Providing Complete Basic Immunization and Supplementary Food for Infants and Toddlers

Pemberian Imunisasi Dasar Lengkap dan Makanan Tambahan pada Bayi dan Balita

Shinta Novelia¹, Bunga Tiara Carolin¹

¹ Midwifery Study Program, Faculty of Health Science, Universitas Nasional, Jakarta, Indonesia

Corresponding Author:
Shinta Novelia
shinta.novelia@civitas.unas.ac.id

Abstract:
One basic immunization type in Indonesia is DPTHBHib immunization, targeting infants or children aged two to eleven months. DPTHBHib immunization must be given to children to avoid Diphtheria, Pertussis, Tetanus, Hepatitis B, and Haemophilus influenzae type b, which can cause death in children. The vaccination was carried out 3 times at 2 months, 3 months, and 4 months. Since the Covid-19 pandemic, the participation of mothers with toddlers has decreased, especially in the Pondok Jaya Village, Cipayung sub-district, Depok City. Therefore, to support the implementation of Immunization by the Government, it is felt necessary to hold community service for Providing Complete Basic Immunization and Supplementary Food to Infants and Toddlers at Posyandu Delima RW 02 Kel Pondok Jaya Kec Cipayung Depok City in 2022. The results of this community service activity were carried out well and appreciated by the local community. As many as 6 mothers who have babies and toddlers attend posyandu activities.

Keywords: immunization; DPTHBHib; infants; toddlers

Abstrak:

Kata Kunci: imunisasi; DPTHBHib; bayi; balita

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INTRODUCTION

The health status of children and infants in Indonesia has significantly improved during the previous few decades. The infant mortality rate (IMR) has significantly decreased in Indonesia as one of the development indicators, going from 68 per 1,000 live births (1987–1991) to 32 per 1,000 live births (2008–2012) (Statistics Indonesia Badan Pusat Statistik, National Population and Family Planning Board (BKKBN), Kementerian Kesehatan Indonesia, Measure DHS, & ICF International, 2013). According to estimates from the World Bank, Indonesia's IMR in 2015 was 23 per 1,000 live births, which surpassed the MDGs' IMR objective. Notwithstanding this accomplishment, children's health status exists among population subgroups.

Immunization is a public health effort implemented in Indonesia since 1956. This program has proven to be the most effective and efficient in providing health services. Through this program, Indonesia has been declared free from smallpox since 1974. Starting in 1977, immunization activities were then expanded into the Immunization Development Program (PPI) in order to prevent the transmission of several diseases that can be prevented by immunization (PD3I) (Ministry of Health RI, 2014).

Immunization is an effort to actively generate/increase a person's immunity against a certain disease, so that if one day they are exposed to the disease they will not get sick or only experience a mild illness. Several infectious diseases that are included in immunization-preventable diseases (PD3I) include tuberculosis, diphtheria, tetanus, hepatitis B, pertussis, measles, rubella, polio, meningitis, and pneumonia (Gunardi et al., 2017; Indonesian Ministry of Health, 2017). In immunization, there is the term herd immunity or group (community) immunity. Herd immunity is a situation where a large part of the population is protected/immune against certain diseases, thus creating an indirect effect, protecting groups of people who are not the target of immunization from the disease in question. So, if vulnerable groups such as infants and toddlers are protected through immunization, disease transmission in the community will also be controlled so that older age groups are also protected due to low disease transmission. This condition can only be achieved with high and even distribution of immunization coverage (Ministry of Health RI, 2017; Albertina & Febriana, 2016).

One basic immunization type in Indonesia is DPTHB Hib immunization, targeting infants or children aged two to eleven months. DPTHB Hib immunization must be given to children to avoid diphtheria, pertussis, tetanus, hepatitis b, and Haemophilus influenza type b, which can cause death in children. The vaccination was carried out 3 times at 2 months, 3 months, and 4 months (Kemenkes RI, 2014).

World Health Organization (WHO) data shows that in 2015 there were 19.4 million children who did not receive immunizations and statistics show that almost 85% of babies in the world received complete vaccinations. Relevance data among countries in the world, the provision of
complete basic immunization with the highest three positions in 2015 the world was Brazil at 96%, India at 87%, and Ethiopia at 86%, while the lowest in providing complete basic immunization in 2015 was Equatorial Guinea 16%. Indonesia ranks 4th with 81% after Ethiopia (Ilham, 2017). Based on the results of the 2012 Indonesian Demographic Health Survey (SDKI), the infant mortality rate (IMR) was 34/1000 live births, and the under-five mortality rate (AKBA) was 44/1000 live births. The results of the 2013 Riskesdas survey obtained HB-0 immunization coverage data. Based on Indonesian family profiles in 2019, data on coverage of HBO immunization (92.5%), BCG (94.3%), DPT-HB-HiB3 (97.0%), Polio4 (92.4%), and measles immunization (93.0%). From a pilot study conducted in Cipayung District with 10 mothers who had babies under five, 70% said they did not attend the posyandu during the Covid-19 pandemic. Based on the description in the background, it is necessary to carry out immunization and supplementary food activities for toddlers at Posyandu Delima RW 02 Kel Pondok Jaya Kec Cipayung Depok City in 2022. One of the community-based health services offered in Indonesia is called Posyandu. Its key initiatives include family planning, immunization, nutrition programs, integrated maternity and child health, and diarrhea control (Ministry of Home Affairs, 2012, as cited in Setiawan, Agus & Christiani, 2018).

This community service activity was conducted at Posyandu Delima RW 02 Pondok Jaya Kel, Cipayung District, Depok City, in 2022. From a pilot study conducted in Cipayung District with 10 mothers with toddlers, 70% said they did not attend the posyandu during the Covid-19 pandemic. This activity is also intended as one of the efforts to support the government's program, namely National Child Immunization Month 2022.

**IMPLEMENTATION METHOD**

The location for the implementation of the Community Service was determined based on the need for health workers or midwives to help carry out the immunization of the Posyandu Delima RW 02 Kel Pondok Jaya, Kec Cipayung, Depok City 2022, in November 2022. The form of this service activity is to carry out complete immunization for infants and toddlers, including BGC, Polio, DPT-HB-HiB, IPV, and measles). Food is given before the baby goes home in the form of green bean porridge and pudding. Instruments for implementing activities, including presentation tools (notebook, LCD), papers/brochures, banners, cameras, leaflets, vaccines, syringes, and hand gloves.
RESULT AND DISCUSSION

1. Implementation of Basic Immunizations for Infants and Toddlers

The activity was carried out according to the plan at Posyandu Delima RW 02, Pondok Jaya Sub-District, Cipayung City, Depok City, in 2022. The basic immunization activity was attended by 6 mothers who brought toddlers to Posyandu Delima RW 02. Of the several mothers, several children were too late to vaccinate when evaluated based on medical records in the MCH book. At the time of providing basic immunization, counseling is carried out to mothers of infants and toddlers regarding the importance of it.

Immunization effectively prevents disease transmission and reduces morbidity and mortality in infants and toddlers (Peni, Amalia & Rahmawati, 2022). Immunization is the most effective and efficient public health effort in preventing several dangerous diseases (Ministry of Health of the Republic of Indonesia, 2020). Immunization is an effective primary prevention effort to prevent the occurrence of infectious diseases that can be prevented by immunization. Immunization must be carried out based on service, operational, and professional standards according to statutory regulations. The immunization process must pay attention to the safety of vaccines and injections so that disease transmission does not occur in the implementation of immunization services and the community and avoid AEFI. Before immunization is carried out, immunization service providers must provide complete information about immunization, including vaccines, administration methods, benefits, and possible harm.

The problem of infrastructure is a classic problem found in almost all fields because it is directly related to funding. Facilities and infrastructure in the management of immunization are a supporting factor for maintaining the cold chain in the management of immunization which is indeed non-negotiable because vaccines have a fixed temperature which cannot be reduced or increased so that the availability of facilities and infrastructure is necessary in the management of immunization (Chesoli, 2015).

In carrying out their duty’s health workers must be in accordance with the quality of service (Maestad & Mwisongo, 2011; Mosadeghard, 2014). The definition of quality of service for health workers means being free to do everything professionally to improve the health status of patients and the public in accordance with advanced knowledge and skills, good quality equipment and meeting good standards, commitment and motivation of officers depending on their ability to carry out their duties them in an optimal way.

2. Provision of Supplementary Food to Toddlers

In most cases, healthy infants and toddlers can consume the recommended amounts of food alone (Huffman & Martin, 1994). The caretakers of children should be encouraged by dietitians to supplement children’s diets with foods rather than supplements. Vitamin and mineral supplements
can assist infants and toddlers with special nutrient requirements or inadequate dietary intakes in achieving adequate intakes; however, caution must be exercised to ensure that supplements do not result in excessive intakes. Vitamin A, zinc, and folate, three nutrients frequently used as food fortifiers, all benefit from this.

Supplemental feeding for toddlers is carried out well. There were 3 babies over 3 months who were over 6 months old who were explained MP-ASI. Four toddlers were brought along by their mothers for weighing and getting additional food in the form of green bean porridge, boiled mother, and pudding. The evaluation results on the growth and development of infants under five found no problems. Then the toddler's mother said she was happy to be able to participate in the supplementary feeding activity.

CONCLUSION AND SUGGESTION

The community service activities in providing basic immunization and feeding toddlers at Posyandu Delima ran smoothly, but the target visits had yet to be achieved. The results of this activity are expected to provide information or input for the local government in order to increase immunization visits to Posyandu.

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REFERENCES


