Journal of Public Health and Pharmacy
ISSN: 2775-4952
Website: https://jurnal.unismuhpalu.ac.id/index.php/jphp

Husband Behavior in Supporting Immunization in Babies

Mohammad Riyad[1]*, Munir Salham[2], Sriwahyudin Moonti[3]
[1,2,3] Fakultas Kesehatan Masyarakat, Universitas Muhammadiyahn Palu, Sulawesi Tengah, Indonesia
***Corresponding Author**: E-mail: riyadmohammad69@gmail.com

ARTICLE INFO

Received: 26 May 2023
Accepted: 7 September 2023
Volume: 3
Issue: 3
DOI: 10.56338/jphp.v3i3.4417

KEYWORDS

Knowledge;
Attitudes;
Behaviors Against
Immunization

ABSTRACT

Immunization is the most important thing in an effort to protect children's health. Based on data obtained from Kotarindau Village, the working area of the Dolo Health Center, the majority of the coverage of immunization for infants is 66.7%. This shows that there are 33.3% of infants who have not received complete immunization.

This type of research is descriptive quantitative research with a sample of 69 heads of families. Data were collected using a questionnaire. The analysis used in this research is univariate analysis.

The results of univariate analysis showed that the distribution of 69 respondents who had good knowledge of immunization for infants was 38 people (55.07%) while those who were less well informed were 31 people (44.93%). While the distribution of attitudes that support as many as 37 people (53.62%) and attitudes that do not support as many as 32 people (46.38%).

In conclusion, most of the heads of families or husbands who have good knowledge about giving immunizations to infants and most of the heads of families or husbands have a supportive attitude. It is recommended for the Dolo Health Center to further improve counseling about giving immunizations to babies so that family heads or husbands who have babies in the Dolo Health Center work area, Sigi Regency to be more proactive in improving their abilities so that they can be more prepared and be more supportive of giving immunizations to babies.

INTRODUCTION

One effort to prevent disease is by immunization (1,2). Immunization is a way to increase a person's immunity against a disease, so that in the future if they are exposed to a disease they will not suffer from that disease (3,4). Immunization is a prevention effort program of the Ministry of the Republic of Indonesia to reduce morbidity, disability and death due to diseases that can be prevented by immunization, namely Tuberculosis, Diphtheria, Pertussis, Hepatitis B, Polio and Measles (5). Immunization is also a real effort by the government to achieve the Millennium Development Goals (MDGs), especially to reduce child mortality. The indicator for the success of immunization implementation is measured by achieving Universal Child Immunization (UCI), namely that at least 80% of babies in a village or sub-district have received complete immunization, consisting of BCG, Hepatitis B, DPT-HB, Polio and Measles (6).

The Infant Mortality Rate (IMR) in Indonesia according to the 2012 Indonesian Demographic and Health Survey reached 32 per 1,000 live births, meaning that 32 babies died in every 1,000 live births and under-five mortality was 40 deaths per 1,000 live births (7).

The infant immunization program expects that every baby will receive complete basic immunization. The success of a baby in getting basic immunization is measured through the indicator of complete basic immunization. The achievement of this indicator in Indonesia in 2014 was 86.9%. This figure has not yet reached

the 2014 Strategic Plan target of 90%. Meanwhile, by province, there were nine provinces (27.27%) that achieved the 2014 Strategic Plan target (8).

Giving immunization injections to babies on time is a very important factor for the baby's health. Immunizations are given from birth to early childhood. Immunizing babies is part of a parent's responsibility towards their child. Immunization can be given during posyandu activities, health checks for health workers or immunization weeks. If the baby is sick with a fever, has had previous seizures, or has a nervous system disease, immunization should be considered (9).

Husband's behavior in providing immunizations to babies is one factor in achieving immunization coverage. This is because most regions in Indonesia have a social culture where decision making in the household is the husband's side. So the wrong opinion about immunization that has developed in society makes husbands feel worried about the risks of several vaccines given to babies. This belief makes husbands less likely to encourage their wives to immunize their babies.

Complete basic immunization coverage at the national level has exceeded the 2013 Strategic Plan target. At the provincial level (45%) this has not yet reached the target. Nationally, the average coverage of infant health services is 87.7%, so it can be said that there are still around 12.23% of babies in Indonesia whose rights to obtain adequate basic health services have not been fulfilled (10).

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 12 of 2017 concerning the Implementation of Immunization, one of the efforts made to reduce morbidity and disability from infectious and non-communicable diseases is immunization. The immunization program is an effort to protect the population against certain diseases. Several 2019 Central Sulawesi Province Health Profiles 174 infectious diseases which include diseases that can be prevented by immunization (PD3I), including: Diphtheria, Petusitis, Tetanus, Meningitis and Pneumonia caused by Haemophylus Influenza Type B/ Hib bacteria. Infants and children have a higher risk of contracting infectious diseases than the adult population. Given these facts, one of the best and most vital forms of prevention efforts so that at-risk groups can be protected from infectious diseases is immunization (Central Sulawesi Province Health Profile, 2019).

Description of basic immunization for babies during 2019 measured by immunization coverage for HB 0-7 Days, BCG, DPT HB-Hib 1 to DPT HB-Hib 3, Polio 1 to Polio 4, and Measles. Based on data obtained from the District/City Health Service, the coverage achievement for HB 0-7 days: 82.2%, BCG: 89.5%, DPT HB-Hib 3: 93.8%, Polio 4: 72.7%, Measles: 90.5% (Central Sulawesi Province Health Profile, 2019).

Based on immunization data on babies from the Dolo Health Center, especially Kotarindau village, data on baby immunization results were obtained from 69 target babies consisting of 33 male babies and 36 female babies, 37 (53.6%) of whom were immunized with HB0 (53.6%), BCG 44 (63 .8%), DPT-HB-Hib3 60 (87.0%), POLIO4 60 (87.0%) MEASLES 52 (75.4%). Meanwhile, there were 28 male babies who received complete basic immunization and 18 (50.0%) female babies received complete basic immunization. From the data above, it was found that the average number of babies who had complete basic immunization was 46 (66.7%) and there were 23 (33.3%) babies who had not had complete basic immunization (Dolo Community Health Center Profile, 2020).

METHOD

This research is a type of Quantitative Descriptive research, to explain a situation objectively or see a description of the behavior, knowledge, attitudes and actions of husbands in supporting the provision of immunizations to babies in Kotarindau Village, the working area of the Dolo Health Center, Sigi Regency.

RESULTS

The research results are presented in tabular form in the form of numbers and regular arrangement in columns, besides that they are also presented in textural form, namely presenting the data in narrative form.

Table 1. Frequency Distribution of Respondents Based on Educational Groups in Kotarindau Village, Dolo Health Center working area, Sigi Regency

No	Education	Frequency	%
1	elementary school	11	15,94
2	JUNIOR HIGH SCHOOL	22	31,88
3	SENIOR HIGH SCHOOL	25	36,23
4	S1	11	15,94

Based on table 1 above, it shows that the largest distribution of respondents' education is high school education, namely 25 people (36.23%) and the least is elementary and bachelor's education, namely 11 people (15.94%).

Table 2. Frequency Distribution of Respondents Based on Job Groups in Kotarindau, Dolo Health Center working area, Sigi Regency

No	Work	Frequency	%
1	Farmer	16	23,19
2	Private	17	24,64
3	Civil servants	12	17,39
4	Laborer	12	17,39
5	Trader	6	8,70
6	Self-employed	6	8,70

Based on table 2 above, it shows that the largest distribution of respondents' jobs is private sector work, namely 17 people (24.64%) and the least is trader and self-employed work, namely 6 people (8.70%).

Table 3. Frequency Distribution of Respondents Based on Knowledge in Kotarindau Village, Dolo Health Center working area, Sigi Regency

No	Knowledge	Frequency	%
1	Good	38	55,07
2	Not good	31	44,93

Based on table 3 above, it shows that the distribution of respondents' knowledge regarding the provision of immunizations in Kotarindau Village, the working area of the Dolo Health Center, Sigi Regency, is good as many as 38 people (55.07%), while 31 people (44.93%) are poor.

Table 4. Frequency Distribution of Respondents Based on Attitudes in Kotarindau Village, Dolo Health Center working area Sigi Regency

No	Attitude	Frequency	%
1	Support	37	53,62
2	Does not support	32	46,38

Based on table 4 above, it shows that the distribution of attitudes regarding the provision of immunization in Kotarindau Village, the working area of the Dolo Health Center, Sigi Regency, supports 37 people (53.62%), while 32 people (46.38%) do not support it.

DISCUSSION

Husband's knowledge about providing immunizations in Kotarindau Village, Dolo Health Center Working Area, Sigi Regency

The results of the study showed that the distribution of 69 respondents who had good knowledge about the role of husbands in supporting the provision of immunizations in Kotarindau Village, the working area of the Dolo Health Center, Sigi Regency, was good, 38 people (55.07%), while 31 people (44.93%) were poor.

The researcher's assumption is that people's knowledge about providing immunizations is good because it is supported by their experience and the average community has junior high school, high school and bachelor's degrees. Where knowledge can also be obtained, among other things, through education, both formal and non-formal. Knowledge can also be obtained from other people's knowledge, including by hearing, seeing directly and through communication tools such as television, radio, books, magazines and so on.

From the results of the frequency distribution, there were 31 respondents who had poor knowledge, this was due to the lack of information obtained about immunization which had implications for poor knowledge. However, these respondents are located on the outskirts of urban areas so access to information cannot be received as a whole, plus their jobs are mostly workers and private sector. As we know, the work environment is a place where people gather, including respondents, to obtain information. However, the work undertaken by respondents takes up more time and energy so that obtaining information about immunization provision is almost never available, even though in reality there are several respondents who have upper secondary education. We know that good education has an impact on good knowledge. However, for respondents in Kotarindau Village this did not happen as usual due to insufficient time to receive information and lack of attention to immunization.

The results of this research are in line with several studies which state that one of the factors that influences a person's knowledge is experience and level of education. Experience can be gained from your own experience or from other people's experiences. The experience that has been gained can expand a person's knowledge. Meanwhile, in general, someone with higher education will have broader knowledge than someone with a lower level of education (11–13).

There are many factors that influence a person's knowledge. Apart from education, knowledge is also influenced by mass media, environment, age, social culture and economics. As technology advances, various types of mass media will be available that can influence people's knowledge about new innovations, including their families. As a means of communication, various forms of mass media such as television, which almost every home has, have a big influence on the formation of people's opinions and beliefs. In conveying information as its main task, the mass media also carries messages containing suggestions that can direct a person's opinion. The existence of new information about something provides a new cognitive basis for the formation of knowledge about that thing (14).

The results of this research are in line with several previous studies stating that knowledge is the result of knowing and sensing an object, knowledge itself is influenced by formal education factors. Knowledge is closely related to education, where it is hoped that with higher education the person's knowledge will become broader.

However, it needs to be emphasized that this does not mean that someone with low education has absolutely low knowledge (15–17). This is because increasing knowledge is not absolutely obtained from formal education alone, but can be obtained through non-formal education such as on social media and television. A person's knowledge about an object contains two aspects, namely positive aspects and negative aspects.

The experience gained by the community causes them to be able to carry out several actions, including during the period of being a family, always be active and don't be pessimistic. This avoids people thinking that immunization must be carried out immediately because it is a problem. This situation can only be done if people have adequate knowledge, although it is said that the higher a person's education the better their knowledge, but it is not a guarantee that those with low education will have poor knowledge because they do not listen to information and lack motivation to learn and want to know about problematic things. Likewise, the older a person gets, the more experience they gain because people in the productive age range of >30 years are rich in knowledge.

Husband's attitude in supporting the provision of immunizations in Kotarindau Village, Dolo Health Center Working Area, Sigi Regency

The results of the research showed that the distribution of attitudes regarding immunization in Kotarindau Village, the working area of the Dolo Health Center, Sigi Regency, supported 37 people (53.62%), while 32 people (46.38%) did not support it. These results indicate that the respondent, in this case the husband, shows a supportive attitude regarding providing immunizations. These results also show that the husband's attitude is good too, with the highest frequency being in the supportive category.

The research results showed that the supportive attitude response occurred because it was supported by the good knowledge possessed by husbands/heads of families in carrying out or carrying out their obligations, including knowing good immunization for continued health and creating an immune system for their babies in the future. Which will ultimately foster a supportive attitude in carrying out his obligations as a husband.

From the respondents, after calculating the frequency distribution, an unsupportive attitude was obtained. However, these respondents knew about immunization. However, because of the busy work they do, there are several things stated in the questionnaire that they do not agree with. However, that doesn't mean they are unsupportive.

After someone knows the stimulus or object, in this case their readiness to face their roles and responsibilities as a family, the next process will be to assess or behave towards the stimulus or object. The supportive attitude of the family is the family's readiness to react to readiness in carrying out their duties as a family. This is in accordance with the opinion of Notoatmodjo (2010) regarding the attitude domain, namely: 1) Acceptance, namely that the family is willing to pay attention to the stimulus given regarding readiness to face the role of family. 2) Responding, namely giving good answers to questions about support for immunization. 3) Respect, namely teaching other people, in this case other families, to take their family (babies) to health services if they are sick. 4) Responsible, namely feeling that as a husband you need to be responsible for the nature that has been determined, namely providing the best conditions for the family, including when supporting the provision of immunizations for babies.

Attitudes are always related to certain objects which can be views or feelings and give a person a tendency to act or act according to their attitude towards an object.

CONCLUSION

This research concluded that the majority of respondents' knowledge was that they had good knowledge compared to those who had poor knowledge about providing immunizations to babies in Kotarindau Village, the working area of the Dolo Health Center, Sigi Regency.

The description of the attitude of the majority of respondents is that they have a supportive attitude compared to those who have an unsupportive attitude regarding the provision of immunizations to babies in Kotarindau Village, the working area of the Dolo Health Center, Sigi Regency.

SUGGESTION

This research recommends, For educational institutions, it is hoped that this research can become a reading tool in libraries to develop husbands' knowledge and attitudes in supporting immunization for babies.

For the Dolo Community Health Center, it is hoped that there will be more outreach regarding the provision of immunizations, especially for husbands/heads of families who have babies in the work area of the Dolo Community Health Center, Sigi Regency, to be more proactive in improving their abilities so that they can be better prepared and have a more supportive attitude regarding the provision of immunizations for babies.

For parties who wish to carry out similar research, to further develop themselves with adequate skills and knowledge so that better quality research will be realized for the advancement of the world of nursing.

BIBLIOGRAPHY

1. Bilukha O, Rosenstein NE. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). 2005;
2. Mantel C, Cherian T. New immunization strategies: adapting to global challenges. Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz. 2020;63(1):25–31.
3. Ghani AC, Sutherland CJ, Riley EM, Drakeley CJ, Griffin JT, Gosling RD, et al. Loss of population levels of immunity to malaria as a result of exposure-reducing interventions: consequences for interpretation of disease trends. PLoS One. 2009;4(2):e4383.
4. Shefer A, Atkinson W, Friedman C, Kuhar DT, Mootrey G, Bialek SR, et al. Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). Morb Mortal Wkly Rep Recomm Reports. 2011;60(7):1–45.
5. Hastuty M. Hubungan Pengetahuan dan Pekerjaan Ibu dengan Kelengkapan Imunisasi Dasar Balita di Posyandu Desa Kasang Wilayah Kerja UPTD Kesehatan Lubuk Jambi Kecamatan Kuantan Mudik Tahun 2019. J Doppler. 2020;4(1):10–7.
6. Widayati T, Yanuar IES, Ariestanti Y. Upaya Bersama Untuk Peningkatan Kesehatan Balita Tentang Pentingnya Imunisasi. J Pelayanan dan Pengabdi Masy. 2022;6(2):126–33.
7. Statistik IBP. Survei demografi dan kesehatan Indonesia, 2012. (No Title). 2012;
8. Kemenkes RI. Profil kesehatan Indonesia tahun 2014. Jakarta kemenkes RI. 2015;2015.
9. Arpen RS, Afnas NH. ANALISIS FAKTOR-FAKTOR YANG MEMPENGARUHI PEMBERIAN IMUNISASI DASAR LENGKAP PADA BAYI. Matern Child Heal Care. 2023;5(1):795–807.
10. Depkes RI. Profil kesehatan Indonesia tahun 2013. Jakarta Depkes RI. 2014;
11. Juliansyah E, Rizal A. Faktor umur, pendidikan, dan pengetahuan dengan perilaku merokok di wilayah kerja Puskesmas Sungai Durian, Kabupaten Sintang. VISIKES J Kesehat Masy. 2018;17(01).
12. Buramare MY, Yudiernawati A, Nurmaningsari T. Pengetahuan anak anak jalanan (usia sekolah) berhubungan dengan pelaksanaan Perilaku Hidup Bersih dan Sehat (PHBS). Nurs News (Meriden). 2017;2(2):71–9.
13. Juwita L, Prabasari NA. Pengetahuan pemeriksaan payudara sendiri (SADARI) terhadap sikap dan perilaku pada remaja putri. Pengetah Pemeriksaan Payudara Sendiri Terhadap Sikap Dan Perilaku Pada Remaja Putri. 2018;4(2):12–6.
14. Hall WP. Physical basis for the emergence of autopoiesis, cognition and knowledge. 2011;
15. Darsini D, Fahrurrozi F, Cahyono EA. Pengetahuan; Artikel Review. J Keperawatan. 2019;12(1):13.
16. Afwatunnati A. Pengaruh pengetahuan terhadap sikap ibu rumah tangga dalam upaya mengatasi pencemaran lingkungan akibat sampah di TPA Jatibarang. Edu Geogr. 2016;4(1).
17. Widiastuti YP, Ramayanti ED. Tingkat pengetahuan ibu menyusui berpengaruh terhadap upaya untuk meningkatkan produksi ASI selama pandemi COVID 19. NURSCOPE J Penelit dan Pemikir Ilm Keperawatan. 2021;7(2):97–106.