

The Factors Relation with Implementation of Immunization Basic Vaccine at Sanggeng Health Primary Manokwari District Papua Barat Province

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ABSTRACT

Background: Immunization in infants is very important in increasing the body's immunity in preventing diseases that are prevented through immunization and it is expected that infant immunization can be given to all babies. The implementation of infant immunization in the Sanggeng Community Health Center is still low, not according to the target that is influenced by the mother, including age, education, employment, number of children, knowledge, attitudes, family support, support of health workers, availability of health facilities and activeness of cadre staff.

Objective: To find out the factors related to the implementation of basic immunization at Puskesmas Sanggeng, Manokwari Regency.

Research Methods: Quantitative with a cross sectional study conducted in November - December 2018 in Puskesmas Sanggeng with a population of all mothers of infants and a total sample of 128 people using purposive sampling. Data were obtained using a questionnaire and analyzed using the chi square test and logistic binary regression.

Results: The factors related to the implementation of basic immunization for infants in Sanggeng Community Health Center, Manokwari Regency were education (p-value 0.035; RP = 1.426; CI95% (1.050 - 1.937), occupation (p-value 0.010; RP = 1.561; CI95%; CI95% (1,119 - 2,117), number of children (p-value 0,003; Rp 1,630; CI95% (1,219 - 2,180), knowledge (p-value 0,040; RP = 1,417; CI95% (1,040 - 1,930) and attitude (p-value 0,000 ; RP = 15,234; CI95% (5,069 - 45,784). Factors that are not related to the implementation of basic immunization for infants in Sanggeng Community Health Center, Manokwari Regency are age (p-value 0.502; RP = 10,502; RP =

0,876; CI95% (0,646 - 1,187), family support (p-value 0.462; RP = 1.153; CI95% (0.849 - 1.567), support for health workers (p-value 0.068; RP = 1.409; CI95% (0.984 - 2.018), availability of facilities (p-value 0.854; RP = 1.062; CI95% (0.770 - 1.464), activity of cadres (p-value 1,000; RP = 11,024; CI95% (0.654 - 1,603). Factors related to the implementation of immunization and In the Sanggeng District Public Health Center, Manokwari, the attitudes (p-value = 0,000) and work (p-value = 0.014) at the Sanggeng Community Health Center in Manokwari Regency.

Keywords: Implementation of Immunization Basic Vaccine, Baby

1. INTRODUCTION

RI Ministry of Health (2015) reported that complete basic immunization coverage for infants in Indonesia reached 89.86% of the targeted strategic plan of 85%. Fourteen provinces cannot reach the target of complete basic immunization and the lowest is West Papua Province at 55.84%. Another indicator measured to assess the success of immunization is Universal Child Immunization (UCI). UCI is a picture of a village or kelurahan where $\geq 80\%$ of the number of babies (0-11 months) in the village / kelurahan have received complete basic immunization. The UCI target for the 2017 Strategic Plan is 95%. In 2017 there are 9 provinces which have a percentage of UCI villages exceeding the target of 95%. While West Papua Province has the lowest achievement of 43.05%.

Immunization data in West Papua Province in 2017 which reached UCI

(universal child immunization) around 21.3% and decreased in 2014 by 20.1% and in 2015 amounted to 13.6%. While the coverage of DPT immunization in 2015 reached an average drop out of 15% and measles 12.3% (West Papua Provincial Health Office, 2015). Manokwari Regency targets the village coverage to reach the UCI (universal child immunization) village in Manokwari Regency in 2015, which is 90% BCG, 85% DPT / HB3, 85% Polio, 85% Measles for infants, 0.2% of the population. Village coverage that reaches UCI (universal child immunization) in Manokwari Regency in 2015 is 73.3%. Manokwari Regency is one of the districts in the southern part of West Papua Province. Manokwari Regency has an area of 1,801 km² located between 060,281-560.41 LS and 1390.21-110.01 BT. Most of them are lowland areas, with at least 14 rivers commonly used as means of transportation or liaison between districts. (Profile of the Health Office of Manokwari, 2017).

The working area of the Sanggeng Health Center is divided into 4 Districts. The population of the BPS data collection in 2017 was 52,364 people (Male 27,283 people or 49.84% and women 27,453 people or 50.16%) with 9,142 family heads (men: 22,939 people and women: 29,426 people). Each village has a different population with the distance from the Sanggeng Health Center is relatively easy to reach. (Profile of Sanggeng Health Center, 2017). Data from the Indonesian Ministry of Health, 2017 shows that data on complete basic immunization coverage was only 52.9%, those who received immunization but not complete 32.1% and 6.7% had never received any immunizations at all (Ministry of Health, 2017). The cause of the low achievement of complete basic immunization is the low awareness and knowledge of the community about immunization, benefits, schedule of immunization and symptoms of immunization. In addition, the availability of health facilities, family support and the support of health workers and socio-

economic conditions also influenced the low achievement of the village / kelurahan UCI (Mukodompit, 2013). Realizing that, the government re-establishes through the 2015-2019 Ministry of Health's RPJMN and Strategic Plan that the 100% village / kelurahan UCI target will be achieved.

The low coverage of complete basic immunizations that have not met UCI national standards is a problem that must be addressed immediately. Based on research conducted by Giantiningsih (2013) in Batur Sari Village Rw 3, 4, 5 and 32 in Manggen District, Demak Regency in 2013, the majority of fathers and mothers were included in the bad role category with incomplete basic immunization. Many parents refuse to give immunizations to their children due to a lack of parents' understanding of the importance of immunization for children and parents are worried about the side effects caused after immunization because parents are afraid of their children being sick. Fitriyanti (2013) in Botubarani Village, Kabila Bone District, Bone Bolango Regency in 2013, in her research said that the factors related to complete basic immunization included maternal knowledge, maternal attitudes, family support and health care services. Researchers have also carried out research such as those conducted by Sisfiani, et al. (2014) on the analysis of factors related to the behavior of mothers in basic immunization for children under five in Taraitak I village, Langowan Utara sub-district. have a positive effect on the behavior of mothers in providing basic immunization. Another study conducted by Mulyanti (2013) on internal factors related to the completeness of basic immunization for children aged 1-5 years in the working area of Situ Gintung Ciputat Health Center in 2013 showed that there was a relationship between knowledge, education level, employment status, family income, attitude with complete basic immunization status.

Based on previous research above, the factors related to complete basic immunization in infants are the availability

of health facilities, family support and support of health workers as well as socio-economic conditions, parental roles, knowledge and attitudes of parents. Whereas in this study, researchers conducted maternal characteristics including age, education, occupation, parity, knowledge, attitudes, family support, support of health workers, availability of health facilities and activeness of cadres. This shows that there are differences in the variables in this study which will be used as a study of the relationship with the completeness of basic immunization in the work area of Sanggeng Health Center.

Green (1980) in Notoatmodjo (201) states that the behavior of utilization of health services is influenced by several factors, namely: 1) Predisposing factors (predisposing factors), which are manifested in knowledge, attitudes, beliefs, beliefs, values, etc. ; 2) Supporting factors (enabling factors), which are realized in the physical environment, available or unavailability of facilities or health facilities, such as health centers, medicines, vaccination devices, transportation equipment, etc.; 3) The reinforcing factors that are manifested in the attitudes and behavior of health workers, or other officers, which are the reference groups of community behavior. The behavior of a person or society about health is determined by the knowledge, attitudes, beliefs, traditions and so on of the person or community concerned. In addition, the availability of facilities, attitudes, and behavior of health workers and cadres on health will also support and strengthen the formation of behavior (Notoatmodjo, 2003).

The problem of factors related to complete basic immunization status in infants is important to study because one of the obstacles in achieving the UCI target is complete basic immunization status in infants targeted at 100%. Immunization itself is important as an effort to prevent disease in infants and has been recommended to the community for a long time but in reality until now the achievement of the target of complete basic

immunization is still not as expected. Based on these problems, the researchers were interested in conducting research with the title "Factors Associated with the Implementation of Basic Immunization in Sanggeng Community Health Center, Manokwari Regency".

MATERIALS AND METHODS

2.1 Types of Research

This study was an observational study with a cross-sectional study design. The cross sectional study is an epidemiological study design that studies variables including risk factors and variables including effects observed at the same time (Notoatmodjo, 2012). This design is intended to study the dynamics, and variable variations contained in the research title "factors related to completeness of basic immunization in the independent variables are maternal age, maternal education, maternal occupation, parity, knowledge, attitudes, family support, support from health workers, availability of facilities, activeness of cadres and affordability of service locations while the dependent variable is the completeness of basic immunization.

2.2. Time and Location of Research

This research was conducted at the Sanggeng Health Center. Data collection is carried out in November-December 2018

2.3. Population and Samples

1. Population

The population in this study were all mothers who had children aged $\geq 1 - 2$ years, who were enrolled up to August 2018 in the Sanggeng Community Health Center cohort register of 345 children.

2. Samples

The sample is a portion of the population that is considered representative representing the population according to inclusion and exclusion criteria (Notoatmodjo, 2012). The sample size in this study is 128.

3. RESEARCH RESULTS

3.1 Bivariate Analysis

a. Age Relationship with the implementation of basic infant immunizations

Table 1. Age Relationships with the implementation of basic infant immunizations at the Sanggeng Health Center

No	Age	Implementation of basic infant immunizations				n	%
		Not complete		Complete			
		n	%	n	%		
1	Matute	37	52,9	33	47,1	70	100
2	Early mature	35	60,3	23	39,7	58	100
Total		72	56,3	56	43,8	128	100
p-value = 0,502; RP = 0,876; CI95% (0,646 – 1,187)							

Table 1 shows that out of 70 adult-aged people whose basic immunizations were incomplete, there were 37 people (52.9%) and a total of 43 people (23%). Of the 58 early adult people, incomplete basic immunization amounted to 35 people (60.3%) and a total of 23 people (39.7%). The chi square statistical test results at a significance value of 95% ($\alpha = 0.05$) obtained p-value 0.502 or $p > \alpha$ (0.05), this means that there is no age relationship with the implementation of basic immunization in infants at the Sanggeng District Health Center Manokwari. When viewed from the value of RP = 10,502; Rp = 0.876; CI95% (0.646 - 1.187) below the number 1 interpreted that age is not a risk for the implementation of basic immunization in infants at the Sanggeng Health Center.

b. Educational Relations with the implementation of basic infant immunizations

Table 2. Educational Relationships with the implementation of basic infant immunizations at the Sanggeng Health Center

No	Education	Implementation of basic infant immunizations				n	%
		Not complete		Complete			
		n	%	n	%		
1	Low	39	67,2	19	32,8	58	100
2	High	33	47,1	37	52,9	70	100
Total		72	56,3	56	43,8	128	100
p-value = 0,035; RP = 1,426; CI95% (1,050 – 1,937)							

Table 2 shows that of the 58 low-educated people having babies whose basic immunization was incomplete, there were 39 people (67.2%) and a total of 19 people (32.9%). Of the 70 highly educated people having babies, basic immunization is incomplete, amounting to 33 people (47.1%) and a total of 37 people (52.9%).

The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.035 or $p < \alpha$ (0.05), this means that there is an educational relationship with the implementation of basic immunization in infants at Sanggeng Community Health Center, Manokwari Regency. When viewed from the value of RP = 1,426; CI95% (1,050 - 1,937) which was interpreted that mothers with low education had an opportunity for incomplete basic immunization of 1,426 times compared to mothers who were highly educated.

c. Employment Relations with the implementation of basic infant immunizations

Table 3. Employment Relationships with the implementation of basic infant immunizations at the Sanggeng Health Center

No	Occupation	Implementation of basic infant immunizations				n	%
		Not complete		Complete			
		n	%	n	%		
1	Work	46	67,6	22	32,4	68	100
2	Not work	26	43,3	34	56,7	60	100
Total		72	56,3	56	43,8	128	100
p-value = 0,010; RP = 1,561; CI95% (1,119 – 2,117)							

Table 3 shows that of the 68 mothers who worked having incomplete basic immunizations totaling 46 people (67.6%) and complete in infants there were 22 people (32.4%). Of the 60 mothers who did not work had incomplete basic immunizations totaling 26 people (43.3%) and complete in infants totaling 34 people (30.1%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.010 or $p < \alpha$ (0.05), this means that there is a work relationship with the implementation of basic immunization in infants at Sanggeng Health Center, Manokwari Regency. When viewed from the value of RP = 1,561; CI95% (1,119 - 2,117) which was interpreted to mean that mothers who worked had basic immunization opportunities for their children incomplete at 1,561 times compared to mothers who did not work.

d. Relationship between the number of children and the implementation of basic infant immunizations

Table 4. Relationship between the number of children and the implementation of basic immunizations for infants at the Sanggeng health center

No	Number of children	Implementation of basic infant immunizations				n	%
		Not complete		Complete			
		n	%	n	%		
1	High (> 4 child)	35	74,5	12	25,5	47	100
2	Low (≤ 4 child)	37	45,7	44	54,3	81	100
Total		72	56,3	56	43,8	128	100
p-value = 0,003; RP = 1,630; CI95% (1,219 – 2,180)							

Table 4 shows that out of 47 people the number of children is high (more than 4 children) with incomplete basic immunization in infants totalling 35 people (74.5%) and a total of 12 people (25.5%). Of the 81 people with a low number of children (less than 4 children) having incomplete basic immunizations totalling 37 people (45.7%) and a total of 44 people (54.3%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.003 or $p < \alpha$ (0.05). This means that there is a relationship between the number of children and the implementation of basic immunization for infants at the Sanggeng Health Center in Manokwari Regency. When viewed from the value of 1.630; CI95% (1,219-2,180) which was interpreted to mean that mothers with a number of children >4 children had the opportunity to have basic immunization for their incomplete children at 1,630 times compared to mothers with fewer than 4 children.

e. Knowledge Relations with the implementation of basic infant immunizations

Table 5. Knowledge Relationship with the implementation of basic infant immunizations at the Sanggeng Health Center

No	Knowledge	Implementation of basic infant immunizations				n	%
		Not complete		Complete			
		n	%	n	%		
1	Less	40	66,7	20	33,3	60	100
2	Good	32	47,1	36	52,9	68	100
Total		72	56,3	56	43,8	128	100
p-value = 0,040; RP = 1,417; CI95% (1,040 – 1,930)							

Table 5 shows that of the 60 knowledgeable people, there were 40 incomplete basic immunizations (66.7%) and 20 infants (33.3%) were complete in infants. Of the 68 people with insufficient knowledge of incomplete basic immunization there were 32 people (47.1%) and complete in infants amounted to 36 people (52.9%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.040 or $p < \alpha$ (0.05), this means that there is a relationship between knowledge and implementation of basic immunization in infants at Sanggeng Community Health Center, Manokwari Regency. When viewed from the value of RP = 1.417; CI95% (1,040 - 1,930) which is interpreted that mothers with less knowledge of the opportunities for incomplete immunization in their babies are 1,417 times compared to those with good knowledge.

f. Relationship between attitude and implementation of basic infant immunizations

Table 6. Relationship between attitudes and implementation of basic immunizations of infants at the Sanggeng Health Center

No	Attitude	Implementation of basic infant immunizations				n	%
		Not complete		Complete			
		n	%	n	%		
1	Not support	69	89,6	8	10,4	77	100
2	Support	3	5,9	48	94,1	51	100
Total		72	56,3	56	43,8	128	100
p-value = 0,000; RP = 15,234; CI95% (5,069 – 45,784)							

Table 6 shows that of the 77 people who did not support having incomplete basic immunizations in infants numbered 69 people (89.6%) and complete basic immunizations were 8 people (10.4%). Of the 51 people who were supportive of having incomplete basic immunizations in infants, there were 3 people (5.9%) and complete basic immunizations totalling 48 people (94.1%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0,000 or $p < \alpha$ (0.05) this means that there is an attitude relationship with the implementation of basic immunization in infants at Sanggeng Community Health

Center, Manokwari Regency. When viewed from the value of $RP = 15,234$; $CI95\%$ (5,069 - 45,784) interpreted that mothers with non-supportive attitudes have a chance of incomplete basic immunization in their babies by 15,234 times compared to mothers who have a supportive attitude towards immunization.

g. Relationship between family support and implementation of basic infant immunizations

Table 7. Relationship between family support and implementation of basic infant immunizations at the Sanggeng Health Center

No	Family support	Implementation of basic infant immunizations				n	%
		Not complete		Complete			
		n	%	n	%		
1	Not support	38	60,3	25	39,7	63	100
2	Support	34	52,3	31	47,7	65	100
Total		72	56,3	56	43,8	128	100
p-value = 0,462; RP = 1,153; CI95% (0,849 - 1,567)							

Table 7 shows that out of 63 people who did not support family support having incomplete basic immunizations in infants totalling 38 people (60.3%) and a total of 25 people (39.7%). Of the 65 people with supportive family support having a complete basic immunization in infants totaling 34 people (52.3%) and a total of 31 people (47.7%). The results of the chi square statistical test on the significance value of 95% ($\alpha = 0.05$) obtained p-value 0.462 or $p > \alpha$ (0.05) this means that there is no significant relationship between family support and the implementation of basic immunization in infants at Sanggeng Health Center Manokwari Regency. When viewed from the value of $RP = 1,153$; $CI95\%$ (0.849 - 1.567) with a lower value not including 1, so family support is a protective factor against the implementation of complete basic immunization.

4. DISCUSSION

4.1 Age Relationships with the implementation of basic infant immunizations

The results showed that there was no age relationship with the implementation of basic immunization in infants at the

Sanggeng Health Center in Manokwari Regency. The results of this study are in line with the research conducted by Rahmawati (2014) in Kremangan Utara Village, revealing that age is not related to providing complete basic immunization to infants. Adult mothers who carry out basic immunization for their babies are incomplete, as much as 52.9% in young mothers and in adult mothers as much as 60.3%. Results. Research conducted in Ethiopia by Negussie (2016) revealed that young mothers whose children were incomplete immunizations were caused by the marriage of women who were relatively young and not well-established with low education, thus influencing the inability of mothers to care for their children, whereas for mothers who were adults on the impact of household economic inadequacy.

The absence of an age relationship to the implementation of complete basic immunization in infants is due to young and adult mothers having the same problem in economic and educational establishment. This agrees with Azwar (2010), that age is influenced in the utilization of health services based on other factors such as economics. Young mothers tend to have a low level of education so they do not understand the benefits of immunization, while older mothers because of high economic expenditure are due to mothers who have more children in young mothers who are obstacles to accessing health services (Azwar, 2010)

4.2 Educational Relations with the implementation of basic infant immunizations

The results of the study showed that there was a relationship between education and the implementation of basic immunization for infants in the Sanggeng Community Health Center, Manokwari Regency (p-value 0.035). The results of this study are in line with the research conducted by Triana (2015), that the education level of parents is not related to the provision of complete basic immunization in infants. This study is in line with research conducted

by Makamban (2011) with complete immunization status between the Makassar City Public Health Center revealed that there is a relationship between the level of education and the completeness of immunization status.

The results of the analysis showed that mothers who did not carry out complete basic immunization on their babies in educated mothers were 67.6% and those with high education were 47.1%. This shows that there is a higher proportion of mothers who are not fully immunized in mothers with low education. This is evident from the prevalence ratio test found that mothers with low education risk 1,426 times incomplete immunization in infants compared to mothers who are highly educated.

This research is in line with Notoamtdjo's (2011) income, in general, the higher one's education, the better the level of knowledge. Mothers with relatively high education tend to have the ability to use family resources better than those with low education, especially in the field of health for application in family life especially to child caregivers (Notoadmodjo, 2011). The existence of an educational relationship is caused, because with higher education, mothers are more likely to receive or share information received or obtained through information media than mothers with low education who can influence attitudes and behaviors in the implementation of basic immunizations to their babies.

4.3 Employment Relations with the implementation of basic infant immunizations

The results showed that there was no work relationship with the implementation of basic immunization in infants at the Sanggeng Health Center in Manokwari Regency (p-value 0.010). The results of this study are in line with the research conducted by Rahmadhani (2013) in Magetan Regency, revealing that the work of mothers is related to the completeness of complete basic immunization in infants. The results of

the analysis were obtained in carrying out immunization on infants incomplete in working mothers as much as 67.6% and mothers who did not work as much as 43.3%. This shows that mothers who do not work have a greater chance of implementing basic immunization for their babies. The results of the prevalence ratio test interpreted that mothers who worked had basic immunization opportunities for their children were incomplete at 1,561 times compared to mothers who did not work.

Today women have the opportunity to work openly. The basic reason for a woman to have a marriage is not the same as one another. The reason that is commonly found is because of financial needs to enrich personal experience and knowledge, achievement (Prayoto, 2014). The employment relationship is caused by mothers who work limited time to attend immunization activities according to schedule for their children, thimbles compared to mothers who do not work. Generally working mothers have a sufficient amount of time to access health services, because immunization is usually carried out at the posyandu with an implementation time of 9-11, so that mothers have difficulty accessing the local posyandu except for mothers who have families or caregivers who help mothers carry out the initiation of the child, where a part of the mother who works for the immunization of her child can be given in full. in addition, mothers who do not work live near the area where the health center and posyandu are close enough, making it easier for working mothers to immunize their children.

4.4 Relationship of the number of children with the implementation of basic infant immunizations

The results showed that there was no significant relationship between the number of children and the implementation of basic immunization in infants at the Sanggeng Health Center in Manokwari Regency (p-value 0.003). The results of this study are in line with the research conducted by Pratiwi (2014) in the Pontianak Health Center, that

the number of children is not related to the complete provision of complete infant immunization. Number of children or parity is the condition of a woman related to having a baby born called nullipara, if the mother has never given birth, has one baby (primipara), 2-4 babies (multiparas) and >5 babies (grande multipara) with high parity categories if having children > 4 and low parity if they have children <4 children (Ministry of Health, 2011).

The results of the analysis of mothers with a high number of children (more than 4 children) had incomplete basic immunization in infants as much as 74.5%, while for mothers with a low number of children (less than the same as 4 children) as much as 45.7%. The prevalence ratio test results that mothers with a high number of children have the chance of incomplete immunization in infants are 1,630 times higher in mothers with a lower number of children. This research is in line with research conducted by Sondang (2011) revealing that the number of children is high in mothers who are older (more than 36 years) and tends not to immunize their children. According to Mubarak (2011), parity is an experience gained by the mother from the experience of the previous child.

Mothers with high parity have a chance not to give immunizations to their children can be influenced by previous experience about immunization. Mothers who have bad experiences about immunization for their babies such as children with high fever or body temperature will have a negative effect on mothers to fully immunize their children and experience mothers with previous incomplete child immunizations, in which children grow healthy, thus affecting the mother's perception of complete immunization. This also agrees with Makamban (2011), that the experience of mothers who have healthy and normal children with incomplete imitation tends to prevent further immunization of children with the assumption that incomplete

immunization is sufficient to provide health protection for children.

4.5 Knowledge Relationship with the implementation of basic infant immunizations

The results showed that there was a correlation between knowledge and implementation of basic immunization in infants at Sanggeng Health Center, Manokwari Regency (p-value = 0.040). The results of this study are in line with the research conducted by Panjaitan (2013) about the factors that influence the completeness of basic immunization for children aged 12-18 months in Harjosari - I Sub-District, Medan - Amplas Subdistrict. According to Maryam (2014) knowledge is the result of knowing after people do sensing a particular object. Sensing occurs through the five human senses namely vision, smell, taste and touch. Most human knowledge is influenced by the eyes (vision) and ears (hearing).

The results of the analysis were obtained by mothers with insufficient knowledge of incomplete basic immunization in infants (46.3%), while knowledgeable mothers had incomplete basic immunization in infants (17%). This shows that mothers who have good mappings tend to give their babies complete immunization. This is evidenced from the prevalence ratio test that mothers with insufficient knowledge have the chance of incomplete immunization in infants 1,283 times higher in mothers with lower numbers of children.

Good knowledge by respondents, because mothers know that the benefits of complete immunization for babies in preventing disease and knowing that side effects such as fever are common after the baby is given immunization. Good knowledge has an impact on attitudes and behavior in acting. This is in accordance with the opinion of Notoatmodjo (2011), that actions based on one's knowledge will easily accept new things and easily adjust these new things.

4.6 Relationship Attitudes with the implementation of basic infant immunizations

The results showed that there was a relationship between attitude and implementation of basic immunization in infants at the Sanggeng Health Center in Manokwari Regency (p-value 0,000). The results of this study are in line with the research of Gondowardojo (2014) in the Bebandem Health Center revealing that maternal attitudes that do not support relate to basic immunization in infants. The results of the analysis showed that mothers who did not support the implementation of incomplete basic immunization in infants were 89.6% and mothers who were supportive and in the implementation of incomplete basic immunizations in infants were 5.9%. This indicates that mothers who support have proportions in carrying out a complete basic imitation of the baby. From the results of the prevalence ratio test interpreted that the attitude of mothers who do not support the chance of incomplete basic immunization in infants is 15.234 times higher than the attitudes of mothers who support the implementation of basic immunization.

Most mothers have a supportive attitude, because mothers still provide immunizations even though there are side effects such as fever which causes fuss in children. In addition, trying to give their children immunization if it is too late to come to the posyandu service. That attitude is still a closed reaction, not an open reaction or open behavior. More can be explained again that attitude is a reaction to objects in a particular environment as an appreciation of the object (Notoatmodjo, 2010). It was also found that mothers who had a supportive attitude as much as 5.9% of their babies did not complete immunization which showed that the attitude of supporting mothers was not accompanied by concrete actions that could be caused by other factors such as the support of health workers and supporting health facilities.

4.7 Relationship between family support and implementation of basic infant immunizations

The results showed that there was no relationship between family support and the implementation of basic immunization for infants in Sanggeng Health Center, Manokwari Regency (p value = 0.462), where mothers with no supportive family support had incomplete basic immunization at (60.3%), while support supportive families have incomplete basic immunization in infants (52.2%). This shows the same opportunity for the completeness of basic immunization in infants.

The results of this study are in line with the research of Fundhora (2013), in the work area of Bolaang Mongondow District Tunggai Health Center that family support is related to the low achievement of immunization. Family social support is a process of relationships between family and social environment. Family social support is also an attitude, action and family acceptance of its members. Family members view that supportive people are always ready to provide help and assistance if needed (Nango, 2015).

5. CONCLUSION

Based on the results of research and discussion, it is concluded as follows:

1. There is no age relationship with the implementation of basic immunization for infants in Sanggeng Community Health Center, Manokwari Regency (p-value 0.502; RP = 10,502; RP = 0.876; CI95% (0.646 - 1,187).
2. There is a relationship between education and the implementation of basic immunization for infants in Sanggeng Community Health Center, Manokwari Regency (p-value 0.035; RP = 1.426; CI95% (1,050 - 1,937).
3. There is a relationship between work and implementation of basic immunization for infants in Sanggeng Community Health Center, Manokwari Regency (p-value 0.010; Rp = 1.561; CI95% (1,119 - 2,117).

4. There is a relationship between the number of children and the implementation of basic immunization for infants in Sanggeng Community Health Center, Manokwari Regency (p-value 0.003; Rp. 1.630; CI95% (1,219 - 2,180).

5. There is a relationship of knowledge with the implementation of basic immunization in infants in Sanggeng Health Center, Manokwari Regency (p-value 0.040; RP = 1.417; CI95% (1,040 - 1,930).

6. There is a relationship between attitude and implementation of basic immunization for infants in Sanggeng Community Health Center, Manokwari Regency (p-value 0,000; RP = 15,234; CI95% (5,069 - 45,784).

7. There is no significant relationship between family support and the implementation of basic immunization in infants in Sanggeng Health Center, Manokwari Regency (p-value 0.462; RP = 1.153; CI95% (0.849 - 1.567).

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