

Original Research Report

## Relationship between Motivation of the Midwife and the Mother's Compliance with Complete Basic Immunization in the Hana Kasih Clinic

Dwi Ris Hasanah<sup>1</sup>, Emelia Tampubolon<sup>1</sup>

<sup>1</sup> Department of Midwifery, Program of Midwifery, Akademi Kebidanan Darmo, Indonesia.

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### \*Corresponding Author:

Dwi Ris Hasanah

**Email:**  
dwiris24@gmail.com

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**Abstract:** Health problems, especially in children, are the occurrence of several infectious diseases such as Measles, Diphtheria, Pertussis, Tetanus Neonatorum, Tuberculosis, Hepatitis B and Polio which can cause death or disability in children. There are still many mothers who do not take their children to health facilities to get complete basic immunizations. The role of midwives in providing motivation to families, especially mothers about immunization status, is thought to be able to increase maternal compliance to increase the coverage and completeness of basic infant immunization. The research method uses analytic with a cross sectional approach. The population in this study were 112 people and a sample of 53 people. The results showed that the motivation of the midwives according to mostly good was 54.7%, which stated that it was less than 45.3%. Mother's adherence to complete basic immunization for infants in the obedient category was 73.6%, those who did not comply were 26.4%. The motivation of the midwife is related to maternal compliance with complete basic immunization for infants at the Hana Kasih Clinic in 2021, p-value of 0.000 < 0.05. It is hoped that midwives will motivate mothers, especially mothers who have babies, to immunize their babies with the 5 (five) basic immunizations required by the government.

**Keywords:** Baby, Basic Immunization, Midwife.



## 1. Introduction

Health problems, especially for children, are in the field of complete basic immunization, which is included in infectious diseases that can be prevented by immunization (PD3I) which must receive more attention from many parties. Some of them are Measles, Diphtheria, Pertussis, Tetanus Neonatorum, Tuberculosis, Hepatitis B and Polio. If this infectious disease is not immediately prevented by giving complete immunization, it will cause death or disability in sufferers [1].

Data from the World Health Organization (WHO) shows that there are 1.4 million under-five deaths per year due to diseases that can be prevented by immunization, for example: whooping cough 294,000, 20%, tetanus 198,000 (14%), measles 540,000 (38%). In Indonesia alone, UNICEF recorded that around 30,000-40,000 children in Indonesia each year die from measles, this means that every twenty minutes an Indonesian child dies of measles [2]. From the data obtained from WHO, the coverage of BCG immunization is 85%, DPT 64%, Polio 74%, HB1 91%, HB2 84.4%, HB3 83%, TT pregnant women: TT-1 84%, TT-2 77%. WHO has launched an immunization program since 1974 with EPI and then more broadly with GPV (global program for vaccines and immunization), government organizations from around the world together with UNICEF, WHO, World Bank. Plus the individual organizations Bill and Melinda Gates children's vaccine programmed and the Rockefeller Foundation [3]. The UCI (Universal Child Immunization) program established by the Indonesian Ministry of Health (MOH) nationally was achieved in 1990 with DPT, polio and measles coverage of at least 80% before the age of 1 year. While the coverage for DTP, polio and BCG is at least 90%. The UCI target is an intermediate goal, which means that immunization coverage for BCG, DPT, polio, measles, and hepatitis B must reach 80% at the national, provincial, and district levels and even in every village [4].

Based on an initial survey conducted in August at the Hana Kasih Clinic, out of 10 mothers who visited the clinic to bring their babies to the clinic, 6 people had incomplete basic immunizations which indicated that the mother was not compliant, and only 4 people with complete basic immunization status indicated that the mother was obedient. When the author asked why their child's basic immunization was incomplete, the mother replied that so far her child was healthy so there was no need to be immunized frequently, and was afraid that if the child was immunized, the child would have a fever and become fussy (crying constantly). There are also those who are afraid that their children will experience swelling at the immunization injection site. They also said that they did not get enough motivation from the midwife to fully immunize their children. The midwife only said that her child needed to be immunized but did not explain what basic immunizations needed to be given to the child according to the child's age. The lack of motivation from the midwife is thought to be the cause of the mother's disobedience in bringing her baby to carry out basic immunizations.

## 2. Literature Review

Recent data from the Directorate of Epidemiological Surveillance, Immunization, and Matra Health, Directorate General of Disease Control and Environmental Health, Ministry of Health of Indonesia, shows that the immunization coverage rate in 2013 was measles 89.5%, DTP-3 90.4%, polio-4 87.4%, and hepatitis B-3 reached 91%. From the available data, it can be seen that the basic immunization coverage rate in Indonesia is quite high, but in some areas coverage rates are still found to be below the national standard [5].

Based on data from the 2014 Indonesian Health Profile, the coverage of complete basic immunization for infants in Indonesia as of September 2014 was 48.4% with the highest province being Bali (62.0%) and the lowest being North Maluku (17.7%) (Ministry of Health, 2015). Based on the Health Profile of North Sumatra Province, the coverage of complete basic immunization for infants in North Sumatra Province as of September 2014 was 36.5% with the highest district/city being Samosir (57.3%) and the lowest being North Nias (8.7%) [6].

The Medan City Health Office succeeded in meeting the target of achieving 80% immunization for its citizens, as instructed by the Ministry of Health that immunization for infants must reach 80%. In general, Medan City has achieved the target of 80% during 2012 [7].

Tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles resulted in the deaths of around 4 million children, mainly in developing countries. The disease can also cause children to experience physical and mental disabilities. Without immunization, about 3 out of 100 children will die from measles, and 2 out of 100 children will die from whooping cough. One in 100 children will die from tetanus. Out of every 200.00 children, 1 child will suffer from polio [8].

In the program there are five complete basic immunizations for infants starting at the age of 0 days to 11 months, namely Hepatitis B, Polio, BCG, DPT, Measles immunizations. Immunization aims to protect children from disease, prevent children from being disabled and prevent death in children. Provision of free immunization at puskesmas and posyandu [7].

The role of midwives in motivating families, especially mothers, regarding immunization status is one of the important actions to increase the coverage and completeness of basic infant immunization. A minimum of 75 to 80% of vulnerable children must be immunized effectively to protect individuals, families, groups and communities from preventable infectious diseases. Therefore, the role of midwives in providing motivation through the promotion of immunization services is a vital and integral part of family health midwives so that mothers comply with the provisions of bringing their children complete basic immunizations.

### 3. Methods

This research method is analytic with cross sectional design [9] [10] [11] [12] [13]. The population in this study were all mothers who had babies aged 12 months as many as 112 who resided at the Hana Kasih Clinic. The sample in this study was taken using the Slovin Formula as show in Equation 1.

$$n = \frac{N}{(N.d^2)+1}$$

Equation 1

Based on Equation 1, the number of samples was 53 mothers who had babies aged 12 months. The sampling method is by random sampling (random sampling). The research was conducted from August to December 2021.

### 4. Result and Discussion

#### 4.1. Respondents

Based on Table 1, it shows that of the 53 respondents who were studied, most of them were aged 20-35 years as many as 45 people (84.9%), a small portion aged <20 years as many as 3 people (5.7%).

Table 1. Frequency Distribution of Respondents by Age

| No           | Age        | f         | %          |
|--------------|------------|-----------|------------|
| 1            | <20 Years  | 3         | 5.7        |
| 2            | 20-35Years | 45        | 84.9       |
| 3            | >35 Years  | 5         | 9.4        |
| <b>Total</b> |            | <b>53</b> | <b>100</b> |

Table 2 shows that most of the respondents have high school education as many as 34 people (64.2%), a small proportion of respondents have elementary and college education each as many as 6 people (11.3%)

Table 2. Frequency Distribution of Respondents Based on Education

| No           | Education     | f         | (%)        |
|--------------|---------------|-----------|------------|
| 1            | Elementary    | 6         | 11.3       |
| 2            | Middle School | 7         | 13.2       |
| 3            | High School   | 34        | 64.2       |
| 4            | University    | 6         | 11.3       |
| <b>Total</b> |               | <b>53</b> | <b>100</b> |

Table 3 shows that most of the respondents have 2 children as many as 29 people (54.7%), a small proportion of respondents have 4 children as many as 3 people (5.7%).

Table 3. Frequency Distribution of Respondents Based on Number of Children

| No           | Children              | F         | (%)        |
|--------------|-----------------------|-----------|------------|
| 1            | 1 <sup>st</sup> Child | 5         | 9.4        |
| 2            | 2 <sup>nd</sup> Child | 29        | 54.7       |
| 3            | 3 <sup>rd</sup> Child | 16        | 30.2       |
| 4            | 4 <sup>th</sup> Child | 3         | 5.7        |
| <b>Total</b> |                       | <b>33</b> | <b>100</b> |

Table 4 shows that most of the respondents are housewives as many as 34 people (64.2%), a small proportion of respondents work as traders as many as 7 people (13.2%).

Table 4. Frequency Distribution of Respondents by Occupation

| No           | JOB          | F         | (%)        |
|--------------|--------------|-----------|------------|
| 1            | Entrepreneur | 7         | 13,2       |
| 2            | Farmer       | 12        | 22,6       |
| 3            | Housewife    | 34        | 64,2       |
| <b>Total</b> |              | <b>33</b> | <b>100</b> |

Table 5. Frequency Distribution of Answers to Each Item of Motivational Questions from Midwives According to Respondents

| No | Question   | Answer |      |    |      | Total |     |
|----|--|--------|------|----|------|-------|-----|
|    |  | Yes    |      | No |      | f     | %   |
|    |  | f      | %    | f  | %    |       |     |
| 1  | Midwives motivate mothers to immunize their children according to their child's age.                   | 25     | 47.2 | 28 | 52.8 | 53    | 100 |
| 2  | Midwives motivate mothers to bring their children with complete basic immunizations.                   | 34     | 64.2 | 19 | 35.8 | 53    | 100 |
| 3  | The midwife recommends that the mother record the date of each immunization for the baby.              | 20     | 37.7 | 33 | 62.3 | 53    | 100 |
| 4  | The midwife always reminds the mother on the day of the posyandu activity.                             | 34     | 64.2 | 19 | 35.8 | 53    | 100 |
| 5  | Midwives motivate mothers to immunize their children so that children can grow up healthy.             | 18     | 34.0 | 35 | 66.0 | 53    | 100 |
| 6  | Midwives always motivate mothers to ask midwives about things they don't understand about immunization | 32     | 60.4 | 21 | 39.6 | 53    | 100 |
| 7  | Midwives explain the side effects of BCG immunization.   | 41     | 77.4 | 12 | 22.6 | 53    | 100 |
| 8  | Midwives remind mothers to delay immunization if their child is sick.                                  | 32     | 60.4 | 21 | 39.6 | 53    | 100 |
| 9  | Midwife explains side effects  | 35     | 66.0 | 18 | 34.0 | 53    | 100 |

Based on the results in Table 5, the question most answered "Yes" is question number 7 namely the midwife explaining the side effects of BCG immunization as many as 41 people (77.4%). The question most answered "No" was question number 5, namely the midwife motivating mothers to immunize their children so that their children can grow up healthy as many as 35 people (66.0%).

Table 6. Distribution of Motivation Frequency of Midwives according to Respondents

| No           | Midwife Motivation | f         | (%)        |
|--------------|--------------------|-----------|------------|
| 1            | Good               | 29        | 54.7       |
| 2            | Not Good           | 24        | 45.3       |
| <b>Total</b> |                    | <b>53</b> | <b>100</b> |

Based on the results on Table 6, it shows that most of the respondents stated that the motivation of the midwives was good as many as 29 people (54.7%). a small part of the respondents stated that the motivation of the midwives in the poor category was 24 people (45.3%).

Table 7. Distribution of Respondents' Compliance

| No           | Obedience    | f         | (%)        |
|--------------|--------------|-----------|------------|
| 1            | Obedient     | 39        | 73.6       |
| 2            | Non Obedient | 14        | 26.4       |
| <b>Total</b> |              | <b>53</b> | <b>100</b> |

Based on the results on Table 7, it shows that the majority of respondents comply with complete basic immunization as many as 39 people (73.6%). as a small number of respondents who do not comply with immunization as many as 14 people (26.4%). Although the respondent's compliance with basic immunization is above 70%. It is still far from the target that complete basic immunization must reach 100%.

Table 8. Cross Table of the Relationship between Midwives' Motivation and Mother's Compliance with Complete Basic Immunizations for Babies

| No | Motivation of Midwife | Obedience of mother's for full Immunization |      |              |      | Total | <i>p-value</i> |       |
|----|-----------------------|---|------|--------------|------|-------|----------------|-------|
|    |                       | Obedient                                    |      | Not Obedient |      |       |                |       |
|    |                       | f   | %    | f            | %    | f     |                | %     |
| 1  | Good                  | 28  | 96.6 | 1            | 3.4  | 29    | 100            | 0.000 |
| 2  | Low                   | 11  | 45.8 | 13           | 54.2 | 24    | 100            |       |

Based on the results on Table 8, it shows that of the 29 respondents who said that the motivation of the midwives was good. The majority complied with the complete basic immunization of their babies as many as 28 people (96.6%). Of the 24 respondents who stated that the motivation of the midwife

was lacking. The majority did not comply with basic immunizations for their babies as many as 13 people (54.2%).

The results of the bivariate test using Chi-Square obtained a p-value of  $0.000 < 0.05$  which means that there is a significant relationship between the motivation of the midwife and the mother's adherence to complete basic immunization for infants at the Hana Kasih Clinic.

#### **4.2. Motivation from Midwives**

Most of the respondents stated that the motivation of the midwives was good as many as 29 people (54.7%). There are few respondents stated that the motivation of the midwives in the poor category was 24 people (45.3%).

Research conducted by Nurazizah [14] at the Makrayu Health Center in Palembang found that most of the mothers stated that the motivation from the midwife was good to encourage mothers to carry out basic immunizations as much as 65.7% while those who stated that motivation was still lacking were 34.3%.

Motivation is the entire drive, desire and driving force or other impetus that comes from within the individual to take an action. Motivation gives purpose and direction to individual behavior. Motivation can influence a person to carry out a job that is his duty and responsibility [15].

Based on the results, most of the mothers stated that the midwives had provided motivation to immunize their babies completely but there were still mothers who felt that the midwives were lacking in motivating mothers to immunize their babies. As can be seen from the answers per item that midwives do not motivate mothers to immunize their children so that their children can grow up healthy. Mothers feel that midwives do not recommend mothers to record the date each immunization is carried out on babies, midwives do not motivate mothers to immunize their children according to their age. Mothers who do not get complete information from midwives tend to be unmotivated by health workers to improve adherence to basic immunization so that the effectiveness of therapy can be

There are indicate that even though more mothers are obedient. This compliance is still felt to be lacking because all mothers who have babies should obey in immunizing their babies completely so that babies are not susceptible to disease. Maternal compliance can still be improved if the midwife motivates all mothers who have babies at the Hana Kasih Clinic in 2021

#### **4.3. The Relationship between Midwives' Motivation and Mother's Compliance with Complete Basic Immunizations**

Result showed that there was a significant relationship between the motivation of the midwife and adherence to complete basic immunization at the Hana Kasih Clinic.  $p = 0.000 < 0.05$ . Of the 29 respondents who said that the motivation of the midwives was good. The majority complied with the complete basic immunization of their babies as many as 28 people (96.6%). Of the 24 respondents who stated that the motivation of the midwives was lacking the majority did not comply with basic immunizations for their babies as many as 13 people (54.2%).

The role of midwives in motivating families especially mothers, regarding immunization status is one of the important actions to increase the coverage and completeness of basic infant immunization. A minimum of 75 to 80% of vulnerable children must be immunized effectively to protect individuals, families, groups and communities from preventable infectious diseases. Therefore, the role of midwives in providing motivation through the promotion of immunization services is a vital and integral part of family health midwives so that mothers comply with the provisions of bringing their children complete basic immunizations.

### **5. Conclusion**

Based on the results of the research that has been carried out and presented in the previous chapter. The following conclusions can be drawn:

- The motivation of midwives to mothers in immunizing complete basics at the Hana Kasih Clinic in 2021 was mostly good as much as 54.7% which stated that it was less by 45.3%.
- The compliance of mothers in carrying out complete basic immunization for infants at the Hana Kasih Clinic in 2021 was mostly obedient as much as 73.6% while the minority was non-compliant as much as 26.4%.
- The motivation of the midwife is related to maternal compliance with complete basic immunization for infants at the Hana Kasih Clinic in 2017, p-value of  $0.000 < 0.05$ .

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