INDONESIA
COVID-19 Country Profile
From the COVID-19 Symptom Survey for January 10 – March 31, 2021
What’s In This Report

This country profile provides demographic breakdowns of self-reported COVID-19 vaccine hesitancy, reasons for hesitancy, trusted information sources and key behaviors such as mask wearing and social distancing in Indonesia. This report aims to help policymakers utilize data collected from the COVID-19 Symptom Survey to inform the COVID-19 response in Indonesia. The report’s findings are based on a sample size of 178,988 survey respondents in Indonesia from January 10 - March 31, 2021.

Vaccine Hesitancy

Vaccine hesitancy is estimated as the weighted proportion of adults who indicated that they would definitely not or probably not choose to get vaccinated in response to the survey question: If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? Asked of survey respondents who reported no vaccination. See the About the Survey section for more details on our survey methodology.

COVID-19 vaccine hesitancy decreased in Indonesia from 28.6% to 19.2% from January to March 2021.

FIGURE 1: COVID-19 VACCINE HESITANCY
Weekly weighted self-reported vaccine hesitancy (95% CI) in Indonesia from Jan 10, 2021 to Mar 28, 2021

Vaccine hesitancy estimated using the following survey question: If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? Asked of survey respondents who reported no vaccination. Source: COVID-19 Symptom Survey collected by the University of Maryland in partnership with Facebook, March 2021
Aceh reported the highest vaccine hesitancy at 41.6% while most provinces reported 19.6% or lower in March 2021.

FIGURE 2: COVID-19 VACCINE HESITANCY BY PROVINCE
Monthly weighted self-reported vaccine hesitancy in Indonesia for March 2021
Out of key demographic groups, vaccine hesitancy in Indonesia varies the most across age groups. In particular, the youngest age groups are the most vaccine-hesitant, with 18-24 year olds at 20.9% and 25-34 year olds at 21.4%.

**FIGURE 3: COVID-19 VACCINE HESITANCY BY DEMOGRAPHIC GROUPS**

Monthly weighted self-reported vaccine hesitancy in Indonesia from March 2021

Vaccine hesitancy estimated using the following survey question: If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? Asked of survey respondents who reported no vaccination. Source: COVID-19 Symptom Survey collected by the University of Maryland in partnership with Facebook, March, 2021.
When comparing across provinces, Riau and Sumatera Selatan have the highest vaccine hesitancy among 18-24 year olds of 32.1% and 31.7% respectively while Banten and Bali have the lowest vaccine hesitancy among this age group of 14.8% and 13.3% respectively.

**FIGURE 4: COVID-19 VACCINE HESITANCY AMONG 18-24 YEAR OLD ADULTS**

*Indicates provinces with not enough data for aggregate reporting within this subgroup. Vertical dashed line represents the estimated national average. Vaccine hesitancy estimated using the following survey question: If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? Asked of survey respondents who reported no vaccination. Source: COVID-19 Symptom Survey collected by the University of Maryland in partnership with Facebook, March, 2021.
There is a large disparity in vaccine hesitancy by gender in several provinces, including Sumatera Barat, Kalimantan Tengah, and Kalimantan Barat where gaps in vaccine hesitancy are the largest - gaps of 16.0%, 9.5%, and 8.9% respectively.

**FIGURE 5: COVID-19 VACCINE HESITANCY BY GENDER**
Monthly weighted self-reported vaccine hesitancy in Indonesia from March 2021

*Indicates provinces with not enough data for aggregate reporting within this subgroup. Vertical dashed line represents the estimated national average. Vaccine hesitancy estimated using the following survey question: If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? Asked of survey respondents who reported no vaccination. Source: COVID-19 Symptom Survey collected by the University of Maryland in partnership with Facebook, March, 2021.
Indonesia has the 4th lowest COVID-19 vaccine hesitancy in the Asia Pacific Region at 19.2%.

**FIGURE 6: COVID-19 VACCINE HESITANCY REGIONAL COMPARISON**
Monthly weighted self-reported vaccine hesitancy by country for March 28, 2021

Vaccine hesitancy estimated using the following survey question: If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? Asked of survey respondents who reported no vaccination. Source: COVID-19 Symptom Survey collected by the University of Maryland in partnership with Facebook, March, 2021.
Vaccine-hesitant adults in Indonesia selected concerns about side effects (49.2%), wanting to wait and see (34.9%), and others needing it more (29.1%) as top reasons for hesitancy. Females and younger individuals (18–34 years) were much more likely to select concerns about side effects and wanting to wait and see as reasons for hesitancy than the national average. Younger individuals were also generally more likely to select the majority of reasons, including distrust in government and concerns about cost.

**FIGURE 7: REASONS FOR COVID-19 VACCINE HESITANCY**
Monthly weighted average of reasons for vaccine hesitancy in Indonesia from March 2021

<table>
<thead>
<tr>
<th>Reason</th>
<th>Overall</th>
<th>Female</th>
<th>Male</th>
<th>Urban area</th>
<th>Non-urban area</th>
<th>18-24 yrs</th>
<th>25-34 yrs</th>
<th>35-44 yrs</th>
<th>45-54 yrs</th>
<th>55-64 yrs</th>
<th>65+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerned about side effects</td>
<td>49%</td>
<td>53%</td>
<td>50%</td>
<td>50%</td>
<td>51%</td>
<td>54%</td>
<td>52%</td>
<td>49%</td>
<td>52%</td>
<td>50%</td>
<td>NR</td>
</tr>
<tr>
<td>Wait and see if it’s safe</td>
<td>35%</td>
<td>37%</td>
<td>37%</td>
<td>38%</td>
<td>36%</td>
<td>44%</td>
<td>34%</td>
<td>36%</td>
<td>35%</td>
<td>31%</td>
<td>NR</td>
</tr>
<tr>
<td>Other people need it more</td>
<td>29%</td>
<td>24%</td>
<td>35%</td>
<td>26%</td>
<td>31%</td>
<td>29%</td>
<td>31%</td>
<td>31%</td>
<td>29%</td>
<td>32%</td>
<td>NR</td>
</tr>
<tr>
<td>Don’t know if it will work</td>
<td>26%</td>
<td>23%</td>
<td>29%</td>
<td>27%</td>
<td>26%</td>
<td>31%</td>
<td>26%</td>
<td>28%</td>
<td>23%</td>
<td>13%</td>
<td>NR</td>
</tr>
<tr>
<td>Other reason</td>
<td>22%</td>
<td>24%</td>
<td>19%</td>
<td>22%</td>
<td>22%</td>
<td>21%</td>
<td>22%</td>
<td>19%</td>
<td>23%</td>
<td>14%</td>
<td>NR</td>
</tr>
<tr>
<td>I don’t need it</td>
<td>19%</td>
<td>15%</td>
<td>24%</td>
<td>20%</td>
<td>20%</td>
<td>23%</td>
<td>19%</td>
<td>19%</td>
<td>21%</td>
<td>27%</td>
<td>NR</td>
</tr>
<tr>
<td>I don’t like vaccines</td>
<td>17%</td>
<td>13%</td>
<td>18%</td>
<td>20%</td>
<td>17%</td>
<td>19%</td>
<td>16%</td>
<td>19%</td>
<td>15%</td>
<td>10%</td>
<td>NR</td>
</tr>
<tr>
<td>I don’t trust government</td>
<td>15%</td>
<td>10%</td>
<td>18%</td>
<td>14%</td>
<td>16%</td>
<td>19%</td>
<td>16%</td>
<td>14%</td>
<td>20%</td>
<td>15%</td>
<td>NR</td>
</tr>
<tr>
<td>Concerned about cost</td>
<td>13%</td>
<td>11%</td>
<td>15%</td>
<td>13%</td>
<td>13%</td>
<td>18%</td>
<td>15%</td>
<td>13%</td>
<td>11%</td>
<td>5%</td>
<td>NR</td>
</tr>
<tr>
<td>Against religious beliefs</td>
<td>7%</td>
<td>5%</td>
<td>8%</td>
<td>6%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>8%</td>
<td>5%</td>
<td>4%</td>
<td>NR</td>
</tr>
</tbody>
</table>

Grey tiles indicate not enough data for aggregate reporting. Reason for vaccine hesitancy estimated using the following survey question: Which of the following, if any, are reasons that you likely would choose to get a COVID-19 vaccine? Please select all that apply. Results of survey respondents who indicated that they would probably or definitely not choose to get vaccinated. Source: COVID-19 Symptom Survey collected by the University of Maryland in partnership with Facebook, March, 2021.
Many vaccine-hesitant adults in Indonesia report that they are more likely to consider getting vaccinated if recommended by a trusted source. Overall, 1 in 4 vaccine-hesitant adults report they are more likely to get vaccinated if recommended by their doctor or government health officials. Recommendations from politicians and friends or family are less likely to encourage vaccine-hesitant Indonesians to receive a vaccine.

**FIGURE 8: SOURCE OF TRUSTED COVID-19 INFORMATION BY DEMOGRAPHIC**

Monthly weighted percent of vaccine hesitant individuals in Indonesia who are more likely to get vaccinated if recommended by a trusted source for March 2021

<table>
<thead>
<tr>
<th></th>
<th>Government health officials</th>
<th>Doctors</th>
<th>World Health Organization (WHO)</th>
<th>Friends &amp; family</th>
<th>Politicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>40%</td>
<td>39%</td>
<td>33%</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>Female</td>
<td>39%</td>
<td>41%</td>
<td>35%</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>Male</td>
<td>41%</td>
<td>38%</td>
<td>32%</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>Urban area</td>
<td>41%</td>
<td>41%</td>
<td>35%</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td>Non-urban area</td>
<td>39%</td>
<td>38%</td>
<td>33%</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>18-24 yrs</td>
<td>34%</td>
<td>39%</td>
<td>37%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>36%</td>
<td>36%</td>
<td>32%</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>38%</td>
<td>37%</td>
<td>31%</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>48%</td>
<td>43%</td>
<td>34%</td>
<td>30%</td>
<td>21%</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>50%</td>
<td>46%</td>
<td>37%</td>
<td>33%</td>
<td>23%</td>
</tr>
<tr>
<td>65+ yrs</td>
<td>47%</td>
<td>52%</td>
<td>32%</td>
<td>31%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Estimated using the following survey question: Would you be more likely or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following sources? Asked of survey respondents who indicated that they would probably or definitely not choose to get vaccinated.

Source: COVID-19 Symptom Survey collected by the University of Maryland in partnership with Facebook, March, 2021.
Risk Behaviors

In March, 86% of surveyed Indonesians reported wearing a mask all or most of the time when in public. Mask wearing is highest in Bali (92%) and lowest in Aceh (72%).

FIGURE 9A: SELF-REPORTED MASK WEARING BY PROVINCE
Monthly weighted average percentage of respondents in Indonesia who report wearing a mask all or most of the time in public for March 2021
Overall, those reporting wearing masks did not change in between February and March but fell in some provinces and rose in others.

**FIGURE 9B: MASK WEARING CHANGES OVER LAST MONTH BY PROVINCE**

Monthly weighted percentage of individuals who reported wearing a mask all or most of the time when in public in Indonesia from February 2021 to March 2021.
In March, 38% of surveyed Indonesians reported having direct contact with someone outside of their household. Direct contact with others is highest in Aceh (44%) and lowest in Bangka Belitung (30%).

**FIGURE 10A: SELF-REPORTED DIRECT CONTACT BY PROVINCE**
Monthly weighted average percentage of respondents in Indonesia who report having direct contact with someone outside their household in March 2021
In March, more Indonesians reported having direct contact compared to February, rising modestly, though statistically significantly, from 36% to 38%. Direct contact increased by 7% points or more in Nusa Tenggara Barat, Kepulauan Riau, and Sulawesi Selatan.

**FIGURE 10B: DIRECT CONTACT CHANGES OVER LAST MONTH BY PROVINCE**
Monthly changes in weighted percentage of respondents in Indonesia who report having direct contact with someone outside their household from February 2021 to March 2021.

**Other Available Data**

The survey can also provide similar regional and demographic trends for other key topics, including barriers to COVID-19 testing and symptoms as a leading indicator of future cases.
About The Survey

Facebook’s Data for Good program is collaborating with the University of Maryland (UMD) to invite Facebook users daily to participate in off-platform surveys that gather insights about symptoms, testing, mask-wearing, social distancing, mental health, vaccination uptake and acceptance and more. Over 50 million responses from more than 200 countries and territories have been collected, and the data can be broken down by self-reported demographic information like gender, age and profession as well as by hyperlocal geographic regions. These surveys are conducted by UMD and were designed with privacy in mind. Facebook does not receive, collect or store individual survey responses nor does UMD learn who took the surveys.

Access the Data

We encourage people to access the data directly here:

- Survey questionnaire
- Data visualizations
  - Facebook Global COVID-19 Map & Dashboard
  - University of Maryland Global Dashboard
  - Publicly available aggregated survey data (UMD)
- Request to access non-aggregated data for research purposes for the COVID-19 Symptom Survey or Preventive Health Survey

Methodology

Facebook and its academic partners use privacy-preserving weighting processes to minimize errors of representation, including random sampling, non-response errors, and coverage when calculating estimates from survey responses. Through these approaches, weighted estimates can then be taken to be representative of adults in the general population. For more information see the weights and methodology brief.