

ANALYSIS BETWEEN KNOWLEDGE AND ATTITUDES OF PARENTS REGARDING PROVIDING DOUBLE IMMUNIZATION AT THE MINASA UPA COMMUNITY HEALTH CENTER

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ABSTRAK

Imunisasi adalah tindakan memberikan kekebalan tubuh terhadap suatu penyakit dengan memasukkan zat tertentu ke dalam tubuh. Kelengkapan imunisasi dapat dipengaruhi oleh beberapa faktor seperti pengetahuan, sikap, jumlah anak, sikap petugas kesehatan, dukungan keluarga, jarak rumah, pendidikan, sosial budaya, dan kepercayaan dalam masyarakat.. Penelitian ini bertujuan untuk mengetahui hubungan pengetahuan dan sikap orang tua terhadap pemberian imunisasi ganda pada bayi yang dilakukan di Puskesmas Minasa Upa. Penelitian kuantitatif dengan desain analitik observasional dengan *non probability sampling* sebanyak 85 sampel. Hasil penelitian didapatkan sebagian besar memiliki tingkat pengetahuan yang baik yaitu sebanyak 46 (54,1%) dan memiliki sikap positif dengan jumlah 43 (50,6%). Jumlah responden yang melakukan imunisasi ganda pada bayi paling banyak ditemukan memiliki pengetahuan baik yaitu sebesar 67,4% (*P-value*=0,003). Responden yang melakukan imunisasi ganda dan memiliki sikap positif yaitu sebanyak 69,8% (*P-value*=0,001). Berdasarkan penelitian ini dapat disimpulkan terdapat hubungan antara pengetahuan dan sikap orang tua dengan pemberian imunisasi ganda pada bayi.

ABSTRACT

Analysis Between Knowledge and Attitudes Of Parents Regarding Providing Double Immunization At The Minasa Upa Community Health Center. Immunization is the act of providing immunity against a disease by introducing specific substances into the body. The completeness of immunization can be influenced by several factors such as knowledge, attitudes, number of children, health worker attitudes, family support, distance from home, education, socio-cultural factors, and community trust. This study aims to determine the relationship between parental knowledge and attitudes toward administering double immunization in infants conducted at the Minasa Upa Community Health Center. The research method used was quantitative research with an observational analytic design with a cross-sectional approach and a non-probability sampling method with a purposive sampling technique, resulting in 85 samples. The study results found that most respondents had good levels of knowledge, with 46 respondents or 54.1%, and exhibited positive attitudes, with 43 respondents or 50.6%. The highest number of respondents who administered double immunization to infants were found to have good knowledge, accounting for 67.4%, with a P-value of 0.003. Meanwhile, the number of respondents who administered double immunization and had positive attitudes was 69.8%, with a P-value of 0.001. Based on this research, it can be concluded that there is a significant relationship between parental knowledge and attitudes towards the administration of double immunization in infants.

INTRODUCTION

Immunization provides immunity against disease by introducing certain substances into the body, aiming to form the body's defense against spreading diseases or potentially harming someone.¹ Several factors, such as knowledge, attitudes, the number of children, health worker attitudes, family support, distance from home, education, socio-cultural, and beliefs in the community, can influence immunization completeness.² One of the factors that can affect immunization coverage is the knowledge and attitudes of parents, which include mothers and fathers.³ Knowledge results from human understanding of something or any effort humans make to understand a particular object.⁴ Attitude is an expression of a person's supportive or unsupportive feelings towards an object, or it can be explained as a feeling of partiality or impartiality.⁵ Knowledge will affect the formation of attitudes that will impact the behavior of providing primary immunization to children and potentially affect basic immunization coverage.⁶

According to WHO data at the global level, in 2021, there are 25 million children who are not fully immunized.² Meanwhile, in Indonesia, according to data from the Indonesian Ministry of Health, the achievement of complete primary immunization has decreased significantly; namely, in 2019, the immunization achievement reached 93.7%. Then, it decreased in 2020 with an immunization achievement of 84.2%; in 2021, it reached 79.6%. This is due to the COVID-19 pandemic, so in that year, the immunization program did not run well, so immunization provision was delayed or lagged. Primary immunization achievements that are not fully achieved will cause children to be at higher risk of contracting immunization-preventable diseases such as polio, hepatitis B, pertussis, diphtheria, Haemophilus influenza type B, measles, and tetanus. In addition, in 2023, measles and polio outbreaks occurred. According to WHO data from January to April, there were 2,161 suspected cases, with 848 confirmed by laboratory tests. Therefore, the government continues to strive to increase the achievement of primary immunization.¹

One of the government's efforts to increase the achievement of primary immunization is by creating a catch-up vaccination program with double immunization. Double immunization is the administration of vaccines more than once in different packages at one time, which aims to complete incomplete or previously missed immunizations. In addition, double immunization can help accelerate protection for children, increasing the efficiency of health services and ensuring that parents do not need to come to healthcare facilities repeatedly.^{1,2}

Based on the above, the researcher is interested in researching the Analysis of the Knowledge and Attitudes of Parents Regarding Providing Double Immunization at the Minasa Upa Community Health Center. This study aims to determine whether there is a relationship between parents' knowledge and attitudes towards giving multiple immunizations.

METHOD

The type of research used is quantitative research, and the research design used is observational-analytic, using a cross-sectional approach to determine parents' knowledge and attitudes toward giving multiple immunizations to infants at the Minasa Upa Health Centre. This research was conducted in January 2024 at Puskesmas Minasa Upa. The ethics committee has approved this research with SK number E.042/KEPK/FKIK/II/2024.

The independent variables in this study were parental knowledge and attitudes. While the dependent variable in this study is the provision of multiple immunizations to infants, The

population in this study were parents who had babies aged 0–6 months in the PKM Minasa Upa work area at the time of initial data collection in 1 month, which was 108 people.

This study uses a non-probability sampling method with a purposive sampling technique, which means that the sample is selected specifically according to the study's objectives. Purposive sampling is selecting samples by considering the inclusion and exclusion criteria that the researcher has determined.

The inclusion criteria are parents with babies aged 0–6 months willing to become respondents. The exclusion criteria in this study were infants with a history of critical congenital heart disease, malignancy, primary or secondary immune deficiency, a history of low birth weight babies (LBW), and parents with a history of master's and doctoral education. Eighty-five samples met the inclusion and exclusion criteria. Data were collected using a questionnaire, then data processing and analysis were carried out using the Statistical Package For The Social Sciences (SPSS).

RESULTS

Based on the results of the research and data processing carried out, the following research results were obtained:

Table 1. Distribution of Respondents Based on Respondent Characteristics at Minasa Upa Health Center

Variable	Number of respondents	
	n	%
Age (years)		
20-30	52	61,2
31-40	31	36,5
41-50	2	2,4
Education		
SMP	2	2,4
SMA	26	30,6
Diploma	4	4,7
Sarjana (S1)	53	62,4
Job		
Mahasiswa	2	2,4
IRT	55	64,7
Karyawan Swasta	16	18,8
Wiraswasta	7	8,2
ASN	3	3,5
Guru	2	2,4
Tribe		
Bugis	36	42,4
Makassar	40	47,1
Manado	3	3,5
Jawa	3	3,5
Nusa Tenggara	3	3,5
Religion		
Islam	82	96,5
Kristen	3	3,5

Variable	Number of respondents	
	n	%
Paritas		
Primipara	36	42,4
Multipara	49	57,6
Child's Age		
1 month	17	20,0
2 month	21	24,7
3 month	19	22,4
4 month	16	18,8
5 month	10	11,8
6 month	2	2,4
Child's Gender		
Male	45	52,9
Female	40	47,1
Birth Weight		
2500-3999 gram	81	95,3
>4000 gram	4	4,7
History of disease		
Yes	0	0
No	85	100
Total	85	100,0

Based on Table 1, out of a total of 85 respondents, the distribution of respondents based on age was mainly found at the age of 20–30 years, namely 52 respondents (61.2%). The distribution of respondents based on education was mainly found at the undergraduate level (S1), namely 53 respondents (62.4%). The distribution of respondents based on occupation was mostly found in respondents with the type of work as housewives (IRT), namely 55 respondents (64.7%). The distribution of respondents based on ethnic origin was mostly found in respondents from the Makassar tribe, namely 40 respondents (47.1%). Based on religion, the distribution of respondents was primarily Muslim, namely 82 respondents (96.5%). The distribution of respondents based on parity status was mostly found with multiparous parity status, namely 49 respondents (57.6%). Based on the child's age, the distribution of respondents was mostly found in respondents with children aged two months, namely 21 respondents (24.7%). Furthermore, based on the gender of the child, the distribution of respondents mainly was found in respondents who had male children, namely 45 respondents (52.9%). The distribution of respondents based on birth weight was mostly found in respondents with a birth weight of 2500–3999 grams, namely 81 respondents (95.3%). The distribution of respondents based on medical history showed that all respondents had no medical history or 100%.

Table 2. Distribution of Respondents Based on Research Variables in Puskesmas Minasa Upa

Variable	Number of respondents	
	n	%
Attitudes		
Negative	42	49,4
Positive	43	50,6
Knowledge		
Poor	17	20,0
Enough	22	25,9
Good	46	54,1
Double Immunization		
Tidak Melakukan	42	49,4
Melakukan	43	50,6
Total	85	100,0

Table 2 shows that based on attitude, the distribution of respondents mainly was found in respondents with positive attitudes, namely 43 respondents (50.6%), and the least was found in respondents with negative attitudes, 42 respondents (49.4%). In the knowledge variable, respondents were mostly distributed among respondents with good knowledge, namely 46 respondents (54.1%). As for other categories, the distribution of respondents with sufficient knowledge was 22 respondents (25.9%), while respondents with poor knowledge were 17 respondents (20%). Furthermore, in the double immunization variable, the distribution of respondents mainly was found in respondents who performed double immunization on infants, namely 43 respondents (50.6%), and the least was found in respondents who did not perform double immunization on infants, namely 42 respondents (49.4%).

Table 3. Analysis of the Relationship between Parent's Knowledge and the Provision of Double Immunization at Puskesmas Minasa Upa

Knowledge	Provision of Double Immunization				p-value
	Don't do		Do		
	n	%	n	%	
Poor	11	64,7	6	35,3	0,003
Enough	16	72,7	6	27,3	
Good	15	32,6	31	67,4	

Based on the results of statistical tests in Table 3, it was found that the number of respondents who did not carry out double immunization in infants was mostly found in respondents with poor knowledge, namely 64.7%. While the number of respondents who conducted multiple immunizations on infants was found to be the highest among respondents with good knowledge, namely 67.4%, Based on the results of the chi-square test analysis conducted, a p-value of 0.003 ($p < 0.05$) was obtained. This means " there is a relationship between parental knowledge and the provision of multiple immunizations."

Table 4. Analysis of the Relationship between Parental Attitudes and the Provision of Double Immunization at Puskesmas Minasa Upa

Attitudes	Provision of Double Immunization				p-value
	Don't do		Do		
	n	%	n	%	
Negative	29	69,0	13	31,0	0,001*
Positive	13	30,2	30	69,8	

Based on the results of statistical tests in Table 4. conducted, it was found that the number of respondents who did not carry out double immunization in infants was mostly found in respondents with a negative attitude, namely 69%. While the number of respondents who conducted multiple immunizations on infants was found to be the highest among respondents with a positive attitude, namely 69.8%, Based on the results of the chi-square test analysis conducted, a p-value of 0.001 ($p < 0.05$) was obtained. This means that " there is a relationship between parental attitudes towards multiple immunizations."

DISCUSSION

Multiple immunization is administering two or more vaccines in different packages. Injections can be given in different places, such as the right and left thighs, or in the same place with a distance of about 2.5 cm between the two injections.⁷ Providing more than one type of immunization in one visit is beneficial for accelerating child protection, increasing service efficiency, and ensuring that parents do not need to visit the health facility repeatedly.⁸ The low achievement of multiple immunization coverage can be influenced by many factors, including the influence of facilitating factors (knowledge, attitudes, and education), supporters (distance from residence to health facilities), and reinforcement (support from husbands and health workers) towards providing complete services.⁸ The level of knowledge and attitudes of parents can influence the completeness of immunization. Several factors, such as education, experience, occupation, economy, socio-cultural, environment, age, and information, can influence knowledge.⁹ Several things, such as mass media, knowledge, cultural influences, emotional factors, and the influence of others, can influence parental attitudes.^{9,10} This study had a significant relationship between parental knowledge and attitude toward multiple immunizations. This is supported by research conducted by Zega (2020) that shows a relationship between maternal knowledge and attitudes toward providing basic immunization in infants. Parental knowledge, attitudes, and education can influence the provision of basic immunization. Providing basic immunization can provide protection and reduce the risk of morbidity and mortality associated with diseases that can be prevented by immunization.¹¹

The completeness of basic immunization can be influenced by the knowledge of parents, who can examine and understand the information obtained with more rational considerations so that it can influence parents in making decisions to immunize their children.^{12,13} In addition, parents' attitudes can also influence the immunization of children. This can be influenced by parents' own experiences or the experiences of others regarding immunization.¹⁴ Parental attitude can be interpreted as a feeling of support or non-support for an object.^{9,10} Another thing that can be done to improve the completeness of primary immunization is to educate parents about the importance of double immunization to increase basic immunization coverage.

CONCLUSION

There is a significant relationship between parents' knowledge of giving double immunization to infants at Minasa Upa Health Center and parents' attitudes towards giving double immunization to infants at Minasa Upa Health Center. The results of this study can also provide practical recommendations to primary health care to provide socialization about the importance of double immunization to increase basic immunization coverage.

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