



Associated factors with Primary Health Care (Pre-, Per- and Post-natal Mother-Child couple follow-up) services use during COVID-19 pandemic, Senegal, 2020-2021.

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HIGHLIGHTS: (i) COVID-19 pandemic has negatively impacted ANC & PNC completion ; (ii) ANC & PNC services use was linked to malaria IPT, Place of birth (Hospital), even HIV testing and Early postpartum newborn care; (iii) Fear, ignorance and COVID-19 measures was main blocking factors of services use.



1- BACKGROUND

COVID-19 response focuses on the latter to the detriment of routine services and primary health care (PHC), including those related to maternal and child health (MCC). Hence the services discontinuity risk with mortality peaks at each COVID-19 wave start (Figure 1).

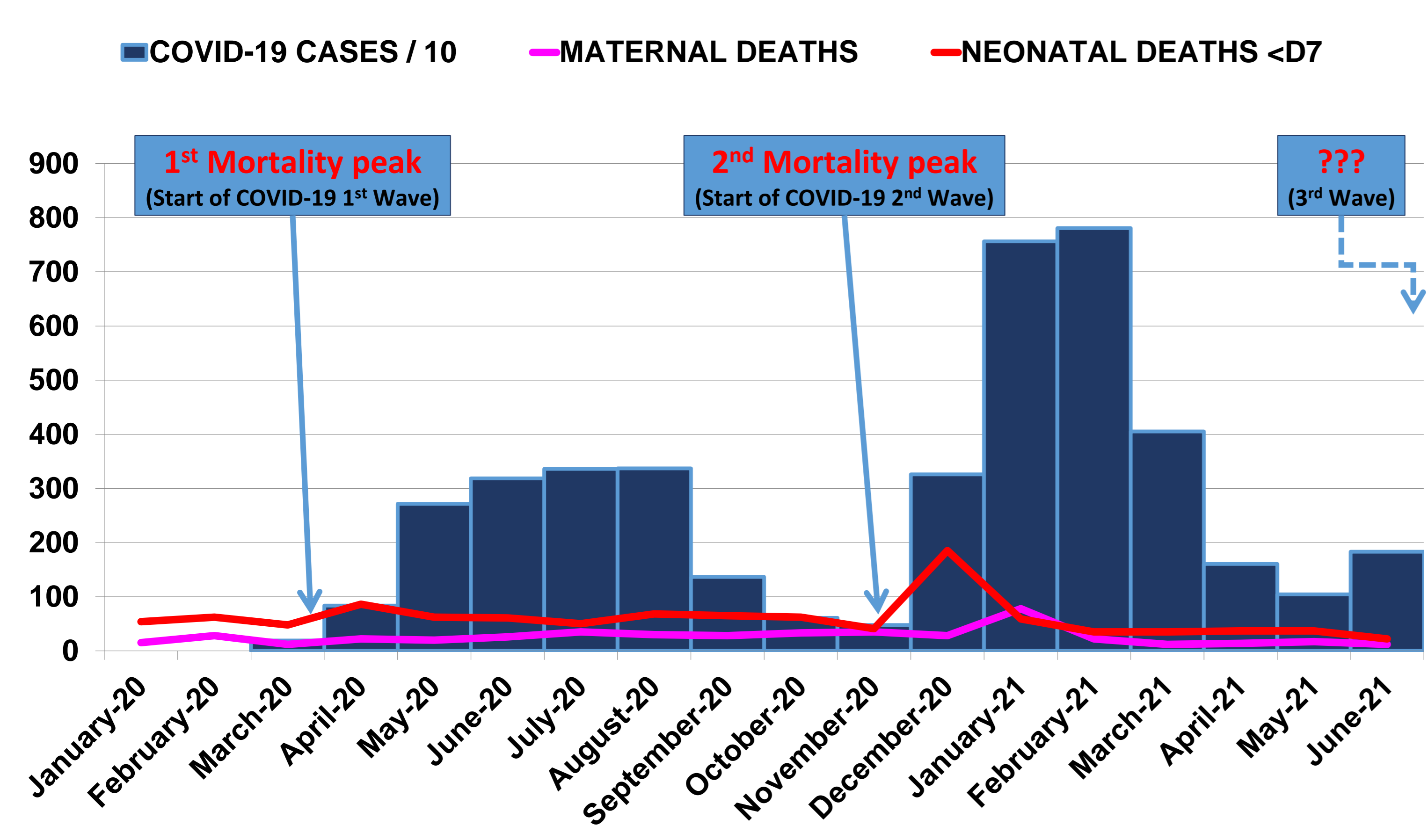


Fig 1: Trends in maternal and neonatal mortality<D7 in the COVID-19 context in Senegal in 2020-2021.

To understand this issue, the National Epidemic Management Committee (CNGE) set out to study the factors associated with the PHC services use related to mother-child couple pre-, per- and post-natal monitoring in a pandemic context in Senegal, 2020-2021

2- METHODS

- ❖ **Study Type:** Mixed, cross-sectional, retrospective and analytical survey
- ❖ **Study Period:** From March, The 1st 2020 – To February, The 28th 2021
- ❖ **Study Data management:** It consisted of:
 - **Data collection and entry:** Document reviews, Individual interviews (Quantitative), Focus groups (Qualitative) by questionnaires set-up on Open data kit (ODK) and using tablets for the data collection.
 - **Data analysis:** Multiple binary logistic regressions were performed for antenatal (ANC) and postnatal consultations (PNC), also postpartum family planning (PPFP) services using Excel® and STATA® Software.
 - **Results presentation:** Tables, Graphics and Narration (as Verbatim)
- ❖ **Ethical Considerations:** Approved by the National Committee for Ethics

4- CONCLUSION

COVID-19 has reduced MCC services Supply-Demand. Hence the recommendation to draw up service continuity plans for this context

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3- RESULTS

Quantitative survey shown mean age 27 ±1.5 years, ranging from 10 to 47 years, of whom 96.4% were married, with mean gestity and parity of 3.6 and 3.4. Average household size was 14.6 ±14 individuals, 52.9% of whom were chronically ill. Uneducated were more represented (Figure 2A). The nearest health facility was less than 5km in 66%, and patients preferred walk as means (Figure 2B)

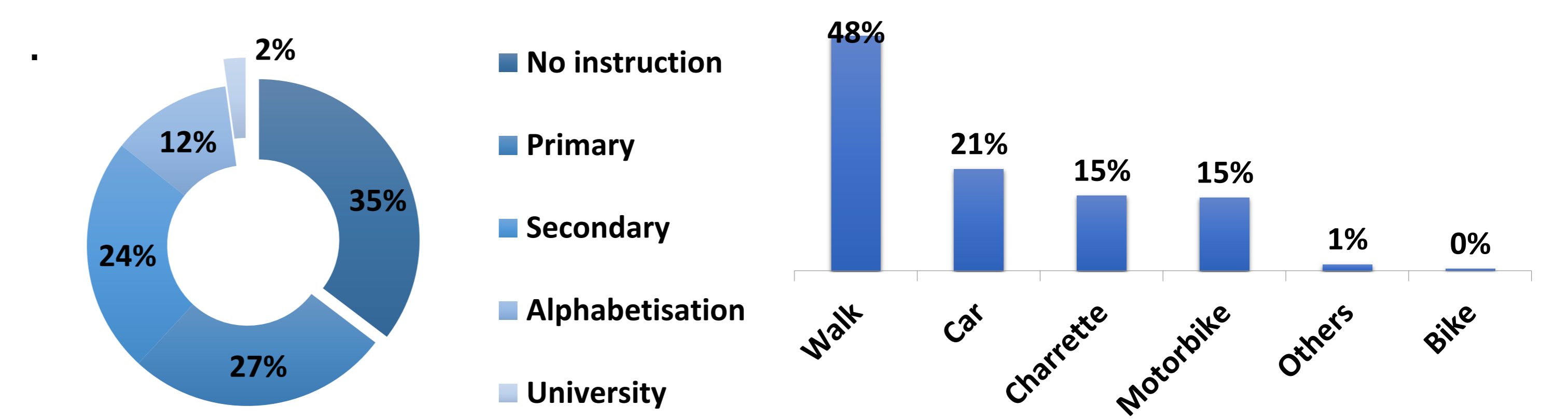


Fig 2: Description by education type and level (Left-2A) ; Also by means of transport used (Right-2B).

A&PNC completion was 53.6% & 44.5% with 95% LLINs use, 99% IPT, and 95% HIV testing (58.3% early detection & 0.1% Sero+). Tetanus vaccine coverage was 89% (1st dose) and 77% (2nd dose). PPFP was effective in 13.3% (Pill), 7.8% (IUD) & 4.9% (LAM). The Home birth information access factors and reasons are in Figure 3

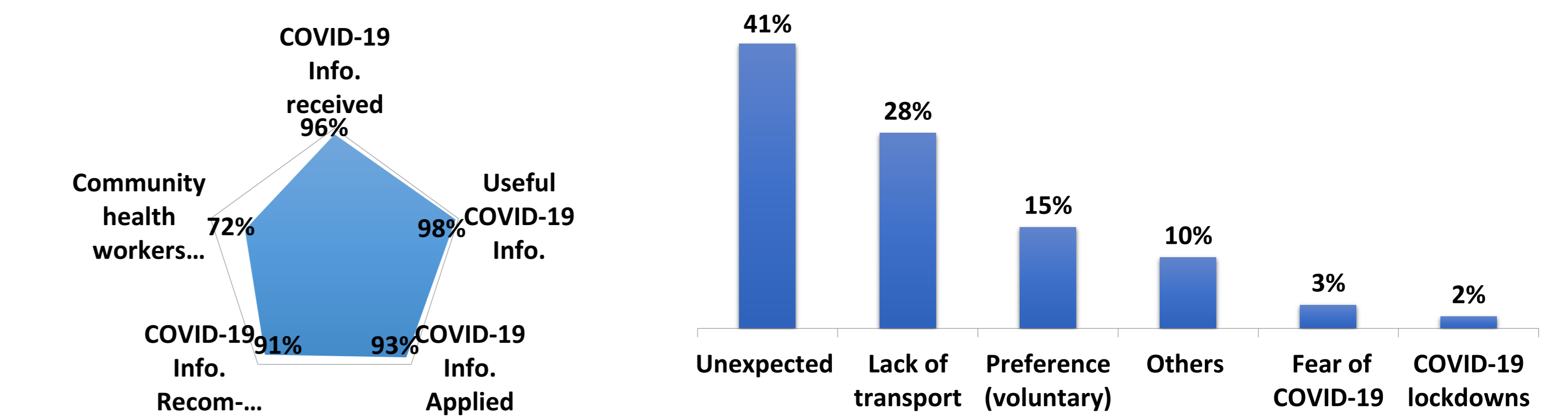


Fig 3: The COVID-19 information access and use (Left-3A) & The reasons for home births (Right-3B).

Factors associated with PHC services use are listed in the Table I.

Tab I: Associated factors with A/PNC and PPFP services use during COVID-19 pandemic in Senegal.

Use of PHC services	p-value	Adjusted OR	[95% CI]
Use of ANC services			
Malaria IPT (Yes)	0.037	4.616	1.094 – 19.483
HIV testing (Yes)	0.014	4.767	1.366 – 16.632
Place of birth (Hospital)	0.020	11.05	1.451 – 84.118
Birth assistant (Midwife)	0.007	8.786	1.792 – 43.087
Use of PNC services			
Household size (≥9 Individuals)	0.025	1.942	1.085 – 3.477
Age ([19-24])	0.012	3.489	1.321 – 9.220
Ethnic group (Joola)	0.005	0.144	0.038 – 0.550
Malaria IPT (Yes)	0.009	7.188	1.633 – 31.64
Place of birth (Hospital)	0.012	4.304	1.384 – 13.39
Newborn care (Yes)	0.003	4.524	1.698 – 12.05
Use of PPFP services			
Income-generating activity (Yes)	0.041	1.476	1.017 – 2.142
Time of the 1 st PNC (≥2 hours)	0.011	1.578	1.108 – 2.248

Qualitative survey highlighted, fear, ignorance & COVID-19 factors.