

Factors Related To The Provision Of Complete Basic Immunization To Ballta In Puskesmas Sukajadi District The Year 2022

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ABSTRACT**Keywords:**

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Based on data obtained from The Global Alliance for Vaccines and Immunization (GAVI), the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) it is stated that at least 80 million children aged less than 1 year are at risk for suffering from Diphtheria, Measles, and Polio due to disruption of routine immunization services in the midst of the Covid-19 pandemic. This study aims to determine the relationship between knowledge, attitudes and husband's support simultaneously with the completeness of basic immunization for infants at the Sukajadi Health Center, Banyuasin Regency in 2022. The method in this study used a cross sectional with a population of 45 respondents and a sample of 45 respondents using accidental sampling technique. Data analysis used chi square statistical test with p value value (0.05). The results of this study were from 15 respondents who had good knowledge, 11 people (73.3%) gave complete basic immunization with p value = 0.02, from 23 respondents who had a positive attitude as many as 15 people (65.2%) who gave basic immunization complete p value = 0.02, meanwhile, from 21 respondents who received husband's support as many as 16 people (76.2%) p value = 0.001. From this study, we can conclude that there is a simultaneous relationship between knowledge, attitude and husband's support for the completeness of basic immunization for children under five at the Sukajadi Public Health Center, Banyuasin Regency in 2022.

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1. Introduction

The immunization program is part of basic health services. This program is part of an effort to accelerate the termination of the transmission chain of PD3I (diseases that can be prevented by immunization) with the aim of improving public health status. One of the PD3I activities is carried out through the PIN (National Immunization Week) activity (Indra, 2021).

The purpose of immunization is to provide immunity to the body's immune system to form specific antibodies so that it can protect the body from disease (Reich, 2016). One of the efforts to reduce morbidity and mortality in infants and toddlers is immunization (Mardianti & Farida, 2020). At the beginning of life, babies are very susceptible to disease, if babies get sick, it will cause physical, mental, disability, and cause death (Soetjningsih, 2018).

According to the World Health Organization (WHO) in 2018 stated that 86% of children under the age of 5 years globally have been immunized with 3 doses of Diphtheria, Tetanus and Pertussis (DPT3) and 1 dose of measles vaccine. They say that the number of children paralyzed by polio has

decreased by 99.9% worldwide (IMUNISASI, n.d.).

Based on data obtained from The Global Alliance for Vaccines and Immunization (GAVI), the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) it is stated that at least 80 million children aged less than 1 year are at risk for suffering from Diphtheria, Measles. and Polio due to disruption of routine immunization services in the midst of the Covid-19 pandemic (Susilowati et al., 2021). There are 64% of 107 countries experiencing disruptions or delays in the implementation of routine immunization services and 60 countries delaying the implementation of immunization campaigns, especially Measles and Polio (Ministry of Health RI, 2020)(Nadhifa et al., 2020).

Based on the Health Profile of the Province of South Sumatra in 2018, it became one of the provinces with the highest achievement for the realization of the complete basic immunization program in South Sumatra at 99.3%. The percentage of villages that achieved Universal Child Immunization (UCI) in South Sumatra Province in 2018 was 94.6% (ie 3059 Universal Child Immunization (UCI) villages out of 3265 villages) (Penyusun et al., n.d.). When compared with the 2015-2019 RPJMN/Renstra indicators where the 2018 target is 88%, this figure means that the target has been achieved. According to district/city health MSS performance indicators/data, it shows that in 2017 Universal Child Immunization (UCI) villages/kelurahan in South Sumatra Province, there were 6 districts/cities that had achieved 100% Universal Child Immunization (UCI), namely Ogan Komering District Ilir, Musi Rawas Regency, Muratara Regency, Prabumulih City, Pagaralam City, and Lubuk Linggau City. While the other 9 districts are already above 88% (Health Profile, 2018) .

In South Sumatra, there were 8 cases of Annual Financial Plan (AFP) recorded in 2020. (Profile of Health Office, 2021). In Banyuasin Regency the complete basic immunization coverage in 2018 was 86.9%, this figure slightly decreased from the previous year which reached 88.20%. This is due to the geographical location of the area which is far from health facilities. (Profile of Banyuasin Health Office, 2019). Factors that influence it are education, occupation, age, knowledge, behavior, economic status, customs and others. All of these factors are closely related to each other thereby increasing their respective contributions to the absence and incompleteness of immunization (Obelina, 2017).

Based on the data above, the researchers are interested in submitting a study entitled "Factors related to the Completeness of Basic Immunization in Infants at the Sukajadi Health Center, Banyuasin Regency in 2022".

2. Research methods

This research is an analytical survey research using a cross sectional research design, the study was conducted in January 2022. The sample in this study were some mothers who had babies aged 12-19 months who visited the Sukajadi Public Health Center, Banyuasin Regency as many as 45 respondents.

3. Research Results and Discussion

3.1 Research result

a. Univariate Analysis

Tabel 1
Frequency Distribution of Respondents Based on Completeness of Basic Immunization at Sukajadi Public Health Center, Banyuasin Regency in 2022

Basic Immunization Equipment	Frequency	Percentage
Complete	21	46.7
Incomplete	24	53.3
Total	45	100.0

Based on table 1 above, it can be seen that from 45 respondents, the proportion of infants who received complete basic immunization was 21 respondents (46.7%) less than the proportion of infants who received incomplete basic immunization as many as 24 respondents (53.3%).

Tabel 2

Frequency Distribution of Respondents Based on Knowledge in Sukajadi Public Health Center, Banyuasin Regency in 2022

Mother's Knowledge	Frequency	Percentage
Well	15	33.3
Low	30	66.7
Total	45	100.0

Based on Table 2 above, it can be seen that from 45 respondents, the proportion of mothers with good knowledge was 15 people (33.3%) less than the proportion of mothers with less knowledge of 30 people (66.7%).

Tabel 3

Frequency Distribution Of Respondents Based On Attitudes At Sukajadi Public Health Center, Banyuasin Regency In 2022

Attitude	Frequency	Percentage
Positive	23	51.1
Negative	22	48.9
Total	45	100.0

Based on table 3 above, it can be seen that from 45 respondents, the proportion of mothers who received a positive attitude was 23 people (51.1%) more than the proportion of mothers who received a negative attitude as many as 22 people (48.9%).

Table 4

Frequency Distribution of Respondents Based on Husband's Support at Sukajadi Public Health Center, Banyuasin Regency in 2022

Family support	Frequency	Percentage
Support	21	46.7
Doesnot support	24	53.3
Total	45	100.0

Based on Table 4 above, it can be seen that from 45 respondents, the proportion of mothers who received husband's support was 21 people (46.7%) more than the proportion of mothers who did not get husband's support as many as 24 people (53.3%).

b. Bivariate Analysis

Tabel 5

The Relationship Between Knowledge and Completeness of Basic Immunization in Sukajadi Public Health Center, Banyuasin Regency, 2022

Knowledge	Basic Immunization Equipment				Amount	p- Value	OR	
	Yes		Not					
	n	%	n	%				
Well	11	73.3	4	26.7	15	100	0.02	5,500(1,393-21,715)
Not enough	10	33.3	20	72.9	30	100		
Total	21		24		45	100		

Based on table 5 above, it can be seen that, from 45 respondents there were 15 respondents who had good knowledge with complete basic immunization completeness as many as 11 people (73.3%), more than those with incomplete basic immunization completeness, namely 4 people (26.7 %). Meanwhile, of the 30 respondents who had less knowledge with complete basic immunization completeness, as many as 10 people (33.3%) were less than those with incomplete basic immunization, namely 20 people (66.7%).

Based on the chi-square test and the limit of significance = 0.05, p value = 0.02 < 0.05, this indicates that there is a significant relationship between knowledge and completeness of basic immunization. Thus the hypothesis that there is a relationship between knowledge and completeness of basic immunization is statistically proven. The results of the Odds Ratio obtained an OR value of 5,500, meaning that respondents who have good knowledge have a tendency of 5,500 times to choose completeness of basic immunization compared to respondents who have less knowledge.

Tabel 6
Relationship between Attitude and Completeness of Basic Immunization at Sukajadi Public Health Center, Banyuasin Regency in 2022

Attitude	Immunization Equipment				p- Value	OR	
	Yes		Not				Amount
	n	%	n	%			
Positive	15	65.2	8	34.8	23	100	0.02 5,000(1,402-17,830)
Negative	6	27.3	16	72.7	22	100	
Total	21		24		45	100	

Based on table 6 above, it can be seen that from 45 respondents there were 23 respondents who got a positive attitude with complete basic immunization completeness as many as 15 people (65.2%), more than respondents with incomplete basic immunization completeness, namely 8 people (34.8 %). Meanwhile, from 22 respondents who got a negative attitude with complete basic immunization completeness as many as 6 people (27.3%) fewer than respondents with incomplete basic immunization completeness as many as 16 people (72.7%).

Based on the chi-square test and the limit of significance = 0.05, p value = 0.02 < 0.05, this indicates that there is a significant relationship between attitude and completeness of basic immunization, thus the hypothesis that there is a relationship between attitude and completeness of basic immunization is proven. statistically. The results of the Odds Ratio obtained an OR value of 5,000, meaning that respondents who have a positive attitude have a tendency of 5,000 times to choose the completeness of basic immunization compared to respondents who have a negative attitude.

Tabel 7
The Relationship Between Husband's Support and Completeness of Basic Immunization for Babies at Sukajadi Public Health Center, Banyuasin Regency in 2022

Family support	Basic Immunization Equipment				p- Value	OR	
	Yes		Not				Amount
	n	%	n	%			
Support	16	76.2	5	23.8	21	100	0.001 12,160 (2,979-49,644)
Does not support	5	20.8	19	79.2	24	100	
Total	21		24		45	100	

Based on table 7 above, it can be seen that from 45 respondents there were 21 respondents who received support from their husbands with complete basic immunization completeness as many as 16 people (76.2%), more than respondents with incomplete basic immunization completeness as many as 5 people (23, 8%). Meanwhile, of the 24 respondents whose husband's support did not support complete basic immunization, as many as 5 people (20.8%) were less than 19 respondents with incomplete basic immunizations (79.2%).

Based on the chi-square test and the limit of significance = 0.05 obtained p value = 0.001 < 0.05, this indicates that there is a significant relationship between husband's support and completeness of basic immunization. Thus the hypothesis which states that there is a relationship between husband's support and completeness of basic immunization is statistically proven. The results of the Odds Ratio obtained an OR value of 12.160, which means that respondents who have a supportive husband's support have a tendency of 12,160 times to choose the completeness of basic immunization compared to respondents who have unsupportive husband's support.

3.2 Discussion

a. Relationship between Knowledge and Basic Immunization Completeness

From the results of univariate analysis, it was found that from 45 respondents, the proportion of mothers with good knowledge was 15 people (65.8%) less than the proportion of mothers with less knowledge of 30 people (66.7%). From the results of the bivariate analysis, it was found that from 45 respondents there were 15 respondents who had good knowledge with complete basic immunization completeness as many as 11 people (73.3%), more than those with incomplete basic immunization completeness, namely 4 people (26.7%). . Meanwhile, of the 30

respondents who had less knowledge with complete basic immunization completeness as many as 10 people (73.3%) were fewer than those with incomplete basic immunization, namely 20 people (66.7%).

Based on the chi-square test and the limit of significance = 0.05, p value = 0.02 < 0.05, this indicates that there is a significant relationship between knowledge and completeness of basic immunization. Thus the hypothesis that there is a relationship between knowledge and completeness of basic immunization is statistically proven. The results of the Odds Ratio obtained an OR value of 5,500, meaning that respondents who have good knowledge have a tendency of 5,500 times to choose completeness of basic immunization compared to respondents who have less knowledge.

The researcher assumes that the mother's knowledge relationship is very important for the formation of an action in hearing or reading information about the importance of completeness of basic immunization. A mother who understands and understands the importance of immunization for their children will of course always make regular visits and always carry out immunizations for their children. Conversely, a mother who has less knowledge about immunization will have a tendency not to visit the puskesmas and not to immunize their child. This happens because mothers still do not understand the importance of immunization for children's health in the future so they will ignore immunizations that should be done. Knowledge is closely related to a mother's understanding of the importance of immunization.

b. Relationship between Attitude and Basic Immunization Completeness

From the results of the univariate analysis, it was found that from 45 respondents, the proportion of mothers who received a positive attitude was 23 people (51.1%) more than the proportion of mothers who had a negative attitude as many as 22 people (48.9%). From the results of the bivariate analysis, it was found that from 45 respondents there were 23 respondents who got a positive attitude with complete basic immunization completeness as many as 15 people (65.2%), more than respondents with incomplete basic immunization completeness, namely 8 people (34.8%). Meanwhile, from 22 respondents who got a negative attitude with complete basic immunization completeness as many as 6 people (27.3%) fewer than respondents with incomplete basic immunization completeness as many as 16 people (72.7%).

Based on the chi-square test and the limit of significance = 0.05, p value = 0.02 < 0.05, this indicates that there is a significant relationship between attitude and completeness of basic immunization, thus the hypothesis that there is a relationship between attitude and completeness of basic immunization is proven. statistically. The results of the Odds Ratio obtained an OR value of 5,000, meaning that respondents who have a positive attitude have a tendency of 5,000 times to choose the completeness of basic immunization compared to respondents who have a negative attitude.

This study is in line with that conducted by Mulyati (2015) in Sumber Rejo Village, Meranggen Subdistrict, Demak with the title factors related to the completeness of basic immunization in infants 9-12 months with a frequency distribution based on the mother's attitude about immunization mostly in the supportive category (83, 3%) and those who did not support as many as 7 people (16.7%), based on data analysis using the Fisher's Exact test, the results obtained p value 0.000 < 0.05 so that there was a relationship between mother's attitude towards the provision of basic immunization completeness.

Based on the assumptions of the researcher, the attitudes of the respondents in this study include the comfort of the mother when the child is immunized, the comfort of the mother after the child is immunized, the mother's attitude about the effects of immunization. Factors that influence the number of respondents who have a negative attitude about immunization are low knowledge about immunization, the lower the mother's knowledge about immunization, the greater the contribution to the formation of a negative/unfavorable attitude about immunization, someone who already knows the truth about something then they will also have a positive attitude towards it, as well as immunization. The negative attitude of the mother about immunization needs to be corrected so that the next generation can avoid certain infectious diseases, Actions that can be taken are to equalize perceptions about the implementation of immunization by increasing public education on the importance of immunization, side effects of immunization and the content of immunization vaccines given to infants. This is done with the hope that there will be no longer the notion that immunization is not important.

c. Relationship between Family Support and Basic Immunization Completeness

From the results of univariate analysis, it was found that from 45 respondents, the proportion of mothers who received husband's support was 21 people (46.7%) more than the proportion of mothers who did not receive husband's support as many as 24 people (53.3%).

From the results of the bivariate analysis, it was found that from 45 respondents there were 21 respondents who received husband support with complete basic immunization completeness as many as 16 people (76.2%), more than respondents with incomplete basic immunization completeness as many as 5 people (23.8%). Meanwhile, of the 24 respondents whose husband's support did not support the complete basic immunization completeness, as many as 5 people (20.8%) were less than the respondents who did not complete the basic immunization completeness as many as 19 people (79.2%).

Based on the chi-square test and the limit of significance = 0.05 obtained p value = 0.001 < 0.05, this indicates that there is a significant relationship between husband's support and completeness of basic immunization. Thus the hypothesis which states that there is a relationship between husband's support and completeness of basic immunization is statistically proven. The results of the Odds Ratio obtained an OR value of 12.160, which means that respondents who have a supportive husband's support have a tendency of 12,160 times to choose the completeness of basic immunization compared to respondents who have unsupportive husband's support.

According to the assumption of the researcher on the relationship results obtained in this study, in general, mothers who do not get husband's support are caused by the myth in the family itself which states that immunization is not good for babies, because it will cause the baby to become feverish after immunization, then the implementation of immunization in infants not done by the mother, the provision of services has not all been carried out by immunization officers at the puskesmas in accordance with established procedures, so that in the implementation of immunization services there are still many mothers who do not carry out immunizations completely, the steps that must be carried out by officers are providing counseling before and after services must continue to be given. So that mothers and families get good information so that they increase knowledge and attitudes in providing complete basic immunization to their babies.

4. Conclusion

There is a relationship between knowledge, attitude and husband's support simultaneously on the Completeness of Basic Immunization for babies at the Sukajadi Health Center, Banyuasin Regency in 2022

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