

**PROGRAM STUDI PASCASARJANA KESEHATAN MASYARAKAT  
FAKULTAS KEDOKTERAN UNIVERSITAS ANDALAS PADANG  
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**ANALISIS PENYELENGGARAAN PROGRAM IMUNISASI CAMPAK PADA BAYI DI  
KABUPATEN DHARMASRAYA TAHUN 2013**

xii + 195 halaman + 38 tabel + 5 gambar + 4 grafik + 30 lampiran

**ABSTRAK**

Campak merupakan salah satu penyakit yang dapat di cegah dengan imunisasi. Program imunisasi campak ini sudah dimulai sejak tahun 1984 pada bayi umur 9-11 bulan. Kabupaten Dharmasraya telah terjadi kasus kejadian campak pada 2013 yaitu 20 kasus. KLB campak di Kabupaten Dharmasraya pada bulan september terdapat 14 kasus campak yang berada pada wilayah kerja Puskesmas Silago, 4 diantaranya terjadi pada balita, sehingga peneliti melakukan penelitian tentang analisis penyelenggaraan program imunisasi campak pada bayi tahun 2013.

Penelitian ini menggunakan pendekatan *mix methode*, dengan melakukan wawancara mendalam, melakukan triangulasi sumber, metoda, juga *FGD*, dan telaah dokumen, penelitian kuantitatif dilakukan dengan menggunakan kuesioner terhadap ibu yang memiliki anak umur 12-23 bulan, yang mejadi informan dalam penelitian ini adalah: Kepala Dinas Kesehatan, Kasie P2 Dinkes, kepala puskesmas dan pengelola program imunisasi puskesmas.

Hasil penelitian kuantitatif diketahui sebagian kecil bayi tidak mendapat imunisasi campak, kurang dari separuh ibu berpengetahuan rendah, Kurang dari separuh ibu bersikap kurang baik, tidak ada hubungan yang bermakna antara pengetahuan dan sikap responden terhadap pemberian imunisasi campak. Hasil penelitian kualitatif di ketahui: *SDM* sudah mencukupi, anggaran puskesmas sudah mencukupi namun anggaran supervisi DKK masih kurang, Sarana dan prasarana imunisasi campak cukup memadai, Pedoman teknis pencatatan dan pelaporan menggunakan *SIK on line*, Ketersediaan *SOP* sudah tersosialisasikan, rencana kerja di buat di Puskesmas, pengelolaan rantai dingin terkendala faktor pendistribusian vaksin daerah terpencil, pengelolaan sampah medis belum di tangani disebabkan belum adanya insenerator. Pelatihan pelaksana program imunisasi belum terlaksana, pencatatan dan pelaporan dilakukan secara berkala dan berkesinambungan, cakupan imunisasi campak terendah berada di Puskesmas Silago yaitu baru mencapai 33% disebabkan kurangnya koordinasi antara pemerintah, TOMA, tenaga kesehatan.

Masalah dalam penelitian ini sistim pencatatan dan pelaporan yang belum sinkron, penanganan limbah yang kurang, supervisi oleh Dinas Kesehatan masih kurang, serta pelatihan petugas yang belum terlaksana. Saran peneliti berupa pembuatan insenerator sederhana dan membuat kerjasama dengan rumah sakit untuk pemusnahan limbah medis, pelatihan petugas pemegang program dan pelaksana, penambahan anggaran pengadaan *safety box*, penambahan jadwal supervisi.

Daftar Kepustakaan : 56 (2000-2012)  
Kata Kunci : Imunisasi Campak.

**GRADUATE PROGRAM OF PUBLIC HEALTH  
FACULTY OF MEDICINE, ANDALAS UNIVERSITY, PADANG  
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**AN ANALYSIS OF THE IMPLEMENTATION OF MEASLES IMMUNIZATION PROGRAM ON BABIES IN KABUPATEN DHARMASRAYA IN 2013**

xii + 195 pages + 38 tables + 5 pictures + 4 graphic + 30 appendix

**ABSTRACT**

One of the diseases that can be prevented by immunization is measles. Measles immunization program has been started since 1984 given to babies aged 9-11 months. In Dharmasraya, there were 20 cases of measles in 2013. On September, there were 14 cases in health center of Silago, 4 of which were on babies. Therefore, the researcher conducted a research on the analysis of the implementation of measles immunization program in 2013.

This research used a mixed method by conducting in-depth interviews, triangulation approach, FGD, and document analysis. Quantitative research was conducted by giving questionnaires to mothers of 12-23 months children. The informants in this research were the head of Department of Health, the head of P2 section of Department of Health, the head of health centers and the administrators.

There search shows that a small number of babies are not immunized against measles; less than half of the mothers have low knowledge; less than half of the mothers are un welcomed; and human resources and health center budget are sufficient, but the supervision budget of *DKK* is still less. Facilities and infrastructure are adequate; technical guide lines for recording and reporting are *SIK* online; the availability of *SOP* has been socialized; work plans are made in health centers; the management of cooling is constrained by distributing vaccine to small areas; and medical trash management has not been handled well because of the absence of an incinerator. Education and specific training for implementing immunization programs have not been implemented, recording and reporting is done regularly and continuously. The lowest measles immunization was in the health center of Silago reaching 33% due to the lack of coordination among the government, TOMA (community leaders), and health center staffs.

More over, of the babies who were not immunized against measles, there is no meaningful correlation between knowledge and attitudes of respondents to measles immunization. The problems are un synchronized of system of recording and reporting, waste handling and the use of cold chain and supervision by Department of Health. The researcher suggests that the department creates a simple incinerator, trains the officers, and adds budget and supervision schedule.

**References : 56 (2000-2012)**

**Keywords : Measles immunization**