

Evaluation of Reasons for Partial Compliance and Non-compliance to the Routine Childhood Vaccination Schedule in Al-Russafa District

ALI H. AZEEZ¹, MOHAMMED F. KHALIFA²

¹Clinical Nurse Specialist, Ministry of Health and Environment, Baghdad, Iraq

²Professor, College of Nursing University of Baghdad, Baghdad, Iraq

Correspondence to: Ali H. Azeez, Email: Ali.Hasan1206a@conursing.uobaghdad.edu.iq

ABSTRACT

Objectives: To evaluate reasons for partial compliance and non-compliance to the routine childhood vaccination schedule in Al-Russafa district.

Methodology: Descriptive study, using the evaluation approach, is carried throughout the present study to determine the reasons for the Routine Childhood Vaccination at health care sectors and primary health care centers at Al-Russafa District in Baghdad City, Convenient, non-probability, sample of (90) mother who are recruited from health care sectors at Al-Russafa District in Baghdad City. All mothers, who have participated in the study, have signed consent form for their agreements for the participation in the study. An interview-schedule is constructed for the purpose of the study. The study instrument is constructed through review of relevant literature. It is comprised of reasons responsible for partial compliance and Reasons for Non-compliance to the routine childhood vaccination schedule. Content validity and internal consistency reliability of the study instrument are determined through pilot study. Data are collected using the study instrument and the application of the structured interview as means of data collection. Data are analyzed through the application of the descriptive data analysis approach of frequency and percent.

Results: The study depicts that mothers present different reasons for partial compliance and non-compliance for routine childhood vaccination schedule.

Conclusion: Reasons for partial compliance for routine childhood vaccination schedule include that the child is ill and family problem including illness of mother, fear of side effects, the vaccination is postponed until another time in Al-Russafa districts. These reasons are identified as part of the obstacles, lack of information and lack of motivation reasons and reasons for non-compliance for routine childhood vaccination schedule include that the child is unvaccinated because of illness, fear of side effects after vaccination and the time for vaccination is not convenient in Al-Russafa districts in Baghdad City. These reasons are discovered as the main causes of the vaccination delay.

Recommendations: The study recommends that routine childhood vaccination schedule should be seriously implemented and monitored. Further national studies can be conducted on such topic and on a wide-range scale.

Keywords: Partial compliance, Non-compliance, Routine Childhood Vaccination Schedule

INTRODUCTION

The process of immunizing oneself against an infectious illness, one is given a vaccination to help boost their immune system. When a person gets a vaccine, the body's own immune system is stimulated. This makes the person less likely to get infections or get sick again ⁽¹⁾.

The threat of sickness and the consequences of disease are important variables in encouraging vaccine uptake. Nonetheless, both actual and perceived risks are important determinants in people's decisions to decline the offer of immunization when it is made. Vaccinations must be shown to be safe and effective before they can be made available to the general public, but there are still dangers and variations in how people respond to vaccines, as is seen in the cases of those who have been seriously crippled as a result of vaccination. People's perceptions and interpretations of risks, such as those associated with side effects that are uncommon but severe, might differ. People's choices on vaccines may also be influenced by a societal trend toward a more customized view of medicine and healthcare. ⁽²⁾

Where individuals get information regarding vaccinations, as well as the way that information is presented and accessible, may have a big impact on whether or not they decide to get them. According to studies, those who got information about illnesses and vaccinations from official sources, most notably healthcare professionals or others in community service organizations, were more likely to believe vaccines were safe and to be vaccinated. The degree to which this information is targeted at certain populations may be significant: for example, whether it is supplied in accessible forms or is translated into minority languages. Historically, news organizations have had a significant impact. ⁽³⁾

A global survey of vaccine confidence levels found that in forty-three countries, people trust healthcare providers more than they trust their families, friends, or other non-medical sources to give them medical and health advice and information about the vaccine. Disparities in trust exist among society's many social

groupings. As an example, recent studies on vaccine attitudes in a multi-ethnic population have been discussed. A community in the United Kingdom that has a lot of poverty finds that people do not trust the government or the local council. People have a lot of faith in the NHS, local hospitals, and schools. Because most vaccines are given by GPs or nurses, trust in primary care might be very important. Uncertainty regarding the motivations and interests that drive vaccination programs, such as views on the involvement of pharmaceutical firms, might contribute to a lack of confidence ⁽⁴⁾.

METHODOLOGY

Descriptive design, using the evaluation approach, is carried throughout the present study to determine the reasons for the Routine Childhood Vaccination at Al-Russafa District in Baghdad City for the period of October 15th 2021 through May 1st 2022.

Convenient, non-probability, sample of (90) mother who are recruited from health care sectors at Al-Russafa District in Baghdad City. All mothers, who have participated in the study, have signed consent form for their agreements for the participation in the study.

An interview-schedule is constructed for the purpose of the study. The study instrument is constructed through review of relevant literature. It is comprised of reasons responsible for partial compliance and Reasons for Non-compliance to the routine childhood vaccination schedule. Content validity and internal consistency reliability of the study instrument are determined through pilot study.

Data are collected through the use of the study instrument and the application of the structured interview as means of data collection. Data are analyzed through the application of the descriptive data analysis approach of frequency and percent.

RESULTS

Table 1: Reasons Responsible for Partial Compliance to the Routine Childhood Vaccination Schedule in Al-Russafa District (n = 90)

Percent	Frequency	Reasons
Obstacles		
Mother is too busy	33	36.7
Place of immunization too far	23	25.6
Child ill	53	58.9
Long waiting time	23	25.6
Family problem including illness of mother	45	50.0
Vaccine is not available	33	36.7
Lack of information		
Aware of the need of vaccination	31	34.4
Unaware of the need to return for 2nd or 3rd dose	23	25.6
Fear of side effects	61	67.8
Lack of motivation		
Postponed until another time	66	73.3
No faith in vaccination	12	13.3

Results, out of this table, depicts that child is ill is accounted for (58.9%) of the obstacles, fear of side effects (67.8%) of lack of information and postponed until another time (73.3%) of lack of motivation as reasons responsible for partial compliance to routine childhood vaccination schedule in Al-Russafa District.

Table 2: Reasons for Non-compliance to the Routine Childhood Vaccination Schedule in Al-Russafa District (n = 90)

Percent	Frequency	Reasons
The child is unvaccinated because of illness	64	71.1
Fear of side effects after vaccination	51	56.7
Unavailability of the vaccine	40	44.4
Mother does not have the information about the routine vaccination schedule	29	32.2
Mother is unaware of the need for vaccination	32	35.6
The time for vaccination is not convenient	50	55.6
The distance of the vaccination place	16	17.8
The mother is busy	39	43.3
Crowding at the vaccination site	19	21.1
The mother distrusts the vaccination	11	12.2

Results, out of this table, show that the child is unvaccinated because of illness is accounted for (71.1%) as reason for non-compliance to the routine childhood vaccination schedule in Al-Russafa District.

DISCUSSION

Part I: Discussion of Reasons for Partial Compliance to the Routine Childhood

Vaccination Schedule in Al-Russafa District: Analysis of such reasons depict that most of the reason for partial compliance to the routine childhood vaccination schedule, in Al-Russafa District, is that the child is ill (58.9%) and family problem including illness of mother (50%). These reasons are well-thought-out as the first priority factor as obstacle for the routine childhood vaccination coverage.

With respect to the second priority reasons of lack of information, the study findings indicate that fear of side effects is accounted for the most reason of lack of information (67.8%).

Relative to lack of motivation as third priority reasons for partial compliance for routine childhood vaccination schedule, the study findings reveal that the vaccination is postponed until another time (73.3%).

According to the research, the biggest reasons for dropout were challenges encountered by mothers in attending primary health care clinics (50%) and a lack of knowledge (31%). Additionally, insufficient awareness, inconvenient scheduling for moms, mothers' literacy level and employment, birth order, and family type are all accounted for (5).

Part II: Discussion of Reasons for Non-compliance to the Routine Childhood

Vaccination Schedule in Al-Russafa District: Analysis of the reasons for non-compliance to the routine childhood vaccination schedule in Al-Russafa District depict that the first priority reasons for such non-compliance are the child is unvaccinated because of illness (71.1%); fear of side effects after vaccination (56.7%) and The time for vaccination is not convenient (55.6%).

There was a cross-sectional study that looked at 188 mothers. It found that incomplete vaccination is linked to the mother's lack of information about the immunization schedules, as well as a fear that the child will get sick after getting a shot. Some people say that vaccination is not safe and can have very bad side effects (6).

For study children, full immunization status shows a positive association with urban housing, frequent antenatal care visits, and institutional delivery. The presence of vaccination sites in health institutions, mothers who know the places and the vaccination schedule for their area, and mothers who take their children for vaccination even if they are sick. This indicates that married mothers while they go to the nearest site to vaccinate their children, the time it takes to arrive (less than 30 minutes), and this correlation indicates that it has a negative impact on the full vaccination status of their children (7).

CONCLUSION

Reasons for partial compliance for routine childhood vaccination schedule include that the child is ill and family problem including illness of mother, fear of side effects, the vaccination is postponed until another time in Al-Russafa districts. These reasons are identified as part of the obstacles, lack of information and lack of motivation reasons and reasons for non-compliance for routine childhood vaccination schedule include that the child is unvaccinated because of illness, fear of side effects after vaccination and the time for vaccination is not convenient in Al-Russafa districts in Baghdad City. These reasons are discovered as the main causes of the vaccination delay.

Recommendations: The study recommends that routine childhood vaccination schedule should be seriously implemented and monitored. Further national studies can be conducted on such topic and on a wide-range scale.

REFERENCES

- 1 Science Direct (SD). (2021). Vaccination Coverage. Retrieved from: <https://www.sciencedirect.com/topics/medicine-and-dentistry/vaccination-coverage>
- 2 World Health Organization (WHO). (2021). Vaccines and Immunization. Retrieved from: https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1
- 3 Nuffield Council of Bioethics (NCB). (2021). Vaccine Access and Uptake. pp. 1-8. Retrieved from: [/Users/xc9b7nbpp283j2hrhmb/Downloads/Vaccine-access-and-uptake%20\(2\).pdf](/Users/xc9b7nbpp283j2hrhmb/Downloads/Vaccine-access-and-uptake%20(2).pdf)
- 4 Royal Society of Public Health (RSPH). (2018). Moving the Needle: Promoting Vaccination Uptake across the Life Course.
- 5 Abdalsaid, E., Alhilfi2, R. & Maki, Z. (2017). Immunization Coverage and Its Determinants in Children Aged 12-23 Months in Basrah. The Medical Journal of Basarah University, 35(2): 84-90.
- 6 Verulava, T., Jaiani, M., Lordkipanidze, A., Jorbenadze, R. & Dangadze, B. (2019). Mothers' Knowledge and Attitudes toward Child Immunization in Georgia. The Open Public Health Journal, 12: 330-337.
- 7 Tesfaye, T.; Temesgen, W. and Kasa, A. (2018). Vaccination Coverage and Associated Factors among Children Aged 12 - 23 Months in Northwest Ethiopia. Hum Vaccin Immunother, 14(10), pp. 2348-2354