

## The Relationship between Socio-Culture and Family Support with the Status of Complete Basic Immunization in Children in the Working Area of Handil Baru Health Center 2023

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### ABSTRACT

The target for achieving complete basic immunization at the Handil Baru Health Center in 2021 is 51.78%, with 450 children aged 1 year. Mothers with children aged 1 year are of the opinion that children do not get complete immunizations because the specified time has passed, the child is sick and afraid that the child will have a fever when given immunizations. The aim is to find out the relationship between socio-cultural and family support with complete basic immunization status in children. This type of research is an analytic survey using a cross-sectional design. The population is mothers who have children aged 1 year at the working area Handil Baru Health Center in 2021 adding up to 450 individuals, utilizing the Slovin recipe an example of 82 individuals is gotten. Simple random sampling and proportional random sampling are used in the sampling process. Chi-Square analysis of the data. Most of the respondents were aged between 20-35 years (97.6%), graduated from high school (56.1%) and worked as housewives (46.3%). Socio-cultural conditions were mostly good (61%), family support was balanced (50%) and complete basic immunization status was mostly incomplete (58.5%). There is a socio-cultural relationship with complete basic immunization status ( $p$  value :  $0.008 < \alpha : 0.05$ ) and there is a relationship between family support and complete basic immunization status ( $p$  value :  $0.014 < \alpha : 0.05$ )

## **INTRODUCTION**

Completeness of basic immunization is very important for infants to prevent death and disability because immunization is one of the prevention of infectious diseases, by providing complete basic immunization. In Indonesia, every baby aged 0-11 months is required to receive complete basic immunization. Details of immunizations that must be given to babies less than 1 year old, namely hepatitis B is done once after the baby is born, BCG is given once at the age of 1 month, Polio drops or Oral Polio Vaccine (OPV) 4 times at the age of 1, 2, 3 and 4 months, DPT-HB-Hib is given 3 times when the baby is 2, 3 and 4 months old, injectable polio or Inactivated Polio Vaccine (IPV) is given 1 time and measles-rubella is given 1 time when the child is 9 months old (Kusnandar, 2022).

A person's immunity to a disease is actively increased through vaccination. Therefore, if you suffer from this disease you will not get sick or only get mild pain. There are two groups of immunizations, namely immunizations that must be completed before the age of 1 year and immunizations that cannot be carried out at the age of less than 1 year. After the child is immunized, it means that the child has been given immunity to a certain disease, but is not immune to other diseases, so immunization must be given in full (Lukito, 2019).

## **THEORETICAL REVIEW**

Complete basic immunization coverage for children aged 0-11 months has increased from 5% to nearly 80% worldwide (WHO in Siregar, 2020). The national immunization policy in Indonesia according to the 2015-2019 RPJMN-Health is to achieve complete basic immunization coverage of 93% at the age of 0-11 months with details in 2016 it was 91.5%, in 2017 it was 92%, in 2018 it was 92.5 % and in 2019 it reached 93% (RI Ministry of Health in Lukito, 2019). However, complete basic immunization coverage for children aged 0-11 months in Indonesia in 2020 and 2021 has decreased based on reports that in 2020 the immunization target was 92% while the coverage achieved was 84%, then in 2021 the immunization target was 93% but the coverage achieved was 84 % (RI Ministry of Health, 2022).

There are factors that influence complete basic immunization status, including social culture and family support. Supported by previous research conducted by Badriyah (2021), it shows that there is a socio-cultural relationship between immunization and the completeness of basic immunization. Afiah's research (2019) shows that there is a significant relationship between social culture and following complete basic immunization. Igiyany's (2020) research shows that there is a significant relationship between family support and completeness of basic immunization.

Preliminary studies at the Handil Baru Community Health Center revealed that the target for achieving complete basic immunization has not yet reached 100% in 2021, namely the coverage of providing complete basic immunization is 51.78%. The number of children aged 1 year in the working area of the Handil Baru Community Health Center in 2021 is 450 people. The results of an initial interview with a mother who had a 1 year old child revealed that her

child did not receive complete immunization because it had passed the specified time and when the immunization was to be given the child was sick. Apart from that, mothers are also afraid that their children will have a fever when they are given immunizations.

According to the data above and observations to date, the author wants to research "Socio-Cultural Relationships and Family Support with Complete Basic Immunization Status for Children in the Working Area of the Handil Baru Community Health Center".

## METHODOLOGY

### 1. Respondent Characteristics

Table 1. Characteristics of Respondents

No	Karakteristik Responden	N	%
1	Usia Ibu		
	<20 tahun	0	0
	20-35 tahun	80	97,6
	≥35 tahun	2	2,4
2	Pendidikan Ibu		
	Tidak Tamat SD	0	0
	Tamat SD	5	6,1
	Tamat SMP	18	22
	Tamat SMA	46	56,1
	D3/S1/S2	13	15,8
3	Pekerjaan Ibu		
	IRT	38	46,3
	PNS	8	9,8
	Swasta	10	12,2
	Pedagang	14	17,1
	Petani/Nelayan	12	14,6

Source: Data Primer 2023

Characteristics of the respondents, including the majority's age between 20-35 years amounted to 80 people (97.6%), the education of most of the respondents who graduated from the college totaled 46 people (56.1%) also, crafted by a small part or almost half of the respondents as IRT totaling 38 people (46.3%).

### 2. Socio-Cultural

Table 2. Social and Cultural Frequency Distribution Regarding Immunization Among Mothers Who Have Children Aged 1 Year in the Working Area of the Handil Baru Community Health Center

No	Sosial Budaya	N	%
1	Baik	50	61
2	Kurang Baik	32	39
	Jumlah	82	100

Source: Data Primer 2023

Socio-culturally regarding immunization for mothers who have children aged 1 year in the working area of the Handil Baru Community Health Center, the majority of respondents were good, numbering 50 people (61%), while those who were not good were 32 people (39%).

### 3. Family Support

Table 3. Frequency Distribution of Family Support Regarding Immunization for Mothers Who Have Children Aged 1 Year in the Working Area of the Handil Baru Community Health Center

No	Sosial Budaya	N	%
1	Mendukung	41	50
2	Kurang Mendukung	41	50
	Jumlah	82	100

Source: Data Primer 2023

Family support regarding immunization for mothers who have children aged 1 year in the working area of the Handil Baru Health Center, half of the respondents were not supportive and supported, each of which was 41 people (50%).

### 4. Complete Basic Immunization Status

Table 4. Frequency Distribution of Complete Basic Immunization Status among Mothers Who Have Children Aged 1 Year in the Working Area of the Handil Baru Community Health Center

No	Status Imunisasi Dasar	N	%
	Lengkap		
1	Lengkap	34	41,5
2	Tidak Lengkap	48	58,5
	Jumlah	82	100

Source: Data Primer, 2023

The complete basic immunization status of mothers who have children aged 1 year in the working area of the Handil Baru Community Health Center, most of the respondents were incomplete, numbering 48 people (58.5%), while complete was 34 people (41.5%).

### 5. Socio-Cultural Relations with Complete Basic Immunization Status in Children Aged 1 Year

Table 5. Socio-Cultural Relationship with Complete Basic Immunization Status in Children Aged 1 Year in the Working Area of the Handil Baru Community Health Center

No	Sosial Budaya	Status Imunisasi Dasar				Total	%	p value
		Lengkap		Tidak Lengkap				
		n	%	n	%			
1	Baik	27	32,9	23	28	50	61	0,008
2	Kurang Baik	7	8,5	25	30,5	32	39	
	Jumlah	34	41,5	48	58,5	82	100	

\* Analisis Uji Chi Square  $p < \alpha$

$\alpha = 0,05$

Respondents who had good social culture were a small part or almost half of the respondents with complete basic immunization status, amounting to 27 people (32.9%), while good social culture but incomplete basic immunization

status were 23 people (28%). Meanwhile, a small proportion of respondents with poor social culture or almost half of the respondents with incomplete basic immunization status were 25 people (30.5%), while 7 people (8.5%) had poor social culture but complete basic immunization status. Based on the results of the Chi Square statistical test, the  $p$  value was  $0.008 < \alpha : 0.05$ , meaning that  $H_a$  was accepted and  $H_0$  was rejected, namely that there was a socio-cultural relationship with complete basic immunization status in children aged 1 year in the working area of the Handil Baru Community Health Center.

### 6. Relationship between Family Support and Complete Basic Immunization Status in Children Aged 1 Year

Table 6. Relationship between Family Support and Complete Basic Immunization Status in Children Aged 1 Year in the Working Area of the Handil Baru Community Health Center

No	Dukungan Keluarga	Status Imunisasi Dasar				Total	%	p value
		Lengkap		Tidak Lengkap				
		n	%	n	%			
1	Mendukung	23	28	18	22	41	50	0,014
2	Kurang Mendukung	11	13,4	30	36,6	41	50	
Jumlah		34	41,5	48	58,5	82	100	

\* Analisis Uji Chi Square  $p < \alpha$   $\alpha = 0,05$

Respondents who had family support were a small proportion or almost half of the respondents with complete basic immunization status, amounting to 23 people (28%), while there were 18 people (22%) who supported their family but had incomplete basic immunization status. Meanwhile, respondents whose families did not support a small proportion or almost half of the respondents with incomplete basic immunization status were 30 people (36.6%), while families who were less supportive but had complete basic immunization status were 11 people (13.4%). Based on the results of the Chi Square statistical test, the  $p$  value was  $0.014 < \alpha : 0.05$ , meaning that  $H_a$  was accepted and  $H_0$  was rejected, namely that there was a relationship between family support and complete basic immunization status in children aged 1 year in the working area of the Handil Baru Community Health Center.

## **RESULTS AND DISCUSSION**

### **Socio-Cultural**

Based on the results of the study, it is known that the social culture regarding immunization for mothers who have children aged 1 year in the working area of the Handil Baru Health Center, a small portion or almost half of the respondents are 50 people (61%) who are good, while 32 people (39%) are not good.

In accordance with the results of Badriyah's research (2021) which shows that most of the social culture is quite good in complete basic immunization in children (40.5%). Afiah's research (2019) shows that most social cultures support complete basic immunization for children (62.1%). Likewise, Nasution's (2018) research shows that most of the respondents' socio-cultural aspects are good at immunizing children.

Socio-culture is a condition created to regulate the order of social life, which covers all fields (Notoatmodjo, 2017).

Researchers assume that the social culture regarding immunization for mothers who have children aged 1 year in the working area of the Handil Baru Health Center is mostly unfavorable. This is because there is still a lack of knowledge about complete basic immunization, so that they have beliefs that are not in accordance with the health of children which has an impact on children not being given complete basic immunization. Meanwhile, social and cultural conditions are good because they follow the recommendations of health workers in providing complete basic immunizations to children.

### **Family support**

Based on the results of the study, it was found that half of the respondents were less supportive of immunization for mothers who had children aged 1 year in the working area of the Handil Baru Health Center, half of the respondents were less supportive and supportive, each numbering 41 people (50%).

The results of research by Igiyany (2020) show that the majority of families support complete basic immunization for children (54%). Santoso's research (2021) shows that most families do not support complete basic immunization for children (57.9%). Likewise, Fitriana's research (2020) shows that the majority of families support complete basic immunization for children (95.24%).

According to Sarwono (2016) family support is assistance that is emotionally useful and has a positive influence in the form of information, instrumental assistance, emotions, and judgments given by family members consisting of husbands, parents, in-laws, and other relatives.

Researchers assume that family support regarding immunization for mothers who have children aged 1 year in the area where the Handil Baru Health Center is mostly unsupportive. This is because the family, especially the husband, who does not provide support in the form of information related to complete basic immunization, materials or delivering them when going for immunization makes mothers not bring their children on time to give complete basic immunization to children. Meanwhile, the family is supportive because it

accompanies children with complete basic immunization and provides information about the importance of complete basic immunization.

### **Complete Basic Immunization Status**

Based on the results of the study it was found that the status of complete basic immunization for mothers who had children aged 1 year in the working area of the Handil Baru Health Center, most of the respondents were incomplete, totaling 48 people (58.5%), while complete were 34 people (41.5%).

In accordance with Santoso's research (2021) it shows that most of the basic immunization statuses are incomplete. However, the results of Igiyany's research (2020) show that most of the basic immunization history is complete. Similarly, Fitriana's research (2020) shows that most of the basic immunization statuses are complete.

Completeness of basic immunization is very important for infants to prevent death and disability because immunization is one of the prevention of infectious diseases, by providing complete basic immunization. In Indonesia, every baby aged 0-11 months is required to get complete basic immunization (Kusnandar, 2022).

Researchers assume that most of the complete basic immunization status for mothers who have children aged 1 year in in the area where the Handil Baru Health Center are mostly incomplete, this is because the specified time has passed and when children will be given immunizations in sick conditions. Apart from that, mothers are also afraid that their children will have a fever when they are given immunizations. So it shows there is still a lack of socio-cultural and family support in complete basic immunization in children. Meanwhile, complete basic immunization is due to giving children according to schedule and on time.

### **Socio-Cultural Relations with Complete Basic Immunization Status in Children Aged 1 Year**

In light of the consequences of the review, it was found that respondents had great socio-culture, a small portion or almost half of the respondents with complete basic immunization status, totaling 27 people (32.9%), while good socio-culture but incomplete basic immunization status, there were 23 people (28%). As for the respondents who had poor socio-culture, a small portion or almost half of the respondents with incomplete basic immunization status totaled 25 people (30.5%), while the socio-culture was not good but the basic immunization status was complete, there were 7 people (8.5%). Based on the results of the Chi Square statistical test, the results obtained were a p value of  $0.008 < \alpha : 0.05$ , meaning that  $H_a$  was accepted and  $H_0$  was rejected, namely that there was a socio-cultural relationship with complete basic immunization status in children aged 1 year in the working area of the Handil Baru Health Center.

The results of Badriyah's research (2021) show that there is a socio-cultural relationship with the status of complete basic immunization in children. Afiah's research (2019) shows that there is a socio-cultural relationship with complete basic immunization status in children. Similarly, Nasution's research (2018) shows that there is a socio-cultural relationship with complete basic immunization status in children.

If mothers' mindsets about immunization are not changed, this could cause children to be susceptible to diseases that can be prevented by immunization. If a child's immune system is not formed from scratch, he will be susceptible to infectious diseases. Mothers' beliefs about immunization must be changed quickly, so that children can avoid disabilities, because intelligent children are reflected in the mother's intelligent thinking (Afiah, 2019).

The researcher assumes that there is a socio-cultural relationship with the complete basic immunization status of children aged 1 year in the working area of the Handil Baru Community Health Center, this is due to the existence of habits and traditions in the mother's environment which are carried out without reasoning about whether what is done is good or bad. Affects confidence in providing complete basic immunization to children.

### **Relationship between Family Support and Complete Basic Immunization Status in Children Aged 1 Year**

Based on the research results, it is known that respondents whose families support a small proportion or almost half of the respondents with complete basic immunization status are 23 people (28%), while there are 18 people (22%) who support families but have incomplete basic immunization status. Meanwhile, respondents whose families did not support a small proportion or almost half of the respondents with incomplete basic immunization status were 30 people (36.6%), while families who were less supportive but had complete basic immunization status were 11 people (13.4%). Based on the results of the Chi Square statistical test, the p value was  $0.014 < \alpha : 0.05$ , meaning that  $H_a$  was accepted and  $H_0$  was rejected, namely that there was a relationship between family support and complete basic immunization status in children aged 1 year in the working area of the Handil Baru Community Health Center.

Igiany's (2020) research results show that there is a significant relationship between family support and completeness of basic immunization. Santoso's (2021) research shows that there is a relationship between family support for providing complete basic immunization to toddlers in the Working Area of Community Health Center

Family support in this research is encouragement related to providing basic immunizations to children provided by parents, in-laws, husbands and other close family members by providing information regarding the benefits of immunizations, giving permission to carry out immunizations, reminding them of immunization schedules, or facilitating the provision of immunizations. .

Researchers assume there is a relationship between family support and complete basic immunization status in children aged 1 year in the working area of the Handil Baru Community Health Center, this is because family support is a strong encouragement for someone to take action. Lack of support from the family, especially husbands and mothers' parents, means that most mothers choose not to fully immunize their babies. Vice versa, most mothers who fully immunize their babies have support from the family, especially husbands, parents and other relatives so that someone accompanies and takes them every month to immunization services.

## CONCLUSIONS AND RECOMMENDATIONS

1. Respondent characteristics: almost all of the respondents aged between 20-35 years amounted to 80 people (97.6%), the education of most of the respondents had completed high school, amounting to 46 people (56.1%) and the occupation of a small part or almost half of the respondents was as IRT totaled 38 people (46.3%).
2. Socially and culturally, most of the good respondents were 50 people (61%), while the less good ones were 32 people (39%).
3. Family support for half of the respondents is less supportive and supportive, each amounting to 41 people (50%).
4. The basic immunization status of most of the respondents was incomplete, totaling 48 people (58.5%), while complete was 34 people (41.5%).
5. There is a socio-cultural relationship with complete basic immunization status in children aged 1 year in the working area of the Handil Baru Community Health Center (p value:  $0.008 < \alpha: 0.05$ ).
6. There is a connection between family support and complete fundamental vaccination status in kids matured 1 year in the working area of the Handil Baru Community Health Center (p value:  $0.014 < \alpha: 0.05$ ).

### Suggestion

- **For Midwives/Health Workers**

It is hoped that midwives or health workers will provide information about more adequate immunization, such as coming directly to homes or during pregnancy checks and involving families to support the provision of complete basic immunization. Always actively participate in maximizing the provision of complete fundamental inoculation to kids to minimize the spread of disease by providing education about complete basic immunization which is routinely carried out every month through posyandu activities and collaborating with cadres to invite mothers who have children under five to come to every posyandu activity.

- **For Mother**

- a. It is expected that they have a positive view of complete basic immunization in children by giving children immunizations according to the schedule and increasing knowledge about complete basic immunization in children by seeking information about complete basic immunization in children through social media, magazines, YouTube and so on, thereby increasing knowledge about basic immunization. complete for children which can have an impact on improving their social and cultural values.
- b. It is hoped that families such as husbands will accompany their wives when they go to the health service, so that they receive information about the importance of complete basic immunization for children or mothers who explain to families regards to advantages of complete essential inoculation for children so that they can support their wives in carrying immunized children.

- **For Future Researchers**

It is hoped that future researchers will examine other factors that affect complete basic immunization status such as support from health workers, support for posyandu cadres, access and so on.

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