

**HEALTH COMMUNICATION STRATEGY OF THE MAKASAR
PUSKESMAS IN EAST JAKARTA IN RAISING PARENTAL
AWARENESS OF TODDLER IMMUNIZATION**



FINAL THESIS

**Submitted to Fulfill the Requirements for Obtaining a Bachelor's Degree in
Communication Studies at The Faculty of Social and Cultural Science
Universitas Islam Indonesia**

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**INTERNATIONAL PROGRAM OF COMMUNICATION
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2025

**APPROVAL SHEET
THESIS**

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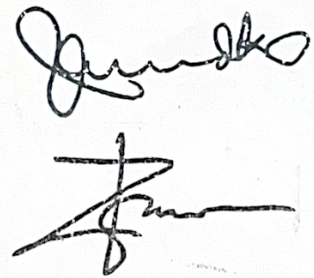
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MOTTO

“If you cannot bear the fatigue of learning, then you must bear the pain of ignorance.”

- Imam Syafi'i

“Get up, get out, and get it done.” - Unknown

“Life is about taking risks. Those who fear failure will never know what it feels like to win.” - Timothy Ronald

DEDICATION

With deep gratitude, I dedicate this thesis to:

Allah SWT for His mercy and guidance, my beloved parents for their unending love and prayers, my supervisor who has guided me patiently, and my friends and colleagues who have always encouraged me every step of the way.

STATEMENT OF ACADEMIC ETHICS

Bismillahirrahmanirrahim

I, the undersigned, hereby declare that:

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Through this letter, I hereby state the following:

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2. Accordingly, this thesis is entirely the result of my own academic effort and intellectual work. It does not contain any form of plagiarism and has not been produced by or copied from any other individual.
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Yogyakarta, August 8th 2025

Sincerely,



The image shows a handwritten signature in black ink over a yellow 10,000 Rupiah stamp. The stamp features the Garuda Pancasila emblem and the text 'SEPUJUH RIBU RUPIAH', '10000', and 'METERAI TEMPEL'. A serial number '9406CANX001832356' is visible at the bottom of the stamp.

Ghaniya Hafiza

FOREWORD

Assalamualaikum warahmatullahi Wabarakatuh

All praise is due to Allah Subhanahu wa Ta'ala, the Most Gracious and Most Merciful, who has granted me strength, patience, and determination to complete this undergraduate thesis entitled: "Health Communication Strategy of The Makasar Puskesmas in East Jakarta in Raising Parental Awareness of Toddlers' Immunization." Without His endless mercy and guidance, this academic journey would not have reached this point. May peace and blessings always be upon the Prophet Muhammad, sallallaahu 'Alaihi wa Sallam, his noble family, his loyal companions, and all those who follow his path until the end of time.

This thesis is submitted as a partial fulfillment of the requirements for the degree of Bachelor of Communication Science at Universitas Islam Indonesia. The journey toward completing this work has been filled with challenges, growth, and valuable lessons. It would not have been possible without the support, guidance, and prayers of many individuals. In this opportunity, I would like to express my deepest gratitude and appreciation to those who have contributed to the completion of this thesis:

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4. All lecturers and academic staff of the Department of Communication, Universitas Islam Indonesia, who have shared their knowledge, expertise, and warmth during my years of study. Thank you for shaping my perspective and helping me grow intellectually and ethically.
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8. Lastly, I would like to acknowledge myself—for choosing not to give up despite exhaustion and uncertainty. Thank you for holding on, for working through self-doubt, and for believing that this effort would be worth it in the end. This thesis is not the end, but the beginning of a new chapter to strive for even greater dreams and contributions to society.

May this work be of benefit to others and bring blessings in this life and the hereafter.

Wassalamualaikum Warahmatullahi Wabarakatuh.

Yogyakarta, July 3rd 2025

A handwritten signature in black ink, appearing to read 'Ghaniya Hafiza', written over a horizontal line.

Ghaniya Hafiza

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ABSTRACT

This study aims to comprehend the health communication strategies that are implemented by Makasar Community Health Center (Puskesmas), East Jakarta, in increasing parental awareness about how important child immunization is. This study is based on the important role of communication in bridging the gaps of information between the community and health institutions, amidst the complexity of communication barriers like unequal distribution of information, misunderstandings, as well as cultural differences. A qualitative approach was used for this study, with data obtained from structured interviews along with direct observation on interactions between parents of toddlers and healthcare workers. The findings revealed that the Makasar Health Center has implemented adaptive communication strategies, understanding the community's socio-cultural characteristics and utilizing a variety of communication channels, including print media, face-to-face interactions, social media, and conducting regular assessments of the effectiveness of messages. However, there are also challenges, such as low participation due to concerns regarding the side effects of the immunization and the influence of family decision-making. Thus, it is recommended that community and religious leaders are involved by the health center, as well as developing educational programs that are more interactive in order to increase parents' trust and participation in immunization programs.

Keywords: communication, health, community health center, immunization

ABSTRAK

Penelitian ini bertujuan untuk memahami strategi komunikasi kesehatan yang diterapkan oleh Puskesmas Kecamatan Makasar, Jakarta Timur, dalam meningkatkan kesadaran orang tua terhadap pentingnya imunisasi balita. Latar belakang penelitian ini didasarkan pada peran krusial komunikasi dalam menjembatani informasi antara lembaga kesehatan dan masyarakat, di tengah kompleksitas hambatan komunikasi seperti kesalahpahaman, perbedaan budaya, dan informasi yang tidak merata. Penelitian ini menggunakan pendekatan kualitatif dengan teknik pengumpulan data melalui wawancara terstruktur dan observasi langsung terhadap interaksi antara tenaga kesehatan dan orang tua balita. Hasil penelitian menunjukkan bahwa Puskesmas Makasar telah menerapkan strategi komunikasi yang adaptif dengan memahami karakteristik sosial budaya masyarakat, memanfaatkan berbagai saluran komunikasi seperti tatap muka, media cetak, dan media sosial, serta melakukan evaluasi berkala terhadap efektivitas pesan. Kendati demikian, tantangan masih muncul, seperti rendahnya partisipasi akibat kekhawatiran efek samping imunisasi dan pengaruh keputusan keluarga. Oleh karena itu, disarankan agar Puskesmas melibatkan tokoh masyarakat dan agama, serta mengembangkan program edukasi yang lebih interaktif guna meningkatkan kepercayaan dan partisipasi orang tua dalam program imunisasi.

Kata Kunci : komunikasi, kesehatan, Puskesmas, imunisasi

CHAPTER I INTRODUCTION

A. Background

Puskesmas and the Ministry of Health play a part that is very important in making sure that immunization programs run effectively and smoothly. Effective communication between these institutions is crucial in increasing public awareness regarding how important immunization is, as well as making sure that all society levels receive up-to-date and accurate information regarding the immunization program. Communication is an issue that is complex, often appearing in a diverse of context, such as families, organizations, as well as the broader community. Ambiguity, misunderstandings, along with cultural differences exemplify the many barriers that can hinder effective processes of communication. One main challenge in communication is the possibility of misunderstanding between the message senders with the receivers. As reported by Antara News (2024), the Ministry of Health has been consistent in implementing various efforts to expand immunization coverage. Among other things, these efforts include giving education about the importance of immunization through a socio-cultural approach, empowering families and communities, as well as involving various parties such as the media.

Before distributing immunization messages to parents of the targeted toddlers, local health workers must understand the urgency of timely vaccination and the potential side effects. Each health agency generally has a unique communication strategy. One strategy that Banda Aceh City Health Office carried out to strengthen the basis for delivering immunization messages is through workshops. The aim of the workshop on Communication Strategy Based on Human Centered Design (HCD) is to improve health workers' ability to implement the HCD approach in encouraging routine immunization among parents of toddlers and infants. The approach begins with planning focused on giving motivation to the target group so they are willing to take part in immunization. It also allows for barrier identification and input collection from the target group on proposed solutions or ideas. Furthermore, the 'quick inquiry' method in the HCD module helps to comprehend the influence of the target group and focuses on generating creative ideas to develop effective interventions that encourage willingness to take part in immunization activities (Aceh, 2022).

In addressing the gap in under-five immunization coverage, the UPT Puskesmas Jenggot Pekalongan City created an innovative program to expand access to complete basic and supplementary immunization. This program is called Tancap Kemudi (Accelerating Immunization Achievement through Mobile Services and Education). According to the Puskesmas Jenggot website (2024), Tancap Kemudi is an initiative that involves administering immunizations at residents' homes while delivering education to the community in Kelurahan Jenggot. The main objective is to raise awareness of the importance of immunization through informative communication strategies.

In addition to offline activities, the National Immunization Communication Strategy Book 2022-2025 (Ministry of Health of the Republic of Indonesia, 2022) reports, most respondents stated that social media is the most common channel (57.5%) to disseminate immunization information and services, followed by direct interaction (20.9%); newspapers, TV, radio (10.7%); flyers (8.1%); and circulars from RT/RW (3%). Some of the social media used include WhatsApp (42%), Instagram (22%), and Facebook/Messenger (14%). In the current digital era, UPTs, Puskesmas, and other agencies engaged in the health sector also have social media accounts. These platforms allows them to disseminate information and conduct two-way communication related to health communication, especially about the importance of immunization programs for toddlers.

According to the Centers for Disease Control and Prevention (CDC), health communication is the study of the use of communication strategies to inform and influence individual and community decisions to improve their health (Schiavo in Rizki et al., 2024). This definition emphasizes how important communication strategies are, including the selection of communication channel, the design of messages, the development of tactics, the allocation of resource and budget, along with message impact evaluation (Parvanta & Bass, 2020). The primary objective of public health communication is to create messages that are effective to persuade target audiences so they will change behaviours or attitudes regarding various health issues (Shen et al, in Rizki et al., 2025). Various channels of communication, from interpersonal interactions to digital media, can be tools that are effective in delivering health, risk, and crisis information to the public (Afful-Dadzie, Afful-Dadzie, & Egala, 2023).

In health communication, messages and information are accepted more easily by audiences if they are adjusted to the demographic characteristics, media ownership, as well as culture and local knowledge of the target community (Rizki, Fahrimal, & Husna, 2024). Health communication is a multi-disciplinary approach that draws on a variety of theories, including health education, community development, social and behavioral sciences, mass communication, marketing, social marketing, sociology, psychology, as well as anthropology (Tan & Cho, 2019). Health communication involves a variety of methods, including health journalism, blogs, education through entertainment, interpersonal communication, media advocacy, organizational communication, risk and crisis communication, social communication, marketing, and mobilization. These forms of communication can include mass media, interactive communication (via mobile phones and the internet), and traditional and cultural communication such as storytelling, puppetry, and singing (Cragg, Davies & Macdowall in Ramli et al., 2022). The main principles of health communication are to increase knowledge through accurate information, change individual attitudes and perceptions, and encourage behavior change and appropriate decision-making related to health programs (Schiavo, 2014; Parvanta & Bass, 2020).

In the context of health communication, the messages used aim to change attitudes and behaviors by addressing various factors, whether personal, psychological, or social. Theories in health communication tend to emphasize attitude and behavior change, with Narrative Theory being a prominent example. The importance of messages and behaviour change is emphasized in this theory. This is in line with Sharf and Vanderford in Wismashanti et al. (2023), which explains that narrative has many functions in health contexts. Based on the function of narratives in health communication, it is important to evaluate the application of these narratives' effectiveness in the most recent applications to help the patient's healing process (Wismashanti, Irwansyah, Azizah, & Sugiarto, 2023). Another theory is the Theory of Reasoned Action (TRA), introduced by communication experts Fishbein and Ajzen, emphasizing the importance of a person's intention in determining whether a behavior will occur. The TRA posits that behavior is primarily determined by intention, which serves as a key factor of whether an individual will perform a given behavior. A person's intention is influenced by his or her attitude towards the behavior, such as whether he or she considers the behavior important. In addition, this theory

also considers subjective norms, defined as an individual's perception of social expectations regarding a behavior, particularly from influential members of their reference group. The Theory of Reasoned Action (TRA) is one of the main theories in health communication and is often used to evaluate health programs (Endrawati, 2015).

East Jakarta is one of the regions that has increasingly prioritized immunization as a preventive effort against infectious diseases that may threaten children's growth and development. During the World Immunization Week at the city administrative level, Mayor Muhammad Anwar emphasized the importance of monitoring the implementation of immunization in each area in order to achieve the established target (Hakim, 2023). He highlighted that reaching the 100 percent immunization target is not solely the responsibility of health cadres, but rather a shared responsibility of all stakeholders to support immunization activities, ensuring that children in East Jakarta remain healthy and develop properly.

Parents' decision to bring their children for immunization is the result of a complex cognitive and social process influenced by multiple factors. These include not only awareness of the health benefits of immunization, but also parental attitudes, cultural and religious norms, trust in health professionals, and structural aspects such as the availability, accessibility, and quality of services. In this regard, immunization is not only a medical intervention but also a communication challenge, requiring well-designed strategies to address misinformation, build long-term trust, and create an enabling environment for sustained behavioral change.

The focus on immunization in this study is based on its urgent and irreplaceable role in safeguarding public health, particularly in reducing child morbidity and mortality. Immunization has been globally recognized as one of the most cost-effective public health interventions, credited with preventing millions of deaths annually. However, despite such proven benefits, barriers to achieving universal coverage remain. In the Indonesian context, these barriers manifest in the form of parental hesitancy, limited knowledge about vaccine schedules, exposure to misinformation on social media, and community-specific cultural or religious considerations. These persistent challenges reinforce the critical role of health communication in ensuring that immunization messages are not only disseminated but also understood, accepted, and acted upon by parents and caregivers.

The choice of The Makasar Puskesmas as the research site is both deliberate and methodologically significant. Serving a densely populated urban area with diverse social, economic, and cultural characteristics, The Makasar Puskesmas provides a microcosm of the broader complexities faced in implementing health communication strategies in Jakarta. Its heterogeneous population presents both opportunities and challenges for health promotion efforts, making it an ideal case for examining how communication can be tailored to different audiences. Furthermore, The Makasar Puskesmas has demonstrated consistent involvement in immunization efforts, ranging from routine service provision to broader health education and outreach initiatives that actively engage local health cadres and community leaders. Such active participation illustrates the dynamic role of primary health centers not only as service providers but also as communication agents bridging health systems with the public.

From a practical perspective, the location of The Makasar Puskesmas also enhances the feasibility and depth of this research. Its accessibility allows for continuous observation, detailed documentation, and in-depth interviews with health workers, cadres, and parents, ensuring that the study can capture nuanced dynamics that might be overlooked in less accessible contexts. By situating the study in a setting where the interplay between communication, trust, and health behavior is highly visible, this research is positioned to generate insights with both local and broader implications.

Therefore, the aim of this study is to examine the health communication strategies implemented by The Makasar Puskesmas in East Jakarta to enhance parents' awareness of the importance of childhood immunization. By emphasizing the communication dimension, the study seeks not only to analyze how messages about immunization are crafted and delivered but also to explore how these messages are perceived, interpreted, and acted upon by parents within their socio-cultural environments. In doing so, the research aspires to contribute both theoretically and practically: theoretically, by enriching scholarly discourse on the intersection of health communication and community health practices; and practically, by offering evidence-based recommendations for strengthening communication strategies that can support the achievement of immunization targets in East Jakarta and similar urban contexts.

B. Research Question

1. What are the health communication strategies used to increase parents' awareness of immunizing toddlers at the Makasar Puskesmas in East Jakarta?
2. What are the challenges faced by health workers in implementing health communication strategies for under-five immunization services at the Makasar Puskesmas in East Jakarta?

C. Research Purposes

The purpose of this study is to determine and analyze:

1. To examine the health communication strategy used by the Makasar Puskesmas in East Jakarta to increase parents' awareness of toddlers' immunizations.
2. To find out what are the main obstacles and challenges faced by health workers in implementing health communication strategies for toddler immunization services at the Makasar Puskesmas in East Jakarta.

D. Research Benefit

1. Academic benefit

This research is expected to contribute additional knowledge to communication science studies, especially in the context of health communication strategies.

2. Practice benefit

The research aims to enhance immunization rates among toddlers in Makasar District, East Jakarta by identifying effective communication strategies to raise parental awareness.

E. Literature Review

1. Previous Research

a. Strategi Komunikasi Dinas Kesehatan Provinsi Nusa Tenggara Barat Dalam Mengkampanyekan Program Imunisasi MR (Baiq Fitri Wulandari, 2020)

This research was submitted to the Faculty of Communication Science of Universitas Islamic Indonesia as one of the requirements to complete the undergraduate program.

This research was conducted using a descriptive qualitative method by

collecting data through direct observation and interviews. The findings indicate that the West Nusa Tenggara Provincial Health Office conducted several communication strategies in conducting immunization campaigns, including communication strategies through socialization and coordination, health worker training, and community outreach by health promotion cadets, and media-based communication using testimonials. This study shares a common focus with the current research in examining communication strategies related to immunization. The difference between this study and the current research lies in the research object and timeframe. This study focuses on the West Nusa Tenggara Provincial Health Office and examines the immunization campaign in depth, whereas the current research will be conducted at the Makasar Puskesmas in East Jakarta, focusing on communication strategies to increase parental awareness. The data collected in each study will be different based on context and scope.

b. Strategi Komunikasi Tenaga Kesehatan Dalam Mensosialisasikan pencegahan Corona Virus Disease 2019 Terhadap Masyarakat Di Desa Gelang Kecamatan Sumberbaru Kabupaten Jember Tahun 2021 (Qurrotul Nafi'ah, 2022)

This research was submitted to the Faculty of Da'wah, of Islamic broadcasting Communication study program at Kiai Haji Acmad Siddiq state Islamic University, Jember as one of the requirements to complete the undergraduate program.

This research discusses the communication strategy of health workers in promoting awareness of preventive measures against COVID-19 in Gelang Village. The purpose of this study is to examine the communication strategies of health workers in socializing the prevention of COVID-19 in Gelang Village. The method used in this research is descriptive qualitative, with data collected through observation, interviews, and documentation analysis. The findings indicate that health workers' communication strategy consists of five strategies, namely, (1) selecting the communicator, (2) identifying the communicant, (3) crafting the message, (4) selecting appropriate media, and (5) defining the expected outcome. This study shares a common focus with the current research in examining health

communication strategies. The difference between this study and the current research lies in the research object and timeframe. This study focuses on health workers in Gelang village, Sumberbaru sub-district, Jember district, and examines the dissemination of messages in depth. In contrast, the current research will be conducted at the Makasar Puskesmas in East Jakarta, with a focus on communication strategies to enhance parental awareness of immunization. These contextual differences will result in distinct data and may influence the application of relevant theoretical methods.

c. Analisis Strategi Komunikasi Publik Dinas Kesehatan Dalam Penanganan Pandemi COVID-19 di Kota Bekasi (Ahmad Windy Rinaldy, 2023)

This research was submitted to the Faculty of Communication Science of Universitas Islam Indonesia as one of the requirements to complete the undergraduate program.

This research uses the qualitative data analysis method developed by Miles and Huberman, based on interviews with stakeholders directly involved in managing COVID-19 in Bekasi City. The results of this study indicate that the City Health Office's communication strategy for managing the COVID-19 pandemic involves analyzing the situation, determining communication objectives, identifying the target audience, selecting the message theme, and identifying the communicator. A key similarity between Rinaldy's study and the present research is that both examine public health communication strategies. However, the studies differ in context and focus: while Rinaldy analyzes communication efforts during the COVID-19 pandemic in Bekasi City, the current study investigates strategies aimed at increasing parental awareness of toddler immunization at the Makasar Puskesmas in East Jakarta.

d. Strategi Komunikasi Dinas Komunikasi dan Informatika Kabupaten Tegal Dalam Kampanye Aksi Terhadap Bahaya Stunting (Ela Dea Apriliani, 2020)

This research is submitted to the Islamic Communication and Broadcasting Study Program, Department of Da'wah and Communication, Faculty of Ushuluddin

and Da'wah, Raden Mas Said State Islamic University Surakarta, to fulfill the requirements for obtaining the Bachelor of Social Sciences (S.Sos.) degree.

This study aims to describe and analyze the communication strategy used in the campaign to raise awareness about the risks of stunting, conducted by the Office of Communication and Informatics of Tegal Regency. The study employed a descriptive qualitative approach. Data were collected through observation, interviews, documentation analysis, and validity was assessed through triangulation. And the data validity test uses Triangulation. The results indicate that the communication strategy of the Office of Communication and Informatics of Tegal Regency consisted of six core stages: (1) selecting communicators, (2) identifying target audiences and analyzing audience needs, (3) assessing their messages, (4) selecting appropriate media or communication channels, (5) engaging influential community groups, (6) evaluating and auditing communication. The similarity between this research and current research lies in the focus of the studies communication strategies. The main difference between this research and the current research lies in the focus of the studies. This research is more focused on how the Office of Communication and Informatics of Tegal Regency conducted its campaign to address stunting, whereas the current research examines communication strategies to increase parental awareness of immunization in toddlers.

In summary, the reviewed studies consistently highlight the central role of communication strategies in raising public awareness and participation in various health issues, ranging from immunization campaigns to COVID-19 prevention and stunting reduction. While they share a common concern with health communication, each study differs in context, focus, and institutional setting, such as the provincial health office, village-level health workers, or city-level health agencies. Distinct from these prior works, the present research specifically investigates the communication strategies employed by The Makasar Puskesmas in East Jakarta to increase parental awareness of childhood immunization. By focusing on the primary health care level, this study seeks to contribute new insights into how communication practices can be tailored to strengthen trust, improve understanding, and ultimately support the achievement of immunization targets within diverse urban communities.

F. Theoretical Framework

1. Health Communication

a. Definition of Health Communication

According to Haro et al. (2022) in the book "Health Communication," health Communication involves systematic efforts to positively influence individual and population health behaviors through evidence-based communication principles and methods, such as interpersonal and mass communication. Includes disease prevention, health promotion, maintenance, and utilization of available health facilities.

In addition, health communication is considered an exploration of effective communication strategies to disseminate health information, thereby influencing individuals and society to make decisions regarding health care (Lolo, 2021). Thus, it can be concluded that health communication is all forms of communication related to health.

Health communication plays an important role in the health service sector. Health professionals, including doctors, nurses, midwives, laboratory assistants, nutritionists, pharmacists, as well as hospital administrative staff, must have effective communication skills in carrying out their duties, especially when providing care to patients. Furthermore, patients also need to have communication skills to convey accurate information about their health condition, ensuring the treatment process proceeds effectively. These communication dynamics an important foundation for formulating a robust theoretical framework in health communication.

In health service programs, two kinds of communication are frequently used:

1) Interpersonal Communication

Interpersonal communication is the interaction between two or more people with the aim of exchanging information, opinions, ideas, or emotions in a manner that is frequent and spontaneous, often with the chance for feedback. The examples of interpersonal communication are conversations between friends, intimate discussions with families, as well as interactions between healthcare professionals with patients or community groups. Communication

can happen in many settings, such as workplaces, schools, leisure activities, etc. An interpersonal communication that is effective, is characterized by elements of positivity, openness, empathy, supportive behaviour, as well as mutual understanding. Counseling is one particularly effective interpersonal communication method, in which healthcare workers act as counselors, letting clients express their concerns freely in an environment that is supportive and non-judgmental.

2) Mass Communication

Mass communication is characterized by printed mass media utilization, which include newspapers and magazines, along with electronic media like television and radio to spread information to wider audiences. The agenda-setting theory is one theory that is prominent in mass communication. It gives a description on how mass media present news in a selective way to influence the perceptions and priorities of public. Mass media possesses the ability to shape the mindset of its audience and can reach a vast and diverse audience. In contemporary society, mass media plays a crucial role in disseminating various information and viewpoints, including health-related information, which can impact individuals' thoughts and behaviors daily. Mass media serve not only as a communication channel but also as an educational platform. Given this context, leveraging mass media channels such as radio, television, magazines, leaflets, and brochures, for health communication purposes is expected to enhance individuals', groups', and communities' knowledge and autonomy, ultimately contributing to the improvement of health outcomes.

3) Health Communication Media

Healthcare professionals are expected to grasp the concepts and various modes of communication as a foundational skill to effectively convey accurate information to both clients and fellow healthcare workers, facilitating smooth daily operations and personal growth. Various media can be employed for health information dissemination, including radio, television, newspapers, pamphlets, brochures, internet platforms, and social media channels like Twitter, Facebook, and YouTube.

Communication media can be categorized into four types:

- a) Visual media, which utilize the sense of sight, encompasses printed materials such as books, modules, posters, as well as visual aids like models and prototypes.
- b) Audio media, relying on the sense of hearing to convey verbal and non-verbal messages, with verbal communication delivered through spoken words and non-verbal communication through music and sounds via devices like tape recorders, radios, CDs, and DVDs.
- c) Audio-visual media, combining both sight and hearing in communication processes, present messages in verbal and non-verbal forms through media such as films, videos, and television programs.
- d) Multimedia, which integrates various types of media and equipment, engaging both sight and hearing senses through text, static visuals, moving visuals, and audio elements, seen in mediums like television, PowerPoint presentations, and audio-visual materials.

In health communication, whether in educational settings, counseling sessions, or other contexts, these diverse media can be leveraged to overcome communication barriers and enhance effectiveness. As communication technology advances, the utilization of sophisticated communication tools further improves the efficiency of information dissemination

b. The Scope of Health Communication

Health communication plays a very important role and is an integral part of preventive and health promotion efforts in national health development. Health communication is related to various contexts within the health domain, include:

- 1) Interactions between health workers and clients.
- 2) An individual's ability to access and utilize health information.
- 3) Individual compliance with recommended treatment and medical means.
- 4) The delivery of health information and health education activities.
- 5) Dissemination of health information regarding health risks at the individual and community level.
- 6) Representation of health profiles in mass media and cultural contexts.

- 7) Health education regarding access to public health facilities and the health system.
- 8) Development of online-based health program applications, such as telehealth platforms.

The scope of health communication includes three key domains: preventive, promotive, and rehabilitative services.

- 1) Disease Prevention (Preventive)

Prevention is better than cure, as the cost of prevention is cheaper than the cost of treatment and rehabilitation. In general, disease prevention efforts are divided into four groups, namely:

- a) Preventive
- b) Curative
- c) Promotional
- d) Rehabilitative

Leavell and Clark classify prevention efforts into those implemented before the onset of illness and during illness.

Pre-illness preventive measures include:

- a) Providing nutritious food
- b) Improving personal hygiene and sanitation environment,
- c) Community health education,
- d) Mental health
- e) Special protection against disease
- f) Vaccination
- g) Isolation measures for people with infectious diseases
- h) Accident prevention measures in the workplace in general and in the workplace

Preventive measures during illness include:

- a) Conducting community-based case finding, followed by medical examination and treatment according to the indication
- b) Tracing and monitoring individuals who have been in contact with infected

persons, and implementing necessary measures such as isolation, disinfection, etc.

- c) Educating the public on early symptom recognition to encourage timely access to healthcare services.
- d) Preventing severe disability through early and comprehensive treatment and care.

2) Health Promotion (Promotive)

In addition to enhancing individuals' health literacy, health promotion serves as a conduit for altering social, organisational, and environmental behaviour. Health promotion seeks to transform physical, sociocultural, political, and economic environments to support healthier populations.

Health promotion can be implemented in various environments, including workplaces, universities, early childhood education centres (PAUD), communities, and schools. The goal of health promotion is to enhance the capacity of individuals, communities, and groups to improve their health standards. The primary objective of health promotion is to enhance the capacity of individuals, families, groups, and communities to lead healthy lives and make independent efforts to develop their health using the resources in their surroundings. Efforts to realize health promotion goals require good strategies, including:

a) Advocacy

Several factors influence an individual's health, including political, economic, social, cultural, environmental, behavioral, and biological factors. Health promotion aims to create a more conducive environment through advocacy activities. These activities can be carried out by the community in collaboration with health workers. The purpose of advocacy is to convince policymakers or authorities that the health programs to be implemented are crucial and require the support of all stakeholders.

b) Mediation

Health promotion acts as a facilitator or intermediary in healthcare services. It requires joint efforts from all related parties, including

government, economic sectors, healthcare sectors, private institutions, industry, and media.

c) Empowerment

The primary goal of health promotion is to empower the community. Health promotion activities should provide skills (in agriculture, livestock, horticulture, education, and other social areas) to enable the community to become self-reliant in health matters .

3) Health Rehabilitation

Rehabilitation is divided into four groups:

- a) Physical rehabilitation, which involves patients who have recovered but require maximal physical recovery, such as stroke patients experiencing weakness in one of their legs, thus requiring routine leg rehabilitation at a physical rehabilitation unit in healthcare facilities.
- b) Mental rehabilitation, which involves individuals with mental disorders or known as PWMI (persons with mental illness) who have undergone treatment and are declared recovered, needing psychological counseling before reintegrating into society.
- c) Social vocational rehabilitation, targeting patients who have recovered or are in the recovery phase, offering them opportunities to engage in work or roles with maximum capacity according to their condition and abilities.
- d) Aesthetic rehabilitation, addressing patients who have lost body parts or limbs due to illness or accidents, for instance, the use of prosthetic eyes or limbs. This endeavor requires support and understanding from the community regarding their physical condition

c. The Goal of Health Communication

According to Haro et al. (2022), the goal of health communication is to enhance health status through various health-related information. Broadly, the objectives of health communication can be divided into two categories:

1) Strategic Objectives

Strategic objectives of health communication encompass six aspects:

- a) Relay information, which involves conveying health-related information from one party to another with the hope that it will be passed on to the next party.
- b) Enable informed decision-making by providing information effectively to facilitate decision-making regarding health.
- c) Promote peer-to-peer information exchange and emotional support, aiming to enhance the exchange of health-related information and provide emotional support.
- d) Promote healthy behavior, advocating for information to encourage healthy lifestyle habits.
- e) Promote self-care, promoting the maintenance of one's own health.
- f) Manage demand for health services, concerning the management of demand for available health services.

2) Practical Objectives

Practical objectives of health communication consist of four components:

- a) Enhancing knowledge encompassing the principles and processes of interpersonal communication, selecting appropriate media relevant to the context of health communication, and managing feedback or the impact of health messages.
- b) Developing communicator competence, including credibility and the effective organization of verbal and nonverbal messages in health communication.
- c) Cultivate attitudes and communication behaviors that are pleasant and enhance empathy in interacting with others.
- d) Implementing audience segmentation based on context and addressing communication barriers in health communication activities.

d. Benefit of Health Communication

According, Haro et al. (2022) the benefits of health communication include the following:

- 1) Facilitating understanding of the interaction between the healthcare systems and individual or group behaviors.
- 2) Increasing individual awareness of health issues.
- 3) Implementing intervention strategies at the community level.
- 4) Addressing disparities in healthcare maintenance among ethnic or racial groups within a community.
- 5) Demonstrating skills in health maintenance efforts as a form of advocacy and disease prevention conducted by the healthcare system for the community.

In addition to these benefits, the functions of health communication include:

- 1) Serving as a medium for delivering health messages, such as information about signs and symptoms of diseases, preventive measures, promotive efforts, and rehabilitative endeavors.
- 2) Disseminating health education.
- 3) Conveying health-related messages and public health directives.
- 4) Promoting and improving healthy behavior.

2. Immunizations Campaign

Immunization campaigns are implementation strategies used to reach large numbers of children/individuals quickly through one or more types of vaccines (WHO, 2016). These campaigns can be conducted at the national or sub-national level, either with single or integrated vaccines, depending on the needs and objectives of each country. Another definition of an immunization campaign is providing health services through active surveillance (visiting communities at predetermined locations according to the campaign schedule) and integrating with other immunization or health campaigns in terms of micro planning, financing, logistics, or implementation, as an “Integrated Health Campaign (IHC)” (Ahmed et al., 2023).

According to the Médecins Sans Frontières (2025) campaign website, vaccination is a one-time activity that allows a large number of people to be immunized in a short period of time by setting up multiple vaccination posts. This activity is carried out as a preventive measure, either in the form of a catch-up campaign or when the risk of an outbreak is high (for example, in displaced populations), or as a response when an

outbreak has been detected. These campaigns involve a lot of manpower and resources and require good coordination between partners.

There are several types of vaccination campaigns:

1. Supplementary Immunization Activities (SIAs) provide vaccinations to all targeted individuals, regardless of their previous vaccination status (vaccination history). The goal is to rapidly increase population immunity and reduce the number of vulnerable individuals, thereby achieving disease control or elimination.
2. Periodic Intensification of Routine Immunization (PIRI) is a term that describes a series of time-limited and periodic activities or campaigns to provide routine immunization to populations that have not been fully vaccinated and/or to raise awareness about the benefits of vaccination. PIRI can take the form of various activities, such as Children's Health Day, Children's Health Week, and National Vaccination Week. By definition, vaccine doses administered during PIRI activities are categorized as routine doses, not additional doses. This means that individuals will be screened in advance to ensure eligibility based on age and immunization history. Furthermore, the doses administered will be recorded on vaccination cards and registers, and entered into national administrative coverage data. Criteria for determining whether a vaccination is a routine or additional dose: This clarification is important so that the recording and reporting process can be planned and implemented correctly, thereby improving the accuracy and reliability of national routine immunization coverage reports. Routine immunization (RI) has a history of integration with other programs, including Vitamin A supplementation, deworming, and insecticide-treated net (ITN) distribution in LMICs (Ahmed, et al., 2023). The importance of integration in immunization programs and in the health system in general has emerged as the next major step needed in the provision of global health services.

On several occasions, to achieve greater efficiency, several types of vaccines are administered simultaneously through a single campaign, or immunization campaigns can be integrated with non-immunization interventions such as nutritional supplementation, which can be included or excluded from the scope of campaign financing studies. Although the use of Mass Immunization Campaigns (MICs) has long been debated and, in some cases, controversial, their benefits in preventing major infectious diseases remain undeniable. Well-designed and properly implemented campaigns have been shown to significantly increase vaccination coverage while reducing morbidity and

mortality from vaccine-preventable diseases. Historically, global initiatives led by the World Health Organization (WHO) have successfully eradicated smallpox and significantly reduced the incidence of measles and polio through MICs. Additionally, such campaigns contribute to raising public awareness about the importance of immunization and are considered appropriate in certain contexts, such as the introduction of new vaccines or eradication programs with clear time targets (Lubanga et al., 2023).

Immunization refers to the process of providing immunity against certain diseases through the administration of vaccines. Vaccines work by stimulating the body's immune system to recognize and fight pathogens in case of future exposure. Although no vaccine is 100% effective, mass immunization has been proven to significantly reduce, and in some cases eliminate, vaccine-preventable diseases. In this regard, mass immunization campaigns offer a great opportunity to expand access and coverage, especially in underserved and hard-to-reach areas. This is becoming increasingly critical amid increasingly complex global health challenges, including extreme weather events triggered by climate change, rapid urbanization, migration, and inequalities in access to clean water and sanitation. These conditions increase the risk of infectious disease outbreaks, making proactive vaccination strategies that reach nearly half of a country's population more effective in preventing potential future epidemics.

For instance, the “8 Days of Action for Vaccination” held on 24–31 October represents a concerted effort to revitalize awareness of immunization as both a public good and a cornerstone of universal health within the Americas (PAHO, 2025). This initiative encourages member states to accelerate progress toward the elimination of vaccine-preventable diseases, while simultaneously ensuring equitable vaccine access across diverse population groups, including children, adolescents, adults, and vulnerable communities. A parallel initiative has also been undertaken on a global scale. According to UNICEF (2025), in collaboration with WHO and Gavi, the Vaccine Alliance, a national immunization campaign was implemented under the leadership of the Syrian Ministry of Health to mark World Immunization Week on 21–30 April. Under the global theme “A Dose of Good News”, the campaign underscored the indispensable role of vaccines in safeguarding lives and protecting children from vaccine-preventable diseases across 14 provinces in Syria. The Ministry of Health conducted a multi-antigen

vaccination campaign that assessed the immunization status of approximately 3.4 million children under five years of age, with a particular focus on reaching nearly 250,000 previously missed children, including an estimated 156,000 zero-dose children who had never received any routine immunization.

In conclusion, immunization campaigns—whether executed at national, regional, or global levels—constitute a fundamental public health strategy to prevent the spread of infectious diseases, enhance population-level awareness, reinforce health system resilience, and promote equity in healthcare access. Beyond individual-level protection, such campaigns contribute significantly to the establishment of herd immunity, which is essential in mitigating the transmission of communicable diseases and ensuring long-term public health security.

G. Research Methodology

1. Type of Research

This study employs a qualitative research approach to explore complex phenomena related to health communication, systematically examine field-based realities, and provide a deeper understanding of the health communication strategies adopted by health workers in enhancing parents' awareness of toddler immunization. The qualitative approach is considered most suitable for this research because it allows the researcher to investigate social interactions, communication practices, and contextual dynamics in a natural setting without manipulating variables.

According to Sugiyono (2013), qualitative research is based on the philosophy of postpositivism and is used to examine natural objects rather than experiments. In this approach, the researcher serves as the primary instrument, while data collection techniques are carried out by triangulation (a combination of several methods). The analysis is conducted inductively, with findings that prioritize meaning rather than statistical generalization. Fiantika et al. (2022) also emphasize that qualitative approaches to knowledge building are grounded in either a constructivist perspective—where meanings are derived from individual experiences, social values, and historical contexts—or a participatory perspective that focuses on collaboration, social change, and political issues.

Thus, knowledge is constructed by the researcher through interpretation of diverse perspectives and the information provided by research subjects.

In alignment with this paradigm, this study applies a case study design as the central methodological framework. Yin (2013) defines a case study as an empirical method that investigates a contemporary phenomenon in depth and within its real-world context, particularly when the boundaries between the phenomenon and its context are not clearly evident. Yin (2013) further highlights that the strength of the case study lies in its ability to draw on multiple sources of evidence—including interviews, direct observations, and document analysis—to build a comprehensive understanding of the case. Through this design, the present research examines the health communication strategies at the Makasar Puskesmas in East Jakarta as a bounded system, focusing on how health workers communicate with and engage parents of toddlers in the context of immunization programs.

This methodological choice not only facilitates a rich and contextualized exploration of communication practices but also allows the researcher to identify challenges, barriers, and opportunities for improvement within the ongoing immunization campaigns. Moreover, by grounding the analysis in actual interactions between health workers and parents, the case study approach ensures that the findings are both contextually relevant and practically applicable. Consequently, the results of this research are expected to provide meaningful insights for strengthening health communication practices, particularly in relation to increasing public trust and awareness regarding childhood immunization.

a. Research subject and Object

Outlined at the beginning of this study, the research subjects include health workers and officers working at Puskesmas (Community Health Centers) the Makasar Puskesmas in East Jakarta, as well as parents of toddlers receiving immunization programs. The health workers include doctors, nurses, midwives, and other health service providers who are directly involved in immunization delivery and health education. Parents of children under five were selected to provide insight into their awareness, attitudes, and practices regarding immunization of their children. The inclusion of health care providers and parents ensured a comprehensive understanding of health communication strategies and their effectiveness.

The object of this study is the health communication strategy implemented by the

Makasar Puskesmas in East Jakarta. This includes the methods, channels, and materials used to deliver information about immunization to parents of toddlers. This research examines the content of messages, communication channels (such as face-to-face counseling, printed materials, social media, and community meetings), and the overall effectiveness of these strategies in increasing parents' awareness and understanding of the importance of immunizing their children. In addition, the research will explore any challenges faced in the communication process and identifies potential improvements.

b. Data Collection

This research used both primary and secondary data. Primary data were collected through interviews, while secondary data were collected via direct observation to support and enhance the overall findings of this study.

1) Interview

According to Sugiono (2013) an interview, is a data collection technique used when researchers want to conduct a preliminary study to find problems that need to be researched, or when researchers want to get in-depth information from respondents, especially if the number of respondents is small. Interviews are based on self-reports, or at least on the respondent's knowledge and beliefs. This technique involves questions asked by researchers to respondents, using either structured or unstructured formats, and can be conducted face-to-face or via telephone.

In a structured interview, the researcher uses a series of questions that have been prepared in advance and given consistently to all respondents, often including fixed response options. This interview aims to obtain specific and comparable data from respondents. On the other hand, unstructured interviews are free interviews where the researcher does not use guidelines that have been prepared systematically and completely. This approach is used to obtain initial or more in-depth information from the respondent, with questions that develop based on the answers given by the respondent.

This research employed a structured interview method. This method is designed to obtain data that can be compared between respondents. In a structured interview, questions are prepared in advance and are the same for all respondents,

with possible alternative answers already prepared. Structure interviews ensure that all respondents provide relevant and specific information according to the research objectives, so that the data obtained will be more valid and reliable for further analysis.

To obtain in-depth and comprehensive data on the implementation of the immunization program, semi-structured interviews were conducted as the primary qualitative data collection technique. The interviews were semi-structured, allowing the researchers to explore informants' answers flexibly and adapt questions in response to contextual dynamics in the field. Informants were selected purposively, based on their roles and involvement in the immunization program, either as implementers or beneficiaries.

The interviews were conducted on December 5, 2024, with five key informants, namely Ms. Ivana Edria, a health promotion staff member who provided information on communication and health promotion strategies to raise public awareness of immunization; Mrs. Emilia, the Immunization Coordinator, who explained the technical implementaton and coverage of the immunization program; and Dr. Nisa, a medical professional (general practitioner), who provided a medical perspective on the importance of immunization and communication approaches to the community. Additionally, the researcher interviewed two parents of children under five years old, Mrs. Cahyati and Mrs. Citra, to understand their perceptions, knowledge, and experiences in regarding immunization services for their children.

All interviews were conducted face-to-face, with each lasting between 30 and 60 minutes. The documentation of the interview process was conducted by taking notes and recording the audio (with informants' consent) to guarantee accuracy in the process of transcription and data analysis. This technique helps to achieve a deeper understanding regarding the variety of experiences and perspectives of those directly involved in the implementation as well as the uptake of the immunization program.

2) Observation

Observation, as explained by Sugiono (2013), is a technique of data

collection that is unique in comparison to questionnaires and interviews, as it involves direct monitoring of behaviours and interactions in natural settings. Fiantika et al. (2022) also gave the explanation that observation is a technique of collecting data that involves direct observation of events or phenomena that are the object of research. This technique allows researchers to obtain authentic and detailed data by utilizing sensing to record what is seen, heard, and felt. The conduct of observations is to directly document interactions, behaviours, as well as processes that are hard to obtain from interviews or questionnaires.

The observation in this study was used as one among the techniques of data collection in order to understand how health communication is carried out in the field. During education sessions and immunization at the Makasar Puskesmas, the researcher directly observed how health workers and parents of toddlers interacted. The focus of this observation was on the communication methods that the health workers used, such as using language that is easily understood, the education media that is presented, and how the information was adjusted to the conditions and needs of the community. Furthermore, the researcher also recorded the responses as well as the level of parents' participation in the education sessions, including how involved they were in the discussions, frequency of questions asked, and demonstrated understanding of the provided information.

Observations also include the physical environment and supporting facilities that are available at the Puskesmas, like the educational materials on display, waiting room, immunization room, as well as the readiness of immunization logistics. This approach aims to give an in-depth comprehension of the effectiveness of the health communication strategies that are implemented at the research site. The data gathered from these observations are expected to give accurate and contextual information, along with identifying aspects that can be improved to strengthen the understanding and awareness of parents regarding immunization importance.

c. Data Analysis

In qualitative research, data analysis occurs iteratively during and after data collection. During the conduct of interviews, the researcher began analyzing

participants' responses. If responses were not sufficient, participants were given follow-up questions until sufficient and credible data were obtained.

In this study, data analysis will be carried out using the Miles and Huberman model. As explained by Miles and Huberman (cited in Sugiono, 2013), the analysis of qualitative data is conducted in an interactive and continual way until the data becomes saturated. There are three major stages in the data analysis, which are data reduction, data display, as well as conclusion drawing/verification.

1) Data reduction

As explained by Sugiono (2013), data reduction is the first step in analyzing data, which involves taking out the essence of complicated and unstructured information. In this process, the researcher can focus on elements that are essential, detect patterns, and develop categories that are relevant.

2) Data display

After data reduction, the next step is data display. In qualitative research, data are often presented through narrative descriptions, charts, category linkages, or flowcharts. As stated by Sugiono (2013), the use of narratives is very frequent in presenting qualitative data. With data presented in this way, it is easier to understand relationships among data elements and subsequent research decisions can be decided according to emerging insights. Charts, graphs, matrices, as well as networks can all be used as alternatives to present the structure and relationships of reduced data.

3) Conclusion

As Sugiono (2013) stated, conclusions in qualitative research are new findings that did not exist before. Conclusions can be in the form of a picture or description of an object that was an underexplored phenomenon, or may include causal or interactive relationships, hypotheses, or even arising theories.

CHAPTER II

THE RESEARCH OBJECT

A. General Description

The Makasar Puskesmas is one of the primary healthcare facilities serving as a center for public health activities in the Makasar District of East Jakarta. This facility was officially established in 1997, having previously been part of the Kramat Jati Puskesmas. The administrative reorganization in 1990 led to the formation of the Makasar District, which subsequently resulted in the establishment of the Puskesmas Pembina Kecamatan Makasar as a separate unit.

This Puskesmas plays a vital role in delivering healthcare services that encompass promotive, preventive, curative, and rehabilitative aspects. To reach the community effectively, the Makasar Puskesmas operates six Puskesmas Pembantu (auxiliary Puskesmas), namely Kebon Pala, Cipinang Melayu, Makasar, Pinang Ranti, Halim 1, and Halim 2 Auxiliary Puskesmas. These auxiliary facilities facilitate easier access for the community to basic health services. The main services available include general outpatient care, maternal and child health (MCH) services, dental care, immunization, laboratory services, and specialized services for disease control, such as tuberculosis (TB) and HIV/AIDS.

The Makasar Puskesmas also develops various community-based health programs, such as integrated health posts (posyandu), environmental health education, and outreach initiatives targeting both communicable and non-communicable diseases. Supported by professional medical personnel, sufficient facilities, as well as a commitment to the improvement of public health, this Puskesmas continues to function as a main healthcare provider in the Makasar District.



Picture 2.1 The Makasar Puskesmas Building

Source: The Makasar Puskesmas

B. Location

The Makasar Puskesmas is located at Jl. Pusdiklat Depnaker No.4, RT.8/RW.6, Makasar, East Jakarta, Daerah Khusus Ibukota Jakarta, Indonesia (13570).



Picture 2.2 The Makasar Puskesmas Location

Source: Google Maps (2025)

C. Vision and Mission of the Makasar Puskesmas in East Jakarta

The Makasar Puskesmas strives to establish itself as the leading healthcare center that the people of Jakarta can be proud of. In order to accomplish this vision, the Makasar

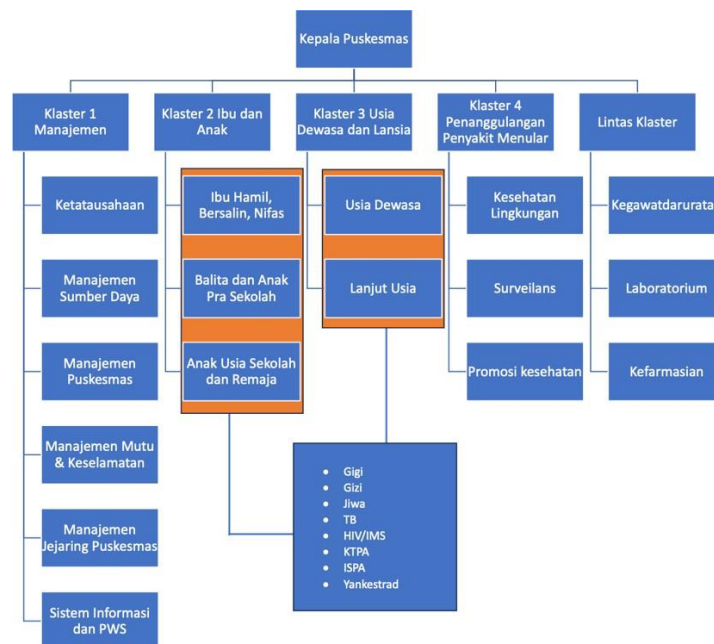
Puskesmas is determined to provide healthcare services with superior quality that are equitable and focused on community needs. This vision is articulated as below:

"To become the best Puskesmas, a source of pride for the people of Jakarta."

In order to support the realization of the vision of becoming the best Puskesmas as well as the pride of Jakarta, the Makasar Puskesmas sets the mission:

1. Improve Human Resources that are Able to Compete.
2. Improve Service Quality Oriented to Customer Satisfaction.
3. Improve Facilities and Infrastructure in accordance with Technology-Based Quality Standards.
4. Foster a Harmonious Work Environment.
5. Establish Harmonious and Effective Cross-Sectoral Cooperation.

D. Company Organizational Structure



Picture 2.3 The Makasar Puskesmas Organizational Structure

Source: The Makasar Puskesmas

In Picture 2.3, the organizational structure of the Public Health Center is shown. It was designed to guarantee smooth operations as well as effective coordination in delivering healthcare services. This structure outlines the functions and the roles of each section,

described in detail as follows:

1. Head of the Public Health Center

The Head of the Public Health Center is the person in charge, with responsibilities in supervising all operations as well as making sure that healthcare services are providing according to the established standards and policies.

2. Cluster 1: Management

The operational and administrative functions of the health center are managed by this cluster, which include:

- Administration: Handles general administrative tasks and manages documents.
- Resource Management: Supervises human resources and the center's physical infrastructure.
- Public Health Center Management: Makes plans and coordinates varied healthcare activities.
- Quality and Safety Management: Makes sure that all services comply with safety and quality standards.
- Networking Management: Builds partnerships with external organizations to improve healthcare services.
- Information Systems and Reporting (PWS): Manages data recording, monitoring, as well as reporting systems.

3. Cluster 2: Maternal and Child Health

This cluster focuses on improving the health of mothers, children, and adolescents, which include:

- Pregnancy, Delivery, and Postpartum Services: Provides healthcare for expectant mothers and those in the postpartum period.
- Toddler and Preschool Children Services: Delivers preventive and curative health services for children with the age of 1-5 years.
- School-Age Children and Adolescents: Provides health programs tailored for youth and students.

4. Cluster 3: Adult and Elderly Health

This cluster delivers healthcare services to adult and elderly populations, which include:

- Adults: Healthcare services for individuals of productive age.
 - Elderly: Specialized care for senior citizens.
5. Cluster 4: Communicable Disease Control
- This cluster focuses on disease prevention and health promotion through:
- Environmental Health: Makes sure of proper sanitation, hygiene, as well as safe living conditions.
 - Surveillance: Monitors and works to prevent the spread of communicable diseases.
 - Health Promotion: Carries out educational campaigns to bring awareness among the public.
6. Cross-Cluster Support
- This component provides essential services that support all clusters, including:
- Emergency Services: Manages urgent health situations.
 - Laboratory Services: Conducts diagnostic tests.
 - Pharmaceutical Services: Oversees medication supplies and prescriptions.
7. Special Services
- In addition to the main clusters, specialized programs are offered to address specific health needs, such as:
- Dental and Oral Health Services.
 - Nutrition Services: Monitors and addresses community nutrition issues.
 - Mental Health Services.
 - TB and HIV/STD Control Programs.
 - Occupational Health (KTPA): Promotes health among workers.
 - Acute Respiratory Infections (ISPA) Services.
 - Traditional Health Services (Yankestrad): Integrates traditional health practices into care.
 - This clearly defined organizational structure fosters collaboration among clusters and ensures the effective delivery of healthcare services to the community.

E. Health Services Provided

The Makasar Puskesmas offers a comprehensive range of healthcare services designed to meet the diverse needs of the community. The services provided include:

1. Public Service
2. Family Planning Services
3. Sexually Transmitted Infections (STI) Services
4. Sanitation Services
5. Acute Respiratory Infection (ARI) Services
6. Acupressure Services
7. 24-Hour Emergency Services
8. Smoking Cessation Services
9. General Outpatient Services
10. Integrated Management of Childhood Illness (IMCI)
11. Tuberculosis (TB) Services
12. Adolescent Health Services
13. Hajj Health Services
14. Laboratory Services

CHAPTER III

FINDING & ANALYSIS

In this chapter, the researcher presented the findings of this study titled "Health Communication Strategy of the Makasar Puskesmas, East Jakarta in Raising Parental Awareness of Toddler Immunization." The research was conducted within the health promotion and immunization departments of the Makasar Puskesmas in East Jakarta. Data collection employed qualitative methods, including direct observations at the research site, interviews with relevant informants such as a, and documentation review. Primary data were gathered through interviews with key informants, including the Immunization Coordinator, medical doctors, the Head of the Health Promotion Staff, and parents of toddlers.

Table 3.1 Informants and Interview Schedule

Name of Informants	Position in the company/institution	Date of Interview
Ms. Ivana Edria	Health Promotion Staff	5 December 2024
Mrs. Emilia	Immunization Coordinator	5 December 2024
Dr. Nisa	Medical doctors	5 December 2024
Mrs. Cahyati	Parents of toddlers	5 December 2024
Mrs. Citra	Parents of toddlers	5 December 2024

A. Findings

1. Health Communication Strategy of The Makasar Puskesmas in East Jakarta promoting Toddler Immunization.

Health communication is a very important aspect in efforts to increase public awareness, understanding, and behavior related to health. To achieve this goal, an effective communication strategy is needed so that health messages can be received and implemented by the community optimally. In the context of research conducted at The Makasar Puskesmas, East Jakarta, there are several stages carried out in the communication strategy to increase parents' awareness of immunization for toddlers. The following are the stages carried out by the Makasar Puskesmas in East Jakarta:

- a. Target audience analysis

Audience analysis in health communication is an important step to understand who will receive health information. This process is very important so that the messages delivered can be well received by the community. The Makasar Puskesmas needs to consider various factors that can influence the way people receive information, such as educational background, culture, values, geographical conditions, income, and beliefs that exist in the community.

Based on the results of interviews, health workers at the Puskesmas conduct an analysis that focuses on the parents of infants and toddlers. This was stated by the head of the health promotion staff of the Puskesmas below.

“Usually, the main step taken by the Makasar Puskesmas is first to identify who the audience is so that health workers can adjust the messages and methods, then, usually if the immunization of the Puskesmas focuses on toddlers and pregnant women but there are also for school children. ”

In addition, the coordinator or person in charge of immunization also said that before the implementation of the communication strategy, an analysis of the target audience is needed.

“Our main focus is parents of toddlers, pregnant women, and families with children under the age of five. In this process, we also consider community groups that have different levels of knowledge about immunization. This way, we could customize the messages and communication methods used to make them more effective and relevant for each group.”

The researcher believes that this is an indication that Puskesmas is aware of how important it is to deliver information regarding vaccination to the right groups in order to avoid miscommunication. This is backed by the research of (Rizki, Fahrimal, & Husna, 2024), in which it is confirmed that target audience analysis in health communication can be implemented to explain how understanding the audience can contribute to the improvement of message delivery effectiveness. Tailoring messages based on audience characteristics is very important, so that the information delivered not only reaches the target, but can also be understood and received well by the public.

Therefore, the conduct of audience analysis by the Makasar Puskesmas is not only to identify who should be targeted, but also to design communication strategies that can be more effective. This is expected to increase the awareness and understanding of community regarding immunization importance, as well as encourage them to actively participate in the provided health programs.

Thus, the audience analysis conducted by The Makasar Puskesmas not only serves to identify who to target, but also to design more effective communication strategies. This is expected to increase community awareness and understanding of the importance of immunization, as well as encourage their active participation in the health programs provided.

b. Planning

The planning step in health communication is a second step that is crucial in accomplishing the desired goals, which include producing media, designing messages, as well as carrying out trials. This process not only ensures that the community can receive the information delivered but also has the potential to influence their behavior. With careful planning, health messages can be delivered more effectively and efficiently, thus increasing the likelihood of the community understanding and adopting the information provided.

Based on interviews with health workers at the Makasar Puskesmas, they explained that planning begins after identifying community needs through group surveys and discussions. This is following the words of the Head of Health Promotion Staff who stated:

“...usually, for planning, the most we do is designing media, such as visually appealing posters. We also coordinate with auxiliary health centers, such as sub- district and Posyandu. In addition, we recently held Interpersonal Communication training to improve our ability to deliver information...”



Picture 3. 1 Interpersonal Communication Training

Source : Instagram @puskesmaskecamatanmakasar

This statement shows that the Makasar Puskesmas does not only focus on creating communication materials, but also on collaborating with various related parties to ensure the messages delivered can reach a wider audience. By involving Puskesmas Pembantu and Posyandu, they can utilize their existing networks to disseminate information more effectively.

The researcher assumes that the communication planning implemented by the Makasar Puskesmas follows the statement by Decy Situngkir (2020) that planning in health communication is a process that helps achieve the desired health communication goals. Planning starts with making a clear statement about what you want to achieve in the health communication. This is in line with (Rizki, Fahrimal, & Husna, 2024) the opinion about planning and messaging which is an important thing in health communication. According to him, with good planning, we can design effective messages and the quality in the preparation of carefully composed messages will affect the power of persuasion and the ability of messages to change people's views and behavior.

As stated by the Immunization Coordinator at the Makasar Puskesmas in

East Jakarta has conducted appropriate communication planning by identifying community needs and designing appropriate communication materials. In addition, the training conducted to improve the interpersonal communication skills of health workers shows their commitment to adapt to the evolving needs of the community.

c. Selection of communication channels

After analyzing the audience and planning the message, the next step is to choose the right media. The selection of the right media has a major influence on the effectiveness of delivering messages to the target audience. Based on the research results, there are three forms of communication carried out. The following are the campaign media channels used by the Makassar District Health Center to raise parents' awareness of the importance of child immunization:

1) Interpersonal Communication

One form of communication that is prioritized by the Puskesmas of Makasar District is interpersonal communication. Through direct interaction between health workers and the community, immunization information can be delivered in a more personal and interactive way. This communication allows officers to answer questions, provide clarifications, and listen to community concerns directly.

As stated by the Immunization Coordinator at the Makasar Puskesmas in East Jakarta:

“We conduct direct counseling in toddler classes and pregnant women's classes, where we provide in-depth information about the benefits of immunization, immunization schedules, and how to care after immunization.”

In line with this statement, one of the doctors at the Makasar Puskesmas added:

“Usually, we also conduct counseling. There is a toddler class held in the puskesmas area, which covers children from newborn to toddler age. In this class, we explain various things, including postnatal care and immunization schedules. In addition, we also provide explanations at the clinic when children are being immunized.”

Communicating directly or face to face is better for doctors and patients, especially since many parents are concerned about their child's health. These concerns often arise due to a lack of accurate information or widespread hoaxes on social media regarding immunization. With direct communication, doctors or health workers can provide more in-depth and reassuring explanations, while building trust between the public and health service providers.

From the patient's perspective, interpersonal communication is also more effective than relying solely on information from social media. Mrs Citra, a patient who regularly brings her child for immunization, said:

“I get information from social media, and from friends also sharing. But sometimes I get information through direct questions and answers to the doctor. I often ask the doctor or midwife directly because of the many hoaxes on social media.”

Ms. Citra's experience reflects the public's need for health information that can be trusted and explained directly by experts. In addition, interpersonal communication provides space for patients to ask specific questions that may not be answered by reading information on social media. In line with the explanation contained in the book entitled “Health Communication”, it is revealed that in interpersonal communication, health workers act as counselors who are able to communicate freely, so that clients can express their problems openly without feeling burdened.

The researcher assumes that the effectiveness of interpersonal communication at the Makasar Puskesmas is highly dependent on the approach used by health workers. Structured counseling, both through pregnant women's classes and campaigns, socialization is the main means to strengthen people's understanding of the importance of immunization. In addition, support from services in the clinic as well as direct interaction between doctors and patients strengthens community trust in the information provided.

2) Print media

The Makasar Puskesmas utilizes print media, such as banners, leaflets,

and brochures, as a means of communication to convey information about the importance of immunization. These print media are usually posted in public places, such as the neighborhoods around puskesmas and posyandu, so that the community can easily access the information. Furthermore, brochures are often distributed to the community to expand information reach. This effort aligns with the explanation from the PIC of immunization who stated as follows:

“...then for media besides social media, the Puskesmas also makes banners, leaflets, banners, which we usually put up around the Puskesmas or posyandu environment. Sometimes we also distribute brochures to people...”

Here is an image of the Makasar Puskesmas immunization banner:



Picture 3. 2 The Makasar Puskesmas immunization banner

Source: Researcher Documentation

Aside from utilizing banners and leaflets, the Makasar Puskesmas also makes use of print media in the form of books as a way of conveying health information. Important immunization information is contained in this book, including the effect of other diseases that can emerge if immunization is not carried out, procedures for handling post immunization, immunization safety

guarantees, and the benefits that can be obtained after receiving immunization. The books are usually distributed free of charge to the community, especially to pregnant women and parents of toddlers, who can obtain at puskesmas or posyandu. This is in accordance with the statement of the doctor of the Makasar Puskesmas, who said:

“We use pink books or mother and child health books that contain a complete explanation of immunization, child growth, and development, as well as side effects that may arise from immunization and how to prevent them. This book is one of our main media.”

In addition, the health promotion staff of the Makasar Puskesmas also said:

“Then we have one important media that mothers who have toddlers are called KIA books or pink books, well in the book there are various kinds of explanations to tell what immunization is how to handle it and a lot of information in the book.”

Here is an image of the mother and child health book.



Picture 3. 3 Mother and Child Health Book

Source: Researcher Documentation

We assume that the Makasar Puskesmas utilizes various print media, such as banners, leaflets, brochures, and books, to convey health information related to the importance of immunization. The use of these print media has

proven effective in increasing public knowledge and awareness, especially among pregnant women and parents of toddlers, about the benefits of immunization, how to handle side effects, and the impact of diseases that can be prevented through immunization.

In line with the book entitled “Health Communication” (2022) which emphasizes that the use of various communication channels, including mass media or print media, can increase public understanding. According to him, mass media or print media are able to change and shape the mindset of readers. With print media that is easily accessible, information can be disseminated widely and evenly among the community. This allows people to get the necessary information more easily, so they can make better decisions regarding their children's health.

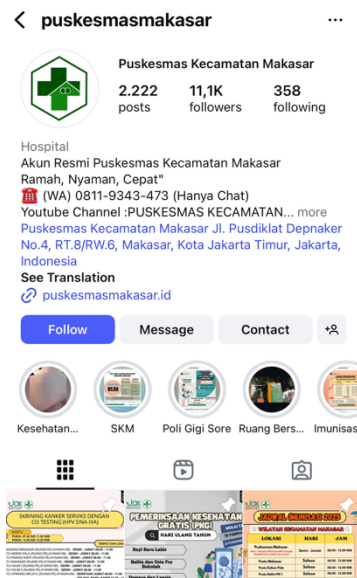
3) Social media

Today, social media has become one of the increasingly important communication tools in disseminating health information, including immunization. The Makasar Puskesmas utilizes social media as a platform to reach out to a wider community. With the high number of social media users among the community, this platform has the potential to be an effective educational medium while helping to counteract the spread of hoaxes related to immunization.

From the results of interviews that the author has conducted with the person in charge of immunization, it is known that in conveying immunization information using social media, Instagram @puskesmaskecamatanmakasar. As stated by Dr.Nisa at the Makasar Puskesmas:

“We focus more on our Instagram @puskesmaskecamatanmakasar. For YouTube, we don't have a dedicated channel, but we provide educational

videos that can be accessed through the links we share. We customize the content based on the child's age group, such as 1-2 years or 1-3 years.”



Picture 3. 4 The Makasar Puskesmas Instagram Account

Source: Researcher Documentation

The following is the Instagram account owned by the Makasar Puskesmas:



Picture 3. 5 Instagram Feeds of the Makasar Puskesmas.

Source: Instagram @puskesmaskecamatanmakasar

In addition to Instagram, the researcher also found that the Makasar Puskesmas utilizes WhatsApp groups as one of the main communication media to increase parents' awareness of immunization. WhatsApp is used to reach out to the community in a more personal and direct way, especially through the active role of health cadres who serve as liaisons between the puskesmas and parents of children under five, as explained by the health promotion staff:

“The media we use most often is through Instagram, where we often share posters about immunization. Information is also disseminated through WhatsApp groups. For WhatsApp itself, we utilize the cadre group because they are usually closer to the parents of children under five. We provide these cadres with sufficient information, so that when they meet the community in the field, they can convey information directly. In addition, we also realized that people nowadays prefer visual content over text. Therefore, the posters we made use more images than text, to make them more attractive and easy to understand. This also makes it easier for cadres to explain to parents of toddlers.”

Based on the research, the Makasar Puskesmas has effectively utilized Instagram and WhatsApp groups as one of the main communication media to increase parents' awareness of immunization. in line with research (Pandhika, Stiawati, & Jumiati, 2023), social media is an effective tool in health promotion efforts carried out by hospitals or health centers. By using Instagram to disseminate information widely and WhatsApp for more personalized communication, the Makasar Puskesmas is able to reach various community groups more effectively.

d. Evaluation of effectiveness

The Makasar Puskesmas routinely conducts evaluations to assess the effectiveness of communication strategies that have been implemented in delivering immunization-related information to the community. This evaluation aims to ensure that the communication methods used, whether through direct counseling or toddler classes and pregnant women classes, are

able to increase community understanding and participation in the immunization program.

As explained by the doctor of the Makasar Puskesmas, where the Makasar Puskesmas uses feedback from activity participants to evaluate the effectiveness of the program.

“We usually measure the effectiveness of communication strategies in several ways. First, we conduct surveys and questionnaires to parents after counseling sessions to get feedback on their understanding of immunization. Secondly, we monitor the immunization coverage rate at the puskesmas to see if there is any improvement after the communication campaign. In addition, we also pay attention to interactions on social media, such as the number of impressions, comments and questions asked by parents.”

This evaluation process is reinforced by direct actions taken after each activity. The health promotion staff at the Makasar Puskesmas center explained:

“The way to assess its success is that we usually give feedback when we do activities. So, there we ask for an assessment from them. For example, for the toddler class, after the activity is over, we distribute paper or gform links that contain several questions for them to answer.”

The researcher's assumption in this study is that feedback from the community is key in improving parents' understanding and participation in the immunization program at the Makasar Puskesmas, East Jakarta. By using the results of the questionnaires collected, the Puskesmas can assess the effectiveness of the activities that have been carried out. This evaluation analysis includes an assessment of various aspects of success, such as the clarity of the material presented, the interaction between health workers and participants, the relevance of the information provided, and the increase in immunization coverage.

The book “Basics of Health Communication” by Nuralita Suri (2020) contains an explanation that evaluation is a process that helps managers to know the results of the implemented program. From the evaluation, managers can obtain information that can be used to make

necessary adjustments to achieve the objectives better. This is an indication that evaluation serves both to measure program success and to detect areas that can be improved. Therefore, evaluations with this feedback can improve immunization program quality and ensure that the delivered information truly meets the needs of the community.

2. Challenges and solutions of the Makasar Puskesmas

The implementation of health communication strategies to increase parents' awareness of immunization of toddlers at the Makasar Puskesmas in East Jakarta, faces various challenges, especially rejection from some communities. Based on interviews, this rejection is often caused by information sourced from the media whose truth cannot be ascertained or belief in myths that are still developing in the community. This is consistent with what the person in charge of immunization at the Makasar Puskesmas said:

“So far, most people have realized the importance of immunization. However, there are still some parents who have not immunized their toddlers. One of the reasons is the absence of permission from the husband or family-in-law, for example, who prohibit immunization because they are worried that the child will have a fever. In addition, concerns about myths and the issue that fake vaccines are not halal are also reasons why some parents are reluctant to immunize.”

To overcome these challenges, the Puskesmas adopted a collaborative approach by involving community leaders, the Religious Affairs Office (KUA), and the Indonesian Ulema Council (MUI). Community leaders were involved in the training to correct misinformation in their communities, while the KUA helped provide understanding to families with religious concerns. In addition, MUI supported the program through a fatwa explaining that immunization is in accordance with Islamic principles as an effort to maintain health. Puskesmas also optimize the role of Posyandu cadres and health workers who provide direct education to the community with a door-to-door approach, answer parents' questions, and provide brochures and other educational materials. This is in line with what was said by the Health promotion staff of the Makasar Puskesmas:

“usually in immunization there are people who refuse, so we usually collaborate with or collaborate with, KUA, and community leaders, for example there is one of the cadre mothers or rt packs or rw packs, maybe they have grandchildren or maybe the rw is still young, maybe he has children too, so we give them as an example,”

This is also reinforced by the statement delivered by the person in charge of immunization:

“Then to overcome it, usually the Puskesmas asks for help from cross-sectors and religious leaders. If it doesn't work, we usually overcome it by having a personal discussion between the health worker and the patient.”

According to the researcher's assumption, in this way, the Makasar Puskesmas tries to create a supportive and informative environment, so that people feel more comfortable and confident to immunize their children. Through solid collaboration and a sensitive approach to community needs, it is expected that the participation rate in the immunization program can increase significantly.

Another challenge faced by Puskesmas Kecamatan Mkasar East Jakarta is the difficulty in reaching all decision makers in the household, especially fathers. Although mothers are often the main participants in education sessions, the final decision in the family usually rests with the father. As explained by the health promotion staff:

“...Another obstacle in implementing health education and immunization programs is the difficulty in reaching all decision-makers in the household, especially fathers. Although mothers are often the main participants in education sessions, decisions within the family usually rest with fathers. However, education activities are often conducted during working hours, making it difficult for fathers to participate. To overcome this barrier, the strategy is to provide accurate and complete information to mothers. The hope is that mothers who understand the importance of immunization can convey the information to their husbands. Thus, if mothers are convinced and understand the benefits of immunization, fathers will more easily follow the decision. This step is an effort to get all parties in the family to support the immunization program for the health of children.”

The researchers assume that this challenge is more crucial than the issue of myths or hoaxes, as many community members tend to follow the decisions of their husbands or heads of household. Although mothers are often the main participants in education sessions, the final decision in the family generally remains with the father or husband.

This is further exacerbated by the fact that education sessions are often held during working hours, which makes it difficult for fathers to participate.

Puskesmas Kecamatan Makasat relied on an indirect strategy of providing complete education to mothers, hoping that they would pass on the information to their husbands. In addition, the Puskesmas began to implement more flexible approaches, such as socialization on weekends or direct visits to family homes, to actively engage fathers. Thus, by implementing this solution, all parties in the family, especially fathers, can understand the importance of immunization and support the program for the sake of children's health.

3. Parental Awareness of Toddler Immunization at Makasar Puskesmas, East Jakarta

Based on the results of the study, the researcher concluded that the level of awareness of parents in the Makasar Puskesmas in East Jakarta, towards the importance of immunization of toddlers shows a fairly good development. However, there are still challenges that must be faced. Most parents have basic knowledge about immunization, including an understanding of the vaccination schedule and the benefits it offers. However, there are still groups of parents who lack a detailed understanding of the types of vaccines required and the importance of complete immunization to protect children from various diseases.

This is confirmed by an interview conducted with Mrs. Citra, a parent who was immunizing her child at the Makasar Puskesmas. She stated:

“Yes, for me, immunization is important because I think immunization is an antidote to illness and strengthens the child's immune system so that they don't get sick easily. It hurts, but immunization prevents more serious diseases.”

This statement reflects a good understanding of the benefits of immunization but also shows that there is still room to improve parents' knowledge of the details of required vaccinations.

Additional support came from Ibu Cahyati, a patient at the Makasar Puskesmas, who was also immunizing her child. She explained,

“So far what motivates me is that I got complete immunization from my mother, so I want my child to get complete immunization too.”

Mrs. Cahyati's statement shows that personal experiences and values passed down from previous generations can play an important role in shaping parents' awareness about immunization.

The researcher assumes that the Makasar Puskesmas, from year to year, has carried out a good and correct health communication strategy, which is reflected in the awareness and knowledge of parents. Reinforced by the Health Belief Model theory described in the book “Health Promotion and Behavioral Science” by Windi Chusniah Rachmawati (2019), limited knowledge can hinder individuals in making the right decisions regarding health, including the decision to immunize children.

In line with this, the researcher assumes that increasing parents' knowledge and understanding of immunization can contribute to better decisions in protecting children's health. By applying the Health Belief Model theory, the researcher believes that if parents are provided with more complete and accurate information regarding the benefits and safety of vaccines, they will be more likely to immunize their children. Therefore, Puskesmas and related parties need to continue to conduct effective and comprehensive education.

With these measures, it is expected that parents' awareness and participation in the immunization program can increase significantly, so that the health of children in Makasar District can be well maintained. Continuous efforts in providing clear information and educating the community will greatly contribute to creating a healthier generation that is protected from preventable diseases through immunization.

CHAPTER IV

CONCLUSION

A. Conclusion

The findings of this study indicate that the Makasar Puskesmas has implemented an effective communication strategy in increasing parents' awareness of toddler immunization through several important stages. First, the Puskesmas conducts an in-depth analysis of the characteristics of parents, including educational background, culture, and community values. By understanding the target audience, the Puskesmas can adjust the messages and communication methods, ensuring that immunization information is effectively received and understood by the community. Furthermore, Puskesmas plans communication activities by developing attractive and relevant materials, such as brochures, posters, and leaflets, as well as collaborates with Auxiliary Puskesmas (Puskesmas Pembantu) and Integrated Health Posts (Posyandu) to extend the reach of information.

In addition, the Puskesmas uses various communication channels, including interpersonal communication, print media, and social media. Through direct communication between health workers and the community members, information is delivered in a more personalized and interactive way. The use of social media also allows Puskesmas to reach a wider audience and provide information that is easy to understand. Puskesmas regularly evaluates the effectiveness of the communication strategies by collecting feedback from the community and monitoring immunization coverage rates to assess the success of the program and make necessary adjustments.

Although community awareness has increased, as evidenced by improved immunization coverage rate, several challenges persist. Some parents have not immunized their toddlers due to a lack of spousal consent, often stemming from concerns about side effects such as fever, as fears regarding the circulations of fake vaccines in the community. To overcome these challenges, Puskesmas are advised to involve community and religious leaders in education programs to correct misinformation and increase public trust in immunization. In addition, developing a more interactive education program and conducting home visits to deliver targeted information directly to parents may increase parents' awareness and participation in the immunization program, so that the health of children in

Makasar District can be well maintained.

B. Research Limitations

This study has several limitations. One limitation is the time constraint, which limited the ability of researchers to collect data from a broad range of informants, resulting in an incomplete representation of all parties involved in the immunization program. In addition, the study primarily examines Puskesmas strategy in increasing parents' awareness of immunization, without discussing in depth the contribution of other parties, such as community leaders or cross-sector organizations, which also play an important role in supporting the success of the program.

C. Recommendation

1. This research can serve as a reference for future researchers seeking to explore more deeply into health communication strategies, especially in the context of under-five immunization.
2. This research can also serve as information for health workers in designing and managing better communication strategies. By understanding the challenges and needs of the community, health workers can develop more effective approaches to increase parental awareness of the importance of toddler immunization.
3. The results of this study can serve as valuable inputs for policy-making at the health agency level. Related parties are expected to consider these findings in formulating more effective policies and actions to improve the quality of employee performance and immunization programs at Puskesmas.
4. It is recommended that Puskesmas and other health agencies increase training for health workers in interpersonal communication and health counseling. This training can help them to be more effective in conveying information and answering community questions, thus building trust and increasing participation in the immunization program.

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APPENDIX

List of Interview Questions

A. Questions for Head of Puskesmas and Surveillance Staff (Kec. Makasar, East Jakarta)

1. What communication strategies have been implemented by the Puskesmas to increase parents' awareness about the importance of under-five immunization?
2. What media are most often used in delivering information about immunization (e.g. leaflets, posters, direct socialization, social media)?
3. How do Puskesmas tailor health messages about immunization to be easily understood by the community?
4. What evaluation has been done to measure the effectiveness of the communication strategy that has been implemented?
5. What are the main obstacles faced in delivering information about immunization to parents?
6. How do Puskesmas overcome misconceptions or myths circulating in the community regarding immunization?
7. Are certain community groups more difficult to reach with information about immunization? If yes, why?
8. How do Puskesmas collaborate with other parties (such as health cadres, community leaders, media) in raising community awareness about immunization?
9. What role do health cadres play in delivering information about immunization?
10. Are there special programs or activities that involve the community in immunization promotion?

B. Questions for Health Promotion Section Staff

1. What is the planning process for health promotion strategies, particularly for immunization, at the Puskesmas Kec. Makasar, Jakarta Timur?
2. Who are the main target audiences for the immunization promotion campaign?
3. How does the Puskesmas identify the information needs and interests of the community related to immunization?
4. What health promotion activities have been conducted to increase community awareness

- about the importance of immunization?
5. What media are most often used to deliver health messages about immunization (e.g. leaflets, posters, videos, social media)?
 6. How does the health center involve the community in health promotion activities (e.g., through cadre groups, community leaders)?
 7. Does social media play a role in spreading information about immunization?
 8. How does the health center evaluate the effectiveness of the health promotion activities that have been conducted?
 9. What indicators are used to measure the success of the immunization promotion campaign?
 10. What changes have occurred after the implementation of health promotion activities?

C. Questions for Parents

1. Where do you usually get information about immunizations for children?
2. What information most influences your decision to immunize your child?
3. What do you think about the importance of immunizations for children?
4. Have you ever heard any misinformation about immunization? If yes, from where?
5. Are there any obstacles you face in bringing your child for immunization?
6. What information do you think is still lacking regarding immunization?
7. What suggestions can you give to the Puskesmas to increase public awareness about the importance of immunization?
8. How can Puskesmas be better at providing information about immunization to the community?
9. What motivates you the most to bring your child for immunization?
10. In your opinion, how can health workers communicate more effectively with parents about immunization?