

**LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER
REVIEW KARYA ILMIAH: JURNAL ILMIAH**

Judul Artikel Ilmiah : **Description of complete basic immunization coverage among infant**
 Nama semua penulis : Farid Agushybana(pertama), Syamsulhuda BM, Sutopo Patria Jati, Martini (koresponding), Ayun Sriatmi
 Status Pengusul (coret yg tidak perlu) : ~~Penulis Utama/ Penulis Utama & Korespondensi /Penulis Korespondensi/ Penulis Anggota~~

Status Jurnal:

• Nama Jurnal : International Journal of Public Health Science (IJPHS)
 • Tahun terbit/Vol/No/halaman : 2019/ Vol. 8 /No. 2 / pp 174-178
 • Edisi (bulan, tahun) : Juni 2019
 • ISSN : p-ISSN: 2252-8806, e-ISSN: 2620-4126
 • DOI : <http://doi.org/10.11591/ijphs.v8i2.18888>
 • Alamat WEB Jurnal/ Proceeding : <http://ijphs.iaescore.com/index.php/IJPHS/article/view/18888>
 • Terindex di : Sinta 2 SK No. 21/E/KPT/2018

Kategori Publikasi (beri tanda V yang sesuai)

• Jurnal Internasional [] Jurnal internasional bereputasi & memiliki impact factor
 [] Jurnal internasional bereputasi
 [] Jurnal Internasional WOS Emerging Sources Citation Index
 • Jurnal Nasional [✓] Jurnal Nasional Terakreditasi Dikti Peringkat 1 atau 2
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 [] Jurnal Nasional

Hasil Penilaian Peer Review:

No	Komponen yang dinilai	Jurnal Nasional Terakreditasi Dikti Peringkat 1 atau 2	Nilai yang didapat artikel
a	Kelengkapan unsur isi artikel (10 %)	2,5	2,4
b	Ruang lingkup & kedalaman pembahasan (30 %)	7,5	7
c	Kecukupan dan kemutakhiran data/informasi dan metodologi (30 %)	7,5	6,5
d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7
	Nilai Total	25	22,9
Nilai yang didapat pengusul: 22,9 X 0,4= 9,16			


Catatan Penilaian artikel oleh Reviewer

a	Kelengkapan unsur isi artikel	Abstract, introduction, research method, results and discussion, conclusion, <u>acknowledgement</u> , and references. Memenuhi unsur artikel jurnal ilmiah.
b	Ruang lingkup & kedalaman pembahasan	Artikel membahas mengenai imunisasi dasar pada anak balita umur 12 – 23 bulan. Ruang lingkup jurnal sesuai dengan substansi artikel karena substansinya mengenai pengetahuan dan manfaat imunisasi dasar bagi anak Artikel di publish pada International Journal of Public Health Science (IJPHS) tahun 2019 vol 8 no 2. Pembahasan sangat mendalam dengan mendeskripsikan secara kualitatif dari temuan-temuan penelitian. dan membandingkan dengan hasil penelitian lain sebanyak 14 refensi dari berbagai artikel jurnal.

c	Kecukupan dan kemutahiran data/informasi dan metodologi	Data hasil penelitian disajikan dalam tabel distribusi frekuensi disertai narasi secara kualitatif. Penelitian menggunakan disain deskriptif observasional dengan 498 orang tua yang mempunyai anak umur 12 s/d 23 bulan. Instrumen pengumpulan data menggunakan Rapid Card Check (RCC) Variabel terikat yang dikaji adalah vakupan imunisasi, sedang variabel bebas yang dikaji kelengkapan imunisasi, pengetahuan ibu, dan manfaat imunisasi. Pengolahan data dilakukan secara deskriptif dan tabulasi.
d	Kelengkapan unsur dan kualitas jurnal	Unsur penerbitan jurnal: ada publisher, ada corresponding author, <u>ada article histoty</u> , ada DOI, ada e-ISSN, ada volume, nomer dan tahun, daftar Pustaka sebanyak 21, kualitas terbitan baik.

Semarang, 14-7-2021

Reviewer 1



Dr. Nurjazuli, SKM., M.Kes

NIP. 196308121995121001

Unit kerja : Fakultas Kesehatan Masyarakat UNDIP

Jabatan : Lektor Kepala

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a	Kelengkapan unsur isi artikel (10 %)	2,5	2
b	Ruang lingkup & kedalaman pembahasan (30 %)	7,5	7
c	Kecukupan dan kemutakhiran data/informasi dan metodologi (30 %)	7,5	7,5
d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7,5
	Nilai Total	25	24
	Nilai yang didapat pengusul: $24 \times 0,4 = 9,6$		

Catatan Penilaian artikel oleh Reviewer

a	Kelengkapan unsur isi artikel	artikel mencakup unsur-unsur yang sesuai untuk publikasi ilmiah
b	Ruang lingkup & kedalaman pembahasan	lingkup penelitian mencakup cakupan luas dan dibahas secara cukup mendalam.
c	Kecukupan dan kemutakhiran data/informasi dan metodologi	penelitian didukung oleh data yang metodologi yang sesuai dan cukup mutakhir.
d	Kelengkapan unsur dan kualitas jurnal	jurnal terakreditasi peringkat 2, dimana penulis merupakan penulis utama yang sesuai dengan bidang ilmu.

Semarang,
 Reviewer 2



dr. Antono Suryoputro, MPH, Ph.D
 NIP. 195703061987031002
 Unit kerja : Fakultas Kesehatan Masyarakat UNDIP
 Jabatan : Lektor Kepala



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REPUBLIK INDONESIA

NOMOR 21/E/KPT/2018

TENTANG

PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE I
TAHUN 2018

DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN
KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI,

- Menimbang : a. bahwa berdasarkan hasil akreditasi jurnal ilmiah yang ditetapkan oleh Tim Akreditasi Jurnal Ilmiah Kementerian Riset, Teknologi, dan Pendidikan Tinggi pada tanggal 5 Mei 2018 dan Tim Akreditasi Jurnal Ilmiah Lembaga Ilmu Pengetahuan Indonesia pada tanggal 9 Mei 2018 dan dalam rangka melaksanakan ketentuan Pasal 6 ayat (5) Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 9 Tahun 2018 tentang Akreditasi Jurnal Ilmiah, perlu menetapkan Peringkat Akreditasi Jurnal Ilmiah Periode I Tahun 2018;
- b. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a, perlu menetapkan Keputusan Direktur Jenderal Penguatan Riset dan Pengembangan Kementerian Riset, Teknologi, dan Pendidikan Tinggi tentang Peringkat Akreditasi Jurnal Ilmiah Periode I Tahun 2018;
- Mengingat : 1. Undang-Undang Nomor 12 Tahun 2012 tentang Pendidikan Tinggi (Lembaran Negara Republik Indonesia Tahun 2012 Nomor 158, tambahan Lembaran Negara Republik Indonesia Nomor 5336);
2. Peraturan Pemerintah Nomor 4 Tahun 2014 tentang Penyelenggaraan Pendidikan dan Pengelolaan Perguruan Tinggi (Lembaran Negara Republik Indonesia Tahun 2014, Nomor 16, tambahan Lembaran Negara Republik Indonesia Nomor 5500);
3. Peraturan Presiden Nomor 13 Tahun 2015 tentang Kementerian Riset, Teknologi, dan Pendidikan Tinggi (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 14);
4. Keputusan Presiden Nomor 121/P Tahun 2014 tentang Pembentukan Kementerian dan Pengangkatan Menteri Kabinet Kerja Periode Tahun 2014-2019;
5. Keputusan Presiden Nomor 99/M Tahun 2015 tentang Pemberhentian dan Pengangkatan Dari dan Dalam Jabatan Pimpinan Tinggi Madya di Lingkungan Kementerian Riset, Teknologi, dan Pendidikan Tinggi;

6. Peraturan Menteri Keuangan Republik Indonesia Nomor 49/PMK.02/2017 tentang Standar Biaya Masukan Tahun Anggaran 2018;
7. Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 15 Tahun 2015 tentang Organisasi dan Tata Kerja Kementerian Riset, Teknologi dan Pendidikan Tinggi (Berita Negara Republik Indonesia Tahun 2015 Nomor 889);
8. Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 9 Tahun 2018 tentang Akreditasi Jurnal Ilmiah (Berita Negara Republik Indonesia Tahun 2018 Nomor 428);

MEMUTUSKAN:

- Menetapkan : KEPUTUSAN DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI TENTANG PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE I TAHUN 2018.
- KESATU : Menetapkan Peringkat Akreditasi Jurnal Ilmiah Periode I Tahun 2018 sebagaimana tercantum dalam Lampiran yang merupakan bagian yang tidak terpisahkan dari Keputusan Direktur Jenderal ini.
- KEDUA : Akreditasi Jurnal Ilmiah sebagaimana dimaksud dalam Diktum KESATU berlaku selama 5 (lima) tahun sejak Keputusan Direktur Jenderal ini ditetapkan.
- KETIGA : Akreditasi Jurnal Ilmiah sebagaimana dimaksud dalam Diktum KESATU dapat mengajukan kembali kenaikan peringkat setelah menerbitkan minimal 1 (satu) nomor penerbitan.
- KEEMPAT : Setiap jurnal ilmiah wajib mencantumkan masa berlaku akreditasi dengan menuliskan tanggal penetapan dan tanggal akhir masa berlaku akreditasi.
- KELIMA : Apabila dikemudian hari ditemukan ketidaksesuaian dengan Pedoman Akreditasi Jurnal Ilmiah, maka status akreditasi jurnal ilmiah yang bersangkutan dapat dicabut atau diturunkan.
- KEENAM : Keputusan Direktur Jenderal ini mulai berlaku pada tanggal ditetapkan.

Ditetapkan di Jakarta
pada tanggal 9 Juli 2018

DIREKTUR JENDERAL
PENGUATAN RISET DAN PENGEMBANGAN,

TTD.

MUHAMMAD DIMYATI
NIP 195912171984041001

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Direktorat Jenderal Penguatan Riset dan Pengembangan
Kementerian Riset, Teknologi, dan Pendidikan Tinggi
Kepala Bagian Hukum, Kerjasama, dan Layanan Informasi,

TTD.

Syarip Hidayat
NIP 197306101997031004

SALINAN
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KEPUTUSAN DIREKTUR JENDERAL
PENGUATAN RISET DAN PENGEMBANGAN
KEMENTERIAN RISET, TEKNOLOGI, DAN
PENDIDIKAN TINGGI
NOMOR 21/E/KPT/2018
TENTANG PERINGKAT AKREDITASI JURNAL
ILMIAH PERIODE I TAHUN 2018

PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE I TAHUN 2018

Peringkat	No	Nama Jurnal	ISSN	Penerbit
Peringkat 1 (Satu)	1	Bulletin of Chemical Reaction Engineering & Catalysis	19782993	Departement of Chemical Engineering, Diponegoro University
	2	IJAL (Indonesian Journal of Applied Linguistics)	25026747	Balai Bahasa Universitas Pendidikan Indonesia
	3	Indonesian Journal of Biotechnology	20892241	Pusat Studi Bioteknologi dan Sekolah Pascasarjana Universitas Gadjah Mada
	4	Indonesian Journal of Chemistry	24601578	Chemistry Department, Faculty of Mathematics and Natural Sciences, Universitas Gadjah Mada
	5	Journal of Indonesian Islam	23556994	Lembaga Studi Agama dan Sosial (LSAS) dan Program Pascasarjana Universitas Islam Negeri (UIN) Sunan Ampel Surabaya
	6	Medical Journal of Indonesia	22528083	Fakultas Kedokteran Universitas Indonesia
	7	TELKOMNIKA: Telecommunication Computing Electronics and Control	23029293	Universitas Ahmad Dahlan (UAD)
	8	The Indonesian Biomedical Journal	23559179	Secretariat of The Indonesian Biomedical Journal
Peringkat 2 (Dua)	1	Agro Ekonomi	25411616	Departemen Sosial Ekonomi Pertanian, Fakultas Pertanian, Universitas Gadjah Mada
	2	Al Ahwal: Jurnal Hukum Keluarga Islam	25286617	Prodi Al-Ahwal Al-Syakhshiyah Fakultas Syariah dan Hukum UIN Sunan Kalijaga Yogyakarta
	3	Al-Albab	25028340	Pascasarjana, Institut Agama Islam Negeri (IAIN) Pontianak
	4	Al-Ulum	24428213	LP2M IAIN Sultan Amai Gorontalo
	5	Amerta	25498908	Pusat Penelitian Arkeologi Nasional
	6	Analisa: Journal of Social Science and Religion	24433853	Religious Research and Development Ministry of Religious Affairs Semarang Indonesia

7	Analisis Kebijakan Pertanian	25497278	Pusat Sosial Ekonomi dan Kebijakan Pertanian, Kementerian Pertanian
8	Andharupa: Jurnal Desain Komunikasi Visual & Multimedia	24773913	Universitas Dian Nuswantoro
9	Annales Bogorienses	24077518	Pusat Penelitian Bioteknologi, LIPI
10	Antropologi Indonesia	16936086	Pusat Kajian Antropologi Indonesia, Departemen Antropologi, Fakultas Ilmu Sosial dan Ilmu Politik, Universitas Indonesia
11	ASEAN Marketing Journal	23562242	Management Research Center, Departemen Manajemen, Fakultas Ekonomi dan Bisnis, Universitas Indonesia
12	Aspirator: Jurnal Penelitian Penyakit Tular Vektor (Journal of Vector Borne Diseases Studies)	23387343	Loka Litbang P2B2 Ciamis, Badan Litbang Kesehatan, Kementerian Kesehatan
13	Atavisme	25035215	Balai Bahasa Jawa Timur
14	BACA: Jurnal Dokumentasi dan Informasi	23018593	Pusat Dokumentasi dan Informasi Ilmiah, LIPI
15	Bahasa dan Seni : Jurnal Bahasa, Sastra, Seni, dan Pengajarannya	25500635	Fakultas Sastra Universitas Negeri Malang
16	Bali Medical Journal	25286641	DiscoverSys Inc., Canada on behalf of Sanglah General Hospital in collaboration to Indonesian Physician Forum and Indonesia College of Surgeons, Bali, Indonesia & Udayana University Bali, Indonesia
17	BAWAL Widya Riset Perikanan Tangkap	25026410	Pusat Riset Perikanan, BRSDMKP, KKP
18	Berita Biologi	23378751	Pusat Penelitian Biologi, LIPI
19	Berkala Arkeologi	25487132	Balai Arkeologi Yogyakarta
20	Beta: Jurnal Tadris Matematika	25410458	Program Studi Tadris Matematika UIN Mataram kerjasama dengan Ad-Mapeta (http://ad-apsmapeta.or.id)
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26	Buletin Psikologi	25285858	Fakultas Psikologi Universitas Gadjah Mada
27	Buletin Sumber Daya Geologi	25801023	Pusat Sumber Daya Geologi, Badan Geologi, Kementerian ESDM
28	Bulletin of the Marine Geology	25278843	Puslitbang Geologi Kelautan, Kementerian ESDM
29	Economics and Finance in Indonesia	24429260	Lembaga Penyelidikan Ekonomi dan Masyarakat, Fakultas Ekonomi dan Bisnis, Universitas Indonesia
30	Economics Development Analysis Journal	25022725	Jurusan Ekonomi Pembangunan, Fakultas Ekonomi, Universitas Negeri Semarang
31	Edukasi: Jurnal Penelitian Pendidikan dan Keagamaan	2580247X	Pusat Penelitian dan Pengembangan Pendidikan Agama dan Keagamaan, Kementerian Agama
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43	Indonesian Journal of Cancer	23556811	Pusat Kanker Nasional, RS Kanker Dharmais
44	Indonesian Journal of Cancer Chemoprevention	23558989	Indonesian Society for Cancer Chemoprevention
45	Indonesian Journal of Forestry Research	24068195	Research Development and Innovation Agency, Ministry of Environment and Forestry
46	Indonesian Mining Journal	25278797	Puslitbang Teknologi Mineral dan Batubara, Kementerian ESDM
47	Informatika Pertanian	25409875	Sekretariat Badan Litbang Pertanian, Kementerian Pertanian
48	Instrumentasi	24601462	Pusat Penelitian Metrologi, LIPI
49	International Journal of Evaluation and Research in Education (IJERE)	22528822	Institute of Advanced Engineering and Science
50	International Journal of Public Health Science (IJPHS)	22528806	Institute of Advanced Engineering and Science
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52	JLBG: Jurnal Lingkungan dan Bencana GeologiJLBG (Jurnal Lingkungan dan Bencana Geologi) (Journal of Environment and Geological Hazards)	25028804	Pusat Lingkungan Geologi, Kementerian ESDM
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International Journal of Public Health Science (IJPHS)

International Journal of Public Health Science (IJPHS) p-ISSN: 2252-8806, e-ISSN: 2620-4126 is an interdisciplinary journal that publishes material on all aspects of public health science. This journal is published by **Intelektual Pustaka Media Utama (IPMU) in collaboration with Institute of Advanced Engineering and Science (IAES)**. The IJPHS provides the ideal platform for the discussion of more sophisticated public health research and practice for authors and readers worldwide. The priorities are originality and excellence. The journal welcomes high-impact articles on emerging public health science that covers (but not limited) to epidemiology, biostatistics, nutrition, family health, infectious diseases, health services research, gerontology, child health, adolescent health, behavioral medicine, rural health, chronic diseases, health promotion, evaluation and intervention, public health policy and management, health economics, occupational health and environmental health. This journal is accredited **SINTA 1** by Ministry of Research and Technology/National Research and Innovation Agency, Republic of Indonesia (RISTEK-BRIN) and **just ACCEPTED for inclusion (indexing) in Scopus. Published papers in the 2020 issues were indexed in Scopus.**



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Each paper requires minor changes for it to be accepted. Editors will go through the revisions and gives a final approval. However, it is good to remember that "this status decision" does not guarantee acceptance. The paper will be accepted only if the editors are satisfied with the changes made.

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Trend analysis of teenage pregnancy in Nigeria (1961-2013): how effective is the contraceptive use campaign

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ABSTRACT

Teenage pregnancy (TP) is a recurrent global and public health problem. It poses both social and health challenges. Considering the massive campaign on the use of modern contraceptives to prevent TP in recent decades, we assessed trends in TP in Nigeria between 1961 and 2013. Pregnancy and contraception history of 70,811 women who were at least 20 years old when the Nigerian DHS was conducted in 1990, 2003, 2008, and 2013 respectively were used for the study, and descriptive statistics, time analysis techniques and multiple logistic regression were used to analyze the data at 5% significance level. The overall prevalence of TP between 1961 and 2013 was 49.5% which fluctuated insignificantly during the studied period. The TP prevalence among women who entered adulthood in 1961 was 39.2%, it peaked in 1978 at 58.9% before its unsteady decline to 39.6% in 2012, and then rose sharply to 55.6% in 2013. We predicted TP prevalence as 49.0%, 49.9% and 51.0% in 2014, 2015 and 2016 respectively. The odds of TP were over 4 times higher in the North East and 5 times higher in the North West than in the South West. Teenagers with no education had higher odds of TP and it was higher among teenagers from the poorest households (OR=5.64, 95% CI=5.36-5.94). Rather than reducing with the worldwide acknowledged increase in contraceptive campaigns, TP increased over the years studied. As far as TP is concerned in Nigeria, the impact of the campaign on MC use is far from being effective. To achieve the objective of fewer TPs, fewer resources should be spent on access to contraception and instead diverted to areas more likely to achieve results such as improvements in educational achievement amongst girls.

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1. INTRODUCTION

Literature is replete with the fact that Teenage Pregnancy (TP) constitutes both health and social problems [1–3] and it is a public health challenge facing both developed and developing countries [4–5]. The challenges are irrespective of the teenager's marital status or legality of marriage [1], besides, pregnancy and childbirth-related complications are among the leading causes of mortality among persons aged 15–22 years in many parts of the world [6–9]. Teenage pregnancy is a major health challenge in every health care system because it could result in untoward effects on girls' physical, psychological, economic and social status [5]. That is why the health, social and developmental needs of young people are among the most

Integrating palliative care and hospice services in long term care: an eightfold path health policy analysis

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ABSTRACT

It is evident in the literature that as near end of life approaches, health expenditure increases. The re-hospitalization and underutilization of palliative and hospice services add to the burgeoning health cost. There is a lack of support for patients with advanced illness in long-term care facilities. This paper aims to provide a comprehensive review of the problem and assess alternatives to reduce readmission among patients with advanced disease and those who are at the end of life. This paper adapted Bardach's Eightfold Path analysis as a guide to analyzing the problem using a case study approach. The article discussed the issues, reviewed the literature for evidence, provided the alternatives, identified criteria, evaluated projected outcomes, discussed the trade-offs of adopting the policy, and provided a recommendation. In conclusion, integration of palliative and hospice care services across the continuum of long-term care is a viable alternative policy to address the problem.

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1. INTRODUCTION

According to Healthy People 2020, an estimated 50 million individuals are 65 years old and above in 2014. Sixty percent of those have one or more chronic diseases such as heart disease, cancer, chronic obstructive pulmonary disease (COPD), stroke, diabetes, and Alzheimer's disease [a] With the increase in life expectancy, there is an increasing demand for long-term care services. Such services accounted for \$300 billion in health expenditures in 2010 as reported by the Centers for Medicare and Medicaid Services (CMS). [b] Long-term care facilities include skilled nursing facilities and sub-acute rehabilitation centers.

Skilled Nursing Facility Case A is a 520-bed capacity skilled nursing facility (SNF) that accepts two types of population. The chronic long-term patients who are both Medicare and Medicaid, and sub-acute patients who are primarily Medicare A beneficiaries. Sub-acute patients have an average length of stay of 30 to 100 days. The type of sub-acute patients admitted are: patients admitted requiring post-operative rehabilitation mostly orthopedics cases; patients who are acutely ill such as complex chronic heart failure and COPD cases; patients with tracheostomy and percutaneous endoscopic gastrostomy (PEG) tube; patients requiring 1-3 months intravenous (IV) antibiotic administrations; advanced cases of cancer patients; patients who are suffering from dementia and other psychiatric disorders; and patients requiring end-of-life care. The acuity of patient's needs has been dramatically increased in recent years. More and more complex patients are admitted requiring a high level of nursing care. Readmission issues become highly contentious between hospital and SNF because hospital gets penalized by CMS for 30-day readmission. Instead of establishing a partnership and care coordination. The SNF most often are blamed for poor care management when patients get re-admitted.

Description of complete basic immunization coverage among infant

by Farid Agushybana

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Description of complete basic immunization coverage among infant

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ABSTRACT

Immunization coverage in every city/regency must be conducted in accordance with the standard coverage to suppress infectious diseases that can be prevented by vaccination. Temanggung regency is one of the cities/regencies in Central Java Province that has not reached 100% of village Universal Coverage Immunization (UCI). The aim of this study was to determine the coverage of complete basic immunization in infants in Temanggung regency. The design of this study was descriptive observational with quantitative and qualitative approaches. The respondents of the research were 498 parents having 12-23 months infants dwelling within the administration of community health center of Temanggung district. The variables measured were basic immunization, punctuality of immunization, mothers' knowledge and benefits of immunization, possessing and understanding of manual about mother and children health. The instrument used was the Rapid Card Check Form recommended by UNICEF. The results showed that there were still infants who had not been immunized (2-5%) with complete basic immunization coverage >95%. The reasons were that the infants had low birth weight, sick children during immunization, and no support from parents. As the immunization program aims to reduce infant and child mortality, parental awareness is important to increase immunization coverage in Temanggung regency.

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1. INTRODUCTION

Immunization coverage in every city/regency must be in accordance with the standard coverage to suppress infectious diseases that can be prevented by vaccination. The aim of the immunization program in Indonesia is to reduce mortality of infants and under-five-year-old babies. Therefore, it is expected that by conducting immunization, the number of children suffering from diseases such as polio, measles, pertussis, and diphtheria can be reduced [1]. From 2014 to 2016, the complete basic immunization coverage in Central Java increased from 93.4% in 2014 to 97.2% in 2015 to 99.2% in 2016. However, the data were not in line with the fact that the cases of immunization-preventable diseases in Central Java also increased. The number of cases categorized as extraordinary events of measles rose from 308 cases in 2014 to 576 cases in 2015 to 1763 cases in 2016 [2-4].

Meanwhile, the success of an immunization program is measured and determined by the universal coverage immunization (UCI) achieved by a village. From 2014 to 2016, among regencies in Central Java Province, Temanggung regency (one village) failed to meet 100% village UCI; and therefore, it is necessary to improve the capacity on its immunization coverage [3-4]. The failure to apply complete basic immunization coverage in a village under the administration of Temanggung regency was caused by the

refusal of the community to get immunization due to religious beliefs [4]. As a result, a number of measles cases identified in Temanggung regency in 2014 to 2016 were 15, 0, and 17 cases respectively. The data indicated that the program of complete basic immunization coverage had not been thoroughly applied. Factors causing the problem to happen are job, knowledge, mothers' age, tradition, and family support [5-6]. This research was conducted by referring to the one that had been carried out previously in collaboration between LPPM UNDIP and UNICEF in 2016-2017 from which the implementation of rapid pro and rapid card check was applied on cadres of community health centers and officers holding immunization programs. This was based on the inequality in immunization coverage. Based on the problems discussed, the objective of the research was to find out the complete coverage of basic immunization in infants in Temanggung regency.

2. RESEARCH METHOD

Descriptive observational design with quantitative and qualitative approaches was used to analyze the population of all parents having 12-23 months infant. Meanwhile, the sample was 498 parents having 12-23 months infant after being sampled using random sampling technique. The research instrument used was Rapid Card Check (RCC) form recommended by UNICEF and the research variables were immunization coverage, punctuality of immunization, mothers' knowledge and benefits of immunization, possessing and understanding of manual about mother and children health. The data collected were descriptively analyzed and presented in tabulation

3. RESULTS AND DISCUSSION

Among 498 respondents, the age of Under-Two-Year-Old-Baby (UTYOB) having immunization is 12 months for the youngest and 23 months for the oldest. Based on the data exhibited in Table 1, the highest immunization coverage is BCG immunization, which is 97.3%; while, the lowest immunization coverage is HB0 immunization, which is 94.6%. Overall, the immunization coverage has reached the standard of the regency strategic planning of Temanggung regency in 2017, which was 90%. Meanwhile, the survey on the administration of immunization punctuality shows that 83.5% of the poor receives HB0 immunizations within 24 hours after giving birth; while, the lowest percentage of immunization punctuality occurs in BCG, which is 68.1%. Description of mother's knowledge and possessing of Mother and Children Health (MCH) manual shown in Table 2.

Table 1. Distribution of research respondents by immunization coverage and immunization punctuality of UTYOB

Variable	Yes		No	
	f	%	f	%
Temanggung				
1. Immunization Coverage				
HB0	473	95.0	25	5.0
BCG	486	97.6	12	2.4
Penta 3	481	96.6	17	3.4
Polio 4	481	96.6	17	3.4
Measles	474	95.2	24	4.8
2. Immunization Punctuality				
HB0	418	83.9	80	16.1
BCG	158	31.7	340	68.3
Penta 3	215	43.2	283	56.8
Polio 4	212	42.6	286	57.4
Measles	230	46.2	268	53.8

Table 2. Description of mother's knowledge and possessing of Mother and Children Health (MCH) manual

Variable	Yes		No	
	f	%	f	%
1. Know about Immunization	496	99.6	2	0.4
2. Know the benefits of Immunization	495	99.4	3	0.6
3. Having MCH handbook	498	100	0	0.0
4. Reading MCH handbook	338	67.9	160	32.1

Table 2 shows that 99.6% mothers know about what immunization is, 100% of them having the manual, but 32.1% read the manual occasionally.

The results of the survey showed that there were some infants who had not been immunized, as the highest immunization coverage was BCG immunization; while, the lowest immunization coverage was measles immunization. These facts confirmed the decline in complete basic immunization coverage in Temanggung regency. The reasons most often expressed by mothers who had not had their babies immunized were the babies had Low Birth Weight (LBW); so that, they had not had their babies immunized with Hb0 immunization, busy parents, children were sick when they were going to be immunized, and religious factors; the belief that vaccine given to the babies was religiously forbidden. Furthermore, most mothers believed that immunization would develop a negative effect on the children's health, such as fever. As some mothers expressed concern and fear that their children would get fever after being immunized, they did not take their children to community health center nearby.

This finding was similar to the ones from other countries. In the Kingdom of Arabia, reasons for not performing complete immunization, as stated by parents, were infants were sick (13.5%), and fear of side effect of immunization (7.7%). Further, Alyami et al argued that the side effect of immunization has become the major concern of parents in performing immunization for their infants [7]. Meanwhile, in Nigeria, 6% parents stop to immunize their infants when side effect takes place [8]. In Ethiopia, mothers having fear of common vaccine side effects were at a higher risk of defaulting than mothers perceiving vaccine side effect positively [9].

This finding was in accordance with the one of the research conducted by Albertina et al that the reason for the incompleteness of administering basic complete immunization that many mothers put forward was that the children were sick when they were about to be immunized as many as 28.4%, while, parents were afraid of the immunization side effects were 23.5%. Children being sick are in fact a contraindication for immunization but it cannot be the reason as an excuse for having the immunization incompleteness because immunization can be done when the children have recovered from the illness. Side effects such as fever or fretful children should not also become the reason for not having the babies immunized [10].

Moreover, certain reasons such as prohibition by the father, or not giving an answer referring to religious factors had been given. In relation to this case, Ikawati argued that one of the influences of the children not getting immunizations is the beliefs held or trusted by parents, or parents having bad experiences that affect them not to have their children immunized [11]. Further, research conducted by Kabir et al stated that husbands have an influence on the decisions of mothers to prohibit immunizing their children [12]. In this study, mothers admitted that the validity 'halal' of vaccines affect the judgement. A research in Malaysia reported similar finding, 1.3% mothers doubted 'halal' status of vaccines that cause incomplete immunization for their children [13].

According to L. Green's theory, factors influencing health behavior related to immunization are predisposing factors including knowledge and attitudes toward health as well as tradition and public trust; enabling factors such as availability of facilities and infrastructure; and reinforcing factors like families support, health workers, and community leaders [14]. This theory underlined the results of the interview to the mothers of the children. Information from mothers regarding their knowledge about complete basic immunization gathered by health center workers and cadres concluded that the perception of mothers in Temanggung regency about immunization could be classified as positive, as they stated that immunization benefited to their children. Researches on the awareness of mothers on the benefits of immunization have done, and they strongly influenced the implementation of performing complete immunization [15]. In contrast, a research in Congo showed no association between mother's attitudes towards vaccination with immunization status of child [16].

Most mothers had and followed the instructions of KIA handbook as one of the media information about immunization. According to the Indonesian Ministry of Health (2011), the KIA handbook is an early identifying tool to detect mother and children related problems, and a tool for communication and counseling, as the handbook cover important information for mothers, families, and communities regarding services, mother and child health, including references and standard of services, nutrition, immunization, and development of children under five year old [17].

However, as most mothers rarely read the handbook, it would affect the awareness of mothers to have their children immunized. Favin et al argued that the main problem of completing immunization was low parental knowledge about the importance of vaccination [18]. In fact, having good knowledge develops mothers' understanding about correct information related to the benefits and objectives of having immunization; so that; it will affect the completeness of basic immunization of children including immunization schedules [19]. Other research finding showed that mothers' awareness upon the immunization schedule has a strong influence on the complete immunization to infants [20]. Meanwhile, Sutopo stated that the impact of mothers having low knowledge was not giving or delaying immunization to their children [21]. This immunization coverage survey used UNICEF recommended form. The RCC form was simple and designed to evaluate an immunization program in a region. The simple form was intended to be easily used

by community and community health centers. The result of the survey would be easily analyzed and concluded as a reference in setting the future plan within the community health center.

4. CONCLUSION

There are still immunized infant with the youngest age of 10 months and the oldest age of 26 months. The immunization program is a mandatory program that aims to reduce infant and child mortality. Therefore, parental awareness is important to increase immunization coverage in Temanggung regency, because it will affect the completeness of basic immunization of children including immunization schedules.

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