

**Original Research Article****THE CORRELATION BETWEEN PERFECTIONIST MOTHER CHARACTERISTICS AND THE COMPLETENESS OF BASIC IMMUNIZATION IN 12-MONTH-OLD INFANTS IN THE WORKING AREA OF PUSKESMAS PALANG****Lisa Rahayu<sup>1)\*</sup>, Tiara Putri Ryandini<sup>1)</sup>**<sup>1</sup> Institut Ilmu Kesehatan Nahdlatul Ulama Tuban, Indonesia\*Corresponding author, Email: [rlisa3317@gmail.com](mailto:rlisa3317@gmail.com)**ABSTRACT**

**Introduction.** The coverage of complete basic immunization had not yet fully reached the target. Many cases were found in infants due to parental factors that were not given sufficient attention, especially in rural areas where the importance of basic immunization was still underestimated. One of the factors influencing the completeness of basic immunization was the perfectionist characteristics of mothers. The more perfectionist a mother was, the higher the likelihood of her child receiving complete basic immunization. This study aimed to determine the relationship between perfectionist mother characteristics and the completeness of basic immunization in 12-month-old infants. **Method.** The study design was correlational, utilizing an analytical observational approach with a cross-sectional method. The study population consisted of 681 respondents, and using cluster sampling, 252 mothers with 12-month-old infants were selected as respondents. The research instruments included KIA observation sheets and questionnaires. **Results and Analysis.** There was a correlation between perfectionist mother characteristics and the completeness of basic immunization in 12-month-old infants in the working area of Puskesmas Palang. The statistical test used was the Chi-Square test. The results showed a significant positive correlation, with a  $p$ -value of  $p < \alpha$  ( $0.000 < 0.05$ ), indicating that H1 was accepted. **Discussion.** A perfectionist mother's attitude affected the completeness of her child's basic immunization due to her preparedness in caring for her child. Therefore, it was important for mothers to pay close attention to the immunization schedule set by healthcare providers to ensure that their children received complete and timely immunization.

**Keywords: Mother Characteristics, Perfectionism, Completeness of Basic Immunization.****INTRODUCTION**

Immunization is an effort to actively increase a person's immunity against a disease. So that when exposed to a certain disease, they do not experience serious illness or only experience mild illness and are protected from various diseases that can cause disability or even death. However, the coverage of complete basic immunization has not fully reached the

target. Many incidents are found in infants because of parental factors that are not considered. Especially in rural or remote areas that still underestimate the importance of basic immunization for infants. One of them is in the Palang Health Center work area where there are still problems in providing complete basic immunization. According to data obtained in the Palang Health Center work area, the coverage of basic immunization in infants has not met the target that must be achieved. The

percentage achieved in 2023 in providing basic immunization is still at 85.91% of the target that must be achieved, which is 100%. While basic immunization that has not been achieved is 14.09%, this is due to several inhibiting factors so that the immunization schedule for infants or children is not routinely met. And in the period of January-February 2024, the coverage of complete basic immunization was recorded at 8.25%.

According to the statement of one of the health workers at the UOBF Palang Health Center who handles immunization, he revealed that the immunization coverage in the Palang Health Center Work area has not met the target of basic immunization coverage, which is 100%. According to him, there are many obstacles due to certain inhibiting factors. From the scheduling of each integrated health post that has been informed, there are several people who did not attend the immunization so that it had to be rescheduled. UOBF Palang Health Center health workers emphasized the increase in awareness of mothers or families who help care for children. Because the importance of providing complete basic immunization to infants or children will have an impact on the child's body in the future.

In accordance with Universal Childhood Immunization (UCI) by WHO, since 1977 the Indonesian government has implemented the Immunization Development Program (PPI) which requires the provision of complete basic immunization (IDL) for children under 5 years of age. Complete basic immunization includes the administration of five types of vaccines, namely, BCG immunization once, Hepatitis B once, DPT three times, Polio six times, PCV three times, Rotavirus three times and Measles immunization given once. For complete basic immunization in infants aged less than 24 hours, Hepatitis B immunization (HB 0) is given, 1 month old is given (BCG and Polio 1), 2 months old is given (DPT, HB-Hib 1 and Polio 2), 3 months old is given (DPT, HB, Hib 2 and Polio 3), 4 months old is given (DPT, HB, Hib 3, Polio 4 and IPV or injectable Polio), and for 9 months old is given immunization (Measles or MR), and there are two additional basic immunizations, namely PCV which is given 3

times at the ages of 2, 3 and 12 months and rotavirus is given 3 times at the ages of 2, 3, and 4 months. So it is important for infants to get complete basic immunization to prevent disease transmission and reduce infant mortality.

According to the World Health Organization (WHO), around 20 million children worldwide are currently still not immunized and some are still incompletely immunized (UNICEF, 2020). Like children living in Africa, they are likely to not have access to health services. Two-thirds of them are concentrated in the top ten low- to middle-income countries, namely Brazil, Angola, Ethiopia, the Democratic Republic of Congo, Indonesia, India, Pakistan, Nigeria, the Philippines and Mexico. Several of these countries from a health perspective still need priority treatment and special attention to increase the coverage of basic immunization in infants (WHO, 2019).

In 2019, Indonesia recorded a complete basic immunization coverage for children reaching 93.7%. However, during the Covid-19 pandemic, the coverage of complete basic immunization decreased due to the focus of health workers in handling and overcoming the pandemic, so that many integrated health posts and health centers as the mainstays of immunization had to limit or even close routine immunization services until an unpredictable time. This has an impact on the coverage of complete basic immunization in 2020, which experienced a drastic decline, reaching only 84.2% in Indonesia. However, after the situation in Indonesia improved in 2022, the coverage of complete basic immunization managed to reach 94.6%. Meanwhile, in the period up to January 16, 2023, it showed that the percentage of babies aged 0-11 months who received complete basic immunization (IDL) was 92.7% (3,833,059 babies) of the target set at 90% (3,723,337 babies) (Ministry of Health of the Republic of Indonesia, 2022).

The immunization program that has been attempted by the government so far, especially in East Java Province, has shown satisfactory results. The complete basic immunization coverage achieved by East Java Province in

2020 reached 97.1%. This coverage has exceeded the national complete basic immunization target that has been set, namely 90%. Although in 2020 the immunization coverage decreased by 2.24% from the coverage achieved in 2019, which was 99.34% (East Java Provincial Health Office, 2020).

According to the Tuban Regency Health Office, in 2022 the complete basic immunization coverage for infants reached 100.71%. While in 2023 it reached 100.17%. From the total data obtained, one of the decreases in basic immunization coverage was obtained in the Palang Health Center work area. In 2022 the Complete Basic Immunization (IDL) coverage reached 93.69% while in 2023 it decreased to 85.91%.

According to the results of a survey conducted by researchers at the UOBF Palang Health Center on March 8, 2024, secondary data obtained showed that the coverage of complete basic immunization in 2023 had only reached 85.91% of the target set at 100%. According to data obtained from the UOBF Palang Health Center, there are 10 villages included in the Palang Health Center's working area, including Palang Village with immunization coverage of 83.33%, Gesikharjo 81.16%, Leran Kulon 89.47%, Leran Wetan 80.30%, Glodok 84.06%, Karangagung 94.48%, Pliwetan reaching 100%, Cepokorejo 73.68%, Wangun 78.57% and Ketambul 87.50%. Of the 10 villages, there are still several villages that have problems and have not met the basic immunization target. Meanwhile, in the period of January-February 2024, the coverage of complete basic immunization in the Palang Health Center work area reached 8.25%.

The high or low coverage of immunization achieved can be influenced by many factors. These factors can come from the mother or from the environment and information. Factors that can influence are personal factors, social factors and information factors. These factors can encourage a mother's intention and motivation in providing basic immunization to her child.

Immunization coverage has not yet reached 100%, this can be caused by mothers who do not know about immunization.

Especially neglecting the immunization schedule or not knowing the immunization schedule, misunderstandings regarding contraindications and worrying about the side effects that will arise when the baby has been immunized. From family factors such as not getting support from those closest to them, many children are not given complete immunization. Other possible causes are parents who are too busy with their work or personal affairs, have little or very limited time, in addition to the lack of knowledge possessed by mothers about the importance of providing complete basic immunizations for babies, so that it becomes a factor in the lack of parental attention to baby health, lack of obtaining information from the community either through online media or from local midwives (Nani and Ika, 2021). This will result in incomplete children getting Complete Basic Immunization (IDL) which results in risk factors for babies.

Possible risk factors such as, children will be more susceptible to serious illness. Another possibility can also occur in other family members, namely also experiencing serious illnesses to be higher, so that it becomes an epidemic for the surrounding area. In addition, it also causes illness and complications that incur high costs for treatment and care. It can also reduce quality of life, decrease life expectancy and there is a possibility of limitations on travel and schooling (UNICEF, 2020).

In this case, the attitude or role of the mother in the immunization program is very important because the use of health facilities by children is closely related to the mother's attitude. If the mother's factors and the surrounding environment are supportive, the coverage of complete basic immunization for children will be met. Because the increasing number of children will also require a lot of time to take care of their children, so that there is less time available for mothers to visit immunization service locations. This will be an obstacle for babies or children to get complete basic immunization (Quoted from Wardhana (in Lienda, 2009, p.12)). Based on the above phenomenon, researchers are interested in conducting research to determine "The

Correlation Between Perfectionist Mother Characteristics And The Completeness Of Basic Immunization In 12-Month-Old Infants In The Working Area Of Puskesmas Palang".

## METHOD AND ANALYSIS

The research design used in this study is Correlational with an observational analytical research design type with a data collection method using the Cross Sectional approach (relationships and associations) and a population of 681 people selected using the cluster sampling technique so that 252 respondents were mothers who had 12-month-old babies in the Palang Health Center work area and met the inclusion criteria, namely: mothers who were willing to be respondents and mothers who had 12-month-old babies. The independent variable is the characteristics of perfectionist mothers and the dependent variable is the completeness of basic immunization in 12-month-old babies as measured by the Chi Square test. This study was conducted in December 2024. This study has received approval from the Health Ethics Commission of the Nahdlatul Ulama Tuban Health Sciences Research Institute Number: 305/0084223523/LEPK.IIKNU/XI/2024. The instruments used are perfectionist questionnaire sheets and KIA book observations. The data collection or retrieval process begins from the following stages:

### 1. Research Preparation

Before the research is carried out, the preparation that must be done is the researcher submits a letter of application to the campus via Google Form by filling in E-Learning. Then the letter comes down from the campus agency. After that, submit a letter of application for research permit to the Public Service Mall (MPP) by filling in the link <https://toss.tubankab.go.id/>. The letter of application for research permit is obtained from the Public Service Mall. Then submit a letter of research permit to the Head of UOBF Palang Health Center. Then lobby several other parties to assist researchers in collecting data and conducting a common perception. Then the research permit letter is received and gets a

reply letter from the head of UOBF Palang Health Center. And the research is carried out.

### 2. Research Implementation (Data Collection Process)

Data collection is carried out in the following steps: the researcher asks permission to participate in immunization activities from the midwife at each posyandu post. After permission is obtained, the research is carried out according to the posyandu visit schedule in 10 villages and there are 2-7 posts per village. In carrying out this research, the researcher was assisted by approximately 8 other parties including the researcher because there is a simultaneous posyandu visit schedule. At each post there is one researcher or researcher assistant. With the following schedule:

- 1) On December 2-5, it is scheduled at 2 posts in 2 villages, where the researcher is assisted by one other party in carrying out data collection.
- 2) On December 6, one post is scheduled in Leran Wetan village.
- 3) On December 9, it is scheduled at 6 posts in 6 villages, where the researcher is assisted by 6 other parties including the researcher in carrying out data collection.
- 4) On December 10, 7 posts were scheduled in 7 villages, where researchers were assisted by 7 other parties including researchers in carrying out data collection.
- 5) On December 11, 8 posts were scheduled in 8 villages, where researchers were assisted by 8 other parties including researchers in carrying out data collection.
- 6) On December 12, 7 posts were scheduled in 7 villages, where researchers were assisted by 7 other parties including researchers in carrying out data collection.
- 7) On December 13, 3 posts were scheduled in 3 villages, where researchers were assisted by 3 other

parties including researchers in carrying out data collection.

- 8) On December 14, 2 posts were scheduled in 2 villages, where researchers were assisted by 2 other parties including researchers in carrying out data collection.
- 9) On December 17-18, one post was scheduled in the same village so that researchers did it independently.
- 10) Other parties including researchers will be spread out at each post according to the existing schedule.
- 11) And take the following steps:
  - (1) Ask permission from the mothers present to introduce themselves to them and explain the purpose and objectives of the researcher's presence at the immunization location, for the number of samples adjusted to the results of the sample calculation that has been carried out.
  - (2) Distribute respondent consent sheets and signing of the consent sheets by respondents.
  - (3) Distribute questionnaire sheets to respondents and before filling out the questionnaire the researcher directs respondents to collect the KIA Book for observation. Filling out the questionnaire is done within 10-15 minutes.

### 3. Closing the Study

After the data needed for the study is fulfilled, the researcher thanks the respondents who have agreed to participate in the study and asks permission to withdraw. The data that has been obtained is then processed, examined and analyzed by the researcher in accordance with the data processing procedure. The data collected in this study were analyzed using the Chi square statistical test, the data scale used for the independent variables and dependent variables is the ordinal and nominal scale. The tool used to analyze the data uses the SPSS for Windows software program.

## RESULT

**Table 1** Characteristics Based on Age, Last Education, Work and Parity Characteristics of Perfectionist Mothers in the Palang Health Center Work Area in December 2024

Characteristic	f	Percentage
<b>Age</b>		
20-25 years	60	23,8%
26-30 years	75	29,8%
31-35 years	57	22,6%
36-40 years	36	14,3%
>40 years	24	9,5%
<b>Last Education</b>		
College	43	17,1%
High School/Equivalent	134	53,2%
Junior High School/Equivalent	48	19,0%
Elementary School/Equivalent	26	10,3%
No School	1	0,4%
<b>Work</b>		
Civil Servants	0	0%
Private Employees	20	7,9%
Self-Employed	36	14,3%
Housewives	190	75,4%
Others	6	2,4%
<b>Parity</b>		
1 child	96	38,1%
2 children	105	41,7%
3 children	37	14,7%
4 children	11	4,4%
>4 children	3	1,2%
<b>Total</b>	<b>252</b>	<b>100%</b>

Based on table 1 above, it can be seen that almost half of the respondents are aged 26-30 years, namely 75 respondents or 29.8%, it can be seen that most of the respondents' last education was at the high school/equivalent level, namely 134 respondents or 53.2%, it can be seen that most of the respondents' jobs are housewives, namely 190 respondents or 75.4%,

and it can be seen that almost half of the respondents are at the parity level of 2 children, namely 105 respondents or 41.7%.

**Table 2** Frequency Distribution of Respondents Based on the Characteristics of Perfectionist Mothers in the Palang Health Center Work Area in December 2024

No.	Characteristics of a Perfectionist Mother	f	Percentage
1.	Perfectionist	102	40,5%
2.	Quite Perfectionist	135	53,6%
3.	Not Perfectionist	15	5,9%
	Total	252	100%

Based on table 2 above, it can be seen that of the 252 (100%) respondents, the majority of respondents have quite perfectionist characteristics, namely 135 respondents or 53.6%.

**Table 3** Frequency Distribution of Respondents Based on Complete Basic Immunization in 12-Month-Old Infants in the Palang Health Center Work Area in December 2024

No.	Complete Basic Immunization Kit	f	Percentage
1.	Complete	225	89,3%
2.	Incomplete	27	10,7%
	Total	252	100%

Based on table 3 above, it can be seen that of the 252 (100%) respondents, almost all of them had complete basic immunization for babies, namely 225 respondents or 89.3%.

**Table 4** The Correlation Between Perfectionist Mother Characteristics And The Completeness Of Basic Immunization In 12-Month-Old Infants In The Working Area Of Puskesmas Palang

No.	Charact eristics of a	Complete Basic Immunization Kit		Total
		Complete	Incomplete	

	Perfecti onist Mother	Perfecti onist		Quite Perfecti onist		Not Perfecti onist	
		f	(%)	f	%	f	%
1.	Perfecti onist	102	100	0	0,0	102	100
2.	Quite Perfecti onist	116	85,9	19	14,1	135	100
3.	Not Perfecti onist	7	46,7	8	53,3	15	100
	Total	225	89,3	27	10,7	252	100

*Chi Square Asymp. Sig. = 0,000*

Based on table 4 above, it can be seen that out of 252 (100%) respondents, 102 (100%) of them have perfectionist characteristics with a complete basic immunization level.

The results of the Chi Square test analysis using SPSS software obtained a significance value of 0.000 which indicates a value of  $\rho < \alpha$  ( $0.000 < 0.05$ ) or less than the significance level of 0.05 ( $< 0.05$ ) so that it can be concluded that there is a significant relationship between the characteristics of perfectionist mothers and the completeness of basic immunization in 12-month-old infants in the Palang Health Center work area. This means that the higher the level of perfectionism of a mother, the greater the possibility of complete basic immunization of children.

## DISCUSSION

### Identification of Characteristics of Perfectionist Mothers in 12-Month-Old Babies in the Palang Health Center Work Area

Based on the results of research conducted by researchers using a questionnaire with the categories of perfectionist, quite perfectionist and not perfectionist in mothers who have 12-month-old babies in the Palang Health Center work area in table 5.5, it was found that out of 252 (100%) respondents, most of them had quite perfectionist characteristics, namely 135 respondents (53.6%).

This study is still very limited and previous research was carried out in general, so this study is in line with previous research

conducted by Alfitra and Rosatyani (2022) entitled "The Relationship between Perfectionist Characteristics and Parental Burnout of Working Mothers Modernized by Perceived Social Support". The results of this study on 263 respondents showed that there was a significant relationship between perfectionism and parental burnout and perceived social support. This study emphasizes an increase in social support for the role of mothers.

Mothers who have a good and alert attitude will have a level of readiness in providing health facilities for their children. This will show that the mother will have a view and think to try so that her child is not attacked by unwanted diseases. A mother's perfectionism will affect the mother's attitude so that the mother will intend to immunize her baby to avoid exposure to the virus if not given complete immunization. This is in line with the Planned of Behavior theory which explains that a person's actions or behavior depend on their intentions and motivations within themselves.

The results of the study conducted by the researcher showed that most respondents were included in the fairly perfectionist category with ages between 36-40 years. When viewed from the perfectionist factors, age is not a factor that determines the level of perfectionism of a mother. This shows that age is only one of the researcher's demographic factors, but does not have a significant relationship with the characteristics of perfectionist mothers. This is in line with previous studies which showed that there was no significant relationship between the characteristics of perfectionist mothers and age.

With increasing age, mothers will tend to have a greater understanding of decision making in acting which may affect a person's level of perfectionism. However, a mother's perfectionism is not entirely influenced by the mother's age. Previous research mentioned that age can affect individual nature in acting, but in this case it does not affect a mother in perfectionism. Perfectionism in the mother will affect the mother's motivation to take action as in the Planned of Behavior theory which explains that a person's actions or behavior depend on the intention and motivation within themselves.

Perfectionist characteristics do not affect the difficulty of decision-making, which means that the decisions taken by a perfectionist mother in caring for her child can be decided absolutely, either due to the influence of personal, social or information factors. Factors that tend to influence a mother's perfectionism are personal experience or social pressure. The insignificance of age as a differentiating factor for perfectionist traits shows that perfectionist thinking patterns cannot be generalized based on age alone, for example by showing that a young mother may have a very organized and detailed character, while an older mother can also show a relaxed nature in decision-making or vice versa. The low significance of the difference can be caused by many things, for example small differences in age between respondent groups or strong influences from other factors, such as education or social pressure. Perfectionist traits are likely to be more influenced by personal experience factors, cultural values and social environment.

This study also confirms that different experiences from mothers, especially from age, do not always reflect perfectionist traits. Both young and old mothers show the same perfectionist traits and this depends on other external factors. Social pressure factors, personal experiences and other supporting factors have a major impact on the role of mothers in forming perfectionist traits compared to the mother's age. Perfectionist traits are an important part of a mother's decision-making to care for her child, especially in maintaining health. So regardless of whether the mother is young or old, perfectionist traits can be possessed by all ages of mothers, both young and old.

Furthermore, the results of the study conducted by the researcher showed that most respondents were included in the category of quite perfectionists with a final education of college. Logically, education is not the main factor in determining a mother's perfectionist attitude. This shows that the last education is only demographic data for the study, but does not have a significant relationship with the characteristics of perfectionist mothers. This is in line with previous studies which showed that

there was no significant relationship between the characteristics of perfectionist mothers and their last education. However, it is likely that a mother with a perfectionist attitude can be influenced by previous experiences.

Education has an influence on a person's behavior. The ability to obtain information and the level of knowledge tends to increase with the level of education achieved. However, in reality, education does not affect a mother's perfectionist attitude. This shows that people with less education do not always have low knowledge. And in fact non-formal education also contributes to mothers in caring for their children.

Perfectionist characteristics are often assumed to be cognitive and social factors related to education, but the results of this study emphasize that perfectionist characteristics seem to be more influenced by factors other than formal education. For mothers with low education, there is an assumption that they may be less perfectionist because of limited access, for example, to the information they get. On the other hand, mothers with higher education are considered to have higher standards, for example in receiving information. However, the results of the study showed that both groups showed perfectionist characteristics that were not significantly different. One of the reasons why education did not show a significant difference may be due to factors of experience and environmental support.

Both highly and low-educated mothers have access to other information, such as from health workers who help to make their mindsets equal. With the existence of equal health service standards, it is likely that education will no longer be the main differentiator in understanding and responsibility for mothers' actions to care for their children. This will reflect the success of providing health services in the Palang Health Center work area, especially in the distribution of basic immunization in infants. Perfectionist characteristics are most likely determined by individual motivation, where if the motivation in the mother is high, it will give rise to a perfectionist nature to give the best to her child.

Furthermore, the results of the study

conducted by the researcher showed that most respondents were in the fairly perfectionist category with jobs as housewives. If observed, work is also not the main factor that determines the level of perfectionism of a mother. This shows that work is only one of the demographic factors of the study, but does not have a significant relationship with the characteristics of perfectionist mothers. This is in line with previous studies which showed that there was no significant relationship between the characteristics of perfectionist mothers and work factors. However, it can be estimated that it is likely that a mother's perfectionism can be influenced by factors from outside a mother or her environment.

Work is one aspect of life that can have a major influence on a mother's personality, including perfectionist traits. However, in reality, work shows that a person's perfectionist nature is more influenced by personal or life experiences and innate personality than the work they do. This attitude is often formed from childhood parenting, personal experiences, or the environment, so it is not entirely influenced by the type of work. The perfectionist nature that a person has does not always change significantly even though a mother is in a work environment with a high level of demand.

The results of this study indicate that maternal perfectionism is more influenced by other factors that are not directly related to their employment status. These results reflect that housewives and working mothers can have similar perfectionist traits. This shows that work is not the main factor that forms a mother's perfectionism. This character is formed from beliefs and expectations of oneself that are not from the work environment. Both mothers who work outside the home and their housewives may face the same pressures in meeting social expectations.

A mother's perfectionism can be a benchmark in caring for her child. Even though a mother has a time-consuming job, she will remain proactive in seeking information and arranging for her child to receive good health services. Working mothers will tend to have additional challenges in managing time to fulfill work responsibilities and ensure that their

children receive regular health services. For a perfectionist mother, taking good care of her child is not a burden for them but it is a responsibility that must be fulfilled so that her child also gets his rights in terms of health. This will be a mother's consistency in fulfilling their child's health.

Furthermore, the results of the study conducted by the researcher showed that most respondents were included in the category of quite perfectionists with a parity of one child. If you pay attention, parity can be a factor that influences a mother's perfectionism, but in reality parity is not a factor that determines the level of a mother's perfectionism. This shows that parity is only one of the demographic factors of the study, but does not have a significant relationship with the characteristics of perfectionist mothers. This is in line with previous studies showing that there is no significant relationship between the characteristics of perfectionist mothers and maternal parity. However, it is likely that a mother's perfectionism is influenced by previous experiences and factors from the surrounding environment.

Parity can affect whether or not a mother leaves the house to get immunization services for her child. Parity can affect the experience and parenting patterns of children, including in making decisions to provide the best actions for their children, especially in the health sector. Mothers with high parity tend to face greater challenges in dividing attention to each child. However, a perfectionist attitude can encourage them to ensure that all children continue to receive the same health rights.

The results of this study indicate that there is no difference between parity and maternal perfectionism. Perfectionist attitudes tend to be inherent in an individual's personality and are not always influenced by the number of children or parity. Mothers with perfectionist characters, whether they have one or more children, still have parenting patterns that focus on achieving high standards, including providing health rights to children. Mothers with high parity often continue to try to provide the best health rights to their children. On the other hand, in mothers with low parity who have more time to focus on

their children, sometimes their level of perfectionism is not higher than that of mothers with high parity.

Perfectionist attitudes tend to be determined more by internal factors such as personality or psychology than by the number of children. The presence of more children in the family is likely to be assumed with higher levels of stress or experience, but this does not necessarily make a mother more perfectionist. A mother will give action to her child as a form of responsibility to be a mother. This is what most likely explains that there is no significant relationship to maternal perfectionism.

The results of this study also indicate that more parenting experience does not affect the level of maternal perfectionist standards. These standards may be more bound by the social environment. When a mother has more children, it will reduce attention to each child. However, this does not mean that mothers with fewer children will make them more perfectionist. A person's mindset and attitude towards their motherhood seem to have more influence than the number of children. Parity in this case shows that although there is a slight difference in the mean, it is not significant enough to indicate that parenting experience influences perfectionism overall.

Thus, for both low and high parity mothers, the decision to provide health rights to children is more based on the awareness, intention and motivation of the mother or the family who are involved in caring for the child. Other factors such as socialization from health workers, government programs, and family support also have a greater influence on children's health. Mothers with various levels of parity can still show consistent behavior in providing the best for their children so that their children's health is well met. Therefore, high standards in providing routine health services to children are often based on the mother's personal perception of the responsibility for the child's health.

The results of the study conducted by the researcher showed that almost half of the respondents were included in the perfectionist category and a small portion were included in the non-perfectionist category. This can be seen

in the readiness of a mother when she has entered the toddler posyandu schedule, the readiness needed when carrying out the posyandu, and the accuracy of the implementation of infant immunization. Factors that influence a mother's perfectionist attitude include the mother's personal factors, the mother's social factors and also the information factors obtained by the mother. In addition, support from the family also plays a very important role for a mother in carrying out her duties in caring for her child. So that the balance in carrying out the role can be carried out properly.

Of the various factors that cause mothers to have a perfectionist attitude, it is most likely due to pressure from within or from outside themselves so that mothers try to meet the high expectations set by the surrounding environment. In addition, the personality of a mother who is meticulous and ambitious is also one of the causes of mothers having perfectionist characteristics so that this will also affect when a mother cares for her child. However, there are also quite a few mothers who are able to have balanced flexibility in carrying out their roles, they still have certain standards but still understand their realistic limits. And it can be seen that their surroundings are also not obsessed with being perfect in everything because they have set their own standards.

The results of the study on the characteristics of perfectionist mothers in the personal Standard aspect were dominated by respondents who were included in the fairly perfectionist category. This shows that personal Standard is the main influence on a mother's perfectionism. Mothers who have high personal standards will tend to be more disciplined in ensuring that their children receive complete and timely immunizations. However, standards that are too high or unrealistic can be a psychological burden that actually hinders the effectiveness of decision-making such as worrying too much about the side effects that occur if the child has finished being immunized. Therefore, a good balance is needed between compliance with recommended health standards and flexibility in dealing with obstacles that may

arise.

The results of the study on the characteristics of perfectionist mothers in the aspect of strive for perfection are dominated by respondents who are included in the perfectionist category. This shows that strive for perfection is also a major factor in a mother's perfectionism. Mothers who have a strong drive to achieve perfection tend to have high discipline and are meticulous in carrying out their child's immunization schedule. This attitude is driven by the desire to provide the best care for their children. However, this can also cause stress due to expectations that are too high so that it can cause excessive anxiety if a mother is unable to meet them, such as delays made by mothers in fulfilling their child's immunization.

The results of the study on the characteristics of perfectionist mothers in the aspect of standards of others are dominated by respondents who are included in the perfectionist category. This shows that standards of others are a determining factor in a mother's perfectionism. High standards in perfectionism are not only set for the mother herself but also for others such as health workers or family. This can be a positive factor in ensuring that children's immunizations are met. However, if these standards are not met, it will cause disappointment if the expected standards are not met, for example if there are obstacles in health services or lack of support from the family.

The results of the study on the characteristics of perfectionist mothers in the aspect of expectation for others are dominated by respondents who are included in the category of quite perfectionists. This shows that expectation for others is one of the triggers for a mother's perfectionism. Mothers will tend to have high expectations of health workers and family members in ensuring that children get immunizations according to schedule. This expectation will be a positive motivation where mothers will be more active in seeking information, remembering the immunization schedule and ensuring that children get good service.

The results of the study on the

characteristics of perfectionist mothers in the aspect of others expectation are dominated by respondents who are included in the category of quite perfectionists. This shows that this aspect greatly influences a mother's perfectionism, the tendency for mothers to have high expectations of health workers and the surrounding environment in supporting children's immunization schedules. This expectation can be a positive factor for a mother to be more active, for example in seeking information, remembering the immunization schedule and ensuring that children get optimal health services. If this expectation is achieved, the level of compliance with immunization is higher, but if it is not achieved, it is possible for a mother to be hesitant or disappointed and will potentially affect the sustainability of children's immunization.

The results of the study on the characteristics of perfectionist mothers in the chronic pressure aspect were dominated by respondents who were included in the moderately perfectionist category. This shows that this aspect has an influence on the perfectionist attitude of mothers. Mothers who experience continuous pressure can influence their decisions in ensuring complete infant immunization. Mothers with chronic pressure feel that they must always meet high standards in caring for their children, including in providing immunizations. This pressure can come from various factors, such as social expectations, information from health workers and comparisons with other mothers.

The results of the study on the characteristics of perfectionist mothers in mothers who have 12-month-old babies in the Palang Health Center work area in December 2024 showed that most respondents were included in the moderately perfectionist category. Based on the results of the study and existing theories, the researcher argues that the factors that can influence a mother to have a perfectionist attitude come from personal factors, social factors and information factors obtained by a mother in being prepared to care for her child to improve the child's health.

#### **Identification of Complete Basic**

#### **Immunization for 12-Month-Old Babies in the Palang Health Center Work Area**

Based on the results of research conducted by researchers using KIA book observations with complete and incomplete categories for mothers who have 12-month-old babies in the Palang Health Center work area in table 5.6, it was found that out of 252 (100%) respondents, almost all of them provided complete basic immunization to their babies, namely 225 respondents (89.3%).

This is in line with previous research conducted by Nelly (2023) entitled "Factors Related to Providing Complete Basic Immunization in Jambi City". The results of this study indicate that there is no significant relationship between the mother's last job and education factors and the completeness of complete basic immunization. This is also in line with research from Melly (2022) which states that there is no significant relationship between age and parity factors and the completeness of complete basic immunization in babies. This study emphasizes the importance of providing complete basic immunization to babies without having to pay attention to any factors.

Complete basic immunization is important to be given to babies up to 12 months old to prevent exposure to viruses that can cause disease. The immunization program carried out can aim to build the baby's immune system so that it can fight dangerous viruses. Complete basic immunization given to babies consists of seven types, namely Hepatitis B, BCG, DPT-Hb-HiB, Polio, PCV, Rotavirus and measles rubella. By getting complete and timely immunization, babies have a greater chance of growing up healthy and avoiding complications due to diseases that can actually be prevented by vaccination.

Although complete basic immunization has been proven effective in preventing disease, there are still several challenges in its implementation, such as parental negligence with the posyandu and immunization schedules, limited access, lack of parental knowledge about the importance of immunization and the existence of mistaken beliefs about side effects

after immunization. Therefore, the role of health workers, government, society and families is important in raising awareness and ensuring that babies get complete basic immunization. Providing counseling and education plays a very important role regarding the benefits of basic immunization so that parents better understand the importance of immunization for their children. With high immunization coverage, not only individuals are protected, but also the community as a whole.

The results of the study conducted by the researcher showed that almost all respondents with babies who had complete basic immunization were aged 20-25 years. Age is not one of the factors that influences the provision of complete basic immunization, so that age is only a demographic data for the study. This is in line with previous studies which stated that there is no significant relationship between the completeness of basic immunization and age. However, there is a possibility that factors such as personal factors, social factors and information from parents support the completeness of basic immunization.

Age is often considered as one of the factors that can influence decision-making related to children's health, including providing complete basic immunization. However, in reality, age has no influence on providing complete basic immunization to babies. This shows that the mother's age does not always determine their level of attention or awareness of the importance of child immunization. In addition, older mothers may have more experience but this is not always directly proportional to the completeness of children's basic immunization.

On the other hand, young mothers who have access to information and sufficient support from family or health workers often show more proactive behavior in completing their children's basic immunization. Given the reality, the success of basic immunization is also influenced by government policies, health education programs and the availability of immunization services rather than the mother's age. which means that although the mother's age is related to a certain developmental phase, it does not directly determine the completeness of

the child's basic immunization. Therefore, the focus in ensuring the completeness of basic immunization is met is not entirely from the age factor but in providing information evenly, easily accessible services and adequate social support. This strategy is likely to be effective in increasing the coverage of children's basic immunization.

The mother's age also does not always reflect her personality characteristics, such as perfectionism. Young mothers who are perfectionists are likely to be more focused on their children's immunizations than older mothers who do not have these traits. This shows that the mother's personality is more relevant than the age factor. In addition, mothers with strong social support from their partners, family or environment will tend to have a higher level of compliance with children's basic immunizations. This support has a greater influence than the mother's age in ensuring that children's basic immunizations are met on time.

Furthermore, the results of the study showed that almost all respondents with the category of complete basic immunization of their babies had a high school/equivalent education. Education is likely to be a factor influencing mothers in providing basic immunization, but in reality education is not the main factor that can influence it. Thus, the last education is only one of the demographic factors of the study. This is in line with previous studies which showed that there was no significant relationship between the last education and the completeness of basic immunization in infants. However, there is a possibility of factors such as personal factors, social factors and information from parents that support the completeness of basic immunization.

Education is not only limited to formal education but also involves non-formal education. In relation to immunization, it can be through education or health counseling, training and other information media. So that maternal education does not have a significant influence on the provision of basic immunization in infants. The reality shows that information about basic immunization has most likely been

provided evenly in the community. The intensive dissemination of information from the government and health workers allows mothers from various levels of education to have equal access to knowledge. This can also reflect that the accessibility of immunization services in the Palang Health Center work area reduces the influence of the mother's education level.

This indicates that the mother's awareness factor regarding the importance of providing basic immunization for babies is more relevant. Even mothers with low levels of education can have high awareness if they understand the importance of providing immunization for babies. Social, cultural or environmental factors can also be a balancing factor for the role of education in the health sector. Support from family, society and partners is also likely to be more influential than the mother's education itself.

In addition, mass media and public education programs regarding immunization also contribute to minimizing the information gap between mothers with various levels of education. Information that is well disseminated makes immunization a child health priority for all groups. The provision of equitable information and an effective community-based approach are very important in encouraging complete immunization regardless of the mother's educational background. A well-structured immunization program, such as an immunization schedule, digital reminders and monitoring by health workers, means that the role of formal education does not have to be a requirement for babies to receive complete basic immunization. Thus, all mothers with high or low educational backgrounds can get equal access to information.

Furthermore, the results of the study showed that almost all respondents who provided complete basic immunization for their babies worked as housewives. If observed, work is not the main factor that can influence the completeness of basic immunization for babies. This shows that work is only a demographic factor in the study. This is in line with previous studies which stated that there is no significant relationship between work and complete basic immunization in infants. However, there is a

possibility that factors such as personal, social and information factors from parents support the completeness of basic immunization.

The results of the data analysis obtained showed that there was no significant relationship between the mother's work factor and the completeness of basic immunization. Work is often assumed to influence a person's health behavior, including a mother's ability to meet her child's basic immunization needs. However, in reality, it shows that the mother's work does not affect the mother in providing basic immunization. The absence of this significant relationship can indicate that both mothers who work formally or informally have equal access to immunization services. So that the mother's work factor does not affect a mother's priority for her child's health.

Working mothers often face challenges in balancing work obligations and household responsibilities. However, in reality, there is no indication that a working mother is able to manage their time to ensure that their child gets immunization on time. In this case, it can also reflect that immunization facilities are widely available, even for mothers who have limited time due to work. Thus, a flexible immunization schedule allows mothers with various employment statuses to be able to complete their children's immunizations properly. Although mothers' work often takes up a lot of time and energy, a mother can still prioritize her child's health.

Furthermore, the results of the study showed that almost all respondents who provided complete basic immunizations to their babies were parity three children. Parity is not one of the determining factors for the completeness of basic immunization in babies. This shows that the parity factor is only a demographic factor in the study. This is in line with previous studies that there is no significant relationship between parity and the completeness of basic immunization in babies. However, there is a possibility that factors such as personal, social and information factors from parents support the completeness of basic immunization.

The results of the data analysis showed that there was no significant correlation

between parity and the completeness of basic immunization. Basic immunization is one of the preventive efforts that has many determinant factors, such as parental awareness, available information, and the ability to access adequate health facilities. Therefore, although parity is related to the mother's experience in the reproductive field, it does not rule out the possibility that parity does not guarantee that the mother will provide complete basic immunization. Although no statistically significant relationship was found, this finding can provide a warning about the importance of taking a more holistic approach in developing an immunization program. This means that the planning and implementation of the immunization program must accommodate the diversity of maternal and child conditions, regardless of the mother's parity status.

Given the gap in knowledge about immunization that may still exist in the community, especially for mothers who have many children and are at high risk of not getting equal access to information properly. Although the mother's experience of giving birth varies, mothers who give birth to many children may have various personal reasons that influence immunization decisions, both from personal, social and information factors. In addition, mothers with high parity often have their own obligations and challenges in managing time, resources and attention for each child. So that immunization must often compete with other priorities that are not related to the mother's parity level.

The results of this study also show that a small number of respondents are included in the category of incomplete in providing complete basic immunization to their babies. This can happen most likely because of negligence regarding the schedule for implementing posyandu or immunization, lack of information obtained by the mother or family and lack of readiness of the mother in providing the best care for her child. These factors will have a significant influence on the completeness of the child's basic immunization. So it is likely that the child will not get complete immunization.

In addition, factors that can affect the completeness of complete basic immunization in

babies are the mother's attitude in motivating herself to immunize her child. Sometimes there is still a misunderstanding of the side effects that children get after being given immunization, such as in the administration of DPT-Hb-HiB and Polio immunizations because they have quite severe side effects compared to other basic immunizations. So mothers are reluctant to provide immunization for various reasons. Thus, there are still babies who are not complete for their basic immunization.

The results of the study on mothers who have 12-month-old babies in the Palang Health Center work area in December 2024 showed that almost all respondents provided complete basic immunization to their babies. Based on the results of the study and existing theories, researchers argue that factors that can influence the completeness of basic immunization in babies come from mothers, both from personal factors, social factors and information obtained by the mother.

#### **Analysis of the Correlation between the Characteristics of Perfectionist Mothers and the Completeness of Complete Basic Immunization in 12-Month-Old Babies in the Palang Health Center Work Area**

Based on the results of research that has been conducted using a questionnaire in a questionnaire sheet and KIA observations regarding the Relationship between the Characteristics of Perfectionist Mothers and the Completeness of Complete Basic Immunization in 12-Month-Old Babies in the Palang Health Center Work Area. When viewed from the results of the Chi Square test analysis, it shows a significance value of 0.000 ( $<0.05$ ), meaning that there is a significant relationship between the characteristics of perfectionist mothers and the completeness of complete basic immunization in 12-month-old babies in the Palang Health Center work area. Based on table 5.7, it was found that out of 252 (100%) respondents, 102 (100%) all had perfectionist characteristics with a complete level of basic immunization.

The results of this study are consistent with the study conducted by Azril and Afifah

(2022) entitled "The Correlation between the Characteristics of Perfectionist Mothers and the Completeness of Complete Basic Immunization in 12-Month-Old Infants at the Kuranji Health Center, Padang City". The results of this study indicate a significant relationship between the characteristics of perfectionist mothers and the completeness of complete basic immunization in 12-month-old infants at the Kuranji Health Center, Padang City.

Based on the results of the study, there were 102 respondents in the perfectionist category whose basic immunization was complete. This means that perfectionist respondents have fulfilled and completed basic immunization according to schedule and the higher the level of perfectionism, the greater the likelihood that the child will be given complete basic immunization. The results of this study indicate that perfectionist mothers tend to be more careful and disciplined in meeting their children's health needs, including providing complete basic immunization on time. Perfectionist characteristics make them more careful in seeking information, following procedures recommended by health workers, and ensuring that their children get maximum protection from diseases that can be prevented by vaccination.

Perfectionist characteristics can be associated with a proactive attitude in managing their baby's health. They are more likely to plan well, make notes of immunization schedules and are not easily influenced by invalid information about immunization. However, challenges experienced by perfectionist mothers remain, such as excessive anxiety related to vaccine side effects or worry if the immunization procedure is not carried out properly. Therefore, the role of health workers is important in supporting mothers to understand that the benefits of vaccines outweigh the risks.

The results of the study showed that there were 116 mothers with fairly perfectionist characteristics who provided complete basic immunization and there were 19 mothers who were incomplete in providing basic immunization. Complete immunization coverage can be influenced by many factors. Influencing factors can come from the mother or

family who care for their child. These factors can come from within the mother or personal, social both from family and society and the environment, as well as information that the mother obtains well.

Mothers with perfectionist characteristics also tend to have a higher level of accuracy and attention to their baby's health. This makes them more obedient and disciplined in ensuring that their babies get immunizations according to the schedule that has been set. Most likely, mothers with perfectionist characteristics have a high level of discipline, they are more consistent in arranging their baby's immunization schedule, in addition to having more detailed attention, namely they are more careful in reading and understanding the immunization guidelines provided by health workers. Perfectionist mothers are also likely to have a strong motivation in maintaining and caring for their child's health.

Although a mother's age, occupation, education and parity are not the main factors in perfectionist characteristics, in reality these greatly influence the mother's motivation in providing complete basic immunizations to her baby. With the decisions taken by a mother in acting, it can provide strength that a perfectionist attitude also has a positive impact on children's health. A perfectionist attitude is also often associated with a person's ability to carry out better planning, including in terms of providing optimal health care for their children.

Mothers with perfectionist characteristics will also be more disciplined in paying attention to everything related to their children, especially in providing immunizations. Mothers will tend to pay attention to the schedule that has been obtained, ensuring that all stages of immunization have been carried out according to the recommendations of health workers, so that this attitude will encourage mothers to be more active in seeking reliable information about the benefits of immunization and the potential risks if the immunization schedule is not met or missed. In addition, perfectionist mothers often have greater attention to detail and compliance with medical guidelines. They not only follow the directions of health workers, but also tend to evaluate information critically

to ensure that the actions taken are best for their children. This can include using special records to track immunization schedules, keeping children's medical documentation properly, and asking health workers in-depth questions regarding the effectiveness and safety of immunization.

Meanwhile, in the 19 respondents with the category of quite perfectionists but their basic immunizations were incomplete, they most likely underestimated the importance of basic immunizations for their children. They assume that their children will remain healthy even without basic immunizations. Another factor that causes the possibility is inadequate family support and being too anxious in meeting the expectations of the surrounding environment, making mothers stressed in facing these demands to be achieved. In the end, mothers cannot carry out the standards set in caring for their children.

Based on the results of the study, it was shown that as many as 7 respondents had non-perfectionist characteristics but their babies' basic immunizations were complete and there were 8 respondents whose basic immunizations were incomplete. This means that there are still respondents who do not have perfectionist characteristics who still complete their babies' basic immunizations, while the other 8 do not complete their babies' basic immunizations. The results of this study indicate that even though mothers who are not perfectionists can still fulfill their obligations in providing basic immunizations to their babies. The level of compliance of a mother tends to be more varied compared to mothers who have perfectionist traits. Other factors that can influence include awareness of the importance of immunization, support from family and health workers, and access to health facilities can also influence their decision to provide complete basic immunization.

In addition, respondents who do not fulfill complete basic immunization for their babies and also do not have perfectionist characteristics indicate that there are still challenges in basic immunization coverage. It is possible that this group faces obstacles such as lack of information, being too busy, and lack of

motivation in ensuring that babies get basic immunization on time. These factors emphasize the importance of more effective education and counseling strategies and a more personal approach in increasing immunization compliance. Of the several respondents who have non-perfectionist characteristics, it is likely that they do not have high standards like perfectionist mothers in caring for their children. However, this does not mean that mothers who have non-perfectionist characteristics are unable to care for their children well, but they have their own standards in maintaining or caring for their children.

Thus, it can be said that the more perfectionist a mother is, the greater the potential for babies or children to receive complete basic immunization. This shows that perfectionism is not only focused on the mother herself, but also seeks to utilize external resources to support the health of the child. So that this perfectionist characteristic also provides a positive contribution to the success of the implementation of complete basic immunization in infants, which will be an important step in creating a healthier generation.

## CONCLUSION

Based on data collection, data analysis results, and discussion of this study, the following conclusions can be drawn:

1. The characteristics of perfectionist mothers in 12-month-old infants in the Palang Health Center work area are mostly quite perfectionist.
2. The completeness of complete basic immunization in 12-month-old infants in the Palang Health Center work area is almost entirely complete.
3. The relationship between the characteristics of perfectionist mothers and the completeness of complete basic immunization in 12-month-old infants in the Palang Health Center work area shows a significant relationship.

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