

## DESCRIPTION OF FACTORS AFFECTING THE COVERAGE OF TETANUS TOXOID IMMUNIZATION IN PREGNANT WOMEN IN THE WORKING AREA OF THE RAMBIHA SANGKULA HEALTH CENTER FOR THE JANUARY-APRIL 2023 PERIOD

Ririn Putri Handayani<sup>1</sup>, Devi<sup>1</sup>, Dewi Susianti<sup>1</sup>

<sup>1</sup>Master of Public Health Study Program, Faculty of Public Health Sciences, Mandala Waluya University, Kendari.

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#### Corresponding Author:

Ririn Putri Handayani

Email:

[ririnputrihandayani88@gmail.com](mailto:ririnputrihandayani88@gmail.com)

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### ABSTRACT

*This study aims to describe the factors that affect the coverage of tetanus toxoid (TT) immunization in pregnant women in the working area of the Rambiha Sangkula Health Center for the January-April 2023 period. Tetanus toxoid immunization is important to prevent tetanus disease in mothers and babies who will be born. This study uses a descriptive method with a total sample of 35 pregnant women taken through the total sampling technique. Data were collected through questionnaires and analyzed descriptively in the form of frequency and percentage distributions. The results of the study show that the coverage of TT immunization in pregnant women in this region is still low. Of the 35 respondents, as many as 10 people (28.57%) have received complete TT immunization, while 25 people (71.43%) have not received complete TT immunization. Factors such as knowledge, work, and husband support have a significant influence on TT immunization coverage. As many as 42.85% of pregnant women have good knowledge about TT immunization, but only 60% of them get immunized. Pregnant women who do not work have higher immunization coverage (42.86%) than working mothers. Husband's support is also an important factor, where 53.3% of mothers supported by their husbands receive TT immunization, while only 10% of mothers who do not receive husband's support receive immunization. This study concludes that the coverage of TT immunization for pregnant women in the working area of the Rambiha Sangkula Health Center still needs to be improved, especially by increasing maternal knowledge, providing support from husbands, and ensuring that pregnant women, especially those who work, have time to check their pregnancy and get immunized.*

### INTRODUCTION

Immunization is one of the important programs in the world of health because it can reduce the risk of infectious diseases, disability, and even death. Since the introduction of the immunization program in Indonesia in 1956, its coverage has continued to expand with the aim of protecting the public from various diseases that can be prevented by immunization, such as tuberculosis, diphtheria, tetanus, and polio. One of the important immunizations for pregnant women is tetanus toxoid (TT) immunization, which functions to protect mothers and babies from tetanus disease(1,3).

Although important, TT immunization coverage in Indonesia, especially among pregnant women, is still low and has not reached the target set by the government(2,13). Based on data from the

Indonesian Health Profile in 2021, the coverage of TT1 immunization for pregnant women is still very low, even for TT5 the coverage is only 12.5%, down from 2020 which reached 15.8%. TT immunization coverage in the Southeast Sulawesi region in 2020 also showed a low figure with TT1 coverage of 0.1%, TT2 of 3.2%, and TT5 of only 1.0%.

In the working area of the Rambiha Sankula Health Center, the coverage of tetanus toxoid immunization for the January-April 2023 period is also still low, namely only 35 pregnant women out of a total of 104 targets who have received TT immunization. This study aims to describe the factors that affect the coverage of tetanus toxoid immunization in pregnant women, such as knowledge, employment, and husband support(4,14). The results of this study are expected to contribute to increasing the coverage of TT immunization and assist health workers in reducing maternal and infant mortality rates related to tetanus(5,6,7).

This study revealed that TT immunization coverage based on knowledge showed that 42.85% of pregnant women had good knowledge about TT immunization, but only 60% of those who got immunized(8). In terms of work, only 7.14% of working mothers get TT immunization, while 42.86% of non-working mothers get it. Husband's support also plays an important role, with 53.3% of mothers supported by their husbands immunized, while only 10% of those who do not have husband's support receive immunization.

## METHODOLOGY

This study uses a type of descriptive research with the aim of describing the factors that affect the coverage of tetanus toxoid (TT) immunization in pregnant women in the working area of the Rambiha Sankula Health Center. This research was conducted with a survey approach using a structured questionnaire to collect data from respondents. The subjects of the study were all pregnant women who received tetanus toxoid immunization in the working area of the Rambiha Sangkula Health Center during the January-April 2023 period, with a total sample of 35 people taken through the total sampling technique.

The research was carried out in June 2023 in the working area of the Rambiha Sankula Health Center. The dependent variable in this study is the coverage of tetanus toxoid immunization in pregnant women, while the independent variable consists of knowledge, work, and husband support. The operational definition of these variables includes the coverage of tetanus toxoid immunization as the status of TT immunization for pregnant women, knowledge as information that mothers have about the importance of TT immunization, work as a status of whether the mother works or not, and husband support as an encouragement given by the husband in encouraging mothers to receive TT immunization.

The research instrument used was a structured questionnaire, in which respondents were asked to check the options that matched their answers. The collected data is then processed through several stages, including editing to evaluate the completeness of filling out the questionnaire, scoring to provide assessment on the questionnaire answers, and tabulating to manage the data that has been processed and presented in the form of a frequency distribution table. Data analysis is carried out descriptively and presented in the form of percentages.

This research was carried out through several stages, namely the preparation stage by taking care of a research license at the Paramata Raha Midwifery Academy, Muna Regency, the implementation stage by visiting the respondents' homes to distribute questionnaires and conduct interviews, and the data processing stage presented in the frequency distribution table. The last stage is the writing of scientific papers that present reports from the research results.

## RESULTS AND DISCUSSION

This research was carried out in the working area of the Rambiha Sangkula Health Center in June 2023, involving 35 pregnant women as respondents. Based on the results of the study, it was found that the factors of knowledge, work, and husband support have an influence on the coverage of tetanus toxoid (TT) immunization in pregnant women.

### **Knowledge**

Of the 35 respondents, as many as 15 pregnant women (42.86%) had good knowledge about TT immunization. Of those with good knowledge, 9 people (60%) get TT immunization, while 6 people (40%) do not get it. In pregnant women who have enough knowledge, as many as 1 person (12.5%) get TT immunization, while 7 people (87.5%) do not get it. On the other hand, 12 pregnant women (34.29%) who had less knowledge did not get TT immunization at all.

### **Occupation**

Occupational factors also affect the coverage of TT immunization. A total of 14 pregnant women (40%) worked, only 1 person (7.14%) received TT immunization, while 13 people (92.86%) did not get it. On the other hand, in pregnant women who do not work, as many as 9 people (42.86%) get TT immunization, while 12 people (57.14%) do not get it.

### **Support Husband's**

Support has a significant influence on TT immunization. A total of 15 pregnant women (42.86%) received support from their husbands, 8 people (53.3%) received TT immunization, while 7 people (46.6%) did not get it. Meanwhile, of the 20 pregnant women (57.14%) who were not supported by their husbands, only 2 people (10%) received TT immunization, and 18 people (90%) did not get it.

### **Discussion**

Pregnant women's knowledge is one of the important factors that affect TT immunization coverage. Mothers who have good knowledge of the benefits and goals of immunization tend to be more motivated to carry out complete immunization(7,8). The results of this study are in line with the theory put forward by Syamson and Fadriyanto (2018) that the higher a person's knowledge, the greater the interest in carrying out the recommended health measures(12).

The work factor shows that pregnant women who work tend to be busier and do not have time to do pregnancy checkups, including getting TT immunizations. This is supported by the theory put forward by Samiastuti (2016), which states that working mothers often have limited time to check their health(11).

Husband's support is also a crucial factor in determining the actions of pregnant women related to TT immunization(9). Husband's support, both physically and mentally, can strengthen the mother's motivation to undergo immunization. According to the healthy behavior theory put forward by Green and Kreuter, support from the husband has an important role in encouraging mothers to live positive health behaviors, including TT immunization.

## **CONCLUSION**

Based on a study of 35 pregnant women regarding the coverage of tetanus toxoid (TT) immunization in the working area of the Rambiha Sankula Health Center, it can be concluded that 28.57% of respondents have received complete TT immunization, while 71.43% have not completed their immunization. Factors that affect TT immunization coverage include knowledge, employment, and husband support. The majority of mothers who have good knowledge about immunization, as many as 42.85%, are more likely to get immunization. On the other hand, mothers who do not work have better immunization coverage than working mothers. In addition, husband support proved to be very important, where pregnant women who did not receive support from their husbands tended to have lower immunization coverage.

To increase the coverage of TT immunization, pregnant women, especially those who work, are advised to pay more attention to the time balance so that they can still check their pregnancy at a health facility. Husbands are also expected to provide full support so that wives are more motivated to undergo immunizations. For health workers, the results of this study can be used as input to improve education and immunization services for pregnant women. In addition, educational institutions can use the results of this research as a reference in teaching and further research. For future researchers, it is recommended to include other factors such as economic conditions that may also affect TT immunization coverage.

## REFERENCES

1. Aulia, R. R. (2013). *TT immunization in pregnant women*. Accessed from <http://rizkiauliarahmawati2012.blogspot.com/2013/10/materi-imunisasi-tt-pada-ibu-hamil.html>
2. Bobak, I. (2015). *Maternity Nursing Textbook*. Jakarta: EGC.
3. Ministry of Health of the Republic of Indonesia. (2010). *Tetanus Immunization*. Jakarta: Ministry of Health of the Republic of Indonesia. Accessed from <http://www.depkes.go.id>
4. Green, L. W., & Kreuter, M. W. (1980). *Health Education Planning: A Diagnostic Approach*. California: Mayfield Publishing.
5. Harahap, S. R. (2022). *Factors Related to the Administration of TT Immunization to Pregnant Women in the Working Area of the Pinangsori Health Center, Central Tapanuli Regency in 2021*.
6. Ministry of Health of the Republic of Indonesia. (2020). *Indonesian Health Profile 2019*. Jakarta: Ministry of Health of the Republic of Indonesia.
7. Ministry of Health of the Republic of Indonesia. (2017). *Regulation of the Minister of Health Number 12 of 2017 concerning the Implementation of Immunization*. Jakarta: Ministry of Health of the Republic of Indonesia.
8. Musfirah, M., Rifai, M., & Kilian, A. K. (2021). *Factors Affecting Tetanus Toxoid Immunization Compliance in Pregnant Women*. *Sandi Husada Health Scientific Journal*, 10(2), 347-355.
9. Notoadmojo, S. (2003). *Health Education and Behavior*. Jakarta: Rineka Cipta.
10. Nurmawati, & Munawaroh. (2017). *Factors Associated with Tetanus Toxoid Two (TT2) Immunization in Pregnant Women in the Third Trimester at the Kemuning Health Center, Cimanggis Village, Bojong Gede District, Bogor Regency*. *Journal of Science and Culture*, 40(55), 6405-6420.
11. Samiastuti. (2016). *Factors Affecting Pregnant Women's Compliance in the Implementation of TT Immunization at Kasihan II Health Center, Bantul*. *Journal of Health Sciences*, 53(9), 1689–1699.
12. Syamson, M. M., & Fadriyanto. (2018). *Factors Related to the Administration of Tetanus Toxoid (TT) Immunization to Pregnant Women in the Working Area of the Rappang Health Center, Sidrap Regency in 2017*. *Scientific Journal of Health Diagnosis*, 12(2), 177-181.
13. World Health Organization (WHO). (2017). *Monitoring Health for the SDGs (Sustainable Development Goals)*. Geneva: World Health Organization.
14. World Health Organization (WHO). (2015). *Distance of Tetanus Toxoid Immunization*. Chouhan MS, Pujari J. *Nurses' Knowledge and Role on Care of Children with Thalassemia*. *Int J Heal Sci Res*. 2021;11(3):156–6