

## Basic Immunization Program Coverage of Minimum Service Standards (MSS) in Raja Aligas, Huta Bayu Raja District

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### ABSTRACT

Immunization is an effective way to provide immunity, especially to someone who is healthy, with the main goal of reducing morbidity and mortality due to various diseases that can be prevented by immunization. One of them is measles, which often attacks children under the age of five. The research objective was to determine the results of the basic immunization program coverage against the Minimum Immunization Service Standards. The research design used in this study is a descriptive study design. The number of samples in this study from the Raja Maligas in Silakkidir Village, Huta Bayu Raja District, Simalungun Regency was 47 people. with the sampling technique in this study using *total sampling*. Data analysis used is descriptive analysis. The results of the research on immunization coverage at Raja Maligas in Silakkidir Village showed that the majority of babies had received basic immunization HB 0, DPT/HB 1, DPT/HB 2, DPT/HB 3, POLIO 1, POLIO 2, POLIO 3 as many as 47 people (100%) and a minority of infants received basic immunizations for BCG, POLIO 4, and MEASLES, respectively 95.7%, 97.9% and 95.7%. From the results of this study it is known that the coverage of the basic immunization program at the Raja Maligas has reached the Immunization Minimum Service Standards (SPM) in accordance with those set by the Government. So it is recommended that immunization officers at the health center continue to provide complete basic immunization services to every baby before the age of 1 year.

#### Keywords:

Immunization, Immunization Program Coverage, Immunization Minimum Service Standards

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### 1. INTRODUCTION

Immunization is an effective way to provide immunity, especially to someone who is healthy, with the main goal of reducing morbidity and mortality due to various diseases that can be prevented by immunization, one of which is measles which often attacks children under the age of five [17]. Various efforts will be made so that children grow healthy. One of them is by giving immunizations or vaccinations according to the schedule. The immunization program aims to protect babies from birth to childhood from various dangerous diseases. Vaccines are given in the form of injections or syrups that stimulate the body to produce antibodies that are useful for fighting disease [12]. According to RI Minister of Health No. 828, the scope of *Universal Child Immunization* (UCI) villages or sub-districts is a village or sub-district where > 80% of the number of babies in the village have received complete basic immunization within one year with the 2010 immunization target reaching 100%.

The Ministry of Health implements the Immunization Development Program (PPI) for children in an effort to reduce the incidence of disease in children, the immunization program for diseases that can be prevented by immunization (PD31) for children covered by PPI for one BCG immunization, three DPT immunizations, four polio immunizations, one measles immunization and three Hepatitis B immunizations. For measles immunization coverage variations also occurred by province, the lowest was in Banten (62.5%) and the highest was in DI Yogyakarta (99.2%). If measles immunization coverage is used as an indicator of complete immunization, overall Indonesia has achieved

*Universal Child Immunization* (UCI). Even so, when viewed by province there are still 12 provinces that have not reached UCI [2].

Indriarti [12] infants and children are generally given active immunization because this type of immunization is able to provide longer immunity. On the other hand, passive immunization is only given in very urgent situations, if it is suspected that the child's body does not yet have immunity when infected with germs for malignant diseases such as tetanus. Try to immunize every child. Every visit to the hospital should be used as an opportunity to check and update the child's immunization status. Don't let the immunization status be neglected and the consequences for the child and the community must be seriously considered [5].

### **Formulation of the problem**

Based on this background, the formulation of the research problem is how the results of the coverage of the basic immunization program against the minimum immunization service standards at the Raja Maligas , Huta Bayu Raja District, Simalungun Regency.

## **2. METHOD**

### **Research design**

The design used in this research is a descriptive study design which aims to determine the results of achieving the coverage of the basic immunization program against the minimum service standards for immunization at the Raja Maligas , Huta Bayu Raja District, Simalungun Regency.

### **Location and Time of Research**

This research was conducted in This research was conducted in Silakkidir Village, Huta Bayu Raja District, Simalungun Regency. The considerations for choosing a location are because the place is affordable, there are limited time and costs. This research was conducted from the 1st to the 30th of April 2021.

### **Population**

The population in this study were all children aged 1 - 2 years who had received basic immunization in Silakkidir Village. From the preliminary survey, the number of babies in Silakkidir Village was 47 children who had completed their immunization period in 2021.

### **Sample**

The sample in this study was the entire population of infants aged 1 - 2 years who had received basic immunization in Silakkidir Village. The sampling technique was *total sampling* with the sample criteria in this study were mothers with babies aged 1-2 years who had come to posyandu/health center, resided in Silakkidir Village, Huta Bayu Raja District, Simalungun Regency and were willing to become research subjects.

### **Data analysis**

According to Notoatmodjo [13], the collected data will be analyzed using univariate statistical analysis techniques for each variable from the research results. The results of data processing are presented in the form of frequency and percentage distributions using computerized techniques to display the results of the data that has been collected regarding the coverage of the basic immunization program against the Minimum Service Standards. After the results of data processing are obtained, it can be seen that the coverage of the basic immunization program against the Minimum Service Standards at the Raja Maligas, Silakkidir Village, Huta Bayu Raja District, Simalungun Regency.

## **3. RESULTS AND DISCUSSION**

### **Interpretation and discussion of results**

From the results of the study it was concluded that the coverage of the basic immunization program for infants aged 1-2 years in Silakkidir Village was in accordance with the target of achieving the minimum immunization service standard (SPM) with an achievement result of > 95%. Immunization coverage by type of work shows that for each type of immunization, the highest coverage is if the work of the head of the family is a civil servant and the lowest coverage is for the head of the family who works as a farmer, fisherman or laborer, the higher the parents' education, the better the parents' knowledge regarding the provision of the schedule immunization of their children ([17]

One data states, the percentage of complete immunization, all types of basic immunization that has been obtained by children aged 12-24 months. It can be seen that the overall complete immunization coverage was 53.8% and 33.5% incomplete. There are large variations in the percentage of complete immunization between provinces [17]. This is very different from immunization coverage data at the Raja Maligas , Simalungun Regency, which reaches values of up to > 95%.

One study stated [15] that the achievement of the immunization program for children aged 12-23 months in Purworejo Regency was quite high, not much different from the results found in the 1994 IDHS of 83.7%. The results of this study are the same as the results of research at the Raja Maligas, Silakkidir Village, Huta Bayu Raja District, Simalungun Regency, which is quite high, reaching > 90%.

*Universal Child Immunization (UCI)* status, namely the stage where immunization coverage at an administrative level has reached 80% or more, there are still challenges to realizing 100% UCI village/ in 2022. However, in 2012 it is hoped that the achievement of immunization will be 90% and 85% of infants will have received complete basic immunization.

The immunization program in Indonesia has achieved *Universal Child Immunization (UCI)* status, which is a stage where immunization coverage at an administrative level has reached 80% or more. But we still have the challenge of realizing 100% UCI Village by 2022, which means immunization coverage in all villages and s in Indonesia has reached 80% or more. Means that the purpose of giving immunization is to give immunity to the child's body by giving a vaccine to be able to actively increase the immunity of a person/infant against an antigen, so that when he is later exposed to a similar antigen, disease does not occur.

There are no differences in the coverage of each type of immunization according to sex, but differences according to region. There are also babies who do not receive immunization from Silakkidir Village, Simalungun Regency, this can hinder the government's goal of achieving immunization targets in villages [17]. From the description above, the achievement of the coverage of the immunization program at the Raja Maligas has reached the Minimum Immunization Service Standards (SPM) in accordance with Government regulations.

The results of this study illustrate that nurses and immunization officers at the health center play an important role in realizing the achievement of Basic Immunization Coverage so that Minimum Immunization Service Standards (SPM) are achieved in accordance with Government decisions and targets set by the Simalungun District Health Office.

#### 4. CONCLUSION

From the results of the research and discussion on Basic Immunization Program Coverage Against Minimum Service Standards (SPM) for Immunization at the Raja Maligas in 2022, the following conclusions can be drawn demographic characteristics of respondents at the Raja Maligas, Silakkidir Village, Huta Bayu Raja District, Simalungun Regency from 1 to 30 April 2022 found that out of 47 people in the intervention group, most of the respondents were in the age range 1-1.5 years, 24 people (57.45%) and 20 people (42.55%) in the age range of 1.6-2 years who have received basic immunization. The results obtained from the basic immunization coverage in the Raja Maligas area are that the basic immunization coverage has reached > 95% from Silakkidir Village, Huta Bayu Raja District, Simalungun Regency. However, the Basic Immunization Program Coverage at the Raja Maligas has reached the Village Minimum Immunization Service Standards (SPM) set by the Government.

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