

ROLE OF STUDENTS IN THE COMMUNITY SERVICE PROGRAM IN THE NATIONAL CHILD IMMUNIZATION MONTH TO REALIZE THE HEALTHY HUMAN RESOURCES

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ABSTRACT

The community service program refers to the lecturer and student activities that support real facilities to implement various academic activities that can have an impact on the community. The COVID-19 pandemic caused many Indonesian children did not receive complete routine immunization. Based on that condition the Ministry of Health launched National Child Immunization Month 2022/BIAN to boost the routine immunization coverage of the children. The BIAN socialization, the first step the team members met the Village Head and his staff to invoke for permission and support from local leaders to socialize BIAN to the community. Then, the doctors and midwives in Primary Health Care, community unit officers, and village cadres were met to be asked for guidance. The BIAN socialization was decided to be performed by two ways: By including BIAN socialization events at routine Primary Health Care events and implementation by several meetings in each Community Unit. Vaccination data in Mekarwangi Village were 60% of children that have been vaccinated and 40% have not been vaccinated. This situation is not only due to the effects of the COVID-19 pandemic, but also because the understanding and awareness of the parents about vaccination is still low. The BIAN socialization explained the benefits of vaccination and invited the parents to participate in preventing and maintaining the health of their families, especially their children by participating the immunization of their children in BIAN activities. The events involved 286 mothers. The community service program students have contributed in realizing healthy human resources.

Keywords: National child immunization month, BIAN, Mekarwangi village.

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INTRODUCTION

In April 2020 Indonesian National Board for Disaster Management reported COVID-19 disease spread to 34 Provinces, every day the number of people was infected and those who died continued to grow. Therefore, the World Health Organization (WHO) urges the public to take preventive measures, one of which is to implement social distancing, wash hands, wear masks, and stay at home if there is no urgent need. This condition causes immunization coverage to be reduced, lower than in years before the Covid-19 pandemic [BPNP, 2020; Ministry of Health and UNICEF Indonesia, 2021].

The main factors that affect the disruption of immunization services during the COVID-19 pandemic, among others, are parents' concerns about the risk of contracting the COVID-19 virus, and health resources are more focused on handling COVID-19, and also disturbed the supply chain of vaccines and drugs. These are the problems in achieving routine immunization targets such as before the onset of COVID-19 [Ministry of Health and UNICEF Indonesia, 2021; Rusman 2021; Indahsari, 2021].

Indonesia is also affected by the COVID-19 pandemic, The Ministry of Health reported that the COVID-19 pandemic has led many Indonesian children did not get complete routine immunization. This condition caused Indonesian children at risk of diseases, which are actually the diseases are vaccine-preventable diseases. The diseases that can actually be prevented by vaccination, such as (a) hepatitis B; (b) poliomyelitis; (c) tuberculosis; (d) diphtheria; (e) pertussis; (f) tetanus; (g) pneumonia and meningitis caused by *Hemophilus influenzae* type b (Hib); and dan h. measles [Ministry of Health and UNICEF Indonesia, 2021; Indahsari, 2021].

Therefore, the Indonesian Government held the National Child Immunization Month (BIAN) as an effort to provide the complete

routine immunization coverage for children caused by the COVID-19 pandemic. The program was supported by the WHO, UNICEF, and other development partners [RI Minister of Health, 2017]. The National Child Immunization Month Program (BIAN) is organized by the government annually in August. One of several Government regulations that support the child immunization program includes the Minister of Health Regulation (PerMenKes) No. 12 of 2017 concerning the Implementation of Immunization [RI Minister of Health, 2017]. Stage I of BIAN started in Sumatera, Borneo, Celebes, Nusa Tenggara, Moluccas, and Papua in May 2022, while Stage II in Java and Bali took place in August 2022 [RI Minister of Health, 2017; UNICEF Indonesia, 2022; WHO, 2022].

Mekarwangi Village had been selected as one of the villages for students to carry out community service program. The program provides real facilities to implement various academic activities that can have a positive impact on the community. Students learn about the social life of the community and contribute to solve problems found in the community [Universitas Padjadjaran, 2022]. The thematic community service program was implemented on July 4–August 4 in 2022 at Mekarwangi Village, the time is in line with the efforts of The Ministry of Health to encourage the quality of human resources in the village through the children vaccination (BIAN program). Thus, the students can help to socialize BIAN program to the Mekarwangi community where the students implemented the Thematic Real Work Lectures Program [Universitas Padjadjaran, 2016; Universitas Padjadjaran, 2021].

METHODS

The BIAN program was socialized by members of the community service program in Mekarwangi Village, Ibun District, Bandung Regency, West Java Province from July 4 to August 4, 2022.

Team members made a socialization plan as follows: The socialization of the BIAN Program was divided into five implementation steps [Community tool box, 2006].

The first step is community organizing in the team, the Directorate of Research and Community Engagement organized briefing from UNICEF Indonesia resource. Then, the team members (the lecturer and the undergraduate students) prepared the needs to carry out BIAN socialization activities in Mekarwangi village. The second step is community development (Locality) in Mekarwangi Village, the team members met the Village Head and his staff to invoke for permission and support from local leaders to socialize BIAN to the community. The third step is planning and policy of BIAN program. The team met the doctors and midwives in Primary Health Care, community unit officers, village cadres according to the Village Head's advice. All information were collected and become the basis for planning activities to be performed. The fourth step is the BIAN implementation. The program was implemented in two ways, namely, participating in the Primary Health Care event and organizing several meetings in each Community Unit, was accompanied by an invitation to actively participate in the BIAN program. The fifth step, the team members collected and recorded the data. The number of participants from all activities was recorded based on the participant attendance list in all BIAN program implementation.

RESULTS AND DISCUSSION

The team went to Mekarwangi Village on July 5, 2022, met the Mekarwangi Village Head and his staff to invoke for permission and supported the local leaders to socialize BIAN to their community. The Village Head supported the BIAN program and tried to provide as many opportunities as possible to implement the BIAN program in Mekarwangi Village. Through the Head of the Village and his staff were given access to collect information from the Primary Health Care, community unit officers, village cadres, and village youth organizations. Information was collected among other from the doctors and midwives in Primary Health Care, community units and village cadres and village youth organizations.

The results of the information collected included the development of Mekarwangi village, the previous year until 2019 Mekarwangi Village was an underdeveloped village, and the following year (2020) until now it become a developing village. The vaccination program based on data from Integrated Health Post for Child Health reported that 60% of children had been vaccinated and the remaining 40% had not been vaccinated (Fig. 1). The lower of the child vaccinated not only occurred in Mekarwangi Village, but also in the other villages and cities. As a survey conducted by the Ministry of Health and UNICEF Indonesia on the Impact of COVID-19 on Routine Immunization in Indonesia in the middle of the year 2020, the results reported that immunization services at the Primary Health Care and Integrated Health Post for Child Health were 84% of all health facilities experiencing disruptions. The report was followed up in 2021, the Ministry of Health reported of the complete routine immunization coverage as many as 79.6%, and in 2022 as many as 1.7 million Indonesian children have not received routine immunizations. The condition has a potential to cause extraordinary events with the emergence of various diseases which in fact these diseases can be prevented by immunization [Ministry of Health and UNICEF Indonesia, 2021; Indahsari, 2021; Parahyangan, 2022]. To reduce the impact of the decline in Routine Immunizations on Child Health, the Ministry of Health launched the BIAN program to catch up with routine immunization coverage.

As explained on the above, many factors affect the disruption of immunization services during the COVID-19 pandemic. In addition to, parental concerns about the risk of contracting the COVID-19 virus, etc. In Mekarwangi Village beside those factors, the other factors were the understanding and awareness of village community especially parents about vaccination were still low. In the immunization program the role of parents especially mothers are very important, because mothers are

Table 1: The percentage of total mothers as participants in the BIAN socialization

Citizens association region	Percentage of participants number
1	13
2	0
3	13.6
4	7
5	11.5
6	9.1
7	5.6
8	7
9	9.1
10	4.5
11	11.2
12	2.8
13	5.6

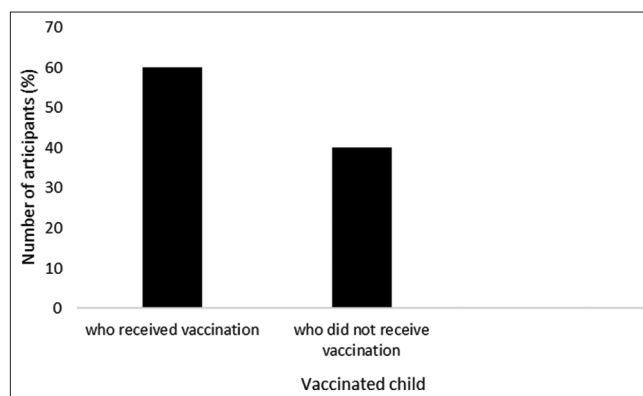


Fig. 1: Percentage of children who received vaccination and did not receive vaccination

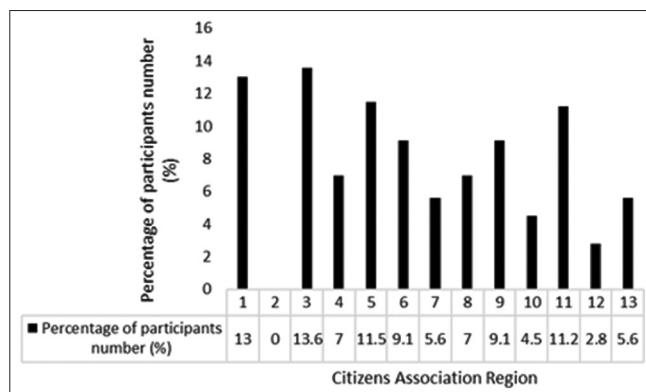


Fig. 2: Percentage of participating mothers in each community association area

the closest people to their babies and children. Mother's knowledge and education will affect the mother's behavior in participating in the routine immunization program for her baby and child, so that it can affect the immunization status of her baby and child. Therefore, mother's knowledge and educational background can be important to maintain the health of her family (Maidartati 2020; Winarsih, 2013). This problem occurs in Mekarwangi Village, a newly developed village from an underdeveloped village to a developing village, because the understanding and awareness of the village community about vaccination is still low. Especially parents who have babies and children aged up to 59 months have low knowledge about the importance of having their babies/children vaccinated which in turn has an impact on the low coverage of routine vaccination results, namely, 60% of children have been vaccinated and the remaining 40% have not been vaccinated.

The next step in the socialization of BIAN in Mekarsari Village, to anticipate the condition of understanding and awareness of the village community about vaccination was still low, the BIAN socialization strategy to the Mekarwangi Village community was decided to be performed by two ways: 1) Follow the Primary Health Care even and activity; and 2) make the event at each Citizens Association region with the main objective of socializing BIAN to reach all families with children aged 9–59 months.

The Mekarwangi Village has 13 citizens association region. The BIAN socialization at each citizen's association region was done in difference days. After the BIAN event was held in all citizens association region, it was found that the total number of 286 mothers who participated in the socialization (Table 1) and (Fig. 2). In each socialization, every participant was invited to come with their children to be vaccinated in the Primary Health Care. Since 286 families with their children involving the events, their participations in the BIAN program would improve family health care.

Based on the data above, the students in the Community Service program succeeded in socializing the BIAN program to Mekarwangi Village community, especially families with children aged 9–59 months. The role of students in the Community Service program contributed to solve the vaccination problem in Mekarwangi Village communities by socializing the BIAN program at the Primary Health Care and in their community unit.

CONCLUSION

The students in the community service program contributed to the implementation of the BIAN program which aimed to solve the vaccinated problems in Mekarwangi Village community. The total participants were 286 from 12 associations. In conclusion, the students in the community service program contributed in realizing healthy human resources.

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CONFLICTS OF INTEREST

No conflicts of interest in our study.

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