



SEACO POLICY BRIEF 004

Verbal Autopsy to Establish Causes of Death

South East Asia Community Observatory
(SEACO):
Research for a Healthy Community

This research based evidence brief highlights potential policy options

Who is this Policy Brief for?

Policy makers and other stakeholders who are interested to address the problem based on research evidence

Why was it prepared?

To inform stakeholders about health policies and interventions by summarizing the best available research based evidence about the problem

What is Research Based Evidence Brief for Policy?

Research Based Evidence Brief for Policy is generated from the studies implemented by SEACO, an ISO accredited health and demographic surveillance site which acts as a research platform for health related research

Full Publication

The research based evidence is described in detail in the SEACO publication

Let's talk about death: data collection for verbal autopsies in a demographic and health surveillance site in Malaysia, Allotey P, Reidpath DD, Evans NC, Devarajan N, Rajagopal K, Bachok R, Komahan K, et al. Global Health Action. 2015;8:28219

<https://www.tandfonline.com/doi/full/10.3402/gha.v8.28219>

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The Problem:

Although Malaysia has a well-established civil registration system, about half of the deaths are not medically certified because they occur outside a health facility. The exact cause of death often is not known for those deaths which occur outside of health facilities due to the restriction on performing physical autopsies because of cultural and religious beliefs.

Verbal Autopsy (VA) is a systematic and standardised indirect method to determine the bio-medical cause of death on the basis of medical histories and signs and symptoms of illness prior to death. It requires significant involvement of families and communities; so it is important to explore some methodological issues in data collection, especially which are related to the preparedness of communities to talk about death.

Evidence to Support Policy Options:

SEACO carried out a pilot study to field test the WHO 2012 VA instrument which was revised in consultation with researchers from the Malaysian Ministry of Health to take account of local conditions and was in the process of instituting as part of the death registration process.

The study explored the range of bereavement rituals within the multi-ethnic and multi-faith population of Malaysia. Malay Muslims require burial to take place usually within 24 hours of death. For Indian Hindu, cremations ideally occur within 24-72 hours. Chinese community, especially the Buddhists wait for up to 4 days before burial can occur. Therefore, the period between the death and VA interview is an issue that requires further consideration as most study respondents felt emotionally stressful while talking about the death.

Besides, it is important to have well-trained data collectors, regardless of their health qualification, who can cope better with the emotional distress and grief of the families and can handle the situation carefully; if possible, better to recruit a data collector who has a pre-existing relationship with the interviewee.

Recommendation:

Within community settings, verbal autopsy needs to be undertaken by well-trained, culturally acceptable data collectors considering the different cultural bereavement practices.