

## The Implementation of the Posyandu Program and Complete Infant Immunization at the Tiga Balata Community Health Center

Wilson Samosir \*

Department of Pharmacy, Faculty of Health, Universitas Efarina, Indonesia

Article Info	ABSTRACT
<p><b>Article history:</b> Received January 02, 2023 Revised January 15, 2023 Accepted February 23, 2023</p>	<p>Posyandu activities throughout Indonesia are carried out once a month or more, where activities carried out by posyandu refer to the 5 table system. Completeness of infant immunization is the fulfillment of artificial active immunization required by the government, namely BCG, HBO, DPT/HB, Polio, and Measles. The research objective was to describe the implementation of the posyandu program and the completeness of infant immunization. This research is a descriptive explorative research. The study population was mothers with children aged 1-2 years who had come to posyandu in Kasindir Village, Jorlang Hataran District, Simalungun Regency, namely 70 people with a <i>total sampling technique</i>. However, those who were willing to be research respondents were 64 people. Data were analyzed descriptively with a computerized program. The implementation of the posyandu program in Jorlang Hataran District, Simalungun Regency, based on the research results, has gone well (90.6%), but there are still a number of activities that have not been fully implemented including the presence of doctors (26.6%), health counseling (29.7%) , facilities and infrastructure needed in the implementation of Posyandu (48.4%). For the completeness of infant immunization, most of them have received complete immunization, amounting to 85.9%. From the results of this study it is hoped that health workers at the Tiga Balata Health Center can maintain and increase the role of the posyandu for the community in their working area, and it is hoped that the puskesmas staff will increase their presence in every posyandu activity.</p>
<p><b>Corresponding Author:</b> Wilson Samosir Department of Pharmacy, Faculty of Health, Universitas Efarina, Indonesia. Email: wilsonsamosir@gmail.com</p>	

### Keywords:

Posyandu Program, Immunization, Completeness of Immunization

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### 1. INTRODUCTION

Health is a basic right (1945 Constitution) and at the same time as an investment, so it needs to be strived for, fought for and improved by every individual and by all components of the nation, so that people can enjoy a healthy life, and in the end can realize an optimal degree of public health. This needs to be done, because health is not the responsibility of the government alone, but is a joint responsibility of the government and society, including the private sector. In line with the development of the development paradigm, a policy direction for health development has been set, which is contained in the Medium-Term Development Plan (RPJM), namely empowering families and communities by developing Posyandu. [9].

Posyandu stands for integrated service post, where this posyandu was declared in 1986 through a joint decree between the Indonesian Minister of Home Affairs (Mendagri), the Indonesian Minister of Health, the head of the BKKBN and the Family Welfare Development Team (PKK). Posyandu was established in small villages that are not reached by hospitals and clinics with the aim of reducing maternal and child mortality, accelerating acceptance of NKKBS (Norma for Happy and Prosperous Small Families), improving health services in the community and also increasing community participation [9].

Some of the obstacles faced by posyandu in implementing their programs include; lack of facilities, lack of trained cadres, and lack of public awareness of the importance of posyandu. Besides that, the availability of buildings for posyandu is also an obstacle for posyandu activities, in West Java only 3% to 4% of the total posyandu have their

own building, the rest use the sub-district/village office, community association (RW), houses of sub-district/village officials or cadres posyandu, there are even posyandu who are forced to carry out their activities under a tree [7].

These constraints resulted in the Posyandu not functioning properly which resulted in low public interest in using the Posyandu. A further consequence is that there are many things that can actually be useful for mothers to understand how to care for their children properly from the time they are in the womb, then to increase the safety of mothers during childbirth easily and affordably, becomes impracticable [14].

### **Formulation of the problem**

Based on the description of the background above, it can be formulated the problem of how to implement posyandu and completeness of infant immunization at Tiga Balata Health Center, Jorlang Hataran District, Simalungun Regency.

## **2. METHOD**

### **Types and Research Design**

This research is a descriptive exploratory research that aims to identify descriptions of the implementation of the posyandu program and completeness of infant immunization in Kasindir Village, Jorlang Hataran District, Simalungun Regency

### **Location and time of Research**

This research was conducted in the working area of Tiga Balata Health Center, Kasindir Village, Jorlang Hataran District, Simalungun Regency. The implementation of data collection in this study was carried out from April to May 2022.

### **Population and Research Sample**

The population in this study were all mothers with children aged 1-2 years who had come to posyandu in Kasindir Village, Jorlang Hataran District, Simalungun Regency, namely 70 people. The sample in this study was the entire population (*total sampling*), namely all mothers with children aged 1-2 years.

### **Data Processing and Analysis**

After all the data has been collected, data analysis is carried out by examining all the questionnaires one by one, namely the identity and data of the respondents and ensuring that all answers must be filled in according to the instructions. Then code members to the questionnaire to make it easier to do tabulations. Furthermore, data processing is carried out using computerization and then cleaning, namely checking back the data that has been entered to find out if there is an error or not. To process the collected data used descriptive analysis with a computerized program. Furthermore, the data is presented in the form of a frequency distribution and presentation.

## **3. RESULTS AND DISCUSSION**

From the results of this study it is known that based on the age of the babies are between the ages of 1 to 1.6 years (59.4%) and the rest are aged between 1.7 to 2 years (41.6%). Based on the place of birth, toddlers are generally born in hospitals/clinics, which is around 70.3%, this illustrates that the majority of people in Jorlang Hataran District, Simalungun Regency use health care facilities as a place to give birth.

### **Posyandu Program Implementation**

Based on the results of research on the implementation of the posyandu program, it can be seen that the implementation of the posyandu program in Jorlang Hataran District, Simalungun Regency has been going well (90.6%). This shows a very significant increase when compared to the statement by [24] that the average posyandu that is active at the district level is only 60%. This fact is a very good achievement, especially for Tiga Balata Health Center. Even so, it should also be noted that there are still a number of things in the implementation of posyandu activities that are only partially implemented (9.4%).

### **Completeness of Infant Immunization**

Based on the results of research on the completeness of toddler immunization, it can be seen that the majority of toddlers (85.9%) in Jorlang Hataran District, Simalungun Regency have received complete immunization. However, the achievement of immunization coverage which has reached 98% illustrates that parents of toddlers are motivated to take their children to health service facilities, especially posyandu for immunization. This motivation arises because of the increasing understanding of mothers about the importance of immunization for their children. Increased understanding of mothers can be due to information received by mothers through health promotion activities and influences from the environment [23]. The Minister of Health of the Republic of Indonesia (Endang. RS), stated that the coverage of the basic immunization program had reached *Universal Child Immunization* (UCI) status, namely the

stage where immunization coverage at an administrative level had reached 80% or more. there are still challenges to realizing 100% village/kelurahan UCI in 2021.

#### 4. CONCLUSION

Based on the results of the study, it can be concluded that most of the infants aged 1 to 1.5 years (59.4%), most of the children under five were female (56.2%), and based on the place of birth the majority of children under five were born in hospitals/clinics (70.3 %). The implementation of the posyandu program in Jorlang Hataran District, Simalungun Regency, based on the research results, has gone well (90.6%), but there are still a number of activities that have not been fully implemented including the presence of doctors (26.6%), health counseling (29.7%) , facilities and infrastructure needed in implementing posyandu (48.4%). For the completeness of infant immunization, most of them had received complete immunization, amounting to 85.9%, but there were still several infants who had not received complete immunization, this incomplete type of immunization included measles immunization (7.8%), BCG (4, 7%), and Polio 4 (6.2%).

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