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**Vulnerability in Illness:  
Household healthcare-seeking processes during  
maternal and child illness in rural Lao PDR**

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## ABSTRACT

**Background:** Despite considerable progress, maternal and child mortality persists, affecting many low-income countries where the Millennium Development Goals (MDG) 4 and 5 will not be achieved. This calls among others for an enhanced understanding of healthcare-seeking processes grounded in people's social reality, not least among remote, rural populations.

**Aim:** The overall aim of the thesis is to contribute new knowledge on poor households' healthcare-seeking processes and coping strategies during maternal and child illness, in the context of Lao PDR.

**Methods:** The data originate from two main studies. The first one took place in Xekong and Savannakhet provinces (Articles I-III) and explored how healthcare-seeking takes place and the rationales behind those processes during child illness, pregnancy and childbirth. In each of six rural communities, focus group discussions (FGDs) and in-depth semi-structured interviews were conducted with mothers and fathers to children under five; pregnant women and grandmothers; and a variety of healthcare providers. The second study took place in the provinces of Phongsaly, Vientiane and Attapeu and aimed at describing households' experiences of shocks when facing drought, pest infestation, divorce and disease (article IV). In 11 communities, FGDs and in-depth semi-structured interviews were conducted. Interviews with households that had experienced serious maternal and child illness were analyzed for sources of vulnerability, coping strategies and shock consequences. Transcripts of all data collected were analyzed and guided by interpretive description.

**Results:** Several households had experienced serious health shocks. High costs (medical and non-medical), limited possibilities to rapidly mobilize cash, and long distances to health facilities represented barriers for seeking healthcare (IV). Only in communities with poor access to healthcare facilities had the death of children – after only consulting traditional healers – occurred (I). In healthcare-seeking processes, delays were observed at household level due to either difficulty in assessing the severity of illness symptoms or to disagreements between either spouses or parents and grandparents (I). During important periods such as the first trimester of pregnancy and childbirth, grandmothers were regarded as important advisors for young women. Their status was in part based on the impressive changes they had themselves experienced in childbirth practices (III). The risks of dying outside the community had influenced women to seek local healthcare providers (I), as had their lack of knowledge about the expectations and social norms of health facilities (II).

**Conclusions:** Maternal and child illness is one among many sources of shocks in poor communities. When it occurs, vulnerability arises due to the inability to mobilize cash to pay for healthcare despite the severity of the illness. Savings are spent and assets sold, but nevertheless this does not always result in the recovery of the family member. Understanding if, how and when healthcare-seeking is initiated, stopped or continued is important in reaching out to groups in areas that are poorly served or not yet using healthcare services. This is one of many challenges in achieving MDG 4 and 5.

**Key words:** vulnerability, MDG 4 and 5, delay, rural remote, healthcare-seeking, health shock, access, Lao PDR