

CORRELATION OF MOM'S KNOWLEDGE ABOUT BOOSTER IMMUNIZATION WITH COMPLETE BASIC IMMUNIZATION IN THE WORK AREA OF BOJONG RAWA LUMBU PUBLIC HEALTH CENTER IN 2020

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Abstract

According to WHO, it is estimated that 85% of infants worldwide have been immunized and there are still 19.3% million infants and children who have not been fully vaccinated. Based on data from the Ministry of Health, the coverage of basic immunization shows that of the target number of 4,461,341 infants, the coverage of BCG immunization is 93.8%, DPT 1 69.6%, Polio 1 76.6%, Polio 4 92.4%, measles 91%. With a Drop Out rate of 43.5%, complete basic immunization status for children in West Java Province in 2018 was 57.9%, a slight decrease when compared to Riskesdas 2013 which was 59.2%, while the average value of immunization completeness in Indonesia is 59.2%. Purpose of the study: To find out how the correlation between mother's knowledge about booster immunization and complete basic immunization in the working area of the Bojong Rawa Lumbu Public Health Center in 2020. The population in this study was 73 respondents. The method used was total sampling. The research design used descriptive correlation with a cross approach sectional with chi-square test. There is a relationship between mother's knowledge about booster immunization and the completeness of basic immunization at the Bojong Rawa Lumbu Public Health Center in 2020, with a chi-square result $p = 0.000$.

Keywords: Knowledge, complete basic immunization

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1. Introduction

Immunization coverage in the Southeast Asia region has only reached 52%. Child immunization coverage in WHO (World Health Organization) member countries has reached 90%, it is estimated that 85% of infants worldwide the world has received immunization and there are still 19.3% million babies and children are not fully vaccinated and still at risk of disease^[1]. The coverage of basic immunization in 2015 showed that of the target number of 4,461,341 infants, the coverage of BCG immunization was 93.8%, DPT 1 69.6%, Polio 176.6%, Polio 4 92.4%, measles 91%. With a Drop Out rate of 43.5%, this Drop Out figure illustrates that there are more than one million babies in Indonesia who do not get complete immunizations every year, so that it has an impact on Universal Child Immunization coverage^[2]. It can be seen from the percentage of UCI in Indonesia in 2015 amounted to 68, 2% decreased to 68% in 2018^[3]. Status completeness of complete basic immunization for children in West Java Province in 2018 it was 57.9%, a slight decrease compared to Riskesdas 2013 which was 59.2%, while the average value of immunization completeness in Indonesia was 59.2%^[4].

Complete basic immunization coverage in the working area of the Bojong Rawa Lumbu Public Health Center has only reached 58%, from the results of a preliminary study conducted at the Posyandu in the working area of the Bojong Rawa Lumbu Public Health Center in December 2019, from 20 respondents there were 12 mothers who had low knowledge, 5 mothers who had enough knowledge, and 3 other mothers had knowledge. good. For completeness of immunization, there are 8 mothers who immunize their children completely, 9 mothers who immunize their children completely but late, and there are 3 mothers who have not fully immunized their children. Of the 8 mothers who immunized their children completely, who had good knowledge there were 2 mothers, 2 mothers with moderate

knowledge, and 4 mothers with low knowledge. The phenomenon found during the preliminary study was that most mothers immunized their children completely but did not know the benefits of the basic immunizations, while those who had complete immunizations knew the important immunization. There is also a phenomenon that mothers who do not fully immunize their children but know the important immunization and mothers who do not complete immunizations for their children because they do not know the important complete immunization.

2. Methods

This study uses a descriptive correlation research design with a cross-sectional approach, this type of research aims to find the presence or absence of a relationship. Cross-sectional research is a type of research that emphasizes the timing of measurement/observation of data on independent and dependent variables being assessed simultaneously at one time, so there is no follow-up.

3. Results

- a. Distribution of respondents based on dependent/independent variables (complete basic immunization, knowledge, education, occupation, age and number of children)

Table 1. Distribution of respondents based on dependent/independent variables (complete basic immunization, knowledge, education, occupation, age and number of children) at Bojong Rawa Lumbu Public Health Center in 2020

Dependent/independent variable		Total(%)	
Immunization on complete base	Complete (if up to 10)	42	57.5
	Incomplete (if not something not done)	31	42.5
Knowledge	Good (>56%)	38	52,1
	Less (<55%)	35	47,9

Education	Low (elementary-junior-high school)	54	74,0
	High (Bachelor)	19	26,0
Work	Work	11	15,1
	Housewife	62	84,9
Age	Teenager (17-25)	16	21,9
	Adult(26-45)	57	78,1
Number of children	>3	26	35,6
	<2	47	64,4

Based on the data distribution of table 1 complete basic immunization carried out by respondents at the Bojong Rawa Lumbu Public Health Center in 2020, respondents who stated their children were fully immunized were 42 children (57.5%), while respondents who stated their children were not fully immunized were 31 people (42.2%).

For the knowledge variable, 38 respondents (52.1%), said that they had good knowledge of complete basic immunization, while 35 respondents (47.9%). For education variable, respondents with low education were 54 people (74.0%), while respondents with higher education were 19 people (26.0%). For the work variable, the respondents said that 11 people worked (15.1%), while the respondents who said that they were housewife were 62 people (84.9%). For the age variable, 16 respondents (21.9%) were teenagers (17-25 years old) while adults (26-45 years old) were 57 (78.1%). For the variable number of children, respondents said the number of children was more than 3 (>3) as many as 26 people (35.6%), while respondents said the number of children was less than 2 (<2) as many as 46 people

(64.4%). But in general it can be said that all of these variables have passed the univariate selection, so they are visible to be continued in bivariate analysis.

Table 2. Relationship between mother's knowledge about booster immunization and completeness of basic immunization at Bojong Rawa Lumbu Public Health Center in 2020

		Complete Basic Immunization		Total	p-value	OR (95% CI)
		Complete (if up to 10)	Incomplete (if not something not done)			
Knowledge	Good (>56%)	36 94.7%	2 5.3%	38 100%	0.000	87.00
	Less (<55%)	6 17.1%	29 82.9%	35 100%		
	Total	42	31	73		
		57.5%	42.5%	100%		

The results of the analysis of the relationship between the level of knowledge and the completeness of basic immunization in infants aged 10 months-15 months can explained that of the 14 mothers who have not good/bad knowledge who do not give complete basic immunizations as many as 7 mothers (50%) and as many as 7 mothers. mothers (50%) also immunized their children completely. Statistical test results obtained (*p value* = 0.000) with a 95% confidence level, it can be concluded that there is a relationship between the level of knowledge on the completeness of basic immunization.

These results are in accordance with the results of research from Albertina (2019) with the title of completeness of basic immunization for children under five and related factors in pediatric polyclinics in several hospitals in Jakarta and its surroundings which shows that parental knowledge is 86% and completeness is 61%. which is in accordance with the results of

the researcher is a study of with the title of factors related to maternal actions in providing basic immunization to infants in the working area of Bojong Lumbu Public Health Center, Bojong District.^[5]

Gowa Regency which shows that respondents who have enough knowledge and carry out basic immunization actions (83.6%), while those with less knowledge (60.0%) carry out basic immunization actions. Other studies also show that there is a relationship between maternal knowledge and completeness of basic immunization.^[6] The results of this study are different from the results of research which states that there is no relationship between knowledge and completeness of basic immunization.^{[7],[8]}

Completeness of basic immunization will arise with the appropriateness of the reaction to certain stimuli, namely knowledge of basic immunization. According to Rogers in a behavior based on knowledge will last longer than behavior that is not based on knowledge. According to Bloom, that the formation of a new behavior, starting in the cognitive domain, in the sense that the subject knows in advance the stimulus in the form of material or object, giving rise to new knowledge on the subject and then causing an inner response in the form of the subject's attitude towards objects that are known and realized. The full response will lead to a further response, namely in the form of action (action) with respect to a known stimulus.⁽⁹⁾

Researchers analyze that knowledge is not always obtained from the level of education, because knowledge can also be obtained from the media, personal experience and the experience of others, as well as the participation of health workers.^[10]

For this reason, researchers suggest that the Bojong Rawa Lumbu Public Health Center further enhance efforts to increase public knowledge about immunization by increasing health education counseling about the importance of completeness of immunization in the activities of the Public Health Center and Integrated Healthcare Center in the working area

of the Bojong Rawa Lumbu Public Health Center.

4. Conclusion

There is a significant correlation between mother's knowledge about booster immunization and the completeness of basic immunization at the Bojong Rawa Lumbu Public Health Center in 2020, with chi-square results $p = 0.000$.

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