

Potential Barriers to implementing timely birth dose vaccination of Hepatitis B in sub-Saharan Africa

An anthropological study in Madagascar

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BACKGROUND

The Neovac Study: A multidisciplinary investigation

- ❖ Aim: To examine the feasibility of introducing or improving birth dose vaccination against hepatitis B in three African countries
- ❖ How? By understanding potential barriers to birth dose vaccination
- ❖ We conducted anthropological studies in Madagascar (Moramanga), Senegal (Niakhar) and Burkina Faso (Dafra)

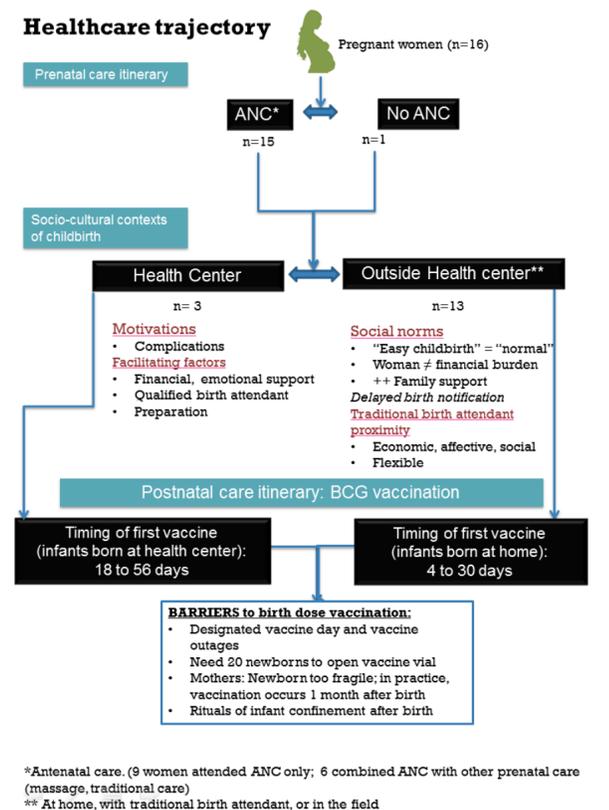
See also Poster Reference Nos. 6 and 127

METHODS

Anthropological methods

- ❖ 86 semi-structured interviews
 - pregnant women
 - parents
 - elderly women
 - childbirth attendants
 - health workers
- ❖ 43 participant-observations:
 - childbirths
 - pre- & post-natal care
 - vaccination sessions (*N.B. BCG vaccine is a proxy for Birth dose vaccination against hepatitis B in this study in Madagascar*)

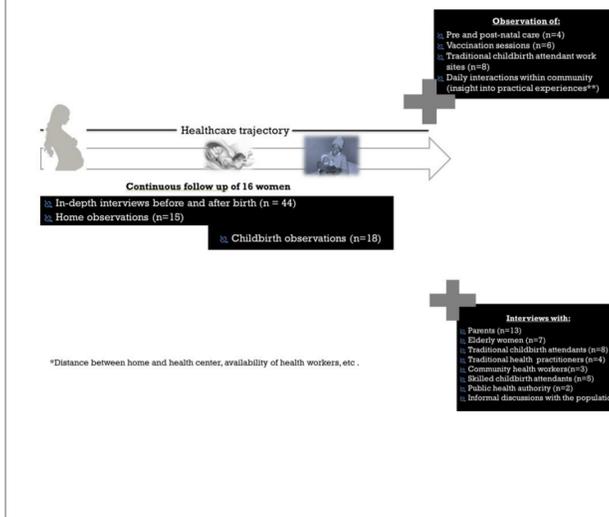
RESULTS



Madagascar: health context (2016)

- ❖ HBsAg prevalence: 6.9% (1)
- ❖ Pentavalent vaccine in EPI (including hepatitis B): *implemented*
- ❖ Birth dose vaccine against hepatitis B: *not implemented*
- ❖ Births outside health facilities: 60% (1, 2, poster no. 127)
- ❖ Public health system underfunded and in disarray

Qualitative methods to trace healthcare trajectories of 16 women

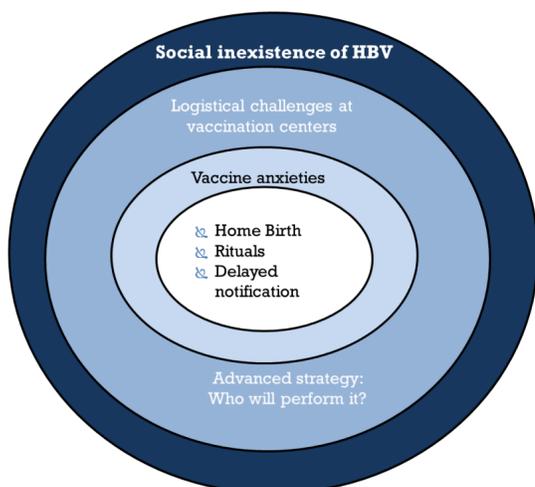


Healthcare trajectories from pregnancy to birth show:

- ❖ Many factors shape mothers' care-seeking practices (social, economic, geographic, understandings of pregnancy and birth)
- ❖ Women attend ANCs to
 - receive confirmation from a health worker that mother and fetus are healthy. *Mothers interpret this confirmation to mean that they can give birth outside of medical facility*
 - facilitate mother's access to medical care in case of complications
- ❖ ANC follow-up does not necessarily lead to health center birth
- ❖ Place of birth does not necessarily lead to timely BCG vaccine because of vaccine supply system (designated vaccination day)
 - Health center birth (documented best case): Vaccination at D+18
 - Home birth (documented best case): First postnatal care at D+01; Vaccination at D+05
- ❖ **Other barriers to timely birth dose vaccine:**
 - **Mothers' home care practices of newborns (delayed birth notification, ritual confinement)**
 - **Vaccine anxieties**
 - **Social inexistence of hepatitis B**

CONCLUSIONS

Birth dose vaccination against hepatitis B will be difficult to implement in Madagascar because of :



REFERENCES

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- (2) H Quashie, D Pourette et al. (2014) Tradithérapie, Biomédecine et Santé Maternelle à Madagascar. *Health, Culture and Society* 7(1): 1-15

CONFLICTS OF INTEREST

The authors declare that they have no conflict of interest.

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