Journal Health of Indonesian
Volume 2 , Number 01, 2024, DOI 10.58471/ health.v2i01
ESSN 2987-0313 (Online)
https://paspama.org/index.php/health

Factors influencing midwives in providing Hepatitis B immunization for newborns in the Bitefa health center working area

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Article Info
Keywords:
Prevalence,
Hepatitis,
Immunization,
Midwife,
Multivariate

ABSTRACT
The prevalence of Hepatitis B in Indonesia is due to delays in immunization. The risk of chronic hepatitis B is much greater when infection occurs early in life compared to infection that occurs in adulthood. The purpose of the study was to determine the factors that influence midwives in providing Hepatitis B immunization to newborns in the Bitefa Health Center Working Area. This type of research is a survey with a cross sectional method. The study population was all mothers who gave birth in the working area of the Bitefa Health Center assisted by midwives as many as 102 people, and the entire population was used as a research sample. Data analysis used was univariate, bivariate with Chi Square test, and multivariate with multiple logistic regression test. The results showed the provision of hepatitis B immunization in newborns by midwives as many as 37 people (36.3%), while those who did not provide hepatitis B were 65 people (63.7%). The results showed that motivation (p=0.036), midwife ability (p=0.031) and midwife perception (p=0.031) influenced the provision of Hepatitis B immunization. From the results of multivariate analysis obtained the variable that has the greatest influence is the ability of midwives with an Exp B value = 2.899. Research conclusion is the low immunization coverage is due to the lack of information obtained by mothers from health workers, especially midwives regarding hepatitis B immunization. Suggestions need to improve health services, especially antenatal care checks and provide information to mothers about the importance of complete basic immunization, especially hepatitis immunization.

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INTRODUCTION

Immunization in the National Health System is a form of health intervention that is very effective in reducing infant and toddler mortality rates. The main basis of preventive health services is the main priority by immunizing babies, toddlers and children, not only providing protection to the child but also having an impact on other children, because providing immunization in general will reduce the causes of infection.

The prevalence of Hepatitis B in Indonesia is caused by delays in immunization. There are still many cases of hepatitis B transmission from mothers giving birth to babies, which

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is the main cause. The high level of vertical transmission from mother to baby is caused by delays in administering Hepatitis B vaccination to their babies.

Based on a number of studies conducted, 50% of pregnant women who suffer from hepatitis B are at high risk of transmitting the disease to their babies. The majority of virus transmission to babies occurs during the birth process. 90% of babies who have been infected with the hepatitis B virus since infancy will develop chronic hepatitis, so the disease will be in their bodies throughout their lives and only about 10% of this group can be cured.

Based on a preliminary survey conducted in the Bitefa Community Health Center Working Area, of the 7 mothers who had babies, only 1 mother had the baby receive hepatitis B immunization, and of the 9 midwives there were 7 midwives who did not provide Hepatitis B immunization to newborns on the grounds that it was from the mother's side. , the mother objected because her baby was being injected, another reason was that according to the midwife, Hepatitis B immunization for newborn babies was only given to babies with problems and babies who had poor immunity, even though the midwife did not know which babies had good immunity or not. No further examination was carried out on the baby, there were several problems related to the low performance of midwives in providing services, especially immunizations, including: 1) Ability and expertise of midwives, 2) Quality of health resources, 3) Motivation for midwives' work, 4) Reward. Meanwhile, mothers stated that they did not know enough information about hepatitis B immunization and its benefits for the mother's baby.

METHODS

Method of collecting data

a. Primary data
   Primary data is data collected by researchers directly by distributing questionnaires to respondents to fill in themselves by first explaining how to fill it in. The structured interview instrument prepared in the form of a prepared questionnaire includes variables that influence midwives in providing Hepatitis B Immunization to newborns, where validity and reliability tests will first be carried out.
b. Secondary Data
   Secondary data was obtained from data reports from the Bitefa Community Health Center, North Central Timor Regency, and the East Nusa Tenggara Provincial Health Service in the form of data regarding the achievement of Hepatitis B immunization and the number of newborns, as well as the number of mothers giving birth who subsequently became respondents in this study.

Data Validity and Reliability Test

The feasibility of using instruments to be used for research requires validity and reliability tests. Validity comes from the word validity which means the extent to which an instrument is accurate and meaningful in measuring a question. An instrument is said to be valid if the instrument can measure what it is supposed to measure. Likewise, a questionnaire as a measuring tool must measure what it wants to measure. Testing the

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validity of an instrument (in a questionnaire) is carried out by correlating between variable or item scores and the total variable score (Corrected Item Total Correlation), provided that if the corrected item total correlation value is > than the r table value if (=0.361 at a significance level of 5 %, df= 28) then it is declared valid. And if r count < r table then it is declared invalid.

Reliability testing was carried out after all data was declared valid, the analysis continued with reliability testing. Data reliability is an index that shows the extent to which a measuring instrument can be trusted accurately using the Cronbach's Alpha method provided that if the r-alpha value is > 0.60 then the statement is said to be reliable.

Table 1. Validity and Reliability Test Results

Variable	Corrected Item Total Correlation	Status	Cronbach's Alpha	Status
Midwife motivation 1	0.687	Valid	0.846	Reliable
Midwife motivation 2	0.796	Valid		
Midwife motivation 3	0.447	Valid		
Midwife motivation 4	0.655	Valid		
Midwife motivation 5	0.571	Valid		
Midwife motivation 6	0.618	Valid		
Midwife's abilities 1	0.584	Valid	0.751	Reliable
Midwife's abilities 2	0.417	Valid		
Midwife's abilities 3	0.543	Valid		
Midwife's abilities 4	0.538	Valid		
Midwife's abilities 5	0.404	Valid		
Midwife's abilities 6	0.473	Valid		
Midwife's perception 1	0.838	Valid	0.923	Reliable
Midwife's perception 2	0.497	Valid		
Midwife's perception 3	0.812	Valid		
Midwife's perception 4	0.818	Valid		
Midwife's perception 5	0.700	Valid		
Midwife's perception 6	0.853	Valid		
Midwife's perception 7	0.853	Valid		
Midwife's perception 8	0.766	Valid		

*) data source: Author's data processing results

Test the validity and reliability of the research questionnaire carried out at the Community Health CenterSasiKefamenanu City for 30 mothers who had the same characteristics as the research locationIt was found that all questions were variablemotivation, abilities and perceptions of midwiveshas a corrected item total correlation value>0.361 and a Cronbach alpha value> 0.60, then it can be concluded that all questions are valid and reliable.

Variables and Operational Definitions

a. Variabel

The dependent variable in this study is Hepatitis B Immunization for Newborn Babies. The independent variables in this research are motivation, ability and perception.

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b. Operational definition

Giving Hepatitis B Immunization is giving Hepatitis B Immunization to babies 0-7 days after the baby is born, categorized as:

- Yes, if the mother's baby gets hepatitis B immunization
- No, if the baby is not given hepatitis B immunization

Motivation is an assessment given by the mother regarding motivation (the midwife's great desire to provide hepatitis B immunization, categorized as:

- Always, every time a newborn visits the midwife, the midwife conveys her motivation for providing hepatitis B immunization
- Often, midwives never convey motivation regarding giving hepatitis B immunization when visiting neonates
- It is rare for the midwife to only convey motivation about giving hepatitis B immunization once during the neonatal visit
- Never, from a midwife's neonatal visit, has there been no motivation regarding the provision of hepatitis B immunization

Ability is an assessment given by the mother regarding the midwife's ability (competence) in providing hepatitis B immunization, categorized as:

- Always, at every neonatal visit the midwife shows good skills in providing hepatitis B immunization
- Frequently, if the midwife visits the neonate once, they do not demonstrate good ability in administering hepatitis B immunization
- Rarely, if the midwife only visits the neonate once, they show good skills in providing hepatitis B immunization
- Never, from the midwife's neonatal visit, does anyone appear to have good skills in administering hepatitis B immunization

Perception is the assessment given by the mother regarding the midwife's response/view in providing hepatitis B immunization, categorized as:

- Always, every time a newborn visits the midwife, the midwife conveys her perception of providing hepatitis B immunization
- Frequently, if the midwife visits the neonate once, they do not convey their perception regarding the provision of hepatitis B immunization
- Rarely, if the midwife only visits the neonate once, she conveys her perception regarding the provision of hepatitis B immunization
- Never, from a midwife's neonatal visit, has there been no perception regarding the provision of hepatitis B immunization

Measurement Method

The measurement method in this research is as follows:

Table 2. Methods for measuring independent variables and dependent variables

Variable	Category	Measuring Scale
Providing Hepatitis B Immunization	Yes, if the baby gets Hepatitis B Immunization from the midwife. No, if the baby does not receive Hepatitis B	Ordinal

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Variable	Category	Measuring Scale
	Immunization from the midwife.	
Motivation (X1)	OK, if the respondent answers a score ≥50% of the total score (15-24)	Ordinal
	Not good, if the respondent answers a score <50% of the total score (6-14)	
Ability (X2)	OK, if the respondent answers a score ≥50% of the total score (15-24)	Ordinal
	Not good, if the respondent answers a score <50% of the total score (6-14)	
Perception (X3)	Good, if the respondent answers a score ≥50% of the total score (20-32)	Ordinal
	Not good, if the respondent answers a score <50% of the total score (8-19)	

*) data source: Author's data processing results

RESULTS AND DISCUSSION

Results

Univariate Analysis

The univariate analysis examined in this study includes independent variables, namely midwife motivation, midwife ability and midwife perception. The dependent variable is the provision of hepatitis B immunization.

Motivation for Providing Hepatitis B Immunization

Midwives' motivation for mothers regarding hepatitis B immunization, namely 17 people (16.7%) stated that midwives always explain hepatitis B immunization to mothers, while 28 people (27.5%) said they never did. There is10 people (9.8%)stated that midwives always explained that they continued to provide hepatitis B immunization, even though there was resistance from the mother, while those who said they never did were 23 people (22.5%). A total of 15 people (14.7%) stated thatMidwives always explain that giving immunizations to babies is to achieve the program, while those who said they never did were 16 people (15.7%). There were 13 people (12.7%) who stated that alwaysThe midwife explained that all babies must receive hepatitis B immunization, while those who said they never did were 17 people (16.7%). A total of 11 people (10.8%) stated thatMidwives always explain that they give hepatitis B immunization because they want to get an award, while 22 people (21.6%) stated that they never said thatMidwives always provide immunizations, including mandatory programs, while those who said they never did were 23 people (22.5%).Respondents' answers regarding the motivational statements given by midwives to mothers regarding providing hepatitis B immunization in the Bitefa Community Health Center Work Area can be seen in Table 3 below:

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Table 3. Distribution of Motivation for Providing Hepatitis B Immunization in the Bitefa Health Center Working Area

Statement	Always		Often		Seldom		No Once		Total	
	n	%	n	%	n	%	N	%	n	%
Midwife's explanation about giving hepatitis B immunization to mothers' babies so that babies avoid jaundice	17	16.7	33	32.4	24	23.5	28	27.5	102	100
The midwife explained that the mother must continue to provide hepatitis B immunization to the mother's baby even if there is resistance from the mother.	10	9.8	30	29.4	39	38.2	23	22.5	102	100
The midwife explains to the mother that giving hepatitis B immunization to babies is to achieve the immunization program.	15	14.7	25	24.5	46	45.1	16	15.7	102	100
The midwife explains to the mother that all babies must receive hepatitis B immunization	13	12.7	23	22.5	49	48.0	17	16.7	102	100
The midwife explained about giving hepatitis B immunization because she wanted to get appreciation from the head of the community health center	11	10.8	24	23.5	45	44.1	22	21.6	102	100
Midwives provide hepatitis B immunization to babies because it is included in the mandatory immunization program	10	9.8	35	34.3	34	33.3	23	22.5	102	100

*) data source: Author's data processing results

The results of measuring the motivation variable of midwives to mothers regarding providing hepatitis B immunization showed that the motivation level was good for 44 people (43.1%) and the motivation level was not good for 58 people (56.9%) as in the following table:

Table 4. Distribution of Respondents Based on Motivation Category for Providing Hepatitis B Immunization in the Bitefa Health Center Working Area

Motivation Category	N	%
Not good	58	56.9
Good	44	43.1
Amount	102	100

*) data source: Author's data processing results

Midwives' Ability to Provide Hepatitis B Immunization

The ability of midwives to provide hepatitis B immunization, namely 8 people (7.8%) stated that the midwife always gave an explanation to the mother before taking action on the baby, while 17 people (16.7%) stated that they never did. There is11 people (10.8%)stated that the midwife always told that the hepatitis B immunization injection was

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carried out in the mother's baby's thigh,while those who said they never did were 21 people (20.6%). A total of 7 people (6.9%) stated thatMidwives always tell mothers about the benefits of Hepatitis B immunization for their babies, while 18 people said never (17.6%). There were 9 people (8.8%) who stated thatThe midwife always ensures the mother that the immunization vaccine has not expired, while those who said they never did were 11 people (10.8%). A total of 9 people (8.8%) stated thatMidwives always clean the injection site first with alcohol swabs, while 16 people (15.7%) stated that they never said thatThe midwife looks skilled when injecting hepatitis B immunization into the mother's baby, while those who said they never did were 20 people (19.6%).

Table 5. Distribution of Midwives' Capabilities in Providing Hepatitis B Immunization in the Bitefa Health Center Working Area

Statement	Always		Often		Seldom		No Once		Total	
	n	%	n	%	n	%	n	%	n	%
Every time you are going to take action on a baby, the midwife informs the mother first	8	7.8	42	41.2	35	34.3	17	16.7	102	100
The midwife informed that the hepatitis B immunization injection was carried out in the mother's baby's thigh	11	10.8	36	35.3	34	33.3	21	20.6	102	100
The midwife tells the mother about the benefits of Hepatitis B immunization for the mother's baby	7	6.9	34	33.3	43	42.2	18	17.6	102	100
Before injecting Hepatitis B immunization, the midwife ensures to the mother that the immunization vaccine has not expired	9	8.8	44	43.1	38	37.3	11	10.8	102	100
Before the midwife injects hepatitis B immunization, the midwife first cleans the injection site with an alcohol swab.	9	8.8	34	33.3	43	42.2	16	15.7	102	100
Mother sees a skilled midwife when injecting hepatitis B immunization into the mother's baby	6	5.9	45	44.1	31	30.4	20	19.6	102	100

*) data source: Author's data processing results

The results of measuring the variable ability of midwives in providing hepatitis B immunization show that the level of ability is good as many as 49 people (48.0%) and the level of ability is not good as many as 53 people (52.0%) as in the following table:

Table 6. Distribution of Respondents Based on Midwife Capability Categories in Providing Hepatitis B Immunization in the Bitefa Health Center Working Area

Ability Category	n	%
Not good	53	52
Good	49	48
Amount	102	100

*) data source: Author's data processing results

Midwives' Perceptions of Providing Hepatitis B Immunization

Perceptions of midwives regarding the provision of hepatitis B immunization, namely 15 people (14.7%) stated that midwives explain to mothers that their babies must be given

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hepatitis B immunization, while 29 people (28.4%) said never. There is16 people (15.7%)stated that midwives always explain to mothers that hepatitis B immunization is given no later than when the baby is 7 days old, while those who said they never did were 23 people (22.5%). There were 24 people (23.5%) who stated thatMidwives always say that babies with fever should not be given hepatitis B immunization, while those who said they never did were 46 people (45.1%). There were 16 people (15.7%) who stated thatThe midwife always tells the mother that there are no side effects from injecting hepatitis B immunization into the mother's baby, while those who said they never did were 27 people (26.5%). A total of 19 people (8.8%) stated thatMidwives always say that this immunization should not be given if the mother's birth weight is low/below normal (<2500 kg)., while those who said they never did were 38 people (37.3%).

There were 27 people (26.5%) who stated thatMidwives always say that the immunization program is not working because there is always resistance from mothers, while those who said they never did were 15 people (14.7%). There were 11 people (10.8%) who stated thatThe midwife always tells the mother that there have been 3 injections for hepatitis B immunization since the baby was born, while those who said they never did were 27 people (26.5%). A total of 18 people (17.6%) stated thatThe midwife tells the mother that the baby can be bathed after immunization., while those who said they never did were 36 people (35.3%).Respondents' answers regarding statements regarding midwives' perceptions of providing hepatitis B immunization in the Bitefa Health Center Work Area can be seen in Table 4.5. the following:

Table 7. Distribution of Midwives' Perceptions on Providing Hepatitis B Immunization in the Bitefa Health Center Working Area

Statement	Always		Often		Seldom		No Once		Total	
	n	%	n	%	n	%	n	%	n	%
The midwife explains to the mother that the mother's baby must be immunized against hepatitis B	15	14.7	27	26.5	31	30.4	29	28.4	102	100
The midwife explained to the mother that hepatitis B immunization is given no later than when the baby is 7 days old	16	15.7	25	24.5	38	37.3	23	22.5	102	100
The midwife said that babies with fever should not be given hepatitis B immunization	24	23.5	24	23.5	8	7.8	46	45.1	102	100
The midwife told the mother that there were no side effects from injecting hepatitis B immunization into the mother's baby	16	15.7	32	31.4	27	26.5	27	26.5	102	100
The midwife said that this immunization should not be given if the mother's birth weight is low/below normal (<2500 kg).	19	18.6	21	20.6	24	23.5	38	37.3	102	100
The midwife said that the immunization program was not running because there was always resistance from the mother	27	26.5	23	22.5	37	36.3	15	14.7	102	100
The midwife told the mother that there had been 3 injections for hepatitis B immunization since the baby	11	10.8	33	32.4	31	30.4	27	26.5	102	100

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Statement	Always	Often	Seldom	No Once	Total	
was born						
The midwife tells the mother that the baby can be bathed after immunization.	18	17.6	19	18.6	29	28.4	36	35.3	102	100

*) data source: Author's data processing results

The results of measuring the midwife's perception variable regarding the provision of hepatitis B immunization showed that the perception level was good for 41 people (40.2%) and the level of unfavorable perception was 61 people (59.8%) as in the following table:

Table 8. Distribution of Respondents Based on Categories of Midwives' Perceptions on Providing Hepatitis B Immunization in the Bitefa Health Center Working Area

Perception Category	n	%
Not good	61	59.8
Good	41	40.2
Amount	102	100

*) data source: Author's data processing results

Providing Hepatitis B Immunization

The results of measuring the provision of hepatitis B immunization were obtained by midwives who administered hepatitis B to 37 people (36.3%). There were 65 midwives who did not provide hepatitis B (63.7%), of which 8 respondents stated that they had asked for their babies to be immunized but the midwives thought it was not necessary because the babies looked healthy. 25 respondents answered that the midwife said she would give hepatitis B immunization to the mother's baby, but at the neonatal visit the midwife did not come but only ordered her assistant. Then 10 respondents stated that midwives always forget to bring vaccines during neonatal visits so that their babies do not receive hepatitis B immunization, 15 respondents stated that they prohibited midwives from giving immunizations on the grounds that the babies were still too small for injections, and 7 respondents answered that they prohibited midwives from injecting hepatitis B immunizations into babies because they saw the midwife. shaking when about to inject it. It can be clearly seen in the following table:

Table 9. Distribution of Respondents Based on Categories of Hepatitis B Immunization in the Bitefa Health Center Working Area

CategoryProviding Hepatitis B Immunization	N	%
No	65	63.7
Yes	37	36.3
Amount	102	100

Bivariate Analysis

To identify the relationship between motivational variables, abilities and perceptions of midwives with the provision of hepatitis B immunization, it can be seen as follows:

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The Relationship between Motivation and Hepatitis B Immunization

The relationship between motivation and giving hepatitis B immunization to babies inBitefa Community Health Center Working Area, Kefamenanu Cityare as follows:

Table 10. Relationship between Motivation and Providing Hepatitis B Immunization in the Bitefa Health Center Working Area

Motivation	Providing Hepatitis B Immunization				Total		p
	No		Yes				
	n	%	n	%	n	%	
Not good	42	72.4	16	27.6	58	100	
Good	23	52.3	21	47.7	44	100	0.036

The cross table between motivation compared with giving hepatitis B immunization shows that of the 44 midwives who had a good level of motivation, there were 21 people who were given hepatitis B immunization. The chi square test results obtained a value of p = 0.036 < 0.05, thus there is a relationship between motivation by providing hepatitis B immunization.

Relationship between Ability and Hepatitis B Immunization

The relationship between ability and giving hepatitis B immunization to babies inBitefa Community Health Center Working Area, Kefamenanu Cityare as follows:

Table 11. Relationship between Capacity and Provision of Hepatitis B Immunization in the Bitefa Community Health Center Working Area

Ability	Providing Hepatitis B Immunization				Total		p
	No		Yes				
	n	%	n	%	n	%	
Not good	39	73.6	14	26.4	53	100	
Good	26	53.1	23	46.9	49	100	0.031

The cross table between abilities compared with giving hepatitis B immunization shows that of the 49 midwives who had a good level of ability, there were 23 people who were given hepatitis B immunization. The chi square test results obtained a value of p = 0.031 < 0.05, thus there is a relationship between ability to provide hepatitis B immunization.

Relationship between Perception and Hepatitis B Immunization

The relationship between perceptions and giving hepatitis B immunization to babies inBitefa Community Health Center Working Area, Kefamenanu Cityare as follows:

Table 12. ConnectionPerceptions of Hepatitis B Immunizationin the Bitefa Community Health Center Working Area

Perception	Providing Hepatitis B Immunization				Total		p
	No		Yes				
	n	%	n	%	n	%	
Not good	44	72.1	17	27.9	61	100	
Good	21	51.2	20	48.8	41	100	0.031

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The cross table between perceptions compared with giving hepatitis B immunization shows that of the 41 midwives who had a good level of ability, there were 20 people who were given hepatitis B immunization. The results of the chi square test obtained a value of p = 0.031 < 0.05, thus there is a relationship between perception with hepatitis B immunization.

Multivariate Analysis

To analyze the influence of midwives' motivation, abilities and perceptions on providing hepatitis B immunization using the multiple logistic regression test (multiple logistic regression).

Multivariate analysis in this study uses a double logistic regression test, which is a mathematical model approach to analyze the influence of several independent variables on a categorical dependent variable that is dichotomous orbinary. Variables included in the backward method multiple logistic regression prediction model are variables that have a p value <0.25 in the bivariate analysis. Based on bivariate analysis, it is known that all variables can be tested using the backward LR method, carried out in the following stages:

The Influence of Midwives' Motivation, Ability and Perception on Providing Hepatitis B Immunization.The influence of motivation, ability and perception on providing hepatitis B immunization to babies inBitefa Community Health Center Working Area, Kefamenanu Cityare as follows :

Table 13. The Influence of Midwives' Motivation, Ability and Perception on Providing Hepatitis B Immunization

Variable	B	Exponent (B)/ Odds Ratio	P	95%CI
Motivation	0.894	2,445	0.046	1,016-5,882
Ability	1,064	2,899	0.019	1,195-7,034
Perception	0.904	2,470	0.044	1,025-5,949
Constant	-1,908	-	-	-

Based on the results of the multivariate analysis in Table 13 above, it is known that motivation, ability and perception variables influence the provision of hepatitis B immunization. Based on the results of the logistic regression test, the influence of motivation on the provision of hepatitis B immunization obtained a probability value (p=0.046), with an odds ratio (OR) 2.445 means that midwives who have a good motivation category have a 2.445 times greater opportunity to provide hepatitis B immunization compared to midwives whose motivation is not good.

The probability value of the influence of ability on providing hepatitis B immunization was obtained (p=0.019), with an odds ratio (OR) of 2.899, meaning that a midwife who has a good ability category has a chance of providing hepatitis B immunization 2.899 times greater than a midwife whose ability is not good. The influence of perception on providing hepatitis B immunization obtained a probability value (p=0.044), with an odds ratio (OR) of 2.470, meaning that a midwife who has a good perception category has a chance of providing hepatitis B immunization 2.470 times greater than a midwife whose perception is

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not good. Based on the results of the logistic regression test, a regression equation model can be created to identify the probability of giving hepatitis B immunization as follows:

$$P = \frac{1}{1 + e^{-(-1.908 + 0.894\,(X1) + 1.064(X2) + 0.904(X3)}}$$

Information
p : Probability of Hepatitis B immunization
X1 : Motivation, regression coefficient 0.894
X2 : Ability, regression coefficient 1.064
X3 : Perception, regression coefficient 0.904
a : Decision -1.908
e : Natural number 2.71828

The equation above states that midwives who have good motivation, ability and perception have a probability of 72.2% to provide hepatitis B immunization. Midwives who have poor motivation, ability and perception have a probability of 12.9% to provide hepatitis B immunization B.

CONCLUSION

The research results showed that 37 people (36.3%) gave hepatitis B immunization to newborns by midwives, while 65 people (63.7%) did not give hepatitis B. The results of the study showed that motivation (p=0.036), ability (p=0.031) and perception of midwives (p=0.031) influenced the provision of Hepatitis B immunization. From the results of the multivariate analysis, it was found that the variable with the greatest influence was ability with a value of Exp B=2,899.This low immunization coverage is due to the lack of information obtained by mothers from health workers, especially midwives, regarding hepatitis B immunization. From the results of distributing questionnaires, it was found that around 64.7% of mothers stated that midwives did not explain to mothers that all newborn babies must be given hepatitis B immunization. , 59.2% of mothers stated that they did not receive an explanation from the midwife about the benefits of hepatitis B immunization in babies, and 59.8% of mothers stated that they did not know that the first hepatitis B immunization for babies should not be later than seven days after the baby was born so they considered immunization Hepatitis B can be given when the baby is more than 1 month old.

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