

THE EXPERIENCE OF PARENTS REJECT COMPLETE BASIC IMMUNIZATION OF CHILDREN

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ABSTRACT

Introduction: This study explored the experience of parents who refuses immunization of basic complete for their child. Indonesia had high level of drop out rate immunization that made increasing of disease (PD3I). This condition effected suffering and death for children so that disturbed their growth and development. One of the reason why the uncomplete immunization was parent refusing. The study characterized by attention to the full range of human experience and the integration of knowledge gained from understanding of parents' subjective experiences. **Method:** A descriptive phenomenologic method approach was used to collect, code and analyse the data. Semi-structured questions were asked to participants by indepth interview to allow they described their lived experiences. The data-gathering from participants that choiced by purposive sampling, used interview recorded and field note. **Result:** This study had a theme and four sub theme. The experience of parents who refuses immunization of basic complete for their child can help health care provider (especially nurse) decided strategy for goal of universal child immunization 2014.

Keywords: parents, immunization, culture of Madura

INTRODUCTION

The fourth government's commitment to the MDGs 2015 was namely policies and strategies for reduction in child mortality through a variety of strategies (National Development Planning Agency, 2010). One such strategy is to increase timely immunization coverage in infants and children under five year. The Indonesian government has required children receive basic immunization. It has become a free program of government for the people (five complete basic immunization program). However, the achievement of the immunization coverage is not optimal due to various constraints.

Infants basic immunization coverage in Indonesia ranks fourth lowest after Timor Leste, India, and Nepal in ASEAN and SEARO in 2009. The percentage of children aged 12-13 months who have received complete basic immunization in 2010 in Indonesia, 53.8%, 33.5% incomplete and not immunized 12.7% (Ministry of Health, 2011). Furthermore, in East Java that has receives complete basic immunization is 66%, incomplete immunization 25.8% and not immunize 8.2%. Distribution percentage of children under five have received basic complete immunization in Madura East Java, according to Riskesdas (2007) is still low at 20.39% Bangkalan,

Sampang 9.33%, 9.01% Pamekasan, and Sumenep 6.06%.

The low number of the achievement complete immunization could affect the increasing incidence Preventable Diseases Immunization (PD3I). Based on the number of cases PD3I in ASEAN and SEARO in 2010, Indonesia became the second country after India in a case of diphtheria, measles and neonatal tetanus in the amount of 385, 16 529, and 137, and ranks third after India and Bangladesh for cases of tetanus by 137, but there is no case of polio and pertussis (WHO, 2011 in Ministry of Health, 2011). PD3I incidence in children may increase morbidity and mortality, especially in children under five year. Therefore, prevention efforts need to be done PD3I with the immunization program.

Visiting for immunization of children on immunization program in Indonesia is low according to the study Kepmenkes RI (2011) caused by several things. One was due to the refusal of parents to immunization. The statement in accordance with the principles of family-centered care where a family is a constant part of the child's life (Hockenberry and Wilson, 2009). So that family involvement should be considered in resolving the issue.

Nurses as part of health workers are expected to contribute to solve the problem of

immunization. to provide nursing care by paying attention and respecting the experience and faith of clients (Hockenberry and Wilson, 2009). So it is very important to know the experiences of parents refusing immunizations as a material consideration in determining the strategy to achieve the immunization. But there is no specific research on the experience of parents refuse complete basic immunization in children, especially in the island of Madura. So that researchers interested in conducting this research.

METHODS

This study is a qualitative research conducted using the phenomenological design. Research carried out in the territory of the island of Madura, it is in Parteker, Pamekasan. Participants who have been involved in this study a number of 8 mothers with children basic immunization incomplete derived from the Madurese original (father and mother lived and came from Madura tribe) and has been living at least 20 years on the island of Madura until now, and never moved to other areas outside the island of Madura. The instrument used in this study was researchers as interviewer participants. The methods used to collect the data are in-depth interviews (indepth interview). Type the researchers used interviews are semi-structured interviews.

Data is collected in a place that has been approved by the participants and researchers, for example in the house participants, langgar (place for reciting qur'an), trebun (building of wood resting place) or the village hall and would have avoided the place as somewhere to stay local health authorities. The method of analysis in this study is Collaizi.

RESULT AND DISCUSSION

1. Distribution Characteristics of Participants

Most participants were less educated (SD) with housewives work that could potentially have an understanding/ knowledge are less to immunization.

Table 1. Distribution of participants, from June to July 2015

Characteristics Respondents	Total (n=8)
Mother education, n (%)	
a. Elementary	4 (50)
b. Junior High School	2 (25)
c. Senior High School	2 (25)
Mother works, n (%)	
a. House wife	6 (75)
b. Enteprenuer (Seller)	2 (25)
Number of children, n (%)	
a. ≤ 2	1 (12,5)
b. > 2	7 (87,5)
Age mothers, <i>mean</i> (SD), year	28,9 (4,48)

Table 1 shows that the average age of mothers was 28.9 years, half of the mother had elementary education, most housewives have jobs, and the number of children of more than 50%.

Research conducted by Wibowo (2008) and Veriani (2013) states that a respondent with less knowledge about the understanding, effectiveness, schedule, side effects, and contraindications immunization will tend to have low motivation to immunize her child. This is consistent with the concept that states the level of knowledge of a person affected by education, experience, information, cultural environment, and socioeconomic (Notoatmojo, 2007).

1. Husband For Decision Makers

Six of the eight participants have difficulty deciding to immunize a child because the baby's father's decision not to immunize. Here are some statement from the respondents stated that the statement does not immunize because of the decision of the husband:

P2 "...meskeh engkok taoh jek imunisasi bagus, tapeh e soro bapak en tak olle e imunisasi..."

Culture in the area of research in general are still adhered to a patriarchal culture, where decision-making is still dominated by the husband such as the decision to follow the family planning program, infant immunization, antenatal care, deliveries and other health problems. The things mentioned above leads us to realize that cultural factors may influence patterns allow or parental care of the baby, especially for immunizations.

These research is consistent with research conducted by Wahyuningsih and Sutaryono (2008) explains that barriers to immunize the

baby's mother is due to the husband's decision. Mother obeys the husband's decision because the cost of living resources of the husband, religiously wife must obey the husband and wife requires culture submissive to her husband or parents.

2. Low Motivation Mom to Bring Children Immunization

Five of the eight participants experienced show low motivation to not immunize completely their children. Here are some excerpts sentence each respondent:

P4 “...*ajieh jih kabbi kacong tak e suntik polannah males se nyambieh ka posyandu...*”

Motivation is a great encouragement mother used to get immunizations for their young children. Supportive attitude towards immunization can be a factor that causes a mother carrying her baby immunized. Attitudes that support can be formed from their mother's belief about the importance of immunization for babies, direct or indirect experience that mothers get about immunizations, and knowledge of mothers about immunizations. The results are consistent with research Rahmadhani (2013) with Chi-Square test showed the value of $p = 0.251 > 0.05$ and OR = 1.737. which means that mothers who have high motivation to immunize their babies have a risk of 0.7 times compared to women with low motivation.

3. Mother Less Knowledge of Immunization

Five of the eight participants had showed less knowledge about the immunizations that are incomplete immunize their children. Here are some excerpts sentence each respondent:

P7 “...*tak la paggun sehat tekkah tak esambih suntik ka bu bidan, paleng bu bidannah nyareh pesse se terro entarrah...*”

The statement showed that participants do not understand the benefits of immunization and adverse events / follow-up post immunization. That low knowledge establish refused attitudes towards immunization because it creates negative perception, particularly on the effects of follow-up post immunization. In the other hand with their good knowledge about the complete basic immunization, mother will have a positive attitude to immunize their child regularly. Thus indicating that the information obtained by the respondent through health workers provided with the right attitude can affect the mother in immunized her child. The more information is obtained about the complete basic

immunization the more positive attitude of the mother to immunized her child.

Wibowo (2008) found that there was a significant relationship between the level of knowledge of mothers with maternal motivation to immunize their child in village districts Dukuhturi Brebes. Karina and Warsito (2012) also found that there are mothers who have less knowledge are 37.5%. The maternal knowledge that still lacking is expected to be increased with efforts to provide basic counseling about immunization so that knowledge can support the children immunization status.

4. Low mother Participation In children under five years Health Program

All Mother said that never participated in infant health program (Posyandu). Participants following statement is:

P2 “...*dek adek en bennyak se abentoh bu bidan, pas sateya sakonik, deddih bu bidan kadibik en se mabedeh posyandu neng praktek ennah...*”

Based on the statement can be illustrated the low participation of participants/mother in infant health program organized by the local midwife with posyandu. Posyandu is one form of health services being of, by, and for the people who performed with the support by health workers, either a midwife or doctor. Posyandu is a health care organization that is closest to the people, therefore it expected to provide facilities for local community health services.

Posyandu is also part of the health development that programmed by the government which had goal the development of health for realize small, happy, and prosperous family under the guidance of local health authorities. When posyandu service activities well run and maximum, it can improve the health of children, especially children under five years (Ministry of Health of the Republic of Indonesia, 2011). Therefore, as one form of health care organization that aims to reduce under-five child mortality, need community participation, especially mothers and children under five. Mother participation form can be a cadre or actively present on each implementation of immunization in posyandu.

CONCLUSION AND RECOMMENDATION

Conclusion

This qualitative study involved eight participants of Madurist mother who refused to give their children are complete immunized. The main theme of this research is the reason the mother is uncomplete immunized children. The theme have six sub-topics. There are husband as decision makers, the low motivation of the mother to bring child to immunization, maternal lack of knowledge about immunization, low participation of mothers in infant health program.

Recommendation

Nurse or health workers are expected to provide immunization health education to parents, with the involvement of her husband (the father of the child) and if necessary grandmother and grandfather at once.

The topic of immunization health education should include benefit of immunization and how to cope with the side effects of immunization; because family are poorly understood about that.

Health workers in collaboration with local health services can provide a variety of health education media in addition to counseling, for example leaflets, booklets, or a billboard.

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