

Continued Immunization By Mothers in Children Aged 18 Months Through the Role of Health Workers in Puskesmas Curug Kota Serang

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Abstract

Background: Immunization is one of the most effective health interventions in the world and can save millions of lives. However, in the world there are still more than 19 million children who have not been vaccinated or whose vaccinations are incomplete so that it can cause these children to be very susceptible to disease risk, even though immunization will increase the child's immune system. The purpose of the study was to analyze and explain the influence of predisposing factors (knowledge, education, mother's occupation, husband's support and participation of health workers) on the provision of follow-up immunization to children aged 18 months at the Curug Health Center in Serang City in 2021.

Methods: Using a quantitative approach with a cross sectional design. A sample of 101 respondents. Data analysis was carried out using univariate analysis, which describes the frequency distribution, bivariate analysis to determine the relationship between variables and multivariate analysis with linear regression analysis.

The results of this study found that there was a relationship between knowledge, education, work, husband's support and communication and services of health workers with the provision of further immunization for children aged 18 months at the Curug Health Center in Serang City in 2021. The most dominant variables were the communication and service variables of health workers.

It is hoped that the Curug Health Center can provide counseling or education about the importance of providing immunizations to patients, especially mothers who have toddlers on a regular basis.

Keywords: Provision of follow-up immunization to children aged 18 months, knowledge, education, work, husband's support and communication and services.

INTRODUCTION

Immunization is one of the most effective health interventions in the world and can save millions of lives. However, in the world there are still more than 19 million children who have not been vaccinated or whose vaccinations are incomplete, which can cause these children to be very susceptible to disease, even though immunization will increase the child's immune system. This vaccination can prevent suffering and death related to infectious diseases such as tuberculosis, diarrhea, pneumonia, polio, whooping cough and measles.

Vaccines have a unique value that is the driving force for the inauguration of the 2020 Global Vaccine Action Plan (GVAP), which was ratified by 194 member countries at the 60th World Health Assembly on 12 May 2012, which is a framework that functions to prevent millions of deaths due to diseases vaccine-preventable by 2020 through universal access to immunization. The aim of GVAP is to strengthen routine immunization, accelerate the control of diseases that can be prevented through vaccines, introduce new vaccines, and stimulate research and

development of vaccine technology (IDAI, 2018).

According to WHO (2016), global coverage through 3 doses of vaccine, namely DPT-HB-Hib, has been estimated to have reached 70%. In America, which is a WHO region, coverage is estimated to have reached 90%. In the Southeast Asia region, WHO has increased coverage in 2015 by 56% to 80% in 2016. Globally, immunization coverage in 2016 has reached 85%. Measles vaccination has succeeded in reducing deaths due to measles by 84% between 2000 and 2016 worldwide.

Data from the Directorate of Disease Prevention and Control, Ministry of Health of the Republic of Indonesia, shows that basic immunization coverage for babies aged 0-11 months in 2017 has reached 92.04% (with a national target of 92%). If you look at these results, it shows that the immunization program has reached the target, but it is noted that there have been additional bags with coverage of less than 80% and coverage between 80-91.5%. Meanwhile, the national coverage rate for DPT-HB-Hib follow-up immunization in 2017 has reached 63.4% and for measles 62.7% (IDAI, 2018).

According to the Indonesian Ministry of Health (2016), it is explained that immunization is a very important thing that is given completely to children to form antibodies in the body so that it can prevent and reduce PD3I (Diseases that can be prevented by immunization). Immunizations should be routinely given to children, both basic and advanced immunizations. Complete basic immunization can be given to babies aged 0-11 months. Which consists of BCG, Hepatitis B, DPT, Polio and Measles immunizations. Then proceed with further immunization. Advanced immunization is a repetition of basic immunization which is useful for maintaining the level of immunity and extending the protection period of children who have received basic immunization. Children who do not receive further immunization when they are under three years old have a high risk of

contracting infectious and contagious diseases. These immunizations include DPT-HB-Hib and advanced measles to prevent diphtheria, pertussis, tetanus, hepatitis B, meningitis, pneumonia caused by Haemophilus Influenza type b (Hib) and measles (Permenkes RI, 2017).

The Indonesian Ministry of Health (2018) explains that now the concept of complete basic immunization has become complete routine immunization. Complete routine immunization is the provision of basic and advanced immunizations. Because even though basic immunization has been carried out, further immunization is still needed to maintain maximum levels of immunity (Ministry of Health of the Republic of Indonesia, 2018).

Knowledge has an influence on a person's desire to take their baby for immunization. Mothers who do not immunize their babies can be because they do not understand and understand correctly and deeply about immunization. Apart from not paying enough attention to getting their children immunized according to schedule. Insufficient circumstances will influence mothers in receiving information about immunization. After understanding and comprehending the importance of the benefits of immunization, mothers can bring their children to be immunized according to the schedule (Notoatmodjo, 2017).

With the higher education that a mother who has children has, it will influence her knowledge and insight regarding providing further immunizations for her children (Askar, 2019).

Research conducted by Itsa in 2019 found that 42.9% of respondents had complete pentavalent advanced immunization status and 57.1% incomplete. Also obtained were the variables of knowledge, attitudes and work carried out by the mother related to carrying out further immunization based on her pentavalent immunization status at the Labuhan Community Health Center.

According to a survey conducted at the Curug Community Health Center in Serang

City, those who carry out further immunizations show that they are in the low category and there has been a decline over the last 3 years. This can be seen from the report at the Curug Community Health Center regarding basic immunization data and continued, are as follows:

Tabel 1.1 Immunization Data 2018-2019

Puskesmas	Imunisasi Dasar	Baduta	
		Curug	MR
2018	84,03	34,31	26,44
2019	83,73	31,10	29,78
2020	90,48	22,60	17,12

If you look at the table above, in 2018 there were 34.31% of follow-up immunizations, in 2019 there were 31.10% and in 2020 there were 22.60% of children who had follow-up immunizations at the Curug Health Center in Serang City, from here it can be seen there was a significant decrease. And there are still some mothers who do not understand and know about the importance of this follow-up immunization when it is carried out. Therefore, after looking at the problems that the author has encountered after conducting an initial research survey at the Curug Community Health Center in Serang City and looking at this background, the author wants to research the provision of follow-up immunization by mothers to 18 month old children through the role of health workers at the Curug Community Health Center. Serang City in 2021.

RESEARCH METHODS

The research design in this study was analytical observational with a cross sectional approach. The population of this study was all mothers who had children aged 18 months in the Curug Health Center area, Serang City in 2020, totaling 1082 children. Meanwhile, the sample in this study was 101 mothers who had children aged 18 months in the Curug Community Health Center area. The sampling technique uses accidental sampling. The process of collecting this data was through primary data and primary data collection was carried out by researchers

with the assistance of 2 health workers at the Curug Health Center, Serang City.

RESULTS AND DISCUSSION

Results

Table 1. Frequency Distribution of Research Variables

Variabel	Jumlah	%
Imunisasi lanjutan (anak usia 18 bulan)		
Vaksinasi	62	61,4%
Tidak vaksinasi	39	38,6%
Pengetahuan		
Tinggi	79	78,2%
Rendah	22	21,8%
Pendidikan		
Tinggi	79	78,2%
Rendah	22	21,8%
Pekerjaan		
Bekerja	54	53,5%
Tidak bekerja	47	46,5%
Dukungan Suami		
Mendukung	57	56,4%
Tidak mendukung	44	43,6%
Komunikasi dan Pelayanan Tenaga Kesehatan		
Mendukung	29	28,7%
Tidak mendukung		

Based on table 1 above, it is known that:

1. Follow-up immunization for children aged 18 months

The majority of respondents were dominated by respondents who had carried out follow-up vaccinations, 62 (61.4%) and respondents who had not carried out further vaccinations, 39 (38.6%).

2. Knowledge

The majority of respondents were dominated by respondents who had high knowledge, 63 (62.4%) while there were 38 (37.6%) respondents who had low knowledge.

3. Education

The majority of respondents were dominated by respondents who had higher education, 79 (78.2%) while respondents who had low education were 22 (21.8%).

4. Employment

The majority of respondents were dominated by 54 (53.5%) respondents who worked, while 47 (46.5%) respondents who did not work.

5. Husband's support

The majority of respondents were dominated by respondents who received support from their husbands as many as 57 (56.4%) while respondents who did not receive support from their husbands were 44 (43.6%).

6. Communication and Services for Health Personnel

The majority of respondents were dominated by respondents who received support from health workers, 72 (71.3%) while respondents who did not receive support from health workers were 29 (28.7%).

Table 2. Relationship of Independent Variables to Providing Further Immunization

Model		Unstandardized Coefficients		Coefficients ^a			95.0% C Interval Lower Bound
		B	Std. Error	Beta	t	Sig.	
1	(Constant)	2.470	.286		8.632	.000	1.902
	pendidikan	-.178	.067	-.221	-2.655	.009	-.311
	pekerjaan	-.186	.081	-.191	-2.310	.023	-.347
	TOTPENG	-.037	.019	-.162	-1.914	.059	-.076
	TOTDS	-.028	.011	-.212	-2.515	.014	-.050
	TOTKom	-.085	.020	-.359	-4.328	.000	-.125

Based on table 2 above, it can be seen as follows

- Education has a significant effect on providing further immunization because it has a significance value of 0.009, which is smaller than 0.05.
- Work has a significant effect on providing further immunization because it has a significance value of 0.023 which is smaller than 0.05
- Knowledge does not have a significant effect on providing further immunization because it has a significance value of 0.059 which is greater than 0.05
- Husband's support has a significant effect on providing further immunization because it has a significance value of 0.014 which is smaller than 0.05
- Communication and services from health workers have a significant effect on providing further immunization because it

has a significance value of 0.000, which is smaller than 0.05

So it is known that sequentially the variables that have the most influence on providing further immunization are communication and health worker service variables with a standardized coefficient beta value of 0.359, followed by education variables of 0.221, husband's support of 0.212, employment of 0.191 and knowledge of 0.162.

Discussion

1. The relationship between knowledge and the provision of follow-up immunizations to children aged 18 months

Based on the research results, it is known that the relationship between mother's knowledge and the provision of follow-up immunizations to children 18 months after the regression test obtained a value of sig = 0.005, meaning $p < \alpha$ (0.05), so it can be concluded that there is a significant relationship between mother's knowledge about follow-up immunizations and the provision of immunizations. continuation in children aged 18 months at the Curug Community Health Center, Serang City in 2021. In addition, the t value obtained = 5.430, meaning that mothers who have high knowledge have a 5.430 times chance of providing further immunization to children aged 18 months compared to mothers who have low knowledge.

Knowledge is a collection of information that can be understood and obtained from the learning process throughout life so that it can be used at any time as a tool to adapt (Prihanti et al, 2016). Health behavior will be more long-lasting if knowledge and awareness are a process that is followed in adopting the behavior (Notoatmodjo, 2017). This is reinforced by research conducted by Itsa (2019) which states that there is a significant relationship between knowledge and advanced pentavalent immunization status with a p value = 0.029. Likewise, research by Juneris (2018) stated that there was a difference in knowledge ($p=0.000$) after health education was carried out. In

line with research by Faradila et al (2020) which states that the knowledge variable ($p=0.001$) has a relationship with the completeness of follow-up immunization for toddlers. Likewise, research conducted by Heni et al (2021) states that the variable related to the completeness of advanced immunization status is the mother's knowledge ($p=0.036$), Haryanti (2020) that the factors related to the provision of pentabio booster immunization are knowledge ($p=0.005$ OR=4.533). However, this is different from research conducted by Askar (2019) which stated that maternal knowledge ($p=0.116$) was not related to providing further immunization.

Having good knowledge will indirectly influence a person's behavior, in this case providing further immunizations for children aged 18 months. If the mother does not know how important it is to provide further immunization, it will affect her mindset so that there will be no further immunization given to the child. Both in terms of trust and able to reduce the mother's anxiety level regarding post-immunization events. Stop defecating in the open.

The Relationship between Education and Providing Further Immunization to Children Aged 18 Months

Based on the research results, it is known that the relationship between maternal education and providing further immunizations to children 18 months after the regression test obtained a value of $\text{sig} = 0.002$, meaning $p < \alpha$ (0.05), it can be concluded that there is a significant relationship between maternal education and providing further immunizations to children. 18 months old. From the results of the analysis, it was obtained that the t value = 5.574, meaning that mothers who have higher education have a 5.574 times chance of providing further immunization to children aged 18 months compared to mothers who have low education.

According to Republic of Indonesia Law Number 20 of 2003 concerning the National Education System, education is a conscious and planned effort to create a learning atmosphere and learning process so that students actively develop their potential to have religious spiritual strength, self-control, personality, intelligence, noble morals, and skills needed by himself, society, nation and state.

A person's perspective on their situation and their environment is influenced by a person's education. Mothers who have a higher level of education are thought to find it easier to carry out the counseling process. The messages conveyed by health workers can be easily understood and understood by mothers. It is hoped that the information obtained by mothers through mass media and counseling can be applied to efforts to provide immunizations to their children (Eriyani et al, 2018).

This is supported by research conducted by Askar (2019) which shows that educational history ($p=0.000$) is related to providing recommended immunizations for toddlers. Similarly, research conducted by Haryanti (2020) shows that education ($p=0.019$ OR=3.503) is related to providing pentabio booster immunization. However, this is different from the findings of research conducted by Itsa (2019) which stated that variables were not related to maternal education ($p=0.384$) with advanced pentavalent immunization status. This is the same as research by Heni et al (2021) which states that maternal educational status ($p=0.112$) is not related to advanced immunization status. Likewise, Munawaroh et al (2016) stated that education level ($p=0.424$) was not related to the practice of pentavalent booster immunization.

By having a high level of education, it will indirectly influence a mother's way of thinking about providing further immunizations to her child because with an advanced perspective she can sort out

various incomes from various good parties. Then the mother will determine the appropriate protection for her child. With higher education, it will be easier for mothers to understand and understand health information obtained from mass media, electronic media or provided directly by health workers.

Relationship between Employment and Providing Advanced Immunization to Children Aged 18 Months

Based on the research results, it is known that there is a relationship between employment and the provision of further immunizations to children aged 18 months. After the regression, the sig value = 0.025, meaning $p < \alpha$ (0.05), it can be concluded that there is a significant relationship between maternal employment and the provision of further immunizations to children aged 18 months. From the results of the analysis, the value of $t = 4.678$ is obtained, meaning that working mothers have a 4.678 times chance of providing further immunization to children aged 18 months compared to mothers who do not work.

Abraham Maslow mentioned five levels of basic human needs, namely physiological needs, safety and protection needs, social needs, esteem needs, and self-activity needs. So that by working you can fulfill human needs in general. Work is a series of activities or tasks that must be carried out in accordance with the position or profession (Aprida, 2015). If every human being wants to fulfill his life needs then he needs a job.

This is in accordance with research conducted by Aprida (2015), which states that mothers who do not work tend to have limited access to information. In contrast to people who work, they can share their experiences and complaints with their friends in a wider environment. This is confirmed by research conducted by Itsa (2019) which shows that maternal employment ($p=0.014$) is related to the

completeness of advanced pentavalent immunization status. Likewise, research conducted by Heni et al (2021) showed that maternal employment ($p=0.000$) was related to complete follow-up immunization status. In line with research conducted by Haryanti (2020) that education ($p=0.019$) is related to providing pentabio booster immunization. However, this is different from research conducted by Askar (2019) which stated that the mother's employment status ($p=0.762$) was not related to providing further immunization. And Munawaroh et al (2016) stated that employment ($p=0.996$) was not related to the practice of pentavalent booster immunization.

As we know, the work environment can make someone gain experience and knowledge, both directly and indirectly. Because we know that when we work, the environment around us becomes wider, so we can broaden our knowledge by exchanging information.

The Relationship between Husband's Support and Providing Advanced Immunization to Children Aged 18 Months

Based on the research results, it is known that the relationship between husband's support and the provision of follow-up immunizations to children aged 18 months after the regression test obtained a value of sig = 0.003, meaning $p < \alpha$ (0.05), so it can be concluded that there is a significant relationship between husband's support and the provision of follow-up immunizations to children aged 18 months. 18 month old child. From the results of the analysis, it was obtained that the t value = 5.013, meaning that mothers who received husband's support had a 5.013 times chance of providing further immunization to children aged 18 months compared to mothers who did not receive husband's support.

The family is a strategic axis of service. The main role of the family as an influential decision maker in maintaining the health of all family members. As facilitators, families

can facilitate and optimize health maintenance efforts (Hermayanti, Yulidasari & Pujianti, 2016).

This is reinforced by research conducted by Faradila et al (2020) which states that husband's support is related to the completeness of advanced immunization for toddlers. In line with research conducted by Mardiana et al (2017) which states that there is a significant relationship between family support and the completeness of toddler immunization. Likewise, research conducted by Yunizar (2018) stated that husband/family support ($p=0.000$) affected mother's behavior in providing immunizations. Likewise, in Munawaroh et al's (2016) research, there was a significant relationship with family (husband) support ($p=0.001$) and Haryanti (2020) that the factor related to giving pentabio booster immunization was family support ($p=0.009$ OR=3.598).

Basically, the mother's activities in relation to the immunization program are also influenced by the influence of other people who are considered important, namely family support, especially the husband. The influence of the family on the formation of behavior is very large because the family, especially the husband, is the closest person. And the family is also able to be a place for decision making in health care, including in this case in relation to providing further immunizations to their children. If the husband's attitude towards immunization is not very good and is indifferent or does not pay attention to the implementation of immunization activities then the mother of the toddler will not give immunizations, because he considers that there is no support from people he considers important and therefore is able to influence the completeness of the provision. follow-up immunization. Likewise, if the husband's attitude is supportive of providing further immunization, the mother will provide further immunization to her child so that further immunization is complete.

Relationship between Communication and Services of Health Workers with Providing Advanced Immunization to Children Aged 18 Months

Based on the research results, it is known that the relationship between communication and health worker services and the provision of follow-up immunizations to children aged 18 months after the regression test obtained a value of $\text{sig} = 0.000$, meaning $p < \alpha (0.05)$, so it can be concluded that there is a significant relationship between communication and health care services. health by providing follow-up immunizations to children aged 18 months. From the results of the analysis, the value of $t = 5.833$ is obtained, meaning that mothers who receive communication support and health care services have a 5.833 times chance of providing further immunization to children aged 18 months compared to mothers who do not receive support from health workers.

Health workers basically have a role as educators. Health workers are a place to receive health advice and other information that the community needs. Possible roles include increasing health awareness, explaining disease symptoms, what actions can be taken in response to a health problem which leads to changes in health behavior (Prihanti et al., 2016).

This is in line with research conducted by Faradila et al (2020) which states that there is a relationship between support from health workers ($p=0.045$) and completeness of follow-up immunization for toddlers. Likewise, research by Yunizar et al (2018) stated that there was a relationship between support from health workers ($P=0.001$) and provision of DPT/HB-HIB immunization. This is further strengthened by research conducted by Tiani et al (2016) that there is a significant relationship between the roles of officers ($p=0.013$). Likewise, research by Munawaroh et al (2016) shows that there is a significant relationship between support

from partners/health workers ($p=0.001$). However, this is inversely proportional to research conducted by Itsa (2019) which stated that the role of health workers ($p=0.571$) was not related to advanced pentavalent immunization status. Similarly, research conducted by Haryanti (2020) found that the role of health workers ($p=0.514$ OR=1.527) was not related to the provision of pentabio booster immunization.

A health worker has a very important role as an educator, this is done by helping mothers and their families to increase health knowledge, in this case related to providing follow-up immunizations to children and even actions that can be implemented after the follow-up immunization is given. Therefore, it is hoped that after receiving information about the immunization program from health workers, there will be changes in the behavior of the mother or family. Apart from that, health workers can also be a place for consultation on other health problems and behavior.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Based on the research results, it can be concluded that:

1. There is an influence between maternal knowledge on providing follow-up immunizations to children aged 18 months at the Curug Community Health Center, Serang City. The higher the mother's knowledge, the more likely the mother will give her child 18 months of follow-up immunization.
2. There is an influence of maternal education on providing further immunization to children aged 18 months at the Curug Community Health Center, Serang City. The higher the mother's education, the more likely she is to give her child 18 months of follow-up immunization.
3. There is an influence of the mother's occupation on providing follow-up immunization to children aged 18 months at the Curug Community Health Center, Serang

City. By having a job, mothers are able to provide follow-up immunizations for 18 months.

4. There is an influence of husband's support on providing follow-up immunizations to children aged 18 months at the Curug Community Health Center, Serang City. The more the husband provides positive support for follow-up immunization, the more follow-up immunization can be carried out.

5. There is an influence of communication and services from health workers on providing follow-up immunizations to children aged 18 months at the Curug Community Health Center, Serang City. The better the communication and service provided by health workers to the mother, the more likely the mother will receive follow-up immunization at 18 months.

6. Communication variables and health worker services are the most dominant variables in providing 18 month follow-up immunization.

Suggestion

1. For the Serang City Curug Government
 - a. Health workers from the Community Health Center can provide counseling or education about the importance of providing immunizations to patients, especially mothers who have toddlers, regularly and continuously.
 - b. It is hoped that the government will be able to establish formal education specifically aimed at its less fortunate citizens.
 - c. It is hoped that the government will be able to expand the range of employment opportunities that suit the skills of the majority of Curug Serang City residents.
 - d. Health workers, assisted by cadres, can carry out follow-up immunization sweeps periodically to complete follow-up immunizations for children aged 18 months. Visiting the homes of residents who have children so that they can indirectly approach their families, especially their husbands, by providing explanations, understanding and

education in order to further increase their support in providing further immunizations. e. Can carry out monitoring, supervision and planning for follow-up immunization programs for children aged 18 months so as to increase coverage of follow-up immunizations and always remind cadres to be more active in encouraging mothers who have children aged 18 months to provide further immunizations if there are activities at the Integrated Healthcare Center.

2. For Educational Institutions

It is hoped that the results of this research can be used as a reference regarding research on providing further immunization to children aged 18 months and can develop this research using other research methods.

3. For Further Researchers

It is hoped that future researchers can conduct research using other variables not used in this research using qualitative techniques so that they can dig deeper into information from as many respondents as possible.

Bibliography

1. Aprida, S. (2015). Efektivitas Pendidikan Kesehatan tentang Imunisasi Tetanus Toksoid (Td) terhadap Pengetahuan Ibu Hamil tentang Imunisasi Tt. *Jurnal Online Mahasiswa Volume 1, Nomor 2. ISSN: 2355-6846.*
2. Askar, Nia Fararid. (2019). Hubungan Antara Pengetahuan dan Persepsi Ibu dengan Pemberian Imunisasi Anjuran Pada Balita. *Jurnal JKFT Vol. 4 No. 2 (2019) e-ISSN 2580-2917 <http://jurnal.umt.ac.id/index.php/jkft/article/view/2412>*
3. Eriyani, E.R., Fauziah dan Setyani, R. A. (2018). Karakteristik Ibu Bayi dengan Imunisasi Pentavalen di PMB Wayan Fitri, *Medika Respati, Volume 13 Nomor 4, pp. 2-5.*
4. Faradila, Safitri dan Fauziah Andika. (2020). Determinan Kelengkapan Imunisasi Lanjutan Pada Balita Di Wilayah Kerja Puskesmas Leupung Kabupaten Aceh Besar. *Journal Of Healthcare Technology and Medicine Vol.6 No. 2 (2020) <http://jurnal.uui.ac.id/index.php/JHTM/article/view/1083>*
5. Haryanti, Novi. (2020). Faktor-Faktor Yang Berhubungan Dengan Pemberian Imunisasi Pentabo Booster Pada Baduta Di Wilayah Kerja Puskesmas Kacang Pedang Kota Pangkalpinang. *Jurnal Ilmiah Kesehatan Masyarakat STIKES Abdi Nusa Pangkalpinang, Vol. 4 No. 1 (2020). P-ISSN: 2615-8221 <http://www.jurnalabdinusababel.ac.id/index.php/jurnal/article/view/32>*
6. Heni, R. Siti Rohani, Sucia Dwi dan Eka Tri. (2021). Faktor-Faktor Yang Berhubungan Dengan Status Imunisasi Lanjutan Di Desa Sidoharjo Puskesmas Pringsewu. *Jurnal Ilmiah Kesehatan Vol.10 No.1 (2021) E-ISSN: 2655-8157 <https://ejournal.umpri.ac.id/index.php/JIK/article/view/1311>*
7. Hermayanti., Yulidasari dan Pujianti. (2016). Hubungan antara Tingkat Pengetahuan Ibu dan Dukungan Keluarga dengan Kelengkapan Pemberian Imunisasi Dasar Pada Balita. *Jurnal Publikasi Kesehatan Masyarakat Indonesia, Volume 3 Nomor 2, pp. 59-64.*
8. Ikatan Dokter Anak Indonesia (IDAI). (2018). Seputar Pekan Imunisasi Dunia 2018. <https://www.idai.or.id/artikel/klinik/imunisasi/seputar-pekan-imunisasi-dunia-2018> (diakses tanggal 5 April 2021)

9. Itsa, Nanda Salsabila. (2019). Faktor-Faktor Yang Berhubungan Dengan Status Imunisasi Lanjutan Pentavalen (DPT-HB-HIB) Di Wilayah Kerja Puskesmas Labuhan Ratu Kota Bandar Lampung Tahun 2018. *Medical Journal Of Lampung University. Home > Vol 9, No 1 (2020)*.
<http://juke.kedokteran.unila.ac.id/index.php/majority/article/view/2685>
10. Juneris. (2018). Peningkatan Pengetahuan Ibu Tentang Imunisasi Pentabio Lanjutan Setelah Pemberian Pendidikan Kesehatan di Puskesmas Lampaseh Aceh. *Jurnal Riset Kesehatan Nasional. Home > Vo. 2, No. 2 (2018)* <http://ojs.itekes-bali.ac.id/index.php/jrkn/article/view/125>
11. Kemenkes RI. (2017). Imunisasi Lanjutan Pada Anak. Jakarta: Kementerian Kesehatan RI.
12. Kemenkes RI. (2018). Profil Kesehatan Indonesia tahun 201. Jakarta: Kementerian Kesehatan RI.
13. Mardiana Afrilia, Eka dan Atika Fitriani. (2017). Hubungan Sikap Ibu dan Dukungan Keluarga Dengan Kelengkapan Imunisasi Lanjutan Pada Batita Di Puskesmas Curug Tahun 2017. *Simposium Nasional Multidisiplin (Sinamu) Vol. 1 (2019)* e-ISSN 2714-5603
<http://jurnal.umt.ac.id/index.php/senam/article/view/2123/1303>
14. Munawaroh, Anisah., Syamsul Huda BM., Bagoes Widjanarko. (2016). Beberapa Faktor Yang Berhubungan Dengan Praktik Imunisasi Pentavalen Booster Di Wilayah Kerja Puskesmas Mangunsari Salatiga. *Jurnal Kesehatan Masyarakat Volume 4, Nomor 3, Juli 2016* ISSN: 2356-3346
<https://ejournal3.undip.ac.id/index.php/jkm/article/view/13701>
15. Notoatmodjo, Soekidjo. (2017). Pendidikan Dan Perilaku Kesehatan. Jakarta : Rineka Cipta.
16. Permenkes RI. (2017). Peraturan Menteri Kesehatan Republik Indonesia No. 12 Tahun 2017 Tentang Penyelenggaraan Imunisasi. Jakarta.
17. Prihanti, Gita Sekar., Mia, Puteri dan M. Najib. (2016). Faktor-Faktor yang Mempengaruhi Status Kelengkapan Imunisasi Dasar Di Wilayah Kerja Puskesmas X Kota Kediri. *Saintika Medika Volume 12, Nomor 2, Desember 2016*.
18. World Health Organization. (2016). Immunization Coverage
19. Yunizar., Asriwati & Anto J. Hadi. (2018). Perilaku Ibu Dalam Pemberian Imunisasi DPT/HB-HIB Di Desa Sinabang Kecamatan Simeulue Timur. *Journal Of The Global Health. Vol. 1, No. 2, Mei 2018* :61-69. E-ISSN: 2614-7866
<http://ejournal.helvetia.ac.id/index.php/jkg/article/view/3956>

