

THE RELATIONSHIP BETWEEN MATERNAL KNOWLEDGE AND HUSBAND'S SUPPORT WITH THE  
COMPLETENESS OF BASIC IMMUNIZATION AMONG TODDLER AGED 12-18 MONTHS

Suci Ardianing Lestari<sup>1</sup>, Nita Evrianasari<sup>2</sup>, Dewi Yuliasari<sup>3</sup>, Dessy Hermawan<sup>4</sup>

<sup>1,2,3,4</sup> Bachelor of Midwifery, Faculty of Health Sciences, Malahayati University  
Correspondence Email: nita.nuninosa@gmail.com

**ABSTRAK : HUBUNGAN ANTARA PENGETAHUAN IBU DAN DUKUNGAN SUAMI DENGAN  
KELENGKAPAN IMUNISASI DASAR PADA BALITA USIA 12-18 BULAN**

Latar Belakang: Imunisasi merupakan intervensi kesehatan masyarakat yang terbukti sangat hemat biaya dan berdampak positif pada peningkatan status kesehatan ibu dan anak di Indonesia. Imunisasi mencegah dan mengurangi morbiditas, disabilitas, dan mortalitas. Data dari Puskesmas Gedung Sari menunjukkan bahwa cakupan imunisasi dasar pada anak-anak telah menurun selama tiga tahun berturut-turut: dari 75,9% pada tahun 2021 menjadi 72,4% pada tahun 2022 dan 69,6% pada tahun 2023.

Tujuan Penelitian: Untuk mengetahui hubungan antara pengetahuan ibu dan dukungan suami dengan kelengkapan imunisasi dasar pada balita usia 12-18 bulan di wilayah kerja Puskesmas Gedung Sari pada tahun 2024.

Metode: Penelitian ini menggunakan desain kuantitatif cross-sectional. Populasi dalam penelitian ini terdiri dari balita usia 12-18 bulan di Puskesmas Gedung Sari, dengan jumlah sampel sebanyak 58 balita. Penelitian ini dilakukan di Puskesmas Gedung Sari dari Januari hingga Juli 2024. Data dikumpulkan menggunakan kuesioner dan lembar observasi dan dianalisis menggunakan analisis univariat dan bivariat (Chi-Square).

Hasil penelitian: Temuan menunjukkan bahwa 33 (56,9%) ibu memiliki pengetahuan yang baik tentang imunisasi dasar, 32 (55,2%) memiliki dukungan suami, dan 35 (60,3%) telah menyelesaikan imunisasi dasar.

Kesimpulan: Terdapat hubungan antara pengetahuan dan dukungan suami dengan kelengkapan imunisasi dasar pada balita usia 12-18 bulan di Puskesmas Gedung Sari tahun 2024 (nilai  $p = 0,001$ ). Petugas kesehatan disarankan untuk memberikan edukasi bulanan tentang imunisasi dasar.

Kata kunci: balita, dukungan suami, kelengkapan imunisasi, dan pengetahuan

**ABSTRACT**

Background: Immunization is a public health intervention proven to be highly cost-effective and has a positive impact on improving maternal and child health status in Indonesia. It prevents and reduces morbidity, disability, and mortality. Data from the Gedung Sari Community Health Center indicate that basic immunization coverage among children has declined over three consecutive years: from 75.9% in 2021 to 72.4% in 2022 and 69.6% in 2023.

Research objective: To determine the relationship between mothers' knowledge and husbands' support with the completeness of basic immunization in toddler aged 12-18 months in the working area of the Gedung Sari Community Health Center in 2024.

Method: This study used a quantitative cross-sectional design. The population in this study consisted of toddler aged 12-18 months in the Gedung Sari Community Health Center, with a total sample size of 58 toddler. This study was conducted in the Gedung Sari Community Health Center from January to July 2024. Data were collected using questionnaires and observation sheets and analyzed using univariate and bivariate (Chi-Square) analysis.

Research results: The findings showed that 33 (56.9%) mothers had good knowledge about basic immunization, 32 (55.2%) had supportive husband's, and 35 (60.3%) had completed basic immunization.

Conclusion: There is a relationship between knowledge and husband's support with the completeness of basic immunization in toddler aged 12-18 months in the Gedung Sari Community Health Center in 2024 ( $p$ -value = 0.001). Health workers are recommended to provide monthly education on basic immunization.

Keywords: toddler, husband support, completeness of immunization, and knowledge

## INTRODUCTION

Infant and child health requires serious attention, considering that children represent the future generation of the nation, by reducing morbidity and mortality rates among toddler. In addition, consistent health efforts are also needed (Soetjningsih, 2012). Immunization is the most effective and inexpensive primary prevention against infectious diseases, not only protecting individuals from serious diseases but also preventing the occurrence of infectious diseases (Prayogo, et.all, 2016).

Immunization is a public health intervention proven to be highly cost-effective and has a positive impact on improving maternal and child health status in Indonesia. It prevents and reduces morbidity, disability, and mortality (Ministry of Health, 2023). In 2022, out of 21 cases of neonatal tetanus, 14 cases (67%) occurred in unvaccinated patients. Laboratory-confirmed measles cases numbered 4,844 (22.9%) of suspected measles cases. The highest number of deaths due to diphtheria occurred in West Java Province with 14 cases, followed by East Java with 6 cases, and Banten with 4 cases (Ministry of Health, 2023). One program that has proven effective in reducing morbidity and mortality rates from Vaccine-Preventable Diseases (VPDs) is immunization, with a VPD incidence rate of 0% in diphtheria cases. Pertussis 0% and measles 0.8%. There was 1 case of neonatal tetanus in 2022 (Lampung Health Office, 2023).

National coverage of complete basic immunization increased in 2022, reaching 99.6%, exceeding the 2022 strategic target of 90%. The highest coverage was in Central Java Province at 100% and the lowest in Aceh Province at 48.1%, while Lampung Province had 100% coverage (Indonesian Ministry of Health, 2023). Immunization coverage in Lampung Province based on regencys. The highest was in West Tulang Bawang Regency , at 100%, and the lowest was in Pesawaran Regency at 79.6% and Central Lampung Regency at 98.8% (Lampung Health Office, 2023).

Based on data from Lampung Tengah Regency, out of 39 community health centers, 4 had low basic immunization coverage: Gedung Sari Puskesmas at 69.6%, Bantar Agung at 59.1%, Seputih Banyak at 68.2%, and Bumi Nabung at 69.1% (Dinkes Lampung Tengah, 2023). Based on data from the Gedung Sari Community Health Center, the achievement of basic immunization in toddler has declined for three consecutive years, from 75.9% in 2021, to 72.4% in 2022, and to 69.6% in 2023. Meanwhile, the Bantar Agung Community Health Center recorded 52.0% in 2021, 56.9% in

2022, and 59.1% in 2023 (Central Lampung Health Office, 2023). It can be seen that the Gedung Sari Community Health Center has experienced a decline in the achievement of basic immunization for toddler aged 0-12 months.

Before a child reaches one year of age, basic immunizations should be given to infants in full accordance with their age. In this condition, it is hoped that the immune system can work optimally with minimal side effects (Ministry of Health, 2021). Immunization is important for infants. Infants' antibodies are not yet fully developed, so they need vaccines in the form of immunizations to ward off various diseases that can strike at any time.

Diseases that occur if toddler are not immunized include tuberculosis, diphtheria, tetanus, whooping cough (pertussis), polio, measles, and hepatitis B, which are included in the Immunization Development Program (PPI) through BCG, DPT, polio, measles, and hepatitis B immunizations. Other immunizations that are not required by the government but are still recommended include mumps, rubella, typhoid, meningitis, HB, Hepatitis A, chicken pox (varicella), and rabies (Hanum, 2019). Therefore, parental knowledge and compliance are very important for the achievement of complete basic immunization, especially midwives who play an active role in providing immunization services. Knowledge about immunization includes understanding the meaning of immunization, diseases that can be prevented through immunization, the benefits of immunization, places where immunization services are provided, the timing of immunization, types of immunization, and the number of immunizations given. Sufficient knowledge is expected to influence a mother's actions in providing complete immunization to her child (Agus, 2014).

Higher maternal education levels are associated with better knowledge of immunization, which increases awareness and contributes significantly to immunization completeness (Fatmawati ; Lubis, 2020). Parents play an important role in achieving complete immunization before the child is one year old. Previous parental factors also play a role in the success of the complete basic immunization program for infants. Respondents' level of knowledge about basic immunization is influenced by the quality of service provided by health workers in terms of providing information or health education to the community. The higher a person's knowledge about immunization, the more likely they are to apply that knowledge in ensuring their infant receives complete immunization (Rahmi, 2022).

Husband's support is included in family social support, which refers to social support that family members consider accessible to the family. The family functions as a disseminator of information about the world, including giving advice, instructions, suggestions, or feedback. The forms of family support provided by the family are encouragement, advice, or supervision of daily eating patterns and medication. This is in line with the theory proposed by Soekidjo Notoatmodjo (2014), which states that in order to realize an attitude into a real action, supporting factors or enabling conditions are needed, in this case family support (Notoatmodjo, 2014).

Amalia's (2021) research Based on the results of the chi-square statistical test with a significance level of  $\alpha = 0.05$ , knowledge obtained a value of  $p=0.033$ , education level obtained a value of  $p=0.023$ , and occupation obtained a value of  $p=0.004$ , which means that there is a relationship between the mother's knowledge, education, and occupation with the completeness of basic immunization for infants aged 9-12 months. Igiany's (2022) research found a significant relationship between family support and the completeness of basic immunization, with a p-value of 0.004 and an OR of 18.

Based on the results of a preliminary survey in January 2024 of 10 mothers who had toddlers aged 12-18 months, it was found that 6 of them did not bring their toddler for immunization because they were afraid their babies would develop a fever. Based on the above description, to assess mothers' knowledge, the author is interested in conducting research on the theme "The Relationship Between Mothers' Knowledge and Husband's Support with the Completion of Basic Immunization in Toddler Aged 12-18 Months in the Working Area of the Gedung Sari Health Center in 2024."

## RESEARCH METHODS

This study employed a quantitative research design with a cross-sectional approach. It was conducted in the working area of Gedung Sari Community Health Center from January to July 2024.

The population consisted of all parents with toddlers in the working area of Gedung Sari Community Health Center. In December 2023, there were 322 toddlers, of whom 58 were aged 12–18 months. The sample included all 58 parents of toddlers aged 12–18 months using a total sampling technique.

The independent variables were maternal knowledge and husband's support. The dependent

variable was the completeness of basic immunization among toddlers aged 12–18 months.

## RESEARCH RESULTS

Table 1

Frequency distribution of maternal knowledge about basic immunization in the Gedung Sari Community Health Center

Maternal knowledge about basic immunization	Frequency	Percent
Poor	25	43.1
Good	33	56.9

It is known that of the 58 respondents, 25 (43.1%) had poor knowledge of basic immunization and 33 (56.9%) had good knowledge of basic immunization.

Table 2

Frequency distribution of husband support in the Gedung Sari Community Health Center

Husband's support	Frequency	Percent
Less supportive	26	44.8
Support	32	55.2

It is known that of the 58 respondents, 26 (44.8%) had insufficient support from their husbands and 32 (55.2%) had sufficient support from their husbands.

Table 3

Frequency distribution of basic immunization completeness in toddler aged 12-18 months in the Gedung Sari Community Health Center

Immunization completeness	Frequency	Percent
Incomplete	23	39.7
Complete	35	60.3

It is known that of the 58 respondents, 23 (39.7%) had incomplete basic immunization and 35 (60.3%) had complete basic immunization.

## Bivariate Test

It was found that of the 25 respondents with poor maternal knowledge, 18 (72.0%) had incomplete basic immunization and 7 (28.0%) had complete basic immunization. Of the 33 respondents with good maternal knowledge, 5 (15.2%) respondents had incomplete basic

immunization and 28 (84.8%) respondents had complete basic immunization.

**Table 4**  
**Relationship between maternal knowledge and basic immunization coverage in toddler aged 12-18 months in the Gedung Sari Community Health Center**

Knowledge	Basic immunization coverage				Number		P-Value	OR 95% CI
	Incomplete		Complete		N	%		
	n	%	n	%				
Poor	18	72.0	7	28.0	25	100.0	0.001	14,400 (3,958–52,385)
Good	5	15.2	28	84.8	33	100.0		

The statistical test results obtained a *p-value* = 0.001, which means  $p < \alpha = 0.05$  ( $H_a$  is accepted and  $H_0$  is rejected), so it can be concluded that there is a relationship between maternal knowledge and the completeness of basic immunization in toddler aged 12-18 months in the Gedung Sari

Community Health Center in 2024, with an OR value of 14.4, meaning that respondents with poor maternal knowledge are 14.4 times more likely to have incomplete basic immunization compared to respondents with good maternal knowledge.

**Table 5**  
**Relationship between husband's support and the completeness of basic immunization in toddler aged 12-18 months in the Working Area of the Gedung Sari Community Health Center**

Husband's Support	Basic immunization completeness				Number		P-Value	OR 95% CI
	Incomplete		Complete		N	%		
	n	%	n	%				
Less supportive	18	69.2	8	30.8	26	100.0	0.001	12,150 (3,424–43,116)
Support	5	15.6	27	84.4	32	100.0		

It is known that of the 26 respondents with insufficient husband's support, 18 (69.2%) respondents had incomplete basic immunization and 8 (30.8%) respondents had complete basic immunization. Of the 32 respondents with supportive husbands, 5 (15.6%) respondents had incomplete basic immunization and 27 (84.4%) respondents had complete basic immunization.

The statistical test results obtained a *p-value* = 0.001, which means  $p < \alpha = 0.05$  ( $H_a$  is accepted and  $H_0$  is rejected), so it can be concluded that there is a relationship between husband's support and the completeness of basic immunization in toddler aged 12-18 months in the Gedung Sari Community Health Center in 2024, with an OR value of 12, meaning that respondents with insufficient husband's support have a 12-fold higher likelihood of incomplete basic immunization compared to respondents with sufficient husband's support.

Based on the results, it was found that of the 58 respondents, 25 (43.1%) had poor knowledge of basic immunization, and 33 (56.9%) had good knowledge of basic immunization.

These findings are consistent with Rahmawati (2021), who reported that 92.6% of respondents had good knowledge. Cahyawati's (2021) study found that 75.5% of respondents had adequate knowledge. Putri's (2023) study found that 49 respondents (60.5%) had adequate knowledge about immunization, while 8 respondents (9.9%) had poor knowledge.

According to Notoatmodjo (2014), knowledge is the result of knowing, which occurs after individuals perceive specific objects through their senses.

In this study, it was found that of the 58 respondents, 25 (43.1%) had poor knowledge about basic immunization. Lack of family knowledge includes misperceptions about the importance of immunization and the severity of a disease, which are important factors that hinder the success of immunization. Misperceptions about the severity of a disease are influenced by local beliefs and lack of

## DISCUSSION

### Univariate Analysis

#### Maternal Knowledge

knowledge about health. These beliefs and lack of knowledge lead individuals to assume that diseases are not dangerous, rare, non-contagious, normal for toddler, or that individuals will become resistant on their own. Thirty-three (56.9%) mothers had good knowledge about basic immunization because they had received information about basic immunization from health workers or neighbors who had already carried out basic immunization. Maternal knowledge is crucial for understanding the benefits of vaccination, thereby motivating mothers to immunize their toddler.

#### Husband's support

Based on the results Among the 58 respondents, 26 (44.8%) reported inadequate husband's support, while 32 (55.2%) reported supportive husbands.

These findings are consistent with Budiarti (2019), the results showed that 32 (76.2%) respondents had family support. Wulandari's (2023) research found that 30 respondents (58.8%) received support from their husbands, which was more than the 21 respondents (41.2%) who did not receive support from their husbands. Masrifah's (2022) research found that most respondents (75%) had good support from their husbands.

Husband's support is very important for wives, especially in planning household life, such as monitoring the growth and development of toddler, including immunizations. The husband is the first and foremost person to encourage his wife before others provide encouragement, support, and attention. A husband's support for his wife will influence her behavior. (Mariati, 2018).

In this study, 26 respondents (44.8%) experienced inadequate husband's support. This is because many husbands do not consider that toddler need immunization when they have no health problems and when the husband is working, while the distance to health facilities that provide immunization is quite far, making it difficult for respondents to get immunization. From this, it can be concluded that the support of husbands for respondents can be influenced by knowledge related to the benefits of immunization and other factors such as the distance to health services, which makes the support of husbands for respondents less than ideal or negative. Meanwhile, 32 (55.2%) respondents received supportive husbands. This is because husbands have a positive view of immunization, such as free immunization, which means that all types of optional immunizations for toddler are subsidized by the government. The government's immunization

program, which does not incur any costs, is one of the factors that influence husbands' support for respondents regarding immunization, making it positive. Additionally, husbands also understand the benefits of basic immunization.

#### Completeness of basic immunization

Based on the results, it is known that of the 58 respondents, 23 (39.7%) had incomplete basic immunization and 35 (60.3%) had complete basic immunization.

These findings are in line with Lubis (2019), who reported 54.3% complete immunization coverage. Budiarti's (2019) research showed that 32 (76.2%) respondents did not have complete immunization. Rahmawati's (2021) research found that 94.7% had complete immunization.

Immunization is an effort to actively induce or increase a person's immunity to a disease so that if exposed to the disease at some point, they will not get sick or only experience mild symptoms (Ministry of Health, 2017).

Based on the results, it was found that of the 58 respondents, 23 (39.7%) had incomplete basic immunization coverage. This was due to factors such as mothers' lack of knowledge about the benefits of immunization, lack of support from husbands, and toddler being ill at the time of their immunization schedule, causing them to miss their appointment. A total of 35 (60.3%) had complete basic immunization. This occurred because most toddler were immunized at free health posts, the distance to the health posts was not too far, and most mothers were housewives, so they had plenty of time for their toddler, including administering immunizations. The benefits of immunization include preventing suffering caused by disease, reducing the risk of disability or death in toddler, alleviating anxiety and the psychological burden of treatment when a child is ill, encouraging family formation when parents are confident their toddler will have a comfortable childhood, improving health levels, and fostering a strong and intelligent population to continue national development.

#### Bivariate Analysis

The relationship between maternal knowledge and the completeness of basic immunizations in toddler aged 12-18 months

Based on the statistical test results, a *p-value* of 0.001 was obtained, which means  $p < \alpha = 0.05$  ( $H_a$  is accepted and  $H_0$  is rejected). Therefore, it can be concluded that there is a relationship between maternal knowledge and the completeness of basic immunization in toddler aged 12-18 months

in the Gedung Sari Community Health Center Working Area in 2024, with an OR value of 14.4, meaning that respondents with poor maternal knowledge are 14.4 times more likely to have incomplete basic immunization coverage compared to respondents with good maternal knowledge.

These findings align with Septiani (2020), the results of the chi-square statistical test between the relationship between maternal knowledge and basic immunization coverage obtained a p-value (0.000) <  $\alpha$  (0.05), meaning  $H_0$  is accepted and  $H_a$  is rejected. It can be concluded that there is a relationship between maternal knowledge and basic immunization coverage in Sangso Village, Samalanga Regency, Bireuen Regency in 2020. In line with Putri's (2023) research, there is a relationship between complete basic immunization and immunization completeness in infants at the Babadan Community Health Center in 2022. Rahmawati's (2021) research found that bivariate analysis showed a relationship between mothers' knowledge and the completeness of basic immunization in toddlers aged 1-5 years with a p-value = 0.002.

The lack of maternal knowledge about immunization can be prevented by providing counseling on complete basic immunization to mothers. This counseling must cover all matters related to immunization, especially the schedule, frequency, and function of each immunization, so as to increase mothers' understanding of complete basic immunization. With this understanding, mothers can bring their toddler to receive complete basic immunization (Setyaningsih, 2019).

According to researchers, if someone has low knowledge, such as knowledge about the benefits of complete basic immunization for infants, it will affect their attitude towards providing complete immunization for their babies. It is known that out of 25 respondents with poor maternal knowledge, 18 (72.0%) respondents did not complete the basic immunization schedule. Lack of family knowledge, including misperceptions about the importance of immunization and the severity of a disease, is an important factor that hinders the success of immunization. Misperceptions about the severity of a disease are influenced by local beliefs and a lack of knowledge about health. These beliefs and lack of knowledge lead individuals to assume that the disease is not dangerous, rare, not contagious, common in toddler, or that individuals will become resistant on their own. Seven (28.0%) respondents had completed the basic immunization schedule. This may occur because, despite poor knowledge, other supporting factors exist that ensure infants still

receive complete immunization, such as the role of health workers, husband's support, drug availability, and others that were not included as variables in this study.

Based on the results of the study, it was found that of the 33 respondents with good maternal knowledge, 5 (15.2%) respondents did not complete the basic immunization schedule. This may be because even though the respondents had good knowledge, there were several obstacles that prevented their babies from receiving complete immunizations, such as when the child was sick during the immunization schedule, the mother did not know the immunization schedule, or when it was time for immunization, the mother was working and could not come to the health center for immunization. A total of 28 (84.8%) respondents had completed the basic immunization schedule. Based on the researcher's opinion, there is a relationship between mothers' knowledge and the completeness of vaccine administration according to the schedule. Health center staff should be more active in promoting basic immunization, for example through classes for mothers of toddlers. The environment influences the process of knowledge acquisition in individuals within that environment. This occurs because of reciprocal or non-reciprocal interactions that are responded to as knowledge by each individual. Someone who lives in an environment with broad thinking will have better knowledge than someone who lives in an environment with narrow thinking. Lack of knowledge about the importance of basic immunization for infants and lack of family support, especially from husbands, in seeking information about the importance of basic immunization for infants will affect mothers in their efforts to provide basic immunization for their infants.

There is also a reinforcing factor, namely the behavior of health workers, who provide information to them through counseling. Health education is still very minimal and is only at the awareness stage, not yet at the understanding, let alone analysis and application stages. As a result, many people are still unaware of the importance of basic immunization for infants, and there is a lack of participation from health workers in providing *door-to-door* health education about the importance of immunization for infants, which ultimately affects mothers' knowledge about immunization for infants.

The relationship between husband's support and the completeness of basic immunization in toddler aged 12-18 months

Based on the statistical test results, a *p*-value of 0.001 was obtained, meaning  $p < \alpha = 0.05$  ( $H_a$  accepted and  $H_o$  rejected). Therefore, it can be concluded that there is a relationship between husband's support and the completeness of basic immunization in toddler aged 12-18 months in the Gedung Sari Community Health Center in 2024, with an OR value of 12, meaning that respondents ( ) with insufficient husband's support have a 12 times higher chance of incomplete basic immunization compared to respondents with sufficient husband's support.

These findings are consistent with Igiany (2022), it was found that there is a significant relationship between family support and the completeness of basic immunization, with a *p*-value of 0.004 and an OR of 18. Rahmi's (2019) research found a relationship between husband support and the provision of complete basic immunization for infants in RW 10, Parupuk Tabing Village, Padang City.

Husband's support in immunization refers to the husband's participation or efforts to motivate the mother to provide complete basic immunization for her baby. The husband's role in the immunization program is to encourage the mother to protect her baby from disease by providing immunity through immunization (Wulandari, 2023).

According to researchers, a small number of families support complete basic immunization, and most husbands do not support complete basic immunization. This is due to the inability and unwillingness of husbands to recognize the problem, including their perceptions of health. It is known that of the 26 respondents whose husbands did not support immunization, 18 (69.2%) respondents did not complete basic immunization. This is because husbands have a negative view of basic immunization. Respondents feel that immunization is not important for toddler because when toddler are immunized, they become fussy, but when they are not immunized, they are not fussy. There were 8 (30.8%) respondents with complete basic immunization. This was due to the influence of others, such as health workers and information from neighbors who had toddler of the same age, which influenced the respondents to properly immunize their toddler. Of the 32 respondents with supportive husbands, 5 (15.6%) respondents did not complete the basic immunization schedule. This was due to other factors such as mothers who worked and did not have time to take their toddler to health facilities for immunization. In addition, mothers did not hear about the immunization schedule, so that when their toddler reached the age for immunization, they

missed it. A total of 27 (84.4%) respondents had completed the basic immunization schedule, with good support so that their toddler received complete immunization. According to the researcher, the lack of understanding and awareness among parents, especially husbands, regarding the infant immunization program will be an obstacle to immunization. Therefore, it is hoped that health workers will not only provide education to mothers but also to husbands regarding immunization for toddler.

## CONCLUSION

It is known that of the 58 respondents, 25 (43.1%) had poor knowledge about basic immunization and 33 (56.9%) had good knowledge about basic immunization. It is known that of the 58 respondents, 26 (44.8%) had insufficient support from their husbands and 32 (55.2%) had supportive husbands. It is known that of the 58 respondents, 23 (39.7%) had incomplete basic immunization and 35 (60.3%) had complete basic immunization. There is a relationship between mothers' knowledge and the completeness of basic immunization in toddler aged 12-18 months in the Working Area of Gedung Sari Community Health Center in 2024 (*p*-value = 0.001). There is a relationship between husband's support and the completeness of basic immunization in toddler aged 12-18 months in the Gedung Sari Health Center in 2024 (*p*-value = 0.001).

## RECOMMENDATIONS

**Parents** are encouraged to ensure complete basic immunization to protect their babies from disease, and husbands should provide support in terms of motivation, encouragement, and information about immunization to mothers so that they are motivated to immunize their babies. Parents (fathers and mothers) should participate in counseling or education provided by health workers related to immunization, increase their knowledge by seeking more information related to the benefits of immunization, such as using their mobile phones to search for information on PCV immunization. **For the Gedung Sari Community Health Center**, it is hoped that health workers can increase health counseling efforts on the importance of complete basic immunization in the form of leaflets, brochures, and posters. They should provide optimal services and basic information on health promotion programs, which also serve as a basis for the development of immunization programs. Midwives need training to increase their knowledge about immunization, given the large number of new vaccines available today. Before administering immunizations, health workers

should provide counseling on the importance of immunization and the importance of completing the immunization schedule. **For Further Research**, Future researchers are encouraged to explore immunization administration using different methods and larger samples, as well as different variables such as follow-up immunization administration in relation to occupational factors, child conditions, access, socioeconomic status, education, culture, and maternal beliefs.

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