TRANSPUBLIKA INTERNATIONAL RESEARCH IN EXACT SCIENCES (TIRES)

AN OVERVIEW OF THE ACHIEVEMENT OF THE IMMUNIZATION PROGRAM IN THE WORKING AREA OF PUSKESMAS PASIE RAYA

Ambia Nurdin[1], Rahma Yanti[2*]
[1,2]Public Health Study Program, Universitas Abulyatama
E-mail: [2)] rahmaayantii40@gmail.com

Abstract

According to the World Health Organization (WHO), around 1.5 million children die each year from immunization-preventable diseases. In 2018 there were approximately 20 million children who did not get complete immunization and there were even children who did not get immunized at all. This study aims to determine the description of the implementation system of the complete basic immunization program for infants in Pasie Raya sub-district, 2021. This type of research uses quantitative research using a descriptive approach. Sampling using the total sampling method, namely 41 immunization section employees at each puskesmas using a questionnaire. Indicators such as planning are carried out routinely, immunization implementation has also been carried out according to schedule, preparation by officers has also gone well, coordination between sectors has also gone well, and the evaluation carried out has also run smoothly. Output indicators covering complete basic immunization coverage still have several puskesmas that have not reached the complete basic immunization target. It is expected that the local government to provide good distribution of funds and strive to increase the coverage of complete basic immunization.

Keywords: *Immunization, Public Health Center, Death, Disease, Prevent*

1. INTRODUCTION

According to the World Health Organization (WHO), around 1.5 million children die each year from immunization-preventable diseases (WHO, 2003). In 2018, there were approximately 20 million children who were not fully immunized and some children were not immunized at all. In 2019, complete basic immunization in Indonesia was 93.7%. Meanwhile, by province, there were 15 provinces that reached the Strategic Plan (*Renstra*) target in 2019. It is known that all babies in the provinces of Bali, West Nusa Tenggara, East Java, South Sumatra, Jambi, DI Yogyakarta, and Central Java have received complete basic immunization. While the province with the lowest achievement is Aceh (50.9%). In 2020, the national complete basic immunization coverage was 83.3% This figure has not met the 2020 Strategic Plan target of 92.9%. Complete basic immunization coverage in 2020 is the lowest complete basic immunization coverage in the 2011-2020 period as a result of the COVID 19 pandemic. Meanwhile, when viewed by province, there are 6 provinces that can achieve the 2020 Strategic Plan target, namely Bali, West Nusa Tenggara, Central Java, East Java, DI Yogyakarta, and Jambi Provinces.

Immunization is an effort to actively cause / increase a person's immunity to a disease so that if one day exposed to the disease will not get sick or only experience mild pain (Mardianti & Farida, 2020). Meanwhile, the purpose of immunization is to reduce morbidity and mortality rates that can be prevented by (PD3I). PD3I is a disease which can potentially cause outbreaks and death in infants. Planning activities in immunization

implementation are determining the number of targets, logistical planning, and funding planning.

Based on research conducted by author, on the implementation of the complete basic immunization program in infants at the Pasie Raya Health Center, it is stated that the availability of human resources is lacking and not in accordance with standards, the use of SOPs is not optimal, planning is not focused on a program, organization is not well coordinated, the implementation of immunization services is not optimal, lack of support from the BPM and lack of support from the environment, namely family, community leaders and surrounding areas which have a major influence on the implementation of complete basic immunization in infants is not optimal. Indicators of successful immunization implementation are measured by the achievement of Universal Child Immunization (UCI), namely at least 80% of infants in a village or *kelurahan* have received complete immunization, consisting of BCG, Hepatitis B, DPT-HB, Polio and Measles (Illahi & Muniroh, 2018). The immunization program in Indonesia requires every infant (aged 0-11 months) to receive complete basic immunization.

Based on a statement from the implementation of immunization at Pasie Raya Health Center, the decline in the achievement of complete immunization is caused by several factors. Lack of awareness of parents about the importance of immunization in infants is quite influential, besides that the facilities and infrastructure at the Puskesmas are not sufficient enough until human resources are not in accordance with existing standards (Zhang et al., 2013). So, in this study, the immunization program implementation system at the Puskesmas will be seen based on input, process and output. The input component consists of human resources, facilities, infrastructure and funding, while the process is planning, implementation, officer preparation, coordination, evaluation/monitoring and immunization coverage as an output indicator.

2. RESEARCH METHODS

This study uses quantitative research methods with a descriptive approach. This research was conducted from September to December 2023 at the Pasie Raya health center. Aceh Jaya Regency. Determination The number of samples used is the total sampling method, namely all immunization management personnel totaling 41 people, Data collection was carried out by filling out questionnaires and direct observation at the research site.

3. RESULTS AND DISCUSSION

Table 1. Distribution of Respondent Characteristics in Health Workers Pasie Raya Health Center

Variable	n	%
Gender		
Male	16	39
Female	25	61
Age (Year)		
23-29	23	56,8%

Variable	n	%
30-39	13	31,4%
40-53	6	11,8%
Education		
Diploma (D3)	20	48,8%
Bachelor (S1)	21	51,2%
Total	41	100

Source: Primary Data, 2023

Table 1 shows that the distribution of health workers who are female is 61% while health workers who are male are 39%. Based on the age distribution, the most is 23-29 years as much as 56.8% while the least is at the age of 40-53 as much as 11.8%. Based on the level of education, the most is S1 as much as 51.2%.

Table 2. Distribution of Respondents Based on Variables Funding at Pasie Raya Health Center

Funding	n	%
Simply	15	36,6%
Less	26	63,4%
Total	41	100

Source: Primary Data, 2023

Based on table 2 above, the distribution of respondents based on funding who felt sufficient as many as 15 (36.6%) while those who felt less were 26 (63.4%).

Table 3. Distribution of Respondents Based on Variables Implementation at Pasie Raya Health Center

Funding	n	%
Simply	23	56,1%
Less	18	43,9%
Total	41	100

Source: Primary Data, 2023

Based on table 3 above, the distribution of respondents based on implementation who felt sufficient was 23 (56.1%) while those who felt less were 18 (43.9%).

Table 4. Distribution of Respondents Based on Officer Preparation variables at Pasie Raya Health Center

Funding	n	%
Simply	20	48,8
Less	21	51,2
Total	41	100

Source: Primary Data, 2023

Based on table 4 above, the distribution of respondents based on the preparation of officers who felt adequate was 20 people (48.8%) while those who felt insufficient were 21 people (51.2%).

Table 5. Distribution of Respondents Based on Coverage Complete Basic Immunization at Pasie Raya Health Center

Complete Basic Immunization Coverage	n	%
Meeting Targets	18	43,9
Did not meet the target	23	56,1
Total	41	100

Source: Primary Data, 2023

Based on table 5 above, the distribution of respondents based on complete basic immunization coverage that met the target was 18 people (43.9%) while those who did not meet the target were 23 people (56.1%).

a. Funding

Funds are important in meeting the needs of an activity so that the activity runs well. The results showed that funding in the sufficient category was 15 (36.6%) with a category of less than 26 (63.4%). The Pasie Raya Health Center has problems with funding because distribution is not carried out smoothly so that the Puskesmas uses other alternatives.

b. Implementation

The implementation of immunization has been running in accordance with Permenkes number 12 of 2017 concerning the implementation of immunization. Based on the results of the univariate test, it shows that the implementation in the sufficient category is 23 (56.1%) while in the insufficient category is 18 (43.9%). The implementation of immunization was stopped at the beginning of the pandemic but after the regulations regarding the implementation of immunization during the pandemic were issued, service activities were slowly opened. Immunization at Puskesmas Pasie Raya has not been running well because it has obstacles such as the distance between the homes of mothers who have babies far away, there are still many mothers who believe in myths and parental advice regarding immunization, and immunization officers are not on time in the immunization process. The implementation of immunization carried out at the posyandu is in line with my research which states that the implementation of immunization is carried out at the posyandu in each village.

c. Officer Preparation

Officer preparation has an important role to determine how far the readiness of officers in organizing immunization. From the results of the univariate test, it shows that the preparation of officers in the sufficient category is 20 (48.8%) while those who get insufficient scores are 21 (51.2%). This study is in line with the research I have done which states that the person in charge of the program in preparation for the implementation of immunization is in accordance with the guidelines for immunization, the preparation of the person in charge of the posyandu has gone well, for the preparation

of cadres in immunization activities at the posyandu prepare the tools needed, and inform the posyandu opening day for immunization (Desreza et al., 2022).

d. Complete Basic Immunization Coverage

High coverage of complete basic immunization can increase children's immunity to diseases that can be prevented by immunization. Based on the results of the study there are several Health Center that have decreased the coverage of complete basic immunization. Based on the univariate test, the coverage of complete basic immunization that meets the target is 18 (43.9%) while those that do not meet the target are 23 (56.1%). The decline in immunization coverage at the Health Center was caused by several factors such as at the beginning of the pandemic people were afraid to bring their children to the posyandu and the low knowledge of mothers about the importance of immunization. The role of officers is needed to provide information and socialization to the community about the importance of immunization (Hermanunya, 2016). This research is in line with what I have done which says that the obstacle in the completeness of basic immunization is that people think that immunization cannot be done / is forbidden.

4. CONCLUSION

Based on the results of research on the description of the achievement of immunization program implementation from the input variable, the distribution of funding has not run smoothly. Meanwhile, the implementation process variable has also been carried out according to schedule but during the COVID-19 pandemic it was temporarily suspended, the output variable, namely the coverage of the complete basic immunization program, still does not meet the target. Based on the results of the description of the conclusion, it is hoped that the local government will provide good distribution of funds and strive to increase the coverage of complete basic immunization and for further researchers to conduct this research using other variables.

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