DEPARTMENT OF HEALTH RESEARCH BRIEF

Verbal Autopsy with Participatory Action Research (VAPAR)
Expanding the knowledge base through partnerships for action on health equity

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vapar

Understanding under-5 mortality:

Local knowledge on fear and avoidance of the health system

We worked with local communities in the MRC/Wits Agincourt Health and Socio–Demographic Surveillance System (HDSS) to gain local knowledge on deaths in children under–5 years. The aim was to systematise local voices to inform action through knowledge partnerships. We held weekly meetings in different villages with groups of mixed and women-only participants, and used visual methods where participants collected digital images of physical environments as further inputs to the process.

Participants identified a range of influences on under-5 mortality. Fundamental root causes related to social contexts and contributory influences related to the health system were identified as follows.

Root causes

- **Lack of education, unemployment and poverty:** as a result of widespread poverty, owing to low education and employment opportunities, the indirect costs of care, such as transport, were unaffordable for many in acute situations.
- **Inadequate housing and overcrowding:** poor housing was reported by many participants to result in children contracting preventable infectious diseases.
- **Lack of clean water:** many reports of inadequate water source were provided. Rivers and water troughs reportedly used as drinking sources, with consequences of safety of water.

Figure 1: Unsafe domestic environments

- **Unsafe environments**: Many reports were provided related to lack of safe domestic environments for children. Frequently reported were instances of children drowning in water storage cans, playing in unsafe areas and ingesting hazardous chemicals after mistaking them for water.
- **Perceived neglect:** Several discussions focussed on a lack of responsibility in families for child wellbeing with many accounts of poor recognition of conditions by young, often single, mothers and misuse of Child Support Grants (CSGs). These views were despite the acknowledgement of wide-scale social and systemic issues related to housing, water, employment etc. Grandmothers often look after children, but were reported as less able to care for under–5s. These factors reportedly exacerbate the safety issue.
- **Traditional medicine:** Reports of use of traditional medicine for child health were frequent. Certain illnesses were thought only curable with traditional medicines, which detracts from seeking care in the health system.

Contributory factors

- **Unreliable emergency transport:** many reports were provided of emergency transport being unreliable or unavailable in emergencies, which results in worsening of conditions and, on occasion, deaths.
- **Delays in facilities:** Overcrowded clinics, long queues and waiting times, and long breaks taken by health workers were also reported. Some participants reported whole days spent waiting for care and treatment in clinics, and that children had died while waiting.
- **Poor quality care:** There were many reports of perceptions of poor quality care in clinics. Specifically, a lack of confidentiality, disrespect and abuse by health care workers, and misuse of medications were reported. Participants also reported knowledge and experience of poorly staffed and ill-equipped clinics, long waiting times, overcrowded facilities. Health workers were also reportedly overworked.
- **Lack of medicines:** Several discussions focussed on the unavailability of medicines. Participants reported knowledge and experiences of nurses taking medicines for personal use, which further depleted supplies. This was reported to discourage parents from taking children to clinics in acute situations.

- **Fear and avoidance of the health system:** the combination of the factors identified – i.e. poverty, lack of overall affordability of care, unsafe domestic environments for children, lack of proper housing and care in families, use of traditional medicine, perceptions of poor quality care and fear of disrespect and abuse worked in combination and were expressed in terms of pronounced fear and avoidance of the health system.

Next steps

This document is a preliminary analysis to further develop with DoH colleagues in January 2018.

Recommendations

Approximately 75% of under–5 deaths identified via the MRC/Wits Agincourt surveillance are due to infectious diseases. It is likely that significant risk is introduced from the root cause and contributory factors reported. The community groups developed the following priorities for action.

- Ensure basic functionality in clinics
- Respect confidentiality in clinics
- Expand mobile clinics and/or build more clinics
- Medical and traditional practitioners to work together
- Expand health promotion and education
- PHC Re–engineering is an opportunity to develop relationships between health authorities and communities. Employment opportunities as a priority area
- Clean water provision urgent priority
- Improve RDP housing

It is acknowledged these actions fall outside the direct remit of DoH.

Figure 2: Lack of clean drinking water

Figure 3: Overcrowding and poor housing

This piece has been developed from: Wariri, O., D'Ambruoso, L., Twine, R., Ngobeni, S., Van Der Merwe, M., Spies, B., Kahn, K., Tollman, S., Wagner, RG. & Byass, P. (2017). 'Initiating a participatory action research process in the Agincourt health and socio–demographic surveillance site'. Journal of Global Health, vol 7, no. 1, 010413. Permissions were secured from participants for the reproduction of images. The content has been adapted and shared under the Creative Commons Attribution 4.0 International Licence https://creativecommons.org/licenses/by/4.0/ Verbal Autopsy with Participatory Action Research (VAPAR) is a programme of partnerships research funded the Health Systems Research Initiative from Department for International Development (DFID)/Medical Research Council (MRC)/Wellcome Trust/ Economic and Social Research Council (ESRC) (MR/N005597/1) and MR/P014844/1). Image credits: © VAPAR 2017 Permissions have been secured for the reproduction of images.