e-ISSN 2745-7818
Oral Presentation
THE 1ST SYEDZA SAINTIKA INTERNATIONAL CONFERENCE ON NURSING, MIDWIFERY, MEDICAL LABORATORY TECHNOLOGY, PUBLIC HEALTH, AND HEALTH INFORMATION MANAGEMENT (SeSICNiMPH)

RELATIONSHIP OF FAMILY SUPPORT WITH MOTHER'S COMPLIANCE WITH IMMUNIZATION OF BASIC INFANTS IN PUBLIC HEALTH CENTER (PUSKESMAS) LIMA KAUM II, TANAH DATAR REGENCY IN 2019

Silvi Zaimy[1*], Dwi Christina Rahayuningrum[2]
[1] Midwifery Study Program Syedza Saintika Institute of Health Science Padang

*Corresponding author. Email: zaimy.silvi06@gmail.com

ABSTRACT

Immunization is a program that deliberately inserts weak antigens to stimulate antibodies out until the body can be resistant to certain diseases. Approximately 1.7 million deaths that occur in children or 5% of children under five in Indonesia are caused by diseases that can be prevented by immunization such as tuberculosis, diphtheria, pertussis, measles, tetanus, polio, and hepatitis B. This study aimed to determine the relationship between family support and Maternal compliance with the implementation of basic immunization in infants at the Public Health Center (Puskesmas) of Lima Kaum II, Tanah Datar Regency in 2019. This study was an analytical study using a cross-sectional study design. The population of this research is mothers who have babies aged 0-12 months with a total sample of 32 people. The sample was taken by using the purposive sampling technique. The research was conducted in September 2019 at the Public Health Center (Puskesmas) of Lima Kaum II. The results of this study were (56.3%) obedient mothers and poor family support (53.1%). The results showed that there was a relationship between family support and maternal compliance (p-value 0.04). Basic immunization must be given on time so that the baby can avoid preventable diseases by immunization with family support, which greatly determines the mother's compliance in carrying out the immunization program. Suggestions for Public Health Center (Puskemas) of Lima Kaum II officers must be more active in providing health education to mothers who have babies and toddlers about the benefits of immunization for toddlers and the impact if the child is not immunized.

Keywords: Family support, maternal compliance and immunization

INTRODUCTION

Immunization is a program that deliberately inserts weak antigens in order to stimulate antibodies out until the body can be resistant to certain diseases. The body's immune system has a memory system (memory), when the vaccine enters the body, antibodies will be formed to fight the vaccine and the memory system will store it as an experience. If later the body is exposed two or three times to the same antigen as the vaccine, the antibodies will be created stronger than vaccines that have been faced before (Atikah, 2010).

Based on World Health Organization data in 2018, only about 20 million children have just received complete basic immunization (WHO, 2018). Indonesia's complete basic immunization coverage in 2018 only reached 87.8%, meaning there are still 12% of Indonesia who have not received complete basic immunization. The Immunization Program in Indonesia in the last five years has not experienced significant development. The results of

the 2018 Basic Health Research of the Indonesian Ministry of Health show that the coverage of complete basic immunization status (IDL) in children aged 12-23 months have decreased from 59.2% (2013) to 57.9% (2018).

The immunization program in Indonesia provides seven types of vaccines, namely BCG, DPT, Polio, Measles, Hepatitis B, TT and DT. Approximately 1.7 million deaths that occur in children or 5% of children under five in Indonesia are caused by diseases that can be prevented by immunization (PD3I) such as tuberculosis, diphtheria, pertussis, measles, tetanus, polio and hepatitis B. PD3I is one of the causes of death children in developing countries including Indonesia. Therefore, immunization coverage must be maintained higher and evenly distributed until it reaches the level of Population Immunity (community immunity), while failing to maintain a high and evenly distributed level of immunization coverage will result in PD3I Extraordinary Events such as the incidence of Polio (Ministry of Health, 2018).

The factors found by Waluyanti (2013) analyzed immunization compliance in the city of Depok. The results showed that 55.2% of family support influenced the mother in implementing the immunization program and the mother's response influenced 54.3%. This means that family support factors and a mother's response to immunization were found to have the most significant relationship with immunization compliance.

According to Ranuh (2011), the lack of immunization coverage has resulted in the emergence of several diseases such as tuberculosis, hepatitis B, tetanus, measles, and other diseases. If this is ignored and not followed up, it will result in death in children. The low awareness of mothers about the importance of immunization causes high morbidity and mortality rates in children.

Based on an initial survey conducted in June 2019, researchers interviewed 10 mothers who had babies, found that 5 out of 10 mothers said they did not receive support from their family in carrying out immunizations, the family did not remind the mother about the immunization schedule and the family never accompanied the mother to bring her baby. immunize to the nearest integrated service post (posyandu) or Public Health Centers (Puskesmas). Another problem that the researchers found was that mothers were busy working late at night, so they did not carry out immunizations for their children because they were afraid that children had fever after being immunized.

MATERIAL AND METHODS

The design of this study was analytic with a cross-sectional study approach. The sampling technique was purposive sampling. The population in this study were mothers who have children aged 24 to 60 months, namely 195 respondents. The sample in this study were mothers who have toddlers, namely 32 respondents. Data collection was carried out at 14 Integrated Service Posts (Posyandu) in the work area of the Lima Kaum II Public Health Center, Tanah Datar Regency in September 2019.

RESULT

a) Univariate Analysis

Table 1
Univariate Result Frequency Distribution

No	Variable	*f*	%
	Obedience		
1	Obedient	18	56,3
2	Non Compliant	14	43,7
	Total	**32**	**100**
	Family support		
1	Good	15	46,9
2	Not Good	17	53,1
	Total	**32**	**100**

Based on table 1 above, it can be seen that of the 32 respondents, it was found that less than half of the respondents, namely 43.7% did not comply with the implementation of basic immunization and less than half, namely 53.1%, there was less family support for the implementation of basic immunization for mothers who had children under five at Public Health Center (Puskesmas) Lima Kaum II Year 2019.

b) Bivariate Analysis

Table 2.
Relationship Between Family Support and Maternal Compliance in the implementation of basic immunizations

Family Support	Obedience				Total		*p value*
	Non Compliant		Obedient				
	f	%	*f*	%	*f*	%	
Not Good	12	70,6	5	29,4	17	100	
Good	2	13,3	13	86,7	15	100	0,04
Total	14	43,8	18	56,3	32	100	

Based on table 2 above , it can be seen that of from 17 respondents with poor family support, 12 respondents (70.6%) did not comply with basic immunization. The results of the Chi-Square test showed p value = 0.04 ($p \leq 0.05$), meaning that there was a relationship between family support and maternal compliance in implementing basic immunization for infants in the Work Area of the Lima Kaum II Public Health Center in 2019.

DISCUSSION

a. Univariate Analysis

Maternal compliance in carrying out basic immunizations

Based on the results of the study, it was found that less than half of the respondents, namely 43.7% did not comply with the implementation of basic immunization in infants in the Work Area of the Lima Kaum II Public Health Center in 2019. The results of the study are in line with research conducted by Natsir (2016) with the title relationship support family and the level of

education on maternal obedience in immunizing their toddlers in Kasang Aur Village obtained 35.7% of maternal obedience following immunization. Adherence implies an attempt to control, even if only partially, decision making on the part of the patient. Compliance has attempted to balance these control issues using terms such as mutual contracting. Disobedience increases the risk of developing health problems or prolonging, or exacerbating, ongoing pain.

According to the assumptions of the researchers, respondents who do not comply with immunization are caused by the mother's fear of her baby after immunization which can cause fever. Based on the results of the study, it was also found that mothers of toddlers only obeyed the immunization program in the first 3 months, after that, mothers would tend to forget or be lazy to bring their babies and toddlers to the nearest immunization service or Puskesmas.

Family support

Based on the results of the study, more than half of the 53.1% of respondents had poor family support in implementing basic immunization for infants in the Work Area of the Lima Kaum II Public Health Center in 2019. This research is in line with research conducted by Rizky (2017) with the title of relationship family support and the affordability of health service places to maternal compliance in implementing the immunization program found that mothers with poor family support were 56.7%.

Family support is the most important element in helping individuals solve a problem. If the support and self-confidence are owned by the elderly, their motivation will increase in doing activities to deal with the problems that occur (Stuard and Sudden, 1995) (in Tamher, 2011).

According to the researchers' assumptions, family support is one of the motivating factors for mothers to bring their children to the nearest immunization service. Individuals with good family support can control emotions, build self-confidence and are able to communicate well and sort out information that is received well. Respondents who have poor family support are due to the family's ignorance of the benefits of immunization and tend to give the wrong opinion that without immunization children still grow big and healthy, immunization children will become feverish. The results also showed that there was a lack of family participation in reminding the immunization schedule.

b. Bivariate Analysis

The relationship between family support and maternal compliance

The results of this study are in line with those conducted by Mirasih (2015) with the results of the analysis obtained from the chi-square test showing that the p-value is 0.003 (<α = 0.05), so that Ha is accepted, which means there is a relationship between family support and completeness of immunization. Based on babies in Kumpulrejo Village, Argomulyo District, Salatiga City. Calculating the risk estimate, the value of odds ratio (OR) = 5.714 is obtained, so it can be concluded that respondents who are not supported by their families to immunize their children have a risk of 3.455 times that they do not give complete basic immunization to their children compared to respondents who are supported by their families to immunize their children.

The results of this study are following the theory put forward by

Soekidjo Notoatmodjo (2012) which states that to transform attitudes into real actions, supporting factors or enabling conditions are needed. A positive mother's attitude towards immunization must receive support from her family and there are easily accessible immunization facilities. The researchers assumed that 43.7% of mothers did not comply with the implementation of immunization, it occurred because the distance from the house which was far from the immunization service did not receive family support in implementing the immunization program.

CONCLUSION

Based on the results of the study, it can be concluded that there are 43.7% of mothers who do not comply with the implementation of basic immunization in infants, there are 53.1% of mothers with poor family support for the implementation of basic immunization in infants. There is a relationship between family support and maternal compliance with the implementation of basic immunization for infants at the Lima Kaum II Public Health Center, Tanah Datar Regency in 2019.

REFERENCES

Atikah, 2010. *Imunisasi dan vaksinasi*. Yogyakarta : Nuha Medika

Budiman, 2013. *Kapita Selekta Kusioner Pengetahuan dan Sikap dalam Penelitian Kesehatan*. Yogyakarta : Salemba Medika

Dinkes Sumbar. *Profil Dinas Keseahatan Sumatera Barat Tahun 2017.*

Direktur Jenderal Pencegahan dan Pengendalian Penyakit, Kesehatan RI Tahun 2018

Friedman, M. 2010. *Buku Ajar Keperawatan Keluarga Riset, Teori dan Praktik* (Edisi 5). Jakarta : EGC

Handayani, 2008. *Karakteristik Ibu dan Keterjangkauan Imunisasi sebagai Faktor Risiko Ketidaklengkapan Imunisasi Dasar,* Skripsi : Universitas Diponegoro Semarang.

Hidayah, N. 2017. *Faktor yang Berhubungan dengan Pemberian Imunisasi Dasar Lengkap pada Bayi di Posyandu Wilayah Kerja Puskesmas Umban Sari Pekanbaru*. Jurnal Endurance 3(1) Februari 2018(153-161). Akademi Kebidanan Sempena Negeri

Kemenkes RI, 2016. *Data dan Informasi Profile Kesehatan Indonesia* Tahun 2016. Jakarta : Kemenkes RI

Kusuma, 2011. *Hubungan antara Depresi dan Dukungan Keluarga dengan Kualitas Hidup Pasien HIV/AIDS yang Menjalani Perawatan di RSUPN Cipto Mangukusumo Jakarta. Thesis Universitas Indonesia.*

Makmban, 2014. *Faktor yang Berhubungan dengan Cakupan Imunisasi Dasar Lengkap Pada Bayi di Wilayah Ker*ja Puskesmas Antara Kota Makassar.

Mirasih, 2015. *Hubungan Antara Dukungan Keluarga Dengan Kelengkapan Imunisasi Dasar Pada Bayi Di Desa Kumpulrejo Kecamatan Argomulyo Kota Salatiga.*

Natsir, 2016. *Hubungan Dukungan Keluarga Dan Tingkat Pendidikan Terhadap Kepatuhan Ibu Dalam Mengimunisasikan Balitanya Di Desa Kasang Aur*

Nita, 2012. Buku ajar keperawatan masyarakat. Jakarta : Salemba Medika.

Notoatmodjo, 2012. *Metodologi Penelitian Kesehatan.* Jakarta : Rineka Cipta.

Notoatmodjo, 2012. *Promosi Kesehatan dan Perilaku Kesehatan.* Jakarta : Rineka Cipta.

Notoatmodjo, 2014. *Ilmu Perilaku Kesehatan.* Jakarta : Rineka Cipta.

Nursalam, 2013. *Metodologi Penelitian Ilmu Keperawatan. Jakarta : Salemba Medika.*

Prayogo A. 2009. *Kelengkapan Imunisasi Dasar pada Anak Usia 1 – 5 tahun*. Sari Pediatri.11(1).

Proverawati, A dan Andhini C.S.D, 2010. Imunisasi dan Vaksinasi. Yogyakarta: Nuha Offset

Ranuh dkk, 2011. *Imunisasi di Indonesia*. Jakarta : Satgas Imunisasi IDAI

Ranuh, I.G.N, dkk. 2008. *Pedoman Imunisasi di Indonesia*. Jakarta : Ikatan Dokter Anak Indonesia.

Rizky, 2017. *Hubungan Dukungan Keluarga Dan Keterjangkauan Tempat Pelayanan Kesehatan Terhadap Kepatuhan Ibu Dalam Menjalankan Program Imunisasi*

Rohayati, E, 2015. *Hubungan antara Pengetahuan dan Sikap dengan Kelengkapan Imunisasi Dasar pada Bayi di Wilayah Kerja UPTD Puskesmas DTP Jatiwangi Kabupaten Majaleng*ka. Jurnal Keperawatan dan Kesehatan MEDISINA AKPER YPIB Majalengka Vol II No 3 Februari 2016.

Setiawan, 2008, *Penyakit Campak* : CV Agung Setya.

Soetjiningsih, 2012. *Tumbuh Kembang Anak*. Jakarta : Penerbit Buku Kedokteran EGC.

Suparmanto, 2012, *Hubungan Pengetahuan Kesehatan dengan Perilaku Sehat oleh Ibu-ibu Rumah tangga Di Kabupaten Malang dan Pamekasan Jakarta.*

Waluyanti, 2009. *Analisis Faktor Kepatuhan Imunisasi Di Kota Depok*, Jurnal Ilmiah Kesehatan FIK UI

Wiyono, 2010. *Manajemen Mutu Pelayanan Keehatan Teori Strategi dan*