ABSTRACT

Socioeconomic and Maternal Determinants of Child Immunization Incompleteness in Indonesia: A Systematic Review

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Despite national policy commitments, disparities in routine childhood immunization coverage persist in Indonesia, hindering progress toward Universal Child Immunization. Beyond structural health system barriers, household and maternal characteristics significantly influence vaccination adherence.

This systematic review synthesized empirical evidence on maternal and socioeconomic determinants associated with incomplete basic childhood immunization in Indonesia.

Guided by PRISMA 2020 guidelines, systematic searches were conducted across PubMed, Scopus, Web of Science, and Google Scholar for observational studies published between 2014 and 2025. Eligible studies included Indonesian children aged 0–24 months; incomplete immunization was operationalized as missing any nationally mandated basic childhood vaccine doses according to age-specific schedules. Two independent reviewers conducted study screening and methodological quality appraisal using the Newcastle-Ottawa Scale and JBI critical appraisal tools. Findings were synthesized narratively alongside meta-summary techniques.

Twenty-four studies met all inclusion criteria. Lower maternal educational attainment was the most consistent independent determinant of incomplete immunization across urban and rural settings. Socioeconomic vulnerability, higher parity, and limited access to maternal healthcare services, particularly institutional delivery and antenatal care, were strongly associated with incomplete uptake. Cultural beliefs and financial constraints exhibited variable effects across regions, frequently mitigated by community-level primary healthcare interventions

Maternal education and socioeconomic status represent critical determinants of childhood under-vaccination in Indonesia rather than direct singular causes. Because under-immunization clusters heavily among disadvantaged households with low health service contact, policy initiatives should establish tailored health literacy interventions and decentralized outreach services embedded within routine antenatal and community healthcare platforms

Keyword : childhood immunization; health equity; maternal education; public health