FACTORS THAT RELATED TO THE BASIS OF INFANT IMMUNIZATION SUCCESS AT PEKAUMAN HEALTH CENTER IN BANJARMASIN IN 2015

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ABSTRACT

Objectives: To determine the factors that related to the success of Basic Immunization in Infants in Puskesmas Pekauman Banjarmasin 2015

Method: Cross sectional study approach. The population are all the mothers who bring their babies 9 -12 months to get immunization in Pekauman Health Center. Purposive sampling techniques, sample number 48 people. Bivariate analysis is using fisher exact test ($\alpha = 0.05$), and multivariate is using logistic regression test.

Results: Most respondents have good knowledge, that is 30 people (62.5%), the last educational background is basic education and secondary as much as 40 people (83.3%), more does not work, as many as 31 people (64.6%), has Good family support is 30 people (62.5%). There is no relationship between knowledge, education, employment and family support with the success of primary immunization in infants ($p = 0.082 > 0.05 \alpha$), ($p = 0.878 > 0.05 \alpha$), ($p = 0.051 > 0.05 \alpha$), ($p = 0.136 > \alpha 0.05$).

Conclusion: There is no relationship between knowledge, education, employment, and family support on the success of basic immunization in infants at Pekauman Health Center.

Keywords: *Basic Immunization success, Cross sectional, Factors, Infant*

1. INTRODUCTION

Immunization is a proven way to control and eliminate life-threatening infectious diseases and is estimated to prevent between two and three million deaths annually [1].

The success of immunization conducted by the government has been

progressing from year to year. Several factors that influence the success of immunization are the condition of children under five, the distance to the immunization site, the mother's work, the mother's general, the mother's education, the social and economic status, the immunization counseling from the health officer and the cadre and the mother's

knowledge about the immunization program [2].

Based on data - data that I get from the health service south kalimantan have started to enter the target achievement of immunization is quite increased compared to previous years. From data of banjarmasin health office that 26 puskesmas in Banjarmasin have reached target of immunization success. Researchers take puskesmas pekauman banjarmasin in addition to densely populated, immunization targets there enough so that can explore what factors that support immunization to increase its success.

Based on question and answer done to 10 mothers who have babies at puskesmas pekauman. Results of question and answer concluded that the mother took the time to bring her child immunized according to the date determined by health personnel that 3 people (30%) said they did not know that the completeness of the immunization. Then 7 people (70%) said that they do not understand what immunization because they only want to immunize so that their children are not sick easily. In the end they take the time to immunize

without knowing well about the completeness of the immunization.

From the above information can be known to the mother who brought her baby immunized for the prevention of disease in her child so that the mother on time to bring his child to immunize so that his child protected from diseases - diseases [3] .

This study was conducted to determine the factors related to the success of basic immunization in infants at Puskesmas Pekauman Banjarmasin [4].

II. METHODS

The method used in this research is quantitative method with cross sectional approach. The population in this study were all mothers who brought their babies 9 -12 months who immunized in Pekakes Banjarmasin working area of 48 people. The sample in this study is part of the population. Sampling using purposive sampling method. Technique of collecting data by questionnaire method. Data processing through several steps of data examination, data classification, data processing, and data analysis [5].

In bivariate data analysis used is Fisher exact test with significance value $\alpha = 0,05$ and confidence value used is 95%

III. RESULTS

Based on the results of the research, the following results are obtained:

Table 1 Frequency Distribution of Respondents by Knowledge.

Knowledge	Frequency	Persentase
Good	30	62.5%
Enough	18	37.5%
Total	48	100%

Table 1 shows that most respondents have good category knowledge, ie 30 people (62.5%).

Table 2 Distribution of Respondent Frequency by Education

Education	Frequency	Persentase
Basic and Intermediate (primary school, Junior high school, and Senior High School)	40	83.3
High	8	16.7
Total	48	100%

Based on table 2 above can be seen that the education of most respondents is in primary and secondary education that is 40 people (83.3%).

Table 3 Frequency Distribution of Respondents by Occupation

Work	Frequency	Persentase
Work	70	70,7
Does not work	29	29,3
Total	99	100

Table 3 shows that more respondents did not work, ie 31 people (64.6%).

Table 4 Distribution of Respondents Frequency based on Family Support

Family support	Frequency	Persentase
Good	30	62.5%
Less	18	37.5%
Total	48	100%

Table 4 shows that the respondents with the support of the families with the good category were the most, ie 30 people (62.5%). From the results of research conducted on 48 respondents the results obtained as follows:

Table 5 Maternal Knowledge Relations with Basic Immunization Success on Toddlers at

Puskesmas Pekauman Banjarmasin

Knowledge	Basic Immunization of Underfives				Total		<i>P</i> - Value
	Complete		Incompl ete				
	N	%	N	%	N	%	
Good	4 5	98%	1	2%	4 6	100 %	0.082
Enough	1	50%	1	50 %	2	100 %	
Total	4 6	95.8 %	2	4.2	4 8	100 %	

Based on table 5 above found that well-informed mothers and with complete basic immunization in infants are the most, ie 45 people (98%). From Fisher exact test obtained from $p\text{-value} = 0.082 > \alpha 0.05$ then H_0 accepted means there is no relationship between knowledge with the success of basic immunization in toddlers.

Table 6 Maternal Education Relationship with the Success of Basic Immunization on Toddlers at Puskesmas Pakauman Banjarmasin

Education	Basic Immunization of Underfives				<i>P</i> -Value
	Complete		Complete		
	N	%	N	%	
Basic and Intermediate (primary school, Junior high school and Senior High School)	38	95%	2	5%	0.878
High	8	100%	0	0%	
Total	46	95.8%	2	41,7%	

Based on table 6 above, it is found that the first educated mother is the primary and secondary education with complete basic immunization on the toddler is the most that are 38 people (95%). Fisher exact test results obtained $p = 0.878 > \alpha 0.05$ then H_0 accepted means there is no relationship between education with the success of primary immunization in infants.

Table 7 Employment Relations of Mothers with the Success of Basic Immunization of Under-five at Puskesmas Pekauman Banjarmasin

Terdistribusi Danjarmasin						
Work		Basic Immunization of Underfives				P-Value
		Complete		Complete		
		N	%	N	%	
Work		15	88.2%	2	11.7%	0.051
Does not work		31	100%	0	0%	
Total		46	95.8%	2	4.2%	

Based on table 7 above, it is known that mothers who do not work with complete basic immunization in Caitanya are the most respondent that is 31 people (64,9%). Fisher exact test results $p = 0.051 > \alpha 0.05$ then H_0 accepted means there is no relationship between

maternal work with the success of primary immunization in infants.

Table 8 Relation of Family Support to the Success of Basic Immunization of Underfives at Puskesmas Pekauman Banjarmasin

Family support	Basic Immunization of Underfives				<i>P</i> -Value
	Complete		Complete		
	N	%	N	%	
Good	30	100%	0	0%	0.136
Less	16	89%	2	111%	
Total	46	95.8%	2	4.2%	

Based on table 8 above shows that mothers who with good family support tend to have a complete basic immunization history in their toddler, ie 30 people (62.5%). Fisher exact test result value $p = 0.136 > \alpha 0.05$ then H_0 accepted means there is no relationship between family support with the success of primary immunization in infants.

IV. DISCUSSION

Immunization is an important public health interventions strategy to reduce the morbidity and mortality associated with infectious diseases. Over two million deaths are delayed through immunization each year worldwide (WHO, 2003).

Despite this, vaccine-preventable diseases remain the most common cause of childhood mortality with an estimated three million deaths each year (CGD, 2000). Uptake of vaccination services is dependent not only on provision of these services but also on other factors including knowledge and attitude of mothers (Matsumura et al, 2005; Torun & Bakirci

, 2006), density of health workers (Anand & Barnighusen, 2007), accessibility to vaccination clinics and availability of safe needles and syringes.

Based on the results of the study showed that all the variables studied were not related to the success of immunization. Due to the success of immunization has a lot of factors that must be in further care. Not just knowledge, education, mother work, family support. However, it can also be attributed to the attitude of the mother, the support of the health worker, the distance to the health facility, the social culture, the long queues at the health facility.

This is in line with the study conducted by Abdulraheem et al (2011) on the reasons for the incompleteness of vaccination, the results show that the reasons for the mother not to provide complete immunization include Mother doubts the safety of immunization, distant home distance, long queues at health facilities, and lack of understanding of contraindications to immunization [6].

The finding that female children had a higher likelihood of receiving full immunization is noteworthy and has been

reported in a few other studies. The reasons for this difference are speculative and require further investigation with qualitative methods; however, much of the evidence indicates that in areas with a strong preference for sons, female children are relatively less likely to be immunized, whilst other studies have found a lower likelihood of immunization for male children [7].

Another study in India explained that there were a significant relationship between mother's education and adoption of child immunization program. The female children had less chance to get immunization than male children in both countries India and Pakistan. The male household heads had .471 less likelihood to immunize their children while the situation was opposite in India where the males had 1.210 more chances to immunize their children compared to the female household heads. In Nepal, found that the male head of family had less likelihood to immunize their children as compared to the female head of the family [8].

support with the success of primary immunization in infants.

V. CONCLUSION

There is no relationship between knowledge, education, mother work, family

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