

MOUNTAIN COMMUNITY PERCEPTION ON RUBELLA MEASLES IMMUNIZATION IN HINEKOMBE VILLAGE PUBLIC HEALTH ENCTRE SENTANI, JAYAPURA REGENCY

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ABSTRACT

Measles and rubella, also known as Morbili or Measles, are a highly contagious (infectious) disease of the genus Morbillivirus and belong to the incurable but preventable RNA virus class through the MR vaccine. However, in Hinekombé village in the mountains there is still resistance, even though some of them have followed the MR vaccine. The research objective is to see the community's perception of MR immunization in Hinekombé Village, Sentani Health Center, Jayapura Regency. The research was conducted in May - June 2018 in Hinekombé Village in a mountainous community with a total of 6 informants, heads, RW / RT, tribal chiefs, religious leaders, community leaders, cadres and 2 people staf health. The data were obtained using structured interview guidelines and were analyzed qualitatively. Understanding information about the side effects of MR immunization is partially implemented, but the response of other informants is that it is dangerous for children who can be at risk of death in children, due to incorrect information in one of the media or the information they hear. Informants' understanding of the benefits of partial immunization is still low, it is not known that it only increases the immunity of children and other informants who have benefits in preventing measles and rubella. The content of MR immunization from 6 informants was only known by two information that knew that MR immunization content came from pigs. The information received by respondents regarding the MR vaccine was very limited from the heads of RW, RT, religious leaders and cadres.

Keyword: *Perception, Mountain Community, MR Immunization*

1. PRELIMINARY

Babies are a group that is prone to various disease problems such as tuberculosis, polio, hepatitis, diphtheria, pertussis, tetanus, measles, rubella and others. If this is not resolved it can cause physical, mental and death problems. The infant mortality rate is an indicator of public health status (Kemenkes RI, 2013). The 2018 *World Health Organization* (WHO) report reported that the percentage of children aged <1 year who received complete immunization was 84% (WHO, 2018). WHO has 6 areas of intervention have a percentage of immunization coverage in children berusia <1 year is different - different. One of them is the *South East Asian Region* (SEAR) which has the highest percentage of immunizations for children <1-year-old (87%) before the *Region of Ther America* (89%) and the *West Pacisif Region* (90%). The *South East Asian Region* (SEAR) has member countries, one of which is Indonesia, which has the lowest percentage of children <1-year-old who get complete immunization. According to Toha (2013), the factors that affect a person's perception are as follows: Internal factors: feelings, attitudes and personalities of individuals, prejudices, desires or expectations, attention (focus), learning process, physical conditions, mental disorders,

values and needs as well as interests, and motivation. External factors: family background, information obtained, surrounding knowledge and needs, intensity, size, opposites, repetition of motion, new and familiar things or the alienation of an object. According to Walgito (2014) the factors that play a role in perception can be put forward several factors, namely: The object gives rise to a stimulus that hits the sense organs or receptors. The stimulus can come from outside the perceiving individual, but it can also come from within the individual who directly hits the receiving nerve which works as a receptor. The sensory device or receptor is a tool for receiving stimuli, in addition, there must also be a sensory nerve as a tool to transmit the stimulus received by the receptors to the center of the nervous system, namely the brain as the center of consciousness. As a tool to provide a response, a motor is needed that can shape one's perception. To realize or in making perceptions requires attention, which is the main step as a preparation for making perceptions. Attention is the concentration or concentration of all individual activities aimed at a set of objects.

These factors make individual perceptions differ from each other and will have an effect on individuals in perceiving an object,

stimulus, even though the object is actually the same. The perception of a person or group can be much different from the perception of other people or groups even if the situation is the same. Perceptual differences can be traced to the presence of individual differences, differences in personality, differences in attitudes or differences in motivation. Basically, the process of forming this perception occurs in a person, but perception is also influenced by experience, learning and knowledge. According to Toha (2013), the process of forming perceptions is based on several stages, namely:

a. Stimulus or stimulation

The occurrence of perception begins when a person is exposed to a stimulus / stimulus that is present from the environment.

b. Registration

In the registration process, a visible symptom is a physical mechanism in the form of sensing and a person's condition to be influential through their sense organs. A person can listen to or view the information sent to him, then list all the information sent to him.

c. Interpretation

Interpretation is a cognitive aspect of perception that is very important, namely the process of giving meaning to the stimulus it receives. The interpretation process depends on the way of understanding, motivation, and a person's personality.

Measles is a highly contagious disease caused by a virus and transmitted by coughing and sneezing. Symptoms of measles are high fever, redness of the skin (rash) accompanied by cough and / or cold and / or conjunctivitis will but it is dangerous when accompanied by complications of pneumonia, diarrhea, meningitis and can even cause death. This disease has the potential to become an epidemic if immunization coverage is low and herd immunity is not formed. When someone gets measles, 90% of people who have close interactions with the sufferer can get it if they are not immune to measles. A person can be immune if they have been immunized or infected with the measles virus (Indonesian Ministry of Health, 2017). Measles that common people know is a red-red disease that is all over the body which usually starts with fever but rubella measles is very different from the usual measles. According to (Bashira, 2017) Rubella has another name, namely German Measles or *German Measles* and this is very different from Measles, starting from the virus which has different symptoms and the risk of danger and disease is different. Rubella is indeed generally very mild and compared to Measles. From Rubella, the symptoms are fever

rash and red and red, the child can still play while Measles, the child cannot play because the complications are milder, so the symptoms do not appear to have caught the virus but if it is exposed to adults it is heavier. Will feel a high fever, rash, pain in the joints and even experience symptoms of nausea and the most dangerous is when carrying a baby and giving birth to birth defects in babies that are congenital and permanent in the baby. German measles or Rubella is a viral infection characterized by a red rash on the skin. Rubella is different from measles, although they both cause a reddish rash on the skin. Apart from being caused by a different virus, the effects of measles are generally more severe than rubella (Willy, 2019). Rubella, although relatively mild compared to measles, rubella can infect pregnant women, especially in the first trimester of pregnancy. These conditions can lead to miscarriage, or if the pregnancy continues, the baby can be born deaf, develop cataracts, or have heart problems. Therefore, it is important to check your immune system against rubella when planning a pregnancy (Kemenkes RI, 2017).

Measles, also known as morbilli or measles, is a highly contagious (infectious) disease of the genus Morbillivirus and belongs to the RNA virus group. Humans are thought to be the only reservoir, although monkeys can be infected but do not play a role in transmission (Kemenkes RI, 1 2017). The cause of Rubella is a togavirus type rubivirus and belongs to the RNA virus group. The virus can multiply in the nasopharynx and regional lymph nodes, and viremia occurs 4 - 7 days after the virus enters the body. The virus can cross the placental barrier so that it can infect the fetus and can cause abortion or Congenital Rubella Syndrome / CRS. The transmission period is estimated to occur 7 days before to 7 days after rash. The incubation period for Rubella ranges from 14-21 days. Rubella symptoms with fever (37, 2 ° C) and rash / maculopapular rash accompanied by enlarged lymph nodes behind the ears, neck, rear and sub occipital (MoH RI, 2018). Measles and rubella viruses are spread the same through coughing and sneezing, and direct contact with sufferers. Measles and rubella viruses die quickly by ultraviolet light, chemicals, acids and heating. To confirm the diagnosis of Measles and Rubella, laboratory confirmation is required by performing serological examinations (taking the patient's blood / blood serum) or virologically (taking the patient's urine) (Kemenkes RI, 2018). The period of transmission of measles occurs from 4 days before rash to 4 days after the onset of rash. Transmission peaks at the time of initial

symptoms (prodromal phase), namely in the first 1-3 days of illness. The incubation period occurs at 7 - 18 days. Symptoms of measles are characterized by:

- a. Fever with a body temperature usually $>38^{\circ}\text{C}$ for 3 or more days, accompanied by one or more symptoms of cough, runny nose, red eyes or watery eyes.
- b. A reddish / *rash patch* that starts behind the ear.
- c. Symptoms in the body are maculopapular for 3 or more days which in the range of 4-7 days spread throughout the body.
- d. Typical (pathognomonic) found Koplik's spot or grayish white spot with a red base on the inner cheek

Rubella in children often causes only mild fever symptoms or even without symptoms so it is often not reported. Meanwhile, Rubella in adult women often causes arthritis or arthralgia. Rubella in pregnant women, especially in the 1st trimester of pregnancy can result in abortion or the baby born with CRS. The form of abnormalities in CRS:

- a. Heart defects: Patent ductus arteriosus, Atrial septal defect, ventricular septal defect, Pulmonary valve stenosis
- b. Eye disorders: congenital cataract, congenital glaucoma, pigmentary retinopathy
- c. Hearing impairment
- d. Abnormalities of the central nervous system: mental retardation, microcephalia, meningoencephalitis
- e. Other disorders: Purpura, Splenomegaly, jaundice that appears within 24 hours after birth, Radioluscent bone (Kemenkes RI, 2018).

Symptoms of rubella appear 2 to 3 weeks after exposure to the virus, and can last for 1-5 days. Symptoms include:

- A red rash that starts on the face and then spreads to the trunk and legs.
- Fever .
- Headaches .
- Colds and nasal congestion.
- No appetite.
- Red eye.
- Joint pain, especially in young women.
- Lumps appear around the ears and neck, due to swollen lymph nodes (Willy, 2019).

Measles and rubella are classified as mild infections, and usually only attack once in a lifetime. However, rubella can have a more serious impact on pregnant women. This condition can cause pregnant women to have a miscarriage or trigger congenital rubella

syndrome in the fetus. Congenital rubella syndrome is known to affect more than 80% of babies, of mothers infected with rubella at the age of pregnancy 12 weeks. Congenital rubella syndrome is very dangerous because it can cause birth defects, such as deafness, cataracts, congenital heart disease , and growth disorders (Willy, 2019). Rubella in children often causes only mild fever symptoms or even without symptoms so it is often not reported. Meanwhile, rubella in adult women often causes arthritis or arthralgia. Rubella in pregnant women, especially in the 1st trimester of pregnancy can result in abortion or babies born with CRS (Ministry of Health, Republic of Indonesia, 2017).

There is no cure for measles and rubella, but they can be prevented. Immunization with the MR vaccine is the best prevention for measles and rubella. One vaccine to prevent two diseases at once. Treatment for rubella is enough to do at home. The doctor will prescribe paracetamol to relieve pain and fever, and advise the patient to get plenty of rest at home, so that the virus does not spread to other people. For pregnant women who suffer from rubella, the doctor will prescribe antiviral drugs . Although it can reduce symptoms, antivirals do not prevent the possibility of babies suffering from congenital rubella syndrome, which is a condition that causes babies to be born with abnormalities. Prevention is done with measles vaccination or Measles, Rubella (MR) vaccination. According to the 2018 IDAI recommended immunization schedule, the measles vaccine is given at 9 months of age. Furthermore, the booster vaccine can be given at the age of 18 months, 6 years and 7 years (IDAI, 2017). The belief model is a form of translation of the socio-psychological model. The emergence of this model is based on the fact that health problems characterized by failures person or community to accept the effort - the prevention and penyembu h an illness that is hosted by the *provider* (Priyoto, 2014). Lewin's theory in Notoatmodjo (2010), adopts the concept that individuals live in the sphere of social life (society). In this life the individual will be valuable, both positive and negative, in a particular area or region. If someone is in the positive area, it means he is rejected from the negative area. Implications n yes inside health is, disease or illness is. a negative area while healthy is a positive area. When an individual act to fight or treat his disease, there are four key variables involved in that action, namely the perceived vulnerability to a disease, the perceived seriousness, the benefits received and the

obstacles experienced in the action against the disease, and things that motivate the action. In order for someone to act to treat or prevent his disease, he must feel that he is *susceptible* to it. In other words, an act prevention to a disease will arise when someone has merasakan that he or his family are susceptible to the disease. The seriousness of the perceived (Perceived *seriousness*). Individual actions to run to the ri treatment and prevention of diseases will be driven also by Mo ri usan the disease on individuals or society. Polio, for example, will be felt more serious when compared to flu. By ka ren A's, polio prevention measures will be more done when compared with prevention (treatment) flu. If the individual feels himself vulnerable to diseases that are considered serious (serious), someone will take certain actions. This action will depend on the perceived benefits and obstacles found in taking the action. In general, the benefits of the action determine more than the obstacles that may be found in carrying out the action. Cues or signs (Cues). To get the correct reception level of vulnerability, urgency and

benefits of action, it is necessary cues be such external factors. These factors, for example, messages in the mass media, advice or suggestions from friends or other family members of the sick person, and so on (Priyoto, 2014). Respondent behavior can also be viewed from the modeling, so that behavior changes due to the consequences. Modeling is done by way of observing the behavior of others to make observations and conduct *modeling* of the sequence of behavior can change health behavior effectively (Priyoto, 2014). According to Walgito (2014), objects and events in the real world in the form of information received by sensory organs and transmitted to the brain through a second signal and processed into the brain lead to perceptual experiences and impact trust in key aspects of health behavior according to Rosenstock in Priyoto (2014). namely threats, expectations, action triggers, socio-demographic factors and self-assessments.

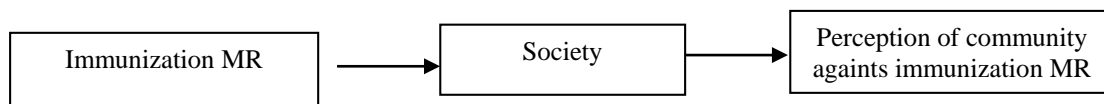


Figure 2.2. Conceptual framework

2. RESEARCH METHODS

This type of research is a qualitative descriptive study with a phenomenological approach. Syaodih (2008) states that descriptive research is the most basic form of research. Intended for situations that are natural or human engineering. According to Saryono and Anggraeni (2010) that qualitative research is a study aimed at describing and analyzing phenomena, events, social activities, attitudes, beliefs, perceptions, thoughts of people individually or in groups ". This type of research is qualitative with a phenomenological approach , which is an attempt to find an understanding of how humans construct important meanings and concepts in the intersubjectivity framework of understanding the perceptions of highland communities about measles rubella immunization (Swarjana, 2013).The focus on research to understand the perception of the description of the factors that influence MR vaccine participation in Hinekombe Village, Sentani Public Health Center, Jayapura Regency includes perceptions about side effects, benefits, ingredients and information about the MR vaccine. This research was conducted in Hinekombe Village, the working area of Puskesmas Sentani.This

research was conducted in April-May 2020.The selection of informants was carried out using *purposive sampling technique*, namely the selection of sampling based on the involvement of informants who knew the problem clearly, could be trusted to be a good source of data and were able to express their opinions properly and correctly (Swarjana, 2013). The research informants were the community including 1 RW head, 1 RT head, 1 tribal head, 1 traditional leader, 1 religious figure, 1 cadre, 2 health workers and 6 parents who have children aged 9 months-15 year. The researcher himself, as the main instrument, used an interview guide whose questions had been prepared previously about public perceptions including perceptions of side effects, benefits, content and information about the MR vaccine.

Data collection

To be able to do a research, it is necessary to have sufficiently complete data obtained from data collection techniques. Data collection techniques used were in-depth interviews (*depth interview*) in by using interview guide with questions that had been developed previously (Sudarti, 2016). Interview data collection using goup focus discussion on society by triangulation

on the Chairman of RW, the head of the neighborhood, Chiefs, traditional leaders, leaders of religious, volunteers and health workers. In this interview process, apart from writing instruments, a recording device or *tape recorder* was also used, so that the information or information obtained could be completely recorded. Primary data is data taken directly by researchers from informants using interview guidelines to conduct interviews with informants related to research problems. Secondary data is data that is not collected by researchers themselves (Sugiyono, 2013). Secondary data of this study, namely data used to complement or support primary data related to the objectives or problems studied such as the MR vaccine images in Jayapura Regency, Sentani Health Center.

Data analysis technique

Miles and Huberman (1984 Sugiyono, 2013) suggests that activity in the qualitative data analysis performed interactively and this continues constantly until complete, so that the data is saturated. The measure of data saturation is indicated by no longer obtaining new data or information. Activities in the analysis include data reduction, data display, and conclusion drawing / verification. The amount of data obtained from the field is quite a lot, so it needs to be recorded carefully and in detail. As stated, the longer the researcher goes to the field, the more data will be, complex and complicated. For this reason, reduction is carried out which means summarizing, or selecting the main things, focusing on the things that terra is looking for and their patterns. Thus, the data will provide a clearer picture and make it clearer for further data collection. After the data is reduced, the next step is to display the data. Through the presentation of this data, the data is organized, arranged in a relationship pattern, making it easier to understand. The third step in qualitative data analysis is drawing conclusions and verification. The initial conclusions put forward are still provisional and will change if no strong evidence is found at the next stage of data collection. But if the conclusions put forward at an early stage are supported by valid and consistent evidence when the researcher returns to the field to collect data, then the conclusions put forward are credible conclusions.

Research Validity

The data obtained during the research process will be retested by testing the credibility of the data (Sugiyono, 2013). Why the extension of the observation will increase the trust or credibility of the data. With the extension of the observation, it means that the researcher returns to the field, makes observations, and interviews again with data sources that have been met or new. With the extension of this observation, it means that

the relationship between the researcher and the resource person will be increasingly formed reports, the more familiar (there is no distance), the more open, trusting each other so that no information is hidden anymore. When the report has been formed, there is reasonableness in the research, where the presence of the researcher no longer interferes with the learned behavior. Increasing persistence means making observations more carefully and continuously. In this way, data certainty and the sequence of events can be recorded with certainty and systematic. The reference material here is the support for proving the data that the researcher has found by recording interviews and data recording aids in qualitative research, such as cameras, camcorders, voice recording devices, which are needed to support the credibility of the data that the researcher has found. Member check is the process of checking data obtained by researchers from data givers. The purpose of the member check is to find out how far the data obtained is in accordance with what was given.

3. RESULTS AND DISCUSSION

This research was conducted in Hinekombe Village in Sentani District, Jayapura Regency, Papua Province. The boundaries of the Sentani Community Health Center are:

- a. North side: bordering Mount Cyclop.
- b. South side: bordering Arso - Kentuk Gresi
- c. East side: bordering East Sentani
- d. West side: bordering West Sentani

Hinekombe Village is the work area of Puskesmas Sentani which is strategically located on the side of the road so that many patients come to visit for check-ups, and Puskesmas Sentani is one of the Puskesmas which has a large service unit and work area equipped with qualified health personnel so that it has many patients. Patient services do not only come from one area around Puskesmas Sentani, but many patients come from other areas. The work program of Puskesmas Sentani is health promotion, P2M environmental health (including immunization), KIA and family planning, improvement of nutrition and basic medicine. The service units at Sentani Puskesmas are outpatient units (General Poli, Injecting Poli, Immunization Poli, Dental Poli and Pulmonary TBC), Inpatient Units Namely Maternity and Postpartum Rooms and other supporting services namely laboratories (Secondary data, 2016). Mountain Community Perceptions of MR Immunization in Hinekombe Village, Sentani Health Center, Jayapura Regency. In families who are not obedient but have good knowledge because some parents do not get support from the family to take immunization, because the family is worried about the side effects of immunization (Momomuat, 2015). According to Jannah, natural

active immunity is natural immunity that is owned or produced by the body, while artificial active immunity is the insertion of certain substances or vaccines that enter the body through injection in the body or through drugs orally (drinking) for babies which are usually referred to as immunization or vaccination (Jannah, 2015). There are several effects but these effects are the usual effects that will occur after the child is immunized such as fever or fever for several days, pain at the injection site, joint pain, dizziness, nausea, weakness and loss of appetite. If the effects experienced are more than normal, they usually cause seizures. The German Measles or Rubella vaccine has no side effects. Red rash, low fever, pain at the injection site, mild swelling after vaccine immunization are normal reactions that will subside or disappear after 2-3 days (Achmadi, 2016). The results of the study are related to the perception of the highland community in Hinekombe Village about the side effects of the MR vaccine as they all agree that the MR vaccine has side effects.

The results of the 2 informants' stated that the side effects of MR immunization could pose a danger to children which could be at risk of death in children. This is because the informant has heard of a death case that occurred in Wamena after an elementary school age child, after being given MR immunization, died. This prompted informant 5 to state that they saw the results of the MR immunization that had been given to other children. If there are no problems, the informant will give the child MR immunization. This was also acknowledged by informants who socialized MR immunization including RW heads, RT heads, tribal heads, traditional leaders, religious leaders and cadres. Based on the results of interviews with 1 informant about the refusal of MR immunization, which was acknowledged by the Head of the RW, it was confirmed that the rejection of residents about MR immunization was due to information about child deaths in Wamena after receiving MR immunization. Meanwhile, the statements of 3 other informants stated that they refused MR immunization on the grounds that their children had already received basic immunizations. Based on the results of interviews with 3 informants regarding the refusal of MR immunization, including the Head of the RT, the Head of the Tribal, and Traditional Figures as stated in the interview that when the information was submitted, some residents refused because their children had received complete basic immunization, so they were not interested in participating in MR immunization. This rejection occurred due to the parents' lack of knowledge about MR immunization. Based on the results of interviews with 2 informants, they were able to provide explanations to the community and there was no

resistance from local residents. The statement regarding the side effects that disseminates MR immunization includes the Chairman of the RW, the Head of the RT, the Head of the Tribal, Traditional Leaders, Religious Leaders and cadres acknowledging that MR immunization has side effects. Based on the results of the interview, the six informants admitted that each immunization vaccine had side effects and all informants stated that the side effect caused was fever for 1-2 days. Immunization works by way of stimulating the formation of antibodies against certain microorganisms without causing someone pain first. Vaccines, a substance used to build body immunity, are made of microorganisms or parts of infectious microorganisms that have been killed or weakened, so they will not make the sufferer fall sick (Marmi and Rahardjo, 2012). The main goal of giving MR immunization to a person is to prevent the occurrence of measles and rubella (IDAI, 2017). Statements from 4 informants stated that the benefits of MR immunization were increasing the immunity of children. This shows that the understanding of informants about MR immunization is still low. Based on the results of interviews with these informants, 2 informants knew that the benefits of MR immunization were to prevent measles and rubella. Based on the results of the interview, it shows that the informant knows the benefits of MR immunization in preventing measles and rubella. The MR vaccine is a live vaccine that has been weakened in the form of a powder and a solvent. The MR vaccine can be given to children aged 9 months to 15 years (Ditjen P2P Kemenkes RI, 2017). The targeted MR vaccine coverage was > 95%. In the community there are still some groups that do not accept MR vaccine, generally ignoring disease prevention and only prioritizing curative. There are several factors which are the reasons for the lack of acceptance of vaccines, including the process of making vaccines containing pork and vaccines without halal certificates. Both of these things lead to a bad perception of the community towards immunization (IDAI, 2017).

Based on the results of the interview, it showed that the four informants did not know the content of MR immunization in preventing measles and rubella. The Measles Rubella (MR) immunization campaign is a mass immunization activity as an effort to sever the transmission of measles and rubella viruses quickly, without considering the status of previous immunizations. MR immunization is given to children aged 9 months to less than 15 years of age during the campaign period. MR immunization is included in the routine immunization schedule immediately after the campaign period ends, given to children aged 9 months, 18 months and children

in grade 1 SD / equivalent. Free, free of charge. The MR immunization campaign was carried out during August-September 2017 for all areas in Java and August-September 2018 for all areas outside Java. In August, MR immunization is given to School-aged children in schools (SD / MI / equivalent, SMP / MTS / equivalent) and in September it is given at Posyandu, Puskesmas and other health facilities for infants and children who are not yet in school and children school age who do not attend school (Kemenkes RI, 2019). Based on the results of interviews with the two informants, the information obtained about the MR vaccine was obtained by neighbors and information from religious leaders during church services delivered by the priest as a religious leader in disseminating MR immunization. In order for the MR immunization campaign to run smoothly, there is a need for socialization to the community through community empowerment. Based on the results of interviews with the six informants, that the effort to succeed MR immunization states that socialization through wider information involves the local community so that the information conveyed by communication is more easily accepted by the community. Based on the results that in promoting the success of MR immunization, it continues to be carried out with the implementation of posyandu by health workers with the help of cadres, despite resistance, but the implementation of posyandu in implementing MR immunization can run even though the coverage is low in mountainous communities.

Vaccine packaging is 10 doses per vial (Ditjen P2P Kemenkes RI, 2017). MR vaccine was administered subcutaneously at a dose of 0, 5 ml. The vaccine should only be diluted with a solvent provided by the same manufacturer. The diluted vaccine must be used immediately for at least 6 hours after diluting. Immunization is postponed in cases of fever, cold cough and diarrhea (Ditjen P2P Kemenkes RI, 2017). The results of the study were related to the perception of the highland community in Hinekombe about the side effects of the MR vaccine as they all agreed that the MR vaccine had side effects. This shows that the informants did not know the side effects of immunization, while the three informants stated that the side effect of MR immunization was the onset of fever for 1-2 days after which the child would recover. The results of research on maternal knowledge about immunization and rubella are in line with the results of research by Senewe, Rompas, and Lolong (2017) which states that there is a relationship between the level of knowledge and maternal adherence to basic immunization. DII. However, in the research conducted by researchers, it was found that the level of education influenced the acceptance of MR

immunization. This is in contrast to research conducted by Hafid, Martini, and Devy (2016) who obtained the results of the study that there was no influence between the level of mother's education on the status of complete basic immunization. Measles Rubella (MR) vaccine is a vaccine that is safe when given, however, like the nature of each drug it has side effects. Side effect reactions that can occur are local reactions such as pain, swelling and redness at the injection site and systemic reactions in the form of rash or rash, fever, and malaise and these side reactions will heal by themselves (Ditjen P2P Kemenkes RI, 2017).

Vaccine is a material derived from a virus or bacteria that causes a disease that has been weakened and killed from a disease-causing virus or bacteria, which is intentionally introduced into a person's body with the aim of stimulating the emergence of certain anti-disease substances in that person. Vaccination will stimulate the body to stimulate antibodies. Vaccines are complex collections of molecules, containing immune substances that are able to affect a person's specific, active, and protective immunity against infectious diseases (IDAI, 2017). If we look back, these side effects are much lighter than the effects of disease if the baby is not immunized at all. It is not uncommon for people to have misunderstandings or misconceptions about the side effects of immunization. For example, there are rumors about the side effects of vaccination, one of which is the cause of death in children. In fact, this has not had clear evidence until now. According to the Indonesian Ministry of Health (2017), MR disease is a disease that cannot be treated and the treatment given to sufferers is only supportive. However, both of these diseases can be prevented through immunization. In research to create a vaccine requires a long time, which is very concerned about the safety aspects and the accuracy of the data held. Before being given to children, the vaccine will be tested first regarding its safety for babies and children. If there is a vaccine that is proven to cause severe and fatal side effects or post-immunization co-events (AEFI), then the vaccine is immediately withdrawn and examined again. Although the perception of barriers to receiving MR immunization in the Hinekombe Village is low, it means that many mothers do not feel inhibited from receiving MR immunization. However, there are still not a few mothers who refuse MR immunization because they feel that immunization actually has a bad impact on their children such as dangerous side effects. The interests of protecting the community are more important than the interests of groups or groups. In addition to an intensive approach to vaccine resistant groups, the government needs to be firm in making regulations that apply equally to all people. Local government

must be present to protect all society regardless of group or class. It is time for immunization to be made as a condition for entering school to provide safe protection for children as early as possible. Although times have changed, emotional, religious, political or cultural influences are still deeply rooted in societies that reject vaccines. Therefore, local governments must be firm in regulating and providing correct understanding. The cultural approach, dialogue with religious leaders down to the lowest level and the strength of government regulations are the keys to the success of the immunization program in the future.

Immunization works by way of stimulating the formation of antibodies against certain microorganisms without causing someone pain beforehand to establish the immunity of microorganisms that cause infections that have killed or weakened (Marmi and Rahardjo, 2012). The main goal of giving MR immunization to a person is to prevent the occurrence of measles and rubella (IDAI, 2017). Individuals tend to do healthy behavior if he believes that the behavior is useful for overcoming a disease. Mothers who refuse MR immunization feel that immunization is not beneficial to their children's health because their children already have immunity to fight disease through complete basic immunization. There is the perception of the highland community in Hinekombe Village about the benefits of MR immunization that the benefits of MR immunization are increasing children's immunity. This shows that the understanding of informants about MR immunization is still low. In contrast to the statements of 2 informants who stated that the benefits of MR immunization had benefits in preventing measles and rubella. From 6 mother informants, 3 mothers participated in the MR immunization. The results of this study are in line with the research of Smith et al. (2015), that parents who disagree with their children being vaccinated feel less of the benefits associated with vaccines. Parents who agree with vaccines consider vaccination beneficial to their child's health. The perceived benefits (perceived *benefits*) is one's opinion about the value or usefulness of the new behavior in reducing the risk of disease. A person will tend to adopt healthy behaviors when he feels the behavior is beneficial to reduce cases of disease. This study shows that a person will take the act of vaccination if he feels the action is beneficial and vice versa, so that the presentation of mothers who do not immunize their children is still found because the mother does not feel the benefit of the immunization. The perception of the benefits of immunization has not been directly felt, especially for mothers who do not immunize their children

because vaccines are not effective in preventing disease.

The MR vaccine is a live vaccine that has been weakened in the form of a powder and a solvent. The MR vaccine can be given to children aged 9 months to 15 years (Ditjen P2P Kemenkes RI, 2017). The targeted MR vaccine coverage was > 95%. In the community there are still some groups that do not accept MR vaccine, generally ignoring disease prevention and only prioritizing curative. There are several factors that cause the community to not receive vaccines, including the process of making vaccines containing pork and vaccines without halal certificates. These two things lead to a bad perception of the community towards immunization (IDAI, 2015). Factors other which causes the respondents have the perception that is less due to the lack of information about immunization MR obtained respondents and lack of awareness of parents about the importance of immunization benefit or usefulness of MR for her child. Research conducted by Harli et al. (2019) Perception of vulnerability to disease is one of the factors that affect a person in their health behavior, parents feel their children do not get sick easily and feel that their children are healthy and children at primary school age are not susceptible to contracting diseases. Parents who have the belief that MR immunization is beneficial for their children tend to behave healthily by receiving MR immunization, whereas parents who do not have confidence in the benefits of MR immunization tend to refuse immunization against their children, they have the belief that their children already have immunity to fight disease, prevention using herbal supplements is better than the MR immunization vaccine (Prabandari, 2018). In implementing the MR immunization program, the participation of health cadres, community leaders and religious leaders is also needed to provide information and understanding of MR immunization so that it affects respondents' perceptions, but from the interview results, the informants only knew that the contents of MR immunization they knew came from pigs. so that the information received by mothers is still lacking in relation to the content of MR immunization.

The Measles Rubella (MR) immunization campaign is a mass immunization activity as an effort to sever the transmission of measles and rubella viruses quickly, without considering the status of previous immunizations. MR immunization is given to children aged 9 months to less than 15 years of age during the campaign period. The MR immunization campaign was carried out during August-September 2017 for all areas in Java and August-September 2018 for all

areas outside Java. In August, MR immunization is given to School-Age Children in schools (SD / MI / Equivalent, SMP / MTS / equivalent) and in September it is given at Posyandu, Puskesmas and other Health Facilities for infants and children who are not yet in school and children school age who do not go to school (Kemenkes RI, 2019). On the implementation of immunization programs MR takes also the role of the health cadres, leaders *mobi a rakat* and religious leaders to provide information and understanding of the immunization MR and therefore contributes to the perception of respondents, but from interviews, informant only knows that the content of immunization MR knew sourced from pigs, so the information received by mothers is still lacking in relation to the content of MR immunization. Efforts must be made so that the program can be maximally implemented by involving all levels of district and city government, from regional heads to village heads and village heads. Massive socialization must be carried out, especially involving religious and community leaders. This was also expressed by the Chairman of the RW, the Head of the RT, the Head of the Tribe, Traditional Leaders, Religious Leaders and Cadres, that the socialization through wider information involves the local community so that the information conveyed by communication is more easily accepted by the community.

5. CONCLUSIONS AND SUGGESTIONS

Based on the conclusions from the results of this study it is concluded as follows: -

1. The understanding of informants about the side effects of MR immunization is partly understandable, but the response of other informants was that it posed a danger to children who could risk death to children, because of wrong information in one of the media or the information they heard.
2. Understanding the informant about the benefits of immunization n ization partly still low which is only known to increase immunity of children and other informants claimed to have benefits on the prevention of measles and rubella.
3. The content of the MR immunization of 6 informants, just dike t Ahui by two informants who know the content comes from pigs immunized MR.
4. Most of the information received by respondents about the MR vaccine was very limited from the heads of RW, RT, religious leaders and cadres.

Providing extensive information and socialization about MR immunization involves empowering local communities who have previously been trained with clearer training or materials on MR immunization, so that their delivery is easier to understand and easy for the community to accept.

a. It is hoped that it can make the socialization place more comfortable and conducive so that information delivery to the child's parents can be conveyed properly. So that the information obtained is not small and confusing. In addition, it is also hoped that the Puskesmas will be able to make visits to students who have not received immunizations while at school due to a fever.

b. It is hoped that the extension participants are not only mothers or husbands who take part in the extension activities, but both are included so that they can decide on the child's immunization properly.

c. For health workers to be able to provide distraction or diversion so that the child is not focused on his fear of needles

d. For extension workers to include important figures who are trusted by the community such as religious leaders

For future researchers who want to conduct research on family perception of immunization by using qualitative research with the in-depth interview method, it is hoped that they will train themselves more often to conduct interviews. So that it can reduce the stiffness when retrieving data and can dig up more and deeper information. In addition, further researchers are expected to be able to increase the number of participants with maximum variations so that they can enrich the information obtained.

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