Beyond Monitoring of Events
Researching Causes Behind the Causes
Experience from Chakaria, Bangladesh

Abbas Bhuiya

Mohammad Iqbal

Shahidul Hoque
SMA Hanifi

Ariful Moula

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Background

- HDSS involves regular household visits
- Health, socioeconomic and demographic data are usually collected
- Demographic rates, ratios and medical causes of deaths are reported
- Unique opportunity exists to explore causes behind medical causes of death to trigger unconventional interventions

Our work demonstrates an example of using HDSS to reveal causes behind the medical causes of maternal deaths

Materials and Methods

- Total population of the HDSS area 150,000
- N of maternal deaths during 2002- 2004 = 17
- Number of maternal deaths during 2005-2009 = 8
- Broader social, economic and demographic context was explored through in-depth interviews
- Government facility with EmOC services within an hour distance
- Three private facilities with EmOC services within half an hour distance

Maternal Deaths: Case Summaries, 2002-2004

- 17 maternal deaths took place in HDSS area with population of 150,000 during 2002-2004
- 82% of the deaths were from very poor households representing 40% of such households in the community

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Causes of Death : A Typical Case

Medical causes	Neighbour's assessment of causes
• Bleeding and improper delivery management • Anemia during pregnancy	• Parents were poor • Could not afford to pay dowry so married her off to an unknown person • Abandonment by husband • Lack of proper healthcare due to lack of money and appropriate information

Possible actions - Taking to EmOC facility in time; **R**egular health check ups; **M**edical and behavioural measures to reduce risk

Common Causes Behind the Causes: All Cases

- Inherited poverty, deprivation, and lack of money
- Negligence/abandonment by husband/family
- Early marriage
- High risk pregnancy (young age, frequent pregnancies)
- Malnutrition
- Lack of information
- Limited access to health services

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- Participatory social autopsy of recent maternal death with the community members

- Identification of what went wrong

- Identification of actions what could perhaps save the life

- Group decisions to act appropriately when need arises in the future

- Payment for safe motherhood services for the women from lowest two quintiles

Maternal Deaths, 2007-2009

- No. of deaths = 8

- 50% from poor families compared to 82% during 2002-2004 against 35%-40% poor in the community

Conclusions

- HDSS with some additional efforts can identify causes behind causes
- Findings can trigger social actions to improve the situation

This can greatly enhance the utility of future HDSSs for improving the condition of people from whom data are gathered

"Why only treat the sick without changing the conditions which make them sick"

Thank you

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