

Implementation of The Basic Immunization Program at The Alabio Health Center, Sungai Pandan Subdistrict, North Hulu Sungai Regency

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Abstract

Immunization coverage is a very important factor in the Implementation of the Basic Immunization Program at the Alabio Inpatient Health Center, Sungai Pandan District, Hulu Sungai Utara Regency, including low coverage of IPV immunization for infants before one year of age, low coverage of Penta Boster and MR immunizations for Baduta and there are no sanctions for those who refuse to have their children immunized. This study aims to determine the implementation of the immunization program and the factors that influence the implementation of the immunization program at the Alabio Inpatient Health Center. This study uses a qualitative approach with a descriptive qualitative research type. Data collection techniques are interviews, observation and documentation. Sources of data in this study were taking informants from the Alabio Health Center, the Health Office and the community, totaling 10 people with a purposive sampling technique. After the data is collected, it is then analyzed using techniques including data reduction, data presentation, and drawing conclusions. Data credibility tests include extending observations, increasing persistence, using reference materials and member checking. The results showed that the implementation of the Immunization Program at the Alabio Inpatient Health Center was not optimal, because the clarity of program goals or objectives was not fully understood by the community, some children had not received immunization services based on predetermined targets, there were no regional regulations that supported the immunization program, PMK did not mentioning in detail about the sanctions for refusing immunization, the lack of participation from the community, especially as targeted recipients and AEFI cases that affect social conditions in society. Besides that, the factors that influence the implementation of the Immunization Program at the Alabio Health Center are supporting factors such as the commitment and expertise of policy implementers as administrators of the immunization program. Inhibiting factors include resistance from some communities as target recipients, clarity of regulations regarding sanctions for those who refuse immunization and decreased public trust in immunization due to the influence of AEFI (Post-Immunization Follow-up Events). Implementation of the Immunization Program at the Alabio Health Center in Sungai Pandan District, Hulu Sungai Utara Regency, so that it can be optimal, it is suggested to the Head of the North Hulu Sungai Health Service to make special rules regarding sanctions, to the Head of the Puskesmas to be able to innovate in terms of providing outreach to increase community support or in terms of providing an understanding of AEFI, to the Village Head increasing support and facilitating the immunization program through Posyandu Cadres, so as to increase trust and awareness

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from the community and lastly for the community to always be aware of the consequences of the dangers of a disease and can be prevented by immunization.

Keywords: Immunization Program Implementation, Immunization Coverage, Community Participation, Adverse Events Following Immunization (AEFI), Public Health Policy

1. Introduction

A. Background

Immunization is an effort to actively induce/increase a person's immunity against a disease so that if exposed to the disease, they will not get sick or will only experience mild illness [1], [2], [3], [4], [5]. The Alabio Inpatient Health Center's immunization program report for the end of 2021 shows that the IPV immunization rate is 38.39%, or 167 infants out of a target population of 435 infants for basic immunization.

Booster immunization is a repeat of basic immunization to maintain immunity levels and extend the duration of protection for children who have received basic immunization. Among them, it is given to children under two years of age (toddlers), consisting of Penta Booster (DPT-HB-Hib) and Measles (MR) Booster. According to the report from the Alabio Inpatient Health Center's immunization program at the end of 2021, the number of toddlers who received the Penta Booster follow-up immunization service was 105 children or 21.29%, and 75 children or 15.21% received the Measles (MR) Booster immunization. Based on the author's preliminary observations, the problems arising from the implementation of the Immunization Program at Alabio Inpatient Health Center include:

1. Low coverage of the IPV immunization type in the basic immunization program given to infants before one year of age at Alabio Inpatient Health Center.
2. Low coverage of the Penta Booster and Measles-Rubella (MR) immunization types in the follow-up immunization program given to children under two years of age (toddlers) at Alabio Inpatient Health Center.
3. There are no sanctions yet for those who refuse to have their babies or children immunized without a medical reason.

Based on this, the author chose the research title: "Implementation of the Immunization Program at the Alabio Inpatient Health Center, Sungai Pandan District, North Hulu Sungai Regency."

B. Research Focus

In this study, the author focuses on several aspects of implementation according to the theory proposed by Sabatier in [6], [7], [8], as follows:

1. Clear and consistent policy goals or objectives;
2. Strong theoretical support in formulating policies;
3. The implementation process has a clear legal basis;
4. Commitment and expertise of policy implementers;
5. Support from stakeholders; and
6. Stability of social, economic, and political conditions.

C. Problem Formulation

The problems to be discussed in this study are as follows:

1. How is the implementation of the immunization program at the Alabio Inpatient Health Center in Sungai Pandan District, North Hulu Sungai Regency?
2. Factors Influencing the Implementation of the Immunization Program at the Alabio Inpatient Health Center in Sungai Pandan District, North Hulu Sungai Regency?

D. Research Objectives

1. To determine the implementation of the immunization program at the Alabio Inpatient Health Center in Sungai Pandan District, North Hulu Sungai Regency.
2. To determine the factors influencing the implementation of the immunization program at the Alabio Inpatient Health Center in Sungai Pandan District, North Hulu Sungai Regency.

Theoretical Basis

A. Theoretical Review

1. Public Policy According to David Easton, as quoted by [9] in his book "Introduction to Public Policy," public policy is the legitimate/coercive allocation of values to the entire community. Furthermore, according to Carl J. Friedrich, as quoted by [9], public policy is a series of actions proposed by an individual, group, or government within a specific environment, highlighting the obstacles and opportunities for the implementation of the proposed policy in order to achieve a certain goal.

2. Policy Implementation Simply put, implementation can be defined as the execution or application. Van Meter and Van Horn [9] state that implementation means actions taken by individuals, officials, or the private sector that are directed toward the established goals. Ripley and Franklin [10] argue that "implementation is what happens after a law is enacted, providing program authority, policies, benefits, or a tangible output." Sabatier [6], after reviewing various implementation studies, identifies six main variables considered to contribute to the success or failure of implementation. The six variables are:

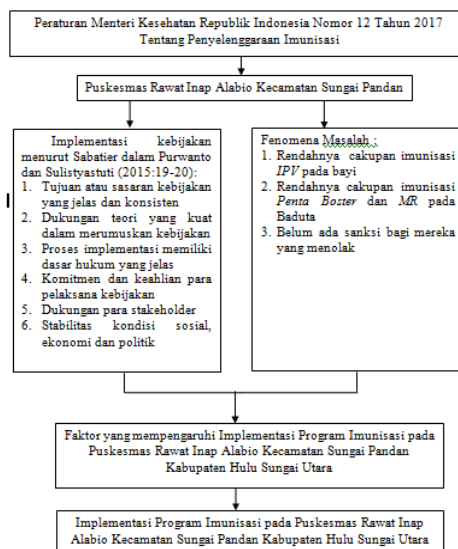
- 1) Clear and consistent policy goals or objectives; This is part of the implementation and includes clear objectives for the implemented policy, and the targets for these objectives must be accurate and in line with the policy's purpose, namely the Basic Immunization Program at the Alabio Inpatient Health Center in Sungai Pandan District, North Hulu Sungai Regency.
- 2) Strong theoretical support in formulating the policy; This relates to the foundation used as the basis for policy formulation, whether in the form of theory or field facts, to ensure it aligns with the prepared policy, particularly the legal basis related to the Implementation of the Immunization Program.
- 3) The implementation process has a clear legal basis, ensuring compliance from field officers and target groups.
- 4) Commitment and expertise of policy implementers; This must truly support the Implementation of the Basic Immunization Program at the Alabio Inpatient Health Center in Sungai Pandan District, North Hulu Sungai Regency.
- 5) Support from stakeholders; This is one of the most influential factors in the Implementation of the Immunization Program, as this support concerns the legality of the task's execution.
- 6) Stability of social, economic, and political conditions; This can affect program implementation.

3. Immunization Program Indonesian Minister of Health Regulation Number 12 of 2017 concerning the Implementation of Immunization, Article 6 paragraph (1) states that basic immunization is given to infants before they are 1 (one) year old. Then, Article 6 paragraph (2) states that the basic immunization referred to in paragraph (1) consists of immunization against the following diseases: 1) hepatitis B; 2) poliomyelitis; 3) tuberculosis; 4) diphtheria; 5) pertussis; 6) tetanus; 7) pneumonia and meningitis caused by Hemophilus Influenza type b (Hib); and 8) measles.

IPV is a type of immunization vaccine that began to be administered nationally in 2016 (Appendix to the Decree of the Minister of Health of the Republic of Indonesia Number 12 of 2017). Inactivated Polio Vaccine (IPV) is protection against Polio, a disease that can cause

paralysis or death. IPV immunization works by producing antibodies in the blood to fight the Polio virus. IPV is given to infants thru injection. Then, Article 7, paragraphs (1) thru (3), states that follow-up immunization as referred to in Article 5, paragraph (2), is a repeat of basic immunization to maintain the level of immunity and to extend the period of protection for children who have received basic immunization. Follow-up immunization as referred to in paragraph (1) is given to children under two years of age (toddlers). Follow-up immunization given to toddlers consists of immunization against diphtheria, pertussis, tetanus, hepatitis B, pneumonia, and meningitis caused by Hemophilus influenza type b (Hib), as well as measles.

B. Framework



2. Research Method

A. Research Location

Alabio Inpatient Health Center, Sungai Pandan District, located at Jalan Istirahat No. 037, Sungai Pandan Tengah Village, Sungai Pandan District, Hulu Sungai Utara Regency, South Kalimantan Province, Postal Code 71455. A. Research Approach The research approach used in this study is a qualitative approach, and the research method used is a qualitative descriptive research method. Thru this approach, it is hoped that the researcher will be able to generate descriptive data to reveal the processes occurring in the field.

B. Research Type

The research type used is descriptive qualitative. Descriptive research is research that explains something that is the target of the research in depth. This means that the research was conducted to uncover everything or various aspects of its research target [8], [5], [11], [12], [13]. In other words, qualitative research produces descriptive research in the form of words, both spoken and written, from the people and behaviors that will be observed.

C. Data and Data Sources

The data source selected thru Purposive Sampling is a sampling technique used by intentionally or directly selecting individuals considered representative of the population's characteristics [14]. Research informants are individuals used to provide information about the situation and conditions of the research background. Informants are people who truly understand the problem that will be researched.

The data for this study were obtained from the Hulu Sungai Utara District Health Office, the Alabio Inpatient Health Center in Sungai Pandan District, Hulu Sungai Utara Regency, and 10 members of the community.

D. Data Collection Techniques

In qualitative research, data collection is conducted in natural settings, with primary data sources and data collection techniques primarily involving participant observation, in-depth interviews, and documentation.

1. Observation Nasution, in [15], states that observation is the foundation of all knowledge. Scientists can only work based on data, which are facts about the real world obtained through observation. The data is collected, often with the help of various highly sophisticated tools, so that extremely small objects (protons and electrons) as well as those that are very far away (space objects) can be observed clearly.

2. Interview Esterberg [15] defines an interview as follows: "a meeting of two persons to exchange information and ideas through questions and responses, resulting in communication and the joint construction of meaning about a particular topic." An interview is a meeting of two people to exchange information and ideas through questions and answers, allowing for the construction of meaning on a specific topic.

3. Documentation [15] expressed his opinion on documents, stating that documents are records of past events. Documents can be in the form of writing, images, or monumental works by someone. Data Analysis Techniques Miles and Huberman in [15] state that in processing qualitative data, it is done through the stages of reduction, data presentation, and drawing conclusions.

- a. Data Reduction Data reduction is defined as the process of selecting, focusing on simplifying, abstracting, and transforming "raw" data that emerges from written field notes. During data collection, the next stage of reduction occurred, including summarizing, coding, identifying themes, creating clusters, partitioning, and writing memos. This data reduction/transformation process continued after the field research, until the final complete report was compiled.
- b. Data Presentation Data presentation is a series of sentences arranged logically and systematically so that they are easy to understand, thus helping the researcher complete their work.
- c. Drawing Conclusions Drawing conclusions is one activity within the complete configuration. The conclusions were verified throughout the research. In short, the meanings that emerge from the data must be tested for their truthfulness, credibility, and suitability, which is their validation.

3. Results and Discussion

A. Implementation of the Immunization Program at the Alabio Inpatient Health Center, Sungai Pandan District, North Hulu Sungai Regency

1. Clear and Consistent Policy Objectives or Targets
 - a. Clarity of immunization program objectives or targets Based on interviews, observations, and documentation, it was concluded that the clarity of the immunization program objectives or targets was not optimal and was not fully conveyed to the community, especially the target recipient groups, because in several villages in Sungai Pandan District, socialization activities had never been carried out.
 - b. Accuracy of the immunization program target Based on the results of interviews, observations, and documentation, it was concluded that the accuracy of the immunization program target was not yet optimal. Because the

target coverage over the past three years is still low when considering the number of people who need to receive immunization services.

2. Strong Theoretical Support in Formulating Policies

a. Theoretical Support in the Form of Regional Regulations Based on the results of interviews and observations, it can be concluded that the government's efforts to address the diverse perceptions regarding immunization within the community are as follows: The absence of Regional Regulations that can clarify the purpose of immunization in a way that is easily understood and accepted by the community, thereby increasing active community participation in the Immunization Program.

b. Field Facts Based on the results of interviews and observations, it was concluded that field facts in policy formulation were not yet optimal. There is still resistance from some members of the community who are unwilling to have their children vaccinated.

3. The Implementation Process Has a Clear Legal Basis a. The existence of a clear legal basis for the immunization program Based on the results of interviews, observations, and documentation, it was concluded that the clear legal basis for the immunization program was not yet optimal. Immunization officers were trying to fulfill their obligations based on the Minister of Health Regulation, while there was still rejection from some target recipients.

4. Commitment and Expertise of Policy Implementers

a. Commitment of policy implementation officers Based on the results of interviews and observations, it can be concluded that the commitment of the officers is already optimal. Doctors, village nurses, and village midwives, as the implementers/managers of the immunization program, demonstrate a high level of commitment in conducting the immunization program regularly and continuously.

b. Staff Expertise Based on the results of interviews, observations, and documentation, it is concluded that the staff's expertise is already optimal, in accordance with their field of work.

5. Stakeholder Support

a. Community Support Based on interviews and observations, it was concluded that support from various stakeholders, particularly community participation in immunization and the role of the Village Toddler Family Development Group in mobilizing the community, was not yet optimal.

b. Forms of Community Support Based on interviews and observations, it was concluded that support from various stakeholders, including community participation or as recipients of the facilities themselves, was not yet optimal. Based on the level of community participation in activities related to the Immunization Program, it is still lacking.

6. Stability of Social, Economic, and Political Conditions

a. Social Conditions Based on the results of interviews and observations, it was concluded that the social conditions were not yet optimal. The decline in public trust in this immunization arose from unreported cases of post-immunization events, leading to negative perceptions, doubts, and even family members prohibiting further immunization of their infants.

- b. Economic Conditions Based on the results of interviews and observations, it was concluded that the economic conditions of the community were already optimal, as the immunization services provided by the government are free for all economic groups. Political Conditions Based on the results of interviews and observations, it can be concluded that the political conditions are already optimal, as this program is very important and is an effort to induce/increase a person's immunity against a disease. Thus, the government is viewed favorably by the public.

B. Factors Influencing the Implementation of the Immunization Program at the Alabio Inpatient Health Center, Sungai Pandan District, North Hulu Sungai Regency

1. Supporting Factors

a. Commitment and Expertise of Policy Implementation Officers Based on the results of interviews and observations, it was concluded that the commitment and expertise of the officers were optimal, as doctors, village nurses, and village midwives, who are the implementers/managers of the immunization program, showed a high level of commitment and were in accordance with their field of work.

2. Inhibiting Factors

- a. Rejection from some members of the target community Based on the results of interviews and observations, it can be concluded that there is rejection from some members of the target community. The clarity of the goals and objectives of the Immunization Program was not fully conveyed to the public, especially the target recipient groups, because in several villages in Sungai Pandan District, socialization activities had never been carried out.
- b. Clarity regarding sanctions for refusing immunization Based on the results of interviews and observations, it can be concluded that there is no clarity regarding the sanctions for refusing immunization. Including Indonesian Finance Minister Regulation Number 12 of 2017 concerning the Implementation of Immunization, it has not yet detailed the sanctions.
- c. Community trust in immunization Based on the results of interviews and observations, it can be concluded that community trust in immunization has decreased, with doubts and even family members prohibiting further immunization of their babies due to suspected Post-Immunization Adverse Events (PIAE) that were not reported to immunization personnel.

4. Conclusion

A. Conclusion Based on the research findings, the following conclusions can be drawn:

1. The implementation of the Immunization Program at the Alabio Inpatient Health Center is not yet optimal. This can be seen from: First) The clear and consistent policy objectives or targets, including the lack of optimal clarity in the objectives or targets of the immunization program because they are not fully understood by the target recipients, and the lack of optimal accuracy in the immunization program targets, as evidenced by the low immunization coverage for IPV, Penta Booster, and MR Booster over the past three years. Second) Strong theoretical support in formulating policies includes theoretical support in the form of regional regulations that are not yet optimal, the absence of efforts to clarify the goals of the immunization program in a way that is easy for the community to understand and accept, and the fact that field data is not yet optimal, with some members of the community still refusing to have their children immunized. Third) The implementation process has a clear legal basis, namely the lack of an optimal legal basis for the immunization program. PMK RI Number 12

of 2017 does not detail the issue of sanctions for those who refuse immunization. Fourth) The commitment and expertise of policy implementers include the optimal commitment of immunization program managers and the expertise of immunization staff. Fifth) Stakeholder support includes support and forms of support from various relevant parties, namely the support from the community is not yet optimal. Sixth) Stability of social, economic, and political conditions includes the social condition not being optimal, leading to negative perceptions, doubts, and family prohibitions against immunization. Economic and political conditions are already optimal because immunization services are free and the government is viewed favorably by the community.

2. Factors influencing the implementation of the Immunization Program at Alabio Inpatient Health Center are divided into two:

- a. Supporting factors: The supporting factors for the implementation of the Immunization Program at Alabio Inpatient Health Center are the commitment and expertise of the policy implementers, namely the immunization program managers.
- b. Inhibiting factors include: rejection from some members of the community as target recipients for immunizing their children, lack of clarity regarding sanctions for those who refuse without medical reasons, and decreased public trust in immunization after suspected AEFI (Adverse Events Following Immunization). Therefore, the coverage of Complete Basic Immunization (CBI) for the IPV immunization type is still far below the target that should be given to infants before the age of one year. The same applies to the Penta Booster and MR Booster immunization types, which should be given to children under two years old (Toddlers), which are also still below the target at the Alabio Inpatient Health Center in Sungai Pandan District, North Hulu Sungai Regency.

B. Suggestions In an effort to achieve the implementation of the Immunization Program at the Alabio Inpatient Health Center, it is recommended:

1. To the Head of the Hulu Sungai Utara District Health Office, to create a special regulation regarding sanctions for those who refuse immunization without medical reasons.
2. To the Head of the Alabio Inpatient Health Center, to innovate in providing socialization to the community on how to increase community participation or awareness as target recipients, or in explaining KIPI cases.
3. To the Village Head, to increase support and facilitate the Immunization Program thru Posyandu Cadres, so that trust and awareness of the importance of the immunization program can be improved.
4. To the community, to always be aware of the consequences of the dangers of a disease that can cause disability or death, and thru the immunization program, a healthy life will be realized, thus improving social and economic well-being.

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