

The Relationship Between Socio-Cultural, Accessibility and Motivation of Mother with Complete Basic Immunization Status

Youris Frastica Rahmadhani, Andi Parellangi, Nursari Abdul Syukur

Student of Applied Midwifery Study Program, Lecturer Department of Midwifery,

Politeknik Kesehatan Kementerian Kesehatan Kalimantan Timur, Indonesia

yourisfrastica3@gmail.com

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Abstract

Introduction: The Ujoh Bilang Health Center, located in Mahakam Ulu Regency, is known to have complete basic immunization coverage from January to December 2022 for 12-month-old children of 143 children (59%) with a target of 241 children. This shows that the complete basic immunization coverage is still below the Mahakam Ulu Regency target of 93.6% and the national target of 93%. **Objective:** The aim is to know the relationship socio-cultural, accessibility and motivation of mothers with complete basic immunization status in the working area of the Ujoh Bilang Health Center. **Methods:** This type of research is analytic observation using a cross sectional design. Data analysis using Chi-Square. **Results and Discussion:** Characteristics of respondents aged between 20-35 years (95.8%), multipara parity (66.2%), high school graduate education (57.7%), work as an IRT (46.5%), socio-cultural good (53.5%), less supportive accessibility (54.9%), good motivation (52.1%), and complete basic immunization status (50.7%). There is a socio-cultural relationship (p -value: 0.044), accessibility (p value: 0.012), mother's motivation (p value: 0.024) with complete basic immunization status in the working area of the Ujoh Bilang Health Center. **Conclusion:** Socio-cultural, accessibility and mother's motivation are related to complete basic immunization status. **Keywords:** Socio-Cultural; Accessibility; Motivation; Immunization;

Introduction

According to *World Health Organization* (WHO in Siregar, 2020) Complete basic immunization coverage in 12-month-olds is increasing from 5% to close to 80% worldwide. Complete basic immunization coverage in Indonesia at the age of 12 months with details in 2016 of 91.5%, in 2017 of 92%, in 2018 of 92.5% and in 2019 of 93%, with a target of 93% (Kemenkes RI, 2015 in Lukito, 2019). This shows an increase in 2015-2019 and achieved the target. However, 2020 and 2021 experienced a decline, namely the achievements of the year 2020 is 84% with a target of 92%, as well as in 2021 it is 84% with a target of 93% (The Ri, 2022).

Complete basic immunization coverage for children aged 12 months in East Kalimantan Province in 2020 is 87.9% and in 2021 is 90.9% with a target of 93% (Kaltimprov, 2022). The coverage of complete basic immunization for children aged 12 months in Mahakam Ulu Regency in 2021 is 85% with a target of 93% (Diskominfo, 2022).

According to Lawrance Green's (1980) theory in Sari (2022) that there are three factors that can influence health behavior, namely predisposing factors (knowledge, work, intention, attitude, motivation, perception, education, desire, belief, socio-culture), supporting factors (availability of health facilities, accessibility, priority and commitment to health), driving factors (family, friends, health workers, social support).

This study further raised factors that affect complete basic immunization status, including: Socio-cultural, accessibility and motivation of mothers. This is in accordance with the research conducted Afiah (2019) shows that there is a significant relationship between socio-culture and maternal motivation in participating in immunization. Research Telmasari (2019) indicates that There is a significant relationship between maternal motivation in carrying out basic immunization in children. Research Nainggolan (2016) indicates that There is a meaningful relationship between access to health facilities and complete basic immunization status.

A preliminary study at the Ujoh Bilang Public Health Center located in Mahakam Ulu Regency found that the coverage of complete basic immunization from January to December 2022 in 12-month-old children was 143 children (59%) with a target of 241 children. This shows that the complete basic immunization coverage is still below the Mahakam Ulu Regency target of 93.6% and the national target of 93 %. Through initial interviews with mothers who have children aged 12 months who are not fully immunized, their children said that they do not bring immunized children because the house is far from health care places such as Integrated Healthcare Center or puskesmas and there are no vehicles to bring children to the place.

There are also mothers who say they do not bring their children DPT immunization or do not comply with the DPT immunization schedule because they are afraid that their children have fever and fuss, so that basic immunization coverage should have been achieved this year but not achieved because of not timely immunization. There are mothers who say they do not bring immunized children because in their families do not recommend immunization because vaccination is haram. In addition, there are also

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mothers who say they do not bring immunized children for fear of children repelling or becoming feverish.

Method

This type of research is *analytical observation* using a cross sectional *design*. The population is mothers who have children aged 12 months in the working area of the Ujoh Bilang Public Health Center in 2022 as many as 241 people, using the Slovin formula obtained a sample of 71 people. The sampling technique uses *purposive sampling*. Data analysis using *Chi-Square*.

Result and Discussion

Result

Table 1
 Characteristics of Respondents

Characteristics of Respondent	N	%
Mother's Age		
20-15 Years	68	95,8
>35 Years	3	4,2
Mother Parity		
Primipara	22	31
Multipara	47	66,2
Grandmultipara	2	2,8
Mother's Education		
ES	3	4,2
JHS	15	21,1
SHS	41	57,7
Degree	12	16,9
Mother's Work		
Housewife	33	46,5
Civil State Officer	7	9,9
governmental	10	14,1
Merchant	11	15,5
Farmer/Fisherman	10	14,1

Based on table 1, it was obtained that of 71 mothers who had children aged 12 months in the working area of the Ujoh Bilang Public Health Center, with the age between 20-35 years, almost all of the respondents amounted to 68 people (95.8%), multipara parity, most of the respondents amounted to 47 people (66.2%), high school graduation education most of the respondents amounted to 41 people (57.7%) and work as housewife Almost half of the respondents amounted to 33 people (46.5%).

Socio-Cultural

Table 2

Distribution of socio-cultural statistics to mothers who have children aged 12 months

Socio-Cultural	N	%
Good	38	53,5
Not Good	33	46,5
Total	71	100

Based on table 2. it was found that socio-culturally in mothers who have children aged 12 months in the working area of Ujoh Bilang Public Health Center, most of the good respondents amounted to 38 people (53.5%), while almost half of the poor respondents amounted to 33 people (46.5%).

Accessibility

Table 3

Distribution of accessibility statistics to mothers with children aged 12 months

Accessibility	N	%
Support	32	45,1
Less Support	39	54,9
Total	71	100

Based on table 3. it was found that accessibility for mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center, most of the respondents were less supportive amounting to 39 people (54.9%), while almost half of the respondents supported 32 people (45.1%).

Mother's Motivation

Table 4

Distribution of statistics to mothers who have children aged 12 years in the work area Ujoh Bilang Public Health Center

Motivation	N	%
Good	37	52,1
Not Good	34	47,9
Total	71	100

Based on table 4. it was found that the motivation of mothers who had children aged 12 months in the work area of Ujoh Bilang Public Health Center, most of the good respondents amounted to 37 people (52.1%), while almost half of the poor respondents amounted to 34 people (47.9%)

Complete Basic Immunization Status

Table 5

Distribution of complete basic immunization status statistics to mothers who have children aged 12 years in the work area of Ujoh Bilang Public Health Center

Complete Basic Immunization Status	N	%
Complete	36	50,7
Incomplete	35	49,3
Total	71	100

Based on table 5. it was found that the complete basic immunization status of mothers who had children aged 12 months in the working area of Ujoh Bilang Public Health Center, most of the complete respondents amounted to 36 people (50.7%), while almost half of the incomplete respondents amounted to 35 people (49.3%).

Socio-cultural relations with complete basic immunization status in the work area of Ujoh Bilang Public Health Center

Table 6

Socio-cultural relations with complete basic immunization status

Socio-Cultural	Basic Immunization Status				Total		p-value
	Complete		Incomplete				
	N	%	N	%	N	%	
Good	24	33,8	14	19,7	38	53,5	*0,044
Not Good	12	16,9	21	29,6	33	46,5	
Total	36	50,7	35	49,3	71	100	

Based on the table of mothers who have children aged 12 months in the work area, Ujoh Bilang Public Health Center has good socio-cultural status, almost half of the respondents totaled 24 people (33.8%) and incomplete, a small part of the respondents amounted to 14 people (19.7%). Then mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have poor socio-culture whose basic immunization status is incomplete, almost half of the respondents amounted to 21 people (29.6%) and complete a small part of the respondents amounted to 12 people (16.9%).

Based on the results of statistical tests, a *p value of 0.044* < α : 0.05 was obtained, meaning that there is a socio-cultural relationship with complete basic immunization status in the work area of the Ujoh Bilang Public Health Center.

The relationship between accessibility and complete basic immunization status in the work area of Ujoh Bilang Public Health Center.

Table 7

Relationship of accessibility to complete baseline immunization status

Accessibility	Basic Immunization Status				Total		p-value
	Complete		Incomplete		N	%	
	N	%	N	%			
Support	22	31	10	14,1	32	45,1	*0,012
Less Support	14	19,7	25	35,2	39	54,9	
Total	36	50,7	35	49,3	71	100	

Mothers who have children aged 12 months have supportive accessibility that complete basic immunization status is almost half of the respondents numbering 22 people (31%) and incomplete a small percentage of respondents numbering 10 people (14.1%). Then mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have less supportive accessibility whose basic immunization status is incomplete, almost half of the respondents amounted to 25 people (35.2%) and complete, a small part of respondents amounted to 14 people (19.7%). Based on the results of statistical tests, a *p value of 0.012* < α : 0.05 was obtained, meaning that there is a relationship between accessibility and complete basic immunization status in the work area of the Ujoh Bilang Public Health Center.

The relationship between maternal motivation and complete basic immunization status in the work area of Ujoh Bilang Public Health Center

Table 8

The relationship of maternal motivation with complete basic immunization status

Socio-Cultural	Basic Immunization Status				Total		p-value
	Complete		Incomplete		N	%	
	N	%	N	%			
Good	24	33,8	13	18,3	37	52,1	*0,024
Not Good	12	16,9	22	31	34	47,9	
Total	36	50,7	35	49,3	71	100	

Based on the table above, it is known that mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have good motivation whose basic immunization status is complete, almost half of the respondents amounted to 18 people (21.4%) and incomplete, a small part of respondents amounted to 12 people (14.3%). Then mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have poor motivation whose basic immunization status is incomplete, almost half of the respondents amounted to 37 people (44%) and complete a small part of the respondents amounted to 17 people (20.2%). Based on the results of statistical tests, a *p value of 0.024* < α : 0.05 was obtained, meaning that there is a relationship between maternal motivation and complete basic immunization status in the work area of the Ujoh Bilang Public Health Center.

Discussion

Socio-cultural relations with complete basic immunization status in the work area of Ujoh Bilang Public Health Center.

Based on the results of the study, it is known that mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have good socio-culture with complete basic immunization status, almost half of the respondents amounted to 24 people (33.8%). This is because the better the socio-culture makes the more complete the basic immunizations given to children due to the environment and habits around them that support health. Socio-cultural respondents with incomplete basic immunization status were a small part of the respondents amounting to 14 people (19.7%). This is due to the lack of knowledge and motivation of respondents.

Then mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have poor socio-culture with incomplete basic immunization status, almost half of the respondents amounted to 21 people (29.6%). This is because the environment and habits around it are less supportive of health. Then socio-culture is not good with complete basic immunization status, a small part of respondents amounted to 12 people (16.9%). This is because they have good knowledge so that they get information about basic immunizations given to their children.

Based on the results of statistical tests, *a p value of 0.044 < α : 0.05* was obtained, meaning that there is a socio-cultural relationship with complete basic immunization status in the work area of the Ujoh Bilang Public Health Center.

The results of this study are in accordance with previous research conducted by Afiah (2019) showing that there is a socio-cultural relationship with complete basic immunization status. Agbana's (2018) research shows that there is a socio-cultural relationship with complete basic immunization status. Nasution's (2018) research shows that there is a socio-cultural relationship with complete basic immunization status.

Socio-culture as habits and traditions that people do without going through reasoning whether what is done is good or bad. Thus, a person will increase his knowledge even if he does not do. A person's economic status will also determine the availability of a facility needed for certain activities so that this socioeconomic status will affect a person's knowledge (Munandar, 2018).

Researchers assume that there is a socio-cultural relationship with complete basic immunization status in the work area of the Ujoh Bilang Public Health Center, this is due to the existence of habits and traditions in the mother's environment that are carried out without reasoning whether what is done is good or bad. Affect confidence in providing complete basic immunization to children. In addition, in Mahakam Ulu Regency there is a tradition of not allowing pregnant women to leave the house for 40 days after giving birth, thus making BCG immunization coverage missed.

The relationship between accessibility and complete basic immunization status in the work area of Ujoh Bilang Public Health Center.

Based on the results of the study, it is known that mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have supportive accessibility with complete basic immunization status, almost half of the respondents amounted to 22 people (31%). This is because it is easy to reach health care places and there are transfortations that make bringing children immunization on schedule. There is supportive accessibility with incomplete basic immunization status, a small percentage of respondents numbered 10 people (14.1%). This is due to the lack of socio-cultural support and lack of information about basic immunization.

Then mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have less supportive accessibility with incomplete basic immunization status, almost half of the respondents amounted to 25 people (35.2%). This is because the location of the house is far from the immunization site. There was also poor accessibility with complete basic immunization status, a small percentage of respondents totaling 14 people (19.7%). This is because they have motivation in immunizing their children.

Based on the results of statistical tests, a *p value of 0.012* < α : 0.05 was obtained, meaning that there is a relationship between accessibility and complete basic immunization status in the work area of the Ujoh Bilang Public Health Center.

The results of this study are in accordance with previous research conducted by Nainggolan (2016) showing that there is a relationship between accessibility and complete basic immunization status. Merisa's (2018) research shows that there is a relationship between accessibility and complete basic immunization status. Arda's (2018) research shows that there is an accessibility relationship with complete basic immunization status.

Accessibility can be grouped into three categories, namely physical access related to the availability of health services, or distance to service users. Physical access can be calculated from travel time, distance traveled, type of transportation, and conditions in health services. User-side economic accessibility is seen from respondents' financial ability to access health services. Social accessibility is a non-physical and financial condition that influences decision making to go to health care (Suratman, 2019).

Researchers assume that there is a relationship between accessibility and complete basic immunization status in the work area of Ujoh Bilang Public Health Center, this is because physical access, namely the absence of transfortation, unfavorable road conditions and long distances make mothers not bring their children complete basic immunization on schedule. In addition, there are villages in the working area of the Ujoh Bilang Public Health Center that are far away must pass through a cascade to go to the Integrated Healthcare Center and villages where some residents live in oil palm plantations where road access is not good and far from the Integrated Healthcare Center

The relationship between maternal motivation and complete basic immunization status in the work area of Ujoh Bilang Public Health Center.

Based on the results of the study, it is known that mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have good motivation whose basic immunization status is complete, almost half of the respondents amounted to 18 people (21.4%). This is because the impulse in oneself makes bringing children immunized. There were well-motivated respondents with incomplete basic immunization, a small percentage of respondents totaled 12 people (14.3%). This is because it does not support the surrounding environment.

Then mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center have poor motivation whose basic immunization status is incomplete, almost half of the respondents amounted to 37 people (44%). This is due to the lack of encouragement in oneself making bringing children immunized. There was poor motivation that the basic immunization status was complete, a small percentage of respondents amounted to 17 people (20.2%). This is due to the support from the surrounding environment.

Based on the results of statistical tests, a *p value of* $0.024 < \alpha: 0.05$ means that there is a relationship between maternal motivation and complete basic immunization status in the work area of the Ujoh Bilang Public Health Center. The results of this study are in accordance with previous research conducted by Telmasari (2019) showing that there is a relationship between maternal motivation and complete basic immunization status. Afiah (2019) research shows that there is a relationship between maternal motivation and complete basic immunization status. Mufarohah (2022) research shows that there is a relationship between maternal motivation and complete basic immunization status.

Motivation is a process that explains the intensity, direction and perseverance of an individual to achieve his goals. Motivation can be interpreted as an effort that drives a person to do something, both intrinsically and extrinsically. Intrinsically functioning motivation does not require external stimuli because within the individual there is already an urge to perform. Extrinsically motivation that functions due to the presence of external stimuli (Sardiman, 2017).

Researchers assume that there is a relationship between maternal motivation and complete basic immunization status in the work area of the Ujoh Bilang Public Health Center, this is because respondents who get encouragement both internally and externally in caring for their children will strive for children to grow healthy through bringing children for complete basic immunization. However, vice versa, lack of maternal motivation, both internal and external, can cause children not to receive complete basic immunizations on schedule.

Conclusion

The characteristics are mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center with the age between 20-35 years almost entirely

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from respondents totaling 68 people (95.8%), multipara parity most of the respondents amounting to 47 people (66.2%), high school graduation education most of the respondents amounting to 41 people (57.7%) and work as housewife Almost half of the respondents amounted to 33 people (46.5%).

Socio-cultural in mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center most of the good respondents amounted to 38 people (53.5%), while almost half of the respondents were not good amounting to 33 people (46.5%). Accessibility for mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center most of the respondents are less supportive amounting to 39 people (54.9%), while almost half of the respondents support 32 people (45.1%).

The motivation of mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center is mostly from good respondents amounting to 37 people (52.1%), while almost half of the respondents are not good amounting to 34 people (47.9%). The complete basic immunization status of mothers who have children aged 12 months in the work area of Ujoh Bilang Public Health Center is mostly from complete respondents amounting to 36 people (50.7%), while almost half of the incomplete respondents amounted to 35 people (49.3%).

There is a socio-cultural relationship with complete basic immunization status in the work area of Ujoh Bilang Public Health Center (*p value: 0.044* < α : 0.05). There is a relationship between accessibility and complete basic immunization status in the work area of Ujoh Bilang Public Health Center (*p value: 0.012* < α : 0.05). There is a relationship between maternal motivation and complete basic immunization status in the work area of Ujoh Bilang Public Health Center (*p value: 0.024* < α : 0.05)

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