

Client's satisfaction regarding immunization program services of children under 5 years in Al- Diwaniyah governorate, Iraq

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Abstract

Immunization against infectious diseases is one of the most successful public health interventions; it is safe and economically feasible. The aim of the vaccination process is to prevent disability and death resulting from diseases that can be prevented by vaccines. Smallpox was completely eradicated in the previous period using vaccination programs, and now the world is close to eradicating polio. To evaluate the client's satisfaction with the services of the expanded program of immunization in Diwaniyah governorate / Iraq. Cross-sectional descriptive study and included a random sample of clients consisting of 420 caregivers (mothers, fathers, and relatives of children) were involved. The study was carried out in 2021. The study found that the mean degree of client satisfaction is (18.7 ± 1.2) , which is (good), and that the percentage of clients who are satisfied with the vaccination services is 87% (365) out of (420). Most of the clients were satisfied with the immunization service provided to them.

Keywords: Client's satisfaction; Immunization; Expanded Program of Immunization; Immunization Evaluation.

رضا العميل عن خدمات برنامج التطعيم للأطفال دون السنة الخامسة في محافظة الديوانية ، العراق

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الخلاصة

التحصين ضد الأمراض المعدية هو أحد أنجح تدخلات الصحة العامة. وهي آمنة ومجدية اقتصاديًا. الهدف من عملية التطعيم هو منع الإعاقة والوفاة الناتجة عن أمراض يمكن الوقاية منها باللقاحات. تم القضاء على الجدري بشكل كامل في الفترة السابقة باستخدام برامج التطعيم ، والآن يقترب العالم من القضاء على شلل الأطفال . تقييم مدى رضا العميل عن خدمات البرنامج الموسع للتحصين في محافظة الديوانية / العراق. دراسة وصفية مقطعية شملت عينة عشوائية من العملاء تتكون من 420 مقدم رعاية (أمهات وآباء وأقارب للأطفال). أجريت الدراسة في عام 2021. توصلت الدراسة إلى أن متوسط درجة رضا العميل (18.7 ± 1.2) وهو

(جيد) ، وأن نسبة العملاء الراضين عن خدمات التطعيم بلغت 87% (365) من أصل (420). كان معظم العملاء راضين عن خدمة التطعيم المقدمة لهم.

الكلمات المفتاحية: رضا العميل. تحصين؛ برنامج التحصين الموسع؛ تقييم التحصين .

Introduction

Since early times, all living things have suffered from diseases. They may be physiological, structural, or infectious, and varied. Microbial infection was the cause of death in war and world peace, and it threatens the daily life of all living things. Human fear of infection was a disease in itself. Taking constant good care of our bodies was the beginning to reject this cause of anxiety. Often times the application of this care was two arms. The first is to physically prevent infection by avoiding it getting into the body, and the other is to strengthen the autoimmune mechanisms that fight infection. That is why early medical practices, concerned with strengthening the unknown forces that cause self-healing, which were later defined by the immune system of the non-specific type [1].

Immunization is the process of protecting the human being and his resistance to infection with infectious diseases by giving vaccines that stimulate the immune system to prevent infection that he is exposed to later on. It is also a cost-effective tool that has been shown to control the infection that causes death and annually prevents nearly two million people. This makes it accessible to the people who need it [2]. Infectious diseases are considered one of the biggest challenges in the world that stand in the way of human progress and threaten their survival, as they are considered one of the causes of disability and death in the world [3].

Since 1974, the expanded program on immunization (EPI) has achieved progressive results in controlling communicable diseases by reducing mortality and morbidity rates for children less than five years [4]. Immunization is considered one of the most successful interventions and safety procedures in the field of public health and is economically effective [5]. It aims to protect against death and disability from diseases that can be protected by vaccinations. Smallpox disease has been eradicated previously, and the world is now very close to the eradication of polio, as well as a significant reduction in the number of cases of the disease, the disabled, and deaths that result from infection with measles, whooping cough, and tetanus [6]. In Iraq, the expanded program on immunization was established in 1985 and since that date began to deliver vaccination services to the target groups. Indicators of health status for two decades have been improving, especially about controlling the vaccine-preventable diseases, and this reflects the high standards of the achievements of the EPI [6].

The EPI program has made remarkable progress during the period since its inception to the present day in terms of including more vaccines in the national vaccine routine schedule, rates of vaccination coverage, and disease reduction, and has developed its own surveillance system, adopted the highest standards in the field of the cold chain, and introduced a mechanism for field supervision a system for periodic follow-up, an evaluation strategy, and a guarantee of the availability of the appropriate number of trained manpower at all levels in the country [7]. Current study aimed to evaluate the client's satisfaction with the immunization services in Diwaniyah governorate / Iraq.

Materials and Methods

Study design

A cross-sectional descriptive study with the inclusion of (21) health facilities and a random sample of clients consisting of 420 caregivers (mothers, fathers, and relatives of children) was taken in the Al-Diwaniyah governorate health facilities. **Period of the study:** Data were collected during the period from January 3, 2021, until March 27, 2021.

Data collection technique

The caregiver interview form. These tools were taken from the WHO website and presented to a committee of experts and it was used after making appropriate modifications [8].

Scoring Criteria

Likert scale is used where (1 score) is given for the answer (no) and (2 scores) for the answer (yes) and the questionnaire consists of a client satisfaction consisting of (10 questions) and the result is will be Calculated according to quartile status, under the second quartile it is (poor) if the score is (<15), if above the second quartile and below the (80%) it will be (fair) when the score is (≥ 15 and <18), and above the (80%) it will be (good) if the score is (≥ 18)

Service Delivery in Immunization unit

Consists of 8 indicators, with a maximum score of 24, and a minimum of 8, and is classified as either (good $\geq 80\%$) if a score ≥ 19 or (poor $<80\%$) if the score is <19 .

Results

A client's satisfaction evaluation regarding the immunization services provided in the immunization units in health facilities included a random sample of 420 participants, and the results showed the following:

Table (1) represents respondents (Clients) ' answers about satisfaction with immunization program services in the studied primary health care centers (PHCCs).

Table (1): Distribution of respondents (Clients) ' answers about satisfaction with immunization program services in the studied PHCCs.

Clients interview	No		Yes	
	No	%	No	%
Your child have a vaccination card that contains information and dates for vaccinations.	41	9.8	379	90.2
The vaccination schedule and opening times for vaccination sessions appropriate for your time.	151	36.0	269	64.0
Easy for you to reach the health facility.	143	34.0	277	66.0
Are you satisfied with the behavior of the health staff ?	13	3.1	407	96.9
Are you confident of the quality of the existing vaccines?	12	2.9	408	97.1
Are you refuse to vaccinate your child for reasons related to the health facility. (No)	407	96.9	13	3.1
Have you been notified of the next date to vaccinate your child?	47	11.2	373	88.8
The waiting period before getting vaccinated right for you?	63	15.0	357	85.0
Your child had been postponed due to lack of vaccinations.(No)	413	98.3	7	1.7
In general, are you satisfied with the vaccination service?	79	18.8	341	81.2
Client Satisfaction Score	18.7±1.2 (14-20)			

The results showed that a high percentage (97.1%, 96.9%, and 90.2%) of the clients were satisfied regarding (the confidence of the quality of the existing vaccines, the satisfaction with the behavior of the health staff, the child have a vaccination card that contains information and dates for vaccinations) respectively. Also, about (88.8%) of clients answered with (No) to the vaccination schedule and opening times for the vaccination sessions were appropriate for their time. While (34%) of clients reported difficulty accessing the health facility. Generally, the mean of client satisfaction was 18.7 ± 1.2 .

The overall score for client satisfaction is shown in figure (1) in which, approximately (87.0%) of the studied sample were with good satisfaction about immunization program services. While a small percentage (1.0%) was with poor satisfaction, while the rest (12.0%) have fair satisfaction about immunization program services.

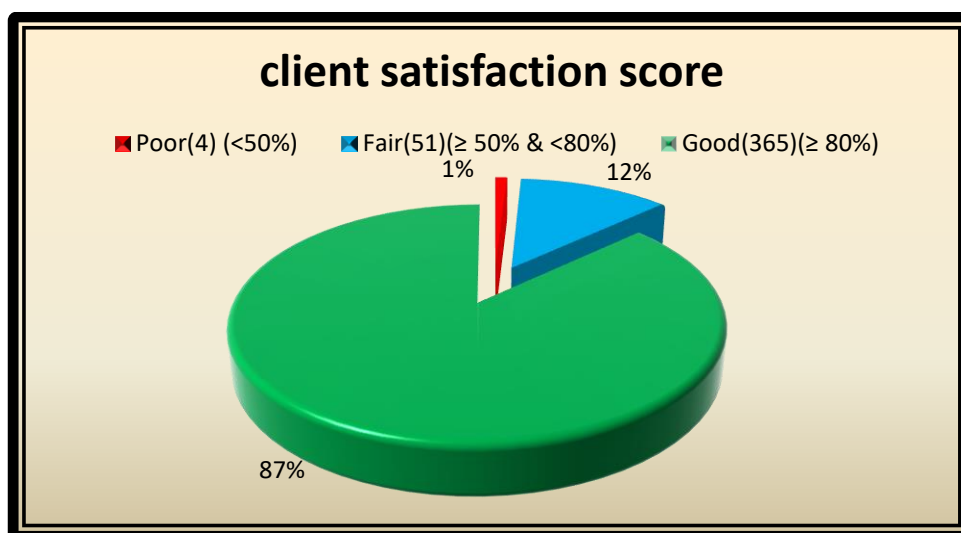


Fig. (1): The client satisfaction score about immunization program services.

Evaluation of Service Delivery in Immunization unit

Table (2) demonstrated the evaluation of service delivery in the immunization unit. There are two indicators that had a full evaluation score (100%) for all PHCCs about (the health facility has a sufficient number of fixed immunization sessions per week for the past three months, were all fixed immunization sessions held as scheduled). As for other indicators were somewhat sufficient for most of PHCCs.

Table (2): Frequencies, percent, and summary statistics of "Service Delivery in Immunization unit" items for the studied PHCCs.

Service Delivery	Insufficient		Somewhat sufficient		Sufficient	
	No	%	No	%	No	%
The Health facility (HF) have a map showing communities in the catchment areas including outreach sites if outreach is conducted	-	-	14	66.7	7	33.3
There any geographic areas or communities with many under-vaccinated children	7	33.3	7	33.3	7	33.3
The health facility has a sufficient number of fixed immunization sessions per week	-	-	-	-	21	100
During the past three months, were all fixed immunization sessions held as scheduled	-	-	-	-	21	100

The outreach vaccination sessions implemented sufficient to vaccinate all dropout children in remote areas	6	28.6	13	61.9	2	9.5
The Health facility vaccinate a 22-month old child if they never received any vaccines	-	-	2	9.5	19	90.5
The Health facility (HF) tracks children who have been vaccinated at this Health facility (HF) in the past but are now missing vaccinations (defaulters). Select the option that best describes the response.	10	47.6	6	28.6	5	23.8
How Health facility (HF) reaches children who are missing vaccinations. Select the option that best describes the response.	9	42.9	9	42.9	3	14.3
Mean \pm SD (Range)	18.5 \pm 1.8 (15-22)					

Discussion

In this study, more than half (66.7%) of the studied PHCCS was somewhat sufficient regarding the health facility having a map showing communities in the catchment areas including outreach sites if outreach is conducted. This result is in agreement with another study done in Babylon governorate [9], which found that (73.9%) of PHCCs had a fair score for the presence of a map of the target geographical area on the wall, with points and high-risk areas updated in immunization unit.

Two indicators had a full evaluation score (100%) for all health facility about (the health facility had a sufficient number of fixed immunization sessions per week for the past three months, were all fixed immunization sessions held as scheduled). This in agreement with the previous study findings was done by [10], which found that all sessions were held according to micro plan. However, these results disagreed with the study findings done in Cameroon [11], which found that (69.0 %) health facilities carry out one vaccination session per month. It may be because there are orders from higher authorities to manage the program to carry out fixed vaccination sessions throughout the week. The current study showed that (90.2%) of the studied sample had vaccination cards for their children that contain vaccines information and dates for vaccinations.

This result is in agreement with another study findings done in Thailand [12] which found that only (20.0%) of children had no vaccination card.

Furthermore; (34.0%) of the studied sample reported hard to reach the health facility and this result consistent with the previous study findings done in Guinea [13], which found that only (21%) of the study samples said their child was not immunized because of distance. On the other hand, this result does not agree with the result of another study that was conducted in Basra, Iraq [14], where it was found that 5.3% of children did not complete their vaccinations because the health centers are too far away. The possible cause for this result is that most of the geographic areas of Diwaniyah governorate are rugged rural areas, and the population is distributed over these areas so that some residents are difficult to reach the health center to obtain vaccination service. In the present study, (96.9%) of the clients reported they were satisfied with the behavior of the health staff. This result is consistent with the result of a previous study in Basra / Iraq [15], where it was found that (6%) of mothers only do not complete the vaccination of their children because of the behavior of health workers. Also, the current study showed that (97.1%) of the studied sample had confidence regarding vaccinations provided at the health facility. These results are in agreement with the recent study findings done in 2019 [16], which found that only (14.6%) of the study sample had no confidence in vaccinating children. Regarding refusing to vaccinate the child for reasons related to the health facility, the study revealed that (96.9%) of clients indicated there is no refusal by the health facilities to vaccinate children. This result is in agreement with the previous study done in 2018 [17], which demonstrated that two-thirds of the children had been reaching a health facility vaccinated, while one-third of children missed being vaccinated in health facility.

Concerning wait time, the study found that (85.0%) of the studied sample reported that wait time was short in the health facility. This result is consistent with the result of another study conducted in Iraq / Baghdad in 2005 where it was found that (24%) of mothers who review the vaccination of their children suffer from the problem of waiting time [18]. This result agreed with the published study findings done in 2010 which found that only (9.3%) mothers reported that wait time was long in the health facility [13].

Moreover; a high percentage (98.3%) of the study samples, answered (no) about postponing the date of vaccination of their children due to the lack of availability of the vaccine. This result is in agreement with a previous study in Basra, Iraq has done in 2015, where it was found that (13.7%) of children are not vaccinated on their appointments because of the postponement of the vaccination date [14].

The results showed that the final score for the client satisfaction evaluation was (18.7), which is (good). This result is in agreement with the previous studies in Thailand and Egypt [12, 19], which found that (100%, and 95.2%) of the study population were satisfied with the immunization service respectively. But these results disagreed with the study done in Nigeria, which revealed that PHCCs had ranks low on nearly all PHC performance indicators [20]. This may be due to the difference in the immunization services provided, according to the health policies followed in each country.

Conclusions

1. The mean score of client satisfaction with the immunization services is (good)
2. The client's satisfaction with immunization program services was (good) for the majority of the studied sample.

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