

Barriers to Uptake of Laboratory Services for Antenatal Care

Findings from a Multilevel Qualitative Study in Senegal

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Oral Session 2.6: Human Resource Development for Laboratory

Topics



SociaLab



Methodology



Findings



Recommendations



Addressing **Social**, cultural and historical factors limiting the contribution of medical **Laboratory** services to antenatal care in Senegal, Mali and Burkina Faso

Multi-level study:

- Policy
- Health services
- Community

Period:

- November 2012 - 2015

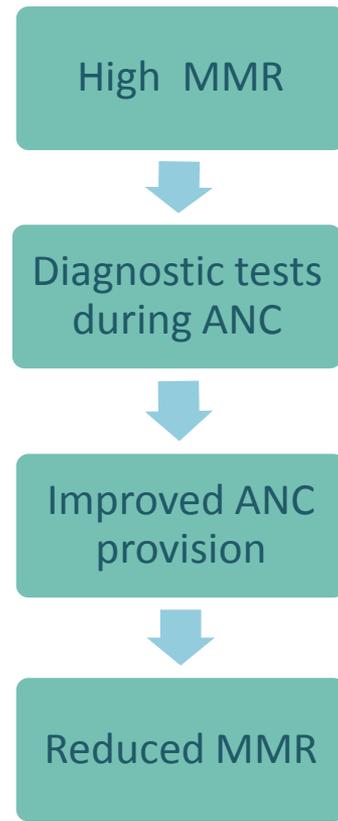
Inter-disciplinary:

- Biomedical
- Socio-anthropology

Funder:



Study Rationale



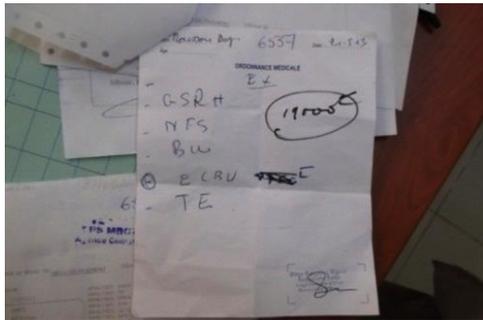


Main study question

What are barriers to **utilization** of standard diagnostic laboratory tests for antenatal care delivery and what are possible interventions to overcome the barriers?

Definiton utilization:

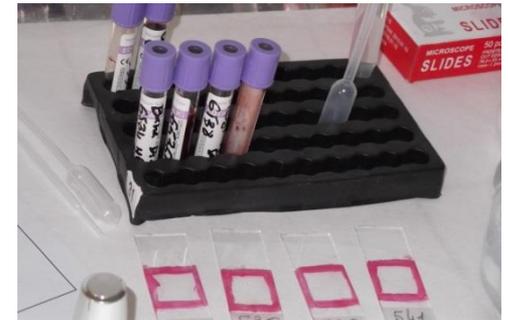
1. Test request



2. Access to laboratory



3. Execution of tests





Ethnography: Study of people's practices, routines and perceptions, in their context

Phase 1: ETHNOGRAPHY 4 facilities, 6 weeks

Methods: Participant observation; in-depth interviews (IDI); feedback session

Tools: Topic guides for interviews and observations

Respondents: Pregnant women in community (81); women in lab (113); health staff (IDI 21)

Team: Anthropologist and local interpreter



Phase 2: SURVEY 7 facilities, 1 week

Methods: Interviews; observations; workshop (WS)

Tools: Questionnaires; topic guides; group work assignments

Respondents: Women in lab (170); health staff (IDI 9); participants WS (125)

Team: Anthropologist and research assistant

Study locations Phase 1 and 2



Sampling out of 96 hospitals and health centres with laboratory in 6 study regions: Regional and level of facility representation



Data management and analysis

Entering data in Word files

- Daily reports of observations and informal conversations
- Transcriptions of audio-recorded IDIs and WS presentations

Qualitative data

Thematic analysis in NVivo10



Quantitative data

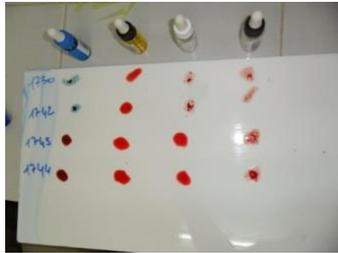
Data analysis in EpiData





Findings

Complete ANC diagnostic tests / place of assay



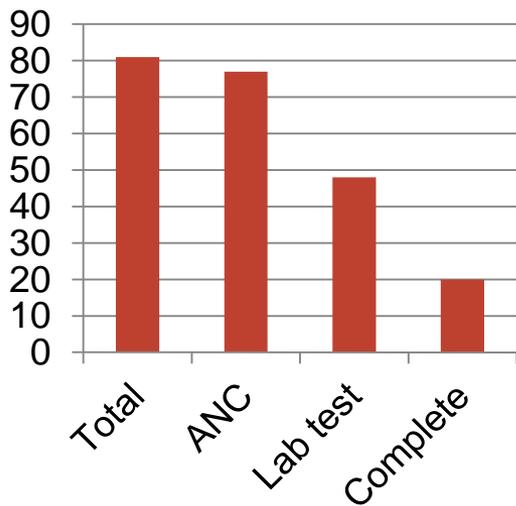
		ANC	Lab
Compulsory			
1	Blood group/ Rhesus factor type		X
2	Emmel test for Sickle Cell Anemia		X
3	Syphilis serology		X
4	Bloodcount / Hemoglobin level for anemia		X
5	Glucose level in blood for diabetes	X	X
6	HIV serology for HIV infection	X	X
7	Glucose level in urine for diabetes and Proteine level in urine for pre-eclampsia or renal disease	X	X
Recommended			
8	Serology of surface antigen Hepatitis B		X



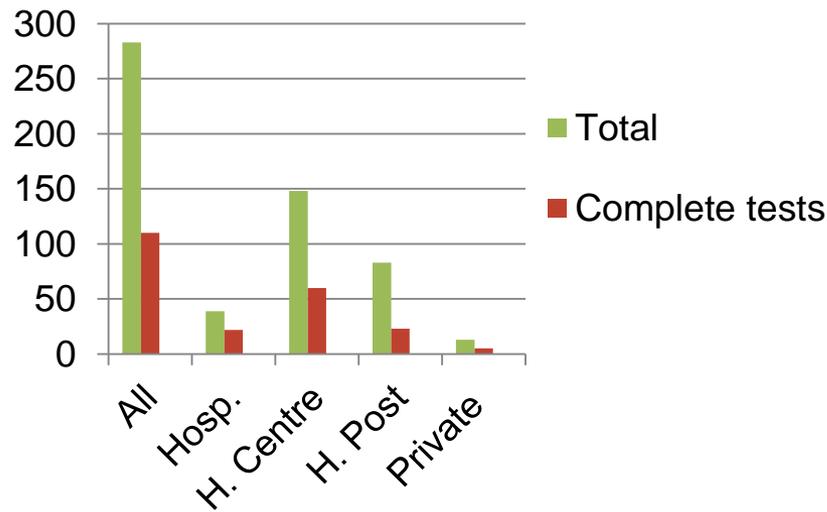


Complete tests

Women in community



Women in lab by ANC place



Question: What are the barriers to women having complete tests?

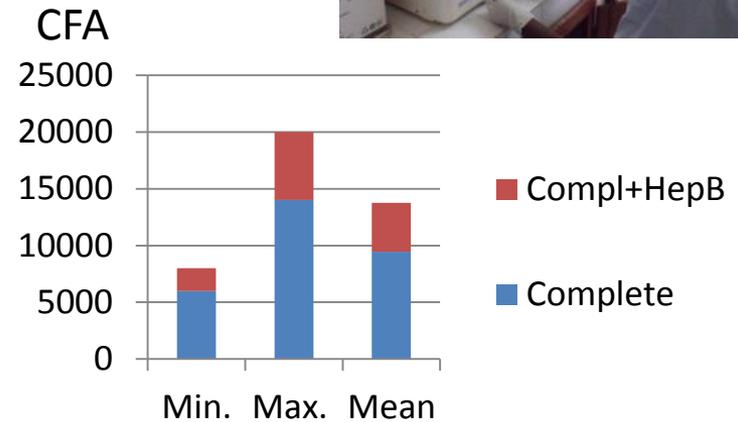


Barriers at laboratory level

- Stock-out of reagents and broken down equipment (8/11)
- High prices for ANC tests – big variations
- Inconvenient opening hours
- Insufficient and/or no trained staff

Context:

- Cumbersome supply chain
- Lab is source of income





Barriers at ANC level

Midwives do not request (all) tests:

- Intentional
 - Anticipate woman's financial problems
 - See no need
 - Know of lack of reagents in lab
- Not intentional
 - Not know guidelines (use ANC register)
 - Forget



Context

- Harsh working conditions – no equipment, long hours
- No national guidelines accessible
- Poor contracts (22% no pay)





Barriers at community level

38% of women in community no lab access:

- No test request (59%)
- Financial problems (34%)
- Fear prick (7%)

Women do not understand reasons for tests: only 22% being explained

Context

- Financial problems / poverty: CW 60%; 59% women in lab problem pay tests
- Isolation adds transport costs (51% women in lab problems find transport money)
- Low literacy – 45% no education
- Subservient position women – also financially





Lab

- Orientation to clients and other services
- Lenience in opening hours, align with ANC hours
- ANC test package at reduced price



ANC

- Complete test request
- IEC about ANC tests



Actors

- Ministry of Health
- Health facility management, laboratory and ANC providers
- Donor community
- Researchers



Recommendation for HR development Lab “Look beyond the tubes”

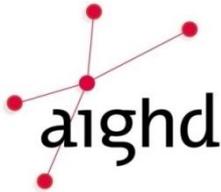
- Interface with midwives / clinicians – they are the gate keepers to the lab
- Patient-oriented
 - Explain procedures
 - Take away fear





Partners

The Netherlands



*Amsterdam
Institute
for Global
Health and
Development*

SSGH

*Institute for Social Science
and Global Health*

France



RESAOLAB

Senegal



*Direction des
Laboratoires, MoH*

Centre Pasteur Dakar

Mali



CICM Mali

INRSP Mali

Burkina Faso

*Direction des Laboratoires
MoH*