

Effectiveness Of Socialization Of Immunization Of Pentavalen Continued By Health Persons To Mother's Compliance Batita In Working Center Health Center Community Beji Malang, East Java

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ABSTRACT

Background: Pentavalent vaccine has several types of diseases, namely diphtheria, pertussis, tetanus, hepatitis B, inflammation of the brain and pneumonia. However. Forhalalisasi socialization and provision of immunization pentavalen.

Purpose : This study aims to find out how the effectiveness of socialization pentavalen immunization by health workers to toddlers in the working area Beji Puskesmas Kota Batu.

Methods : This research was analytic observational with cross sectional approach (one group pre test - post test design) was done to Mrs. Batita in working area BejiPuskesmas Town of Batu in May to June 2017. Respondents were selected in total sampling and conducted questionnaire by using observation sheet before and after further Pentavalen immunization socialization for measurement of Batita mother in immunization implementation. Data collection using using pre-post observation sheet and the result in analysis by using Paired Sample T-test, the significant level used is 95% with value α 0,05.

Result : The result of the research shows that before the implementation of Pentavalen Socialization on 17 batitae 17 respondents (30,9%) and the last socialization of Pentavalen to IbuBatita as many as 45 respondents (81,8%), there is significant correlation between effectivity of pentavalent immunization socialization by health worker against Batita housewife in working area Beji Puskesmas Kota Batu p value = 0.000 and α = 0,05.

Conclusion : In this study the implementation of immunization socialization. IbuBatita will increase awareness and awareness of IbuBatita to immunize her baby in Posyandu or other health services that serve immunization.

Keywords : Socialization, Maternal Mother Compliance, Immunization

Received: February 03, 2018; Revised February 24, 2018; Accepted March 10, 2018

How to Cite: Sutikno, A., Haida, A.I.N., & Sari, D.Y. (2018). Effectiveness Of Socialization Of Immunization Of Pentavalen Continued By Health Persons To Mother's Compliance Batita In Working Center Health Center Community Beji Malang, East Java. *Journal Of Nursing Practice*. 1(2). 18-25



BACKGROUND

Based on data of achievement of continued Pentavalen Immunization Beji Health Center in 2016 get 50,11% have Implement Pentavalen from coverage target that is 90%. The result shows that Mother Immunization has not fulfilled UCI (Universal Coverage Immunization) that is complete Immunization coverage at least 80% equally in infants in 100% of villages / sub districts in 2010 (Proverawati & Andhini, 2010) should be done by the Health Office in order to improve the compliance of parents to immunize their baby (Azizah, et al, 2011). Efforts are made to improve compliance and knowledge of Mother Batita is by way of socialization related to immunization pentavalen include understanding, type of immunization, immunization schedule, excellence of vaccine and immunization way. It is hoped that with this socialization Ibu Batita mothers will be more understanding and obedient to immunize their children in Posyandu and other health services.

From the preliminary study conducted on March 10, 2017 in Torongrejo village, there are 4 Posyandu located in Beji Health Center, it is known that from 10 respondents who have immunized data that 7 toddlers (70%) did not do Pentavalen immunization continued while 3 Toddlers (30%) have advanced Pentavalent Immunizations. The results of interviews with 10 Mothers who have the toddler majority stated that as many as 8 Mothers (80%) were less understood and less aware that there is a Government program in the form of advanced Pentavalent Immunization for infants aged 18 months to 36 months. They assumed no more immunizations after complete primary immunization at 9 months of age.

As we know today the government (Ministry of Health) has issued a policy of using new pentavalen vaccine for immunization target in Indonesia. Previously the combination vaccine has been successfully used with DPT-HB vaccine type (combination of 4 types of vaccine in one feeding). As the name implies, Penta (five) valen consists of a combination of 5 types of vaccine in a single gift. The five types of vaccine include DPT-Hb vaccine plus Hib. The pentavalent vaccine serves to prevent diphtheria, whooping cough or 100 days of cough, tetanus, hepatitis B, and inflammation of the brain (meningitis) and pneumonia (pneumonia) caused by Hib (haemophylus influenza type b).

The advantage of giving pentavalent vaccine is to provide better protection for children against the above diseases so that it will grow healthier. The pentavalent vaccine is given by children aged 2,3 and 4 months. Then resumed when the child is 1.5 years old, with one continuous injection (booster). Advanced immunization ensures maximum immunity. So, apart from 3 times before the 1-year-old child, make sure the child gets advanced immunization once again at the age of 1.5 years.

Immunization is estimated to prevent 2.5 million cases of child deaths per year worldwide can be prevented by immunization. Diseases that can be prevented by immunization (PD3I), such as tuberculosis (TB), diphtheria, pertussis (respiratory disease), measles, tetanus, polio and hepatitis B. Immunization programs are essential to achieve population immunity (Probandari et al, 2013).

A review of the Regional Review of Immunization (WHO / SEARO) in New Delhi and the Indonesian National Immunization Advisory Group on Immunization (ITAGI) Expert in 2010 recommended that the Hib vaccine be integrated into the National Immunization program to reduce morbidity, mortality and infant and toddler defects caused by pneumonia and meningitis. This is in line with the new vaccine introduction plan contained in the 2010-2014 Comprehensive Multi Years Plan (CMYP) in order to

accelerate the achievement of the Millennium Development Goals (MDGs) (Dinkes Prov Jateng, 2013).

In order to socialize the use of Pentavalen vaccine will be done counseling and socialization of Mother Batita to know the benefits of further Pentavalen vaccine includes the content and purpose of providing additional pentavalen immunization for their children. Immunization Program absolutely requires the support of all parties to move the target, especially the baby mothers and toddlers to Posyandu, Puskesmas or other health facilities. Immune Immunization is not only related to individual immunity, but community immunity. If in a community there are some infants and toddlers who have not been immunized, then the risk of transmission of diseases that can be prevented by immunization is still high. Immunization Pentavalen can be obtained free of charge at all Posyandu, Puskesmas or other government health facilities.

From the above description it can be concluded that the socialization of Pentavalen immunization is very necessary that is to provide knowledge for the mother, especially Batita mother that there is a continuous Pentavalent immunization given to her child aged 18 months even if her child has been given routine pentavalent immunization at age 2.3 and 4 months to increase his child's immunity.

The regular and supplementary Pentavalent Immunization Program is a new program conducted in June 2015 (Central Java Provincial Office 2015), so that many infant and toddler mothers do not yet know about advanced Pentavalent Immunization, based on this the researcher attempts to raise the issue of "The Effectiveness of Pentavalen Immunization Socialization continued by Health Personnel Against Compliance Mother of Batita dWo Working Area of Beji Town Health Center".

OBJECTIVE

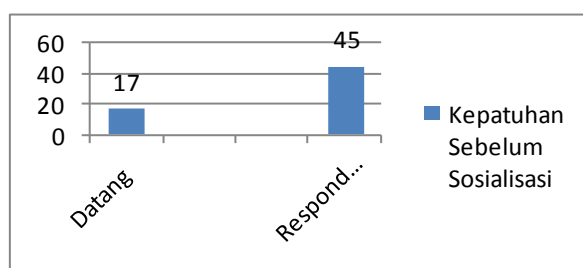
Knowing the effectiveness of the continued Implementation of Pentavalent Immunization by health personnel to Mother Batita Compliance in Beji Puskesmas Working Area Batu Kota.

METHODS

This research was analytic observational with cross sectional approach (one group pre test - post test design) was done to Mrs. Batita in working area BejiPuskesmas Town of Batu in May to June 2017. Respondents were selected in total sampling and conducted questionnaire by using observation sheet before and after further Pentavalen immunization socialization for measurement of Batita mother in immunization implementation. Data collection using using pre-post observation sheet and the result in analysis by using Paired Sample T-test, the significant level used is 95% with value α 0, 05.

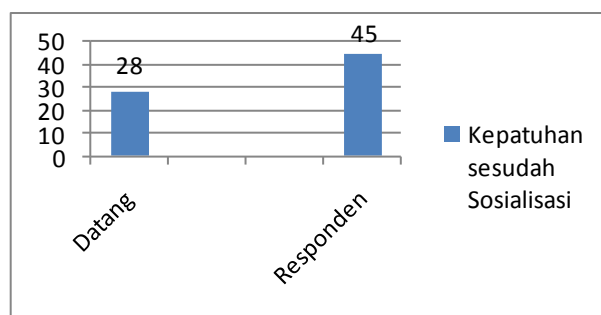
RESULTS

Figure 1. Identify Compliance of Mother of Toddler before Socialization of continued Pentavalen Immunization in Torongrejo Village working area of Pukesmas Beji Kota Batu



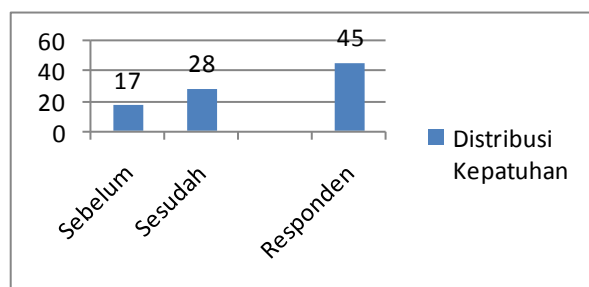
Based on the figure known 45 respondents that prior to the implementation of Pentavalen advanced Socialization of mother of child Under 3 years as much as 17 respondents (37.77%).

Figure 2. Identify Compliance of Mother of Toddler after Socialization of continued Pentavalen Immunization in Torongrejo Village working area of Pukesmas Beji Kota Batu



Based on Figure known 45 respondents that after the implementation of advanced Pentavalen Socialization of mother of child Under 3 years as much as 28 respondents (62.22%).

Figure 3. effectiveness Socialization of continuous Pentavalent Immunization against obedience of mother of child Under 3 years in Torongrejo Village Working Area of Beji Town Health Center Batu



Based on figure shows that respondents with compliance before the implementation of immunization of advanced Pentavalent immunization coming to immunize as many as 17 respondents (37.77%). And after the implementation of immunization of advanced Pentavalen immunization coming to immunize as many as 28 respondents (62.22%)

DISCUSSION

Compliance Mother of the child under three years prior to continued immunization of Pentavalent immunization.

The results of the research conducted in May 2017 at 4 Posyandu in Torongrejo Village before the socialization of advanced Pentavalen immunization showed that the majority of respondents were obedient in providing advanced Pentavalent immunization of 17 Batita (37.77%). Febriastuti (2013) states that compliance means a person's behavior to follow medical or health advice in accordance with the provisions given. A good and deep understanding of these factors is beneficial for parents and health workers to improve

adherence to advanced Pentavalent immunization so that therapeutic effectiveness can be monitored.

Compliance The mother of the under-three child in the administration of advanced pentavalent immunization is influenced by the level of education of the respondent, this is with the good formal education can influence a person in making decisions and behave, with education one can increase intellectual maturity so as to make decisions in acting. The higher a person's education will be the more knowledge and technology (Notoatmojo, 2012).

Kadir, et al (2014) stated that the education level of respondents is one of the aspects that influence the mindset in determining the compliance of immunization, because the higher the education level one can think better related to the health of the toddler. And vice versa those who are lowly educated, rather difficult and take a relatively long time to make changes.

Notoatmojo (2012) states that adherence affects the awareness of respondents to bring the baby immunization. Mothers who are not willing to immunize their babies can be caused by not understanding properly and deeply about basic immunization. In addition, less attention in bringing the baby immunization on schedule. A lack of awareness will affect mothers in obtaining information about immunization. After realizing the importance of immunization benefits, mothers can take their babies for basic and advanced immunization on schedule.

Compliance of the mother of the child under three years after the socialization of advanced pentavalent immunization

The results of the research conducted in June 2017 at 4 Posyandu in Torongrejo Village after the socialization of Pentavalen Immunization continued showed that the majority of respondents were obedient in providing advanced Pentavalent immunization of 28 Batita (62.22%).

The advantage of giving pentavalent vaccine is to provide better protection for children against the above diseases so that it will grow healthier. The pentavalent vaccine is given by children aged 2,3 and 4 months. Then resumed when the child is 1.5 years old, with one continuous injection (booster). Advanced immunization ensures maximum immunity. So, apart from 3 times before the 1-year-old child, make sure the child gets advanced immunization once again at the age of 1.5 years.

Immunization is estimated to prevent 2.5 million cases of child deaths per year worldwide can be prevented by immunization. Diseases that can be prevented by immunization (PD3I), such as tuberculosis (TB), diphtheria, pertussis (respiratory disease), measles, tetanus, polio and hepatitis B. Immunization programs are essential to achieve population immunity (Probandari et al, 2013).

After further socialization of Pentavalent Immunization in three-year-old mother who consisted of 45 respondents who came to Immunize 28 Batita (62,22%), this was because the socialization of Pentavalen Immunization resulted in an understanding of the benefits and advantages of providing advanced pentavalent immunization for his son.

From the above data can be assumed that the implementation of immunization of Pentavalen continued immunization influence on Mother Batita obedience to come and immunize her child in Posyandu.

The influence of continued immunization of Pentavalent immunization by health workers on the obedience of the mother of the child under three years

From Paired Sample T-test test get significant value, result of research show that there is meaningful influence between effectiveness socialization of Pentavalen immunization continued by health worker to obedience of mother of child under 3 years with p value (0,0017 <0,05). The results of this study support previous research from Hindriyawati, et al (2012) that there is a relationship between the level of knowledge of mothers in the provision of basic immunization. Mulyani (2009) in his research also states that there is influence between mother's knowledge level about immunization with maternal obedience in giving measles immunization. Mardiansyah (2009) that there is a relationship between the mother's knowledge of basic immunization against immunization compliance in infants.

Maternal compliance in Pentavalent immunization means that respondents already know the benefits of pentavalent immunization. According Hayana, et al (2013) that the provision of immunization in children has a purpose for the body immune to certain diseases. Immune can also be affected by several factors including high levels of antibody at the time of immunization, antigen potential injected, and time between immunization. The effectiveness of immunization depends on the factors that influence it so that the immunity can be expected in the child.

This is in accordance with the statement from Ismet (2013) that one of the factors affecting compliance is the level of knowledge, the higher one's knowledge of immunization, allowing the person to apply his knowledge in this case to fully immunize the toddler. Information is one of the organ of knowledge-forming. The more a person gains, the easier it receives the information, the better the knowledge, the better one's knowledge, the easier it is to receive information.

This is in accordance with Notoatmojo (2007), that when the acceptance of new behavior or behavior adoption is based on knowledge, positive awareness and attitude then the behavior is permanent. Conversely, if the behavior is not based on knowledge and awareness will not last long. Arifin (2011) in his research stated that a well-informed mother would be easier to understand about anything related to immunization so Mother would be obedient in bringing the child to be immunized.

CONCLUSION

After Pentavalen Immunization Implementation Implementation was carried out on the compliance of Ibu Batita in Torongrejo village in Beji Kota Health Clinic work area because the Paired Sample T-test test was significant 0.000 ($p \leq 0,05$).

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