
THE RELATIONSHIP BETWEEN MOTHER KNOWLEDGE AND ATTITUDES TOWARDS BASIC IMMUNIZATION COMPLETENESS IN INFANTS IN CIMALAKA DISTRICT IN 2022

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ABSTRACT

The immunization program is part of basic health services. This program is also part of an effort to accelerate the breaking of the chain of transmission of PD3I (Diseases that can be prevented by immunization). To find out the relationship of knowledge and attitudes of mothers towards the completeness of basic immunizations in babies. The method used is quantitative research with a cross-sectional design. The study sample was mothers who had babies of 9-12 months in Cimalaka District, which totaled 81 people. The sampling technique is proportional random sampling. This study shows that, maternal knowledge is in the good category, namely (42.0%), and maternal attitudes are also in the good category (55.6%). Using the Chi square statistical test where the degree of confidence used is 95% and $\alpha = 0.05$, a p value for knowledge of 0.022 and an attitude with (p value = 0.007) is obtained. So that the null hypothesis was rejected or in other words statistically it turned out to be a proven relationship between maternal knowledge and attitudes with the completeness of basic immunizations. From this study there is a relationship between knowledge and the attitude of mothers towards the completeness of basic immunizations in babies. The advice in this study is that health workers are expected to continue to carry out counseling activities regarding basic immunization to mothers who have babies.



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1. INTRODUCTION

The immunization program is part of basic health care. This program is also part of an effort to accelerate the breaking of the chain of transmission of PD3I (Diseases that can be prevented by immunization) with the aim of improving the degree of public health. Immunization is one of the efforts to actively cause / increase a person's immunity to a certain disease, so that if one day exposed to the disease will not get sick or only experience mild pain.

Babies who are not immunized approximately 3 out of 100 child births will die from measles, 2 out of 100 child births will die from whooping cough, 1 in 100 child births will die from tetanus disease and out of every 200 children 1 will suffer from polio so the government requires every child to get basic immunization against 7 kinds of diseases, namely tuberculosis, diphtheria, tetanus, whooping cough, measles, meningitis and hepatitis B included in the Immunization Development Program (PPI) include hepatitis B, BCG, DPT-HB-HiB (pentavalent), polio, and measles. Other immunizations that are not mandatory by the

government but recommended include against rubella disease, typhus, HiB, hepatitis A, chickenpox (Proverawati & Andini, 2018). Based on *World Health Organization* data in 2019, it was stated that as many as 14 million babies did not receive an initial dose of the vaccine, and another 5,7 million babies did not get a complete basic immunization. The latest data on vaccine coverage estimates from WHO and UNICEF in 2019 shows that vaccine administration has only reached 86%. The coverage of Complete Basic Immunization (IDL) in Indonesia has decreased significantly since the beginning of 2020, from 84,2% to 58,4% in 2021 from the target of 79,1%. The complete basic immunization coverage in West Java based on the results of 2021 Basic Health Research data reached 82,5%. Based on basic immunization coverage data in Sumedang Regency in 2021, it reached 88,6% of the 95% target. Meanwhile, in Cimalaka District, the immunization coverage has not reached the target, in 2021 it has only reached 76,2% of the 95% target.

According to a preliminary survey conducted on May 10, 2022, secondary data was obtained, that in 2020 the complete basic immunization coverage reached 83%, while the complete basic immunization coverage in 2021 decreased to 76.2% from the target of 95%. Based on the results of interviews conducted on 8 mothers who have babies in the Cimalaka District area, 5 out of 8 mothers have insufficient knowledge about the benefits of immunization and the types of immunizations given to babies, and 4 out of 8 mothers do not bring babies to be immunized and are often late in immunizing their babies because they are busy working in the morning so they cannot visit the posyandu to immunize. In addition, family support is very important for mothers to influence a mother's attitude so that mothers are motivated to bring their babies to be immunized.

2. METHOD

This type of research includes quantitative research, namely research by obtaining data in the form of numbers or qualitative data that is numbered. The research design uses a cross sectional design which aims to determine the relationship between variables where the independent variable is mother's knowledge and attitudes with the dependent variable, namely the completeness of basic immunization, identified at one time using a questionnaire and MCH book (Sugiyono, 2019).

3. RESULTS AND DISCUSSION

3.1. Results

a. Univariate analysis

1. Mother's knowledge

No	Knowledge	Frequency	Percentage (%)
1	Good	34	42,0
2	Enough	31	38,2
3	Less	16	19,8
Total		81	100

Source : Primary Data 2022

It can be seen that most of the respondents are in the good knowledge category, as many as 34 (42,0%) respondents.

2. Mother's attitude

No	Attitude	Frequency	Percentage (%)
1	Good	45	55,6
2	Enough	33	40,7
3	Less	3	3,7
Total		81	100

Source : Primary Data 2022

It can be seen that most of the respondents are in the good attitude category, as many as 45 (55,6%) respondents.

3. Completeness of basic immunization in infants

No	Immunization Equipment	Frequency	Percentage (%)
1	Complete	57	70,4
2	Incomplete	24	29,6
Total		81	100

Source : Primary Data 2022

It can be seen that most of the infants have complete immunization status, namely 57 infants (70,4%).

b. Bivariate analysis

1. Relationship between mother's knowledge and completeness of basic immunization ini infants

No	Knowledge	Immunization Equipment				Total	P value
		Incomplete		Complete			
		F	%	F	%	F	%
1	Less	8	50,0	8	50,0	16	100
2	Enough	11	35,5	20	64,5	31	100
3	Good	5	14,7	29	85,3	34	100
Total		24	29,6	57	70,4	81	100

Source : Primary Data 2022

Based on the cross tabulation table between the mother's level of knowledge and the completeness of basic immunization for infants in Cimalaka District in 2022, it can be concluded that of 34 mothers who have good knowledge, 29 mothers (85.3%) complete immunizations for their babies, while 5 mothers (14.7%) did not complete immunizations for their babies.

By using the Chi square statistical test where the degree of confidence used is 95% and = 0.05, the p value is 0.022 where the p value is < 0.05. So that the null hypothesis is rejected or in other words statistically it means that there is a significant relationship between the mother's level of knowledge and the completeness of immunization for the baby.

2. The relationship between mother's attitude and completeness of basic immunization in infants

No	Attitude	Immunization Equipment				Total	P value
		Incomplete		Complete			
		F	%	F	%	F	%
1	Less	3	100	0	0	3	100
2	Enough	12	36,4	21	63,6	33	100
3	Good	9	20,0	36	80,0	45	100
Total		24	29,6	57	70,4	81	100

Source : Primary Data 2022

Based on the cross tabulation table between the mother's attitude and the completeness of basic immunization for infants in Cimalaka District in 2022, it can be concluded that of 45 mothers who have good knowledge, 36 people (80.0%) complete immunizations for their babies, while 9 people (20.0 %) did not complete immunizations for their babies.

By using the Chi square statistical test where the degree of confidence used is 95% and = 0.05, the p value is 0.009 where the p value is < 0.05. So that the null hypothesis is rejected or in

other words statistically it means that there is a significant relationship between the mother's attitude and the completeness of immunization for the baby.

3.2. Discussion

a. Univariate analysis

1. Mother's knowledge about basic immunization

The results of this study indicate that most respondents in the Cimalaka sub-district have good knowledge of basic immunization, namely 34 mothers (42.0%). Knowledge of immunization includes knowing the meaning of immunization, diseases that can be prevented through immunization, benefits of immunization, type of immunization, time and amount of immunization.

Knowledge at the basic level starts from knowing, which a person can know if the person has gone through the stages of the sensing process, starting from sight, hearing, smell, taste and touch. However, the knowledge gained by humans is mostly obtained from visual and auditory sensing (Notoatmodjo, 2012). The results of this study are also in line with the theory in Notoatmodjo (2012), which states that when an individual has the ability to think in a directed and effective manner, so that people who have high knowledge will easily absorb information, suggestions, and advice. Therefore, someone who is highly knowledgeable will tend to have good behavior in the health sector, namely in this case to immunize their children.

The results of this study are also in line with research conducted by Rahmi Kurnia Gustin (2012), of 109 respondents more than most (53.2%) have good knowledge about basic immunization and already know that basic immunization makes babies who are not immune get active immunity to prevent a disease. The results of this study are also supported by research by Razana Hijani (2014), of the 100 respondents studied, the highest level of knowledge is good with a total of 76 respondents (76%) because mothers who have good knowledge can certainly change the attitudes and actions of mothers to want immunize their children. However, this is contrary to the research conducted by Selvina Elia Roza (2017), which states that some respondents have knowledge in the low category (54.55) while there are some respondents who have an attitude in the less category (51.9%).

Based on the assumption of the researcher in this study that the mother's knowledge about basic immunization in Cimalaka District is good. Mothers are able to answer and know what immunization is, the benefits of immunization, diseases that can be prevented by immunization and immunization schedules. Good knowledge can affect the completeness of basic immunization in infants. Generally someone who has good knowledge will tend to have a good mindset and upbringing so that a mother will complete basic immunizations for her child. This is also influenced by the level of education of mothers in Cimalaka District, most of whom graduated from high school so that it will affect the level of knowledge of a mother in terms of understanding and receiving information given about complete basic immunization. And most of the mothers also do not work, so mothers will be diligent in bringing their children for immunization at the posyandu.

2. Mother's attitude about basic immunization

The results of this study indicate that 45 mothers (55.6%) in the District of Cimalaka have a good attitude towards basic immunization. This good attitude is due to good knowledge about basic immunization so that respondents are aware of the importance of providing basic immunization for infants.

Attitude is a readiness to react to an object in a certain way, attitude is an evaluation response to the experience of cognition, reaction, affection, will and past behavior and humans are not born with certain views or feelings, but attitudes are formed throughout their development (Azwar, 2013). The results of this study are in line with Azwar's theory (2013), which states that the level of attitude includes acceptance, namely the individual pays attention to the stimulus (stimulus) given, responding where someone gives a response through verbal, action, appreciating that is someone gives the opportunity to others to do or discuss something. , and is responsible, that is, the individual states that he is ready to risk the decisions or actions he takes in completing his baby's immunizations.

The results of this study are in line with research conducted by Rahmi Kurnia Gustin (2012), which showed the results of the study with a number of 109 respondents more than some (51.4%) had a good attitude about basic immunization this was due to good knowledge of mothers about immunization. The results of this study are also in line with the results of research that has been carried out by Sagala (2016), which explains that 86 respondents have a good attitude, this is influenced by personal experience and other people who are trusted and considered good for respondents to follow,

Based on the assumption of the researcher in this study that the mother's attitude towards the completeness of basic immunization in Cimalaka District is very good. The attitude of a good mother can also be influenced by good knowledge because most mothers in Cimalaka District have good knowledge. The attitude of a good mother is also influenced by the mother's experience and awareness of the importance of basic immunization so that she will act and respond to something she thinks is good to do. Although some mothers do not want to fully immunize their babies, they believe that immunization only makes the baby sick and thinks it has no effect on improving the baby's health. Meanwhile, mothers with good attitudes considered that the benefits of immunization outweighed the side effects and tended to immunize their babies completely. Some mothers who have a positive attitude may be due to factors other than level of education and knowledge, for example, mothers who bring their children to the posyandu because they see neighbors coming to the posyandu so that they come together, or because they are invited by neighbors and also because they hear an announcement that a posyandu will be held. Besides that, mothers who have a poor attitude towards basic immunization services are also caused by cultural factors and also incorrect information obtained about immunization.

3. Completeness of basic immunization in infants

The results showed that almost all mothers in the Cimalaka sub-district had babies who had received complete basic immunizations, namely 57 infants (70.4%) completeness of basic immunization was measured according to the schedule listed on the Card Towards Health (KMS) to determine immunization status. in babies.

Basic immunization is the provision of complete basic immunization for infants 0-11 months and as a way to prevent several diseases including Diphtheria, Tetanus, Pertussis, Measles, Polio, and Tuberculosis. The Indonesian government strongly encourages the implementation of the immunization program as a way to reduce morbidity and mortality rates for infants/toddlers, preschoolers. The results of this study are in line with the theory of Proverawati & Andini (2018), which states that almost most infants have complete immunization status. This is influenced by the behavior of a good mother so that it affects the behavior of mothers in healthy living including the completeness of immunizations for babies.

The results of this study are in accordance with research conducted by Wadud (2013), which states that the results of the study with a sample of 53 infants obtained complete basic immunization of infants as much as 69.8% and incomplete infant immunization status as much as 30.2%, this happens because the mother's level of knowledge is good and most babies get immunizations at the posyandu, the posyandu is not too far away. And it is supported by research by Razana Hijani (2014), which shows the results of research on the completeness of basic immunization are complete with a total of 66 respondents (66%), this is influenced by knowledge, level of education, dependence on distance of service, work status, discipline of health workers. and staff motivation.

Based on the researcher's assumption in this study, 81 infants aged 9-12 months in Cimalaka District had complete immunization status. This is supported by good knowledge and attitudes of mothers regarding basic immunization, basic immunization services are easily available, as well as government regulations that require every baby to receive basic immunization so that a mother will immunize her child completely, even though some babies have incomplete immunization status. Infants whose immunization status is incomplete will be at risk for diseases that can be prevented by immunization compared to infants whose complete immunization status is. Some of the incomplete immunizations for babies are caused by the mother's ignorance to give immunizations, and there are also some children who are sick so that they get immunizations late and are not immunized and

many are immunized not according to their age. This is also likely due to mothers who are busy working and lack of information from health workers.

b. Bivariate analysis

1. Relationship between mother's knowledge and completeness of basic immunization in infants

The results showed that from 34 respondents who had good knowledge, 29 mothers (85.3%) completed immunization for their babies and 5 mothers (14.7%) did not complete immunizations for their babies. The results of the Chi Square statistical test obtained a p value of 0.022 <0.05 which means that statistically it is proven that there is a significant relationship between mother's knowledge and completeness of basic immunization in infants in Cimalaka District.

Knowledge is curiosity through sensory processes, especially in the eyes and ears of certain objects. Knowledge is an important domain in the formation of one's behavior (Fitri, 2011). The results of this study are in line with Fitriani's theory (2011), which states that behavior based on knowledge will be more lasting than behavior that is not based on knowledge. Good knowledge will have a good influence on the mother's actions in completing the basic immunization of her baby.

This study is in line with research conducted by Andrinus Josiman (2014), which states that there is a relationship between the mother's level of knowledge and the completeness of basic immunization in infants, this is because the mother's knowledge about immunization is extensive and already understands about basic immunization. The results of this study are also in accordance with research conducted by Sumiatun (2014), which states that maternal knowledge is related to the completeness of immunization, so it can be said that good knowledge of the baby's mother will affect the mother's behavior in giving and completing basic immunizations for infants, because a mother wants bring her baby to be immunized because she knows that immunization is very important and has benefits for the body's immunity against a disease. However, Heraris' (2015) study did not find a significant relationship between the level of knowledge and completeness of immunization. This is because minimal knowledge makes people unable to interpret correctly about immunization or the object. Completeness of immunization is not only influenced by knowledge. Other factors that can affect the completeness of basic immunization include family support, health care services, distance from residence to health service centers, availability of health facilities and infrastructure, as well as other related social factors.

Based on the assumption of the researcher in this study that there is a relationship between mother's knowledge and the completeness of basic immunization in infants, which means that the better the mother's level of knowledge about basic immunization, there is a tendency for mothers to provide complete immunizations to their babies. This shows that mother's knowledge affects the immunization status of her baby, where babies whose mothers have good immunization knowledge will have complete basic immunization status compared to babies whose mothers have poor knowledge of immunization. Lack of mother's knowledge can result in incomplete basic infant immunization. In addition to education, busy working mothers can be more vulnerable to thinking about their work and not having time to take the time to take their babies immunized. Mothers who work outside the home often do not have the opportunity to come to the posyandu because perhaps during posyandu activities the mother is still working at her workplace.

2. The relationship between mother's attitude and completeness of basic immunization in infants

The results of this study showed that from 45 respondents who had a good attitude, 36 mothers (80.0%) completed immunization for their babies, while 9 mothers (20.0%) did not complete immunizations for their babies. The results of the Chi square statistical test obtained p value of 0.009 <0.05 which means that there is a relationship between mother's attitude and completeness of basic immunization for infants in Cimalaka District.

Based on Bloom's concept, attitude is the second most important factor after the environment that will affect a person's health status. Alport in Notoatmodjo (2010), explains that the attitude has three main components, one of which is the tendency to act, these three components together form a complete attitude (total attitude). In determining this attitude, knowledge, thinking, beliefs, and emotions play an important role. For example, in this study, respondents who know about

immunization will bring respondents to think and try so that their children's basic immunizations are complete. The results of this study are in line with the theory, namely the attitude of respondents about immunization is related to the completeness of basic immunization.

The results of this study are in line with research conducted by Putri Dwi Kartini (2010), which states that there is a relationship between mother's attitude and the completeness of basic immunization in infants. This is because the mother's attitude is good in completing basic immunization. The results of this study are also in line with research conducted by Sintya Lestari (2021), which states that there is a relationship between attitudes and completeness of basic immunization in infants with a p value of 0.001. Based on the results of this study, it can be seen that attitudes are related to the completeness of basic immunization in infants. Mothers with good attitudes will tend to support immunization. With a supportive attitude, a person will be better at giving the perception of something he knows.

Based on the researcher's assumption in this study that attitude is related to the completeness of basic immunization in infants in Cimalaka District, which means that the better the mother's attitude, the more likely the mother to give complete basic immunization to her baby. Attitude is a readiness or willingness to act, and describes the likes or dislikes of an object. Attitudes will be followed by someone on the basis of liking or disliking something. If a mother supports this, then she will behave to carry out something she supports. Based on this, the completeness of basic immunization carried out by mothers is related to receiving the benefits they get from complete basic immunization for their babies so that they are happy to carry out basic immunizations for their babies.

4. CONCLUSION

From the results of research conducted in Cimalaka District regarding the Relationship between Knowledge and Maternal Attitudes towards the Completeness of Basic Immunization in Cimalaka District in 2022, conclusions can be drawn:

1. Maternal knowledge about basic immunization of babies in Cimalaka District is in the good category of 34 people (42.0%).
2. The attitude of mothers towards the completeness of basic immunization is in the good category of 45 people (55.6%).
3. There is a significant relationship between maternal knowledge and attitudes and completeness of immunization in infants in Cimalaka District, with a value of knowledge ($p = 0.022$) and attitudes ($p = 0.009$).

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