

Level Knowledge of Mother's About Side Effects of Immunization on Compliance with Completeness Immunization for Toddlers in the Posyandu Area of Pakisaji Health Center

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Submission date: 25-Oct-2023 02:20PM (UTC+0700)

Submission ID: 2206689989

File name: for_Toddlers_in_the_Posyandu_Area_of_Pakisaji_Health_Center.pdf (297.92K)

Word count: 2547

Character count: 13907

Level Knowledge of Mother's About Side Effects of Immunization on Compliance with Completeness Immunization for Toddlers in the Posyandu Area of Pakisaji Health Center

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ARTICLE INFO

Keywords:

Immunization,
Knowledge,
Compliance.

ABSTRACT

Background: The number of mothers whose babies do not get complete immunizations because mothers do not bring their babies to the posyandu or at the Puskesmas for immunization because some of the heat when immunization will be carried out and the availability of time for working mothers so that they always delay immunization for toddlers so that there are still some mothers who have low levels of immunization. Low knowledge is one of the factors that cause mother's level of education to be anxious about bringing her baby to immunization. **Method:** The population was 35 respondents, namely mothers of children under five in the posyandu area of the Pakisaji Public Health Center. The sampling technique in this research is Simple Random Sampling for research results using the contingency coefficient. **Results:** Data management and analysis using the coefficient of congruence test. The results of this study indicate that the mother's knowledge level (50%) and maternal compliance are 23 people (71.9%). The results of the coefficient of congruence test showed that the P-value = 0,014. **Conclusion:** There is a significant relationship between mother's knowledge about immunization side effects and compliance with the completeness of basic immunization for toddlers in the Posyandu area of Puskesmas Pakisaji.

1. Introduction

One of the most effective ways of public health intervention is vaccination against infectious diseases in children through an expanded immunization program in the expanded program on immunization/EPI (Unicef, 2011). Immunization aims to provide immunity to the body's immune system to form specific antibodies so that can protect the body from disease. Immunization is a program that is quite effective and efficient in preventing epidemic infectious diseases. So far immunization has demonstrated its ability to reduce outbreaks in the community. Immunization can prevent diseases that often occur in children). Babies get immunized or not basically depends on the mother's knowledge. This shows that the importance of mother's knowledge about immunization has a relationship with the mother's actions in giving immunization to her baby. Mothers who have good knowledge will understand the benefits and importance of immunization so that they will try to complete immunization for their babies (Proveraswati & Andini, 2010).

The Ministry of Health of the Republic of Indonesia in 2010 said that service facilities for immunization were available in the community, but not all infants had received complete immunizations. Immunization given to infants is part of the responsibility of parents to their children. However, there are still mothers who say that their baby does not need to be immunized as long as the baby is healthy, has an active movement and eats nutritious food (Proverawati & Andini, 2010).

Only some toddlers in the posyandu have received basic immunizations and the other toddlers have not yet received basic immunizations because they are still in the stage of completing the next basic immunization. The schedule for giving immunizations to mothers can be seen from the KMS (Kartu Menuju Sehat/ Card Towards Health) for toddlers and midwives at the posyandu also remind mothers to schedule the next immunization. So far, mothers of children under five at Posyandu Puskesmas Pakisaji who will immunize toddlers only get counseling from health workers about the side effects of immunization on toddlers after immunization. The impact of immunization that has been in the Posyandu at the Pakisaji Health Center is that there are still some mothers of toddlers who do not get complete basic immunizations and do not know the benefits of each of these basic immunizations. Mothers whose babies did not receive complete immunizations because the mothers did not bring their babies to the posyandu or at the puskesmas to be immunized for fear that their babies were fussy, hot after immunization so that there were still some mothers whose knowledge level was low causing mothers' fear to take their babies immunized.

Possible factors related to low immunization coverage are age, education, income, mother's time availability, mother's knowledge and awareness. The low immunization coverage is caused by maternal decision-making factors. Mothers aged > 30 years, higher education is closely related to child immunization. The income of parents is closely related to the welfare of the child and allows the child to live a healthier life so that the immunization status of the child, the more prosperous the parents' economy, the better the welfare of the child's health status. The availability of time for mothers to bring their children to health services is one factor. The greater the number of children, especially mothers who still have babies who are the third child or more, it will take more time to take care of their children's homes so that there is less time available to visit immunization services. Mother's lack of knowledge about immunization and low awareness of mothers taking their children to Posyandu also cause low immunization coverage.

II. METHODS

This type of research is analytic, this research uses a research design based on the type of data collected by quantitative methods. The study was conducted in May - July 2019. This study used a descriptive correlative design with a cross-sectional approach. This study uses a questionnaire and primary data. The questionnaire was sourced from mother's knowledge about immunization, for primary data sourced from KMS data (Kartu Towards Health). The population was 35 respondents, namely mothers of children under five in the posyandu area of the Pakisaji Public Health Center. The sampling technique in this research is Simple Random Sampling. for the results of the study using the contingency coefficient The results of the contingency coefficient test obtained a P-value = 0.014 and it can be interpreted that there is a significant relationship between mother's knowledge about side effects of immunization and compliance with the completeness of basic immunization for toddlers in the Posyandu area of Pakisaji Public Health Center.

III. RESULTS

Table 1. Frequency distribution of respondents based on the relationship between mother's knowledge about side effects of immunization and compliance with the completeness of basic immunization for toddlers

Knowledge	Immunization		Total	Statistic Test Value
	Complete	Incomplete		
Good	8 (25%)	3 (9.4%)	11 (34.4%)	<i>P-value</i> = 0.014
Enough	14 (43.8%)	2 (6.2%)	16 (50%)	
Less	1 (3.1%)	4 (12.5%)	5 (15.6%)	
Total	23 (71.9%)	9 (28.1%)	32 (100%)	

Table 2 Frequency Distribution Based on Statistical Test Results

Koefisien Kontingensi		Value	Asymp. Sig. Error ^a	Approx. T ^b	Approx. Sig.
Nominal by Nominal	Phi	.518			.014
	Cramer's V	.518			.014
	Contingency Coefficient	.460			.014
Interval by Interval	Pearson's R	.483	.159	3.018	.005 ^c
Ordinal by Ordinal	Spearman Correlation	.450	.162	2.760	.010 ^c
N of Valid Cases		32			

The results of the contingency coefficient test obtained a P-value = 0.014 and it can be interpreted that there is a significant relationship between mother's knowledge about side effects of immunization and compliance with the completeness of basic immunization for toddlers in the Posyandu area of Pakisaji Public Health Center.

IV. DISCUSSION

The results of the cross-test of mother's knowledge about the side effects of immunization on compliance with the completeness of basic immunization for toddlers, it was found that most of the respondents had sufficient knowledge as many as 16 people (50%) and those who carried out complete immunizations were 14 people (43.8%), and those who were incomplete were as many as 2 people (6.2%). Good knowledge as many as 11 people (34.4%) who did complete immunization as many as 8 people (25%) and who did not do complete immunization as many as 3 people (9.4%). Meanwhile, there were 5 people (15.6%) who had less knowledge and 1 person (3.1%) who did complete immunization and 4 people (12.5%) who did not complete the immunization. This is in line with Yanti's research (2013) which states that there is a relationship between knowledge and completeness of basic immunization for toddlers with p value <0.05. Increasing immunization coverage through changing parental attitudes has become a popular program in many countries. This strategy assumes that children will not be immunized properly because parents do not get it because they have a bad attitude about immunization against immunization. If a preventive intervention such as immunization is to be carried out seriously in responding to changes in disease patterns and parenting problems in children. The results of this study are reinforced by research conducted by Nurhidayati (2016) which said that there was a relationship between the level of knowledge on side effects of immunization and compliance with basic immunization completeness. Of the 14 people who had poor or poor quality who did not provide complete basic immunization, 14 people (50%) and 7 people (50%) immunized their children

completely. The results of the chi-square test showed that the P-Value = 0.045 with a 95% confidence level, meaning that there was a relationship between the level of knowledge and the completeness of basic immunization. The results of this study illustrate that the fulfillment of complete basic immunization depends on the quality of mother's knowledge about basic immunization. Thus a mother is required to equip herself with adequate knowledge about basic infant immunization. This can be done through the search for relevant information. Having more information can influence or increase knowledge of a person and with this knowledge can lead to awareness in accordance with the knowledge he has. Health information about immunization is related to the place of immunization service, the mother's comfort when she is sick when receiving immunization and the mother's assumption that immunization cannot prevent or even make the child sick. This health information is closely related to the knowledge and attitudes of parents. Parents/mothers who have a lot of positive information about immunization, they will give complete basic immunizations to their babies, and vice versa, parents/mothers who have little information about immunizations will not give complete basic immunizations to their babies.

Based on the results of the cross-test of mother's knowledge about the side effects of immunization on compliance with the completeness of basic immunization for toddlers, the results of the chi-square test showed that the P-value = 0.014 there was a significant relationship. Health workers or midwives are advised to improve health services, especially in the implementation of immunization. This can be done by holding a routine agenda such as counseling on immunization for toddlers. It is also biased through posters distributed in the working area of the Pakisaji Public Health Center, Malang.

V. CONCLUSION

The results of the contingency coefficient test obtained a P-value = 0.014 and it can be interpreted that there is a significant relationship between mother's knowledge about the side effects of immunization and compliance with the completeness of basic immunization for children under five in the Posyandu area of Puskesmas Pakisaji.

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