Author's response to reviews

Title: Coping with uncertainty during healthcare-seeking. A qualitative study in Lao PDR.

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Author's response to reviews: see over
Subject: Submission of paper based on reviewer revisions

Dear Editor Team,

Thank you very much for giving us the opportunity to revise our manuscript entitled “Coping with uncertainty during health-care seeking. A qualitative study in Lao PDR.”

We are very thankful for the great suggestions made by the reviewers and have attempted to address them all. For further details see the attached point-by-point outline of modifications.

We hope that you will find the article suitable for publication in its revised form.

The paper “Shaping healthcare-seeking processes during fatal illness in resource-poor settings. A study in Lao PDR” that was submitted to BMC Health Services Research on other parts of the data collection in the main study has now been published. We have added the reference in the method section.

For all authors and with kind regards,

Helle M Alvesson
Outline of modifications

Reviewer 1

1. **Discussion of the implications of the findings on the design of an effective health care system:**
   We appreciate this suggestion. We have inserted a discussion on the following: (i) lack of affordable public health care increases the appeal of informal providers. Improving quality of care is very important; (ii) the linkages between the communities and the formal health system are weak. They could be improved through community-based mobilizations of maternal and child health. This approach is effective in reaching mothers and young children but also to reach out to husbands, in-laws and other community members influencing healthcare seeking; (iii) health workers can improve their services through gaining knowledge about the experiences of users; (iv) the recent increase of salary to health workers is a positive step on the way to improve services but should be combined with other health management reforms.

Reviewer 2:

1. **Background:** it is suggested that the introduction is restructured to (i) establish the importance of health care seeking as a driver of the health care system; (ii) health care systems have increasingly multiple care options; (iii) various factors influence care seeking choices including uncertainty; (iv) focus on maternal and child health; and (v) focus on low income settings.
   Thank you for suggesting this manner of structuring the introduction, which we have followed quite closely. We make it clear that, as rightfully pointed out by the reviewer, uncertainty is one of several factors that influence health seeking behavior.

2. **Clarify how the analysis fits the larger dataset and study:**
   The analysis performed in this study is not mainly based on the 11 interviews with caregivers to severely ill children. Rather, it is informed by several data sources originating from the main study that combined focus group discussions with mothers of under-five’s (n=6); fathers with children under five (n=6); interviews with caregivers of seriously ill children (n=11); and focus group discussions (n=14) and interviews (n=13) with formal and informal health care providers in communities and at facilities (see table 2). This is now clarified in the methods section. We have clarified in the results section which types of data collections the different parts of the analysis derive from.

3. **Suggestion to move the general description of the social and health system setting to the background rather than the methods section:**
   We feel that the research questions fits in a broader context than that of Lao PDR, which is why we had placed this description in the methods. This is
even more obvious in light of the revised version of the introduction. But, as requested by the reviewer, we have moved the description of the setting to the background.

4. **Clarify the process of data analysis including steps that were taken to ensure it was systematic and rigorous:**
   We have strengthened the existing description of the data treatment and analysis process and added more specific descriptions of how we went about the analysis.

5. **Provide the reader with a sense of how broadly the themes applied across respondents.**
   This comment is addressed in the revised version of the data treatment.

6. **Clarify the importance of uncertainty from the data; whether this importance is limited to caregiving for seriously ill children or applies more broadly and how uncertainty interrelates with other factors that are at play in care seeking patterns.**
   In line with the revisions in the introduction, the concept of uncertainty is now presented in a different manner. For each result we have clarified how we analyze the empirical data to reflect uncertainty as well as other factors influencing health care seeking.
   The comments of the reviewer suggest that there is a predetermined set of specific and defined characteristics that directly reflects uncertainty. As there is no reference supporting this conceptualization and as we have not been able to identify such a reference, we have highlighted the notion that not only uncertainty (as a reflection of a concern) was expressed at different stages of the illness episode of sick children but also was raised in focus group discussions when describing the types of difficulties they faced in their decisional process regarding seeking care. We have also clarified how medical cost is more or less a general concern and that the impossibility to assess the total costs of medical care is an additional source of uncertainty.

7. **Clarify the meaning of “vital implications”:**
   This sentence has been removed.

8. **Expand on the implications on the sentence: “that uncertainty captures the intersecting aspects of subjective and objective risk perceptions”.**
   This reference to Åsa Boholm’s article has been taken out. Our paper does not add to this discussion on relative and objective views on risk, which the now deleted sentence refered to.

9. **Clarify the sentence “an additional aspect is how experiences of uncertainty are reflected in the description of the healthcare providers”.**
   In revising the introduction, we have removed this sentence.

10. **Methods:**
A citation has been added to qualify the sentence on the disease burden of children under five.

**11. Clarify whether the important issue for care seeking is the diversity or the underlying similarity among groups.**
This is an important question for future study but it is beyond the scope of the present one. Both dimensions are mentioned to introduce the reader to the complexity of the context. We have added a bit more information but are not able to go much further on this important issue.

**12. Clarify meaning of “condensed transcripts”.**
We refer to condensed transcripts because they did not include transcription of repeat questions, small comments to the participants to continue, etc. We have clarified this in the manuscript. In light of our research questions, we do not believe this has influenced either the quality of the analysis or that of the results.

**13. Reference to other studies typically is reserved for the introduction or discussion rather than the study results section.**
We have moved this section on mobile and informal health providers to the background section (Setting).

**14. Clarify how travel time to provider relates to staff changes and fluidity of healthcare:**
Travel time and staff changes are two dimensions of the experienced constraints in accessing care providers. We have clarified this better in the text.

**15. Clarify our view on the distinction between public/private health organizations and biomedical/traditional medicines:**
These useful distinctions have been addressed in the revised version.

**16. Adding a column to indicate the frequency with which caregivers reported using each type and/or the frequency with which each type of provider was mentioned.**
As the caregivers were not asked specifically “how many times did you seek care…” we have no data to answer the former questions. The latter one is closer to our study objectives and we have clarified in the text that all villages mentioned village health volunteers, traditional birth attendants, herbalist, diviner/fortuneteller and nurse at health center.