
FACTORS RELATED TO GIVING HB0 IMMUNIZATION TO INFANTS AT UJUNG PADANG HEALTH CENTER

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Abstract

According to the International Task Force on Hepatitis-B Immunization, Indonesia is included in the moderate and high endemic group of hepatitis B, with a prevalence in the population of 7% - 10%. At least 3.9% of Indonesian pregnant women are people with hepatitis with a risk of maternal transmission of approximately 45%. Currently it is estimated that there are more than 11 million people with Hepatitis-B in Indonesia. In countries with a low prevalence of hepatitis B, most people with hepatitis are aged 20-40 years, whereas in countries with a high prevalence of hepatitis B, most people with hepatitis are children. The purpose of this study was to determine the factors related to Hb0 immunization in infants. This type of research is Analytical. The population of this study were all mothers who had babies 0-7 days at the Ujung Padang Health Center from January to August. The sample in the study was 60 people. The results of the study were obtained based on the administration of Hb0 immunization, it was known that the majority of respondents were not given Hb0 immunization as many as 32 respondents (53.3%) and a minority of respondents were given Hb0 immunization as many as 28 respondents (46.7%) and it can be concluded that there is a relationship between education, occupation, number of children, knowledge, birth attendants, delivery assistance places and family support for giving Hb0 immunization to infants. It is hoped that this research can become input for health workers to improve the quality of health services and education as well as information about Hb0 immunization in infants by providing counseling. The results of the study were obtained based on the administration of Hb0 immunization, it was known that the majority of respondents were not given Hb0 immunization as many as 32 respondents (53.3%) and a minority of respondents were given Hb0 immunization as many as 28 respondents (46.7%) and it can be concluded that there is a relationship between education, occupation, number of children, knowledge, birth attendants, delivery assistance places and family support for giving Hb0 immunization to infants. It is hoped that this research can become input for health workers to improve the quality of health services and education as well as information about Hb0 immunization in infants by providing counseling place for delivery assistance and family support for giving Hb0 immunization to infants. It is hoped that this research can become input for health workers to improve the quality of health services and education as well as information about Hb0 immunization in infants by providing counseling place for delivery assistance and family support for giving Hb0 immunization to infants. It is hoped that this research can become input for health workers to improve the quality of health services and education as well as information about Hb0 immunization in infants by providing counseling.

Keywords: Hb0 Immunization, Babies

INTRODUCTION

According to the International Task Force on Hepatitis-B Immunization, Indonesia is included in the moderate and high endemic group of hepatitis B, with a population prevalence of 7% -10%. At least 3.9% of Indonesian pregnant women are people with hepatitis with a risk of maternal transmission of approximately 45%. Currently it is estimated that there are more than 11 million people with Hepatitis-B in Indonesia. In countries with a low prevalence of hepatitis B, most people with hepatitis are aged 20-40 years, whereas in countries with a high prevalence of hepatitis B, most people with hepatitis are children (Gracey, 2003). The risk of developing chronic hepatitis B is much greater (90%) if the infection occurs early in life compared to infection that occurs in adulthood. While infection in young adulthood usually results in clinically acute hepatitis, the risk of becoming chronic is only 1% - 2%. Vertical transmission depends on gestational age at infection. Infection in the first two trimesters has a risk of 8% - 10% and increases significantly in the third trimester of pregnancy by 67% (Depkes RI, 2002). In Indonesia, 4% of babies die every day due to diseases, most of which can be prevented through vaccination. To prevent this from continuing to happen, the United Nations Children's fund (UNICEF) and the Indonesian government work together to ensure that around 5 million babies every day receive complete and timely immunization against seven diseases that can be deadly, namely: Tuberculosis, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis B and Measles (Purnomo, 2010) Infection in the first two trimesters has a risk of 8% - 10% and increases significantly in the third trimester of pregnancy by 67% (Depkes RI, 2002). In Indonesia, 4% of babies die every day due to diseases, most of which can be prevented through vaccination. To prevent this from continuing to happen, the United Nations Children's fund (UNICEF) and the Indonesian government work together to ensure that around 5 million babies every day receive complete and timely immunization against seven diseases that can be deadly, namely: Tuberculosis, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis B and Measles (Purnomo, 2010) Infection in the first two trimesters has a risk of 8% - 10% and increases significantly in the third trimester of pregnancy by 67% (Depkes RI, 2002). In Indonesia, 4% of babies die every day due to diseases, most of which can be prevented through vaccination. To prevent this from continuing to happen, the United Nations Children's fund (UNICEF) and the Indonesian government work together to ensure that around 5 million babies every day receive complete and timely immunization against seven diseases that can be deadly, namely: Tuberculosis, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis B and Measles (Purnomo, 2010) In Indonesia, 4% of babies die every day due to diseases, most of which can be prevented through vaccination. To prevent this from continuing to happen, the

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The absence of hepatitis BD screening tests on pregnant women in Indonesia gave the idea that hepatitis B immunization was carried out at the age of 0-7 days. HB immunization in infants is given 3 doses with a schedule of HB 1 immunization at 0-7 days of age, HB2 and HB3 at 2 and 3 months of age. This schedule can be adjusted in the field provided that the time between the first and second injections, often the second and third injections, is at least one month. Hepatitis B immunization given to babies before contact or immediately after contact can protect babies from hepatitis B infection. The immunization schedule given to newborns is intended to prevent vertical transmission of hepatitis B from mother to baby (Priyanto, 2002). Viral hepatitis is a systemic infection that primarily affects the liver. Hepatitis B disease is widespread with different levels of endemicity according to geography and ethnicity. The level of endemicity in Indonesia is moderate-high with the prevalence of HbsAg varying according to geography. HBsAg prevalence data in Indonesia varies widely, which is understandable considering that Indonesia has a very large area, with diverse behavior and culture (Sulaiman, 2005).

Nonpercutaneous transmission via oral ingestion has been noted as a potential route of exposure but its efficiency is quite low. On the other hand, the two nonpercutaneous transmission routes that are considered to have the greatest impact are sexual intercourse and perinatal transmission. Perinatal transmission is mainly found in infants born to HBsAg carrier mothers or mothers who have acute hepatitis B during the third trimester of pregnancy or during the early postpartum period. Although approximately 10Y6 of infections can be acquired in utero, epidemiologic evidence suggests that nearly all infections occur around the time of delivery and are unrelated to breastfeeding. In almost all cases, acute infection in neonates is clinically asymptomatic, but the child is most likely to be an HbsAg carrier (Depkes RI, 2002). Lack of family knowledge including wrong perceptions about the importance of immunization and the severity of a disease are important factors that hinder the success of immunization. Misperceptions about the severity of a disease are influenced by local beliefs and lack of knowledge about health. This belief and lack of knowledge makes individuals assume that diseases are not dangerous, rare, not contagious, are commonplace for children or individuals will be resistant on their own. Environmental and logistical barriers in the form of climate, geography or difficulty reaching health services due to bad roads, working hours that do not match the conditions of the community or long waiting times to get health services. A health program will fail if the interaction between the service provider and the community is lacking. The rude behavior of health workers when providing information made parents reluctant to immunize their children. Situations like this are often not realized by health workers (WHO, 2000).

Several factors are thought to play a role in administering HB immunization 0-7 days including: education, occupation, number of children, mother's knowledge of

immunization, birth attendants, birthing center and family support (Rois, 2000). Based on the description of the background above, the researcher wants to conduct research on the Factors Associated with the Administration of Hb0 Immunization in Infants at the Ujung Padang Health Center January - August 2016.

METHODS

This research method is a quantitative analytic in nature, namely to determine the factors associated with the administration of Hb0 immunization in infants at the Ujung Padang Health Center January - August 2016 with an observational design through a cross-sectional approach in which the independent and dependent variables are asked at the same time (Notoadmodjo, 2012).

1. Place and time

Research Place The location of this research will be carried out at the Ujung Padang Health Center. The research was conducted in August 2016.

2. Data analysis

Data analysis was carried out in stages which included univariate and bivariate analysis

- a. Univanat Analysis Univanat analysis was performed to get an overview of each dependent and independent variable. The data will be presented in the form of a frequency distribution.
- b. Bivariate Analysis Bivariate analysis, namely to see the relationship between independent (independent) and dependent (dependent) variables, was carried out by testing the chi-square statistic with a degree of confidence of 95ss (a 0.059). From the chi-square statistic, the p value is obtained.

If the p value is $X0.05$, the hypothesis fails to be rejected, meaning that there is a relationship between the variables! independent and dependent variables.

If p-value > 0.05 , the hypothesis is rejected, meaning that there is no relationship between the independent variable and the dependent variable.

RESULTS AND DISCUSSION

Univariate analysis

- a. Distribution of Frequency and Percentage of Mothers Based on Hb0 Immunization at Ujung Padang Health Center in 2016.

Based on the table above it can be seen that the majority of respondents were not given Hb immunization as many as 32 respondents (53.396) and a minority of respondents were given Hb0 immunization as many as 28 respondents (46.70).

- b. Distribution of Frequency and Percentage of Mothers Based on Education at the Ujung Padang Health Center January - August 2016.

Based on the results of the research above, the results of the Chi-Square test were obtained with a P value of 0.000 (0.05). These results indicate that there is a relationship between Education and Hb0 Immunization in Infants. This study is in accordance with research (Kusumawati, 2007) which concluded that there is a relationship between Education and the Administration of Hb0 Immunization in Infants. According to (Notoatmodjo, 2003) people who are better educated tend to have "better knowledge than those with limited education. With education we can get knowledge from anywhere. According to (Hidayat, 2005),

This research is in line with the research conducted (Pramono, 2007). Work is generally a time-consuming activity. Working for mothers will have an impact on family life and time for caring for children will be reduced, so that mothers who have to work outside the home have very little time to participate in immunizations or even no time at all. Meanwhile, housewives have the opportunity to bring their children for immunization. The role of working mothers and not working greatly influences family care. This can be seen from the time given by the mother to care for and bring her baby for immunization, which is still lacking because time will run out to complete all her work.

Based on the above research results, the results of the Chi-Square test were obtained with a P value of 0.003 (< 0.05). These results indicate that there is a relationship between family support and Hb0 immunization in infants. Encouragement and advice from family or closest people to achieve higher health potential will have a major effect on the desire and motivation to get health services (Notoatmodjo, 2005). This research is in line with the results of Yuryanti's research (2010), mothers who receive family support will behave in giving Hb0 immunization to their babies compared to mothers who do not receive support from their families. It can be concluded that family support is very important in motivating, guiding, reminding and supporting toddler mothers to come to the toddler posyandu.

CLOSING

Conclusion

1. Based on education, it is known that of the 60 respondents, the majority of respondents with low education were 28 respondents (75.7%) who were not immunized with Hb0 and a minority of those who were immunized with Hb0 were 9 respondents (24.3%). The results of the Chi-Square test were obtained with a P value of 0.000 ($\ll 0.05$). These results indicate that there is a relationship between Education and Hb0 Immunization in Infants.
2. Based on work, it is known that of the 60 respondents, the majority of respondents did not work for those who were not immunized with Hb0, as many as 29 respondents (61.7%) and a minority of those who were immunized with Hb0, as many as 18 respondents (38.3%). Chi-Square test results were obtained with a P value value 0.031 ($\ll 0.05$). These results indicate that there is a relationship between work and Hb0 immunization in infants.
3. Based on the number of children, it is known that of the 60 respondents, the majority of respondents had enough children, 26 respondents (78.8%) were not immunized with Hb0 and 7 respondents (21.2%) were immunized with Hb0. Chi-Square test results were

obtained. with a P value of 0.000 ($\ll 0.05$). These results indicate a relationship between the number of children and the provision of Hb0 immunization in infants.

4. Based on knowledge, it is known that of the 60 respondents, the majority of respondents with less knowledge were 28 respondents (77.8%) who were not immunized with Hb0 and a minority of those who were immunized with Hb0 were 8 respondents (22.2%). Chi-Square test results were obtained with a P value value 0.000 ($\ll 0.05$). These results indicate that there is a relationship between Knowledge and Hb0 Immunization in Infants

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