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THE RELATIONSHIP OF KNOWLEDGE, MOTIVATION AND FAMILY SUPPORT ON PROVISION OF COMPLETE BASIC IMMUNIZATION IN INFANTS 12 MONTHS AGE AT UPT PUSKESMAS BORTREM KECAMATAN BAGANSINEMBAH RAYA KABUPATEN ROKAN HILIR RIAUTAHUN 2020

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ABTRACT

Complete basic immunization is intended for body resistance for infants up to 12 months of age. Complete basic immunization was carried out in all parts of Indonesia, including at UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021. The purpose of this study was to determine the relationship between knowledge, motivation and family support for providing complete basic immunization for infants aged 12 months at UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021. This type of research uses an analytic type of research with a cross sectional design, which aims to explain the relationship of knowledge, motivation and family support to the provision of complete immunization in 12-month infants. Data analysis was done by chi square test. The population in this study were all mothers who had babies aged 0-12 months at the UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021, as many as 30 people. The sample in this study was the entire population, namely mothers who have babies aged 0-12 months at the UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021 as many as 30 people.The distribution of the highest frequency of research on good knowledge as many as 24 people (80.0%), low family support as many as 18 people (60.0%) and high motivation as many as 26 people (86.7%). There is a relationship between knowledge (P=0.038), motivation (P = 0.103), and family support (P = 0.030), by providing complete basic immunization to 12-month babies at the UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021. It is hoped that health workers will continue to carry out health promotions in the form of counseling and information that is important for the community about giving complete basic immunizations to 12-month babies so that mothers' knowledge about giving complete basic immunizations is getting better.

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1. INTRODUCTION

*World Health Organization (WHO)*defines that immunization can reduce the number of child deaths in the world that occur every year. Although there are still many children in Indonesia who do not receive routine immunizations, they are unsure of the content in the vaccine, which is the most effective step to protect the immune system in children. If not given the vaccine, children will be susceptible to infectious diseases and susceptible to diseases that attack them, such as flu, cough and

fever. Currently in Indonesia there are still children who have not received complete immunizations and have never even received immunizations from birth. This causes them to easily contract dangerous diseases because there is no immunity to the disease (Atikah, 2010).

Data from the rectorate of disease prevention and control, Ministry of Health (Kemenkes) RI shows that from 2014 to 2016, approximately 1.7 million children have not received immunizations or their immunization status is incomplete. The Ministry of Health (Kemenkes) changed the concept of complete immunization into complete routine immunization. Complete routine immunization consists of basic and advanced immunizations. Basic immunization alone is not enough, further immunization is needed to maintain an optimal level of immunity (WHO, 2018).

Immunization efforts have been carried out in Indonesia since 1956 and Indonesia has been declared free from smallpox since 1974. Immunization efforts are carried out in order to prevent transmission of diseases that can be prevented by immunization (PD31). Although PD31 cases have been suppressed, immunization coverage must be maintained high and evenly distributed throughout the region. Failure to maintain a high and equitable level of protection can facilitate the occurrence of outbreaks of diseases that can be prevented by immunization (Kemenkes RI, 2013).

Ideally, the UCI (Universal Child Immunization) figure is said to be 100% at dawn but if in the field it has reached 90% then health protection through immunization has been carried out universally. Target (Universal Child Immunization) UCI, alone at least 90%. Data for complete basic immunization (IDL) in 2014 reached 86.8% while the UCI was 82.8%. The IDL target is 93% until 2019. Meanwhile, UCI (Universal Child Immunization), 92% villages means that no village in a district can have immunization coverage less than 90%. For example, reaching 92% in one district but in one village whose coverage is only 85%, is not considered UCI (Universal Child Immunization) (Kemenkes RI, 2016).

*(Sustainable Development Goals)*The SDGs have a goal of improving health by 2030, one of which is ending the epidemic (Acquired Immunodeficiency Syndrome) AIDS, (Tuberculosis) TB, malaria, hepatitis and other infectious diseases (UN, 2016) Polio Eradication (ERAPO), Measles Elimination-Control Rubella (EC-PR) and Maternal Tetanus Elimination (MNTE) are currently global commitments that must be followed by all countries in order to realize health improvements (Ministry of Health, 2018).

The infant and under-five mortality rate is a sensitive indicator to determine the health status and measure the level of progress of a country. In recent years the mortality rate for infants and toddlers in Indonesia has gradually decreased and from the latest report according to the Ministry of Health of the Republic of Indonesia in 2015, the infant and under-five mortality rates were 22.23 per 1000 live births and 26.2 per 1000 live births, respectively. 1000 live births.1 Indonesia has targeted a reduction in infant and under-five mortality by 2030 through the Sustainable Development Goals (SDGs), namely reducing infant mortality to 12 per 1000 live births and reducing under-five mortality to 25 per 1000 live births.

It is estimated that worldwide in 2013 , 1 in 5 children or about 21.8 million children who do not get immunizations, which can save their lives. In various countries in the world, the lack of vaccine supplies, access to health services, lack of public knowledge and lack of political and financial support are the causes of the gap in immunization coverage. Indonesia's geographical conditions are also a challenge for immunization programs, in addition to the lack of public knowledge and lack of information about immunization, the government has also intensified health promotion programs in order to disseminate information about the importance of immunization (Depkes, 2015).

Riau Province had measles immunization coverage in 2014 of 98.7%, this achievement increased compared to 2013 (91.93%). This achievement has met the 90% target which is the commitment of the Province of Riau on a national scale. At the district/city level, there are 9 districts/cities that have succeeded in achieving the 90% target. It can be seen that Rokan Hilir Regency is 114.3% and Bengkalis Regency is 106% followed by Kampar Regency at 102.7%.

Meanwhile, the Regency/City with the lowest coverage was Kabupaten Kep. Meranti at 84.6%, followed by Indragiri Hilir Regency at 85.3% and Rokan Hulu Regency at 88.6%. Based on district/city achievements, the highest complete basic immunization achievement in 2014 was Bengkalis District at 104%, followed by Kuantan Singingi District at 103% and Rokan Hilir District at 102.8%. Meanwhile, the regency/city with the lowest achievement was Indragilir Hilir Regency at 68.9%, followed by Kep. Meranti 70.9%, and Indargilir Hulu District at 73.9%. (Riau Health Office, 2014).

Based on the background above, the research is interested in conducting research with the title "The Relationship of Knowledge, Motivation and Family Support to the Provision of Complete Basic Immunizations for Infants Age 12 Months at the UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2020".

2. METHODS

This research was conducted with quantitative methods, using a cross sectional method approach. This research was carried out inUPT Puskesmas Bortrem. The population in this study were mothers and babies 12 monthsUPT Bortrem Health Center, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau. Research sample. Based on the method usedoverall sample required 30 respondentsData analysis using chi-square test.

3. RESULTS AND DISCUSSION

StudyThis started in June – July 2020. The method of collecting data at that time was self-conscious and without coercion from anyone.the researcher received approval from educational institutions, namely the Madina Husada Midwifery Academy and permission from the UPT Puskesmas Bortrem to conduct an initial survey, after receiving a reply letter from UPT Puskesmas Bortrem, then the researcher could conduct research at UPT Puskesmas Bortrem The researcher first asked 10 mothers at UPT Puskesmas Bortrem on complete basic immunization. That the mother was willing to be a respondent, then the researcher observed the questionnaire and checklist sheet, after the respondent had finished answering all the questionnaires distributed by the researcher. The researcher again collected all the questionnaires, then the researcher continued processing the data.The results of these studies can be seen in the table below.

Table 1. Characteristics of Respondents at the Novi Cross East Midwife Clinic, Panyabungan City, Mandailing Natal Regency in 2021

No	Characteristics of Respondents	N	%
1	**Age**		
	20 Years	5	16.7
	< 20 Years	25	83.5
2	**Education**		
	Junior High School	2	6.7
	Senior High School	11	36.7
	Bachelor	17	56.7
3	**Profession**		
	Work	18	60.0
	Does Not Work	12	40.0
4	**Knowledge**		
	Well	24	80.0
	Enough	2	6.7
	Not Enough	4	13.3

Based on Table 1 above, it can be seen that the most respondents are aged< 20 years old as many as 25 people (83.3%) with the education level of the majority being undergraduates as many as 17 people (56.7%) and based on work the majority work as many as 18 people

To test the relationship of the independent variables which include knowledge, motivation, and family support with the dependent variable, namely complete basic immunization for infants aged 12 months, bivariate analysis was carried out using the chi-square test with = 0.05 which is described as follows.

Table 2. Mother's Knowledge RelationshipRegarding the Provision of Complete Basic Immunizations for 12-Month Babies UPT Bortrem Health Center, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2020

Knowledge	Immunization						P Value
	Complete		Incomplete		Total		
	F	%	F	%	F	%	
Well	10	33.3	14	46.7	24	80.0	**0.038**
Enough	0	0.0	2	6.7	2	6.7	
Not enough	4	13.3	0	0.0	4	13.3	
Total	**14**	**46.7**	**16**	**53.3**	**30**	**100.0**	

The results of the analysis of the relationship between mother's knowledge of immunization, it was found that 30 mothers who had good knowledge of incomplete immunization were 14 people (46.7%). Furthermore, respondents who have sufficient knowledge of the provision of incomplete immunization as many as 2 people (6.7%), and then respondents who have less knowledge of the provision of complete immunization as many as 4 people (13.3%). The results of the chi-square statistical test mean that there is a relationship between mother's knowledge of complete basic immunization for 12-month-old infants (p = 0.038.

The results of the univariate analysis on the knowledge variable thatthe majority of respondents have good knowledge as many as 24 people (80.0%). And the minority of respondents have sufficient knowledge as many as 2 people (6.7%).

The results of the analysis of the relationship between mother's knowledge of immunization, it was found that 30 mothers who had good knowledge of incomplete immunization were 14 people (46.7%). Furthermore, respondents who have sufficient knowledge of the provision of incomplete immunization are 2 people (6.7%) and then respondents who have less knowledge of complete immunization are 14 people (13.3%). mother's knowledge of complete basic immunization for 12-month-old infants (p=0.038).

Test results*chi square*showed that mother's knowledge had a relationship with giving complete immunization to 12-month-old infants. Knowledge is also influenced by experience factors related to the age of the individual. The more mature a person's age, the more life experiences they have, and it is easier to accept changes in behavior, because this age is the most productive age and the most ideal age to play a role, especially in the formation of health activities. The more old a person is, the level of maturity and strength of a person will be more mature in thinking and working(Dewi et al., 2014)

The results of this study are in accordance with research conducted by Bofarraj (2016) which examined the knowledge, attitudes and practices of mothers in giving immunizations to infants and pre-school children. babies but negative attitudes in the form of lack of knowledge and practices that affect the completeness of immunization with a p-value of 0.038

The results of this study are in accordance with Sari's research (2015) which shows that 49.2% of infants have complete immunization status with good maternal knowledge, while 30.8% of infants have incomplete immunization status with poor maternal knowledge, this shows Most mothers who have good knowledge will provide complete basic immunizations to their babies. The results of statistical tests using Chi-square analysis showed that the p value < 0.001, this means that there is a significant relationship between mother's knowledge about basic immunization and the completeness of basic infant immunization in the working area of Bendo Health Center, Magetan Regency.

Based on the results of the study, it was found that there were still some mothers who had good knowledge but their infant's immunization status was incomplete (46.7%). There may be several influencing factors, namely mothers doubt the safety of the vaccine and many mothers do not know the frequency of giving each immunization. This is in line with research conducted by Fitriani (2017) regarding the reasons for incomplete vaccination, the results show that the reasons for not giving complete immunizations include doubting the safety of immunization, long distance from home, long queues at health facilities, and lack of understanding about immunizations. immunization contraindications.

Table 3. Motivational RelationshipRegarding the Provision of Complete Basic Immunizations for 12-Month Babies UPT Bortrem Health Center, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2020

Motivation	Immunization						P Value
	Complete		Incomplete		Total		
	F	%	F	%	F	%	
Tall	14	46.7	12	40.0	26	86.7	**0.103**
Low	0	0.0	4	13.3	4	13.3	
Total	**14**	**46.7**	**16**	**53.3**	**30**	**100.0**	

The results of the analysis of the relationship between mother's knowledge of giving immunizations showed that 30 mothers who had high motivation to give complete immunization were 14 people (46.7 %). Furthermore, respondents who have low motivation to give incomplete immunization as many as 4 people (13.3%). The results of the chi-square statistical test mean that there is no relationship between motivation and complete basic immunization in 12-month infants (p=0.103).

The above research is in line with Martinah's (2011) research on the relationship between knowledge, motivation and family support with a history of basic immunization in infants at the Surabaya Health Center in 2011, that there is no relationship between the role of the family and the provision of measles immunization with*p-value*(0.059). The causative factor is not related because the mother's high motivation about giving measles immunization to the baby comes from within the mother.

Motive or motivation comes from another word "more" which means an impulse from within humans to act or behave. Understanding motivation is inseparable from needs. Needs are a "potential" in humans that need to be addressed and responded to.(Notoatmodjo., 2010)Motivation in this study is categorized into two, namely high motivation and low motivation.

There are many factors that support mothers to carry out complete immunization of infants, including the individual's ability to use health services, not only based on motivation. Many factors cause mothers not to take advantage of health services, in this case the complete immunization of 12-month babies so that mothers do not routinely bring their children under five to visit the puskesmas or posyandu to be immunized.(Faridah & Bidara, 2018)

Efforts that can be made to increase the role of the family in order to increase awareness about immunization is to provide directions or recommendations by health workers when family members, especially husbands accompany mothers on visits to health centers about the benefits of immunization.

Table 4. Family Support RelationshipMothers Against Giving Complete Immunizations to 12-Month Babies UPT Bortrem Health Center, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2020

Endorsement	Immunization						P Value
	Complete		Incomplete		Total		
	F	%	F	%	F	%	
Tall	9	30.0	3	10.0	12	40.0	**0.030**
Low	5	16.7	13	43.3	18	60.0	
Total	**14**	**46.7**	**16**	**53.3**	**30**	**100.0**	

The results of the analysis on the family support variable showthat the majority respondents low family support as many as 18 people (60.0%) and the minority respondents high family support as many as 12 people (40.0%).

The results of the analysis of the relationship between family support and immunization were found that 30 mothers who had low family support for incomplete immunization were 13 people (43.3 %). Furthermore, respondents who have high family support for complete immunization are 9 people (30.0%). The results of the chi-square statistical test mean that there is a relationship between family support for complete basic immunization in 12-month infants (p = 0.030).

The family functions as a disseminator of information about the world, including giving advice, instructions, suggestions or feedback. The form of family support provided by the family is encouragement, giving advice or supervising the daily diet and medication. Family support is also an individual feeling that gets attention, is liked, appreciated and is part of the community.(Ritonga et al., 2014)

The results of this study are in line with Ernawati's (2020) research that the majority family support is in the poor category of 59 respondents (67.8%). The results of this study indicate that family support is lacking for immunization in the form of family members who do not agree with mothers to immunize measles to their babies. Family support is an attitude, an act of family acceptance of family members, in the form of informational support, assessment support, instrumental support and emotional support.

The results of Martinah's research (2016) obtained that 33 respondents (55.9%) had families supporting immunization. Fitriani's research (2018) found that most of the nuclear families supported the completeness of basic infant immunization, namely 38 people (82.6%). The role of the nuclear family related to the behavior of the nuclear family (father, mother) in providing support to infants to obtain basic immunization. In this study, the role of the nuclear family is categorized into 2, namely supporting and not supporting.

According to the researcher, the effort that respondents can do so that the role of the family can increase regarding the act of getting immunizations for babies is to involve the family to visit health centers such as health centers and posyandu to be given an explanation about the benefits of immunization for babies. And give encouragement and motivation to mothers to want to give immunizations to their babies.

4. CONCLUSION

Based on the results of the study, it can be concluded as follows, There is a relationship between knowledge of providing complete basic immunization for 12-month babies at the UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021, with a p-value of 0.038. There is no relationship between motivation to provide complete basic immunization for 12-month babies at the UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021, with a p-value of 0.103. There is a relationship between family support for providing complete basic immunization for 12-month-old infants at the UPT Puskesmas Bortrem, Bagan Sinembah Raya District, Rokan Hilir Regency, Riau in 2021, with a p-value of 0.030

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