



Unrolling the Invisible: Socio-cultural Grounds of Child Mortality in the Slums of Dhaka

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ABSTRACT

According to World Health Organization, there is an 85% decline in the recorded child deaths from 1971 in Bangladesh from 371.3 to 22.6 per 1000 live births. However, the rate of child mortality is still quite significant considering the growing development of Bangladesh. In maximum literatures, the prevalent reasons behind child mortality are portrayed as complete biological phenomena and medical conditions (e.g., asphyxia, prematurity, and low birth weight) for the children under the age of 5 in Bangladesh. This research focused on the reasons behind child mortality beyond the biological and medical conditions while stressing on finding the preventable causes of child mortality, through a systematic method of death study named Social Autopsy. Social autopsy refers to a structured qualitative research tool that aims at identifying social, behavioral, and health systems contributors to child deaths. Using this tool, the research has identified that multiple socio-cultural, structural, and behavioral conditions along with medical conditions for child mortality. The research was done in two of the biggest slum areas of Dhaka city: Hazaribagh and Kamrangir Char. 15 families who lost children under 5 years and 5 health care providers were interviewed with a semi-structured method to draw an inclusive picture of socio-cultural dynamics of child mortality. The data was analyzed manually through thematic analysis and narrative analysis which showed the interconnection of all the broader underlying reasons and a detailed impacts of specific causes of child mortality.

Keyword: child mortality, social autopsy, Bangladesh, Dhaka, slum, socio-cultural reason.

INTRODUCTION

There are some significant features of life that we cannot avoid. Illness, mortality, and death are some such cases. Death caused by biological factors are inevitable but death caused by social factors are not. There is a fine line between the biological and the social causes of death which we always tend to overlook. We overlook it because otherwise the burden of accountability and liability will be immense.

Child mortality is exclusively considered as an indicator of the condition of a particular health system. It provides a snapshot of current health problems, suggests persistent patterns of risk in specific communities, and shows trends in specific causes of death over time. Many causes of death are preventable or treatable and, therefore, warrants the attention of public health prevention efforts. Furthermore, deep analysis of a child's death can unravel the socio-cultural factors responsible for death trends existing in a culture (Yang & Park, 2017).

In case of studying child mortality and its effects, statistical data is mostly prioritized. So, mostly the stories behind the incidents remain untold, unfold. But the detailed inspection of the stories can provide valuable insights which can contribute to the reduction process of child death.

As there is a scarcity of narratives in analyzing the process of child mortality, it is relevant and important to pursue the matter in a descriptive way. Social Autopsy is a modern tool of qualitative research to understand any death trend in a particular area. The tool is utilized in many countries to understand and evaluate the reasons behind child mortality and prevent it such as Rwanda, Nizer, Sudan etc. A few studies in Bangladesh show the use of the tool. Reviewing child mortality in the lens of this tool can bring significant changes in the situation (Bensaïd et al., 2016). According to the statistics, the slums of Bangladesh have double the rate of Child mortality than the overall rate (Islam, 2005). The intention of this research is to find out the reasons for the higher child mortality rate in the slum areas of Dhaka city using the Social Autopsy tool.

The aim of this study was to understand the preventable structural and socio-cultural dynamics of child mortality. Drawing up on theory of Kleinman's Cultural interpretive model, this qualitative research was done in two major slum areas in Dhaka: Hazaribagh and Kamrangir Char. The study

finds out and explains the preventable factors attributable to under 5 child mortality and through a thematic analysis it established a co-relation of the death factors.

Objective of the Research

In a broader sense, the main objective of the study was identifying the factors attributable to under five child mortality through social autopsy study. In a specific ground, the study was followed by three specific research objectives. These are:

- Exploring the socio-cultural reasons behind under five child mortality.
- Finding out the structural barrier contributing to under five child mortality.

LITERATURE REVIEW AND RESEARCH GAP

Though Social Autopsy technique is not used frequently to understand the child mortality condition in Bangladesh, it is not a totally new idea. The integrated verbal and social autopsy (VASA) technique was utilized for the first time in Niger, one of the world's poorest nations, to evaluate the biological reasons and social and health system determinants of neonatal and child fatalities (Bensaïd et al., 2016). Maternal social autopsy studies supporting health programming have lately been carried out in a number of developing nations. In 10 high-mortality Indian states, from 2005 to 2009, community-based maternal verbal/social autopsies were carried out, along with participatory data sharing with communities and health programs, which led to the implementation of a large number of data-driven maternal health interventions (Kalter et al., 2011). Rwanda has significantly decreased child mortality, although it is unclear what causes it and what sociodemographic factors influence it. To determine the causes and risk factors for death, the researchers conducted a matched case-control study of all children under the age of 5 who passed away in eastern Rwanda between March 1 and February 28, 2014. They used Inter VASA to identify likely causes of death and cause-specific mortality fractions. It was discovered that a major portion of the remaining deaths in Rwanda occur at home, and that home deliveries continue to be a significant risk factor for newborn death, despite the country's dramatically dropping rates of childhood mortality and improved access to healthcare (Gupta et al., 2018).

In 2010, a study was carried out in Bangladesh's Thakurgaon district. The researchers have purposefully chosen 28 social autopsy cases in which the mothers died from hemorrhage or seizures. They found Maternal mortality are influenced by a number of societal variables, such as

inexperienced birth attendants or family members doing deliveries, comprehending maternal difficulties slowly, delaying the decision to transfer the mother, and traditional myths, lack of awareness, and education. The community recognized its own issues, discussed them internally, and decided to address them in order to prevent other deaths (Biswas et al., 2016). A study conducted in Ballabgarh, North India, analyzed infant mortality through verbal and social autopsy methods, pinpointing medical causes and assessing non-biological factors. It employed a three-delay model to categorize delays in seeking medical attention: recognition of danger symptoms, reaching a medical facility, and receiving medical care (Rai et al., 2017). Though the researches tried to unfold the reasons behind child mortality, a prevalent lack still remains how the socio-cultural reasons contribute in the delay of treatment and what are the causes of delay. A working group under the INDEPTH Network developed a common social autopsy instrument for child fatalities, analyzing 434 deaths in Uganda and 40 in Ghana. They found that despite severe symptoms in most cases, many children did not receive timely treatment, with delays occurring at home and due to healthcare provider management (Källander et al., 2011). Such type of study is missing in Bangladesh till date. This study explored the dynamics of delay in child care through the social and anthropological lens.

A study in Bangladesh examines how different types of non-professional practitioners influence pregnant women's decision-making regarding professional maternity care. In low-income countries, maternal mortality remains high due to reliance on non-professional healthcare providers during pregnancy and childbirth, posing challenges for policymakers (Parkhurst & Rahman, 2007). The portray of the effects of non-professional treatment on a child remains unseen. This study tried to fill that gap.

In India, A nationally representative study found that 87% of households with child fatalities and 77% of households with living children reported using solid fuel. Exposure to solid fuels significantly raised the risk of child deaths at ages 1-4 and was associated with non-fatal pneumonia in both boys and girls (Bassani et al., 2010). Another study suggests, approximately 2.4 million child deaths (4.2% of all deaths) may be avoided yearly on a global scale if everyone practiced proper hygiene and had access to dependable sanitation and drinking water (Bartram & Cairncross, 2010). Researches also Shows that, Infrastructure has been overburdened and public

health has deteriorated as a result of India's urban population explosion and slum population rise (Awasthi & Agarwal, 2003).

While the current study contributes significantly to our understanding of sociocultural influences on infant mortality, further research is needed to address existing gaps. A more in-depth exploration of the specific sociocultural factors affecting child mortality in urban slums, including local customs, beliefs, and behaviors, would enhance the study's insights. Additionally, a comprehensive analysis of the city's health infrastructure, encompassing community awareness, healthcare access, and service quality, would offer a more holistic perspective. Investigating the temporal intensity of sociocultural influences on child mortality and conducting comparative analyses across residential areas in Dhaka would enrich the research. Moreover, emphasizing the translation of findings into actionable policies and interventions, along with incorporating stakeholder perspectives, would enhance the study's relevance for legislators and medical professionals. Addressing these gaps is essential for improving the effectiveness of the study and advancing our understanding of the complex sociocultural dynamics influencing child mortality in Dhaka's slums.

RESEARCH METHODOLOGY

The Study involves two phases of data collection. In the first phase, 15 In Depth Interviews were conducted to get the detailed insights of the death of the children. Participants were very precisely predetermined based on specific criteria: Who lost their children (0-5 years old) in last 5 years and belong to urban low-income communities living in the slum. Given their comparable characteristics and large densities of slum dwellers, Kamrangir Char and Hazaribagh in Dhaka city were the study's concentration locations. In the second phase of the research, total 5 health professional were interviewed through semi-structured questionnaire to understand and interpret the data gathered from first phase from a medical lens.

In case of data analysis, the study was focused on qualitative enquiry. A qualitative approach was followed known as social autopsy of death. It is a combination of multiple analysis methods such as Narrative analysis, Oral history Analysis, Thematic analysis, and Case study analysis. In this research, we identified themes that can be considered as sociocultural reasons of death and organized data gather from the narratives and case studies of the informants under those themes. The interconnected themes offer insights into neonatal mortality. The study uses an inductive

methodology to verify codes and themes throughout the research process. The findings aim to improve our understanding of the factors that contribute to neonatal deaths.

FINDINGS & DISCUSSION

“My aunt in law said, they have had children too. They told me I am showing an excessive whim with my child when I said I feel an unusual breathing pattern in my child. Only if I could make them understand, it was my child, I knew how his heart beats and how his breathing goes. They didn’t take me seriously and see what happened? I’m left only with nothing but the memory of my dead child...”- Sobuj’s mother.

According to Murphy, Cultural factors of health and health seeking can affect the following aspects: definition, recognition, symptom, prevalence and response (by society or healer) (Murphy, 1982). Arthur Kleinman’s fundamental assertion of the cultural interpretive model is that disease and deaths are not a whole but can be an explanatory model. He suggests that the perception of an endangered physical situation lies into the cultural construction of a given society. Perception allows us to understand the intensity of a situation and how to act on that. So, while doing research on child mortality it is very important to consider the cultural elements to understand the pre-death actions. So, in certain times of illness, how people are going to behave is largely determined by the culture and society.

Child mortality in most cases has some socio-cultural background. In fact, when we did our fieldwork, we realized that *most biological deaths have some social influence too*. Through the social autopsy tool, we tried to explore the socio-cultural dynamics of death as well as tried to find an explanation too. Most identified socio-cultural factors can be connected with or viewed as structural barriers.

There were multiple socio-cultural factors identified in our work that includes: *the tendency of procrastinating, going with the easiest (non-scientific) way, prejudice which is connected with illiteracy, incognizance, unstable relationship between family members, taking non prescribed medicine etc.*

One thing that needs to be clarified is that every reason is influenced by some other reason which somehow connects with wider frameworks like poverty, illiteracy, and dissatisfaction. So, nothing can be seen as a concrete reason for death. The factors identified were dominant among many.

Part-1: Delay in Health Seeking: Patient Delay

One of the major social reasons identified for child mortality was delay in health seeking. Delay in help-seeking or 'patient delay' is the time taken from the detection of a symptom to the first consultation with a healthcare professional for that symptom (Pack & Gallo, 1938 cited in Scott, 2014). When comparing the time duration for patient and professional delay, it is patient delay that generally constitutes the majority of the overall delay time (Onizawa et al., 2003; Pattenden et al., 2002 cited in Scott, 2014).

There are multiple reasons of delay and when looking at the social causes of delay the factors we found dominant are-

The tendency of procrastinating, delay in decision making, observing the situation, getting help from older non-professionals etc.

This tendency or culture of delaying can be interpreted through Cultural explanatory model. The approach considers the way people perceive illness or discomfort in their bodies and find out an explanation for that. This explanation has a direct implication on a person's health seeking behavior where the tendency of delaying comes from.

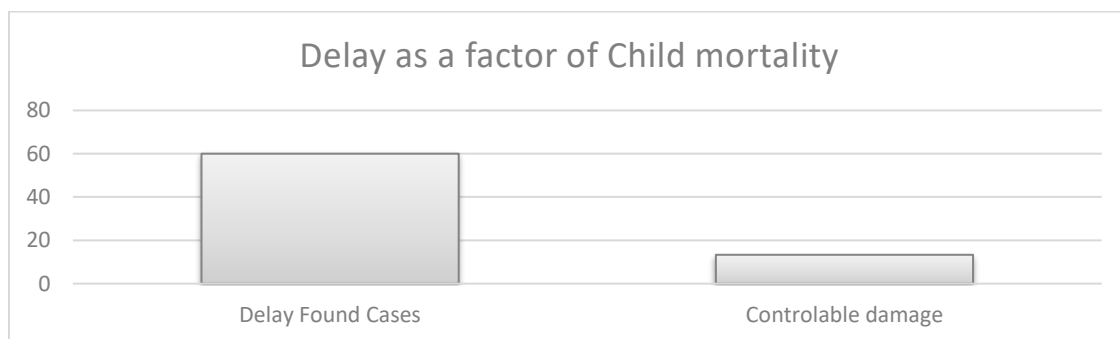


Figure 1: Delay as a factor of Child mortality. (Source: Fieldwork, 2022)

In our work, among 15 samples, 60% somehow delayed (along with other factors) to seek help that eventually led them to death.

“It was the time of flu; everyone was having a fever. We thought my child also had something like that. So, we kept her home and we took very subtle care of her. How could we understand it was dengue! No one around our house had dengue” - Maliha's mother (Fieldwork 2022).

Basically, they went through a self-diagnosis with their own reasoning and decided to keep the kid at home. They eventually ended up at the hospitals but after a significant amount of damage and delay. It is a case where the child could be saved if they had not delayed this much. There are certain cultural attributes we follow being a member of a specific community. Putting less priority on health is embedded in our culture (fieldwork, 2022).

There are multiple (psychological and cultural) reasons behind delaying which can be seen as other cultural attributes contributing to delay. For instance,

Fear and Anxiety

In most cases of delay, I found one constant which is hospital related anxiety and fear. It has important biological functions in preparing our minds and bodies to fight or to flee (Parkes, 2007). People tend to avoid hospitals in any way possible. Here again, cultural interpretation becomes very relevant because the feeling of fear or phobia also lies in the lived experience in a socio-cultural setup.

When I asked, what were you afraid of? Multiple answers came,

“They push thick injections. It hurts so much.” or “I feel anxious talking to the doctors. I felt that they would scold me for not coming earlier.” There is distrust about biomedicines too which reflects in the following statement of an informant:

“It's better to remain in a natural setup. Whenever we go for any diagnosis, they put different medicines and rays on us which is bad for health. I heard doing ultrasound can cause cancer” - (Noureen's Father)

So, for their fear, they try to fix illness at home as much as possible. This fear comes because the whole process is unknown to them and the process lacks explanation where the notion of Foucault's medical gaze (1963) becomes very relevant. In this model, medical professionals are regarded to focus on selecting the biomedical elements of patients' problems only, filtering out all other elements of a person's life story. So, the conversation between doctor and patient is so much

“problem oriented” and disease related. Most of the time the patients do not understand the medical terminologies so they feel excluded from the situation they are part of.

Case Study

Hamim (pseudonym) was just one year old when his respiratory difficulties were noticed. His family resides in the Kholamora ghat neighborhood of Kamrangir Char. As he was just coughing heavily and exhibited no other outward symptoms, his parents were unaware of the gravity of the situation. Hamim’s father was delaying because he does not like the hospital setting. Also, they think doctors will charge them a lot of money. After a delay, they obtained their medications from a neighborhood drugstore without consulting a certified health practitioner.

The pharmacy supplied the baby with seven days' worth of antibiotics. After four days, Hamim's condition deteriorated and he was hospitalized. However, it was too late. Doctors instructed his father to admit him to the intensive care unit (ICU). Hamim's father and other family members refused to admit him to the intensive care unit due to the fear of potential financial strain it would have on the family. They returned home with the baby in order to consult another hospital. At night, the baby passed away. (Case 8)

The mother of Hamim cited two causes for her son's passing. She told me sobbing,

"I repeatedly urged Hamim's (Pseudonym) father to hear what the doctors had to say. As a mother, I could empathize to what my child was experiencing. No matter what I said to him, he never responded. Initially, he refused to take the baby to the hospital. He hesitated because he assumed everything would be fine. My child would have survived if he had been transported to a hospital sooner. Both he (Hamim's father) and his brother denied placing the baby in the ICU. That caused my child's death. I will never forgive him." - (Hamim's mother)

The case shows that delay in healthcare seeking is one of the major reasons behind the death of the baby. There were many other factors present but initially the delay made the condition out of the hands.

Personal Belief

Any kind of health care to seek, whether self-care, home remedies, formal public health system or consultation with traditional healers and spiritualists are intricately linked with cultural beliefs (Nyamongo, 2002). Belief system not only allows people to access certain kinds of health care but

also prevents them from accessing health care. While doing the fieldwork, we found cases when people procrastinated in seeking professional help simply because they didn't feel like. Some of them believe they should take time and the situation shall be better automatically.

“The elders of the house told me to wait and see for some while because it's a very common case and generally goes away without doing anything.”- (Nira's Father)

Other people believe that the patients should be initially treated with home remedies. They would like to avoid medicine as long as possible.

“Medicines are not good things, initially one may feel better but it has a long term effect and it eventually weakens human bodies.”- (Sumaiya's Father)

I had one case where the family members took a snake bitten child to a shaman because they indisputably relate snake with shaman. People's belief in folk healing is dominated by the culture they are living in.

Apart from that some believers simply rely on their gods in case of emergency instead of taking quick measures.

Shock

In case of emergencies people get shocked and do not know how to respond. Shock makes people very vulnerable and they get manipulated easily. I found a case where on a regular day the mother was feeding the child, placing it on her leg, swinging in a regular interval. Suddenly the child started crying, the mother started swinging it faster but it didn't seem to stop. The mother got scared. The grandparents came and thought it was a case of “*naake otha*” and they suggested rubbing the back. The situation hadn't eased yet. The baby was crying in an unusual way and the mother was bewildered. In shock they screamed, cried, gathered a lot of people and created a more suffocating situation. After a while someone in the crowd told, that the baby should be taken to hospital and that's when the mother regained her consciousness. When they took the baby to the hospital, it had already lost its breath. Later they got to know it had Pulmonary aspiration which worsened when the baby cried and screamed for a long time. It happened because of the position of the baby when it was eating.

So, if the parent could immediately take the baby to the hospital, the situation could be avoided. Their spell boundness and shocked in this case caused the delay.

Prejudice

Another social factor closely effecting the child mortality is prejudice. In the study area, it was found that many people still believe in prejudice because of the lower literacy rate. There are many dangerous ideas still in action. Prejudice stands as one of the leading contributing factors of child mortality. 46.66% cases were recorded related to prejudice.

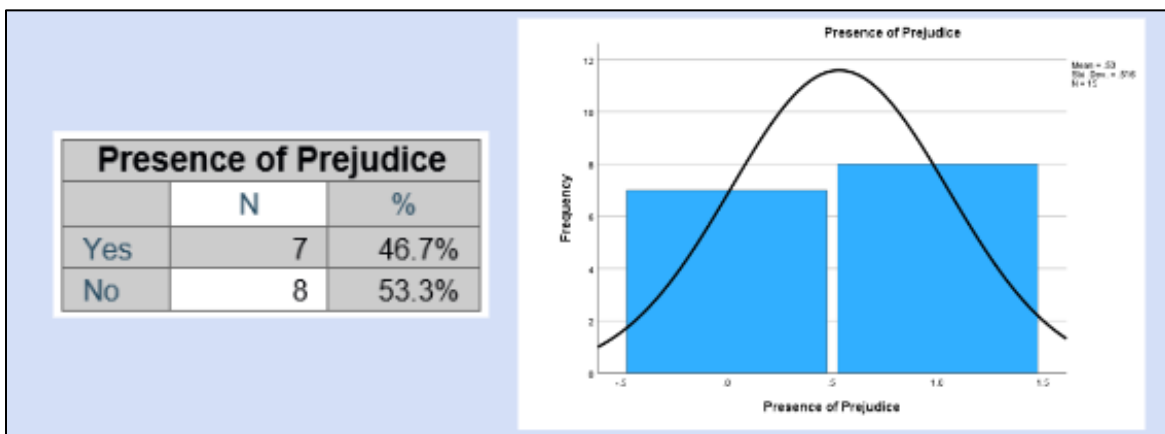


Figure 2: The Presence of Prejudice (Source: Fieldwork, 2022)

Prejudice is something that is very crucial and significant not only in delay behaviour but also in direct contribution to death. There are different kinds of prejudice we found among our informants which include: First of all, two of the respondents reported that a baby can be an evil spirit or might be controlled by the bad Jin (Evil).

“This baby was born to destroy the family, a bad jin entered the house in the avatar of the baby.”- (Mou’s Grandmother)

Medical intervention cannot solve this. The only way to deal with this problem is a religious healer or denying the existence of the baby. There were some other beliefs we found which indirectly can be labelled as a prejudice in the modern day. Among them the prominent one is the notion that the normal delivery process is the safest one because one can lose fertility permanently or might give birth to disabled child if they undergo a C-section operation. In reality, these beliefs have no logical ground. Though the C-section operation has some health risks for the mother, it is a safe way to avoid unexpected death of both mother and the baby. In the study area, a wrong notion about the

operations related to child delivery is widely spread. We considered these beliefs as prejudices. Apart from these, taking babies to the folk healers, shamans, quacks and non-professionals can also be considered as cases of prejudice.

Case Study

This case is from the Gazmahal area of Hazaribagh. Mou (Pseudonym) was the fourth child of her mother. Her mother had some medical issues. When Mou's mother was having her 25th week of pregnancy, her father wanted an abortion. But doctors refused because it was not a proper time for abortion. Doctors proposed to keep Mou's mother in the hospital but Mou's father denied.

Staying at home Mou's mother's health deteriorated. It was the moment when Mou's grandmother started to cursing her as an evil. Doctors suggested Mou's mother to undergo a procedure called C-section delivery. Her father and grandmother refused as the other children were born in a normal delivery process. Mou's mother was kept in home and normal delivery process was followed.

Mou's health condition was good when she came to the world but her mother's was crucial. With multiple complexities, she was admitted in a hospital. Since, Mou was considered as unlucky or evil- she was not taken care of properly. All the family members went to hospital keeping an infant at home without anyone and any protection. The next day, Mou's mother passed away. Mou's grandmother blamed Mou again and again as the reason of her mother's death. When they came home, Mou was already dead in the house. Alone, with a lot of negligence, the baby passed away. Even after her death, she was not properly buried in a religious standard. The grandmother again came with her argument that Mou was the reason behind everything bad happened to them. So, she does not belong to them. She believed there is an evil inside Mou who did all the wrong to them. It was the neighbors who then forced the family to bury the baby in a religious manner. One of the neighbors who was present in the burial ceremony told me the story. (case 15)

I tried to speak with Mou's grandmother twice in order to validate the narrative. Initially, she denied discussing anything. The second time, she spoke briefly, which was sufficient evidence that the incident occurred.

According to Mou's grandmother-

"God has cursed us in a way we did not think. The unholy baby took everything from us. I adored her (Mou's mother) so much and it did not allow her to live a bit more. She was very young still she had to die because of it" – (Mou's grandmother)

Distance of Medicals with proper facilities

There are two decent facility hospitals near to the study area. Dhaka Medical College and Azimpur Maternity Clinic. It takes more or less around one hour to shift a patient to these hospitals from the study area. In a critical case, an hour can be a decisive amount of time whether the baby will survive or not. We have known that referring to a distant hospital is a common practice in the hospitals situated in the study area because they cannot offer proper care.

The distance chart of proper facility providing hospitals are given below-

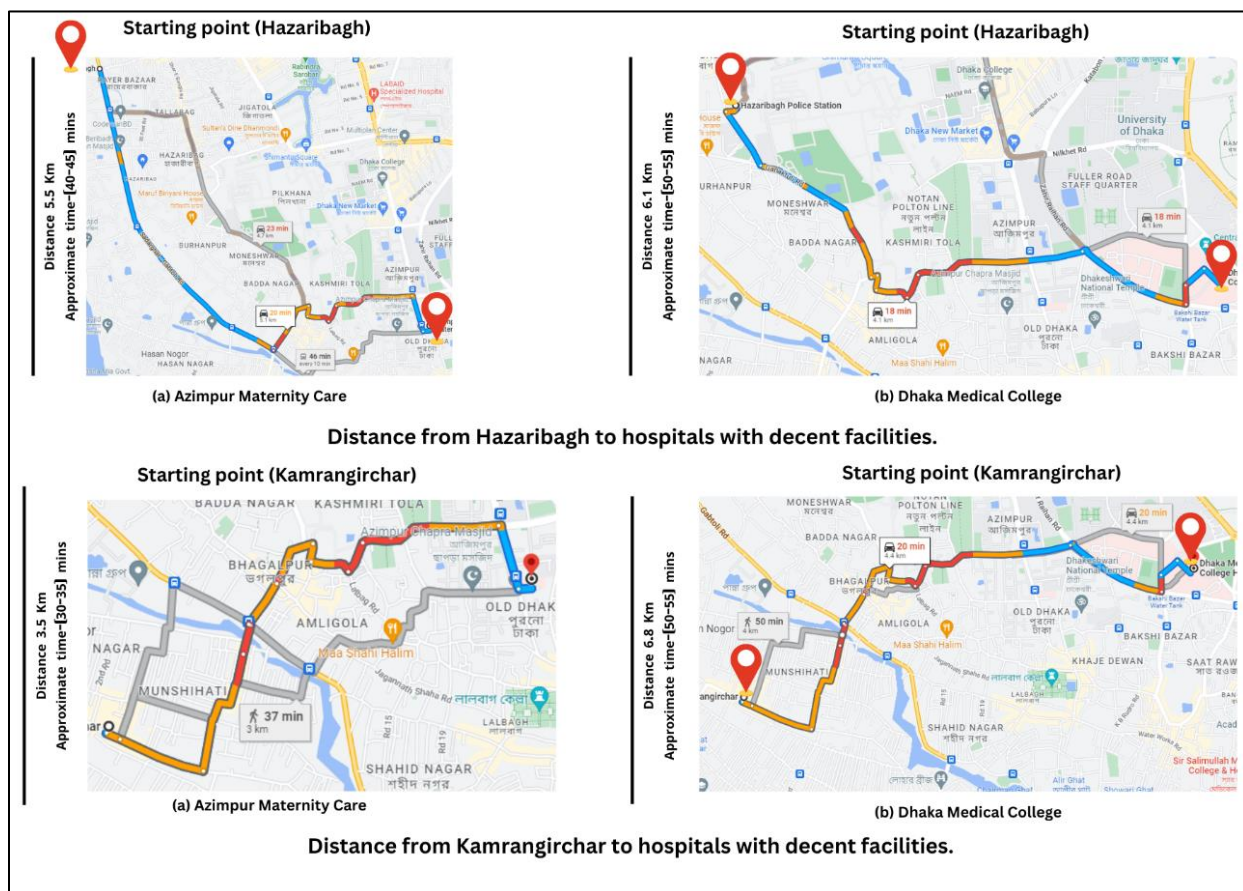


Figure 3: Distance of Decent Facility Hospital from the study area (Source: Fieldwork, 2022).

There are not enough ICU, NICU facility in the study site. This is a structural barrier which can lead a baby to death. Nowadays, these facilities are considered as life-saving medical services.

Part-2: Seeking help from Non-professionals

Non-professional caregivers in this work include: traditional birth attendant, quack, shaman, non-certified nurse, pharmacist, paramedics or anyone providing health care without having a legitimate degree. Directly 8 out of 15 cases in our study seek for unprofessional health care, indirectly the number is higher. There were cases where even certified nurses were responsible for a child's death. Among 8 people, 3 were given medicine from the pharmacy describing their illness, 1 was taken to shaman, 1 was taken to Hujur, 2 were taken to quack and 1 was taken to paramedic initially or at any stage of illness.

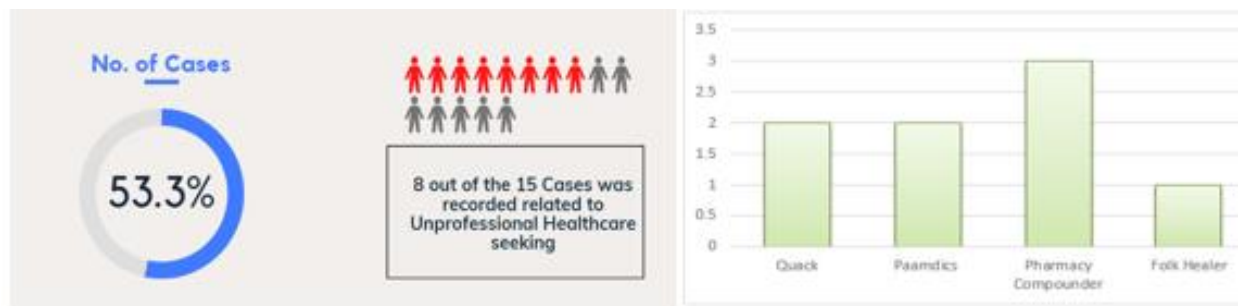


Figure 4: Health Care Provided by Non-professionals (Source: Fieldwork, 2022).

Seeking healthcare from people who are not professionally trained is a very common issue in Bangladesh. In this study, the word 'Unprofessional' will include quack, paramedics, pharmacy compounder and any other people providing healthcare service without any medical certificate. From the study record, it has been found that 53.33% cases were related to seeking healthcare from non-professionals.

We found a case where a venomous snake bitten child was taken to a shaman because people unequivocally relate snakes with shamans. It's been like a system, a tradition which people cannot forget. The rest of the story is quite predictable. The shaman could not help with unpoisoning the baby. The baby was taken to the hospital after 32 hours had passed. The baby's coagulation factor by that time was hampered. He couldn't be saved.

In our study area, seeking unprofessional health care is very common (fieldwork, 2022). There are many reasons people seek non-professional health care. Some of the identified causes for seeking unprofessional health care include:

It's a tradition

"I have seen my parents take all my siblings to Kabiraj when they were sick. They eventually got better. How can I not believe something I have seen with my own eyes?" - Akash's Father

It's long been a practice that people lean to the religious healers, hujurs, hekims, shamans and in modern days to pharmacists and quacks. People have their own way of reasoning through which they convince themselves about the effectiveness of something. According to the psychophysiological comparison theory people make an own understanding of their illness, and according to their life experience, try to find a remedy for that. It's difficult to alter anyone's structure of consciousness and life experiences. Through their experiences, people have known that sometimes the folk healers can actually heal, sometimes sickness gets better without going to the doctor. That's why it's difficult to convince people about the severity of the situation when things go out of hand.

It's cheaper

When I visited the nearby private hospitals of Kamrangir Char and Hazaribagh, I asked the hospital authorities about the consultation fees. There was barely any response that said the fee is less than 500 taka. Among our informants at least half of them do not earn 500 taka per day so it's a big deal for them.

One may raise the issue of why they don't go to the government hospitals. Actually, they do. But in case of emergencies and specialized care, the govt. Hospitals often fail to provide proper treatment. They try to avoid expensive means of treatment at any cost. So, they go to cost effective places. For instance, in pharmacies, people just go and explain the problems to the pharmacists and get medicines accordingly. So, there's no consultation fee. On the other hand, the hujur, shaman and other religious and folk healers claim fees according to the giver's ability. Sometimes they would do the work in return for material things like daily shopping, clothes etc.

There is a personal connection

“The pharmacist is a known person of mine. He lives right by the next neighbourhood. I'm sure he provides us with the best and most appropriate medicines.”- Hamim's Father

When people go to non-professional health care providers there's generally a connection or there's at least a referrer. Due to the personal connection the caregiver has a detailed and sometimes informal conversation with the patient regarding the illness unlike the medical professionals. So the patients get to share their experience and life story and they do not feel excluded. They find an explanation of the situation so some contentment comes from that too.

“The hujur said, our cousin had a bad eye on us because of the land settlement issues in the village. They have done a black magic (baan mara) on us. The baby was very much influenced by bad jinn.”- Nirob's Father

This narrative shows that the informant is convinced by the Hujur because he had got an explanation very much connected to his life history. People see illness as a consequence of life events. Since the religious and folk healers (often) present the reason of illness historically, the patient party seems to be convinced by that as well.

Case Study

Akash (Pseudonym), a 3 year old child, was from the Gudaraghat area of Kamrangirchar. The place is a low land situated in the bank of Buriganga. 2 years ago, water logged in their area because of heavy raining. Akash was unfortunate that a snake bit him. His family members took him to a folk healer (kibiraj) for healing. The healer provided him some harbal medicines and his family members came home with him thinking that he will be okay. The next day, situation worsened.

Akash was taken to the hospital. He was diagnosed with Broken Neck Sign (BNS) and his coagulation factor was damaged. In this kind of situations, medical procedures must be started within 32 hours. When Akash was medicalized, it was not possible to keep him breathing because his organs already stopped functioning. (Case 1)

“...The kibiraj is famous in this area and we thought he could save the baby by the powers he has. Maybe we were unlucky. That's why his medicine did not work. This is Allah's plan. What can we do?” - (Akash's mother)

Maliha (pseudonym) was only three years old when she was attacked by Dengue. She had all the symptoms visible. Ashrafabaad is one of places with highest numbers of Dengue cases and Maliha is one of the sufferers. Maliha's parents could not understand that their daughter is attacked by Dengue. They went to the folk healer (Kabiraj) for treatment. The healer provided them herbal medicines. For a week, they continued those herbal medicines. When it started bleeding from different parts of the body of the baby, they went to the hospital. Doctors found the negative reaction of the herbal medicines has weakened the respiratory system of the baby. Though doctors started the medication process, they could not save the life of the baby. (Case 9) The father of the baby accuses the healer for the death of the baby. He told the neighbours suggested him to go to the folk healer and he was convinced by the way the healer talked.

"...When I went to the Kabiraj, he seemed so confident that I was convinced. I have heard highly praises about him. I still cannot believe I was putting my girl to death." - (Maliha's Father)

In the whole study, other cases were found where the folk or religious healer played a huge role to deteriorate the condition.

Part-3: Unstable Family Relationship

We found three cases where unstable family relationships resulted in child mortality. In percentage the number is quite high. 20% of children could have been saved with a little more family integrity. In Bangladesh, mostly mothers bring up the child single handedly. When some is solely responsible for a child's bringing up, the chance of failure inherently increases.

In this restless sociopolitical time, people go through multiple layers of frustration. For this reason, they get a bit morally shaken, excessive practice of individualism separates people from each other, and a big communication gap among married couples and other family members was quite prominent in our study area. Or sometimes denying responsibilities and a moral degeneration is merely a choice. People have these choices without considering the catastrophic future outcome of it.

We found a case, where the mother was admitted in the hospital because of a pre delivery complication and she had to be there for almost 3 months. Her husband denied that time to be with her and told her to get away from his life since he was having an extra marital affair. Yet he once or twice in a month showed up. During her labour, the lady was having excessive bleeding and she needed extra bags of blood. When the hospital called her husband to manage blood, he refused to come and said,

“I don’t want the baby, neither the lady. I can’t come”- Sourov’s Father

The situation was quite bad at OT and due to indecisiveness, the doctors had trouble operating the case. In the end the baby couldn’t be saved.

So here an extramarital affair and denial of relationship stretched the situation toward its limit and eventually due to lack of responsibility and care the baby couldn’t be saved.

In another similar case, the whole family simply didn’t want the baby. By the time they got to know about the lady’s pregnancy, it was too late to abort the baby. But they dealt with the situation with utmost negligence. After giving birth when the family returned home, the lady was feeling unwell with excessive bleeding. Everyone blamed the baby for the sick health of its mother and said it must be evil spirited. They locked the new born baby in the house alone and rushed into the hospital with the hospital. When they returned home after hours, the baby was no more.

It was one of the most tragic stories we found from our field work. Simply a child died because the family didn’t want it and left it alone. A better communication and understanding among family members could have saved the baby.

Apart from that, a woman reported being forced to give birth to a child through a natural process because the husband thought C-Section has a long healing process. So, if the wife is unable to work for that long, who will take care of the joint family? Whenever the doctors explained to the husband about the lady's health complications, he didn’t seem to care and took her back home. On delivery day he brought a dai ma, and on delivery the baby passed out.

“My in-laws are old and sick. My husband didn’t want me to be bedridden for so long. He thought the hospitals only do C-section to earn money.”-(Akbar’s mother)

In this case as well, the baby could have been saved with a bit understanding, support of other family members and communication between the couples. Though sometimes the husbands have overruling opinions on everything but with the help of the elders in the family the baby could be saved.

Part-4: Lack of Awareness

20% of babies died because of lack of awareness (along with other factors). Since the study area is inhabited by mostly low-income people, most of them were not well educated. That’s why they lack awareness in multiple sectors of child delivery and child upbringing. Rearing a child is one of the

most sensitive and difficult tasks of all. So, it's quite predictable that without proper learning people will fail to either bear or educate the child at some point. Lack of awareness leads to other factors that can make the situation complex.

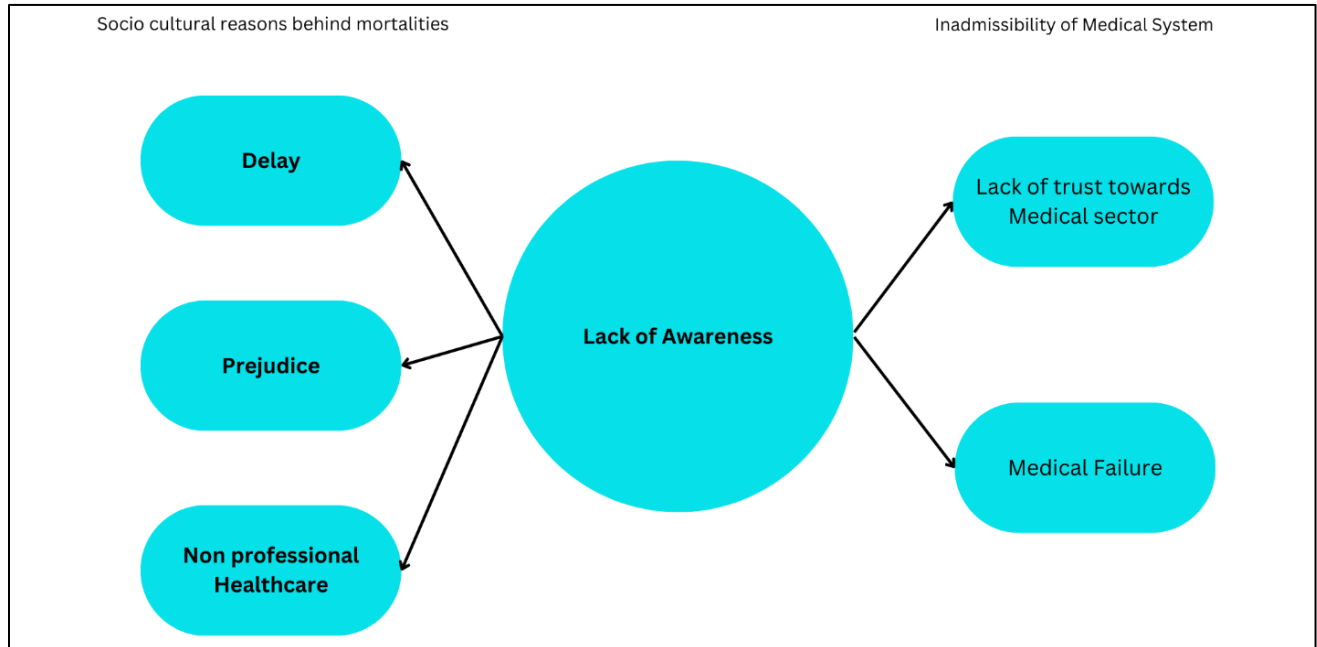


Figure 5: Lack of Awareness leading a child to Death (Source: Fieldwork, 2022).

There were multiple sectors where lack of awareness was recorded:

Not knowing the way of feeding children

We had two cases where improper methods of feeding children caused them death. In the first case, a child was given solid food at the age of 2 months which the baby could not digest and developed a neonatal sepsis. Even after the baby was showing symptoms like high temperature, breathing problem, the parents considered it as cold and delayed taking it to the hospital. Eventually the baby expired.

So, knowing the fact that babies only should be given exclusive breastfeeding could save the baby. Awareness on what should a baby be fed and what not, could have saved the baby. Sometimes the parents are not specifically told what and how a baby should be fed and sometimes they just ignore what they have been told.

Case Study

Nadia was only 2 months old when her health complexities started. She is from the Gudara Ghat area of Kamrangir Char. The area is tremendously unhygienic. It was the period when a baby needed exclusive breastfeeding. Before 6 months, doctors prohibit not to feed any food without breast milk. Nadia's mother fed her liquid steamed rice. Besides breastfeeding, she fed her other foods by bottle. The bottle was not properly disinfected. She was attacked by germs existing on the bottle.

Nadia's parents could not understand where the complexities took place. Without understanding the severity, they consulted with a doctor over the phone. The doctors prescribed some medicines. Nadia had some complexities existing as she was born in an early stage. They continued the medicines that the doctor had prescribed. Staying at home, the condition got worse. When they went to the hospital, it was already delayed. Doctors could not do anything as they came late and this condition needs a special support system. The doctors told the reason to Nadia's mother which she did not understand before. It was because of the unhygienic living conditions. The water she used to wash the bottle was polluted. As a result, the germs went inside the body through the bottle and damaged the organs of the baby. (Case 3)

"I did not have any clue that one action of mine can do this much destruction..." (Nadia's Mother)

Understanding the diet and hygiene of the baby is very important for the survival of the baby.

Not being able to identify the danger

Babies do have a tendency of tasting everything that looks different. So, the first few years of parenting is very crucial because everything around the baby should be safe. Otherwise, the baby can touch that and shove that in its mouth anytime which can even take its life.

I had a case where the baby drank kerosine thinking it was a blue drink which was right beside a bed. I asked, "Why did you keep that there?"

The mother replied, "*No one ever told me that kerosine is this much poisonous. Also, I rarely bring it home. How bad day it was that we ran out of gas and brought kerosine to lite the stove*"

However, it wasn't just kerosine that killed the baby. The health professionals were also responsible for the death.

CONCLUSION

The work was done based on postmodern epistemology, to explore the complexity of the reasons behind child mortality and unfolding socio-cultural and structural-environmental dynamics attributable for child mortality. The work was done based on one-month long fieldwork and observation in two major slum areas of Dhaka city: Hazaribagh and Kamrangir char. Based on the theory of Arthur Kleinman's cultural interpretive model, I aimed at looking at the socio-cultural (multiple) reality of child mortality through a social autopsy tool. This work explores the multiplicity of preventable causes of under-five child mortality in urban slums. Analyzing both the accounts of people who lost their children and those who are in charge of providing health care, I have tried to present both sides of the story. The more the research advanced the more it established the interconnectedness of different causes of death. It suggests us to see child mortality from an intersectional lens. It's not possible to see child mortality from a certain category. So, in order to minimize the number of child mortality and the sufferings of the child's kin, it's very important to acknowledge the heterogeneous nature of child mortality and address the issues developed on need based assessment.

Socio-cultural reasons of deaths are embedded in our society, psychology and practices in a way that cannot be removed fast and easily. It's very difficult to work on a certain social or psychological pattern. It's difficult to bring awareness and educate child bearing to every parent as well. But in order to minimize the damages, it's very important to work on it as soon as possible. Every socio-cultural reason of death is somehow related to some structural issues. No one can single handedly be blamed for a baby's death. The blame is on the system of which we all are part of.

Glossary

WHO- World Health Organization

VSA- Verbal Social Autopsy

VASA- Verbal and Social Autopsy

CDR- Child Death Review

Declaration

Ethical Approval and Consent to participate

This research does not include any experimental section. The research is solely based on qualitative findings gathered by interviews. Hence, institutional experiment protocol approval is not applicable for this research. While taking interviews, the ethical guideline of American Anthropology Association (AAA) for anthropological research was properly followed. Verbal consent was obtained during in-person and phone call interviews. No action was done that can do harm to the individuals and the community.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

Consent for publication

Not Applicable.

Availability of data and materials

The data set for the current study are available upon a reasonable request to the corresponding author.

Competing interests

No competing interests.

Funding

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Authors' contributions

NSF contributed to the design of the work, data acquisition, analysis, interpretation of data, and drafting of the work. MAR contributed to the analysis, interpretation of data, and substantively revising the work. Both authors critically revised subsequent manuscript drafts and provided input on discussion points. Both authors read and approved the final manuscript

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