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, affordablity 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 ralitonship 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 variabel 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 Semparuk Health Center which consists of 5 villages, namely Singa Raya, Semparuk, Sepinggan, Sepadu, and Seburing. In 2020 the immunization achievement in Singa Raya village was 88.4%, Semparuk 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 Semparuk Sambas Health Center, West Kalimantan in 2021. (7)

METHOD

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

independent and dependent variables are measured at the same time and place (8). The population in this study was 129 mothers of infants. The sampling technique was a total sampling of 129 mothers of infants conducted from July-August 2021 at the Semparuk Sambas Health Center, West Kalimantan. Analysis of the data used is univariate analysis, bivariate with chi-square test and multivariate with logistic regression.

RESULTS AND DISCUSSION

Univariate Analysis

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

Variable	Frequency (n)	Percentage (%)
Immunization Completeness		
Incomplete	40	31,0
Complete	89	69,0
Attitude		
Negative	67	51,9
Positive	62	48,1
Public Health Volunteer Role		
No	44	34,1
Yes	85	65,9
Health Staff Role		
No	50	38,8
Yes	79	61,2
Total	129	100,00

Bivariate Analysis

Table 2. Bivariate Relationship between Attitudes and Roles of Health Workers

Variable	Incomplete n (%)	Complete n (%)	*P value*	OR
Attitude				
Negative	27 (20,9)	40 (31,0)	0.029	2,5 (1,1-5,5)
Positive	13 (10,1)	49 (38,0)		
Health Staff Role				
No	22 (17,1)	28 (21,7)	0.019	4,3 (1,7-10,5)
Yes	18 (14,0)	61 (47,3)		
Total	50 (38,8)	89 (61,2)		

Multivariate Analysis

Table 3. Final Regression Model

Variable	B	*P value*	OR
Attitude	1.237	0.023	3.444
Health Staff Role	1.150	0.020	3.138

RESULTS AND DISCUSSION

This research was conducted at the Semparuk Health Center, Sambas Regency, West Kalimantan Province. This research was conducted on 2-26 July 2021 with a sample of 129 mothers at the Semparuk Sambas Health Center, West Kalimantan.

IMMUNIZATION EQUIPMENT

Based on table 1. Completeness of infant immunization shows that infants whose immunizations are incomplete are 31.0% compared to infants whose immunizations are complete 69.0%, so that most of the infants in this study were fully immunized.

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. 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

REFERENCE

1. MOH. 2008. National Immunization Acceleration Movement (GAIN UCI 2008-2014). Jakarta.
2. Decree of the Minister of Health of the Republic of Indonesia Number 482/Menkes/SK/IV/2010 concerning the National Universal Child Immunization Acceleration Movement 2010-2014 (GAIN UCI 2010-2014) Jakarta. 2010.Yogyakarta: Student Library
3. Marmi, S.ST & Kukuh Raharjo, 2015. Care of neonates, infants, toddlers, and preschoolers. Yogyakarta: Student Library
4. Notoatmodjo, S. 2003. Human Resource Development. Jakarta : PT Rineka Cipta
5. Nuri Handayani. 2008. Maternal Characteristics and Immunization Affordability as Risk Factors for Incomplete Basic Immunization. Thesis : Diponegoro University Semarang. http://eprints.undip.ac.id/37972/1/3446.
6. Nurhidayati. 2016. The Relationship of Mother's Knowledge About Basic Immunization to Completeness of Basic Immunization in the Work Area of Pisangan Health Center, South Tangerang City. Essay. Syarif Hidayatullah State Islamic University Jakarta

https://repository.uinjkt.ac.id/dspace/bitstream/123456789/33153/1/Nurhidayati-FKIK.

7. Minister of Health Regulation Number 12 of 2017 concerning the Implementation of Immunization. Accessed from: https://hukor.kemekes.go.id. On March 27, 2021.
8. Proverawati, Atikah. 2010. Immunization and Vaccination. Jakarta : Nuha Offset
9. Ranuh, I.G.N. 2008. Guidelines for Immunization in Indonesia. Third Edition. Jakarta: Publishing Agency of the Indonesian Pediatrician Association
10. Selina, H. 2015. The Relationship of Mother's Knowledge About Basic Immunization to Completeness of Basic Immunization for Children in Posyandu Work Area of Pembina Plaju Health Center Palembang. thesis. Muhammadiyah University of Palembang. http://repository.um-palembang.ac.id/id/eprint/178/1/SKRIPSI88-1704051318
11. Suparyanto. 2011. The Concept and Role of Mothers in the Family. http://Suparyanto.blogspot.com. Downloaded April 4, 2021

12. Wiqodatul, U. 2017. Analysis of Immunization Implementation Management by Public Health Centers in Relation to Achievement of Universal Child Immunization in Arjowinangun Health Center Malang. thesis. University of Jember https://repository.unej.ac.id/handle/123456789/85932?show

13. Ahmad Munib. 2006. Introduction to Education. Semarang : UPT MKK State University of Malang

14. MOH. 2008. National Immunization Acceleration Movement (GAIN UCI 2008-2014). Jakarta.