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**The Effectiveness of Family Support on Utilizing Basic Immunization  
Services in *Posyandu Bambu* Village Mamuju**

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**Abstract.** Efforts to prevent the and transmission of dangerous infectious diseases in children, especially those under five years of age. Immunization is health reduc infant and under-five However, the achievement of the global target of 1 of 5 children in the world routine immunization. This study aimed to determine the of family support on utilizing the basic immunization service facilities. A cross sectional study approach was applied in this study. One-hundred samples were selected by using the purposive sampling based on the inclusion criteria. The finding showed that 51.0% of the mother received the adequate family support and 37.0% were sufficient support from family. Meanwhile, using Integrated Healthcare Center service facilities showed 72.0%. This shows that there is a relationship between family support and utilization of basic immunization services at posyandu with a significance level of  $\alpha = 0.031$ . This research can be used as a reference for health workers to provide information to families in order to provide positive support for mothers, so that they can complement and take advantage of basic infant immunization services.

**Keyword:** family support, utilization, immunization



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**INTRODUCTION**

Immunization is a way to actively increase a person's immunity against an antigen, so that if he is exposed to a similar antigen, disease does not occur. The purpose of immunization is to prevent certain diseases in a person, and eliminate certain diseases in a group of people (population) or even eliminate certain diseases from the world (1).

Immunization follow-up or booster needed to be given because it functions to maintain immunity levels and extend the period of protection. Advanced immunization under three years / toddler (DPT, HiB, Polio, Measles). Immunization of DPT-HB-Hib when the child is 18 months or 1.5 years old, the immunity formed after the previous 3 doses of DPT-HB-Hib will decrease when the child reaches the age of 15 months to 1.5 years, as well as an increase in

measles outbreaks. in Indonesia, further immunization (booster) needs to be given. With overall coverage of advanced immunization (booster) 73% (2).

Hepatitis B immunization coverage showed a proportion of 90% during 2006 - 2016, but the prevalence of Hepatitis in all types in 2013 increased almost 2 times compared to 2007. The highest prevalence of hepatitis was in the lowest ownership index quintile group (Ministry of Health, 2018). This shows a correlation between immunization coverage and the incidence of PD3I. Based on this, in 2017 through government regulation number 12 immunization was made a mandatory program that was imposed on a person as part of society in protecting against preventable diseases by immunization (3).

The World Health Organization, WHO, is seeing an increase in the number of children being vaccinated around the world. Immunization has succeeded in preventing 2-3 million deaths each year from diphtheria, tetanus, whooping cough and measles. However, this is still far from achieving the global target because 1 in 5 children in the world have not received routine immunization. In Indonesia alone, in 2013, more than 2 million children under five missed the DPT 3 immunization, many of them came from poor families. It was also recorded that in 10 provinces with the poorest population in Indonesia, around 70% of children were not immunized (4).

In 2018, complete basic immunization coverage was below 80% in nine provinces, or an increase from seven provinces in 2017. Furthermore, immunization coverage between 80-92% also decreased from 12 provinces in 2017 to 10 provinces in 2018. This means around 14 % or 3.9 million children under five who have not been immunized, this number is certainly still very large and immunization coverage is above 92.5% in 15 provinces. The government determines that immunization coverage must reach 95%. Meanwhile, complete basic coverage as of 21 November 2019 consists of 17 provinces below 60%, 16 provinces between 60-77.5%, and one province above 77.5% (5).

According to the results of Riskesdas (2013), one of the most reasons why children are not immunized, among others, is because the family does not allow children to be immunized, while other reasons are due to busy factors, remote locations, children often get sick and do not know where to immunize (6).

Although the backgrounds of parents are very heterogeneous, the patterns of parents' decision-making towards immunization are similar. These factors influence parents to refuse or accept certain immunization programs or vaccines, including support factors that come from the family(7).

## **OBJECTIVE**

The study aimed to determine the of family support on utilizing the basic immunization service facilities.

## **METHOD**

A cross sectional approach was applied in this study. We conducted the study at the Posyandu Bambu Village, Mamuju Regency. data collection procedures through direct interviews using a questionnaire sheet.

One-hundred samples were selected by purposive sampling based on the inclusion criteria. The inclusion criteria were: 1) Family members and mothers who have babies > 9 months; 2) have a health card control; 3) willing to participate in this study; and 4) have no any complications.

The statistical test used was the Univariate test with chi-squared. This study has obtained a research permit from the Nursing Research Ethics Commission with No: 1269-KEPK.

## RESULTS

### Respondent Characteristics

Table 1 described the characteristic of respondents. The results found that 40.0% of respondents were 36-40 years old. Some of them graduated from senior high school (40.0%) and others graduated from higher education (25%). There are 2% of respondents had in literate. In this study also showed that majority of respondents were housewives (46.0%), traders and private employees show the same value of 18.0%, farmers or laborers were 12.0% and civil servants were 6.0 %

**Table 1. Characteristic of respondents**

No	Age	Frequency	
		N	%
15 -25		29	29.0
26 - 35		31	31.0
36 - 40		40	40.0
No school		2	2.0
Primary School		11	11.0
Junior high school		25	25.0
Senior High School		40	40.0
Higher Education		22	22.0
Housewife		46	46.0
Farmers/ Laborers		12	12.0
Traders		18	18.0
Government employees		6	6.0
Private employees		18	18.0

### Distribution of family support for utilization of health post services

Table 4 described the distribution of family support for utilization of health post services. The findings showed that the majority respondents received adequate support from family for immunization services (51.0%), 37.0% of them received the enough support and less support was 12.0%.

**Table 2. Distribution of family support for utilization of health post services**

Family support	Frequency	
	N	%
Well	51	51.0
Enough	37	37.0
Less	12	12.0

### Distribution of service utilization in health post at bambu village

Table 3 described Distribution of Health post services Used in the Bambu village. The results showed that 72.0% of respondents used Health post services to obtain the immunization.

Table 3. Distribution of service utilization in health post at bambu village

Service Utilization	Frequency	
	N	%
Yes	72	72.0
No	28	28.0

### The relationship between family support with the use of basic immunization services at the Posyandu at Bambu Village

Based on table 6 showed 31.0% of family, provided good support to utilize the immunization services. Respondents who received the moderate level of support were 27.0%. 11.0% of respondents who did not use immunization services were less support from family to use the immunization services. The Chi Square test obtained a p\_value of 0.031 indicated that there is a significant relationship between family support and the use of basic immunization services.

Table 4. The relationship between family support with the use of basic immunization services at the Posyandu at Bambu Village.

Variable components	Utilization		Total	P value
	Yes	No		
Well	31	18	49	0.031
Enough	27	11	38	
Less	11	2	13	

## DISCUSSION

Based on the results of the study, there was a significant relationship between family support and the use of basic immunization services at the posyandu. This means that the majority of respondents have good family support in providing basic immunization to their babies. Family support is an attitude, an act of family acceptance of family members, in the form of informational support, assessment support, instrumental support and emotional support (8).

The results of this study are in accordance with the theory put forward by Mubarak (2012) that the family is a strategic focus of health services because the family has a major role in maintaining the health of all family members, and family problems are interrelated, the family can also be a place for decision making in health care (1). The results of this study are in line with the results of the study by Effendi et al. (2010) which examined the relationship between the level of knowledge of mothers and husbands' support with maternal adherence to basic immunization. The results showed that there was a significant relationship between husband's support and maternal compliance in providing basic immunizations. (9).

The results of this study are in line with research conducted by Husnida, (10) that there is a relationship between mother's family support for completeness of basic immunization in the working area of the Rangkasbitung Community Health Center, Cijoro Lebak Village in 2018. Likewise other research conducted by (11) show that there is a relationship between

family support and a history of providing basic immunization to infants in the work area of Puskesmas Paal V Jambi City in 2016 ( $p\text{-value} = 0.000 < 0.05$ ). Another study which also stated that there was a significant relationship between family support and basic immunization, namely Rahmawati & Wahyuni (2014) with a  $p\text{-value} (0.001) < 0.005$ . The number of research results that are in line with this further strengthens this research that family support (12).

In addition to the aspects of knowledge, attitudes and behavior of mothers, family support also affects the coverage of the complete basic immunization given to children (13) (14). Family support referred to in this research is the support provided by family members (husbands, parents and siblings) so that individuals who are given support feel that they are cared for, appreciated, and get help from significant people and have strong family ties with other family members (15).

The high level of family support, especially husbands, for the use of measles immunization services in Cicendo District shows that family support, especially husbands, in taking action plays a very important role. Husband's support plays an important role in forming an obedience in the mother because with the support it makes the situation in the mother appear, directed and maintains obedient behavior in utilizing the diposyandu immunization service (16)

## CONCLUSION

In conclusion, more than half of respondents have good family support and other have sufficient support from family members. Most of them used the basic immunization services at the posyandu. The findings showed that there was the relationship between family support and the use of basic immunization services at posyandu.

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