

## ORIGINAL RESEARCH

# A Time to Mourn: Cultural Considerations and Community Preferences for Verbal Autopsy in Vietnam

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## ABSTRACT

Reliable mortality data becomes necessary to realise the full functioning of national health systems. Verbal autopsy (VA) is a viable tool to identify cause-of-death in Vietnam and has already utilised in a number of studies. This qualitative study (in-depth interviews and focus group discussions) had been done with the aim to examine the views of six ethnic groups in Vietnam on the suitable timing for implementing VA after a death. Recommendations on what were the suitable timing varied significantly between minorities

ethnic groups, reflecting their particular cultural beliefs and burial practice. For the dominant Kinh people, the suitable timing for VA was around 49-100 days after the funeral. By providing better understanding of the best timing for VA interview, our study enables researchers to optimally use VA methods, producing more reliable data for mortality rates and cause of death in the lack of a complete vital registration in Vietnam.

**Key words:** *verbal autopsy, cause-of-death, cultural beliefs.*

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## INTRODUCTION

For the vast majority of developing nations, there is a dearth of cause-of-death data and subsequent death reporting. Vietnam - with the population of 88.8 million - is one such nation that has not provided cause-of-death data to the World Health Organisation. This is troubling. To accurately track Millennium Development Goal (MDG) population health improvements, countries need a strong basis for cause-specific mortality data. Beyond the MDGs, reliable mortality data becomes necessary to realise the full functioning of the national health system. Despite Vietnam's drastic socio-economic progression following the 1986 Doi Moi reforms, its civil registration system remains porous; mortality data is not collected reliably due to incomplete capture in the government reporting systems. The lack of clear benefits, legal sanctions or reminders from local authorities to report a death are other health system factors contributing to under-reporting.

A6/YTCS is the cause-of-death registration book, which is used by the commune health staff to record deaths within that commune. It is the national registration system and is showing its limitation in collecting cause-of-death data. In the face of these multilayered challenges, Vietnamese authorities are keen on building capacity to improve the country's vital registration system, indicating support for the establishment of a sentinel surveillance system comprising 64 sites to generate reliable mortality statistics. While the nation's vital registration system is strengthened for the long term, sentinel surveillance systems using verbal autopsy (VA) present an interim solution. VA is a tool to support the information needs of health system located in inadequately functioning civil registration

systems where cursory medical certification of cause of death is the norm. VA consists of "an interview carried out with family members and/or caregivers of the deceased using a structured questionnaire to elicit signs and symptoms and other pertinent information that can later be used to assign a probable underlying cause of death". VA allows for "a reasonable direct estimation of the cause structure of mortality at a community or population level" where, otherwise, an information vacuum would exist<sup>7</sup>.

VA is a viable tool to identify cause of death in Vietnam<sup>4</sup>, and already utilised in a number of studies<sup>5,6,7</sup>. Some studies in Vietnam using VA had been done and resulted that the validity of VA is important and influenced by many factors, such as the design and content of the questionnaire, fieldwork procedures, and the background and qualification of interviewers<sup>5,6,7</sup>. However, the timing of the VA interview had not been discussed much. It is critical to ensure evidence regarding if timing of the VA is accurate, minimising recall bias, yet balanced against social and cultural factors that need to be considered when identifying a suitable time interval. Impacting factors will include the interviewer's need to be culturally responsive in respecting the family and community's grief and funeral rites. Asking about a death soon after its occurrence may cause distress, so it is advisable to define a minimum, as well as a maximum recall period. The extent of the distress experienced will vary depending on the nature of the death, the age of the deceased and their relationship to informants. In addition, it also depends on the time of death, the culture of bereavement and the competence of interviewers. Despite the clear importance of this issue, evidence available in the literature on recall and timing of VA interviews is limited.

This paper examines the views of six ethnic minorities in Vietnam on the suitable timing following a death for implementing VA. The study aims to advance the understanding on inter-related cultural issues impacting on the grief process. This is in response to Soleman et al.'s (2006) view that the recall period may influence the validity of the VA tool and affect comparisons of VA data between sites, hence the need for further investigation "to define the acceptable recall period and to harmonize the recall period used between sites"<sup>12</sup>.

## METHODS

Data collection was conducted in mid 2008 in collaboration between The University of Queensland and Hanoi School of Public Health, with the support of research teams in five medical universities across Vietnam, each responsible for a cluster of provinces. The study had ethics clearance from the Institutional Review Board, Hanoi School of Public Health.

We conducted in-depth interviews and focus group discussions in five purposively chosen study locations across Vietnam, which had undergone the quantitative VA trials of the Mortality Studies component of the VINE project. Each location was divided into two field sites: one comprising the Kinh population and the second sample site predominantly composed of an ethnic minority group (nhóm dân tộc thiểu số) within the respective region (Vietnam Museum of Ethnology, 1998). The stratification was reflective of the fact that 87% of the Vietnamese population are of Kinh (Viet) ethnic origin. Six ethnic groups were interviewed: Nung, Muong, Katu, Coho, Khmer, and Kinh.

Ten semi-structured interviews (5 with Kinh

people and 5 with the ethnic minorities) were conducted within each field site to gain insight into the opinions and experience of the primary caregivers of the deceased. Households were classified as "less recently bereaved households", defined as having a death occurring 12 to 24 months ago, and identifiable through the General Statistics Office register, and "very recently bereaved households", with a death occurring within the last 12 months, and often identified via word of mouth. Informants included one representative from two households in each category, and one community leader. Suitable community leaders for interview were defined as individuals who played a prominent community role (such as religious leader or village head). Finally, two focus group discussions per field site (1 with Kinh people and 1 with ethnic minorities) were held in order to triangulate the data. Focus group participants were recruited on the basis they were not recently bereaved, so the responses of the bereaved could be set against the knowledge and recollections of those in the wider community. Focus groups consisted of five to ten participants recruited via snowball sampling, with local community leaders and health personnel guiding selection.

Data collected from the field sites was subjected to a thematic qualitative analysis. The transcripts were coded using Nvivo 7 software by three social science researchers. Selected transcripts were independently re-coded by an independent researcher.

## RESULTS

Below we present a summary of key responses from the respondents of different ethnic groups (in both the focus group and in-depth interviews). Otherwise, our analyses of

individual interviews and focus groups revealed that there are differences over what timing “means” for the dominant Kinh, and four of the five other ethnic groups interviewed (except for the Katu people). Recommendations on what were the optimal intervals varied significantly between ethnic groups (also varying among the Kinh in different locations), reflecting their particular cultural beliefs and burial practices. Preferred time of day to approach the bereaved family for interview also had significance for several informants.

## KINH

Kinh respondents suggested the VA process was valuable; respondents from all five locations (Can Tho, Hanoi, Ho Chi Minh City, Hue and Thai Nguyen) confirmed a willingness to participate in VA interviews: “If officers of different levels come for interviews, we are willing to answer. In fact the direct family may not provide information but their relatives are willing to provide information if they know about it” (Hanoi\_FGD\_K). Kinh from Hue and Thai Nguyen considered VA to be a meaningful process as it may prevent other deaths from similar causes; the information elicited could be useful for research purposes and for society. In terms of location, Kinh from Can Tho, Ho Chi Minh City and Hanoi considered interviewers should meet with them in their homes, talk to them directly, rather than send a questionnaire. By talking directly they felt their sadness would be shared, building a rapport with the interviewer, and if there was anything they did not understand they could immediately discuss.

The implication here is an impersonal approach and it is not ideal. Rather, the VA interviewer needs to physically and emotionally engage with the family in their grief and bereavement.

In arranging the interview, Kinh people from Can Tho advised to contact them by telephone or ask the local health staff to inform the family before visiting. Alternatively, Kinh people from Hanoi and Thai Nguyen suggested that researchers should inform a village leader and bring incense to burn for the deceased before visiting the family to conduct an interview: *“This is an art. If necessary, they still provide information but researchers should be tactful. At first, they should discuss very carefully with commune leader and ask for someone to lead them to the households to create warmth and to show that their work is prepared very carefully”* (Thai Nguyen\_FGD\_K). Ho Chi Minh City respondents preferred interviewers investigating the feelings/attitudes of the potential interviewees through local authorities.

In terms of the VA interview timing, Kinh participants from Can Tho suggested that interviewers should visit a family 10–15 days after the funeral. At this time, respondents felt the family would have a more cogent memory. Kinh people from Ho Chi Minh City advised the best time for interviews was noon or 5pm. Respondents from Thai Nguyen concurred with respondents from Ho Chi Minh City, explaining that conducting interviews in the afternoon or evening may better fit people’s busy schedules. Kinh people from Thai Nguyen also advised to conduct interviews after 49 days following the death and burning incense in respect of the deceased: *“It is reasonable to come after 49 days because at that time, family has burnt out the feeling for the dead so that it will be more advantageous to ask. It is better to burn incense for the dead to show gratitude and respect to the dead when a researcher is preparing to ask for information. People will feel warmer when they see this and feel free to provide*

information” (Thai Nguyen\_ FGD\_K). After 49 days (a period known as *le chung that*), the family stop bringing rice for the deceased to the holy ancestral altar (*linh toa*).

Respondents from Ho Chi Minh City and Thai Nguyen felt it necessary to have an introduction by local authorities to organise the interview. Respondents from Hanoi advised that for some types of deaths that are socially stigmatized, such as deaths caused by HIV/AIDS or drug addiction, people might not be willing to provide information.

## COHO

Coho respondents expressed a willingness to provide information at VA interview, considering face-to-face interviews more advantageous than sending questionnaires: “Now we are willing to provide information so that people know about it and find out the treatment and aware people to avoid. There is nothing to hide” (Hue\_FGD\_DT). Interviews held at locations such as health centres were considered suboptimal. Respondents informed the best time to hold the interview is when the family had time to deal with the passing of their loved one. Some people considered 1–2 or 5–6 months after the funeral to be appropriate, though one person said it was best one week after the funeral. Respondents reported it was necessary for interviewers to be accompanied by a local officer and made contact in advance, to facilitate local cooperation.

## NUNG

Nung respondents stated they were willing to be interviewed if the interview’s purpose and use of the information was clearly explained to them: “*They are willing to provide information*

*because anyway the dead cannot live again and also because the information is useful for the health sector. When they are explained that the information is used to improve health quality in Viet Nam, it is for sure that they will provide it*” (Thai Nguyen\_ FGD\_DT). Respondents felt that families who have experienced a death of their loved one as a result of intravenous drug use or HIV/AIDS would feel embarrassed and in this context interviewing may be difficult. Respondents were anxious the questions should not be detailed, expressing that interviewees did not like to answer private questions.

For effective VA interviews, respondents believed interviewers should speak directly with the families of the deceased in their homes; interviews should not be conducted in public places such as the People’s Committee or local health clinic. It was also suggested when visiting people’s home, incense should be burnt for the deceased so the family feels the interviewer shares in their grief, allowing interviewees to be more open to respond.

Nung respondents also suggested the VA interview be undertaken 40 - 49 days after the death. It was said that if the interview was conducted too close to the time of the funeral, it might remind families of their loss and therefore influence interview effectiveness. In addition, some Nung recommended local health officers should be responsible for collecting information on the deceased.

## KATU, KHMER AND MUONG

Katu respondents did not focus on the issue of timing. Whereas Khmer participants suggested interviewers should visit the family soon after the funeral so the family could remember more (death) details: “*It is best to come and*

*investigate the death cause after burial, it should not keep so long after the death, otherwise, people will forget”* (HCMC\_FGD\_DT). They felt that talking to the interviewers would help families feel relief. Khmer respondents said interviewers should meet them directly in their free time, with local community leaders or health staff announcing their visit in advance.

To avoid upsetting interviewees, Muong respondents advised allowing 100 days or even one year following the death to conduct the interview. Muong respondents advised village leaders or health officers must accompany the interviewer. It was also suggested interviewers should burn incense to express their grief for the family, and as a result the family will be likely to talk. All Muong respondents suggested the interview would be better face-to-face rather than by telephone: *“The research team should meet the family in the home and interview them directly. Don’t send questionnaire or something to them. Talking to them is also a good way to share their sadness* (Thai Nguyen\_FGD\_DT).

Similarly to some Kinh respondents, Katu respondents thought people might refuse to participate in VA interviews where there was risk of stigmatisation on the family due to the cause of death (such as if the deceased was infected with a communicable disease).

## DISCUSSION

Overall acknowledgement of value of VA interviews by respondents

All minorities in our study value the objectives the VA process seeks to achieve. The respondents collectively suggest the survey

process requires formality; the process intertwines private grief and bereavement rituals, hence the interviewer must display respect to the deceased and family in culturally responsive forms, for instance, by burning incense. In this way, respondents suggest VA interview differ from other health related interviews, inviting the interviewer to locate the interview within funerary rituals among Kinh people (such as the 49 or 100 day mourning periods). While timing for such mourning rituals will vary between different groups, interviewers need to be aware that issues of timing and mortuary ritual(s) are real.

The proposed formality of the interviewer calling ahead, or utilising local officials as intermediaries to mediate the appropriate date and time of interview, is not in tension with the invitation to enter into the cycle of grieving, but reinforces respect for the family.

## TIME TO HOLD VA INTERVIEWS

Understanding the optimal time of day to hold VA interviews is important for good practice: for familial courtesy/respect and ensuring participant availability. Kinh respondents from Ho Chi Minh City and Thai Nguyen suggested conducting interviews at noon or in the early evening/late afternoon so as to fit in with people’s busy schedules. The responses combine courtesy with the pragmatics of finding someone at home, versus this being a time that is culturally respectful to the bereaved family.

An awareness of appropriate time of day can also assist the interviewer ensure public propriety, to allow for the visible “proper” conduct of the event “sanctioned” by local authorities. This point intimates a political dynamic and a need to display respect for the

same; Local People's Committees exercise considerable control over access to their communities.

### **TIMING AFTER THE FUNERAL FOR VA INTERVIEWS**

Timing in relation to the funeral and other cultural practices was also an important factor not only for the dominant Kinh, but also for ethnic minority groups such as the Coho, Muong and Nung. In order to avoid upsetting the family, Muong participants advised that the interview should be held 100 days or even one year after the funeral. Nung participants gave a similar response, but considered 40 - 49 days was not too close to the date of the funeral to upset the respective family. Kinh from Thai Nguyen also suggested 49 days after the funeral. The recommendation of either 49 or 100 days presents an accessible window, as this coincides with two major rituals following the funeral; the 49<sup>th</sup> day proceeding the funeral marks a period when the family stop bringing rice for the deceased to the holy ancestral altar, and then after 100 days, the family celebrates "tot khoc", or the end of the tears.

Conversely some respondents considered it to be important the interview was conducted relatively soon after the funeral so family members could remember relevant details. The Kinh in Can Tho, for example, recommended 10 - 15 days, and while the Khmer did not provide a time frame, they did suggest soon after. The Coho provide disparate responses; some considered 1 - 2 months, others after 5 - 6 months, and one person said it was best to come after one week. The range of responses provides no formulaic approach; again, sensitivity to the local is important, reiterating

the need to seek guidance from local leaders and elders.

### **IS THERE A "GOOD TIME" FOR VA INTERVIEWS FOR "BAD DEATHS"?**

Nung and Katu groups, along with the Kinh interviewed in Hanoi, raised that there may be some unwillingness by family's to participate in the VA interview process if the deceased had died as a result of a stigmatized communicable disease, such as HIV/AIDS, or the family considered it was a "bad death" (such as death due to intravenous drug use). This is not surprising given the context of Vietnam when HIV/AIDS is considered a "social evil" and "bad deaths" and is perceived as to punish violators of moral rules<sup>15-16</sup>. Our research supports findings from earlier research that adult deaths might not be reported where seen as "bad deaths" for fear of bringing shame or a bad reputation on the family. Kinh respondents from Hanoi, however, indicated that in cases where an individual has died of a "bad death", to overcome unwillingness by family members to participate in a VA interview, an interviewer should visit the family personally in advance and clearly discuss the purpose of the interview, distancing the process from any sense of moral judgement.

### **CONCLUSION**

Narratives presented in this study show how VA timing may influence reliability of interviewee's responses. As death enquiry entails cultural and ethical sensitivity, the time interval after death is not only a matter of memory, but also a factor that can instigate or impede respondents' ability to recall and willingness to report accurately past events related to death. In general, the suitable timing

for VA among Kinh people is between 49 and 100 days after the funeral; meanwhile, in the ethnic minorities, cultural sensitivity should be considered when choosing the appropriate timing for VA. By providing better understanding of the best timing for VA interview, our study enables researchers to optimally use VA methods, arriving at more reliable mortality and cause of death data in the lack of a complete vital registration in Vietnam.

VA does give a meaning to death as funerary rites do. Although this meaning is a technical one, it is nonetheless important when amassing

and constructing the picture that is cause of death in Vietnam. If we are to use that meaning in ways that positively reinforce the relationship between the health sector and the population, interviewers need to tread a line that respects culture and optimizes the meaning we are able to draw from these interviews.

#### **DECLARATION OF CONFLICTING INTERESTS**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.



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