

ORIGINAL ARTICLE

The Role of PKK in the Immunization Programme

by

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Abstract

A mid term evaluation of the immunization programme had been carried out in East Java from November 27, 1987 to December 6, 1987. The team consisted of various multidisciplines comprising members of the WHO (3), the Department of Health (4), the Medical Faculty (1), the PKK group (1), and Bangdes.

Data showed that the Posyandu, the Health Centres, Hospitals and private doctors contributed to the programme by 69%, 28%, 2% and 1% respectively. It was obvious that although not satisfactory, the Posyandu was by far the mostly committed, reflecting the role of the PKK group especially in terms of encouraging mothers to bring their children to the Posyandu.

As one face facts of low educated mothers, mothers being trapped in their routine daily activities, or having had inconvenient medical experience, a low motivation towards immunization might be anticipated, which in turn leads to a low coverage of immunization.

Taking into consideration of how the PKK group plays its role in the immunization programme, attempts made to improve knowledge on immunizable diseases and their measures for prevention would undoubtedly be an important means of support to gain the aim of immunization.

Introduction

Immunization programme as one of the effective efforts to make a better life for children is undoubtedly important but it needs support from the vast majority of the community, beside the quality of vaccine and the methods of how to give the vaccine to the individuals. To set up the programme one must consider the following: careful design of the programme, managerial skills, infra structure and the commitment of the people especially mothers of the children.

In Indonesia, the extended programme on immunization (EPI) began in 1977; and since 1982 six antigens in four kinds of vaccines have been introduced. The objectives of the programme is to reduce morbidity and mortality by providing immunization, against diphtheria, pertusis, tetanus, measles, poliomyelitis and tuberculosis for all children by the year of 1990.

To realize the special concern of the EPI that is strengthening the immunization services for children in developing countries effort had been made to seek such pro-

gramme where the evaluation is effective, simple and inexpensive.

PKK (Pembinaan Kesejahteraan Keluarga) "the Family Welfare Programme" is one of the women's organizations founded by the government in accordance with the IVth 5 years National Plan. This organization is meant to be nucleus implementing integrated programmes towards the family welfare.

In December 1986, result of a Mid Term Evaluation of EPI and CDD in East Java showed that 80% of the children had cards of immunization and 69% of them were immunized at the "Posyandu" - "Village Health Service"; where mothers as members of the PKK played important roles by encouraging low educated mother to bring their children to be immunized.

The purpose of this paper is to show the role of PKK in the immunization programme in cooperation with local health services which had successfully increased the coverage of the immunization.

Materials and Methods

Data were collected from :

- The Mid Term Evaluation of EPI and CDD in East Java in December 1986.
- Study of the role of PKK in Immuniza-

tion Programme.

- Medical Record of EPI in Tulungagung Regency.

Results

- The result of the Mid Term Evaluation of EPI and CDD in East Java in December 1986, showed that among 210 children studied, 80% had immunization cards; 54% were completely immunized, 26% partly immunized and 20% unim-

munized.

Sixty nine percent of children got their vaccination within outreach or local health services post (Posyandu) (see table 1).

Table 1 : *Immunization of infants by coverage and places of immunization*

Vaccine	Hospital	Health C.	Outreach	Private
DPT	3%	28%	68%	1%
OPV	2%	27%	69%	2%
Measles	0%	30%	70%	0%
BCG	3%	28%	68%	1%

- Result of the study of the role of PKK in immunization showed that PKK from East Java Regencies completed the action according to the plan of the pro-

gram while the PKK from South Sulawesi completed only partially (see table 2).

Table 2 : *Volunteer leader activity of PKK in Expanded Programme on Immunization observed from East Java and South Sulawesi*

The activity	East Java			South Sulawesi	
	Sidoarjo	Nganjuk	Probolinggo	Bantaeng	Enrekang
a. registration children under five years	+++	++	++	+	++
b. record birth date	++	++	+++	+	++
c. record of pregnant mother	++	++	+++	-	-
d. motivator	+++	+++	+++	+	+
e. carry out Posyandu	+++	++	++	+	++
f. follow up at home	++	+	++	-	-
g. to report (on)	++	+	++	-	+

Note : + positive activity.

- Medical record from Tulungagung regency showed that infant coverage of immunization DPT₁, DPT₂, DPT₃, OPV₁, OPV₂, OPV₃, and measles had

trends to increase since 1983 (see figures 1, 2 and 3), whereas tetanus and measles tended to decrease since 1985 (see figures 4, 5 and 6).

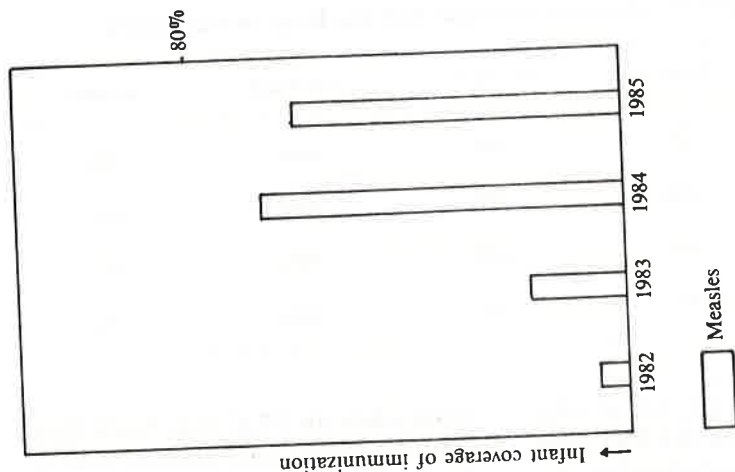


Figure 3 : Infant coverage of Measles immunization in 1982 - 1985

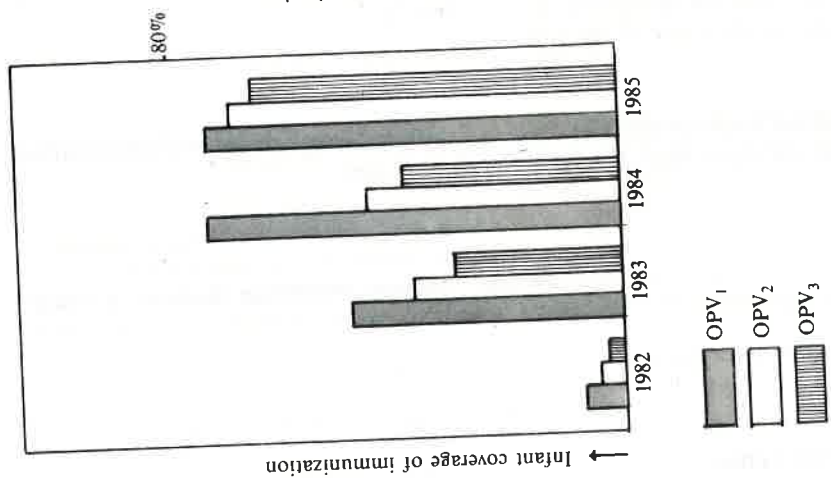


Figure 2 : Infant coverage OPV immunization in 1982 - 1985

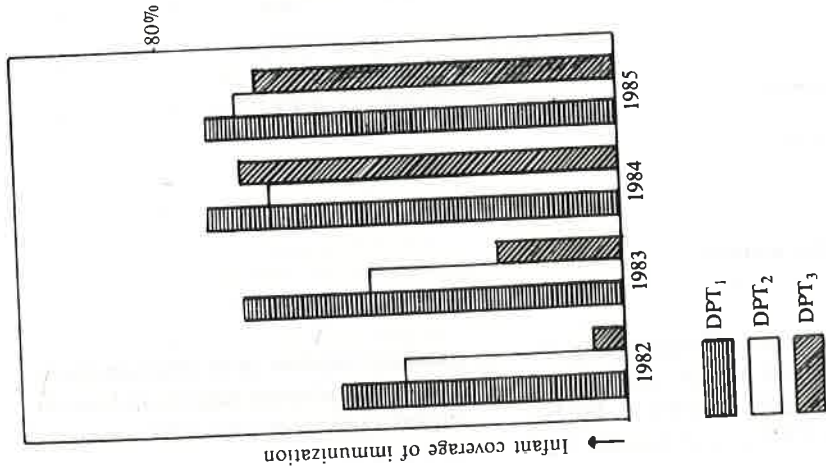


Figure 1 : Infant coverage of DPT immunization in 1982 - 1985

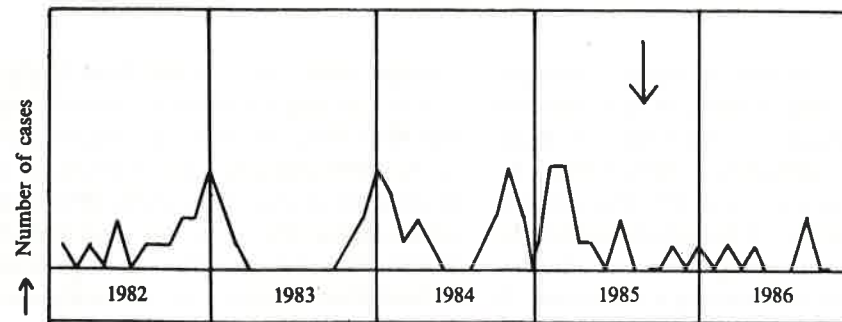


Figure 4 : Morbidity of diphtheria in Tulungagung regency in 1982 - 1986

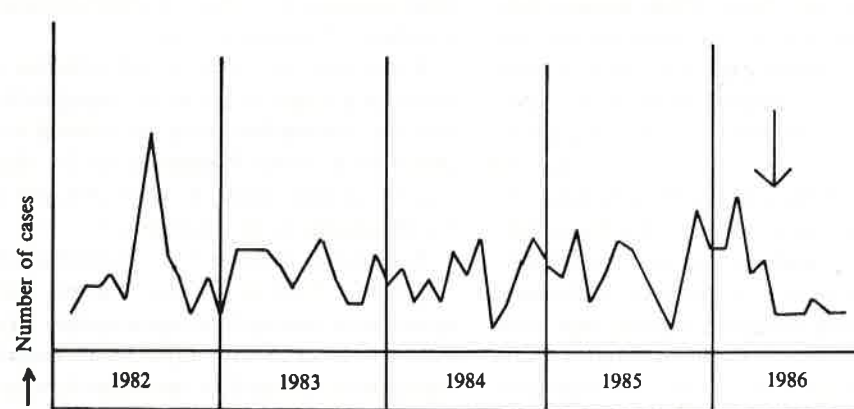


Figure 5 : Morbidity of tetanus in Tulungagung regency in 1982 - 1986

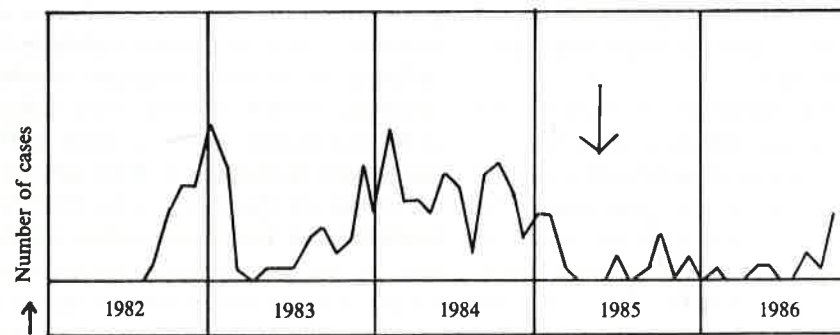


Figure 6 : Morbidity of measles in Tulungagung regency in 1982 - 1986

Discussion

PKK is a national movement founded among the village women of Java and over years has spreaded to other parts of Indonesia. At the village level, PKK is the vehicle for stimulation, support, organization and management of development effort by women. It is an integral part of the national, social and development system. It is not a women's movement in the conventional sense but an organization of women concerned with women issues. Thus PKK is a movement whose concern is in family welfare and well being. PKK began intensive as an organizational development and village programming in 1974. Since then the PKK has given priority to work in 3 programmes: (1) Health (including water and sanitation, nutrition, family planning); (2) Education with particular emphasis on basic literacy and skill training for economic activity; and (3) Income generation.

PKK works very closely with the Government, getting technical advice and some financial support both through regular annual village subsidy and through programmes of some government department.

PKK is one of the major partners to the health programme, involved in the decision making as how to carry out intensive campaign and its location; had responsibility for all activities such as: community organizer, motivators, data gatherers and operational supervisor.

The women volunteers of PKK should have carried out the data collection on women, babies and school children eligible for participation in the programme; the important job is to educate and motivate mothers about immunization, particularly women and their families. The education and motivation work was done simultaneously with data collection.

In December 1986, a Mid Term Evaluation of EPI and CDD in East Java showed that 80% of the children had immunization cards, 60% children were immunized at local health services (Posyandu) 28% at the health centre; 2% at the Hospital and 1% at private practices. The data gathered showed that subjects to be immunized could be brought together to the Posyandu (local health services); an ideal place not far from their domiciles, where the programme was easily carried out by the Immunization Team consisted of PKK, LKMD and staff members of health services.

Along with the sociocultural influence in Java that a leader ought to be obeyed (80%) with the motivation from the women volunteer PKK (who happened to be their leader), mother brought their children to the Posyandu to be immunized.

As one face facts of low educated mothers, being trapped in the routine daily activities or having had inconvenient medical experience, a low motivation towards immunization might be anticipated, which in turn leads to a low coverage of immunization.

Evaluation of the role of PKK in the immunization programme in East Java and South Sulawesi showed that PKK from Sidoarjo, Probolinggo, Nganjuk were able to work i.e.: to record babies and under five children, birth date, pregnant mothers, activating mothers to bring their children to be immunized; carry out work at Posyandu and participate in PKK activity in the village, on the contrary the PKK from Bantaeng and Enrekang carried out only part of the programme. This difference was presumably due to younger age of the establishment of the PKK outside Java.

Success of PKK in East Nusa Tenggara (organized by Nafsiah M.D.) was also gained by members of the PKK where the programme was implemented.

Reasons for this were assumed to be:

1. Every one in NTT got the same explanation of the programme, there were no confusing and competing messages.
2. Reliance on the women PKK. Made possible by the Bupati's high level of confidence in commitment to the potential of PKK. Clear decision policy in the operational aspects of community organization and vaccination post activity should be primary their responsibility. There was a high creditability of PKK in most villages. "They are the source of information" good for us. "They have worked with us, and share our concern, they help us to solve our problems, they don't fool us."
3. Decision policy to eliminate discussion of any issue except immunization and child survival in all orientations, explanations and house to house education or motivation.
4. House to house visit in the village by a campaign team, primarily PKK was done with careful, simple explanation and given to husband and wife.
5. Local communication, number of immunization post and their locations were all determined at the village by village campaign management team ensuring easy access to information, creditability, convenience and familiarity at vaccination post.
6. Discipline and efficiency in implementation activities scheduled were carried out on time and didn't require too much

time for the women or children served.

By means of time with confirmation of the role of PKK in Tulungagung regency, the real outcome will be showed and predicted by the increase in infant's coverage of immunization and the limitation of drop out rates of DPT₁ to DPT₃ or OPV₁ to OPV₃ (see figures 1, 2 and 3) which will be inaccordance with decrease in the morbidity of diphtheria, tetanus and measles (see figures 4, 5 and 6).

Assurance of the role of PKK in East Java is seen in Blitar regency, a small town which lies at the south part the East Java with a good climate and nice scenery as it has a good environmental sanitation and could reach the target of the crash programme of immunization in 1985/1986 with a low rate of infant mortality (35 per 1000).

What is the future cooperation between PKK and local health?

Learning from the experiences mentioned above, the following points were made:

- (1) High potential for effective and beneficial cooperation.
- (2) PKK can focus on the community organization, motivation and non medical support activities.
- (3) Health services can concentrate on the training of PKK community volunteer trainers as organizer of necessary medical technic supplies, equipment and supervision.
- (4) Both partners in cooperation must bear in mind the need to give simultaneous consideration to the reduction in infant mortality and improvement in the quality of life.

Conclusion

- (1) From the midterm evaluation of the EPI and CDD, being one of the members of the team the observer experienced how the PKK played its role in supporting the local health services especially the posyandu to provide people needs particularly increasing the infant coverage of immunization.
- (2) The regency of health should focus on training of volunteers regarding commonly encountered diseases.
- (3) In attempt to reduce the infant mortality rate and to gain a better life support, a coordination between the health services and the PKK is a prerequisite.

REFERENCES

1. ADYATMA M.: Monitoring of immunization programme in 1985/1986. Direktorat Jenderal PPM & PLP, Departemen Kesehatan R.I. Jakarta 1986.
2. HENDERSON, R.H.; SUNDARESAN, T.: Cluster sampling to assess immunization coverage a review of experience with a simplified sampling method. Bull.Wld.Hlth.Org., 60 (2) : 243 - 260 (1982).
3. HARJONO KOESOEMO: Role of PKK in health project of regency Blitar. Workshop team PKK in Padang - Sumatera, 17-9-1986.
4. NAFSIAH MBOI: Immunization and the war against the child killers in Nusa Tenggara Timur, Indonesia. Paediatr. Indones. 27 : 3 (1987).
5. POERNANTO: Role of PKK in immunization programme of regency Tulungagung. Tulungagung, 1985.
6. SOEWANDI: Role of PKK in immunization programme of regency Sidoarjo. Workshop PKK in Surabaya. 14-9-1985.
7. WIDODO SOETOPO; SOEGENG SOEGIYANTO; DWI ATMADJI, S.; PARWATI SOETIONO, B.; ISMOEDIJANTO; FARIED KASPAN: Evaluation the role of PKK in immunization programme. Surabaya, April 1987.