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THE RELATIONSHIP OF THE LEVEL OF KNOWLEDGE AND MOTHER'S PERCEPTIONS ABOUT BASIC IMMUNIZATION ON ADMINISTRATION COMPLIANCE BASIC IMMUNIZATION OF BABIES IN WORK AREA RAKI KULIM HEALTH CENTER

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ABSTRACT

Children's health problems in the world, especially in developing countries, are one of the main problems in the health sector. The infant mortality rate (IMR) in the world is still relatively high. Immunization is the most effective and cheapest primary prevention against infectious diseases, not only protecting individuals from serious diseases but can also prevent the occurrence of infectious diseases. The higher the mother's knowledge, the higher the mother's level of awareness to provide complete basic immunization to children. Perception will manifest a parent's choice to carry out or not carry out complete basic immunization for their child. This study aims to determine whether there is a relationship between maternal knowledge and perception and compliance with basic immunization for babies in the working area of the Rakit Kulim Community Health Center. The research design used was a cross-sectional study. The number of research respondents was 91 people. In this research, the sampling technique used purposive sampling technique. Research results: The level of knowledge about basic immunization was highest in the good category, with 52 respondents (57.1%). Perceptions about basic immunization were mostly in the positive category, 76 respondents (83.5%). The highest level of compliance with basic immunization was in the compliance category with 78 respondents (85.3%). There is a relationship between the level of knowledge about basic immunization and compliance with basic immunization for babies in the working area of the Rakit Kulim Community Health Center with a p value of 0.000. There is a relationship between perceptions about basic immunization and compliance with basic immunization for babies in the working area of the Rakit Kulim Community Health Center with a p value of 0.000. Further research is needed by expanding the number of research samples, types of research designs, and different variables to find out other factors that influence basic immunization compliance.The abstract is to be in fully justified italicized text, at the top of the paper with a single column as it is here, below the author information. Use the word "Abstract" as the title, in 10-point Times, boldface type, left relative to the column, initially capitalized. The abstract is to be in 9-point, single-spaced type, and up to 200 words in length with three to six keywords related to the articles.

Keywords: Knowledge, Perception, Basic Immunization

INTRODUCTION

Children's health problems in the world, especially in developing countries, are one of the main problems in the health sector. The infant mortality rate (IMR) in the world is still relatively high. Based on UNICEF data (2020), the infant mortality rate in the world has reached more than 10 million deaths. The level of health of babies needs attention considering that babies or children are the next generation of the nation. One effort to create a healthy generation is to reduce the level of morbidity and mortality in children. Apart from that, consistent health efforts are also needed (Soetjiningsih, 2017).

Immunization is the most effective and cheapest primary prevention against infectious diseases, not only protecting individuals from serious diseases but can

also prevent the occurrence of infectious diseases (Prayogo,et.all, 2016). Efforts to reduce the level of morbidity and mortality in children include providing immunizations. Immunization is an effective and efficient strategy in improving national health by preventing six deadly diseases, namely: tuberculosis, diphtheria, pertussis, measles, tetanus and polio. The World Health Organization (WHO) launched the Expanded Program on Immunization (EPI) with the aim of increasing immunization coverage for children throughout the world (Ayubi, D, 2020).

Based on data from UNICEF (2018), it was found that the number of live births in the world was 139,677,000 out of a total population of 7,586,000,000 babies, of which 135,636,000 survived. Of this population, the number of cases of diphtheria was 16,651,000, pertussis 153,631,000, polio 104,000, tetanus 15,103,000. From this data, the target population vaccinated is BCG 89%, DTP 1 90%, DTP 3 86%, Hep 42%, Hib3 72%, pol 3 85%, meaning that the vaccination target has not yet reached 100% (UNICEF, 2019).

Based on Riskesdas data (2018), basic immunization coverage in Indonesia in the last five years has always been above 85%, but has still not reached the specified Ministry of Health Strategic Plan target. In 2018, complete basic immunization in Indonesia was 90.61%. This figure is still below the 2020 Strategic Plan target of 92.5% (RI Ministry of Health, 2019). In Riau Province, basic immunization coverage achieved at 85.46% is still less than the 2020 Strategic Plan expectation of 92.5% (Dinkes Riau, 2020). Based on data in Indragiri Hulu Regency in 2019, the immunization achievement achieved was 93.56% of the target of achieving 95% of the total number of 5950 babies (Inhu District Health Office, 2020). At the Rakit Kulim Community Health Center the number of babies was 1071 and 91.5% of those received immunizations were still less than the achievement target which should have been achieved at 95% (Profile of the Rakit Kulim Community Health Center, 2021).

Incomplete immunization results in morbidity and mortality due to Tuberculosis, Poliomyelitis, Measles, Hepatitis B, Diphtheria, Pertussis and Neonatal Tetanus (Yundri, et al, 2017). The cause of incomplete basic immunization could be due to parents' lack of knowledge about the importance of basic immunization to prevent disease in babies. The presence of babies who receive basic immunization but are incomplete can indicate that parents do not comply with the basic immunization schedule for their children and result in the child not having or having immunity to diseases that can be prevented by immunization but are not effective (Undarti, et al, 2013).

Immunization targets that have not been achieved are caused by several factors, including parental education, parental knowledge, economic status, accessibility of health services, availability of vaccines for immunization, comfort of the service location, attitude of health workers in providing health services, information that should be obtained from officers. health, and the presence of officers in the implementation of immunization (Legese & Dechsa 2015). The Theory of Planned Behavior according to Ajzen (2015) states that a person can carry out or not carry out a behavior depending on the person's intentions. Intentions are things that can explain motivational factors and have a strong impact on behavior. The intention to carry out a behavior is supported by, among other things, perceived behavior control or the perception of the ability to control behavior. Perceived behavior control is based on previous experience, information held either through observation or knowledge of the individual himself or people he knows.

Based on research conducted by Prihanti, Rahayu, & Abdullah, (2016), the results found that knowledge is an understanding of a number of information

and objective recognition of objects or things. Knowledge can also be obtained through a person's experiences and through the results of a person's formal or informal learning. The higher the mother's knowledge, the higher the mother's level of awareness to provide complete basic immunization to children (Dillyana & Nurmala, 2019). The results of research conducted by Luthfi & Sugihartiningsih (2014), show that there is a significant relationship between maternal knowledge and completeness of immunization. This is in line with research results from Undarti, Murtutik, & Suwarni (2013) that there is a relationship between maternal knowledge about basic immunization and compliance with basic immunization in babies.

According to Ajzen (2015), this factor will later refer to the individual's perception regarding the ease or difficulty of generating a behavior. The reasons why parents do not immunize are in line with factors that influence a person's views, such as the social environment, community culture, health services, past experiences, needs, motivation and so on, which ultimately form a perception. This perception will later create a parent's choice to carry out or not carry out complete basic immunization for their child (Hardjana, 2017).

The Rakit Kulim Community Health Center is one of the health service facilities owned by the Indragiri Hulu Regency government which is located in the Rakit Kulim District area. In the working area of the Rakit Kulim Community Health Center, the basic immunization dropout rate from each sub-district is still quite high, namely more than 5%. Basic immunization drop out is incomplete basic immunization where one or more basic immunizations are not received, which includes Hepatitis B immunization four times, BCG once, DPT three times, Polio four times, and Measles once. Complete immunization coverage in the working area of the Rakit Kulim Community Health Center globally has met the target, but there are still sub-districts that are below the target, namely coverage of less than 95%. Hb immunization coverage <7 days: 92.8%, BCG: 92.8%, Measles: 89.6%, DPT-Hb-Hib: 93.9%, Polio: 92.9%. At the Rakit Kulim Community Health Center, only measles immunization did not meet the UCI target of 89.6%.

Based on a preliminary survey by observing several posyandu in the working area of the Rakit Kulim Community Health Center, it was found that there was a lack of information facilities in the form of brochures or posters about immunization. This can influence the mother's lack of knowledge about immunization. Apart from that, the results of interviews from several mothers at posyandu stated that there were still many mothers who did not know the benefits, timing of administration, and type of each immunization given to their babies. Therefore, it is necessary to conduct research on basic immunization compliance in infants.

At the Rakit Kulim Community Health Center, to increase the achievement of basic immunization for babies, various efforts have been made, including by providing counseling, also providing immunizations in the building and through posyandu activities as well as providing education to mothers with babies to always carry out immunizations according to a predetermined schedule. From observations made by researchers of mothers who have babies when visiting the Rakit Kulim Health Center when they are asked questions about immunization, the average mother does not understand the importance of complete immunizations that must be given to babies. Mothers of toddlers also perceive that immunization is given only if there is an opportunity.

Based on the background above, researchers are interested in taking the title "The relationship between the level of knowledge and perceptions of mothers about basic immunization on compliance with basic immunization for babies in the

Rakit Kulim Community Health Center Working Area".

RESEARCH METHODS

The research design used was a cross-sectional study. This research is a type of research that emphasizes measuring observation data on independent and dependent variables only once at a time when meeting with sufferers. With this study, the prevalence or effect of a phenomenon (dependent variable) will be obtained in relation to the cause (dependent variable) (Nursalam, 2015). Research was conducted to study the relationship between the level of knowledge and perceptions of mothers regarding basic immunizations on compliance with basic immunizations for babies in the working area of the Rakit Kulim Community Health Center.

RESULTS AND DISCUSSIONS

1. Univariate Analysis

Based on the results of univariate analysis, the following research results were obtained:

Table 1 Analysis of knowledge about basic immunization for babies in the working area of the Rakit Kulim Community Health Center

No	Kategori	Jumlah	Persentase (%)
1	Baik	52	57,1
2	Cukup	27	29,7
3	Kurang	12	13,2
	Total	**91**	**100,0**

Based on table 1, the majority of respondents had good knowledge, namely 52 respondents (57.1%).

Table 2 Analysis of Perceptions regarding basic infant immunization in the working area of the Rakit Kulim Community Health Center

No	Kategori	Jumlah	Persentase (%)
1	Negatif	15	16,5
2	Positif	76	83,5
	Total	**50**	100

Based on table 2, the majority of respondents had a positive perception, 76 respondents (83.5%).

Table 3 Compliance analysis regarding basic infant immunization in the working area of the Rakit Kulim Community Health Center

No	Kategori	Jumlah	Persentase (%)
1	Tidak Patuh	13	14,3
2	Patuh	78	85,7
	Total	**50**	**100**

Based on table 4.3, the majority of respondents had the compliance category, 78 respondents (85.3%).

2. Bivariate Analysis

Table 4 The relationship between the level of knowledge about basic immunization and compliance with basic immunization for babies in the working area of the Rakit Kulim Community Health Center

knowledge	Obedience				amount	%	*p value*
	disobedient	%	obedient	%			
Good	7	7,7	45	49,5	52	100	0,000
Enough	5	5,5	21	23,1	26	100	
Less	1	1,1	12	13,2	13	100	
Total	13	7,7	78	49,5	91	100	

Based on table 4, it can be seen that knowledge has a relationship with compliance where there is a p value of 0.000.

Table 5 The relationship between perceptions about basic immunization and compliance with basic immunization for babies in the working area of the Rakit Kulim Community Health Center

perception	Obedience				amount	%	*p value*
	Disobedient	%	obedient	%			
Negative	3	3,3	12	13,2	15	100	0,001
Positive	10	11,0	66	72,5	76	100	
Total	13	14,3	78	85,7	91	100	

Based on table 5, it can be seen that perception has a relationship with compliance where there is a p value of 0.001.

3. Discussion Knowledge of Basic Immunizations

Based on table 4.1, it shows that the majority of parents have a good level of knowledge, namely 52 respondents (57.1%). Knowledge is a collection of information obtained from experience or from birth, which makes a person know something (Fauziyah, 2015).

This is in line with research by Yuwono (2017) which states that several factors that influence a person's level of knowledge are age, education and occupation. Respondents' good knowledge is influenced by age. The older you are, the more mature a person's level of maturity and strength will be in thinking and working (Wawan & Dewi, 2020). A person's age can affect a person's ability to understand and think. The older you get, the more your understanding and thinking patterns develop so that the knowledge you gain gets better. (Yuwono, 2017).

This is also in line with research by Astuti (2022) which shows that the majority of people aged 17 to 25 years have good knowledge, where the higher the age, the higher a person's knowledge. Some respondents are mature, at that age they will have good understanding and thinking skills so that their knowledge will also improve. As a person's age increases, a person's level of maturity and strength will become more mature in thinking and working. In terms of public trust, someone who is more mature is more trusted than someone who is less mature (Faot, 2019).

Another factor that can influence knowledge is education. The higher the level of education, the easier it is to get information (Nugroho, Laksmi & Priyonoadi, 2016). Education is a process of changing the attitudes and behavior of a person or group and also an effort to mature humans through teaching and training efforts. The higher the education and the more training one participates in, of course it will influence the amount or breadth of a person's knowledge (Bagaskoro, 2019). Education is an important factor in everyday life. The level of education influences a person's cognitive abilities. From the research results, it is known that respondents with a higher level of education have a better level of knowledge. The higher the level of education, the higher the knowledge about the disease (Sukmawati, & Chriswinda, 2019). In line with research by Fadlilah and Rahil (2019), it is known that respondents with higher education have better knowledge about futsal than those with secondary education (Fadlilah & Rahil, 2019).

Notoatmojo (2018), said that education is directly related to a person's knowledge, so it is assumed that a higher level of education is expected to increase a person's knowledge. The higher the knowledge, it is hoped that someone will apply their knowledge, especially when family members need it. A person's knowledge is usually obtained from various experiences originating from various sources, for example mass media, electronic media, manuals, health workers.

The performance and ability of a person's brain to store (memory) increases or increases when it is frequently used, one of which is in work that frequently uses the brain (Suwarya & Yuwono, 2017). The work environment can enable a person to gain experience and knowledge both directly and indirectly (Faot, 2019). This research is in line with research from (Karina & Warsito, 2012) that most mothers' knowledge about immunization is good.

According to researchers' assumptions, other factors that can also influence knowledge include work. A person's job can influence a person's knowledge and experience. Mothers who do not work have more time to search for information about immunization so that the knowledge gained also increases. Mothers

who have knowledge about providing immunizations have received information from various sources, including through mass media, electronic media and through education by health workers.

4. Perceptions About Basic Immunization

The results showed that parents' perceptions about basic immunization showed that the majority of parents who were respondents had positive perceptions about basic immunization.

The results of the questionnaire from parents who had negative perceptions, agreed that the basic immunization given could cause other diseases such as babies experiencing fever after being given basic immunization. Parents also feel that babies who are immunized and those who are not immunized are no different. Parents who feel that their baby is in good health so there is no need for immunization. Parents also feel it is better to give medicine when their child is sick rather than preventing it with basic immunization. Information obtained from people around also creates negative perceptions about immunization. The more dominant party has an influence on perceptions about immunization. The husband, who is considered to be the dominant party, has a negative perception, so he forbids his wife from immunizing her baby because he doesn't want to be disturbed when the baby continues to cry after being immunized.

The results of this research are in line with the theory of Luthy et al. (2022) stated that perception is one of the factors that influences parents to carry out immunization. The results of the questionnaire given showed that respondents with positive perceptions agreed that immunization could prevent infectious diseases. Immunization is considered important to build immunity in babies, the vaccine content in immunization is also considered safe to be given, and parents have also received good information from health workers, both from toddler posyandu cadres and local health center officials.

According to the researchers' assumptions, the parents who were respondents also felt the benefits of basic immunization, namely that their babies who had completed immunizations were less susceptible to disease. Parents also think that even though they are not in an environment that is at risk of contracting infectious diseases, they still have to complete basic immunizations to prevent unwanted diseases. Parents also do not agree that immunization has an impact on disability.

5. Compliance with Immunization

The research results showed that the majority of respondents complied with immunization, namely 78 respondents (85.7%).

The results of this study are in line with Senewe et al (2017) who analyzed the relationship between maternal education, family support, maternal motivation, maternal attitudes, level of knowledge, maternal actions, health services and maternal compliance in providing basic immunizations at the Tongkaina Community Health Center, Bunaken District, Manado Municipality. There is a relationship between maternal education and maternal compliance in providing basic immunizations, and there is a relationship between family support, maternal motivation, maternal attitudes, level of knowledge, maternal actions, health services and maternal compliance in providing basic immunizations. The results of this study indicate that knowledge does have a contribution in generating compliance, but there are still many other variables involved. However**,** this research does not calculate how much knowledge contributes to shaping compliance.

Specifically, the results of this study are in line with Momomuat et al (2014) regarding the relationship between the mother's level of knowledge about the importance of measles immunization and compliance with carrying out immunization at the Kawangkoan Community Health

Center. In fact, it has been revealed that there is a relationship between the mother's level of knowledge about the importance of measles immunization and compliance with carrying out immunization. However, this research has a limited scope, namely only limited to measles immunization so it cannot be generalized to basic immunization as a whole. Although also, this research provides opportunities regarding the contribution of knowledge and levels of compliance.

The results of this study are in line with Rizani et al (2019) who examined the relationship between knowledge, attitudes and behavior of mothers in providing Hepatitis B immunization 0-7 days in Banjarmasin City, reporting that insufficient knowledge had a 5.96 times risk of bad behavior in providing immunization. hepatitis B compared to those with good knowledge. Likewise, a mother's negative attitude carries a risk of bad behavior in providing hepatitis B immunization compared to a positive attitude. Knowledge and level of education are related to maternal behavior in providing hepatitis B immunization for 0-7 days. However, this research does not explicitly mention behavior as compliance. If the behavior referred to by Rizani et al is assumed to be a level of compliance, it can be assumed that at least knowledge and attitudes contribute to maternal compliance in providing immunizations.

The results of this study are in line with Astinah et al (2013) who have researched the relationship between education, knowledge, attitudes and actions of providing basic immunizations to babies at Posyandu Teratai, Tamamaung Health Center, Makassar, reporting that there is a relationship between education, knowledge, actions and attitudes towards providing immunizations. This research also succeeded in identifying that education and knowledge have a dominant influence on immunization provision. However, it cannot be explained how big its contribution is in shaping behavior and compliance.

According to researchers' assumptions, respondents' compliance in providing immunizations is due to the importance of immunizing their children. Paying attention to the research reports above, it can be seen that there are many variables that contribute to influencing maternal compliance with immunization. However, among these many variables, the contribution of knowledge seems to be quite popular in generating compliance with immunization.

6. The Relationship between Knowledge and Compliance

Based on the statistical test results above, the p value = 0.000 ($\rho < 0.05$), meaning that there is a relationship between the mother's level of knowledge about basic immunization and compliance with basic immunization for babies.

This is in line with research conducted by Lolong (2017), regarding the analysis of factors related to maternal compliance in providing basic immunization, showing that there is a relationship between the level of knowledge and compliance with basic immunization. The better the level of education, the better the mother's level of knowledge, making it easier to change behavior to provide basic immunization to babies.

Anggraeni's research revealed that there was a significant relationship between the mother's level of knowledge about carrying out complete basic immunization and compliance with carrying out complete basic immunization (p=0.017). The higher the mother's knowledge, the higher the compliance with complete basic immunization for children.

According to researchers' assumptions, maternal compliance is greatly influenced by maternal knowledge in providing immunizations. This is because parents' knowledge about the importance of immunization for their children is very important so that parents' compliance in

providing immunizations to their children is very necessary. The role of parents in promotive health efforts is very important, especially in completing immunizations for babies. A person's knowledge is an important domain in shaping a person's actions. Behavior that is based on knowledge will survive better than behavior that is not based on knowledge. With good knowledge, mothers receive correct information regarding the benefits and purposes of immunization, which will affect the completeness of basic immunization.

7. The Relationship between Perception and Compliance

Based on the statistical test results above, the p value = 0.001 ($\rho < 0.05$), meaning that there is a relationship between the mother's perception of basic immunization and compliance with basic immunization in babies.

In line with the theory of planned behavior according to Ajzen (2020), which states that one of the supports for someone carrying out a behavior is perceived behavior control or perception that controls behavior. Perception here is one of three things that can give rise to the intention to carry out a behavior.

This is in line with research by Isnayni (2021) which states that there is a relationship between parental perceptions and parental compliance in providing immunizations. Almost all of the respondents used by previous researchers had good perceptions, because in the research area used, almost all parents approved of immunization and had a good perspective on basic immunization for babies.

According to the researchers' assumptions, respondents with positive perceptions but who did not complete basic immunization for their babies mostly had the excuse that their husbands prohibited them, so they preferred not to immunize their babies. The role of the father is very influential in the mother's decision to complete basic immunization for her baby. Puskesmas officials have provided quite good information when seen from several respondents who know the benefits of immunization, but because the people around them are less supportive, this means that respondents do not complete immunizations for their babies. All parents who complete basic immunization for their babies have positive perceptions about basic immunization.

CONCLUSION

Based on the results of the research that has been carried out, the following conclusions can be drawn:

1. The highest level of knowledge about basic immunization was in the good category with 52 respondents (57.1%).
2. Perceptions about basic immunization were mostly in the positive category, 76 respondents (83.5%).
3. The highest level of basic immunization compliance was in the compliance category with 78 respondents (85.3%).
4. There is a relationship between the level of knowledge about basic immunization and compliance with basic immunization for babies in the working area of the Rakit Kulim Community Health Center with a p value of 0.000.
5. There is a relationship between perceptions about basic immunization and compliance with basic immunization for babies in the working area of the Rakit Kulim Community Health Center with a p value of 0.000.

Suggestion :

1. For the Al Insyrah Institute of Health and Technology
   Educational institutions are expected to use this research as reading material and reference material regarding basic immunization in the world of education, especially for nursing students.
2. For the Rakit Kulim Community Health Center
   Health workers at Community Health Centers are advised to take a closer

approach to families through health education regarding basic immunization so as to change family knowledge and perceptions about basic immunization.

3. For Further Researchers
   Further research is needed by expanding the number of research samples, types of research designs, and different variables to find out other factors that influence basic immunization compliance.

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