



## Immunization Evaluation In The Central Java Center Of Indonesia

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The Samin community is an indigenous community in Pati, Central Java, Indonesia, which has a different way of life from the community in general. 79 children aged 2 years to 5 years only 1 child who has complete basic immunization.

The purpose of this study was to determine the modification variable factors in the Health Belief Model theory that affect the low immunization coverage in the Samin Pati Society of Central Java, Indonesia. This study uses a qualitative method with a

cross-sectional approach carried out by observational. The research subjects consisted of 6 main informants and 3 triangulation informants. Taking informants by purposive sampling, data collection techniques by in-depth interviews, observation and document review.

The results of this study that most of the Samin community has an understanding of Samin culture does not regulate immunization, a small proportion have a culture of following Samin's ancestors who did not immunize their children. Age is considered not important so do not know the age of the child. Adam's religion does not regulate immunization, knowledge about immunization is lacking.

The conclusion seen from the modification variable in the Health Belief Model theory is that the Samin community is a small part of following the culture of the ancestors Samin does not immunize their children and knowledge that less influences the lack of immunization coverage in the Samin Pati Society of Central Java Indonesia.

**Keywords:** Immunization Evaluation, Samin Society

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## **INTRODUCTION**

The Indonesian government protects all Indonesian people, including in the health sector. Efforts to prevent disease by giving immunizations to infants and toddlers is a form of responsibility of the Government to its citizens (Law of the Republic of Indonesia Number 36 of 2009). Prevention of disease by increasing or strengthening immunity in the body and if the body is attacked by disease will hold resistance that causes the body to stay healthy or sick but not severe (Ministry of Health of the Republic of Indonesia 2017). Vulnerability in infants and toddlers to diseases that can be prevented by imitation is due to the large number of infants and toddlers who have not yet received basic basic immunization (Ministry of Health of the Republic of Indonesia in 2018).

The success of the immunization program can be seen Universal Child Immunization (UCI) with an achievement of at least 85% of the target baby. Complete basic immunization consists of HBO 1 time, BCG 1 time, DPT-HB-Hib 3 times, Polio 4 times, Measles once. In 2017 UCI achievements in Indonesia amounted to 91.1% (Ministry of Health of the Republic of Indonesia in 2017). The achievement of UCI in Central Java was 99.95% (Central Java Provincial Health Office, 2017). Baturejo Village achieved UCI 93.33%. The Sedulur Sikep (Samin) community in Baturejo village has not received immunizations for infants and toddlers (Puskesmas Sukolilo 1, 2017).

The Samin community is a society that follows the teachings of a character named Samin Surosentiko. The spread of Samin's teachings from the Plosokadiren Randublatung Blora area, then to Sumber and surrounding areas such as Tuban, Pati and Kudus districts. Samin's teachings were a popular movement against Dutch colonialism with non-violent resistance. The Samin community has a different way of life from the general population (Mardikantoro, 2017). Strange behavior, at will is a form as if not recognizing the existence of the State in everyday life. The Samin community is very famous for what it is, nyeneh, innocent with so impressed "stupid". They are proud of what they have, do not want to receive government assistance, reject government programs, that attitude has been carried out until now (Hendrastomo, 2017). A different attitude from the general public has a very good message in the midst of the many influences of modern culture in order to keep our culture alive so as not to be eroded by foreign cultures that are incompatible with the culture of the Indonesian people.

The Samin community, with a strange attitude, did not implement the government program because they considered the government to be dishonest and many lies (Jurnal Indonesia Kaya, 2018). The Sedulur Sikep or Samin community is no longer separate from the surrounding community, but culture and customs still hold fast to the teachings of Samin (Mardikantoro, 2017). The Samin community in communicating with people outside Samin has four characters.



First Trumpet; that is, answering the question as it is for example being asked teapot endi (from where?) then answered soko mburi (from behind). Such an answer was to fool the Dutch government at that time so that no resistance movement was detected against the Dutch Colonial. The attitude of the Sedulur Community Sikep (Samin) brought to this day has led to the views of people outside the Samin Community that the Samin community is an old-fashioned and dissident society. Second, amping-amping / Grogol or called nyamin which claims Samin but daily life claims samin but its behavior is not like that of Samin. Third, Samiroto, who is a Samin person in his daily life, behaves according to Samin's teachings but accepts and behaves like people outside of Samin society. Fourth, Sejati or dlejet / nledek, namely the Samin Society which behaves in strict accordance with the teachings of Saminn (Kartika, 2014).

This research was conducted in the Sedulur Sikep (Samin) Community of Baturejo Village, Sukolilo District, Pati, Central Java, Indonesia. The location of Baturejo Village is around the Kendeng mountain slope. A number of children aged 2 to 5 years were 79 children, 78 children did not have complete basic immunization and 1 child had complete basic immunization. This can lead to the reemergence of Polio which had occurred in 2005.

Based on this phenomenon the researcher wants to know the modification variables (demographic characteristics which consist of education, age, religion, culture and knowledge) from the Health Belief Model theory which influence the low immunization coverage in the Sedulur Sikep Community (Samin), so that it can be used as material for policy making. increase immunization coverage.

## **RESEARCH METHODS**

This research uses a qualitative method with a cross-sectional approach and is carried out by observational study. Data collection was carried out using in-depth interviews (Indepth interview) to 6 main informants consisting of 5 mothers who did not immunize the complete basis of their children and 1 informant who immunized the complete basis of their children, 3 triangulation informants consisting of 1 village midwife , 1 Posyandu cadre, 1 Samin Community figure, and observation of Jasmine Posyandu activities 4.

This type of research uses the phenomenological (phenomena) approach. Qualitative data is processed using the Miles and Huberman model data analysis approach with data collection, data reduction, data presentation, drawing conclusions and verification (Sugiyono, 2018). Sampling by nonprobability with purposive sampling technique.

## **RESEARCH RESULT**



The research process was passed by the researchers by approaching Sedulur Sikep (Samin) community leaders through relatives who have close relations with Samin leaders, besides that the researchers established trust by following the data collection of the Healthy Indonesia Program with Family Approach (PIS-PK) in the Samin region Baturejo. This is to increase the trust between researchers and research objects, with trust expected to obtain accurate data. The results of this study are as follows:

#### 1. Culture

The results of in-depth interviews with the 6 main informants said that culturally Samin did not regulate the provision of immunizations to infants and toddlers, the community had their own beliefs.

"Samin culture does not regulate immunization, it has its own beliefs".

The results of in-depth interviews with key informants were reinforced by triangulation informants from Samin community leaders that Samin culture does not regulate immunization, which is regulated in Samin culture is behavior.

"In Samin culture, it does not regulate immunization, according to immunization there is no compulsion or prohibition, the problem of immunization and drugs, but if there are rules for behavior, there are rules".

Although interviews revealed that the culture of Samin did not regulate immunization, there was one informant who did not immunize his child because following the predecessors of the Samin Community did not immunize his child.

" If our predecessors had their children immunized, we would also immunize our children".

#### 2. Age

6 main informants in the ID Card have ages between 30 to 40 years, but in in-depth interviews found out 2 main informants who have husbands from outside the Samin Community answered "roughly the age ...", while 4 informants have husbands from the Samin community when asked age, then the answer " once for all, with understanding age is not important, the date of birth is not recorded, not remembered. Parents of infants and toddlers do not record the child's birth date".

#### 3. Education

The Sedulur community in Sikep have an understanding that they do not send their children to formal schools. 6 main informants not formal school. They have an understanding that the cooking school is in the kitchen, the farming school is in the rice fields. They consider schools to be clever after being clever to deceive others. There are 2 main informants who send their children to formal schooling, and both have husbands from outside the Samin community.

#### 4. Religion



Religion to the 6 main informants is written in the Islamic Religion Identity Card, but in-depth interviews with the Religion of Adam. Adam's religion does not regulate or does not affect whether or not a child is immunized.

#### 5. Knowledge of immunizations

Knowledge is important in determining attitudes to behave. The results of in-depth interviews with the 6 main informants did not know the definition of immunization, the benefits of immunization, type of immunization, schedule of each type of immunization.

### DISCUSSION

In the Health Belief Model theory there are 5 things that affect making decisions in oneself, there are four components, namely perceived susceptibility, perceived severity, perceived barrier and perceive beneficiaries which can be modified by other variables, namely Demographic variables (age, religion, level of education, culture) and sociopsychological factors (knowledge) (Priyoto, 2018).

Cultures result from mind and human power. Samin culture regulates behavior. In this research, it is known that Samin culture does not regulate immunization, they have their own beliefs. Samin culture only regulates behavior. The Samin community has teachings / culture: kudu weruh weke dewe (must know their own) means to know their own millik and not to want someone else's, innocent means what they are, if you say yes yes yes right, mligi means to hold fast to the teachings of Samin, get along well it means to get along well with others, prohibition of more than one wife. Samin people also have restrictions that are not allowed to slander (drenghi), Win themselves (srei), easily offended, hostile to others (panasten), accuse people as they wish (dahwen), feel like to have when someone else has (kemeran), apply not respect, disrespect for others (nyio-nyio marang sepodo), take the property of others (colong), take items that are still alive but not theirs (pethil) (Rosyid, 2018).

One key informant did not immunize his child because following the ancestors Samin did not immunize his child. Seen from the perspective of antophology, it is part of culture as conveyed by Ralph Linton "Culture is the whole way of life of the community and not only about a part of the way of life that is considered higher and more desirable". Culture according to Raymond Williamss in *The Long Revolution* (1961) , namely "as a certain way of life for a group of people who apply to a certain period" (Husaini, 2017).

The results of this study respondents in the ID Card between 30 years to 40 years, but in-depth interviews were asked about the age of 4 informants said that and 2 informants said that age "roughly ...) this is according to the Samin residents' belief that age is not important so it is not recorded and not remembered. This research is not in line with research conducted by Hudah



et al and Dwi Mardiah Safitri that there is no relationship with immunization with the speed of immunization, age less than 30 years and age over 30 years have a status that is the same in the completeness of immunization (Hudhah, 2018) (Safitri, 2017).

Each type of immunization has a different schedule according to the age of infants and toddlers who will be immunized (Ministry of Health of the Republic of Indonesia, 2017). The results of this study did not record the Samin community day, date, month and year of birth of their children, causing difficulties in providing immunization schedules, it caused health workers and cadres to always remind immunization target families. These results are in line with research in Waro Venezuela that ignorance of children's age makes it difficult to determine immunization schedules (Burghouts and Del, 2017).

The Samin community has an attitude of not sending their children to formal school. This is because the Samin community has an understanding that a formal school that "iku iso dadেকে school is a clever child, nek wes pinter dadেকে minteri kancane" means: the school can cause children to be smart and if it is smart it can deceive their friends. Along with the development of the era and the inclusion of popular culture, the Samin Community children began to learn to write and read, the activity was carried out at the home of young Samin leaders with the aim of being able to read and write (Darmasturi, 2010). In this study, the 6 main informants were not formal schools, but 2 main informants who had husbands from outside the Samin community sent their children to formal schools, and 1 informant whose children learned to read and write at the home of the young leader Samin. This is in line with research in Waro Venezuela that more educated parents have their children compared to mothers with less education (Burghouts and Del, 2017). This research is in line with Astrida Budiarti's research that with higher education has good knowledge, understanding and attitude towards immunization so that it has the behavior of immunizing their children (Budiarti, 2019). The immunization program is a government program to protect infants and toddlers from diseases that can be prevented by immunization, with good education it will be easy to receive each immunization program (Libunelo, 2018). The low status of maternal education tends to immunize incomplete or not immunized compared to mothers who have high education will immunize their children (Hudhah, 2018). (Triana, 2015) (Prihanti, 2016) (Wahyuni, 2016). This research is also not in line with research conducted by Rahmadi that mothers with lower education have complete immunization compared to mothers with higher education who have incompleteness in immunizing their children (Rahmadhani, 2013).

The Samin Religion is Adam's religion. They have an understanding that religion is "gaman", gaman lanang, Adam pangucape dam, rabbi damele. Meaning that religion is a security or a weapon to resist outside influences, Adam's religion is concerned with honesty, saying what



he knows and they do. Adam's religious teachings have the principal teachings of not taking what is not his right, not being deceptive, not fighting physically or talking, not having to want to have something everyone has (Puji, 2008). This is in line with this research that Adam's religion does not regulate whether or not children may be immunized.

Knowledge is the result of knowing from the process of avoidance. With knowledge will determine the attitude in behavior. Hendrik L. Blum in a study in the United States that the main factor affecting health is confusion with subsequent behavioral factors. In Indonesia, the main factor influencing health is behavior, this is caused due to lack of knowledge about health and poverty factors. (14) In line with this research, the Samin community has less knowledge about immunization, shown by answering the definition of immunization, immunization benefits, types immunization, schedule of each type of immunization does not know or answer incorrectly. In line with Ari Prayogo's research, Intan Sari, Dillyanabahwa there is a relationship between knowledge and the completeness of immunization. Lack of knowledge will have the possibility of incompleteness of immunization (Prayogo, 2016). The level of knowledge is obtained from formal and informal education.

Someone who has high knowledge will be better at behaving and behaving and more obedient to immunize their children (Triana, 2015). good mother's knowledge tends to have a good attitude to immunize her child, less knowledge tends not to immunize her child (Hudhah, 2018).

## **CONCLUSION**

The Samin community in Baturejo Village, Sukolilo Subdistrict, Pati, Central Java, Indonesia does not immunize their children, because from the cultural point of view, most Samin cultures say that Samin culture does not regulate whether or not their children are immunized, but there is a small opinion that they follow the ancestors of Samin who did not immunize their children. Anthropologically, this is the culture that exists in the Samin Community today. The age of the child is not considered important, so it is difficult for parents to determine when the immunization schedule. The religion of Adam only regulates behavior, does not regulate immunization, knowledge of immunization in the Samin community is very lacking. The results of this study were reviewed from the variable Health Belief Model modification that a small portion of the Samin community adhered to their ancestral culture. Samin did not immunize their children and knowledge that less affected the low immunization coverage in the Samin Pati community in Central Java Indonesia.



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