

OVERVIEW OF MOTHER'S WORK AND FAMILY SUPPORT IN PROVIDING IMMUNIZATION

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ABSTRACT

This study aims to analyze the description of maternal employment and family support in providing immunization to toddlers. The research method uses a quantitative descriptive approach with a cross-sectional design. The results showed that most mothers did not work (68.0%), while 32.0% were working mothers. However, statistical tests showed no significant relationship between maternal employment status and completeness of immunization (p value = 0.821). On the other hand, family support in providing immunization was classified as very good (96.1%), with support in the form of assistance, schedule reminders, and financial assistance. In conclusion, family support plays a greater role in ensuring completeness of immunization than the mother's employment status. The conclusion of this study confirms that family support is a crucial factor in the success of the immunization program, especially for working mothers who face time constraints.

Keywords: Toddlers, Family Support, Immunization, Mother's Employment

INTRODUCTION

Immunization is one of the forms of public health intervention that has proven to be most effective in preventing infectious diseases, especially in children. The complete basic immunization program implemented in Indonesia has succeeded in reducing morbidity and mortality due to diseases such as diphtheria, measles, and hepatitis B. This success reflects the importance of immunization in supporting children's health as part of efforts to develop quality human resources. However, to date, immunization coverage in various regions of Indonesia is still uneven. Riskesdas data (2021) noted a disparity of up to 20% between urban and rural areas in terms of the completeness of basic immunization. This disparity is a serious challenge for the government, especially in ensuring that all children in Indonesia have equal access to immunization services (Rokom, 2021).

Various factors influence the completeness of immunization, one of which is the sociodemographic characteristics of parents, especially mothers. Mothers have a central role in decision-making and implementing health actions for children, including in terms of taking children to integrated health posts or health facilities for immunization. Therefore, the mother's employment status is one of the important variables that need to be considered in this context. Research conducted by Herlina et al., (2023) in the Rajabasa Indah Health Center work area found a relationship between the mother's employment status and the completeness of follow-up immunization for children aged 18-24 months. This is closely related to the availability of more flexible time and ease of access to

immunization services. Working mothers, on the other hand, often face difficulties in adjusting work hours to limited immunization service schedules.

Karmila et al., (2021) in Bener Meriah Regency also strengthened these findings, stating that the results of interviews conducted with 6 informants stated that employment status as a farmer or housewife was a factor inhibiting the implementation of basic immunization because in general working mothers have less time to be with their children. This shows that time constraints are one of the main factors causing low immunization compliance in the group of working mothers. In addition to the mother's job, another factor that influences the completeness of immunization is family support. Support from the husband or other family members can ease the burden on mothers in fulfilling their child's immunization responsibilities. The involvement of the husband in the family health decision-making process also contributes to increasing immunization compliance rates (Andrianto et al., 2024).

Handayani et al., (2021) research at the Bagan Batu Rokan Hilir Health Center showed that most mothers had good knowledge and some families provided support for immunization. The majority of toddlers had received complete immunization. The results of the analysis showed a significant relationship between maternal knowledge and completeness of immunization, where mothers who had good knowledge were more likely to complete their children's immunization. Family support has also been shown to play an important role in increasing the completeness of immunization. However, there are several obstacles, such as the busyness of working mothers and geographical obstacles, which cause immunization to not be fully complete even though knowledge and support are adequate.

This shows the importance of education and family involvement in immunization programs. However, not all families have the same opportunity to access information and immunization services. Barriers such as economic constraints, distance from residence to health facilities, and minimal counseling are challenges in themselves, especially in rural or remote areas. Low-income families are also more vulnerable to obstacles in bringing their children to routine immunization services (Kartika & Damayanti, 2025).

Along with the development of technology, various digital innovations have begun to be implemented to increase immunization coverage and compliance. One example is the use of SMS reminder services. Study by Dissieka et al., (2019) proved that sending reminder messages via mobile phones significantly increased the coverage of child immunization and vitamin A supplementation. In a randomized controlled trial, the SMS reminder intervention successfully increased the rate of complete immunization by 14% and the coverage of vitamin A supplementation by 11% compared to the control group. This indicates that an information technology approach can help address some of the structural and time barriers faced by parents.

Based on this background, it can be concluded that maternal employment status and family support are two important factors that need to be considered in efforts to increase immunization coverage. Adjusting the immunization program to be more inclusive of working mothers and a family-based approach are strategic steps to increase access and compliance with complete basic immunization. This study aims to analyze the effect of maternal employment status and family support on the completeness of basic immunization in toddlers. The results of this study are expected to provide useful recommendations in formulating policies and developing immunization programs that are more adaptive, equitable, and pro-socially and economically vulnerable groups in society.

RESEARCH METHODS

This study uses a quantitative approach with a cross-sectional design that aims to analyze the relationship between maternal employment and family support for immunization in toddlers. This design allows data collection at a certain time so that it is effective in seeing the relationship between variables simultaneously. The population in this study were all mothers who have toddlers aged 0 to 5 years in the work area of Kasihan 1 Bantul Health Center. The sample was taken using a purposive sampling technique, namely the selection of respondents based on certain criteria that are relevant to the research objectives. The number of respondents was set at 100 mothers, with the inclusion criteria being mothers who have toddlers and are willing to be participants in this study.

Data collection was conducted using a questionnaire that had been designed and tested in advance to ensure the validity and reliability of the instrument. The questionnaire consisted of three main parts, namely maternal demographic data (including age, education, and employment status), data on family support for immunization (such as the involvement of husbands and other family members), and information on toddler immunization status obtained through health records and direct interviews with mothers. The collected data will be analyzed using statistical software, such as SPSS. Descriptive analysis was used to describe the characteristics of respondents, while inferential analysis, such as the chi -square test, was conducted to determine the relationship between the variables of maternal employment, family support, and toddler immunization status.

In its implementation, this study will pay attention to the principles of research ethics, including obtaining approval from the ethics committee and written consent (informed consent) from each respondent before data collection is carried out. The researcher also guarantees the confidentiality of the identity and personal data of respondents, and gives respondents the freedom to withdraw from the study at any time without any consequences. The study is planned to last for three months, starting with the preparation and instrument testing stages in the first month, continued with the data collection process in the field in the second month, and ending with data analysis and preparation of research results reports in the third month. With this method, it is hoped that the study can provide a comprehensive understanding of the influence of maternal employment and family support on the implementation of toddler immunization, especially in the work area of Kasihan 1 Bantul Health Center.

RESULT

Overview of Mother's Occupation with Immunization Provision Factors

Table. 1
Frequency Distribution of Mother's Occupation
Description Regarding Immunization Provision

Work	F	%
Doesn't work	70	68.0
Work	33	32.0
Total	103	100.0

Table 1 shows that the majority of mothers do not work, amounting to 70 respondents (68.0%) and mothers who work are 33 respondents (32.0%).

Overview of Family Support in Immunization

Table. 2
Frequency Distribution of Family Support for Immunization

Support Family	F	%
Not good	1	1.0
Pretty good	3	2.9
Good	99	96.1
Total	103	100.0

Table 2 shows that 99 respondents (96.1%) provided good support in providing immunization, 3 respondents (2.9%) provided fairly good family support, and 1 respondent (1.0%) provided poor support in providing immunization.

DISCUSSION

Description of Mother's Occupation with Immunization Provision Factors

The results of the study showed that most mothers who provided complete basic immunization to their toddlers were unemployed mothers (68.0%), while only 32.0% were employed mothers. At first glance, these data indicate differences in immunization participation based on employment status. However, these findings are not supported by the results of statistical analysis. Thus, employment status (working or not working) is not the main determining factor in fulfilling children's immunization. Although working mothers have limited time due to professional activities, many of them are still able to fulfill the immunization schedule. This is likely supported by optimal use of free time, support from family, and increased awareness of the importance of immunization.

These results reinforce the view that time flexibility is not the only variable that influences immunization compliance. Instead, factors such as access to information, social support, and ease of access to health services are more crucial. Most respondents obtained immunization information from health workers, but working mothers tended to rely on digital media due to the limitations of attending direct counseling. Therefore, health promotion strategies must be adjusted, for example through workplace-based counseling, utilization of social media, or immunization services on weekends. (Novembriany & Fahiroh, 2023).

Future policy recommendations need to be directed at inclusive and adaptive interventions, not only targeting groups of non-working mothers, but also paying attention to the needs of working mothers. These efforts can include providing flexible immunization services, easily accessible digital education, and strengthening the role of families and the work environment in supporting child immunization. With a comprehensive approach, complete basic immunization coverage can be increased without discrimination against the mother's employment status. The results of Louis's (2024) study showed that there was a relationship between maternal knowledge and a p-value of 0.003 ($p < 0.005$). Statistical tests on maternal occupation obtained a p-value of 0.004 ($p < 0.005$), meaning that there was a relationship between maternal occupation and the completeness of basic immunization in infants.

Overview of Family Support in Immunization

The results of the study showed that 96.1% of respondents received good family support in implementing child immunization. This support includes assistance to health facilities, reminders of immunization schedules, and financial assistance if needed. This finding shows that the role of the family is very important in supporting the success of

complete basic immunization. This is in line with research conducted by Triyana & Madhena (2024) which highlighted that husband's support, both emotional, instrumental, and informational, has a significant influence on the completeness of infant immunization. Mothers who receive high support from their husbands are proven to be more consistent in following their children's immunization schedules.

The findings on the importance of family support are reinforced by Aminuddin's (2025) research which examined the success factors of basic immunization in the Papua region. The study showed that families with positive attitudes towards the immunization program and active support for mothers tend to be more likely to meet their children's immunization schedules. Conversely, lack of understanding, belief in myths, and the absence of decision-making figures in the family are major obstacles. Family support is not only motivational, but also includes practical roles such as reminding schedules, ensuring access to health services, and involving all family members in the decision-making process. Therefore, a family-based approach through comprehensive education, empowerment of family leaders, counseling, utilization of community or religious leaders, and assistance by health cadres is an important strategy to increase immunization coverage.

Another study by Arpen & Afnas (2023) who studied the relationship between family support and mothers' perceptions of basic immunization compliance in infants in Padang also found similar results. Support from partners and parents significantly increased mothers' compliance with the immunization schedule. The forms of support provided included schedule reminders, assistance with time management, and logistical support such as delivery to health facilities. Overall, these findings emphasize that active family involvement is very important in encouraging immunization compliance, especially in the early period of a child's life, which is a crucial stage in preventing infectious diseases.

Another study by Santoso (2021) also stated that family support plays a very crucial role in the success of providing complete basic immunization to toddlers. In the study, family involvement was examined through aspects of their knowledge, attitudes, and practices in facilitating child immunization in the work area of Health Center X. The results of the study showed that emotional and instrumental support from the family, such as reminding the schedule or accompanying children to health facilities, significantly increased immunization coverage. Additional factors such as parental education level, understanding of the benefits of immunization, and social support from other family members also influenced maternal compliance. Therefore, public health interventions need to actively involve families, through participatory education to increase collective awareness of the importance of complete immunization for toddlers.

It can be concluded that family support plays a central role in the success of the implementation of complete basic immunization in children. This support includes emotional, instrumental, and informational aspects, such as assistance to health facilities, reminders of immunization schedules, and financial or logistical assistance. Previous studies have shown that families with a positive understanding and attitude towards immunization tend to be more compliant in fulfilling their children's immunization schedules (Nahira et al., 2024; Padila et al., 2023). The results of the study by Padila et al., (2023) showed that the intervention of support from three family members had a significant influence on the pain response of infants when given DPT immunization at the Community Health Center.

Conversely, lack of family support, including the influence of myths and ignorance, can be a major obstacle. Therefore, public health intervention strategies need to prioritize family-based approaches, such as comprehensive education, empowerment of family leaders, and assistance by health workers, to increase immunization coverage and protect children from

infectious diseases. Thus, collaboration between health workers, the government, and families is key to achieving the success of the national immunization program (Nurtiawati et al., 2024). Family support as the provision of products, services, information, and advice to other family members with the goal of making them feel loved, respected, and at peace. Family acceptance and positive views of a sick member are examples of this support. Consequently, having lots of love and support at home can influence whether or not a child gets all of his or her shots (Rismaya, 2024).

CONCLUSION

Based on the results of the study, it can be concluded that the mother's employment status is not a significant barrier to providing immunization to toddlers, especially if there is adequate support from the family. Family support plays an important role in the success of the immunization program, both in the form of assistance to health facilities, reminders of immunization schedules, and other practical assistance. This role is very crucial for working mothers, because they can help overcome the limitations of time and mobility that may be faced. Therefore, active family involvement is key to ensuring the completeness of toddler immunization in the community.

SUGGESTION

Flexibility of health services, digital-based education, and family-based approaches are recommended to increase immunization coverage. This research makes an important contribution to the development of public health strategies that are inclusive and adaptive to the needs of diverse groups of mothers.

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