



The Relationship of Maternal Knowledge and Attitude With Basic Immunization Equipment in The Working Area of The Bakung City Bandar Lampung Health Center in 2023

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Abstract

Immunization is an important thing to increase the immunity of children's immunity to various diseases.

To determine the relationship of knowledge and attitudes of mothers with the completeness of basic immunization in infants aged 1 year in the working area of the Bakung Bandar Lampung Health Center.

This type of research is analytical with cross sectional design. The sample in this study is a mother with a child aged 1 year who lives in the Working Area of the Daffodil Health Center. Sampling techniques in research using simple random sampling techniques. The dependent variable in the study is the completeness of basic immunization and the independent variable in the study is the knowledge and attitude of the mother.

The results showed that there is a significant relationship of maternal knowledge with basic immunization (p value= 0.000) and there is a significant relationship of maternal attitudes with basic immunization (p value= 0.000) in children aged 1 year in the Working Area of the Daffodil Health Center.

Researchers expect health workers and health facilities to be able to provide clear information about immunization, so that there is no false information received by the public. And it is also expected that all mothers can provide complete basic immunization to their children.

INTRODUCTION

Immunization is an effort to increase a person's resistance to disease, so that one day the disease does not get sick or only suffers from mild illness. The goal of immunization programs is to reduce morbidity and mortality from immunization-preventable diseases. Immunization has a double responsibility, namely in addition to protecting children from infectious diseases, it also contributes significantly to immunization immunity, namely preventing the development of diseases in the community (Ministry of Health, 2020).

Infant and toddler mortality due to diseases that can be prevented by immunization is quite high. Infant mortality. According to WHO global data, a total of 93,913 measles cases have been reported worldwide, with the top 10 countries reporting cases in Nigeria, Brazil, India, Congo, Yemen, Somalia, Pakistan, Uzbekistan, Burundi and Tanzania. A total of 7,420 cases of rubella have been reported worldwide. The ten with the most cases are India, China, Nigeria, Sudan, Yemen, Malaysia, Philippines, Indonesia, Nepal and Pakistan. Regarding diphtheria cases, WHO reports that there have been 8,819 cases of diphtheria worldwide, almost 90 percent of which occur in the Southeast Asian region. India, Nepal, and Indonesia account for about 96-99 cases of diphtheria in Southeast Asia. Cases of polio caused by wild poliovirus have decreased by more than 99%. It is estimated that there are more than 151,000 cases of pertussis at the global level. Regarding tetanus, about 34,000 babies die from tetanus (Ministry of Health, 2022).

Based on data in Indonesia, there are still 132 laboratory-confirmed measles and rubella endemic categories in 71 regencies/cities, 25 provinces. Extraordinary Events (KLB) were reported from several regions such as North Maluku, Papua, East Java, South Sulawesi and North Sulawesi at the beginning

of the year. Outbreaks have also been reported in Aceh, East Java, Maluku, and West Sumatra. This is certainly one of the implications of decreasing immunization coverage during the pandemic (Ministry of Health, 2022).

Decreased polio immunization coverage and acute poliomyelitis surveillance led to increased risk, as 28 provinces reported moving to high-risk areas for polio transmission. It should be noted that the number of neonatal tetanus has tripled and the mortality rate reaches 90%. Other PD31 diseases are also currently being monitored through the Early Response Alert (SKDR) system issued weekly by puskesmas (Ministry of Health, 2022).

Maintaining health is influenced by two main factors, namely behavioral and non-behavioral. Behavior is determined by 3 factors, namely the influencing factors are knowledge, attitudes, beliefs, beliefs, values, possible factors are the physical environment, medical facilities or health facilities, the driving factors are the attitudes and behaviors of health workers. Knowledge is the result of the five human senses, or the result of human perception (eyes, nose, ears). Attitude refers to a person's self-response to something that already contains opinions and feelings, while health behavior refers to all activities related to health care and improvement, or individual activities. Visible and invisible (Notoatmodjo, 2014).

From the data from the results of immunization program activities in 2022 Bandar Lampung City, the lowest coverage was obtained namely 1 Bakung Health Center out of 31 Puskesmas in Bandar Lampung City based on type, namely HB0 67.1%, BCG 63.4%, Polio-1 68.6%, DPT-HB1 71.7%, Polio-2 71.9%, DPT-HB2 73.0%, Polio-3 66.2%, DPT-HB3 62.0%, Polio-4 67.7%, IPV 69.6%, measles + rubella 71.7%. This shows that immunization coverage in the Bakung Health Center work area is still relatively low because immunization coverage has not reached the current target of 95% per year (Profile of PuskesmasBakung, 2022).

Puskesmas Bakung is located in Teluk Betung District, Bandar Lampung City, with a working area of 1041 Ha and has 5 (five) villages, namely Bakung Village, Kuripan, OlokGading State, Sukarame II and BatuPutuk Village. The initial survey conducted by researchers in the Bakung health center working area there were 7 mothers who had toddlers aged 1 year, there were 2 mothers who knew about the completeness of immunization and as many as 5 mothers who did not know about immunization and the right schedule for immunization, and did not know when their children were declared fully immunized. This shows that the proportion of maternal knowledge about immunization in children is still low.

Some other related problems are, 2 other mothers said there was fear and worry about side effects after their children were immunized. Of the 7 toddlers brought by their mothers, immunization and treatment, there are 4 toddlers who have not completed basic immunization. They said they did not know the completeness of immunizations, and immunization schedules, and were worried and afraid that their children would have fever and fuss after being immunized. This shows that the mother's attitude factor plays an important role in providing complete basic immunization to her child. Based on the description above, researchers are interested in conducting research entitled "The Relationship of Knowledge and Attitudes of Mothers with the Completeness of Basic Immunization in the work area of the Bakung Health Center".

RESEARCH METHODS

This type of research is analytical with cross-sectional design to determine how the relationship of knowledge and attitudes of mothers with basic immunization completeness in children in the Working Area of Daffodil Health Center. This research was conducted in the Working Area of the Daffodil Health Center in July 2023.

The population in this study is all mothers who have babies in the Working Area of the health center of daffodils. The sample in this study were mothers who had babies aged 1 year, totaling 228 children. Sampling technique in this study using simple random sampling technique.

The dependent variable in this study is the completeness of basic immunization and independent variables in the study is the knowledge and attitude of the mother. Data collection tool for

knowledge in the form of a questionnaire of 20 questions. And attitudes using a likert scale questionnaire with 10 Questions.

RESULT

Characteristic Respondents

Table 1
Characteristics of Respondents

Characteristics	F	%
<20 years	4	1.8
20-35 years	215	94.3
>35 years	9	3.9

Based on Table 1, of the 228 respondents who participated in this study, the average age was 20-35 years with a standard deviation (SD 238). With the last elementary school education as many as 120 (52.6%), respondents with the last junior high school education as many as 54 (23.7%), and 48 (21.1%) respondents with the last high school education, and as many as 6 (2.6%) respondents with the last academic / undergraduate education, with the majority of respondents not working / IRT as many as 221 (96.9), and 7 (3.0) respondents working as entrepreneurs / private employees.

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Table 2
Frequency Distribution of Respondents' Basic Immunization Completeness (N=228).

Basic Immunizations	Frequency	Percentage (%)
Complete	146	64.0
Incomplete	82	36.0
Total	228	100

Based on table 2, it is known that as many as 146 (64.0%) infants aged 1 year who received complete basic immunization, and as many as 82 (36.0) infants aged 1 year did not get complete basic immunization.

Table 3
Frequency Distribution of Respondents' Knowledge (N=228)

Knowledge	Frequency	Persentage (%)
Good	76	33.3
Not good enough	152	66.7
Total	228	100

Based on table 3, it is known that as many as 76 (33.3) respondents who have good knowledge of the completeness of basic immunization, as many as 152 (66.7) respondents who have less knowledge of the completeness of basic immunization.

Table 4
Frequency Distribution of Respondents' Attitudes (N=228)

Attitude	Frequency	Persentage (%)
Positive	150	65,8
Negative	78	34,2
Total	228	100

Based on table 4, it is known that as many as 150 (65.8%) respondents who have a positive attitude towards the completeness of basic immunization, as many as 78 (34.2%) respondents who have a negative attitude towards the completeness of basic immunization.

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Table 5

The Relationship of Knowledge to the Completeness of Basic Immunization

Knowledge Respondents	Completeness of Basic Immunization				N	%	p-value	OR 95% CI
	Complete		Incomplete					
	n	%	n	%				
Good	62	(81.6)	14	(18.4)	76	100.0		3.585
Less	84	(55.3)	68	(44.7)	152	100.0	0.000	(1.849-6.952)
Total	146	(64.0)	82	(36.0)	228	100.0		

Based on table 5, it can be interpreted that out of 76 mothers who have good knowledge, there are 62 mothers who have complete basic immunization, and as many as 14 mothers who have incomplete basic immunization, out of 152 respondents. who have less knowledge, there are 84 mothers who have complete basic immunization, and as many as 68 mothers who do incomplete basic immunization.

Table 6

Relationship of Attitude with Completeness of Basic Immunization (N=228)

Attitude Respondents	Completeness of Basic Immunization				N	%	<i>p-value</i>	OR 95% CI
	Complete		Incomplete					
	n	%	n	%				
Positive	126	(84.0)	24	(16.0)	150	100.0	0.000	15.225 (7.791-29.752)
Negative	20	(25.6)	58	(74.4)	78	100.0		
Total	146	(64.0)	82	(36.0)	228	100.0		

Based on table 6 above, it can be interpreted that out of 150 mothers with a positive attitude towards the completeness of basic immunization, as many as 126 mothers who did complete basic immunization and as many as 24 mothers who did not do complete basic immunization, out of 78 mothers with a negative attitude towards the completeness of basic immunization, 20 mothers who did complete basic immunization and as many as 58 mothers who did not do complete basic immunization.

DISCUSSION

In this study, it was found that there was a significant relationship between knowledge and completeness of basic immunization. This is in line with the theory (Notoatmodjo, 2014) that knowledge can be defined as the result of human senses or the result of knowing someone about objects through the senses they have (eyes, nose, and ears), by itself at the time of sensing so that producing knowledge is strongly influenced by the intensity of attention and perception of objects. Most of a person's knowledge is acquired through the sense of hearing (ears), and the sense of sight (eyes). In research it was also found that there are mothers who have good knowledge but do not do complete basic immunization, in accordance with the theory (Notoatmodjo, 2014), that good knowledge can occur because a person's knowledge is obtained from his five senses such as seeing an object, but good knowledge is not necessarily in harmony with the completeness of basic immunization. In accordance with (Dewi, 2016) attitude consists of several factors that influence one of them is the trust factor. If someone does not believe in the importance of the completeness of basic immunization, then he will not do it, resulting in the completeness of basic immunization is incomplete, while knowledge is lacking but doing complete basic immunization occurs because of the attitude of the individual in the level of acceptance. In accordance with the theory (Notoatmodjo, 2014) which means that mothers with less knowledge can complete basic immunization because of the provisions of health workers to comply with health procedures for their children, this is supported by the level of attitude taken by the mother, namely the level of acceptance, meaning that the person or subject is willing to accept the stimulus

given (object). According to (Notoatmodjo, 2014) attitude is a person's closed response to a certain stimulus or object, which already involves the relevant opinion and emotion factors (happy-dishappy, agree-disagree, good-not good and so on).

However, in this study there were still mothers with a positive attitude but did not carry out complete basic immunization because there were possible factors that were in accordance with the theory (Notoatmodjo, 2014), namely the physical environment. If the physical environment does not support positive behavior in complying with health protocols, it will affect with a negative attitude, while a negative attitude but complete basic immunization can occur because of the level of appreciation, meaning that someone gives a positive value to the object or stimulus, invites or influences someone to respond. This attitude is shown by health workers and posyandu cadre mothers, thus affecting mothers who have a negative attitude in the completeness of basic immunization of their babies.

CONCLUSION

The results of this study provide some conclusions of the study as follows:

1. There is a relationship between maternal knowledge with the provision of basic immunization to infants 1 year with a significant value of $p\text{-value} = 0.000$ in the Working Area of the Health Center Bakung.
2. There is a relationship between the attitude of the mother with the provision of basic immunization to infants 1 year with a significant value of $p\text{-value} = 0.000$ in the Working Area of the Health Center Bakung.

BIBLIOGRAPHY

- Arpah, Y. (2021). Sukaraya Kecamatan Baturaja Timur Tahun 2021 Program Studi Keperawatan.
- Bakung, P. (2022). Profil Puskesmas Bakung 2022 New.Pdf.
- Dinas Kesehatan Kota Bandar Lampung. Profil Kesehatan Kota Bandar Lampung Tahun 2021. Bandar Lampung : 2022
- Fitriana, F., Partijah, S., & Pramardika, D. D. (2020). Hubungan Antara Dukungan Keluarga Dengan Kelengkapan Imunisasi Dasar Pada Bayi Usia 9-11 Bulan Di Klinik Aminah Amin Tahun 2018. *Bunda Edu-Midwifery Journal (Bemj)*, 3(1), 25–29.
- Gahayu, S. A. (2015). Metodologi Penelitian Kesehatan Masyarakat. Deepublish.
- Kemendes RI. (2022). Petunjuk Teknis Penyelenggaraan Bulan Imunisasi Anak Nasional. Kementerian Kesehatan RI, 4(11), 1–57.
- Kemendes RI. (2022). Profil Kesehatan Indonesia 2021. In Pusdatin.Kemendes. Go.Id.
- Marbun, U. (2020). Dukungan Sosial Dan Keluarga Terhadap Pelaksanaan Imunisasi Dasar Pada Bayi Di Puskesmas Turikale Kabupaten Maros. *Jurnal Kebidanan Vokasional*, 5(1), 21–24.
- Mulyanti, Y. (2013). Faktor-Faktor Internal Yang Berhubungan Dengan Kelengkapan Imunisasi Dasar Balita Usia 1-5 Tahun Di Wilayah Kerja Puskesmas Situ Gintung Ciputat Tahun 2013.
- Notoatmodjo, S. (2014). Ilmu Perilaku Kesehatan (Kedua). Pt Rineka Cipta.
- Notoatmodjo, S. (2018). Metodologi Penelitian Kesehatan (Ketiga). Pt Rineka Cipta.
- Paramitha, I. A., & Rosidi, A. (2022). Hubungan Pengetahuan Dan Sikap Ibu Dengan Pemberian Imunisasi Dasar Pada Program Bulan Imunisasi Anak Nasional. *Jurnal Penelitian Perawat Profesional*, 4(4), 1397–1404
- Proverawati, A., & Andhini, C. (2010). Buku Imunisasi Dan Vaksinasi. Edisi, 2, 25–28.

- Rinawati, N. S. M. & M. (2013). *Imunisasi Untuk Anak (Pertama)*. Nuha Medika.
- Surbakti, I. S., Juniwati, S. R., Sinaga, P. N. F., Situmorang, T. S., Marliani, M., & Ernamari, E. (2022). Faktor-Faktor Yang Mempengaruhi Kelengkapan Imunisasi Lanjutan Pada Anak Bawah Tiga Tahun Di Posyandu Mawar Kecamatan Medang Deras Kabupaten Batubara Tahun 2021. *Excellent Midwifery Journal*, 5(1), 1–12.
- Susanti, Elisa. (2019). “Hubungan Pengetahuan dan Sikap Ibu Dengan Kelengkapan Imunisasi Dasar di Wilayah Kerja Puskesmas Teindung Tahun 2019”. Politeknik Kesehatan Kalimantan Timur.
- Sugiyono. (2019). *Metode Penelitian Kuantitatif, Kualitatif Dan R & D* (M.Dr.Ir. Sutopo. S.Pd. Alfabeta.
- Sudiarti, P. E., Zurrahmi, Z. R., & Arge, W. (2022). Hubungan Pengetahuan dan Sikap Ibu Dengan Kelengkapan Imunisasi Dasar Pada Anak di Desa Ridan Permai Tahun 2022. *Jurnal Ners*, 6(2), 120–123.
- Triana, V. (2016). Faktor yang Berhubungan Dengan Pemberian Imunisasi Dasar Lengkap Pada Bayi Tahun 2015. *Jurnal Kesehatan Masyarakat Andalas*, 10(2), 123–135.
- Ummah, W. (2017). Analisis Manajemen Pelaksanaan Imunisasi Oleh Puskesmas Kaitannya Dengan Pencapaian *Universal Child Immunization* (Uci) Di Puskesmas Arjowinangun Kota Malang.
- Zulfikar, Z., & Muslimah, L. (2021). Hubungan Pengetahuan Dan Sikap Ibu Dengan Kelengkapan Imunisasi Dasar Pada Bayi Di Wilayah Kerja Puskesmas Bies Kabupaten Aceh Tengah. *Journal Of Healthcare Technology And Medicine*, 7(1), 214–224.