



The Effect Of Health Coaching On The Community's Availability To Vaccinate

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ABSTRACT

Background: The number of negative issues regarding Covid-19 affects the public perception not to participate in the Covid-19 vaccination. Based on a brief interview conducted by the researcher with 20 people in the Matangnga Health Center working area regarding the implementation of vaccination, 17 people expressed their doubts and were not willing to vaccinate. Because in this study what needs to be changed is the public's perception of the Covid-19 vaccination, the health education method that will be used is the Health Coaching method. **Objective:** To determine the effect of providing Health Coaching on people's willingness to vaccinate in the work area of the Matangnga Health Center, Polewali Mandar Regency. **Methods:** The research design used was experimental research with one group pretest-posttest research design. Population In the study, namely all people over the age of 18 years, amounting to 3,444 people with a sample of 20 respondents. Sampling was done by using multistage sampling technique. The data collection tool used in this study was a questionnaire consisting of 17 statement items. **Results:** of the normality test of the data using the Saphiro Wilk test showed that the data was normally distributed, then the data was analyzed using the paired t test with the results of the p value $0.000 < 0.05$. **Conclusion:** The results of the analysis of community attitudes towards the implementation of vaccination before and after the provision of Health Coaching showed that there was an effect of providing Health Choaching on the community's willingness to vaccinate in the work area of the Matangnga Health Center, Polewali Mandar Regency. Suggestion: It is hoped that this Health Coaching Intervention can be developed further and can be used as a method in providing health education.

Keywords: Covid-19, Vaccines, Health Coaching, Attitude

Introduction

At the end of 2019 the world was shocked by the emergence of a new disease, this disease was first discovered in the city of Wuhan, China. This disease has various symptoms,

from the common cold to Pneumonia, upon further investigation, this disease is caused by a virus that is similar to the cause of acute respiratory disorders such as SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome), namely from the Corona group. virus. WHO (World Health Organization) named the disease caused by 2019-nCoV as the Covid-19 coronavirus disease (Sohrabi et al., 2020). To deal with the COVID-19 pandemic The government has made various policies to protect the public from the transmission and impact of Covid-19, starting from large-scale social restrictions including restrictions on schools, workplaces, places of worship, public places and transportation; providing social assistance; providing incentives for health workers and policies for implementing health protocols in various places. Seeing the rapid spread of Covid-19 and the dangers that will arise if it is not treated immediately, one of the most likely ways to prevent the spread of this virus is to develop a vaccine (Kompas, 2020). However, in the midst of the birth of the Covid-19 vaccine, there were pros and cons in society. There are those who support the vaccine, and there are also those who doubt the effectiveness and efficacy of the Covid-19 vaccine. Some of them even refuse the vaccine. The public also provides responses and opinions in various media. One of them is on social media. Public discussion on social media regarding the news of the State of Brazil refusing to use the Covid-19 vaccine made by China and the State of Japan which made the vaccine free is one of the hot topics discussed by the public on social media some time ago. With the emergence of this news, the public is actively involved in giving their opinion regarding the phenomena that occur. The community also relates their opinions to their expectations of conditions in Indonesia. Vaccine halal status is also one of the hot topics discussed by the public on social media (Rachman & Pramana, 2020). The number of negative issues about Covid-19 affects people's perceptions of not participating in the Covid-19 vaccination. Based on a brief interview conducted by the researcher with 20 people in the Matangnga Health Center working area regarding the implementation of vaccination, 17 people expressed their doubts and were not willing to vaccinate, the reason which was usually stated that they did not want to be vaccinated was because they did not know the benefits of vaccination. vaccines and they are afraid of side effects on the bodies of vaccine recipients, not to mention the many oblique notifications on social media about the dangers of vaccines. Due to lack of public knowledge about the Covid-19 Vaccination so it is necessary to provide health education about vaccination. Health education is part of the overall health efforts (promotive, preventive, curative, and rehabilitative) which focuses on efforts to improve healthy living behaviors. Conceptually, health education is an effort to influence/invite other people (individuals, groups, and communities) to behave in a healthy life. Operationally, health education is all activities to provide/improve knowledge, attitudes and practices of the community in maintaining and improving their health (Notoadmodjo, 2014). Because in this study what needs to be changed is the public's perception of the Covid-19 vaccination, the health education method that will be used is the Health coaching method because several studies have proven that the Health coaching method is effective and this method has never been used in the Matangnga Health Center work area.

Objective

Based on the description in the background above, the research problem can be formulated as follows: "The Effect of Health Coaching on Community Willingness to Vaccinate in the Working Area of the Matangnga Health Center, Polewali Mandar Regency?"

Method

The research design used in this research is experimental research, which is a research method that can correctly test hypotheses regarding causal relationships (causation). In this study, the researcher will test whether there is a change in a variable after the intervention, the research design used is a one group pretest-posttest design through the pre-test and post-test methods that can show differences before and after the intervention is given. In this study, the population is all people in the working area of the Puskesmas Matangnga aged over 18 years, with a total of 3,444 people. The number of samples in this study were 20 respondents aged over 18 years old who are in the working area of the Maturenga Public Health Center, Polewali Mandar Regency with inclusion and exclusion criteria. The data collection tools used in this study were SAP and health coaching communication guides and a questionnaire consisting of 17 question items, the scores were calculated and grouped into two positive and negative categories. The results of the normality test of the data using the Saphiro Wilk test showed that the data was normally distributed, then the data was analyzed using the paired t test.

Results

From the results of the study, the frequency distribution based on age, gender, education, occupation of the respondents can be seen in the table below:

Tabel 1. Respondent Characteristics

Variabel	N	%
Age		
20 -30 year	11	55.00
31- 40 year	9	45.00
Gender		
Male	9	45.00
Female	11	55.00
Profession		
Government employess	1	5.00
enterpreneur	3	15.00
Farmer	5	25.00
IRT	7	35.00
other	4	20.00
Level of Education		
SD	5	25.00
SMP	8	40.00

SMA	4	20.00
PT	3	15.00

Based on table 1 shows the characteristics of respondents based on the age of 20-30 years as many as 11 respondents (55.0%) while ages 31-40 years as much as 9 respondents (45.0%). based on male sex as many as 9 respondents (45.0%) while female sex as many as 11 respondents (55.0%), based on 20 respondents, education graduated from elementary school as many as 5 respondents (25.0%), graduated from junior high school as many as 8 respondents (40.0%), SMA as much as respondents 4 respondents (20.0%), and PT as much as 3 respondents (15.0%). based on the respondent's occupation as civil servants as many as 1 person (5.0%), as many as 3 people as self-employed people (15.0%), farmers as many as 5 people (25.0%), IRT as many as 7 people (35.0%) and not working as many as 4 people (20.0%). Next Distribution of Community Attitudes towards implementation Vaccination before and after giving Health Coaching :

Tabel 2
Distribution respondents based on attitude before and after giving Health Coaching

Variabel	Mean	Median	Min - Max	SD	IK 95%	Sig.
<i>Pre intervetion</i>	33.10	32.50	26 - 43	4.678	39.22	0.000*
<i>Post intervention</i>	74.65	74.50	70 - 82	3.602	43.87	

* *Paired t test* : $p\text{-value} = 0,000 < 0,05$. (S.D) 41.55

Based on table 2 above, it shows that the average value of respondents' attitudes before giving Health Coaching is 33.10% Median 32.50%, the minimum value before Health Coaching was 26 while the maximum value before Health Coaching was 43 with a standard deviation of 4.678. while the average value of respondents' attitudes after giving Health Coaching is 74.65% Median 74.50%, the minimum value after Health Coaching is 70 while the maximum value after Health Coaching is 82 with a standard deviation of 3,602. To find out the differences in public attitudes before and after giving Health Coaching, a paired t-test analysis was carried out. This study can be trusted because the mean value of 41.55 is in the 95% CI range of 39.22–43.87. The results of the paired t-test analysis regarding the effect of providing Health Coaching on the community's willingness to do vaccination in the working area of the Matangnga Health Center with a $p\text{-value} = 0.000 < 0.05$, this indicates H_0 is rejected, so it is concluded that there is an effect of providing Health Coaching on the community's willingness to vaccinate

Discussion

The results of the research on community attitudes in the implementation of vaccination before giving Health Coaching showed an average value of 33.10% with a standard deviation of 4,678 the minimum value before giving Health Coaching was 26 while the maximum value before giving Health Coaching was. According to Sunaryo (2013) Attitude is categorized as negative if $< 50\%$ and the results of the average attitude of the community before giving Health. Coaching is 33.10%, this shows that the average community attitude

before the provision of Health Coaching is still negative. Notoatmodjo (2014) explains that, attitude is how the opinion or assessment of people or respondents on matters related to health, health and illness and factors related to health risk factors. Knowledge is the first step for a person to determine his attitude and behavior. So the level of knowledge will greatly affect the acceptance of a program (Notoatmodjo, 2010). The negative attitude of the community towards the implementation of vaccination before giving Health Coaching is due to the low level of knowledge. The public about the Covid-19 vaccine. The results of the research on community attitudes in the implementation of vaccination after giving Health Coaching showed an average value of 74.65% with a standard deviation of 3,602, the minimum value after giving Health Coaching 70 while the maximum value after giving Health Coaching 82. According to Sunaryo (2013) Attitudes are categorized as positive if $\geq 50\%$ and the result of the average attitude of the community after the provision of Health Coaching is 74.65%, this shows that the average attitude of the community after the provision of Health Coaching is positive.

The results of this study are in accordance with research on the effect of Health Coaching-based motivational interviewing on attitudes and behavior in patients with chronic diseases. The results of the study stated that Health Coaching-based motivational interviewing provides a significant increase in the patient's attitude to behave and be able to manage himself (Linden A, Butterworth SW, 2018). The results of other studies that are in line, namely Solikhah's research (2018) stated that there was a significant effect between the treatment group and the control group after being given health coaching intervention on reducing anxiety levels in pregnant women. The results of Beate West-Leuer's (2014) research entitled Health Coaching as counseling in behavior change or action, in his research explained that after communication, Health Coaching showed exemplary actions to improve health. Health Coaching Education is an effort to provide information by training and fostering respondents. Other research that is in line, namely the research conducted by Yohana (2017) says that there are the effect of providing Health coaching on the attitude of preventing transmission of pulmonary TB patients. Attitude is a person's reaction or response that is still closed or has not been realized to a stimulus (Wira, 2016). Changes in attitude can occur when the respondent is given a stimulus using Health Coaching which affects his knowledge so that it has an impact on the respondent's attitude towards the implementation of vaccination. This happens if the respondent can receive information, respond to the material presented, and solve problems. The implementation of Health Coaching was carried out 6 meetings for one week through home visits of respondents and based on research conducted by Cahyani (2013) stated that two meetings with 2-3 materials per meeting could improve knowledge and attitudes.

A person's attitude towards health is also in line with health knowledge, namely: 1) attitude towards illness and disease, which is how a person's assessment or opinion of the symptoms or signs of disease, causes of disease and others, 2) attitude towards maintenance and a healthy way of life, is how assessment or opinion on ways to maintain healthy living behavior 3) attitude towards environmental health is how a person's judgment or opinion on the environment and its effect on health. Health coaching is an intervention that helps individuals identify their own health values and visions. The patient's personal values and vision are used to support attitude change and achieve self-chosen goals. Health coaching is also an effective patient education method that can be used to motivate and exploit patients' willingness to change their lifestyle (Kivela et al, 2014).

In the post test there was a change in the attitude of the respondents in the positive category because they got information through Health coaching. The effect of Health Coaching on attitudes can be achieved through education, guidance and motivation. Health Coaching was carried out in this study by helping respondents improve attitudes in the implementation of vaccinations by increasing respondents' understanding of Covid-19 and the Covid-19 vaccine and providing motivation. It is proven improve the attitude of respondents towards the implementation of Vaccination.

Conclusion

The results of the analysis of community attitudes towards the implementation of vaccination before and after the provision of Health Coaching indicate that there is an effect of providing Health Coaching on the willingness of the community to carry out vaccinations in the working area of the Matangnga Health Center. It is hoped that the results of this study will be able to provide information on further research, especially. In the process of collecting community data, it is not easy because respondents in this research place take a long time to agree to accept Health Coaching actions. Future researchers are expected to be more prepared in the process of collecting and collecting and everything so that research can be carried out properly. Future researchers are also expected to be supported by interviews with competent sources in the study of infrastructure and the effectiveness of the health coaching process

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