

**RELATIONSHIP OF PARITY, EDUCATION AND SOURCES OF INFORMATION
WITH THE LEVEL OF KNOWLEDGE OF THE MOTHER ABOUT THE
PROVISION OF IMMUNIZATION BASIS IN DESA BARBARAN JAE
KEC. PANYABUNGAN BARAT TAHUN 2019**

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ABTRACT

Currently, almost one million children each year do not receive an immunization program. 2007 data shows that only 6 out of 10 children in Indonesia receive a complete immunization program. In fact, 9 out of 100 children do not get vaccinated at all. The percentage of children who received complete vaccination for DPT was only 66.7%. The immunization percentage for hepatitis B was 60.3%; for tuberculosis 85.4%, for Polio 73.5%, and for measles 76.4%. This type of research used an analytic study with a cross sectional design, which aims to explain the relationship between parity, education and sources of information with the level of mother's knowledge about the completeness of basic immunization. Data analysis was done by chi square test. The population in this study were all mothers who had babies aged 0-12 months in Barbaran jae village, kec. West Panyabungan as many as 31 people. The sample in this study was the entire population, namely mothers who have babies aged 0-12 months in Barbaran Jae Village, Kec. Panyabungan Barat as many as 31 people. The highest frequency distribution was found in sufficient knowledge, namely 17 respondents (54.8%), multipara parity, namely 19 respondents (61.3%), academic education/PT, namely 13 respondents (41.9%), and sources of information print media that is 17 respondents (54.8%). There was a correlation between parity ($P = 0.045$), education ($P = 0.001$), and sources of information ($P = 0.026$), with the mother's level of knowledge about the completeness of basic immunization in Barbaran Jae Village, Kec. West Connection.

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1. INTRODUCTION

Efforts to improve health status in Indonesia, the government has carried out various health programs to support public health. The end of the 2015 MDGs program, the Government of Indonesia is increasingly aggressive in improving health status by referring to the 2030 SDGs. One of them is the effort to reduce the Toddler Mortality Rate (AKBA) through the immunization program. According to Law No. 36 of 2009 on Health, immunization is one of the efforts to prevent infectious diseases (Law No. 36 of 2009). This is one of the priority activities of the Ministry of Health as a concrete form of the government's commitment to achieving the Sustainable Development Goals (SDGs), especially to reduce child mortality (Permenkes RI No 12, 2017).

Immunization is an effort to increase individual immunity to avoid certain diseases. According to the United Nations International Children's Emergency Fund (UNICEF), immunization can save 3 million children under five in one year (UNICEF, 2013). UNICEF states that every 3 minutes, one child under five dies in Indonesia. The infant mortality rate in Indonesia according to the IDHS in

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2012 was 32 per 1000 live births and under-five mortality was 40 per 1000 live births, which is still far from the target of the Sustainable Development Goals (SDGs). Target 2 Midwifery Study Program, Faculty of Medicine, Andalas University, SDGs for infant mortality rate of 12 per 1000 live births and under-five mortality 25 per 1000 births (Directorate General of KIA Nutrition, 2015).

The mandatory basic immunizations consist of Hepatitis B, Polio, BCG, DPT, Measles. The five immunizations are known as the Five Complete Basic Immunizations (LIL), which are mandatory immunizations for children under 1 year of age. The schedule for giving each immunization is different, among others, Hepatitis B vaccine is best given within 12 hours after birth and is preceded by giving Vitamin K about 30 minutes earlier. Polio vaccine is given to newborns and the next 3 times are given with a maximum distance of 4 weeks. BCG vaccine is recommended before 3 months of age. The basic DPT vaccine is given 3 times since the child is 2 months old with an interval of 4 - 6 weeks. Measles immunization is given to infants aged 9 months (IDAI, 2017). Complete Basic Immunization Coverage (IDL) in Indonesia has increased compared to 2007 from 41.6% to 59, 2% in 2013 (Riskesdas, 2013). The IDL indicator in Indonesia in 2015 was 86.54%, while in 2016 it had reached the Strategic Plan target of 91.5% (Kemenkes RI, 2018).

Immunization aims to protect babies from certain diseases. Among them, hepatitis B, tuberculosis, diphtheria, pertussis, tetanus, polio and measles. Although immunization is very beneficial for babies and the facilities for the 4 Midwifery S1 Study Programs, FK Andalas University, services for immunization are available in the community, but not all mothers bring their babies to get complete basic immunizations.

Indonesia's Health Profile in the field of immunization in 2016 described in the national IDL coverage is 93.0%. This coverage range is found in North Kalimantan (57.8%) and South Sumatra (106.1%). This percentage increased by 0.7% when compared to the national IDL coverage in 2015 which was 92.3%. This coverage range is found in Papua (62.4%) and Jambi (102.5%). This is that 3 Midwifery Study Programs, Faculty of Medicine, Andalas University, created inequality again with the UCI (Universal Child Immunization) immunization coverage target of 81.82% in 2016 (Kemenkes RI, 2016).

The results of research conducted by Sari in 2015 in the Bendo Health Center Work Area, Magetan Regency, showed a significant relationship between mother's knowledge and completeness of basic infant immunization (Sari, 2015). Similarly, the results of a study conducted by Selvia in 2014, which found 54 cases of toddlers with measles in Lambung Bukit Village, Padang City (Selvia, 2014).

Based on the results of research conducted by Dewi, et al, 2016 in the title "The Relationship of Mother's Knowledge about Basic Immunization with Completeness of Basic Infant Immunization in the Working Area of the Bendo Health Center, Magetan Regency" it is known that most of the babies in the working area of the Bendo Health Center have complete immunization status as many as 66,2% of infants, while those with incomplete immunization status were 33.8% of infants.

From the research that has been conducted by Triana with the title factors that affect the provision of complete basic immunization to infants in Kuranji district in 2015. The results of the bivariate analysis obtained p-value knowledge (0.007), attitude (0.014), motivation (0.001), information (0.04), education (0.34), occupation (0.66), health services (0.47), barriers (0.43) did not have a significant relationship with immunization. The results of the multivariate analysis obtained the p-value of the motivation variable = 0.0001. Knowledge, attitudes and motivation of parents as well as information about immunization are factors that affect the completeness of providing basic immunization to infants, therefore it is recommended to health workers to improve health promotion, especially regarding immunization. there is a relationship between time constraints, family support,

The North Sumatra Health Office is targeting the achievement of basic immunization for infants aged zero to 11 months, up to 90 percent of the baby target of 331,930 in 2011. Meanwhile, at the district/city level, it must reach 95 percent and village immunization tests as much as 82 percent. succeeded in achieving the target of achieving Universal Child Immunization (UCI). He said, for the test villages it was only 72.2 percent, for immunization coverage for measles (88.3 percent), polio

(89.1 percent), DPT/HB3 (89.5 percent), BCG (90 percent) and Hepatitis 0-2. 7 days (55.5 percent). Head of the Guidance and Control Section (Bimdal) of the North Sumatra Health Service's Outbreaks and Disasters, Suhadi said, according to the 2009-2013 Strategic Plan (Renstra) of the Health Office, following up on Presidential Instructions No. 1 and 3 of 2010 concerning Millennium Development Goals (MDGs), one of which reduces maternal and child mortality. As well as reducing the death rate due to measles, then for 2011, the North Sumatra Health Office must achieve 90 percent of immunization achievements (Prawira Setiabudi, 2011).

In addition, M. Ali's 2002 research stated that education is actually very important in influencing the understanding and participation of parents in the immunization program. With higher education, parents tend to use health facilities as an effort to prevent, not treat.

Thus, efforts to produce a healthy generation require the motivation and coordination of all parties, especially parents, health workers, government officials by supporting programs in the health sector so that morbidity and mortality rates can be maximally suppressed. One of the health programs is to produce a healthy and quality generation. carried out through immunization activities (Lisnawati, 2011).

Based on an initial survey conducted at one of the posyandu in Barbaran Jae Village in 2019, data was obtained from midwives who conducted the posyandu that of 5 mothers who had babies 0-12 months in Barbaran Jae village there were only 21 mothers (35%) who brought their babies to immunize. base. When asked by researchers whether midwives often provide counseling about basic immunization in Barbaran Jae village to mothers who have babies, the midwife said that there was no special counseling about basic immunization for babies. The midwife also said that mothers who did not bring their babies to immunize were mothers who worked every day, so because they did not have time, they did not bring their babies to receive immunizations. The midwife also said that when the midwife made a visit to the house of a mother who had a baby, To invite mothers to bring their babies to get immunizations, there are still words from other family members such as Sibayi's grandmother who said that her grandchildren do not need to be immunized, because if they are immunized, their grandchildren will become sick. Based on an initial survey conducted in Barbaran Jae Village on April 20, 2019. The results of interviews with 10 mothers with babies aged 0-12 months, they stated that immunization is not beneficial for their children and can even cause illness for their children, some of them they also work as farmers so they don't have time to come to the posyandu and they also don't get support from other families. Only 3 out of 7 mothers whose children get complete basic immunization there are words from other family members, such as Sibayi's grandmother, who say that her grandson does not need to be immunized, because if he is immunized, his grandson will become sick. Based on an initial survey conducted in Barbaran Jae Village on April 20, 2019. The results of interviews with 10 mothers with babies aged 0-12 months, they stated that immunization is not beneficial for their children and can even cause illness for their children, some of them they also work as farmers so they don't have time to come to the posyandu and they also don't get support from other families. Only 3 out of 7 mothers whose children get complete basic immunization there are words from other family members, such as Sibayi's grandmother, who say that her grandson does not need to be immunized, because if he is immunized, his grandson will become sick. Based on an initial survey conducted in Barbaran Jae Village on April 20, 2019. The results of interviews with 10 mothers with babies aged 0-12 months, they stated that immunization is not beneficial for their children and can even cause illness for their children, some of them they also work as farmers so they don't have time to come to the posyandu and they also don't get support from other families. Only 3 out of 7 mothers whose children get complete basic immunization Based on an initial survey conducted in Barbaran Jae Village on April 20, 2019. The results of interviews with 10 mothers with babies aged 0-12 months, they stated that immunization is not beneficial for their children and can even cause illness for their children, some of them they also work as farmers so they don't have time to come to the posyandu and they also don't get support from other families. Only 3 out of 7 mothers whose children get complete basic immunization Based on an initial survey conducted in Barbaran Jae Village on April 20, 2019. The results of interviews with 10 mothers with babies aged 0-12 months, they stated

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From the above background, the researcher is interested in taking the title of the relationship between parity, education, and sources of information with the mother's level of knowledge about basic immunization in Barbaran Jae Village, Kec. West Panyabungan 2019

2. RESEARCH METHODS

This research was conducted with quantitative methods, using a cross sectional approach. This research was carried out in Barbaran Jae Village, Kec. West Connection. The population in this study were mothers who had babies 0-12 months in Barbaran Jae Village, Kec. West Connection. Research sample. Based on the method used overall sample required 46 respondents Data analysis using chi-square test.

3. RESULTS AND DISCUSSION

This research was started in April – July 2019. 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 Barbaran Jae Village, Kec. West Panyabungan to conduct an initial survey, after receiving a reply letter from Barbaran Jae Village, Kec. Panyabungan Barat i, then researchers can conduct research in. The researcher first asked 10 mothers in the village of Barbaran Jae about Toddler Development. 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 in Barbarian Village Jae Kec. Western Union year 2021

No	Characteristics of Respondents	N	%
1	parity		
	Primipara	17	37.0
	Multipara	29	63.0
	Grandemultipara	-	-
2	Education		
	SD	3	6.5
	junior high school	6	13.0
	senior High School	30	65.2
	College	7	15.2
3	Source I		
	Print media	10	21.7
	Electronic Media	25	54.5
	Health workers	11	23.9

Based on Table 1 above, it can be seen that the most respondents are multiparanamely as many as 29 people (63.0%) with the majority of high school education levels as many as 30 people (65.2%) and based on information sources the majority of electronic media as many as 25 people (54.3%).
 Mother

To test the relationship of independent variables which include parity, education, sources of information with the dependent variable, namely the level of mother's knowledge about basic immunization, bivariate analysis was carried out using the chi - square test with $\alpha = 0.05$ which is described as follows.

Table 2. Frequency Distribution of Mother's Knowledge Relationship in Barbaran Jae Village, Kec. West Panyabungan 2019

No	Mother's Knowledge	N	%
1	Well	14	30.4
2	Enough	23	50.0
3	Not enough	9	19.6

Based on table 2, the knowledge of mothers is sufficient as many as 23 people (50.0%), good as many as 14 people (30.4%), less as many as 9 people (19.6%).

The results of the study, it was found that from 46 respondents who had been given a knowledge questionnaire about immunization, most of the respondents with a total of 23 respondents (50.0%) had good knowledge, 14 respondents (30.4%) had poor knowledge and 9 respondents (19.6%) less knowledgeable.

According to Notoatmodjo (2010) says that experience is a good teacher, so the saying goes. This proverb implies that experience is a source of knowledge, or experience is a way to obtain the truth of knowledge. Therefore, personal experience can be used as an effort to gain knowledge. This is done by repeating the experience gained in solving problems encountered in the past.

According to another theory that parity is the number of pregnancies that produce a fetus that is able to live outside the womb. Parity is very influential on a person's acceptance of knowledge where the more experience a mother has, the easier it will be acceptance. Experience is an important approach in solving problems

According to the results of the study, there is a relationship between parity and the level of knowledge of mothers about basic immunization, because the more parity or the more experience the mother has, the higher the level of mother's knowledge.

Table 3. Frequency Distribution of Relationships Parity with Mother's Level of Knowledge About Basic Immunization in Barbaran Jae Village, Kec. West Panyabungan 2019

No.	parity	Knowledge level						Amount		Prob (P)
		Well		Enough		Not enough		F	%	
		F	%	F	%	F	%			
1	Primipara	2	11.8	9	52.9	6	35.3	17	100	0.038
2	Multipara	12	41.4	14	48.3	3	10.3	29	100	
3	Grandemultipara	-	-	-	-	-	-	-	-	
Total		14	30.4	23	50.0	9	19.6	64	100	

Based on table 3, mother's knowledge is sufficient with multipara parity as many as 14 people (48.3%), both parity primiparous 2 people (11.8%).

Based on fisher's exact test results obtained probability (p) 0.038. This value $< (0.05)$, meaning that there is a relationship between parity and the level of knowledge of mothers about basic immunization.

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Table 4. Relationship of Knowledge with Education With Mother's Knowledge Level About Provision of Basic Immunization in Barbaran Jae Village, Kec. West Panyabungan 2019

No.	Education	Knowledge level						Amount		Prob (P)
		Well		Enough		Not enough		F	%	
		F	%	F	%	F	%			
1	SD	1	33.3	1	33.3	1	33.3	3	100	
2	junior high school	1	16.7	3	50.0	2	33.3	6	100	
3	senior High School	6	20.0	18	60.0	6	20.0	30	100	0.039
4	PT	6	85.7	1	14.3	-	-	7	100	
	Total	14	30.4	23	50.0	9	19.6	46	100	

Based on fisher's exact test results obtained probability (p) 0.038. This value < (0.05), meaning that there is a relationship between education and the mother's level of knowledge about basic immunization.

According to Notoatmodjo (2003), education in general is all planned efforts to influence other people, whether individuals, groups, or communities so that they do what is expected by education actors.

According to Suparyanto (2010), the higher a person's level of education, the easier it is to obtain information, so that the mother's ability to think is more rational

Education is an effort to develop personality and abilities inside and outside school and lasts a lifetime. Education affects the learning process, the higher a person's education, the easier it is for that person to receive information. With higher education, a person will tend to get information, both from other people and from the mass media. The more information that comes in, the more knowledge you get about health. Knowledge is very closely related to education where it is expected that someone with higher education will have more extensive knowledge. However, it should be emphasized that a person with low education does not mean absolutely low knowledge. Erfandi, (2009).

According to the results of the study, education greatly affects the level of knowledge of mothers regarding basic immunization, because the higher the education, the more information is obtained and the more knowledge is obtained.

4. CONCLUSION

Based on the results of the study, it can be concluded as follows:

1. Based on the bivariate test between the parity variable and the mother's level of knowledge about basic immunization, a probability value (p) of 0.038 was obtained. This value < $\alpha(0.05)$ then the hypothesis is accepted, meaning that there is a relationship between parity and knowledge.

2. Based on the bivariate test between the education variable and the mother's level of knowledge about basic immunization, a probability value (p) of 0.039 was obtained. This value $< \alpha(0.05)$ then the hypothesis is accepted, meaning that there is a relationship between education and knowledge.
3. Based on the bivariate test between the Information Source variable and the mother's level of knowledge about basic immunization, a probability value (p) of 0.026 was obtained. This value $< \alpha(0.05)$ then the hypothesis is accepted, meaning that there is a relationship between education and knowledge

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