

RELATIONSHIP OF WORK STATUS WITH COMPLETENESS OF BASIC IMMUNIZATION IN INFANTS IN THE WORKING AREA OF THE PUSKESMAS BOTANIA

Ferry Daniel Martinus Sihombing¹, Omar Sazaly Aldy²

ferrydaniel.m@univbatam.ac.id¹, omarsazaly@univbatam.ac.id²

Medical Education Study Program, Faculty of Medicine, Batam University¹

Doctor's Professional Study Program, Faculty of Medicine, Batam University²

Jl. Uniba No. 5, Batam Center

Abstract

Background : In Indonesia experienced a very worrying Extraordinary Event (KLB), namely the incidence of Diphtheria. Diphtheria incidence in Indonesia has always fluctuated since the 1980s. In 2007 there were 183 cases of diphtheria which increased to 1,192 cases in 2012 and decreased incidence of diphtheria in 2013-2016 (Sariadji, 2017). And according to the Indonesian Pediatrician Association (IDAI), the diphtheria outbreak in Indonesia is the highest in the world. Diphtheria outbreaks occurred in 28 provinces and 142 districts / cities. So there has never been the most in the world and the coverage is 28 Provinces, "said the Chairman of the Indonesian Pediatrician Association, Aman Bhakti Pulungan, during a press conference at the IDI office Jalan Sam Ratulangi, Central Jakarta (Nugraha, 2017). As of November 2017, there were 20. provinces that have reported diphtheria with 593 cases and 32 deaths. Director General of Disease Prevention and Control Ministry of Health, Mohamad Subuh said, 66 percent of the total prevalence did not immunize. Then, 31 percent did immunization, but not until the final stage. To be free from diphtheria, at least the individual must get three times the immunization. Meanwhile, the remaining 3 percent has received complete immunization (Putra, 2017). The purpose of this study is the relationship between work status and completeness of basic immunization in infants.

Method : quantitative with cross sectional approach. Research location Pus public health Botania. The population in this study were all live births in the Botania Community Health Center working area, namely 2184 people. This sampling technique uses purposive sampling method, data analysis uses bivariate data analysis with statistical tests, namely the Chi Square test using the SPSS program.

Result : shows that out of 96 respondents the majority have a working status of work as many as 54 people (56.2%), majority were incomplete as many as 56 people (58.3%). Chi-square analysis results obtained p-value 0.000, which means p-value <0.05 so that Ho is rejected

conclusion : Based on the results of the study, it can be concluded that there is a relationship between work status and completeness of basic immunization in infants in the Botania Community Health Center

Keywords: Occupation, Basic Immunization, Infants

PRELIMINARY

Immunization is a process to make the body's defense system immune to invading microorganisms (bacteria and viruses) that can cause infection before these microorganisms have the opportunity to invade the body. With immunization, the body will be protected from infection as well as other people because they are not infected (Marmi, 2015). Immunization is also a form of health intervention that is very effective in reducing infant and under-five mortality rates. With immunization, various

diseases such as tuberculosis, diphtheria, pertussis, tetanus, hepatitis B, poliomyelitis, and measles can be prevented. The importance of immunization can be seen from the number of children under five who died from diseases that can be prevented by immunization (Dewi, 2013).

However, given the importance of providing complete basic immunization, Indonesia still faces various obstacles in achieving the immunization target that the government wants, for example in (2016) the distribution of vaccines is still uneven in all

corners of Indonesia and the phenomenon of the circulation of fake vaccines which is an excuse for parents. do not immunize their babies, because they are afraid it will cause problems for their children (Setyanti, 2016).

Based on information obtained from Ermawati, who is one of the Health Service Officers of the City of Lhokseumawe (Aceh), several factors that influence mothers to vaccinate or immunize their babies are the lack of information about the benefits of vaccination and there are also mothers who already know the benefits of vaccination, but often their husbands or the nuclear family is the decision maker so that it affects the action to carry out immunizations or vaccinations, therefore family support is also one of the things that influences the immunization action besides the mother's knowledge (Meta, 2012).

In (2017) Indonesia experienced a very worrying Extraordinary Event (KLB), namely the incidence of Diphtheria. Diphtheria incidence in Indonesia has always fluctuated since the 1980s. In 2007 there were 183 cases of diphtheria which increased to 1,192 cases in 2012 and decreased incidence of diphtheria in 2013-2016 (Sariadji, 2017). And according to the Indonesian Pediatrician Association (IDAI), the diphtheria outbreak in Indonesia is the highest in the world. Diphtheria outbreaks occurred in 28 provinces and 142 districts / cities. So there has never been the most in the world and the coverage is 28 Provinces, "said the Chairman of the Indonesian Pediatrician Association, Aman Bhakti Pulungan, during a press conference at the IDI office Jalan Sam Ratulangi, Central Jakarta (Nugraha, 2017). As of November 2017, there were 20. provinces that have reported diphtheria with 593 cases and 32 deaths. Director General of Disease Prevention and Control of the Ministry of Health, Mohamad Subuh said, 66 percent of the total prevalence did not immunize. Then, 31 percent did immunization, but not until the final stage. To be free from diphtheria, individuals must receive at least three immunizations, while the remaining 3 percent have received complete immunizations (Putra, 2017).

From the results of research conducted by Wifeyati in (2011) regarding factors related to completeness of basic immunization in infants in Kumpulrejo Village, Argomulyo District, Salatiga City in 2011 several factors influenced

the completeness of basic immunization, namely the mother's education of 60 respondents, the majority of respondents had basic education (SD-SMP) 36 people with a presentation (60%). Of the 36 people there were 30 respondents with incomplete immunization status with the majority of basic education 23 people with this percentage (38.3%) because mothers who have a basic education level have a 4.279 times risk of not giving basic immunizations to their babies in line with Ki Hajar's opinion. Dewantara, who said that one's education is a process of behavior change, the higher one's education is, the more it is taken into account in choosing places for health services.

Employment status of the 60 respondents, the majority of mothers do not work, 33 people (53.3%) there are 30 respondents with incomplete immunization status, the majority of which work 21 people with this percentage (35%) because working mothers have a risk of 7.667 times not. Providing complete basic immunization to the baby, this is in line with the theory put forward by Pandji Anoraga which states that the expansion of the work field will encourage more women to work, especially in the private sector. On the one hand, it has a positive impact on increasing income but has a negative impact on coaching, childcare and if the mother works to earn a living it will reduce the opportunity or time to come to the immunization service, so that the child does not get complete basic immunization. Next is family support from 60 respondents, 39 people are supported by their families to carry out complete basic immunization with a percentage of 65%, there are 30 respondents with incomplete immunization status, the majority of whom do not get support from families of 16 people with this percentage (26.7%) because of the mother. those who are not supported by their families have a risk of not giving complete immunizations to their babies 5,714 times, this is in line with the theory put forward by Soekidjo Notoatmodjo which states that to make attitudes into real actions requires support from families, especially husbands.

According to the World Health Organization (2018) immunization prevents between 2 and 3 million deaths each year. However, with global vaccination coverage still at 86%, it is estimated that 19.5 million infants worldwide are still missing basic vaccines. In

Indonesia, the success of a baby in getting the basic immunization is measured by the complete basic immunization indicator. The indicator achievement targeted by the Indonesian government in 2016 was 91.58% and of the 34 provinces in Indonesia there were only 12 provinces that succeeded in achieving the immunization target. Riau Islands is one of the provinces that has not reached the target that the government wants in 2016, this can be seen from the achievement of complete basic immunization coverage for infants of 85.05% of the government's target of 91.58% (Kemenkes RI, 2016).

Based on data held by the Batam City Health Office (2017), the target of complete basic immunization coverage for infants is 91.2% and this target has been achieved. However, of the 14 health centers in Batam City, there are 3 health centers whose immunization coverage is still below 91.2%, namely: Botania Puskesmas with complete basic immunization coverage for infants by 80.5%, Puskesmas Kabil at 85.5% and Puskesmas Tg. Sengkuang amounted to 90.8%. According to the results of a preliminary survey conducted by researchers in the Botania Community Health Center Work Area, out of 10 respondents, there were 6 (60%) mothers who had good knowledge of complete basic immunization and 4 people who had less knowledge (40%) and out of 6 respondents who have sufficient knowledge 3 of them have complete status on basic immunization and out of 4 respondents who are less knowledgeable 2 of them have complete basic immunization status for their babies and based on a survey conducted at the Botania Community Health Center where it is known that the Puskesmas has conducted several counseling about the importance of basic immunization complete for babies to mothers and husbands, especially pregnant women, equipped with banners that are neatly stored in the waiting room and registration room. The survey illustrates that the majority of well-informed respondents are supported and assisted by the Botania Health Center health workers.

The purpose of this study is the relationship between work status and completeness of basic immunization in infants

RESEARCH METHODS

The design in this study used a quantitative method with a cross sectional approach. The location of this research is in the working area of Puskesmas Botania. Researchers chose the Botania Puskesmas working area according to data held by the Health Office in 2017) that the lowest basic immunization coverage for infants was at Botania Puskesmas, namely 80.5%. Population is the whole object in a study whose characteristics will be examined (Ariani, 2014). The population in this study were all live births in the Botania Community Health Center working area, namely 2184 people. The sample is part of the number and characteristics possessed by the population. This sampling technique uses a purposive sampling method, which is to determine a sample of the population based on specific objectives or according to the criteria desired by the researcher (Rumengan et al., 2015). Data analysis used bivariate data analysis with statistical tests, namely the Chi Square test using the SPSS program.

RESEARCH RESULT

Mother's Work Status Related to Completeness of Basic Immunization in Infants

The mother's employment status related to the completeness of basic immunization for infants, shows that out of 96 respondents the majority have a working status of work as many as 54 people (56.2%).

Completeness of Basic Immunization in Infants Related to Completeness of Basic Immunization in Infants

Completeness of basic immunization in infants is related to completeness of basic immunization in infants, showing that out of 96 respondents the majority were incomplete as many as 56 people (58.3%).

Relationship of work status with completeness of basic immunization in infants

The relationship between work status and completeness of basic immunization in infants, of the 56 people (56%) who had incomplete immunization status, 5 people (24.5%) who had a non-working status of employment and 51 people (31.5%) who had a working status.

whereas, of the 40 people (40%) who had complete immunization status, 37 people (17.5%) had non-working status and 3 (22.5%) had working status. Chi-square analysis results obtained p-value 0.000, which means p-value <0.05 so that H_0 is rejected. So it can be concluded that there is a relationship between work status and completeness of basic immunization in infants.

Calculating the risk estimate, the value of odds ratio (OR) = 12,143 is obtained, so it can be concluded that respondents who have work status have a risk of not giving complete basic immunization to their babies 12,143 times compared to mothers who have unemployment status.

From the results of interviews conducted with respondents who did not work but had incomplete infant immunization status because the mother felt that the health workers' services were unfriendly and unsatisfactory so that the mother did not come on the next immunization schedule.

DISCUSSION

Most of the mother's employment status of the 96 respondents was working, namely 54 people (56.3%) and 42 people (43.8%) who did not work. According to the Big Indonesian dictionary, work is a livelihood, whatever is used as a staple of life or something that is done to earn a living where working mothers have the same working time as other workers, that is, if they work in the morning and evening they have around 7-8 hours per day, and at night as much as 6 hours per day. The majority of work done by housewives is private work which takes up more of the time that they continue the remaining hours working on housewives.

The results of this study are in line with the results of a study conducted by Wifeyati (2011) with the title of factors related to completeness of basic immunization in infants in Kumpulrejo Village, Argomulyo Subdistrict, Salatiga City, namely, of the 60 respondents, the majority of mothers had work status, namely 33 people with presentations (53.3%). Of 33 respondents, 21 respondents had incomplete immunization status and 7 respondents had complete immunization status for their babies. From the data above, it can be concluded that the majority of mothers have a working status with incomplete immunization for their babies

Based on the results of this study it can be concluded that the majority of respondents in this study have a working status, where with 8-12 hours per day with full day work days will make mothers busy at work to help the family economy and as housewives, so that it will affect the time given to the family, especially to meet the needs of infants in terms of complete basic immunization in infants.

Of the 96 respondents, the majority had complete incomplete basic immunization status as many as 56 people with a presentation (58.3%) and 40 people with a complete presentation (41.7%).

According to Notoatmodjo in Istriyati (2011) factors that affect the completeness of basic immunization in infants, one of which is maternal education which will be related to the mother's knowledge of the importance of immunization, work status related to the time the mother has for the family, especially for babies and family support. which relates to the achievement or implementation of immunization measures in infants.

This is in line with the research conducted by Wifeyati in (2011) with the title of factors related to completeness of basic immunization in infants in Kumpulrejo Village, Argomulyo Subdistrict, Salatiga City, of which 30 respondents had incomplete immunization status and 30 other respondents. have complete immunization status.

Based on interviews conducted with mothers who have incomplete immunization status for their babies, lack of knowledge about the importance of immunization, as well as issues circulating in the community where the true evidence is not yet known, mothers are busy working so that they lack time to socialize with the environment, and lack of support. in the family makes the infant's immunization status incomplete. So that after an extraordinary incident in 2017 the mother felt worried about her child because the immunization given was incomplete, this became a dilemma for the mother.

Based on the results of this study, it can be concluded that the majority of respondents have incomplete basic immunization status. This is due to the majority of mothers taking basic education (SD-SMP) with the majority working as entrepreneurs and the absence of support in the family which affects the willingness of

mothers to provide complete immunization for infants aged 0-1 years.

The results of the chi square test analysis obtained p value = 0.000 (p value <0.05). calculation of risk estimate, obtained the value of odds ratio (OR) = 12,143, so it can be concluded that mothers who do not work tend to provide complete immunization to their children, while mothers with working status have a risk of not giving complete basic immunization to their children 12,143 times.

Rahmadewi's research results in Supardi et al (2011) state that the work of parents is closely related to the busyness, activities, and economic conditions of the family. The busyness that the mother has at work will affect the health status of the family, in this case the immunization status of the baby.

In line with the research conducted by wifeyati (2011), it is stated that there is a relationship between employment status and completeness of basic immunization in infants in Kumpulrejo Village, Argumulyo Subdistrict, Salatiga City in 2011, with p value = 0.000 (p value <0.05). It shows that working mothers will have very little time to pay attention to health status in the family, especially complete basic immunization for their babies due to their busy work.

The results of interviews with respondents said that the work they do with 8-12 hours per day outside of household work consumes a lot of time and energy for the mother, so the mother does not have the right time to bring her child immunized to the nearest health facility because the vaccines that have been used also have time period so that the immunization status is incomplete.

CONCLUSION

Based on the results of the study, it can be concluded that there is a relationship between work status and completeness of basic immunization in infants in the Botania Community Health Center in 2018. This shows that working mothers tend not to provide complete immunization due to busy working on weekdays (Monday-Saturday) until full. day (Monday-Sunday) where the immunization schedule is also carried out during working hours with a certain time, the majority of immunizations are carried out in the morning by health workers so that many babies have

incomplete immunization status in the working area of Puskesmas Botania. The majority of mothers in this study worked as entrepreneurs.

SUGGESTION

For Respondents

From this research, it is hoped that families can further increase support for mothers so that babies are fully immunized at the nearest health facility.

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