



Policy Brief

USING TARGETED COMMUNICATIONS TO MEET THE NEEDS OF COVID-19 VACCINATION FOR PEOPLE WITH DISABILITY IN YOGYAKARTA



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Executive Summary

Research was conducted in early 2022 by the Australia Indonesia Health Security Partnership (AIHSP) and Gadjah Mada University (UGM) on views, acceptance, concerns, and accessibility of the COVID-19 vaccine, 3Ts, and prevention of the coronavirus disease. This research uncovered several issues regarding the accessibility of information on COVID-19 vaccination for people with disability (PwD). Some PwD who were not members of disabled people organisations or other community groups tended to miss out on vaccination because they could not access relevant information. Dissemination of information on the risks and benefits of COVID-19 vaccination has generally not considered the particular needs of PwD. For example, there is little information on COVID-19 vaccination conveyed by vocal assistants or sign language interpreters, either in the media or during vaccination services. This has become a barrier for health workers in delivering complete and accurate advice to PwD about COVID-19 vaccines. Legally differentiating various disabilities, and becoming familiar with the media and communications channels commonly used by PwD, will help both the central and local governments develop more inclusive and effective health policies for PwD.

Introduction

Vaccination is one of the Government of Indonesia's significant efforts toward reaching herd immunity¹ in the country, but this has not been easy to achieve. Many challenges have been encountered since the first dose of vaccine was administered in mid-2021. Widespread fake news became one of the obstacles to vaccination coverage because this false information made people hesitant about being vaccinated². The lack of training for health personnel to adequately serve people with disability (PwD) has also presented a challenge³. PwD have been one of the most disadvantaged groups during the COVID-19 pandemic, and COVID-19 vaccination services and appropriate information have not been as accessible as they might have been.

In early 2022, research on COVID-19 vaccination coverage was conducted by the Australia Indonesia Health Security Partnership (AIHSP) and the Center for Health Policy and Management (PKMK) Faculty of Medicine, Public Health and Nursing (FK-KMK) Gadjah Mada University (UGM). In 2021, the population of the Special Region of Yogyakarta (DIY) was approximately 3,677,446. As of 21 July 2022, a total of 3,230,480 first-dose shots; 2,999,967 second-dose shots; and 998,157 third-dose or booster shots of COVID-19 vaccines had been administered in the province⁴.

The table below presents data on COVID-19 vaccination coverage for various districts in the DIY, based on the Indonesian Ministry of Health dashboard, accessed on 21 July 2022. From this table, the AIHSP and PKMK FK-KMK UGM study focussed on Kulon Progo and Gunung Kidul districts to best assess vaccination issues in the DIY. These two districts have slightly different geographical barriers to vaccination, compared to Yogyakarta City and the 2 other districts in the province. Gunung Kidul District was also used due to its low coverage of the first and second doses of COVID-19 vaccines.

- ¹ Covid-19 task force. (2021). Goals of the Vaccination Program Achieve Herd Immunity. <https://covid19.go.id/p/vaksin/tujuan-program-vaksinasi-tercapainya-herd-immunity>
- ² Marbella, HF. Et.al. (2021). Analysis of the Effect of Fake News on Social Media on the Indonesian Society's Decision to Vaccinate COVID-19. *Jurnal Indonesia Sosial Teknologi* 2, 11. [https://jst.publikasiindonesia.id/index.php/jst/article/view/267/536FK-KMK UGM, CHPM. \(2022\).](https://jst.publikasiindonesia.id/index.php/jst/article/view/267/536FK-KMK UGM, CHPM. (2022).)
- ³ CISDI, PUSKAPA. (2022). Policy Inputs to Ensure Access of Vulnerable Groups to COVID-19 Vaccination in Indonesia. <https://cisdi.org/wp-content/uploads/2021/08/English-Policy-Inputs-to-Ensure-Access-of-Vulnerable-Groups-to-COVID-19-Vaccination-in-Indonesia-1.pdf>
- ⁴ Indonesia's Ministry of Health. (2022). COVID-19 Vaccination Based on Province and District/City. https://vaksin.kemkes.go.id/#/detail_data



COVID-19 Vaccination Coverage in the Special Region of Yogyakarta

District	Dose 1 (%)	Dose 2 (%)
Yogyakarta City	221.63	215.56
Sleman District	105.91	98.69
Kulon Progo District	100.44	91.67
Bantul District	95.76	89.23
Gunungkidul District	95.97	85.28

Source: <https://vaksin.kemkes.go.id/#/vaccines>, 21 July 2022

Results and Conclusions

1. Despite the availability of COVID-19 vaccination programs for people with disability, gathering data on these groups can be difficult

The DIY is known for its high coverage of COVID-19 vaccination (third nationally) for the first and second doses in the general population, for the elderly, and for PwD (the number of PwD in the DIY will reach 28,866 in 2022⁵). In addition to programs for the broader population, the local government has prepared several COVID-19 vaccination schemes specifically for PwD. While these schemes have been very helpful in getting PwD vaccinated, there are other factors contributing to the achievement of the Government of Indonesia's national overall target of 141,211,181 shots. These factors include:

- The vaccination dose given to PwD does not require a specific brand.
- Most PwD are members of disabled people organisations (DPOs). These DPOs have a role to solve potential problems related to access to COVID-19 vaccinations. This includes providing easier access to information for PwD.

Conversely, some PwD are not members of DPOs, so their access to vaccination services and information may be limited. For example, in Gunung Kidul, PwD who are not part of a DPO or community group reported difficulty accessing COVID-19 vaccination locations and had limited information on the schedule and side effects of the vaccines. Common reasons for not joining a DPO or community group include⁶:

- Some PwD are not confident in presenting themselves to society due to their disabilities.
- Some people with intellectual disabilities have cognitive limitations to joining a community group.
- Disability is wrongly considered a disgrace by some community members. For this reason, some PwD hide themselves from both social settings and legal administration. Therefore, some PwD are not registered for legal documents such as Family Cards or *Kartu Keluarga* and Personal Identity Cards or KTP, which hinders data collection.
- Government datasets do not follow the different disabilities based on Law No. 8 of 2016 on People with Disabilities. As a result, the policies drawn up by the government are not based on the needs associated with each type of disability. Disabilities that are not differentiated by Law No. 8 of 2016 include blindness and deafness as well as physical, intellectual, and mental disabilities³. Datasets that provide names and addresses can only be accessed at Puskesmas.

⁵ BAPPEDA DIY. (2022). The Dataku application for the Special Region of Yogyakarta, elements of Persons with Social Welfare Problems and Social Welfare Facilities. http://bappeda.jogjaprov.go.id/dataku/data_dasar/cetak/105-penyandang-masalah-kesejahteraan-sosial-dan-sarana-kesejahteraan-sosial

⁶ Munandar, A. (2022). Assistance Program for Persons with Disabilities for Mental Health. Yayasan Kristen untuk Kesehatan Umum, Yogyakarta.



2. Channels and messaging used for information on COVID-19 vaccination are currently too limited

In the study, information for PwD on COVID-19 vaccination was distributed through limited channels, mainly via intermediaries from DPOs or community organisations. Insufficient media and tailored messages were used to reach the various target groups with different disabilities. This fact is supported by the literature review on vulnerable groups³ which states that the information provided to PwD has not taken into account the diversity of communication methods for persons with different types of disability. In addition, PwD often encounter social barriers to accessing information on COVID-19 vaccination because their family members think it is unnecessary, or because the majority of PwD are not highly educated³. This indicates that the information is not designed to consider the ability of PwD to obtain or process information regarding COVID-19 vaccination. In fact, PwD use various mainstream media as well as social media⁷, so communications content and vaccination messaging for PwD can be easily adapted.

3. Communication campaigns from government do not adequately consider the needs of people with disability

Before being administered with a dose of COVID-19 vaccine, PwD need to know the following information:

- the substances contained in the COVID-19 vaccines
- brands of the COVID-19 vaccines they can obtain and their effectiveness
- the risk of comorbidity factors the vaccines have and how to manage them
- risks of adverse events following immunisation and how to deal with them.

This basic information is essential for PwD to make an informed decision on vaccination. Unfortunately, such information is not readily accessible for them. The gaps in informational content and appropriate messaging from the government leave room for misinformation and disinformation. A number of PwD in the study admitted to receiving many hoaxes and misinformation from WhatsApp groups and social media. Men with disability in this study made more effort to validate information through search engines on the internet, than did women with disability. This was despite the fact that, compared to the men, women with disability generally received more diversity of misinformation and hoaxes. Those who are members of a DPO could receive clarification on COVID-19 vaccination from intermediaries or community leaders, and the members could advise each other of false campaigns. However, for those who are not part of an organisation or community, getting clarification of information and/or obtaining correct and comprehensive information depended very much on their family members.

Policy Option

Effective communication is crucial in delivering information on COVID-19 vaccination to PwD. Information regarding the risks of COVID-19 must be delivered in a manner accessible and appropriate to PwD. These considerations must be firmly in the minds not only of government agencies but also health workers at vaccination centres. The policy options are therefore as follows:

- Create information campaigns with disability-friendly features, for example, by providing teletext and subtitles for people with hearing impairments, using audio descriptions and other vocal cues for people with visual impairments, and choosing plain language for people with intellectual disabilities.
- Use the National Commission for Disabilities or *Komisi Nasional Disabilitas* (KND) and the Ministry of Health to support local governments by providing guidelines on creating more accessible public information for PwD, particularly regarding COVID-19 vaccination and disease prevention.

⁷ Salim, I., & Yulianto, M. J. (2021). Memantau Pemenuhan Hak-Hak Disabilitas (Monitoring the Fulfillment of Disability Rights).



Recommendation

The Government of Indonesia can re-educate DPOs and community leaders with strong influence on the distribution of information to PwD. Improving local government data on DPOs and community leaders who are trusted by PwD can also enhance the distribution of relevant information. In addition, the government needs to understand and standardise the definition and differentiation of various disabilities in each of its datasets, because this has an impact on risk communication planning.

Community leaders who are influential among PwD need to be involved in developing information about COVID-19 vaccination. The DIY has a diverse and large-scale base of religious and disability communities, including Muhammadiyah, YAKKUM, Inclusion Center & Difabel Advocacy Movement (SIGAB), Islamic Blind Welfare Foundation (Yaketunis), and Advocacy Center for Women, Disabilities and Children (SAPDA). Through these networks and enhanced regional government presence, especially that of the Provincial Health Office (Dinas Kesehatan) and Communication and Information Office (Dinas Komunikasi dan Informatika), information channels can be expanded. PwD can also provide guidance on how to develop appropriate informational content and accessible channels for COVID-19 vaccination campaigns, which will in turn contribute to improving vaccination coverage. This can be achieved by developing inclusive information materials, for example, by making videos embedded with audio descriptions for people with visual impairments, providing easy-to-read subtitles or captions for people with hearing impairments, and using plain language to help people with intellectual disabilities understand the messages.

The national and local governments need to identify and better understand the channels commonly used by PwD to access information. Some of the channels generally accessed by PwD, listed in order of the frequency of their use, are television, WhatsApp, Facebook, audio-visual online, internet browsers, online media, radio, Instagram and Twitter.

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