

FACTORS AFFECTING THE COMPLIANCE OF PREGNANT MOTHERS IN IMMUNIZING TT IN BPM LIA ERMALIA, BOGOR REGENCY

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ABSTRACT

In addition to the role of health workers, another factor influencing TT immunization in pregnant women is parity, where parity is the condition of a woman in relation to the birth of a living child, this is in line with the results of research by Wijayanti, Heni & Yuliaji (2014).

Knowing the relationship between parity and compliance of pregnant women in performing TT immunization at the BPM Lia Ermalia, Bogor Regency in 2019.

This type of research is a Quantitative Analytic survey with Cross Sectional research design. The method of taking the sample in this study was a total sampling technique with a total sample of 30 people. Data collection was obtained through the distribution of questionnaires in the form of a closed questionnaire.

Based on parity level of pregnant women, it is known that parity in pregnant women in BPM Midwife Lia Ermalia Amd. Keb 2019, from 30 respondents most respondents were Multipara as many as 12 respondents (40%). There are 25 (83.3%) pregnant women who are obedient in performing TT immunization at Lia Ermalia BPM. From the results of statistical tests using Kendal Tau shows the value of p -value = 0.003 which means p -value < 0.05, so the decision taken is H_a accepted and H_0 is rejected, which means there is a significant relationship between parity and compliance of pregnant women performing TT immunization in BPM Midwife Lia Ermalia Amd. Keb 2019.

The conclusion states that multiparous mothers are more obedient to TT immunization than primiparous mothers, because multipara mothers have more experience in previous pregnancies than primiparas who have not had previous pregnancy experiences.

Keywords : Parity, Compliance Performing TT Immunization

INTRODUCTION

World Health Organization (WHO) estimates that worldwide there were 216 maternal deaths per 100,000 live births due to complications of pregnancy and childbirth in 2015. The total number of maternal deaths is estimated at 303,000 worldwide, while in developing countries it reaches 239 per 100,000 live births. 20 times higher than developed countries. Developing countries account for about 90% or 302,000 of all total maternal deaths estimated to occur in 2015 (WHO, 2015).

In Indonesia, it is one of the developing countries as the highest contributor to the maternal mortality rate in the world. WHO estimates that in Indonesia there are 126 maternal deaths per 100,000 live births with a total of 6400 maternal deaths in 2015. This figure has decreased from the maternal mortality rate according to the 2013 IDHS, which was 359 per 100,000 live births (IDHS, 2015).

In West Java, in 2015, the maternal mortality rate reached 346 per 100,000 live births, in Bogor Regency the maternal mortality rate in

2015 was 50 per 100,000 live births (West Java Health Profile, 2015).

Indirect causes of high maternal and infant mortality rates include low levels of maternal knowledge and frequency of irregular antenatal care examinations. Antenatal care is a service provided to pregnant women regularly to maintain the health of the mother and baby (Mufdlilah, 2009).

Quality ANC services can increase public trust and satisfaction with the health services provided by midwives. ANC service standards according to the Ministry of Health of the Republic of Indonesia (2010) consist of weight, blood pressure, uterine fundal height (TFU), complete TT immunization, iron tablets at least 90 tablets during pregnancy, sexually transmitted disease tests, and questions (meeting and talk) in the context of referral preparation (MOH, 2009).

Tetanus toxoid immunization (TT) is a tetanus toxin that has been weakened and purified which is given to babies, children and mothers in an effort to provide protection against disease *Tetanus*. *Tetanus toxoid immunization* is also given to pregnant women from the first trimester to the third trimester and to women who are getting married

(future brides). The purpose of *Tetanus toxoid immunization* is to protect the baby's body from tetanus because antibodies are produced and passed on to babies through the placenta and reduce the risk of *tetanus* in neonates (Ida Wijayanti et al, 2013).

Data from WHO calculates the global incidence of tetanus in the world roughly ranges from 0.5 - 1 million cases and *Tetanus Neonatorum* accounts for about 50% of tetanus deaths in developing countries. The estimated global incidence of tetanus is 18 per 100,000 population per year (Ida Wijayanti et al, 2013).

According to WHO, the mortality due to *Tetanus Neonatorum* in developing countries is 135 times higher than in developed countries. In 2006, 2007 and 2008 the number of cases of cases *Tetanus Neonatorum* among ASEAN countries, Indonesia was in second place after the Philippines with more than 100. In addition, the rate of cases and deaths due to *Tetanus Neonatorum* in Indonesia was still quite high from 2000 to 2008 (with an average CFR > 50%) (Dewi Rokhmah1 and Abu Khoiri, 2012).

cases *Tetanus Neonatorum* are found in many developing countries, especially countries with low coverage of births by health workers. In 2014, there were 84 reported cases from 15 provinces with 54 cases of death. Thus the CFR of tetanus neonatorum in 2014 was 64.3%, an increase compared to 2013 which was 53.8%.

The case description according to the risk factors for immunization status shows that 54 cases (74%) occurred in the unimmunized group. A total of 51 cases (68.9%) conducted pregnancy examinations with a doctor / midwife / nurse. According to birth attendant factors, 50 cases (68.5%) were assisted by traditional birth attendants, such as traditional birth attendants. According to the tools used for cutting the talipusat, most cases were cut with scissors, namely 46 cases (59%) (Ministry of Health, 2014).

According to the Ministry of Health, the Infant Mortality Rate (IMR) in Indonesia which is caused by *Tetanus Neonatorum* is still high. It was recorded that in 1995 there were cases with a reference to 55/1000 live birth rates. The number of cases of *Tetanus Neonatorum* in 2003 was 175 cases with a mortality rate of 56%. Handling of *Tetanus Neonatorum* is indeed not easy, so the most important thing is prevention efforts, namely hygienic Delivery Assistance supported by *Tetanus Toxoid Immunization* in pregnant women (Ida Wijayanti et al, 2013).

According to the BKKBN, the direct causes of maternal death in Indonesia are bleeding, hypertension during pregnancy, and infection. According to

Riskesdas, one of the causes of infant death is *Tetanus Neonatorum*. The proportion of infections *Tetanus Neonatorum* will increase if the baby does not have natural immunity to *Tetanus* that is passed on through the mother. This natural immunity is obtained by the mother through *Tetanus Toxoid immunization* (TT) with a certain minimum dose and time interval. Immunization is one solution to prevent *Tetanus Neonatorum*. It is important for pregnant women to receive immunizations to prevent from occurring *Tetanus* in mothers and their babies. Although *Tetanus immunization* for pregnant women is considered very important as a form of tetanus prevention after delivery, as well as for babies born to the mother, the use of TT immunization in pregnant women is considered to be less than optimal (Pratiwi C, 2013).

According to the Directorate General of Disease Control (Ditjen PP) and Environmental Health (PL) Although the immunization program *Tetanus* has been implemented, the immunization coverage is still far from expectations. The factors that influence the low coverage of TT immunization are the lack of health promotion activities and the low level of public knowledge about TT immunization, even though the immunization can be obtained free of charge at health care facilities (Nur NK, 2010).

Apart from the role of health workers, another factor that influences giving TT immunization to pregnant women is parity, where parity is the condition of a woman in relation to the birth of a living child, this is in line with the results of research by Wijayanti, Heni & Yuliaji (2014), which states that there is a significant relationship between parity and the completeness of the *tetanus toxoid immunization*. The results showed that the high parity group knew more about the benefits of *Tetanus Immunization Toxoid* related to their previous experience of having several times pregnancy and childbirth, while the low parity group did not understand the importance of *Tetanus Toxoid Immunization*.

Based on the results of the research, the factors related to the completeness of TT immunization in pregnant women at the Tabongo Health Center, Gorontalo District, it can be concluded that there is no relationship between education and the completeness of TT immunization in pregnant women, most of them have low education, which is 58.3%, there is a relationship Between parity and completeness of TT immunization in pregnant women, most of them have multiparity parity of 55.6% and there is a relationship between knowledge and completeness of TT immunization in pregnant women, most of them have poor knowledge, namely 52.8% (Puskesmas Tabongo, 2012).

The tetanus vaccine is a tetanus toxin that has been weakened and then purified. Immunization *Tetanus toxoid* (TT) means giving pregnant women and their babies immunity against tetanus. According to the WHO recommendation, giving TT immunization if a mother who has never been given Tetanus immunization must get at least two (injections) during pregnancy (first at the antenatal visit and second at four weeks later). The interval for giving TT 1 immunization with TT 2 is at least 4 weeks (Anggrita et al, 2015).

TT immunization is an injection of the tetanus vaccine to increase immunity as a preventive measure against *Tetanus infection*. The TT vaccine is a liquid vaccine containing an attenuated tetanus toxin. Vaccine packaging in vials. 1 vial of TT vaccine contains 10 doses (Prawiroharjo, 2014).

Factors related to giving TT immunization to pregnant women are knowledge, education, age, attitude, parity, level of income (Green and Kreuter (in Notoatmodjo, 2010)).

Side effects of TT immunization include mild symptoms such as pain, redness and swelling at the injection site. These side effects last 1-2 days, they will heal on their own and no action or treatment is required. Tetanus toxoid immunization is a very safe and safe antigen for pregnant women. There is no danger to the fetus if pregnant women get TT immunization. For pregnant women who received TT immunization, there was no difference in the risk of congenital defects or abortion with those who did not get immunization (MOH, 2009).

According to the Indonesian Ministry of Health (2009), places of service to get TT immunization include health centers, auxiliary health centers, hospitals, maternity hospitals, polindes, posyandu, private hospitals and practicing doctors.

The word parity comes from the Latin *pario*, which means to produce. In general, parity is defined as the state of giving birth to children, whether alive or dead, but not abortion, regardless of the number of children. Parity is the number of live births a woman has (BKKBN, 2009).

Based on the number, the parity of a woman can be divided into: Primipara, namely women who have given birth once, Multipara, namely women who have given birth two to four times, Grandemultipara, namely women who have given birth five times or more.

Immunization compliance is the extent to which the patient completes immunization according to a predetermined time interval, in accordance with the directions and recommendations of health workers (WHO, 2011).

WHO (2003) in Prihandana (2012) defines adherence as a patient's ability to behave to take medication, follow a diet, and make lifestyle changes, in accordance with directions and

recommendations from health workers. Adherence to a health program is an observable behavior that can be measured indirectly through consequences or outcomes related to behavior.

Yegenoglu et al. (2009) in Pertiwi et al. (2011), explained that patient compliance refers to the willingness and ability of an individual to follow medical advice, take medication as prescribed, adhere to a medical consultation schedule, and complete medical follow-up according to recommendations.

Factors that influence the level of compliance are education, attitudes, values, beliefs, perceptions, parity (Notoatmodjo, 2010).

Pregnancy is a continuous link consisting of ovulation (maturation of cells) and the meeting of the ovum (egg) and spermatozoa (sperm), fertilization occurs and the growth of the zygote then oxidizes (implants) the uterus and the formation of the placenta and the final stage is the growth and development of the conception. until term) (Manuaba, et al., 2012).

According to the BKKBN (National Population and Family Planning Board) pregnancy is a process that begins with the release of a mature egg in the oviduct which then meets the sperm, then they combine to form a cell that will grow.

Pregnancy is a process that occurs between the combination of sperm and ovum cells resulting in conception until the birth of the fetus, the length of normal pregnancy is 280 days or 40 weeks, calculated from the first menstruation last menstruation (HPHT) (Wiknjostastro 2009).

Siswosudarmo (2009) states that the definite signs of pregnancy are as follows: Fetal heart rate (FHR), can be heard with a laenic stethoscope or with an ultrasonic stethoscope (doppler), palpation, visible and palpable movement of the fetus, palpable parts of the fetus, X-ray, so that it can be You can see a picture of the fetal bones, Ultrasonography (USG), Laboratory tests, namely coagulation inhibition tests that aim to detect the presence of HCG in the urine.

The purpose of this study was to determine the relationship between *parity* and compliance with pregnant women in carrying out TT immunization at BPM Lia Ermalia Bogor Regency in 2019.

RESEARCH METHOD

The research design was the result of a stage of decisions made by researchers related to how research could be applied. This type of research is survey research *analytical quantitative*.

The design in this study is *cross sectional*, where the cause or risk and effect variables or cases that occur on the research object are measured or collected at the same time. Studies are *Cross Sectional* used to

examine a referent population that is carried out over a certain time period to determine health problems or risk factors that can cause health problems in the community (Notoatmodjo, 2012).

This research was carried out at BPM Bd. Lia Ermalia, Leuwiliang District, Bogor Regency. The population in this study were 30 pregnant women in the working area of BPM Bd. Lia Ermalia. By taking total sampling, the sampling technique was taken by taking all members of the population as a sample so that the sample in this study amounted to 30 people.

The variables of this study consisted of parity and compliance of pregnant women in carrying out TT immunization. Data processing and data analysis and data analysis using the computer program SPSS *for windows* series 17. The analysis consisted of univariate and bivariate analysis, where bivariate analysis analyzed the relationship between parity and compliance with pregnant women in carrying out TT immunization.

RESEARCH RESULTS

This research was conducted on August 28 - September 1 at BPM Lia Ermalia. Univariate analysis is presented in the form of a frequency distribution which includes *parity* of pregnant women and compliance of pregnant women in carrying out TT immunization at BPM Lia Ermalia.

Bivariate analysis to determine the relationship between *parity* and compliance with Bogor district in 2019.

pregnant women doing TT immunization at BPM Lia Ermalia. Table 4.1 Characteristics of the age of pregnant women who immunized TT immunization at BPM Lia Ermalia, Ermalia in 2019

No	Age	Frequency	Percentage%
1	<25 years	12	40 %
2	> 35 years	18	60%
Total		30	100% The

table above shows the results of the age characteristics of pregnant women who did TT immunization at BPM Midwife Lia Ermalia Amd. Keb In 2019, most of the 30 respondents who were over 35 years old were 18 (60%) respondents.

Table 4.2

Occupational characteristics of pregnant women who receive TT immunization at BPM Lia Ermalia Amd. Keb Tahun 2019

No	Occupation	Frequency	Percentage%
1	Not Working	16	53.3%
2	Working	14	46.7%

Total	30	100% The
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table above shows the results of the job characteristics of pregnant women. The characteristics of the work of pregnant women who carry out TT immunization at BPM Lia Ermalia Amd. Keb Tahun 2019 of 30 respondents most of the respondents who do not work there are 16 (53.3%) respondents.

Table 4.3

Characteristics of gestational age of pregnant women who receive TT immunization at BPM Lia Ermalia Amd. Keb Tahun 2019

No	Age of Pregnancy	Frequency	Percentage%
1	Trimester II	14	46.7%
2	Trimester III	16	53.3%
Total		30	100% The

table above shows the characteristics of the gestational age of pregnant women who carry out TT immunization at BPM Lia Ermalia Amd. Keb Year 2019 of 30 respondents, most of the

respondents whose gestational age was in the third trimester, there were 16 (53.3%) respondents.

Table 4.4

Distribution of frequency *parity* among pregnant women in BPM Lia Ermalia Amd. Keb Tahun 2019

No	Parity	Frequency	Percentage%
1	Primipara	9	30%
2	Multipara	12	40%
3	Grandemultipara	9	30%
Total		30	100%

Based on table 4.4 Distribution of frequency *parity* among pregnant women at BPM Midwife Lia Ermalia Amd. Keb Year 2019, most of the 30 respondents who were *Multipara* were 12 respondents (40%).

Table 4.5

Distribution of the frequency of compliance of pregnant women in carrying out TT immunization at BPM Lia Ermalia Amd. Keb Tahun 2019

No	Compliance with TT Immunization	Frequency	Percentage%
1	Not Compliant	5	16.7%
2	Compliant	25	83.3%
Total		30	100%

Based on table 4.5 Distribution of compliance frequency of pregnant women in carrying out TT immunization at BPM Midwife Lia Ermalia Amd. Keb In 2019, of the 30 respondents, there were 25 (83.3%) pregnant women who complied with the TT immunization at BPM Lia Ermalia.

Table 4.6
 Relationship between *Parity* and Compliance of Pregnant Women Performing TT Immunization at BPM Midwife Lia Ermalia Amd.Keb in 2019.

<i>Parity of</i>	Compliance with TT Immunization				Total		<i>P-value</i>
	Compliant		Disobedient		N	%	
	N	%	N	%			
<i>Primipara</i>	4	13.3%	5	16.7%	9	30%	0.003
<i>Multipara</i>	12	40%	0	0%	12	40%	
<i>Grandemul tipara</i>	9	30%	0	0%	9	30%	
Total	25	83.3%	5	16.7%	30	100%	

Based on table 4.6 Relationship between Parity and Compliance with Pregnant Women Performing TT Immunization At BPM Lia Ermalia in 2019, of the 30 respondents there were 12 respondents (40%) of parity *Multipara* who obeyed the TT immunization at BPM Lia Ermalia.

From the results of statistical tests using *Kendal Tau*, it shows the value of $p\text{-value} = 0.003$ which means $p\text{-value} < 0.05$, so that the decision taken is that H_a is accepted and H_o is rejected, which means that there is a significant relationship between *parity* and compliance of pregnant women in carrying out TT immunization at BPM Midwife Lia Ermalia Amd.Keb 2019.

DISCUSSION

a. Parity

Based on the results of the study showed that *parity* in pregnant women in BPM Midwife Lia Ermalia Amd. Keb Year 2019, most of the 30 respondents who were *Multipara* were 12 respondents (40%).

The word *parity* comes from the Latin *pario*, which means to produce. In general, *parity* is defined as the state of giving birth to children, whether alive or dead, but not abortion, regardless

of the number of children. *Parity* is the number of live births a woman has (BKKBN, 2009).

Based on the amount, the *parity* of a woman can be divided into: *Primipara*, namely women who have given birth once,, *Multipara* namely women who have given birth two to four times,, *Grandemultipara* namely women who have given birth five times or more.

Apart from the role of health workers, another factor that influences giving TT immunization to pregnant women is *parity*, where *parity* is the condition of a woman in relation to the birth of a living child, this is in line with the results of research by Wijayanti, Heni & Yuliaji (2014), which states that there is a significant relationship between *parity* and the completeness of the *tetanus toxoid immunization*. The results showed that the high *parity* group knew more about the benefits of *Tetanus Toxoid Immunization* related to their previous experience of having several times pregnancy and childbirth, while the low *parity* group did not understand the importance of *Tetanus Toxoid Immunization*.

The results of this study are consistent with research by Cindi Pratiwi (2014). Factors Associated with Completeness of Tetanus Toxoid Immunization in Pregnant Women at Tabongo Health Center, Tabongo District, District Gorontalo. 2014, the results showed that the completeness of TT immunization at Tabongo Health Center, Tabongo District, Gorontalo District. The results showed that *parity* of pregnant women was mostly in the *multiparity* of 20 people (55.6%).

In theory, mothers with first pregnancies with mothers with second pregnancies or later will have different concerns during pregnancy. Mothers with their first pregnancies will experience a maturity crisis that can be stressful but these women will be better prepared to provide care and take on more responsibilities. It is different for mothers with second or more pregnancies, these mothers will tend to pay less attention to pregnancy or vice versa.

From the theory and research results above, it shows that *Multipara* pregnant women have more complete immunizations because they already have previous experiences during pregnancy. From the theory and research results above, it shows that pregnant women who are > 35 years old definitely have more *parity* than *Multipara* than pregnant women who have < 25 years old definitely have *Primipara* *parity*.

b. Compliance of pregnant women with TT immunization.

Based on the results of the study, the frequency of compliance of pregnant women in carrying out TT immunization at BPM Midwife Lia Ermalia Amd. Keb In 2019, of the 30 respondents,

there were 25 (83.3%) pregnant women who complied with the TT immunization at BPM Lia Ermalia.

According to Sacket in Niven (2010), adherence is the extent to which a patient's behavior is in accordance with the provisions given by a health professional.

Immunization compliance is the extent to which the patient completes immunization according to a predetermined time interval, in accordance with the directions and recommendations of health workers (WHO, 2011).

Manuaba, et al (2012) provide a different definition of pregnancy. Pregnancy is a continuous link consisting of ovulation (maturation of cells) and the meeting of the ovum (egg) and spermatozoa (sperm), fertilization occurs and the growth of the zygote then oxidizes (implants) the uterus and the formation of the placenta and the final stage is the growth and development of the conception. until term.

According to Green and Kreuter (in Notoatmodjo, 2010), the factors that influence a person's compliance are *predisposing factors*, namely the level of knowledge, attitudes, values, beliefs, perceptions and parity, *enabling factors*, namely the means and infrastructure, and supporting factors (*reinforcing factor*), namely motivation.

The results of this study are in line with the research of Juliani Samiatuti (2016). Factors Affecting Compliance of Pregnant Women in Implementing Tetanus Toxoid (TT) Immunization at Puskesmas Kasihan II Bantul. This research is a study *descriptive analytical* with a design *cross sectional*. The study involved 20 respondents who were drawn by the technique *total sampling*. The research data was taken by using a questionnaire. Cross tabulation of the relationship between compliance TT as the dependent variable with independent variables were analyzed with correlation of *Kendall Tau* analysis *Tau Kendall* correlation showed TT compliance at 95% significance level obtained value of $p = 0.032$.

From the theory and research above, it shows that pregnant women who do not work will be more obedient to TT immunization because pregnant women who do not work have a lot of free time to do TT immunization compared to pregnant women who work will have many activities and certainly not necessarily do TT immunization.

c. Relationship between parity and compliance of pregnant women with TT immunization. between parity and compliance with pregnant women in carrying out TT immunization

Relationship at BPM Lia Ermalia in 2019, of the 30 respondents, 12 respondents (40%) parity *Multipara* obediently administered TT immunization at BPM Lia Ermalia.

From the results of statistical tests using *Kendal Tau*, it shows the value of $p\text{-value} = 0.003$ which means $p\text{-value} < 0.05$, so that the decision taken is that H_a is accepted and H_o is rejected, which means that there is a significant relationship between *parity* and compliance of pregnant women in carrying out TT immunization at BPM Midwife Lia Ermalia Amd.Keb 2019.

The tetanus vaccine is a tetanus germ toxin that has been weakened and then purified. immunization *Tetanus toxoid* (TT) means giving pregnant women and their babies immunity against tetanus. According to the WHO recommendation, giving TT immunization if a mother who has never been given Tetanus immunization must get at least two (injections) during pregnancy (first at the antenatal visit and second at four weeks later). The interval for giving TT 1 immunization with TT 2 is at least 4 weeks (Anggrita et al, 2015).

Meanwhile, according to Triratnasari (2017), Parity is the number of children in one family. Mothers who have more than one child have a better experience with mothers who have just gotten pregnant with their first child, because the experience they have is better than their previous pregnancy experience, so their knowledge is broader and their mental state is better.

WHO (2003) in Prihandana (2012) defines adherence as a patient's ability to behave to take medication, follow a diet, and make lifestyle changes, in accordance with directions and recommendations from health workers. Adherence to a health program is an observable behavior that can be measured indirectly through consequences or outcomes related to behavior.

University of North Sumatra Pratiwi's (2014) research results indicate that there is a significant relationship between parity and completeness of tetanus toxoid immunization. The results showed that most of the parity of pregnant women was in the multiparity parity, this was because the multiparous parity group knew more about the benefits of tetanus toxoid immunization related to their previous experience of having several pregnancies and childbirth, while the lowest parity was found in primiparous parity because they had not know the importance of tetanus toxoid immunization.

Based on the results of research conducted by Wijayanti, Heni & Yuliaji (2013), it is stated that there is a significant relationship between parity and completeness of the Tetanus toxoid immunization. The results showed that the parity group knew more about the benefits of tetanus toxoid immunization related to

their previous experience of having several pregnancies and childbirth, while the low parity

group did not understand the importance of Tetanus toxoid immunization.

The results of this study are in line with Adelfin Lapangoyu's (2016) research on Tetanus Toxoid Immunization Completeness Factors in Pregnant Women in the Work Area of the Tagolu Health Center, Poso Regency. The results of the Chi-Square Test with Continuity Correction showed a value of $p = 0.005 < 0.05$, which means that there is a significant relationship. meaningful between predisposition (education, knowledge, age, parity) and completeness of TT immunization in pregnant women in the working area of the Tagolu Public Health Center, Poso Regency.

From the theory and research above, it is stated that pregnant women who are > 35 years of age who do not work must have more parity than Multipara and at the gestational age pregnant women who have entered the third trimester will be more obedient to carry out TT immunization in preparation for later delivery.

CONCLUSION

1. It is known that the distribution of frequency parity in pregnant women at BPM Midwife Lia Ermalia Amd. Keb Year 2019, most of the 30 respondents who were *Multipara* were 12 respondents (40%).
2. It is known that the frequency distribution of compliance of pregnant women in carrying out TT immunization at BPM Midwife Lia Ermalia Amd. Keb In 2019, of the 30 respondents, there were 25 (83.3%) pregnant women who complied with the TT immunization at BPM Lia Ermalia.
3. It is known that the relationship between parity and compliance of pregnant women in carrying out TT immunization at BPM Lia Ermalia in 2019, of the 30

respondents, there were 12 respondents (40%) of parity *Multipara* who complied with TT immunization at BPM Lia Ermalia. From the results of statistical tests using *Kendal Tau*, it shows the value of $p\text{-value} = 0.003$ which means $p\text{-value} < 0.05$, so that the decision taken is that H_a is accepted and H_o is rejected, which means that there is a significant relationship between parity and compliance of pregnant women in carrying out TT immunization at BPM Midwife Lia Ermalia Amd. Keb 2019.

SUGGESTIONS

1. for the Wijaya Husada AKBID Educational Institution, Bogor.

After reading the results of this study, it is hoped that students can increase their knowledge by reading the results of this study, especially about ANC compliance with pregnant women in TT immunization, so that they can broaden their horizons and add knowledge. new.

2. For BPM Midwife Lia Ermalia Midwife Lia Ermalia is

expected to be able to provide and improve the quality of health services, especially in the TT immunization program for pregnant women.

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