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The Influence of Age, Work Period, Distance of Residence, and Midwife's Intention to Behavior in Recording and Reporting Routine Immunization

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Abstract

One of the most critical issues in immunization recording and reporting is the validity of immunization coverage data, so the quality of immunization recording and reporting has a vital role in producing quality immunization coverage. The over report immunization report data is evidence that midwives are not compliant in carrying out recording and reporting. The behavior of midwives in carrying out routine immunization recording and reporting can be determined by intention or intention and several other factors. The purpose of this study was to analyze the influence of age, work period, distance of residence, and midwife's intentions on the behavior of implementing routine immunization recording and reporting. This research method included observational research with a cross-sectional design with primary data through interviews using a questionnaire that was read to midwives (n=110) and document studies using the Rapid Convenience Assessment (RCA) form in the community. The results showed that the behavior of midwives in carrying out routine immunization recording and reporting was influenced by the work period (p=0.011) and intention (p=0.031).Conclusion: There is a significant relationship between the length of work and the intention of the midwife towards the behavior of implementing routine immunization recording and reporting.

Keywords: *Recording and Reporting Routine Immunization, Midwives, and Behavior.*

Introduction

WHO data in 2014 showed a significant decrease in mortality in children under five years old. This can be seen from the number of child deaths under five years in 1990 (12.6 million children) and 2013 (6.3 million children). The target of child mortality below five years in 2015 is estimated at two-thirds between 1990 and 2015, so it can be said to be still relatively high[1]. According to the Ministry of Health of the Republic of Indonesia in 2015 the provision of immunization is one of the most effective efforts in reducing child mortality. Immunization should be able to reduce child mortality due to PD3I through increased coverage of complete immunization. However, in reality, around 22 million babies in the world do not get complete immunization and 9.5 million are in South East Asia, including children in Indonesia[2]. Based on the Indonesian Health Profile the success of the immunization program in infants aged 0-11 months is measured through indicators of complete primary immunization. The achievement of this indicator in Indonesia in 2015 was 86.24%. This figure has not yet reached the 2015 Strategic Plan target of 91%[3].

East Java Province is a contributor to the highest number of cases of Extraordinary Events in Indonesia, such as Diphtheria outbreaks that occurred in 2011, 2012, and 2017. One of the factors causing the high number of Diphtheria cases in East Java in 2017 is a

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decrease in the number of babies age from 11 to 11 months which is not fully immunized basic in the last two years. The highest number of positive diphtheria cases were in Sampang Regency, ten positive cases, Pasuruan Regency 7 positive cases and Tuban Regency 3 positive cases[4]. It illustrates the problem, even though the achievement of complete primary immunization in 2016 in the Sampang Regency has reached the national target of 91.68%, but the number of diphtheria cases in the Sampang Regency remains high.

Various things can cause the low behavior of midwives in carrying out routine immunization recording and reporting. Research by Hargono et al. In 2012 states that one of the causes of the emergence of diseases that can be prevented by immunization is the low quality of recording and reporting of immunization programs. One of the most critical issues is the validity of immunization coverage data, so the quality of immunization recording and reporting has a vital role in producing quality immunization coverage[5]. The over report immunization report data is evidence that midwives are not compliant in carrying out routine immunization recording and reporting. The most important determining factor in someone's behavior is the intention or intention (intention). According to Ajzen (1991), individual behavior is strongly influenced by the individual's own intention (behavioral intention) towards certain behaviors[6].

This study aims to analyze the influence of age, work period, distance of residence, and intention of midwives on the behavior of implementing routine immunization recording and reporting.

Materials and Method

This cross-sectional study is a research carried out at a time and is not limited to when it has been completed[7]. This study was conducted to determine the effect of age, work period, distance of residence, and intention of midwives on the behavior of implementing routine immunization recording and reporting. This research was conducted in 21 Puskesmas in Sampang Regency.

In this study the sample is a midwife who has inclusion criteria which have worked for at least two years in the area, legally has a Registration Certificate and Work Permit there is no Independent Practice Midwife in her work area, and is willing to be a sample in this study voluntarily.

The sampling technique used in this study is proportionate stratified random sampling. Based on sample calculations, a minimum sample of 110 midwives was obtained. In this study the dependent variable is behavior and the independent variables are age, work period, residence, and intention.

Data collection techniques in this study were data collection in the field carried out using a questionnaire that was read to the midwife by visiting *'polindes,'* or while attending the *'Posyandu'* toddlers activities after that, a document study was conducted using the RCA form by comparing immunization records recorded in the MCH book owned by the community with recording immunization in a baby cohort book owned by a midwife.

Analysis of the data used logistic regression with the backward method to find out whether there is a relationship between the two variables studied. The significance test is done by comparing the significance value obtained with α; if $p<\alpha$ ($\alpha=0.05$) there is a significant relationship.

Results

Table 1 shows that respondents with age less than 30 years do not record and report routine immunizations in their cohort book following the community's MCH handbook. Statistical test results showed no significant effect between the age variables of midwives on the behavior in carrying out routine immunization recording and reporting.

Table 1. Influence of midwife age on behavior

Age	Behavior				Total (N = 110)		P-value
	Following the MCH Handbook		Not following the MCH Handbook				
	N	%	N	%	N	%	
<30 years	0	0,0	4	100	4	100	0.280
30 – 45 years	6	6,7	83	93.3	89	100	
>45 years	2	11.8	15	88.2	17	100	
Total	**8**	**7.3**	**102**	**92.7**	**110**	**100**	

Table 2. Influence of midwives' work period on behavior

Work Period	Behavior				Total (N = 110)		P-value
	Following the MCH Handbook		Not following the MCH Handbook				
	N	%	N	%	N	%	
<6years	0	0,0	7	100	7	100	0.011
6 –10years	3	7.7	36	92.3	39	100	
>10 years	5	7.8	59	92.2	64	100	
Total	**8**	**7.3**	**102**	**92.7**	**110**	**100**	

Table 2 shows that respondents whose work period is <6 years do not record and report routine immunizations in their cohort book following the community's MCH handbook. It supported by the results of statistical tests showing a significant effect between the variable work period of midwives on the behavior in carrying out recording and reporting routine immunizations.

Table 3. Influence of distance of residence midwives on behavior

Distance of Residence	Behavior				Total (N = 110)		P-value
	Following the MCH Handbook		Not following the MCH Handbook				
	N	%	N	%	N	%	
0-2 km	8	10.7	67	89.3	75	100	0.996
2-4 km	0	0.0	11	100	11	100	
4-6 km	0	0.0	9	100	9	100	
6-8 km	0	0.0	7	100	7	100	
>8 km	0	0.0	8	100	8	100	
Total	**8**	**7.3**	**102**	**92.7**	**110**	**100**	

Based on table 3, respondents with a place to live (distance) more than two km all record and report routine immunizations in their cohort book following the community's MCH handbook. Statistical test results that showed no significant effect between the distance variables of the midwife's residence to the behavior in implementing routine immunization recording and reporting.

Table 4. Influence of Midwives' Intention on Behavior

Intention	Behavior				Total (N = 110)		P-value
	Following the MCH Handbook		Not following the MCH Handbook				
	N	%	N	%	N	%	
Lemah	1	12.5	7	87.5	8	100	0.031
Kuat	7	6.9	95	93.1	102	100	
Total	**8**	**7.3**	**102**	**92.7**	**110**	**100**	

Based on table 4, respondents who have strong intentions mostly record and report routine immunizations in their cohort books that are following the community's MCH handbook. Statistical test results show a significant effect between the intention variables of midwives on the behavior in recording and reporting routine immunizations.

Discussion

The results showed that the length of the service variable had a significant effect on the behavior variable because officers with long working periods already have much experience and understand the impact if they do not do routine immunization recording and reporting on time and there is a high potential for errors which will result in an Extraordinary Event of immunization and others which are then implemented in the form of behavior by recording on time and following established procedures. The results of this study are not in line with the results of Nuraini's research in 2018, saying that the village midwife's tenure does not affect the intention of achieving the program[8].

Behavior is an action. Attitudes toward actions are related to their impacts, values related to actions, ethics and traditions[9]. Behavior (behavior) is done because individuals have the interest or desire to do so[10]. It is in line with the results of Agus Suprapto's research in 2016 which states that the variable of the length of service and employment status both individually and together have an influence on midwife behavior in providing antenatal services with p values <0.05[11].

The results of this study indicate that the majority of respondents intend to carry out recording and reporting of routine immunization programs following established standards. While the results of the logistic regression analysis of the intention variable affect the behavior variable of midwives, it is in line with the theory proposed by Ajzen in 2005, that intention will positively influence the implementation of a behavior. Where the higher or increasing one's intention will affect the implementation of behavior[12].

The results of this study are also following the opinion that states the intention to perform a behavior is a person's tendency to choose to do or not do an action. Intentions are also determined by the extent to which individuals have positive attitudes towards certain behaviors and the extent to which a person chooses to do certain behaviors has the support of people who are influential in his life, and individuals can overcome perceived behavioral control. The implementation of recording and reporting routine immunizations carried out by midwives begins with the intention or desire to do so but due to the lack of a sustainable monitoring system and the commitment of the leadership.

A person's actions can be determined from his intention so that the intention of the midwife very much determines the decision to record and report routine immunization programs in accordance with the standards. The intention according to Fishbein and Ajzen in 1975, is a probability or possibility that is subjective, namely someone's estimate of how likely it is to do something[13].

Conclusion

There is a significant influence between the work period and the intention of the midwife on the behavior of implementing routine immunization recording and reporting. Actions to record and report routine over-reporting immunizations are not only preceded by an intention or desire to record and report routine immunizations that are not following procedures, but also because of an unsustainable monitoring system from the leadership. As a suggestion, it is essential to pay attention to the factors and intention and behavior of midwives in recording and reporting routine immunizations. The Head of the Puskesmas must conduct a quality integrated monitoring and evaluation system as a behavioral control for midwives in carrying out routine immunization recording and reporting.

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