Title: Home delivery traditions in Southern Lao PDR: Challenges for achieving MDG 4 & 5 targets.

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ABSTRACT

Brief background and rationale: Lao PDR, like the rest of the developing world, is actively trying to reduce maternal, infant and child mortality to meet Millennium Development Goals (MDG) 4 and 5 by 2015. Among the 68 countries included in the MDG countdown, Lao PDR is one of 21 on track to achieve MDG4, but is most unlikely to achieve MDG5. Lao PDR has the highest maternal mortality rate (MMR) of neighboring countries in its South-East Asian region. The overwhelming majority of Lao women give birth at home, and, only a quarter of children are born to women who received antenatal care. This study explores maternal and child health care practices and services in a rural southern province with some the highest MMR and IMR in Laos. It investigates current birthing practices, maternal health services and health-care seeking behavior from the standpoint of women who have recently given birth, or, are due in the near future. It aims to bring their voice into processes for building strategies for more user-friendly and effective maternal and child care services.

Objectives

This study explored birthing practices, maternal health services utilization and health seeking behavior of women during pregnancy, delivery and postpartum.

Methodology

This was a descriptive cross-sectional study, the first phase in a larger Participatory Action Research project. It was conducted in December 2011. Thateng district in Sekong province was purposively selected given its low maternal and infant health status and lack of improvement after a series of recent maternity health services interventions. Participants were 120 women who had a child aged 1 year or less, and, 46 women who were currently pregnant at the time participated in the study. Quantitative and qualitative data were collected.
Quantitative data was analyzed using SPSS program and qualitative data were analyzed using thematic content analysis.

**Results/findings:** The main results showed that of the 120 women who had given birth in the past year, 20% had one child and 2.5% had given birth to their 12th baby. Almost 80% gave birth at home. Forty percent had experienced the death of at least one of their babies. Of the 46 currently pregnant women, 30.4% did not attend antenatal care facilities. 43.5% would prefer to give birth at home and 56.5% intended to give birth at a health facility. Reasons given for preferring home deliveries, not using hospital services and/or no health-worker assistance at delivery were; anticipated easy birth with unskilled assistants, lack of transport, lack of funds to pay for services, and unable to estimated date of birthing. Only complications and prolonged labor were mentioned as factors that necessitated women being admitted into hospital to save their lives.

**Conclusions and recommendations**

A range of social, cultural, economic and geographical factors and prior negative health service experiences clearly influenced the women’s decision making. It was clear that home birthing was seen by many, as not just unavoidable, but, the preferred option. The study argues that improving maternal and child-health strategies will require much greater community participation in researching and planning, and use of participatory action methodologies to bring women’s voices (the key stakeholders) into policy and planning for maternal and child care services.

**Key words:** birthing preferences, Lao PDR, women’s voice, maternal health policies.