Description of Parent's Knowledge About Bias Immunization for Grade 1 and 2 Students at MI Al Irsyad Kediri City

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ABSTRACT

Immunization is one of the government's efforts to strengthen children's immunity and prevent millions of deaths and disabilities. Vaccination is carried out in primary schools, especially grades I and II, as a program of community health centers under the BIAS format. (Student Immunization Month) takes place in the form of measles vaccination in August and tetanus DT (Diphtheria) vaccination in November. Parental knowledge plays a very important role in implementing the program BIAS vaccination, so that children do not get diseases that can be prevented by vaccination. The purpose of this study was to descriptively analyze parents' knowledge of BIAS vaccination in grade 1 and 2 students at MI Al Irsyad, Kediri city. This type of research used a quantitative descriptive method with a total of 64 respondents using a simple random sampling technique. Data collection in this study used questionnaires. The analysis used was a univariate analysis. Result of the univariate analysis showed that the highest level of parental education was high school with 39 respondents (60.9%), the type of work most respondents did was housewife with 21 respondents (32.8%), and a good level of knowledge for 28 respondents (44). %).Conclusion was that parental knowledge about BIAS immunization was quite good, in this case it can be seen from the results that 28 respondents (44%) had parental knowledge.

I. Introduction

Immunization is an effective way to prevent disease transmission and reduce morbidity and mortality rates in infants and toddlers in order to improve health status.(Rakhmawati N, Utami R 2020). The aim of immunization itself is to reduce morbidity, disability and death rates in children. The inumulation program is an activity of the Indonesian Ministry of Health and is the government's commitment to achieving the SDGs (Sustainable Development Goals).(Devi YP, Prasetyo S 2021)

The BIAS program is a vaccination program that is carried out regularly every year. The vaccine administered during BIAS implementation is the measles vaccine administered in August and administered to all first graders. Measles vaccination during BIAS implementation is one of the efforts to prevent infectious diseases caused by the measles virus. The first measles shot is given to 9-month-old children, and the next shot is given to school-aged children entering the first grade of elementary school. In fact, children are very susceptible to measles, especially preschool and elementary school children.(Anastasia Kinanti Sekar Ayu, Bambang Budi Raharjo 2023)

The next BIAS program will be launched in November. The vaccines administered are the diphtheria tetanus (DT) vaccine for all grade 1 students and the tetanus diphtheria (TD) vaccine for all students in grades 2 and 5. This DT and TD vaccine is a booster vaccine

given after the primary vaccine. DT and r TD vaccinations are attempts to prevent cases of diphtheria. Vaccination against diphtheria must be done completely in 7 doses, divided into DPT-HB-Hib (Diphtheria, Pertussis, Tetanus, Hepatitis B, and Haemophilus Influenza type B) 1, DPT-HB-Hib 2, DPT-HB-Hib3, DPT-HB-Hib booster, DT injection for elementary schools grade 1, and TD (diphtheria tetanus) for elementary schools grades 2 and 5.(Wigrhadita 2019)

Achieving low vaccination targets leads to reduced vaccination abandonment rates. In fact, it is not uncommon to see many parents hesitate or even refuse to vaccinate their children for many different reasons, such as fear or refusing to vaccinate because of religious beliefs that vaccines are haram because they contain ingredients. pork portion.

Based on the results of the implementation of BIAS in August and November at MI Al Irsyad, the coverage of class 1 measles immunization was 100% after receiving measles injections. The successful achievement of BIAS immunization cannot be separated from good parental knowledge so that no child does not receive BIAS immunization. The author is interested in exploring more deeply the knowledge and sources of information for parents at MI al Irsyad, Kediri City.

II. Methods

The design of this research is quantitative descriptive. The variable used is a single variable, namely parental knowledge about BIAS immunization. The population in this study was 131 parents who were currently in grade 1. The sampling technique used was random sampling, with a total sample of 64 respondents and data analysis using the Wilcoxon test.

III. Results and Discussion

Result

1. Characteristics of respondents

Characteristics Based on the results of the aggregate analysis of respondents' data by age, education level, occupation, and information source, it shows that:

Tabel 1. General distribution of data , education level, occupation, and information source

Educational level	**Frequency**	**Percentage (%)**
College	**9**	**14,0**
SMA	**39**	**60,9**
SLTP	**12**	**18,7**
SD	**4**	**6,2**
Work	**Frequency**	**Percentage (%)**
Doesn't work	21	32,8
Laborer	12	18,7
Trader	12	18,7
Businessman	10	15,6
Private sector	6	9,3
employee	3	4,6
Teacher		
Resources	**Frequency**	**Percentage (%)**
Counseling	34	53,1
Internet	23	36
Book	7	10,9

Based on Table 1, it can be seen that the majority of education levels are high school, i.e., 39 respondents (60.9%). According to employment status, the majority of respondents were unemployed, i.e., 21 respondents (32.8%). According to information from 30 respondents, the highest number was through consultation, specifically 23 respondents (76.6%).

2. Respondents' level of knowledge about BIAS vaccination

Frequency distribution of respondents' knowledge about BIAS vaccination by characteristics.

Tabel 2. Characteristics of parental knowledge

Knowledge	Frequency	Percentage (%)
Good	13	20
Enough	28	44
Not enough	23	36
Total	64	100 %

Table 2 shows that the majority of respondents had complete knowledge about BIAS vaccination, i.e., 28 respondents (44%). The number of people with good knowledge is 13 (20%), and people with poor knowledge are 23 (36%).

3. Frequency distribution of respondents' knowledge about BIAS vaccination according to characteristics of their level of knowledge about BIAS vaccination

Tabel 3. Cross-tabulation of respondent characteristics with BIAS vaccination knowledge level

No	Characteristics		Knowledge Level							
1	**Level of education**		Good		Enough		Not enough		Total	
			f	%	f	%	f	%	f	%
	College	4	6,2	2	3,1		3	4,6	9	
	SMA	8	12,5	19	29,6		12	18,7	39	14
	SLTP	1	1,5	6	9,3		5	7,8	12	60,9
	SD	0	0	1	1,5		3	4,6	4	18,8
										6,3
	Amount	13	20,2	28	43,5		23	35,7	64	100
2	**Work**									
	Doesn't work		8	12,5	4	6,2	9	14	21	32,8
	Laborer		2	3,1	4	6,2	6	9,3	12	18,8
	Trader		0	0	3	4,6	3	4,6	6	9,3
	Businessman		0	0	9	14	1	1,5	10	15,6
	Private sector employee		2	3,1	7	10,9	3	4,6	12	18,8
	Theacher		1	1,5	1	1,5	1	1,5	3	4,7
	Amount		13	20,2	28	43,4	23	35,5	64	100
3	**Information of BIAS Immunization**									
	Ever		12	18,8	15	24,4	3	4,7	30	46,9
	Never		1	1,6	13	20,3	20	31,3	34	53,1
	Total		13	20,4	28	40,7	23	36	64	100

Table 3 shows that the majority of respondents are between 26 and 30 years old and have adequate knowledge, i.e., 12 people (18.7%). Data on respondents with good knowledge about BIAS vaccination had the highest proportion in the 26–30 age group, with 6 respondents (9.3%). Regarding the educational level characteristics of the respondents, the majority have high school degrees. The highest proportion of respondents with good knowledge were those with lower secondary education, with 8 people (12.5%). According to the occupational characteristics of respondents, the majority do not work. Respondents with good knowledge accounted for the most among those who did not work (12.5%). Based on the characteristics of respondents who have received measles vaccination information, the majority answered that they have never received information (53.1%).

The largest proportion of respondents with good knowledge are those who have received information (18.8%). Furthermore, the majority of those who had never received the information had less knowledge (31.3%), Knowledge is the result of someone knowing

through the process of sensing certain objects. Sensing through the five senses includes the senses of smell, hearing, sight, hearing, taste and touch. There are six levels of knowledge, including knowing, understanding, applying, analyzing, synthesizing and evaluating. (I Made Sudarma Adiputra dkk 2021) In this research, the knowledge about BIAS immunization in question is knowledge which includes understanding, administering immunizations, characteristics of BIAS immunization. From the results of the analysis of 64 respondents, it was found that the level of parental knowledge was good, with 28 respondents (44%) having sufficient parental knowledge. BIAS immunization is MR immunization which contains live measles and rubella viruses which have been weakened and made into a slightly yellowish white dry powder.

This vaccine is dissolved in a dose of MR vaccine containing 1000CCID50 of measles virus and 1000CCID50 of rubella virus. Measles is an easily transmitted disease caused by measles virus. Measles and rubella are infectious diseases transmitted through the respiratory tract which are caused by measles and rubella viruses. This is inaccordance with research conducted by Reni Reza N with the title "Illustration of Mothers' Knowledge About Advanced MR/Measles Rubella Immunization in Toddlers in Ungaran Village " which states that maternal knowledge about advanced MR immunization is in the good category (3.2%), sufficient knowledge (65.1%) and poor knowledge (31.7%) meaning that in this study maternal knowledge is quite good about the benefits of MR immunization.If we look at the research conducted in Mi Al irsyard, data shows that the knowledge of 28 respondents (44%) with sufficient knowledge is lower compared to previous research in different areas.

IV. Conclusion

Description of parents' knowledge about the BIAS vaccination in Michigan Al Irsyard says that parents' knowledge about BIAS vaccination in MI Al-Irsyat is of sufficient type. Parents with knowledge of BIAS vaccination according to age were in the adequate category, with the majority being between the ages of 26 and 30. Parents with knowledge of BIAS vaccination based on educational level are at an adequate level; the majority have secondary school education. The majority of parents have knowledge of the BIAS vaccination based on work that falls into the categories of sufficient and insufficient, which are both ineffective. The majority of parents who have knowledge about measles vaccination through information sources are poor and have never received the information.

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