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Analysis of Giving DPT Immunization to Babies at Posyandu Lestari – Tangerang

Ella Nurlelawati¹, Ragil Supriyono², Partono Siswosuharjo³

Public Health Study Program STIKes Bhakti Pertiwi Indonesia, Jakarta-Indonesia¹

Harum Nursing Academy Jakarta-Indonesia²

Information System Study Program- Muhammadiyah University of Banten–Indonesia³

e-mail: ellanurlelawati55@gmail.com², rsmaspriyono@gmail.com²,

partonosiswosuharjo@stmikmbanten.ac.id³

Abstract

The purpose of this study was to identify the characteristics of mothers who gave DPT immunization to infants at Posyandu Lestari-Tangerang in 2015. Research Methodology This study was descriptive in nature by taking a sample taken from all populations, namely 51 respondents where the sample was taken using the Total Sampling method. Research results from the results of a study of 51 respondents on the characteristics of mothers based on the age of the majority were productive (20-35 years) namely 39 people (76.5%) and minorities of non-productive age (<20 years and > 35 years) namely 12 people (23.5 %), based on education the majority had higher education, namely 36 people (70.6 %) and a minority with low education, namely 15 people (29.0 %), based on parity the majority had parity 1-3, namely 32 people (62, 7%) and a minority with parity > 3, namely 19 people (37.3%), based on work the majority do not work, namely as many as 26 people (45.0%) and a minority work, namely as many as 25 people (49.0%). Conclusions based on the description of the material and discussion of the results of research on the characteristics of mothers regarding DPT immunization can be concluded as follows age, education, parity and occupation. Suggestions can be expected for health workers to be able to maintain and continue to improve the implementation of immunization.

Keywords: Mother Characteristics, DPT Immunization, Babies

Introduction

Immunization is an effort to provide immunity to infants and children by injecting vaccines into the body so that the body makes antibodies to prevent certain diseases. Vaccines are materials that are used to stimulate the formation of antibodies that are introduced into the body by injection, such as the BCG, DPT, measles vaccines and by mouth, such as the polio vaccine.

There are 1.4 million under-five deaths per year due to diseases that can be prevented by immunization (DPT) diphtheria 294,000 (20%), pertussis 198,000 (14%) and tetanus 540,000 (38%). Of the 194 member countries of the World Health Organization (WHO), 65 of them have immunization coverage for Diphtheria, Pertussis and Tetanus (DPT) below the global target of 90%. To remove pockets of territory where many children are not protected from diseases

that are preventable through immunization. The World Health Organization (WHO) invites countries to work more intensively together to achieve immunization coverage targets, with the theme Close the Immunization Gap, Vaccination for All as the theme of World Immunization Week, 24-30 April 2015.

It is estimated that worldwide in 2013, 1 in 5 children or around 21.8 million children did not get immunizations that could save their lives. In Indonesia, Complete Basic Immunization (IDL) has reached 86.8% and needs to be increased to reach the target of 93% in 2019. Universal Child Immunization (UCI) in villages which has now reached 82.9% needs to be increased to reach 92% in 2019.

In efforts to improve the health status of the Indonesian people, there are still major challenges in health development, namely the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR). The IMR was 32 per 1000 live births in 2012. This means that in Indonesia, approximately 440 babies die every day.

Referring to the causes of most infant deaths caused by neonatal problems such as low birth weight (LBW), asphyxia, diarrhea, and pneumonia, as well as several other infectious diseases, where these infectious diseases can be prevented by immunization. The reasons for children not being immunized include being afraid that their child will have a fever, the family does not allow it, the place for immunization is far away, the parents are busy, the child is often sick, and they do not know where to get the immunization.

The percentage and coverage of national immunization in Indonesia in 2012 was BCG 89.3%, DPT 88.1%, DPT 80.7%, DPT 72.0%, Polio 91.2%, Polio 85.5%, Polio 75.9%, Hb 85.3%, Measles

80.1%. In Banten province in 2012 infants who received BCG immunization were 82.0%, DPT 78.7%, DPT 68.7%, DPT 49.1%, Polio 83.5%, Polio 73.6%, Polio 54.9%, Hb 74.5%, Measles 61.4%.

After conducting a survey at Posyandu Lestari – Tangerang, those who carried out immunization in 2015 had Hb 42.7%, BCG 18.5%, DPT 9.7% and Measles 14.5%. In 2015 deliveries at Posyandu Lestari totaled 224 deliveries while babies who were immunized with DPT were 42.2%, DPT 32.8% and DPT 25%.

The DPT immunization schedule is given 3 times from the age of 2 months (should not be given before the age of 6 weeks) with an interval of 4-6 weeks. DPT-1 aged 2 months, DPT-2 aged 3 months, DPT-3 aged 4 months.

If the baby is not given DPT immunization, there will be no immune system, so he is susceptible to diphtheria, pertussis and tetanus. With immunization, children will be protected from dangerous infectious diseases, so children will have the opportunity to do activities, play, study without being disturbed by health problems. However, until now there are still problems in administering immunization, including parents' understanding that is still lacking in some communities, wrong myths about immunization, and immunization schedules that are late.

Judging from the national data, DPT immunization has decreased by an average of 8.0% from giving DPT to DPT. From the Banten provincial data, DPT immunization coverage is lower than the national data, while for the Tangerang city data, the immunization coverage data is higher than the national and provincial data.

Based on the description above, the authors feel interested in conducting research on the characteristics of mothers

who give DPT immunization to infants at Posyandu Lestari for the 2015 period.

The purpose of this study was to identify the characteristics of mothers who gave DPT immunization to babies at Posyandu Lestari-Tangerang in 2020.

Method

The research design used in this study was descriptive with a cross-sectional approach, that is, data related to the independent variables and the dependent variable were collected at the same time.

The population in this study was taken from the number of mothers who had babies aged over 4 months who carried out DPT immunization at Posyandu Lestari for the 2020 period as many as 51 people. The sample in this study was the number of mothers who had babies aged over 4 months who carried out DPT immunization at Posyandu Lestari in 2015 as many as 51 people. The sampling technique in this study was to use non-probability, namely quota sampling (total sampling). The sample size in this study is that if the object is <100 it is better to take it so that the research is a population study, if >100 it can be taken between 10-15% or 20-25% or more. The sample in this study with a total sampling of 51 respondents.

Result

Age

Table-1 Frequency distribution of respondents based on age at Posyandu Lestari – Tangerang in 2020

Umur	Frequency	Percentage
20-35 Years Old	39	76,5 %
<20 Years Old and >35 Years Old	12	23,5 %
Amount	51	100%

Based on table-1 above, it can be explained that of the 51 respondents, most were of productive age (20-35

years), namely 39 people (76.5%) and a small number of non-productive ages (<20 years and >35 years), namely 12 people (23.5%).

Education

Table-2 Frequency distribution of respondents based on education at Posyandu Lestari – Tangerang in 2020

Education	Frequency	Percentage
Low education	15	29,4 %
higher education	36	70,6 %
Amount	51	100%

Based on table-2 above, it can be explained that of the 51 respondents, most of them had higher education, namely 36 people (70.6%) and a small number had low education, namely 15 people (29.4%).

Parity

Table-3 Distribution of the frequency of respondents based on parity at Posyandu Lestari – Tangerang in 2020

Parity	Frequency	Percentage
Parity 1-3	32	62,7 %
Parity >3	19	37,3 %
Amount	51	100%

Based on the table above, it can be seen that of the 51 respondents, the majority had parity 1-3, namely 32 people (62.7%), while mothers with parity > 3, namely 19 people (37.3%).

Work

Table-4 Frequency distribution of respondents based on work at Posyandu Lestari – Tangerang in 2020

Work	Frequency	Percentage
Work	25	49,0 %
Doesn't work	26	51,0 %
Amount	51	100%

Based on table-4 above, it can be seen that of the 51 respondents, most were not working, namely 26 people (51.0%) and some of them were working, namely 25 people (49.0%).

Discussion

Age

The results showed that as many as 51 respondents, most of them were of productive age (20-35 years), namely 39 people (76.5%) and a small number of non-productive ages (<20 years and > 35 years), namely 12 people (23, 5 %). This is in accordance with the theory that one's knowledge increases not because of age, but is obtained from one's understanding and acceptance of information or knowledge. This is also in accordance with the theory which states that the more mature, the level of maturity and strength, a person will be more mature in thinking and working.

According to the theory of human behavior in the field of health is determined by predisposing factors, enabling factors and reinforcing factors. Based on this theory, the behavior of a person or society regarding willingness to immunize their children in this study was determined by predisposing factors including education level, knowledge, attitudes, family support, and beliefs. In addition, there are enabling factors including distance or affordability of service points and reinforcing factors including counseling by health workers.

Based on the age of the mother, the results of previous studies showed that the visits of mothers who gave the most complete Basic Immunizations were mothers aged 20-30 years as many as 56 people. This is due to good memory of the information received by the mother, such as the schedule for giving basic immunizations to infants delivered by

local health workers. The results of this study are in line with the theory which states that the childbearing age of 20-30 years increases a person's age can affect the increase in knowledge he acquires, but at certain ages or towards old age the ability to receive or remember a knowledge will decrease.

Education

The results showed that as many as 51 respondents, most of them had higher education, namely 36 people (70.6%) and a small number had low education, namely 15 people (29.4%). This is in accordance with the theory that education is needed to obtain information, for example things that support health so as to improve the quality of life. This is in accordance with the theory which states that a person's education affects his perspective on himself and his environment, so that the attitude of people with higher education and those with less education will be different.

In line with Izza (2012) in a spatial analysis that low education is not related to diphtheria cases. Low education does not always affect the magnitude of diphtheria in an area, because education can be taken informally and there are many ways to obtain information from the media.

Utami (2010) stressed the level of education had no effect on the incidence of diphtheria transmission. In addition, Fitriyanti (2013) stated that the mother's education factor was not related to complete basic immunization in toddlers ($p>0.05$) in Batobarani Village. Parents with high knowledge of immunization (81.7%) of their children received immunization compared to 64.8 percent of parents with low knowledge, and had a 20.26 times (95%; 2.43-169.4) risk of their children not receiving immunization.

Knowledge is an important domain for the formation of one's actions (overt behavior), behavior based on knowledge will be more lasting than behavior that is not based on knowledge (Notoatmojo, 2007). So that knowledge has a very big role in shaping a behavior. Actually, having knowledge about immunization can influence parents to be immunized. However, knowledge is not significant with the child's immunization status, possibly because getting immunizations given by health workers at Posyandu is influenced by activities on the day of implementation of the Posyandu or they do not know the immunization schedule.

In line with Alberiana (2009) that 34.8 percent of respondents did not have complete basic immunizations due to parents' ignorance of the immunization schedule. In addition, Muljiyanto (1990) revealed that 3 times DPT immunization in rural areas was difficult due to operational constraints. However, contrary to the description of mother's knowledge about DPT HB Combo immunization at the Labang Polindes, Sampang Regency, it shows that most (56%) of mothers' knowledge about immunization is lacking (Kumalaili, 2011).

Parity

The results showed that as many as 51 respondents, the majority had parity 1-3, namely 32 people (62.7%), while mothers with parity > 3, namely 19 people (37.3%). This is consistent with the theory which states that mothers with low parity knowledge tend to be better than mothers with high parity, because mothers with low parity receive more information than those with high parity.

Based on maternal parity, the results of previous studies showed that the visits of mothers who gave the most complete Basic Immunization were mothers with

multiparous parity, namely 71 people (64.5%). This is because multiparous mothers are more experienced in bringing their children to get basic immunizations for babies and know the positive things that their babies will get if they are given complete basic immunizations.

The results of the study are not in line with the theory put forward by Istriyati that a large number of children in a family will result in reduced attention and affection received, especially if the children are too close. According to researchers, mothers with multiparous children are more experienced in bringing their children to get basic immunization for babies and know the positive things that their babies will get, while mothers with grandemultipara lack experience or lack of information obtained because of past understandings that are still carried over. bring those who think that children in the past were not given immunizations, their babies remained healthy. Mothers with multiparous babies bring their babies for basic immunization because mothers know their babies will be healthy and won't get sick

Work

The results showed that as many as 51 respondents, the majority did not work, namely 26 people (51.0%) and some of them worked, namely 25 people (49.0%). This is not in accordance with the theory which states that work affects the level of knowledge, because working mothers receive more information or socialization with other people compared to mothers who do not work. This is not in accordance with the theory which states that a person working, his knowledge will be wider than someone who is not working, because by working a person will have a lot of information and experience.

Conclusion

Most of the mothers who gave DPT immunization were aged 20-35 years, namely 39 people (76.5%). Most of the mothers who gave DPT immunization were highly educated, namely 36 people (70.6%). Most of the mothers who gave DPT immunization were in parity 1-3, namely 32 people (62.7%). Most of the mothers who gave DPT immunization did not work, namely 26 people (51.0%).

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