



WHERE LIGHT BREAKS THE BIAS: IMMUNIZATION AND THE JOURNALISM OF TRUTH

Stories of the winding road of immunization in Pontianak,
Medan, Pekanbaru, and Manado

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Foreword by the Alliance of Independent Journalists (AJI) Indonesia

Vaccination and Collaborative Work

Vaccination is more than just a syringe—it's a bulwark against disease and a ticket to a healthier future. Yet, on the ground, vaccine coverage often only scratches the surface. Behind the statistics lies a long story of struggle—especially in remote villages and hard-to-reach areas—in the 3T (underdeveloped, frontier, outermost) regions. Some health workers have to walk for hours through forests and muddy paths, even crossing rivers in small boats, to bring vaccines to villages without Puskesmas. Some residents must pay significant costs for boat taxis or rented vehicles to get their children vaccinated. And some families have canceled their vaccinations because their immunization schedules overlapped with planting or harvest seasons—critical moments for their livelihoods.

This book contains 16 in-depth articles about vaccination programs in four cities: Pontianak, Medan, Pekanbaru, and Manado. The content is diverse and important to understand, as it demonstrates that this vaccination program is quite complex and not as easy as people imagine. In Pontianak, for example, there's an article about how palm oil workers struggle to walk long distances to get their children immunized. They know immunization is important, but unfortunately, access to the nearest Posyandu (integrated health post) is inaccessible. Meanwhile, in Medan, there's a story about people hesitant to immunize their children for fear of fever. Equally notable is the article about children with special needs receiving immunizations. In Pekanbaru, readers will learn about the HPV immunization, the benefits of which are still largely unknown, and the role of Islamic scholars in countering hoaxes related to immunization. Misinformation about immunizations also permeates the article in Manado, where a false narrative about immunizations is presented, and how parents' occupations prevent children from receiving immunizations.

This collection of articles is the result of the hard work of journalists who were truly present in the field: observing, interviewing, and exploring various perspectives. They did not merely record data, but also brought to light the human faces behind the numbers: families struggling against hoaxes and fear, and communities adapting to immunization policies despite still-limited health infrastructure. Amidst the

rapid flow of information, the role of journalists has become increasingly crucial: filtering facts, distinguishing between science and rumor, and telling stories that humanize the data.

Through careful and empathetic reporting, the journalists in this book demonstrate that immunization is not simply a medical procedure, but part of a long journey toward healthier, more equitable, and more resilient societies—including for those living in often marginalized areas. AJI would like to thank Global Health Strategies (GHS) for supporting the implementation of this program, as well as the journalists who covered it, the mentors, and the editors who made this book possible.

It is hoped that this article will serve as a source of knowledge, inspiration, and a reminder that behind every vaccination campaign is a collaborative effort involving many parties—and that journalists have a crucial role in ensuring these stories reach the public in a complete and balanced manner.

Nany Afrida

President of The Alliance of Independent Journalists

Foreword by Global Health Strategies (GHS)

Indonesia is at a crucial crossroads in its efforts to maintain the success of its immunization program. Although national immunization rates have shown improvement, several regions remain far behind targets, leading to the resurgence of preventable diseases. One factor exacerbating this situation is the proliferation of hoaxes and misinformation on social media. These issues now spread faster than facts, influencing public perceptions and behavior in a short time.

Through the VaxSocial program, Global Health Strategies recognizes the urgency of strategically leveraging the power of social media, not merely as an information channel but as an effective counter-narrative space for disseminating evidence-based information and increasing confidence in immunization. The biggest challenge lies not only in vaccine availability but also in building public trust and transforming doubt into confidence. This is where the role of journalists becomes crucial.

Journalism has the power to convey accurate information, present stories relevant to people's lives, and build a positive narrative about immunization. With in-depth, fact-based reporting, journalists can bridge health data and public awareness, reduce stigma, and counter misinformation.

Our hope is that this collaboration will produce journalistic works that not only provide information but also build understanding, foster trust, and mobilize the public to work together to protect future generations from vaccine-preventable diseases. We hope this effort will be part of a sustainable movement to strengthen the public's right to health and ensure every child in Indonesia receives the best possible protection.

Ganendra Awang Kristandya
Director of Global Health Strategies

INTRODUCTION

Amidst the rapid flow of digital information, hoaxes and misinformation about immunization have become a serious threat to society, especially regarding health issues such as immunization. Indonesian telecommunications statistics for 2023 show that more than 76% of Indonesians use social media as their main source of information. On the other hand, not all circulating information is based on accurate facts. As a result, public trust in vaccination has been undermined, even leading to negative stigma that threatens the success of health programs.

In this context, journalists play a key role. They are not simply news providers, but also public opinion shapers capable of influencing public attitudes and behavior. Journalists equipped with accurate data, strong narratives, and a deep understanding of immunization issues will be better equipped to counter the wave of misinformation, rebuild trust, and mobilize public participation.

The Alliance of Independent Journalists (AJI) Indonesia, along with Global Health Strategies, sees a strategic opportunity to build a positive narrative about immunization through high-quality, in-depth journalism. Through training and scholarships, this initiative targets capacity building for local journalists in Medan, Pekanbaru, Manado, and Pontianak, who still face challenges in immunization coverage and high exposure to hoaxes.

The challenges in the field are certainly not simple. These range from difficult-to-reach areas, limited public information, and the circulation of immunization hoaxes on social media. However, these obstacles reinforce the urgency of providing in-depth, engaging coverage that supports the public's right to children's health.

The publications resulting from this program are expected to serve as both an advocacy medium and a meeting place for journalists and the public. This work not only conveys information but also builds collective awareness to reject hoaxes and negative stigma. Furthermore, this work can also serve as a reference for policymakers in formulating more effective and sustainable health promotion strategies.

Ultimately, combating immunization hoaxes isn't just about clarifying the facts, but about winning public trust. And on the front lines of this fight, journalists are the vanguard, able to shift the conversation from doubt to confidence, from fear to protection.



Chapter 1
Pontianak

Their Spirit Continues to Spark to Increase Child Vaccination



The Beringin Posyandu in Pontianak City encourages fathers to bring their children to the post for immunization. ANTARA/Rendra Oxtora/am.

“Community-based health services remain at the forefront of protecting the nation’s future generations.”

ANTARA - The West Kalimantan Provincial Government must develop strategies to improve child vaccination coverage in the region to avoid future disease outbreaks that could threaten the golden generation of 2045.

Data from the West Kalimantan Health Office shows that the coverage of Complete Basic Immunization (IDL), which had reached 81.3 percent in 2022, fell to 74.9 percent in 2023, and plummeted to 42.7 percent in 2024. By mid-2025, infant immunization coverage had only reached 5.98 percent, under-two years old 4.43 percent, and DPT1 vaccine coverage had only reached 11.38 percent.

Furthermore, it was recorded that over 13,000 toddlers in West Kalimantan had never received any immunizations. Pontianak City and Kubu Raya Regency, the two regions with the highest child populations in West Kalimantan, are a stark reflection of this crisis.

In Pontianak, the IDL achievement fell from 70.6 percent in 2023 to 20.5 percent in 2025. Meanwhile, in Kubu Raya, the achievement plummeted from 68.4 percent to only 13 percent this year.

This situation is thought to have triggered the re-emergence of previously suppressed diseases, such as 20 confirmed cases of measles, two cases of rubella, and reports of suspected diphtheria and pertussis.

The low immunization rate in West Kalimantan can be seen from the atmosphere one morning at the Kenanga Posyandu, Gang Maluku, North Pontianak District recently.

The registration desk at Posyandu is neatly organized, and toddler weighing equipment is readily available, but only a handful of mothers are seen bringing their children. The Posyandu recorded that this year, only 51 toddlers have been actively immunized. This figure is much lower than two years ago, when 87 children participated.

Behind the registration desk, Farida, a Posyandu Kenanga cadre who has served for more than a decade, continues to greet every mother with a friendly smile. However, her voice could not hide her concern. She says that many people still believe that immunization makes children sick. Some also say that vaccines are haram, even though the Indonesian Ulama Council (MUI) has issued a fatwa declaring them halal.

This decline in interest in immunization is not only caused by hoaxes spreading widely on social media. More than that, patriarchal culture, mild post-immunization trauma, and household decisions are also obstacles in themselves. Farida said that there are mothers who have to come secretly because their husbands or parents do not allow them to.

This was confirmed by Rita, a resident who lives not far from the Kamboja Posyandu. Her four-year-old child only received the Hepatitis B immunization at birth. After that, he never received another one. During the first immunization, her child developed a fever and was fussy, so her husband immediately forbade taking him to the Posyandu again. He explained that many children who hadn't received the immunization were otherwise healthy.

This decline in visits isn't unique to Pontianak. Similar trends are also occurring in Kubu Raya, such as at the Kuala Mandor B Puskesmas.

The head of Kuala Mandor B Puskesmas, Mustain Hamsah SKM, stated that refusal of immunizations is often driven by misconceptions. Some believe immunizations make children sick and weak. Some even forbid their children from participating in activities after immunization out of fear.

Other factors such as access to transportation and even fear of injection contribute to many children not being taken to Posyandu. Puskesmas have implemented a "pick-up" system, visiting homes and ensuring children are healthy, according to standard operating procedures (SOPs) before immunization.

What happened at the Kenanga Posyandu in Pontianak City and the Kuala Mandor B Puskesmas is just a small glimpse of the "silent emergency" currently facing West Kalimantan. Similar conditions are expected in other areas.



Farida, a cadre at the Kenanga Posyandu in Maluku Alley, North Pontianak District, visited people's homes to educate them about the importance of complete basic immunizations for children's health. ANTARA/Rendra Oxtora/am.

Cadre spirit

Despite some community members' rejection of vaccination, one thing that remains strong in West Kalimantan is the spirit of cadres, medical personnel,

community leaders, and young mothers who believe that every child has the right to live a healthy and protected life.

From small alleys in Pontianak, to stilt houses in Kubu Raya, to WhatsApp groups in remote villages, this struggle continues to remind people that immunization isn't just about a syringe, but about the future. One vaccine, one child, one hope.

Amidst the waning enthusiasm for immunization in many areas of West Kalimantan, the Beringin Posyandu, located in Darat Sekip Village, Pontianak City, has become an oasis of hope. Situated amidst densely populated residential areas, this Posyandu lacks a grand building or sophisticated facilities. However, the vibrant enthusiasm of its cadres is a key factor in maintaining stable immunization coverage.

Since 2023, 50 children have regularly participated in the immunization program at this Posyandu. While this number may seem small in a large city, it is significant in the context of West Kalimantan, which is grappling with an immunization emergency. Posyandu Beringin has won first place in the West Kalimantan Provincial High-Achieving Posyandu Award.

Behind these achievements lies the crucial role of individuals like Premi Astri, a cadre who has spent years building trust with local residents. With her gentle voice and family-like approach, Premi and other cadres have made the Posyandu a safe space, not only for children but also for young mothers seeking reassurance about their children's health.

Premi said that they did not just wait for participants to come. Instead, they went to them first, chatted casually, and then slowly brought up the topic of immunization. Sometimes they helped look after children or simply accompanied them on shopping trips.

Their approach is far from formal. Every educational activity is carried out in a heartfelt manner, involving neighbourhood leaders, religious leaders, and even incorporating messages about immunization into pre-marriage courses. They believe that behavioural change cannot be imposed from above, but must grow from social circles that are familiar and trusted by the community.

As a small but meaningful token of appreciation, the Beringin Posyandu also provides simple gifts to children who have completed their basic immunizations. While sometimes it's just a water bottle or a small toy, the children's smiles are a reward for the cadres.

Not far from Pontianak City, in the rural area of Kuala Mandor B, a similar spirit is sparked. Under the coordination of the local Puskesmas, health workers, along with the sub-district and village cooperative, are developing a new approach: bringing in religious leaders from outside the area to convey the importance of immunization from a spiritual perspective.

For the Head of Puskesmas, Mustain Hamsah, this step is more than just a communication strategy.

He called it part of an effort to rebuild trust between the community and healthcare services. Many refuse immunizations due to fear or doubts about their halal status. Therefore, his team brought in a trusted cleric to explain that immunization is also part of safeguarding God's trust.

Mustain and his team focus not only on medical aspects but also on social and psychological aspects. They understand that building awareness requires patience. One way to do this is through a door-to-door approach, listening to residents' concerns, providing education without judgment, and then offering solutions in a humane manner.

The work of the Beringin Posyandu and the Kuala Mandor B Puskesmas demonstrates that community-based healthcare remains at the forefront of safeguarding the nation's future generations. They are not merely program implementers, but also guardians of hope, conduits of information, and even eradicating the fear that hinders children from their fundamental right to health.

Despite challenges coming from various directions, including widespread hoaxes, conservative cultural norms, and even rejection from their own families, the cadres' spirits in the field remain strong. In narrow alleys and wooden houses on the outskirts of villages, and the simple Posyandu waiting room, they continue to instill hope one child after another.

Because for them, immunization is not just a health procedure, but a social commitment that every child in West Kalimantan, without exception, deserves to grow up healthy, strong, and free from preventable diseases.

Head of Disease Prevention and Control at the Kubu Raya Health Office, Yudi PH, explained that his office is also implementing a "catch-up initiative" strategy to target children who have never received vaccinations.

The agency is also encouraging private clinics and independent medical practices to provide basic vaccination services. However, regulations and data reporting must be strengthened, as state-owned vaccines cannot be used carelessly.

The involvement of religious leaders, community leaders, and Posyandu cadres is also being continuously encouraged. The Indonesian Ulama Council (MUI) is directly involved in outreach activities to address the halal-haram issue of vaccines. This approach has proven effective in rebuilding trust that was shattered by misinformation.

The Golden Generation does not simply emerge, but was born from serious, early intervention. One way to achieve this is through comprehensive vaccinations, ensuring children's immunity will be protected from disease outbreaks and ready to embrace the Golden Indonesia 2045.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

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Immunization in Singkawang Faces a Difficult Road: Only 33 Percent of the 2024 IDL Reached



IMMUNIZATION: A mother brings her child to be immunized at a Puskesmas in Singkawang City.

Singkawang City faces significant challenges in implementing its immunization program. In 2024, the target for complete basic immunization (IDL) coverage was only 33 percent, a decrease compared to previous years. There were no obstacles to vaccine access or availability.

PONTIANAK POST - Proximity to health facilities does not always directly correlate with child immunization compliance. As is the case with Anita Mutia (33), a resident of Singkawang Tengah District. Even though her house is only about half a kilometer from the Singkawang Tengah II Puskesmas, she admitted that she had not yet given her child complete immunizations. "Immunizations are incomplete," she said, during the encounter with Pontianak Post, early July 2025.

Her nine-month-old child hasn't received the DPT-HB immunization. "The last one was the BCG vaccine. If I'm not mistaken, he only received three immunizations," she said.

The reason behind his reluctance cannot be separated from his past experience when immunizing his first child. He said that at that time the child had a fever after immunization. "When the first child has a fever, it can last for three days," he said. Although she knows that fever is common after a child is immunized, she finds it quite disturbing. In addition to Adverse Events Following Immunization (AEFI) such as fever, issues regarding the after-effects of immunization also cause concern for parents.

Liu Fun Kian shared this concern. She admitted to having heard stories from neighbors who had similar experiences immunizing their children.

"He (the neighbor) said that after the immunization, if I'm not mistaken, it was polio, so paralysis occurred," he said.

Although he admitted he wasn't sure whether the paralysis was actually caused by immunization, the story had influenced the decisions of several parents around him. Liu has four children, and he has only immunized one. "My youngest child has had one immunization. Only for measles. The other three have never had one," he said.

Hendri Aprianto, Head of the Disease Prevention and Control Division of the Singkawang City Health and Family Planning Office, revealed that the city's coverage of complete basic immunization (IDL) and complete infant immunization (IBL) remains relatively low. Based on 2024 data, IDL coverage only reached 33.15 percent, while IBL coverage was at 27.2 percent. "Geographically, access in Singkawang City is quite convenient, similar to Pontianak. Health facilities are close by, and there are no transportation issues," he said.



Singkawang City Immunization Achievement Index

However, obstacles arise from social and cultural factors. One of these is public perception regarding immunization or vaccines, including the issue of their halal status, which remains a hot topic among certain groups, particularly Muslims. Furthermore, parental concerns about post-immunization fever, as well as the influence of family members, such as grandparents who claim their grandchildren are healthy without vaccines, contribute to the challenges.

He said that falling short of this target risks outbreaks of preventable diseases, such as measles, diphtheria, and pertussis. Meanwhile, to achieve herd immunity, at least 90 percent of children should be immunized.

“The disease is actually preventable. But if we only achieve 30-40 immunizations, it will be difficult to achieve herd immunity, because there are more non-immunized people,” he said.

Historically, Singkawang's IDL rate has never reached 50 percent in the past five years. According to data from the Singkawang City Health and Family Planning Office, the IDL rate was 46.9 percent in 2020. This figure dropped to 45.1 percent in 2021, 39.5 percent in 2022, then rose slightly to 42.95 percent in 2023, and then plummeted again to 33.15 percent in 2024.

He said this situation is quite worrying because several infectious diseases that can be prevented by immunization continue to emerge. One of these is an extraordinary case (KLB) of diphtheria.

"Diphtheria outbreaks have been occurring since 2016. 2021 was the highest, and there were deaths. The last diphtheria case occurred in 2024," he said. He also mentioned that cases of measles and pertussis had been detected, and there was a risk of increasing if immunization coverage remained low.

He recounted that WHO officials once visited to observe the situation firsthand. Of the 10 homes they visited, all refused immunization.

Furthermore, Hendri mentioned the public's tendency to place greater trust in alternative medicine, such as *sinsang*, and the widespread hoaxes circulating on social media, have exacerbated the situation. This situation is further exacerbated by a decline in visits to *Posyandu*.

Hampered by KIPI and Trust Issues

Child immunization implementation presents numerous challenges, particularly in Singkawang City. Low public awareness, issues regarding the permissibility of immunization, and concerns about side effects are major obstacles to increasing immunization coverage. Obstacles also arise from local cultural backgrounds and beliefs.

Research published in the *Health Vocational Journal* by Bahrudin et al., entitled "Factors Related to Mothers' Immunization Behavior in Singkawang City" revealed that community leaders generally understand the importance of immunization.

The journal stated that, in general, there are no specific issues regarding immunization for the Chinese community. However, cultural norms prohibit taking babies outside until they are 40 days old. Furthermore, adherence to traditional Chinese medicine, which advises against supplementation, may hinder immunization, especially for newborns.

Tek Bong, Head of the Customs and Traditions Division of the Singkawang Chinese Cultural Council (MABT), acknowledged that a small minority of the Chinese community still adheres to this tradition. "They're not allowed to leave the house. Usually, it lasts for up to forty days," he said.

He also addressed the public's belief in the advice of traditional healers (sinsang) prohibiting the administration of supplements to infants. He perceives such beliefs still

persist. "Sinsang recommends this because newborns are considered incapable of eating food," he said.

However, Tek Bong also emphasized that times have changed, and people are beginning to understand the importance of immunization. This belief has also shifted. "The recommended time for immunization is when the baby is born. There are also times when the baby is weighed and measured to monitor the baby's development," he said.

However, he did not deny that these traditional practices are still practiced in remote areas.

Tek Bong confirmed that his office supports the immunization program. He even stated that MABT Singkawang established an immunization post in 2006, which has been running for several years. "So, don't think that immunization is bad. We simply recommend that children receive these immunizations to prevent them from contracting harmful diseases," he said.

On the other hand, he asked the government to provide massive health education, while ensuring easy and accessible services for the community.

Meanwhile, within the Muslim community, the issue of whether vaccines are halal or haram remains debatable. This also includes consideration of Adverse Events Following Immunization (AEFI).

Abdul Halim, Chairman of the Indonesian Ulema Council (MUI) in Singkawang, emphasized that immunization is permissible in Islam as a means of maintaining health. He highlighted the continued resistance from some members of the public, despite the MUI's fatwa declaring immunization a religiously valid preventive measure. "But in reality, some people are reluctant. So, this comes down to individual awareness," he said.

Abdul Halim admitted he didn't know the exact level of immunization awareness

among the Singkawang community. However, he observed a similar pattern to the COVID-19 vaccination campaign. He was involved in the vaccine outreach several years ago. He also admitted to facing some resistance from the community.

One of the main reasons for public hesitation, he said, is concerns about the vaccine's ingredients, particularly the pork enzyme. However, in an emergency situation, he believes such a situation is permissible.

He also referred to the sharia emergency principle in Islam which allows the use of haram substances in urgent situations to save lives or maintain health.

Abdul Halim emphasized that immunization is one effort that has a significant impact on disease prevention. He cited the success of immunization in reducing cases of polio and measles. "Previously, we easily detected polio cases, but now they have decreased because of vaccination. Immunization has made a significant contribution to public health," he emphasized.

Meanwhile, among Christian communities, religious issues are not as dominant, but concerns about adverse events (KIPI) remain a contributing factor to low enthusiasm for immunization.

Father Joseph Juwono of St. Francis of Assisi Church in Singkawang acknowledged the low immunization rate in Singkawang City. As a Catholic religious figure, he has been

involved several times by the Singkawang City Government to ensure the success of the immunization program.

Father Joseph also emphasized that the Catholic Church places a significant emphasis on health issues. He has implemented child immunization programs in elementary schools, particularly under the coordination of the Catholic Education Council.

Reflecting on the school's immunization program, he observed that parents generally had a positive attitude toward immunization. However, a small number of parents still refused, influenced by misinformation or hoaxes.

"They're afraid because there are a lot of untrue stories circulating. They're more likely to believe hoaxes and baseless news," he explained. Another reason, he added, is the occurrence of Post-Immunization Adverse Events (AEFI), such as fever, which worries parents.

In this situation, he continued, the school cannot force it because parents have the right to choose whether their children are immunized or not.

Involvement Is Not Just a Formality

Hendri Aprianto, Head of the Disease Prevention and Control Division of the Singkawang City Health and Family Planning Office, said that his office continues to strive to increase immunization coverage through various approaches, including involving religious leaders, traditional leaders, and community leaders.

Since 2023, an Immunization Team has been established through a Decree (SK). Its members include sub-district heads, religious and traditional leaders such as the Malay Cultural Council (MABM) and the Chinese Cultural Council (MABT), the Ministry of Religious Affairs, the Indonesian National Youth Committee (KNPI), and the Education Office. “Generally, all parties are supportive, but there are indeed challenges on the ground,” he said.

Hendri added that the Singkawang Health and Family Planning Office is also carrying out various efforts such as education on social media, re-registering immunization schedules at Puskesmas, and cross-sector involvement.

The involvement of traditional and religious leaders is considered to be helpful in raising awareness of immunization. Father Joseph Juwono of St. Francis of Assisi Church in Singkawang believes the role of religious leaders is strategic in raising public awareness, especially through direct communication with the congregation. “I once spoke in front of the church pulpit on Sunday, and I also recommended (immunization),” he said.

He believes the church also has ample room to support immunization programs more concretely, for example through immunization programs in Catholic schools. This could also be done through marriage preparation courses, where health topics, including immunizations, could be included in the briefing sessions.

On the other hand, Father Joseph criticized the government’s approach, which he considered merely a formality. As a priest actively involved in health issues, he acknowledged having been involved in immunization forums by the Singkawang government. However, he considered the approach merely a formality.

“We were involved in the meeting. It was purely ceremonial. I’m sorry. I was invited, but what happened next? No one approached us,” he said.

He added that if there's a concrete program jointly initiated, he's ready to be actively involved. In fact, he believes that if a pastor takes the lead, the congregation will be more trusting and responsive. "Just making recommendations is the same as not having a concrete program," he said.

Meanwhile, a study conducted by Global Health Strategies (GHS) through the VaxSocial program also revealed various obstacles and challenges in implementing immunizations, particularly in West Kalimantan. The survey revealed that the biggest obstacle to implementing childhood immunizations was limited information.

A total of 59.03 percent of respondents stated they didn't know or didn't have sufficient understanding about childhood immunizations. Another barrier was concern about side effects such as post-immunization fever, which was reported by 32.64 percent of respondents.

The study also showed that approaches to local communities, such as the Chinese and Dayak communities, need to be more adaptive and culturally based. In the Dayak community, for example, there is still a misconception that immunization involves introducing "another creature" into the body, so information needs to be clarified through traditional or trusted local figures.

In the Chinese community, the use of Khek language is considered to increase the effectiveness of immunization messages because it is easier to accept and understand. Meanwhile, among Muslims, the issue of halal and haram remains a major concern, necessitating transparent, trust-based communication.

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Singkawang Residents Remain Enthusiastic About Immunization Despite Concerns About Side Effects



IMMUNIZATION: A health worker at a Puskesmas in Singkawang administers an immunization to a toddler held by his mother. (SITI PONTIANAK POST)

PONTIANAK POST - Public awareness of completing children's immunizations remains strong, despite lingering concerns about side effects. Several parents in Singkawang City expressed their commitment to participating in the immunization program, despite experiencing fevers after injections and even calls to forgo vaccinations.

The one-year-old boy was heard crying after receiving his immunizations at the Singkawang Tengah II Puskesmas in Singkawang City. He had just received the final immunization injection in a complete basic immunization series. His mother, Suli (21), tried to calm her child. "I've been immunized since birth until I was fully vaccinated," said Suli when she was met at the Singkawang Tengah II Puskesmas in early July.

Despite living in an environment filled with skepticism about immunizations, Suli chooses to follow the advice of health workers. She said she often hears people close to her advise her not to take her child for immunizations, fearing they might develop a fever after the injection. “I’ve heard a lot of people say that if your child gets a fever after getting an injection (immunization), there is something wrong with the immunization. But I don’t care,” she added.

Although her child developed a fever after the immunization, Suli said the symptoms were mild and normal. She said her child’s health actually improved after receiving full immunizations.

Suli’s husband, Diki (30), said they received education during their pregnancy. Posyandu staffs provided information about immunizations including understanding of when they had to postpone an injection after their child had a fever. “Once, when we were going to get an immunization, my child had a fever. The staff said to postpone it, it was no problem. We were asked to come back when we were better,” he said.

Diki works as a private employee. As a father, he doesn’t mind having to return to take his child for immunizations.

Nursilawati (27), a resident of North Singkawang District and a mother of two children, expressed similar sentiments. She confirmed that both children had received their immunizations without missing any, despite having experienced a fever after the immunization. “Even though my child had a fever before, he’s still not afraid to get immunized again,” she said.

She believes the influence of the Posyandu cadres is quite significant. They regularly remind her of her schedule and even visit her home. “The Posyandu is also close by; every 20th of the month, we usually weigh our children,” Nursilawati said. Despite her busy work as a coconut laborer, she makes time for her children’s immunizations. Even if she misses them, the Posyandu staff sometimes reminds her.

Parental concerns about immunization side effects remain a major challenge in efforts to increase child immunization coverage in Singkawang City. A study conducted by Global Health Strategic (GHS) through its VaxSocial program reinforces this view.

A survey conducted in four provinces—West Kalimantan, Riau, North Sumatra, and North Sulawesi—showed that 33.85 percent of parents were concerned or very

concerned about the side effects of immunizations. Furthermore, 30.99 percent expressed concern that immunizations might be unsafe for their children, and 29.60 percent doubted whether immunizations could actually prevent disease.

The Head of the Disease Prevention and Control Division of the Singkawang City Health and Family Planning Office, Hendri Aprianto, said that fear of post-immunization fever is a reason that often makes parents reluctant to take their children to the Puskesmas.

Data from 2024 shows that the achievement of complete basic immunization (IDL) in Singkawang City only reached 33.15 percent, while the achievement of complete infant immunization (IBL) was even lower to only 27.2 percent.

Therefore, he hopes immunization can become mandatory, similar to the implementation of the COVID-19 vaccination, which was made mandatory several years ago. "We hope this (immunization) can be made mandatory," he said.

Santi, a staff member at the Singkawang City Health and Family Planning Office, added that some parents have reported difficulty working if their child develops a fever after immunization. This concern has led to decisions to delay or even refuse immunization altogether.

Parents' concerns aren't just about Adverse Events Following Immunization (AEFI), but also the perception that immunization is simply a government project. Furthermore, some parents believe that unimmunized children are still healthy, so they don't need to take the risk. "Some people think that if their child is healthy without vaccinations, they don't need immunizations," said Santi.

However, amid these challenges, emerging health policies are raising public awareness. Currently, one of the requirements for continuing education abroad is a complete basic immunization history.

According to Santi, this could be a new impetus for parents to start paying attention to their children's immunization records. "Someone once asked the Health Department for confirmation that their child had been immunized. This immunization certificate is indeed used in several countries," she said.

West Kalimantan's Still-Low Coverage

Immunization coverage in West Kalimantan Province remains a significant challenge in efforts to improve child health. According to 2024 immunization coverage data

from the Indonesian Ministry of Health, West Kalimantan recorded a rate of 50.9 percent. This means nearly half of the children in West Kalimantan have not received the complete basic immunizations recommended by the government.

Compared to the national average of 87.8 percent, West Kalimantan's immunization coverage rate lags significantly behind. It only reached 36.9 percent. West Kalimantan is also among the 10 provinces with the lowest immunization coverage, only slightly ahead of regions in Papua and Aceh.

Furthermore, West Kalimantan ranks lowest among the five provinces in Kalimantan. Other provinces, such as South Kalimantan, have achieved excellent results, at 102.2 percent, followed by East Kalimantan (71.6 percent), Central Kalimantan (56.2 percent), and North Kalimantan (56.0 percent).

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Immunization in Palm Oil Areas: High Worker Awareness, Low Facilities



Ana Susilowati (38), a former casual worker at PT Rezeki Kencana Prima (RKP). (Photo: Anty)

puankhatulistiwa.com – Complete Basic Immunization (IDL) is one of the most effective health interventions in preventing infectious diseases in early childhood. Through immunization, children are protected from various dangerous diseases such as polio, measles, hepatitis B, tuberculosis, and diphtheria. The Indonesian government has even set a target of 100 percent IDL coverage as a commitment to fulfilling every child’s right to health.

In West Kalimantan, coverage of Complete Basic Immunization (IDL) actually shows a worrying downward trend. Citing data from the West Kalimantan Health Office reported by Antaranews , the average IDL coverage in 2024 reached only 48.7 percent, a drastic drop from 74.3 percent the previous year. This decline reflects

serious obstacles in logistics, infrastructure, and the implementation of basic health services on the ground.

Saras and Ana's Story: Female Workers and Limited Services

The sun was starting to heat up. It was 10 a.m. Saras (25) was still busy taking care of her child, who was not yet two years old. From her modest home, not far from the other workers' dormitories in the plantation area, rows of oil palm trees stretched out. The area that was usually filled with piles of empty bunches was deserted. The harvest was over.

As a casual laborer at the palm oil company PT Rezeki Kencana Prima (RKP) in Sanggau Regency, Saras faces difficulties obtaining immunizations for her toddler. "Immunizations are rare now, and living here is difficult. There's also a shortage of medical personnel. Sometimes they're available, sometimes they're not," Saras said softly.

There used to be a midwife from the Tayan Puskesmas who regularly practiced near her neighborhood. Her presence made healthcare more accessible. However, since the midwife moved back to Jakarta, that service has disappeared. Now, the only access to the nearest immunizations is at the housing complex or the sub-health center, about ten kilometers away. The distance to the Puskesmas presents a challenge for residents without private transportation.

The road is largely damaged, with deep, gaping potholes in several places, posing a danger to motorcyclists. The lack of lighting makes traveling at night even riskier. Large trucks carrying palm oil bunches pass non-stop along the route. This situation restricts mobility and increases stress, especially in emergency situations such as transporting patients in need of immediate attention.



The road to the PT RKP area. Although it appears paved, potholes and poor lighting remain a problem, especially at night. (Photo: Anty)

“If there were a service center here, it would be great. But there isn’t one, and it’s a long way to get there. You have to go to the housing complex, and even then, the staff are sometimes unfriendly,” he said.

Despite facing many obstacles, Saras remains determined to complete her child’s immunizations. “From birth to five years old, they should be complete. I just believe that the most important thing is that the child is healthy,” she said firmly.

As a female laborer, Saras must balance her time between work and childcare. She works as a nangkos (separator) or empty oil palm bunches assembler, with a daily target of one dam, depending on material availability. It’s not always easy, as she sometimes has to take her children to the plantation because there’s no one to look after them.

“When I live in a boarding house, sometimes my kids stay downstairs, sometimes they come with me. But my kids aren’t fussy; they’re easy to handle,” she said with a small smile.

Saras’ story isn’t unique. Ana Susilowati (38), a former casual worker at PT Rezeki Kencana Prima (RKP), also experienced something similar. That morning, she was preparing her wares, stretching ropes to hang sachet drinks from the gazebo of her

modest home. The small stall on her porch has now become a source of additional income since she stopped working on the palm oil plantation four years ago.

Ana reminisces about her time working actively on the plantation. Even though she was heavily pregnant, she still picked oil palm bunches. Every day, from six in the morning until ten, she was on the plantation. In the afternoon, she would return home to take her children to the Posyandu, before returning to work until the evening. In one day, she could stack between twelve and fifteen tons of empty oil palm bunches.

“Whatever our job is, when it comes to children, we have to try our best,” she said while tidying up the raffia rope used to tie the drink bags she sells at her simple stall.

Ana has no qualms about immunization. She believes that services provided by Puskesmas are part of the state’s responsibility. “Since it’s from the government, it must be good. The important thing is that it comes from an official Puskesmas,” she emphasized.

However, she lamented the lack of support from the company. “From the company, no one ordered or organized it. It was all our own initiative as parents,” he added. In the most dire of situations, Ana even took her baby to the garden and placed him on a carpet under a palm tree, complete with a simple supply of food and toys. “I put the carpet under the tree, fed him, gave him toys, and that was it,” she recalled.

Healthcare facilities in their workplaces are practically non-existent. The existing clinics are privately owned and don’t specifically address the needs of workers’ children.

Government assistance is not provided regularly, except in the form of raffles for basic food supplies or clean water, which don’t cover basic needs like immunizations. Conditions are even more challenging for residents living in remote areas. The distances between homes are considerable, with some located in the middle of garden blocks without public transportation. In emergencies, such as those involving a pregnant woman about to give birth, families must travel considerable distances just to seek help before continuing the long journey to the nearest health facility.

Ketapang and Sanggau: Vast Oil Palm Plantations, Minimal Health Services
As the two regencies with the largest contributions to West Kalimantan’s palm oil industry, Ketapang and Sanggau face serious challenges in providing basic

healthcare services to children. In Ketapang Regency, coverage of Complete Basic Immunization (IDL) for toddlers reached only 43 percent in 2024, as recorded in Petarisi Kopie's latest quarterly report . This figure falls far short of the national target and highlights the disparity between industrial sector growth and the guarantee of children's basic rights to health protection.

Meanwhile, the situation in Sanggau is not much different. Although the local government has released data on the number of infants receiving immunizations through its official portal, no definitive figures regarding IDL coverage have been found. A data called "Number of Infants Receiving

The "Immunization Program in Sanggau Regency in 2024" does not specify how many children have completed the full basic immunization series. This ambiguity makes it difficult for the public and policymakers to assess the extent to which child health services have been implemented equitably in the region.

Yet, economically, Ketapang and Sanggau play a strategic role. Ketapang is recorded as the area with the largest palm oil plantation area in West Kalimantan, reaching 764,000 hectares, followed by Sanggau with over 300,000 hectares. The populations of both regencies are also significant, reaching 599,890 people in Ketapang and 510,412 in Sanggau, respectively, according to 2024 Statistics Indonesia (BPS) data. Amid the dominance of the palm oil industry, thousands of children still lack access to complete immunization, which should be their basic right.

Economic growth fueled by palm oil has not been accompanied by equitable distribution of public services. In the field, access to basic immunizations is often hampered by limited healthcare workers, the long distance between workers' settlements and service facilities, and the dilapidated condition of road infrastructure. This disparity reflects the weak integration between economic development and the provision of basic services, particularly in regions supporting leading export commodities like palm oil.

Minimal Health Center Facilities

Meanwhile, Yuni Ernawati, a midwife at the Subah Village Community Health Center (Pustu), revealed several technical challenges in implementing immunizations in the field. Subah Village itself is not far from the PT RKP location.

According to Yuni, most of the laborers' families in the village are migrants. Their high mobility makes it difficult to track their children's immunization status. "Sometimes, after just one immunization, the child is taken back to their hometown. It's difficult to track them again," she said.

Sedentary laborer families tend to have high immunization coverage, often reaching nearly 100 percent. However, those who move around frequently often miss out on their immunization schedules. Some parents even refused immunizations because their children developed fevers after the injections. "Now people are starting to understand. It's true that sometimes it comes later than scheduled, but most continue with their children's immunizations," he said.

Unfortunately, there is currently no mobile immunization service or outreach service in the village. Services are only available at Posyandu, which are still based at the village hall or church. Residents must travel to the location in person. With demanding workloads, limited transportation, and the dual burden of being both mothers and laborers, this presents a serious obstacle.

Another issue is limited infrastructure. The Pustu where he works doesn't have a permanent electricity supply. They use their own generators, making it impossible to store vaccines.

The situation at the nearest referral health center (Puskesmas) was also highlighted. When visited during the day, the building was closed. The windows were bare, revealing an empty interior with little activity.

From the outside, only a few plastic chairs and old tables are visible. There is no visible medical equipment adequate for emergency cases. This situation reinforces the impression that the health facility is unable to meet the basic medical needs of the surrounding community, especially in critical situations such as childbirth or pediatric emergencies.



The front of the Sub-district Health Center (Pustu) in Subah Village, Tayan Hilir District, Sanggau Regency. (Photo: Anty)

“If there’s a Posyandu, we’ll only collect the vaccine from the Puskesmas. So, we can’t store stocks,” he explained.

Internet connections are also unstable, complicating the immunization reporting and recording process. The government is promoting an online recording system through a national mobile application.

Yuni hopes that the Subah Village Puskesmas will have a permanent building and adequate equipment in the future, especially with the Integrated Primary Service (ILP) and Posyandu policy. However, there is currently no village budget allocated for the construction of such a facility.

PT SJAL: Long Distance, Difficult Transportation

At PT SJAL, the situation is more complicated. Many workers have not immunized their children due to distance, limited transportation, and lack of information. Some parents believe their children remain healthy without immunization.

Yublina Yuliana Oematan, chairwoman of the West Kalimantan Palm Oil Plantation Labor Union Federation (FSBKS Kalbar), who also works at PT SJAL, emphasized that female workers are quite aware of the importance of immunization. However, limited access makes it difficult for them to achieve it.

“Many obstacles exist, ranging from distance, lack of transportation support, to companies’ indifference and minimal government involvement, which puts workers’ children at risk of losing their basic right to immunization,” he said.

The nearest Puskesmas to the workers’ work location or residence is about 15 kilometers away. For casual laborers who don’t have private transportation, this presents a significant challenge. If they want to take their children to the Puskesmas, they must request leave from work, meaning they lose that day’s income. “They’re allowed permission, but they don’t get paid. So sometimes they have to postpone their appointments, especially if they have to travel a long distance,” said Yublina.

Lack of transportation is a recurring problem. In remote plantation areas like PT SJAL, public transportation is virtually non-existent. Female workers, especially those from outside the region, have no choice but to rely on themselves.

Local governments have implemented outreach services, but these were temporary and only available during extraordinary events (KLB) such as the COVID-19 pandemic or a spike in malaria cases. Such services have never been available for routine immunizations.

Indeed, most of the casual laborers at PT SJAL have been registered with the company’s BPJS Kesehatan (Social Security Agency for Health). However, according to Yublina, this isn’t enough. There are still no direct health facilities near the work area, let alone any real support for fulfilling the health rights of workers’ children.

“Many laborers’ children are born in clinics, but many are also born with the assistance of traditional birth attendants. This demonstrates the weakness of our primary healthcare system, especially for mothers and children,” he said.

Furthermore, Yublina believes companies should take an active role in providing adequate healthcare services, including immunizations. Currently, the burden of fulfilling children’s rights remains entirely borne by parents.

Although there have been no cases of child deaths due to lack of immunization, cases of infant deaths due to bleeding during childbirth have occurred, which indicates a major gap in the health care system in plantation areas.

Government assistance, Yublina said, has also been inconsistent. “There has been no ongoing health assistance. If no one can take them to the Puskesmas, the children aren’t taken. As a result, immunizations are delayed or not given at all,” she said.

The lack of public facilities like village clinics or mobile health services also adds to the burden. With husbands busy at work and no childcare available, working mothers are left to rely solely on themselves to care for their children and earn a living.

Healthcare facilities in the Ketapang and Sanggau oil palm plantations are considered far from adequate. According to Teraju Indonesia, some companies only provide healthcare services to fulfill administrative obligations, without ensuring adequate quality and access. Workers often report never having been examined, and in emergencies, they must find their own transportation or seek whatever treatment is available. Prenatal care is often the responsibility of pregnant women, both in terms of equipment and cost. In some locations, there are no Posyandu or clinics at all.

This situation demonstrates the company's weak social responsibility towards the health of workers and their families. The lack of institutional support and poor infrastructure exacerbate the gap in services, particularly for women and children. Yet, Minister of Agriculture Regulation No. 19 of 2011 stipulates that providing healthcare facilities is a legal obligation for companies. Unfortunately, in the field, access to immunizations and other basic services remains a daily struggle for working mothers in the challenging terrain of oil palm plantations.

We have attempted to contact the company to confirm the availability and implementation of regulations regarding healthcare facilities. However, as of the time of this report's writing, PT Rezeki Kencana Prima (RKP) has not responded to requests for an interview or clarification.

Meanwhile, a worker at PT Sawit Jaya Abadi Lestari (SJAL) reported that the manager in question was on leave until early August. He explained that company contact could only be granted after obtaining direct permission from the manager.

Health Office Efforts: Limited and Uneven

According to Feria Kowira, Head of the Ketapang Regency Health Office, complete basic immunization (IDL) covers hepatitis B, BCG, oral and injectable polio, DPT-Hib-Hepatitis B, and measles-MR vaccine for children aged 0–59 months. However, as of mid-2024, specific data regarding IDL coverage in oil palm plantation areas is not yet available.

This area is inhabited by thousands of workers and their families, including children who are of mandatory immunization age.

“Not all health programs are affordable. Usually, they still require assistance from company health workers,” said Feria. Current strategies include regular services by bringing in specialist doctors from the regional hospital for immunization and health promotion activities. However, limitations in personnel, logistics, and geographic access mean that these activities cannot reach all plantation areas and are not carried out routinely every month.

The role of Posyandu and mobile Puskesmas is crucial, especially in plantation areas with minimal facilities. Some Posyandus are run by company health workers, but vaccines are still supplied by the supporting Puskesmas. Unfortunately, the quality of these services is not fully monitored, and not all companies actively implement these functions.

If a child is found to have not been immunized, reports are usually made by cadres or volunteers from the Posyandu. The child will immediately receive the immunizations specified in their work area. However, to date, there has been no effective cross-sectoral coordination, for example with the Manpower Office or the Social Services Office, to ensure comprehensive immunization coverage for the children of palm oil workers. “There hasn’t been any,” Feria replied curtly when asked about such cross-sectoral collaboration.

In fact, according to Minister of Health Regulation No. 12 of 2017, district/city health offices are responsible for ensuring the availability and affordability of immunizations for all targets through various health facilities, including Puskesmas, Posyandu, and other health facility networks.

Furthermore, this regulation emphasizes that regional governments are obliged to ensure the continuity of complete basic and follow-up immunization programs. This includes targeting vulnerable groups in areas with geographic and social barriers.

In the context of palm oil plantations in Ketapang and Sanggau, where thousands of children of workers live far from health facilities, this regulation should be the main foundation for integrating immunization services into the work ecosystem and workers’ residences.

To close the gap, the Ketapang Health Office is currently running a catch-up immunization program, targeting children aged 12–59 months who have not yet received their full immunizations. However, according to Feria, this program remains severely limited in terms of human resources and vaccine logistics, largely relying on support from the central government.

She also acknowledged the disparity between immunization coverage in public areas and plantation areas. However, Feria continued to emphasize the importance of parental awareness in ensuring their children receive immunizations. “Immunization coverage ultimately depends on the parents,” she said.

However, various field stories, such as Saras and Ana’s experiences in Sanggau, show that the main obstacle isn’t simply a matter of awareness. Structural barriers include limited facilities, long distances, lack of transportation, and the weak role of companies and the government in reaching marginalized groups.

This situation demonstrates the need for more coordinated and responsive public policies, not solely relying on routine immunization programs. This requires the formulation of cross-sectoral strategies between the Health Department, the Manpower Department, the Social Services Department, and private sector stakeholders to ensure the health rights of children of palm oil workers are fully protected. This is in accordance with the mandate of Minister of Health Regulation No. 12 of 2017 and the values of social justice guaranteed by the constitution.

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<https://www.puankhatulistiwa.com/imunisasi-di-kawasan-sawit-kesadaran-buruh-tinggi-layanan-masih-rendah/>

<https://iniborneo.com/2025/07/30/imunisasi-di-kawasan-sawit-kesadaran-buruh-tinggi-layanan-masih-rendah/>



Community Leaders Play a Strategic Role in Increasing Immunization Coverage



Polio vaccine, or drops, is administered to newborns at 2, 3, and 4 months of age in Sungai Enau Village, Kuala Mandor B District, Kubu Raya Regency, West Kalimantan Province. (Photo: RRI/Muhammad Rokib)

These aren't just numbers on paper, but rather a concrete picture: many children in Kubu Raya Regency still lack immunization coverage. This poses a serious threat if action isn't taken. In 2024, the Kubu Raya Regency Government recorded a complete basic immunization (IDL) coverage of 44.2 percent, or just 14.29 percent of the Universal Child Immunization (UCI) program's success indicator. The trauma of vaccine side effects continues to haunt parents.

KBRN - The journey begins with a distance of approximately 24 kilometers from Pontianak City to Parit Tenaga Baru, a hamlet in Sunge Ano Hamlet, Sungai Enau Village, Kuala Mandor B District, Kubu Raya Regency. After traversing a bumpy and rocky journey, at approximately 6:30 p.m. WIB on Wednesday (July 9, 2025), they finally arrived at a salted egg green house measuring approximately 5x8 meters.

A dim light accompanied the couple, who had been married for 12 years. They smiled happily, chatting while cradling their five-month-old baby in the living room of the house they had occupied for more than 10 years. The atmosphere was starting to cool. In the house, which had no ceiling yet, under the corrugated iron roof, the conversation slowly turned to the health of themselves and their child. Suddenly, a mother's expression changed.

The 29-year-old young man displayed a confused and traumatized expression when talking about child immunization.

Evi stated that she has received a lot of information about childhood immunizations, both directly from health workers and from social media. However, she remains hesitant to vaccinate her child due to the side effects of immunizations. While Evi wants the best health for her child, she is also haunted by the trauma of the side effects of childhood immunizations.

"I want to get immunized, but I'm afraid of the fever (a side effect of the vaccine), and I'll take care of it. My other child often has fevers," Evi said, expressing her concerns, accompanied by her husband.



Evi rocking her five-month-old baby. (Photo: RRI/Muhammad Rokib)

Besides hearing and seeing firsthand the side effects of the vaccine, Evi's trauma was exacerbated after seeing a social media post by a mother showing her child's condition after being immunized. This has made Evi reluctant to participate in the immunization program, even though her third child is already five months old. In fact, her first child has never been immunized, even though their house is only about 200 meters from a Posyandu. "My child is five months old and has never been immunized, I just think I'm afraid. When I go to the Posyandu, I only have my child weighed," Evi said.

However, Evi also realized that information circulating on social media wasn't just about vaccine side effects, but also about the dangers to children if they don't get immunized. This is what has left the parents of three children feeling confused and bewildered in their daily lives.

"I looked on Facebook and saw a post saying that most babies die because they aren't immunized. So I thought about getting immunized, but I was afraid of getting a fever. My other child often has fevers," Evi said.

Evi isn't the only young mother experiencing these concerns. Many other young mothers also feel confused about their children's immunizations. This is what Azizah (34), whom RRI met earlier at her home in Parit Aim II, Sungai Ambawang District, about seven kilometers from Pontianak City, expressed.

At that moment, the mother of three, who was sitting in her living room rocking her two-month-old toddler, smiled brightly as she welcomed us. However, when the conversation turned to the main topic of immunization, Azizah's expression immediately betrayed her deep trauma.



Azizah rocking her two-month-old baby. (Photo: RRI/Muhammad Rokib)

To express her trauma, Azizah admitted that she had received a lot of information about childhood immunizations, both directly from health workers and from social media.

However, she remained uncertain about the side effects of immunizations on her child. While she was concerned about her child's health, she was also haunted by the side effects of childhood immunizations.

This resident of Sungai Ambawang District expressed her deep fear of the side effects of childhood vaccines. She expressed this after experiencing it herself a week after her baby was immunized. Although, according to Azizah, health workers had warned her that the first vaccination would have no side effects, the reality proved otherwise. After the injection, her baby developed swelling in his thigh and was fussy for a whole night, unable to sleep.

Because of this, Azizah was still traumatized by taking her baby for the DPT 1 vaccine, even though it was already due. This trauma and fear intensified after health workers informed her that the DPT 1 vaccine would have side effects, despite being advised to apply a compress and administer paracetamol after the injection.

“While we were told there would be side effects with this DPT vaccine, it’s clear that even those who were told there were no side effects actually had side effects, and this one has been told there are side effects. That’s what scares me,” Azizah said while rocking her baby.



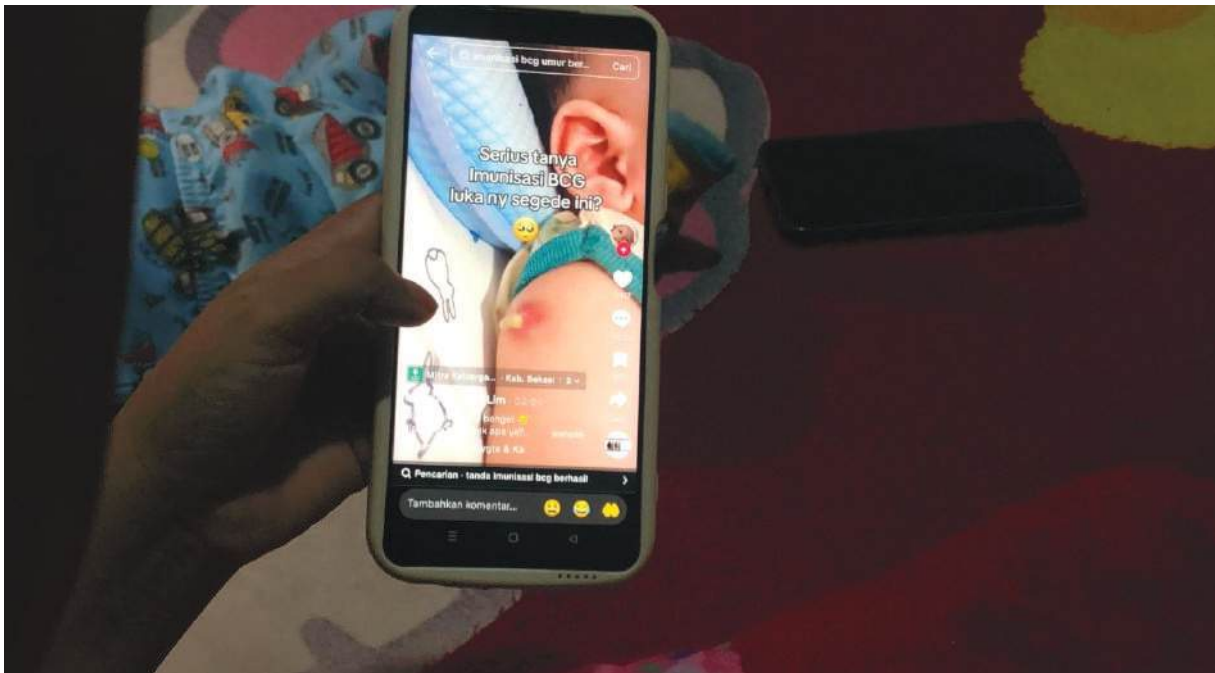
Azizah holds her two-month-old baby. (Photo: RRI/Muhammad Rokib)

When we met, Azizah was accompanied only by her two daughters, an 11-year-old and a two-month-old toddler, who were sound asleep in a cradle. Meanwhile, her husband had gone out of town to support the family.

In addition to Azizah’s firsthand experience, her trauma and fear were exacerbated by information circulating on social media. Azizah said she frequently encountered posts on Facebook and TikTok depicting side effects in children following immunizations, such as swelling, boils, fever, and even amputation.

When asked about the veracity of the information, Azizah believed it was valid, especially since she frequently saw livestream posts from parents showing their children’s condition after immunization. Furthermore, Azizah also attempted to verify the accuracy of the circulating information and even spoke directly with healthcare workers at the Posyandu and Puskesmas.

“But the midwife’s answer was the same: it would definitely cause a fever. The fear is that it’s the fever. Does it really have to have that kind of side effect, and why does it have to have such a side effect, even to the point of boils and fussiness?” Azizah said, sounding annoyed.



Azizah shows a social media post about the side effects of immunizations on vaccinated children. (Photo: RRI/Muhammad Rokib)

Azizah also questioned the difference between free government vaccines, which have side effects, and paid vaccines administered by private healthcare facilities without them. According to Azizah, if there is a better vaccine, then all vaccines should be the same, for the sake of the future and children's rights.

"This is because the free one causes fever, while the paid one doesn't. That's our comparison. So we think our child is healthy and doesn't need immunization. That statement, which shouldn't exist, exists because our economy is also low," Azizah added.

Based on this comparison, Azizah initially considered taking her child for vaccination at a private healthcare facility. However, considering the high cost, which could reach up to Rp 1 million, Azizah was forced to abandon her plan. "Hopefully, it'll be enough for us lower-middle class citizens to eat daily," she said.

Azizah hopes that policymakers will also seek alternatives so that this immunization can be administered to infants and children without side effects. She even hopes that vaccination can be administered without injections. "The point is, don't inject, because..."

"The word injection is scary for us laypeople, plus there are side effects," said Azizah.



Azizah expressed her trauma about vaccinating her baby due to the side effects of the vaccine. She explained while rocking her baby. (Photo: RRI/Muhammad Rokib)

Meanwhile, Tholip, a father of a child in Kuala Mandor B, stated that the trauma has given rise to fears that something untoward will happen. "If someone gets sick, or even dies, who will be responsible if something untoward happens? That's what worries parents. Fear of no one taking responsibility," said Tholip, who works as a construction worker.

Tholip hopes the government will prepare a better vaccine without side effects, so that children feel safe when they are vaccinated. If there are no side effects, the father of three believes all parents want their children immunized, considering their child's health is their top priority. "If there are no side effects, we'll be willing to get it, because we're also thinking about our children's health," said Tholip.

As a result of the trauma of these side effects, Toyyibeh (28), a Posyandu cadre in Sungai Enau Village, revealed that there has been a significant decline in community and parent participation in immunizations. The trauma of these vaccine side effects also affects visits by parents and children to the Posyandu. Of the approximately 50 children in Parit Tenaga Baru, only 10 percent visits the Posyandu.

"Out of all the toddlers, only one, two, or three are willing to be immunized. There are over 50 toddlers in this village. But only about 10 are willing to be examined at the Posyandu," said Toyyibeh, recounting her experience working as a Posyandu cadre.

To overcome this problem, Toyyibeh and other Posyandu cadres went door to door, providing education about the importance of immunization and conducting *sweeps*.

for children and toddlers. However, this effort is deemed sub-optimal, as residents and parents are already traumatized by the side effects of vaccines.



A Posyandu cadre in Sungai Enau Village takes a child's measurements and educates them about the importance of immunization through door-to-door visits to residents' homes. (Photo: RRI/Muhammad Rokib)

The head of the Kuala Mandor B Puskesmas, Mustain, acknowledged the low immunization rate in his area. As of June 2025, immunization rates in Kuala Mandor B District were only 12.1 percent, or 69 newborns. The 2025 target should have been 95 percent, or around 570 newborns.

In an effort to raise public awareness, the Puskesmas and the sub-district leadership coordination forum (Forkopimcam) will collaborate and intensify the involvement of religious leaders, particularly clerics, to participate in public outreach through various forums, including at religious events such as public religious studies. "We plan to start this initiative in 2025, as we have already collaborated with the MWCNU (National Student Council) of Kuala Mandor B District," said Mustain.



The head of Kuala Mandor B Puskesmas, Mustain, during an interview. (Photo: RRI/Muhammad Rokib)

This collaborative concept will involve preachers, particularly influential clerics, to educate about the importance of immunization. However, Mustain admitted that there is no specific budget to bring preachers or prominent clerics to his region.

According to Mustain, residents will be more receptive if immunization education is delivered by prominent Islamic scholars in West Kalimantan (Kalbar) or from Java during large-scale religious study events. Therefore, this effort will be synergized with the event organizers. “However, there must also be a contribution from the government, as it requires capital to bring in prominent Islamic scholars, so we can contribute,” he said.

Low Immunization Achievement

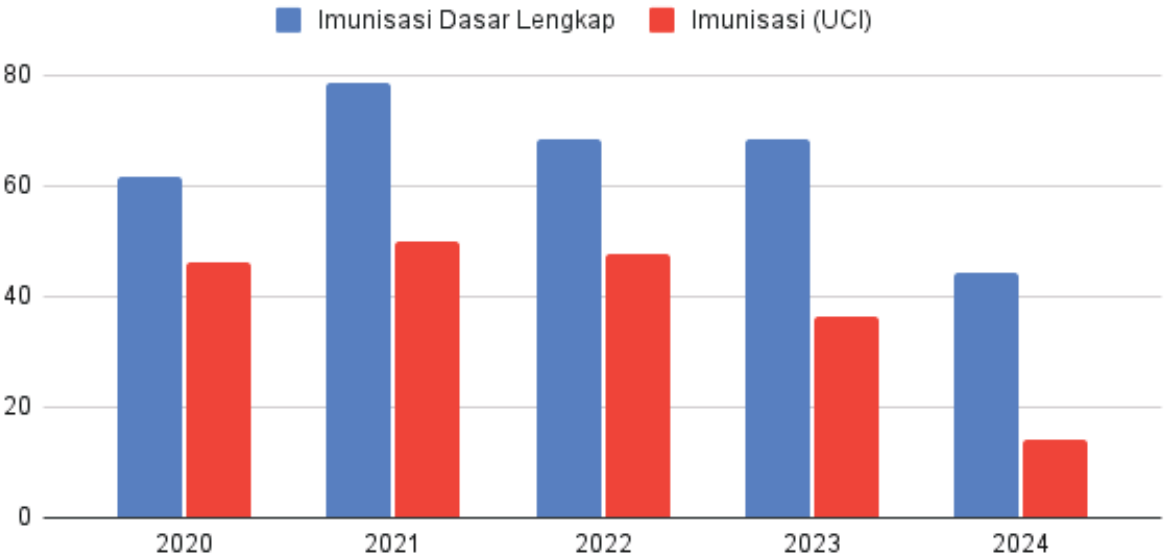
Yudi Paulian Heriwibowo, Head of the Disease Prevention and Control (P3) Division of the Kubu Raya Regency Health Office (Dinkes), acknowledged that the immunization rate for the past five years, as of June 2025, in the KKR was relatively low, remaining at 13 percent. He noted that this decline in immunization coverage is not unique to the KKR but also occurs in other areas.

Based on data obtained from the KKR Health Office, child immunization coverage has indeed declined over the past five years. In 2020, the UCI immunization rate reached

46.2 percent, rising to 50 percent in 2021. Then, in 2022, it dropped to 47.5 percent, and in 2023, to 36.4 percent. In 2024, the rate dropped to a very concerning 14.29 percent.

Similarly, the IDL rate reached 61.8 percent in 2020, then rose to 78.7 percent in 2021. However, it dropped to 68.3 percent in 2022 and 68.4 percent in 2023. It reached a very concerning 44.2 percent in 2024.

Imunisasi Dasar Lengkap dan Imunisasi (UCI)



Sumber: Dinkes Kabupaten Kubu Raya

Based on a data latest-updated and released on February 27, 2025, by the Central Statistics Agency (KKR), the number of children aged 0-4 years from 2022 to 2024 averaged over 50,000.

This low immunization rate led the Indonesian Ministry of Health to appoint the KKR as the host for the inaugural national launch of the Strategic Impact Immunization Strengthening Program in mid-June 2025. This launch was not a matter of pride, but rather a significant undertaking for the Kubu Raya Regency and West Kalimantan Provincial Governments. This is because Kubu Raya is one of the regencies in West Kalimantan with very low child immunization coverage. Yudi, Head of the P3 Division of the KKR Health Office, revealed that the main factor contributing to low immunization coverage in Kubu Raya is community

trauma related to vaccine side effects. “It’s undeniable that side effects from vaccinations still exist, including fever or Post-Immunization Adverse Events (AEFI), ranging from mild to severe. This makes parents afraid to bring their children for immunizations,” he said in his office.

According to Yudi, this presents a new challenge for the KKR government, following a difficult period following the public’s doubts about the halal status of vaccinations several years ago. He said that health workers and Posyandu cadres have been conducting door-to-door visits and educating the public about the importance of immunization, for instance, through the Salju (Tuesday-Friday) program, which provides maternal,

pregnancy and chronic disease services. The agency will also intensify educational efforts through social media, involving all health workers and Posyandu cadres.



Health workers and Posyandu cadres conduct health checks on pregnant women and provide education on healthy and hygienic lifestyles and the importance of immunizations at the Sungai Enau Village Office. (Photo: RRI/Muhammad Rokib)

Moving forward, another effort the Kubu Raya Regency Government will undertake is to empower parents who bring their children for immunizations as agents of change, helping to educate other residents in their communities. In addition to empowering parents as agents of change, the government has already engaged cross-sectoral stakeholders. Yudi continued, explaining that this collaboration will further maximize the involvement of community, traditional, and religious leaders.

In this regard, religious scholars, the majority of whom are Muslim in Kubu Raya, will be involved in providing information about immunization at every religious and community event.

The involvement of these religious scholars is considered crucial in reaching out to the community, as they wield significant influence in everyday life. Yudi explained that this was evident in their success in resolving the public controversy surrounding the halal status of vaccines that emerged several years ago. “Reflecting on previous incidents involving immunizations, where debates about whether they were halal or haram (permissible) even reached parents and children, we involved the Indonesian Ulema Council (MUI) to educate the community,” he explained.

He acknowledged that the difference between government-owned and privately-owned vaccine brands also affects side effects in recipients. However, the cost is also quite high. “For example, the hepatitis vaccine for children aged 0-1-6 at private health facilities.

One injection costs Rp 175,000, while three injections cost around Rp 500,000, not to mention the cost of the healthcare worker or doctor,” he said.

“For example, yesterday, there was a cervical cancer prevention vaccination targeting elementary school children. The dosage and the number of doses were the same. Private schools received Rp. 1.2 million,” he said.



Head of the Disease Prevention and Control Division (P3) of the Kubu Raya Regency Health Office (Dinkes), Dr. Yudi Paulian Heriwibowo, during an interview in his office. (Photo: RRI/Muhammad Rokib)

Therefore, this planned collaboration also addresses public questions about the differences between government-mandated vaccines, which have side effects, and those administered by private health facilities without side effects. Despite numerous complaints from the public, the Kubu Raya Health Office has not received any reports from private health facilities administering child immunizations. “Therefore, with this collaboration, we hope to be able to access data on immunizations administered by both the government and private health facilities,” he said.

Equally important, according to Yudi, is the involvement of healthcare workers, doctors, clinics, and private health facilities. In the future, the Health Office will involve private health facilities to collaborate in providing education and immunizations for children. “We will engage all health facilities, including practicing doctors, independent clinics, and Kimia Farma clinics, to provide immunizations to the community. The agreement will define each party’s rights and obligations,” he said.

Under the planned collaboration with private clinics, the government will drop off vaccines to private healthcare facilities. However, the Kubu Raya Regency Government is currently reviewing whether to charge a fee, as private healthcare facilities or independent practices currently receive no state funding.

Yudi explained that this study was also conducted to find a solution for funding sources that would be used if a budget was needed for private health facilities.

Budgeting certainly requires the involvement of policymakers, including regional heads, provincial governments, and the central government, as well as the legislature. “And we continue to periodically evaluate the progress of our programs and innovations,” he said.

Religious Views on Child Immunization

The Chairman of the Indonesian Ulema Council (MUI) for West Kalimantan Province, Drs. KH Basri Har, believes that immunization programs are part of efforts to protect children from disease. He emphasized that, from a religious perspective, immunization programs are permissible and can even be made mandatory in emergency situations.

The Indonesian Ulema Council (MUI) Fatwa No. 4 of 2016 affirmed the legality of immunization for children. This fatwa addressed the controversial arguments for and against immunization laws at the time, which were hotly debated among the

public. The MR (Measles Rubella) vaccine, due to its pork enzyme content, led to vaccination delays in several regions. The MUI fatwa permitted the use of the MR vaccine from the Serum Institute of India for immunization programs due to a state of emergency (sharia emergency), taking into account the risks of not using the vaccine and the lack of halal alternatives.

For example, if a person or a child is in an emergency situation, their life could be in danger if not rescued, and the only available medicine is made from haram ingredients. Therefore, it is permissible to use it as medicine, subject to the guidance of competent experts or doctors. “When there are no other immunizations available, but a life must be saved, and according to health experts, the person or child must be immunized. Therefore, it is permissible in the emergency category, because in an emergency, something haram can become halal,” he said.



The Chairman of the Indonesian Ulema Council (MUI) for West Kalimantan Province, Drs. KH Basri Har, during an interview at his residence on Jalan Paris II, Pontianak. (Photo: RRI/Muhammad Rokib)

To raise public awareness of this issue, the West Kalimantan MUI has also collaborated with the Regional Government through the Health Office for several years. In this regard, the MUI plays a role in providing religious education about immunization, providing public understanding of the legality of vaccines and their side effects. “We were concerned about public resistance, so we were asked to provide education about immunization,” said KH Basri.

Furthermore, the West Kalimantan MUI, along with the Regency/City MUIs in West Kalimantan, are also actively involved in providing education regarding the side effects of childhood immunizations. KH Basri, the MUI Fatwa, has also emphasized

that vaccinations must be administered by competent healthcare workers who understand the procedures and SOPs to prevent errors among recipients.

According to KH Basri, before any immunization is administered, a checkup must be performed to ensure the child is in good health. This examination is crucial because, in addition to the child's pre-existing medical conditions and drug reactions to developing immunity, side effects from vaccines can also be caused by errors in administering the vaccine without following proper SOPs.

"The Indonesian Ulema Council (MUI) has stipulated in its fatwa that it must be handled by experts, because if it is given carelessly, it could violate the law. But so far, we have trusted health workers," he said.

In addition to partnering with the government in various programs, the Indonesian Ulema Council (MUI) also has an obligation to protect the lives of its people. Therefore, KH Basri emphasized the importance of maintaining good health. He acknowledged that many people still lack awareness of the importance of health, and many only learn about its value after they are already sick. He cited the example of how, in everyday life, when meeting relatives, the first question they often ask is about their health, rather than anything else.

"Health is like a crown on the head of a healthy person. People seeing the crown are the sick. That's why we want the public to truly understand the importance of maintaining good health," said KH Basri.

There are many ways to maintain health, starting from lifestyle and diet to preventive measures such as medication and immunization, building immunity to avoid disease attacks.

Based on this, the Chairman of the West Kalimantan MUI, KH Basri, also provided an understanding for parents and the community to view the immunization program as a joint effort to protect children's health for their future. KH Basri emphasized that when it comes to being immunized, a child rely solely on the responsibility of the parents.

Therefore, parents must recognize the importance of maintaining their child's health and growth. "It's the parents' responsibility, so it's up to the community and parents who have children or grandchildren to take care of their health," he stressed.

Education in Da'wah

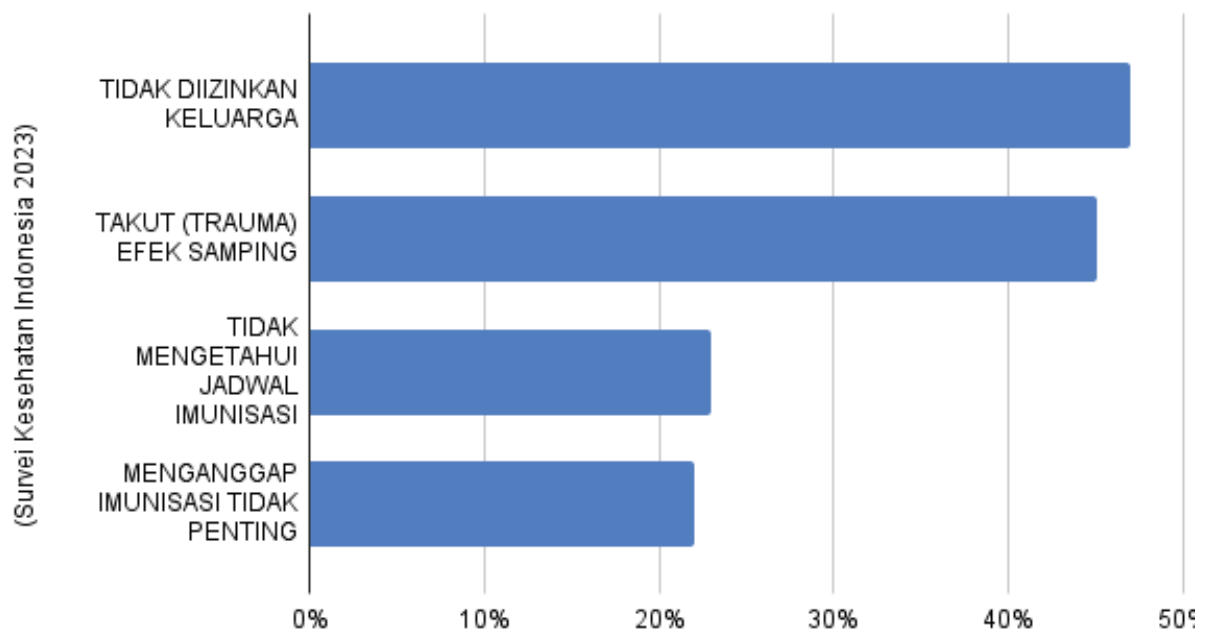
Kiai Nasiruddin, the caretaker of the Nurul Amin Modern Islamic Boarding School and a member of the West Kalimantan Nahdlatul Ulama Executive Board (PWNU), stated that immunizations and vaccinations will be effective if they align with actual conditions, not artificially created through medical and health standards, as religion encourages maintaining good health. However, the public needs to be educated about immunizations and vaccinations by competent doctors, not nurses who work in the field. "Today, there is a debate among the public because it is still taboo, leading to negative prejudices against immunizations and vaccinations," he said.

Kiai Nasirudin emphasized that immunization is very important, but not every child needs to receive it. Instead, it's important to assess the child's condition first, just as with vaccinations. "I myself have received the first and second vaccinations. I've done this with the students, and for children, with the community around the Islamic boarding school, and at the neighborhood association's house," he said.

He admitted that he had contributed to conveying information to the community through his da'wah or recitation activities. "Yes, but the implementation and decisions are left to the respective communities," said Nasiruddin.

Lecturer at the Pontianak Health Polytechnic (Poltekkes) and Public Health Epidemiology Expert in West Kalimantan, Prof. Dr. Malik Saepudin, revealed that based on the Nielsen-UNICEF Q3 2023 Study, there are several factors that cause low immunization achievement, including parental refusal regarding double injections reaching 38 percent, inappropriate schedules 18 percent, and concerns about side effects 12 percent. Meanwhile, the 2023 Indonesian Health Survey shows that 47 percent of children are not immunized because their families do not allow it, 45 percent because they are afraid of side effects, 23 percent do not know the immunization schedule, and 22 percent think immunization is not important. "Lack of public understanding regarding the benefits of immunization, the spread of hoaxes and misinformation about immunization are the causes," he said.

ALASAN ANAK TIDAK DIIMUNISASI



Ketua Umum Majelis Ulama Indonesia (MUI) Provinsi Kalimantan Barat, Drs. KH Basri Har saat diwawancara di kediamannya di Jalan Paris II Pontianak. (Foto: RRI/Muhammad Rokib)

The Dangers of Not Being Immunized

The first impact of incompletely immunized babies is that they are vulnerable and can experience serious complications because their immune systems are not yet as strong as those of adults. When an infection occurs and the body is unable to recognize it, the baby's immune system can't fight it. As a result, the symptoms are more severe than those of children who have received complete basic immunizations. Severe infections also tend to be more difficult to treat.

Second, spreading the disease to others. Children who have been immunized may still be exposed to viruses or bacteria. Even if they do become ill, the condition is usually not too serious. However, because they are not immunized, babies are at high risk of spreading the virus or bacteria to other unvaccinated babies. And what is more frightening is the risk of a recurrence of the outbreak. The more children who are not vaccinated, the more cases of the disease will continue to rise, even after the disease has been declared eradicated.

For example, Indonesia was declared Polio-Free by the World Health Organization (WHO) in 2014. However, because polio immunization coverage had decreased, the disease was found again in 2018 in Papua and in 2022 in Aceh.

Immunization Side Effects

According to epidemiologist Prof. Dr. Malik Saepudin, immunization still carries the risk of side effects. This is because the immunization system itself introduces antigens (parts of disease-causing germs) into the body. The immune system then recognizes these antigens and begins producing antibodies to fight them. This process, called an immune response, can sometimes cause mild symptoms such as fever, pain, or redness at the injection site. However,

It is safe, because most of the side effects of immunization are not dangerous and will disappear within a few days.

There are several ways to address the side effects of immunization, namely: Give more fluids, Give more breast milk, Ensure daily intake is nutritious and balanced, Use a cold compress or a towel soaked in cold water, then place it on the area of the baby's skin that was injected to reduce pain and swelling and it is recommended to give a fever-reducing medication prescribed by a doctor. Compared to the minimal side effects, the benefits of complete basic immunization will be far greater and important. So, don't be afraid to immunize your little one (source: <https://www.generasimaju.co.id/artikel>, accessed 21/07/25).

Benefits of Complete Basic Immunization for Babies

Immunization for infants and children is considered crucial and offers significant benefits. Immunization is a government initiative aimed at preventing increased morbidity from certain diseases that pose a risk to infants. Immunization programs are a way to prevent infectious diseases by administering vaccines to individuals to build their immunity against specific diseases. The goal of immunization is to build immunity against disease-causing viruses.

Furthermore, the benefits of immunization can reduce the incidence of illness, disability, and death caused by vaccine-preventable infectious diseases, allowing children to grow up healthy and intelligent. To prevent the possibility of babies contracting various diseases, parents are obliged to provide their children with immunizations.

Prof. Dr. Malik Saepudin also explained the primary benefit of complete basic immunization for infants, which is to prevent the transmission of dangerous infectious diseases. The primary benefit of complete basic immunization for infants is protection against and prevention of the transmission of potentially fatal diseases. If the baby is exposed to the same virus or bacteria after vaccination,

their immune system can immediately recognize and fight it. Therefore, the baby will not get sick or will only experience mild symptoms.

Second, boost the immune system early. The more timely the schedule, the faster the immune system develops, and it's optimal if given within 24 hours of birth. Third, it reduces the risk of outbreaks and disease transmission. If many babies are immunized and develop immunity, the disease will be less likely to spread. "This effect is called herd immunity. Herd immunity can be achieved when more and more people in the community are vaccinated. So, the benefits of immunization for babies not only protect themselves but also the safety and health of other children around them, especially those who cannot afford the vaccine," he said.

The fourth benefit is reducing infant mortality, as immunization is also effective and essential in protecting children from complications of infectious diseases, such as severe symptoms, disability, or even death. For example, the polio virus can cause paralysis in children's legs and arms.

It can even attack the respiratory muscles and cause death. Remember, there is currently no cure for polio. Only the polio vaccine can prevent transmission of this virus. Furthermore, the bacteria that cause TB and the virus that causes measles in infants can cause encephalitis, which can lead to death.

Before administering catch-up immunizations, there are several things to consider. First, parents should bring their child's previous immunization record to review their child's immunization history. Second, to avoid unwanted side effects, healthcare professionals must ensure that the child is healthy, not currently experiencing any serious illnesses, and has no history of severe allergies.

Third, if a patient is found to be moderately to severely ill, has a history of allergies, suffers from blood clotting disorders, or is immunocompromised, the patient should first consult a pediatrician. Fourth, mild illness and fever are not reasons to delay immunization.

Types of Vaccines and Immunization Schedules

Prof. Dr. Malik Saepudin explained the types of immunizations that are included in Basic Immunization. Based on the recommendations of the Indonesian Ministry of Health and the Indonesian Pediatrician Association (IDAI), they include: Hepatitis B: Given to newborns before 24 hours–7 days old, its function is to prevent liver infection due to the hepatitis B virus, BCG Vaccine: Scheduled before the baby is 1 month old, the aim is to prevent tuberculosis (TB) bacterial infection.

Polio vaccine: A drop vaccine is given at birth, then at 2, 3, and 4 months. An injectable vaccine is given at 4 and 9 months. Its function is to prevent infection with the polio virus or the poliovirus. DPT or DTP vaccine: The first vaccine is given at 6 weeks of age. It should be given according to the established schedule, namely at 2, 3, and 4 months or 2, 4, and 6 months. The goal is to prevent transmission of the viruses that cause diphtheria, pertussis (whooping cough), and tetanus.

Hib vaccine: Immunization is given to children aged 2, 4, and 6 months or 2, 3, and 4 months. It is used to prevent infection with the *Haemophilus influenzae* type B bacteria, which causes meningitis, pneumonia, and infection of the respiratory tract covering during eating (epiglottitis). MR vaccine: The first dose at 9 months, the second dose at 15–18 months, and the third dose at 5–7 years. It is used to prevent measles and rubella virus infections. The mandatory immunization program in Indonesia is free of charge. Therefore, ensure your child's complete immunizations to ensure optimal immune development.

The first impact of incompletely immunized babies is that they are vulnerable and can experience serious complications because their immune systems are not yet as strong as those of adults. When an infection is unrecognizable by the body, the baby's immune system can't fight it. As a result, the symptoms are more severe than those of children who have received complete basic immunizations. Severe infections also tend to be more difficult to treat.

Second, spreading the disease to others. Vaccinated children can still be exposed to viruses or bacteria. Even if they do become ill, the condition is usually not too serious. However, because they are not immunized, babies are at high risk of spreading the virus or bacteria to other unvaccinated babies. And what's more frightening is the risk of a resurgence of the outbreak. The more children who are not vaccinated, the more cases of the disease will continue to rise, even after the disease has been declared eradicated.

For example, Indonesia was declared Polio-Free by the World Health Organization (WHO) in 2014. However, because polio immunization coverage had decreased, the disease was found again in 2018 in Papua and in 2022 in Aceh.

Imunisasi Anak

VAKSIN PERLINDUNGAN PERTAMA

Manfaat Imunisasi

- Melindungi dan mencegah penularan penyakit yang mematikan
- Meningkatkan sistem imun sejak dini
- Menurunkan risiko wabah dan penularan penyakit
- Menekan angka kematian bayi

Bahaya Tidak Diimunisasi

- Rentan mengalami komplikasi berat
- Penyakit infeksi berat lebih sulit diobati
- Menyebarkan penyakit ke orang lain
- Kasus penyakit akan terus bertambah
- Risiko kembalinya wabah

Jenis dan Waktu Imunisasi

- Hepatitis B: Bayi berusia 24 jam–7 hari
- Vaksin BCG: Bayi berusia 1 bulan
- Vaksin Polio: saat lahir, pada usia 2, 3, dan 4 bulan
- Vaksin Suntik: diberikan pada usia 4 dan 9 bulan.
- Vaksin DPT/DTP: Vaksin pertama usia 6 minggu di bulan ke 2, 3, dan 4 atau 2, 4, dan 6 bulan
- Vaksin Hib: dilakukan pada anak usia ke 2, 4, dan 6 bulan atau 2, 3, dan 4 bulan.
- Vaksin MR: Dosis pertama usia 9 bulan
Dosis kedua usia 15–18 bulan
Dosis ketiga usia 5–7 tahun

Cara Atasi Efek Samping

- Berikan ASI lebih banyak
- Asupan harian bergizi dan seimbang
- Gunakan kompres dingin area kulit bayi yang disuntik

Sebelum Melakukan Imunisasi

- Orang tua membawa buku catatan imunisasi
- Tenaga kesehatan pastikan kondisi anak sehat
- Konsultasi terlebih dahulu jika kondisi sakit
- Tidak menunda imunisasi

Penting untuk Diingat

- Vaksin tidak menjamin 100% bebas penyakit, tapi sangat efektif mencegah bentuk berat.
- Tetap terapkan perilaku hidup bersih & sehat.

Vaksin gratis di Posyandu, Puskesmas, dan Rumah Sakit Pemerintah!

Sumber:

- Kementerian Kesehatan RI
- Ikatan Dokter Anak Indonesia (IDAI)
- Ahli Epidemiologi

The Role of Parents in Immunization

According to Prof. Dr. Malik Saepudin, the right attitude for parents towards immunization is to understand the importance of immunization as an effort to protect children from dangerous diseases, as well as to provide support and accurate information to children during the immunization process. Malik Saepudin mentioned several things that parents can do: the first is to provide a correct understanding of immunization by explaining that immunization helps the child's body build

immunity against dangerous diseases without making children seriously ill, convey accurate information from trusted sources such as doctors, health workers, or credible health institutions and avoid misinformation, thus being careful of incorrect information or myths circulating about immunization.

The second is always accompanying the child during immunization, especially in emotional support, such as giving hugs, soothing words, and attention so that the child feels calmer and safer, explaining simply and easily understood by the child, and giving praise and appreciation after the child has finished immunization. The third can create a comfortable environment, namely inviting the child to play before or after immunization aims to divert attention and reduce anxiety, and do not forget to prepare the child's favorite snacks or drinks given after immunization. Fourth, carry out care after immunization, sometimes there are mild side effects such as fever or pain in the injection area, and provide appropriate treatment, seek medical help if needed: Parents need to seek medical help immediately if serious side effects occur.

"With the right attitude, parents can help their children feel comfortable, safe, and motivated to undergo immunizations for their health and future," said Prof. Malik.



Lecturer at the Pontianak Health Polytechnic (Poltekkes) and Public Health Epidemiology Expert West Kalimantan, Prof. Dr. Malik Saepudin.

The Role of Government and Figures

To ensure equitable immunization for all children, Prof. Dr. Malik Saepudin believes it's crucial for the government to convince the public of the safety and importance of childhood immunization through comprehensive education, effective campaigns, and the involvement of community leaders and health workers. These efforts need to be sustainable and tailored to the socio-cultural conditions of the community.

First, in addition to providing adequate and accessible infrastructure, including pick-up at the primary health care level at Puskesmas and Posyandu, comprehensive and accurate education is also necessary, namely clear and easy-to-understand information about the benefits of immunization, types of vaccines, immunization schedules, as well as potential risks and how to handle them, both personally and through various media, such as social media, television, radio, websites, as well as leaflets and brochures distributed at Posyandu or other health facilities.

Second, continuously carry out effective campaigns tailored to targets and objectives, both in terms of age, location, and socio-cultural background, involve religious leaders, community leaders, and influencers who are trusted by the community to convey the message of the importance of immunization and carry out innovations in immunization services, for example, giving appreciation to parents who have immunized their children, for example with certificates or small awards and others.

Third, addressing hoaxes and public concerns about myths, by providing valid scientific data and evidence to dispel myths and concerns about vaccine safety, by seeking direct community involvement not only as objects but also as subjects who emotionally desire the safety and health of their children, so a personal approach is needed, namely providing opportunities for parents to consult directly with health workers to address their concerns.

In addition to a personal approach, it is also important to involve community leaders and religious leaders in providing reassuring explanations regarding circulating information that are in accordance with community beliefs and local wisdom.

According to Prof. Dr. Malik Saepudin, due to vaccine hoaxes, these figures are the only ones who can suppress them and are the last line of defense, necessitating government efforts at all levels, from the central government to the regional governments. He also emphasized the importance of government transparency regarding vaccine management/procurement, including regarding the halal certification of vaccines.

“Tell the public the truth, as representatives of the community. This will make it easier to calm the situation and educate the public. If necessary, prepare and plan, including funding as an official reward from the government to the community leaders,” he stressed.

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This article was published in the media rri.co.id on July 28, 2025 and can be accessed via the following link:

<https://rri.co.id/indepth/10570/tokoh-masyarakat-miliki-peran-strategis-tingkatkan-capaian-imunisasi>



A tall, cylindrical water tower with a lattice base and a striped upper section, set against a cloudy sky. The tower has a dark, rounded top section and a base with a complex lattice structure. The upper part of the tower is divided into vertical sections of light and dark colors. The background shows a cloudy sky and some trees in the lower left corner.

Chapter 2
Medan

Breaking Down the Wall of Doubt Immunization in Remote Areas of Mandailing Natal



REAR COUNTRY: A snapshot of a health worker administering immunizations in Siobon Julu Village. The low immunization rate in remote Mandailing Natal is not only influenced by geography but also by the mindset of the community, which rejects basic immunizations for its children. (TRIBUN MEDAN/HUSNA FADILLA)

TRIBUN-MEDAN.com - Using a footpath and without a phone signal, Masrona struggles to convince her residents one by one about the importance of children's immunity.

The slender steps of Midwife Masrona (32) looked agile as she descended the valley and returned to climb the small hills in Siobon Julu Village on Wednesday (16/7/2025).

Her tiny body seemed to hold boundless energy. From one stilt house to another, she tirelessly greeted and encouraged mothers to bring their children to the Posyandu on Friday. An important mission awaited her: immunizations.

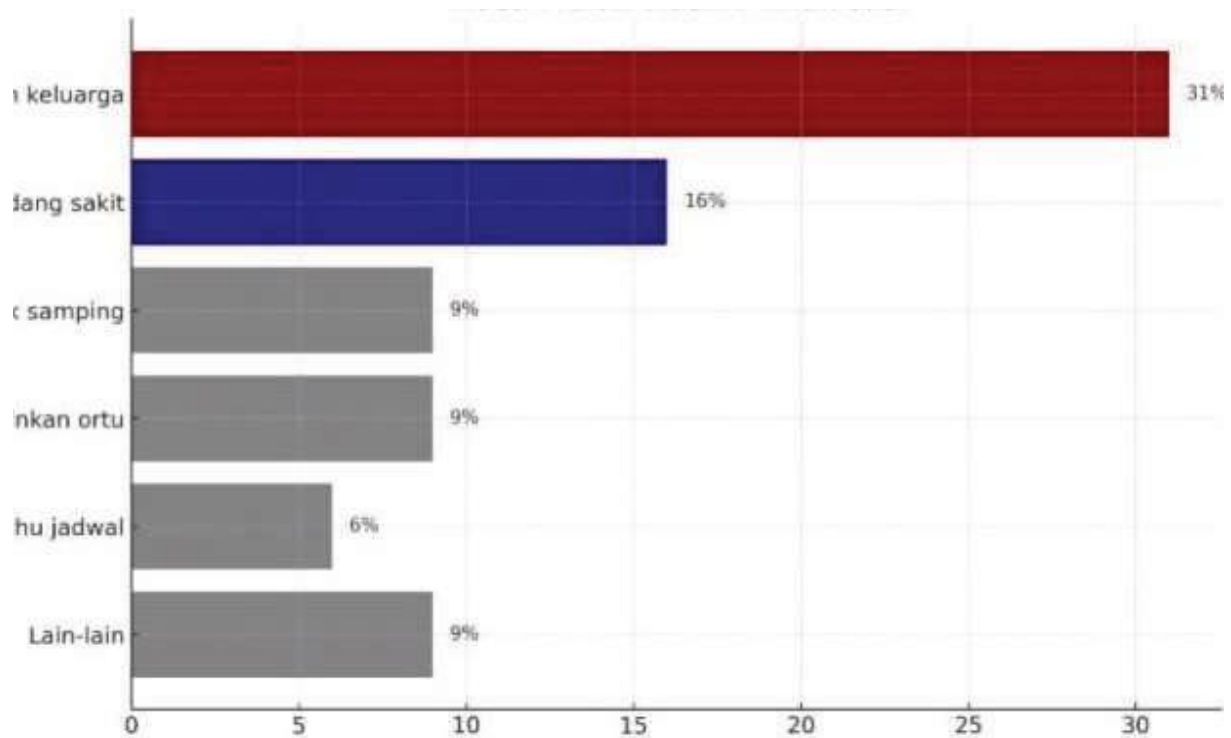


REAR COUNTRY: Midwife Masrona (32) visiting residents' homes in Siobon Julu Village on Wednesday (16/7/2025). She went from house to house to provide immunization information. (TRIBUN MEDAN/HUSNA FADILLA)

Their struggle is not without reason. Although administratively located in Panyabungan District, the center of Mandailing Natal Regency, Siobon Julu Village is a world apart.

Located just 9 kilometers from the district capital, this village is isolated among the Bukit Barisan range. There's no public transportation, only challenging, steep dirt roads. Cell phone reception is a luxury, even though electricity has long illuminated the village's nights.

In the midst of these limitations, the pulse of health services for the 700 residents is centered in a simple building: Masrona's own house. It was where she received patients, provided assistance, and ran health programs, including ensuring that the children of Siobon Julu were protected from infectious diseases.

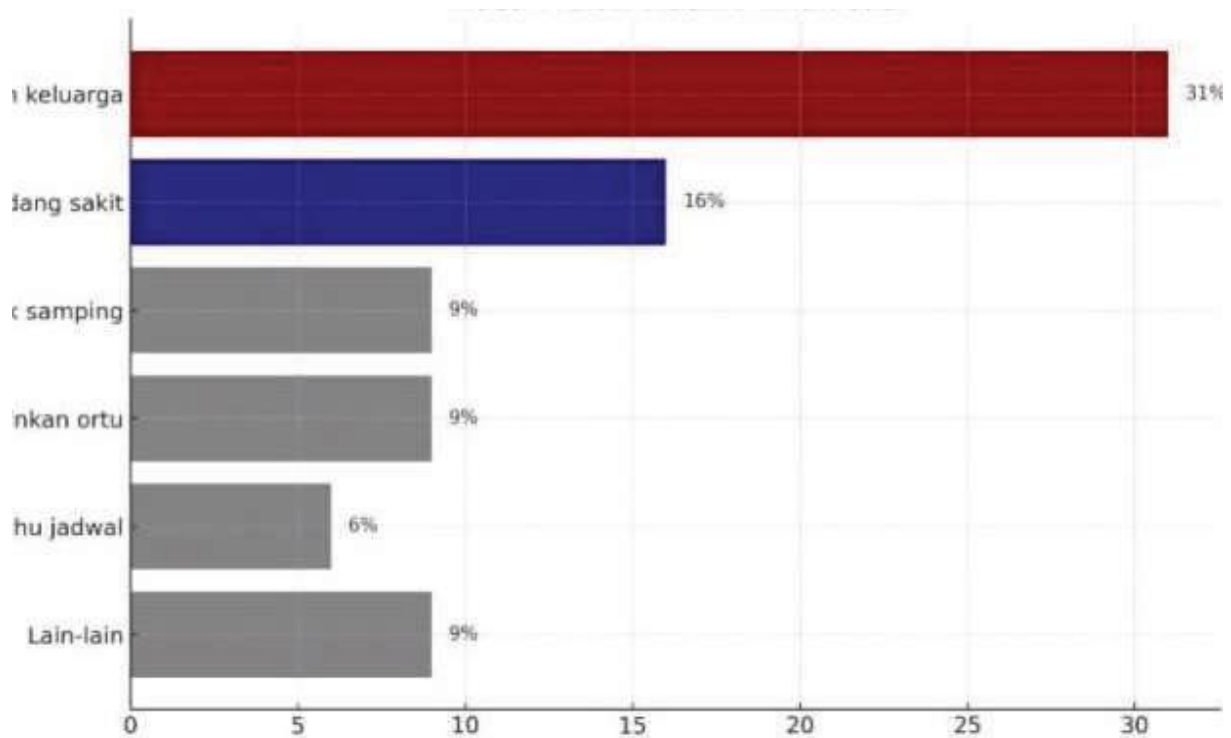


IMMUNIZATION INFOGRAPHIC: Statistical data on the reasons why children in Mandailing Natal do not receive immunizations. These figures were obtained from a 2025 survey conducted by the Mandailing Natal Health Office at the Penyabungan II sub-district level. (TRIBUN MEDAN/HUSNA FADILLA)

The geographical challenges don't stop there. Residential areas are spread out along the hilly terrain, with two sub-villages (banjar) of Aek Ranjo and Surabot located further up, 2 to 3 kilometers away via a path only wide enough for one motorcycle.

To reach them, Masrona has a surefire strategy: market day. Every Thursday, residents from distant hamlets descend on the village center. The market here isn't a permanent structure, but rather a courtyard or open space that instantly becomes bustling. This is where residents conduct transactions, socialize, and exchange information.

"To the mothers, we already know each other, we know which ones have babies. During market week we invite them to bring their children for immunization the next day," said Masrona.



IMMUNIZATION INFOGRAPHIC: Statistical data on the reasons why children in Mandailing Natal do not receive immunizations. These figures were obtained from a 2025 survey conducted by the Mandailing Natal Health Office at the Penyabungan II sub-district level. (TRIBUN MEDAN/HUSNA FADILLA)

In her mission, Masrona is not alone. Her husband, Mulla (39), became her comrade in arms. While trading on market days, Mulla also reassures his customers.

“Our child is still young, so we told him that immunizations are fine. Even if he has a fever, it’s part of his immune system’s development,” Mulla explained, a sentiment echoed by Masrona.

However, the road isn’t always smooth. The biggest obstacle comes from public doubt. The effects of post-immunization fever remain a frightening prospect for some.

Not infrequently, a mother is ready, but does not get permission from her husband. Masrona really understands this concern.

To reassure them, after each vaccination, she always supplies the mothers with vitamins and fever-reducing medication. She assures them that the fever is temporary and a normal reaction.

To date, nearly all of the 80 toddlers in Siobon Julu Village have received the polio vaccine. However, the struggle for complete basic immunization remains a long way off, as only around 30 children have completed the program.

Distance, time, and doubt are still obstacles. For Midwife Masrona, every step on the steep path is an effort for a healthier future for the children of Siobon Julu. One by one, from hill to hill.

Midwife Masrona's struggle reflects a larger challenge at the district level. Low awareness and immunization rates in Mandailing Natal, particularly in remote villages, are strong reasons behind the hard work of healthcare workers.

According to data from the Mandailing Natal Health Office, the Complete Basic Immunization (IDL) program is still far from its target. Of the total target of 11,114 infants, only 3,132 (28.18 percent) have received complete immunizations.

Mandailing Natal District Health Office, Asnidar Marbun, explained that IDL includes administering the BCG vaccine (prevents severe tuberculosis), Polio, HB0 (prevents chronic liver infections), DPT-HB-Hib (prevents diphtheria, pertussis, tetanus, hepatitis B, and Hib), and MMR (protects against measles and rubella).

"It's true that the rejection rate is low; it's similar to the Covid-19 vaccine era. However, we believe the 90 percent target can be achieved through innovative cross-sector collaboration and regional government agencies (OPDs)," said Asnidar Marbun.

Public awareness of immunizing children is influenced by various factors. One example is Maimunah (32), a mother of three who lives right next to the Posyandu Lingkungan IV, Pidoli Dolok Village, Panyabungan District. Maimunah refused to include her youngest child, who is only 4 months old, in the immunization week on Friday (11/7/2025).

The reason was simple: she was afraid her child would catch a fever, a worry based on experience.

"Fever, fever, and fussiness. This could last for up to a week," Maimunah told Posyandu cadres and local health workers.

Her concerns stem from the experiences of her eldest and second children, who are now 11 and 8 years old.

According to her, her two children also developed fevers after being immunized. Therefore, her husband and her, Dwi Herianto, agreed to no longer include their children in the vaccination program.

Basic Immunization is Important to Protect Children from Dangerous Diseases
Basic immunization for children, especially in the early years of life, is a crucial

step in protecting them from various dangerous diseases. This was conveyed by Dr. dr. Lili Rahmawati, SpA(K), a Pediatrician and Social Pediatric Growth and Development Consultant at H. Adam Malik General Hospital and a Lecturer at the Faculty of Medicine, University of North Sumatra.

“Children are the nation’s future generation and must be protected. Early in life, a child’s immune system is highly susceptible to infection, making them susceptible to disease and impacting their growth and development later in life,” said Dr. Lili.

Without complete immunizations, children are at high risk of contracting diseases such as tuberculosis, hepatitis B, diphtheria, pertussis (whooping cough), tetanus, measles, and rubella. These diseases can cause disability and even death.

Dr. Lili explained that children in remote, frontier, and outermost (3T) areas are more vulnerable if immunization coverage is low. “3T areas have limited access to healthcare, poor infrastructure, and low economic levels. If immunization is not evenly distributed, children are more susceptible to disease, increasing morbidity and mortality rates,” she explained.

Immunization also contributes to herd immunity. When the majority of a population is immune to a disease, its spread can be suppressed, or even eradicated. However, this can only be achieved if immunization coverage is high and equitable. If a region has a low immunization rate, infectious diseases can spread rapidly and trigger outbreaks. The impacts are not only physical, but also psychological and economic, hampering human development in that area.

Managing Post-Immunization Fever

Dr. Lili also understands the concern many parents feel when their child develops a fever after immunization. She explained that a mild fever is a normal reaction as the body responds to the vaccine.

“Fever usually subsides within 1-2 days. Parents can give paracetamol, ensure the child drinks enough, and dress them comfortably,” he advised.

However, if the high fever is accompanied by vomiting, convulsions, or decreased consciousness, the child should be taken to a health facility immediately.

Misinformation about immunization, such as issues about whether vaccines are halal or haram or exaggerated side effects, also continues to circulate widely. To address this, Dr. Lili emphasized the importance of education from healthcare professionals, the public’s role in disseminating accurate information, and media support in presenting a positive narrative about immunization.

“All parties must commit to providing proper understanding so that the immunization program can successfully protect Indonesian children,” he said.

With complete immunization, children can grow up healthy and avoid dangerous diseases, supporting a superior generation in the future.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

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<https://medan.tribunnews.com/2025/07/21/mendobrak-dinding-keraguan-imunisasi-di-pelosok-mandailing-natal>



Child Immunization Campaign on the Side of the Railway Tracks



During the day, a child walks on the railroad tracks, Jalan Kapten Muslim, Medan Helvetia, Thursday (10/7/2025). | Dinar Fazira Fitri

“Why immunize? If they’re sick, just take them to the hospital.”

wacana.org - The scorching midday sun could sting anyone’s skin while they were out and about. However, this didn’t dampen the spirits of Mastahulina Sianipar, a Posyandu cadre, who was on duty administering immunizations near the railway tracks in the Medan Helvetia area.

Every month, routine immunizations are held on the second Thursday of the month. The neighborhood head’s (Kepling) house serves as a Posyandu for local residents. Service tables, scales, and measuring instruments are ready as early as 10:00 a.m. One by one, mothers and their children begin to fill the seats, waiting for their child’s name to be called.

Immunizations aren't just announced through the Posyandu WhatsApp group. Cadres also carry out door-to-door reminders every month. However, this outreach isn't always well-received by the children's parents.

Mastahulina often hears parents cite work as an excuse for not having time to take their children. "Some parents see their children are healthy, so why bother with immunizations? If they're sick, we take them to the hospital," she said, recounting the words of a mother who refused to vaccinate her child on Thursday (July 10, 2025).

"But if parents are wise, they will definitely take their children for immunization because the impact of immunization extends to adulthood," he emphasized again.



A mother and her child wait in line for immunization on Thursday (July 10, 2025). | Lody CI Siringo-ringo

Awareness hasn't yet developed, and willingness is still a long way off. The head of Neighborhood II in the railway area, Raden Hutagalung, said parents without access to transportation face obstacles in taking their children for immunizations.

"Sometimes we also have a pick-up and drop-off system. Some have two children, some three. Because they're tired from walking and don't have a vehicle, we have to pick them up," he said.

Regarding resistance, many parents also believe immunizations are dangerous. "Many are still afraid of the Diphtheria, Pertussis, and Tetanus (DPT) vaccine, which can cause fever," Raden said.

According to data provided by the Medan City Health Office, there are 54 Posyandu across the Medan Helvetia sub-district. These include the neighborhood chief's houses along the railway tracks, which have been converted into Posyandus. "We've provided the space and everything. In reality, it's just the people who have a hard time opening their minds. Hopefully, these people will open their hearts," Raden hoped.

Flashback of dense railway settlements



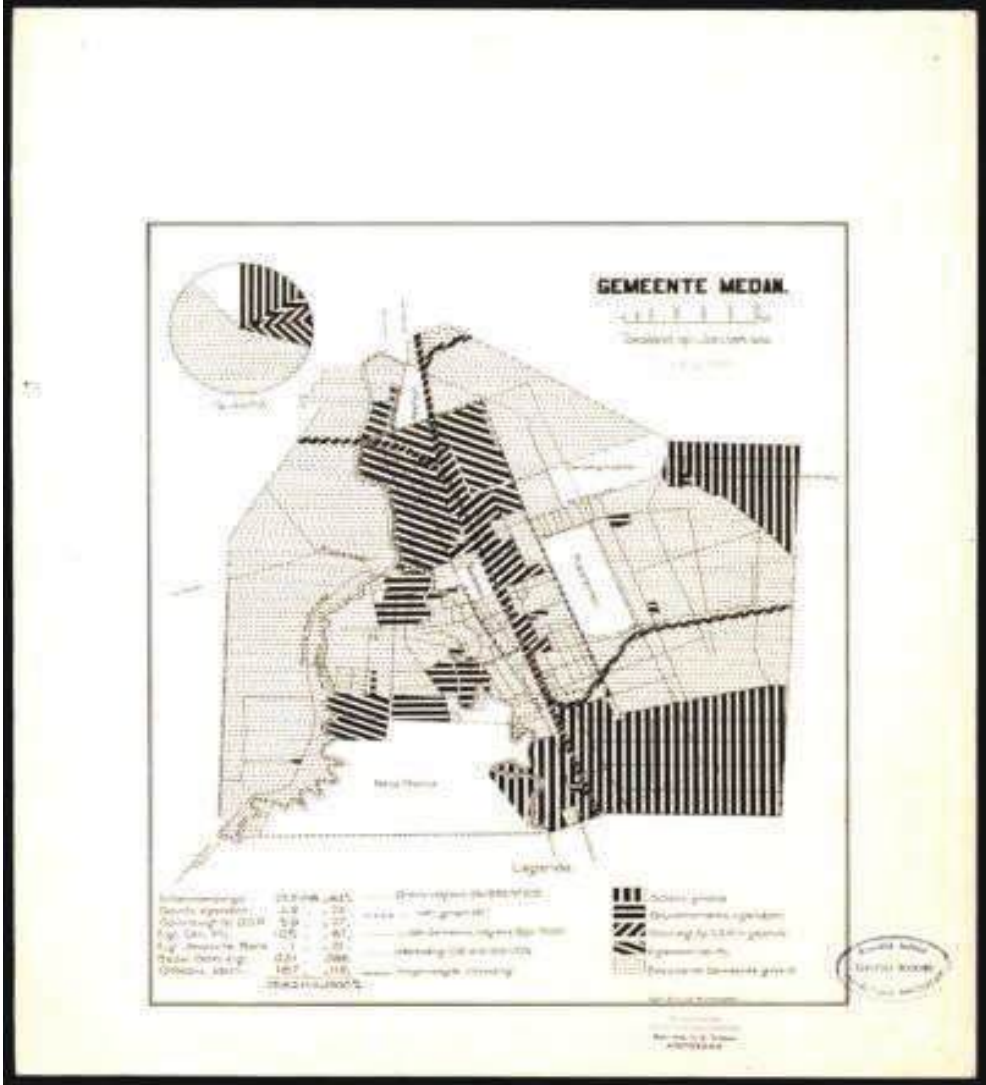
Residential area near the railway crossing on Jalan Kapten Muslim, Medan Helvetia, Thursday (10/7/2025). | Lody CI Siringo-ringo

During the day, the tracks are not particularly busy, with only a few people walking towards the main road. Every 10 minutes or so, a train makes its appearance, bringing traffic to a brief halt. From nine meters beside the tracks, a densely populated residential area can be seen.

They have lived there for decades. There's a long story behind it. As told by USU History lecturer Kiki Maulana Affandi, he drew a line along the Medan settlement established by the Dutch around the 1870s.

Medan was originally ruled by two governments: one from the Deli Sultanate and the other from the Dutch colonial government. In the past, the colonial

administration had established settlements based on ethnicity. “Helvetia used to be a plantation; it wasn’t considered a city,” he said.



Map of Medan City made by the Dutch before 2000. | Special Source

In 1957-1958, the railway tracks, station offices, and all land assets belonged to the Deli *Spoorweg Maatschappij* company (now PT. KAI). After independence, the plantation system was nationalized.

However, major changes were only felt in the 1970s and 1980s, when a wave of urbanization swept through Medan. Villagers came to the city in hopes of a better life. As the city grew rapidly, many residents ended up living along the railway lines.

“That’s a symptom of urban growth with dense settlements. Cities offer jobs, but not housing. Ultimately, people choose to live along the railway lines,” said Kiki.



A train driver waves as a train passes the Direct Crossing Line (JPL) on Jalan Kapten Muslim, Medan Helvetia, Wednesday (10/7/2025). | Lody CI Siringo-ringo

Rumah-rumah dibangun dengan bahan seadanya, berdiri di atas tanah yang The houses were built with whatever materials were available, standing on land that actually belonged to PT KAI, a former concession of the Deli Spoorweg Maatschappij company during the colonial era. Legality is weak, infrastructure is virtually non-existent, but life continues. Some have lived there for decades, even having children and grandchildren.

So, has the area now met the standards for decent housing? “Absolutely not,” he answered firmly. “From the Dutch era until now, people living along the railway line have remained a marginalized group.”

In 2016–2017, there was sanitation assistance for slum areas, but the residential areas along the railway line remained largely untouched. “Perhaps because they aren’t officially considered city residents. Yet, they have the right to basic access,” Kiki concluded.

Access to the immunizations they need



A densely populated settlement near the railway crossing on Pondok Kelapa Street, Medan Helvetia, Saturday (July 5, 2025). | Dinar Fazira Fitri

Still in the Medan Helvetia area, the conditions in the railroad settlement on Pondok Kelapa Street are not much different. In front of her house, which was spray-painted by PT KAI, Septi Wardani explained that the houses marked in red would be affected by the rail line expansion.

Evictions have been discussed by the Medan City Government (Pemko) and PT. KAI for the past five years. He simply shrugged. As long as his child can live a healthy life, he remains grateful. That's what fueled his desire to get his child immunized. Unfortunately, not everyone feels the same way as this mother of three. "There are also people here who don't want their children immunized, sometimes out of laziness.

They're afraid something will happen to their children, because there have been cases where someone became so ill after immunization that they died," Septi explained.

The Medan City Health Office, through a written response, stated that the

immunization coverage in Medan City as of June 2025; namely Complete Basic Immunization (IDL) with a target of 32,490 children only reached 6,184 (19.03%) and Complete Toddler Immunization (IBL) with a target of 35,085 children, reached 5,051 (14.40%).

The phenomenon of immunization refusal and low coverage in Indonesia, particularly in North Sumatra, was also explained by Destanul Aulia, a lecturer at the USU Faculty of Public Health (FKM). He, a health observer, believes this is caused by two factors: demand-side and supply-side.

“Public awareness is still low, so many parents still don’t understand much about immunization. They sometimes fall for myths and hoaxes,” he said in an online interview on Tuesday (July 22, 2025).

The impact of the Covid-19 pandemic also contributed to the decline in immunization coverage, as people were afraid to visit Puskesmas. Furthermore, economic reasons prevented families from prioritizing immunization.

“Taking children for immunizations requires access, distance, and work hours. So, those with financial difficulties must be willing to miss work that day to take their children for immunizations,” said Destanul.

Caring about Herd Immunity

Evi Suwarno, the head of Neighborhood V in the railway area, stated that the community is already aware of immunizations. However, there’s still a lack of interest in bringing their children to the Posyandu. Each immunization session is attended by five Posyandu cadres, one doctor, and two staff members for patient consultations.

They provide vaccines for children from 0 months to 5 years, including DPT and polio shots. However, there’s often resistance to immunization due to concerns about fever. “They have this stigma: every time they get immunized, they complain of fever and diarrhea . But that’s normal,” Evi explained.

“If they complain, ‘My child has a fever and can’t get immunized,’ I still tell them to come in. Let the doctor explain, and they’re usually more receptive,” Evi added. Residents are free to choose whichever Posyandu they choose, as long as they bring their Family Card (KK). “Even if they’re from outside the community, we’ll still accept them. The KK serves as administrative documents; any mother bringing a child will be served,” he said.



A health worker administers an immunization vaccine to a baby on Thursday (July 10, 2025). | Dinar Fazira Fitri

As previously mentioned, Destanul also mentioned that some healthcare workers still face a burden on the provider side. “Sometimes vaccine supplies aren’t always smooth, and data on children to be immunized isn’t precise and accurate, so the service provided isn’t optimal,” he lamented.

Immunization programs emphasize herd immunity, particularly in railway areas. “In low-income communities with high-risk residences, if most people in those communities are protected, disease transmission can be suppressed,” explained Destanul.

He explained this through epidemiological theory. Low immunization coverage means the threshold for herd immunity isn’t reached. Diseases like measles and polio can spread and become epidemics.

“In densely populated communities, close contact between individuals leads to rapid disease spread. This is compounded by the high risk of unsanitary environments and inadequate sanitation,” he added.

A One Health approach is key

If immunization coverage remains low, children's health will be impacted, which can lead to morbidity and even death. This isn't just an individual problem; if it persists, the resilience of the entire community will be weakened.

"From a health economics perspective, it's called an externality. If some people still haven't received immunizations, it will impact the health of others," said Destanul.

A socio-cultural approach is at the heart of immunization program implementation, especially in densely populated areas like railway lines. Health workers need to be more than just administering vaccines; they must also build rapport and trust. "Immunization decisions are often influenced by beliefs, cultural values, and community norms," he said.

"If officers don't understand how to communicate culturally appropriately, health messages can be rejected," added Destanul .

The role of traditional and religious leaders is also crucial as a bridge of information. The mass coercion model of the past is no longer effective in the era of open information. This means that awareness must be built, not imposed.

All children, regardless of their place of residence, have the right to health. The public also needs to understand the life cycle, recognizing that infancy and adolescence are crucial stages. "If children are not protected at an early age, the impact can be long-term, both physically and intellectually," he stressed.

Law No. 17 of 2023 must be embedded in the role of health workers when they go into the field. Using communication methods they understand is the first step in convincing the public of their right to healthcare.

Scaling up immunization programs in densely populated areas, such as along railway lines, must foster collaboration among all parties. This is no longer solely the government's responsibility. "It's also the responsibility of the Education Department, the Religious Affairs Department, the Social Services Department, and the Health Department. We must all work together to implement the One Health approach," Destanul emphasized.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

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A Portrait of HPV Vaccination in Medan: Between Lack of Education and Stigma



HPV vaccine (special doc)

disruption.id - Outside the gates of Mulia Private Elementary School near midday, a series of activities were spread out in the usual diligence, Tuesday, June 24, 2025. Several traders were seen busy arranging portable display cases before being stormed by students, several parents were exchanging stories while waiting for their children to finish their teaching activities, and the school gatekeeper was getting ready to ring the bell.

A journalist from disruption.id quietly approached a group of women, parents about to pick up their children. When asked about vaccines, several parents unanimously expressed their reservations about the HPV (Human Papillomavirus) vaccine.

“Our child has already been vaccinated at the Posyandu, so what other vaccines are there?” Risma, the mother of a fifth-grade student at Mulia Private Elementary School, asked in a high-pitched voice. She considered the HPV vaccination program far-fetched and a waste of funds.

“Instead of the government implementing that (a vaccination program), it would be better to use the money for books (textbooks), so they’d be free. Because every time the school year changes, we have to buy books, and it’s not like we’re going to get a headache.”

Risma’s answer was echoed by the woman sitting right next to her. Her name was Dewi, and she was dressed fashionably in a black suit and a brown bergo headscarf. She had just returned from grocery shopping and was also waiting for her fifth-grade child.

“Because they didn’t wash their hands, that’s why they got cancer,” Dewi added. She believes that people who suffer from cervical cancer are caused by poor hygiene. “People back then, without vaccines, were healthy. Cervical cancer didn’t exist because they had good food and easy access to clean water,” she added.

From a distance, a woman’s voice could be heard cursing the sun. “It’s ruining my face, making it so hot,” she grumbled as she parked her motorcycle near a meatball cart. Then she walked quickly and joined the crowd, landing on a long bench.

Yes, it was a scorching afternoon. The sun’s rays bathed the courtyard of Mulia Private Elementary School on Jalan Kenanga Sari, Medan Selayang District, Medan City, where the cement was peeling in places. The lack of green space made the two-story school, painted predominantly yellow, look bright without spotlights. “Is that the cervical vaccine?” she asked bluntly, after introducing herself. She was called Mak Regar. “I’m not giving my child that shot. It’ll give him a fever.” She removed the black mask still covering his mouth. Without being asked, she explained why she wouldn’t allow her child to get the HPV vaccine.

“Look at the Covid (coronavirus) yesterday. My neighbor got the Covid vaccine and immediately developed a fever. After that, he’s been sickly ever since.”

Mak Regar’s statement was met with enthusiastic responses from parents. Although not voted on, they nevertheless expressed consensus that vaccines are unnecessary.

“Not to mention here (Mulia Medan Private Elementary School), even at other schools, many people refuse to get the HPV vaccine. Out of 30 children, only four are willing to get the shot,” he explained, naming the school in question.

This adds to the long list of parents who refuse to have their children vaccinated against HPV. In fact, the HPV vaccination program for elementary school girls in Medan City still faces significant challenges.



Mulia Private Elementary School, Medan (doc: Farida)

Although the school has demonstrated a strong commitment to supporting this program, student participation is still hampered by parental skepticism about the vaccine’s potential side effects. These concerns hinder important efforts to protect young people from the future threat of cervical cancer.

The Deputy Principal of Mulia Private Elementary School, Lilis Rospita, acknowledged the reality within the school environment, that most of the rejection stems from parents’ concerns about the side effects of the vaccine.

“Many parents are afraid that their children will get sick after being injected, develop a fever, or are worried about the long-term effects of this vaccine,” said Lilis when met by journalists from disrupsi.id on the sidelines of the School Children Immunization Month (BIAS) socialization at the Medan Selayang District Office, Thursday, July 3, 2025.

Furthermore, environmental influences also play a significant role. According to Lilis, if many children in the neighborhood are not vaccinated, other students tend to follow suit because they perceive it as normal.

One of the biggest obstacles is the emerging perception that the HPV vaccine provided free by Puskesmas is considered less reliable than the paid vaccine at hospitals.

“Some parents prefer expensive hospital vaccines because they perceive them to be of better quality. So they’re more likely to trust paid vaccines. This is certainly a challenge,” explained Lilis, who was wearing a light blue suit that day.



Deputy Principal of Mulia Private Elementary School, Lilis Rospita (doc: Farida)

The school has made various efforts to provide education and outreach, including disseminating information about the benefits of the HPV vaccine and the dangers of cervical cancer through parent communication groups (WhatsApp groups).

“We continue to share information about the HPV vaccine and cervical cancer. We also share testimonials from parents who have agreed to have their children vaccinated.

Likewise, we always provide a parental consent form. If parents don’t agree, their child won’t be vaccinated,” said Lilis.

However, some parents still choose to postpone or even refuse. Lilis also stated that a student's economic background also influences their parents' decision-making.

"Many of them come from lower-middle-class families, so they have limited information and access to health literacy. Therefore, parents must be continuously educated about the HPV vaccination," he said.

To ensure the HPV vaccination runs smoothly, Lilis hopes for the active involvement of medical personnel in providing direct explanations to students' parents. A professional approach is more effective in fostering trust.

"Similarly, parents are more confident when a doctor explains things directly. We're very open; if you need a consultation first, please do," he said.

Collaboration between schools, Puskesmas, and health professionals is key to ensuring the wider acceptance of this national immunization program and protecting future generations from the risk of deadly diseases.

"We hope parents are aware of the importance of the HPV vaccine. We want everyone to participate. Even if they're afraid, we'll bring a doctor with them for a consultation. This way, there will be no hesitation or problems after the vaccination," he said.

The HPV vaccination program has been launched nationwide since 2023 for fifth- and sixth-grade elementary school students. However, participation rates still fall short of targets. The Medan City Government's efforts, through the Health Office, to protect young people from cervical cancer still face significant challenges.

In 2023, the HPV vaccine was administered to fifth-grade elementary school students as the first of two required doses. Of the target of 16,446 elementary school students in Medan City, only 5,664 received the first dose, equivalent to 34.44 percent coverage.

The situation improved slightly in 2024. The program was expanded to include fifth- and sixth-grade girls so that all girls could complete their two vaccine doses on schedule. Of the target of 16,358 children, only 6,475 girls, or approximately 39.58 percent, had received the vaccine.

The Head of the Disease Prevention and Control (P2P) Division of the Medan City Health Office, Dr. Pocut Fatimah Fitri MARS, said that major challenges remain in implementing HPV vaccination, including a lack of knowledge and the emergence of hoaxes on social media that influence parents' decisions.

“The low HPV vaccination coverage is due to parents’ lack of knowledge. This is why they don’t give permission for their children to be vaccinated. Some parents are also afraid their children will develop a fever after the vaccine, believing it to be dangerous. Parents seek out disparaging hoaxes, and they believe these hoaxes,” said Pocut Fatimah Fitri when met by *disrupsi.id* journalists at the Medan Health Office on Wednesday, July 9, 2025.



Head of the Disease Prevention and Control (P2P) Division of the Medan City Health Office, Dr. Pocut Fatimah Fitri MARS (doc: Farida)

Some parents even refuse without clear medical reasons, believing the HPV vaccine isn’t essential. Nevertheless, the Medan City Health Office continues to conduct outreach to increase vaccination coverage.

“The sad thing is, we pressured the Puskesmas to reach its target of 200 children, but only eight agreed. We asked them to pursue it again, but still no one wanted to. The Puskesmas visited four times, but only achieved 10 percent,” he said.

Many people doubt the safety of the HPV vaccine because it’s free. This is because the HPV vaccine, outside the national program, is quite expensive. Two doses cost around Rp 2.5 million. Therefore, this free program should be utilized to its full potential.

“The HPV vaccine is guaranteed halal and safe. It’s free because it’s paid for by the government, with free service fees. It’s not because the vaccine is bad. If you really want a paid vaccine, go to the hospital. Some parents might be more expensive-minded, so go to a pediatrician. It doesn’t matter as long as your child gets vaccinated. But if you want it for free, follow the government-sponsored program. The vaccine is the same; it’s just the mindset that needs to be corrected,” he added. This rejection is further reinforced by the false assumption that vaccination can encourage early sexual behavior. Pocut emphasized that the vaccine is actually given to prevent HPV infection before children reach a sexually active age. This protection is crucial given that cervical cancer can develop silently for years without symptoms.

“Some parents are still influenced by misinformation that says vaccines can encourage promiscuous sexual behavior. That should be a religious norm and a customary norm. We hope all children will become sexually active after marriage. Once they are financially secure, old enough, and in all other respects, they can marry,” she stressed.

Pocut even found that several school principals in Medan City refused to administer the HPV vaccination. However, after being provided with a comprehensive understanding of the vaccine’s benefits and safety, their attitudes began to change. “There are schools that have refused from the start. I don’t understand either; perhaps the principal is an anti-vaccine group. When we asked, the principal said the parents also didn’t want their children vaccinated. The principal should be the one actively educating the parents,” he said.

To achieve vaccination coverage, the Medan Health Office conducted outreach in collaboration with the Indonesian Pediatrician Association (IDAI), the Education Office, the Ministry of Religious Affairs, the Communication and Informatics Office, the Agency for Women’s Empowerment, Child Protection, and Community Empowerment (BP3APM), sub-district heads, and higher education institutions. “We invited the school principals and gathered them at the sub-district office. They were educated about HPV vaccination. Active school involvement is crucial to the success of this program, especially in bridging communication between health workers and parents,” he explained.



The Medan Health Office held a socialization event for School Children's Immunization Month at the Medan Selayang District Office. The event also highlighted the importance of the HPV vaccine for elementary school children. (doc: Farida)

In addition to vaccination, awareness of early detection must also be increased. In many cases, cervical cancer doesn't cause obvious early symptoms. Symptoms usually appear when the cancer has reached an advanced stage, such as bleeding between menstrual cycles or pelvic pain.

"Don't wait until you experience vaginal discharge, abnormal bleeding, or pain to get checked. This indicates advanced cancer. Vaccination is the first step in keeping girls healthy into adulthood," she added.

Pocut urged parents to protect their children without hesitation. The HPV vaccine has been scientifically proven and endorsed by the WHO and the Indonesian Ministry of Health. If you miss out on the free vaccination opportunity, the vaccine will only be available independently at significant cost.

"We hope HPV vaccination will increase. The HPV vaccine is a long-term health investment that not only protects children from cervical cancer but also educates the public to be more aware of prevention. Let's be wise by filtering information intelligently and trusting official sources such as the WHO, the Ministry of Health, the Indonesian Institute of Sciences (IDAI), and the Health Office," he stressed.

Dr. dr. Khairani Sukatendel, M.Ked(OG), Sp.OG(K), SH, MH(Kes), CP(Med) stated that cervical cancer is one of the leading causes of death among women in Indonesia. HPV vaccination is the most effective preventive measure in reducing the risk of cervical cancer.



Dr. Dr. Khairani Sukatendel, M.Ked(OG), Sp.OG(K), SH, MH(Kes), CP(Med) (doc: Special)

“The HPV vaccination is an immunization program to protect the body from HPV infection. This vaccination is useful for preventing cancers in the genital area and reproductive organs, such as cervical cancer,” said Khairani when contacted by disrupsi.id on Wednesday, July 16, 2025.

The Indonesian government’s free HPV vaccination program currently targets girls aged 9 to 14, who receive two doses 6 to 12 months apart.

Meanwhile, women aged 15 and above are not included in the free national immunization program. Therefore, they must purchase the vaccine at a health facility that provides HPV vaccination. At this age, the vaccine is given in three doses, scheduled at 0, 1, and 6 months.

“The HPV vaccine should be given at an early age because the antibody response is better in children than in adults,” she said.

Three types of HPV vaccines are currently available: Bivalent, which protects against two high-risk HPV types, 16 and 18. The quadrivalent vaccine covers four types of the virus that cause cancer and genital warts. Nonavalent (nonavalent) protects against nine types of HPV, covering more than 90% of cervical cancers.

“Although the vaccines are different, they are all administered in a two- or three-dose regimen, depending on age, and are highly effective in preventing HPV infection, which causes cervical cancer,” she explained.

It’s important to understand that the HPV vaccine serves as primary prevention, not treatment. This means that it effectively prevents potential future HPV infections, but it cannot treat existing infections. Therefore, vaccination before a person becomes sexually active is the most ideal approach.

“The HPV vaccine is very effective in preventing cervical cancer. However, even after being vaccinated, other preventative measures are still needed, such as maintaining a healthy and hygienic lifestyle, avoiding sexual activity at a young age, and engaging in sexual activity with multiple partners,” he stressed.

Furthermore, screening for or early detection of cervical cancer is crucial. Methods such as a Pap smear or VIA test should be performed two years after someone becomes sexually active, and repeated periodically.

“Vaccines only cover about 90-95% of cancer-causing HPV types. There’s still another 5% of viruses that aren’t covered, and they can be fatal. Routine screening remains a crucial step for early detection and treatment. Unfortunately, public participation in screening is still low, only around 20%. This is due to embarrassment and fear of discovering the disease, only to discover it’s already severe,” he explained.

Khairani acknowledged that the vaccination program still faces serious challenges in the form of widespread misinformation. One such misinformation is that the HPV vaccine can cause infertility or fertility problems. Khairani emphasized that this claim is baseless and contradicts scientific evidence.

“Hoaxes are circulating that the HPV vaccine makes women infertile or subfertile. Furthermore, there are also rumors circulating that vaccination is a conspiracy. So, many people are still uneducated,” he explained.

According to Khairani, cervical cancer generally shows no symptoms in its early stages. However, persistent vaginal discharge with an unpleasant odor, bleeding

during intercourse, and pelvic pain often appear when the cancer has reached an advanced stage. Therefore, early detection is crucial for improving survival.

“If diagnosed in the early stages (1A or 1B), the cure rate is 95%, with treatment including surgery and chemotherapy. However, if the cancer has progressed to stage 2B or higher, surgery is no longer possible and chemotherapy is the only treatment,” he explained.

Khairani emphasized the importance of collaboration between health workers, the community, and local governments to increase cervical cancer vaccination coverage and education.

“Regional governments must be proactive. We are ready to help, from vaccination campaigns to free early detection. But without support from local governments, it will be difficult to reach the wider community,” he said.

Meanwhile, Khairani advised parents who are still unsure not to believe false information. The HPV vaccination program is a major national investment for future generations.

“If the government has allocated a large amount of funds, it means this program is important. Don’t ignore its benefits just because you’re fooled by hoaxes,” added Khairani.

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Between Syringes and Stigma: The Struggle to Immunize Children with Special Needs



Children with special needs. Source: VIVA Medan

VIVA Medan – Ratna Sari Dewi (34) never thought her third child, KD, would suffer from *cerebral palsy* (hypotonia or a condition of weak muscles). When he was born in December eight years ago, KD looked healthy even though he was born a month earlier than expected.

There were no signs of fetal distress while KD was still in her mother’s womb. Everything seemed normal, until a week after birth, KD began to show unusual symptoms.

“When she was 7 days old and the umbilical cord had fallen off, my grandmother was bathing her. There, my child started to tremble. I thought she was cold. It turned out we didn’t know it was a seizure. It happens often,” said Ratna in Medan City, Thursday, June 26, 2025.

Since then, Ratna has often taken her child to health facilities for medical treatment. When she was 9 months old, the little girl was diagnosed with epilepsy. Finally, at 13 months old, the doctor diagnosed her with cerebral palsy.

Ratna had to accept this reality. Although tears did not fall, her eyes showed deep sorrow. Her tears seemed to be held back by her determination to remain strong.

“Cerebral palsy isn’t visible at birth,” she said. Despite being born with this condition, KD is fortunate. She received all of his basic immunizations as a baby. “My child’s immunizations are complete. During the observation to determine the type of disease, KD received immunizations. There were no obstacles because at that time she was still easy to carry,” Ratna said.

She knows that not all children with special needs are as fortunate as KD, especially when it comes to receiving immunizations. For children with special needs, immunizations are quite complex and often face medical, psychological, and social challenges.



Ratna Sari Dewi. Photo: VIVA Medan

Several major problems that often arise start from a lack of information and education. This is known because Ratna has a community for children with special needs called the Cerebral Palsy Fighters Foundation.

“We have visited the homes of parents of children with cerebral palsy, indeed there are children from birth to three years old who have never received any medical services, including immunizations. This is because the parents lack information and are not yet open or seem to have resigned themselves to the condition,” explained Ratna.

Then, access to health services that are still not friendly to children with special needs also worsens the conditions for getting immunizations. The fact is that many medical personnel are still unaware of cerebral palsy. This lack of knowledge makes health services at the Puskesmas and the Posyandu less inclusive.

“There are still some health workers who see cerebral palsy as malnutrition, even though

“No. Cerebral palsy is a neurological condition related to the brain’s nerves. While cerebral palsy is still a relatively unknown concept, not all healthcare professionals understand it,” he said.

According to Ratna, the social stigma surrounding children with special needs is also a reason why parents choose not to immunize their children.

“We can’t blame the government because many parents, like me, feel inferior, ashamed, and can’t accept their child’s condition. So, they isolate themselves and refuse to go out, perhaps because it’s a hassle to bring their child along,” he said. “Then, they are reluctant to respond to public questions. Not to mention the cynical looks from people who don’t understand. That becomes a source of anxiety for parents,” Ratna continued.

A small example is the fact that many parents of children with special needs have not yet received their immunizations, in line with the low immunization rate. Based on data from the Medan City Health Office, from June 2024 to June 2025, child immunization rates were still suboptimal.

For example, in June 2024, the target for complete basic immunization (IDL) was 35,085 children, with 14,025 children achieving coverage, equivalent to 39.97 percent. In June 2025, the IDL target was 32,490 children, but only 6,184 children achieved coverage, or 19.03 percent.

Furthermore, the target for complete immunization of children under two years (IBL) in June 2024 was 33,382 children, with 7,379 achieving coverage, equivalent to 22.10 percent. In June 2025, the IBL target was 35,085 children, but immunization coverage was only 5,051 or 14.40 percent.

Then, in June 2024, the PCV (pneumococcal conjugate vaccine) immunization target was 35,085 children with a coverage of 14,973, equivalent to 42.68 percent. In June 2025, the PCV immunization target was 32,490 children, but the coverage was only 6,738 or 20.74 percent.

Furthermore, the rotavirus immunization target in June 2024 was 35,085 children with a coverage of 14,008 or 39.93 percent. Meanwhile, in June 2025, the rotavirus immunization target was 32,490 children, but the coverage was only 4,450, equivalent to 13.70 percent.

The data above represents the overall child immunization coverage. The Medan City Health Office does not have data on immunizations for children with special needs.

The Head of the Disease Prevention and Control (P2P) Division of the Medan City Health Office, Dr. Pocut Fatimah Fitri, stated that there are no specific regulations regarding immunizations for children with special needs in Medan.

“There are no specific regulations for children with special needs to receive immunization services,” she said.

However, children can receive immunizations at health service facilities, including 1,268 Posyandu and 41 Puskesmas in Medan City. Immunization services are also available at hospitals and pediatrician practices, totaling 150 facilities.

“They already have a memorandum of understanding (MOU) with the Puskesmas and the Medan City Health Office,” explained Pocut.

The immunization logistics vaccines provided by the Medan City Health Office include HB0 (hepatitis B vaccine), BCG (bacillus calmette-guerin vaccine) to prevent tuberculosis, OPV (oral polio vaccine), and PCV. Then, the rotavirus vaccine, DPT/HB/HIB, IPV (injectable polio), MR (measles-rubella), HPV (human papillomavirus), Td (tetanus and diphtheria), and Dt (diphtheria tetanus).

In administering immunizations, Pocut said, there is no standard operating procedure (SOP) for health workers in the field when immunizing children with special needs.

“There is no SOP for immunization for children with special needs. Mothers with infants, children under two years old (toddlers), toddlers, and school-age children are advised to immediately complete their children’s immunizations in accordance with the government program,” she said.

Meanwhile, Diah Saminarsih, President Director of the Center for Indonesia’s Strategic Initiatives (CISDI), stated that medical personnel, health workers, and health cadres should receive special training to prevent stigma and discrimination against patients or the public accessing health services.

However, these forms of training are more commonly provided by civil society organizations for healthcare workers who receive benefits.

“So far, there are still minimal regulations, standards, or guidelines that explicitly encourage special training programs to prevent stigma, especially at the pre-service and in-service training stages. In fact, guidelines and technical procedures for handling vulnerable or marginalized populations are needed to promote comprehensive and inclusive healthcare services,” said Diah.

Diah explained that children with special needs are included in the vulnerable group. Law Number 17 of 2023 concerning Health (the Health Law) also includes a commitment to improving healthcare services for vulnerable groups.

This commitment is one of the pillars for realizing the transformation of primary healthcare services. In fact, SOPs that guarantee inclusivity and anti-discrimination or inclusion for children with special needs are not yet mandatory.

“So far, not many healthcare services are known to have this. However, SOPs for inclusive services should include provisions based on the unique characteristics of healthcare services. These SOPs should include provisions on queuing, registration, communication, education, anti-discrimination education, and an empathetic approach to medical procedures,” explained Diah, a health expert from the Faculty of Public Health, University of North Sumatra.

Destanul Aulia stated that immunization for children with special needs is a crucial segment. The basic health rights of children with special needs include access to comprehensive services.

“This cannot be ignored because health and immunization are basic rights of children. Therefore, the government must provide access to children with special needs,” he said.

Destanul assessed that Puskesmas are a small example of a crucial role in achieving immunization for children with special needs. For example, parents of children with special needs cannot visit the Puskesmas during immunization. Therefore, Puskesmas health workers can reach out to maximize the immunization program for children with special needs.

“Access and visiting hours like home visits must be implemented so that Puskesmas programs in Medan City can be integrated with primary care,” he said.

It is not without reason that home visits can be conducted because Puskesmas cadres are more familiar with the needs of parents of children with special needs in the context of immunization.

Aulia also said that another challenge in immunizing children with special needs is facing stigma in society.

“So, we need to change the mindset of parents and the community regarding children with special needs to create a positive environment,” he explained.

According to Destanul, removing the social stigma surrounding children with special needs is not an easy process. This must be done because parents of children with special needs, who face a double burden, often choose not to immunize their children to avoid social stigma.

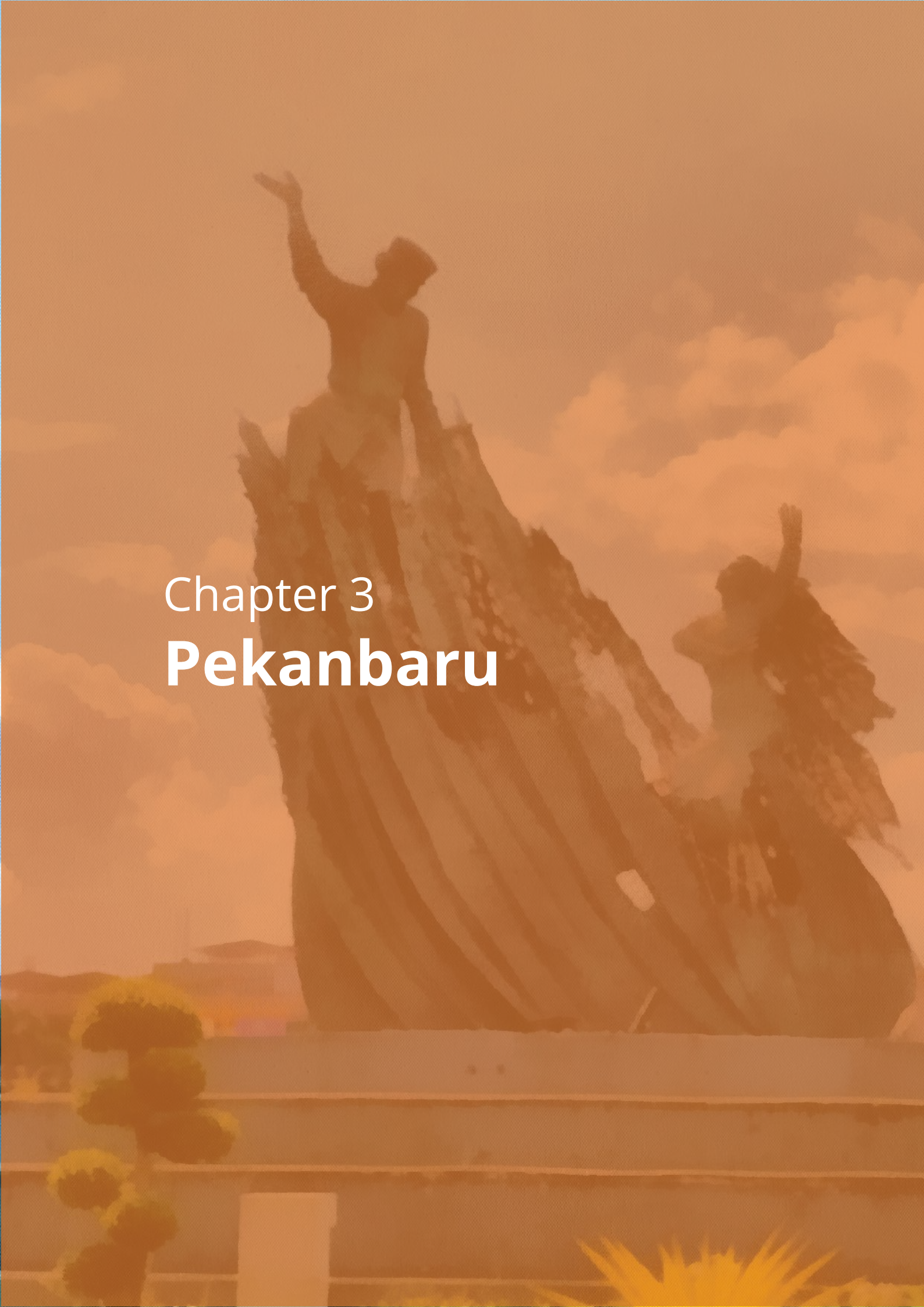
“This requires patience, so it requires cooperation between sectors. Cadres at Puskesmas or Posyandu must be activated because they are the ones who know the conditions in their communities,” he said.

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Chapter 3
Pekanbaru

HPV Vaccination for a Cervical Cancer- Free Future for Pekanbaru Women



The Acting Head of the Pekanbaru Health Office, Dr. Fira Septiyanti, stated that she has been actively providing complete basic immunizations, including HPV vaccinations, to schools in Pekanbaru City. (Photo: Rinai/BNEWS)

BNEWS — Rosa Fitria, 29, remembers a few years ago when she moved to Pekanbaru from Duri. At the time, she often felt tired even when she wasn't doing anything, and she experienced increasing pain in her stomach.

Rosa didn't think much of the pain. Since she had just gotten married and was adjusting to her new life, she considered it normal. "I thought it was probably just the after-effects of moving," Rosa said.

She began to worry when her vaginal discharge, which she had considered normal, began to smell unpleasant and bothersome. When these symptoms persisted, Rosa finally decided to see a doctor.

Following further tests, Rosa was diagnosed with early-stage cervical cancer. Although doctors assured her that her cancer was highly treatable, Rosa felt like she had been sentenced to death.

For Rosa, this was a turning point. She began reading and seeking more information about cervical cancer on various social media channels, news outlets, and other sources.

From there, she learned that this disease can actually be prevented with the HPV vaccination.

"I felt regret and self-blame. If I had known about the HPV vaccine, things might have been different. But I pushed those thoughts aside. My husband was also supportive and worked hard to ensure my recovery," she said.

After being diagnosed, Rosa began to change and resolved to adopt a healthy lifestyle by exercising regularly, avoiding fast food, and increasing her intake of nutritious foods, along with medication and regular checkups. Her desire to recover and have children also fueled her enthusiasm.

"I've also started to tell my female friends not to be so careless about their bodies. It's not like I'm praying for something bad, like God forbid you get cancer. But this can be prevented with vaccination," she said.

While Rosa only realized the importance of vaccination after being diagnosed with cancer, Silvia, 27, a social media specialist in Pekanbaru, had a different story. Personal concerns prompted her to voluntarily undergo screening and receive her first dose of the HPV vaccine.

"I know because at that time I had a health clinic client, and the ongoing collaboration familiarized me more and more to health terms, including about cervical cancer, Pap smears, and a vaccine for it," said Silvia.

According to her, the decision to get vaccinated is not only a form of self-protection, but also a form of concern for the future. "I don't want to wait until I'm sick to act. If you think about it, medical treatment is definitely much more expensive than getting vaccinated," he said.

The principle of prevention rather than cure is also what is now embedded in the mind of Husnul Mafar, 32 years old, a father who is currently considering giving the HPV vaccine to his daughter who is in the second grade of elementary school.

Husnul admitted that his journey to this decision wasn't easy. He's skeptical about vaccines, particularly regarding their safety and halal status. Even during the COVID-19 pandemic, Husnul refused to get vaccinated. "Besides being skeptical about the vaccine's benefits, I also feel healthy," he said.

However, since getting married and becoming a father to a daughter, his perspective has changed. He has begun actively accompanying his wife to the Posyandu to receive their child's immunizations. From there, information about the importance of immunization and the HPV vaccine has slowly crept into his consciousness.

"I started to think, what if my child gets sick? I can't bear it," said Husnul. He admitted to still seeking information, but he's now more open and believes in the importance of prevention through immunization.

Cervical cancer, as explained by Dr. Sari, SpOG, an obstetrics and gynecology specialist with a private clinic in Pekanbaru, is almost always caused by Human Papillomavirus (HPV) infection. She calls this cancer a "silent killer" because it often doesn't cause symptoms in its early stages.

"What makes it dangerous is that in the early stages, there are often no symptoms. Many patients only realize they have the cancer when it's already at an advanced stage," said Dr. Sari, who is also Chairwoman I of the Pekanbaru City Family Welfare Movement (TP PKK) and wife of Deputy Mayor Markarius Anwar.

According to her, symptoms to watch out for include abnormal bleeding, such as spotting outside of menstruation or after sexual intercourse, foul-smelling vaginal discharge, pelvic pain, unexplained weight loss, and chronic fatigue. She emphasized the importance of early detection through screenings such as Pap smears and HPV tests. "If there are any abnormalities, they can be addressed immediately," she explained.

Sari emphasized that cervical cancer is a preventable cancer. She urged the public to take advantage of the free HPV vaccination program for girls aged 9-14 at all Puskesmas in Pekanbaru City.

"There are two keys: HPV vaccination and early detection through screening. The HPV vaccine is ideally given to adolescents aged 9-14, but adult girls can also benefit from it, although the earlier the vaccination, the greater the benefits," she explained.

The government is striving to prevent cervical cancer through HPV vaccination, making it a priority program. The Acting Head of the Pekanbaru City Health Office,

Dr. Fira Septiyanti, stated that starting in 2023, HPV vaccination will be included in the free national immunization program for girls in grades 5 and 6 of elementary school, aged 9-

14. This program is run by the Indonesian Ministry of Health as part of strengthening comprehensive basic immunization to reduce cervical cancer mortality.

The HPV vaccine is administered in two doses, six months apart, and has been distributed to nearly all Puskesmas in Indonesia. In accordance with WHO recommendations in the global cervical cancer elimination strategy, HPV immunization coverage is targeted to reach at least 90 percent in the target group in the coming years.

In Pekanbaru City, the implementation of this program still faces challenges. Fira stated that the HPV vaccination rate in her area is still at 3,476 children, or around 29.3 percent of the target. "We have begun intensifying outreach and cross-sectoral collaboration. We are also collaborating with the Education Office and the Ministry of Religious Affairs to schedule HPV vaccinations in public and private schools, as well as Islamic schools," she said.

The school vaccination program is held every August during School Children's Immunization Month (BIAS). However, to expand coverage, independent vaccinations are being intensively implemented at Puskesmas and Posyandu.

Fira ensured that the free vaccine stock was sufficient, even available at primary healthcare facilities and regional hospitals. The challenge, however, lies in public awareness and public trust. "So far, what often happens is parental resistance. Some are afraid their children will develop a fever after being vaccinated, and others are skeptical about the halal (permissible) status of vaccines," she said.

He explained that adverse events following immunization (AEFI), such as fever, are normal and temporary. "We continue to educate the public that this vaccine is safe and can prevent more serious illnesses in the future. We also urge the public not to be influenced by fake news circulating about cancer or complete basic immunizations," he urged.

According to data from the Pekanbaru City Health Office, cervical and breast cancer will continue to be the largest burden on oncology services throughout 2024. A significant number of cancer patient visits, both in outpatient and inpatient services, were recorded.

In outpatient services, breast cancer (malignant neoplasm breast) diagnoses

dominated with a total of 12,435 visits, consisting of 229 new patients and 12,206 old patients.

Meanwhile, for cervical cancer (malignant neoplasm of the cervix uteri), there were 1,221 female patients hospitalized, with a mortality rate of 40. This data indicates that breast cancer and cervical cancer remain the two cancers with the highest burden at this main referral hospital in Riau Province.

Fira added that this figure is a significant warning sign. Cervical cancer is not just a medical condition, but also a matter of fair access to information, screening, and immunization.

Despite the government's efforts with free immunization and vaccination programs, Dr. Fira acknowledged that alleviating public concerns about the risks of vaccination due to the influence of fake news is not easy.

Amidst low vaccination rates and the persistent shadow of misinformation circulating on social media, collaborative work between the government, schools, healthcare workers, and families is increasingly crucial. "Because behind the numbers and medical terms, there are lives, there is a future, and there is hope that can be saved only if we choose to act now," he said.

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Nurturing Hope Through Immunization at Posyandu



Immunizations were carried out at the Geliga Hati Posyandu, Community Unit (RW) 05, Air Putih Village, Tuah Madani District, Pekanbaru City. (Anggun Rosita Alifah/RIAU ONLINE)

RIAU ONLINE - “How come there are people saying that immunizations contain haram ingredients?” said Delviza, one of the cadres at the Harapan Bunda Posyandu located in RW 03, Air Putih Village, Tuah Madani District, Pekanbaru City.

But in the field, they face more than just children, but also cultural clashes, digital misinformation, and parental distrust of vaccines. “Some say, ‘How can healthy children be vaccinated against diseases?’” Delviza said.

Elly Kartika, the head of the Harapan Bunda Posyandu) cadre, feels similarly. While smartphones are readily available, Elly has experienced firsthand how social media has deepened the gap between cadres and the community. “These days, we have

sophisticated gadgets, but it's actually harder to deal with the community," she said.

Elly's eight years of experience have taught her how difficult it is to reach communities at the grassroots level to immunize their children. "When we go out into the field, it's incredibly sad. We're often insulted, photographed, and told we're going to report them," she said softly.

In this digital age, the challenges facing Posyandu are not just budgetary or facility-related issues. More profound is the widening gap in trust between staff and the community. Fani (23), the mother of twins Yasmin and Yaslin (5 months), regularly attends the Harapan Bunda Posyandu because she believes immunization is the first step in safeguarding children's futures. "The important thing is that we strive for children's health," she said.



Working Together to Build Posyandu

Only 800 meters from Harapan Bunda Posyandu, a different atmosphere is felt at Geliga Hati Posyandu located in RW 05, Air Putih Village, Tuah Madani District, Pekanbaru City.

The head of the cadres, Jarmainis, greeted the children with a small smile. The other cadres appeared busy with various activities. Some were on duty at the registration desk, while others were busy measuring the babies' weights and heights at the adjacent table.

Several mothers preparing to leave the Posyandu were seen holding packages wrapped in brown paper. "We know the community needs encouragement. So we provided door prizes, supplementary food, and counseling. Once they could answer questions from the material, they would receive their prizes," said Jarmainis, during the Posyandu implementation on Monday, July 7, 2025. "The building was built by the community, and the funding was voluntary. But the community was quite enthusiastic," he added.

Jarmainis said that immunization coverage in his area has reached 50 percent. For a dense and dynamic urban area, that's a decent figure. However, to achieve this figure,

This, of course, wasn't without its challenges. "Some say, 'In the past, if we didn't immunize, we were healthy.' But that's the importance of education. If it's not explained, people won't know the benefits," he said.

For those who can't make it, cadres are ready to pick them up and take them home. They are not just field workers, but also bridges between knowledge and faith.

Susanti is one of the mothers who has felt the warmth of these cadres' care. She is often picked up at home while her husband is at work. The counseling provided by the Posyandu cadres also makes her feel calm and confident. "It's normal for a child to have a fever, because they're getting shots. But it's for the child's own good," she said.

Midwife Ria Enjelita, a health worker on duty, said the majority of people in her area understand the importance of immunization. However, it's not without challenges. "Sometimes people come to the Posyandu but don't want to get immunized. They're afraid their child will have a fever, or their husband won't let them. Sometimes it's because of hoaxes on social media," she said.

Ria and the other midwives play an active role in providing pre-vaccination education. She hopes all children can receive their right to immunization. "This isn't about trends. It's about generations. Healthy children can learn optimally, become smart, and become future leaders," she said.



From Donat to WhatsApp Groups

On the same day, services at the Kasih Ibu Posyandu also opened. This Posyandu, recognized as the best in Riau Province in 2024, features several innovations. One of these innovations is the Healthy Children's Storytelling (Donat). When toddlers gather in the morning, while waiting for their turn for health checks and immunizations, a cadre will tell a story to the children.

"Here, we give a certificate to every toddler who has complete immunizations. Their names are also written in the 'Immunization House' media. Education works, innovation works," she said.

They also take a different approach to parents. One effort is creating a WhatsApp chat group. Cadres remind children about immunization schedules according to their age, using this as a means of education and correcting circulating misinformation.

"We, as cadres, explain based on our knowledge. The midwives also explain," said Sari, another cadre at the Kasih Ibu Posyandu.

Behind the success of this Posyandu is solid cross-sectoral collaboration, from neighborhood associations (RT), community associations (RW), sub-districts, to community donors. This is what Sari Rulita, a cadre at the Kasih Ibu Posyandu, said.

"We have our own building, which is rare in other places," said Novel Irawan,

Head of Neighborhood Association (RW) 07, Tangkerang Timur Village, Bukit Raya District, Pekanbaru City, when met during a Posyandu event on Monday, July 7, 2025. Every day, while waiting for their turn for health checks and immunizations, a cadre will tell stories to the children.

“Here, we give every toddler who is fully immunized a certificate. Their name is also listed in the ‘Immunization House’ media. Education works, innovation works,” he said.

They also take a different approach to parents. One effort is to create a WhatsApp chat group. Cadres will remind children about their immunization schedules according to their age, using this as a means of education and correcting circulating misinformation.

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Behind the success of this Posyandu is solid cross-sector collaboration, from neighborhood associations (RT), community associations (RW), sub-districts, and community donors. This is as conveyed by Sari Rulita, a cadre at the Kasih Ibu Posyandu.

“We have our own building, which is rare in other places,” said Novel Irawan, Head of RW 07, Tangkerang Timur Village, Bukit Raya District, Pekanbaru City, who was met during the implementation of the Posyandu, Monday, July 7, 2025.



Collaboration and High-Achieving Cadres

Also in East Tangkerang, the Kartika Sari Posyandu is located behind the Mayang Nature Tourism Park. They developed the Posyandu Tourism Park concept with the park's owner, Nurmaliza, also known as Ocha, through a CSR program.

"Because we have a large number of babies and toddlers in RW 02, the community desperately needs a building. So we've provided this building, located at the back entrance, for easy access for the local community," Ocha said.

Kartika Sari Posyandu cadre, Gustina Afridawati, who was the best Posyandu cadre at the Pekanbaru City level in 2024, became the driving force for her colleagues.

Tina continues to engage with the community through various information channels, such as flyers, outreach during Family Welfare Movement (PKK) social gatherings, home visits, and even through mosque groups. "We share every piece of information from the Community Health Center and the government. Cadres pass it on to their groups," Tina said.

The challenges they faced were not much different from those faced by other Posyandu. However, they formed a cross-sectoral team to address the challenges. "When the polio issue was widespread, we were out for a whole month. But the results remained low because people were afraid. Some refused, saying vaccines were haram (forbidden) or would make children sick," Tina recalled.

But Tina and the other cadres' enthusiasm remained unwavering. They continued going from house to house, patiently explaining and convincing by example.

"It would be even better if our government could also implement policies, such as mandating immunizations or a complete immunization certificate for school entry. If immunizations were made mandatory by the government, the public would undoubtedly feel the need and come to us without us having to go down to the ground," he emphasized.

Zulmida, the Head of the Tangkerang Timur Village Posyandu, cited the enthusiasm of the cadres as the main foundation for the success of the immunization program. "We have 10 Posyandus. Four of them don't have permanent buildings. But our cadres are extraordinary. They're willing to learn and work. That's what makes the results so good. We take the initiative. Otherwise, it would be difficult to reach the target," said Zulmida.

Posyandu is not just a place to weigh babies.

Amidst the challenges of low immunization rates in Pekanbaru, the quality of Posyandu facilities is a key factor that often goes unnoticed. According to Ardenny, SKep., Ners., M.Kep., Deputy Director I of the Riau Ministry of Health's Polytechnic of Health, the completeness of Posyandu facilities and infrastructure is strongly correlated with the

number of mothers and babies visiting them, which ultimately affects complete basic immunization coverage.

"Posyandu facilities and infrastructure are one of the enabling factors that influence mothers' attendance at the posyandu. In Pekanbaru, the condition of the posyandu facilities is still not optimal," Ardenny told Riau Online on Tuesday, July 15, 2025.

Ardenny revealed that the evaluation in the Harapan Raya Puskesmas work area showed that the implementation of posyandu was not optimal due to a lack of human resources, budget limitations, and incomplete infrastructure.

The survey showed that only 53.6% of respondents assessed the posyandu infrastructure as being in good condition, while 46.4% considered it inadequate. "This situation creates a negative cycle where inadequate facilities discourage people from attending posyandu, which ultimately impacts low immunization coverage," he said.

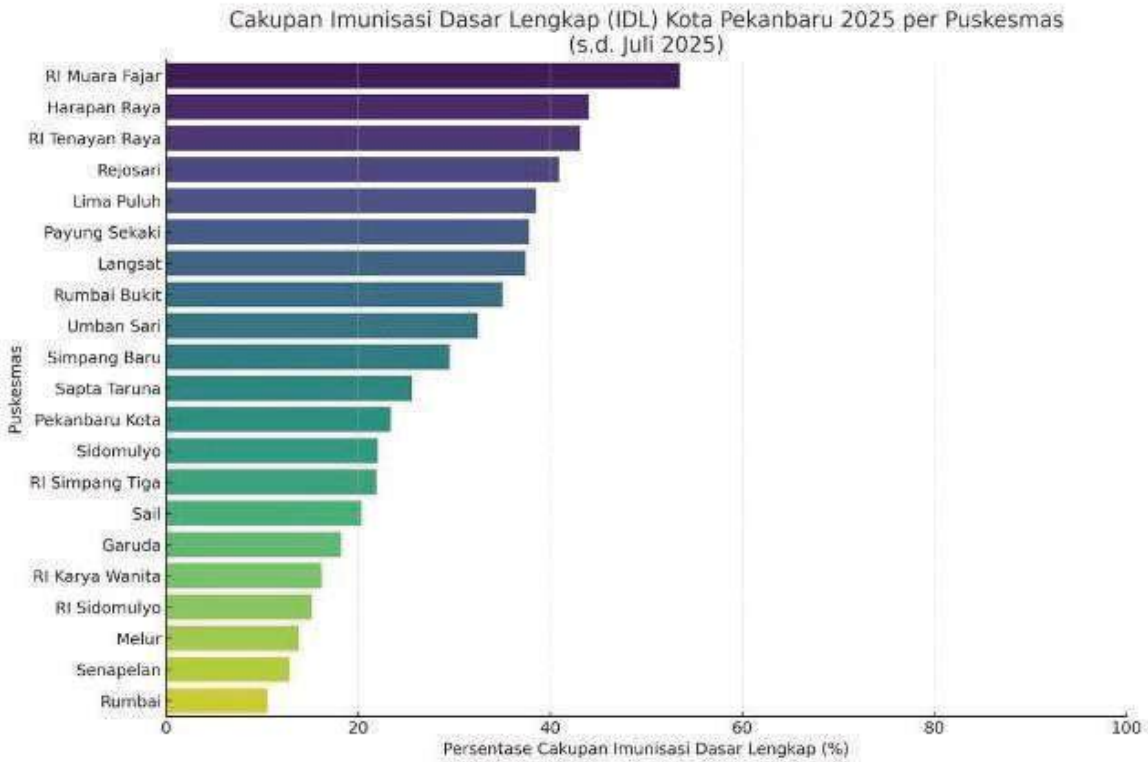
Ardenny emphasized the need for cross-sectoral interventions to strengthen Posyandu infrastructure. Investments don't always have to be substantial, but rather appropriate, including permanent service spaces, adequate ventilation and lighting, standard immunization equipment, and appropriate breastfeeding rooms.

"Ongoing training programs for healthcare workers and posyandu cadres need to be strengthened. The focus should not only be on technical aspects, but also on communication skills and public education. Addressing healthcare workers' concerns about dual immunization also requires special attention," he said.

According to Ardenny, Pekanbaru needs to prioritize the implementation of the Indonesia Nutrition Early Years (INEY) program as a comprehensive framework to address immunization challenges. Strong coordination between various

stakeholders, including the Health Polytechnic, the Health Office, and community organizations, is key to the program’s success.

“A robust monitoring and evaluation system needs to be developed to track program implementation progress and identify obstacles in real time. This will allow for rapid and targeted strategy adjustments,” he said.



Anak Sehat, Ladang Pahala

Sempat terjadi penurunan capaian imunisasi di posyandu, pasca COVID-19. Hal ini disampaikan Pelaksana Tugas (Plt) Kepala Dinas Kesehatan Kota Pekanbaru, dr. Fira Septiyanti, saat ditemui pada Kamis, 10 Juli 2025.

“Memang di tahun 2023–2024 sempat turun, karena banyak posyandu tidak berjalan pasca pandemi COVID-19. Tapi di setengah tahun 2025 ini, trennya naik,” ujar Fira, Kamis, 10 Juli 2025.

Mengenai tantangan utama, Fira menyebut dua hal. Bertambahnya jenis imunisasi rutin, dan rendahnya literasi digital masyarakat menjadi tantangan yang harus dihadapi pelaksana imunisasi.

“Dulu hanya imunisasi dasar lengkap. Sekarang ada tambahan seperti rubella, HPV, pneumokokus. Tapi masyarakat belum semuanya paham pentingnya,” jelasnya.

“Hoaks di media sosial sangat mempengaruhi. Misalnya soal halal-haram, efek samping, atau ketakutan berlebihan. Penolakan bisa dari ibu, dari ayah, bahkan dari nenek karena alasan adat. Itu semua karena pemahaman yang belum pas. Makanya penting buat kami untuk terus edukasi lewat media, lewat PKK, posyandu, dan kolaborasi lintas sektor,” papar Fira.

Ia menekankan bahwa Kota Pekanbaru saat ini berada di peringkat lima dari 12 kabupaten/kota di Riau untuk capaian imunisasi bayi lengkap. Hingga pertengahan tahun 2025, capaian imunisasi dasar lengkap di kota ini berada di angka 28,8 persen.

Beberapa puskesmas seperti Muara Fajar, Harapan Raya, Tenayan Raya, dan Rejosari bahkan sudah mencapai lebih dari 40 persen.

“Kelihatan, masyarakat pinggiran itu lebih terbuka. Di kota, targetnya tinggi tapi jumlah bayi di lapangan bisa lebih sedikit, dan mobilitas warga juga tinggi. Kadang sudah pindah tapi datanya masih tercatat,” jelasnya.

Untuk itu, ia menegaskan pentingnya memanfaatkan berbagai saluran layanan imunisasi.

“Posyandu memang buka sebulan sekali. Tapi imunisasi bisa juga di puskesmas yang buka setiap hari, atau di mal vaksinasi, rumah sakit, dan klinik. Banyak opsi,” ujarnya.

Fira menegaskan bahwa imunisasi adalah hak anak yang dilindungi oleh undang-undang. “Orang tua punya kewajiban memenuhi hak itu. Anak belum bisa menentukan sendiri apa yang terbaik untuk mereka. Karena itu kami kampanyekan melalui tagline: Anak Sehat, Ladang Pahala. Kita berkolaborasi dengan MUI, Kemenag, Dinas Pendidikan, PKK, dan seluruh lintas sektor untuk memastikan semua anak mendapatkan perlindungan yang layak.”

Di lorong-lorong kecil, di bawah tenda darurat, atau di balai RW yang disulap jadi ruang timbang, para kader posyandu terus bekerja. Bukan karena mereka digaji besar. Tapi karena mereka tahu, kesehatan adalah tanggung jawab kolektif.

Imunisasi bukan hanya soal jarum suntik. Tapi tentang menanam harapan, tentang menolak pasrah, dan tentang merawat masa depan bersama.

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Tulisan ini telah terbit di media Riau Online pada 18 Juli 2025 dan dapat diakses melalui tautan berikut:

<https://www.riauonline.co.id/kota-pekanbaru/read/2025/07/18/merawat-harapan-lewat-imunisasi-di-posyandu>



Parents with Disabilities Hope to Ensure Children's Immunization in Pekanbaru



IMMUNIZATION: Immunization at the Mekar Melati Posyandu in Tangkerang Timur Village, Tenayan Raya District, Pekanbaru City on Friday (July 4, 2025). tribunpekanbaru.com/firmaulisihaloho

"Behind physical limitations, a mother's love knows no bounds. In Pekanbaru, women with disabilities prove that a mother's love transcends all barriers. They ensure their children receive complete immunizations. For them, this isn't just a shot, but an effort to ensure their children grow into a healthy and strong generation."

TRIBUNPEKANBARU.COM - Azam (5) looked annoyed when his sleeves were rolled up by Mekar Melati Posyandu officers in Tangkerang Timur Village, Tenayan Raya District, Pekanbaru City on Friday (4/7/2025). That morning, Azam was scheduled to receive the DPT (Diphtheria, Pertussis, Tetanus) vaccine.

His mother, Wiwit Wulandari, sat beside him, trying to calm him down. Wiwit's hands occasionally moved, making reassuring gestures that everything would be okay. Her loving gaze, accompanied by a sincere smile, succeeded in dispelling Azam's fear. Once Azam was perfectly seated and calm, Midwife Nadia deftly approached and the syringe in her hand penetrated Azam's tiny skin.

There were no tears; Azam remained calm even though his mother hadn't spoken a word. It wasn't because he was reluctant, but because fate had robbed him of his voice; Wiwit was mute. But that morning, his mother's love spoke louder than any other voice.

After Azam, it was his friend Sani's turn to receive the immunization. That day, Sani was accompanied by her mother, Supriyati, to receive the MR (Measles-Rubella) vaccine.

Although her voice was stuttering and limited, Supriyati, who is also deaf, tried to reassure her daughter.

Supriyati's voice occasionally rose, though her pronunciation was unclear. She tried to reassure her daughter that there would be no pain. After Sani's body calmed down, the syringe landed in her arm without a cry. Her mother looked at her and smiled.

As Sani rose from his chair and resumed his active activities, Supriyati showed the officer her Child Immunization Card (KIA). In the immunization record column, several small checkmarks were neatly written in each column, proof that she had never neglected to protect her child's future.

When asked about any side effects her child had experienced from immunization, Supriyati nodded slowly. Her voice was muffled, and she moved her hand to her forehead, indicating a fever. "If you have a fever, just apply a compress," she said, faltering.

For Umi Haliatun, the Head of the Mekar Melati Posyandu, the presence of Azam and Sani's parents is commendable as a demonstration of courage and an example. Despite their limitations, they are enthusiastic and want to ensure their children's future.

According to her records, of the approximately 65 toddlers in the neighborhood, only about 25 have received complete immunizations.

“Perhaps the child received the immunization at the hospital, so we don’t record it. However, there are also parents here who refuse it because they’re afraid their child will develop a fever after the vaccine and because they don’t believe the hoaxes they’ve heard on social media. Usually, when residents ask about this vaccine, I immediately contact the Posyandu midwife to explain it to them,” he told tribunpekanbaru.com.

Umi, along with other Posyandu (Integrated Service Post) cadres, continues to educate parents in the area about the importance of child immunization. When the Posyandu first opened in 2020, it enrolled only three children, but now it has grown to 25.

Regarding the immunization hoax, Hilda, a cadre at the Posyandu, admitted to having been caught up in the misinformation surrounding vaccinations. She had previously refused to take her first child to receive the MR vaccine.

This is because he was exposed to conspiracy theories spread on social media and believed to be true, such as the idea that immunizations are a global elite plot to control the population, and even claims that they contain microchips or dangerous substances.

But everything changed when her child contracted measles and began infecting his younger sibling. Hilda then took him to a pediatrician who had been her lecturer during her college years in the health department.

“When he found out I hadn’t immunized my child because of a hoax, he was immediately furious. He couldn’t believe it. How could a health graduate believe such rumors?” Hilda recalled.

That experience was a turning point for Hilda, who decided to ensure her four children received complete protection. In fact, her youngest daughter, a Down syndrome survivor, is now fully immunized.

Based on her experience, Hilda hopes that parents who are still hesitant or reluctant to take their children for vaccination will not delay providing the best protection through immunization.

“Vaccination isn’t something that happens instantly. It’s a long process, rigorous testing, and guaranteed safety. If our child has a fever after vaccination, that’s normal. Just apply a compress or give them fever-reducing medication. We as mothers must be at the forefront, because our children’s future is our responsibility, not anyone else’s, let alone the voices out there and the news on social media

whose veracity is uncertain,” said Hilda.

Rini, a disabled honorary worker at the Riau Province Manpower and Transmigration Office (Disnakertrans), echoed similar sentiments. Even though Rini had a painful experience with immunization, which resulted in the loss of her left leg, she never used it as an excuse to refuse vaccinations for her three children.

For him, health science has developed and it is unfair if the past is used as an excuse to deny protection to future generations.

“It’s different now, everything is monitored and it’s definitely safer. Regarding fever after immunization, I think it’s normal; just treat it with a compress. So, the government probably needs to be more proactive in public education to ensure the message about immunization is fully understood,” he told tribunpekanbaru.com on Monday (June 23, 2025).



WORKERS WITH DISABILITIES: Rini, an honorary employee of the Riau Province Manpower and Transmigration Office (Disnakertrans) on Jalan Pepaya, Pekanbaru City, was seen serving residents who wanted to process related documents or consult, Friday (7/2/2025).. (tribunpekanbaru.com/firmaulisihaloho.)

Rini recounts how she lost the use of her left leg. At the age of five, she tripped and fell while playing, developing a prolonged fever.

Her parents took her to a paramedic in Dumai, who confirmed that Rini hadn’t been vaccinated against polio. She was immediately given an injection. However, her condition persisted. Rini’s body became weak, and her left leg began to wither and become difficult to move. Her parents then took the initiative to take her for various treatments, including alternative therapies.

"I once asked my obstetrician about my leg condition during my pregnancy. He assumed the nurse might have been inexperienced, misdirecting the injection and hitting a nerve in my leg. Furthermore, I was feeling warm and weak at the time. However, there was a possibility I could have recovered if I had received the right medical attention. But that's just the way it was in the old days. Furthermore, the massage therapy I was undergoing was suspected of stunting my growth, even though I was at a very favorable age for growth and development," Rini recounted.

The woman, who serves as Chair of the Indonesian Association of Women with Disabilities (HWDI) Riau, also advised parents to be open-minded about changes and developments, including regarding childhood vaccinations. She noted that medical science has advanced significantly, with a variety of sophisticated technologies and better-trained healthcare workers.



GRAPHIC: Increasing complete immunization coverage for children in Pekanbaru. (tribunpekanbaru.com)

Accelerating Immunization Through Social Media

Acting Head of the Pekanbaru City Health Office, Fira Septiyanti, stated that the annual complete basic immunization coverage rate in Pekanbaru City is still relatively low, at only 56 percent based on the latest data from 2024.

This figure tends to decline from 86.8 percent in 2022 to around 60.25 percent in 2023. The lowest immunization coverage is for the MMR (Measles, Mumps,

Rubella) vaccine, at only 56 percent, according to the latest data from 2024.

According to him, there are three main factors. “From the team’s findings in the field, those who refused generally expressed concerns about the side effects of immunization, which led to their refusal to obtain permission from their families. Furthermore, some also believed that immunization was unnecessary,” he said.

This low coverage is directly proportional to several extraordinary events of DP3I (immunization-preventable diseases) that occurred in Pekanbaru. For example, a measles outbreak in five sub-districts in Pekanbaru City in 2022, a tetanus neonatorum outbreak in one sub-district in 2023, and a diphtheria and pertussis outbreak in three sub-districts in 2024. “And in 2025, there were already two sub-districts with extraordinary pertussis outbreaks and one with extraordinary diphtheria outbreak,” he said.

Meanwhile, the Head of the Riau Provincial Health Office, Drg. Sri Sadono Mulyanto, stated that amidst the rapid flow of digital information, social media is the most effective means of delivering targeted health messages.

“One of the main factors contributing to low immunization coverage is the prevalence of hoaxes and low public understanding of the importance of immunization. Besides geographic challenges, these two issues must be addressed immediately,” he stressed.

Therefore, he emphasized that these incorrect narratives must be anticipated, one way being through the use of social media.

“Because we have no shortage of vaccine supplies, and the central government has even stated that if there’s a shortage, we’ll immediately request a request. Furthermore, we already have a Vaccine Mall on Jalan Melur, which the Riau public can visit every Wednesday and Saturday,” he said after opening the Global Health Strategies (GHS) Indonesia event, titled Training on Improving the Capacity of Social Media-Based Immunization Promotion, at the Grand Zuri Hotel in Pekanbaru on Tuesday (July 1, 2025).

Based on the explanation above, GHS Indonesia, as a strategic partner of the Ministry of Health, is striving to increase public awareness about the importance of immunization through social media, especially in four priority provinces: Riau, North Sumatra, West Kalimantan, and North Sulawesi.

“We began our activities in Riau at the end of last year by conducting a baseline survey in Pekanbaru City and Kampar Regency. The survey results showed that

the majority of the public still lacks confidence in vaccine information provided by health workers,” said Ganendra Awang Kristandya, Director of Global Health Strategies Indonesia.

According to him, one effective solution to address these challenges is to disseminate positive information about immunization through social media.

“This isn’t without reason. Based on various surveys, the average screen time for Indonesians on their phones reaches 7.5 hours per day. This fact presents a significant opportunity to leverage social media as a powerful channel for health communication,” he said.

As a concrete step, GHS Indonesia has implemented digital outreach by establishing WhatsApp groups at two community health centers in Pekanbaru and strengthening its social media channels. The results have been significant, as evidenced by the educational content shared, which has been viewed up to 6 million times.



TRAINING: Sixty participants participated in a Social Media-Based Immunization Promotion Capacity Building Training at the Grand Zuri Hotel in Pekanbaru on Tuesday, July 1, 2025. The two-day training was held by GHS Indonesia. (tribunpekanbaru.com)

“This is strong evidence that health promotion through social media has tremendous potential and can be further maximized. Furthermore, this digital strategy is also more cost-effective in disseminating information,” said Ganendra.

Meanwhile, Senior Advisor for Global Health Strategies Indonesia, Dr. dr. Anung Sugihantono, M.Kes., revealed that based on survey results, the decision to immunize children generally rests with mothers.

“We found that mothers, especially those active on social media, tend to be more proactive in seeking health-related information. This presents both an opportunity and a challenge,” she explained.

On the one hand, social media can be an effective platform for delivering accurate, data-driven education. However, if not managed properly, the digital space can also become fertile ground for the spread of hoaxes and disinformation.

Dr. Novita Rany, SKM, M.Kes., from the University of Riau, also highlighted the low immunization rate in Pekanbaru. She believes several contributing factors include a lack of public awareness and knowledge, the influence of hoaxes and a crisis of trust, service disruptions since the COVID-19 pandemic, limited resources (human resources, funding, facilities), and limited time and access for parents.

“Sociocultural factors in Pekanbaru also influence and are often overlooked. For example, traditional and religious beliefs, such as doubts about the halal status of vaccines or the belief that immunization goes against destiny,” he explained.

Novita advised the government to conduct a comprehensive, data-driven evaluation of the strategy. “This should cover input, process, output, and outcome aspects. This evaluation should combine qualitative and quantitative approaches to uncover the causes of success or failure. If problems are identified, such as low public understanding or limited human resources, improvements must be formulated based on evidence (evidence-based policy),” she said.

Meanwhile, from a communication perspective, the Head of the Communication Science Department of the Faculty of Social and Political Sciences, University of Indonesia, Dr. Romyeni, S.Sos., M.Sc., stated that there are indications of a crisis of trust regarding immunization, especially after the outbreak of Covid-19.

According to him, many people trust health information from social media, especially from influencers, some of whom lack medical backgrounds. On the other hand, many people are skeptical of information from official institutions due to their rigid and technocratic delivery.

“Social media has become a platform for the development of alternative narratives, including health hoaxes, which are often more believable and spread more easily than official information. Therefore, an effective communication approach is a combination, combining educational and emotional elements. Evidence-based information is crucial, but it needs to be packaged in a humanistic way and engage with the concerns of older people. Because these days, content that touches the heart tends to go viral and is easily accepted by the public,” he said.

Ask an Expert Before Regretting

Hilda was once among those who fell for the hoax. As a result, she refused the MR vaccine for her child. Regret came when her child contracted measles. The experience was a valuable lesson she never wants to repeat.

“If I could go back in time, I would have asked experts directly or other mothers who were pro-vaccination. Or I would have enriched my literacy by reading articles about the importance of immunization,” she said.

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<https://pekanbaru.tribunnews.com/2025/07/18/asa-orangtua-disabilitas-menjamin-imunisasi-anak-di-pekanbaru?page=all>



Awaiting the Role of Islamic Scholars in Countering Hoaxes Regarding Immunization

The local government is open to various suggestions to strengthen its public awareness and education strategy regarding vaccination. This includes involving religious and traditional leaders in immunization campaigns. It is hoped that this can be a solution.



A health worker is immunizing a child | Photo: MCR Doc.

Bertuahpos.com - The debate over vaccines three years ago still lingers in Jayu Permatasari's (31) mind. The halal-haram controversy that arose at the time left her uncertain about whether to enroll her child in the follow-up vaccination program or not. After browsing the internet and social media, the mother of one found a video explaining Ustaz Abdul Somad (UAS) on the Islamic Studies Point YouTube channel . The material explained vaccinations, examining their harms and benefits. This explanation ultimately dispelled Jayu's doubts about the immunization controversy.

In the video, UAS answers a question from a member of the congregation about the law on immunization. *"Regarding the fact that the vaccine is derived from pigs*

and all that, if the disease in question poses the highest risk of death, which would you choose between 'death or pigs'? Choose pigs. You can't choose death."

"...(for example) we go into the forest. There are only two choices, between eating pork or dying, then slaughter the pig. That's the law of akhaffu dhararain - choosing two things that are harmful, both harmful, high and low detrimental, then you can choose the lowest if the risk is death."

Jayu was exposed to hoaxes about the halal and haram nature of vaccinations in the COVID-19 pandemic in 2022. The issue also recalled the 2018 case of the Measles- Rubella (MR) vaccine containing pork.

As a private sector employee with limited time, he doesn't have time to consult a doctor or health expert in person. The only way, Jayu must actively ask questions and seek information online and on social media. There, content about immunizations is rife. "Some of it is informative, but quite a lot of it is misleading," said the resident of the Palas area, West Rumbai, Pekanbaru.

Her husband often reminds her not to accept information from social media at face value. It needs to be cross-checked . When in doubt, Jayu usually asks directly in the WhatsApp group Posyandu RW 01 Ibu Balita Rumbai Bukit—a group consisting of Posyandu cadres and mothers with babies and toddlers.

UAS's explanation in the video also made Yuyun Ardiyani (30) aware. This mother of two admitted that she had often been exposed to negative issues regarding the halal and haram aspects of immunization. "The one I remember most was the pig-based vaccine (MR). That issue was widely circulated on Facebook ," she said. "The religious teacher said, 'When faced with doubt, make a decision based on the harm and benefit. If the benefits outweigh the benefits, it's permissible in Islam.' I then discussed it with my husband, and that was it. We decided to go ahead with the immunization."

Like Jayu, Yuyun was also hesitant about participating in the follow-up immunization program for her first child, who was only seven months old at the time. The issue made her think twice about how a mother could knowingly allow her child to receive something deemed contrary to religious teachings.

However, she also recognizes that health is every child's right. As a parent, she holds the responsibility for that decision—whether or not her child will be immunized.

Finally, she received a video clip explaining immunizations on WhatsApp from the final exam. “It was quite a relief,” she said, although it didn’t completely dispel her doubts.

Yuyun also happened to be active in a religious study group (Masyarakat Taklim). She then consulted further with the female religious teacher who was presenting the study group.

“The religious teacher said, ‘When faced with doubt, make a decision based on the harm and benefit. If the benefit outweighs the benefit, it’s permissible in Islam.’ I then discussed it with my husband, and we decided to go ahead with the immunization. *Thank God*, my child is doing well,” Yuyun said.

Now, she has no hesitation in participating in the complete basic immunization program for her third child, who is still in her womb. “I’m five months pregnant, so please pray for me,” she said.

Yuyun and Jayu both recognize that negative issues surrounding immunization will always arise. They believe it’s crucial for parents to understand immunization from all angles. Once exposed to negative issues disguised in the name of faith, many parents are easily swayed and doubtful. “If our decision is wrong, the child will suffer the consequences,” Jayu said.

Immunization Issues Have Not Been a Focus in Religious Studies

The Indonesian Ulema Council (MUI) issued Fatwa No. 4 in 2016, emphasizing that immunization is mandatory. This ruling is based on strong religious legal considerations.

In fact, in urgent conditions — for example when there are no other halal alternatives available and immunization is the only way for prevention or treatment — its implementation should not be refused.

Moreover, the government’s immunization program has gone through an in-depth study by the Health and Sharia Advisory Council (MPKS). So according to sharia, immunization is an obligation that must be carried out in order to maintain life safety.



Pregnant women attend an immunization awareness campaign in Siak Regency, Riau. | Photo: MCR Doc.

According to the results of research by Global Health Strategies (GHS) in Kampar and Pekanbaru, religious leaders or ustaz are key opinion leaders or people who have expertise and

Influence in a particular field, so their opinions and recommendations are trusted by their audience. This includes doctors and cadres who are active in religious study groups.

Although immunization isn't a primary topic in sermons, a number of religious leaders in Riau—especially in Pekanbaru City—still include vaccination material in their religious study groups. "They just insert it," Ustazah Ratna, S.Ag, told Bertuahpos in mid- July.

As a teacher and preacher, he feels responsible for conveying the benefits of immunization to his congregation, even if only at certain moments—such as when the vaccine issue is hotly discussed, or when a congregation member directly asks a question.

In her studies, Ustazah Ratna often discusses why immunization is important for children's health. For example, how IDL is the foundation for preventing and strengthening a child's immune system. "I explain it from a religious perspective," she said.

"So, I often tell the congregation, even if they don't understand why children need

to be immunized, they should at least view their status as parents, entrusted with the responsibility of children by God. They must be able to uphold that trust.”

For him, preaching is not just about ritual worship, but must also address health and disease prevention as part of safeguarding the physical gift bestowed by Allah SWT. He believes that any information beneficial to the community must be shared.

In fact, the Quran commands us to seek medical treatment before becoming ill. This means that prevention is part of Islamic teachings. As a preacher, she feels obligated to convey this message. Nevertheless, Ustazah Ratna always adapts her preaching language to the character and background of her congregation. Her choice of appropriate diction makes the message easier to understand. “This isn’t about discrimination, but rather a form of caring in conveying the message,” she said.

When delivering material on childhood immunizations, he uses a holistic approach— combining religious values with health information. He typically begins with the principle “prevention is better than cure,” then relates it to verses from the Quran and the Hadith. He then explains the medical benefits of immunizations so that the congregation fully understands their importance. However, he understands that the pros and cons of immunization in society are normal. In fact, these differing views pose a challenge for him as a preacher and for medical personnel in the field.

He believes this diversity of opinions demonstrates the need for increased public awareness of the importance of complete basic immunization. The public must continue to be educated that the benefits of immunization far outweigh the often-feared risks. “I agree (with MUI Fatwa No. 4 of 2016). This is important as a religious foundation.

Although some people are still skeptical, I hope...

With this fatwa, they can be more open and aware of the importance of early disease prevention.”

Outside of her role as a teacher and preacher, Ustazah Ratna understands that child immunization is not only about health, but also a form of her responsibility as a parent, towards the trust of life in the form of a child, which Allah SWT has given her.

“So, I often tell the congregation, even if they don’t understand why children need to be immunized, they should at least view their status as parents, entrusted with

a responsibility by God in the form of children. They must be able to uphold that trust,” he said.

Like Ustaz Zulkarnain Umar, Lc, he delivers immunization material only as an interlude in his sermons, emphasizing the connection between worship and health. However, he frequently discusses immunization specifically when speaking at training sessions for prospective brides and grooms or premarital counseling sessions held by the Riau Province BP4.

“I was asked to explain from a religious perspective. Health practitioners usually provide information from a health perspective. So, the information is balanced,” he told Bertuahpos in late 2025.

Immunization material is considered important to convey to the congregation—both in person and during congregational discussions—so that the community understands that maintaining physical health is a trust that must be upheld. Furthermore, the majority of the congregation are parents with children and grandchildren.



A health worker administers immunizations to a child | Photo: Doc. MCR.

According to him, this is in line with religious teachings that instruct followers to maintain their health so they can carry out religious duties, work to earn a living, and interact with others in their daily lives.

"I always emphasize the importance of parents' role in preparing a resilient, physically and spiritually healthy generation. That's part of the religious commandments and teachings of Islam," he said. Regarding MUI Fatwa No. 4 of 2016, "I completely agree."

The chairman of the Riau Province Islamic Boarding School Communication Forum (FKPP), KH Muhammad Mursyid, M.Pd.I, emphasized the importance of strengthening education about the government's immunization program by involving various parties. One form of FKPP support, he said, is by encouraging the immunization program to enter Islamic boarding schools.

"Immunizations are still ongoing at Islamic boarding schools. We fully support them, but of course, we're adjusting to the government's schedule," said Kiai Mursyid.

This support isn't just a personal opinion, but rather represents the collective stance of the Riau FKPP. However, he acknowledged that dynamics on the ground remain. Differing views on immunization are a normal part of society.

From a health and public welfare perspective, Kiai Mursyid views immunization as a crucial step to protect students. Therefore, he encourages continued dissemination of immunization messages, including through religious studies at Islamic boarding schools.

Furthermore, a religious approach is also crucial in addressing the issue of immunization, particularly the ongoing debate about the halal status of vaccines. "Our approach focuses more on how Islam views the importance of maintaining health. Hopefully, after understanding this, parents will no longer hesitate to immunize their children," he explained.

However, he didn't deny that some people still refuse immunization despite being given an explanation. "Our approach is to provide understanding, not pressure. The important thing is that the health message gets across," he said.

Why is Immunization Coverage in Riau Still Low?

According to Ministry of Health data, a downward trend in immunization coverage has occurred over the past three years, with Riau among the 13 provinces with the lowest coverage. In 2022, the immunization rate in Riau was 86.7%, dropping to 76.4% in 2023 and rising to 82.6% in 2024. However, this figure remains far from the national target of 90%.

The situation in Pekanbaru City is also less encouraging. According to data released by the Pekanbaru City Health Office, by the first semester of 2025, only 4,133 children had received IDL, or approximately 28.8% of the target of 14,355 children.



A Pekanbaru resident receives a vaccine shot at the Pekanbaru Vaccination Mall | Photo: MCR Doc.

Parents' lack of knowledge and understanding of various aspects of immunization is a major obstacle. "We still often find parents who refuse to immunize their children because they are afraid of fevers," said Bd. Nelly Karlinah, SST, M., an academic from the Faculty of Health at Hang Tuah University in Pekanbaru (UHTP).

Another factor is cultural. In Pekanbaru, Nelly said, parents are still reluctant to immunize their children because their extended family forbids it. A common narrative is, "Parents in the past never received immunizations, but they remained healthy." This has even become a stigma passed down through generations.

In fact, some parents are still reluctant to immunize their children, not because they're afraid of needles, but because they're afraid of being scolded by their own mothers.

Many openly admit to receiving reprimands from their grandmothers every time they take their children for immunizations.

“They openly admitted that it was the baby’s grandmother who forbade it. If they still immunized them, they would be the ones scolded. Admittedly, this kind of culture still exists in our society today. That’s the hardest part to understand. But for parents who understand, it doesn’t even reach that point,” he said. Furthermore, misinformation about immunizations is also contributing to the low immunization coverage in Riau.

According to the Head of the Public Health Study Program at UHTP, Assoc. Prof. Dr. Reno Rinaldi, MKS, M.Kes, many people still easily believe frightening news, even though its truth cannot be verified.

He said that the lack of ability to sort information has caused some people to immediately accept circulating news without first trying to analyze or verify it.

“It must be admitted, our society is very quick to believe in news that is not clear, even though it is not necessarily true,” he said.

On the other hand, cadres in Riau have not been mobilized evenly. Reno stated that there are many contributing factors, ranging from limited budgets to minimal training. This situation has also hampered efforts to expand immunization in various regions.

In fact, there are still parents who are reluctant to immunize their children not because they are afraid of needles, but because they are afraid of being scolded by their own mothers.

In Riau, social and cultural conditions also remain a challenge to immunization implementation, in addition to issues with the service system in healthcare facilities. Yet, from a policy perspective, the government has been actively promoting the importance of immunization.

However, Reno said, the problem on the ground is more complex. Many communities still face access constraints, particularly in the 3T (remote, frontier, and outermost) regions of Riau. Difficult geographical access often hinders vaccine distribution.

Equally important, the role of cadres is also suboptimal. Limited numbers, training, and logistical support limit their efforts. In fact, to deliver vaccines to remote areas, officials must undertake long journeys—from Pekanbaru by truck, then by speedboat, small boat, and even motorcycle, navigating difficult terrain. “This proves that the challenges on the ground are not just about vaccines, but also about infrastructure and resources.

Traditional and Religious Leaders Need to Be Involved

The government needs to involve religious and traditional leaders in the immunization campaign. Given Riau's predominantly Malay and religious population, these figures are believed to be more listened to and respected, making the immunization message more readily accepted. Nelly noted that traditional leaders are almost never directly involved in immunization campaigns, despite their strong cultural and historical ties to their communities.

Likewise, religious leaders have loyal congregations, making their positive messages more readily accepted by the community. "I agree that traditional leaders should be involved in outreach, as they are still considered to have the power to persuade the community," he said.



Head of the Riau Provincial Health Office, drg. Sri Sadono Mulyanto, M.Han (left), Chair of the Riau Province Islamic Boarding School Communication Forum (FKPP), KH Muhammad Mursyid, M.Pd.I (center) and Chair of the UHTP Public Health Study Program, Assoc. Prof. Dr. Reno Rinaldi, MKS, M.Kes (right).

Involving religious and traditional leaders in immunization campaigns could be an effective strategy worth trying. Until now, it's rare to hear ustaz (Islamic religious teacher) or ustazah (Islamic religious teacher) speaking out about the importance of immunization, due to the limited number of people willing to speak. They simply need to be equipped with a common understanding so their message is unbiased and acceptable to the community. "In conditions like this, the role of religious leaders is essential. They can address community concerns," said Reno.

Therefore, Reno encouraged the government to engage and invite religious scholars to discuss with stakeholders in Riau Province, so that understanding of immunization can be conveyed more effectively and comprehensively.

The low coverage of Complete Basic Immunization (IDL) in Riau remains a significant challenge for the local government. To date, efforts have been limited to intensifying public outreach and education.

The Acting Head of the Pekanbaru City Health Office, Dr. Fira Septiyani, said that the PKK team together with the Health Office regularly go directly to Puskesmas and Posyandu to provide an understanding of the importance of complete immunization.

He emphasized that Posyandu are not just for babies, but also serve toddlers, mothers, preschoolers, school-aged children, and adolescents. “We still need to encourage the community to utilize immunization services at Posyandu, and other health facilities,” he said.

If the role of religious and traditional leaders is truly considered effective in socializing and educating about immunization, said Fira, the government will always be open.

“For the immunization campaign, we do need to involve religious teachers and preachers. This is to increase parental participation in immunizing their children and to dispel public doubts about immunizations from a religious perspective,” he said.

Meanwhile, the Head of the Riau Provincial Health Office, drg. Sri Sadono Mulyanto, M.Han, stated that his office continues to provide immunization services, including through the Vaccine Mall program, which is open every Wednesday.

The Health Office, along with 239 Puskesmas across Riau, has optimized Posyandu as the frontline immunization service. Each Puskesmas oversees several Posyandu, which also monitor children’s growth and development and nutritional status.

Through Posyandu, the government not only monitors children’s weight but also ensures their immunizations are complete. “Unfortunately, many children are still not taken to Posyandu by their parents,” Sri said.

“For the immunization campaign, we do need to involve religious teachers and preachers. This is to increase parental participation in immunizing their children and to dispel public doubts about immunizations from a religious perspective.” According to his records, although immunization coverage for children aged 0 to 1 year in Riau in 2024 was already at more than 80%, for children aged two years, coverage actually decreased to 60%.

A common problem is that many parents think that immunizations in the first year are sufficient. However, there are still important follow-up immunizations in the second year. “This is our major challenge going forward,” he stressed.

In principle, he said, the government is open to various inputs to strengthen its public awareness and education strategy regarding vaccination. This includes involving religious and traditional leaders in the immunization campaign. He hopes this can be a solution. “In principle, we completely agree,” he said.

He emphasized that the Health Office had previously held a meeting with the Indonesian Ulema Council (MUI). However, to encourage more active involvement from religious teachers, he believed further discussions with the MUI were necessary.


In addition, coordination efforts are also being carried out with the Riau Province Regional Office of the Ministry of Religious Affairs (Kemenag). He stated that during the last meeting, the Ministry of Religious Affairs recommended that the Office of Religious Affairs (KUA) be involved in all immunization discussions. “Indeed, this is still our homework. Essentially, this strategy must touch all levels—from top to bottom. The approach must be comprehensive,” said Sri Sadono.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

This article was published in the media bertuahpos.com on July 19, 2025 and can be accessed via the following link:

<https://bertuahpos.com/laporan-khusus/menanti-peran-ulama-menangkal-hoaks-seputar-imunisasi.html>





Chapter 4
Manado

When False Narratives Threaten, Childhood Immunization Needs Real Support

Mapping the impact of misinformation and disinformation on childhood immunization in Manado and Bitung.

ZONAUTARA.com — The overcast afternoon sky on the streets of Bitung City, North Sulawesi (Sulut), made everyone seem rushed, except for a woman taking a short break in the courtyard outside the Ribaathul Quluub Mosque. She was enjoying a break after completing her routine. The equipment she was carrying suggested she was undoubtedly a janitor.

A broom and dustpan lay nearby, near a woman named Eka, who was relaxing by checking online news. “I have a Facebook account,” she said when asked which social media platform she uses most often.

She found all kinds of information on Facebook. Unfortunately, she didn’t pay much attention to specific information, such as child immunizations. “I don’t really pay attention to that kind of information,” the mother of two told Zonautara.com on Wednesday (July 9, 2025).

The mother of seven- and four-year-old children admitted to not knowing much about immunization information . Both children had received their immunizations, but they were incomplete.

This is related to the Adverse Events Following Immunization (AEFI) that occurred in her two children. “My first child only received the measles immunization, while my second child only received the BCG immunization. Because usually, when immunizations occur, children develop fevers, which makes parents angry,” said Eka, a resident of Girian.

The situation is exacerbated by Eka having to work from early morning. The 27-year-old mother barely has time to attend to all her children’s needs, let alone access information and immunization services.

"I start work early in the morning, so I don't have time to take my child (for immunizations)," he said.

Eka's story above is just one portrait of how society still has limited information and access to immunization services.

A resistance pattern is formed due to trauma from previous events, the child experiences fever after being immunized.

This is in line with the Child Immunization Survey conducted by Global Health Strategies (GHS), which shows that limited information and trauma from previous events are the two top arguments for obstacles to child immunization in Manado and Bitung cities.

Alasan untuk Tidak Mengimunisasi Anak

Alasan	Persentase
 Informasi Terbatas	55.21%
 Kekhawatiran Pengalaman Sebelumnya	30.90%
 Faktor Ekonomi	14.93%
 Jarak ke Layanan	9.72%
 Penolakan Keluarga (Pasangan)	1.39%
 Agama/Kepercayaan Lokal	1.39%
 Penolakan Keluarga (Keluarga Besar)	1.04%

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Source: GHS Report (Infographic: Zonautara.com Data Team)

More than half of respondents did not know and did not have sufficient understanding about child immunization, and more than a quarter of respondents were worried about previous experiences, children experiencing fever after immunization.

In addition, economic factors, distance from health facilities, permission from family and belief (religious) factors are also determining factors in whether someone will take their child to get immunization.

Child Immunization Obstacles in Manado and Bitung

The existence of misinformation and disinformation regarding immunization that has been believed by the public is suspected of being a stumbling block in the government's immunization program.

Misinformation refers to false information that is spread unintentionally. Disinformation, on the other hand, is false information that is deliberately spread with the intention of misleading or manipulating the public.

The spread of misinformation and disinformation in the Manado and Bitung communities was clearly recorded in the experiences of officers at the Manado City Health Office (Dinkes) and Bitung City Health Office when carrying out child immunizations .

The Head of Disease Prevention and Control at the Manado City Health Office, Dr. Sicilia Kumaat, revealed that several negative narratives about childhood immunizations are spreading and strengthening in the community.

A common narrative encountered by the public is that immunizations can cause autism or developmental disorders in children. Although scientifically refuted, this narrative is often still believed.

"This myth has been refuted by numerous scientific studies, yet it's still often believed. In Manado, this narrative sometimes appears among young parents who receive information from social media without verification," he said when confirmed by Zonautara.com on Tuesday (July 8, 2025).

Another negative narrative that contributes to forming a pattern of community resistance to immunization in Manado is that immunization is unnecessary for healthy children.

“Many parents think that if their child appears healthy, immunizations aren’t necessary. However, immunizations are intended to prevent disease before it occurs, not to treat a sick child,” he explained.

He also touched on public concerns about the halal status of the vaccine being used.

Similarly, the Head of Disease Prevention and Control at the Bitung City Health Office, Dr. Victor Tumbuan, said that in his area of work, there was also resistance to the immunization program due to doubts about the halal status of the vaccines used. “The problem is public distrust of vaccines. Yesterday, rumors circulated that they weren’t halal. This was proven in several large Muslim schools, some with over a thousand students, but fewer than a hundred showed up for immunizations,” Victor explained.

Another misconception concerns what was allegedly an Adverse Event Following Immunization (AEFI). “After we went to the hospital, it turned out it wasn’t an AEFI. It just so happened that her child was unwell and was immunized. However, the incident had already been posted on social media. Thousands of comments were received, and we then clarified it,” Victor said when met on Wednesday (July 9, 2025).

According to Victor, even though the post was eventually taken down, it had already given a negative impression about immunization to other people.



Head of the Disease Prevention and Control Division of the Bitung City Health Office, Dr. Victor Tumbuan. (Photo: personal collection)

Another misconception is that skipping immunizations will have no impact. Victor explained that this perception began during the COVID-19 pandemic, when public gatherings were prohibited. "At that time, people didn't go to health facilities for almost two years, (because) it was prohibited," he said.

He believes that's where the perception that it's okay to not be vaccinated stems from. Unfortunately, this misconception was rectified by the occurrence of an Extraordinary Event (KLB). "Finally, an outbreak occurred in Bitung, specifically measles, which should have been eliminated. When samples were taken, evidence was found that those infected with measles were those with no or incomplete immunization history. That's more than 80% of cases," Victor said.

Trends in social media usage and their influence on the spread of mis and disinformation

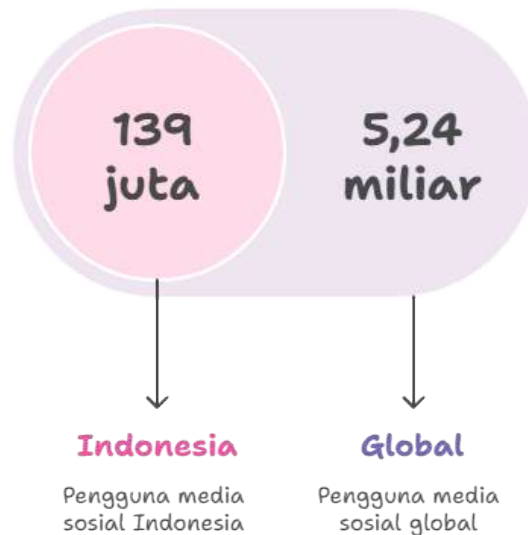
Social media has transformed into a primary channel for information distribution. According to a report from DataReportal, the number of global social media users reached 5.24 billion as of January 2025, equivalent to 63.9% of the global population. This represents a 4.1% growth rate, with 206 million new users added in the past year.

In Indonesia, social media usage is also very significant. The same report found that active social media users in Indonesia reached 139 million, representing 49.9% of the total

population. This percentage shows how digital platforms have become a primary communication and entertainment tool for society.

Facebook ranks first with the most active users, followed by YouTube, WhatsApp, Instagram, and TikTok.

Pengguna Media Sosial di Seluruh Dunia, Januari 2025



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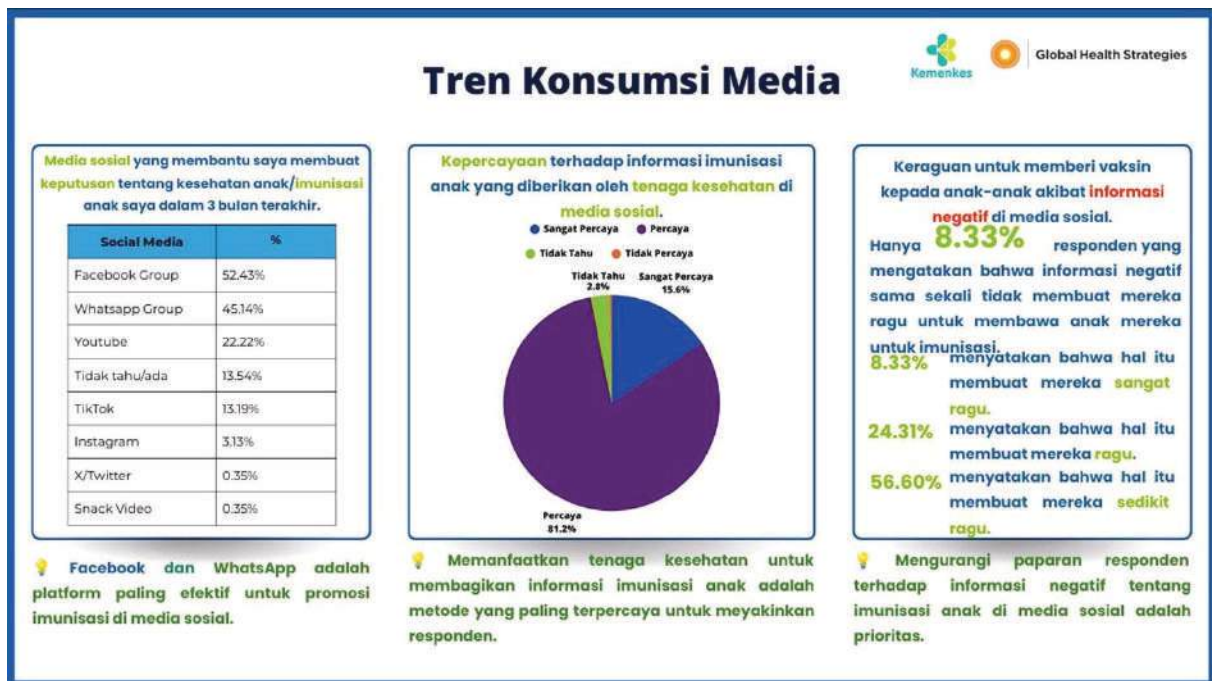
A survey conducted by GHS in 8 cities across 4 provinces, including Manado City and Bitung City in North Sulawesi, also showed a significant trend in social media consumption.

Facebook and WhatsApp were the top two social media platforms that helped respondents in Manado and Bitung make decisions about child immunization in the past three months. They were followed by YouTube, TikTok, Instagram, X (formerly Twitter), and Snack Video.

The GHS survey results also showed that, given the significant trend in social media use in Manado and Bitung, respondents' trust in childhood immunization information provided by healthcare workers on social media is quite high. The majority of respondents trusted the information provided by healthcare workers on social media.

However, only a small percentage of respondents in Manado and Bitung said that negative information on social media did not make them hesitate to take their children for immunization. Meanwhile, the majority admitted to being hesitant about immunization due to negative information circulating on social media.

This pattern demonstrates the significant influence of social media in shaping public opinion regarding an issue. Respondents trust the information provided by healthcare workers via social media, but negative content can erode that trust.



Jufri Kasumbala, the person in charge of the Zonautara.com fact-checking channel, revealed that nationally, many false narratives are circulating regarding immunization, including childhood immunization.

“Not to mention the hoaxes built on propaganda narratives that link economic gain to political situations. A number of vaccines are portrayed as containing unhealthy ingredients simply to absorb state funds,” said Jufri.

He believes that the false narratives circulating on social media will cause public anxiety about immunization. “The impact is that some people are worried about taking their children to health facilities,” he explained.

On the other hand, Dr. Sicilia Kumaat believes that misinformation and disinformation regarding childhood immunizations are largely influenced by the spread of false narratives on social media, typically shared by close friends. “People are more likely to trust information shared by family, friends, or local figures on social media, even if the content isn’t necessarily accurate,” she said.

Emotional narratives tend to be more readily accepted by the public than scientific data. This is closely related to the lack of digital literacy. “Content that touches

on feelings, such as ' my child was sick after the vaccine ,' goes viral faster than a doctor's technical explanation," said Sicilia.

The influence of misinformation about immunization on social media certainly cannot be ignored. Sicilia even stated that misinformation on social media could be a major obstacle to the program's success if not addressed systematically. "A digital risk communication and education approach must be a core part of the regional immunization strategy," she said.

Similarly, Dr. Victor Tumbuan also stated that social media has a strong influence on the spread of misinformation and disinformation in Bitung, thus requiring a massive counter- narrative to counter these false narratives.

On the other hand, Communication Lecturer at Manado State University, Dr. Jackelin Lotulung, MIKom, when met by Zonautara.com, implied that misinformation and disinformation are one of the variables that accompany the progress of information technology.

The spread of misinformation and disinformation has a major impact on shaping public perceptions in responding to an issue, including in the discourse on immunization.

In general, he observed that the spread of misinformation and disinformation on social media is inextricably linked to efforts to increase engagement , or the level of interaction or involvement of social media users with posted content, such as likes , comments, shares , and so on. "If people like and follow, (the content creator) makes money," he said.

Furthermore, the spread of misinformation and disinformation on social media can be suspected as an attempt to divide countries. "Because the internet is also related to defense and security," he said.



Dr. Jackelin Lotulung, MIKom, Communications lecturer at Manado State University. (Photo: personal collection)

Immunization Achievements

Immunization is a way to actively increase a person's immunity against a disease so that if one day they are exposed to the disease they will not get sick or will only experience a mild illness.

Immunizations help prevent several serious diseases categorized as Immunization-Preventable Diseases (PD3I). The Ministry of Health states that immunizations can prevent the deaths of 2 to 3 million children each year in Indonesia.

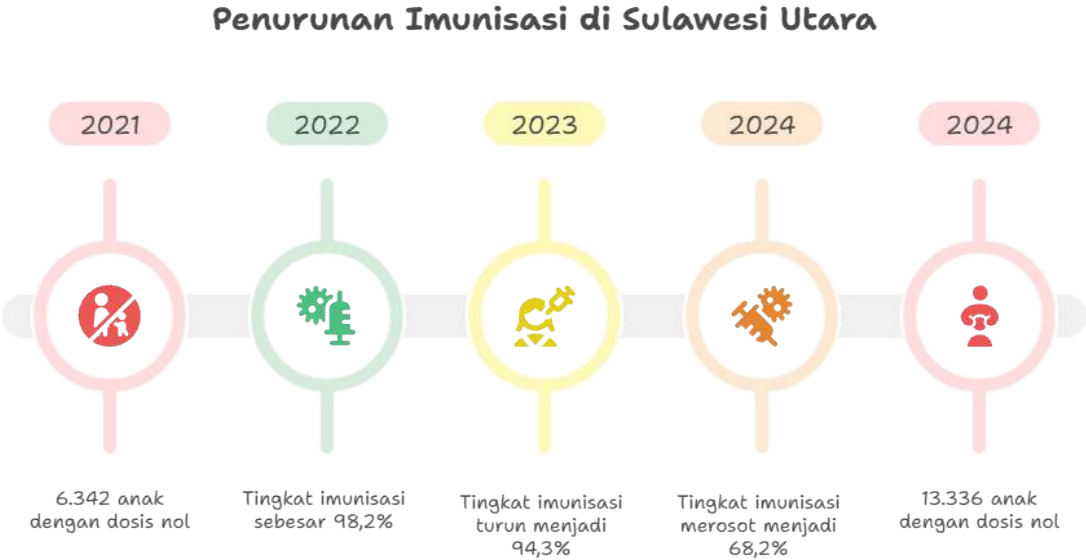
Diseases that can be prevented by immunization include hepatitis B, tuberculosis, rotavirus diarrhea, Japanese encephalitis, pneumonia, diphtheria, pertussis, tetanus, polio, measles, rubella, and cervical cancer.

"Nationally, there are 14 types of immunizations that can prevent at least 12 diseases," said the Director of Immunization at the Ministry of Health, Dr. Prima Yosephine, while delivering material at a journalist training entitled "Raising Public Awareness about Immunization" held by AJI Indonesia in Jakarta in mid-June 2025. Data from the Ministry of Health also shows that immunization coverage in 13 provinces in Indonesia has been below 100 percent in the last three years.

This has resulted in an increase in the number of children receiving zero doses . In 2022, there were 297,000 children receiving zero doses, 372,000 in 2023, and 980,000 in 2024.

The same report also shows that North Sulawesi is one of the provinces experiencing a decline in immunization coverage over the past three years. Immunization coverage in North Sulawesi was 98.2 percent in 2022, 94.3 percent in 2023, and dropped to 68.2 percent in 2024.

The decline in immunization coverage is directly proportional to the increase in the number of children who have not yet received or are incompletely immunized (DPT, HB, Hib) over the past four years. The number of zero-dose children in North Sulawesi was 6,342 in 2021, 2,509 in 2022, 2,401 in 2023, and 13,336 in 2024.



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Infographic: Zonautara.com Data Team

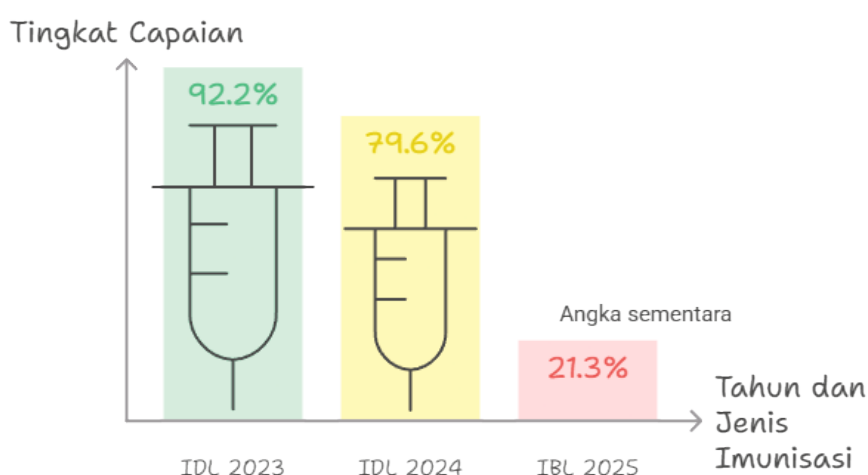
Meanwhile, data from the Manado City Health Office shows a decline in the coverage of Complete Basic Immunization (IDL) between 2023 and 2024. In 2023, it was at 92.2%, and in 2024, it only reached 79.6%. Meanwhile, from January to April 2025, the coverage of Complete Basic Immunization (IBL) for children under five was at 21.3%.

The same data also shows the number of children receiving IDL and IBL: in 2023, there were 5,806 children receiving IDL and 3,801 children receiving IBL. In 2024,

there were 5,338 children receiving IDL and 3,722 children receiving IBL. From January to June 2025, there were 2,658 children receiving IDL and 2,040 children receiving IBL.

Meanwhile, in Bitung, although he didn't provide specific figures, Dr. Victor Tumbuan, Head of Disease Control and Prevention at the Bitung Health Office, acknowledged that child immunization in the region had fallen short of the established target. "Bitung City hasn't reached its immunization target; we're below 70%," he told Zonautara.com.

Capain Imunisasi Dasar Lengkap Kota Manado



Capaian Imunisasi di Manado (2023-2025)

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Infografis: Tim Data Zonautara.com

Strategies to Counter Negative Narratives

Seeing its dominant potential in shaping public perception, social media can be used as an important variable in campaigning for child immunization in Manado and Bitung so that there is no more rejection from the public.

This can be seen as an opportunity to campaign and make the child immunization program a success.

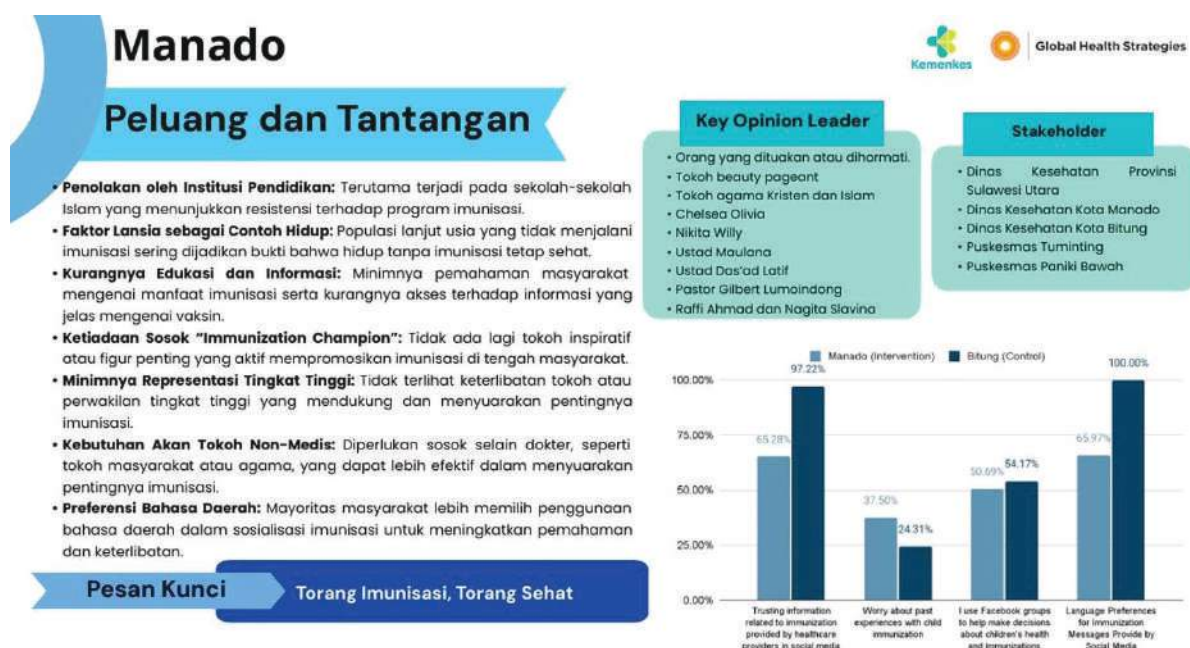
Both the Manado City Health Office and the Bitung City Health Office have made various efforts to convince the public to immunize their children. In addition to face-

to-face meetings, immunization awareness campaigns have also been conducted and shared through the official social media accounts of the Health Office and Community Health Centers in the two regions.

This can be seen as a counter to the false narratives that have spread among the people of Manado and Bitung. According to Dr. Sicilia Kumaat, one of the efforts her team is making to convince the public to get immunized is by educating them through local social media platforms with positive narratives. “Creating local content, such as short videos of testimonials from parents who have successfully immunized their children, is very helpful in combating hoaxes on social media,” she said.

Dr. Victor Tumbuan echoed this sentiment. He stated that his team has implemented educational efforts through social media. However, he also acknowledged that immunization content hasn’t been widely uploaded and shared.

“Yes, (social media) is very influential. I’ve tried to analyze it, and what’s lacking now is the lack of intensity,” he said.



GHS, which successfully mapped the opportunities and challenges of child immunization in Manado and Bitung, concluded that immunization socialization must use regional languages through the key message “ We Immunize, We Are Healthy, “ which can be interpreted as “We Immunize, We Are Healthy.”

Dr. Jackelin Lotulung, MIKom, offered a similar explanation. She stated that, in communication principles, using language that resonates with the recipient plays a vital role. This approach increases the likelihood of a message being conveyed.

“One of the principles of communication is that we use language that suits the recipient. So, if you’re campaigning for a health campaign in a region, try to have the campaigners be local and use the local language. Certain terms simply can’t be translated , “ he said.

Challenge

A survey conducted by Zonautara.com in Manado and Bitung among 21 respondents showed that Facebook and WhatsApp were the most frequently used social media platforms, followed by Instagram and TikTok. Over 70% of respondents obtained their child immunization information from Facebook, followed by WhatsApp and TikTok.

However, the same survey also revealed low levels of respondents’ access to information about childhood immunizations. Only 23.80% of respondents reported frequently receiving information about childhood immunizations. The remainder responded that they sometimes, rarely, or even never received information about childhood immunizations.

While the survey doesn’t reflect the entire population, it can provide valuable evaluation material for relevant stakeholders to disseminate information about childhood immunization in Manado and Bitung. This can be achieved by creating and sharing immunization information intensively and increasing the reach of relevant stakeholders on social media .

On the other hand, detailed explanations of the symptoms children experience after immunization must also be disseminated to all levels of society. This is to ensure that cases like Eka’s, who refused to have her child immunized because she had a fever after immunization, do not further perpetuate the chain of misinformation and disinformation within the community.

**Imunisasi tetap diberikan (BUKAN kontraindikasi),
pada kondisi:**

- Anak dengan **gejala ringan** seperti:
 - **demam < 38.5°C**, infeksi saluran pernapasan atas (**batuk/pilek ringan**), atau gejala infeksi ringan lainnya;
- Anak memiliki **riwayat alergi**, asma atau manifestasi atopik lainnya seperti rhinitis alergi atau hidung tersumbat;
- Anak mengalami **malnutrisi**;
- Anak **dalam pengobatan antibiotik**, kortikosteroid dosis rendah atau steroid yang bekerja secara lokal, misalnya salep, obat tetes mata;
- Penyakit jantung, paru-paru, ginjal dan hati kronis;
- Riwayat penyakit kuning pasca kelahiran;
- Dermatitis, eksim atau infeksi kulit lokal;
- Kondisi neurologis yang stabil seperti cerebral palsy dan down syndrome;
- Riwayat konvulsi/kejang dalam keluarga;
- Riwayat operasi atau akan operasi;
- Riwayat KIPI dalam keluarga.



As explained by the Ministry of Health, immunizations can be given to all children except in cases of very limited and specific medical contraindications. It also states that immunizations can still be given to children with mild symptoms, such as a fever below 38.5°C, an upper respiratory tract infection (a cough or mild runny nose), or other signs of infection.

In cases of children developing a fever after immunization, Dr. Sicilia Kumaat explained that medically, this is a normal physiological reaction and is not harmful. "This indicates that the child's immune system is responding to the antigen to develop long-term immunity. Educate parents about this."

It is very important to reduce concerns and prevent vaccination refusal," he said.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

This article was published in Zonautara.com on July 22, 2025. and can be accessed via the following link:

<https://zonautara.com/2025/07/22/saat-narasi-keliru-mengancam-imunisasi-anak-butuh-dukungan-nyata/>



MR Immunization: A Strategic Step to Eliminate Measles and Rubella in Kotamobagu



Implementation of Posyandu in Kopandakan 1 Village, South Kotamobagu District (Photo: Matapena.news/Febby Manoppo)

Matapena.news - In a simple, yet very beautiful house in Kopandakan 1 Village, South Kotamobagu District, Kotamobagu City, a mother sits combing her child's hair. Beside her, two men are busy repairing a lawn mower.

The house belongs to the Lii-Sumuruk family, who in 2021, were struck by extreme anxiety when one of their three children was diagnosed with Rubella , also known as German Measles.

Rubella is a contagious disease caused by a viral infection. This condition, also known as German measles, typically affects children and adolescents. It's a

different disease from measles, but they share similar symptoms: a red rash on the skin.

In addition to children and adolescents, pregnant women in their first and second trimesters should also be wary of exposure to this virus. This is because the disease can potentially cause congenital rubella syndrome, which can affect the baby after birth and even lead to miscarriage. Rubella is a preventable disease with the Measles Rubella (MR) vaccine.

From a Common Fever to an Extraordinary Event (KLB)

When Naysila Lii (13), one of the patients who tested positive for Rubella in December 2021, came home from school, she seemed unusual. Nay, as she is familiarly known, looked gloomy and listless. As a mother, this unusual situation certainly raised questions. “What’s wrong with Nay? Is there a problem at school?” her mother, Nona Sumuruk, told *matapena.news* on Thursday, July 10, 2025. She recounted the chronology of events when Nay was exposed to Rubella.



Rubella survivor being interviewed at her home, Kopandakan I Village, South Kotamobagu District. (Photo: Personal collection)

After changing clothes, Nona said, Nay complained of feeling unwell and running a fever. Hearing her daughter's complaints, Nona immediately prescribed fever-reducing medication. However, the medication didn't work well enough. Nay's fever remained high, and she had a rash and red spots on her hands.

Seeing Nay's condition, Nona took the initiative to immediately take her child to the small Motoboi Community Health Center to have Nay checked. "When Nay and I were at

"At the Motoboi Kecil Puskesmas, the doctor took a blood sample from Nay to test for malaria or dengue fever. The results were negative," Nona said.

After receiving medication from Nay's doctor, she said, she and Nay immediately rushed home. That afternoon, Nona suddenly received a call from a nurse at the Motoboi Kecil Puskesmas asking for permission to take another blood sample for testing. "I was shocked and scared. What was going on? Why did Nay need another blood sample? But for my child's health and safety, I agreed to the nurse's request," Nona said.

Since Nay developed a high fever, Nona said, her other two children, Nay's older sister, Pristadita Lii, and her younger sister, Velli Valensia Lii, also experienced the same thing. The next day after Nay was examined at the Motoboi Kecil, the Lii-Sumuruk family home was visited by a Health Department surveillance team to take blood samples. "At that time, it wasn't just Nay who was taken blood samples, but her older and younger siblings were also taken for testing," Nona said.

"I thought it was just an ordinary fever. In the past there were often illnesses like that, fever and a red rash accompanied by spots like chicken pox," said Nona.

After the blood samples were taken, Nona received news from the community health center that of her three children tested, only Nay tested positive for rubella. Nona explained that she remembered all three of her children receiving immunizations as babies, but she couldn't remember how many times Nay received the measles and rubella vaccine. "I don't remember how many times Naysila received the measles and rubella vaccine. I remember they received the immunizations, but I can't remember the specific types," she said.

Sitting side by side with her mother, Hartono Lii's beloved daughter, Naysila, recounted her experience with the rubella virus. Besides a high fever, Naysila also reported developing red spots on her fingers. When she sweated, the red spots and rash increased. "It was itchy and sore, especially when she sweated,"

Naysila said, pointing to the red spots under the eyes of Lii and Sumuruk's second daughter, who is now a third-year high school student.

The Health Office Moved Quickly to Handle the Outbreak

After the Rubella Outbreak was declared in December 2021, the Kotamobagu City Health Office moved quickly to take anticipatory measures to prevent the spread of the rubella outbreak, especially in South Kotamobagu District. The Head of the Sub-Coordinator of the Disease Prevention and Control Section of the Kotamobagu City Health Office, Hariyanti Sutarjo SKM, told Matapena.news reporters that on Thursday, November 25, 2021, the Kotamobagu Health Office received notification from the Motoboi Kecil Community Health Center Polyclinic that there were patients complaining of high fever accompanied by a red rash on the face and body. Surveillance officers immediately went to examine and take blood samples for examination. From the results of the blood sample examination sent to the Surabaya Health Laboratory Center, 2 patients were declared positive for rubella on December 6, 2021, one of them was Naysilla Lii (13).

After receiving the results of the blood sample test, Hariyanti said, the Health Service and Motoboi Kecil Community Health Center team immediately went into the field.

conducting investigations to identify the source of infection, finding out the patient's immunization status, and collecting data related to the spread of cases. "From the results of the investigation conducted, it could not be proven whether the patient received measles and rubella immunizations at the age of 9 months and 18 months or not, because at that time Naysila's KIA book had been lost, and from the data search conducted, there was also no complete information obtained regarding the child's immunizations," said Hariyanti when met in her office, Monday, July 7, 2025.

"At that time, Naysila, in addition to being given medication, was also given vitamin A supplements to reduce complications," said Hariyanti.

After providing treatment to positive patients, the Health Service team carried out an Outbreak Response Immunization (ORI) in the South Kotamobagu District. Immunization targets children of specific ages, such as infants 9 months to 16 years old. "ORI targets Posyandu, elementary, middle, and high schools," said Hariyanti. In addition to conducting ORI, the Health Office and Motoboi Kecil Puskesmas teams also conducted community tracking of the patient to collect blood samples

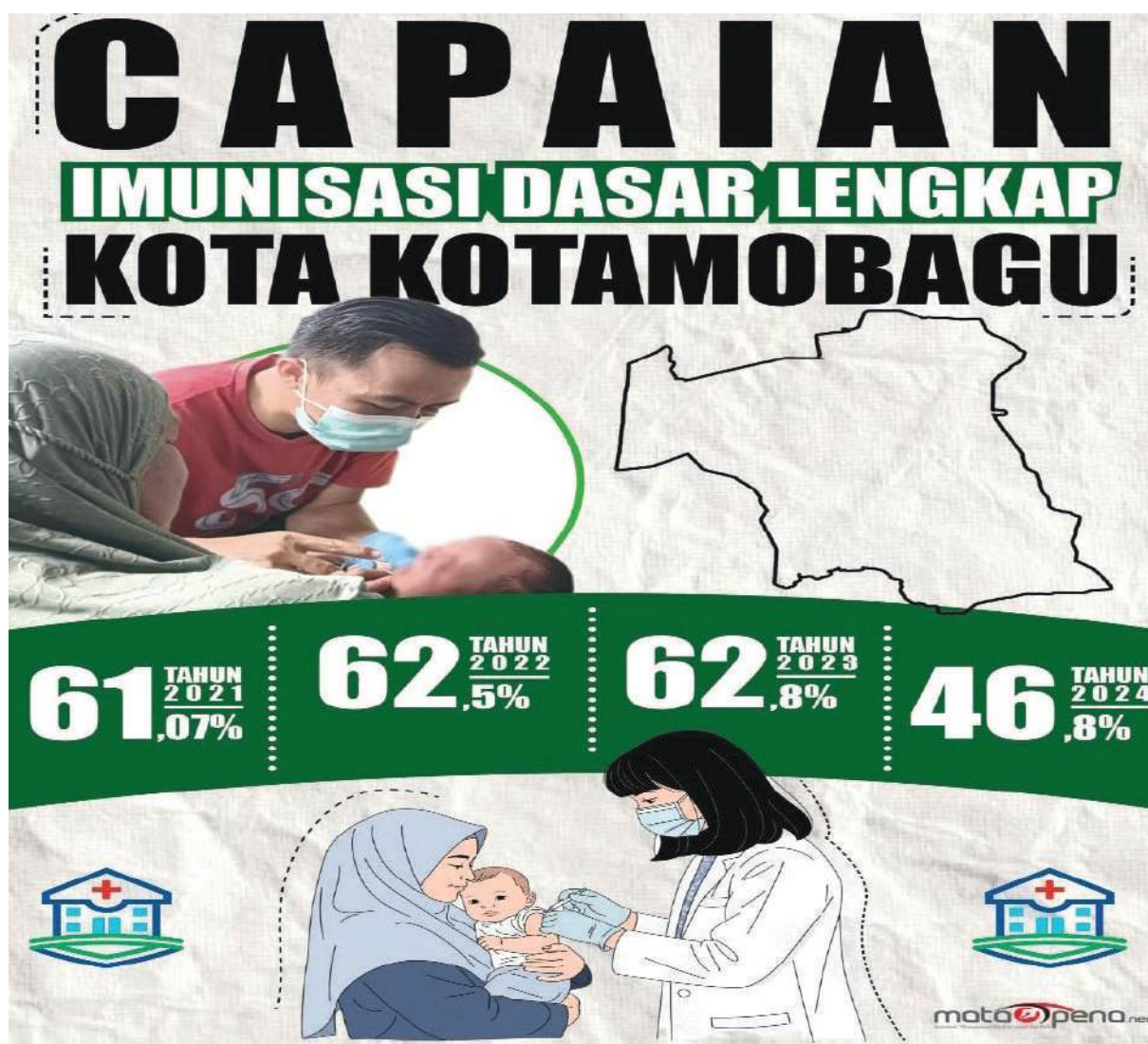
from people who had been in contact with the rubella patient. “During the mass immunization, health workers also educated the public about the importance of immunization and how to prevent rubella transmission. This is an effort to break the chain of rubella virus transmission,” said the woman, known as Yanti.

Yanti acknowledged that the MR immunization rate from 2018 to 2020 fell short of the national target. From 2018 to 2021, the MR immunization rate in Kotamobagu was below 60 percent. This rate began to rise following the outbreak in 2021 and continued through 2023, but declined again in 2024 (see graphic for details).

The decline that occurred in 2024, Yanti said, was quite significant. Many factors influenced this decline in immunization coverage, including viral news about the negative impacts of immunization, which resulted in a vaccine shortage of approximately three months. “Updated information on social media about adverse events following immunization (AEFI) significantly influenced people to avoid taking their children to healthcare facilities. When news about the negative impacts of immunization goes viral, it spreads, and that has a significant impact,” Yanti said.

Regarding the vaccine shortage, Yanti said, it probably didn’t have much of an impact on immunization coverage, as once vaccine stocks were available, they were distributed immediately. “So, babies who hadn’t been immunized at that time due to the shortage were given catch-up immunizations. The problem was that when health workers came directly to people’s homes to administer immunizations to their children, they refused. They wouldn’t allow their children to be vaccinated. Health workers couldn’t do anything further,” Yanti said.

Despite this, the Kotamobagu Health Office remains undeterred. They regularly promote the MR vaccine through mobile community Puskesmas, loudspeakers in village halls, and places of worship. This aims to educate the public and raise awareness about the importance of complete basic immunizations for infants and toddlers, as well as to dispel any negative rumors circulating.



Complete Basic Immunization Achievements in Kotamobagu City (infographic: matapena.news/source: Kotamobagu Health Office)

This mother of two explained that immunization is not solely the responsibility of the Health Department. However, cross-sectoral coordination and cooperation are needed to improve immunization coverage in Kotamobagu each year. Many obstacles have been encountered in the field. Perhaps this vaccination program would be more effective if implemented collaboratively.

“For example, actively involving village governments and campaign efforts must be carried out by health workers in collaboration with religious leaders. There are still some who refuse this immunization due to concerns about the halal and haram content of the vaccine. If that’s the case, it must be done by competent individuals; we must partner with religious leaders to educate the community about the MR immunization,” said Yanti.

MR Immunization Delays, Health Office Initiates Door-Knocking Program

Learning from the 2021 outbreak, the Kotamobagu City Health Office is taking steps to increase MR immunization coverage in the city. Instead of simply waiting for people to arrive at Posyandu or Puskesmas, the office is directly visiting the homes of residents who have not yet been vaccinated through the program. tap door.

Education and outreach activities are actively conducted to inform the public about the importance of immunization and how to prevent rubella transmission. In addition, surveillance is being strengthened to monitor and detect new cases early and ensure

Accurate reporting is also carried out, as well as intensive coordination with related parties such as hospitals, community health centers, and other parties involved in handling the outbreak.



Medical personnel administering immunizations. (photo: illustration/special)

To detect rubella as early as possible in Kotamobagu, Hariyanti explained, her team is currently routinely conducting serological blood tests on suspected measles and rubella patients, conducted by health workers. Clinical examinations are being intensified at Puskesmas, including physical examinations, including checking for rashes and swollen lymph nodes.

“That’s the initial step in diagnosing rubella. Because the rubella rash resembles other illnesses, confirmation through laboratory testing is necessary. Therefore, blood samples are immediately taken from patients suspected of having rubella and sent to the laboratory,” said Hariyanti.

In addition, preventive efforts through MR immunization for children aged 9 months, 18 months, and school age are also routinely carried out, despite numerous challenges and obstacles encountered in the field. Currently, to increase immunization coverage, the Health Office is collaborating with the Kotamobagu City government down to the village level to identify and track children who have not yet received their basic immunizations so that they can receive catch-up immunizations. This is an effort to break the chain of transmission in the event of rubella or other diseases that can be caused by immunizations.

Preventive measures are not limited to infants and school-age children; they are also being implemented for pregnant women, including prenatal screening . If rubella is diagnosed, further tests such as ultrasound and amniocentesis will be recommended to detect fetal abnormalities. “Health workers are still routinely conducting outreach and education to reduce the stigma surrounding this immunization,” he said.

In addition to technical prevention efforts and increasing immunization achievement targets, the Health Office will also submit regulations to regional leaders so that in the future, if children will enter school, they are required to provide a certificate or complete child KIA Immunization Book so that the measles Rubella outbreak in Kotamobagu City will not be repeated, seen from the achievement of Kotamobagu City Immunization from year to year never reaching the National target.

He added that, in addition to providing direct education and counseling, the Health Office also routinely campaigns for immunization through the Kotamobagu Health Office Facebook account and the Kotamobagu Health Office Instagram account.

Jurim Fights Against Hoaxes

The success of immunization in Kotamobagu City is inseparable from the efforts of the immunization officers (Jurim) who work at Posyandu and Puskesmas. Endo Regoh, a former jurim in South Kotamobagu District, recounted the many ups and downs they encountered while on duty from 2018 to 2021. Many residents still refused to have their children immunized. In addition to facing community resistance, the jurim also had to battle hoaxes spread on social media.

Endo said that while the digital era offers many conveniences, social media also brings with it a fair share of negative aspects, such as issues surrounding immunization.

Discussions about the effectiveness of immunization as a disease preventative measure, vaccine content, and adverse events following immunization (AEFI) have been circulating on social media.



Implementation of Posyandu in Kopandakan 1 Village, South Kotamobagu District (Photo: Matapena.news/Febby Manoppo)

According to Endo, efforts to provide complete basic and follow-up immunizations to the community have been quite optimal, starting with immunizations at Posyandu and Puskesmas, as well as through the BIAS (School Children Immunization Month) program. However, it cannot be denied that hoaxes, with various narratives surrounding immunization, are still a popular pastime for the public today.

“In my experience as a judge, some people refused, citing fear of adverse events (AEFI), and others because of concerns about the halal and haram aspects of vaccines. As a medical professional, I can only explain and educate the public within my field of expertise, health. Perhaps others are more competent to discuss the halal and haram aspects of immunization,” Endo said on Tuesday, June 24, 2025.

What the Indonesian Ulama Council (MUI) Says About MR Immunization

The Chairman of the Indonesian Ulama Council (MUI) of Kotamobagu City, Mohamad Sahran Noor Gonibala, when met in his office on Monday, June 30, 2025, said that the halal status of vaccines, including the COVID-19 vaccine, the MR vaccine, and meningitis vaccines, as well as other types of vaccines, is still being debated. He said the MUI of Kotamobagu continues to adhere to fatwas issued by the central MUI, including regarding this immunization. So far, vaccines are considered permissible, and it is

permissible to administer them, or not to administer them. Education about these vaccines is certainly necessary to prevent the public from easily

Be consumed by baseless negative narratives. Everything must be examined, considering its benefits and drawbacks.



Chairman of the MUI for Kotamobagu City: Mohamad Sahran Noor Gonibala (Photo: Matapena.news/Febby Manoppo)

He explained that there is a verse in the Quran that explicitly forbids someone from allowing themselves to perish or be harmed. This is explained in Surah Al-Baqarah verse 195. "And do not throw yourselves into destruction." This verse emphasizes the importance of protecting oneself from things that can lead to destruction or annihilation. "Well, if with immunization or vaccination we can avoid disease outbreaks that bring destruction to ourselves and others, why not do it? There are things that must be considered rationally," said Sahran.

“Personally, since the COVID-19 outbreak has spread across the globe, I have chosen to be vaccinated up to the fourth stage. Why? Because I don’t want to let myself perish.

With vaccines, we can be protected from exposure to COVID-19, as well as other infectious viruses. I believe that vaccination or immunization is my way of protecting myself from disease transmission. Indeed, vaccines and immunization cannot be forced. However, we need to be aware that we humans must also strive to avoid disease, especially babies and children,” said Gonibala.

Epidemiologist: Immunization Delays, Outbreaks Looming

Low immunization coverage in a region has the potential to lead to viral outbreaks. Learning from history, in the past, several diseases, such as chickenpox and measles, or more familiarly known as sarampa in North Sulawesi, were highly contagious. When one family member contracted the virus, its spread spiraled out of control. Everyone who came into contact with the infected person was also infected. After the introduction of complete basic immunization during the Old Order era, the spread of these viruses gradually began to be controlled.

Immunization aims to establish herd immunity, a form of indirect protection against infectious diseases. This occurs when a large portion of a population becomes immune to a previous infection, thereby protecting non-immune individuals.

There are two ways to achieve herd immunity : through natural infection and through vaccination or immunization. Natural infection can provide immunity, but it carries the risk of serious illness, complications, and even death. Vaccination, on the other hand, provides immunity without the risk of disease.

It must be acknowledged that healthcare workers face numerous obstacles and challenges in achieving the target of complete basic immunization in a given region. There’s still a growing stigma surrounding the MR vaccine, starting with anecdotal accounts of unvaccinated grandparents who remained healthy and even lived long lives, which some anti-vaccine groups use as examples. Furthermore, narratives circulating on social media are readily accepted without careful consideration of the facts, followed by adverse events (AEFI) and vaccine content.

This is a major challenge, a homework assignment for the current government. “How can Indonesia achieve its golden age if immunization rates are still below average?” said North Sulawesi epidemiologist Jonesius Eden Manoppo on Tuesday, July 1, 2025.



North Sulawesi epidemiologist: Jonesius Eden Manoppo (Photo: Personal collection)

Jonesius said that people exposed to the virus will become carriers or spread the virus to others. Diseases such as measles, rubella, diphtheria, pertussis (whooping cough), tetanus, polio, hepatitis B, pneumonia, meningitis, and influenza are some of the diseases that can be prevented by immunization. Therefore, the MR immunization is important as an effort to protect children from measles and rubella. Immunization not only protects individuals but also helps achieve herd immunity, which is crucial for preventing disease outbreaks in the community.

With immunization coverage above 80 percent, we can reduce the risk of disease spread and protect vulnerable people, such as infants who have not received full immunizations or individuals with weakened immune systems. “If immunization coverage is low, especially in areas where outbreaks have occurred, it poses a risk and does not rule out the possibility of similar cases occurring again,” said Jonesius Eden Manoppo.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

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<https://matapena.news/bolmong-raya/kotamobagu/imunisasi-mr-langkah-strategis-mengeliminasi-campak-dan-rubella-di-kotamobagu/>



The Story Behind the Decline in Immunization Coverage in Manado City



Nurses at the Teling Community Health Center in Manado City, North Sulawesi, prepare vaccine injections to be administered to children undergoing immunization. (photo: febry kodongan/manadobacirita)

Manadobacirita.com - As many as 13,336 children in North Sulawesi in 2024 will be in the Zero Dose category or children who have not yet received or have not even received immunization .

Data from the Ministry of Health shows a surge in the number of children in the Zero Dose category compared to previous years, when there were only around 2,000.

Manado City, as the capital of North Sulawesi Province , is one of the areas where complete immunization coverage has decreased.

Data from the Manado City Health Office (Dinkes) shows a decline in the number

of Complete Basic Immunization (IDL) achievements in 2024, which only reached 79.6 percent, compared to 2023, which could reach 92.2 percent.

In the Global Health Strategies report , the biggest obstacles to immunization coverage are two main factors. The first is limited information. The public lacks inadequate understanding or even no knowledge about immunization. This was the reason cited by 55.21 percent of respondents.

The second factor is concern about previous experiences. Children experience fever after receiving immunizations, commonly referred to as Post-Immunization Adverse Events (AEFI). This was the reason cited by 30.90 percent of respondents.

The Director of Immunization at the Indonesian Ministry of Health, Dr. Prima Yosephine, explained that high and even immunization coverage can build herd immunity and protect vulnerable groups in society.

According to him, every person who receives an immunization will develop specific antibodies against a particular disease. Immunization is one of the most successful public health interventions in reducing infant morbidity and mortality from infectious diseases.

“Currently, immunization prevents the deaths of 2-3 million children each year due to vaccine-preventable diseases or PD3I,” said Dr. Prima.

“I Thought It Wasn’t Important”: Ignorance Becomes a Health Threat



A child is active at Manado's Bersehati Market. (photo: swingly manderes/manadobacirita)

Yati, a woman under 40, already has four children. The oldest is now 12, followed by eight, four, and the youngest is just about to turn two.

“He, since his first child, has never been given any immunizations. Was that what he was given? He never was,” said Yati when met under the Soekarno Bridge. According to Yati, not only her children were not immunized, but also her sister-in-law’s children and several other people who spend their daily lives at the Bersehati market. “It’s not just us (me), my nephew and other children at the market are also not immunized,” Yati said.

Yati admitted that she knew immunizations were injections given to babies, which would then cause illness. However, she didn’t know what they were for. Therefore, admitting to not fully understanding their purpose, she said she hadn’t taken her child for immunizations.

When informed that immunizations create immunity against certain diseases, reducing the risk of infection, Yati said she didn’t fully understand this. She said her child has generally been healthy despite not being immunized. “Well, if she gets sick, it’s usually just a cold or a fever,” Yati said.

She didn’t really understand the question of whether immunizations were beneficial. Furthermore, she said no one had explained them to her, so she felt they weren’t necessary for her children.

Moreover, coupled with her busy schedule at the market, she said she often forgets and tends to neglect going to Puskesmas or Posyandu for checkups or to keep up with her children’s immunization schedules. “It’s a shame, we work here. So we don’t have time,” she said.



Activities of residents living in the Bersehati Market complex in Manado. Some live in the Bersehati Market area due to their daily activities. (photo: swingly manderes/manadobacirita)

However, he admitted that if there was a visit from Puskesmas at the market where he lived, and it was mandatory for his child to be immunized, then he would take his child to get the immunization.

“If anyone comes to the market Bersehati to get immunizations, we will be there,” he said again.

Acting Regional Secretary (Sekda) of Manado City, Dr. Steaven Dandel, stated that public understanding of immunization is generally good. This is evident in the city’s consistently above 90 percent immunization coverage.

According to him, in every Puskesmas and Posyandu, counseling is always carried out regarding the importance of immunization, as well as what can happen after immunization or called post-immunization events (KIPI).

“This immunization program has been around for a long time. As a doctor, I’ve been involved since 2005. The coverage rate has consistently been above 90 percent. So, overall, I think the public’s understanding of immunization is good,” said Steaven.

However, Steaven stated that there has been a decline in immunization coverage since COVID-19. This is due to the numerous stories of adverse events (AEFI) that

emerged during the COVID-19 vaccination program, which influenced parents' decisions regarding immunization.

Steaven said this has had a significant impact on public understanding. For example, when his office held the School Children's Immunization Month (BIAS), he noted that many parents subsequently refused to give their children permission to receive immunizations or vaccines at school.

"In every school, there are parents who refuse to have their children vaccinated. And this happens not only in Islamic schools but also in public schools," said Steaven.

"Here, we realize that we need to re-evaluate the message about immunization so that people who were initially exposed to the COVID-19 story can become more aware of it," Steaven added.

Obstacles Faced Leading to a Decline in Immunization Coverage in Manado City



A baby being injected by a nurse at a Manado City community health center. There are two immunization sessions per week at each community health center in Manado City. (photo: febry kodongan/manadobacirita)

The Manado City Government has not denied the decline in Complete Basic Immunization (IDL) coverage. Available data indicates the decline occurred in 2024. Of the 6,706 infants targeted for immunization (SI), only 5,338, or 79.6 percent, received immunization.

The percentage achieved in 2024 is a significant decrease, as in 2023, complete basic immunization coverage reached 92.2 percent. In 2024, there were 5,923 newborns, with an immunization target of 6,706, and 6,295 children under two years old.

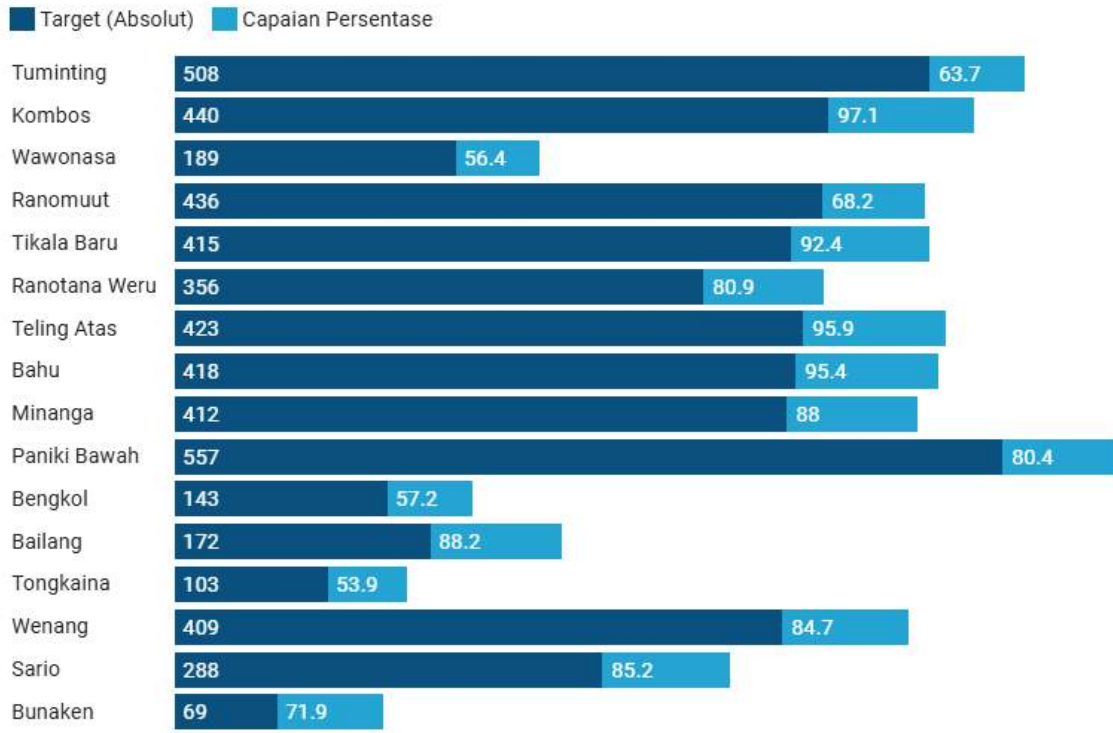
In 2024, of the 16 Puskesmas across Manado City, three had coverage below 60 percent. These were Tongkaina Puskesmas (53.9 percent) (103 children with disabilities), Bengkol Puskesmas (57.2 percent) (143 children), and Wawonasa Puskesmas (56.4 percent) (189 children).

Persentase Cakupan IDL Kota Manado 2018-2024



Achievement of Complete Basic Immunization Coverage in Manado City for the 2018-2024 period
Source: Manado City Health Office Get data Created with Datawrapper

CAKUPAN IMUNISASI DASAR LENGKAP (BAYI)PER – PUSKESMAS KOTA MANADO TAHUN 2024



Absolute Target Data for the Number of Immunizations per Puskesmas, as well as the percentage of achievement obtained in 2024

Source: Manado City Health Office Get the data Created with Datawrapper

Head of the Surveillance and Immunization Section at the Manado City Health Office, Fanny Barends S.Psi, revealed that the decline in immunization coverage in 2024 was due to

There are several areas where public awareness of the importance of immunization is still low.

“The biggest obstacle is actually parents’ unfounded fear and the existence of hoaxes about vaccines, which have resulted in negative campaigns against the immunization program,” said Fanny.



Vaccine bottles used for immunizations at Puskesmas in Manado City, North Sulawesi. (photo: febry kodongan/manadobacirita)

Meanwhile, Steaven said the issue of vaccine availability also contributed to the decline in immunization coverage in Manado City in 2024. Steaven, who in 2024 was the Head of the Health Service, said that since mid-2024, vaccines have run out.

However, according to Steaven, vaccine procurement is actually carried out centrally at the Ministry of Health, so regions only have to wait for stock supplies.

“All the staff were even angered by parents who had come to the community health center because the vaccine was out of stock. Parents who wanted to get their vaccine were denied access because the vaccine was out of stock,” said Steaven.

Furthermore, Steaven stated that there were technical challenges with data management in reporting. He admitted that in 2024, the system for recording vaccine numbers in North Sulawesi was still overcrowded. He attributed this to inaccurate reporting, which led to miscalculations.

“Frankly, I was angry at the time. But just being angry won’t solve the problem. So, we’re trying to educate the public,” he said again.

(Still) Lack of Education About Immunization on Government-Owned Social Media



A mother and child are seen waiting in front of the immunization room at Puskesmas in Manado City. The Puskesmas schedules two immunization sessions for children each week. (photo: febry kodongan/manadobacirita)

One of the findings of Global Health Strategies regarding barriers to child immunization in Manado City and Bitung City, North Sulawesi, is that the community lacks information or does not know and does not have sufficient understanding about child immunization.

This factor was the most cited, with 55.21 percent of respondents citing this as the reason their children were not immunized.

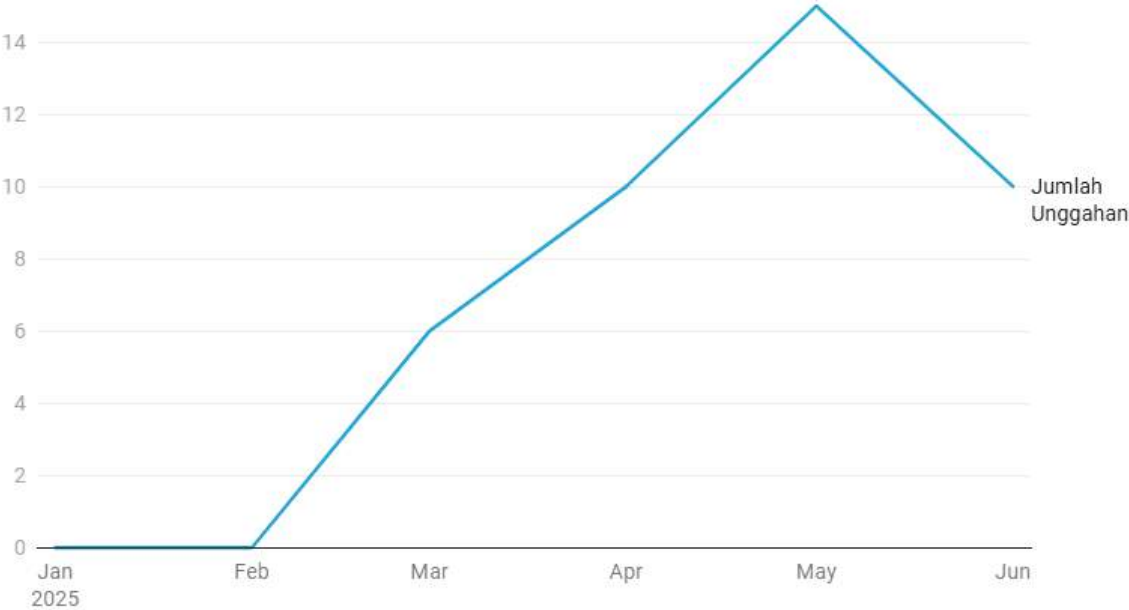
A search of government social media pages revealed a serious lack of immunization education. Even on the Manado City Health Office's (Dinkes) Facebook page, educational information and outreach about the importance, impact, and post-immunization events were minimal.

Posts about immunization are only in the form of documentation of Posyandu activities or immunization at the Community Health Center, without any explanation about what immunization is and the importance of children getting immunization.

For example, from January to March 2025, there were only two educational posts or immunization calls on the Manado Health Office Facebook account. These

posts were posted on March 20, 2025, and March 26, 2025. These posts were from content produced by Global Health Strategies , and focused on immunization calls and an immunization lifestyle.

Jumlah Unggahan Tentang Imunisasi di Medsos Pemerintah



Especially for posts about creative campaigns about Immunization
Source: Manado City Health Office Facebook Account Get the data Created with Datawrapper

It wasn't until April 2025 that posts about immunization began to increase. This was related to the commemoration of World Immunization Day, which is celebrated in April every year. Furthermore, there was an increase in educational content posted about immunization. This content was produced by Global Health Strategies . Steaven stated that his team had conducted outreach on social media about immunization. However, he admitted that there wasn't enough publicity , giving the impression that there was no outreach.

He also mentioned the drawbacks of social media outreach. One of them is that messages posted may not be delivered due to overlapping systems. "And it's also important to remember that the Health Office staff aren't experts in social media. Furthermore, their job descriptions certainly don't address social media," he said.

However, he said his team has increased outreach on social media, including through Global Health Strategies . "We're also trying to collaborate with other agencies, although it hasn't been implemented effectively," he said. "But outreach at Posyandu is routine," he added.

The Head of the Manado City Communications and Information Agency (Kominfo), Erwin Kontu, stated that his agency is always open to conducting campaigns on social media about good things, including positive content about immunization from the Health Agency.

According to Erwin, with followers on the fanpage managed by the Communication and Information Service which has already exceeded 100 thousand accounts, the campaign will be more effective because there will be more...

accessible people. "We help with flyers or pa "Fanpage people have more than 100 thousand followers," said Erwin.

However, coordination must be effective, considering that although the Ministry of Communication and Information Technology's primary function is to disseminate government information, without notification or coordination, it will be overlooked. "We can actually help any agency with outreach; we just need to coordinate. On the other hand, the Ministry of Communication and Information Technology won't know if we don't inform them," Erwin reiterated.

How is the Government Trying to Increase Immunization Coverage?



Seorang petugas di Puskesmas Teling, Kota Manado, memperlihatkan jadwal imunisasi anak yang telah disusun untuk mendukung penuh pencapaian cakupan imunisasi di Kota Manado.

An officer at the Teling Community Health Center, Manado City, shows a child immunization schedule that has been prepared to fully support the achievement of immunization coverage in Manado City.

In the presentation of the immunization evaluation in Manado City, the Surveillance and Immunization Section at the Health Service stated that the first effort undertaken was to provide education to parents by providing information and direct reminders.

One way to do this is by creating a WhatsApp group called “Smart Moms” at the Tuminting Puskesmas. In this group, Puskesmas and Posyandu cadres directly respond to parents’ concerns about AEFI and other adverse events (KIPI).

Digital technology is also being utilized, including data management to identify children who haven’t attended immunization sessions. This allows for more focused targeting.

“We are also developing immunization promotional media to reach a wider target audience,” Fanny said.

Temporary Immunization Coverage Table for Manado City as of May 2025

SUBDISTRICT	COVERAGE (%)
TUMINTING	23,9
SINGKIL	48,5
PAAL 2	22
TIKALA	40
WANEA	34,8
MALALAYANG	33,1
MAPANGET	31,9
BUNAKEN DARAT	30,2
WENANG	40
BUNAKEN KEPULAUAN2	29
SARIO	38,4
KOTA MANADO	34,1

What's Important to Do Right Now?

Jonesius Eden Manoppo, an epidemiologist at Manado State University (UNIMA), said immunization coverage is crucial for achieving herd immunity. He stated that if a community becomes immune, the disease may not reappear.



Jonesius Eden Manoppo, Pakar Epidemiologi dan Universitas Negeri Manado (UNIMA). foto: dokumen pribadi

To achieve herd immunity, Jonesius said high immunization coverage is necessary, depending on the level of disease transmission. The more people who are immunized, the less susceptible the group will be to the disease.

“For example, measles requires coverage above 95 percent, and polio requires coverage of around 80 to 86 percent. With these numbers, it is hoped that individuals who cannot yet be vaccinated, such as infants or people with immune disorders, will still be indirectly protected,” Jonesius said.

According to Jonesius, the public should remember that immunization is important for all ages to prevent highly contagious, difficult-to-control, and difficult-to-treat diseases. For example, tuberculosis, polio, diphtheria, whooping cough, tetanus, and measles are all categorized as vaccine-preventable diseases.

So, why is immunization more likely to be given to children? This lecturer from the

Faculty of Public Health explained that it's because their natural immune systems haven't yet developed, necessitating immunization.

"So, by providing early exposure to disease-causing germs in a child's body, the body can mount a protective response if the same germs enter the body from the environment. If the body can stop the disease, the chain of transmission can be broken, preventing it from spreading to the environment," he said.



Vaccine drops are administered during an immunization program at a community health center in Manado City, North Sulawesi. (photo: febry kodongan/manadobacirita)

Furthermore, Jonesius said that what has been done so far, such as the immunization month campaign, home visits, school visits, health promotion and approaches to religious leaders, must be maintained to achieve this goal.

However, he acknowledged that immunization awareness should also be intensified on social media. He acknowledged that the public is now widely accessed on social media, making campaigns on these platforms crucial for increasing knowledge, building awareness, and stimulating action.

"I can say that currently, content debunking hoaxes about immunization is very rare. Yet, it's important and must be done," he said.

mainstream media coverage of the importance of immunization is often suspected by the public as propaganda designed to build public opinion and the government's image. However, this must be done consistently, because the information it conveys is crucial and we must not give up," Jonesius added.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

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https://kumparan.com/manadobacirita/25VpkaBnKoC?utm_source=Desktop&utm_medium=copy-to-clipboard&shareID=JjbtD1YChkp1



Manado City's Immunization Achievements Are Hindered by Parental Work and Understanding



Immunization officer (Jurim) Melisa Mardjoen, when giving an injection of the Bacillus Calmette-Guérin or BCG immunization vaccine, to Amelia, a 1.5 month old baby who was present with her mother, at the PKM Paniki Bawah and TP PKK Paniki Bawah immunization activities on July 15.

Manadones.co.id – The terrace of Magdalena Sambow's house, 52, in Neighborhood II, Paniki Bawah Village, Mapanget District, Manado City, North Sulawesi, was starting to fill with five young mothers and their six toddlers. The clock on the wall showed 11:50 WITA.

At MANADONES, Magdalena stated that the mothers and six toddlers were there to participate in immunizations scheduled by the Family Welfare Empowerment Team (TP-PKK) of Paniki Bawah Village, Working Group (Pokja) Four, and the Paniki Bawah Community Health Center (PKM). As a homeowner, Magdalena also serves as an immunization counselor.



Lucia Kalalo is one of the extension cadres tasked with carrying out the initial data collection process on toddlers who attended the immunization on July 15 at the Anggrek Paniki Bawah Posyandu in Manado City.

She was accompanied by immunization counselor Lucia Kalalo, 62, who was also quick and friendly in guiding the mothers and toddlers through the registration process. This involved manually recording the toddlers' names, checking their maternal and child health records (KIA), and measuring their weights before administering age-appropriate immunizations by an immunization officer (Jurim) from the Paniki Bawah Puskesmas.

"Actually, the data we have for today's immunizations shows 12 children. Prior to this activity, we both provided information about the immunization schedule by visiting families with toddlers door-to-door last week," said Lucia.

Lucia also expressed concern about the full attendance of mothers and children they had registered at Magdalena's house, which also serves as the Anggrek Posyandu for the Paniki Bawah Puskesmas. The wife of a retired police officer explained that since 2022, the monthly immunization program at the Anggrek Posyandu has seen a decline in participants. The enthusiasm of mothers bringing their toddlers for free immunizations has decreased by almost 50 percent. This is due to work conflicts and a lack of awareness of the importance of immunization for their children. "Many young mothers leave their children with their grandmothers while they work from morning to evening. Meanwhile, their grandmothers only understand that children are healthy if given food, without vaccines," she said.

He then detailed his findings during door-to-door visits . It turned out that some children cared for by their grandparents had only received two immunizations, when they were 1-2 months old. They hadn't received another immunization even though they were already 8 years old.

This finding is supported by data provided by the Paniki Bawah Puskesmas. In 2024, 489 toddlers (75.1%) received complete basic immunization (IDL), while 428 infants under two years old (Baduta) received complete immunization (IBL).

(65.6%). From January to June 2025, the IDL reached 322 (46.9%), while the IBL reached 212 (31%).



Mothers and toddlers who participated in the immunizations scheduled by the TP — PKK, Pokja Empat Paniki Bawah Subdistrict, Manado City, and PKM Paniki Bawah, on July 15.

“Immunization is important to protect toddlers from various diseases,” said immunization officer (jurim) Melisa Mardjoen, 24. At that time, she had just given an injection of the Bacillus Calmette-Guérin or BCG immunization vaccine on the outer thigh of a 1.5-month-old baby who was present with his mother at the Posyandu. He was the last toddler to be vaccinated. Meanwhile, the other 6 toddlers had not arrived until 13.30 WITA on July 15, 2025.

Melisa also acknowledged that the role of parents and families is crucial in encouraging the achievement of complete immunization in children. However, various obstacles, as revealed by Lucia, become obstacles. Based on this information, MANADONES also conducted investigations in several sub-districts

and villages in Mapanget District, Manado City, which are within the work area of the Paniki Bawah Puskesmas, such as West Mapanget, Paniki Satu, and Bengkol-Pandu. It was found that approximately 8 young couples with toddlers chose not to receive immunizations. They gave several reasons, such as believing their children are healthy without the need for complete immunizations. Others considered immunizations haram (forbidden) and lacked the time due to odd jobs. Most stated that they did not have information about immunizations.

Husband and Wife's Work Becomes a Barrier

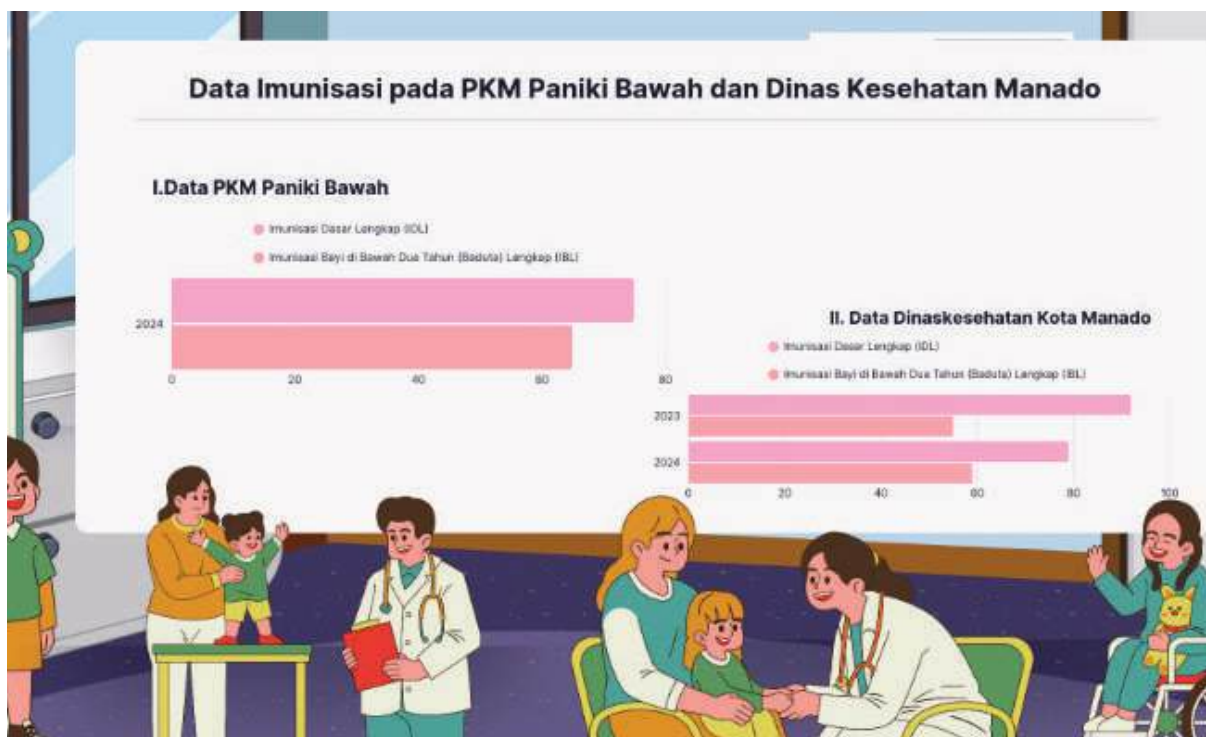
Recky Kamogi and Sendy La from Paniki 1 confirmed that one of their 7-year-old children has not received his follow-up immunizations. The couple stated they don't have time because they both work from 8:30 a.m. to 5:30 p.m. WITA. "We left Edgar with my mother, Intan.

"Moms also don't really understand what immunizations for babies and toddlers are like," said Recky.

A similar reason was also explained by Yetty Umboh, 65, a resident of Puskopad Paniki Bawah who is the caregiver for her two grandchildren, Marvil (12) and Nona (8). Both of her grandchildren's parents work in North Maluku and West Java. The woman who sells bananas and papayas remembers that her two grandchildren received toddler immunizations when they were born. However, since she has been caring for them for the past 5 years, they have not received any immunizations.

The Head of the Disease Prevention and Control (P2P) Division of the Manado City Health Office, Dr. Sicilia Kumaat, MPH, said last week that the Manado City Government continues to promote the importance of immunization for children under five years of age up to 18 years of age. The PKM team collaborates with the Family Welfare Movement (TP PKK) down to the sub-district or village level. They continue to aim to achieve 100 percent IDL for the 2045 Golden Indonesia program.

They face various obstacles. This is in line with Lucia and Melisa's statements, as well as MANADONES' findings. "There are indeed many obstacles in the field, but we, along with the Posyandu at the Family Welfare Movement (TP PKK), continue to conduct area surveys and encourage parents and immediate family members to bring their children to the Posyandu or the nearest Community Empowerment Program (PKM) for immunization," she said.



Immunization achievement data at PKM Paniki Bawah and the Manado City Health Office.

He also provided data from the Manado Health Office on the achievement of 92.2% IDL and 55.2% IBL in 2023. In 2024, IDL decreased to 79.6%, and IBL to only 59.1%. Kumaat explained that the obstacles encountered by judges and Posyandu counselors in the field are very difficult to overcome. According to him, so far, immunization

campaigns have continued to be carried out door to door . However, many of them choose to escape their obligations as parents, sacrificing their children’s rights.

“Sometimes the parents have moved and are hard to find,” he said.

This obstacle was also encountered when Global Health Strategies (GHS) recently conducted a survey on public understanding of the importance of immunization in North Sulawesi (Sulut), which sampled two cities: Manado and Bitung. They found that educational institutions still oppose immunization, particularly in Islamic schools.

Furthermore, Finanda Pratiwi from GHS also revealed that people in these two cities still cling to the belief that many elderly people appear strong without immunization.

“We see from the initial survey results that there is still a lack of education and information about the importance of immunization. There are no role models to encourage immunization coverage. There is minimal involvement of public figures in social media campaigns about children’s rights. Also, there is a lack of use of regional languages as a driver and bridge for immunization,” said Pratiwi, in front of 16 journalists, including MANADONES, who were selected to participate in the “Journalist Training Strengthening Public Awareness about Immunization”, held by GHS in collaboration with the Alliance of Independent Journalists (AJI) Indonesia on June 13- 14, 2025 in Jakarta.

This coverage was supported by a fellowship from the Alliance of Independent Journalists (AJI) Indonesia in collaboration with Global Health Strategies (GHS).

This article was published in the media manadones.co.id on July 22, 2025 and can be accessed via the following link:

<https://manadones.co.id/2025/07/22/capaian-imunisasi-kota-manado-terhalang-pekerjaan-dan-pemahaman-orang-tua/>



CLOSING

The journalists' reflections on this coverage emphasize that immunization is not merely a medical issue, but rather one of confidence, courage, and protection for the future. Change doesn't always come from grand policies, but also from small, consistent steps to protect Indonesian children, even in remote areas.

In the age of social media, public perception can be shaped or changed in a matter of seconds. Unfortunately, unverified misinformation often spreads faster than facts. Journalists' fieldwork reveals a common thread: hoaxes about immunization have fueled negative stigma, undermined public trust, and ultimately reduced immunization coverage and the quality of public health.

Therefore, social media should be utilized not as a fertile ground for misinformation, but as an arena for counter-narratives, a space to build critical narratives based on trusted sources and facts. Through cross-stakeholder collaboration, journalists can become agents of change by producing factual, engaging coverage that encourages the public to think critically and accept accurate information.

Moving forward, this advocacy needs to be sustained by building a critical narrative about immunization, from news coverage and research to public discourse. Because immunization is not yet a popular topic in Indonesia, this narrative must be addressed with special attention to attract interest and restore public trust in immunization.

Author Profile



Rendra Oxtora began his career as a journalist at Harian Equator (Jawa Pos Group) in 2007 and joined Perum LKBN Antara in 2009. In addition to his work as a journalist, Rendra also earns extra income by becoming a trainer and opening a printing, screen printing, and garment business, as well as a social media management and content creation business .

“When I covered immunizations in Pontianak City and Kubu Raya Regency, these areas had a homogeneous population with varying social statuses. This resulted in varying mindsets regarding their acceptance of immunization. More importantly, the lingering negative stigma surrounding post-immunization effects and the geographical limitations that limited the community’s access to the nearest Posyandu or Puskesmas were among the factors contributing to the decline in vaccine coverage in the locations I covered. Another factor was hoaxes about immunizations on social media, which further exacerbated public perceptions.”

“I’m grateful to AJI Indonesia and GHS for giving me the opportunity to write this immunization report. During yesterday’s briefing, I received a wealth of valuable information and materials related to immunization, providing me with further insight into immunization and its challenges in the field. However, during my reporting, I personally encountered challenges with some difficult sources. I hope my writing will benefit readers and raise their awareness of the importance of immunization for the health of children and our future generations.”



Siti Sulbiyah Kurniasih began her career as a journalist at the Pontianak Post in 2017. Over the years, she has covered various important issues affecting society, including the economy, the environment, women and children, and lifestyle.

“Singkawang City is located approximately 145 kilometers from Pontianak, the capital of West Kalimantan Province. The journey between the two cities generally takes around 4-5 hours by land, which is quite comfortable and easily accessible. Geographically, Singkawang has quite good infrastructure, including easily accessible health facilities. There are no significant obstacles related to transportation, either for population mobilization or the distribution of health services such as immunization. In a social context, Singkawang City is known as one of the cities with high ethnic and religious diversity in Indonesia. This diversity presents both potential and challenges in implementing public health programs such as immunization, because the outreach approach requires considering the cultural background and beliefs of each group.”

“During our coverage of immunization activities in Singkawang City, we encountered no major logistical or technical challenges. Health facilities were adequately supported, and staff performed well. However, the main challenge lay in communication, particularly in seeking sources from community members who refused or were reluctant to be immunized. Many of them tended to be introverted and reluctant to provide statements, making it difficult to gain deeper insight into the reasons for their refusal. We hope this coverage can contribute to raising public awareness of the importance of immunization. With appropriate publicity and a socially sensitive approach, we hope to improve immunization coverage in Singkawang City.”



Cantya Zamzabella, a journalist at iniborneo.com since 2019, focuses on diversity, women, and environmental issues. She has participated in various fellowships, including TFCA - Kalimantan, Pulitzer , Garda Animalia, and SEJUK. She has experience in investigative and data-driven writing that elevates the voices of marginalized groups.

“Reporting in Sanggau Regency, West Kalimantan, presents its own challenges. The long distance and inadequate road infrastructure are major obstacles. When reporting in Dayak tribal areas, journalists must also respect applicable customary laws. Furthermore, reporting in oil palm plantation areas requires caution due to the sensitivity of the issues and potential risks in the field. Other challenges come from sources and companies. Many workers are still afraid to speak out, and some even deliberately avoid interviews when they learn they will be interviewed.

Confirmation with companies is often difficult, ranging from difficulty obtaining official contact to minimal response.”

“We hope this coverage will open the eyes of the public, especially those living in cities with easy access to healthcare, to the fact that even women in rural areas are struggling to immunize their children. This is crucial to increasing awareness of the importance of immunization.”



Muhammad Rokib began his journalism career in 2016 and has been active as a journalist at RRI Pontianak since 2023. He has been a member of other fellowships, such as Garda Animalia and AJEL. Throughout his career as a journalist, he has written various types of coverage, including news, features, and investigations, covering social issues, education, economics, health, culture, and politics. In addition to online and radio news, RRI Pontianak also produces audio-visual content for radio and online broadcasts.

“Coverage in Kubu Raya Regency, West Kalimantan. Interviewee schedules and travel distance were challenges. Likewise, not everyone was willing to be interviewed. However, all of this was easily accomplished through a thorough approach and patience, which led to the completion of this report. Hopefully, this report can provide answers or solutions to the ongoing public debate, particularly regarding the side effects of childhood immunizations, which continue to traumatize both parents and children. We also hope that policymakers can listen to the public’s complaints and input. This is our shared endeavor for the health, safety, and future of children.”

“I would like to thank everyone who helped make this coverage possible, especially the sources who agreed to be interviewed and RRI Pontianak for publishing this story. This enabled me to complete this coverage within a month.”



Husna Fadilla Tarigan has been a journalist at the Medan Tribune Daily since 2022, covering health, education, community, economics, and business. She graduated from Medan State University with a degree in Office Administration and began her journalistic career as a member of the student press and the Generasi Baru Indonesia organization. She has also worked as a teacher and scriptwriter. Her work has been recognized nationally, with awards including the Astra Journalist Award, the BPKH Journalism Award, and the 2024 Telkomsel Journalist Competition. In 2024, she also wrote a children's storybook in a regional language and received a fellowship in sustainable palm oil coverage from SIEJ.

“Mandailing Natal is not only geographically isolated, but also presents complex social and cultural challenges, particularly in basic healthcare services like immunization. One example can be seen in Siobon Julu Village, Panyabungan District. Although located only 9 kilometers from the district center, this village feels isolated from the outside world. There is no public transportation, no phone signal, and a steep dirt road is the only access to the settlements scattered throughout the hills. But the most challenging aspect is not just the distance or the road, but the deep-rooted doubts in the minds of residents. Many parents still fear that their children will develop a fever after immunization.”

“Covering the immunization program in remote areas of Mandailing Natal was an eye-opening and heart-opening experience. I witnessed firsthand how a midwife like Masrona, with her petite frame and quick steps, navigates the path to reach her community. From one stilt house to another, she serves not only as a medical professional, but also as a friend and a catalyst.”



Dinar Fazira Fitri, a Social Welfare student at the Faculty of Social and Political Sciences, USU, is currently active as a reporter at the Wacana Student Press Autonomy Agency.

“Medan Helvetia is one of the densely populated districts in Medan City, with a fairly diverse population, ethnically and culturally. The area surrounding the railway tracks is dominated by the Toba Batak ethnic group. Many residents work in the informal sector, such as small businesses, services, and as day laborers. In the railway area I visited, houses were lined up about 9 meters from the side of the railway tracks. Based on my research, the main challenges for parents who don't bring their children for immunizations are access to transportation to the immunization site, time constraints due to work hours, and the stigma surrounding the side effects of immunizations.”

“Residents were quite open to questions about immunization. However, I did encounter some issues with permits. The village head in one of the villages along the railway line seemed to block my access to coverage. Furthermore, when I covered the situation after the immunization, the health workers on duty were also reluctant to be interviewed. They said they were tired of being questioned. I didn't take it personally; perhaps it was just the wrong timing for the interview. Based on my reporting experience, I hope residents will increasingly understand the importance of immunization for their children. I believe regular outreach programs should also be included on the agenda of neighborhood heads or local community leaders. I hope this article can be a useful reading, especially in strengthening public trust in immunization.”



Farida Noris Ritonga is a professional journalist with over 15 years of experience in the media industry. Throughout her career, Farida has been active in journalist protection and safety efforts as part of the North Sumatra Journalist Safety Committee (KKJ Sumut). She has also received several awards that reinforce her commitment to integrity and professionalism in journalism. For Farida, being a journalist is not just a profession, but also a calling to speak the truth, maintain accurate information, and present perspectives that impact society. “Over time, I learned that being a journalist is not just a job, but a responsibility. And I choose to live it to the best of my ability.”

“Medan, as the capital of North Sumatra Province, has a very diverse social landscape. Its residents come from various ethnic and cultural backgrounds, from Batak, Malay, and Chinese, to immigrants from other regions in Indonesia. This diversity is a strength, but also presents its own challenges for public health programs, including the HPV (Human Papillomavirus) vaccination aimed at preventing cervical cancer in women. Geographically, access to health services in Medan is relatively easier than in rural areas. However, access is not the main barrier. The challenges actually come from low health literacy and the rapid flow of misinformation circulating on social media and instant messaging groups.”

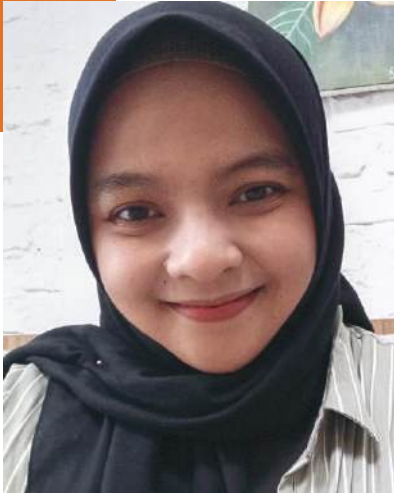
“Increasing HPV vaccine coverage in Medan requires a collaborative strategy between the government, health workers, schools, and the media. A sensitive approach to local cultural values is key, given that Medan residents tend to place high trust in religious figures. Evidence-based education needs to be consistently implemented, from school counseling and media campaigns to direct community dialogue. The more parties who credibly articulate the benefits of the HPV vaccine, the greater the chance of curbing the spread of misinformation.”



Anugrah Andriansyah, commonly known as Nugie, has been a journalist since 2015, while still a Communications student at the University of Muhammadiyah North Sumatra. His coverage focuses on the environment, human rights, Rohingya refugees, and vulnerable groups. Besides writing, he also enjoys mountain climbing, having summited at least four of the “ Seven Summits of Indonesia .”

“While covering immunizations in Medan, I discovered that children with special needs (ABK) face unique challenges in accessing immunization services. This group is often overlooked in mass immunization programs, even though they are vulnerable to infections and health complications. Not all Posyandu or Puskesmas have staff trained to deal with children with special needs. For example, children on the autism spectrum may be uncomfortable in crowded places or experience stress during injection procedures. Some children with special needs require assistive devices or special vehicles to reach health facilities, which may not be available through regular immunization programs. The Medan Health Office also lacks comprehensive data on immunizations for children with special needs. They only have general data and do not specifically address immunizations for children with special needs. Puskesmas and Posyandu staff are also reluctant to be interviewed.”

“As a journalist, I see the importance of pushing for policies to make Medan’s immunization program more inclusive and adaptable to the needs of children with special needs. Coverage like this can open the eyes of many people to the fact that immunization success isn’t just measured by coverage, but also by who has and hasn’t been reached.”



Rinai Bening Kasih, a local online media journalist in Riau since 2020. She is a literature lover and a film connoisseur. Outside of her journalistic activities, Rinai co-founded an environmental awareness community called Akar Ilalang, which advocates the importance of harmony between humans and nature through ecological literacy, local cultural preservation, and community-based environmental awareness campaigns.

“Socially, Pekanbaru City’s population is quite heterogeneous. This influences their acceptance of health information, including the importance of immunization. Interviews revealed that many residents are open to the importance of immunization, but many are also hesitant and worried about their children getting sick due to hoaxes about vaccines on social media. Some parents are concerned about vaccine side effects, and some refuse due to uncertainty about their ingredients (whether halal or haram), although overall immunization coverage is quite good in the city center.”

“The comprehensive basic immunization and HPV vaccination programs in Pekanbaru City have been quite successful thanks to the collaboration between healthcare facilities, the government, and various stakeholders. Schools are very supportive of the immunization program, but parents are less so. Negative stigma surrounding immunizations remains a topic of discussion in the community. I hope that in the future, education about immunizations can be more emotionally engaging. Media coverage must highlight the human stories behind vaccines so that people don’t perceive this as just a government program.”



Anggun Rosita Alifah, a journalist and editor with over a decade of experience in the media industry, particularly in content planning, reporting, and editing. Starting her career as a reporter at Green Radio Pekanbaru (2014–2020), she later served as News Editor at Bukamata.co (2020–2022), where she managed cross-platform content and led the editorial team. As a Riau contributor at Suara.com (2022–2025), Anggun actively reported on local issues with a sharp and informative approach. Currently, she serves as an editor at Riau Online, responsible for the daily content strategy and editorial quality of the news site. Armed with a background in communication science and skills in writing, editing, and digital media, Anggun continues to contribute to delivering credible and impactful information.

“Pekanbaru is a destination for many migrants, both from regencies/cities in Riau Province and from other provinces. This situation causes fluctuations in immunization target data at several Posyandu. As a result, the number of children targeted for immunization, particularly in Posyandus on the outskirts of the city, is often inaccurate.”

“One of the challenges when reporting is having to adjust to the schedule of the Posyandu we’re covering. Hopefully, the government will pay more attention to Posyandu in the future, considering that they are the health services closest to and directly accessible to the community.”



Firmauli Sihaloho has worked at the Pekanbaru Tribune since 2016. He is active in organizations such as the Riau Association of Indonesian Journalists (SIEJ) and the Riau Regional Catholic Youth Commission.

“In general, I didn’t face any significant challenges in covering child immunization in Pekanbaru City. The sources I met, both parents and health workers, were quite open in sharing their experiences and perspectives. In fact, several of them voluntarily shared the obstacles they faced in ensuring their children’s complete basic immunization coverage. The relevant officials also showed a similar attitude. They were not only willing to be interviewed but also transparent in providing data, including acknowledging that complete basic immunization coverage in Pekanbaru is still relatively low. This openness greatly assisted me in presenting fact-based and balanced coverage. Geographically, the coverage area in Pekanbaru City is relatively easy to access. Adequate infrastructure and relatively close distances between locations facilitated the field reporting process, including visits to Posyandu, Puskesmas, and residents’ homes.”

“Through this coverage, I hope to raise awareness among parents about providing their children with complete immunizations. I believe the stories of the parents with disabilities I’ve featured in this article can be both a source of reflection and inspiration for other families. Despite their physical limitations and limited access, they continue to demonstrate extraordinary enthusiasm to ensure their children receive adequate health care. Their determination to ensure a healthier future for their children is a reflection that immunization is not an option, but rather a true expression of parental responsibility and love.”



Melba Ferry Fadly has been a journalist at the economic news portal Bertuahpos.com since 2015. She studied journalism while in college through the Student Press Institute (LPIP), UIN Sultan Syarif Kasim Riau. Melba also actively covers economic issues and produces long-form feature articles with a humanistic approach. She has received several national awards. Outside of her reporting routine, she enjoys watching movies and videography.

“Despite living in a Malay land, the people of Riau thrive on diversity. Their perspectives on issues are shaped by many factors—from their living environment, the advice of their elders, to the overwhelming flow of digital information that is difficult to contain. Unfortunately, not everyone is equipped to filter the overwhelming amount of information. Many still confuse facts with hoaxes, even when addressing sensitive issues like immunization. More than 80% of Riau’s population is Muslim. Here, the advice of religious leaders is highly influential. Unfortunately, many hoaxes about immunization are framed through religious channels. Ironically, religious scholars and traditional leaders have not been fully involved in the immunization campaign. As a result, misinformation spread on social media is more easily “assumed to be true” than having to clarify it with official authorities.”

“Covering the issue of immunization hoaxes from a religious perspective is truly mind-numbing. Field findings reveal more than one or two parents refusing their children’s full basic immunizations. The reasons vary: fear of it being forbidden (haram), fear of their child’s fever, and even fear of being scolded by their grandmother. It sounds trivial, but it’s the reality.”



Indra Suhendra Umbola, started his journalism career in print media in 2019, then moved to several online media before finally joining Zonautara.com in 2024. Besides working as a journalist, he is also an artist and photography enthusiast.

“Many people in Manado and Bitung, North Sulawesi, still lack access to information about childhood immunizations. Furthermore, misinformation and disinformation about childhood immunizations are also circulating in the community.”

“We hope that relevant stakeholders in Manado and Bitung will continue their immunization campaigns, one way being to maximize the use of social media. This is because social media has now transformed into a channel for information distribution.”



Febby Marischa Manoppo, usually called Febby. The eldest of four siblings, she lives in Bungko Village, South Kotamobagu District, Kotamobagu City, North Sulawesi Province. Besides being a housewife, she is also a journalist for the online media outlet Matapena.news. Previously, she worked in print media (local media) since 2013, then moved to online media in 2019. She is actively involved in the Manado Independent Journalists Alliance (AJI).

“Kotamobagu is home to several ethnic groups, but the majority of Kotamobagu’s population is of the Mongondow ethnic group, with a strong cultural heritage. Improving the health sector remains a key focus for the Kotamobagu City Government, particularly in improving immunization coverage, which has consistently failed to meet the national target. I encountered this while reporting. Limited cross-sector collaboration is crucial in promoting the regional immunization program. The government faces numerous challenges that must be addressed collaboratively. Education on the importance of immunization must be further optimized to ensure that immunization coverage in Kotamobagu reaches its target, and infants and toddlers in the city can be protected from exposure to viruses and infectious diseases.”

“Public education on the importance of immunization must be intensive and sustainable, utilizing a local cultural approach in Mongondow. Collaborative policies involving health workers, teachers, village officials, community leaders, and religious figures could be one solution to help educational campaigns on immunization change public awareness. Increased transparency of information; immunization data must be transparent and easily accessible to the public for monitoring. Furthermore, officials carrying out key tasks must be communicative and possess extensive knowledge in their fields. Public transparency is a crucial government concern.”



Isa Anshar Jusuf, usually called Isa or Om Gode, became interested in journalism at a young age because he often read the newspapers that his father often bought. He started writing his first article for a wall magazine in junior high school. At that time, Isa wrote a profile of a soccer player. The article became a bestseller and was always awaited by male students. While studying Communication Science at the Faculty of Social and Political Sciences, Sam Ratulangi University, Manado, Isa became one of the pioneers of the news segment on campus radio. From there, he was then accepted to work at one of the daily newspapers in North Sulawesi, even though he was still a student. This was also one of the reasons he almost became a perpetual student on campus, before finally being able to graduate in his 7th year. Currently, Isa is a partner of kumparan.com through the manadobacirita news channel that he founded in 2019.

“Manado City, as the capital of North Sulawesi Province, has a diverse social community. Due to its status as a major city, it is more open and has a better understanding of information, including on immunization. However, there are challenges when many residents are ‘prestige’-minded, often choosing to appear luxurious even if their economic situation is slightly less favorable. In the context of immunization, this also presents a challenge, as many middle- and upper-class people are reluctant to go to the Puskesmas for immunization shots. Many of them go to the doctor to have their children immunized. This is a challenge because obtaining valid data is relatively difficult, especially since local governments are more politically entrenched, so they often hide data if it seems unsavory.”

“The issue of immunization could be covered more intensively in the media, as it has not received sufficient coverage in all media outlets, even though it is important because it is related to child growth and development, as well as how to create a healthier environment in the community.”



Gracey Tineke Caroline Wakary, a senior journalist and editor with over two decades of experience in the media industry (2001 to present). A graduate of Law at Sam Ratulangi University in Manado, she has a solid track record as a reporter, editor, and photographer, including at renowned media outlets such as the Associated Press (AP), The Jakarta Post, and various lifestyle magazines. Currently, she serves as Editor at www.manadones.co.id, bringing her expertise in journalism and legal understanding to deliver quality content.

“Immunization is not a priority for some communities. For them, children who appear active and healthy, eating regularly, are the most important thing that is considered truly healthy. The challenge in Manado City, North Sulawesi, is the lack of human resources capable of establishing strict regulations for the community about the importance of immunization. Understanding immunization, a key part of a child’s health that was once crucial, has now shifted to a secondary position. Parents assume that their child is automatically immunized at one or two months old, and that one or two immunizations are sufficient, even though there is a series of immunizations that must be completed up to 18 years old. Government support and involvement appear inactive, limited to Posyandu areas, even though this should be a significant issue and part of regional development.”

“This training and scholarship open a new chapter for me as a journalist. I also have a responsibility to inform the public, through reporting and writing, that the key to a Golden Indonesia 2045 lies in the success of immunization for our children today. It’s important to promote health news as a topic alongside politics, law, economics, and the environment. Thank you, AJI Indonesia and Global Health Strategies, for the opportunity to broaden my knowledge for the greater good.”



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