

Health Personnel Support for a Toddler's Immunization Visit at the Puskesmas Biru During the Covid-19 Pandemic

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ABSTRACT

Routine vaccination coverage to prevent diseases including measles, rubella, and diphtheria in children has been declining since Indonesia reported its first COVID-19 case in March 2020. In May 2020, for instance, vaccination coverage for measles and rubella (MR1) and diphtheria, pertussis, and tetanus (DPT3) fell by nearly 35% as compared to the same period the year before. Blue Health Center during the COVID-19 pandemic. The researcher employed a quantitative research design in this study, which is a particular kind of research that is methodical, meticulously organized, and well-structured from start to finish. Cluster sampling is used in this study's sample, and a representative from each town.

Keywords: covid-19 pandemic, immunization of toddlers, support for health workers

BACKGROUND

When making decisions, support is defined as other people's enthusiasm, encouragement, or motivation (Chaplin, 2006). Any kind of advise, genuine help, or behavior provided by a group of people who are near and familiar with the subject in their social context, whether verbal or nonverbal, is considered support. Alternatively, it can take the shape of presence or anything that can influence the recipient's behavior by offering emotional advantages (Kuntjoro, 2002).

Article 1 of the Law on Health Workers states that in order to organize health care efforts, types must have the authority to do so, as stated in paragraph 1 of the Law (Law Number 36 of 2014 about Health Workers). Anyone who dedicates oneself to health care is considered a health worker.

One method of causing or enhancing disease resistance is by vaccinations (Irawati, N.A.V, 2020). By progressively introducing a number of novel vaccinations into the country's routine immunization program, the government of Indonesia continuously aims to enhance the health of its citizens (Kemenkes RI, 2020).

An epidemic that spreads simultaneously throughout a wide geographic area is called a pandemic. The respiratory illness known as COVID-19 (Corona Virus Disease 2019) is brought on by infection with the corona virus, also known as the corona virus type 2 acute respiratory distress virus (SARScov2).

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Routine vaccination coverage to prevent diseases including measles, rubella, and diphtheria in children has been declining since Indonesia reported its first COVID-19 case in March 2020. For instance, vaccination coverage rates for measles and rubella (MR1) and diphtheria,

pertussis, and tetanus (DPT3) decreased by nearly 35% in May 2020 when compared to the same period the year before. About 90% of Indonesian children received their vaccinations in public settings prior to COVID-19, 75% at posyandu, 10% at puskesmas, 5% at polindes, and 10% at private clinics and hospitals. However, the poll during the COVID-19 pandemic revealed that the majority of respondents (more than 43%) obtained their children's vaccinations from private clinics and hospitals.

METHODS

The researcher will employ a quantitative research design in this study, which is a particular kind of research that is methodical, meticulously organized, and clearly structured from the start to the completion of the research design. According to another definition, quantitative research is any study that necessitates the use of numbers, beginning with the gathering, analysis, and presentation of data. Similarly, it would be preferable if the study concluded with images, tables, graphs, or other displays (Siyoto, S., 2015). A cross-sectional survey will be carried out by researchers in an effort to gather data from a specific number of populations (Yunus, A., 2014). All of the parents of toddlers in the Blue Village, the study's working region, were between the ages of one and two.

$$\text{Slovin's formula : } n = \frac{n}{1 + (n \cdot e^2)}$$

Information :

n = Number of Samples N = Total Population e = (0,01)

$$n = \frac{N}{1 + N \cdot e}$$

$$N = \frac{64}{1 + 64 \cdot 01}$$

$$n = \frac{64}{1 + 0,64}$$

$$n = \frac{64}{1,64}$$

$$n = 39$$

39 respondents were selected as a sample based on the computations. Cluster sampling is used to choose the sample, with a representative chosen from each hamlet. The number of mothers in each kelurahan with children between the ages of one and two is divided by the total population, which is then multiplied by the sample as a whole. Table 3.1 following shows the sample size for each village:

Size of Complete Basic Immunization for Children in the Blue Health Center Working Area

NO	VILLAGE	NUMBER OF CHILDREN	SAMPLE SIZE
1	Biru	12	$\frac{12}{64} \times 39 = 7$
2	Masumpu	8	$\frac{8}{64} \times 39 = 5$
3	Ta'	8	$\frac{8}{64} \times 39 = 5$
4	Manurungge	8	$\frac{8}{64} \times 39 = 5$
5	Watampone	6	$\frac{6}{64} \times 39 = 4$
6	Bukaka	6	$6 \times 39 = 3$
7	Walennae	8	$8 \times 39 = 5$
8	Tibojong	8	$\frac{8}{64} \times 39 = 5$
Amount		64	39

RESULTS

No.	Age Person Old	Amount	
		F	%
1.	18-25 year	14	35,9
2.	26-35 year	23	59,0
3.	36-40 year	2	5,1
Amount		39	100

Based on the table above, it shows that most of the parents in the Blue Health Center work area are 26-35 years old, which is 23 respondents (59.0%).

Table 3.2 Frequency distribution of respondents based on education.

No.	Education	Amount	
		f	%
1.	Primary School	6	15,4
2.	Junior High School	5	12,8
3.	Senior High School	12	30,8
4.	Diploma	8	20,5
5.	Bachelor	8	16,4
Amount		39	100

Based on the table above, it shows that most of the parents' education in the Blue Health Center working area has high school education, which is 12 respondents (30.8%).

Table 3.3 frequency distribution of respondents by occupation

No.	Work	Amount	
		f	%
1.	Working	30	73,6
2.	Not Working	9	26,4
	Amount	39	100

Based on the table above, it shows that most of the parents who work in the Blue Health Center work area, which are 73.6 percent of respondents.

Table 3.4 frequency distribution of respondents based on the age of the child

No.	Child Age	Amount	
		f	%
1.	<12 MONTH	24	61,5
2.	>12 MONTH	15	38,5
	Amount	39	100

Based on the table above, it shows that most of the work of parents in the Blue Health Center Work Area, which is 53 respondents (73.6%).

Table 3.5 distribution of respondents' frequency by type of immunization

No.	Type of Immunization	Amount	
		f	%
1.	POLIO	10	25,6
2.	DPT-HB-HIB	9	23,7
3.	Basic Measles	7	17,9
4.	DPT-HB-HIB	10	25,6
5.	Advanced Measles	3	7,7
	Amount	39	100

Based on the table above, it shows that most of the work of parents in the Blue Health Center Work Area, which is 53 respondents (73.6%).

Tabel 3.6 Distribusi Responden Berdasarkan Pengetahuan Orang Tua

No.	Knowledge	Amount	
		F	%
1.	Well	27	30,8
2.	Not enough	12	69,2
	Amount	39	100

Based on the table above, it shows that most parents have good knowledge about immunization for toddlers during the COVID-19 pandemic. 19 in the blue health center, namely 27 respondents (30.8%).

Table 3.7 Distribution of Respondents Based on Completeness of Toddler Immunization

No.	Immunization Completeness	Amount	
		F	%
1.	Complete	12	30,8
2.	Incomplete	27	69,2
	Amount	39	100

Based on the table above shows that most of the respondents who provide complete immunization to their children, namely 27 respondents (69.2%).

Table 3.8 Distribution of Respondents Based on Health Worker Support

No.	Power Support Health	Amount	
		F	%
1.	Support	29	74,4
2.	Does not support	10	25,6
	Amount	39	100

Based on the table above, it shows that most of the Health Centers supported immunization of toddlers during the COVID-19 pandemic at the Blue Health Center, namely 29 respondents (74.4%).

Table 3.9 Cross tabulation of parental knowledge and support from health workers towards Children's age for immunization during the COVID-19 pandemic at the Blue Health Center. Toddlers during the COVID-19 pandemic at the Blue Health Center

KNOWLEDGE & SUPPORT OF HEALTH PERSONEL			AGE OF CHILD		TOTAL
			<12 MONTH	<12 MONTH	
NOT ENOUGH	HEALTH PERSONEL SUPPORT	DOES NOT SUPPORT	75.0%	25.0%	100.0%
		SUPPORT	50.0%	50.0%	100.0%
GOOD	HEALTH PERSONEL SUPPORT	DOES NOT SUPPORT	33.3%	66.7%	100.0%
		SUPPORT	71.4%	28.6%	100.0%

Based on the table above, it shows that most parents with good knowledge received the support of the Health Center for immunization of toddlers during the covid 19 pandemic at the Blue Health Center, namely 71.4% of respondents with children less than 12 months old.

DISCUSSION

Table 1.6 shows that 29 respondents, or 74.4% of the health workers at the Blue Health Center, are in favor of immunizing toddlers during the COVID-19 epidemic. The researcher claims that the assistance of medical professionals in the endeavor to offer toddlers immunization services during the COVID-19 pandemic will positively impact

parents of young children, encouraging them to bring their kids to health care facilities, particularly to receive the full range of basic vaccinations.

The basis of the country is also laid with the introduction of full basic immunization. where creating high-quality, healthy, clever, and productive human resources is the primary obstacle to a country's development. The human development index (HDI) is used to quantify human development achievement.

According to the researchers, this is part of the effort to visit toddlers for immunization because parents do not fully understand the value of a toddler's complete basic immunization. Furthermore, it appears that the promotion of health among children under five, particularly the significance of comprehensive basic immunization, has not been communicated to these young mothers. This is often the case due to a lack of information from health professionals or even a lack of sensitivity on the part of these young mothers in seeking information about the realm of children's health. People, particularly parents, are now reluctant to take their kids to public locations like health service centers because of the COVID-19 outbreak. In addition to the factor of parental age, the level of education.

Additionally, according to the age parameter of children (table 1.4), 24 respondents, or 61.5%, said that the majority of the children in the Blue Health Center's working area were younger than one year old. Accordingly, the researcher believes that children under one year old should not be excluded from receiving the full range of essential vaccinations. This is due to the fact that infants under one year old are more vulnerable to illness. According to experts, toddlers are vulnerable to a number of disorders brought on by an excess or deficiency of specific nutrients (Infodatin, 2015).

The availability of vaccinations is the final factor (table 1.5), and the majority of the fundamental vaccinations in the workplace.

According to the age group, early adulthood is defined as those between the ages of 20 and 35 (Team Muamala, 2018). The move from adolescence, when life is still chaotic, to early adulthood necessitates a sense of responsibility. Therefore, the researcher contends that toddler immunization visit results are largely consistent with the schedule, highlighting the duty of parents who contribute to health maintenance. his son.

In Watampone City, vaccination operations are conducted in accordance with the immunization schedule, but they do not contravene the relevant health protocols, thanks to new regulations issued by the central and local governments at the end of 2022, particularly at the Blue Public Health Center. When the study was carried out.

CONCLUSION

Based on the results of research conducted at the Blue Health Center in Bone Regency from November 29 to December 10, 2021, with a sample of 39 respondents who met the criteria, an analysis was carried out, and conclusions were drawn in accordance with the research objectives. The majority of respondents were aged 25-35 years, had a high school level of education, and were mostly employed. The children involved in the study were under 12 months old and still required complete basic immunization. Increased support from healthcare workers played a crucial role in restoring toddler immunization visits according to schedule during the COVID-19 pandemic. This support also made parents more confident in bringing their children for immunization. With the resumption of immunization activities, parents no longer have any reason to delay their children's immunizations. Additionally, the study found a significant difference between the immunization data from 2019-2020 (before COVID-19) and the findings during the pandemic.

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