

Maternal Knowledge of Basic Immunization Completion in Toddlers within the Buduran Primary Health Care Work Area Buduran Sub-District Sidoarjo Regency

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ABSTRACT

Basic immunization is a mandatory health program organized by the government for infants aged 0-12 months to provide immunity against preventable diseases through vaccination. The coverage of basic immunization in the Buduran Primary Health Care work area in Sukorejo Village, Buduran Sub-District, Sidoarjo Regency, still has incomplete coverage. The aim of this study is to understand the maternal knowledge regarding the completion of basic immunization in toddlers within the Buduran Primary Health Care work area, Buduran Sub-District, Sidoarjo Regency. This study utilized a descriptive method and was conducted from February to March 2023. The sample size was 50 mothers who had toddlers aged 0-12 months in Sukorejo Village, Buduran Sub-District, Sidoarjo Regency, selected through total sampling technique. The data were analyzed univariately. The results of the study showed that mothers with good knowledge who provided complete immunization accounted for 34% (17 individuals), while those with incomplete immunization accounted for 6% (3 individuals). Mothers with sufficient knowledge who provided complete immunization accounted for 6% (3 individuals), whereas those with incomplete immunization accounted for 10% (5 individuals). Mothers with poor knowledge who provided complete immunization accounted for 6% (3 individuals), whereas those with incomplete immunization accounted for 38% (19 individuals). Maternal knowledge is interconnected, contributing to the insufficient completion of basic immunization in their toddlers. Cross-tabulation was used for analysis in this scientific paper. The results of cross-tabulation indicated that the majority of mothers had poor knowledge and their children's immunization was incomplete, totaling 22 (44%). The incomplete immunization coverage among mothers with poor knowledge is attributed to factors such as a significant number of mothers having only completed high school education and lacking awareness of immunization schedules. This lack of information sources within the community necessitates greater monitoring by Posyandu cadres, motivating residents to immunize their children. Health workers are also advised to communicate immunization schedules to Posyandu cadres through their respective groups.

Keywords : Immunization, Maternal Knowledge of Basic Immunization Completion

INTRODUCTION

Immunization is a method of generating or enhancing immunity against diseases. Vaccine-Preventable Diseases (VPDs) are conditions that are anticipated to be reduced or even eliminated through immunization programs (WHO, 2020). Immunization programs are a means of protecting populations against specific diseases. Some communicable diseases classified as Vaccine-Preventable Diseases (VPDs) include Diphtheria, Pertussis, Hepatitis B, Polio, Measles, Meningitis, and Pneumonia. As one of the target groups of immunization programs, every infant receives five complete Basic Immunizations (LIL): 1 dose of BCG, 3

doses of DPT, 4 doses of Polio, 4 doses of Hepatitis B, and 1 dose of Measles (Ministry of Health of Indonesia, 2018).

Several reasons contribute to incomplete immunization coverage in infants, including mothers' lack of awareness regarding the necessity and completeness of immunizations, as well as fears stemming from misperceptions about immunization within the community. Mothers play a vital role in basic immunization programs for infants. Immunizations provided to infants are also a parental responsibility.

In 2019, the complete basic immunization coverage in Indonesia reached 93.7%, meeting the Renstra target of 93% for that year. The

complete basic immunization coverage in East Java Province was 99.34%. There were 14 Regencies/Cities with coverage of 100% or more. Meanwhile, in 2020, the achievement of Complete Basic Immunization (CBI) was 97.1% out of 537,925 infants, comprising 274,143 male infants (97.1%) and 263,782

Knowledge	Frequency	Percentage (%)
Good	20	40%
Sufficient	8	16%
Less	22	44%
Amount	50	100%

female infants (97.2%).

The immunization performance achievement for East Java Province in 2021 was 84.90%, showing a slight decline compared to the 99.34% coverage achieved in 2019. The achievement of Complete Basic Immunization (CBI) in 2021 at 84.90% was administered to 512,738 infants, including 259,069 male infants (85.5%) and 253,674 female infants (84.90%). The decline in performance in 2021 is attributed to the COVID-19 pandemic that has affected the world and including East Java since June 2020.

The projected number of live births in Sidoarjo Regency in 2021 according to BPS calculations processed by the Ministry of Health, Republic of Indonesia, was 34,554. The coverage of basic immunization provided to infants in Sidoarjo Regency in 2021 was as follows: HB < 7 days reached 102.23%, BCG reached 101.10%, DPT-Hb3 reached 94.34%, Polio 4 reached 99.50%, Measles/MR reached 98.26%, and CBI reached 99.24%.

According to BPS data processed by the Ministry of Health, Republic of Indonesia, the number of infants in Sidoarjo Regency was 35,928. Meanwhile, the coverage of infant health services in 2019 was 98.65%, in 2020 it was 97.31%, and in 2021 it was 97.28%. These achievements declined due to mothers' lack of knowledge about immunization. A preliminary study conducted at Buduran Health Center found that the achievement for Hepatitis B and BCG immunization was 75.35%. The achievement for DPT-HB-Hib3 immunization was 68.5%. Meanwhile, the achievement for Polio 4, Measles/MR, and Complete Basic Immunization (CBI) was 74.65%. This decline in performance is attributed to mothers' lack of awareness about the importance of immunization for toddlers.

Insufficient maternal knowledge can impact the status of completion for basic immunizations in infants. The study concludes that mothers with low knowledge tend to provide incomplete basic immunizations compared to those with high knowledge (Ministry of Health of Indonesia, 2020).

RESEARCH METHOD

Study This is research using method The research design employs a descriptive research design. Descriptive research aims to depict (present) important events occurring in the present time.

The population in this study comprises all mothers with toddlers in the work area of Buduran Primary Health Care, Buduran Sub-District, Sidoarjo Regency, totaling 50 individuals. Sampling in this study is carried out using the total sampling technique, which is a sampling technique where the sample is the same as the population. The sample used in this study encompasses the entire population of mothers with toddlers in the work area of Buduran Primary Health Care, Buduran Sub-District, Sidoarjo Regency, with a total sample size of 50 individuals.

RESULT AND DISCUSSION

Table
Knowledge Level Identification Result In this study, knowledge is categorized into three levels: good knowledge, sufficient knowledge, and poor knowledge

From the table, it shows that 40% have a good level of knowledge, 16% have a sufficient level of knowledge, and 44% have a low level of knowledge. From the picture above, it can be concluded that most of the respondents had less knowledge about the completeness of immunization, namely 44%.

Table
Vaccination Completion Level Identification Result

Immunization equipment	Frequency	Percentage (%)
Complete	23	46%
Incomplete	27	54%
Amount	50	100%

From the table, it is evident that the majority of respondents fall into the complete vaccination category, accounting for 46%. Meanwhile, those categorized as incomplete comprise 54%. The above figure can be concluded that a significant proportion of respondents provide incomplete vaccination, at 54%.

Table
Description of Mother's Knowledge with Basic Immunization Completeness

Knowledge	Completeness of Basic Immunization				Amount
	Complete		Incomplete		
	N	%	N	%	
Good	17	34%	3	6%	20 (40%)
Sufficient	3	6%	5	10%	8 (16%) 22
Less	3	6%	19	38%	(44%) 50
Amount	23	46%	27	54%	(100%)

Based on the research results table above, it shows that respondents with the criteria of mothers who have good knowledge and provide complete immunization are 34% (17 people) while incomplete immunization are 6% (3 people). Mothers who had sufficient knowledge and provided complete immunization were 6% (3 people) while incomplete immunization was 10% (5 people). Mothers who had less knowledge and gave complete immunizations were 6% (3 people) while incomplete immunizations were 38% (19 people). This shows that the majority of mothers have less knowledge and the completeness of their immunizations is still incomplete 22 (44%).

CONCLUSION

1. The majority of maternal knowledge about the completion of basic immunization in toddlers in Sukorejo Village, Buduran Primary Health Care work area, is lacking.
2. There are still many children whose immunization completion status remains incomplete.
3. There are still many mothers with insufficient knowledge, and the majority of immunization completions are still incomplete.

SUGGESTION

1. Monitoring should be conducted to enhance maternal knowledge about immunization, as a preventive effort to avoid diseases, and to provide health education to Posyandu cadres to assist healthcare personnel in increasing public awareness regarding immunization.
2. It is recommended that healthcare workers announce immunization schedules to individual Posyandu cadres through social media groups, enabling them to stay informed about vaccination schedules. Additionally, home visits by health center staff, such as nurses or midwives, could be conducted to monitor whether immunization for toddlers is complete or not. With complete immunization and proper care, toddlers can be safeguarded against illnesses.
3. It is better to provide counseling to mothers of toddlers from health workers so they can deepen their knowledge about the importance of immunizing their children. For complete immunizations, it is recommended that parents maintain a routine immunization schedule. For those who are incomplete, parents should not be afraid that their toddler will be fussy or have a fever if immunized because after being immunized the health worker will give a fever-reducing drug so that the child will not be fussy or have a fever.

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