

# How do parents and relatives of deceased children experience the process of delivering result of causes of death of children enrolled in Child Health and Mortality Prevention Surveillance (CHAMPS) in southern and central of Mozambique: Rapid Qualitative Assessment

Amilcar Magaço<sup>1</sup>, Yury Macete<sup>1</sup>, Raquel Mucor<sup>1,2</sup>, António Calia<sup>1</sup>, Quique Bassat<sup>1,2,3,4,5</sup>, Inácio Mandomando<sup>1,6</sup>, Maria Maixenchs<sup>1,2</sup>, Khátia Munguambe<sup>1,7</sup>

<sup>1</sup>Centro de investigação em Saúde de Manhica, Manhica, Mozambique ; <sup>2</sup>IS Global, Hospital Clínic - Universitat de Barcelona, Barcelona, Spain <sup>3</sup>Catalan Institution for Research and Advanced Studies (ICREA), Barcelona, Spain; <sup>4</sup>Paediatric Infectious Diseases Unit, Paediatrics Department, Hospital Sant Joan de Déu (University of Barcelona), Barcelona, Spain, <sup>4</sup>Instituto Nacional de Saúde (INS), Ministério da Saúde, Maputo, <sup>5</sup> Eduardo Mondlane University, Faculty of Medicine, Maputo, Mozambique

## BACKGROUND

- Low and middle-income countries (LMIC) still face excess of infant mortality.
- The Child Health and Mortality Prevention Surveillance (CHAMPS), uses minimally invasive tissue sampling (MITS) to determine the causes of death (CoD) in children under-5 years.
- The CoD results, in addition to being used to suggest health interventions to reduce child mortality, are delivered to the child's parents so that they know the specific CoD and help them to deal with the loss and to seek medical follow up when necessary.
- This study aims to explore the experiences of parents and relatives of deceased children on the procedure for delivering CoD results.

## METHODS

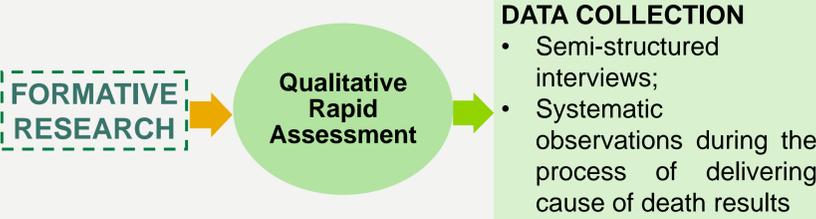
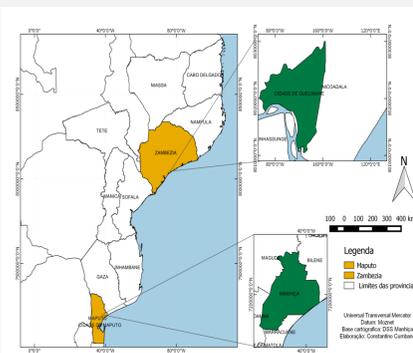


Figure 1: Study Site



## DATA ANALYSIS

- Audio data was summarized and coded systematically in an Excel spreadsheet, and later content analysis was performed.
- Triangulation with observations data was performed.

## RESULTS

Table 1: Sociodemographic characteristics of SSI interview participants

	Male	Female	Total (n=16)
<b>Median age</b>	33	32	32
<b>Gender</b>	4(25%)	12(75%)	16 (100%)
<b>Site</b>			
Manhica	1 (6%)	7 (44%)	8 (50%)
Quelimane	3 (19%)	5 (31%)	8 (50%)
<b>Relationship with the deceased child</b>			
Father	4	-	4 (25%)
Mother	-	9	9 (56%)
Maternal Aunt	-	3	3 (19%)
<b>Education Level</b>			
No formal education	1	3	4 (25%)
Primary education	2	7	9 (56%)
Secondary	1	2	3 (19%)
<b>Marital status</b>			
Never married	1	4	5 (31%)
Married or cohabiting	3	5	8 (50%)
Widow	-	3	3 (19%)
<b>Religion</b>			
Catholic Christian	1	3	4 (25%)
Muslim	-	2	2 (13%)
Protestant Christian	2	4	6 (37%)
Zionist	1	3	4 (25%)
<b>Occupation</b>			
Farmer	-	4	4 (25%)
seller	2	1	3 (19%)
Domestic Worker	-	7	7 (44%)
Unemployed	1	-	1 (6%)
security	1	-	1 (6%)

## Family's perspectives on the meaning and relevance of cause of death results

The delivery of CoD results is a symbolic moment marked by memories and a mixture of feelings such as sadness, pain, relief and satisfaction for the parents and relatives of deceased children.

- The cause of death results, although they bring back sad memories and emotions, are important for the bereavement closure.
- The results are also useful in clarifying the reasons for the death, which also helps in medical follow-up when necessary, and also helps to minimize family tension and conflicts due to accusations that the child died as a result of witchcraft.

"I did not feel well when they said the result because I know I have a disease and it was this disease that took my child... But I also liked that they brought the result, now I will treat myself"  
(Mother of a deceased child, Quelimane).

"...When they came to leave that result I was very happy, at least they will stop accusing me"  
(Grandmother of the deceased child, Manhica).

"...The result was clear because the mother started to treat hypertension disease, but they thought that the child died because his mother had HIV"  
(Maternal aunt of the deceased child, Manhica).

## The impact of the delivered results and the need for family follow-up

Although the delivery of CoD results was considered useful for closure, it was viewed as inefficient, especially when family follow-up of the diseases diagnosed in the body of the deceased child is needed. Family members were particularly concerned because they would not know how to report the recommendations given during results delivery back to the health facility.

"They must also inform the person to follow the rules to recover their health. They must give the details that the person can do when they arrive at the hospital, it is not enough to arrive here and it is over"

(Father of the deceased child, Quelimane).

The delivery of CoD results highlights the need for more details about the child's CoD and the need for closer and monitoring of family members' linkage to care.

## Delay of results feedback and its impact

Due to several factors including COVID-19 there were delays in CoD results feedback, causing anxiety and frustration, making some parents to seek help among traditional healers to ascertain cause of death and ensure a new pregnancy and a future healthy baby.

## CONCLUSIONS

- Knowing the CoD of a deceased child completes the mourning process, but delays on the CoD results cause anxiety and frustration.
- These findings suggest the importance of announcing CoD results in detail and a clinical and psychosocial family follow-up pprocess