International Journal of Sciences: Basic and Applied Research (IJSBAR)

ISSN 2307-4531
(Print & Online)

http://gssrr.org/index.php?journal=JournalOfBasicAndApplied

The Factor Influence a Low Village Range *Universal Child Immunization* (UCI) in Supiori Regency

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Abstract

Range attainment immunizes this have as useful as possible been reached to increase society health for further generation, so officer performance immunizes can increase UCI'S village range. UCI'S Silvan range at Supiori Regency has reached specified target. The aim of this study to know factor associate its low Silvan range *Child Immunization's universal* (UCI) at Supiori Regency. Observational by designs *cross sectional* , sample is totaled officer immunise at five Puskesmas as much 71 officer immunises. Data acquired to utilize questioner and analysed utilizes *chi square*. There is no correlation (*p value* 0,792; RP = 1,220; CI95%; 0,597 – 2,494), working life (*p value* 0,549; RP = 1,225; CI95%= 0,757 – 1,982), staffing (*p value* 0,193; RP = 1,447; CI95%= 0,908 – 2,307), science (*p value* 0,947; RP = 1,100; CI95%= 0,649 – 1,862), sweeping immunises (*p value* 0,725; RP= 1,152; CI95%= 0,719 – 1,847) to UCI silvan range at Regency Supiori. Meanwhile there is working life influence (*p value* 0,024; RP = 1,828; CI95%= 1,121 – 2,980), work load(*p value* 0,003; RP = 10,435; CI95%= 0,247 – 0,767), supervision (*p value* 0,024; RP = 1,822; CI95%= 1,132 – 2,933) and incentive influence (*p value* 0,012; RP = 1,933; CI95%= 1,203 – 3,101) to UCI silvan range at Regency Supiori.

Keywords: Range; UCI'S village.

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1. Introduction

Health is a very important thing in people life, in improving the health of their immune someone needs, to get immunity, the government has to provide programs such as immunization. Immunization is an attempt to boost a person's immune system is actively against a disease, so the body will not be affected by the disease or suffered only mild illness. The types of immunization consists of: Bacillus Calmette Guerin (BCG), Diphtheria Pertussis Tetanus-HepatitisB (DPT-HB) or Diphtheria Pertussis Tetanus-HepatitisB-Hemophilus influenza type B (DPT-HB-Hib), Hepatitis B in newborns, polio, and Measles. Some diseases that can be prevented by immunization include: tuberculosis, diphtheria, pertussis, measles, polio, tetanus and hepatitisB (MoH RI, 2013) [1].

Immunization activities in Indonesia held since 1956, then in 1977 expanded immunization activities become Immunization Development Program (PPI) .Program development of these immunizations are complete basic immunization coverage targets to be achieved, the target villages Universal Child Immunization (UCI), which should reach at least 80% evenly on babies around the villages / wards in 2014 [1].

Supposedly immunization coverage targets in achieving this should be achieved as much as possible, due to not achieving the target's achievements in immunization coverage, it can increase the number of infant mortality and children. WHO [2] noted that as many as 4.5 million child deaths per year in Indonesia caused by infectious diseases, should an estimated 50% mortality can be prevented by immunization, while in Indonesia, including 10 countries with the number of children not immunized.

Immunization is the government's efforts MoH RI [1], among the diseases that can be prevented by immunization, namely pneumococus (28%), measles (21%), tetanus (18%), the virus that causes diarrhea (16%), hepatitis B (165 %). Additionally, immunization can decrease 50% mortality in Indonesia while the prevention of disease can be reduced to 5% and 5% infant health problems in Indonesia can be prevented through immunization. However, the implementation of immunization has not achieved the maximum service standards. MoH RI [3-5] reported the complete basic immunization coverage in infants in Indonesia reached 89.86% of the target plan strategies set at 85%.

Fourteen provinces cannot reach the target of fully immunized and the lowest was Papua Province amounted to 55.84%. Other indicators were measured to assess the success of immunization is the Universal Child Immunization (UCI). Universal Child Immunization (UCI) is an image of a village / sub-district where ≥ 80% of infants (0-11 months) in the village / urban villages have got complete basic immunization. Target UCI the Strategic Plan in 2013 was 95%. In 2015 there were nine provinces having UCI village percentage exceeds the target of 95%. The province of Papua has the lowest performance of 13.05%.

Immunization Data in the province of Papua in 2013 that reached the UCI (universal child imunizaton) of approximately 21.3% and decreased in 2014 by 20.1% and in 2015 by 13.6%. While DPT immunization coverage in 2015 reached the average - average dropout rate of 15% and measles 12.3% (Papua Provincial Health Office, 2015).Data related Supiori UCI in the District of UCI village coverage in 2012 (71%), in 2013

(67%), 2014 (41%) and 2015 (21%). The data shows that there is a significant decrease in the coverage UCI village in the district of Supiori [6]

2. Materials and Methods

2.1 Types of Research

This study was an observational study with cross sectional study design. Cross-sectional study was an epidemiological study design variables - variables included risk factors and variables - variables include the effect observed while at the same time [7].

The design is intended to study the dynamics, and the variation of the variables contained in the title of the study "factors - factors related to failure to achieve coverage Universal Child Imunization (UCI) in the District Supiori incorporated in the independent variables were age, years of service, knowledge, employment status, training of immunization, workload, supervision, incentives, sweeping immunization and financing. While the dependent variable is the village coverage UCI.

A sample is a representative of the population considered representative of the population according to the inclusion and exclusion criteria [8].

2.2 Data Collection

Methods of data collection is done by collecting primary data obtained by distributing questionnaires to the respondents, then do the recording of appropriate variables needed. By calculating the frequency distribution in accordance each - each questionnaire.

3. Results

3.1 Characteristics of Respondents

Based on Table 1, indicate that most of the respondents in the age group <35 years as many as 59 people (83.1%), education D-III as many as 56 people (78.9%), length of <3 years with 37 (52 , 1%), a permanent employee as many as 41 people (57.7%), and there are training as many as 39 people (54.9%).

3.2 Knowledge, Workload, supervision, incentives, Sweeping Immunization Financing Activities and Rural UCI

Based on Table 2, showed that most respondents had a good knowledge of as many as 54 people (76.1%), low work load as many as 37 people (52.1%), high supervision as many as 41 people (57.7%), there are incentives for 42 people (59.2%), there are sweeping immunization as many as 37 people (52.1%), financing activities quite as many as 38 people (53.5) and from 71 respondents, 36 people (50.7%) reached the village UCI.

3.3 Analysis Bivariat

a. Effect of Age Of Scope Village UCI

Table 3 shows that of the 59 immunization workers aged <35 years there were 30 people (50.8%) did not reach the village coverage UCI and UCI villages coverage achieved many as 29 people (49.2%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.792 or $p > \alpha$ (0.05); RP = 1,220; CI95% (0.597 to 2.494), thus there is no effect of age on the coverage UCI village in the district of Supiori.

Table 1: Distribution of respondents in the District Immunization Officer Supiori

No	Variable	(n)	(%)
1	**Age**		
	≤ 35 year	59	83,1
	> 35 year	12	16,9
2	**education**		
	SPK	7	9,9
	D-III	56	78,9
	D-IV	4	5,6
	S1	4	5,6
3	**Eork period**		
	≤ 3 years	37	52,1
	> 3 years	34	47,9
4	**Staff Status**		
	Non permanent	30	42,3
	Permanent	41	57,7
5	**Training**		
	None	32	45,1
	Yes	39	54,9
Number		71	100

Table 2: Distribution of Knowledge, Workload, supervision, incentives, Sweeping Immunization Financing Activities and Rural UCI

No	Variable	(n)	(%)
1	**Knowledge**		
	less	17	23,9
	good	54	76,1
2	**Work load**		
	High	34	47,9
	Low	37	52,1
3	**Supervision**		
	Low	30	42,3
	High	41	57,7
4	**Insentive**		
	none	29	40,8
	yes	42	59,2
5	***Sweeping* Imunization**		
	None	34	47,9
	Yes	37	52,1
6	**Activity fund**		
	Less	33	46,5
	Enough	38	53,5
7	**UCI village**		
	Less	35	49,3
	Enough	36	50,7
Number		71	100

Table 3: Effect of Age Against Coverage of UCI village in the district of Supiori

No	Age	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	≤ 35 year	30	50,8	29	49,2	59	100
2	> 35 year	5	41,7	7	58,3	12	100
Total		35	49,3	36	50,7	71	100
p-value = 0,792; RP = 1,220; CI95% (0,597 – 2,494)							

b. Influence Work Period Coverage Against Rural UCI

Table 4: Effect of Age Against Coverage of UCI village in the district of Supiori

No	Work period	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	≤ 3 year	20	54,1	17	45,9	37	100
2	> 3 year	15	44,1	19	55,9	34	100
Total		35	49,3	36	50,7	71	100
p-value = 0,0549; RP = 1,225; CI95% (0,757 – 1,982)							

Table 4 shows that of the 37 immunization workers with tenure <3 years, there are 20 people who did not reach the village of UCI as many as 20 people (54.1%) and UCI villages reach 17 people (45.9%).

The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.549 or $p > \alpha$ (0.05); RP = 1.225; CI95% (0.757 to 1.982) and thus no influence on the working lives of rural coverage in the District Supiori UCI.

c. Influence of Employee Status Coverage Against Rural UCI

Table 5 shows that of the 30 officers immunization temporary employees, there are 18 people (60%) did not reach the village coverage UCI and 12 people (40%) reached the village coverage UCI.

The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.193 or $p > \alpha$ (0.05); RP = 1,447; CI95% (0.908 to 2.307) and thus no influence on the working lives of rural coverage

in the District Supiori UCI.

Table 5: Effect of Age Against Coverage of UCI village in the district of Supiori

No	Staff status	Coverage of UCI village				n	%
		Not		Yes			
		n	%	N	%		
1	Not permanent	18	60	12	40	30	100
2	Permanent	17	41,5	24	58,5	41	100
Total		35	49,3	36	50,7	71	100
p-value = 0,193; RP = 1,447; CI95% (0,908 – 2,307)							

d. Coverage Against Rural Training Effect of UCI

Table 6: Effect Against Coverage training UCI village in the district of Supiori

No	Training	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	None	21	65,6	11	34,4	32	100
2	Yes	14	35,9	25	64,1	39	100
Total		35	49,3	36	50,7	71	100
p-value = 0,024; RP = 1,828; CI95% (1,121 – 2,980)							

Table 6 shows that of the 32 people who did not follow the training, there were 21 people (65.6%) did not reach the village of UCI and UCI villages reached as many as 11 people (34.4%).

The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.024 or $p < \alpha$ (0.05), thus there is the effect of training on UCI village in the district of coverage Supiori.

When viewed from the RP = 1.828; CI95% (1.121 to 2.980) which is interpreted that the immunization officers were not trained likely not reach the village UCI 1,828 times greater than immunization workers who received training.

e. Influence Knowledge Village Coverage Against UCI

Table 7: Effect of Knowledge Against Coverage of UCI village in the district of Supiori

No	Knowledge	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	Less	9	52,9	8	47,1	17	100
2	Good	26	48,1	28	51,9	54	100
Total		35	49,3	36	50,7	71	100
p-value = 0,947; RP = 1,100; CI95% (0,649 – 1,862)							

Table 7 shows that of the 17 people with knowledge of the take, there are 9 people (52.9%) did not reach the village of UCI were 9 people (52.9%) and reached the village of UCI as many as 8 people (47.1%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.947 or $p > \alpha$ (0.05); RP = 1,100; CI95% (0.649 to 1.862) and thus no effect on the scope of knowledge UCI village in the district of Supiori.

f. Influence Workload Coverage Against Rural UCI

Table 8: Effect Against Coverage Workload UCI village in the district of Supiori

No	Workload	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	High	10	29,4	24	70,6	34	100
2	Low	25	67,6	12	32,4	37	100
Total		35	49,3	36	50,7	71	100
p-value = 0,003; RP = 0,435; CI95% (0,247 – 0,767)							

Table 8 shows that of the 34 people with a high workload, there were 10 (70.6%) did not reach the village coverage UCI and UCI villages reached as many as 24 people (70.6%).

The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.003 or $p < \alpha$ (0.05); RP = 0.435; CI95% (0.247 to 0.767) thus no influence workload against UCI village in the district of coverage Supiori.

g. Influence Supervision Coverage Against Rural UCI

Table 9: Effect of Supervision Against Coverage of UCI village in the district of Supiori

No	Supervision	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	Low	20	66,7	10	33,3	30	100
2	High	15	36,6	26	63,4	41	100
Total		35	49,3	36	50,7	71	100
p-value = 0,024; RP = 1,822; CI95% (1,132 – 2,933)							

Table 9 shows that of the 30 people who answered the supervision of immunization workers is low, there are 20 people (66.7%) did not reach the village coverage UCI and UCI villages coverage achieved many as 10 people (33.3%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.024 or $p < \alpha$ (0.05), thus there is the effect of supervision of the UCI village in the district of coverage Supiori. When viewed from the RP = 1.822; CI95% (1.132 to 2.933) which is interpreted that the supervision low on immunization workers likely not reach the village UCI 1,821 times greater than immunization workers who received high supervision.

h. Effect of Incentives Against UCI Rural Coverage

Table 10: Effect of Incentives Against Coverage of UCI village in the district of Supiori

No	Incentive	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	None	20	69	9	31	29	100
2	Yes	15	35,7	27	64,3	42	100
Total		35	49,3	36	50,7	71	100
p-value = 0,012; RP = 1,933; CI95% (1,203 – 3,101)							

Table 10 shows that of the 29 people who answered no to the incentive, there are 20 people (69%) did not reach the village coverage UCI and UCI villages reached the coverage as much as 9 people (31%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.012 or $p < \alpha$ (0.05), thus no incentive effect on the scope UCI village in the district of Supiori. When viewed from the RP = 1,933; CI95% (1.203 to 3.101) which interpreted that immunization workers who no insnetif likely not reach the village UCI 1,933 times greater than immunization workers who receive incentives.

i. Sweeping Effect of Immunization Coverage Against Rural UCI

Table 11: Effect of Sweeping Immunization Coverage Against UCI village in the district of Supiori

No	*Sweeping* of Imunization	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	None	18	52,9	16	47,1	34	100
2	Yes	17	45,9	20	54,1	37	100
Total		35	49,3	36	50,7	71	100
p-value = 0,725; RP = 1,152; CI95% (0,719 – 1,847)							

Table 11 shows that out of 34 people do not make sweeping immunization, there are 18 people (52.9%) did not reach the village coverage UCI and UCI villages achieve coverage of 16 people (47.1%). The test results on the value of chi square statistic significance of 95% ($\alpha = 0.05$) was obtained p-value of 0.725 or $p > \alpha$ (0.05); RP = 1.152; CI95% (0.719 to 1.847) and thus no influence on the coverage of immunization sweeping UCI village in the district of Supiori.

j. Effect of Financing Activity Against UCI Rural Coverage

Table 12: Effect of Financing Activity Against Coverage of UCI village in the district of Supiori

No	Activity fund	Coverage of UCI village				n	%
		Not		Yes			
		n	%	n	%		
1	Less	23	69,7	10	30,3	33	100
2	Enough	12	31,6	26	68,4	38	100
Total		35	49,3	36	50,7	71	100
p-value = 0,003; RP = 2,207; CI95% (1,313 – 3,710)							

Table 12 shows that of the 33 people who answered financing activity less, there are 23 people (69.7%) did not reach the village coverage UCI and UCI villages coverage achieved many as 10 people (30.3%). The test results on the value of chi square statistic significance of 95% = 0.05) was obtained p-value of 0.003 or $p\alpha(< \alpha$ (0.05), thus no influence on the coverage financing activities UCI village in the district of Supiori. When viewed from the RP = 2.207; CI95% (1.313 to 3.710) which is interpreted that the financing activity less likely did not reach the village UCI 2.207 times greater than enough financing activities.

4. Discussion

4.1 Effect of Age Of Scope Village UCI

The result showed that there was no effect of age on village coverage UCI in District Supiori (p-value 0.792; RP = 1,220; CI95% (0.597 to 2.494). The results are consistent with research Prabowo (2007) gives the result that the age variable does not have a significant relationship to the performance of civil servants Tanjungbalai City Health office. The result showed that immunization workers aged <35 years there were 30 people (50.8%) did not reach the village coverage UCI and UCI villages coverage achieved many as 29 people (49.2%) This shows that at age <35 years the percentage is not much different in the achievement of UCI village. These circumstances indicate the possibility of the increasing age of a person more qualified performance by acting more cautiously and have a sense of higher responsibility in performing their duties. The lack of effect of age with the performance of immunization workers in the District Supiori shows that there is a trend growing older age will increase performance but it is not meaningful. The average value of the performance increase with age. Age does not affect performance because in addition to physical ability, but the ability of decision-making is also needed. These results contradict the belief that basically the performance will decrease when increasing age. This is because the physical abilities such as strength, flexibility, speed and coordination decreases age.

This is consistent with the theory Gibson stated that age is included in the individual variables that can affect a person's performance. Robin (2003) but with increasing age affects productivity, where the older worker productivity is declining, because of skill, speed, quickness, strength and coordination decreases with time.

4.2 Effect of Work Period Coverage Against Rural UCI

The result showed that there was no effect of tenure on the coverage UCI village in the district of Supiori (p-value 0.549; RP = 1.225; CI95% from 0.757 to 1.982). The results are consistent with research conducted Fera [9] stated there was no employment relationship with the future performance of the officer who divides old clerk working life of> 3 years. The results of this study differ from research states that there is a relationship between tenure with the performance of midwife in Bogor. Rosidin [10] states that there is a relationship between tenure with the performance of midwife in Karawang.

According to Robbins [11] tenure is often called seniority show a positive relationship with work productivity. Working period expressed as work experience into a good premise to employee productivity. Someone who has long worked will have a greater insight and experienced a lot more where this will shape behavior. From the description we can understand that the longer the work of his tenure officer then more skilled in performing their duties because it has a lot of experience.

The results obtained by immunization workers with tenure <3 years, there are 20 people who did not reach the village of UCI as many as 20 people (54.1%) and UCI villages reach as 17 people (45.9%). It shows the percentage is not much different. The absence of tenure attendant effect of immunization against UCI village in the district of coverage Supiori resulting from 71 respondents largely on years of <3 years the average - the average tenure between 2- 3 years. Researchers assume that the lack of influence that the period of employment

as an officer of immunization due to work imunisai not a tough job to do. So there are other factors that are stronger during the work of the UCI village coverage.

4.3 Effect of Employee Status Coverage Against Rural UCI

The result showed that there was no effect of tenure on the coverage UCI village in the district of Supiori (p-value 0.193) RP = 1,447; CI95% (0.908 to 2.307) so it is not meaningful. The results of this study are not consistent with research Wati [12] in Pasuruan on village midwives in non UCI village has employment status PTT while the village midwife in the village UCI has the employment status of civil servants. Results of statistical analysis using chi-square test showed the value of $p = 0.03 < (\alpha = 0.05)$, this means that there are significant differences in the employment status for village midwives in villages and non UCI UCI. According Hasibuan [13] that human resources is the integrated capabilities of the intellect and physical of the individual. Behaviour and physical determined by heredity and environment. whereas work performance is motivated by the desire to fulfill the wishes of his satisfaction. Midwives in Indonesia can be divided into two midwives Employees Variable (PTT) which is usually assigned to the villages and Midwives Civil Servants (PNS) on duty at the health center or hospital. Most village midwife in the village UCI has employment status of civil servants. Basically, institutions must use the personnel (village midwives) who are employed by or under contract institution (PNS). Therefore, when the contract personnel, institutions must ensure that the officer is supervised and competent and work in accordance with the system [14].

The result showed that immunization workers temporary employees, there are 18 people (60%) did not reach the village coverage UCI and 12 people (40%) reached the village coverage UCI. No influence on the coverage status of employees UCI village can be attributed to the influence of salary or incentives offered. This affects the motivation and morale of immunization workers. This is consistent with the theory according to Robbins [11] states that the money may not be the only motivator, but it is difficult to argue that the money does not motivate. In order for money to motivate individual performance conditions must be met that money should be considered important by the individual, prepared as reward money directly from the performance, the amount of money offered for a performance that was prepared by the individual means [11]

4.4. Effect Against Coverage Training Village UCI

The result showed that there was the influence of tenure against UCI village in the district of coverage Supiori (p-value 0.024), namely that the village is not included in the category in the UCI village clerk who had no training as many as 21 people (65.6%).

The results are consistent with research Arwina [15] in Puskesmas Medan Sandpaper, shows that there is a relationship between interests, abilities, training and coaching to performance. Coaching as training provided will be improved knowledge of the activities and duties, so that it can run a good job, so if a good coaching can improve the performance of the Posyandu cadre.

Training is a systematic process to change the knowledge, skills and attitude of the employees in an effort to achieve higher work. The training is part of the educational process that aims to improve the capacity and

specialist skills of a person or a group, showed additional training knowledge and skills to the existing workforce so that employees do their jobs well and effectively, as well as preparing them for further development. Thus the training is used as one way of special education to improve or add to the knowledge of employees [8].

Immunization workers who did not receive training and reach the village of UCI (34.4%) was lower in immunization workers who received training (64.1%). This is due to increased immunization workers ability and skills in improving performance as immunization workers. This is evident from the test results RP = 1.828; CI95% (1.121 to 2.980) which is interpreted that the immunization officers were not trained likely not reach the village UCI 1,828 times greater than immunization workers who did not receive training. This is consistent with the theory put forward by Notoatmojo [8], that training is an activity increase the ability of employees within an institution that will produce changes in employee behavior. Change the shape of increased capacity and targets on the employees concerned. Training in human resource development is a cycle that must occur continuously to anticipate changes outside the organization.

To improve the effectiveness of the program, at the district / city and province in addition to the program manager ought to have other staff who have the ability to implement guidance (supportive supervision, and EVSM DQS) to the level below. Training is one of the efforts to increase knowledge, attitudes and skills of officers in order to improve the performance and quality of personnel.

The need for any attention from the Local Health Department in providing the opportunity to officer training imunisais immunization. Training can be conducted in stages by the ministry, provincial government, district / city government and / or private institutions. Private institutions that organize training must have been accredited by the ministry and or / services in accordance with applicable legislation. Technical training is given to immunization workers in health centers, hospitals and other services, as well as cold chain officers at all levels.

4.5. Effect Against Scope Knowledge Village UCI

The result showed that there was no effect on the scope of knowledge UCI village in the district of Supiori (p-value 0.947; RP = 1,100; CI95% = 0.649 to 1.862). The results are consistent with research conducted Fera [9] states there is no correlation between knowledge with IMCI performance clerk. There is a relationship between knowledge and performance of midwives in maternal and neonatal care in West Lampung. Knowledge is the result out and perform sensing occurs after a person against a particular object through the human senses are vision, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears [16]. According Notoatmodjo [8], the knowledge of a person is the initial trigger of behavior, including behavior in the work. Knowledge is needed in order to change patterns of thought and behavior. Good knowledge of a job will make someone master the job.

The opinions above are not consistent with research done on immunization workers, where the majority of 71 respondents (76.1%), the officer has a good knowledge not reach the village of UCI (48.1%) did not differ much

with less knowledge (47.1 %), which reached the village of UCI, as well as villages that do not fall into the category UCI village on officers with less knowledge (52.9%). It showed no difference in percentage between the knowledge of good and far less in the achievement of UCI village, so it is not meaningful. This is due to other factors stronger influence immunization workers in reaching the village UCI.

4.5 Effect Workload Coverage Against Rural UCI

The result showed that there was the influence of the workload on the coverage UCI village in the district of Supiori (p-value 0.003), the officer imuniasi with high workload, there were 10 (29.4%) did not reach the village coverage UCI and UCI villages reached as many as 24 people (70.6%). The results of this study are not consistent with research Wati [12] in Pasuruan revealed that the difference in double duty for village midwives in the village of UCI and non UCI because at Desa non UCI village midwives holding more than one program at the health center, while in the village UCI village midwives only holding one program at the health center. A worker will be busy with his work, so sometimes will forget with his other responsibilities. A labor has its own capabilities in conjunction with the workload. They may be more suited to the work load of physical, mental or social, but as the equation, they are only able to carry loads up to a certain weight according to its capacity.The result showed that immunization workers with low workload (32.4%) higher compared to the UCI reach the village of immunization workers with high workload (29.4%), but the percentage is not much different, so it is not meaningful, this is evidenced by RP value = 10.435; CI95% (0.247 to 0.767).

Not significant relationship workload of the village coverage UCI in the District Supiori due to the workload of midwives due to workloads that are not directly related to the duties and functions as village midwives experiencing burnout, especially the tasks of an administrative nature that affect the coverage number of UCI. A labor has its own capabilities in conjunction with the workload. There is among of the officers more suited to the physical and mental burden, the general equation, officers are only able to bear the burden of the work to a certain extent. There is even a burden which is considered optimal for an officer so proper placement of officers for the right jobs affect performance officer.

4.6 Effect Supervision Coverage Against Rural UCI

The result showed that there was an effect on the scope of supervision UCI village in the district of Supiori (p-value 0.024), the officer who answered supervise lower immunizations, there are 20 people (66.7%) did not reach the village coverage UCI and UCI villages achieve coverage of 10 people (33.3%). The results of this study are consistent Wati study in Pasuruan revealed that the influence supervision against UCI village coverage. Supervision in addition to a direct monitoring which is a continuation of training activities. Through supervision it can be seen how the trained workers to apply all their knowledge and skills. Besides supervision can be a process of continuing education and training in the form of on the job training. Supervision should be implemented at all levels and in all implementing, because wherever officers work will still need help to overcome the problems and difficulties that they find.

Immunization workers who reached the village with their supervision (63.4%) compared with the UCI reach the

village did not reach the village of UCI (36.6%). This shows the important role of supervision to direct, guide and solve problem together - together in reaching the village UCI.

Supervision is very important, that require attention from the District Health Office Supiori in providing support to immunization workers related to problems in the field or village in settlement seekers of problems in reaching the UCI category. This is evident from the prevalence ratio values that immunization workers who do not receive supervision likely not reach the village UCI 1,821 times greater than that received immunization officer supervision.

4.7 Effect of Incentives Against UCI Rural Coverage

The result showed that there was an effect of incentives for village coverage UCI in District Supiori (p-value 0.012), namely, the village is not in the category of village UCI officials no incentive of 20 people (69%) did not reach the village coverage UCI and reach UCI village coverage were 9 people (31%). Results of research consistent with research Arwina [15] in Puskesmas Medan Sandpaper, shows that there is a relationship between incentives on performance. According Heidrachman and Husnan in Nawawi (2007) incentive remuneration is intended to provide different wages for different work performance. Implementation of this incentive model to improve employee productivity. Dessler states that the basic objective of this incentive remuneration to motivate the emergence of a good performance by linking the achievement and reward [17].

The influence of incentives on achievement of UCI village due to the 42.3% are non-permanent employees, of which 60% temporary employees do not reach the village of UCI. This is because temporary employees do not have a fixed salary as a permanent employee, so that with the incentives can assist in operational immunization such as transportation money and the need to eat and drink on the ground while performing their duties. This is evident from the value of the ratio of prevalence found that immunization workers who no insentive likely not reach the village UCI 1,933 times greater than immunization workers who receive incentives. It also serves as incentive awards for employees who have been doing the job that has been assigned by the leadership.

4.8 Effect of Sweeping Immunization Coverage Against Rural UCI

The result showed that there was no effect on the coverage of immunization sweeping UCI village in the district of Supiori (p-value 0.725), namely, the village which is not included in the category in the UCI village clerk who did not make sweeping immunization as many as 18 people (52.9%) did not achieve UCI village coverage and reach the village coverage UCI as many as 16 people (47.1%). this shows the percentage is not much different. Sweeping is derived from the English "sweep" which means broom or equalization (Hand, 2013). In routine immunization activities are activities that aim to complement routine immunization of infants and women of childbearing age (WUS) such as sweeping activity in infants and accelerated activities Maternal Neonatal Tetanus Elimination (MNTE) on WUS. Sweeping is done so that the equalization of immunization on target or targets to those who have been immunized. The absence of sweeping influence of immunization due to the influence of powerful more affect such incentives. When immunization workers, especially in immunization workers temporary employees who are not particularly a salary as a permanent employee and do not have the

incentives, so that sweeping cannot walk properly. It is proved from the RP = 1.152; CI95% (0.719 to 1.847) lower value does not include the value of 1, so it is not meaningful.

4.9 Effect of Financing Event Coverage Against Rural UCI

The result showed that there was an effect on the scope of financing activities UCI village in the district of Supiori (p-value 0.003), namely, the village which is not included in the category in the UCI village clerk who answered financing activity less as many as 23 people (69.7%) did not achieve coverage UCI village and reached the village coverage UCI as many as 10 people (30.3%). The results are consistent with research Arwina [15] in Puskesmas Medan Sandpaper, shows that there is influence of the financing of the activities, as well as its tasks so that it can run a good job.

The source of financing for immunization can be derived from the government and donors. Funding from government sources vary at each level of administration that is central sourced from the state budget (APBN), the provincial level from the state budget (decon) and Regional Budget (APBD) provincial, district / municipal level from the State Budget (assistant task) and local district / city in the form of DAU (General Allocation Fund) and DAK (Special Allocation Fund). This funding is allocated by using a special formula based on population, among others, fiscal capacity, the number of poor people and others. Implementation of immunization need for adequate funding. Based on the Ministry of Health of the Republic of Indonesia Number 42 Year 2013 that the local government district / city responsible for preparing the operational costs for the implementation of mandatory immunization services. The operational costs referred to in paragraph (1) shall include the cost of transport and accommodation officer, consumables, community mobilization, maintenance and repair of equipment chain of vaccines, so that immunization is given for free to the public. Puskesmas as the spearhead of service expenses borne by local governments, except for some of the commodities supplied by the Centre. PHC is responsible to provide accountability reports to the district / city, provincial and national. Planning immunization activities need information that can describe the situation of the achievement of immunization and resources that exist today and also objectives to be achieved in the future set out in the Strategic Plan of the Ministry of Health. This planning should be followed by the preparation of the necessary budgeting so as to integrate comprehensive planning.

Financing their activities in the implementation of immunization led to 68.4% immunization workers reach the village category UCI compared to 30.3% the financing activity less. This is evident from the value of RP = 2.207; CI95% (1.313 to 3.710) which is interpreted that the financing activity less likely did not reach the village UCI 2.207 times greater than enough financing activities. Health agencies in financing activities need to plan well, so that the financing of activities can be evenly and felt satisfied by all officers so as to increase the coverage of immunization UCI village.

5. Conclusion

1. There was no effect of age on UCI village in the district of coverage Supiori (p-value 0.792; RP = 1,220; CI95%; 0.597 to 2.494)

2. No effect of tenure on the coverage UCI village in the district of Supiori (p-value 0.549; RP = 1.225; CI95% = 0.757 to 1.982).

3. There is no impact on the coverage status of employees UCI village in the district of Supiori p-value 0.193; RP = 1,447; CI95% = 0.908 to 2.307).

4. There is an effect of training on UCI village in the district of coverage Supiori (p-value 0.024; RP = 1.828; CI95% = 1.121 to 2.980).

5. There is no impact on the scope of knowledge UCI village in the district of Supiori (p-value 0.947; RP = 1,100; CI95% = 0.649 to 1.862).

6. There is the effect of workload on the coverage UCI village in the district of Supiori (p-value 0.003; RP = 10.435; CI95% = 0.247 to 0.767).

7. There is the effect of supervision of the UCI village in the district of coverage Supiori (p-value 0.024; RP = 1.822; CI95% = 1.132 to 2.933)

8. There is an incentive effect on the scope UCI village in the district of Supiori (p-value 0.012; RP = 1.933; CI95% = 1.203 to 3.101).

9. There is no impact on the coverage of immunization sweeping UCI village in the district of Supiori (p-value 0.725; RP = 1.152; CI95% = 0.719 to 1.847).

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