

Qualitative to clinical: Community perceptions of causes of child death and approaches to sensitization of biomedical interventions in Eastern Hararghe, Ethiopia

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Abstract

In Eastern Hararghe, Ethiopia, verbal autopsy (VA) has been used as the primary method of determining causes of under-5 child death where the definitive cause of the death is still unknown due to lack of reliable data (HDSS, 2016). Therefore, providing accurate and trustworthy data for public health policy makers on causes of child death is important. The Child Health and Mortality Prevention (CHAMPS) study aims to introduce minimally invasive tissue sampling, or MITS as a technique to accurately and reliably determine causes of under-5 child death. This paper assesses the Harar and Kersa community's understandings of child death and suggests approaches to sensitization of biomedical interventions in community health research. The study finds that the community is willing to know the causes of child death through MITS; however socio-cultural and religious factors play a role in community perceptions of what is killing their children. For example, for many death is considered as the will of God, and for young children especially families pray that their child will 'be Shafa'; or waiting for their parents at the gates of heaven to facilitate their entry and a family reunification. Thus, the study suggests that there is a potential misalignment between community understandings of cause of death and biomedical causes learned through analysis of MITS samples. To overcome this challenge the paper suggests several community engagement approaches that have been designed to raise awareness about CHAMPS objectives and activities, and facilitate alignment between CHAMPS and community priorities. The paper concludes that activities that focus on building trust, showing respect, and exhibiting empathy are most effective in facilitating community health interventions.

Keywords: *Minimally invasive tissue sampling; community health; intervention; Ethiopia*

Background of the study

Globally about 16,000 children die per a day, and the burden is particularly worse in sub-Saharan African and southern Asia (WHO, 2015). In Ethiopia the under-5 death rate is 59 per 1000 live births and a majority of those deaths are recorded with poor or no medical history (WHO, 2015). In Kersa district, Eastern Hararghe, Oromia region, Ethiopia, the under-5 death rate is 80-120 per

1000 livebirths, and the neonatal death rate is 41.4% per 1000 live births with uncertainty as to the causes of deaths (KHDSS, 2016).

According to (KDHSS, 2015) verbal autopsies (VA) have been used as the primary method of knowing causes of child death in the study area. VA indicates that malnutrition is the leading cause of child death in Kersa and Harar (HDSS, 2013). The Child Health and Mortality Prevention Surveillance (CHAMPS) study aims to introduce minimally invasive tissue sampling, or MITS to provide further certainty into the causes of child death. Through MITS small tissues from the main organs of the deceased child are collected and analyzed to provide reliable data for public health policy. As MITS is new to in the community, several community engagement activities have been undertaken to identify tension and build alignment between CHAMPS objectives and community priorities. It is suggested that working with key stakeholders to understand socio-cultural and religious factors, and activities that focus on building trust, showing respect, and exhibiting empathy are vital for community health interventions.

Methods

The study period was from May 2017 to August, 2018 in both Harar and Kersa sites, Eastern Hararghe, Ethiopia. It included the residents of Kersa Demographic Surveillance and Health Research Center (KDS-HRC) and Harar Health Demographic Surveillance Site (HDSS). Qualitative research methods were used to collect data from 120 purposively selected participants; including in-depth and semi-structured interviews, focus group discussions, participant observation, and community advisory board meeting reports. The data was recorded, transcribed, and coded with NVivo software and thematically analyzed.

Results and Discussions

Community perceptions of child death tend to be consistent with minor variation based on religion and age of the child regardless of location (Harar or Kersa). This discrepancy was observed during burial process that perceptions of child death are also related to the age at which the child dies. For example, a child under the age of five is still considered innocent and can therefore be considered Shafa'a. Belief on 'Shafa' is the most common views of Muslim communities and is when the soul of a deceased child waits for its parents at the gates of Paradise. The study indicated

raising awareness for the community and designing approaches of sensitizations to engage the community is important to fully implement biomedical interventions.

Hence, approaches were designed to increase community acceptance and build strong relationship with key stakeholders. This included working with existing community structures and government offices, establishing community advisory boards, launching training of trainers, holding workshops, launching radio program and engage the community in the activities in Harar and Kersa sites. We found key components that significantly support the successful implementations of clinical interventions in the study sites. These components include building trust among communities to increase acceptance and engage key community leaders in work with them, showing empathy to the grieving families to share their emotions and pains and demonstrating respect for community's interest, culture and religion.

Conclusions

The demand for community service and health interventions when children still alive is emphasized in community's discussions. Child death is seemingly associated with lack of health care, delayed actions of health practitioners, birth defects, harmful traditional practices and addictions, workloads and low socioeconomic life. Resistance and suspicion to community acceptance MITS is mitigated through engagement activities that reflect the community desire to prevent future deaths and to benefits future public health actions. Building trust, showing respect and being empathetic, attending burial ceremony, create compassionate friend groups and family follow up strategy are important approaches to sensitizing the community about MITS.

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