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A MIXED METHOD STUDY OF HEALTH SEEKING BEHAVIOR FOR FEBRILE ILLNESSES AND ITS IMPLICATIONS FOR MALARIA CONTROL AND ELIMINATION IN SAVANNAKHET PROVINCE, LAO PDR

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Health seeking behavior is shaped by interactions between individual and societal factors as well as health services. Analyses of the determinants of health seeking behavior are important for malaria control and elimination.

The main objective of this study was to explore factors affecting the health seeking behavior for febrile illnesses in Lao PDR. Household heads or their representatives (n=281) were interviewed using a structured questionnaire. 8 to 10 people from each study village (n=100) were included for focus group discussions (FGDs). Most respondents were Lao Theung (269/281; 95.7% that comprised ethnic groups: Mang Kong: 200/281; 71.7% and Tree: 64/281; 22.7%), males (201/281; 71.5%) and almost half were from the age group 31-50 years (138/281; 49.1%). Geographic proximity to a health centre (AOR=6.5; CI=1.74-24.25; for those < 3.5km versus those > 3.6km) and previous experience of attending a health centre (AOR=4.7; CI=1.2-19.1) were both strong predictors of visiting a health centre when febrile symptoms were experienced as opposed to traditional healers. Attending local health centers/hospitals was often constrained by the transportation and finances. The first choice for treatment for most participants was local health centres, even though there was a mix of seeking health care from traditional healers as well. Participants indicated that they navigate more than one type of health care system (health centre/hospitals and traditional healers). Decisions about where and when to attend formal health care facilities depended on finances, travel capabilities (distance to the health centre, road conditions, availability of transport), severity of symptoms and recognition of the illness (more likely to attend health centres/hospitals if considered severe). Reducing health care costs and increasing the ease of access to health care facilities may lead to improved health care attendance. Current and future malaria control programs can only benefit by addressing these factors in addition to collaboration with the existing network of health workers, village health volunteers and traditional healers.

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