

**CULTURAL CONSIDERATIONS IN COMMUNITY'S PERCEPTIONS OF
APPLYING VERBAL AUTOPSY**

Nguyen Thai Quynh Chi, Le Thi Hai Ha

Hanoi School of Public Health

Megan Jennaway, Zoe Dawkins

University of Queensland

SUMMARY

*In Vietnam mortality information are compiled independently through different sources, hence the results may sometimes conflict due to divergent interests. In this context, verbal-autopsy (VA) is an effective alternative method to enhance the reliability and quality of mortality statistics. This qualitative study is a part of the Mortality Studies component of the VINE¹ project. To identify the community's perceptions of applying VA method and the barriers of reporting death in the community. **Methods:** 50 in-depth interviews and 10 focus group discussions were conducted in 5 socio-culturally diversity regional research clusters that had undergone the quantitative VA. Nvivo 7 software was used to analysed the data. **Results:** People in the community suggest 4 main factors that need to be considered in conducting VA interviews: The time to visit respondents, interviews should be conducted face-to-face and within family home, Local health officials should conduct the interviews and respondents should be fully aware of VA research purpose. Three barriers in death reporting were identified: No awareness of the importance of death reporting, no link between death reporting with financial incentives and unclear procedure of death reporting. **Conclusions:** Cultural considerations should be taken into account when widely applying VA to improve the quality of mortality information. Local authorities should be awared of the barriers of not reporting death in the community to improve the death report procedure.*

1. Introduction

Mortality data are considered to be essential for developing evidence-based health policy. The World Health Organization (WHO) has recognized the importance of mortality data in measuring the health status of populations and developing effective health policy. Mortality statistics by age, sex and cause are compiling and publishing

¹ "Vietnam Evidence Base for Health Policy Project" funded for the Health Strategy and Policy Institute by the Atlantic Philanthropies through the University of Queensland (Australia).

routinely through vital registration systems.

Mortality data collected through vital registration systems are utilized to ascertain major causes of death, and to develop national Burden of Disease studies leading to evidence-based health policies. However, in countries with poor mortality data, a weak vital registration system, and a high proportion of the population who die outside the government health care/medical system, the verbal-autopsy (VA) method has become an important alternative to ascertain cause of death in the compilation of mortality statistics.

Vietnam is amongst the countries where mortality statistics are not collected adequately. In Vietnam there are three main sources of mortality data collected by the government. One is the civil registration and vital statistics system, which constitutes population registers maintained in communes and controlled by the Population and Family Planning Committee. The second main source of mortality data is compiled from commune level health centre registers, which falls under the vertical supervision of the health department. The final source comes from the annual survey conducted by the General Statistics Office (GSO) amongst a sample of two percent of the total population. These three main sources collect data independently in vertical silos, which sometimes results in conflicting results due to divergent interests. In order to strengthen the vital registration system in Vietnam, and hence the reliability and quality of mortality statistics, the *Mortality Studies* component of the VINE project has implemented the VA method across five regional research clusters in Vietnam in collaboration with the GSO. Mortality data collected through this process will then be utilized for a national Burden of Disease Study.

“Cultural considerations in community’s perceptions of applying verbal-autopsy” is a part of the Mortality Studies component which was implemented to complete the two following objectives: To explore community’s perceptions of applying VA method and to identify barriers of death report in communities.

2. Methods

Research design: Applying qualitative research method (in-depth interview and focus group discussion).

Study sites and time: We conducted in-depth interview (IDI) and focus group discussion (FGD) in five study sites with two following criterions:

The study sites had undergone the quantitative VA trials being rolled out by the five medical universities (Thai Nguyen, Hanoi, Hue, Ho Chi Minh, and Can Tho) in conjunction with the *Mortality Studies* component of the VINE project; and

The study sites are socio-cultural diversity. Research field sites would comprise one in which the population is predominantly Kinh, and another one composed

predominantly of an ethnic minority within the region. The research were implementing from January to December, 2008.

Research field sites:

Study sites	Ethnic minorities	Kinh
Thai Nguyen	Nung Dan Tien, Lien Minh & La Hien commune, Vo Nhai district, Thai Nguyen province	Quang Trung precinct, Thai Nguyen city
Hanoi	Muong Thu Cuc & Tan Phu commune, Tan Son district, Phu Tho province	Thuan My town, Tay Dang commune, Ba Vi district, Ha Tay province
Hue	Katu Huong Huu & Thuong Long commune, Nam Dong district, Thua Thien Hue province	Phu Hoi precinct, Hue city
Ho Chi Minh	K'Ho Loc Nga commune, Loc Nga, commune, Bao Loc district, Lam Dong province	Tan Tuc town, Binh Chanh district, Ho Chi Minh city
Can Tho	Kh'Me Phu Tan commune, My Tu district, Soc Trang province	Binh Thuy precinct, Binh Thuy district, Can Tho city

Sample and data collection method:

Study sites	Kinh groups	Ethnic minorities	Respondents
Thai Nguyen (10 IDIs + 2 FGDs)	Thai Nguyen city (5IDIs + 1 FGD)	Nung (5IDIs + 1 FGD)	- IDI participants were chosen based on a principle that they were the ones who participated in VA interview previously (the primary caregiver for the deceased); and a
Hanoi (10 IDIs + 2 FGDs)	Ha Tay province (5IDIs + 1 FGD)	Muong (5IDIs + 1 FGD)	
Hue (10 IDIs + 2 FGDs)	Thua Thien Hue province	Ka tu (5IDIs + 1 FGD)	

	(5IDIs + 1 FGD)		commune leader.
Ho Chi Minh (10 IDIs + 2 FGDs)	Ho Chi Minh city (5IDIs + 1 FGD)	K’Ho (5IDIs + 1 FGD)	- FGD participants were recruited on the basis that they were not recently bereaved, in order that the responses of the bereaved could be set against the knowledge and recollections of those in the wider community.
Can Tho (10 IDIs + 2 FGDs)	Can Tho city (5IDIs + 1 FGD)	Kh’me (5IDIs + 1 FGD)	
Total: 50 IDIs + 10 FGDs	25 IDIs + 5 FGDs	25 IDIs + 5 FGDs	

FGDs were held in order to triangulate the data. Each FGD consisted of between five and ten participants recruited via snowball sampling and personal recommendation. In ethnic minority communities, an interpreter would come along. IDIs were held in the households of the deceased, while FGDs were held in a neutral community setting.

Data analysis: Data collected were analyzed by the software Nvivo7.

3. Results and discussions

3.1. Community perceptions of the VA interview

Respondents in this qualitative research were those who participated in the VA interview previously. Information from IDIs and FGDs showed that people in the community had positive opinions about applying VA method in exploring cause of death. Applying VA method not only helps local authority collect mortality information accurately, but also helps the deceased’s family feels that their sadness are shared when talking to the researchers; it is more effective than just sending them the self-administered questionnaire. Research findings will provide information of community’s perceptions of applying VA method, and hence it will help in applying this method more effectively in the future.

The research found a number of common perceptions in relation to the most appropriate manner in which VA interviews should be conducted.

Firstly, the time to visit the deceased’s family. All ethnic groups, except the Katu, identified timing as an important factor in conducting VA interviews and researchers had to consider cultural diversity among ethnic groups. For Kinh groups this involved the time of day the interview should be conducted, generally noon or in the early evening/late afternoon, as well as the number of days following the funeral, around 49 days. Timing in relation to the funeral and other cultural practices was also an important factor for ethnic minority groups such as the K’Ho, Muong and Nung. For example, for the Muong, it was suggested that the VA interview is only held after 100 days following the death so that family members have had sufficient time to mourn and recover from

the loss of their loved one. Meanwhile, in the K'Ho group, VA interview should be carried out not too long after the funeral to ensure people remember the details of the death (around 1-2 months after the funeral).

“It is best to come and investigate the cause of death after the burial. It should not be too long after the death, otherwise people will forget” (FGD_K'Ho_Lam Dong)

In short, suitable time to conduct VA interview among Kinh group would be 49 days after the funeral ceremony, and in late afternoon or early evening. Meanwhile, in minority groups, researchers should consider carefully their customs before visiting the deceased's family.

Secondly, VA interviews should be conducted face-to-face and within the family home. This response was common for both Kinh and ethnic minority group respondents. Reasons for this preference included privacy and confidentiality, and ensuring the respondent feels comfortable and at ease due to the sensitive nature of the interview.

“It is best to interview face-to-face... Talking face-to-face not only makes us feel our sadness is shared, but it is also good for us to ask directly of what we don't understand in the questionnaire” (FGD_Kinh_Can Tho)

Another factor influencing the favor of face-to-face interviews is literacy. Kinh respondents from Ho Chi Minh City indicated that some people who cannot read or write would be unable to complete a questionnaire.

Thirdly, VA interviews should be conducted by health officials. Respondents from both Kinh and ethnic minority communities also felt comfortable for local officials, in particular health officials, to conduct the interviews. It was suggested that if researchers wanted to conduct VA interviews, it should be organized in advance by local officials. This response was more common amongst Kinh respondents than ethnic minority groups:

“Our health officials conduct the interview is better. If you want to interview us, at first, you should discuss it very carefully with the commune leader and ask for someone to lead you to the households to create warmth and to show that your work is prepared very carefully” (FGD_Kinh_Thai Nguyen)

Moreover, it is suggested that interviewers needed to be sensitive to the family when conducting the interviews. For the Kinh groups in Hanoi and Thai Nguyen, and the Muong and Nung groups, the burning of incense to show respect for the deceased prior to commencement of the interview.

“It is better to burn an incense stick to show gratitude and respect to the deceased when the researcher is preparing to ask for information. People will feel

warmer when they see this and feel free to provide information” (FGD_Kinh_Thai Nguyen)

“... At first we should have a pack of cookie or candy and burn incense stick for the deceased to show our respect. This will make people more open-hearted when talking to us” (IDI_Male 5_Kinh_Ha Tay)

Fourthly, respondents should be fully aware of VA research purpose. This will enhance response rates and improve the quality of information provided during the VA interview process. Respondents need to understand that the information collected will be used ultimately to improve health services delivered to communities. For instance, Kinh respondents from Hanoi indicated that in cases where an individual has died of AIDS or as a result of a drug addiction, people may not be willing to participate in a VA interview. This is not surprising given that in Vietnam HIV/AIDS is considered a “social evil”. Therefore, in order to meet with them it was suggested that someone should visit the family in advance and discuss the purpose of the interview, and researchers can only visit the family after they are fully understand the purpose of the interview.

People in the community had provided many suggestions to make VA interviews more effective if it will continue be applied. However, in general, researchers should be aware of the four factors that we mentioned above before conducting the VA interviews in the community.

3.2. Barriers of death reporting

Beside the suggestions of the factors needed to be considered when conducting VA method, research results also identified some reasons that make mortality statistics and information in Vietnam not accurate. These related to the death reporting process.

The first barrier is people in the community have not fully understood the importance of death reporting. Both Kinh and ethnic minority groups said that death reporting is considered to be related to the government’s management of the population. In particular this relates to the number of people within households, villages, and updating the population registrar by local authorities. No other reason was given as the role of death notification. Therefore if a child or infant has not be officially registered (i.e. birth registration), and has not yet been included on the family record, there is no need to notify the local authorities of their death if the purpose of death reporting is only to manage the number of the recorded population. This finding suggests that the infant mortality rate in Vietnam may be significantly under-reported for both Kinh and ethnic minority populations. People said that it is not necessary to report death for a child or infant that doesn’t have birth registration or has not been included on the family record.

“That case people do not register because the deceased is too small, so he has not been put into the family record. When he died at the hospital, the family brought

him to the cemetery to bury them, so we just know the information and drop a visit to their house without any death registration, because the family has not even put his name into the family record” (IDI_Male 5_Kinh_Ha Tay)

“Because the child has not been officially registered and hence has not been included in the family record, in this case, we don’t have to report death.” (FGD_Kinh_Ho Chi Minh)

This finding showed that the infant mortality in Vietnam may be higher in both Kinh and ethnic minority groups. Besides, deaths due to communicable diseases (i.e. HIV/AIDS, tuberculosis, leprosy) or due to using drugs are under-reported because the family is afraid of being stigmatized. These findings are similar to those of Tran et al research undertaken in Ba Vi district, Ha Tay province in 2007 [5]. Another finding related to not fully understanding the purpose of cause of death reporting is that some people do not tell the truth about the cause of death.

“Should I say they died because of liver cancer? It is simpler to say that died of old age” (IDI_Female 5_Kinh_Hue)

The second barrier is death report doesn’t link with financial incentives, for example related to land heritage, social/health assurance, or burial payment... In most of the interviews in both Kinh and ethnic minority groups, people said that in case one person worked for a government institution, his family would receive a sum of money after he died, and hence the family would report his death immediately.

“If the deceased gets salary from the government, his family will report death voluntarily and immediately because they can receive a sum of 2 million VND/month” (FGD_Nung_Thai Nguyen)

“... most of people here are retired officers, this related to social assurance, so they will report death right away” (IDI_Female 4_Kinh_Hue)

People in both Kinh and ethnic minority groups also suggested a way to encourage people to report death that is “link death report responsibility with financial incentives, it’s small but has a big meaning”. Local authorities may issue regulations related to giving the land to bury or reduce cost concerns bury process.

Another factor that contributes to people’s reluctant to report death is that the death reporting process is unclear. In each interview, we heard a different process of death reporting. This finding showed a fact that there may be no step-by-step death reporting process, or there may be, but the process has not been passed out, or it may be passed out but people are not interested in it, so they don’t remember.

“When someone died, the family wrote a death report and sent it to the commune judicial unit. They would announced the local police unit and sent the death certificate to the family” (IDI_Female 1_Kh’me_Soc Trang).

“After the funeral ceremony, the family will ask for a death confirmation form from the village leader or village security man to report death to the local authority”
(IDI_Male 2_K’Ho_Lam Dong)

It is clear that death report process is unclear. This finding raises a question for the authorities of how to make people in the community see that the death report is essential and what steps should be taken to report death. This process should be simple and step-by-step. A complicated process is also a barrier of death reporting.

“The administrative procedure is complicated. When we go to the local authority to report death, they ask for this and that certificate, sometimes it’s very difficult to give them those things. So when someone died, the family doesn’t want to report death to the authority” (IDI_Female 3_Kinh_Can Tho)

By understand what makes people hesitate in report death will help local authorities find out ways to solve these barriers, and hence mortality statistics and information will be collected accurately.

4. Conclusions

Research results showed that VA is an applicable alternative method to compile mortality statistics and information, especially cause of death in Vietnam. VA method can continue to be applied in the future. However, researchers should consider these following factors when thinking of applying VA method: The time to visit respondents, Interviews should be conducted face-to-face and within family home, Local health officials should conduct the interviews, and Respondents should be fully aware of VA research purpose. No matter where this method is applied, in Kinh or ethnic minority populations, researchers need to carefully consider local cultural factors before doing the research.

Besides, the research results also figure out three main barriers of death report in the community: No awareness of the importance of death reporting; No link between death reporting with financial incentives; Unclear procedures of death reporting. These findings provide authorities with information on how to improve death reporting in communities.

5. Acknowledgments

This research has completed with the collaboration of researchers in five Medical Universities (Thai Nguyen, Hanoi, Hue, Ho Chi Minh, and Can Tho) in conducting IDIs and FGDs to collect qualitative information in the community.

REFERENCES

1. Dao, L. H. *Mortality in transitional Vietnam*, PhD, Umea University, Umea, 2006.
2. Dao, L. H., Hoanh, V. M. & Byass, P., *Applying verbal autopsy to determine cause of death in rural Vietnam*, *Scandinavian Journal of Public Health*, 31 (Supplement 62): (2003), 19-25.
3. GSO. *Population and Housing Census Vietnam 1999*, General Statistics Office of Vietnam, Hanoi, 1999.
4. Rao, C., Osterberger, B., Tran, D. A., MacDonald, M. & Nguyen, T. K. C.. *Compiling mortality statistics from civil registration systems in Vietnam: the long road ahead*. University of Queensland, 2008.
5. Tran, Q. H., Johansson, A. and Nguyen, H. L. *Reasons for not reporting deaths: a qualitative study in rural Vietnam*, *World Health & Population*, 9 (1): (2007), 14-23.