

DEPARTMENT OF HEALTH RESEARCH BRIEF

Verbal Autopsy with Participatory Action Research (VAPAR) Expanding the knowledge base through partnerships for action on health equity

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Understanding under-5 mortality:

Local knowledge on fear and avoidance of the health system

Hi tirhe na ti local communities in the MRC/Wits Agincourt Health and Socio-Demographic Surveillance System (HDSS) ku kuma vutivi ma yelana na mafu lawa ya endlekaka eka vana vale hansi ka malembe ya-5 years. The aim was to systematise local voices to inform action through knowledge partnerships. Hi khome mi nhlngano leyi ayi khomiwa hi vhiki eka matiko yaku hambana hambana na mintlawe ya vanhu leyi ayi katsa vangheneleri va xisati ntsena, laha ku nga endliwa vumbhoni byo teka swi faniso ku seketela leswi ku vulavuriwaka hi swona.

Participants identified a range of influences on under-5 mortality. Fundamental root causes related to social contexts and contributory influences related to the health system were identified as follows.

Swi Vangelo Nkulu

- **Ku pfumala ka dyondzo, ku pfumala ka mintirho na vusweti:** hi xivangelo xa vusweti lebyi byi va ngiwaka hi ku pfumaleka ka dyondzo na ku pfumaleka ka mintirho, swi lo leswi hi nkwaswo swi endla leswaku vanhu va nga koti ku fikelela swo famba
- **Ku pfumaleka ka ti yindlu na ku tala ka vanhu:** ku pfumaleka ka ti yindlu swi ripotiwile hi vangheneleri vo tala tani hi xiphico lexi endlaka leswaku vana va khomiwa hi mavabyi la wa ya tshungulekaka.



Figure 1: Unsafe domestic environments

- **Ku pfumala ka mati yo basa:** ku tisiwe ti ripoti to tala leti vulaka leswaku vanhu va tirhisa mati ya le nabyeni na le swihloveni ku n'wa na swona mati lawa ya na swita ndzhaku
- **Ku pfumaleka ka ndhawu ya vuhlayiseki:** ku ripotiwe ngopfu hi ku pfumaleka ka ndhawu ya vuhlayiseki laha vana va hungaselaka kona, ku ripotiwile leswaku kuna tinghozi leti endlekaka ta vana lava va n'welaka eka swilo swo chela mati swo fana na minkorotwana, vana lava va hungaselaka ka tindhawu leti ti nga talela hi vunghozi na vana lava va n'waka swilo hi xihoxo va ehleketa leswaku i mati kuve ahi wona.
- **Ku pfumala vunakekeri:** kuve na mbulavurisano wo tala laha aku vulavuriwe hiku pfumala vunakekeri evu ton'wini bya vana hi vanhu vale ndyangwini, ku pfumala ka vunakekeri swi vangwiwa hi vana lava ntsongo lava va nakekelaka vana, hi mutswari loyi anga yexe na kudya mali ya vana ya mudende hi va manana va yi dya hi vunsompfa. Ma vonelo lawa ya vekiwile e handle ka ku kavanyetiwa hi swi phico swo fana na ti yindlu, mati, ku pfumaleka ka mintirho, etc.

- **Mimirhi ya xintu:** ku ripotiwe leswaku vana vo tala va tirhiseriwa mimirhi ya xintu loko swita e ka rihanyu ra vona. Mavabyi yo tala aya voniwa onge ya nga tshunguleka ntsena hi mimirhi ya xintu leswi swi nga endla leswaku vanhu va tsandzeka ku ya lava ku pfuneka eswibedlhele.

Contributory factors

- **Unreliable emergency transport:** ku ripotiwe leswaku swo famba swa xihantla swa loko kuri na nkingha swa pfumaleka minkarhi yo tala leswi swi endlaka leswaku xiyimo xa rihanyo xiya xi tika ngopfu kumbe ku endlaka rifu hikokwalaha ka xiphico lexi.
- **Delays in facilities:** ku tala ka vanhu eti tlininiki, ku yima ngopfu emalayinini na ku rindza ngopfu, va tirhi va teka nkarhi wo tala va ri ku wiseni na swona swi ripotiwile. Vangheneleri va ripote leswaku minkarhi yi n'wana va tshama siku hinkwaro tlininiki va ri karhi va rindza ku nakekeriwa na ku nyikiwa treatment, na swona ku na vana lava va nga lova va ha rindzile ku pfuniwa.
- **Poor quality care:** ku ripotiwe leswaku vunakekeri bya le ti tlininiki/swibedlhele byile hansi ngopfu. Ngopfu, ngopfu ku pfumaleka ka xihundla, ku delieliwa na ku ka la munhu anga khomiwi kahle hi va tirhi va swa rihanyo. Ku ka va nga tirhisi kahle mimirhi na swona swi ripotiwile. Va ngeneleri va tlhele va hlamusela leswaku kuna ku pfumala vutivi na ntokoto eka vatirhi va swa rihanyo, ku yima/ku rindza ngopfu na ku tala ka vanhu e tlininiki/xibedlhele. Ku tlhela ku ripotiwa leswaku va tirhi va swa rihanyo va hetelela vava na ntirho lowu nyingi ngopfu.

- **Lack of medicines:** kuve na mi mbulavurisano hikokwalaho ka ku pfumala ka mimirhi. Va ngeneleri va ripote leswaku hi vutivi na ntokoto wa vona ma nurse ma teka mimirhi va yi tirhisela swilo swa vona vinyi, leswi swi endla leswaku yi tshama yi ngari kona, ku ripotiwe leswaku lexi hi xona xivangelo lexi endlaka leswaku vatswari va nga yisi vana etitliniki loko va vabya

- **Fear and avoidance of the health system:** ku hlangana ka swilo leswi swi nga vuriwa i.e. vusweti, ku pfumaleka ka ku fikelela vunakekeri, ku pfumaleka ka ndhawu yo hungasela ka yona ya vana, ku pfumaleka ka tiyindlu, ku tirhisiwa ka mimirhi ya xintu, ku pfumaleka ka vunakekeri bya le henhla, ku chava kuka u nga xiximiwi na ku xanisiwa swi hlanganile hi nkwaswo swi voniwe tani hi xiphiqu lexi nga kona ka health system.

Next steps

This document is a preliminary analysis to further develop with DoH colleagues in January 2018.

Recommendations

Kwalomu ka 75% ya vana va le hanshi ka malembe 5 lava va nga lova, lava va nga kumiwa eka ndzavisiso lowu endlwaka hi MRC/WITS Agincourt ku kumeke leswaku swi vangwiwa hi mavabyi lawa ma tlulelaka. Leswi hinkwaswo swi vangwiwa hi swivangelo nkulu leswi vuriweke. Va aaka tiko vate na tindlela taku lulamisa xiphiqu lexi.

- ku endla leswaku titliniki ti tshama ti tirha hi minkarhi hi nkwayo.
- ku xixima xihundla eti tlilini.
- ku tatisa ti mobile clinic/ kumbe ku aka ti tlilini
- ku tirhisana exikarhi ka vatshunguri va xintu na vaxilungu
- ku kurisa nhlohotelotelo wa swrihanyo na dyondzo ku endla mintirho tani hi swilo leswi faneleke ku endlwaka
- ku tisa mati yo basa tani hi swilo swo sungula leswi faneleke ku endlwaka
- ku hluvukisa ti yindlu ta mfumo swi voniwa tani hi swilo leswi nga le henhla ka matimba ya ndzawulo ya swrihanyo.

PHC Re-engineering iya nkoka ku endla vuxaka exi karhi ka va rhangeri valeka ndzawulo ya swa rihanyo na va rhangeri vale tikweni.



Figure 2: Lack of clean drinking water

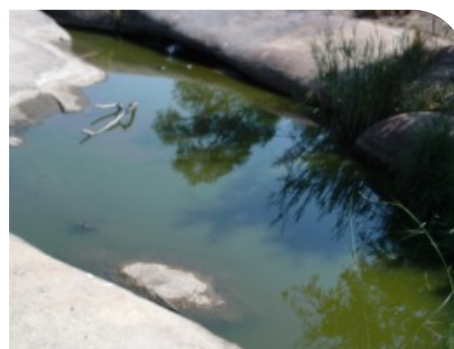


Figure 3: Overcrowding and poor housing