

Factors Related to Mothers' Compliance with Basic Immunization at The Baranti Community Health Center, Sidenreng Rappang Regency

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ABSTRACT

Introduction: Immunization is the process of administering vaccines to stimulate the body's immune system to form antibodies and provide immunity against certain diseases. In Indonesia, children aged 12-23 months have reached a rate of 35.8 percent in following complete basic immunization. This achievement is still low compared to the number of children who are not fully immunized, which is 56.9 percent. This study aims to determine factors associated with maternal compliance with basic immunization, such as maternal knowledge, accessibility of health services, and family support. **Method:** This study used a quantitative approach with a cross-sectional study design. The sample consisted of 77 respondents selected using accidental sampling technique. Data were collected using a questionnaire and analyzed with the Chi-square test. **Results:** The characteristics of respondents from this study were classified based on the age of the child, so that the results showed that there was no significant relationship between maternal knowledge (p-value = 0.235), accessibility of health services (p-value = 0.589), and family support (p-value = 0.523), with maternal compliance with basic immunization (p > 0.05). **Conclusion:** This study found that maternal knowledge, accessibility of health services, and family support were not significantly associated with maternal compliance with basic immunization at the Baranti Health Center. This finding indicates that there are other factors that are more influential, so it needs to be studied further to support the success of the basic immunization program.

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INTRODUCTION

Immunization is a process that makes a person immune or resistant to a disease by administering a vaccine that stimulates the immune system to form antibodies to make it immune to certain diseases (Indonesia, 2022). Immunization is essential for disease prevention. This is in accordance with Minister of Health Regulation Number 12 of 2017

concerning Immunization Administration. This regulation states that to achieve the highest level of public health, efforts are needed to prevent disease through immunization (Ministry of Health Regulation, 2017). Posyandu is a form of Community-Based Health Effort (UKBM) managed and organized by, for, and with the community. Posyandu and health cadres were established to improve reproductive health and facilitate health needs. (Setyatama 2024). Integrated health post (Posyandu) cadres play a crucial role in early detection of nutritional issues. In addition to weighing toddlers at the Posyandu, cadres can also assist families in addressing nutritional issues. Their close proximity to the community makes it easier for cadres to provide support (Said et al., 2022).

Adherence to the immunization schedule is a crucial factor in preventing disease in infants. If mothers fail to comply with the immunization schedule, infants are at risk of developing a lack of immunity to certain diseases, increasing their susceptibility to infection and serious illness. This adherence is not only important for individual health but also contributes to increasing herd immunity, which ultimately protects the wider community from the spread of vaccine-preventable diseases (Arsyad., 2019).

In Indonesia, 35.8 percent of children aged 12-23 months have received complete basic immunization coverage. This figure is still low compared to the 56.9 percent of children who have not received complete immunization coverage (BKPK, 2023). In the context of public health, basic immunization is a crucial step in preventing infectious diseases that can harm the health of children, especially toddlers. However, maternal compliance with basic immunization programs is often influenced by various factors. This study identifies several factors related to maternal compliance with basic immunization, such as knowledge, accessibility, and family support. Therefore, it is important to increase health education and outreach regarding immunization to increase basic immunization coverage for the optimal health and development of children (Nasution & Siregar., 2024).

The community's perspective on distance access greatly influences the accessibility of health services because the community is active in addressing their health problems if health facilities are easily accessible within close proximity. Ease of access to health care facilities is related to several determining factors, including distance from residence and travel time to health care facilities, as well as socioeconomic and cultural status. Inequities in access to and utilization of health services will lead to health disparities (Ananda, 2022).

Maternal factors, such as knowledge, education, occupation, and attitude, significantly influence the provision of basic immunizations to children. A mother's knowledge of the importance of immunization is a primary motivation for mothers to take their children to receive immunizations on schedule. Several obstacles related to a lack of maternal knowledge, such as ignorance of the benefits of immunization, ignorance of the appropriate timing for immunization, and fear of potential side effects, can put children at risk of contracting Immunization-Preventable Diseases (PD3I). Therefore, increasing maternal knowledge and understanding of immunization is crucial to support optimal implementation of basic immunizations in children, in order to prevent the transmission of dangerous diseases (Diana, 2018).

A mother's positive attitude toward immunization, reinforced by social support from her husband and other family members such as parents, in-laws, or siblings, is a crucial factor in improving the completeness of basic immunizations for infants. Family support, especially from her husband, can provide emotional and practical encouragement that helps mothers become more motivated to adhere to the immunization schedule. Furthermore, easy and affordable access to adequate health facilities also plays a significant role in making it easier for mothers to carry out basic immunizations for their babies. With the combination of a mother's positive attitude, solid family support, and access to

supportive health services, efforts to achieve complete basic immunizations for infants are more optimal (Astuti et al., 2023).

Mothers play a crucial role in the basic immunization program, as the use of health facilities for children is closely linked to maternal factors. Many mothers lack knowledge about the importance of immunization for children's health, with some unaware of the correct immunization schedule or the benefits of each type of vaccine. Social and cultural factors also play a role, with barriers such as misconceptions about immunization or negative stigma surrounding vaccinations circulating in the community. This phenomenon underscores the need for more intensive health education and counseling from health workers. To increase parental awareness and encourage their children to receive immunizations, health workers need to educate families about the importance of immunization.

Based on the results of observations at the Baranti Community Health Center, problems were found regarding maternal compliance in following immunizations. Many mothers do not come to the integrated health post to bring their children for immunization due to several factors such as lack of knowledge of mothers regarding basic immunizations, inadequate health services and lack of family support, but it is suspected that these factors have not been a determinant of maternal compliance in following basic immunizations. These factors are very important for mothers, so that mothers are motivated to bring their babies for immunizations and increase maternal confidence in providing basic immunizations to babies, so that it can affect their immunization status. The achievement of (Universal Child Immunization) UCI in the Baranti Community Health Center work area is still not optimal. The achievement of UCI is the achievement of complete basic immunization in infants (0-12 months). UCI in the Baranti Community Health Center work area is still at 47% so it is said not to be achieved because of the 6 villages/sub-districts that are part of the Baranti Community Health Center work area. The aim of this study was to determine the relationship between maternal knowledge variables, accessibility of health services and family support with maternal compliance in following basic immunization at the Baranti Community Health Center, Sidenreng Rappang Regency.

LITERATURE REVIEW

Compliance is the extent to which a person follows directions, recommendations, or instructions given, especially from authorities or professionals in a field. In the context of health, compliance refers to the willingness and consistency of a person, such as a patient or parent, to follow health instructions given, whether in terms of treatment or preventive measures (Norwinna Wulandari, 2020).

Compliance is a person's behavior in following medical or health advice according to the instructions given by a health professional. In the context of immunization, maternal compliance is crucial to ensure that children receive immunizations on time and according to the established schedule. Non-compliance by mothers with immunizations can negatively impact a child's immune system and increase their susceptibility to various diseases. Therefore, compliance with the immunization schedule is essential to ensure optimal protection for children from dangerous diseases that can be prevented through immunization (Lestari et al., 2020).

Knowledge is the result of "knowing" that is obtained after a person perceives a particular object through the five senses, especially the eyes and ears. Knowledge, or cognition, is a dominant and very important factor in shaping a person's actions. Behavior based on knowledge tends to be more consistent and directed because the individual has an understanding that underlies their actions (Riza, 2018).

Accessibility is the reachability of health service facilities which can be measured by distance and means of transportation (Jumiati et al., 2023). This concept assesses the extent to which a place is accessible by means of transportation, whether easy or difficult to reach. John Black explains that accessibility encompasses various aspects, such as travel time, the attractiveness of a route, and the identity of the travel path. As a broad and flexible concept, accessibility considers not only physical distance but also factors such as time, convenience, and attractiveness that influence a person's travel choices. In this context, accessibility also involves the quality of infrastructure, the availability of transportation, and how these elements support efficient movement from one place to another (Ananda, 2022).

Family support plays a crucial role in fostering healthy behaviors, including the implementation of basic immunizations in children. Families who understand and believe that immunizations are beneficial in protecting infants from dangerous diseases and who have confidence in health institutions will encourage their members to optimally utilize local health facilities. Family support, which agrees with and supports the decision to protect children from disease by completing basic immunizations, is key to the success of any immunization program. This support can be expressed in various ways, such as providing information to mothers about the importance of basic immunizations, accompanying mothers when taking their children to the community health center for immunizations, and helping mothers care for their infants when they have to work. With this support, the immunization process can be carried out more smoothly, and infants receive maximum protection against various preventable diseases through immunization (Norwinna Wulandari, 2020).

METHOD

This research is a quantitative study with a cross-sectional approach, where observations or measurements of variables are conducted only once using a questionnaire. This research was conducted at the Baranti Community Health Center, Sidenreng Rappang Regency, from March to May 2025. The population in this study was all mothers who have children aged 12-24 months whose children were born in March 2023-March 2024 at the Baranti Community Health Center, namely 329 children. The research sample was taken using the accidental sampling technique, anyone who accidentally meets the researcher and fits the characteristics can be used as a sample. To ensure that the sample taken is truly appropriate and does not deviate from the characteristics of the population, researchers need to establish inclusion and exclusion criteria before the sampling process. The inclusion criteria were mothers with children aged 12-24 months who were willing to participate in the study and complete the questionnaire. The exclusion criteria were mothers who were absent during the data collection period. A sample size of 77 participants was selected using the Slovin formula based on the established inclusion and exclusion criteria.

The independent variables in this study include: maternal knowledge, which is the mother's level of understanding regarding basic immunization, including its types, schedules, benefits, and impacts. Measured based on the mother's perception of 6 questions with a Likert scale of 1-5 that test understanding of basic immunization, with a rating scale of high and low. Accessibility of health services is the mother's perceived ease in accessing health services for basic immunization in terms of distance, time, transportation, and cost. Measured through 8 questions with a Likert scale of 1-5 that describe the mother's perception of ease of access, with a rating scale of easy and not easy. Family support is the level of family involvement and assistance in supporting the mother to provide basic immunizations to children. Measured based on 8 statements related to emotional, financial, informational, and practical support, using a Likert scale, with a rating scale of supportive

and non-supportive. And the dependent variable is maternal compliance with basic immunization, which is the mother's level of compliance in bringing her child to follow the basic immunization schedule as recommended by health workers. Measured based on 8 questions with a Likert scale regarding the consistency and completeness of children's immunizations, with a rating scale of compliant and non-compliant.

The research instrument used was a questionnaire distributed directly to respondents. The questionnaire used has been tested for validity (r table > 0.3494) and reliability (alpha value > 0.60). Data analysis used was univariate and bivariate analysis using the chi-square test, with a significance value of p -value < 0.05 indicating a significant relationship, while if the p -value > 0.05 indicates no relationship between the independent and dependent variables.

RESULTS AND DISCUSSION

The results of the study are presented in the form of a frequency distribution table for each measured variable. Based on Table 1, it can be seen that the majority of respondents were mothers with children aged 21–24 months, totaling 24 people (31.17%). Furthermore, respondents with children aged 17–20 months were 20 people (25.97%), aged 9–12 months were 18 people (23.38%), and aged 13–16 months were 15 people (19.48%). Of the total 77 respondents, 40 people (51.9%) showed compliance in following basic immunizations. Based on the results of the knowledge analysis, 49 people (63.6%) of mothers had a good level of knowledge about basic immunizations. In terms of accessibility of health services, 50 people (64.9%) of mothers stated that access to health facilities was relatively easy. Regarding family support, 52 respondents (67.5%) stated that they received support from family members in bringing their children for immunizations.

Table 1 Characteristics, Maternal Compliance, Maternal Knowledge, Accessibility of Health Services, Family Support

Variables	Frequency (n)	Percentage (%)
Age		
9 - 12 months	18	23.38
13 - 16 months	15	19.48
17 - 20 months	20	25.97
21 - 24 months	24	31.17
Mother's Compliance		
Obedient	40	51.9
Not obey	37	48.1
Mother's Knowledge		
Tall	63	81.8
Low	14	18.2
Accessibility of Health Services		
Easy	50	64.9
Not easy	22	35.1
Family Support		
Support	45	58.4
Does not support	32	41.6

Based on Table 2, the chi-square test results show that the p -value = 0.235 for the maternal knowledge variable, p -value = 0.589 for the health service accessibility variable, and p -value = 0.176 for the family support variable. All p -values are above the significance limit of 0.05, which means there is no significant relationship between the three variables and maternal compliance in following basic immunizations at the Baranti Community

Health Center, Sidenreng Rappang Regency. Thus, it can be concluded that in this study, maternal knowledge, health service accessibility, and family support do not significantly influence maternal compliance in bringing their children to follow basic immunizations.

Table 2 Bivariate Analysis Results

Variables	Mother's Compliance				Total		<i>p-value</i>
	Not obey		Obedient		N	%	
	n	%	n	%			
Mother's Knowledge							
Low	5	35.7	9	64.3	14	100	0.235
Enough	32	50.8	31	49.2	63	100	
Accessibility of Health Services							
Not easy	13	48.1	14	51.9	27	100	0.589
Easy	25	48	26	52	50	100	
Family Support							
Does not support	15	46.9	17	53.1	32	100	0.523
Support	22	48.9	23	51.1	45	100	

The Relationship between Mother's Knowledge and Mother's Compliance

Based on the results of research conducted by researchers on the relationship between maternal knowledge and compliance with basic immunizations at the Baranti Community Health Center, the chi-square test results showed a p value of 0.235 ($p > 0.05$), which means there is no significant relationship between maternal knowledge and compliance with basic immunizations. The results of this study are in line with research conducted by Baihaqi (2024) In Kenjeran District, Surabaya, there was no significant relationship between maternal knowledge and the completeness of children's basic immunizations, with a p value of 0.127 ($p > 0.05$). This indicates that, in addition to knowledge, other factors influence maternal compliance in completing children's basic immunizations (Baihaqi et al. 2024).

These results indicate that although most respondents have good knowledge of the benefits of immunization, not all mothers with high levels of knowledge demonstrate compliant behavior in carrying out basic immunizations. Several other factors such as busy schedules, level of trust in health services, fear of immunization side effects, and environmental influences can influence mothers' decisions to take their children for immunization, even though they already understand its importance.

However, the results of this study are not in line with research conducted by May (2025) at the Jatiasih Community Health Center in 2025. The study found a significant relationship between maternal knowledge and immunization compliance. This difference in results may be due to differences in sociocultural characteristics of the community, access to health information, and the intensity of outreach provided by health workers in each region (May et al., 2025).

Knowledge is indeed a crucial factor influencing a person's attitudes and behavior. However, knowledge alone is not sufficient to guarantee compliance, as adherence to health practices is often influenced by other external factors such as family support, time availability, and access to health facilities. These results indicate that although most respondents had good knowledge of the benefits of immunization, this did not necessarily lead to mothers with high levels of knowledge demonstrating compliant behavior in carrying out basic immunizations. This phenomenon demonstrates that knowledge is not the sole determining factor in immunization compliance. Even mothers with good knowledge may fail to adhere to the immunization schedule due to obstacles.

The Relationship between Accessibility of Health Services and Maternal Compliance

Based on the results of research conducted by researchers on the relationship between accessibility of health services and maternal compliance in following basic immunizations at the Baranti Community Health Center, the results of the chi-square test showed a p value = 0.589 ($p > 0.05$) which stated that there was no relationship between accessibility of health services and maternal compliance in following basic immunizations at the Baranti Community Health Center. This research is in line with the study conducted by Fahira (2023) at the Darul Imarah Community Health Center, which shows that accessibility to health facilities does not affect the completeness of basic immunization in children, with the chi-square test results showing a p value = 0.252 ($p > 0.05$) (Fahira et al. 2023).

These findings suggest that even if access to health facilities is readily available and relatively easy to reach, this does not automatically increase maternal compliance in bringing their children for basic immunizations. Other factors such as awareness, individual motivation, perceptions of health services, and mothers' daily priorities are potentially more influential in influencing immunization behavior.

This result is different from research conducted by Ningsih (2022) which stated that accessibility was not significantly related to the completeness of children's basic immunizations. Meanwhile, the study found that access to health services actually influenced the accuracy of immunizations. These differences in results may be due to variations in health infrastructure, transportation availability, or public perception of the importance of immunizations in each study area (Ningsih et al., 2022).

These findings indicate that even though access to health facilities is available and relatively easy to reach, this does not automatically increase maternal compliance in bringing their children for basic immunizations. Some mothers with good access still do not attend scheduled immunizations. This suggests that ease of access is not the sole determinant of compliance. Other factors such as awareness, motivation to adhere to the immunization schedule, perceptions of health services, and mothers' daily priorities have the potential to be more dominant in influencing immunization behavior.

The Relationship Between Family Support and Maternal Compliance

Based on the results of research conducted by researchers on the relationship between family support and maternal compliance in following basic immunizations at the Baranti Community Health Center, the results of the chi-square test showed a p value = 0.176 ($p > 0.05$) which stated that there was no relationship between family support and maternal compliance in following basic immunizations at the Baranti Community Health Center. This research is in line with research conducted by Praja (2024) which shows that there is no significant relationship between family support and the completeness of children's basic immunizations at the Gondokusuman Community Health Center in Yogyakarta City with a p value of 0.214 ($p > 0.05$). This indicates that although family support is important, there are other factors such as the mother's personal motivation, awareness of the importance of immunization, and access to health information that also play a role in determining maternal compliance in carrying out basic immunizations (Praja et al. 2024).

These results indicate that the presence of family support, both moral and material, does not necessarily directly influence maternal compliance with immunization programs. Many other factors may play a role, such as the mother's personal perception of the importance of immunization, her independence in making decisions regarding her child's health, and her previous experience with immunization.

However, the results of this study not in line with research conducted by Kusumawati (2023) which shows that family support has no significant relationship with COVID-19 vaccination participation in children aged 6–12 years. This study states that even though family support is provided, it does not necessarily encourage mothers to take their children for vaccination. This difference in results may be caused by various factors, such as differences in the types of immunizations studied, differences in the children's age groups, and the social and economic conditions of the community at the time of the study. In addition, other factors such as maternal knowledge, attitudes towards immunization, and the role of health workers can also influence compliance with basic immunizations (Kusumawati et al., 2023).

The family support provided was not strong enough or not in the form that mothers truly needed. For example, support was limited to allowing mothers to go to health services without providing concrete assistance such as accompanying them or reminding them about immunization schedules. Family support still plays a crucial role in creating a positive environment for mothers, but these results suggest that interventions to increase immunization coverage depend not only on family support but also on strengthening internal factors in mothers, such as motivation, beliefs, and personal commitment to child health.

CONCLUSION

Based on the results of research on factors related to maternal compliance in following basic immunizations at the Baranti Community Health Center in Sidenreng Rappang Regency, it can be concluded that there is no significant relationship between maternal knowledge, accessibility of health services, and family support with maternal compliance in bringing their children to follow basic immunizations. The results of statistical tests show that the maternal knowledge variable has a p-value of 0.235, the health service accessibility variable is 0.589, and the family support variable is 0.523, where all p-values are > 0.05 . Thus, these three variables do not have a significant influence on compliance with basic immunizations, which indicates that other factors outside these three variables may play a greater role in influencing maternal compliance.

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