibility and perceived barriers, they have high perceived benefits, and do not trust traditional media, they will tend to carry out second and booster vaccinations. On the other hand, if the average Muslim generation Y and Z in Bekasi City have high perceived susceptibility and perceived barriers, have low perceived benefits and trust the media more, they are less likely to carry out second and booster vaccinations.

Table 2. Margin Probit Regression of HBM, Trust in New Media, and Vaccination Behavior

Ind. Variables	Dep. Variable = Vaccine Behavior margin of outcome = 0	Dep. Variable = Vaccine Behavior margin of outcome = 1	Dep. Variable = Vaccine Behavior margin of outcome = 2
severe	-0.001	-0.005	0.006
	(0.001)	(0.007)	(0.008)
susceptibility	0.002	0.015**	-0.017**
	(0.001)	(0.007)	(0.007)

self_efficacy	-0.001	-0.006	0.007
	(0.001)	(0.007)	(0.008)
benefits	-0.001	-0.010**	0.011**
	(0.001)	(0.005)	(0.005)
barrier	0.001	0.011**	-0.012**
	(0.001)	(0.005)	(0.006)
new_media	0.002	0.015*	-0.017*
	(0.001)	(0.009)	(0.010)
female	-0.010	-0.065	0.064*
	(0.008)	(0.047)	(0.039)
diploma	-0.006	-0.046	0.053
	(0.005)	(0.034)	(0.038)
java	-0.001	-0.010	0.012
	(0.004)	(0.033)	(0.037)
know	0.002	0.017	-0.020
	(0.005)	(0.047)	(0.052)
Observations	242	242	242

Notes: Robust standard errors in parentheses. Asterisks denote as follows: *** p<0.01, **p<0.05, *p<0.1

In Table 2, it can be analyzed that the Health Belief Model Perspective and trust in new media have no effect on the behavior of generation Y and Z Muslim communities who have not vaccinated against Covid-19 at all. This condition can be seen from the p-value which is greater than 0.05 and therefore, H0 is accepted and Ha is rejected.

Table 2 also shows that the p-value of the Vulnerability, Benefit, and Barrier dimensions is smaller than 0.05. In addition, the p-value of New Media looks significant at the 0.1 level. Therefore, Ha2, Ha4, Ha5 and Ha6 are accepted, while Ho2, Ho4, Ho5 and Ho6 are rejected. Furthermore, it can be analyzed that on average, a one-unit increase in the perceived susceptibility dimension is associated with an increase in the probability of generation Y and Z Muslim communities in Bekasi City carrying out the first stage of vaccination by 1.5% (0.015 x 100 %), by keeping the other independent variables constant. On the other hand, on average,

On average, when the value of the perceived benefit dimension increases by one unit, the probability of generation Y and Z Muslim communities in Bekasi City to carry out the first stage of vaccination will decrease by 0.9% (0.009 x 100%), by maintaining other independent variables remain constant. On the other hand, when the value of the perceived benefit dimension decreases by one unit, the probability of generation Y and Z Muslim communities in Bekasi City to carry out the first stage of vaccination will increase by 0.9% (0.009 x 100%), keeping other independent variables remain constant.

Overall, this study found that the average Muslim generation Y and Z in Bekasi City with low perceived susceptibility and perceived barriers, but high perceived benefits, and do not trust new media, are less likely to carry out the first stage of vaccination. On the other hand, if the average Muslim generation Y and Z in Bekasi City have high perceived susceptibility and perceived barriers, they have low perceived benefits and trust the media more new, tend to carry out the first stage of vaccination.

Table 2 shows the p-value of the Vulnerabilities, Benefits, and Barriers dimensions which are smaller than 0.05. In addition, the p-value of New Media and Women is significant at the 0.1 level. Therefore, Ha2, Ha4, Ha5 and Ha6 are accepted, while Ho2, Ho4, Ho5 and Ho6 are rejected. On average, a one-unit increase in the perceived susceptibility dimension was associated with a decrease in generation Y and Z Muslim communities in Bekasi City carrying out second and booster vaccinations by 1.7% (0.017 x 100%), keeping other independent variables in check. remain constant. On the other hand, on average, when the value of the perceived susceptibility dimension decreases by 1 unit,

On average, when the value of the perceived benefit dimension increases by one unit, the probability of generation Y and Z Muslim communities in Bekasi City to carry out the second stage of vaccination and booster will increase by 1% (0.01 x 100%), by keeping the other independent variables constant. On the other hand, when the value of the perceived benefit dimension decreases by one unit, then the possibility of generation Y and Z Muslim communities in Bekasi City to carry out the second and booster vaccinations will decrease by 1% (0.01 x 100%), keeping the variable other independent remains constant.

Contrasting conditions were also found for perceived barriers and trust in new media, where on average, a one-unit increase in the perceived barrier dimension value and trust in traditional media was associated with a decreased likelihood of vaccinating at the stage of vaccination second and booster respectively by 1.2% (0.012 x 100%) and 1.7% (0.017 x 100%), while keeping the other independent variables constant. On the other hand, on average, when the value of the perceived barrier and trust in traditional media decreases by 1 unit, the probability of generation Y and Z Muslim communities in Bekasi City to carry out the second and booster vaccinations will increase respectively respectively 1.2% (0.012 x 100%) and 1.7% (0.017 x 100%),

Overall, this study found that on average, Muslim men generation Y and Z in Bekasi City who have high perceived susceptibility and perceived barrier, low perceived benefits, and more trust in new media, tend not to carry out second and booster vaccinations. On the other hand, on average, Muslim women of generations Y and Z in Bekasi City who have low perceived susceptibility and perceived barrier, high perceived benefits, and do not trust new media, tend to carry out second and booster vaccinations.

4.2 Discussion

According to the results of the research above, the perceived severity does not have a good influence on the behavior of people who have not vaccinated, or who have carried out stage me vaccines and who have carried out stage II and or booster vaccines in generations Y and Z in Bekasi City. This contradicts the research conducted by Head et al. (2020), which states that the threat perception variable (severity) is positively related to US citizens' interest in injecting vaccines. The different results were motivated by unequal conditions. Research conducted by Head et al. (2020) tend to discuss interest in Covid-19 vaccination when the vaccine is still in the development stage. Information related to the risk of Covid-19 and knowledge about Covid-19 is still very minimal so that the dimensions of severity, vulnerability and self-efficacy tend to affect the interest of the United States community to inject vaccines. Meanwhile, different conditions occurred when the authors conducted the survey, some Indonesians, including the people of Bekasi City, had received the vaccination program run by the government. Indonesians are also increasingly aware of the medical consequences caused by the Covid-19 virus. This condition is supported by data of 2.5% of the people of West Java province who think that the spread of COVID-19 is not a threat or just exaggerated (Waluyo, 2021).

The results of further research, as well as the perceived severity factor, the perceived self-efficacy does not have a good influence on the behavior of people who have not vaccinated, as well as those who have carried out stage I vaccines and who have carried out stage II vaccines and or boosters in generations Y and Z. in Bekasi City.

This is certainly not in line with the concept of the Health Belief Model and various previous studies where perceived self-efficacy has an important role or at least an influence for every individual to vaccinate against COVID 19. For example, research conducted by Guidry et al. (2021) shows that self-efficacy is one of the important factors that influence a person's intention to take the COVID 19 Vaccine. A similar opinion was also expressed by Ansari-Moghaddam et al. (2021), which stated that self-efficacy was associated with receiving the COVID-19 vaccine.

The next independent variable, namely perceived benefits, does not have an influence on behavior that has not been vaccinated at all, but has an influence on behavior for those who have vaccinated stage I and who have done stage II vaccines and/or boosters in Muslim communities' generation Y and Z in Indonesia. Bekasi city. This is in line with several studies from Didarloo et al. (2017), Mohammadi et al. (2017), Zhao et al. (2012), Yazdanpanah et al. (2015), van Dyke (2017), Lofquist (2012), and Lowrey (2004) who said that perceived usefulness was one of the most important predictors of behavior.

However, when it is related to the context of this research, the information about the Covid-19 vaccination circulating on radio, television and newspapers is too fast and large, so it can cause confusion for the Muslim community of generations Y and Z in the city of Bekasi. This condition causes traditional media to tend to have a negative influence on vaccination behavior, especially second and/or booster vaccinations. In line with this argument, Ward et al. (2011) emphasized that the news of health risks in the mass media actually causes uncertainty in the community.

V. Conclusion

This study aims to explain the influence of the five dimensions of the perspective variables of the Health Belief Model and Trust in the Media on the Covid-19 vaccination behavior of Muslim communities of Y and Z generations in Bekasi City. The author uses ordered probit regression that can find out how much influence the independent variable (X) has on the dependent variable (Y).

The author elaborates the behavior of the Covid-19 vaccination into 3 options with an ordinal type of ranking namely: a). Have not vaccinated against Covid-19 at all with a value of (0); b). Has carried out the first stage of the covid-19 vaccination with a score of (1); and c). Have carried out the second stage of Covid-19 vaccination and or booster with a score of (3). The Covid-19 vaccination referred to in this study are all types of government program Covid-19 vaccinations that are given or disseminated to the people of Bekasi City until November 2021. The author sets three levels of Covid-19 vaccination behavior because the three options are suitable to be studied under conditions and conditions time at the time of distributing the questionnaire.

This study resulted in the finding that not all dimensions in the Health Belief Model studied in the Y and Z generation Muslim communities in Bekasi City had a significant effect on Covid-19 vaccination behavior. Only two of them have no effect, namely: a). perceived severity; and b). Perceived self-efficacy.

Meanwhile, other dimensions of the Health Belief Model, which include: a). Perceived vulnerability; b). perceived benefits; and c). the perceived barriers have a significant effect on the behavior of the Covid-19 vaccination. Meanwhile, the variable

Trust in the media, which is divided into dimensions of trust in traditional media and new media, both have a significant effect on the behavior of Covid-19 vaccination in generation Y and Z Muslim communities in Bekasi City.

Specifically, the perspective of the Health Belief Model and the belief in traditional media and new media do not significantly affect the behavior of Muslim community generations Y and Z who have not vaccinated against Covid-19 at all.

This study also found that the average Muslim generation Y and Z in Bekasi City with low perceived susceptibility and perceived barriers, but have high perceived benefits, and do not trust traditional and new media, are less likely to carry out the first stage of vaccination.

On the other hand, if the average Muslim generation Y and Z in Bekasi City have high perceived susceptibility and perceived barriers, they have low perceived benefits and trust the media more traditional and new media, tend to carry out the first stage of vaccination.

Meanwhile, if the average Muslim generation Y and Z in Bekasi City have low perceived susceptibility and perceived barriers, but have high perceived benefits, and do not trust traditional and new media, tend to carry out second and booster vaccinations.

On the other hand, if the average Muslim generation Y and Z in Bekasi City have high perceived susceptibility and perceived barriers, they have low perceived benefits and trust the media more traditional and new media, are less likely to carry out second and booster vaccinations.

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