



## RESEARCH ARTICLE

## Regulatory Strengthening Implementation of Immunizations for Toddlers that are Equitable at the Public Health Center

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### ABSTRACT

Implementation of the immunization program is a form of health services for children under five. Immunization is a solution to fulfilling the right to health for children under five, but the implementation process has decreased in the completeness of basic immunization because parents do not carry out immunization programs for their children. This is caused by a lack of parental knowledge and education regarding the immunization program, as well as the negative attitude of parents towards the immunization program. Another factor is the low quality of immunization services in various regions and the lack of parents' trust in the importance of immunization. The purpose of this research is to analyze and review the current immunization regulations as an effort to implement immunization services for children under five so that they can realize public health. This research focuses on parents who refuse to bring their children for immunization because of distrust of immunization and health services as a form of implementing the immunization program. The paradigm used in this study is the constructivism paradigm using normative and empirical juridical approaches. This research approach is also carried out by examining secondary data or library materials through library research to create regulations that are useful for society. From this research results are generated in the form of the concept of formulation and amendments to articles in immunization regulations, as well as suggestions regarding sanctions and authorities for administering immunizations. This aims to fulfill the right to health for children under five by carrying out complete basic immunizations and increasing the trust of parents to immunize their children.

## INTRODUCTION

Health is part of human rights and is part of the element of welfare which must be realized in accordance with the ideals of the Indonesian nation referred to in Pancasila and the Preamble to the 1945 Constitution of the Republic of Indonesia (1945 Constitution of the Republic of Indonesia). Humans have the right to obtain good and healthy health services as stipulated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. Health is defined as a state of being physically, mentally, socially and spiritually healthy which will enable a person to live a socially and economically productive life. Health is one of the basic human needs, because healthy people can carry out their daily activities properly.

The implementation of health is supported by all components of society in order to create an optimal degree of public health. The realization of this health requires the implementation of health efforts with approaches to maintenance, health improvement, health prevention, disease healing and health restoration which are carried out in a comprehensive, integrated and sustainable manner (RAHMAN & SAKKA, 2017). One of the threats to public health is an infectious disease carried by various kinds of microbes, such as fungi, viruses, bacteria and parasites. These diseases can be treated with various kinds of treatment and there are types of diseases that can heal on their own without treatment, such as colds, chickenpox and coughs. It can be said that the person's body's defense system is good enough to overcome and defeat the disease. However, it is different from the body's defense system in children who have weak immune systems, resulting in serious illnesses that lead to disability or death.

Health service programs for children aim to improve the quality of growth and development. Health services for children aged 12-59 are carried out through immunization activities. Immunization is giving the body immunity against a disease by putting something into the body so that the body is resistant to diseases that are epidemic or dangerous for a child. Immunization is very important and must be given to children because their immune system is still not as good as adults, so they are vulnerable to dangerous disease attacks. Immunization is not sufficient only once, but must be carried out gradually and completely against various diseases that are very dangerous to the health and life of children. The purpose of giving immunization is to reduce the number of sufferers of a disease that is very dangerous to health and can even cause death in sufferers.

Immunization is the most effective and efficient public health effort in preventing several dangerous diseases. According to Article 132 paragraph 3 of Law Number 36 of 2009 concerning Health, it is stated that every child has the right to receive basic immunization in accordance with applicable regulations to prevent diseases that can be avoided through immunization and the government is obliged to provide complete immunization to every baby and child. Immunization activities have been held in Indonesia since 1956. Starting in 1977 immunization activities were expanded into the Immunization Development Program in order to prevent transmission of several Immunization Preventable Diseases, namely Tuberculosis, Diphtheria, Pertussis, Measles, Polio, Tetanus and Hepatitis B.

Immunization has the concept of Herd Immunity or Group Immunity. Group immunity can only be formed if immunization coverage is high and evenly distributed throughout the area. The immunity of most of these targets will indirectly help provide protection for other age groups, so that if there is one or a number of cases of Immunization Preventable Disease in the community, the disease will not spread quickly and Extraordinary Events can occur. prevented. This concept is proof that the immunization program is very effective as well as efficient because only by targeting vulnerable groups can the whole community be protected.

Based on Article 25 of the Regulation of the Minister of Health Number 12 of 2017 Concerning the Implementation of Immunizations that the implementation of immunization services in Indonesia or known as program immunization services can be carried out in individually. The program's immunization services are implemented using a family approach to increase access to immunization services. Mass Program Immunization Services, carried out at Posyandu, schools, or other immunization service posts. Meanwhile, individual program immunization services are carried out in hospitals, Public Health Centers, clinics and other health care facilities.

Furthermore, in Article 31 of Ministerial Regulation Number 12 of 2017 concerning Administration of Immunizations it is explained that the process of giving immunizations must pay attention to first the safety, quality and efficacy of the vaccine used and secondly safety injection so that disease transmission does not occur to health workers carrying out immunization services and the community as well as preventing the occurrence of Post-Immunization Follow-up Events. In the

process of implementing the immunization program for toddlers there is still resistance from parents of toddlers, of course this makes it a problem because education regarding the implementation of immunization must be understood by parents of toddlers.

In general, parental resistance to vaccination varies for each vaccine. Factors that influence parents to refuse or accept immunization programs or vaccines, namely social circumstances, socio-cultural context, personal experience, fears that children will become victims of counterfeit vaccines and the level of public trust in the government regarding immunization safety. Low public trust can cause people to be reluctant and reject immunization programs.

During the last 2 years from 2020 - 2021 the coverage of complete basic immunization in infants has dropped dramatically. In 2020 the immunization target is 92% while the coverage achieved is 84%, in 2021 immunization is targeted to be 93% but the coverage achieved is 84%. The decline in immunization coverage was caused by the COVID-19 pandemic. There are approximately more than 1.7 million babies who have not received basic immunizations during the 2019-2021 period. The impact of this reduced coverage can be seen from the increase in the number of cases of diseases that can be prevented by immunization and the occurrence of extraordinary events such as measles, rubella and differi.

By improving public health, the health of toddlers will also improve, as well as toddlers who are immunized. According to Notoatmodjo, public health is a multi-disciplinary science, because basically public health problems are multicausal. Therefore, public health as an art or practice has a wide range. All activities, whether directly or indirectly to prevent disease (preventive), improve health (promotive), therapy (physical, mental and social) or curative, as well as restore (rehabilitative) health (physical, mental, social) are public health efforts. If there is rejection of toddler immunization, it will greatly affect public health in a preventive manner in terms of preventing and spreading disease. From the description above, the writer is interested in conducting research with a dissertation title "Regulatory Strengthening Implementation of Immunizations for Toddlers that are Equitable at the Public Health Center" The problems formulated in this study consist of 3 problems, namely:

1. Why do parents refuse to give immunizations to their toddlers?
2. What are the current regulations for administering immunization?
3. How to strengthen the regulation on administering immunization for toddlers in an equitable manner towards public health?

## **METHODOLOGY**

This research focuses on parents who refuse to bring their children for immunization because of distrust of immunization and health services as a form of implementing the immunization program. Another problem related to the completeness of the immunization program is the lack of knowledge and education about immunization, so that there are obstacles in carrying out the completeness of immunization. The paradigm used in this study is the constructivism paradigm which interprets law as contextual and as a construction for human life.

The approach to research uses a normative and empirical juridical approach. The normative juridical approach is an approach that places law as a system of norms, both rules of law and regulations, principles, doctrines and agreements. This research approach is also carried out by examining secondary data or library materials through library research. In addition, the empirical juridical approach is an approach that is carried out based on secondary data by examining concepts, principles, legal theories and statutory provisions related to research and primary data carried out

with the facts that arise. (Ishaq, 2017) Based on primary data from an empirical juridical approach, obtained directly from people's lives by way of interviews with informants.

The informants who were used as participants in this study were the Head of the Health Service and Parents of Toddlers who Refuse Immunizations. These informants were scattered in various regions, namely Temanggung Regency, Wonosobo Regency and Magelang Regency. The results of the interviews with the informants were then analyzed in a qualitative descriptive manner, which is data analysis that selects and classifies data obtained from the field, then linked to the principles, theories and legal principles obtained through literature studies so that solutions to the problems formulated in this research.

## **RESULTS**

### **1. Research Results on Immunization of Toddlers at the Public Health Center**

#### **a. Public Health Center Wonosobo Regency**

The implementation of the Public Health Center in Wonosobo covers individual health efforts, one of which is the immunization program. In February 2022, the number of children aged 0-11 months who had complete basic immunization was 30.462 children, and it increased every month, as in March 2022 there were 31.214 children aged 0-11 months who had received complete basic immunization. However, in 2022 there will still be 170 parents of toddlers refusing the immunization program. The reason for the parents refusing the immunization program was because they had been immunized at their own clinic, but the parents could not show evidence of immunization being carried out.

#### **b. Public Health Center Temanggung Regency**

On August 29, 2022, the total coverage of rubella immunization for children aged 9 to 59 months has reached 87.4 percent or as much as 40.148 of the targeted target of 45.936. In addition to carrying out rubella immunization, the Temanggung Regency government also carried out catch-up immunization because it had been 2 years in Temanggung that it had not carried out complete immunization for children aged 12 to 59 months. However, in practice there are still problems with parents' refusal of the immunization program. Based on the results of research from researchers, stated that there were 245 parents spread across various areas of the Temanggung Public Health Center who refused the immunization program for children. As a result of this refusal to cause disease, such as measles that occurred in Temanggung Regency which was experienced by 5 child sufferers with a history of not getting complete basic immunizations. In addition, there is no regional regulation that regulates the administration of immunization in Temanggung Regency.

#### **c. Public Health Center Magelang Regency**

In 2019, it was the year the most rejection of the immunization program was 143 cases. In 2020, the rejection of the immunization program decreased to 90 cases and increased again to 100 cases in 2021. Currently, in July 2022, there were 67 cases of rejection of the immunization program by parents of toddlers. Several cases of refusal were spread across several districts. Some of the cases of refusal were caused by reasons of faith and fears that parents of toddlers immunizing their children would cause disease. Magelang Regency currently does not have a Decree (SK) that regulates immunization obligations. If there is an SK, then the case of refusal of the immunization can be given a sanction. Of the three Public Health Center areas above, there are differences in terms of the scope and number of Public Health Centers, including:

**Table 1. Comparison of Immunization Services at Public Health Centers in Wonosobo, Temanggung and Magelang Regencies**

No	Comparison	Wonosobo Regency	Temanggung Regency	Magelang Regency
1	Number of Routine Immunizations	31.214 Children	40.148 Children	40.478 Children
2	Number of Immunizations Refused by Parents	170 Parent	245 Parent	67 Parent
3	Number of Public Health Center	29 Public Health Center	26 Public Health Center	29 Public Health Center
4	Implementation Regulations	No Regulations	No Regulations	No Regulations
5	Immunization Refusal Sanctions	No Sanctions	No Sanctions	No Sanctions

Source: Screening Data from Interview Results by Researchers

## 2. Research Results From the Head of the Health Service

The Head of the Health Service in the Wonosobo region welcomes the National Childhood Immunization Month in 2022 by carrying out catch-up immunization and Measles Rubella (MR) vaccination. The implementation of catch-up immunization and MR vaccination is used to support the Wonosobo area to be free from acute hepatitis. The Kejar immunization is aimed at children who have not received complete immunizations when they were babies, which include polio immunization, injections, and the DPT-HB-HIB vaccine. In contrast, the MR vaccination is intended for children aged 9 to 59 months. Its current implementation is included in the data collection process by Posyandu cadres in the Wonosobo area. In addition, there are no regional regulations governing the administration of immunization and sanctions for parents who refuse the immunization program.

The 2022 National Childhood Immunization Month in Temanggung is implementing rubella vaccination coverage for children aged 9 to 59 months. On August 29, 2022, the total coverage of rubella vaccination for children aged 9 to 59 months has reached 87.4 percent or 40,148 of the target of 45,936. In addition to carrying out rubella immunization, the Temanggung Regency government also carried out catch-up immunization because it had been 2 years in Temanggung that it had not carried out complete immunization for children aged 12 to 59 months. Immunization at the Temanggung Public Health Center is carried out in the form of Community-Based Health Efforts in villages and sub-districts, such as the Village Health Polyclinic and Integrated Service Post. In addition to these two areas, Magelang Regency carried out sweeping in areas indicated to be prone to extraordinary events or areas where there was rejection of immunization activities, thereby optimizing mandatory basic immunization activities to prevent diseases that can be prevented by immunization, especially diseases diphtheria by further increasing immunization program coverage and maintaining a complete routine immunization program.

## 3. Research Results from the Views of Health Officers and Heads of Public Health Centers

The manager of the immunization program implemented at the Public Health Center has a very important role as the main executor of the immunization program. However, there are still disparities in immunization coverage at the district, sub-district and village/keurahan levels, where the number of children who have incomplete or incomplete immunization status is still large. The skills of immunization program managers in planning, implementing and monitoring immunization activities to ensure that children in their work areas receive complete immunization at the recommended age need to be continuously improved. In fact, the majority of immunization program managers at the

Public Health Center also have dual roles and are involved in managing other programs so that the commitment and adherence of managers to their roles and duties is important for the smooth running of the immunization program.

Health workers have carried out a follow-up plan to deal with this problem, by coordinating with village officials and cadres for parents to carry out the immunization program. If this does not succeed in attracting parents to carry out the immunization program, health workers will carry out education to the community by providing material about immunization by pediatricians. In addition, parents who refuse the immunization program have made a refusal sheet on the grounds of the factor of faith in immunizing children, so that it has an impact on the health of children who do not have immunity in the body. This act of refusing immunization by parents is not based on sanctions, so parents think that it is permissible for immunization not to be carried out because there are no sanctions against them. If the action of refusing immunization continues to be carried out by parents, it will have an impact on the child's health.

#### **4. Research Results from the Views of Parents Toddlers Who Refuse Immunization**

Parents who refuse immunization are caused by various reasons that cause the child's health to be disrupted and unable to grow and develop properly. One example of this rejection occurred at the Tretep Public Health Center in Temanggung Regency. The reasons for the refusal were mostly due to religious factors, low belief in the immunization program, fear and concern for parents when their child is immunized will cause the child to get sick. In 2022, there will be a reduction in parental refusal of the immunization program at the Tretep Public Health Center, where the refusal amounts to 5 parents. One of them is Itifaoziah (Wife) and Sarofin (Husband) who have a child named Areta Sakaela. Their strong reason for not carrying out immunizations is due to religious factors that influence them, because immunizations are considered to contain ingredients that are haram and can harm their will. These parents are graduates of Darul Arqom, so their level of confidence in immunization is still low.

### **RESEARCH DISCUSSION**

#### **1. The Definition of Equitable Law**

Law is never separated from the words fair or justice. This becomes a necessity, that the law must contain and guarantee justice. According to Yusuf A.W. In his writings entitled Law and Justice, law cannot be separated from the ultimate goal of life in the state and society itself, namely justice (*rechtsvaardigheid* or justice). The existence of law allows individuals or communities to live a just life (Purwanto, 2020). A just law is a law that is orderly and without suppressing the human dignity of every citizen or in other words is a law that always serves the interests of justice, order, order and peace in order to support the realization of a physically and mentally prosperous society.

Law is the main means to realize the welfare of society. Law is also useful as a means of control to maintain social order and control changes in society in the desired direction (Riwanto, 2018). If the law is implemented fairly based on the values that live in society, it can be ensured that prosperity can be realized. Conversely, if the law is implemented only to realize the interests of the elite and leave a sense of justice, then the law is no longer sovereign and away from the basic values of Pancasila ideology.

#### **2. The Definition of Public Health**

Public health is a combination of theory (science) and practice (art) that aims to prevent disease, prolong life, and improve the health of the population (community). Public health is also considered as an integrated application of medical, social and sanitary sciences in preventing diseases that occur

in the community. The scope of public health science is expanding rapidly. In general, public health science covers 4 main topics, namely lifestyle and behavior, environment, human biology, and organization of health systems and programs. (Notoatmodjo, 2010). The goal of public health is good in the promotive, preventive, curative and rehabilitative fields so that every member of the community can achieve the highest degree of public health both physically, mentally, socially and is expected to have a long life. Activities included in the scope of public health science, consisting of prevention efforts for all age groups, guaranteeing health service coverage, prevention of environments that are detrimental to health and assessment of public health status.

Public health targets are individuals, families, special groups, both healthy and sick who have health problems. Target setting must meet specific criteria, measurable, aggressive but attainable, result oriented and time bond (Heryana, 2019). In order to fulfill these criteria, target setting must be accompanied by setting target indicators, namely information, symptoms or markers that can be used to determine the level of success of efforts to achieve targets or also known as benchmarks for success in achieving targets. Examples of public health targets such as increasing maternal and infant health services, increasing pre-school and aged children services, increasing monitoring of toddler growth, increasing community nutrition services, increasing emergency services, increasing medical and nursing services, increasing mental health services, increasing occupational health services and so forth. Public health efforts can be carried out well with the existence of several main principles that must be considered, one of which is the practice of public health which is influenced by changes in society in general and developments in society in particular.

### **3. The Definition of Implementation Immunization**

Immunization is a very effective primary prevention effort to avoid disease. Immunization can also actively increase a person's immunity against a disease, so that when a person is exposed to the disease, the body will react to become immune to the disease. This immunization action is very useful for parents to protect their children from disease by injecting a vaccine or serum from a disease that has been weakened into the body. If a person catches a disease, it is not certain that the person will become sick, because that person has the immune system. Immunity arises because the body is invaded by an antigen in the form of a virus, bacteria or toxin, the body will react by making excessive amounts of antibodies, so that after the body has finished facing this antigen attack, in the serum there are still remnants of antibodies that can be used to fight against the antigen attack the same one (Hasanah et al., 2021)

If parents want to take their child to a medical center or mother and child health at a public health center or hospital, it is best to check the child's health condition first. If the child is in good health, it can be seen from his immunization history whether he has never had immunizations, has had immunizations but has not completed them or has completed basic immunizations. If the child has never been immunized and has had but not yet been fully immunized, the doctor must conduct an interview and examine the child's health condition, whether the child is in a condition that is contraindicated or not. If in conditions of adverse contraindications, if immunization is given, the doctor recommends not being immunized first. If there are no contraindications, motivation is given to carry out complete basic immunization for children. If a child visits the Public Health Center or Hospital in a sick condition, the health worker will check the child's immunization history status, whether the child is in the category of incomplete or incomplete routine immunization and has contraindications, then the doctor will give directions, whether immunization should be carried out now or later in the next immunization schedule. (Hadinegoro, 2016)

#### **4. Factors of Rejection Immunization from Parents of Toddlers**

##### **a. Internal Factors**

Internal factors of refusal to give immunization from parents to toddlers are caused by factors of knowledge and education, as well as the attitude of parents. Knowledge and education are very influential in decision making in an action. Basically, parents must understand and know an object they will choose, one of which is the immunization program. Lack of understanding and knowledge about the importance of immunization for toddlers will cause these toddlers not to complete immunizations. Education is important in influencing a person's understanding and can more easily receive information about immunization. A person's different education will influence someone in making decisions and understanding an action. The existence of education and knowledge can influence the actions that parents will take in the immunization program. If parents immunize their children not based on knowledge and education, it will affect the child's health.

In addition to knowledge and education, parents' attitudes can also influence actions in immunizing their children. A positive parental attitude towards immunization will bring their child to a health service center to get complete immunizations. This is inversely proportional, if parents have a negative attitude towards immunization, they will not bring their children to the health service center to get complete immunizations. There are doubts about the decision to give immunizations to their children, after negative issues regarding immunization have circulated, such as the halalness and authenticity of immunization vaccines. Information that is not clear on the truth can cause anxiety for parents and make them make decisions not to vaccinate their children. The role of parents in the immunization program is very important because it is the responsibility of parents to care for children and provide the best health for their children through immunization.

##### **b. External Factors**

External factors parents refuse to give immunization to toddlers caused by health service factors, family trust in the immunization program and religious factors. The lack of attention to the quality of immunization services is caused by the lack of support from the local government for the immunization program that has not spread widely to the community, the lack of operational funds, and the unavailability of good health infrastructure and facilities for the community. In addition, the lack of cross-sectoral coordination of health services and the lack of adequate resource support causes parents to be hesitant about the health services provided.

Family trust in the immunization program also affects the completeness of immunization in children. Families who feel that vaccinations can cause certain diseases and pain, are thinking again about giving immunizations to their children. When children are vaccinated, many cry, vomit and have a fever. This makes speculation and family trust in the immunization program still in doubt. Lack of information regarding the benefits of the immunization program can raise doubts among parents about the immunization program. Therefore, parents need a better and in-depth understanding of the immunization program which aims to increase trust for the community, especially the family.

In addition to health services and family beliefs, religious factors also influence parents' actions to immunize their children. Differences in views regarding the lawful or unlawful immunization program can affect parents' views regarding the immunization program. The view of groups that consider it haram is of the opinion that humans are God's most perfect creatures so that the body is able to carry out the function of immunity against various viral diseases. This is inversely proportional to the views of groups who consider it halal which argues that humans also need immunizations for immunity, especially children because children's immunity is still very weak to fight various kinds of viral diseases. Some of these factors can become the focus of the government and the community to better understand and find out information about immunization programs,



because immunization is very important to increase immunity, especially for children under five.

## **5. Current Regulation on The Implementation of Immunization on Toddlers**

Children have the right to obtain health services and social security according to their mental, physical, social and spiritual needs. This protection is an obligation and responsibility for the State and the government. The implementation of the obligations and responsibilities of the State and the government for the protection and welfare of children in administering immunization is carried out by providing support for the facilities and infrastructure. The role of the state and government is very important for the protection and welfare of children in administering immunization.

Implementation of immunization is an effort to maintain the health of infants and children to prepare a quality generation, and can reduce infant and child mortality. This effort is an obligation and responsibility for parents, society, government and the State. This is based on Law Number 36 of 2009 concerning Health which explains that children have the right to get basic immunization in accordance with applicable regulations in order to prevent the occurrence of diseases that can be avoided through immunization. Furthermore, regulations regarding immunization are regulated in Minister of Health Regulation Number 12 of 2017 concerning Implementation of Immunizations. The scope of Regulation of the Minister of Health Number 12 of 2017 concerning Implementation of Immunizations includes types of immunization, implementation of program immunizations, implementation of selected immunizations, research and development, community participation, recording and reporting, as well as guidance and supervision.

## **6. Regulatory Strengthening Implementation of Immunizations for Toddlers that are Equitable at the Public Health Center**

The strengthening of regulations in the administration of fair immunization for toddlers is intended to provide overall protection and protection regardless of anyone. Strengthening this just regulation is also in line with the 2nd Pancasila Precepts and 5th Precepts. The word justice in the form of strengthening regulations is useful for harmonizing existing regulations with the current developments and needs of society to achieve justice for society. Equity in administering immunization is used to fulfill the right to health for children to avoid disease. This fairness is shown by parents and children who need immunization. The scope of strengthening the regulation on administering immunization for toddlers in an equitable manner is not only limited to legal substance, but also legal structure and legal culture.

In the case of rejection of immunization in Indonesia, there are currently no legal sanctions given to parents who refuse the immunization program, because the person in charge of the immunization program at both the district and sub-district levels does not have the authority to impose sanctions. The application of the law depends on its structural elements. Structural are the institutions or organizations needed in the application of law.

The agency or person in charge of implementing the immunization program already understands the intent of the existing legal regulations on immunization, but is unable to carry it out due to the limited authority given. The legal structure in implementing the immunization program as a law enforcement agency is still limited to officials in the health sector, except for immunization programs that are mass in nature. Even though this rejection of immunization is not only related to health problems but also other general problems. So that the existing structure is less effective in the success of the immunization program, the structure must be improved by involving elements from other cross-sectors, both in routine and mass immunization programs.

Improving the structure of immunization providers must involve cross-sectors, in this case because immunization refusal is not only a health problem but involves other general problems. The

structures involved in the implementation of the immunization program must be given clear authority and legal understanding so that they are able to carry out their duties properly. Public policy in the form of an administrative structure can provide actions that are more contextual with real conditions in the field or society so that norms or rules in law can be applied properly.

Legal substance includes legal rules, including unwritten legal rules. The substance in question is the rules, norms and real human behavior patterns that are in the system. Legal substance concerns the applicable laws and regulations which have binding power and serve as guidelines for legal apparatus. Legal substance determines whether or not a law can be implemented. The legal substance in this immunization program includes the norms and rules governing the implementation of the immunization program.

Public legal awareness is influenced by factors of knowledge of positive law, knowledge of legal content, legal attitudes and patterns of legal behavior. During the implementation of this immunization program, there are still people who do not know the positive law and the contents of the law governing immunization. Most people don't know that it is legally obligatory for parents to provide basic immunizations to their children. The community also does not know that refusing immunization has legal sanctions that have been regulated in the law.

The community refuses immunization because according to public belief they are still unsure about the halalness of the vaccines used, so people are still reluctant to comply with existing laws. The legal attitude of the community in this case has not accepted the law as something useful or profitable, this is related to the pattern of community legal behavior which can be seen whether the regulation applies or not in society. Therefore, this case of rejection of immunization must be seen from the law that accommodates the needs of the community and must be in accordance with the values that live in society.

The above description emphasizes that the substantial, structural and cultural aspects are essentially a single entity that forms a legal system for administering equitable immunization. Strengthening regulations on administering immunizations to fair children is the most strategic stage, as well as an effort to prevent and overcome rejection of immunization programs by parents.

The strengthening of this regulation is shown between the existing and the ideal in Law Number 36 of 2009 concerning Health, and Regulation of the Minister of Health Number 12 of 2017 concerning Implementation of Immunizations, as follows:

**Table 2. Existing and Ideal Concept of Strengthening Regulations on Immunization for Children**

No	Chapter	Change	Reason
1	Article 153 Law Number 36 of 2009 concerning Health	Addition of paragraphs in Article 153 (2) The government determines the structure of immunization administration which is carried out by health workers who are competent in their fields.	This organizational structure is carried out by health workers who are competent in their fields, consisting of doctors, midwives, nurses and Posyandu cadres. This is useful for clarifying the authority of health workers in providing immunization services both in terms of implementation, education and counseling.
2	Article 32 paragraph (1) Regulation of the Minister of Health	The addition of the phrase "education and counseling"	Arrangements are needed regarding socialization and counseling regarding the

	Number 12 of 2017 concerning Implementation of Immunizations		immunization program which contains the type of vaccine given, the benefits, the consequences if not immunized and immunization schedule.
3	Article 33 Regulation of the Minister of Health Number 12 of 2017 concerning Implementation of Immunizations	The addition of the phrase <i>"including refusing without medical reasons can be subject to sanctions in the form of a maximum fine of Rp. 500,000, - (five hundred thousand rupiah)"</i> .	The current regulations do not regulate sanctions or fines for some people or someone who obstructs the implementation of immunization.

The addition of phrases to Article 153 of Law Number 36 of 2009 concerning Health which explains the government's authority to determine the structure of ecological administration carried out by Health Workers who are competent in their fields. This change is necessary to clarify the government's authority to determine the administrative structure. This organizational structure consists of doctors, midwives, nurses and Posyandu cadres which are useful for clarifying the authority of health workers in providing physical services both in terms of implementation, counseling and education.

Changes and additions to the phrases in Article 32 of Regulation of the Minister of Health Number 12 of 2017 concerning Implementation of Immunizations explains the socialization and counseling of the immunization program which contains the types of vaccines given, benefits, consequences if not immunized, the possibility of occurrence, and so on. These changes and additions emphasize the phrase education and counseling so that it is mandatory for immunization program administrators to implement it. Furthermore, in addition to Article 33 of the Regulation of the Minister of Health Number 12 of 2017 concerning Implementation of Immunizations, the phrase is changed which explains sanctions for a person or group of people who take actions to obstruct the implementation of immunizations, including refusing without medical reasons, can be subject to sanctions in the form of a fine of up to Rp. 500,000 (five hundred thousand rupiah). This aims to provide protection for children by carrying out complete basic immunization and discipline parents by carrying out immunization programs for their children.

Strengthening regulations on the administration of immunization for toddlers is necessary because immunization regulations do not yet regulate sanctions or fines for some people or someone who obstructs the implementation of immunization. This affects the fulfillment of children's rights in obtaining health services and in efforts to improve health status which is the obligation of the government. With the strengthening of regulations regarding immunization providers, it is hoped that it can help increase parents' confidence in immunizing their children. In addition, the strengthening of this regulation can also bring about justice for parents and children who need immunization as manifested in the implementation of the 2nd and 5th Precepts of Pancasila. In this paper, we presented a hybrid Transformer-RNN model tailored for multilabel classification of Thai banking texts. Our approach addresses the unique linguistic challenges of the Thai language and the specialized requirements of banking message. The model leverages the strengths of Transformers for capturing contextual dependencies and RNNs for sequential data processing, resulting in significant improvements over traditional model

## CONCLUSION

The cause of the rejection of immunization from parents to toddlers is caused by several internal and external factors. Internal factors are caused by a lack of knowledge and education regarding the immunization program, as well as the negative attitude of parents towards the immunization program. External factors are caused by the low attention to the quality of immunization services due to the lack of attention and support from the local government for the immunization program. Other external factors, such as the lack of family trust in the immunization program due to the uneven distribution of information about the immunization program. This is inversely proportional to the views of groups who consider it halal which argues that humans also need immunizations for immunity, especially children because children's immunity is still very weak to fight various kinds of viral diseases.

The strengthening of the regulation on administering immunization for children with equity towards public health at the Public Health Center has several concept changes and additions to phrases in the regulations governing immunization programs, namely Article 153 of Law Number 36 of 2009 concerning Health which adds phrases regarding the authority of health workers in providing immunization services both in terms of implementation, education and counseling. In addition, Article 32 paragraph (1) of Regulation of the Minister of Health Number 12 of 2017 concerning Administration of Immunizations which emphasizes the phrase education and counseling about immunizations, and Article 33 which changes arrangements regarding fines against a person or group of people who obstruct the implementation of immunizations. By strengthening regulations on the implementation of immunization for toddlers, it can provide legal certainty and fulfillment of the right to health for children under five through immunization services.

Suggestions from this study, in the continuation of the formulation of regulations must be followed by the formation of a responsible immunization provider structure both in terms of implementation, education and counseling regarding immunization to the community, so as to help parents to obtain information regarding the importance of immunization for children to avoid disease. In addition, the government can increase human resources, especially health workers to provide education and counseling to parents with the aim of increasing parents' confidence in immunization.

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