



## RESEARCH ARTICLE

### PEOPLE'S AWARENESS, FEAR, AND BELIEF IN THE VIETNAMESE GOVERNMENT CAPACITY TO COPE WITH THE COVID-19 PANDEMIC - A SURVEY OF VIETNAMESE ADULTS

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#### ABSTRACT

The fourth wave of the COVID-19 epidemic erupted in many localities across Vietnam, resulting in a surge in infections, hospitalizations, and deaths, making the government's response efforts appear ineffective. It has overshadowed the Vietnamese government's previous accomplishments and reduced public trust in its capacity to cope with the COVID-19 pandemic. This fact has received special attention from many scientists. Therefore, this study investigates the factors influencing Vietnamese mature people's beliefs about the government's success in controlling the COVID-19 pandemic to supplement the evidence of previous studies, enrich the literature review, and make policy recommendations to the Government of Vietnam. This study was conducted through a cross-sectional survey using an intentional sampling technique (n=200). Multivariate linear regression analysis techniques and moderator regression were applied to prove the proposed hypotheses. Its research findings have indicated that the factors of anxiety, fear, and awareness have a positive and significant impact on adult Vietnamese's belief in the Vietnamese government's capacity to control the COVID-19 pandemic at various levels. Their understanding of COVID-19, in particular, moderates the relationship between anxiety and fear.

#### INTRODUCTION

The COVID-19 pandemic is a global disaster that causes a slew of systemic risks and exacerbates health, economic and political crises, especially in developing countries (Giordani, Giolo, Zaroni Da Silva, & Muhl, 2021; Varga *et al.*, 2021). In the current global setting, no pandemic has had such a profound impact on all aspects of socio-economic life in countries like COVID-19 (Le, Vodden, Wu, & Atiwesh, 2021), causing the health, social and economic problems the worst (Nicola *et al.*, 2020). It is among the hugest challenges globally (WTO, 2020). The COVID-19 pandemic takes its toll on everyone's well-being by potentially triggering a full-blown mental health crisis (Fiorillo & Gorwood, 2020) and limits optimism towards life goals (Roh *et al.*, 2020; Siegrist & Wege, 2020; Zhuo, 2020). It poses a worldwide threat, and the governments must concentrate on such their four key strategies as understanding people, engaging them as part of the solution, allowing them to enjoy their lives, and minimizing risks when acknowledging and resolving their problems (WHO, 2020). Like other developing countries, Vietnam has faced a high risk of COVID-19 transmission during the pandemic (Ha, Ngoc Quang, Mirzoev, Tai, Thai, & Dinh, 2020).

With lessons acquired from the SARS and H1N1 pandemic outbreaks of 2003 and 2009, its government has put sustainable response measures in the early days of the COVID-19 pandemic, exhibiting strong capability and swift decision-making to control the whole COVID-19 outbreak (Nam, Do Le, & Huy, 2021). It has launched numerous effective public health interventions, including testing and contact tracing, mandatory quarantines, and lockdowns in response to the COVID-19 Pandemic. (Quach, Nguyen, Hoang, Pham, Tran, Le, Do, Vien, Phan, Ngu, Tran, Phung, Tran, Dang, Dang, & Vogt, 2021). During the first three phases of the outbreak, strict containment efforts in Vietnam considerably slowed the spread of the disease in the country. This is achieved by implementing emergency control measures in the epidemic areas and combining resources from such sectors as health, mass media, transportation, education, public services, and defense (Ha, Ngoc Quang, Mirzoev, Tai, Thai, & Dinh, 2020; Nguyen, Van Nguyen, Nguyen, Van Nguyen, & Nguyen, 2020). It is one of the few countries that has been able to control the outbreak with rapid and drastic measures. This result is due to a harmonious combination of numerous elements, the most important of which is its political system. (Le, Vodden, Wu, & Atiwesh, 2021). Many foreign experts have been interested in Vietnam's COVID-19 measures and policies (Le, Vodden, Wu, & Atiwesh, 2021). Vietnamese people have continued to follow COVID-19 preventative measures after the epidemic was effectively controlled and measures were lifted, and the majority of them scored high on

the happiness scale (Hoang, Colebunders, Fodjo, Nguyen, Tran, & Vo, 2021). However, as the fourth wave of COVID-19 occurred in April 2021, the Vietnamese government appeared to have retreated towards previous effective practices while policy consistency deteriorated. Existing public health measures are effective, but they are insufficient to manage the current COVID-19 outbreak caused by the Delta strain in Vietnam (The Phuong Nguyen, Zoie SY Wong, Lin Wang, Truc Thai Thanh, Huy Van Nguyen, & Stuart Gilmour, 2021). Vietnamese people are tired of the pandemic and the insufficient supply of vaccines (Hoang, Colebunders, Fodjo, Nguyen, Tran, & Vo, 2021). They are awaiting the completion of a large-scale project. COVID-19 immunization rate and other COVID-19 preventative tactics are getting promoted to protect their survival (The Phuong Nguyen, Zoie SY Wong, Lin Wang, Truc Thai Thanh, Huy Van Nguyen, & Stuart Gilmour, 2021). According to many studies, they have been waiting for large-scale COVID-19 immunizations, crucial COVID-19 prevention measures, and strategies to ensure their lives (The Phuong Nguyen, Zoie SY Wong, Lin Wang, Truc Thai Thanh, Huy Van Nguyen, & Stuart Gilmour, 2021). Due to a lack of resources and a limited ability to utilize technology, many developing countries, including Vietnam, have encountered numerous challenges in combating the pandemic (Tran, Le, Nguyen, & Hoang, 2020). However, the impact of these public health efforts on the epidemic is still unknown (Quach, Nguyen, Hoang, Pham, Tran, Le, Do, Vien, Phan, Ngu, Tran, Phung, Tran, Dang, Dang, & Vogt, 2021). Vietnamese people have been going through the most challenging situations in the COVID-19 pandemic because of the increasing number of infections and deaths caused by COVID-19. Their anxiety about the effects of the COVID-19 pandemic, as well as their belief in the government's COVID-19 response policy, must be investigated. As a result, the purpose of this study is to investigate the relationship between Vietnamese adults' level of understanding and their anxiety about COVID-19 and their beliefs about the policies proposed by the government in the new period.

## LITERATURE REVIEWS

**Awareness of COVID-19 Pandemic:** COVID-19 public awareness is critical for managing the virus's transmission and treating people who have been affected (Alrefaei *et al.*, 2022; Arpacı, Seong, & Karataş, 2021), as well as adopting good COVID-19 prevention (Kundu, Banna, Sayeed *et al.*, 2021, Prapaso *et al.*, 2021), decreasing disease spread, and lowering disease incidence (Ssebuufu, Sikakulya, Binezero, Wasingya, Nganza, Ibrahim, & Kyamanywa, 2020). People's awareness and optimism create a favorable association with good practice in protecting their bodies against COVID-19 (Puspitasari, Yusuf, Sinuraya, Abdulah, Koyama, 2021), and are essential in generating the best possible health care plans (Low, Lee, Lai *et al.*, 2021). Conversely, their lack of information and erroneous attitudes will thwart COVID-19 pandemic prevention strategies and policies (Gebretsadik, Gebremichael, & Belete, 2021; Qalati, Ostic, Fan, Dakhan, Vela, Zufar, Sohu, Mei, & Thuy, 2021). Studies have also found considerable variances in awareness of the Covid-19 epidemic based on demographic characteristics (Jaber, Mafrachi, Al-Ani, & Shkara, 2021). When people believe the government, they are less aware of the dangers of Covid-19, and when they trust scientists, they are more knowledgeable (Toshkov *et al.*, 2020). As a result, future belief and policy research will focus on understanding trust, how it enables and inhibits policy responses, and the

potential implications of these responses on trust (Devine, Gaskell, Jennings, & Stoker, 2021; Devine, Gaskell, Jennings, & Stoker, 2021; Devine, Gaskell, Jennings, & Stoker, 2021). The Covid -19 epidemic has been altering people's perceptions of the future (Müller-Mahn & Kioko, 2021).

**Anxiety about COVID-19:** Anxiety refers to a psychological process of having repeated negative thoughts and is associated with depression and many anxiety-related other disorders (Davey & Wells, 2008; Meyer, Miller, Metzger, & Borkovec, 1990). It entails encountering more unpleasant life situations and struggling to deal with them (Cheung *et al.*, 2008). Regarding the association between anxiety and the pandemic, Wheaton, Abramowitz, Berman, Fabricant, & Olatunji (2012) believed that there is a link between them (Wheaton, Abramowitz, Berman, Fabricant, & Olatunji, 2012). The prevalence of anxiety in the community was perhaps three times higher during the Covid-19 Pandemic than during other pandemics. (Santabárbara, Lasheras, Lipnicki, Bueno-Notivol, Pérez-Moreno, López-Antón, De la Cámara, Lobo, & Gracia-García, 2021). According to Santabárbara, Lasheras, Lipnicki, Bueno-Notivol, Pérez-Moreno, López-Antón, De la Cámara, Lobo, & Gracia-García (2021), genders, ages, marital status, financial situations, education levels, and knowledge about Covid-19 are all different demographic characteristics of Covid-19 fear. Specifically, women are at a younger age, those who are married, those who have been quarantined, those who have been unemployed, those who are in financial difficulty, those with low education, those with a lack of knowledge about COVID-19, and those at risk for underlying health issues have high anxiety scores during the Covid-19 pandemic. (Santabárbara, Lasheras, Lipnicki, Bueno-Notivol, Pérez-Moreno, López-Antón, De la Cámara, Lobo, & Gracia-García, 2021; Ditzen, Neumann, Bodenmann, von Dawans, Turner, Ehlert, & Heinrichs, 2007; Webster, Brooks, Smith, Woodland, Wessely, & Rubin, 2020). On the causes of anxiety during the Covid-19 pandemic, people who lack physical contact have detrimental health and social effects (Ditzen, Neumann, Bodenmann, von Dawans, Turner, Ehlert, & Heinrichs, 2007; Webster, Brooks, Smith, Woodland, Wessely, & Rubin, 2020). Loneliness, anxiety, and depression are likely to increase as a result of the Covid-19 outbreak, according to reports (Webster, Brooks, Smith, Woodland, Wessely, & Rubin, 2020; Mazza, Ricci, Biondi, Colasanti, Ferracuti, Napoli, & Roma, 2020; Salkovskis & Warwick, 2001; Vlaeyen & Linton, 2000).

**Fear of the COVID-19:** Fear is a consciously subjective feeling (LeDoux, 2014), an adaptive emotion that mobilizes energy in reaction to a potential threat, and an adaptive response to risk (Mertens, Gerritsen, Duijndam, Salemink, & Engelhard, 2020). It, on the other hand, can be misbehaved if it is not well calibrated to the actual danger (Mertens, Gerritsen, Duijndam, Salemink, & Engelhard, 2020). If people see a more dire personal threat, they become more anxious and fearful (Salkovskis & Warwick, 2001; Vlaeyen & Linton, 2000). It triggers safety behaviors that can alleviate specific hazards (Deacon & Maack, 2008; Engelhard, van Uijen, van Seters, & Velu, 2015; Olatunji, Etzel, Tomarken, Ciesielski, & Deacon, 2011), involves concerns, and fluctuates idiosyncratically over time (Walz, Nauta, & aan het Rot, 2014). It is associated with several psychological, societal, and hereditary aspects (Coelho & Purkis, 2009; Taylor *et al.*, 2020). It is a reliable predictor of behavioral changes and health-promoting behaviors

(Green, & Witte, 2006; Tannenbaum, Hepler, Zimmerman, Saul, Jacobs, Wilson, & Albarracín, 2015). The Covid-19 pandemic causes fear and behavioral changes in the face of perceived threats (Prasetyo, Castillo, Salonga, Sia, & Seneta, 2020; Boyraz & Legros, 2020), and triggers symptoms of depression, anxiety, sleep disturbances, and hallucinations. (Silva, Pimentel, & Mercés, 2020). Fear can become chronic and burdensome when the threat is unknown and prolonged, as it is in the current COVID-19 pandemic. (Mertens, Gerritsen, Duijndam, Saleminck, & Engelhard, 2020). Fear levels have been reported to rise when people feel threatened. (Cauberghe, De Pelsmacker, Janssens, & Dens, 2009). A higher level of media exposure is related to a higher level of dread (Van den Bulck & Custers, 2009). Fears of a Covid-19 pandemic extend across geographic regions, gender, marital status, and educational attainment, all of which contribute to knowledge disparities in some areas. (Ali, Uddin, Banik *et al.*, 2021).

**Trust in government regarding COVID-19 control:** Citizens' trust is crucial for the government to handle the current crisis (Devine, Gaskell, Jennings, & Stoker, 2021). Whether citizens express their trust or distrust is primarily a reflection of their political lives, not their personalities or even social characteristics (Levi & Stoker, 2000). Such belief is related to the later application of restrictive policies (Toshkov *et al.*, 2020). The successful implementation of the government's policies and measures to control the pandemic caused by COVID-19 requires public trust and compliance (Han *et al.*, 2021). Lack of credibility reduces the government's ability to pursue redistributive policies (Hetherington, 2005; Intawan & Nicholson, 2018). Citizens' trust in various nations is related to policy preferences and other political behaviors (Hooghe & Dassonneville, 2018; Jacobs & Matthews, 2012; Macdonald, 2020; Hetherington & Husser, 2012; Hetherington & Rudolph, 2008). In many countries, the belief in government increased after the pandemic broke out (Jennings, 2020; Mueller, 1970). Such greater trust in government leads to greater compliance with health policies (Van Bavel *et al.*, 2020), and increases the likelihood of legal compliance (Marien & Hooghe, 2011), rates of high compliance, and low mortality (Han *et al.*, 2020; Olsen & Hjorth, 2020; Oksanen *et al.*, 2020). A high level of trust in government predicts better crisis management when there are relatively low Covid-19 cases and deaths (Apeti, Ablam Estel, 2021). There is a remarkable level of awareness regarding the COVID-19 epidemic and belief in authorities (Kanellopoulou, Koskeridis, Markozannes, *et al.*, 2021). There is a correlation between intense understanding and a deep understanding of COVID-19 (Teo, Chee, Koh, *et al.*, 2021). The authors have developed a research model based on the literature review, as illustrated in Figure 1 below:

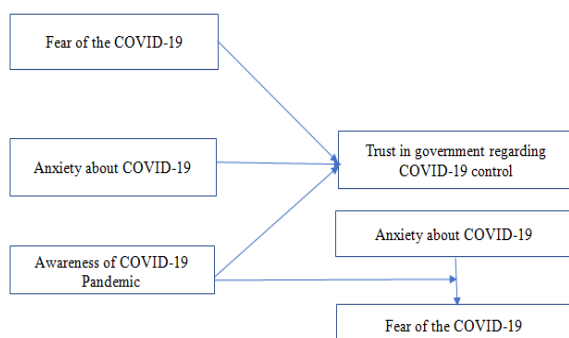


Figure 1. The Research Model

## HYPOTHESES

The following theories have been made based on the above research documents:

**H1.** The public's awareness of COVID-19 has a positive and significant association with the trust in the government's COVID-19 pandemic control.

**H2.** The public's anxiety about COVID-19 has a positive and significant association with the trust in the government's COVID-19 pandemic control.

**H3.** The public's fear about COVID-19 has a positive and significant association with the trust in the government's COVID-19 pandemic control.

**H4.** The public's knowledge about COVID-19 moderates the relationship between their anxiety and fear

## RESEARCH METHOD

**Surveyed Area:** The survey was done in Hanoi and Ho Chi Minh City, Binh Duong, and Bac Giang provinces in September 2021. These localities had the highest frequency of COVID-19 infections and deaths in Vietnam up to that time. The survey participants were adults.

**Research Samples and Methods:** To conduct this study, the authors conducted a preliminary and formalized survey to collect the participants' opinions.

**Preliminary investigation:** The research team uses a qualitative method by in-depth interviews with educational researchers and psychologists to adjust the research scale and to better the questionnaire in such a way to suit the characteristics of the survey area. Based on the results from the literature review and the researchers' comments, the questionnaire is designed with 2 parts, in which part 1 collects the participants' demographics such as ages, genders, education level and occupation, and part 2 gathers the people's awareness, anxiety, and fear about COVID-19, and belief in the government's COVID-19 Pandemic control. Specifically, the enhanced Pandemic Awareness Scale (PAS) by (Arpaci, Seong, & Karataş, 2021) comprises 9 items for gathering their awareness about COVID-19. The improved Coronavirus Pandemic Anxiety Scale (CPAS-11) developed by (Bernardo, Mendoza, Simon, Cunanan, Dizon, Tarroja, Ma Balajadia-Alcala, & Saplala, 2020) comprises 11 items for collecting their anxiety. The improved scale made by (Ahorsu, Lin, Imani, Saffari, Griffiths, & Pakpour, 2020) comprises ten items used for collecting information regarding their fear of COVID-19. The improved scale designed by (Devine, Gaskell, Jennings, & Stoker, 2021) comprises five items for gathering information on belief in the government's COVID-19 Pandemic control.

Two professional translators translated the English questionnaire was translated into Vietnamese. The translation was carried out under specific rules to adapt to various Vietnamese cultures. After extensive discussion and a final agreement, a single Vietnamese version was generated. A bilingual professional education expert contributed his ideas to this version to generate a final one. Then, it was pre-tested on 40 participants selected to be demographically representative of ages, genders, education levels, and occupations.

Table 1. Demographic characteristics of survey participants

		Occupation									
		Bureaucrat		Business		Farmer		Teacher		Worker	
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
Gender	female	16	15.0%	22	20.6%	17	15.9%	42	39.3%	10	9.3%
	male	14	15.1%	11	11.8%	16	17.2%	42	45.2%	10	10.8%
Age	25-30 years	5	11.1%	8	17.8%	6	13.3%	24	53.3%	2	4.4%
	31-35 years	5	20.0%	5	20.0%	2	8.0%	11	44.0%	2	8.0%
	36-40 years	5	17.2%	5	17.2%	3	10.3%	12	41.4%	4	13.8%
	41-45 years	3	9.1%	1	3.0%	11	33.3%	14	42.4%	4	12.1%
	46-50 years	4	16.7%	5	20.8%	2	8.3%	9	37.5%	4	16.7%
Education	above 50 years	8	18.2%	9	20.5%	9	20.5%	14	31.8%	4	9.1%
	BA	10	23.3%	6	14.0%	7	16.3%	13	30.2%	7	16.3%
	MA	11	20.0%	9	16.4%	1	1.8%	34	61.8%	0	0.0%
	PhD	7	12.5%	12	21.4%	0	0.0%	33	58.9%	4	7.1%
	Secondary	2	4.3%	6	13.0%	25	54.3%	4	8.7%	9	19.6%

Table 2. Summary of Reliability and Relative Minimum Variables of Scales

Scales	Number of variables observed	Reliability coefficients (Cronbach Alpha)	The correlation coefficient of the smallest total variable
The public's awareness of COVID-19 (PAS)	9	0.903	0.621
The public's fear about COVID-19 (Fear)	10	0.902	0.587
The public's anxiety about COVID-19 (CPAS)	11	0.909	0.621
The public's trust in the government's COVID-19 pandemic control (Trust)	5	0.708	0.513

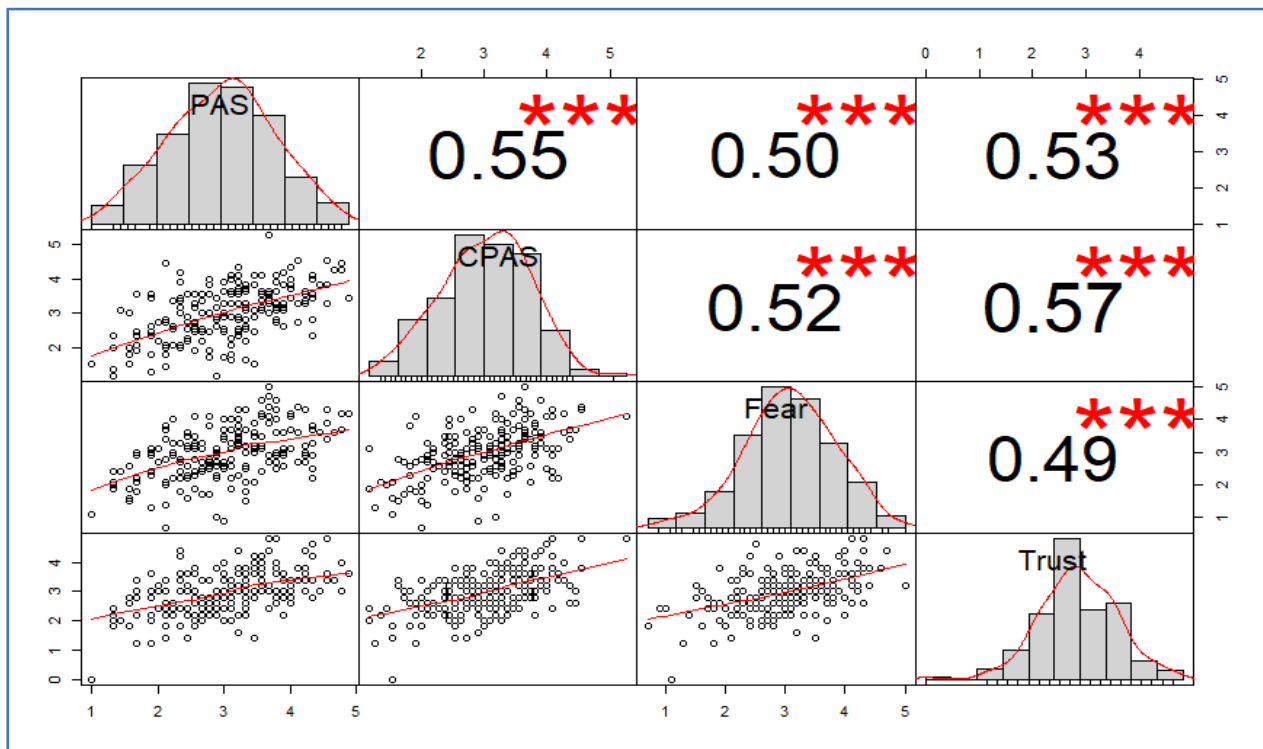


Figure 2. Pearson correlation analysis results

During the assessment period, they were instructed to complete this final version. Following that, minor tweaks were made to perfect the questions and make them easier to understand. Finally, it was used for the formalized survey.

**Official investigation:** Participating in the study is a selection of adults living in Hochiminh city, Binh Duong, and Bac Ninh provinces.

The questionnaire was directly sent to them by the non-random sampling method. As a result, 200 votes are satisfactory, achieving a response rate of 100%. Table 1 below shows their demographic statistics.

## RESEARCH RESULTS

The R Programming language is used to analyze the reliability of the scales and the exploratory factors. Its results suggest removing and merging some observed variables, helping the scale evaluate concepts more accurately.

**Analyzing the Reliability of the Scales:** Testing the scales by using Cronbach's Alpha reliability coefficient aims to identify and remove junk variables to avoid creating misleading factors when analyzing exploratory factors. Cronbach's Alpha coefficient has a range of values between 0 and 1 [0,1].

Table 3. Exploratory factor analysis

```

Call: principal (factors = 4, rotate = "varimax")
Standardised loadings (pattern matrix) based upon correlation matrix
item  RC1  RC2  RC3  RC4  h2  u2 com
CPAS2  21  0.73          0.62  0.38  1.3
CPAS3  22  0.72          0.59  0.41  1.3
CPAS5  24  0.71          0.60  0.40  1.4
CPAS9  28  0.67          0.52  0.48  1.3
CPAS7  26  0.67          0.55  0.45  1.5
CPAS8  27  0.65          0.51  0.49  1.4
CPAS10 29  0.63          0.51  0.49  1.7
CPAS6  25  0.63          0.49  0.51  1.5
CPAS11 30  0.63          0.51  0.49  1.6
CPAS4  23  0.61          0.55  0.45  1.8
CPAS1  20  0.61          0.49  0.51  1.6
Fear3  12          0.73          0.56  0.44  1.1
Fear2  11          0.72          0.57  0.43  1.2
Fear5  14          0.71          0.57  0.43  1.3
Fear10 19          0.69          0.58  0.42  1.5
Fear1  10          0.69          0.58  0.47  1.2
Fear9  18          0.66          0.51  0.49  1.4
Fear4  13          0.66          0.58  0.42  1.7
Fear7  16          0.66          0.58  0.42  1.7
Fear6  15          0.65          0.52  0.48  1.4
Fear8  17          0.65          0.48  0.52  1.3
PAS2   2          0.73          0.61  0.39  1.3
PAS9   9          0.72          0.60  0.40  1.3
PAS8   8          0.71          0.57  0.43  1.3
PAS1   1          0.69          0.60  0.40  1.6
PAS6   6          0.69          0.58  0.42  1.5
PAS4   4          0.68          0.56  0.44  1.4
PAS7   7          0.68          0.58  0.42  1.5
PAS5   5          0.68          0.53  0.47  1.3
PAS3   3          0.66          0.51  0.49  1.4
Trust2 32          0.70          0.59  0.41  1.4
Trust3 33          0.64          0.52  0.48  1.5
Trust5 35          0.64          0.51  0.49  1.5
Trust1 31          0.63          0.55  0.45  1.8
Trust4 34          0.61          0.52  0.48  1.8
SS loadings 5.71 5.42 5.25 2.87
Proportion Var 0.16 0.15 0.15 0.08
Cumulative Var 0.16 0.32 0.47 0.55
Proportion Explained 0.30 0.28 0.27 0.15
Cumulative Proportion 0.30 0.58 0.85 1.00
    
```

	Dependent variable:	
	Trust (model1)	Fear (model2)
Fear	0.192*** (0.063)	
PAS	0.225*** (0.063)	
CPAS	0.316*** (0.068)	
XCPAS		0.866*** (0.026)
MFear		0.047* (0.027)
MPAS:XCPAS	-0.049*	(0.026)
Constant	0.763*** (0.193)	3.021*** (0.021)
Observations	200	200
R2	0.414	0.890
Adjusted R2	0.405	0.889
Residual Std. Error (df = 196)	0.577	0.273
F Statistic (df = 3; 196)	46.169***	530.330***

Note: \*p<0.1; \*\*p<0.05; \*\*\*p<0.01

A measurement variable meets the requirements if it has a Corrected Item - Total Correlation  $\geq 0.3$  (Cronbach, 1951; Taber, 2018). The verification criterion is that the Cronbach's Alpha coefficient must be greater than 0.6, and the correlation coefficient of the sum variable in each scale must be greater than 0.3 (Hair, Black, Babin, & Anderson, 2010). Table 2 reveals that the scales of the factors are all standard. All of them, therefore, are reliable and used for the subsequent analysis. After testing Cronbach's Alpha, exploratory factor analysis (EFA) is used to preliminarily evaluate the unidirectional, convergent, and discriminant value of the scales. It is used by extracting the Principal Components Analysis factor and Varimax rotation to group the other factors. With a sample size of 200, the factor loading of the observed variables must be greater than 0.5; variables converge on the same factor and are distinguished from other factors. In addition, the Kaiser-Meyer-Olkin coefficient (KMO) is an index used to consider the suitability of factor analysis and must be in the range of  $0.5 \leq KMO \leq 1$  (Cerny &

Kaiser, 1977; Kaiser, 1974; Snedeker, George, Cochran & William, 1989). The analysis results in Table 3 indicate that all factor loading coefficients of the observed variables are higher than 0.5; Bartlett is tested with Sig. = 0.000 and KMO = 0.932. All 35 items using EFA are extracted into 4 factors with Eigenvalues higher than 1 and Cumulative variance percent = 54.760%. As such, a research model with four independent and two dependent variables is utilized for multivariable linear and detailed regression analyses to evaluate the presented hypothesis.

**Pearson correlation analysis:** Pearson correlation analysis is a tool for analyzing the correlation between quantitative variables. As shown in Figure 2, with a significance of 95%, the correlation coefficient indicates that the relationship between the dependent and the independent variables is statistically significant (Sig. < 0.05). The magnitude of the correlation coefficients ensures that the variables are utilized to analyze the multiple linear regression model and the control variable regression in the next step.

**Linear regression analysis and Moderation regression:** The Multivariable linear regression is analyzed based on the relationship between three independent variables Fear, PAS, CPAS, and one dependent one Trust (model1), and Moderation regression Analysis to determine the PAS variable that moderates the relationship between XCPAS and Fear (model 2). Table 4 has shown model1 with R2 = 0.414 and model2 with R2 = 0.890. These results have indicated that the linear regression model was built to fit the data set model1 = 0.414 % and model2 = 0.890%, respectively, which means that all three independent variables have a significant impact on the dependent one and is of statistical significance. Moderation regression Analysis (model2) shows that the PAS variable is a moderation variable that adjusts the relationship between the XCPAS variable and the MFearvariable in the opposite direction. The impact of XCPAS variable and MFearvariable depends on the decrease or increase of PAS variable. Table 4 has demonstrated that, with 95% confidence, the hypotheses proposed by the research team are accepted. Specifically, model1 has shown that the CPAS has the highest effect on the Trust with  $\beta = 0.316$ , followed by the PAS with  $\beta = 0.225$ , and finally the Fear with  $\beta = 0.192$ . Model 2 has indicated that the MPAS moderates the relationship between the XCPAS and Fear with  $\beta = -0.049$ , which means that the MPAS regulates the inverse relationship between the XCPAS and Fear. To put it another way, as the MPAS increases or decreases, the relationship between the XCPAS and the Fear declines or rises.

## DISCUSSION AND CONCLUSION

Firstly, the research findings have revealed that hypothesis H1 is acceptable. This suggests that the people's awareness of COVID-19 has a positive and significant relationship with the belief in the government's COVID-19 pandemic. It is similar to the finding of (Puspitasari, Yusuf, Sinuraya, Abdulah, Koyama, 2021; Low, Lee, Lai *et al.*, 2021; Gebretsadik, Gebremichael, & Belete, 2021; Qalati, Ostic, Fan, Dakhan, Vela, Zufar, Sohu, Mei, & Thuy, 2021). This study demonstrates that despite the stringent measures taken, their awareness of the infectious virus remains the most crucial factor in preventing the spread of the disease (Alahdal, Basingab, & Alotaibi, 2020). They need adequate and appropriate knowledge to collaborate with the government in effectively dealing with COVID-19 (Adhikari *et al.*, 2020;

Hamer *et al.*, 2021). Secondly, the research findings have indicated that hypothesis H2 is plausible. It means that the people's anxiety about COVID-19 has a positive and significant relationship with the belief in the government's COVID-19 pandemic control. It is similar to that by Wolf *et al.* (2021) that many adults suffer from anxiety-inducing diseases and trust in the government (Wolf *et al.*, 2021; Lee, Kang, & You, 2021), depression, anxiety, sleep disorders, and belief in government solutions to fight the epidemic (Silva, Pimentel, & Mercedes, 2020). Thirdly, the research findings have shown that hypothesis H3 is viable. This states that the people's fear of COVID-19 has a positive and significant relationship with the belief in the government's COVID-19 pandemic control. It is similar to that by Orellana & Orellana (2020), Ornell *et al.*, (2020), Rodríguez-Rey *et al.*, (2020), Figner & Weber, 2011; Rosen, Tsai, & Downs, 2003; Bansback, Harrison, Sadatsafavi, Stiggelbout, & Whitehurst, 2016; Sunde & Dohmen, 2016). This study has also proven that the Covid-19 epidemic induces fear and behavioral changes in the face of perceived threats and a loss of faith in the government (Prasetyo, Castillo, Salonga, Sia, & Seneta, 2020; Boyraz & Legros, 2020). It has also demonstrated that in the face of an unknown and persistent threat, like the current COVID-19 outbreak, dread may become chronic and burdensome if people have lost faith in the government (Mertens, Gerritsen, Duijndam, Saleminck, & Engelhard, 2020). Fourthly, the research findings have suggested that hypothesis H4 is reasonable. That means that the people's awareness of COVID-19 moderates the relationship between their COVID-19 anxiety and their COVID-19 fear. They prove that their awareness of COVID-19 is critical in coping with pandemics like COVID-19 in Vietnam.

In addition, they support the view that anxiety and fear are intimately connected and dependent on the influencing environment and cognitively regulated in various ones (Craig, Brown, & Baum, 1995; Steimer, 2002; Byrne, 2000; Suinn, 1969). Fear and anxiety have consistently been found to be positively connected in studies of these constructs (Jon & Janice, 1978). Studies examining fear and anxiety have consistently shown that these structures are positively related to each other. These findings imply that the government is the main body in charge of disease control; As a result, people's expectations about the government's intentions and capabilities will impact their flexibility and behavior. The effectiveness of the measures introduced by the government determines the majority of the people's awareness and attitudes (Odeyemi, Eytayo, Ogunfolaji, Williams, Akande, & Akinola, 2021), but it cannot entirely prevent it from reaching epidemic proportions and spreading a large part of the population (Ssebuufu, Sikakulya, Binezzero, Wasingya, Nganza, Ibrahim, & Kyamanywa, 2020). The government needs to raise their awareness about COVID-19 by providing simple, clear, and understandable messages to reinforce their understanding, especially concerning the effectiveness of COVID-19 prevention measures (Siddiquea, Shetty, & Bhattacharya *et al.*, 2021). Their insights regarding the prevention and control of COVID-19 can utilize as a reference in planning future health education programs about the disease (Farah, Nour, Obsiye, Aden, Ali, Hussein, Budul, Omer, Getnet, 2021). The Vietnamese government should consider rallying individuals with a comparable degree of knowledge and comprehension across the nation affecting their attitudes and practices to prevent the spread of COVID-19 (Ssebuufu, Sikakulya, Binezzero, Wasingya, Nganza, Ibrahim, & Kyamanywa, 2020).

The Government of Vietnam must continue to promote public health awareness and education across all platforms and expand awareness campaigns and dispel misconceptions on non-medical ones, which are the people's primary source of information. (Lutfi, AlMansour, AlMarzouqi, Hassan, Salman, Hamad, Farghaly, & AlAjmani, 2021). Communication between health authorities and the public should be encouraged regularly (Shaikhain *et al.*, 2021). It is necessary to mobilize people with an equivalent level of awareness and understanding throughout the country to influence attitudes and practices to prevent the spread of COVID-19. (Ssebuufu, Sikakulya, Binezzero, Wasingya, Nganza, Ibrahim, & Kyamanywa, 2020). While everyone in society is involved in pandemic preparedness and response, the government plays a vital role in overall coordination and communication. The government is also responsible for connecting capacities from many sectors of the economy and society. A slow/absent government can have disastrous consequences in dealing with the COVID-19 Pandemic.

## LIMITATIONS

Like other experimental studies, this study has also some limitations that should be considered when discussing its research findings. First and foremost, our survey approach reflects the respondents' subjective perception towards the questions investigated. Subjective data has some inherent disadvantages that are hard to avoid like in any survey (Pakpour, Gellert, Asefzadeh, Updegraff, Molloy, & Snichotta, 2016). In other words, our data are collected over a single period of time so that there are certain limitations in the analysis and evaluation of its findings (Xin & Zhanyou, 2019). In the future, a combination of cross-sectional and long-term studies should be considered. The intentional sampling method also has certain limitations and not fully reflected the population's characteristics (Lin *et al.*, 2016; Strong *et al.*, 2018). ). Our survey was conducted in a Vietnamese cultural context and more general statements should, consequently, be put forward by applying more development research models and results from other countries and cultures (Sun *et al.*, 2012). This study has yet to examine demographic variables. Further research needs to consider demographic factors such as ages, genders, and occupations to have more comprehensive information on awareness and psychological variables of Vietnamese adults regarding the COVID-19 pandemic as other studies have done in other countries (Sarria-Guzmán, Fusaro, Bernal, Mosso-González, González-Jiménez, & Serrano-Silva, 2021; Ssebuufu, Sikakulya, Binezzero, Wasingya, Nganza, Ibrahim, & Kyamanywa, 2020; Sazali *et al.*, 2021; Huynh, Nguyen, Tran, Vo, Vo, & Pham, 2020; Noreen, Baig, Jawed, Rehman, & Baig, 2021; Huang & Zhao, 2020; Sandín *et al.*, 2020; Honarvar, Lankarani, Kharmandar *et al.*, 2020). Subsequent research also should examine the Vietnamese adults' attitudes towards risk as crucial for predicting how people make health decisions (Bansback, 2016). Attitudes towards risk influence decisions made under conditions of uncertainty (Weber, Blais, & Betz, 2002), and strongly depend on the specific context (Weber, Blais, & Betz, 2002).

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