Global health policy recognises antimicrobial resistance (AMR; also known as “drug resistance” or “superbug crisis”) as one of the most worrying threats to human health with the potential to cause tens million deaths annually and severe economic losses that weigh heaviest on poor countries. While drug resistance is feared to cause “the end of modern medicine,” the deficient response to AMR may also provoke the dawn of a postmodern era of global health policy. This paper draws on health behaviour research in rural Thailand (Chiang Rai) and Lao PDR (Salavan) to highlight neglected social dimensions in global AMR policy. We investigate the question “What are the manifestations and determinants of treatment seeking in rural Thailand and Lao PDR?” Our analytical framework considers individual as well as structural factors underlying “problematic behaviour,” from which we derive two hypotheses:

H1. Marginalised groups have fewer means to access formal treatment, which increases their likelihood to rely on over-the-counter medicines as an alternative solution.

H2. Technology use and other means to overcome structural barriers can increase formal healthcare access but are directed towards for-profit providers.

We analyse original data from a representative survey of 2,141 adult villagers in Chiang Rai and Salavan. We test the hypotheses using a multidimensional marginalisation index, detailed data of people’s illness episodes, and single- and multilevel regression models of treatment seeking and medicine access. Qualitative data from 50 cognitive interviews collected alongside the survey complement our analysis. We find that marginalisation shapes healthcare attitudes and treatment-seeking behaviour, and that health-related mobile phone use and the involvement of helpers increase access to formal healthcare. Marginalised groups using facilitating technology and helpers have more public healthcare access, but mobile phones also emerge as a regressive tool that can create new forms of healthcare exclusion.

Our analysis highlights structural factors in healthcare access and challenges the hyper-individualised and modernist discourse of global AMR policy as a threat to sustainable development. Re-imagined as a development policy problem, AMR offers an opportunity to reconfigure global health policy as a postmodern approach that critiques and negotiates social and structural dimensions of health.