

SURVEI CEPAT GAMBARAN BEBERAPA FAKTOR IBU KAITANNYA DENGAN
KELENGKAPAN IMUNISASI DPT DI KELURAHAN SENDANGMULYO, KECAMATAN
MINGGIR, KABUPATEN SLEMAN JUNI 2004 *DESCRIPTION ON SOME MOTHER'S
FACTORS IN RELATION TO DPT IMMUNIZATION COMPLETENESS AT SENDANGMULYO
VILLAGE, MINGGIR SUBDISTRICT, SLEMAN DISTRICT, JUNE 2004 (RAPID SURVEY)*

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Imunisasi merupakan tindakan pencegahan tingkat pertama. Pada tahun 1990 diharapkan Indonesia telah mencapai Universal Child Immunization (UCI) atau imunisasi bagi semua anak dengan cakupan Nasional Kontak Pertama DPT-1 lebih dari 90% dan imunisasi lengkap DPT-3 lebih dari 80%. Di Puskesmas Minggir Kabupaten Sleman tahun 2003 imunisasi DPT1 adalah 76,35% dan DPTIII 70,35%. Di desa Sendangmulyo imunisasi DPT tahun 2003 sebesar 71,23% dan DPTIII 65,45%. Dari uraian diatas diketahui cakupan imunisasi DPT di Kelurahan Sendangmulyo masih rendah, sehingga mendorong perlunya dilakukan penelitian gambaran beberapa faktor ibu terhadap kelengkapan imunisasi DPT di Kelurahan Sendangmulyo pada tahun 2004.

Metode yang digunakan dalam penelitian ini adalah survei cepat. Populasi dalam penelitian ini adalah keluarga yang mempunyai balita dan pernah melakukan imunisasi DPT yang berjumlah 483 keluarga dengan pengambilan sampel dilakukan dengan cara PPS (Propotionate to Size) dengan bantuan program CSurvei maka didapat sampel sebesar 210. Analisis data secara deskriptif dan analitik untuk mencari Confidence Interval (CI) dan Rate of Homogeneity (ROH) dengan bantuan software CSample.

Dari penelitian ini diperoleh data persentase balita yang mendapat imunisasi DPT lengkap (66,190%). Persentase ibu yang mempunyai pendidikan lanjutan dengan kelengkapan imunisasi DPT sebesar 82,692%. Persentase ibu yang tidak bekerja dengan kelengkapan imunisasi DPT sebesar 86,022%. Persentase ibu yang memiliki pengetahuan baik dengan kelengkapan imunisasi sebesar 74,332%. Persentase ibu yang mendapat dukungan keluarga dengan kelengkapan imunisasi DPT sebesar 76,374%. ROH semua variabel hampir mendekati 0 yang artinya hasil survei heterogen di dalam RT dan homogen di antar RT. Dengan demikian perlu dilakukan penelitian lebih lanjut dengan memperdalam variabel yang diteliti seperti : sosial ekonomi, kebudayaan dan faktor yang berasal dari tenaga kesehatan serta variabel lainnya yang mempengaruhi kelengkapan imunisasi DPT balita.

An immunization is the first level preventive action, in 1990, it was expected that Indonesia had achieved Universal Child Immunization (UCI) or immunization for all children with the scope of First Contact Nasional of DPT-1 was more than 90% and complete immunization of DPT-3 was more than 80%. In 2003, at Minggit Public Health Center, Sleman Regency, the DPT-1 immunization was 76,35% and DPT-3 was 65,45% at Sendangmulyo Village. From the above explanation, it is known that the scope of DPT immunization at Sendangmulyo Village is still low, so that it is necessary to carry out research about description of some mother's factors in relation to DPT immunization completeness at Sendangmulyo Village in 2004.

The used method in this research was a Rapid survey. The population in this research was families having children under five (Balita) and ever conducted DPT immunization that were in the amount of 483 families with sample taking was performed with PPS (Proportionate to Size) with the assistance of CSurvey program, so the sample was in the amount of 210. Data analysis was carried out in the form of descriptive and analytic to find out Confidence Interval (CI) and Rate of homogeneity (ROH) with the assistance of software CSample. From the research, it was obtained that percentage data of children under five obtaining complete DPT immunization was 66,190%. The percentage of mother having secondary education with DPT immunization completeness was in the amount of 82,692%. The percentage of mother who doesn't work with DPT immunization completeness was in amount of 86,022%. The percentage of mother having good knowledge with DPT immunization completeness was in the amount of 74,332%. The percentage of mother getting family support with DPT immunization completeness was in the amount of 76,374%. ROH of all variables was almost close to 0 that means the survey result was heterogen in RT and homogen between RT. Thus, it is necessary to conduct further research by broadening the researched variables like : social economi, culture and factors from the health official and the other variables affecting DPT immunization completeness of children under five.

Kata Kunci: Survei Cepat, Faktor Ibu, Imunisasi DPTRapid survey, Mother factor, DPT Immunization