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Family Planning Amongst the Akha & Khmu

*“What type of services is necessary?”*

Khua District

Lao PDR

A dissertation presented in partial fulfillment of

the requirements for a

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Massey University  
Development Studies  
Family Planning Amongst the Akha & Khmu  
*“What type of services is necessary?”*  
Khua District  
Lao PDR



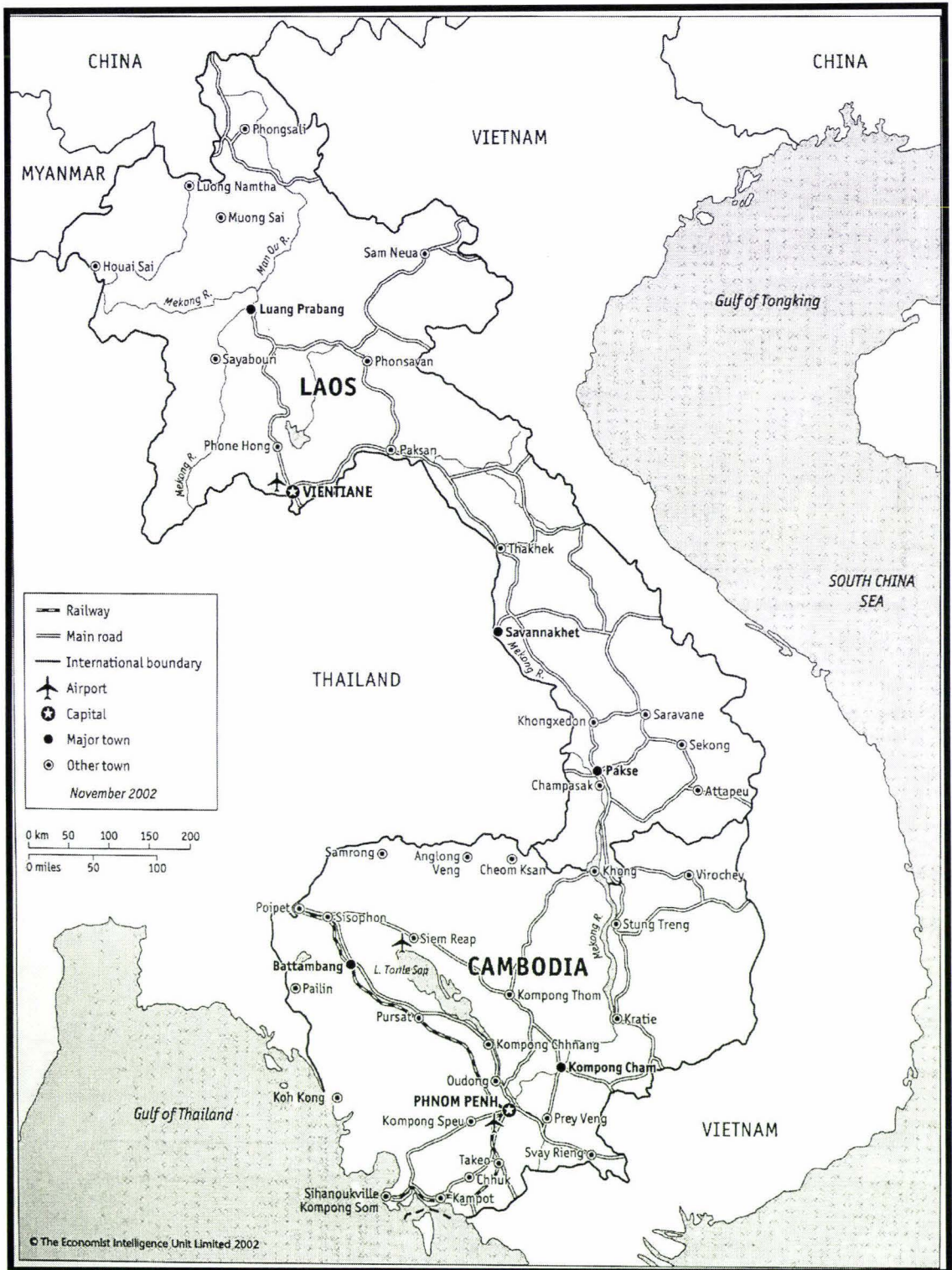
## Table of Contents.

Abbreviations .....	4
Map of the Lao PDR.....	5
<b>1. Executive Summary .....</b>	<b>6</b>
<b>2. Introduction .....</b>	<b>7</b>
<b>3. The Lao PDR in 2003.....</b>	<b>8</b>
3.1 Health .....	8
3.2 Health Care Delivery in the Lao PDR.....	9
3.2.1 “Suksala” – Dispensary .....	9
3.2.2 District Health Service .....	10
3.2.3 Provincial Health Department .....	10
3.2.4 Central Health Services .....	10
3.3 Health Expenditure and Financing.....	11
3.4 Health Care Delivery Issues for Rural Communities.....	12
3.5 A Struggling Economy .....	13
3.6 Education.....	13
<b>4. Contraceptive Services in the Lao PDR.....</b>	<b>16</b>
4.1 National Population and Development Policy in the Lao PDR.....	16
4.2 International Support to the Lao PDR .....	17
4.3 National Family Planning Programme.....	18
4.4 Contraceptive Use in the Lao PDR. ....	19
4.5 Availability of Family planning Services.....	20
<b>5. Phongsaly Province.....</b>	<b>21</b>
5.1 Status of Family planning in Phongsaly Province.....	21
5.2 Background to Khua District.....	22
<b>6. Background of the Study Target Villages. ....</b>	<b>22</b>
6.1 Ban Houay Phae Ou.....	22
6.2 Ban Houay Phot .....	24
<b>7. Study Methodology.....</b>	<b>26</b>
7.1 Ethics.....	26
7.2 Preparing for the Study .....	27
7.3 Development of Question Guides .....	28
7.4 Village Visits.....	29
7.5 Focus Group Discussions .....	30
7.6 Participation in Focus Group Discussions .....	31
7.6.1 Ban Houay Phot.....	31
7.6.2 Ban Houay Phae Ou .....	32
7.7 Interpretation of the findings.....	33
<b>8. Results of Focus Group Discussion Questions.....</b>	<b>34</b>
8.1 Family Planning.....	34
8.2 Pregnancy and Prenatal care. ....	38
8.3 Delivery and Puerperium.....	41
8.4 Sources of Information.....	47
<b>9. Summary of Findings.....</b>	<b>49</b>
<b>10. Conclusion.....</b>	<b>51</b>
<b>Appendix 1. ....</b>	<b>53</b>
<b>Appendix 2. ....</b>	<b>56</b>
<b>Bibliography.....</b>	<b>60</b>

## Abbreviations

ADB	Asian Development Bank
ARI	Acute Respiratory Illnesses
DES	District Education Service
DHS	District Health Service
EPI	Expanded Programme of Immunisation
FGD	Focus Group Discussion
GOL	Government of Lao
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
MoH	Ministry of Health
Naam Saad	Sanitation and Environmental Health Institute
NGO	Non-Government Organisation
OCP	Oral Contraceptive Pill
PHC	Primary Health Care
PHS	Provincial Health Service
TB	Tuberculosis
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VDC	Village Development Committee
VHV	Village Health Volunteer
WATSAN	Water and Sanitation
WHO	World Health Organisation
WB	World Bank

# Map of the Lao PDR



## **1. Executive Summary**

The provision of family planning services can provide women with opportunities to improve their health, mitigate potential health risks, and also contribute to strengthening their socio-economic position.

Women in the remote rural communities of the Lao PDR often make up one of the most vulnerable groups of society. They are vulnerable, through lower social status, poor health, and illiteracy, and lack any real opportunity to improve their economic opportunity.

Access to any of the basic services, such as health, education, or to the market, is difficult. Villages are often in remote mountainous locations, with poor road access, or reliant on sometimes dangerous travel by river.

Due in part to the remote location of the villages, family-planning services are seldom accessed by women in the rural communities. Women instead rely on infrequent trips to district or provincial centres to purchase contraceptives, or even less frequent visits by mobile health teams provided by district health services.

This paper will discuss women's perceptions regarding the importance of accessing family planning services and the need for family planning services to be made available to women in remote rural villages.

## **2. Introduction**

The Lao PDR, a landlocked country, of 236 800 sq kms, with a population of 5,091,100, is situated between Thailand and Cambodia to the south, Vietnam to the east, China to the north, and Myanmar to the west. Lao is a geographically diverse country, which stretches along the Annamite chain to the Mekong River valley. There are 48 ethnic groups in the Lao PDR. The majority of which make up the Lao Loum (lowland Lao).

Lao is one of the few remaining communist countries in the world today. Following the people's revolution in 1975 the Lao PDR was formed by the Lao Peoples Revolutionary Party, which currently remains the only political party in existence in the Lao PDR. Today the Party remains strong with a centralised government, though through a series of political reforms during the 1980s such as the introduction of the New Economic Mechanism the country has opened up to more international trade and investment. Entry into the World Trade Organisation (WTO) is now being considered following a submission made in 2000.

The reproductive health of women in the Lao PDR is one of the top ten priorities of the Ministry of Health's Primary Health Care Policy. To assist with the implementation of the policy a National Family planning Program was established in 1991. While initial implementation of the program focussed on more densely populated areas in the more accessible provincial capitals along the Mekong River, women in remote rural communities are also being targeted. While the policy is to be commended for its aims, the implementation of activities to achieve its aims can at times be hindered by a lack of funding, poor infrastructure and communication and a lack of human resources.

### 3. The Lao PDR in 2003

#### 3.1 Health

Health services in the Lao PDR are accessible through a network of approximately “700 facilities at central, provincial, district and sub district levels, which allows at least 67% of the population access basic health services” (UNFPA: 2001) However utilisation of health services remain very low, despite 79% of villages located within four hours of a district hospital, (ibid). Again rural villages were more likely to be further from a health centre, with only 54.7% of rural villages less than 4 kilometres from a health centre.

The population of the Lao PDR was estimated at 5.2 million in 2000. If the current annual population growth rate of 2.8% remains unchanged, the population will double by 2025. Over 54% of the population are under the age of 20, and young people aged 15-24 comprise nearly 18% of the total population. The total fertility rate has dropped from 6.5 in 1994 to 4.9 in 2000, but still ranks among the highest in Asia. The contraceptive prevalence rate has tripled since 1995, but remains low at 32%. Life expectancy at birth is 61 for females and 57 for males. The maternal mortality rate is 530 per 100,000 live births, down from 650 per 100,000 in 1995. Infant mortality had dropped as well, from 105 per 1,000 live births to 82 per 1,000. The high maternal mortality rate is attributed to the lack of prenatal care, poor nutrition, anaemia, lack of emergency obstetrical care, abortion related complications, the early age at which girls become pregnant, and the unavailability of family planning services (ibid).

The disparity in health service delivery between urban and rural areas is also evident in the care of the mother during labour and childbirth. The following table highlights how the majority of women in rural areas are assisted in the delivery of their child by a relative or friend.

Percent distribution of women aged 15-49 with a birth in the previous year by type of personnel assisting in the delivery.								
(n=1126) Personnel assisting at the delivery								
	No assistance	Doctor	Nurse	Midwife	Traditional Birth Attendant	Relative/friend	Other	Total
<b>Regions</b>								
North	22.7	7.8	6.6	1.9	6.0	45.2	9.7	100
Central	11.3	15.4	9.1	4.2	10.3	41.6	8.0	100
South	6.7	7.2	7.7	2.4	32.3	30.2	13.6	100
<b>Areas</b>								
Urban	0.0	39.7	27.7	5.5	6.1	14.6	6.4	100
Rural	16.0	5.1	4.2	2.4	17.4	43.9	11.00	100
<b>Total</b>	<b>13.5</b>	<b>10.5</b>	<b>7.9</b>	<b>2.9</b>	<b>15.6</b>	<b>39.3</b>	<b>10.3</b>	<b>100</b>

(NHS:2001)

Malaria remains the leading cause of death of children under the age of five years, despite over 92% of the population sleeping under bed nets. Malaria also contributes to anaemia in pregnant women and absenteeism from school in children (ibid). Acute respiratory infections, such as pneumonia, as well as dehydration caused by diarrhoea are also major causes of mortality amongst children under the age of five (ibid).

### 3.2 *Health Care Delivery in the Lao PDR*

Government supported health care is provided at all levels from central to village level, which takes the form of hospitals and clinics at provincial, district and village level. Health care service delivery corresponds to the respective government administrative level.

#### 3.2.1 *"Suksala" – Dispensary*

The lowest level health service delivery points are the "suksala" which have an average of three beds. These are the first points of access to health services for the population. They provide basic preventive and curative health services. Vertical health programmes, such as EPI, control of diarrhoeal diseases, ARI prevention and TB prevention operate through some of these health posts. These health posts are financed mainly from user fees. The provinces provide some central funding but most of this funding is earmarked for staff salaries. Each health post covers an average population of 2-3,000 people and is normally staffed by three people, depending on the target population. The head of the health post is

sometimes a doctor but often a nurse/midwife. The staff of the health post refers to the officer in charge at the district hospital.

### **3.2.2 District Health Service**

This includes the District Health Offices, district hospitals and vertical programmes. The structure mirrors that of central level MoH. Each of the country's 125 districts has a hospital with 5-30 beds manned by three doctors/medical assistants. The district hospital is responsible for clinical examination, diagnosing and treatment of patients, implementing preventive/promotive health care, and for training and supervising health post staff. Staff at district level refers to the Provincial Health Office. District health services are funded by the Provincial Health Office from the state budget, and by patient service charges. Each district covers a population of 20-50,000 inhabitants.

### **3.2.3 Provincial Health Department**

The Provincial Health Office oversees health services at district level and below. There are 16 provinces and Vientiane Municipality with five regional hospitals and 13 provincial hospitals, each of which has between 45-240 beds. Each provincial health department is structured in the same way as at central level and includes seven departments. The Provincial Health Office has full responsibility for all health activities, including examination, diagnosis, treatment and referral, as well as preventive/promotive health care, supply of drugs and training schools for lower level workers (assistant doctors, nurses and midwives) and staff of provincial hospitals. The Provincial Health Office monitors health stations at lower levels. Each Provincial Health Office covers an average population of 40-50,000 and includes between five and seven districts.

### **3.2.4 Central Health Services**

The MoH and its services make up the top level of the Lao health system. The MoH is responsible for providing policy direction and technical support to the whole system. In addition, the MoH operates institutes, centres, hospitals and colleges. The departments under the MoH's management are specialised institutions like central hospitals, medical universities, central government pharmaceutical companies and other educational institutions. The MoH also implements a number of vertical preventive and public health programmes. Traditional medicine is part of the state system and is managed by the MoH.

Traditional medicine is considered to be an acceptable alternative method of treatment in Laos.

### **3.3 Health Expenditure and Financing**

During 2001 Japanese International Cooperation Assistance (JICA) conducted a study to assist with the “Lao Health Master Plan”, the following key findings were made in relation to health expenditure and financing;

- There has been an upward trend in state spending for health. State spending increased from US\$38 million in 1992-93 to US\$51 million in 1994-95 and US\$72 million in 1997-98. In real terms this is nearly a 100% increase. However, as a percentage of total state spending, expenditure on the health sector has increased from 4.6% of GDP in 1986 to 7% in 2002, with a heavy drop between 1989-1991 due to the effects of New Economic Mechanism and the Asian financial crisis.
- Despite the recovery, health expenditure per person per year from the GoL averages only US\$11.5. This is quite low by international standards (US\$40 for developing countries in South and East Asia, excluding India and China, for which the figure is US\$21). This is hardly enough to pay for an essential health care package.
- The insufficient allocation from government for health has made it impossible to provide equal access to quality health care. The Government has allocated a proportionally higher percentage of the total budget for health care to the mountainous areas where ethnic minorities live. This is partly done through a loan of US\$25 million from the Asian Development Bank for improving PHC services. But the GoL has also allocated a proportionally higher amount to curative care in urban areas compared to preventive/promotive health care in rural areas, through the construction/renovation of three major hospitals. This could adversely affect equity.
- In 2002 the government budget covered 15% of the total health expenditure, while users of health services paid 60%. According to the Lao Expenditure and Consumption Survey 1997-98, Lao households spent on average 4.246 kip per month on medical care. This represents 2.2% of total household consumption but

3.3% of monetary expenditure. This translates into 18,080 kip per capita per year or US\$6.7.

- More than half of health care expenditure comes out of the households' "out of pocket expenditure". The majority of this expenditure goes on purchasing drugs (92%), mainly in the private sector, while 4.4% is used for payment of user fees and private sector health services.
- The health care sector is funded from a variety of sources: central and local revenues, private payments for medicines and services, compulsory contributions from employers and employees to mandatory health insurance schemes, and donor agencies (about 25% of the total health expenditure). While spending by households and international donors has increased throughout the period, direct spending from the GoL has been reduced and is now at its lowest point in many years.

### **3.4 Health Care Delivery Issues for Rural Communities**

Health care service provision for rural communities remains problematic, poor infrastructure, lack of qualified staff, inadequate facilities and chronic under funding combine to place rural communities at an increased risk of morbidity and mortality. The problem is exacerbated by a government policy of decentralisation, which places the responsibility of funding health care delivery for the rural communities at the provincial level.

The MOH – JICA Study (2001) also noted that, "there are great geographical variations in the spending pattern. When compared across the country, data showed that, on average, households located in the Central Region (which have higher incomes) spend more in absolute terms (4,616 kip) than those in the Southern Region (4,075 kip) and the poorest Northern Region (3,806 kip).

With poor pay and no incentives, few qualified health care professionals wish to work in remote provinces. The National Health Survey (2001) observed that only 51% of rural areas had one health professional (either a doctor, medical assistant, mid level or auxiliary nurse) available to a village. These staff once re-located to a rural location are essentially left to "fend for themselves" with minimal supervision or peer support.

### 3.5

### *A Struggling Economy*

Overshadowed by some of its relative “economic giant” neighbours, Thailand, China and Vietnam, the Lao PDR faces an uphill battle in strengthening its economy. The Lao PDR, relies heavily on donor assistance and loans acquired through international financial institutions such as the World Bank (WB) and the Asian Development Bank (ADB) to support public service delivery, i.e. health and education, infrastructure development such as roads, airports and hydro electric dams and, to finance budget deficits.



**Figure 1** Slash and burn agriculture

The Lao PDR is reliant on cross border trade with Vietnam and Thailand. The “main destination of exports in 2001 went to Vietnam (41%), while the majority of imports in 2001 originated from Thailand (52.5%), (Economist Intelligence Unit: 2003). The “principal exports for 2001 were electricity 32%, garments 30.2%, while 49.4% of the principal imports

were consumption goods” (ibid).

Poverty is a major issue in the Lao PDR, where approximately 26% of the population attempt to survive on below USD\$1 per day (UNICEF 2002:105). Government salaries are insufficient to support staff, resulting in many staff relying on additional forms of employment to supplement their meagre monthly income. In order to achieve the governments goal of “...eliminating poverty by 2020 (poverty is defined in terms of access to a basic supply of food and non-food goods necessary to support a minimum standard of living), the government launched a poverty reduction fund in November 2002, backed by a US\$19.3 million loan from the World Bank. The fund’s work will concentrate on physical infrastructure (improving roads and water supplies) and social infrastructure (schools and primary health care) at the district and village level (Economist Intelligence Unit 2003:31)

### 3.6

### *Education*

Access to education in Lao is also limited. Several issues impact on the government’s ability to provide nationwide coverage of education services to schoolchildren. As with

other government services, a lack of resources, both financial and human, coupled with an often inaccessible mountainous terrain, impedes government service delivery.

Parents are required to pay a small administrative fee for children to attend school, as well as purchase uniforms, stationary and meet the cost of transportation. While in urban areas this may prove less difficult, given greater employment opportunities for parents, in the rural communities these costs can prove prohibitive to families whose sole source of income is through the sale of rice or non-timber forest products.



**Figure 2 Non-formal education**

Consequently many families in rural communities can only afford to send one child from the family to attend school, while siblings are required to assist with gathering food from the forest, and with rice cultivation.

While it is difficult for parents to raise funds to send their children to school, it is equally difficult for the government education services to raise funds, for the construction of schools, as well as to supply teaching materials or teachers. Payment of salaries is often delayed, sometimes for periods of longer than six months. Consequently many teachers are forced to secure other forms of income, and often are only available to attend classes in the mornings, so that in the afternoon and evenings they are able to pursue more lucrative employment opportunities. In a remote rural setting this scenario is complicated further by the fact that it is extremely difficult to attract qualified teachers to relocate to schools, far from urban centres with little access to services or facilities.

Thus in remote rural villages the responsibility to not only secure, but support financially, a teacher for the school falls upon the village development committee (VDC). This is problematic to say the least. Often the most suitable candidate in the village has only finished primary school, and has had no formal teacher training. A further complication is when the school is in a village belonging to one of Lao's many ethnic minorities, who do not speak the official state language of Lao, Lao-Loum, making teaching and learning extremely difficult when all school curriculum's are prepared using the official state language.

Due to the lack of funds, the Ministry of Education is heavily reliant on donor support for the provision of education services. Several donors, such as the WB and ADB have large

nationwide programs, which aim to support the government with the provision of education services at all, levels, from central to village level. Additionally many Non-Government Organisations (NGOs) provide support to the education services, through the construction of schools, provision of teaching materials, training of teachers and in some cases supporting teachers' salaries.

The opportunity for students to achieve in the education system is limited. Even if students do complete high school, entrance into higher education institutions such as the national university, or technical colleges is extremely competitive. Entrance to under-graduate study is often reliant on; "connections" that a family may have with the staff in the admissions office, the influence a senior government official may have, or the payment of additional fees to help facilitate the application process. The impact that this has on students from remote rural communities means that they are essentially excluded from attending higher education as the cost alone is prohibitive.

The following table outlines the disparity between urban and rural centres with regard to attendance at primary school.

<b>Percentage of children aged 6-12 years attending primary school</b>				
<i>(n=8181)</i>		Males <i>(n=4180)</i>	Females <i>(n=4001)</i>	Total
<b>Regions</b>	North	69.7	60.7	65.4
	Central	78.7	74.5	76.6
	South	66.8	65.9	66.4
<b>Areas</b>	Urban	88.1	88.2	88.2
	Rural	64.1	57.3	60.7
<b>Age</b>	6	38.8	37.1	37.9
	7	61.0	59.3	60.1
	8	70.3	72.3	71.3
	9	84.1	78.6	81.6
	10	85.8	76.8	81.6
	11	87.2	82.3	84.7
	12	82.5	73.8	78.2
<b>Total</b>		<b>72.5</b>	<b>67.8</b>	<b>70.2</b>

(National Health Survey:2001)

Illiteracy is also an issue for development in the Lao PDR. During the National Health Survey the following definition was used with regard to classifying people literate or non-literate, "...people who are able to read "easily or with difficulty" are considered literate" (ibid:2001). Subsequently the study found that according to this definition "...70% of the population over 15 years is literate" (ibid). There is however a substantial difference in literacy rates between urban (85.9%) and rural (60%) populations, and between males (81.7%) and females (59.1%) (ibid).

The link between education and improving a community's health is strong. People require sufficient education to be able to access and understand health promotion materials, including those that explain, the sometimes confusing, information surrounding family planning. This again places the population in remote rural communities at a distinct disadvantage, as not only do all government services weaken the further they are from the capital, but also peoples chances of being informed weaken as well, which has follow on consequences to their health.

Several NGOs and multilateral organizations in collaboration with the Ministries of Education and Public Health are attempting to provide improved health promotion materials directly to schools. Health promotion dissemination has generally been left in the domain of health professionals at all levels from hospitals, clinics and village health volunteers. While this traditional route continues to be supported, an alternative strategy such as the "Child-to-Child" approach is being utilised. This approach places children in a key development role of not only themselves but also their families and communities in general. Children are trained to disseminate health information messages to their friends, families and community. While this methodology is an innovative approach to an "old task", it is limited to more general health information messages such as hygiene and nutrition, whereas issues such as reproductive health still remain the responsibility of health professionals.

#### **4. Contraceptive Services in the Lao PDR.**

##### **4.1 *National Population and Development Policy in the Lao PDR.***

In 1999 a final draft National Population and Development Policy was submitted to the Cabinet of Ministers for approval. The aims of the policy are to:

- (1) "enable the people of the Lao PDR to determine the number and spacing of their children based on a couple's economic and social conditions and thus contribute to an improved quality of life that ensures the overall population growth remains compatible with the level of socio-economic development.
- (2) promote a balanced distribution of population between urban and rural areas and different regions of the nation while guaranteeing the free movement of people within a the country.