

MOTHER'S SATISFACTION WITH BASIC IMMUNIZATION SERVICES DURING THE COVID 19 PANDEMIC: MIXED METHOD

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Background of this research is decrease immunization efficient in pandemic covid-19. Based on routine immunization data reports for October 2021, complete basic immunization coverage has only reached 58.4% of the target 79.1%. The purpose of this study was to determine the satisfaction of mothers under five with immunization services during the Covid-19 pandemic at the Banyudono I Health Center. **Objective** This research is a research mixed methods. With research techniques using nonprobability sampling, accidental sampling, and for samples with a qualitative approach, using saturated samples. The research was conducted on February 22 and March 1, 2022. **Methods** from the results of data analysis, it can be seen that from 43 respondents mothers who have toddlers 0-24 months with a frequency of 28 respondents said they were not satisfied (65.5%), 15 respondents said they were satisfied (34.9%), and based on the results of interviews from 3 Respondents one mother said they were satisfied and 2 mothers said they were not satisfied with the immunization service. **Results** for health workers, especially midwives and the registration section at the Banyudono I Health Center, is to improve the registration system so that it can improve better services, and create patient comfort when visiting the Banyudono I Health Center.

KEYWORDS

Covid-19, Immunization, Satisfaction



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INTRODUCTION

According to the Indonesian Ministry of Health, (2020) coronavirus disease 2019 (Covid-19) is a disease caused by the Novel corona virus (2019-nCoV). Corona Virus (2019-nCoV) or now called as SARS-Cov-2 is a new type of virus that has never been identified before in humans. Common signs and symptoms of Covid-19 infection include acute respiratory distress, clinical manifestations appearing within 2 to 14 days. The Covid-19 pandemic has caused problems in various sector, especially in the health sector. Health services have difficulties in dealing with this pandemic especially increasing need for care for Covid-19 patients. The impact of this pandemic has also disrupted other health services, especially essential health services (WHO and UNICEF, 2020).

Immunization services before the pandemic period are carried out at posyandu, puskesmas or other health facilities that provide immunization services. During the Covid-19 period, immunization was still carried out but only at the puskesmas and because to reduce the risk of gathering people and minimize the spread of Covid-19. Immunization services at puskesmas must implement health protocols, such as maintaining physical distance when parents in the waiting room, parents must wear masks and ensure that their toddlers are healthy when immunized, and health workers wear complete personal protective equipment. The implementation of immunization services must comply with health protocols through maintaining a safe distance of 1-2 meters when parents are in the waiting room and implementing the principles of Infection Prevention and Control (PPI) (Kemenkes RI, 2020).

Complete basic immunization is mandatory immunization which is one of the government programs in an effort to improve health for the community which is the most efficient and effective to increase immunity for infants and toddlers against a disease. Immunization can prevent various diseases such as polio, hepatitis B, tuberculosis, smallpox which can lead to measles, diphtheria, liver cancer, rubella and congenital rubella syndrome (Congenital Rubella Syndrome/CRS), meningitis (inflammation of the lining of the brain), pneumonia (lung inflammation). Basic and advanced immunizations must be carried out in full and pursued according to a schedule to protect children from Immunization Preventable Diseases (PD3I) (Ministry of Health of the Republic of Indonesia, 2020)

The Covid-19 pandemic has hampered health services, especially complete basic immunizations, but also toddlers must still get complete basic immunizations in accordance with government programs. This requires the ability of health workers at the Puskesmas to provide services in a professional manner depending on how health workers provide immunization services. The quality of health services provided by professional health workers such as midwives will have a satisfying effect on patients who receive these services. Therefore if the midwife in providing services is not good, there will be dissatisfaction from the patient. The assessment of the level of patient satisfaction depends on the provision of services, facilities and infrastructure available at the puskesmas. (Sasmita, 2021).

The coverage of immunization has decreased since 2020 (Nadhifa, Laras, Rismawati, & Ayu, 2020)(Suarca, 2020). According to the Director General of Disease Prevention and Control, the Indonesian Ministry of Health, dr. Maxi Rein Rondonuwu continues to encourage local governments, especially the health office, to pursue the immunization coverage target of 79.1%. Based on routine immunization data reports for

October 2021, complete basic immunization coverage has only reached 58.4% of the 79.1% target (Rokom, 2021). Based on immunization data reports in October 2021, basic immunization coverage has only reached 58.4% of the 79.1% target (Rokom, 2021) (Community et al., 2022) (Nurhasanah, 2021)

Complete Basic Immunization Coverage for toddlers in Central Java in 2020 was 94.3%. This figure has almost reached the target of the Strategic Plan of the Central Java Provincial Health Office in 2020, which is 94.4 percent. (Central Java Provincial Statistics Agency, 2020). The coverage of Complete Basic Immunization health services in Boyolali Regency in 2020 is 88.6% of the 100% target, a decrease from 2019 (99.8%) of 11.2%. Complete Basic Immunization at the Banyudono I Health Center, which is 64.7%, the third lowest after Andong and Klego 1 Health Centers (Boyolali Health Office, 2020). This is due to the Covid-19 pandemic which has an impact on limited access to health services in the form of Community-Based Health Efforts such as Posyandu.

The purpose of this study was to determine the satisfaction of toddlers Mother with Complete Basic Immunization Services during the Covid-19 Pandemic at the Banyudono I Health Center.

RESEARCH METHOD

Design and study sites

This study is a mixed methods. This is descriptive study conducted at the Banyudono 1 Public Health Center Boyolali on 43 mothers of toddlers 0-24 months. This health center is one of the health centers in the Boyolali district which is located on a provincial road. The population is all mothers in Banyudono 1 Public Health Center with babies aged < 24 months.

Sample and Procedure

The sampling technique in this study was using a non-probability sampling technique, namely by accidental sampling on mothers who had babies <24 months who coincidentally came to visit immunizations and met with researchers in February 2022 at the Banyudono I Health Center for 2 weeks. As for the sample with a qualitative approach that is using a saturated sample.

Procedure

This study was conducted for 7 days. Random sampling that is by chance with the baby's mother who came to the health center. Respondents were given informed consent for consent to participate in the study. Then respondents were given a questionnaire about satisfaction with the complete basic immunization service during the Covid-19 pandemic in hard copy. To obtain qualitative data, researchers conducted in-depth interviews with interview guidelines to respondents who had completed filling out the questionnaire

Tools and Materials

The tools and materials in this study were questionnaires. Collecting data by giving written questions to respondents. This study using research supporting instruments in the form of interview guidelines. The interview guide used by researchers during interviews with informants, so that interviews cannot be separated from the research topic. Field notes are written about what was heard, seen, experienced, and thought in

order to collect data. mobile phone, as a voice recording device used during interviews between researchers and informants and a recording device that produces images (documentation).

The questionnaire about satisfaction with immunization services during the pandemic period consisted of 26 questions, there were 21 negative questions and 5 positive questions. The value of the answers on the favourable item, the answer strongly agrees = 4, agrees = 3, disagrees = 2, strongly disagrees = 1. The answer value on the unfavorable statement is: strongly agree = 1, agree = 2, disagree = 3, strongly disagree = 4. All the results of the assessment are then categorized into two, namely satisfied and dissatisfied. The limit value in the categorization is determined based on the cut off point data. Researchers use the value of wekness and standard error in determining the distribution of data. The data distribution is normal if the quotient of the skewness value with standard error ≤ 2 .

Analisy Data

The data were analyzed using a statistical program. Descriptive analysis was carried out by describing using frequencies and proportions for categorical data. While for qualitative data, in-depth interviews were conducted with each respondent once. In this study, three samples were taken because each of the five respondents gave almost uniform answers

Ethical Consideration

Approval to conduct this research was obtained from the ethics committee of STIKES Estu Utomo and has been approved and signed informed consent by respondents who participated in this study

RESULT AND DISCUSSION

Most of the participant (39, 97,3%) were aged between 20-35 years old; 24, 55,8% participant complete high school education; 30, 69,8% were house wife. Patient satisfaction data can be seen in table 1. From 43 respondents, 28 respondents said that they were not satisfied (65.5%) and 15 respondents said they were satisfied (34.9%) with immunization services carried out during the Covid 19 pandemic. In below are the results of an analysis of maternal satisfaction with basic immunization services during the COVID-19 pandemic:

Table 1 Description of mother's satisfaction with basic immunization services during the Covid-19 pandemic

		Frekuensi	Persentase	Persentase valid	Persentase kumulatif
Mother's satisfaction with basic immunization services	Unsatisfied	28	65.5	65.5	65.1
	satisfied	15	34.9	34.9	34.9
		43	100.0	100.0	100.0

Source : Result of Research, 2022 (data)

This study uses the SERVQUAL satisfaction questionnaire which was adopted from Parasuraman (1989) which consists of 5 dimensions of satisfaction, namely tangible, responsiveness, reliability, assurance, dan empathy. Researcher will explain how

Mother's satisfaction with basic immunization services with quantitative and qualitative design.

a. Tangible

Table 2 explain the highest participant's dissatisfaction cause of limited places to provide services. In addition to the distance that not up to standards, the implementation of immunizations carried out outdoors causes participants to feel uncomfortable.

Table 2 Analisis Results of Tangible Dimension

Dimensions of Satisfaction	Score
Condition of the room	88
Medical tools	108
Air Circulation	93
Using of PPE by health workers	101

Source : Result of Research, 2022 (data)

The results of interviews with the Informant (IU2), the following results were obtained:

"Kalau saya sendiri masih kurang nyaman sih mba mana di luar lagi itu tempat imunisasinya kan, terus kursinya jga ada yang masih dempetan gitu, jaraknya masih kurang jauh jadi masih was was gitu mba kalau deket-deket sama orang"

IU 2 said that she discomfort with immunization place carried out outdoors. Its same with IU 3 expressed her discomfort regarding the distance and place of implementation.

"Masih dempet gitu lo mba dari satu kursi ke kursi lainnya itu"

"Belum nyaman sih mba kalau menurut ku tempatnya, soalnya gimana ya mbak ya kemarin itu kan hujan di tambah lagi angin kan, was-was aku mba anak ku masuk angin gimana nanti"

Triangulation informant (midwife) confirmed the statements of IU 2 and IU 3.

"sebelum pandemi kami laksanakan di aula nak, ada khusus untuk pertemuan dengan masyarakat atau penyuluhan gitu, jadi di situ imunisasinya. Nah setelah ada covid ini karena mengurangi kerumunan, harus memenuhi protokol kesehatan dan harus tetap di laksanakan imunisasi jadi di pindah ke puskesmas."

"imunisasi di laksanakan di luar ruangan itu yang pertama karena kami kekurangan ruangan nak, jadi mau gak mau di luar ruangan, dank arena situasinya juga masih covid kan ya lebih baik di luar ruangan biar udaranya itu luar gitu nak. Tapi yang utama tadi karena Puskesmas kami kan kecil gitu nak."

Triangulation informant said the reason why the immunization was carried out in an open space was because the rooms in the puskesmas because Puskesmas could not accommodate visitors who came. The policy of implementing immunization outdoors is also taken to maintain air circulation. The distance between visitors has actually been regulated according to regulations during the pandemic covid. However, when the researchers conducted the study, it appeared that some patients changed their seats to make them more comfortable. This causes the distance that has been set by the health worker to change and causes discomfort for other patient.

Tangibles can be seen directly from the service provider so that it is in accordance with the concept of the Service Quality model by A. Parasuraman et al, (1994) by making tangibles the number one component in the assessment of service quality for conclude of service quality.

Based on the results of patient satisfaction on the tangibles dimension, like the availability of supporting equipment such as a place to wash hands with soap and hand sanitizer, the highest score was 27.69%. Health workers use APD (25.89%), air circulation at immunization place is good (23.84%), facilities room are in good condition, adequate, comfortable, according to health standards (22.56%). From the tangibles dimension, respondents are satisfied with the facilities provided at the puskesmas. The Puskesmas has implemented the new normal in providing its services. (Sari, 2021)

Based on the results of interviews on the tangibles dimension, respondents were satisfied with the tidiness of the room, the cleanliness of the immunization place, and the equipment used was also clean during the implementation of immunization. And visitors feel protected by health workers using APD in accordance with existing regulation.

b. Reliability

In the reliability dimension, there are 5 valid questions to be used as questions in this study. In table 3 it can be seen that the lowest value of visitor satisfaction is due to the limited availability of vaccines.

Table 3 Analisis Results of reliability Dimension

Dimensions of Satisfaction	Score
Jadwal imunisasi yang jelas	123
Penjelasan petugas mengenai hasil pemeriksaan	104
Jadwal imunisasi ulang	108
Ketersediaan vaksin	60
Kemampuan petugas memberikan pelayanan	98

Source : Result of Research, 2022 (data)

In the reliability dimension, respondents said they were unsatisfied with the availability of empty vaccines and the lack of Puskesmas worker providing information to patients about the types of vaccines available at the puskesmas. Empty vaccines were complained of by all major informants. IU 1 said that she would have to repeat the following month to get the vaccine she needed.

“iya ada mba, bulan sebelumnya pas saya sudah datang ternyata vaksinnya kosong. Jadi gak di imunisasi anak saya tapi udah lama itu mba, yang kmren pas ada smpean Alhamdulillah ada mba vaksinnya.”

IU 2 had to go back to the puskesmas several times because the vaccine he needed was not ready. And when IU 2 asked the officer for information if the vaccine was available, he still didn't get the information he needed.

“Gak dapat saya mba kemaren pas imunisasi, katanya kosong stoknya. Disuruh datang lagi minggu depan nya lagi mba.

“iya mba saya datang lagi tapi masih belum ada juga, jadi saya nunggu lagi mba”

“Gak ada mba, jadi setelah minggu depan itu saya datang, saya minta nomor bidannya itu, biar saya gak bolak balik lagi gitu mba pas datang malah masih kosong kan”

IU 3 said that she was already in line. However, when it was her turn to be immunized, she was told that the vaccine he needed was out of stock. IU 3 also expressed concern if it was too late to immunize her child.

“Ada kalau itu mba, saya udah nunggu lama ya waktu itu ngantri karena pas banyak yang imunisasi juga. Lah kok vaksin nya katanya habis mba. Dalam hati ku ngedumel mba, nunggu lama-lama eh kok vaksinnya imunisasinya habis. Jadi yaudah saya nunggu vaksinnya ada mba, tapi yo takut lek lambat imunisasine gimana gitu mba.”

From the triangulation informant confirmed that the immunization vaccine during the pandemic was indeed empty

“Iya nak, memang banyak vaksin yang kosong selama pandemi ini, di puskesmas memang kosong vaksinnya tapi kosong memang dari stok dinas atau pusatnya sana yang tidak tersedia. Kami sudah berusaha untuk ngamprah ke dinas, tapi memang stok vaksinnya kosong dari pusat. Jadi mau gak mau untuk ibu-ibu yang melakukan imunisasi nunggu”

“kosongnya karena kan selama covid ini banyak di lakukan vaksin covid, dan seluruh masyarakat Indonesia kan wajib vaksin. Jadi, di gudang vaksin imunisasi itu penuh dengan stok vaksin covid-19. Karena lagi gencar-gencarnya covid kan kemaren nak.

Triangulation informant said that the shortage of child base vaccine stocks was due to the absence of vaccines from the government. In addition, the scarcity occurs because the vaccine warehouse is full of Covid-19 vaccine stocks which are required for the whole people.

Reliability means reliability related to the ability of service providers as promised promptly, accurately and satisfactorily. The importance of this reliability dimension has been explained by A. Parasuraman et al, (1988) as the appearance of a service provider during first contact with customers in providing services.

The results of the satisfaction of the reliability dimension from the highest value, such as the provision of immunization there is a certain schedule to reduce crowds during the Covid-19 pandemic with a total of 24.94%. The existence of this schedule helps parents to know when she go to the puskesmas to get the required immunizations (Hanniyati, Indriati, & Hasanah, 2022). Health workers explain the return schedule for immunization clearly with a total of 21.90%. Health workers conveyed the results of the examination clearly and easily understood with a total of 21.09%. Health workers seem to be able to provide immunization services well with a total of 19.87%, immunization vaccines are always available according to schedule with a total of 12.17%

Based on the results of interviews from the reliability dimension, respondents are satisfied with the existing schedule arrangements so as to reduce crowds. Health worker are considered sufficient to provide education before medical actions taken. Respondents are not satisfied with the ability of health workers, one of the reasons is the presence of students who practice at the Puskesmas and inject immunizations. In addition, respondents were dissatisfied with the availability of immunization vaccines that were not available at all times, which caused respondents to be dissatisfied because they had come to the health center and immunization vaccines were not available. The scarcity of basic vaccines is felt by most people in Indonesia. (Mukhi, Medise, Mukhi, & Medise, 2021).

c. Responsiveness

In the dimension of responsibility, there are 3 questions that are valid and used for this research. In table 4, the lowest satisfaction of respondents is because the officers are less friendly and confuse visitors

Table 4. Analisis Results of Responsiveness Dimension

Dimensions of Satisfaction	Score
The readiness of the registration section to serve patients if they have difficulty registering	77
The readiness of the puskesmas staff if the patient has difficulty in getting information	80
Immunization workers respond well if the Todller cries	100

Source : Result of Research, 2022 (data)

Interviews from IU 2 said that the registration worker was not friendly. However, the officer has given an explanation for the immunization information she want.

“Sebenarnya enak mba, tapi ya kadang bagian pendaftarannya itu kurang ramah gitu aja sih” (IU 2)

However, this is different from IU 1. According to IU 1, the section officers worked well.

“Mudah mba kalau gak antri ya, saya datang terus nyerahin buku imunisasi berdasarkan urutan datang ibu-ibu yang lainnya. Nunggu berapa menitnya gak pasti mba, kadang lama kadang cepet juga” (IU 1)

From the triangulation source (midwives), she is explained that the number of programs that must be carried out by Puskesmas officers at the same time may reduce the performance of the officers.

“Iya mba, karena banyaknya yang datang ke puskesmas kan jadi harus antri juga kan, dan kadang ada juga ibu-ibu yang gak sabaran pas daftar itu. Mungkin jadinya kena marah sma petugas pendaftaran.

“kalua pendaftaran online ada nak, tapi itu untuk yang pelayanan umum, jadi kan banyak mereka itu ada daftar onlinenya. Tapi ya ada juga yang gak tau cara daftarnya, ada yang gak punya hp untuk daftarnya. Macem-macem lah nak pasien Puskesmas ini”

The dimension of responsiveness is the ability of service providers to assist customers in providing good and appropriate services. The result of the dimension of responsiveness with the highest value is that the responds from immunization worker if the child cries with a total of 38.91%. The alertness of the puskesmas worker if the patient has difficulty in getting information is 31.12%, the alertness of the registration section in serving patients if they have difficulty when registering is 29.96%.

Based on the results of interviews from the responsiveness dimension, respondents were satisfied that health workers responded well if children cried, health workers also calmed them when children cried. Respondents were not satisfied with the responsiveness of the registration section in serving patients if they had difficulties when registering, this was due to the large number of patients who were registering so they did not only focus on certain patients. The accuracy of midwives in providing services is the main thing that affects visitor satisfaction with service quality (Nagle, Omonaiye, & Bennett, 2021

d. Assurance

Based on the assurance dimension, all mothers said they felt safe when their children would be injected with immunization vaccines, because the health workers were skilled and friendly when providing immunization services. This can be seen in table 4 of the results of the analysis of respondents' satisfaction.

Tabel 5. Analisis Results of Assurance Dimension

Dimensions of Satisfaction	Score
Babies without fever who can get immunizations	113
Health worker be able to maintain the confidentiality of patient data	111
Health workers make you feel safe and comfortable in interacting during the covid-19 pandemic period	108
Health workers show good manners	105

Sumber : Result of Research, 2022 (data).

Informants still feel doubt and afraid when their children are injected by students. This impression can be seen from the results of interviews with key informants.

“...kemaren bidan yang kerja di puskesmas itu yang nyuntik anak saya. Untungnya bukan itu mba anak yang magang, kan saya takut juga mbak kalau anak magang yang nyuntik.” IU (2).

IU 1 and IU 3 said that they feel safe with the actions given by the health workers.

“Sudah sih mba, sudah cukup handal gitu” IU (1)

“Ya terampil mba petugasnya” IU (3)

From the triangulation (midwife) she said that the students already understood how to do immunizations and senior midwife had informed that the students how the injection technique. Based on the results of these interviews, what makes the patient satisfied is that babies who do not have fever can get immunizations, in this case if the baby has a high fever it will be difficult to detect if certain reactions occur after the child is immunized. Health workers are able to maintain the confidentiality of patient data, health workers make patients feel safe and comfortable when interacting during immunization during a pandemic because they use personal protective equipment such as masks and gloves, and health workers show a polite and courteous attitude during the immunization process.

d. Emphaty

In the SERVQUAL model, empathy is defined as the sense, nature and ability to give full attention and care for health care workers to the patients. In the empathy dimension there are 4 valid quantitative questions and are used for this research. In table 6 it is found that the lowest satisfaction of respondents is because officers pay less attention to respondents

Tabel 6. Analisis Results of empathy Dimension

Dimensions of Satisfaction	Score
Inform concent from health worker	69
Communication health workers	103

Patient feel comfortable with health worker	101
Health worker serve regardless unseen social status	91

Source : Result of Research, 2022 (data)

Based on the results of interviews to IU 21 and IU3 said that they are satisfied with officers who always ask for permission before taking action

“iya mba, selalu meminta izin dulu mereka sebelum nyuntik” (IU1).

However, this is different from IU2 which said that only certain officers asked for permission before taking action.

“Iya mba minta izin dulu sebelum nyuntik itu, tapi kalau bukan bu Y kadang ada yang gak minta izin” (IU3).

This shows that the Boyolali Health Center officers have implemented the SOP for informed consent before taking medical action, but there are some officers who still have not give informed consent to the patient. Based on the approval for medical action in the PERMENKES RI No. 585/Men.Kes/Per/IX/1989, especially in pasal 2 that all medical actions to be carried out on patients must obtain this approval, which can be given verbally or in writing. so it is necessary to provide seminars or training on the importance of informed consent to health workers, especially midwives.

Based on the results of interviews about the way health workers communicate to patients, all informants said that they were satisfied with the way the officers communicated because it was easy to understand.

“Mudah mba, sering pake bahasa jawa mba klo petugas ngomong itu.” (IU3)

This shows that the language of the staff is very easy for patients to understand. Because the patient is a local people who uses the same traditional language.

Based on the results of interviews regarding the fairness of health workers in providing services, all informants said they were satisfied with the officers. Because health workers do not compare health services based on social status.

“Oalah, enggak mba, tugasnya itu memperlakukan sama semua mba” (IU1)

Based on research entitled The Effect of Service Communication and Satisfaction on Customer Loyalty by Logahan (2013) shows that customer service has a significant effect of 14.6% on customer loyalty, customer satisfaction has a significant influence of 8.5% on customer loyalty, and customer service. and customer satisfaction has a significant effect of 15.2%. this result same with previous research, that satisfaction can depends on midwifery competention. (Khumalo, Rwakaikara, Africa, Khumalo, & Rwakaikara, 2017)(Manze et al., n.d.)

CONCLUSION

The results of measuring the percentase of mothers' satisfaction with immunization services can be seen that of the 43 respondents who have 0-24 months old children with a frequency of 28 respondents saying they are not satisfied (65.5%), 15 respondents said they are satisfied (34.9%). Of the 43 respondents, 28 people expressed dissatisfaction with the limited availability of vaccines at the Puskesmas, 15 respondents said they were satisfied because the immunization was given on a certain schedule to reduce crowds during the Covid-19 pandemic. The satisfaction of mothers under five with complete basic immunization services at the Banyudono I Health Center is generally in accordance

with the SERVQUAL theory (A Parasuraman et al., 1991), which consists of 5 aspects including reliability, assurance, tangibles, empathy. or concern, and responsiveness or concern. The quality of service at health facilities will affect the level of visitor satisfaction. (Sisdiyantoro, Minarni, & Tulungagung, 2021) (Astari, Noviantani, & Simanjuntak, 2021) For further research, it is expected to involve more and more varied respondents.

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