

Kelengkapan imunisasi dasar anak balita dan faktor-faktor yang berhubungan di Poliklinik Ilmu Kesehatan Anak Rumah Sakit Umum Pusat Nasional Cipto Mangunkusumo, Maret 2008 = Complete basic immunization on children under five and related factors at Pediatric Clinic in Cipto Mangunkusumo National Hospital on March 2008

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Abstrak

Latar Belakang: Pada tahun 2001-2005, angka kejadian penyakit-penyakit yang dapat dicegah dengan imunisasi meningkat. Berdasarkan data WHO-UNICEF, angka kelengkapan imunisasi, yang digambarkan dengan cakupan imunisasi campak, adalah 78% di tahun 2005. Namun, angka cakupan imunisasi campak belum tentu tepat dalam menggambarkan kelengkapan imunisasi dasar.

Tujuan: Untuk mengetahui kelengkapan imunisasi dasar, alasan ketidaklengkapan imunisasi dasar, karakteristik orangtua (pendidikan orangtua, pekerjaan orangtua, pendapatan keluarga), pengetahuan serta sikap orangtua terhadap imunisasi, dan hubungan antara karakteristik, pengetahuan dan sikap orangtua dengan kelengkapan imunisasi dasar pada anak balita di Poliklinik Ilmu Kesehatan Anak RS. Cipto Mangunkusumo (RSCM).

Metode: Penelitian cross-sectional dengan wawancara melalui kuesioner pada orang tua yang membawa anak balita di Poliklinik Ilmu Kesehatan Anak RS. Cipto Mangunkusumo pada tanggal 04-14 Maret 2008. **Hasil:** Dari 76 sampel, 65,8% anak balita memiliki status imunisasi dasar yang lengkap dan 34,2% lainnya tidak lengkap. Jenis imunisasi yang paling banyak tidak lengkap adalah hepatitis B (17,1%). Alasan ketidaklengkapan imunisasi antara lain anak sakit (66,7%), orangtua tidak tahu jadwal imunisasi (18,5%), vaksin habis (7,4%), orangtua lupa (3,7%), dan tidak ada Pekan Imunisasi Nasional (3,7%). Tidak ada hubungan yang signifikan secara statistik antara pendidikan orangtua, pekerjaan orangtua, pendapatan keluarga, pengetahuan serta sikap orangtua terhadap imunisasi dengan kelengkapan imunisasi dasar anak balita.

Kesimpulan: Kelengkapan imunisasi dasar anak balita di Poliklinik Ilmu Kesehatan Anak RSCM adalah 65,8%. Ketidaklengkapan imunisasi paling banyak disebabkan karena anak sakit (66,7%). Tidak didapatkan hubungan antara faktor orangtua dengan kelengkapan imunisasi dasar anak balita di Poliklinik Ilmu Kesehatan Anak RSCM.

.....Introduction: From the year 2001 to 2005, number of vaccine-preventable diseases was increased. According to WHO-UNICEF, this number, which regards the coverage of measles immunization, is 78% in 2005. However, the coverage number of measles immunization does not necessarily accurate in representing the number of complete basic immunization.

Objective: To explore complete of basic immunization on children under five year old at Pediatric Clinic in Cipto Mangunkusumo Hospital (RSCM), the underlying reasons of incomplete basic immunization, parent's characteristics (educational background, occupation, family income, knowledge and attitude toward immunization) and relationship between parent's characteristic and the completeness of basic immunization.

Method: Cross-section study with questionnaire guided interview to parents who brought underfive children to pediatric clinic in Cipto Mangunkusumo National Hospital (RSCM) on 04?14 March 2008.

Result: From 76 samples, 65,8% children have complete basic immunization and 34,2% others have incomplete basic immunization. The most incomplete type of immunization is Hepatitis B (17,1%). The reasons for these children to have incomplete basic immunization were due to sickness occurring concurrently with the immunization schedule (66.7%), parents' unawareness of the immunization schedule (18.5%), insufficient amount of vaccine supply (7.4%), parents not recalling of giving their children immunization (3.7%), and the absence of National Immunization Week or PIN (3.7%). There is no statistically significant relationship between the parent's educational background, occupation, family income, knowledge and attitude toward immunization and complete of basic immunization on children under age five at RSCM's Pediatric Clinic.

Conclusion: Complete basic immunization on children under five years old at RSCM's Pediatric Clinic reached 65.8%. The reason of incomplete basic immunization was mostly due to sickness happening concurrently with the immunization schedule (66.7%). There was no relation between parent's characteristic and the completeness of basic immunization on children under age five at RSCM's Pediatric Clinic.