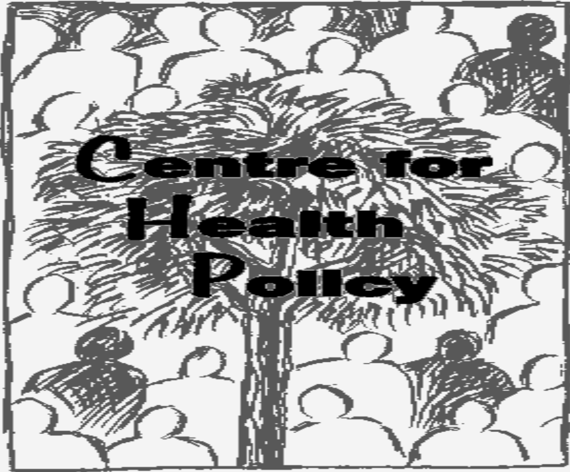

USING THE VERBAL AUTOPSY APPROACH TO EXPLORE AVOIDABLE FACTORS THAT CONTRIBUTE TO MATERNAL DEATHS IN THE AGINCOURT DEMOGRAPHIC SURVEILLANCE SITE

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Maternal Health In South Africa

- South Africa has a MMR estimated to be between between 150 and 230.
- High for a middle-income country with high levels of utilisation levels of ANC and 84% of woman giving birth with skilled attendance (SADHS).
- 2001 "Saving Mother's Report"
  - Non-pregnancy related sepsis, mainly HIV/AIDS, leading cause of maternal deaths
  - Patient orientated factors contributed to 54.1% of maternal deaths between 1999-2001
  - No ANC care, infrequent care, delay in seeking help, unsafe abortion & other.

Background To This Study

- Limited research focusing on ‘patient orientated’ factors despite it being recognised as a problem
- Most attempts to improve maternal outcomes facility based.
- Able to integrate study into Agincourt Demographic Surveillance Site and existing verbal autopsy programme
- Focus on delays/deterrents to seeking health care

Maternal Deaths In Agincourt Surveilliance Site.

- 29 maternal deaths between 2000 – 2005
- 2005 highest number (8) – despite falling birth rate.
- Age range of women who died 19 – 42.
- 7 of the maternal deaths happened at home.

Methodology

- Verbal autopsy forms reviewed.
- Cases where access may be a problem identified
- 10 interviews carried out for deaths between 2000 – 2004.
  - 1 excluded as not a maternal death
  - 1 interview stopped by father of the deceased
- Experienced verbal autopsy interviewer (with additional training) carried out semi-structured interviews
  - History of health seeking, financial and transport problems, decision making for seeking care.
- 8 interviews for 2005 need to be completed

Key Themes (Preliminary)

- Number of people involved in health care seeking decision making
- Money & Transport problems
- High levels of use of non-biomedical healers

Number of people involved in decision making

- In 7 out of the 8 interviews many people were involved in the health seeking decision making delaying health seeking
  - “we were still thinking that my sister could come so that we could decide together on what to do, or maybe we could take her to the hospital, only to find that when my sister arrives, by then she was critical to such an extent that she was unable to talk”
  - “it was I together with her parents because one cannot take someone’s child to a doctor without her parents consent”

Problems With Lack of Funds

- In 6 of the interviews lack of funds a problem
  - "Then a time arrived where the money became finish, it was difficult because the money being finished when the father was not yet paid and I am not doing anything for a living. Only to find that there is nothing which we were going to do and when one borrows someone's money he must make sure to make a plan on how to repay back."
- Neighbours & social grants help
  - "we don't have money but it would not have affected us not to seek care. Even if I did not have on that particular time I think I would have gone to my neighbours to borrow"
  - "Whenever critical her mother made sure to save from her pension money and she was receiving child support grant for her child, she was able to save so that a car can be hired so that she can be taken to the hospital"

Transport

- Finding Transport
  - “The day in which it became critical it did not give us a chance because my husband came back late in the afternoon and we tried to look for transport only to find that we couldn’t get any so that we took her to the clinic, only to find that we couldn’t get transport from the clinic, and by then her condition was critical. We tried to look for a car only to find that there was no longer time”
- Ill, heavily pregnant women were regularly making arduous journeys
  - “It is when you leave here, you have to catch a taxi on the main road, one has to walk for a distance to cross the road (about 2 km) because one does not have …(a car) . She could only walk slowly, because she had shortness of breath”
- Women expected to make numerous return trips to facilities

High Levels of Use of Non-Biomedical Healers

- Sometimes healers sort first, delaying access to biomedical care
  - "We took her into the car, and we wanted to go to Croquet Lawn to see a faith healer…then I realised she was dying, I decided not to go to Croquet Lawn but to Matikwana hospital while by then she was dead"
- Sometimes healers consulted after biomedicine felt by family to have failed - particularly with women with TB
  - "After being supplemented with drips her parents came and took her along back home. They told the hospital staff that her illness needed to be treated in a traditional way as they thought it was not any other illness but it was Tindzhaka".

Public Health Conclusions

- Department of Health
  - Need to focus safer pregnancy messages at the whole community & involve family members
  - Needs to revisit waiting homes
  - Needs to work with non-biomedical healers
  - Health care providers and policies need to consider the lived realities of women's lives
- Maternal health in poor rural areas needs to be tackled inter-sectorally – facility based interventions are not sufficient

Acknowledgements

- Whole team at Agincourt who made this work possible
- Peggy Khosa
- Families of women who died who agreed to be interviewed