VIVA MEDIKA
Jurnal Kesehatan, Kebidanan, dan Keperawatan

Homepage: http://ejournal.uhb.ac.id/index.php/vm
P-ISSN: 1979-2026 E-ISSN: 2656-1034
DOI: 10.35960/vm.v17i1.1331

Factors Associated with Completeness of Basic Immunization in Children Under Five in The Working Area of Bangko Jaya Community Health Center

Novita Saragi[1*], Oktavia Dewi[2], Azzah Rawani[3]
[1,2]Hangtuah Pekanbaru University, Jl. Mustafa Sari No.5, Pekanbaru 28288, Indonesia
[3]Community Health Center Bangko Jaya of Rokan Hilir Regency, Jl. Lintas Sumatra, Bangko Jaya, Rokan Hilir Regency, Riau 28992, Indonesia
[1]dr.novitasaragih@gmail.com*; [2]oktaviadewi@htp.ac.id; [3]azzah.rawani1976@gmail.com

ABSTRACT

The health law states that every child has the right to receive basic immunization in accordance with the provisions. At Bangko Jaya Community Health Center, only 76.7% of children under five received complete basic immunization. This study aims to determine the factors associated with completeness of basic immunization for children under five in the working area of Bangko Jaya Community Health Center, Rokan Hilir Regency. This study uses a qualitative phenomenological research method that explains the reasons for incomplete basic immunization in children under five. This research was conducted from November 27 to December 14, 2023. The informants in this study were parents of children under five, cadres and immunization program holders, parents, and community perceptions of immunization. The informant selection technique was based on availability to be interviewed and adequacy. Based on the results of in-depth interviews with parents of children under five and the community in the working area of Bangko Jaya Community Health Center, the main obstacles to participation in immunization for children under five involve several aspects. [From the results of the residency report, parents of children under five tend to be less active in immunization activities, feel they do not need to return after immunization is complete, or have difficulty attending due to work. Efforts to increase participation involve innovative strategies such as providing rewards to children under five who diligently attend or holding interesting activities at the integrated health service post. On the other hand, public perceptions of immunization are still influenced by fears of vaccine side effects or religious views. From the results of the residency report, it can be concluded that the importance of collaboration with community leaders and village government in changing this perception is a key factor in increasing participation. Thus, a comprehensive approach is needed that involves collaboration between health workers, integrated health service post cadres, community leaders, and village government to design more effective counseling strategies and improve service quality.

Keywords: Immunization, Parents, Community Perception

1. INTRODUCTION

Immunization is an effort to generate or increase a person's immunity actively against a disease or an effort to provide immunity to infants and children by inserting a vaccine into the body to stimulate the production of antibodies aimed at preventing certain diseases. The purpose of immunization is to provide immunity against Poliomyelitis (paralysis), Measles, Diphtheria, Pertussis (whooping cough or hundred-day cough), Tetanus, Tuberculosis (TB), Hepatitis B, pneumonia and to prevent diseases and infant

*** Novita Saragi**
Tel.: -
Email: dr.novitasaragih@gmail.com

and child mortality caused by frequent outbreaks. In Indonesia, the immunizations that have been mandated by the government as well as by the World Health Organization (WHO) include Bacillus Calmette-Guérin (BCG), Diphtheria, Pertussis, Tetanus (DPT), Hepatitis, Measles, Measles, Mumps, and Rubella (MMR), Rotavirus, Polio and Pneumococcal Conjugate Vaccine (PCV) immunizations. (Yoselina et al., 2023).

The health law states that every child has the right to obtain basic immunizations in accordance with the provisions. Immunization is carried out to prevent diseases that can be prevented by immunization. The government is obliged to provide complete immunizations to every infant and child. The implementation of this immunization is contained in the Regulation of the Minister of Health Number 12 of 2017 which was promulgated on April 11, 2017. Some infectious diseases that are included in Immunizable Diseases (PD3I) include tuberculosis, diphtheria, tetanus, hepatitis B, pertussis, measles, rubella, polio, meningitis, pneumonia, pneumococcus. Children who have been immunized will be protected from various dangerous diseases, which can cause disability or death. Immunization is one of the most cost-effective health interventions, because it can prevent and reduce the incidence of morbidity, disability and mortality due to PD3I which is estimated at 2 to 3 million deaths each year (Demang et al., 2023).

Since May 2012, the World Health Assembly (WHA) has initiated World Immunization Week which is celebrated every 4th week of April (April 24 - 30). Until now, World Immunization Week has been implemented by more than 180 countries through the implementation of various activities. Based on WHO data in 2021, as many as 25 million children or about 30% did not receive complete immunizations at the global level. This number has decreased since 2012 where there were around 48% of children who did not receive immunizations.

In Indonesia, every infant (aged 0-11 months) is required to receive a complete basic immunization series consisting of 1 dose of hepatitis B, 1 dose of BCG, 3 doses of DPT-HB-HiB, 4 doses of oral polio vaccine, 1 dose of inactivated polio vaccine, 1 dose of measles/MR, and 3 doses of PCV. The determination of immunization types is based on expert studies and epidemiological analyses of emerging diseases. The percentage of children aged 12-23 months who received complete basic immunization in Indonesia was 57.17% in 2020, 61.09% in 2021, and 63.17% in 2022. Over 90% of children aged 12-23 months received the recommended BCG immunization (1 time), 76.74% received the recommended DPT immunization (3 times), 81.66% received polio immunization (3 times), 72.95% received the recommended measles immunization (1 time), and 74.33% received HB immunization (3 times). For these five types of immunization, the percentage in urban areas is higher than in rural areas (Community Health Center, no. 12, 2017).

In Riau Province, the percentage of children under five who received complete immunization in 2021 was only 38.57%. Of this number, 89.44% received BCG immunization, 85.06% received DPT, polio, and hepatitis B immunization, 89.38% received polio immunization, and 70.18% received measles immunization. In Rokan Hilir Regency, Riau Province, immunization coverage in 2023 was as follows: HB0 58.5%, BCG 71.4%, polio 1 69.2%, DPT1 80.3%, polio 2 78%, PCV1 78.4%, RV1 41.1%, DPT2 78.9%, polio 3 78.2%, PCV2 65.4%, DPT3 78%, polio 4 79.2%, IPV1 76.3%, RV2 17.6%, MR 80.6%, IPV2 36.1%, and complete basic immunization 68.1% (Health Office of Riau, 2023).

Children who are not immunized against measles have a 1.5 times higher risk of contracting the disease compared to those who receive measles immunization. The incidence of measles, pneumonia, and diarrhea is higher in children who do not receive complete basic immunization compared to those who do. Basic immunization status has been found to affect disease incidence, which is also related to nutritional status in children under five.

Immunization reduces disease incidence and strengthens the body's resistance, thereby improving nutritional status (Ferasinta et al., 2022).

Several factors are thought to influence immunization administration, including education, occupation, number of children, mother's knowledge about immunization, attitudes or perceptions of vulnerability, severity, benefits, and barriers, birth attendants, place of delivery, family support, and health care provider services. The factors believed to play a strong role in influencing immunization are the mother's low level of knowledge about immunization and family support (Andari et al., 2022).

Research by Pademme (2020) states that knowledge obtained a p-value of 0.000, and the attitude variable obtained a p-value of 0.000, indicating that there is a relationship between mothers' knowledge and attitudes and the completeness of basic immunization in infants at Asoka Immunization in the working area of Waisai Health Center, Raja Ampat Regency (Pademme & Mansoben, 2020). A study by Wibowo (2020) revealed that most respondents (95.6%) answered that the meaning of immunization is an effort to prevent infectious diseases. Vaccines are given to healthy individuals to stimulate the production of antibodies or immunity to prevent specific infectious diseases. It is important to note that immunization provides disease-specific immunity depending on the type of vaccine administered (Wibowo et al., 2020). Furthermore, research by Zulfikar (2021) found a relationship between knowledge and completeness of basic immunization in infants, with a p-value of 0.000 ($p \leq 0.05$), and a relationship between attitude and completeness of basic immunization in infants, with a p-value of 0.000 ($P \leq 0.05$) (Zulfikar & Muslimah, 2021).

Data from Bangko Jaya Community Health Center, Rokan Hilir Regency, shows that in the third quarter of 2023, the percentage of HB0 immunization was 83.2%, BCG 80.7%, DPT-HB-HiB (1) 78.3%, DPT-HB-HiB (2) 75%, DPT-HB-HiB (3) 70.2%, polio 1 84.2%, polio 2 74.6%, polio 3 73.6%, and polio 4 75.4%. The achievement of IPV immunization was 76.7%, measles/MR 78.9%, IPV 2 33.6%, PCV 1 72.7%, PCV 2 55.8%, PCV 3 6.5%, RV 1 33.8%, RV 2 12.05%, RV 3 1.8%, DPT HB HiB booster 44.2%, and measles booster 40.2%. In conclusion, only 76.7% received complete basic immunization. This study aims to investigate the factors associated with the completeness of basic immunization for children under five in the working area of Bangko Jaya Community Health Center, Rokan Hilir Regency.

2. RESEARCH METHOD

This study uses a qualitative phenomenological research method that explains the reasons for incomplete basic immunization in children under five. This research was conducted from November 27 to December 14, 2023. The instruments in the residency report used interview sheets accompanied by observation checklists and document tracing. The informants in this study were parents of toddlers, cadres and immunization program holders. The informant selection technique was based on availability to be interviewed and sufficiency.

The main informants in this study amounted to four people, consisting of the head of the community health center, immunization officers and village midwives as shown in Table 1.

Table 1. Characteristics of Main Informants

Informant	Age	Education	Position
IU 1	39 yrs	Bachelor	Community Health Center Immunization Officer
IU 2	28 yrs	Diploma	Village Midwife
IU 3	30 yrs	Diploma	Village Midwife
IU 4	35 yrs	Diploma	Village Midwife

The main informants in this study consisted of community health center immunization officers and three village midwives aged between 28 and 39 years, with educational backgrounds from diploma to bachelor degree. The supporting informants in this study are as shown in Table 2.

Table 2. Characteristics of Supporting Informants

Informant	Age	Education	Position
IP1	37 yrs	Bachelor Degree	Immunization Program Holder at the Rokan Hilir District Health Office
IP2	39 yrs	High School	Cadre
IP3	32 yrs	High School	Parents of Toddler
IP4	34 yrs	High School	Parents of Toddler

The supporting informants in this study consisted of the Immunization Program Holder at the Rokan Hilir District Health Office as well as cadres and parents of toddlers. The data collection steps are divided into six stages, namely, data transcription, data coding, analysis process, data presentation in matrix form, data analysis at the time of data collection, and content analysis to analyze the data.

3. RESULTS AND DISCUSSION

3.1 Bangko Jaya Community Health Center

Bangko Jaya Health Center is a Community Health Center located on Jalan Lintas Riau Sumut KM 12, Bangko Pusako District, Rokan Hilir Regency. The Bangko Jaya Community Health Center was inaugurated in 1991. The total population in the working area of the Bangko Jaya Health Center was 39,569 people (9770 households). The population density in the working area of the Bangko Jaya Health Center was 2.5 people/km². The number of toddlers is 4040, infants were 755 and toddlers are 813.

Data from the Bangko Jaya Community Health Center, Rokan Hilir Regency, showed that in the 3rd quarter of 2023, the percentage of HB0 immunization was 83.2%, BCG was 80.7%, DPT-HB-HiB (1) is 78.3%, DPT-HB-HiB (2) was 75%, DPT-HB-HiB (3) 70.2%, polio 1 84.2%, polio 2 74.6%, polio 3 73.6%, polio 4 75.4%. The achievement of IPV immunization was 76.7%, Measles/MR 78.9%, IPV 2 33.6%, PCV 1 72.7%, PCV 2 55.8%, PCV 3 6.5%, RV 1 33.8%, RV 2 12.05 %, RV 3 1.8%, DPT HB HiB Booster 44.2%, Measles Booster 40.2%. Therefore, it can be concluded that only 76.7% received complete basic immunization.

3.2 Problem Identification

The problem identification process is a critical step in determining problem priorities. This stage becomes the starting point for determining problem priorities. Problem identification is carried out through interviews with informants, observations and document searches. Problem identification is carried out by making a list of problems grouped according to the type of effort, target, achievement, and problems found which include human resources, activity budgets, facilities and infrastructure, methods of implementing activities and the environment.

3.3 Determining Problem Priorities

Given the limitations in overcoming problems, the unavailability of adequate technology or the interrelation of one problem with other problems, priority problems need to be selected by way of team consensus. If an agreement is not reached, other criteria can be used. In determining the priority order of problems, various methods can be used, such as the USG (Urgency, Seriousness, Growth) method and so on.

The USG method is a tool used to prioritize issues that need to be resolved by assessing them on a scale of 1-5 across three dimensions. Urgency refers to how time-sensitive the issue is and is determined by the availability of time and the pressure to solve the problem causing the issue. Seriousness considers the consequences of delaying the resolution of the issue, including its potential to cause other problems, its impact on work productivity, success, and the overall system.

Growth assesses the likelihood of the issue worsening if left unaddressed. The issue with the highest total score across these three dimensions is considered the top priority.

To effectively implement the USG method, several key pieces of data and information are required. These include the results of a situation analysis, which provides context and background on the issues being considered; information about the available resources that can be allocated to address the issues; and relevant documents detailing applicable laws, regulations, and government policies that may impact the prioritization and resolution of the issues at hand.

Table 3. Order of Problem Priorities using the USG Method

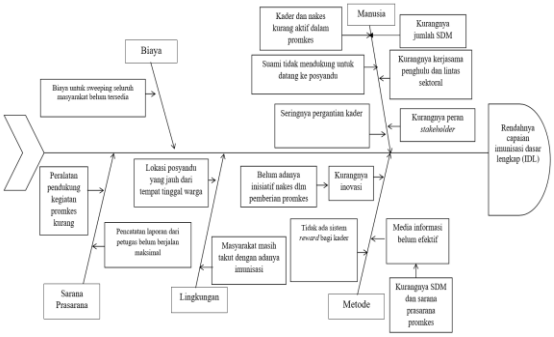
Program Activity Component	U	S	G	Total
Human Resources	4	4	4	12
Activity Budget	3	3	4	10
Facilities and Infrastructure	3	4	4	11
Activity Method	3	2	3	8
Environment	5	4	5	14

Note:
5=very big
4=big
3=medium
2=small
1=very small

Based on the table 3, the issue that is a priority is the environmental problem.

Problem Cause Analysis (*Fishbone*)

The fishbone diagram, also known as the Ishikawa diagram or cause-and-effect diagram, is a systematic method used to identify the root causes of a problem. To create a fishbone diagram, the first step is to write down the problem statement at the head of the fish-shaped diagram. Next, a horizontal line, or the spine of the fish, is drawn with an arrow pointing towards the head, representing the direction of the analysis. The main categories of potential causes are then determined and represented as branches, or bones, extending from the spine at an angle. Sub-causes are added to these main branches using lines with arrows pointing to the main branch. Finally, a brainstorming session is conducted to identify as many potential causes as possible within each category. The resulting fishbone diagram provides a visual representation of the problem analysis, enabling a structured approach to identifying and addressing the root causes of the issue at hand.



Interview Results

In the working area of the Bangko Jaya Health Center, the overall immunization coverage percentage: Complete basic immunization for 662 infants = 87.7%, Complete advanced immunization for infants: DPT Booster: 407 infants = 50.1%, Measles booster: 373 infants = 45.9%. IDL coverage is still below the Riau Province target of 100%. The factors causing incomplete IDL based on the results of the interviews are known as follows:

Reasons parents do not participate in immunization activities

Based on the results of in-depth interviews with all key informants, it was found that the reasons parents were not active in immunization activities were because they felt it was not necessary to weigh their children if the immunizations were complete, the implementation time coincided with their work time and fear of their children being infected with Covid - 19 according to the following expression:

> *"... One, this hoax issue, the second Formulating the problems being faced. In fact, there are additional immunizations too, right? Then the third, some people said that the parents are working, even though if they have time to switch in the afternoon, it's the same. Then sometimes*

the mother wants her child to be immunized, but the mother-in-law doesn't allow it, like that." (IU1)

This is in line with the results of in-depth interviews with all supporting informants that there are some toddlers who are not brought to immunization activities, either because they have finished immunizing or because parents have certain beliefs regarding immunization. Some of the reasons expressed by parents involve concerns about the child's reaction after immunization, such as the child becoming fussy or sick. Some of them also associate this decision with religious views, according to the following expressions:

..."There are some toddlers who are not brought for immunization, for example, toddlers who have finished immunizing their children. That's one. The second is that there are also some parents who do not allow their children to be immunized. They think that every child who is immunized must be immunized. That's it. It can also be that sometimes he brings religion, for example, they sometimes don't want their children to be immunized, right, the notion that immunization is not allowed" (IP1)

..."Because later if my child is injected, he will be fussy, ma'am. My husband said that my children, my children are healthy, why take them to the integrated health service center and get a fever" (IP3)

..."Because after being injected, my child got sick, ma'am, so my husband got angry" (IP4)

Barriers

The results of in-depth interviews with key informants showed that there were a number of obstacles that could affect parental participation in immunization activities in the area. One of the main obstacles is the distance and time of immunization activities. Some informants said that long distances or immunizations in the morning often make it difficult for parents to bring their children to the integrated health service center. In addition, transportation constraints are also a significant factor. Some parents do not have access to vehicles, such as motorbikes or public transportation, making it difficult for them to bring their children to the integrated health service center. Parental employment factors are also a consideration, especially in urban villages, where the majority of mothers work at the same time as the immunization schedule. Not only that, the availability of caregivers, such as grandmothers who care for children, is also an obstacle where grandmothers may not be able or unable to bring children to the integrated health service center, which can reduce family participation in immunization activities, according to the following expressions:

..."This obstacle, the one that is mostly from parents, is actually that the distance for immunization is not too far, it can be reached. But this is the first, it can be an obstacle because the immunization is in the morning, it is possible that many parents work in the morning, so there is no one to take their children to the integrated health service center. Sometimes the caregiver is mostly taken care of by his grandmother here, so if his grandmother takes him for immunization, sometimes there are those who are not able to take him, only able to take care of him at home" (IU2)

..."Yes, that's it, sometimes that's the reason, he goes to cut, right. It's 10 o'clock, he thinks the integrated health service center is closed. The reason is that there is no motorbike, no vehicle." (IU3)

..."For obstacles for urban villages, maybe many of parent's work, ma'am. So that's it, he works at the same time as the integrated health service center. Maybe that's a lot. Because in urban villages there are many mothers who work compared to in villages. In the village, the

mothers are mostly housewives, maybe that's why" (IU4)

This statement is in line with the findings from in-depth interviews with a number of supporting informants, who confirm that there are various reasons that become obstacles for parents to participate in immunization activities at the integrated health service center. First, the religious factor emerges as a consideration, where some parents feel there is an incompatibility with certain religious values related to immunization. Furthermore, the time aspect is also a major obstacle, especially for parents who have activities outside the home, such as office workers. They consider that bringing children to the integrated health service center takes time that should be used for other activities, such as cooking at home. Some informants also said that the monotonous routine at the integrated health service center, such as only weighing activities without any variations or other interesting activities, can make parents feel bored and less interested in actively participating. Then, there is also the factor of prohibition from the husband or father of the children which becomes an obstacle for the mother to bring the child to the integrated health service center, according to the following expressions:

..."The reason is probably one more religious issue, then maybe the time issue, ma'am. Sometimes, for example, parents who are office workers, while sometimes parents who are at home, for example, mothers, think that bringing their child to the integrated health service center only wastes their time. Just weigh the child and then go home, wasting time. He should be able to cook quickly so he can't be fast" (IP1)

..."Sometimes that's it, ma'am, what do you go there for weighing, weighing and weighing, then going home, get a cake and go home, that's a lot. Boring. But if later there is another health center, it's crowded. There are toys. Maybe it's not interesting enough because the toys are like that" (IP2)

..."Forbidden by husband" (IP3)

..."Yes, not allowed by the father of the children" (IP4)

Activities that can attract public interest

Based on the results of in-depth interviews with a number of key informants, it was revealed that the integrated health service center activities have certain characteristics that affect the level of parental participation. Activities that are considered mandatory, especially for children under 9 months, have a relatively high level of participation, except if the child has a fever. In addition, activities that involve giving vitamin A and information about BIAN (Toddler Family Development) become a special attraction for parents. However, the integrated health service center activities that are routine on a monthly basis tend to attract participation from cadres and some parents only. Over time, some parents tend not to participate in these activities, especially if the child is one year old or more. In this context, innovation is key to increasing parental interest and participation. Some of the proposed innovations include organizing activities such as baby spas, healthy toddler competitions, baby graduations, or birthday parties. These innovations are expected to provide added value and attractiveness so as to increase the integrated health service center visits. In addition, an educational approach regarding the prevention of COVID-19 by complying with health protocols is also a strategy undertaken to restimulate parents' interest in participating in the integrated health service center activities according to the following expression:

..."Definitely the mandatory activities, yes. For example, if the child is still under 9 months, usually they come, unless the child has a fever. If there is something like the doctor said earlier, there is vitamin A,

right? Then this one, this BIAN one, well, we are echoing it, right, through this. If the cross-sector is active, the integrated health service center will be the most crowded. But if, for example, it's like a routine monthly the integrated health service center, usually it's just cadres, right, well, it's just like that. Those who often come that's it. The others, especially if the child is one year old, usually don't come back. Unless I think if there is an innovation, if something like a baby spa is carried out, for example, there is a baby graduation, or there is a birthday party, I think it can, it can have a big effect" (IU1)

..."This is also doing an approach activity, yes, we explain that Covid can also be prevented by complying with health protocols, so that parents should not be afraid if we meet health protocols, God willing, we can do nothing, healthy right, so this the integrated health service center activity can be carried out as usual but by complying with health protocols. It was quite crowded who visited ma'am, when we held a healthy toddler competition, well at that time the integrated health service center visits doubled" (IU2)

..."In the past, there was a healthy toddler competition and a baby spa, ma'am, the visit numbers went up. Now since the budget is limited and this pandemic, the interest of parents of toddlers has decreased again." (IU3)

..."If it's an innovation, maybe that's it, ma'am, in the form of rewards, right? If, for example, their child goes up, we give it. Alhamdulillah, it is planned with the PKK mother, such as those who are exclusively breastfed will later get a certificate, ma'am" (IU4)

The statement is in line with the statements from all supporting informants based on the results of in-depth interviews which reveal that there needs to be an encouragement to provide incentives and entertainment to increase parental interest and participation in the integrated health service center activities. Giving certificates to children who pass the integrated health service center or who diligently come can be a form of appreciation that encourages parents to actively participate in these activities. In addition, suggestions to add toys or even hold karaoke can be an additional attraction, especially for children and mothers. Entertainment like this is expected to create a more pleasant atmosphere and make the integrated health service center activities not only routine, but also entertaining and provide a positive experience, according to the following expression:

..."This should be that there are several health centers that make certificates for children who pass the integrated health service center, or certificates for children who diligently come to the integrated health service center. Or later every month they get the items that are what, there are some health centers that do that, it can also be to increase ma'am. So sometimes this mother listens to arisan, it's good, that's maybe what this can do" (IP1)

..."Maybe the toy tools should be added, ma'am, so that those who weigh are interested." (IP2)

..."If there is karaoke, ma'am, so that the mothers are happy, there is entertainment" (IP3)
..."There is entertainment, for the mother, for the child too" (IP4)

Figure 1. Activities at the integrated health service center

Figure 2. Interviewing with the informants

Reasons parents do not participate in immunization activities

Based on the results of in-depth interviews with all key informants, it is known that the reasons parents are not active in immunization are that they feel they do not need to weigh their children if the immunization is complete. Another obstacle that makes parents not bring their children to the integrated health service center is because of work. The activity that most attracts parents to the integrated health service center is in the form of rewards for toddlers who diligently come to the integrated health service center or other innovations such as baby spas. The way to overcome obstacles from parents of toddlers is to create new activities that attract parents.

This is in line with the statements of all supporting informants based on the results of in-depth interviews with them where the reasons parents are not active in the integrated health service center activities are that they feel they do not need to weigh their children if the immunization is complete or are lazy to bring their children to the integrated health service center because vaccines are considered not halal. The way to overcome obstacles from parents of toddlers is to provide counseling on toddler nutrition the integrated health service center, counseling to parents who refuse and motivating health workers to make innovations in the integrated health service center activities.

The results of previous research conducted by Julinar et al (2023) showed that the results of this study indicate a relationship between employment status and infant immunization status with a p-value of 0.003. The relationship between the mother's employment status and the completeness of basic immunization in infants is that if the mother works to earn a living, then there will be less opportunity or time to come to the immunization service, so that the child will not get complete basic immunization.

This is in accordance with previous research by (Wahidin, 2018) which states that mothers of toddlers who do not work have a good chance of visiting the integrated health service center compared to mothers of toddlers who work. Working mothers will have less time than mothers who do not work. Mothers who work will take up a lot of time, because their busyness makes mothers have less time to care for their children. According to research conducted by (Hutami & Ardianto, 2018) regarding toddler visits at the integrated health service center in Bulak Lor Village, the Jatibarang Health Center working area, parents who are highly knowledgeable will be more active in coming to the integrated health service center.

Based on this research, the researcher's assumption can be drawn that the lack of under-five visits to the integrated health service center is influenced by the attitude of the toddler's parents. The existence of working mothers or the lack of knowledge of parents that their children do not need to be weighed reduces the number of visits to the integrated health service center. For this reason, it is necessary to change the hours of the integrated health service center activities as well as innovation activities that can attract mothers of toddlers to visit the integrated health service center in addition to weighing their children and immunizing them.

Barriers

Based on the results of in-depth interviews with all key informants, it is known that the reason people do not participate much in immunization is because they are afraid of immunization where there is still a belief that vaccines are forbidden or vaccines make children feverish. The obstacle faced by officers in changing public perceptions about

the integrated health service center is due to the lack of cooperation between community leaders, village government and community health center officers. The way to overcome obstacles from the community is to increase health education and counseling to mothers of toddlers and increase the number of infrastructure facilities in accordance with health protocols and increase village-level advocacy.

This is in line with the statements of all supporting informants based on the results of in-depth interviews where the reasons for the community's lack of participation in toddler the integrated health service center activities are religious issues and time problems, besides that parents feel bored to constantly weigh their children. Activities that can increase under-five visits to the integrated health service center are giving certificates to children who pass the integrated health service center and adding toys. The obstacle faced by officers in changing people's perceptions about the integrated health service center is people's mindset and parents' busyness. The way to overcome obstacles from the community is by routinely conducting outreach to the community.

According to Andryana, 2017, a good public perception of the integrated health service center has an important role in increasing participation or the level of visits by mothers to weigh their children at the integrated health service center. Community groups whose attitudes towards the implementation of the integrated health service center are good, then the level of participation or the level of visits to the integrated health service center will be much better than mothers whose attitudes towards the implementation of the integrated health service center are still low. Public perception of the implementation of the integrated health service center will be better if the community often participates in counseling during the implementation of the integrated health service center which is delivered by the integrated health service center cadres or health officers.

The researcher's hypothesis, based on the study's findings, suggests that the phenomenon of low community participation in immunization activities cannot be resolved without collaboration with relevant parties such as cadres, community leaders, religious figures, and stakeholders. This cooperation is essential to mobilize the community to actively participate in the integrated health service center activities through home visits or regular meetings outside of the integrated health service center, such as social gatherings, religious assemblies, and other similar events. This aligns with the duties and responsibilities of the integrated health service center implementers, including cadres, staffs of community health center, and stakeholders, to continuously engage in empowering the community through the integrated health service center activities, which aim to improve the overall quality of public health.

Activities that can attract public interest

Based on in-depth interviews with several key informants, it was revealed that the characteristics of the integrated health service center activities significantly influence parental participation levels. Activities considered mandatory, particularly for children under nine months, exhibit high participation rates, except when the child experiences a fever. The provision of vitamin A and information regarding BIAN (Toddler Family Development) serves as a distinct attraction for parents. However, routine monthly of the integrated health service center activities tend to primarily attract participation from cadres and a limited number of parents. Over time, some parents are inclined to discontinue their involvement in these activities, especially once the child reaches the age of one year or older. In this context, innovation emerges as a crucial factor in enhancing parental interest and participation. Proposed innovations include organizing events such as baby spas, healthy toddler competitions, baby graduations, or birthday celebrations. These innovative approaches are anticipated to provide added

value and appeal, thereby increasing the integrated health service center visits. Furthermore, an educational approach focusing on COVID-19 prevention through adherence to health protocols has been implemented as a strategy to re-stimulate parental interest in attending the integrated health service center activities. Statements from key informants and supporting informants underscore the importance of offering incentives, such as certificates or prizes, and entertainment, like toys or karaoke, to boost parental interest and participation in the integrated health service center activities. These incentives are expected to foster a more positive and enjoyable atmosphere, motivating parents to actively engage in the integrated health service center activities. This aligns with efforts to create innovations and positive experiences that can enrich the integrated health service center activities and make them more appealing to the community.

Evaluation is a systematic and planned activity designed to measure, assess, and determine the success of a program. It involves collecting information regarding the performance of various elements (methods, people, equipment), and this information is subsequently utilized to identify the best alternatives for decision-making. Evaluation encompasses the measurement and improvement of an activity, such as comparing and analyzing activity results. It is a process of measuring or enhancing an implemented activity by comparing the outcomes of planned activities (Hatmoko, 2016).

According to Hatmoko (2016), to ensure that established plans achieve their intended objectives and can be successfully implemented, it is essential to conduct a thorough evaluation. The results of such an evaluation serve the purpose of informing future planning efforts and function as a crucial administrative and management tool, facilitating the collection and analysis of data against appropriate standards aligned with the desired outcomes. From this perspective, evaluation can be understood as the process of assessing the value or merit of an entity based on specific criteria to ascertain the achievement of predetermined goals. In essence, evaluation is a means of measuring the efficacy of strategies employed in the pursuit of organizational objectives.

This research is in line with a study by Sulistyawati et al. (2019), which revealed that there are still problems in the development activities at Integrated Health Service Center, namely issues with equipment, suboptimal implementation of the Integrated Health Service Center evaluations, obstacles in conducting home visits, and obstacles in cadre development. The obstacles faced by midwives are due to limited infrastructure, limited health workers, relatively far access, regional language barriers, non-existent budget allocations, and a lack of public trust in relatively young officers.

The researcher's assumption based on the research results shows that the evaluation process is carried out by the community health center on visits of the Integrated Health Service Center, which should also be carried out by the village government. Evaluation activities are conducted on a quarterly basis based on under-five visit reports. If the target has been reached, the cadres and village government will be given praise by the community health center. However, if the target has not been achieved, a warning and direction for improvement will be given so that the target can be achieved.

CONCLUSION

Based on the findings of this residency report, it can be inferred that parents of young children are less likely to actively participate in immunization programs. They often perceive that returning for follow-up immunizations is unnecessary once the initial series is complete, or they face challenges in attending due to work obligations. Additionally, public perceptions surrounding immunization remain influenced by concerns regarding potential vaccine side effects and religious beliefs.

RECOMMENDATION

The importance of collaboration with community leaders and village government in changing these perceptions is a key factor in increasing participation. Thus, a comprehensive approach is needed that involves cooperation between health workers, cadres of Integrated Health Service Center, community leaders, and village government to design more effective outreach strategies and improve service quality.

REFERENCES

Andari, I. D., Indriani, S., Yulita, D., Kirana, N., Syaflindawati, Saragih, K. M., Yelni, A., Chikmah, A. M., Yusriani, Maghfuroh, L., Stellata, A. G., & Harnawati, R. A. (2022). *Kesehatan Ibu dan Anak Konsep Dasar Teori Persfektif Akademisi Dan Praktisi*. Indie Press.

Anggarsari, A., Utami, S., Dewanti, L., & Boedi, B. S. (2021). Misperceptions of Communities in Posyandu. *Indonesian Midwifery and Health Sciences Journal*, *5*(1), 1–12. https://doi.org/10.20473/imhsj.v5i1.2021.1-12

Demang, F. Y., Ningsih, O. S., Mariati, L. H., Simon, M. G., Nggarang, B. N., Rosali, Y. R., Danial, P. H., Dewi, C. F., Suryati, Y., & Handi, H. (2023). *Kesehatan Ibu dan Anak*. PT. Limajari Indonesia.

Dinkes Riau. (2023). *Profil Dinas Kesehatan Provinsi Riau Tahun 2022*. Riau: Dinas Kesehatan Provinsi Riau.

Ferasinta, Dompas, R., Nurnainah, Rahim, R., Nelista, Y., Fembi, P. N., Ningsih, O. S., Purnamawati, I. D., Nurhayati, S., & Nababan, S. (2022). *Konsep Dasar Keperawatan Anak*. Yayasan Penerbit Muhammad Zaini.

Hatmoko. (2016). *Manajemen Puskesmas*. Jakarta: Trans Info Media.

Hutami, I., & Ardianto, E. (2018). Faktor yang Berhubungan dengan Kunjungan Balita di Posyandu Desa Bulok Lor Wilayah Kerja Puskesmas Jatibarang. *Jurnal Kesehatan Masyarakat.*, *1*(2), No.2.

Julinar, Isfanda, & Jinani, R. (2023). Faktor-Faktor Yang Berhubungan dengan Kelengkapan Imunisasi Dasar pada Bayi di Puskesmas Ulee Kareng. *Jurnal Mahasiswa Ilmu Farmasi Dan Kesehatan* , *1*(3), 89–100.

Pademme, D., & Mansoben, N. (2020). Hubungan Pengetahuan Dan Sikap Ibu Dengan Kelengkapan Imunisasi Dasar Pada Bayi di Posyandu Asoka Wilayah Kerja Uptd Puskesmas Waisai Kabupaten Raja Ampat. *Insan Cendekia*, *7*(2), 78–86.

Permenkes No 12. (2017). *Penyelenggaraan Imunisasi*, *https://peraturan.bpk.go.id/Details/111977/permenkes-no-12-tahun-2017*. Indonesia: BN.2017/NO.559, kemenkes.go.id : 162 hlm.

Sulistyawati, D., Widagdo, L., & Purnami, C. T. (2019). Evaluasi Proses Pembinaan Posyandu oleh Tenaga Kesehatan di Wilayah Kerja Puskesmas Kota Singkawang Kalimantan Barat Evaluation on Integerated Health Post Monitoring Process by Health Workers in Singkawang City Primary Healthcare Centers, West Kalimantan. *Jurnal Manajemen Kesehatan Indonesia*, *02*(01), 19–25.

Wahidin, W. (2018). Analisis Faktor-Faktor Yang Mempengaruhi Tingkat Kunjungan Ibu Dengan Anak Balita Ke Posyandu Dalam Kegiatan Penimbangan Di Wilayah Kerja Puskesmas Suradita Kecamatan Cisauk Kabupaten Tangerang. *Jurnal JKFT*, *2*(2), 29. https://doi.org/10.31000/jkft.v2i1.693

Wibowo, C. A., Ashila, U. S., Aditya, I. G. Y., Probo, A., Karima, S. W., Rino, S. A., Rosaningrum, J., Krisnayanti, N. W., Tanjung, N., Hutasuhut, M., & Sulistyarini, A. (2020). Pengetahuan Dan Sikap Ibu Tentang Imunisasi Dasar Pada Balita. *Jurnal Farmasi Komunitas*, *7*(1), 17. https://doi.org/10.20473/jfk.v7i1.21659

Yoselina, P., Neherta, M., & Fajria, L. (2023). *Kurangnya Minat Masyarakat Pada*

Pemberian Imunisasi Dasar Lengkap Bayi Post Covid -19. Penerbit Adab.

Zulfikar, & Muslimah, L. (2021). Hubungan Pengetahuan dan Sikap Ibu dengan Kelengkapan Imunisasi Dasar pada Bayi di Wilayah Kerja Puskesmas Bies Kabupaten Aceh Tengah. *Journal of Healthcare Technology and Medicine*, *7*(1), 2615–109.