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## **FACTORS INFLUENCING PUBLIC DECISION-MAKING ON OBTAINING THE COVID - 19 VACCINE**

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In the contemporary world, resolving any issue is difficult without effective policy implementation, particularly with the challenges that arise in a complex circumstance like during the COVID-19 epidemic. Policy implementation is a multifaceted process that involves different actors, including the public, bureaucrats, political leaders, and the non-governmental sector. Additionally, there are numerous factors that play a role in the successful implementation of a policy. These include the availability of resources, clear goals and objectives, the support and commitment of the political leaders and public officers, and acceptance and support from the public. This research aimed to examine the factors that contributed to the implementation of the COVID-19 vaccination policy, and the influence of fear and coercion on public decision-making on policy implementation. This study employed a mixed method approach, utilising both primary and secondary data sources. The primary data was gathered from 105 respondents using a Google form. The collected data was analysed using basic statistical methods and a thematic approach. The data indicate that fear and force served as intermediary factors in the decision-making process of the respondents about vaccination.

Keywords: fear, force, COVID-19, policy implementation, Sri Lanka

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### INTRODUCTION

‘Public policy’ is an essential tool that provides guidance or direction to the governing process of any country in the contemporary world (Smith & Larimer, 2016). It also shows how governments intend to resolve their citizens’ issues and grievances in each and every aspect, including social, health, environment, governance, and human rights etc (Stewart et al., 2008). A country may be able to make the best public policy in the world to resolve their citizens’ problems; however, it does not have any importance until the government takes action to implement it. Therefore, regardless of the policy, its implementation is crucial for it to have any impact in the addressed policy issue.

Policy implementation means the “process of interaction between the setting of goals and action geared to achieving them” (Pressman & Wildavsky, 1984, p. xxiii). Policy implementation is a complex process because several actors, agencies, and rules and regulations from various policy sub-systems are involved (Howlett, 2007). In order to achieve effective policy implementation, several requirements should be fulfilled, such as properly designed programmes and projects (Abd Manaf et al., 2009), adequate resources that are provided on time (Yukalang et al., 2017), sufficient time to implement a policy, adequate support and commitment from all actors including citizens, bureaucrats, and political leadership (Harris et al., 2020), mechanisms for coordination and communication (Sudrajat et al., 2021), updated and sufficient laws, rules, and regulations (Bernal et al., 2021), and mechanisms for monitoring and evaluation (Khan, 2016). There are several actors involved in policy implementation, such as bureaucrats from various levels and agencies of the government, citizens, political leaders, non-governmental organisations, interest groups, elites, and donor agencies (Howlett, 2007). Implementation actors and their contribution vary by different factors, such as socio-economic and political backgrounds, and the policy environment (Howlett, 2018). Despite having all the facilities, a policy cannot be implemented without its acceptance and support by the citizens because every policy addresses some kind of issues in the society.

The COVID-19 pandemic of the 21<sup>st</sup> century has caused significant problems worldwide in various spheres, including human life, health, education, social interactions, and the environment. The World Health Organization (2024) recorded over 70 million cases of COVID-19 worldwide by mid-May 2024. In addition, a total of 7,048,166 individuals died across the world over the past four years (World Health Organization, 2024). A total of 672,754 individuals in Sri Lanka were affected by the COVID-19 pandemic, with an estimated death toll of over 17,000 during the last four years (Health Promotion Bureau, 2024). Given the significant threat posed by COVID-19 to human life and national economies, many agencies, such as the World Health Organisation, and individual countries have implemented numerous measures to safeguard lives and mitigate its effects on the population. Vaccination is one of the options available. Approximately 56% of the global population had received a primary series of a COVID-19 vaccination, whereas 28% of the global population had received at least one booster dose by the end of 2023 (World Health Organization, 2024). The government of Sri Lanka started vaccination programme in February 2021 and conducted it in several phases. Compared



to world figures, the COVID-19 Vaccination rate in Sri Lanka is considerably higher than many other countries. As at end of November 2023, 69% of the total population was vaccinated with a complete primary series of a vaccination while 38% of the population was vaccinated with at least one booster dose (Health Promotion Bureau, 2024).

This research aimed to examine the factors involved in the effective implementation of the COVID-19 vaccination policy. This research particularly tries to comprehend the role of fear and coercion as an intermediate variable in obtaining support from the citizens during the implementation of a policy in an uncertain environment.

## METHODOLOGY

This study employed a mixed method approach, incorporating both primary and secondary data sources. The primary data was obtained through a questionnaire that was created using Google Forms, and sent across several social media platforms, such as WhatsApp, Facebook, Messenger, and email. The questionnaire was distributed to 250 social media users and received responses from 105 people. The data was collected during the month of November 2021. The questionnaire comprised a total of 16 questions, although only seven questions were related to this study while the other questions were related to the involvement of various actors. Three of the questions pertained to the background information of the respondents, while four questions were specifically related to the COVID-19 vaccination and the variables influencing public support for the implementation of the COVID-19 vaccination policy in Sri Lanka. These inquiries encompassed whether individuals were vaccinated, the quantity of vaccinations they received, and the factors that influenced their decision to obtain or refuse the vaccination.

The collected data was analysed using Microsoft Excel and simple descriptive statistics, such as percentages and graphs. The qualitative data was subjected to thematic analysis, which involved examining themes, which included ‘fear’, ‘coercion of the government’, ‘force by family and friends’, ‘media influence’ ‘gossip and rumours’, ‘influence of social media’, ‘availability of vaccines and vaccination programmes’, ‘health reasons’ and ‘other’.

## RESULTS AND DISCUSSION

The respondents were from 16 districts of the country (Colombo, Gampaha, Kalutara, Galle, Hambantota, Kandy, Matale, Kurunegala, Puttalam, Kegalle, Ratnapura, Polonnaruwa, Badulla, Monaragala, Puttlam, and Ampara). The whole sample comprised 53% (56 individuals) females and 47% (49 individuals) males. The respondents fell within the age range of 18 to 65 years. Of the total sample, 66% (69 respondents) belonged to the age group 26-35 years while the minimum percentage (0.9%) represents the age group 56-65 years (Table 01).

Table 01: Distribution of sample by age

Age group (years)	Number of respondents	Percentage of total sample (N=105) (%)
18 - 25	22	20.9
26 - 35	69	65.7
36 - 45	10	9.5



46 - 55	03	2.8
56 - 65	01	0.9
Total sample	105	100.0

Source: Field data collection, 2021.

Of the entire sample, 92% (102 respondents) received at least one vaccine, while the remaining respondents reported not received any vaccine. Out of the individuals who received the vaccine, 88% (89 respondents) received the first vaccine of the second dosage. Furthermore, 3% of the participants (3 respondents) received the second dose of the initial vaccine, whereas 10% (10 respondents) received only the first dose of the initial vaccine.

Among the respondents who had received the vaccine, almost 68% (69 individuals) admitted that they had first been unwilling to get vaccinated. However, they ultimately decided to do so due to feelings of ‘fear’ and ‘direct or indirect force’ received from various sources. Thus, the main causes that compelled individuals to make the decision to get vaccinated can be categorised as concerns about health conditions and mortality (85%), the impact or perceived threat from the government (61%), and pressure from family and close acquaintances (43%). These variables were identified as primary intermediate influences, as shown in Table 02. However, according to the data in Table 02, approximately 1/4 of the vaccinated respondents stated that their belief in 'vaccination as the best available option' influenced their decision to get vaccinated.

Table 02: Factors that influenced the decision-making process of vaccinated respondents

Factor	Number of respondents	Percentage (%) (N=102)
Fear of life/health conditions	87	85.3
Forced by government	62	60.8
Forced by family/friends/relatives	44	43.1
Believe vaccination as a best available option	27	26.5

Note: total percentage exceed 100 as some respondents are given multiple reasons.

Source: Field data collection, 2021.

Moreover, 61% of the respondents (8 participants) who only received the initial dose (either one or two vaccines) expressed concerns about potential health problems or side effects, as well as poor experiences from past vaccinations, as the main factors influencing their decision to forgo the subsequent vaccine. Furthermore, the limitation of government-provided vaccination facilities (30% of respondents who received their first dose) was cited as a cause for not receiving the subsequent vaccine. Approximately 9% of the respondents, specifically those who had just received the first dosage, expressed a lack of willingness to the mentioned the variables as having impacted their decision to not obtain the second vaccine.

Three percent of the total sample (3 respondents) who did not receive the COVID-19 immunisation provided explanations for their decision. These factors encompassed their physical well-being, apprehension towards receiving a vaccination that had not undergone thorough testing, and their conviction that vaccines may pose various health concerns or lead to post-syndromes.



The research findings emphasise the impact of fear and force on policy implementation in the COVID-19 vaccination policy in Sri Lanka. According to the respondents, there are multiple sources that contributed to the fear surrounding the COVID-19 vaccination. These factors include social media platforms like Facebook and WhatsApp groups, which were highly influential at 97%. New media, such as television and radio, also played a key role at 89%. Gossip and rumours about the pandemic's impact were prevalent at 85%, while personal experiences of the uncertainty of life and the country's situation were reported by 30% of respondents. In addition, government regulations regarding citizens' behaviour and public access has played a crucial role in determining vaccination decisions. For instance, individuals who were not vaccinated being prohibited from entering workplaces and public places. These regulations served as an important factor in encouraging people to make the choice to get vaccinated.

## CONCLUSIONS/RECOMMENDATIONS

The primary objective of this study was to investigate the role of fear and force as an intermediary factor in the decision-making process regarding public engagement in policy implementation. The research findings indicate that anxiety over one's life and health, as well as government coercion, and the influence of relatives and family members, are important variables in the decision-making process of respondents regarding vaccination. Thus, fear and force can be identified as an intermediary factor that plays a role in determining public support for policy implementation. During the COVID-19 pandemic, these two variables have influenced the public's decision to agree to the implementation of the government's COVID-19 vaccine programme.

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