

The Challenges and Opportunities of Women's Role in Child Immunization

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Abstract— Women's involvement in all aspects of national development has become increasingly strategic. In the health sector, women, including mothers, have an important role in supporting the realization of healthy future generations through immunization programs and health services. Complete basic immunization is every child's right, but it is not fully realized due to parents' decision making and other factors. *Emak-emak jaman* now can play an important role in changing these conditions. This study aims to clarify women's role in decision making related to the complete immunization of children and to identify what factors influence the lack of public awareness of the importance of immunization programs. This study uses a multidisciplinary approach through literature study. The results show that compared to men, women tend to be the main determinants in making decisions about children's immunization. Various factors such as low levels of maternal education, limited access to health facilities, family economic conditions, religious fanaticism and local culture also influence the community's acceptance of the immunization program. However, these conditions are an opportunity for women to act in their strategic role, especially in the health sector through immunization programs.

Keywords—role, women, immunization

I. BACKGROUND

Women have tended to be objects in development, but one goal of sustainable development is to make women subjects as well. Amartya Sen, a Nobel laureate, explained that gender inequality is one of the obstacles to development. The effort to empower women in this case consists of providing opportunities for women to enjoy the results of development by improving their economic status, health, and education. Increased knowledge will have an impact on all socio-economic issues concerning women (Fakih, 1996), including their decision making for themselves and their families. Although the number of women in the workforce is increasing, the majority of women still live at home, bearing reproductive roles. Because of this reality in the community, they are seen as less important than men. This unequal value is a source of discrimination and oppression of women and is responsible for women's low status in society. Women and men tend to continue to carry out their gender roles because there are some controlled behaviors that are justified by various social institutions. Violence against the expectations of gender roles begins with disagreement with social exclusion and aggression and even violence received in social life (WHO 2001).

Gender inequality is systematically endorsed and institutionalized through laws and policies. In certain

communities, women cannot legally own property or work outside the home without the consent of their husbands or partners. In Muslim countries, polygamy is permitted under certain conditions. This makes the task of changing gender roles very difficult. Although gender differences usually marginalize women rather than men, men are trained to hold back emotions or not cry, and they are accustomed to regard women as inferior. Being aggressive or rude is an indication of masculinity; therefore, they often become perpetrators of violence against women inside and outside the home. However, there are some men who are nicknamed "new age" because they care about relationships and gender roles.

The role of women in development includes their rights and obligations in certain stages of development, both in the fields of politics, economics, and social culture and in the development of defense and security in the family and society. Striving for a role for women in development that is insightful and offers a gender perspective is intended to achieve balanced gender equality and justice between men and women in development. When women engage in the public sector, they face many inequalities, even though there are also gender inequalities experienced by men. The government has recognized the need for an appropriate strategy to reach all government agencies, the private sector, urban communities, and village communities. This strategy is known as gender mainstreaming. It is set forth in Presidential Instruction (Inpres) No. 9 of 2000 concerning Gender Mainstreaming in National Development.

Gender mainstreaming includes four elements, namely planning, implementation, monitoring, and evaluation. The implementation must take into account four aspects: role, access, benefits, and control. (Nugroho, 2008) The role of women in gender-oriented development is intended to realize gender equality and justice in various fields of life and development. This needs to be supported by mutual respect or respect, mutual assistance, mutual understanding, mutual care, and mutual need between men and women. (Satriyani, 2009). In the family, women are the family pole, as they will give birth and educate the next generation. (Kementerian Pemberdayaan Perempuan, 2005). Since the quality of the next generation is determined by the quality of women, women must improve their own quality. It is impossible to form a quality family without improving the quality of women. The quality of women's education is also a very important aspect of nation building. Moreover, increasing women's health status is in line with efforts to increase access to education, reproductive health and family planning, and health services.

The challenge in the development of women in Indonesia is education. When development lags behind the speed of technological advancements, one of the parties that is both benefited and disadvantaged is women. Women are among those who are vulnerable to becoming victims of technological progress. For example, they may fall victim to social media hoaxes about immunization and vaccination. It has become human nature to interact socially with homogeneous groups in the current era of social media. Hoaxes about immunization were one of the causes of the diphtheria outbreak in Indonesia in 2017. This is an interesting case to discuss because of women's involvement in the process even to the point of being blamed as a group.

The debate about children's immunization is not new in Indonesia, as opinions in favor and against have been present in the community. Immunization is an act of giving immunity to a baby or child by putting a vaccine in the body, so that the body is able to make anti-substances to prevent certain diseases, and it is hoped that the babies and children can still grow in good health (Alimul Aziz, 2008). Not only does vaccinating children protect them from contracting disease, but a wide awareness of the importance of vaccination can also protect the environment from the spread of a greater variety of disease outbreaks. Low awareness about the value of complete vaccination can be a factor in the emergence of various diseases in children such as polio, hepatitis, and diphtheria (Kembang, 2015). Therefore, the community must receive the right education to realize the benefits of giving vaccines to children. However, this effort remains a challenge and a big job for the government, especially as there are many other efforts by various anti-vaccination parties.

Banten is one of the provinces that has problems with low rates of child vaccination. This condition had an impact on the spread of diphtheria outbreaks until the government determined it to be an Extraordinary Event (KLB). Diphtheria is an infectious disease caused by the *Corynebacterium diphtheriae* bacteria, which attacks the tonsils, pharynx, larynx, nose, and sometimes the mucous membranes or conjunctival or vaginal skin. The symptoms are fever and swelling of the tonsils and mucosal tissues such as the oral cavity and eyes, which causes respiratory problems. If diphtheria poison infects the heart and brain membranes, it can cause death (Kembang, 2015). From 2015 to 2017, there was a significant increase in cases of diphtheria in Indonesia. Data from the Ministry of Health show that in 2015, at least 252 cases occurred, and this number increased sharply to 415 cases in 2016, while in 2017 there were at least 593 cases up to November, with 32 of them causing deaths (Dinkes, 2017). According to the explanation from the Ministry of Health, the government has implemented compulsory immunization programs for polio, diphtheria, and measles since 1974. With these efforts, Indonesia should have been free from these diseases in early 2000. However, the reality is that the illnesses appear in various regions due to low levels of vaccination. The spread of diphtheria, including even an increasing number of cases year to year, must be stopped immediately. The Minister of Health of the Republic of Indonesia Nila Moeloek said that the Extraordinary Diphtheria Incident must immediately receive special treatment. Therefore, the government has made various efforts to halt the spread of diphtheria in the future, including launching the Outbreak Response Immunization Program (ORI Diphtheria). The ORI program

is an additional immunization program that is given to deal with Extraordinary Events (KLB) of diseases that can be prevented by immunization (Ministry of Health, 2017). ORI targets are determined based on the epidemic and the area of the sub-district with consideration given to mobility and population density. In the diphtheria case, ORI was carried out three times, first during the vulnerable time and then three and six months later.

The spread of diphtheria in Banten Province in 2017 consisted of a significant increase in cases compared to previous years (Dinkes, 2017). In 2017, there were at least 81 cases in which three people died. Every finding of diphtheria in Banten Province was to be immediately reported by all districts/cities, but the distribution of diphtheria cases varied widely between regions. Of the 81 cases found, 23 of them occurred in Tangerang Regency, 11 in Serang District, 7 in Tangerang City, 6 in Pandeglang and Serang, respectively, and the rest in Lebak, South Tangerang, and Kota Cilegon. (Dinkes, 2017). This last diphtheria outbreak case was very different compared to the previous one, especially in the transmission pattern that spread across borders and the age of patients, who tended to be adults. Banten Province was one of the five provinces with the highest incidence of diphtheria that caused death after East Java Province, West Java, DKI Jakarta, and Aceh. (Kembang, 2015)

A report from the Ministry of Health describes that the causes of outbreaks of diphtheria are patients who have never been exposed to DPT (Diphtheria, Pertussis Tetanus) immunization or have received the vaccination but not completed it (i.e., only one dose), which means that patients who have received the vaccination can still contract diphtheria because their immunity is not formed (Lestari, 2012). The reasons people have never received DPT immunization include difficulty obtaining access to the vaccine access and vaccine refusal. This is supported by data from the Central Statistics Agency (BPS), which show that in 2017 only 30.88% of children under five in Banten Province had received complete immunization, while 69.12% of the immunizations provided were still only partial/incomplete for the child's age. Related to the epidemic of diphtheria, only 58.39% of toddlers in Banten Province received all three doses of the DPT vaccine. (BPS, 2017)

The decision about whether children should receive complete immunization should be based on a shared awareness of both the father and mother. Both parties should be able to play a role in a balanced, mutually supportive, and complementary way. However, in Indonesia this role sharing has not yet been fully taken on and mothers are still the main decision makers related to children's immunization, without adequate assistance and support from their partners. In addition, many factors inhibit and contribute to the low vaccination rate in Indonesia, including aspects of local culture, religion, low levels of community education, and the emergence of resistance efforts resulting from anti-vaccination campaigns by various community organizations. These factors certainly do not stand alone separately. In the case of Banten Province, for example, religious factors such as the issue of halal vaccines were used by anti-vaccine groups to influence the community. Given that the average level of community education is low, these efforts can have a significant impact on the perception of vaccination in the community. However, the government also continues to fight these efforts with a variety of education programs and active

socialization accompanied by service enhancements so that Indonesia's immunization coverage increases every year (Nina Moeloek, 2017).

II. THEORY, CONCEPT AND METHODOLOGY

This study employs a literature study. Theories set forth in the literature are used as a basis for the analysis and conclusions of the research. This study focuses on the case of diphtheria Extraordinary Events (KLB) that occurred in Banten Province as an example of the impact of low vaccination rates. Secondary data are obtained from literature studies in the form of scientific journals, various books, and documentation and reports from various government agencies. These data are then analyzed through descriptive analysis. The descriptive analysis method is carried out by describing the facts.

Before discussing the role of women in efforts to eradicate diphtheria through immunization, this paper explains the causal factors of immunization rejection based on theoretical approaches and concepts in the science of intercultural communication. Concepts that help shed light on the phenomenon of immunization refusal in Banten Province include Cultural Relativism Theory, Rumor, Identity Politics, Cultural Dimensions Theory, Theory standpoint, and Anxiety Theory.

Moreover, standpoint theory can be used to analyze the phenomena that occur. Put forward by Nancy Hartstock, this theory is closely related to the issue of women, and Harstock has been called the Standpoint Feminist who wanted to end the oppression of women. There are several specific assumptions related to this theory, including the idea that individual locations can shape and limit information and understanding. The point of view is partial, but the superior group can harm the marginal group. (Turner, 2010) Standpoint theory provides explanations based on knowledge generated from one's daily life experiences, as the individual's perspective is the most important source of information about his or her experiences (Riger, 1992). The theory claims that people's experiences, knowledge, and communication behavior are formed in large part by the social groups in which they are incorporated (Wood, 2004).

Next is the Anxiety/Uncertainty Management Theory proposed by William Gudykunst, which focuses on differences in group culture and foreigners. In general, the theory can be used in all situations where there is a difference between doubt and fear. Effective communication is emphasized in processes to minimize misunderstanding. Gudykunst believes that anxiety and uncertainty are the causes of communication failure in situations between groups in society. (Jandt, 2016).

Zastrow (1989) states that each ethnic group has a high ethnic attachment through an ethnocentric attitude. Ethnocentrism is a tendency to view the norms and values in the cultural group as absolute and to use them as a standard for measuring and acting on all other cultures. Intercultural communication can be explained by the theory of ethnocentrism as expressed by Semovar (2012). Certain variables can influence the effectiveness of intercultural communication, such as ethnocentrism, life view, absolute values, prejudice, and stereotypes. A stereotype is a perception aimed at characterizing an individual in relation to a category such as a cultural group. Stereotyping

generalizes the behavioral picture of certain people based on their identity or membership in a cultural group. Stereotypes that are positive or negative have the potential to trigger various problems because they cause misunderstandings in identifying a particular group or individual. (Kim, 2007) Jandt, in his book *An Introduction to Intercultural Communication*, stated that stereotypes prevent communication for four reasons: They 1) raise assumptions that are not necessarily true; 2) implant undeserved trust; 3) causes generalization of the character of a person in a group; and 4) cause prejudice against certain people or groups. Prejudice is defined as a negative attitude toward a cultural group based on little information or without confirmation. Prejudice is not easily changed, even in the face of facts to the contrary.

The Cultural Dimension was put forward by Geert Hofstede. Through his research involving many respondents from 50 countries, Hofstede identified five cultural dimensions, including individualism/collectivism and masculinity/femininity. Collectivism is a value that is focused on the relationships between group members and between different groups. (Lustic, 2010) feminine is a value that emphasizes the nature of loving, guiding behavior, and the need for women to be able to make their own decisions without being governed by anyone.

In the discussion of gender, there are several theories that explain the similarities and differences in gender roles of men and women. The following are some examples.

A. Identification / Psychoanalysis Theory

From the beginning, the behavior and personality of men and women is determined by the development of sexuality. Freud (1856–1939) said that a person's personality is composed of three structures, namely the Id, Ego, and Superego. In normal conditions, the interaction between the three will make a person private. If one of them is more dominant, then the person will experience problems. If the Id structure is more prominent, the person tends to be hedonistic. Conversely, if the Superego is more prominent, the person has difficulty experiencing development, because he is always shadowed by fear and more confronted with himself. This theory emphasizes that differences between men and women, such as body anatomy, affect the Superego of each individual.

B. Structural Functionalist Theory

Structural functionalist theory explains that a society consists of various parts that influence each other. This theory looks for fundamental elements that influence a society and identifies the function of each element. R. Dahrendorf, a supporter of the theory, summarizes the principles as follows: a) A society is a unity of various parts; b) Social systems are always maintained because they have a control mechanism; c) There are parts that are not functioning, but those parts can be maintained on their own or they have been institutionalized for a long time; d) Changes occur gradually; e) Social integration is achieved through the agreement of the majority of community members toward a set of values. Value systems are the most stable part of a community system.

In regard to gender roles, followers of this theory point to pre-industrial society as an example of how society is integrated in a social system. Men acted as hunters and

women as gatherers. (Lindsey, 1990) As hunters, more men were outside the home and were responsible for bringing food to the family. The role of women was more limited to the house and reproductive matters such as breastfeeding and caring for children. This division of labor functioned well and succeeded in creating continuity. Functionalism theory attempts to explain how a system in which men act as individuals who look after their families while women provide emotional support and maintain family relationships functions to realize balance in society. (Wilson, 1989). This balance can be realized if the tradition of gender roles always refers to the original position. In other words, the confusion of gender roles is an important element in divorce.

1) *Non-Verbal Communication:*

Communication between men and women in society takes place in a context that Nancy Henley and J. Freeman describe as giving women less power than men. Men are more likely to admonish women than other men. Because women are considered to have inadequate power, the community (men) tends to look down on them.

2) *Women in the Organization:*

Gender role inequality in various organizations is caused by women having various limitations, not only because men, according to structural functionalist theory, are perceived as superior, or various other gender stereotypes, but also because women are found to be less skilled than men, so that in the pattern of gender relations there are often inequalities.

3) *Rape-Prone and Rape-Free:*

Women are vulnerable to being raped (rape-prone), while men are not prone to being raped (rape-free). Men can commit various sexual crimes against women, but women cannot rape men in the sense that women cannot coerce sex with someone who does not have an erection.

4) *Division of Work:*

The different power and status relations between men and women are also the basis for the distribution of employment. The division of sexual labor in traditional societies (i.e., men as hunters and women as nurturers) is still found in modern society. For example in the business world, women are directed to be secretaries and men to be leaders. In the world of science, women are expected to be laboratory operators and men, scientists. Productive affairs are treated as a male task and reproductive and household affairs as a women's duty. There has been a long debate over why the division of labor still cannot eliminate the influence of biological differences. A division of roles that refers to differences in biological anatomy is still difficult to leave. In reality, the industrial society and liberal society tend to maintain this opinion because it is in accordance with the principles of industrial economics that emphasize productivity. Structural functionalist theory, although not in its original format, tends to persist. This is, according to Michel Foucault and Heidi Hartman, is because modern capitalist society tends to accommodate a system of division of labor based on gender differences.

C. *Conflict Theory*

Conflict theory departs from the previous assumptions and emphasizes that society is composed of several classes that fight over influence and power, such as who owns and controls production and distribution sources. Marx, later supplemented by Frederick Engels, put forward an interesting idea that gender differences and inequalities between men and women are not caused by biological differences but are part of the oppression of the ruling class in the production relations applied in the family concept. (Turner, 2010). Husband-wife relations are the same as the relations between the proletariat and bourgeois, servants and masters, and blackmailers and those who are blackmailed. In other words, gender inequality in society is not due to biological factors or God's giving (divine creative) but to community construction (social construction). Conflict theory has received criticism from a number of experts as pressing economic factors too much as a basis for injustices that later give birth to conflict.

D. *Feminist Theory*

In essence, feminism today is the struggle to achieve equality, dignity, and freedom for women to manage their lives and bodies, both inside and outside the household. (Jagger, 1983). Feminism as a movement initially departed from the assumption that women were basically oppressed and exploited. Even though there are differences regarding what, why, and how oppression and exploitation occur, feminists in the struggle have the same goal, namely, for women to achieve equality, dignity, and freedom to control life, both inside and outside the home. From this point of view, whether we realize it or not, men benefit from the pattern of gender relations, even though the situation is very contained in every condition of society. For people who maintain religious norms, the influence and intensity of this element is not too dominant.

The problem of refusing to give vaccines to children does not only occur in Indonesia, which is predominantly Muslim; countries such as the United States and Canada are also affected by the anti-vaccine movement. According to Irwin M. Rosenstock, Mayhew Derryberry, and Barbara K. Carriger, in *Why People Fail to Seek Poliomyelitis Vaccination*, social and situational factors influence vaccine rejection. Meanwhile, Dubé, Vivion, Sauvageau, Gagneur, Gagnon, and Guay (2016) state that several factors lead to the rejection of vaccines, namely the following:

1) *Psychological Factors of the Mother:*

This factor states that maternal beliefs influence the decision to give vaccines to infants. Considerations include the belief that children will be healthy without vaccines if they have a healthy lifestyle, the belief that the vaccine does not provide long-term protection, and that there is no guarantee of safety from the use of vaccines in the future.

2) *Environmental Factors:*

Environmental factors here include the family and community environment, in which contributes pressure to the mother in the decision of immunization for children.

3) *Past Experience Factors and Trauma:*

Mothers consider past events related to when the child received a vaccine, such as a fever or injection that causes trauma to the mother.

4) *Social Norms:*

People in certain regions must understand and follow the existing norms. For example, when children are sick, instead of being given drugs, they are given herbs.

III. ANALYSIS AND DISCUSSION

A. *Making Strategic Decisions and Roles of Women in Child Immunization*

All mothers want the best health for their children, especially new mothers with their first child. McNeil (2016) explained that the decision to immunize babies is usually made by the mother or female caregiver, so that in the decision making process it is important for a mother to receive sufficient information. The decision making process is very important as the child's future will be affected. The psychological condition of the mother influences her every decision. She may begin to feel anxiety and fear about making wrong decisions for her child. Based on the theory of anxiety and uncertainty, such a condition is caused by the mother not receiving access to correct and clear information. (McNeil, 2016). For instance, the mother may receive information that does not come from trusted sources or may hear rumors from family and the surrounding neighborhood that may offer unclear information. For example, a mother may choose not to have her child vaccinated because she believes the vaccine will cause the child to become hot and convulsive, based on unsupported rumors and stories.

A mother's decision about whether to have her child vaccinated or not also may be based on her own experiences or past trauma. Often a mother does not let her child receive a vaccine for fear that the child will develop a fever or because the needle will leave a scar. In this case, the mother's attitude, if analyzed based on standpoint theory, leads to decision making based on previous experience and knowledge. Trauma experienced by a woman will continue to be in her subconscious, so that whenever she experiences new things, her mind will try to explore and recall past memories in relation to her future decision.

Research in several countries shows that women who receive prenatal care and consult with health workers before giving birth have a greater chance of choosing immunization for their babies. This means that access to health care facilities affects women's decisions for their babies. In Indonesia, a small scope of health care services are available, namely, village midwives. The village midwife program is a government effort to improve the quality of health services in the village through the *posyandu* or *puskesmas*, intended to reduce birth rates and increase public awareness of healthy living. (Lestari, 2012) The program, which has been promulgated since 2002, is considered to have succeeded not only in providing health counseling and referral, but also in fostering emotional closeness between women toward effective communication patterns.

Anti-vaccination propaganda circulating in the community plays a role in maternal decision making for immunization, especially regarding the halal status of the vaccine. A mother

who lives in a culture of high collectivism tends to make decisions based on consideration and approval from her immediate environment. If information or rumors develop in a group that the vaccine contains substances that are not halal, then this will be used as information in the group decision making. Moreover, if the information is trusted by the head of religion or customary leader, all group members will tend to follow it.

Today's mothers have a new challenge presented by the propaganda of anti-vaccine groups. Vaccine-rejecting groups have established themselves with anti-vaccine identities that passively oppose government immunization programs. The movements carried out by this group are more slow but the groups have extensive networks. However, there are still movements that support the government's immunization program, which is carried out through more open activities, and this activity is supported by the government. Opposition between pro- and anti-vaccine groups has created its own conflict. Mutual arguments on social media, even seminars by pro-vaccine groups, have been part of the conflict. Anti-vaccine groups, by using religious identities in spreading information about halal vaccines, can try to influence others even to join religious fanatical groups. Religion, in the case of vaccine refusal, is used as a force to mobilize people. That is, by using identity in the name of religion, anti-vaccine community groups are able to influence other communities through the issue of halal vaccines or the claim that vaccines are part of a global Jewish conspiracy (Amyabolu, 2016). Groups that have been affected by anti-vaccine rumors will form group identities based on ethnic or religious identities. Social identity is stronger with the same mindset and ideas, in this case, rejection of vaccines. Community groups that have the same idea, namely, that a vaccine contains illicit ingredients, it will be patterned to protect each other.

When a bad event occurs due to a vaccine, news reports may be exaggerated. For example, news about fake vaccines in 2016 influenced mothers' decision to immunize their children. Information circulated in the anti-vaccine community group that a vaccine was fake and there was no guarantee it would work. In addition, in some cases, children who had paralysis after being vaccinated were used as propaganda tools. The goal was to make mothers afraid that vaccines would cause paralysis so that they would refuse the vaccination. The anti-vaccine group also aggressively voiced that vaccines only benefit the pharmaceutical industry, not the health of the community (McNeil, 2016). These experiences and thoughts emphasize that the country is currently under capitalism. Although the information is doubtful, because it is conveyed by anti-capitalist and religious fanatics, it is considered true. This makes it difficult for immunization activists to educate people who refuse vaccines.

B. *The Role of Women in Development in the Field of Health Services*

Indonesia's pursuit of sustainable development involves all aspects of development, from human development to balancing natural resources. Women's role in development in Indonesia began a long time ago, when Indonesia had a Women's Role Institution officially established in the late '70s. Thus, Indonesia has historically recognized women's role in development as important. The concept of the development of women's role capacity has developed into

women's empowerment, which means improving the quality and role of women in all aspects of life.

Women are human resources that have not been used optimally to contribute to the economy in development. This means that women and development have become issues in a more comprehensive study. Hubeis (1985) said that women's role in encouraging alternative development can be analyzed from three viewpoints: (1) the role of tradition or the domestic role associated with household chores, as women who successfully manage the household well will be an inspiration and motivator to the development community; (2) the role of the transition associated with arable agricultural land or working in the family business; and (3) the role of the contemporary, in which women who have roles outside the household are called career women.

In the health sector, the role of women is increasingly evident in the implementation of basic health care activities at *puskesmas* and *posyandu*, which are generally carried out through the Family Development Organization (PKK). The role of women as midwives is also increasing so as to support efforts to reduce maternal mortality rates (AKI) and Infant Mortality Rate (IMR), especially in rural areas. Maternal Mortality Rate (MMR) is the number of women who die due to various causes related to pregnancy disorders or their handling that occur during the process of pregnancy, childbirth, and the puerperium per 100,000 live births per year. BPS data show that the MMR in Indonesia in 2010 was 346 per 100,000 live births, but with various health programs and improved services from facilities and health personnel in 2015 AKI could be reduced to 305 per 100,000 live births. The case is similar with the IMR in Indonesia, which was 32 per 1,000 live births in 2012. In 2015, the figure was successfully reduced to 22.23 per 1,000 live births, which means that IMR in Indonesia is in line with the MDG target of 23 per 1,000 live births. In line with the decline in MMR and IMR, the average life expectancy also increased from 70.78 years in 2015 to 71.06 years in 2017.

The role of women in society continues to be improved through various women's activities to support development. These activities are carried out, among others, through the PKK and *posyandu* forums. Through the PKK movement, women play an active role in fostering family welfare, while in *posyandu* activities, women are actively involved in providing health services and improving family nutrition. In the immunization program, the role of women is as participants and motivators. According to Setiawati (2007), research in Samoa proves that the success of basic health services is largely determined by the active role of women as local volunteers in the region. This is because there is still a strong internal bond among the Samoan community so that this active role attitude arises on the basis of an awareness of the shared benefits that will be obtained from these basic health services. Research in India proves that health development activities based on empowering community cadres can reduce cases of chronic diseases such as tuberculosis and malaria, as well as infant mortality, where there are more women cadres. *Posyandu* independence is inseparable from the ability of the cadres in it. The quality improvement of *posyandu* cadres will determine the quality of services provided where the cadre consists mostly of women. This is because cadres have a very large role in transferring health knowledge to citizens. The social interaction inherent in the community enables the transfer of

information between internal cadres and between cadres and citizens, especially mothers of toddlers (Gita Setyawati, 2007).

C. Discussion: Learning from the Diphtheria KLB Case in Banten and its Causes

The diphtheria outbreak that occurred in Banten resulted from low community participation in the government immunization program. If the community had understood the importance of vaccination, the outbreak could have been prevented. As pointed out by various studies, the following are factors that are suspected to have contributed to the low level of vaccination in Banten Province:

1) Low Level of Education:

There is a significant relationship between the level of education and the success of immunization programs in an area. Palupi (2011) and Hariyanto (2016) explain that there is a significant relation between the level of maternal education, the ability of extension workers, and the scope of immunization. According to BPS data, the female population of Banten Province was 5.8 million in 2017. Of that number, almost 70% had completed no more than secondary school (SMP) and only 8.8% had completed up higher education.

2) Economic Factors and Health Facilities:

Economic factors certainly have their own influence. Many parents are not able to access immunizations for their children because they lack money to pay for the vaccines or do not have to transportation to a health facility. Economic factors, the distance to health care facilities, and the availability of health care facilities are other factors that influence women's decision to immunize their children. (Singarimbun, 1990). Therefore, the government provides free basic immunization for infants under two years of age in each village so that it is easily accessible.

Significant influences on cases in Indonesia are a lack of information, lack of availability of health educators, limited access to health care facilities, and distance of residence from health care facilities. In the diphtheria case in Banten, efforts were made by the Provincial or City/District Health Office through the village field and *posyandu* approaches and networks, and these efforts reduced the outbreak, but there is no guarantee that another epidemic will be avoided in the future if massive systematic efforts are not carried out.

3) Environmental Factors and Social Institutions in the Banten Region:

Low immunization coverage is also influenced by social environmental factors. For example, decisions about immunization are affected by an environment that does not provide space for women to voice their own opinions, as in the case in Banten Province, or where the community is encounters incomplete information, social media hoaxes, or coercion by anti-vaccination groups.

The influence of social institutions is also very important, as the family is the first institution in socializing things called feminine and masculine. Families, especially

mothers, play an important role in teaching boys and girls about their gender roles. At school, for example, teachers and books depict women as having not only a reproductive role but also nurturing and household duties, and men as having a productive role, such as the task of earning a living. Religion actually embodies women's high femininity and adherence to men. Most religions teach gender equality, but the ideology that men are more dominant or patriarchal still applies because religious leaders generally hold such beliefs. In the workforce, women often have careers related to their reproductive roles, such as nurses, teachers, secretaries or clerks, and others. Few women hold higher positions because these roles are more often filled by men. For example, political positions tend to be held by men because not many women run for office.

IV. CONCLUSION

Women and men differ biologically, but these differences are widely misinterpreted as partitions in various aspects of life. Gender refers to the roles, behaviors, and activities, as well as other attributes, that are considered by a particular culture as something that is appropriate for women versus men. In Indonesia, women face obstacles to accessing various social services including health services. The government has introduced a variety of women's development programs, seeking gender equality and justice in various fields of life and development. Such efforts need to be supported by mutual respect, helping, understanding, caring, and needing behavior between men and women. Women's role in the health sector is very important, as women are leading agents in cultivating healthy future generations, such as through immunization programs. The diphtheria outbreak in Banten was a sad example of the impact of low awareness and low community participation on a complete basic immunization program for children. Various factors such as low levels of maternal education, limited access to health facilities, family economic conditions, religious fanaticism, and local culture influenced the community's acceptance of the immunization program. However, these conditions present an opportunity for women to play a strategic role, especially in the health sector through immunization programs. Decision making about providing complete immunization to children should be based on the shared awareness of both the father and mother. Both parties should be able to play a role in a balanced, mutually supportive, and complementary way. In the end, an equality of roles between men and women must be realized and synergized to achieve the goals of sustainable development for a better future.

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