Completeness Basic Infants Immunization To Achieve Universal Child Immunization At The Public Health Center Semparuk Sambas West Kalimantan In 2021
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Abstract

Completeness of immunization is something that is already complete, while is an effort to provide immunity to infants and children by incorporating BCG, Hepatitis, Polio, DPT, Measles vaccines into the body so that the body makes antibodies to prevent disease. The factors of completeness of immunization are knowledge, attitudes, availability of facilities and infrastructure, affordability of distance, the role of posyandu cadres, the role of health workers and the role of the husband. The purpose of this study was to determine the factors that most influence the completeness of basic immunization for infants at the Semparuk Sambas public health center. This research is quantitative with a cross sectional approach. The population in this study were all mothers who had babies age 9-12 months as many as 129 mothers. Sampling technique by means of total sampling. Analyze using multiple logistic regression test using SPSS 16.0. The results of the study that the completeness of immunization in infants was 69%. The results of logistic regression showed that there was a relationship between education, work, attitudes, the role of posyandu cadres, the role of health workers and the role of the husband. Attitude is the most dominant variable with an OR 3.444. Its hoped that the more positive the mother attitude will tend to pay attention to the schedule of giving immunization to her baby, the positive mother attitude will be better in giving the perception of something she knows.

Keyword: immunization equipment, attitude, the role of health workers

Background

Completeness of immunization is something that is already complete, while basic immunization is an effort to provide immunity to infants and children by inserting BCG, Hepatitis, Polio, DPT, Measles vaccines into the body so that the body makes anti-substances to prevent certain diseases. (1)

The immunizations required in the Immunization Development Program are Hepatitis B immunization to prevent Hepatitis disease given to infants aged 0-24 hours, BCG immunization is given once to infants aged 1 month to prevent tuberculosis, Polio immunization is given four times to infants aged 1, 2, 3 and 4 months to prevent poliomyelitis, DPT-HB-Hib immunization is given to infants aged 2, 3 and 4 months given three times to prevent diphtheria, pertussis, and measles immunization is given once to infants aged 9 months to prevent measles . (2)

The coverage for basic immunization in Indonesia in recent years has always been above 85%, not yet reaching the target of the Strategic Plan that has been set. It was 86% in 2015 and 91.12% in 2016. While the Strategic Plan target of 92% in 2017 this figure is still
below the target. According to the province, the 2017 Strategic Plan targets 15 provinces that have achieved the Strategic Plan targets. For provinces that have received complete basic immunization, namely, Jambi by 101.4%, Lampung by 101.5%, and West Nusa Tenggara by 100.2%, South Sumatra by 102.3. Meanwhile, the provinces with the lowest basic immunization achievement were North Kalimantan at 66.2%, Papua at 68.6%, and Aceh at 70.0% (3).

The coverage of UCI West Kalimantan in 2017 was 70.6% (below the target of 88%). In 2017 spread over 14 regencies/cities with coverage below 80% there were 10 regencies/cities namely, Kayong Utara 76.7%, Mempawah 76.1%, Sekadau 74.7%, Ketapang 72.9%, Sintang 70.0 %, Pontianak 69.0%, Sambas 60.1%, Bengkayang 59.7%, Kapuas Hulu 52.1%, Singkawang 46.2%. (4)

Currently, there is a recapitulation of immunization program reports in the working area of the Sempuruk Health Center which consists of 5 villages, namely Singa Raya, Sempuruk, Sepinggan, Sepadu, and Seburing. In 2020 the immunization achievement in Singa Raya village was 88.4%, Sempuruk was 90.5%, Sepinggan was 91.8%, Sepadu was 95.7% and Seburing 100%. Where it is known that the RPJMN target for complete basic immunization coverage is 93%. This shows that the achievement of UCI in Singa Raya village, which is 88.4%, has not yet reached the target. (5)

Research conducted by Rosi Wahyuni in 2014 entitled Factors Related to Achievement (Universal Child Immunization) at the Kuta Padang Layung Health Center, Bubon District, West Aceh Regency stated that mothers of toddlers who had less knowledge about UCI Village were 95% while mothers of toddlers who had knowledge of good about UCI Village by 5%. Likewise with the health facilities variable, mothers of children under five who said there were health facilities related to UCI Village were 95% and those who said there were no health facilities were 5%. In terms of support from health workers, in this study it was stated that the support of health workers was still lacking by 95% and the support of health workers was good by 5%. (6)

The purpose of this study is to study and explain the relationship between education, occupation, attitudes, the role of posyandu cadres, the role of health workers and the role of husbands with complete basic immunization for infants in achieving universal child immunization at the Sempuruk Sambas Health Center, West Kalimantan in 2021. (7)

**METHOD**

This type of research is a quantitative research, with a cross sectional approach that the
RESULTS AND DISCUSSION

Univariate Analysis

Table 1. Frequency Distribution of Mother and Infant on Completeness of Immunization

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Completeness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incomplete</td>
<td>40</td>
<td>31,0</td>
</tr>
<tr>
<td>Complete</td>
<td>89</td>
<td>69,0</td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>67</td>
<td>51,9</td>
</tr>
<tr>
<td>Positive</td>
<td>62</td>
<td>48,1</td>
</tr>
<tr>
<td>Public Health Volunteer Role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>44</td>
<td>34,1</td>
</tr>
<tr>
<td>Yes</td>
<td>85</td>
<td>65,9</td>
</tr>
<tr>
<td>Health Staff Role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>50</td>
<td>38,8</td>
</tr>
<tr>
<td>Yes</td>
<td>79</td>
<td>61,2</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>100,00</td>
</tr>
</tbody>
</table>
Strategic Plan that has been set. It was 86% in 2015 and 91.12% in 2016. Meanwhile, the Strategic Plan target of 92% in 2017 is still below the target. (9). According to the province, the 2017 Strategic Plan targets 15 provinces that have achieved the Strategic Plan targets. For provinces that have received complete basic immunization, namely, Jambi by 101.4%, Lampung by 101.5%, and West Nusa Tenggara by 100.2%, South Sumatra by 102.3. Meanwhile, the provinces with the lowest basic immunization achievement were North Kalimantan at 66.2%, Papua at 68.6%, and Aceh at 70.0%. (10) The results of this study that the achievement of immunization at the Semparuk Health Center is still not good because many mothers give inappropriate immunizations, due to busy parents or forgetting to bring their children to immunization according to schedule, children are not healthy at the time of immunization schedule, mothers say that they are afraid of their children will get sick after being immunized, lack of support from family. Thus, a high commitment from health workers is needed to achieve immunization targets, such as making home visits to mothers who do not come to the posyandu for immunization.

IMMUNIZATION ATTITUDE AND COMPLETENESS

Based on table 2, the p value < 0.05 shows that there is a significant relationship between attitudes and completeness of immunization and the OR value: 2.5, meaning that mothers who are positive about the completeness of their baby's immunizations are 2 times more likely than mothers who have a negative attitude. Based on table 3, it is found that the dominant attitude variable in immunization completeness with an OR value of 3.444 means that mothers who are positive about the completeness of immunization for their babies are 3 times more likely than mothers who have negative attitudes. This study is in line with research conducted by Meiliyana Wijaya, et al (11) which stated that the influence of mother's knowledge, attitudes and behavior on the completeness of basic immunization for infants in Penjarngan District, Jakarta, which stated that there was a significant relationship between attitudes and completeness of immunization. However, the results of this study are not in line with the research conducted by Richa Kurniawati (12) that there is no relationship between mother’s attitude and completeness of immunization.
According to the researcher, there is a significant relationship between attitude and completeness of immunization, because mothers who have a positive attitude tend to pay attention to the schedule of giving complete basic immunizations to their babies. With a positive attitude, a person will be better at giving the perception of something he knows.

THE ROLE OF HEALTH OFFICERS AND IMMUNIZATION EQUIPMENT

Based on table.2, p value <0.05 means that there is a relationship between the role of health workers with completeness of immunization and OR value: 4.3, meaning that health workers who play a role are 4 times more likely than health workers who do not play a role. Rahmawati’s 2014 study (13) stated that there was a relationship between health workers and the completeness of basic immunizations for infants. However, this study is not in line with the research conducted by Makamba (2014), which states that there is no significant relationship between the role of health workers and the completeness of complete basic immunization in infants. (14) According to the researcher, there is a significant relationship between the role of health workers and completeness of immunization, because health workers who play a role tend to have complete immunizations while health workers who do not tend to have incomplete basic immunizations, this shows that the role of health workers greatly influences mothers to immunize. Health workers who play a role can explain the importance of immunization, carry out routine immunization schedules and provide intensive counseling, motivate mothers to immunize their children, as well as make equal distribution and approach to immunization services.

CONCLUSION

1. Completeness of basic immunization at the Semparuk Sambas Health Center, West Kalimantan, is 69.0%
2. Variables that are significantly related to the completeness of immunization attitudes and roles of health workers.
3. The most dominant variable is the attitude variable, meaning that mothers who are positive about the completeness of their baby's immunizations are 3 times more likely than those who have a positive attitude
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