Butajira HDSS, Ethiopia

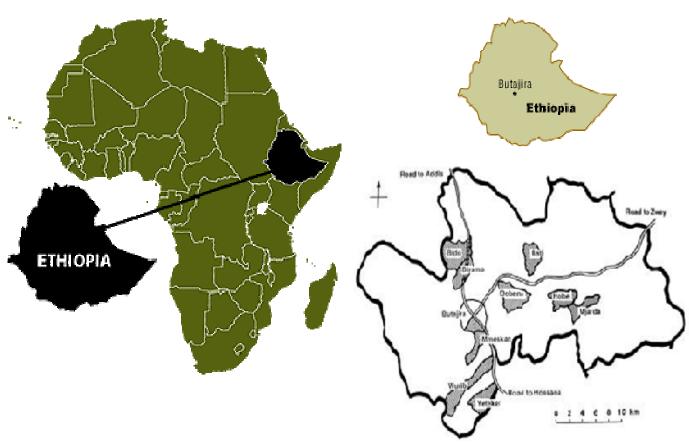


Figure 1. BRHP study area

Brief Introduction

The Butajira Rural Health Program was initiated in 1986 following a population census of randomly selected nine peasants association (rural communities) and one urban dwellers association (urban village) using the probability proportionate to size technique. The initial census was used to obtain the baseline population and to establish a system of demographic surveillance with continuous registration of vital and migratory events (birth, death, marriage, new household, out-migration, in-migration and internal move) at the household level. Initially data were collected every month. This was recently changed to be every three months. In addition, censuses were conducted every 3-5 years to update the baseline. Since 2003, this has been changed to annual housing, individual and family reconciliation.

The BRHP was established as a collaborative program between the then Department of Community Health (now School of Public Health), Faculty of Medicine, Addis Ababa University and the Division of Epidemiology, Department of Epidemiology and Public Health, Umea University (Sweden). The collaboration started as a doctoral-study project (Shamebo 1993). Later, it grew into a departmental collaboration and included the development of the study-base infrastructure and involvement of a multidisciplinary group of researchers. The original DSS population in 1987 was around 28 000 and grew over 23 years to about 70 000 individuals.

BRHP is located in one of the most densely populated parts of Ethiopia, *Meskan, Mareko and Silti* districts. The districts are part of the Southern Nations Nationalities and Peoples' Region (SNNPR). The estimated size of the Districts is 797 km², of which Butajira town covers approximately 9 km². The districts lie at an average of 2100 m above sea level ranging from 1750 to 3400 meters above sea level, from 1750 m in lowlands to 3400 m in mountainous areas, which are sparsely inhabited. Annual rainfall ranges between 900 and 1,400 mm. The main rainy season is from June to September, with "small rains" common around March and April. The area has rich soil and farming is the main mode of living for the rural population and the staple food is *Enset* (false banana). *Teff* (a cereal staple), maize, millet, barley and legumes are the main crops. Pepper, coffee and *khat* (a mild stimulant drug) are also grown as cash crops.

Demographic Characteristics

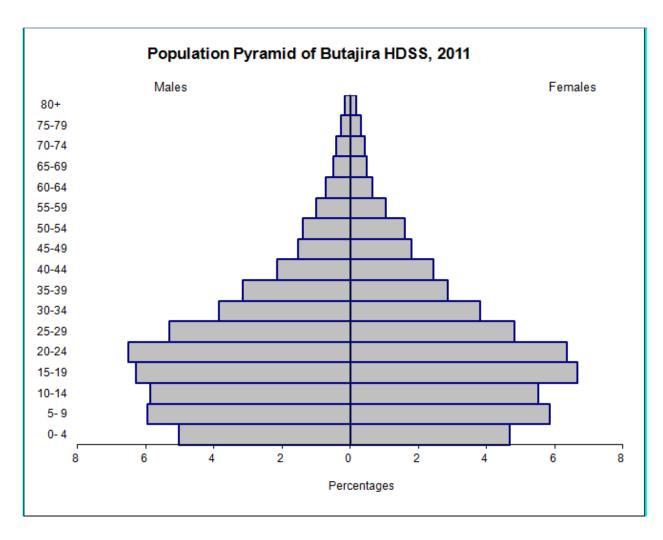


Figure 2. Male and female population by age and sex Butajira HDSS, 2011

Objectives

The overall objective of the Butajira Rural Health Program is to develop and evaluate a system for continuous registration of births and deaths, to generate valid data on fertility and mortality and to provide a population and study base for essential health research and intervention in the area.

Priority Research Areas

- Adolescent and youth Reproductive health
- HIV/AIDS
- Women's health and Domestic violence
- Child health
- Mortality patterns in different gender and age groups;
- Malaria Prediction
- Health Systems and Financing:
- Epidemiology of Cardiovascular Disease Risk Factors
- Mental Health studies
- AIDS Mortality surveillance
- Environmental health studies
- Non-communicable diseases
- Health service studies
- Demographic studies including fertility, mortality and migration.
- A verbal autopsy cause of death study

Completed Key Projects

Among others the following are projects completed in the site are:

- Mortality and Survival from Childhood to Old Age in Rural in Ethiopia
- Study of mechanisms and rate of spread of HIV from rural to urban areas
- Studies of mortality patterns in different gender and age groups
- Study of in-door air pollution and its association with respiratory tract infection in children
- Mental health studies
- Epidemiology of Cardiovascular Disease Risk Factors in Ethiopia
- Women's health and domestic violence
- Transmission Patterns of Measles, Rubella and Hepatitis B viruses
- Adolescent and youth reproductive health
- Communicable and non-communicable diseases

Ongoing Key Projects

- The role of mHealth in improving maternity and family planning services (intervention studies)
- The epidemiology of Meningococcal carriage in five countries (African Meningitis Belt, Ethiopia)

- Multi-country Typhoid Fever Surveillance Program in Sub-Sahara Africa.
- Improving the situation of people with mental illness: the contribution of Butajira
- Climate change and food security: a follow-up study
- Ethiopian malaria prediction system
- Rapid appraisal techniques for research ethics
- Impact of maternal death on living children: mixed methods research

Key Publications

PhD dissertations using Butajira HDSS Site: 1993-2012

- 1. **Shamebo D. (1993).** Epidemiology for public health research and action in a developing country: the Butajira Rural Health Project in Ethiopia. Umea University Medical Dissertation New Series No 360.
- 2. **Muhe L. (1994).** Child health and acute respiratory infections in Ethiopia: epidemiology for prevention and control. Umea University Medical Dissertation New Series No 420.
- 3. **Alem A. (1997).** Mental health in rural Ethiopia: Studies on mental distress, suicidal behaviour and use of khat and alcohol. Umea University Medical Dissertation New Series No 332.
- 4. **Lingkvist P. (1999).** Risk factors for infection with Helicobacter pylori,. Huddinge University Hospital, Sweden, Karolinska Institute, Sweden.
- 5. **Berhane Y. (2000).** Women health and reproductive outcome in rural Ethiopia. Umea University Medical Dissertation New Series No 674.
- 6. **Andersson T. (2000)**. Survival of mothers and their offspring in 19th century Sweden and contemporary rural Ethiopia. Umea University Medical Dissertation New Series No 684.
- 7. **Shibre K. (2002).** Community based studies on Schizophrenia in rural Ethiopia. Umea University Medical Dissertation New Series No 802.
- 8. **Deressa W. (2007).** Malaria in rural Ethiopia: household response, economic and demographic impacts. School of Public Health, Addis Ababa University.
- 9. **Zergaw A. (2008).** Economic Burden of Schizophrenia and Bipolar Disorders. School of Public Health, Addis Ababa University.
- 10. **Tesfaye F. (2008**). Epidemiology of cardio-vascular disease risk factors in Ethiopia: the rural-urban gradient. Umea University Medical Dissertation New Series No 1151.
- 11. **Fottrel EF. (2008)**. Dying to count: Mortality surveillance methods in resource-poor settings. Umea University Medical Dissertation New Series No 1152.
- 12. **Fantahun M**. **(2008).** Mortality and survival from childhood to old age in rural Ethiopia. Umea University Medical Dissertation New Series No 1153.
- 13. **Zergaw** A. (2008). Economic Burden of Schixophernia and Bipolar Disorders in Ethiopia. School of Public Health, Addis Ababa University

- 14. **Emmelin A.** (2009). Counted then? Trends in child mortality within Ethiopian demographic surveillance site. Umea University Medical Dissertation New Series No 1256.
- 15. **Kumie A. (2009).** Air Pollution in Ethiopia: Indoor air pollution in a rural Butajira and Traffic Air Pollution in Addis Ababa. School of Public Health, Addis Ababa University.
- 16. **Negash A.** (2009). Bipolar disorder in rural Ethiopia. A community-based studies in Butajira for screening, epidemiology, follow-up, and the burden of care. Umea University, Sweden
- 17. **Molla M.** (2009). Preventing HIV among Young People. A Community based study from Butajira on traditional norms, sexual health and HIV associate deaths. University of Bergen, Norway.
- 18. **Deyessa N. (2010)**. Intimate partner violence and depression among women in rural Ethiopia.
- 19. **Mekonnen W**. (2012). The interrelationship between Population Dynamics and Childhood Mortality. School of Public Health, Addis Ababa University.

Publications from Butajira Rural Health Program in reputable journals: 1987-2012 in Alphabetical Order

- 1. Abdulahi H, Mariam DH, Kebede D. 2001. Burden of disease analysis in rural Ethiopia. Ethiop Med J 39(4):271-81.
- 2. Abebe A, Mitikie G. 2009. Perception of High School Students towards Voluntary HIV Counseling and Testing, using Health Belief Model in Butajira, SNNPR. Ethiop J Health Dev 23(2):148-153.
- 3. Alem A, Jacobsson L, Araya M, Kebede D, Kullgren G. 1999a. How are mental disorders seen and where is help sought in a rural Ethiopian community? A key informant study in Butajira, Ethiopia. Acta Psychiatr Scand Suppl 397:40-7.
- 4. Alem A, Jacobsson L, Kebede D, Kullgren G. 1999b. Awareness and attitudes of a rural Ethiopian community toward suicidal behaviour. A key informant study in Butajira, Ethiopia. Acta Psychiatr Scand Suppl 397:65-9.
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- 5. **Deyessa N**. Magnitude and type of physical; violence against married women in Meskan and Mareko District Southern Ethiopia. **Master's thesis in Public Health, Addis Ababa University, 1996**.
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Pictures



Picture 1. Households in Wurib, one of the rural villages of BRHP



Picture 2. Field visit by workshop participants during community sensitization and dissemination day March, 2013.

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