



Implementation of Minister of Health Regulation on Immunization for Children's Right to Health

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ABSTRACT

The implementation of the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization in the Context of Fulfilling Children's Right to Health at Integrated Service Posts (Posyandu) in the Cimandala Village area, Bogor Regency is the focus of this research to evaluate the effectiveness of its implementation. This study aims to assess the extent of the implementation of immunization policies in accordance with applicable regulations and analyze the factors that affect immunization coverage in the region. This study uses a descriptive approach with analysis of complete basic immunization coverage data (IDL) and evaluation of the efforts of health workers and health cadres in the implementation of immunization at Posyandu. The implementation of the Minister of Health Regulation Number 12 of 2017 in the Posyandu in the Cimandala Village area has not been optimal. Data shows that IDL coverage is below the national target, which is 75.71% in 2021, 69.83% in 2022, and 67.31% in 2023. Low IDL coverage contributes to the persistence of immunization-preventable cases of diseases, such as tuberculosis, pneumonia, and measles in children under 5 years of age. The efforts of health workers and health cadres in the implementation of immunization have also not met expectations, showing the need for improvement in the implementation of the policy.

Keywords: Implementation of Immunization, Integrated Service Post (Posyandu), Complete Basic Immunization Coverage (IDL), Children's Right to Health

INTRODUCTION

Every human being has the right to an optimal degree of health, and the state is obliged to uphold this right. The right to health is a human right, in this case the right to an optimal degree of health. In Indonesia, everyone has the basic right to feel safe from situations that threaten their health and to receive health services. These unified rights form the right to optimal health as a human right (Kurnia, 2007).

Article 28A of the 1945 Constitution of the Republic of Indonesia states that every person has the right to life and the right to defend his or her life. Article 28B paragraph (2) states "Every child has the right to survival, growth and development and the right to protection from violence

and discrimination." (State, 2001). This proves that anyone has the right to defend their life and it also applies to every child to be able to grow and develop for their survival.

As a component of human life, the right to health services has been recognized and accepted as one of the components of human rights. The 1945 Constitution of the Republic of Indonesia, Article 28 H paragraph (1), emphasizes the guarantee and recognition of the right to health services. It states that every individual has the right to live in a good and healthy place, to prosper physically and mentally, and to receive health services. Health services are now a top priority as a result of the regulation (Ruslan Renggong et al., 2021).

The country that announced its intention to participate in child-related treaties or the Convention on the Rights of the Child is Indonesia. Article 24 of the Convention on the Rights of the Child states that states parties recognize the right of the child to the best health status and ensure that no child's right to health services is violated. The treaty consists of 54 articles. Countries participating in the KHA will also seek to implement it in efforts to reduce newborn and child mortality, child malnutrition, and the eradication of childhood diseases. Article 24 also states that parents have the right to be supported in the use of knowledge about child nutrition and health (Farid, 2003). The guarantee of children's right to health is strengthened through Presidential Decree of the Republic of Indonesia Number 36 of 1990 concerning the Ratification of the Convention On The Rights Of The Child (Supriyanta, 2023). The Convention on the Rights of the Child correlates with the Law of the Republic of Indonesia No.39 of 1999 concerning Human Rights where Article 52 paragraph (2) states "The rights of the child are human rights and for their benefit the rights of the child are recognized and protected by law even from the womb". Children's right to health care is also mentioned in Article 62 "Every child has the right to obtain proper health care and social security, in accordance with their physical and mental-spiritual needs".

Article 1 of Law No. 17 of 2023 on Health states that all activities and/or series of activities designed to maintain and improve the degree of public health in the form of preventive, curative, rehabilitative, and/or palliative services must be implemented in an integrated and sustainable manner. To protect children and infants from diseases that can be prevented by immunization, Article 44 mandates that the national and local governments provide comprehensive immunization to all infants and children. vaccination of infants and children is the responsibility of the entire community and federal, state, and local governments. In order for a child to live, grow and develop to his or her full potential, Article 45 also mandates the government to ensure that every newborn receives standardized health services. Article 46 describes the enforcement of children's health rights. This article states that infants and children have the right to protection from acts of violence and discrimination that could jeopardize their health, and governments, both national and local, are obliged to ensure rights are implemented and offer appropriate health services.

A child is any person who is not yet eighteen years old, including children in the womb, based on Law of the Republic of Indonesia Number 35 of 2014 concerning Amendments to Law Number 23 of 2002 concerning Child Protection (Bahroni et al., 2019). Article 1 provides an explanation of this. Article 45 B paragraph (1) stipulates that the State, Local Government, Community, and Parents have an obligation to protect children from activities that endanger their health, development, and growth. Article 46 explains the obligations of the State, Government, Local Government, Family, and Parents to ensure that their offspring are protected from diseases that threaten their existence or that result in disability. This explains the importance of efforts to fulfill children's rights to health so that children avoid disease for their survival. Efforts to fulfill children's right to health can mainly be done by providing immunization.

Regulation of the Minister of Health of the Republic of Indonesia Number 12 Year 2017 outlines the immunization policy. The government states that immunization is the best way to avoid disease and achieve the greatest degree of public health. Program immunization is an immunization that must be carried out by someone as a member of the community to protect the individual concerned and the surrounding community from diseases that can be prevented by immunization. Immunization is an effort to increase a person's immunity to a disease, so that if one day exposed to the disease will not get sick or only experience mild illness. This is stated in Article 1.

The implementation of immunization is a preventive health effort against a disease. An economical and successful early prevention against infectious diseases is immunization. Immunization can stop the spread of infectious diseases and protect recipients from dangerous diseases (Prayogo et al., 2016).

The implementation of immunization has also been regulated by the local government so that children get their rights to avoid infectious diseases as stated in the Bogor Regency Regional Regulation Number 1 of 2022 concerning Communicable Disease Management where Article 5 states the types of infectious diseases and most of these diseases are directly infectious diseases that are prevented by immunization. In the implementation of infectious disease management, the active role of the community is required. This is explained in Article 16 of the regulation.

Immunization reduces disease-related morbidity, mortality and disability. Since 1956, Indonesia has conducted immunization campaigns. To stop the spread of immunization-preventable diseases (PD3I), such as hepatitis B, polio, measles, tetanus, and tuberculosis, immunization activities were transformed into an immunization expansion program starting in 1977. The Expanded Programme on Immunization (EPI), approved by the World Health Assembly (WHA), marked the beginning of the World Health Organization's (WHO) efforts to expand immunization programs worldwide. Maternal and child health services, especially primary health care, will benefit greatly from the inclusion of the EPI (Susanti, 2016).

Infants born between the ages of 0 - 28 days, or babies born between the ages of 0 - 11 months, and toddlers or those born between the ages of 12 - 59 months, are included in the age group called the infant toddler period. Infants and toddlers experience rapid physical and mental growth and development, so their health is very important to monitor. Treatment and referral, nutrition, growth and development monitoring, rehabilitation, long-term care for chronic or uncommon conditions, parenting styles, fostering a safe and healthy environment, and immunization are aspects of newborn and toddler health efforts (Ministry of Health, 2023).

The purpose of immunization is to combat infectious diseases and boost immunity. Public health is declining due to high infant and under-five mortality rates in Indonesia. The implementation of a comprehensive basic immunization program in infants and toddlers is one of the efforts to overcome these problems. Immunization of children under five not only helps prevent childhood illnesses, but also benefits society as a whole by increasing immunity, or the body's resistance to certain diseases, and avoiding widespread transmission. To maintain the decline in newborn and under-five mortality rates, the Indonesian government continues to support these immunization initiatives. However, parental resistance is still a problem for the program.

Based on data from the Indonesia Family Life Survey (IFLS) wave 5, which was conducted in 13 provinces between 2014 and 2015, the study examined the incidence of stunting, gender, child age, maternal age, maternal height, immunization status, history of infection, and region of residence of 1,048 children in the sample aged between 2 and 5 years. The findings showed that the percentage of stunting was higher in children who were not fully immunized (22.54%) compared to children who were fully immunized (13.82%). It is possible that if nutritional intake is poor, children have a high chance of contracting diseases in the first 1,000 days of life. Stunting can occur in children who suffer from recurrent diseases that eventually interfere with their growth and development. Stunting is 1.78 times more likely to occur in children whose immunization status is incomplete than children whose immunization status is complete. Stunting is less common in children who receive vaccinations, and vaccinations contribute to reducing child mortality. Timely immunization can reduce the risk of stunting in children, but delayed vaccination can increase the likelihood of stunting. Efforts in overcoming the incidence of stunting can be carried out by means of a pentahelix approach involving five elements, namely policy makers (government), community leaders, educational institutions, health services, and the media (Rachmiatie et al., 2023). Immunization of infants/toddlers in the first 1000 days of life is part of the health services provided in an effort to prevent stunting in children.

The theme of World Immunization Week, which takes place from 24-30 April 2015, is "Closing the Immunization Gap, Vaccination for All". The World Health Organization (WHO) urges countries to collaborate more closely to achieve immunization coverage goals. There are many reasons for differences in immunization coverage between countries, including lack of vaccine

and must be in accordance with statutory regulations. In addition, in Article 32 before providing program immunization services, health workers must explain about vaccination, including supply, limited financial support, limited public awareness, and limited access to health services. The implementation of immunization in Indonesia faces the challenge of lack of information and public awareness. To spread awareness of the importance of immunization, the government is increasing its health promotion activities. The Ministry of Health has also collaborated with other sectors to ensure vaccine availability, train health workers, and raise public awareness through public service announcements and other media, in an effort to ensure access to immunization services in hard-to-reach areas.

There are still some rumors about immunization circulating in the community that become obstacles to immunization programs, including breast milk, nutritious food, herbal supplements can replace immunization, immunization contains dangerous chemicals that can damage the brain, immunization contains haram substances, immunization can cause autism and can even cause death due to Post-Immunization Follow-Up Events (KIPI).

In January 2019, WHO called vaccine hesitancy a global health threat. In a three-year review (2015-2017) of the joint WHO/UNICEF reporting form (JRF) completed annually by national immunization programmes, more than 90% of 194 countries reported experiencing vaccine hesitancy. The top three reasons for hesitation were:

1. Security risks and concerns
2. Lack of knowledge about the benefits of immunization
3. Religious, cultural and socioeconomic issues (Piot et al., 2019)

It is for these reasons that more and more groups of people are delaying or refusing immunization. The three cornerstones of medical ethics are generosity, harmlessness, and justice (Sinaga, 2021). Given that children are not yet able to voice their opinions, this has an impact on doctors who must always follow their parents' choices. Even if it is wrong, parents will choose what they want. Therefore, parents need to have accurate information to help make decisions. Inaccurate information, especially regarding immunization safety, will cause parents to have an unfavorable view of immunization as a whole. It is important to clarify that there are more advantages to immunizing children than disadvantages. Immunization can be seen as a long-term public health investment (Ranuh et al., 2017).

This is related to Article 30 of the Minister of Health Regulation Number 12 of 2017 concerning the Implementation of Immunization that health workers who have the competence and authority are required to carry out program immunization services the type of vaccine to be given, its benefits, the consequences of not getting immunized, the possibility of KIPI and steps to be taken if it occurs, the next immunization schedule, and the need for screening of immunization targets. By explaining immunization to parents, it is hoped that they will be aware and understand the importance of immunization for children.

To facilitate access to health services for the people of Indonesia, the government provides Posyandu (*Pos Pelayanan Terpadu*) which aims to provide immunization. Through community empowerment, Posyandu aims to stop the increase in newborn and maternal mortality during pregnancy, childbirth, and the postpartum period. Posyandu only provides services once a month. The community can easily access Posyandu sites starting from the village or kelurahan area to RT and RW.

The main key component of Posyandu that determines whether or not activities are carried out is the cadre. Before Posyandu is implemented, Posyandu cadres are tasked with preparing the location, equipment and infrastructure and disseminating information to the community. To create a health program in their community, cadres need to have information and skills appropriate to their role. The low level of attendance of children under five (toddlers) at Posyandu can be caused by a lack of training and direction, which can result in a lack of knowledge about the responsibilities of cadres as well as incomplete information and a lack of cooperation between officers and cadres in carrying out Posyandu activities (Trisanti & Khoirunnisa, 2018). So that it results in less running Posyandu activities including in terms of immunization provision.

Immunization can prevent deaths from measles, tetanus, diphtheria and pertussis each year in all age groups. About 2-3 million deaths can be avoided annually with immunization. However, 19.4 million infants worldwide are not fully immunized. About 60% of these babies were born in 10 different countries, including Indonesia (Kurniati, 2020).

The general description of the area of Cimandala Village, Sukaraja Subdistrict, Bogor District is 316 hectares with a population in 2023 of 28,779 people. The composition of the population based on gender is 14,783 males, and 13,996 females, while the number of residents in the age range of 0-5 years is 640. In addition, Cimandala Village also has 21 Posyandu.

Immunization coverage in the Cimandala Village area from 2021 to 2023 has not reached the target because it is still below 90%. It can be seen that there are still cases that should be prevented by immunization such as measles, pneumonia, and tuberculosis. These cases are found in infants and toddlers who rarely or even do not get immunized at all.

This is different from the results of the achievement of complete basic immunization in three other villages in Bogor City, which are still close to Cimandala Village, namely Cibuluh village with an IDL achievement of 95.3%, Tanah Baru 95.3%, and Cimahpar 94.3%.

Cases of diseases that could have been prevented by immunization did not only occur in Cimandala Village, which has many Posyandu, but also in areas with few Posyandu, although the number of cases was not as high as in Cimandala Village, such as in Sukatani Village, Sukaraja Sub-district, Bogor District. In 2021 to 2023, there were still cases of tuberculosis and pneumonia. The immunization coverage in Sukatani Village is higher than Cimandala Village, with 87% in 2021, 89% in 2022, and 91% in 2023.

Related to the main theme of writing this thesis, to the best of the author's knowledge there is no similar theme to the research compiled by the author. The similar theme is the research on the Implementation of Regent Regulation No. 5/2011 on the Provision of Complete Basic Immunization as an Effort to Improve the Public Health Status in Padarincang District. The study examines the implementation of the Regent's Regulation in the Serang Regency area of Banten Province in providing immunizations to children aged 0-11 months. Similar research is also found in research on the Implementation of the School Child Immunization Month Program to Fulfill Children's Human Rights in Obtaining Measles Disease Protection in the Tegal City Puskesmas Region where the author only examines the implementation of measles immunization in school children. Whereas in the main theme of this thesis, the author conducted research on the Implementation of the Regulation of the Minister of Health of the Republic of Indonesia concerning the Implementation of Immunization at Posyandu in the Cimandala Village area, Bogor Regency.

On the basis of the background description above, the purpose of this study is to know and analyze. Implementation of Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization in the Context of Fulfilling Children's Right to Health. The benefits of this research are

RESEARCH METHODS

This study uses a normative juridical research method. In general, this method views the law as a system of norms or rules. This approach focuses its study on law as a whole system involving legal principles, legal norms, and legal regulations, both written and unwritten. This research is descriptive analysis, namely describing the research object and analyzing it based on the theory or opinion of experts. Providing real data possible about individuals, situations, or other symptoms is the goal of descriptive research.

RESULTS AND DISCUSSION

Implementation of the Regulation of the Minister of Health of the Republic of Indonesia No. 12 of 2017 concerning the Implementation of Immunization as an Effort to Fulfill Children's Right to Health at the Posyandu in the Cimandala Village Area, Bogor Regency

Health is a human right and one of the elements of the welfare of every human being. Immunization is a health service program that has been organized by the Indonesian government. Policies in the implementation of immunization are listed in the Regulation of the Minister of Health of the Republic of Indonesia No. 12 of 2017 concerning the Implementation of Immunization (Khomariah et al., 2018).

In the implementation of the Immunization Program, the Central Government and Regional Governments are responsible for the implementation of the immunization. This is mentioned in

Article 12 paragraph (1). In accordance with these regulations, the implementation of immunization in the Cimandala Village area, Bogor Regency can be carried out at every Posyandu that has been prepared by the Government and immunization is given free of charge. Furthermore, in Article 25, it is further explained that the implementation of immunization programs is carried out using a family approach to increase access to immunization services and can be carried out en masse at posyandu. However, the results of the research through interviews with parents and the observation of researchers in the field, there are still parents who do not want to take their children to the Posyandu for immunization. The non-fulfillment of children's right to health through immunization in the Cimandala Village area, Bogor Regency is caused by several factors, namely:

1. The level of parental knowledge about immunization is still low.

Knowledge is the result of knowing something, which is obtained after a person senses an object. This sensing process occurs through the five senses of humans, namely sight, hearing, smell, taste, and touch. According to Notoatmodjo, knowledge included in the cognitive domain has six levels, namely:

- a. Know: Recalling the material that has been learned before. At this level, a person is able to recall specific information from the entire material that has been studied or stimuli that have been received.
- b. Comprehension: The ability to properly explain a known object and interpret the material appropriately. A person who understands an object or material must be able to explain, give examples, conclude, predict, and so on about the object being studied.
- c. Application: An application is the ability to use material that has been learned in a real-life situation. It includes the application of laws, formulas, methods, principles, and others in different contexts or situations.
- d. Analysis: The ability to decompose materials or objects into components, remain in an organizational structure, and still have a relationship with each other. This ability can be seen from the use of verbs such as describe, distinguish, separate, group, and so on.
- e. Synthesis: The ability to connect parts into a new form of whole. This means compiling new formulations from existing formulations.
- f. Evaluation: Relates to the ability to provide justification or judgment of a material or object. This assessment can be based on self-defined criteria or existing criteria.

According to Mubarak, some of the factors that affect a person's knowledge are:

- a. Education: Education is guidance given to a person regarding something so that they can understand it. The higher a person's level of education, the easier they will be to receive information, which ultimately increases their knowledge. On the other hand, low education can hinder a person's ability to receive new information and values.

- b. Work: The work environment can provide a person with experience and knowledge, either directly or indirectly.
- c. Age: As you get older, there are changes in a person's psychological and psychological aspects. These physical changes generally include four categories, namely changes in size, changes in proportions, loss of old features, and the emergence of new features.
- d. Interest: Interest is a high tendency or desire for something. Interest encourages a person to try and delve into something, which ultimately deepens their knowledge.
- e. Experience: Experience is an event that a person has experienced in interacting with his environment. Bad experiences tend to be forgotten, but if they are pleasant, they will leave a strong impression and generate a positive attitude.
- f. Culture: Culture in the surrounding environment affects knowledge. For example, if an area has a culture of maintaining environmental cleanliness, then the surrounding community tends to have an attitude to always maintain cleanliness.

The level of knowledge of parents about the importance of immunization is still lacking because they have never found out about the importance of immunization and its impact if it is not given. Most of them also rarely see news in print, electronic, and social media, so the information they get about immunization is very lacking. The experience of several parents who have immunized their children but AEFIs such as fever or pain leave a negative impression of immunization (Malasari, 2019). The culture of parents in the past who never immunized also influenced the mindset of parents of babies/toddlers so that they felt that immunization was not so important for children's health.

2. Lack of parental awareness of children's growth and development.

In Article 25 paragraph (3) of the Regulation of the Minister of Health No. 12 of 2017 concerning the Implementation of Immunization, it is stated that one of the places where the immunization program services are carried out en masse is carried out at the posyandu. Posyandu which is a health facility that has been provided by the government provides health services every month through activities that aim to monitor the growth and development of babies/toddlers as well as a place to carry out immunizations. However, it is very unfortunate that based on data in the field, there are still many parents who do not take advantage of the Posyandu facilities. This can be seen in the data on Posyandu visits that are not in accordance with the number of targets. Posyandu growth and development monitoring activities are carried out free of charge, including in terms of immunization. This is stated in the government policy in the Minister of Health Regulation No. 12 of 2017 in Article 28, namely local governments, both districts and cities, are responsible for preparing operational costs for the implementation of immunization services at Puskesmas, Posyandu, Schools, and other immunization service posts.

Although the health services carried out at the Posyandu are carried out for free, the enthusiasm of parents to come to the Posyandu is still low. This shows the lack of awareness of parents of the importance of children's right to health services for the growth and development of children (Pratiwi, 2020).

Human rights are basically a set of provisions or rules aimed at protecting citizens from possible oppression, restriction, or reduction of freedom by the state (Pratiwi, 2020). This means that there are certain restrictions imposed on the state so that the basic rights of citizens are protected from abuse of power.

Newborn children are protected by international human rights arrangements by the United Nations. The preamble to the United Nations Declaration implies that humanity has an obligation to give the best for children. All parties agreed that the role of children is the hope of the future. "My son is the most precious to me and my son is the spirit of my life." Children have an existence as a human being that encompasses the whole of life and humanity.

One of the rights of children protected by the state and regulated in the applicable law is health and from the ten principles contained in the Declaration of the Rights of the Child states that children have the right to adequate nutrition, proper housing, recreation, and health services. Families, especially parents, have an important role in carrying out their obligations by bringing children to get immunized at health facilities provided by the government as stipulated in the Regulation of the Minister of Health Number 12 of 2017 concerning the Implementation of Immunization. From the perspective of health science, children from birth to the age of five are very vulnerable to various diseases, so immunization is very important as a prevention of infectious diseases by providing vaccines to build immunity to these diseases.

Indonesia participates in the Convention on the Rights of the Child, which states that participating countries must recognize the right of the child to the best health status and ensure that no child's right to health services is violated. This is stated in article 24 of the Convention on the Rights of the Child. There are 4 principles contained in the KHA, namely: Non-discrimination, Best interest of the child, Survival and development of children, and Respect for children's point of view.

One of the principles that is considered an important feature of the rule of law according to "The International Commission of Jurists" is that governments must respect the rights of individuals. For example, when a child is entitled to health services, the government is obliged to provide such facilities for all children in Indonesia. Another principle of the concept of the state of law is that the state must obey the law. To carry out this principle of the state of law, it is necessary to have positive law enforcement.

Good governance is generally carried out with government principles. Since Indonesia adheres to the concept of a welfare state, the government is responsible for the general

welfare of citizens. The government's activeness in pursuing public welfare must always be based on the principles of good governance.

Law functions as a social control of the government, namely as a social rule and process that seeks to encourage beneficial behavior and prevent harmful behavior. To obey the applicable law, legal awareness is needed so that the public understands the existence of laws that regulate various kinds of regulations. According to Soerjono Soekanto, there are four requirements for legal awareness, namely: must be aware of knowledge of the law, understand the law, be aware of obligations to others, and accept the law.

3. Religious Factors

The hampered implementation of immunization in the Cimandala Village area, Bogor Regency is influenced by religious factors, where there are rumors that the vaccine used for immunization is not halal for followers of Islam. There are still some families who remain steadfast in not wanting to immunize their children because their previous parents also did the same thing, namely not giving immunizations.

Maqashid sharia is the goal that will be achieved by the determination of sharia and the secrets placed by Allah as the Maker of the Most Wise Shari'a in every law in order to provide benefits for human life in this world and the hereafter. Human benefits consist of 3 types, namely: daruriy, hajiy, and tahsiniy. The benefits that are daruriy consist of five things, namely: hifzud-din (maintaining religion), hifzun-nafs (maintaining the soul), hifzul-'aql (maintaining the intellect), hifzun-nasl (maintaining offspring), and hifzul-mal (maintaining property). Hifzun-nafs, which means to preserve the soul, means to maintain one's right to live, be safe, and be honorable. This means that every human being has the right to survive and one of them is by preventing diseases for survival through immunization. Immunization aims to realize benefits, namely the creation of a healthy generation, a strong generation, immune from various diseases, and this is also in line with the principles of maqashid sharia to maintain the sustainability of descendants (hifzun-nasl).

Islamic teachings strongly encourage their people to always maintain their health, which in practice can be done through preventive efforts so as not to get sick and seek treatment if sick in order to regain health, namely by immunization. Based on the Fatwa of the Indonesian Ulema Council No. 4 of 2016 in the legal provisions, it is stated that immunization is basically allowed (mubah) as a form of effort to realize immunity and prevent the occurrence of certain diseases. Immunization with illegal and/or unclean vaccines is not allowed except in the following circumstances:

- 1) Used in the condition of al-dlarurat or al-hajat;
- 2) No halal and holy vaccine ingredients have been found; and
- 3) There is information from competent and trusted medical personnel that there is no halal vaccine.

In the event that an unvaccinated person will cause death, severe illness, or life-threatening permanent disability, based on the judgment of a competent and trusted expert, then immunization is legally mandatory.

4. Cultural Factors

Law as a social norm reflects and concretizes the values that apply in a society. To realize the desired social values, the rule of law is needed as a tool. To understand the relationship between law and the socio-cultural values of Indonesian society, it is necessary to pay attention to the outlook on life of the Indonesian nation, most of whom still live in the countryside. Indonesians feel themselves as part of the environment and behave accordingly.

Rejection of immunization is one of the consequences of the socio-cultural values that apply in a society where there are still Indonesian people who think that the administration of herbs such as honey or propolis can replace immunization and is more efficacious to increase the body's immunity, and compare with previous parents who can live a healthy life without immunization. This is what happened to several parents of babies/toddlers in the Cimandala Village area, Bogor Regency, so that they did not want to take their children to the Posyandu for immunization.

Immunization is one of the programs in an effort to fulfill children's right to health, and has been regulated in the Regulation of the Minister of Health No. 12 of 2017 concerning the Implementation of Immunization, but based on observations in the field, the implementation of the regulation has not gone well at the Posyandu in the Cimandala Village area, Bogor Regency. This is because there are still parents who do not participate in the immunization program and do not take advantage of the facilities that have been provided by the government, namely the Posyandu as a place to get the immunization.

The implementation of immunization in the Cimandala Village area, Bogor Regency has not been carried out properly because based on the results of the study, complete basic immunization coverage data was obtained which is still below the national target of RPJMN 90% and there are still cases of diseases that can be prevented by immunization (PD3I) such as measles in 3 children in 2023; pneumonia in 7 children in 2021, 25 children in 2022, and 22 children in 2023; then tuberculosis in 6 children in 2021, 15 children in 2022, and 18 children in 2023.

This is due to the fact that in practice there are still parents who do not carry out their responsibility to provide immunization to their children as a right that should be obtained by children in an effort to prevent the occurrence of a disease as stated in the Regulation of the Minister of Health Number 12 of 2017 concerning the Implementation of Immunization Article 1 "Immunization program is an immunization that is required for a person who is part of the community to protect him and the surrounding community from diseases that can be prevented by immunization".

Efforts of Health Workers and Health Cadres Towards the Implementation of Immunization as the Implementer of the State's Obligation in Fulfilling Children's Rights to Health at Posyandu in the Cimandala Village Area, Bogor Regency

The obligation to protect requires, among other things, that the state enact legislation or take action to guarantee equitable access to health care and services related to third-party providers; ensuring that the privatization of the health sector affects the accessibility, acceptance, and quality of health services, goods, and services; regulating the marketing of health supplies and medicines by unaffiliated parties; and ensuring that physicians and other health professionals adhere to ethical standards, knowledge requirements, and educational standards (Supeno, 2013).

States are required to meet their commitments by implementing laws that recognize the right to health in national political and legal systems and by adopting national health policies that include comprehensive strategies for achieving the right to health. Public health infrastructure must provide health services, including immunization programs against infectious diseases.

The right to health in all its forms and at all levels contains important and interrelated elements. Its proper application depends on the specific circumstances of a country, namely:

1. Availability

Cimandala Village already has 21 Posyandu that can be used as a place to provide immunization to infants and toddlers.

2. Accessibility

In the implementation of immunization in the Cimandala Village area, Bogor Regency which was carried out at the Posyandu, the babies and toddlers who came were given the same health services without any form of discrimination. Posyandu locations have also been spread across every RW and have been equipped with anthropometric equipment to monitor the growth and development of babies and toddlers. The drugs used for immunization have been provided by health workers and immunizations are given free of charge. The dissemination of information about the implementation of the Posyandu has been carried out by health cadres and heads of RTs, RWs and PKK RW groups in the Posyandu area, but there are still people who do not want to come to the Posyandu to provide immunizations to their children due to the lack of correct information about the immunization.

3. Acceptance

Immunizations that will be given to infants and toddlers who come to the Posyandu must be approved by the parents or guardians of the babies and toddlers. But unfortunately there are still parents who do not allow their children to be immunized.

4. Quality

In the implementation of Posyandu activities, there are health workers from the Cimandala Village Health Center as well as health cadres who are local natives and have been fostered

before. The medicines given for immunization at the Posyandu were obtained from the Bogor Regency Health Office which has been clinically tested and BPOM.

Article 30 of the Regulation of the Minister of Health Number 12 of 2017 concerning the Implementation of Immunization explains that immunization program services are carried out by health workers who have competence and authority in accordance with the provisions of laws and regulations.

The implementation of immunization at the Posyandu in Cimandala Village, Bogor Regency was carried out by one health worker and five health cadres who had received training as Posyandu health cadres. The implementation of the Minister of Health Regulation Number 12 of 2017 concerning the Implementation of Immunization at Posyandu in the Cimandala Village area, Bogor Regency has not gone well, this is due to the lack of people using Posyandu to get immunization so that immunization coverage data does not reach the national target and there are still cases of diseases that can actually be prevented by immunization. For this reason, more optimal efforts are needed by health workers and health cadres as implementers of immunization at the Posyandu so that efforts to fulfill children's right to health through immunization at the Posyandu can run well.

Based on Law of the Republic of Indonesia No. 17 of 2023 concerning Health, it is stated that health workers are any person who devotes themselves to the health sector and has a professional attitude, knowledge, and skills through higher education which for certain types requires the authority to carry out health efforts.

Health workers play an important role in improving the quality of maximum health services to the community. The goal is to increase people's awareness, willingness, and ability to live healthily, so that an optimal degree of health is achieved. This is considered an important investment in the development of socially and economically productive human resources and as one of the elements of general welfare. In the implementation of immunization, health workers can make the following efforts:

1. As a motivator

This means that health workers can provide counseling to parents during the implementation of posyandu about the importance of immunization and the steps that need to be taken when AEFIs occur. In addition, health workers can attend community meetings to provide education and encourage mothers to immunize their children to prevent various diseases. According to Notoatmodjo, a motivator is someone who provides motivation to others. Motivation itself is the urge to act to achieve a certain goal, the results of which are manifested in behavior. Therefore, health workers as motivators can provide encouragement to others to act to achieve certain goals that are reflected in their behavior. A health worker must be able to provide motivation, direction, and guidance to increase the awareness of the

motivated party in order to achieve the desired goal. In this context, health workers must play a role as a motivator to increase parents' awareness of the importance of immunization.

2. As a dynamizer

Health workers provide information about immunization for toddlers through collaboration with posyandu cadres and the village government. As dynamists, health workers must be able to communicate to convey messages or stimuli to others, so that they can move and cooperate to achieve goals.

3. As an Innovator

Health workers can act as agents of change for individuals, families, groups, and communities, especially in changing behaviors and lifestyles related to health improvement and maintenance. In carrying out their duties as agents of change, health workers must provide assistance, awareness, and encourage groups to recognize the problems they face and develop their potential to solve these problems.

4. As a Facilitator

Health workers must act as facilitators in providing immunizations to toddlers during every visit to the health center. According to Sardiman, the role of the facilitator does not only take place during the meeting or counseling process, but health workers must also be able to provide a special time and place when patients want to ask more in-depth and closed questions. As such, facilitators must be skilled in integrating three important things: facilitation optimization, time provisioning, and participation optimization. Health workers must be able to be companions in a forum and provide opportunities for patients to ask about things that are not understood.

Based on the results of the research, so far the efforts that have been made by health workers at the Posyandu are only to provide explanations about immunization to parents before injecting immunization into their children. Before immunization, health workers give an explanation of the type of immunization, benefits, side effects that may occur after being given, and the next immunization schedule. Health workers did not provide special explanations or counseling regarding immunization to all parents who came to the Posyandu.

In accordance with Article 44 of the Regulation of the Minister of Health of the Republic of Indonesia No. 12 of 2017 concerning the Implementation of Immunization, the community, including the private sector, can participate in the implementation of immunization in collaboration with the government, which can be realized through: community mobilization; socialization of immunization; support for the facilitation of the implementation of immunization; participation as a cadre; and/or participate in monitoring the implementation of immunization (Wirasmi et al., 2022).

Health cadres are the spearhead of the implementation of Posyandu in the community. Health cadres have the task of managing the implementation of Posyandu, starting from the

preparation, implementation and post-implementation of Posyandu every month. The requirements to become a Posyandu cadre are to come from local community members, be able to read and write Latin letters, be interested and willing to become a cadre, be willing to work voluntarily, and have the ability and free time. A cadre must also have the necessary knowledge and skills in accordance with their duties in order to develop health programs in their village. For this reason, before becoming a health cadre, training is carried out first until finally given authority by the local village government to become a health cadre. Health cadres who are indeed local indigenous people are obliged to mobilize parents to bring their children and immunize them at the Posyandu.

The success of posyandu activities cannot be separated from the efforts and hard work of cadres who voluntarily manage posyandu in their respective regions. Cadres have an important role in supporting the success of immunization, namely:

1. Helping to record the targets of the immunization program (infants, toddlers, elementary school age children).
2. Mobilizing parents and targets to come to immunization service sites.
3. Helping to prepare immunization service sites and waiting rooms before and after injections at posyandu.
4. Regulate the flow of immunization services.
5. Help record targets who have been immunized.
6. Recording infants or children who have not been immunized and visiting the parents or families of the infants or children.
7. Visiting parents or families who have never taken their child to the immunization service site.
8. Report to the officer if a Post-Immunization Adverse Event (AEFI) is found.

Cadres play a role as a liaison between the community and the government. The success of government programs, especially immunization programs, is highly dependent on the role of cadres. Therefore, the role of cadres as data collectors, movers, implementers, and motivators in increasing immunization coverage at posyandu greatly affects public health activities, especially basic immunization. If the role of cadres is good, then mothers will be more motivated to take their children to posyandu for immunization. Thus, a cadre must be able to provide information, motivation, appeals, and counseling to the community so that they are more active in bringing their children for immunization (Kusuma et al., 2021).

The health cadres in the Cimandala Village area are five people in each Posyandu. In the implementation of Posyandu activities, the cadres occupy positions in accordance with their respective duties in accordance with the 5 table services in the Posyandu. In the implementation of Posyandu immunization, there is one cadre who helps health workers to carry out immunization services, namely at table five. The provision of information about immunization is carried out by cadres at table four where the health cadre is in charge of providing information

to parents who come to the Posyandu about child growth and development, providing additional food to children, and immunization.

In article 46 of RI Law No. 35 of 2014 concerning Amendments to Law No. 23 of 2002 concerning Child Protection, it explains the obligation of the state, government, family, and parents to ensure that their offspring are protected from diseases that threaten their existence or cause disability. In an effort to prevent diseases that can actually be prevented by immunization, cooperation between the government and families is needed so that the implementation of immunization runs optimally. For this reason, it is necessary to approach parents to increase their awareness in immunizing children.

The efforts of health workers and health cadres as implementers of immunization at Posyandu have not been carried out optimally because there is no direct approach to parents through special counseling regarding immunization.

Based on the results of research and observations of researchers in the field, several obstacles in the implementation of immunization in the Posyandu in the Cimandala Village area are as follows:

1. Lack of parental knowledge about the benefits of immunization, its impact on health if not done, as well as the side effects or AEFIs of immunization.
2. Lack of awareness of parents regarding monitoring their children's growth and development.
3. Issues and myths about immunization related to the halalness of the vaccine ingredients used and myths conveyed by previous parents to their children and grandchildren so that they refused immunization.

CONCLUSION

Based on the results of research on the Implementation of Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 concerning the Implementation of Immunization in the Context of Fulfilling Children's Right to Health at Integrated Service Post (Posyandu) in Cimandala Village area, Bogor Regency, several things can be concluded. First, the implementation of the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2017 related to the implementation of immunization in order to fulfill children's right to health at Posyandu in Cimandala Village, Bogor Regency, has not gone well. This is based on field data showing that there are still people who do not use Posyandu health facilities to immunize their children, so that the coverage of complete basic immunization (IDL) is still below the national target, which causes cases of diseases that can actually be prevented by immunization. The achievement of IDL in the Cimandala Village area in 2021 reached 75.71%, in 2022 it was 69.83%, and in 2023 it decreased to 67.31%. The coverage of complete basic immunization, which is still below 90%, has led to the emergence of cases of Immunization Preventable Diseases (PD3I) such as tuberculosis, pneumonia, and measles in children under 5 years of age. Second, the efforts of

health workers and health cadres in the implementation of immunization in Posyandu in Cimandala Village, Bogor District, still do not meet expectations so that the implementation of the Minister of Health Regulation No. 12/2017 related to the implementation of immunization has not run optimally. Therefore, more optimal efforts are needed from health workers and health cadres regarding the importance of fulfilling children's right to health.

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