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RELATIONSHIP KNOWLEDGE AND ATTITUDE MOTHER TOWARD GIFT IMMUNIZATION BASE COMPLETE IN BABY AT REGION WORK CLINIC PITU SUBDISTRICT TOBELO MIDDLE

Dolfi Buluran^{1,2*}, Faleryn Florence Sahuleka^{1,2}, Ingkan Tirsia Hebber¹

¹ Nursing Program of STIKES Halmahera Tobelo, North Halmahera, North Moluccas, Indonesia

² Medika Mandiri Foundation Halmahera, North Halmahera, North Moluccas, Indonesia.

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***Correspondence to Author:**

Dolfi Buluran

Nursing Program of STIKES
Halmahera Tobelo, North
Halmahera, North Moluccas,
Indonesia.

E-mail:

dolfibuluran@gmail.com

ABSTRACT

Immunization is a way to prevent certain diseases that can be prevented through basic immunization that is hepatitis B, tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. Achievement of immunization programs at the community health center pitu tobelo district from January to December 2017 it has not reached 95 percent. The purpose of this study was to determine the relationship between mother knowledge and attitude towards complete basic immunization in infants in the working area of community health centers pitu central tobelo district. The research uses a quantitative method with a cross sectional approach. Data was taken with techniques cluster sampling on 73 respondents using a questionnaire and chi square data analysis with significance level $\alpha = 0,05$. The result of the analysis chi square shows that there is no relationship between knowledge give immunization with a calculated X value of 1,82 smaller than X tables with values of $p = 0,166$. And the relationship between mother attitude towards complete basic immunization with a calculated X value of 43,85 is a greater than X tables with a value of 0,000. From the result of the study obtained 0,166 it has proven that H_0 was accepted and H_a was rejected. And obtained $p = 0,000$ this has proven that H_0 was rejected and H_a was accepted. Conclusion from the results of this study shows that there is no relationship between knowledge variables on complete basic immunization, and there is a relationship between attitude variables towards complete basic

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immunization. This is expected for health workers to be more effective in conducting counseling about base complete immunization.

INTRODUCTION

Health is a very important problem for human life. A person's health depends on his own lifestyle. If humans live with a healthy lifestyle then the chances of getting sick are also getting smaller ⁽¹⁾.

Immunization is a way to prevent infectious diseases caused by viruses or bacteria. Immunization is a passive system of antibody transfer. In this case immunization is done by giving a vaccine. Immunization works by stimulating the immune system, the system against the body's natural diseases. A healthy immune system is able to recognize bacteria and viruses and produce substances (antibodies) that function to destroy these bacteria and viruses ⁽²⁾.

Knowledge is the result of "Know" this happens after people sensing a particular object. Sensing of objects occurs through the five senses of man, namely the sense of sight, hearing, smell, taste and touch with one's own. At the time of sensing to produce knowledge, it is strongly influenced by the intensity of perceptual attention to the object ⁽⁸⁾.

Immunization is needed in the prevention of disease. This is in accordance with the regulation of the Republic of Indonesia health minister number 42 of 2013, The regulation states that the implementation of immunization that in order to improve the health status of the community and maintain the health status of all Indonesians, immunization is needed as a preventive measure ⁽⁵⁾.

Immunization is a form of health care for infants. Giving basic immunization to infants includes BCG, DPT / Hepatitis B 1-3, Polio 1-4, and Measles. Based on Indonesia's profile in 2016, the success of a baby in getting basic immunizations is measured through IDL, indicators IDL coverage in Indonesia in 2016 was 91.1%. The highest provincial IDL coverage in Indonesia, namely South Sumatra (105.3%) and the lowest West Papua (60.0%). The coverage of North Maluku IDL is (75.30%), still below the provincial average in Indonesia (86.9%) ⁽⁵⁾.

Percentage of infants in North Halmahera regency who received Complete Basic Immunization was 103.17% or as many as 3,224 infants and in Central Tobelo District 118.37%. Based on the results of my

preliminary study in the work area Pitu health center, with direct interviews with officers of the immunization program holder that the completeness of basic immunization for infants aged 0-12 months at Pitu health center in late 2017 is HB 0-7 days (80%), BCG (88%), DPT / HB1- Polio2 (94%), DPT / HB2-Polio3 (83%), DPT / HB3Polio4 (79%) and Measles (86%). According to officers who hold immunization programs that basic immunization coverage in the Pitu Puskesmas area not all basic immunizations reach the government's target of 91% (7). According to research conducted by Nurhidayati (2016) regarding the relationship of maternal knowledge about basic immunization to the completeness of basic immunization, there was a relationship between knowledge and the completeness of basic immunization (8), while the study with different results from Cahyani Erlita (2016) on the relationship of knowledge with maternal attitudes in complete basic immunization for mothers who have 0-9 month babies, there is no relationship between mother's knowledge and attitudes in complete basic immunization (9). From these data there are differences from the two studies so that researchers need to do research again to conduct research with the title "The Relationship of Mother's Knowledge and Attitudes to the Complete Basic Immunization of Babies in Pitu Health Center, Central Tobelo District, North Halmahera Regency".

METHODS

This type of research uses a quantitative method, with a cross sectional approach. with the aim to find out whether there is a relationship between knowledge and attitudes of mothers (independent variables) with the completeness of basic immunization (dependent variable) which is observed or measured once and at the same time or approach point time. Data obtained from the results of this survey are then described according to the research that will be achieved (19). This research was conducted at Pitu Health Center, Central Tobelo Subdistrict, North Halmahera Regency, and the research was carried out for 1 month from June - July 2018.

RESULTS AND DISCUSSION

a. Knowledge Relationship with Giving Basic Immunization in the Working Area of Pitu Health Center Central Tobelo in 2018.

Table 1. Knowledge Relationship with the Giving of Basic Immunization in the Work Area of Puskesmas Pitu, Central Tobelo District in 2018.

Knowledge category	Complete Basic Immunization				Total		X ²	P Value
	Complete		Incomplete		F	%		
Good	F 46	% 74,2	F 6	% 54,5	52	71,2	1,82	0,166
Less	F 16	% 25,8	F 5	% 45,4	21	28,8		
Amount	62	100	11	100	73	100		

The results of the analysis showed that the relationship of knowledge to complete basic immunization was known from 73 respondents who were well-informed 46 people provided complete basic immunization (74.2%) and 6 people did not provide complete basic immunization (54.5%) the number of respondents had good knowledge 52 person. Whereas respondents with knowledge of less than 16 people provided complete basic immunization (25,%) and 5 people did not provide complete basic immunization (45.4%), with the number of respondents with less than 21 people.

The statistical test results of kai squared can be $p = 0.166 > 0.05$ or the value of X2 count (1.82) < X2 table

(3.841), meaning that it can be concluded that there is no significant relationship between maternal knowledge of complete basic immunization.

The relationship between the attitude of the mother to the provision of basic immunization in the working area of the Pitu health center. Central Tobelo in 2018.

Based on the Attitudes category about the Complete Basic Immunization Giving, it can be seen that the respondents' attitudes about complete basic immunization are in the good category, namely 64 respondents (87.7%).

Table 2. The Relationship between Mother's Attitude and the Giving of Basic Immunization in the Working Area of the Pitu Health Center, Central Tobelo District, 2018.

Attitude category	Complete Basic Immunization				Total		X ²	P Value
	Lengkap		Tidak Lengkap		F	%		
Good	F 61	% 98,4	F 3	% 27,3	64	87,7	43,85	0,000
Less	F 1	% 1,6	F 8	% 72,7	9	12,3		
Amount	62	100	11	100	73	100		

The results of the analysis showed that the relationship of knowledge to the provision of basic immunization was complete, it was known from 73 respondents who were good 61 people gave complete basic immunization (98.4%), and 3 people gave incomplete basic immunization (27.3%) the number of respondents who behaved both 64 people, while respondents who were not good 1 person provided complete basic immunization (1.6%), and 8 people gave incomplete basic immunization (72.7%) the number of respondents who were less 9 people.

The statistical test results for kai squared can be $p = 0,000 < 0,05$ or X2 count (43,85) > X2 table (3,841), this shows that there is a significant relationship between maternal attitudes and complete basic immunization.

Based on the results of research carried out in the work area of Pitu Health Center, Central Tobelo District, there were from 73 respondents who had good knowledge of complete basic immunization as many as 52 people (71.2%) and less than 21 people (28.8%).

From the results above, it can be concluded that there is no significant relationship between maternal knowledge with complete basic immunization in infants under 1 year of age at Pitu Health Center, Central Tobelo District. It can also be seen from the results of the kai squared test statistics which obtained $p = 0.166 > 0.05$ or the value of X2 count (1.82) < X2 table (3.841), so that H0 is accepted / failed is rejected, ie there is no relationship between maternal knowledge about basic immunization with complete basic immunization. his is

in accordance with research conducted by Faleryn S (2012) at the Mawea Health Center which states that there is no relationship between maternal knowledge and complete basic immunization with a value of $p = 0.155$ (20). This shows that the knowledge of a mother does not have an influence in providing complete basic immunization, because not necessarily mothers who have less knowledge will have an impact on the complete basic immunization of their children. This is not in line with the research conducted by Nurhidayati (2016) at Pisangan Health Center that there is a relationship between maternal knowledge with the completeness of basic immunization with a value of $p = 0.042$ (20). Likewise with the research of Razhana Hijani (2014) that there is a relationship between maternal knowledge and the completeness of basic immunization (22). This is in line with Notoadmojo's (2014) opinion that knowledge or cognitive is a very important domain for the formation of one's actions (overt behavior). From experience and research, it is proven that behavior based on knowledge will be more lasting than behavior that is not based on knowledge (17). If viewed from the description of respondents about immunization that most respondents know about the meaning, benefits, types of immunizations and side effects of immunization. This gives an illustration that respondents have good knowledge about complete basic immunization. Based on the results of this study that respondents who have good knowledge and less different actions in the provision of complete basic immunization, because respondents who have good knowledge influence the positive attitude to provide basic immunization to their children. Where according to what Notoadmojo (2014) said that the more information can influence or increase one's knowledge, and with knowledge raises awareness that eventually someone will behave according to their knowledge (20). The results of this study indicate that the provision of complete basic immunization by the mother based on the knowledge and information obtained by the mother as well as the experience of the closest people. And researchers analyze that knowledge is not always obtained from the level of education, because knowledge can also be obtained from mass media, personal experiences, as well as the experiences of others and also the participation of health workers (health services and posyandu cadres). Based on the results of research carried out in the work area of Pitu Health Center, Central Tobelo District, there were from 73 respondents who had good knowledge of complete basic immunization as many as 52 people (71.2%) and less than 21 people (28.8%). From the results above, it can

be concluded that there is no significant relationship between maternal knowledge with complete basic immunization in infants under 1 year of age at Pitu Health Center, Central Tobelo District. It can also be seen from the results of the kai squared test statistics which obtained $p = 0.166 > 0.05$ or the value of X^2 count (1.82) $< X^2$ table (3.841), so that H_0 is accepted / failed is rejected, ie there is no relationship between maternal knowledge about basic immunization with complete basic immunization. Based on the results of this study that respondents who have good knowledge and less different actions in the provision of complete basic immunization, because respondents who have good knowledge influence the positive attitude to provide basic immunization to their children. Where according to what Notoadmojo (2014) said that the more information can influence or increase one's knowledge, and with knowledge raises awareness that eventually someone will behave according to their knowledge (20). The results of this study indicate that the provision of complete basic immunization by the mother based on the knowledge and information obtained by the mother as well as the experience of the closest people. And researchers analyze that knowledge is not always obtained from the level of education, because knowledge can also be obtained from mass media, personal experiences, as well as the experiences of others and also the participation of health workers (health services and posyandu cadres). Based on table 13, it is known that most respondents have a good attitude towards complete basic immunization as many as 64 people (87.7%) and less well as many as 9 people (12.3%). This illustrates the mother's attitude in providing complete basic immunization is good in accordance with the number of respondents who have children with complete immunization 61 people, as shown in table 13 it can be concluded that there is a relationship between maternal attitudes with complete basic immunization in infants aged at under 1 year at the Pitu Health Center. This can be shown by the results of the bivariate analysis with kai squared test, which obtained the value of $p = 0.000$ which means $< \alpha$ value of 0.05 or the value of X^2 count (43.85) $> X^2$ table (3.841), then this indicates that the null hypothesis (H_0) rejected and alternative hypothesis (H_a) is accepted, namely there is a relationship between maternal attitudes and basic immunization. This is consistent with the research conducted by Yanti Mulyanti (2013) in Situ Gintung Health Center that there is a significant relationship between mother's attitude and completeness of basic immunization with $p = 0.003$ (23) .and also according to Sity Umaroh (2014) states that there relationship

between maternal attitudes and completeness of basic immunization with $p = 0.001$ (24). This is not in line with the research conducted by Desti Diana Sari (2017) in the working area of Kopri Health Center that there was no significant relationship between the attitude of the mother with the provision of basic immunization in infants with a value of $p = 0.009$ (25). And also in the study conducted by Cahyani Erlita (2016) at the Pontianak Health Center that there was no relationship between the attitude of mothers in the provision of basic immunization for infants aged 0-9 months (9).

According to Alford in Notoadmojo (2014), attitude has 3 main components, namely trust (belief), idea, concept of an object, emotional life or evaluation of an object, tendency to act (tend on behave). Like knowledge, this attitude consists of various levels, namely accepting, responding, appreciating and being responsible (17). At the first level of attitudes, namely accepting that the person (subject) wants and pays attention to the stimulus given the object so that the subject has a good attitude, and at the second level is to respond that means that the person (subject) wants to pay attention then respond to the stimulus given the object. So it can be said that the mother is at the second level in the attitude that is responding, where based on interviews and observations of researchers in the field shows that most respondents have good knowledge about complete basic immunization, so for the provision of basic immunization, some respondents have a good attitude and they agree with complete basic immunization. The attitude of parents has a relationship with the provision of basic immunization in children, mothers with negative attitude have a greater chance of having negative behavior in providing basic imitation of children and a positive attitude has a greater chance of having positive behavior in providing basic immunization in children.

CONCLUSION

- a) From the results of the study can be concluded as follows:
1. Based on the research results obtained from 73 respondents, 62 respondents (85%) who provided complete basic immunization and 11 respondents (15%) did not provide complete basic immunization.
 2. There is no relationship between mother's knowledge of basic immunization with basic immunization for infants under 1 year of age at Pitu District Central Tobelo Health Center

- b) It is expected to be more active in providing counseling and visiting homes about immunization and reminding mothers who have not immunized their children.
- c) There needs to be an approach to health cadres to support and improve the complete basic immunization program, one of which is to participate in any counseling conducted by health workers.
- d) Appealing to health workers to conduct health counseling to prevent certain diseases that can be prevented through immunization (PD3I) by health workers together with community leaders, LPM, and religious leaders with the aim of increasing knowledge and attitudes and behavior of the community .

Research Sites

- a) It is expected that community leaders become good examples and always support every health program carried out by health workers.
- b) It is expected that encouragement from the family, especially the husband, will remind him and if necessary accompany his mother to bring his child to basic immunization. 3. Mother Baby.

Expected for mothers to be able to play an active role in providing basic immunization through posyandu activities and participating in any counseling activities about immunization so that they can immunize their children until they are complete.

Next researcher

It is expected to examine further about giving basic immunization to infants with the development of different variables using different designs.

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