

ISSN 2354-8428
e-ISSN 2598-8727

JURNAL KEPERAWATAN

KOMPREHENSIF

COMPREHENSIVE NURSING JOURNAL

Published by :

Vol. 9 Special Edition, June 2023

**Sekolah Tinggi Ilmu Keperawatan
PPNI Jawa Barat**



JURNAL KEPERAWATAN KOMPREHENSIF	VOL. 9	Special Edition	Bandung June 2023	ISSN 2354-8428	e-ISSN 2598-8727
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Research Article

The Relationship Between Mother's Knowledge about Booster Immunization with Complete Basic Immunization in the Working Area of Bojong Rawa Lumbu Health Center

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Received : 03/06/2023
Revised : 08/06/2023
Accepted : 11/06/2023
Online : 11/06/2023
Published : 30/06/2023

Abstract

Aims: According to Ministry of Health figures, BCG vaccine coverage was 93.8% of the target number of 4,461,341 newborns, DPT 1 was 69.6%, Polio 1 was 76.6%, Polio 4 was 92.4%, and measles was 91%. The status of complete basic immunization completeness in children in the province of Java The West in 2018 was 57.9%, slightly lower than Riskesdas 2013, which is 59.2%, while the average value of completeness immunization in Indonesia is 59.2%.

Method: In this study, 73 people were asked to take part. Total selection was the method that was used. The chi-square test was used to look at a descriptive association and a cross-sectional method.

Results: Complete basic immunization was done by respondents at the Bojong Rawa Lumbu Health Center. Univariate selection was done, and knowledge is not just gained from having a better level of schooling. You can also get information from the mass media, from personal and other people, and from health workers who take part.

Conclusion: The level of basic immunization completion at the Bojong Rawa Health Center is correlated with the mother's level of knowledge regarding booster immunization.

Keywords:

Knowledge, complete basic immunization

INTRODUCTION

In Southeast Asia, the vaccination rate is only 52%. While 90% of children in nations that are part of the World Health Organization have been immunized, and 85% of infants globally are thought to have been inoculated, there are still 19.3% million infants and children who have not been fully immunized and are at risk for disease (1). In 2015, basic immunization coverage showed that out of a targeted number of 4,461,341 babies, 93.8% had received the BCG vaccine, 69.6% had received the DPT 1 immunization, 176.6 % had received the polio vaccination, 92.4 % had received the Polio 4 immunization, and 91 % had received the measles vaccination. Approximately one million infants in

Indonesia do not get all of their vaccines every year due to a Drop Out rate of 43.5%, which negatively affects Universal Child Immunization coverage. Health Division of Rhode Island (UCI), 2018. The rate of UCI in Indonesia has dropped from 68.2% in 2015 to 68% in 2018 (Indonesian Health Profile, RI Ministry of Health, 2018), demonstrating this trend. Although the overall immunization rate in Indonesia was 59.2% in 2018, the rate in the province of West Java was just 57.9% (2,3), a small reduction from the 59.2% recorded in 2013.

According to the results of my pilot study, conducted at the posyandu in the Bojong Health Center's operational area in Rawa Lumbu, complete coverage of basic

immunizations has only reached 58%. Twenty mothers responded to a December 2019 survey; twelve had limited knowledge, five had adequate knowledge, and three had excellent knowledge. There were 8 moms who had fully immunized their children, 9 mothers who had fully immunized their children but had done so too late, and 3 mothers who had not immunized their children at all. Of the 8 women who fully immunized their children, 2 had excellent knowledge, 2 had intermediate knowledge, and 4 had low knowledge. Preliminary research revealed that while most mothers immunized their children, few were aware of the specific benefits of each of the standard vaccinations. However, those who had received all of their vaccinations were aware

of the necessity of doing so. women who are aware of the significance of vaccines but who choose not to immunize their children in full number exist, as do women who are unaware of the significance of immunizations but choose not to immunize their children in full number.

METHODS

This study used a cross-sectional descriptive research design to investigate the possibility of a relationship between two variables. Independent and dependent variables are measured/observed at the same point in time in cross-sectional research, but the research is not longitudinal.

RESULTS

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

Dependent/independent variable		Mount	%
Immunization complete basis	Complete (if up to 10)	42	57.5
	Incomplete (if nothing is not done)	31	42.5
Knowledge	Good (>56%)	38	52,1
	Less (<55%)	35	47,9
Education	Low (SD-SMP-SMA)	54	74,0
	Hight (Sarjana)	19	26,0
Work	Work	11	15,1
	Housewife	62	84,9
Age	Youth (17-25)	16	21,9
	Adults (26-45)	57	78,1
Number of children	>3	26	35,6
	<2	47	64,4

Table 1 shows that, overall, 57.5% of respondents at the Bojong Rawa Lumbu Health Center reported that their children were fully immunized, whereas 42.5% reported that just some of their children had been inoculated. In terms of how much respondents knew about complete basic immunization, 52.1% of respondents said they knew enough, while 47.9% said they did not know enough. In terms of respondents' levels of education, 54 (74.0%) had a low education while 19 (26.0%) had a high education. 11 respondents (15.1%) reported being employed, whereas 62 respondents (84.9%) identified as stay-at-home mothers. In terms of the age range, 21.9% of the respondents were between the ages of 17 and 25, while 78.1% were between the ages of 26 and

45. More over a third of respondents (35.6%) indicated they had three or more children, while over two-thirds (64.4%), or 46 persons, stated they had two or less. All of these variables have, however, been deemed significant enough to move on to bivariate analysis, so they have survived the univariate selection process.

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

Knowledge*		Complete Basic Immunization	p-value	OR	
Basic immunization complete	Complete Basic Immunization			(95% CI)	
Good	Count	36	0,000	87,000	
	%	94,7%			
Not enough	Count	6	100,0%		
	%	17,1%			
Total		Count	42	31	73
		%	57,5%	42,5%	100,0%

Out of 14 mothers with poor/poor knowledge who do not provide complete basic immunization, as many as 7 mothers (50%) and as many as 7 mothers (50%) also fully immunized their children, explaining 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. Based on the findings of a statistical test, we can conclude that there is a correlation between the extent to which people are aware of the need of getting routine immunizations (p value = 0.000, 95% confidence interval [CI]. Consistent with these findings is a study by Albertina (2019) titled "Completion of basic immunization for toddlers and related factors at the children's polyclinic at several hospitals in Jakarta and its surroundings," which found that parental knowledge was 86% and that 61% of children had received all of their recommended vaccinations. Another study, by (4) titled "Factors Related to the Maturation of Childhood

Immunizations," found similar results. Moreover, studies by (5-7) demonstrate a connection between maternal education and the prevalence of routine immunizations. (8,9) found no correlation between education and coverage of preventative vaccines, but our findings suggest otherwise. Knowledge of fundamental immunization will lead to appropriate responses, which in turn will lead to complete immunization. Knowledge-based behavior, as described by Rogers in (10), is more likely to endure than ignorance-based behavior. Bloom argues that a person's preexisting knowledge of a stimulus in the form of material or object serves as the starting point for the formation of a new behavior, with the latter leading to an internal response in the form of the person's attitude towards known and realized objects. This comprehensive reaction will trigger a secondary reaction in the form of an action in response to a previously encountered stimulus.

As a result, the researchers recommend that the Bojong Rawa Lumbu Health Center increase efforts to increase public knowledge about immunization by increasing counseling in the form of health education about the importance of completeness of immunization in health center activities and posyandu in the Bojong Rawa Lumbu Health Center's working area.

DISCUSSION

Respondents who received all of their recommended vaccinations at the Bojong Rawa Lumbu Health Center were subjected to a random selection process. Seven out of 14 (50%) parents with inadequate knowledge were able to successfully immunize their children aged 10–15 months, according to an investigation of the correlation between the two variables. Additionally 7, or 50%, had success in vaccinating their young. (2,4) found that people with a high level of vaccination knowledge were more willing to organize vaccination drives. The trigger, in this case, being informed about vaccinations, will elicit a powerful response. According to the study's findings, there are other avenues outside formal schooling for learning about health care, including the media, friends and family, and health professionals themselves.

CONCLUSION

At the Bojong Rawa Lumbu Health Center, the chi-square test showed a statistically significant correlation between mothers' knowledge of booster immunization and the rate of full basic immunization.

REFERENCES

1. Furqon UA. Factors affecting child immunization in Indonesia based on IDHS 2012. *Journal of Governance*. 2018;3(2):101–15.
2. Erlita C, Putri E. Hubungan Pengetahuan dengan Sikap dalam Pemberian Imunisasi Dasar Lengkap pada Ibu yang Memiliki Bayi 0-9 Bulan di Puskesmas Alianyang Tahun 2016. *Jurnal Kebidanan*. 2016;6(2).
3. Burton A, Monasch R, Lautenbach B, Gacic-Dobo M, Neill M, Karimov R, et al. WHO and UNICEF estimates of national infant immunization coverage: methods and processes. *Bull World Health Organ*. 2009;87:535–41.
4. Astuty EI, Hendrati LY. A DISTRIBUTION MAP OF CHILDHOOD TUBERCULOSIS IN AGE GROUP OF 0-14 YEARS BY THE COVERAGE OF EXCLUSIVE BREAST MILK AND BCG IMMUNIZATION. *Jurnal Biometrika dan Kependudukan*. 2021;10(2):105–12.
5. Rahmatina LA, Erawati M. Faktor-Faktor yang Berhubungan dengan Kepatuhan Orang Tua dalam Pemberian Imunisasi Dasar Lengkap. *Jurnal Persatuan Perawat Nasional Indonesia (JPPNI)*. 2021;5(1):1–9.
6. Afrikayanti L. Hubungan Pengetahuan Ibu Tentang Imunisasi Dasar Dengan Kelengkapan Imunisasi Dasar Pada Bayi Usia 1 Tahun di Puskesmas Depok I Sleman Yogyakarta. Universitas Respati Yogyakarta. 2012;
7. Prasetya Ningrum E. FAKTOR-FAKTOR YANG MEMPENGARUHI KELENGKAPAN IMUNISASI DASAR PADA BAYI DI PUSKESMAS BANYUDONO KABUPATEN BOYOLALI. 2008;
8. Prayogo A, Adelia A, Cathrine C, Dewina A, Pratiwi B, Ngatio B, et al. Kelengkapan Imunisasi Dasar pada Anak Usia 1 – 5 tahun. *Sari Pediatri*. 2016;11(1):15–20.
9. Astrianzah D. Hubungan antara Tingkat Pengetahuan Ibu. Tingkat Sosial Ekonomi Dengan Status Imunisasi Dasar Lengkap Pada Balita Jurusan Program Pendidikan Sarjana Kedokteran Universitas Diponegoro. 2011;
10. Notoatmodjo S. Health promotion theory and application Jakarta. PT Renika Cipta. 2005;