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Relationship Between The Level Of Mother's Knowledge About Complete Basic Immunization And The Completeness Of Immunization In 12 Months Babies In Dapur Kejambon Village, Jombang District

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Abstrak

Imunisasi merupakan strategi untuk mengupayakan terwujudnya harapan penyelamatan jiwa melalui imunisasi. Imunisasi sangat penting untuk menurunkan angka kesakitan dan kematian anak akibat penyakit yang dapat dicegah dengan imunisasi, sehingga kelengkapan imunisasi sangat penting untuk dilakukan atau diberikan pada bayi 12 bulan. Namun situasi di Desa Dapur Kejambon Kabupaten Jombang belum memenuhi standarisasi Imunisasi Anak Universal (Non UCI) baik di tingkat provinsi maupun kabupaten. Tujuannya untuk mengetahui hubungan tingkat pengetahuan ibu tentang imunisasi dasar lengkap dengan kelengkapan imunisasi pada bayi usia 12 bulan di Desa Patemon Kecamatan Bungatan Kabupaten Situbondo. Rancangan yang digunakan adalah Metode Korelasi dengan pendekatan Case Control. Jumlah sampel 21 responden. Pengambilan sampel menggunakan teknik Total Sampling. Pengumpulan data menggunakan kuesioner. Pengolahan data menggunakan Chi Square dengan program SPSS. Dari hasil analisis data diperoleh 0,015 dan arti $\alpha \leq 0,05$ maka H1 diterima yang berarti ada hubungan antara tingkat pengetahuan ibu tentang imunisasi dasar lengkap dengan kelengkapan imunisasi pada bayi 12 bulan di Patemon Desa, Kecamatan Bungatan, Kabupaten Situbondo. Tingkat pengetahuan ibu tentang imunisasi dasar akan mempengaruhi kelengkapan imunisasi pada bayi usia 12 bulan.

Kata Kunci: *Tingkat Pengetahuan, Ibu, Bayi, Imunisasi*

Abstract

Immunization is a strategy to strive for the realization of life-saving expectations through immunization. Immunization is very important to reduce the morbidity and mortality rate of children due to diseases that can be prevented by immunization, so the completeness of immunization is very important to be carried out or given to 12-month babies. But the situation in Dapur Kejambon Village, Jombang Regency has not met the standardization of Universal Child Immunization (Non UCI) both at the provincial and district levels. The aim is to determine the relationship between the level of maternal knowledge about complete basic immunization and the completeness of immunization in 12-month-old babies in Patemon Village, Bungatan District, Situbondo Regency. The design used is the Correlation Method with a Case Control approach. Total sample 21 respondents. Sampling using Total Sampling technique. Data collection using a questionnaire. Data processing using Chi Square with the SPSS program. From the results of data analysis obtained 0.015 and the meaning of $\alpha \leq 0.05$, then H1 is accepted, which means that there is a relationship between the level of maternal knowledge about complete basic immunization and the completeness of immunization in 12-month babies in Patemon Village, Bungatan District, Situbondo Regency. The level of maternal knowledge about basic immunization will affect the completeness of immunization in 12-month-old babies.

Keywords: Knowledge level, Mother, Infant, Immunization

INTRODUCTION

Immunization is a strategy to achieve the hope of saving lives through immunization. Another reference states that immunization is providing protection against the detrimental effects of pathogenic microorganisms by providing ready-to-use immune substances (Dzen, S, et al. 2001). Immunization is very important to reduce morbidity and mortality rates in children due to diseases that can be prevented by immunization, so complete immunization is very important to be carried out or given to children aged one year, which means complete immunization for children aged one year if they have received (immunization). tuberculosis, measles, polio, pertussis, deftheria, tetanus and hepatitis B (Mely et al., 2022). In reality, there are still many children who have not received complete basic immunization, this is possibly due to the mother's lack of knowledge about complete basic immunization(Rakhmanindra & Puspitasari, 2019).

Factors that influence knowledge are education, work, experience, interests, ways of thinking, culture and information (Notoatmodjo, 2003). The environment also influences a person's knowledge which is related to whether or not the information is easily obtained(Libunelo et al., 2018).

Standardization of Universal Child Immunization (UCI) Provenance level of 90-95% for BCG, DPT 1, Polio 1 and HBO vaccines. 90% for DPT 2, 3, Polio 2, 3, 4, Hepatitis B 1, 2, 3, Measles vaccines. The district rate is 90-95% for all types of vaccines(Astuti, 2020).

World Health Organization(WHO) and the United Nations Children's Fund (UNICEF), agreed to achieve a number of goals such as achieving immunization coverage of up to 90% and reducing post-immunization adverse events (AEFI)(Ningtyias et al., 2020). If in 2015 more than 70 million children in poor countries receive immunization against tuberculosis, measles, polio, pertussis, diphtheria, tetanus and hepatitis B, it is possible to achieve the expected goals.(Dillyana, 2019). Immunization is very important to reduce child mortality. Therefore, it is hoped that the community, especially mothers with toddlers, will participate in achieving the goals of WHO and UNICEF, namely by providing complete immunization for their children. Because complete immunization can reduce the negative impact of diseases that can be prevented by immunization, such as tuberculosis, measles, pertussis, diphtheria, tetanus and hepatitis B.(Hijani et al., 2014).

To meet these targets, both provincial and district levels are required; Firstly, health workers/midwives and posyandu cadres must be more active in providing information and knowledge about immunization. Second, mothers also actively seek information about immunization schedules. Third, understanding is needed about the benefits and impacts of immunization(Nanda Kharin et al., 2019).

Based on this, researchers are interested in measuring the level of knowledge of mothers about immunization with the completeness of immunization for children aged one year in order to provide education to mothers in Dapur Kejambon Village, Jombang Regency, how important it is to carry out immunization to improve health status and minimize morbidity. and death from diseases that can be prevented by immunization.

RESEARCH METODE

This research is a retrospective study using a correlation method with a case control study design. The population in this study was all 21 mothers who had babies aged 12 months in Dapur Kejambon village. The sampling technique used a total sampling of 21 respondents. Data collection uses a questionnaire.

This research was carried out from 6 to 10 January 2023 after being declared to have passed the research ethics test. The statistical test used in this research was chi square and analyzed using the SPSS program.

RESULTS AND DISCUSSION

Research carried out from 6 to 10 January 2023 in Dapur Kejambon Village, Jombang Regency, obtained the following data:

1. General data

Table 1: Characteristics of respondents

No	Informant characteristics	Category	Frequency (n)	Percentage (%)
1.	Age	<20 years	7	33.33
		21-35 years	12	57.14
		old	2	9.52
		>35 years		
	Total		21	100
2.	Education	elementary	5	23.80
		school	7	33.33
		JUNIOR HIGH SCHOOL	9	42.85
			0	0
		SENIOR HIGH SCHOOL		
		College		
	Total		21	100
3.	Work	IRT	17	80.95
		Civil servants	0	0
		Self-employed	4	19.04
	Total		21	100
4.	Number of children	First	9	42.85
		Second	7	33.33
		Third	5	23.80
	Total		21	100

Source: Primary Data, 2022

Most (57.14%) respondents were aged 21-35. The majority of respondents had a high school education (42.85%). Most (80.9%) respondents did not work. Most of the 9 respondents' children (42.8%) were their first children.

2. Custom Data

Table 2: Frequency distribution of maternal knowledge level and Immunization Status.

No	Characteristics	Category	Frequency (n)	Percentage (%)
1.	Knowledge level	Good	5	23.8
		Enough	0	0
		Not enough	16	76.2
	Total		21	100
2.	Immunization Status	Complete	11	52.4
		Incomplete	10	47.6
	Total		21	100

Source: Primary Data 2023

Table 2 shows that the majority (76.2%) of mothers had less knowledge about immunization than 21 respondents. The basic immunization status of most respondents' children (52.4%) was complete.

3. Bivariate Analysis

Conducted to test whether or not there is a relationship between the variables of socialization ability and language ability. The results of the bivariate analysis can be seen in table 3.

Table 3 Cross tabulation between the relationship between the level of maternal knowledge about complete basic immunization and the completeness of immunization in babies aged 12 months.

Knowledge	Immunization Status				Total		<i>P Value</i>
	Complete		Incomplete		n	%	
	n	%	n	%			
Good	5	23.8	0	0	5	23.8	0.015
Enough	0	0	0	0	0	0	
Not enough	6	28.5	10	47.6	16	76.1	
Total	11	52.3	10	47.6	21	100	

Source: primary data 2023

Based on table 3, it shows that 5 respondents (23.8%) had good knowledge and all of them had complete immunization status and 16 respondents (76.1%) had less knowledge. Data was obtained for 6 respondents (28.5%) with complete immunization status and 10 respondents (47%) had incomplete immunization status. Based on the results of the Chi Square test above, the result was 0.015, while the significance of H1 was accepted if $\alpha \leq 0.05$, so there is a relationship between the mother's level of knowledge about complete basic immunization and the completeness of immunization in 12 month old babies and the relationship is very close because the results are far from one. .

DISCUSSION

Mother's level of knowledge about complete basic immunization

In this study, the mother's level of knowledge about immunization was identified, including: understanding, purpose, benefits, side effects, method of administration and the right time to provide immunization and how to manage children after immunization.

From table 2 based on the level of knowledge about immunization in 12 month old babies. Most of the respondents' level of knowledge was in the less than 16 respondents (76.1%) category, which means that respondents did not understand complete basic immunization for 12 month old babies. This is influenced by several factors, including: Education, Age, Occupation, Experience, Culture, Information, Interests and way of thinking (Notoatmodjo, 2005). Meanwhile, the factors studied by researchers were education, employment and age.

From table 1, it can be seen that the majority were 20-35 years old, 12 respondents (57.1%) and a small number of 2 respondents (9.5%) were >35 years old, in terms of public belief, someone who is older will also be more mature than in people who are not yet mature enough. This can be seen from the maturity of his soul in thinking and working. So of the 21 respondents who were categorized as old enough and more mature in thinking and working, only 2 people were categorized as old enough and more mature in thinking and working, thus affecting the respondent's level of knowledge.(Hermayanti et al., 2022).

Apart from the age factor, educational factors also influence the mother's level of knowledge. From table 1 it is known that the education level of the majority of respondents has a high school education (42.85%). The higher a person's level of education, the easier it is to receive information so that the more knowledge they have, conversely less education will hinder the development of a person's attitude towards the values being introduced (Notoatmodjo, 2003). Education means guidance given by someone towards the development of others towards certain ideals. Education is needed to obtain information,

for example things that support health, so that it can improve the quality of life (Hasanah et al., 2021).

After age and education factors, employment factors also influence, from table 1 it is known that almost all 17 respondents (80.9%) did not work (IRT). From the research results, mothers who do not work (IRT) have less knowledge. This is because the respondent has no interest and does not respond to something that is knowledge information. Even though the information is available around the respondents in the form of TV, radio, magazines, newspapers and information from health workers in the form of counseling with the help of cadres (Libunelo et al., 2018). Respondents are more interested in something that is entertainment (Notoatmodjo, 2003). With work, a person will have more time and energy to complete work that is considered important and obtain information, as the knowledge they gain, time is also likely to be reduced, which will have an impact on the formation of a person's attitudes. (Setyaningsih, 2019).

Apart from age, education and work factors, experience factors also influence a person's knowledge. Between the first, second and third children, it can be ascertained that a mother has different experiences. From table 1 it can be seen that the majority of 9 respondents (42.8%) are children who firstly, in terms of experience it decreases and experience itself also influences a person's knowledge because experience is the best teacher. This proverb means that experience is a source of knowledge or experience is a way to obtain the truth of knowledge (Notoatmodjo, 2005).

Immunization Completeness Status

From table 2 regarding completeness of immunization, it was found that the majority of 11 12 month old babies (52.3%) had complete immunization status and 10 12 month old babies (47.6%) had incomplete immunization status. This occurs because the status of complete immunization is influenced by factors including: knowledge, experience, education, employment, attitudes, environment, income, health workers and posyandu facilities (Notoatmodjo, 2003). Complete immunization status can be interpreted as meaning that a 12-month-old baby has received complete immunization with age-appropriate vaccinations and according to the immunization schedule, while incomplete immunization status means that immunization is not provided according to age and immunization schedule. Meanwhile, the factors examined by researchers include: education, employment and age (Humaira et al., 2020).

From table 2, the completeness of immunization shows that most of the 11 12 month old babies (52.3%) had complete immunization. This happens because the status of

complete immunization is influenced by work. Where almost all of the mothers' jobs are 17 people (80%) do not work (IRT) and from table 1 it is found that almost all 17 people (80.9%) do not work (IRT), so mothers have plenty of time to take their children to the posyandu to be immunized. rather than working mothers whose time is spent taking care of their work. Work is a time-consuming activity because working mothers do not have enough time apart from taking care of household needs, children and other work that supports the family's economic life, so attention to children's development is neglected.(Mely et al., 2022).

From table 1, it was found that 2 working mothers (9.5%) had incomplete immunization. Work in this case is carried out by the respondent to fulfill the economic needs of his family for survival, this is the main need so that child immunization becomes secondary, in accordance with the theory of needs (Abraham Maslow's theory) which suggests five levels of basic human needs.(Rakhmanindra & Puspitasari, 2019). These five levels are then used as understanding in studying human motivation. The five levels are physiological needs, safety and protection needs, social needs, esteem needs and self-actualization needs. Mothers who have a job to meet the family's needs (first need) will influence immunization activities which include the need for security and protection (second need). So in the end mothers prioritize work rather than taking their children to be immunized (Purwanto, 2020).

From table 1, it can be seen that most of the 9 children (42.8%) were the first children. Between the first, second and third children, it can be confirmed that the mothers' experiences were different. Experience is the best teacher, as this saying goes, it means that experience is a source of knowledge or experience is a way to obtain the truth of knowledge (Notoatmodjo, 2005). Mothers who have 1 child and mothers who have 2 children have different experiences because mothers who have 2 children already have experience with their first child, if the first child is fully immunized then it is certain that the next child will be completely immunized(Dillyana, 2019).

Relationship between mother's level of knowledge about complete basic immunization and completeness of 12 month baby immunization.

From table 3, it was found that 5 respondents (23.8%) had good knowledge regarding complete immunization status and 16 respondents (76.1%) had poor knowledge regarding complete immunization status, most of the 10 respondents (47.6%) were incomplete and from the results of statistical tests with the Chi Square test, the result was 0.015, which is $0.015 \leq 0.05$.

From the information above, it can be seen that mothers who have good knowledge have complete immunization status and mothers who have poor knowledge have

incomplete immunization status. It can be said that there is a significant relationship between the mother's level of knowledge about complete basic immunization and the completeness of 12 month baby immunization. According to his opinion (Purwanto, 2020), limited knowledge about child immunization regarding the benefits and objectives of immunization as well as the impact that will occur if immunization is not implemented will affect the child's health. This is in accordance with the driving theory "Driving power is a kind of fixed instinct, only one impulse with broad strength in one general direction". One way of encouraging children to be immunized is knowledge, where this knowledge is found in mass and electronic media(Hijani et al., 2014).

From table 3 it is known that 5 people (23.8%) had good knowledge with complete immunization status. It can be seen that there is a relationship between the mother's level of knowledge about complete basic immunization and the completeness of 12 month baby immunization. So the mother of a 12 month baby. If the acceptance of new behavior or adoption of behavior goes through a process like this, which is based on knowledge, awareness and a positive attitude, the behavior will be lasting, whereas if the behavior is not based on knowledge and awareness it will not last long (Notoatmodjo, 2003). Mothers who are well informed immunize their children with full awareness without any coercion because they know the benefits and importance of immunization so that mothers bring their children to be fully immunized, according to their age and the immunization schedule that has been determined by health workers so that no one immunization schedule is skipped. carried out according to the schedule determined by health workers and has an impact on the complete immunization status, namely complete immunization status(Nanda Kharin et al., 2019).

CONCLUSION

The level of knowledge of mothers regarding complete basic immunization in Patemon Village, Bungatan District, Situbondo Regency, mostly had less knowledge, 16 people (76.1%) out of 21 respondents.

Completeness of immunization for 12-month-old babies in Patemon Village, Bungatan District, Situbondo Regency with the immunization completeness status of 11 12-month-old babies (52.3%) complete and 10 12-month-old babies (47.6%) incomplete.

There is a relationship between the mother's level of knowledge about complete basic immunization and the completeness of 12 month baby immunization.

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