Name of the study area: Rural

Data Type: IDI with Qualified Prescriber

Length of the interview/discussion: 35:41min.

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Demographic Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | Age | Education | Seller/prescriber | Category | Year of service | Ethnicity | Remarks |
| Male | 30 | DVM, MS (Physiology) | Qualified Practitioner | Animal | Years | Banglai |  |

**Interviewer:** Assalamualaikum.. I work in Dhaka icddrb, Mohakhali cholera hospital. We are doing a research work where we are trying to understand what do the human being, animals and birds which are domestically reared in the houses do, when they become sick? Where do they go for treatment and advices? Do they buy any antibiotic for these types of diseases? Or whether they come to you or not? And when you prescribe antibiotic for them, then what type of antibiotic normally you prescribe? I shall take this type of information from you. And whatever information you will provide us, all will be preserved confidentially in icddrb mohakhali cholera hospital. These will not be used for any other purpose. So, how are you?

**Respondent:** Walaikumassalam. Alhamdulillah, I am fine. We welcome you on behalf of our animal resource officer’s office.

**Interviewer:** Thank you.

**Respondent:** And thank you, because you have started such a wonderful research work. You should go ahead more for this kind of research works.

**Interviewer:** Yes.

**Respondent:** And when you will ask any question, then please do not ask lots of questions in a row. If you ask any specific question then it will be advantageous for me to give the answer.

**Interviewer:** Yes. Thank you, I will try my best. Well, do you think that day by day, the use of antibiotic is increasing or it is decreasing?

**Respondent:** I think that day by day the use of antibiotic is increasing in Bangladesh.

**Interviewer:** Would you please tell in detail about this matter? Why do you think like this?

**Respondent:** I feel like this because in case of large animals when we give normal medicine like digestive stimulant, appetizer etc. for indigestion and these medicines seem sufficient to cure the disease. But they go to the shopkeepers and village practitioners and use sulpher drug. They also don’t maintain the dosages.

**Interviewer:** Okay, okay.

**Respondent:** They are getting result but that was not necessary for them.

**Interviewer:** Well.

**Respondent:** That’s why I am thinking like this. This is not the only reason, there are many other reasons also.

**Interviewer:** Okay, okay. Mostly you prescribe which type of antibiotic?

**Respondent:** Actually I use different diversified antibiotics.

**Interviewer:** Well, such as? Would you please tell some of those ……….

**Respondent:** Such as, penicillin, streptomycin, sulpher drug, ……….

**Interviewer:** Yes ……..

**Respondent:** Then ciprofloxacin, then cepraversedium, then stroxol ………

**Interviewer:** Yes ……….

**Respondent:** Polyster sulphet, oxy-tetracycline or oxycycline, ampicillin ………

**Interviewer:** Well.

**Respondent:** Roughly these are used mostly.

**Interviewer:** Mostly these are used, well. Why these antibiotics are used mostly? Means in which sense?

**Respondent:** When gram positive bacteria is found, means the germs which exist in the organism, in that case, we have no other alternate option except using penicillin or this kind of drug.

**Interviewer:** Well.

**Respondent:** I am giving there to the point. When mastitis attacks, then large scale organism is involved.

**Interviewer:** Yes ……..

**Respondent:** Mainly we think that it is a disease which depends on management, but they cannot ensure the management properly and later on, it may turn into a bad form of gangrene.

**Interviewer:** Yes ……….

**Respondent:** Then we have no other way except applying the antibiotic.

**Interviewer:** Well, well. Is there any other reason for which you use antibiotic? As you have told, if the disease turns into serious condition?

**Respondent:** No. actually I don’t use any antibiotic if it is not necessary. I don’t use any antibiotic without any specific reason.

**Interviewer:** Well. means, from the point of view of prescribing antibiotic or from the point of view of selling the antibiotic or from the point of view of giving the antibiotic, do you think that it is a challenging job?

**Respondent:** Yes. I think that it is a challenging job.

**Interviewer:** Means, how? What type of challenge?

**Respondent:** When they come to me ……….

**Interviewer:** Yes ……..

**Respondent:** At that time, when I take history of the patients, then it is seen that they have already fed many antibiotics.

**Interviewer:** Well.

**Respondent:** It is seen that someone has come with the problem of diarrhea, full diarrhea.

**Interviewer:** Yes.

**Respondent:** It could be easily covered by giving small dosages if they would come to me earlier. But it is seen that when only five sulpher drug was sufficient for the treatment, the animal has already been fed one tablet per day for ten to fifteen days. Then the medicine does not work and I become puzzled what to do. On many occasions the drug does not work. This problem is very ………………………

**Interviewer:** Means in that case, what do you do?

**Respondent:** In that case, I have to change that group.

**Interviewer:** Okay.

**Respondent:** Even sometimes it also doesn’t work. Later on what happens, we don’t have any authentic news about that.

**Interviewer:** Well, well. Means do they come again later on, or they don’t come?

**Respondent:** They don’t come always. They don’t give feedback always.

**Interviewer:** Okay.

**Respondent:** It may so happen that without our knowledge it might have been slaughtered. But I don’t have any data on this.

**Interviewer:** You don’t have information, okay, I have understood. Do you describe anything about what will be the dosage of antibiotic, or for how many days this will have to be taken or its side effect or its resistance?

**Respondent:** Yes, as much as possible I try to make them understand. Such as, I tell them as you are going to apply this medicine, so you should not sell or eat the eggs or the meat or the milk for such and such period. I try to make them understand these things. I tell them the people of USA and UK follow these things and we should follow these too.

**Interviewer:** Okay, okay.

**Respondent:** Whatever I can I try my best. And sometimes I show them the literature and tell, look all are shown in this literature, please read whatever is written.

**Interviewer:** Okay, okay. (05:08 minute)

**Respondent:** Normally we say like this.

**Interviewer:** Means, when you prescribe any prescription, then do you tell anything in detail about its dosage and how it is to be taken?

**Respondent:** Yes. Actually not in details, nothing is told about its dosage.

**Interviewer:** Well, well. So, normally what is told?

**Respondent:** Nothing is told about its dosage.

**Interviewer:** What is told about its dosage?

**Respondent:** It is seen that one gram medicine is suggested for per one hundred kg. In that case, I tell that one gram of such and such medicine is to be given after every twenty four hours. if it is after every twelve hours, then I tell that apply such and such medicine after every twelve hours and this will have to be continued for such and such days. You will have to continue this medicine for such and such days even the disease is cured.

**Interviewer:** Yes.

**Respondent:** Because a specific dosage is determined for this.

**Interviewer:** And for how many days this has to be taken?

**Respondent:** Yes. I also tell this. It is written on that paper.

**Interviewer:** It is written, well. Whether it is written in Bengali or in English?

**Respondent:** In Bengali.

**Interviewer:** Written in Bengali, well. Besides this, do you tell anything about side effect of the antibiotic?

**Respondent:** We don’t get that much time to tell about all the side effects. But sometimes it is told.

**Interviewer:** Sometimes you tell this. Besides this, do you tell anything about its resistance? Do you describe anything about it?

**Respondent:** Actually it is not possible to tell always these things. For example a few minutes ago I have told something to a person in front of you.

**Interviewer:** Yes, yes.

**Respondent:** But I shall tell this way to how many persons?

**Interviewer:** Yes. Okay.

**Respondent:** If there is any meeting or if any big training is conducted, then specially we tell this.

**Interviewer:** Okay, okay. I have understood. Normally, which groups of antibiotic you prescribe? Mostly you prescribe which groups of antibiotics?

**Respondent:** I have told you few names of the antibiotics a little bit earlier. Mostly I use those medicines.

**Interviewer:** Even then would you please tell these in serially? Means, actually I want to hear like that way, name plus it belongs to which generation? Whether it belongs to first generation or second generation or third generation? If I tell anything which belongs to first generation …….

**Respondent:** Which one belongs to which group, all those are not in my memory.

**Interviewer:** Well. Means suppose, there is azithromycin, means you may tell the names of few antibiotics which belong to first generation ………..

**Respondent:** Let me tell the names of the antibiotics. Kindly separate the generation of these medicines by yourself.

**Interviewer:** Look, I don’t know very well about this matter. In that case, to separate these on the basis of generation …………………..

**Respondent:** I use setraxom.

**Interviewer:** Yes. Side by side with this would you please tell, it belongs to which generation?

**Respondent:** Possibly it belongs to third generation.

**Interviewer:** Setraxim, third generation, okay. Then?

**Respondent:** Setralvarsodium.

**Interviewer:** Yes.

**Respondent:** It is actually a latest update.

**Interviewer:** It belongs to which generation? Does it belong to fourth generation?

**Respondent:** I cannot tell this.

**Interviewer:** Okay. Besides this, what else are there?

**Respondent:** Besides this, penicillin and cepromycin, this combination works good still now. This is being used for many years. I also cannot tell, it belongs to which generation.

**Interviewer:** Besides this, you give what other group?

**Respondent:** I have stopped using ciprofloxacin.

**Interviewer:** Well.

**Respondent:** Poultry farmers tell me that they give ciprofloxacin every day to fifteen days old chicks. That’s why now I don’t write ciprofloxacin for poultry.

**Interviewer:** Well.

**Respondent:** It is totally stopped. Means, they use this like OTC drug.

**Interviewer:** Well. It belongs to which generation?

**Respondent:** I don’t remember this right now.

**Interviewer:** Okay, okay. No problem.

**Respondent:** Due to pressure of works these ……….

**Interviewer:** Besides this, is there any other antibiotic? Is there any other group? Means, how many are there except those that you have mentioned?

**Respondent:** We use many types of combination. Such as, KPND, kanamycin, polystin, neomycin, dexamethason.

**Interviewer:** Well.

**Respondent:** Tylokisigold, tylocin underrate, pedeselon, along with these there is another combination which I don’t remember right now.

**Interviewer:** Well.

**Respondent:** Possibly only PND, polystin, neomycin, dexamethason.

**Interviewer:** Well.

**Respondent:** Then there are some medicines in case of polart. Such as, amoxacin plus, amoxilin polystrin. Then MP power, amicillin polystin, renacity, polystin tri-methopolin.

**Interviewer:** Yes.

**Respondent:** Some medicines like these.

**Interviewer:** Means, what is the reason for using this drug combination?

**Respondent:** A little earlier a farmer has come with the problem of his broiler chicken. It is seen that there is combined infection of poxidia and salmanaicolaed.

**Interviewer:** Well.

**Respondent:** In that case, if I only give treatment for poxidia, then mortality rate might be increased after increasing salmanaicolaed infection.

**Interviewer:** Well, well.

**Respondent:** At that time, we have nothing to do except applying combine preparation.

**Interviewer:** Well.

**Respondent:** At first, I have to save the patient. If I want to save them from hygienic point of view then they don’t have that much market value or market price in Bangladesh.

**Interviewer:** Well.

**Respondent:** Then he will be looser ultimately.

**Interviewer:** Okay. Whether antibiotic will be given or not to a patient or to a farmer, when you take this decision, then how do you take this decision? How do you take the decision whether you will give him antibiotic or not? The way you take this decision ……..

**Respondent:** Suppose a farmer has come. Then I see the severity of the disease. As a doctor if I see that antibiotic is needed, then I take the decision of my own.

**Interviewer:** Means you take the decision by considering which things? How do you take the decision in case of using antibiotic?

**Respondent:** We don’t have confirmatory diagnosis system. I try to confirm by observing clinical sign through tentative diagnosis and postmortem vision. We try to know whether the organism exists there.

**Interviewer:** Well.

**Respondent:** The medicine which is needed against that organism, I give that one. (10:04 minute)

**Interviewer:** Well, well. Means you were telling about postmortem. When any poultry or any livestock comes to you then do you do postmortem?

**Respondent:** Yes. I do postmortem.

**Interviewer:** Do you do this sometimes or you do this often?

**Respondent:** Yes, it is done often. It is done regularly. If the specimen is brought to us, then we do this. It is free of cost.

**Interviewer:** What types of postmortem you do here? Do you do it for poultry, ducks, etc.?

**Respondent:** Which are done here till now those are quails, broiler, layer, shonali cock, pigeon, then sheep etc.

**Interviewer:** Well.

**Respondent:** Within one year and few months after coming here, I have seen postmortem of these.

**Interviewer:** Okay, okay. Very nice. Do you think that the price of antibiotic is within the buying capacity of general people?

**Respondent:** If you ask me this question and if you ask for any data about this matter, then I don’t have that. But I think that there is a jugglery of figures in this case. The government must be conscious about it.

**Interviewer:** Means, about the price, which is set?

**Respondent:** Yes, about the price and the quality.

**Interviewer:** Yes. If we compare between antibiotic and general medicine, then comparatively whether the price of antibiotic is more or less?

**Respondent:** In both the cases there is jugglery of figures.

**Interviewer:** Would you please tell a little how is it?

**Respondent:** I would call it a jugglery of figures in the sense that maybe there is no license and if I am asked to show license then I will not be able to show it.

**Interviewer:** No, nothing will be needed.

**Respondent:** They have license and permission for producing one product, but maybe they are producing many products against that license.

**Interviewer:** Okay, okay.

**Respondent:** Such and such ml is written there or such and such mg is written there, but whether it is there or not, I have doubt on that. When we go to field to see the result, then I have doubt in mind about that.

**Interviewer:** Well, well.

**Respondent:** Then in case of antibiotic, it is seen that same antibiotic is produced by different companies, but different types of efficacy rate can be seen in case of different companies. In that case, it is suspicious to me.

**Interviewer:** Okay. The amount of money which a farmer spends for his poultry or for his lifestyle, does he get that much benefit?

**Respondent:** No, he doesn’t get that much benefit.

**Interviewer:** Why doesn’t he get? Would you please tell elaborately?

**Respondent:** First thing is they are middlemen and they don’t get any advantage from any policy of the government.

**Interviewer:** Well.

**Respondent:** First thing is, when they buy chick, then they have to buy at a higher price. The second thing is, when they buy food for chicken, then they too have to buy at a higher price. The third thing is, when they sell the chicken then they have to sell at a lower price.

**Interviewer:** Well.

**Respondent:** On an average, they are not gainer, they become looser.

**Interviewer:** Okay, okay. In that case they become looser. Well. How do the general people take antibiotic? When you prescribe any antibiotic to a farmer, then does he complete the full course or he doesn’t complete the full course?

**Respondent:** It varies place to place. It is a matter of consciousness of the people. At first when I came here, at that time I saw that people didn’t bring any chicken for postmortem.

**Interviewer:** Well.

**Respondent:** Then they are totally dependent on the dealer. The dealers have a little bit knowledge. On the basis of that knowledge, dealers used to provide the medicines randomly whether it is needed or not.

**Interviewer:** Well.

**Respondent:** Now, I am trying to make them understand. Now some of them come here. Sometimes our advice produces results and sometimes they don’t understand. We tell them to use the dosages in a proper way. But later on, we come to know that they did not follow the advice.

**Interviewer:** Mostly do they do this or they don’t do this?

**Respondent:** Actually only ten percent farmers come to me.

**Interviewer:** Yes, yes.

**Respondent:** Besides this, remaining percentage is out of this process. It is almost ninety percent.

**Interviewer:** Yes. What do you think after listening to that ten percent people’s opinion?

**Respondent:** That ten percent people who come to me, in most of the cases, they maintain the dosage.

**Interviewer:** They maintain the dosage. Okay. When you prescribe any prescription, then do you give more priority on antibiotic rather than general medicine?

**Respondent:** No.

**Interviewer:** Means, why don’t you give?

**Respondent:** Because antibiotic is not a permanent solution.

**Interviewer:** Yes.

**Respondent:** The person who is giving treatment, he will have to understand the physiology. If he can understand the problem, and if he can apply proper medicine for this, then the problem will be solved.

**Interviewer:** Okay. Is there any difference between antibiotic and other general medicines?

**Respondent:** Undoubtedly.

**Interviewer:** Yes. Would you please tell in detail? What types of differences are there? Would you please tell about some differences?

**Respondent:** Such as, there is nutritional deficiency. Then there is disorder from the point of management and application. Then there is metabolic disorder. If different multi vitamin and minerals can be applied on these or if trigger is given in different places, then these will be cured.

**Interviewer:** Yes.

**Respondent:** But when it is caused by specific positive agent or when it is caused by organism, in that case, only antibiotic is necessary. But without these, it is not necessary to give any antibiotic.

**Interviewer:** Well.

**Respondent:** For example, if there is any food poisoning, then it is not necessary to give antibiotic.

**Interviewer:** Well, well.

**Respondent:** In some cases it is needed. But it is not extra input. But in this case, it is seen that if this kind of treatment is given by any quack doctor, then he gives penicillin even though it is not needed. It is seen that later on that drug might become resistant.

**Interviewer:** Well, well. (15:01 minute)

**Respondent:** In such situation we think, there is breakdown in the system. It would be all right if only the system can be properly maintained.

**Interviewer:** Then the work would be done.

**Respondent:** Then antibiotic is not necessary.

**Interviewer:** Okay. It is a physiological matter. These are happening due to mode of action. Besides this, from the point of view of price or any other thing, whether there is any difference or not, between antibiotic and general medicine?

**Respondent:** No. I cannot tell anything from the point of view of price. I am just saying it is jugglery of figures.

**Interviewer:** Okay, okay. A little earlier you have told this thing, well. Do the patients ask for antibiotic without prescription? Means, when you prescribe any prescription, then does any farmer ask for a specific antibiotic of his own? Does he tell, please give me such and such antibiotic?

**Respondent:** No. Nobody tells me like this.

**Interviewer:** Well.

**Respondent:** They never say this after coming to me.

**Interviewer:** They don’t say, isn’t it? We have found this at pharmacy level.

**Respondent:** This can happen at pharmacy level, but they never say like this when they come to me.

**Interviewer:** Does he ask you, what type of medicine you will give him? Or what medicine you will give? Whether he influences you or not?

**Respondent:** Yes, there are few farmers who do like this. There are some who think that they know many things. One or two farmers do like this.

**Interviewer:** Well, well. What do they say?

**Respondent:** Sir, let me give ciprofloxacin. Sir, let me give this and that.

**Interviewer:** Well.

**Respondent:** At that time, we try to make him understand. We try to make him understand that he is not a doctor. I tell him when you have come to me, you must act according to my advice.

**Interviewer:** Well, well.

**Respondent:** And if he makes his own choice then it is his problem. That is not my problem.

**Interviewer:** Well. Now I want to know the matters which are related with risk factor. What do you think about the resistance of antibiotic? What is it? Would you please tell in detail about the resistance of antibiotic?

**Respondent:** It is a very big matter. A long time will be needed to discuss this issue.

**Interviewer:** Yes, yes.

**Respondent:** In short what I understand, if antibiotic is taken either by me or by any animal or it is given to any patient, when antibiotic is applied then antibiotic will get nutrition genetically. This way by having nutrition step by step, at one stage antibiotic will become resistant. At one stage it will move from animal to human and from one animal to another animal. Ultimately if the antibiotic is exposed to environment then it will be a disaster for human being.

**Interviewer:** Would you please tell elaborately that how does it go? Means, how does it is spread from one place to another place, how it is done? Would you please give a short example?

**Respondent:** Suppose I have taken antibiotic. Even if I become well after taking antibiotic, or even if I complete the dosage, other organism or the beneficial organisms and many other organisms which are not positive agents, they will come to know the germs are killed by which organism. Then some genetic change takes place inside the body. Then some antigenic shift takes place. There takes place some antigenic drift. Because of that drift those antibiotics do not work against the organisms.

**Interviewer:** Well, well.

**Respondent:** Gradually nutrition is built. If you observe shift and drift then of course you will understand.

**Interviewer:** That means if we consider that it goes from human to animal or it goes from animal to human, then how does it transfer from animal to human body? Means one is, human ……………….

**Respondent:** Overall there are two ways by which it transfers. One is, if you eat meat or egg, then directly that antibiotic is transferred. And another one is, some antibiotics are coming to us directly through environment and some are coming through genetic change or some are coming through getting nutrition.

**Interviewer:** Well.

**Respondent:** It is coming by these two ways.

**Interviewer:** Nice, marvelous. Okay. For what reason antibiotic have become resistant? Though you have told this, even then would you please tell one or two more points? For what reason antibiotic have become resistant? Can you tell this?

**Respondent:** Overall gross?

**Interviewer:** Yes.

**Respondent:** Overall means it is happening due to abuse of antibiotic. We are not concern about the management, but we are abusing the antibiotic. There are many reasons for abusing the antibiotic. If the causes can be removed then it will be all right.

**Interviewer:** Well, well. Then by what method this abuse of antibiotic can be stopped. What else can be done so that antibiotic does not become resistant?

**Respondent:** The first priority is social awareness. There is no alternative except awareness. The second thing is policy by the government.

**Interviewer:** Yes.

**Respondent**: Third is actually they will have to be sincere while making policy. Whether they actually want or not means there is no benefit if they just make law but don’t apply.

**Interviewer**: All right means application will be needed.

**Respondent**: Yes, application will be needed.

**Interviewer**: All right, all right.

**Respondent**: And here you cannot only focus on vote bank that the quack doctors are more in number so they will give me votes. It is not like that. Antibiotic cannot be used except authorized person.

**Interviewer**: All right.

**Respondent**: And it also might happen means these antibiotics are fixed for large animal, livestock. These antibiotics are fixed for human. It could be given here. It could not be given here. There should be strict demarcation.

**Interviewer**: All right, all right.

**Respondent**: The feed which we fed to our poultry, antibiotic is also used there. Do we think whether it becomes resistance or not? We don’t think for once. Is government concerned about this? They are not concern. There are many factories at Mirzapur. Those are operated without any license.

**Interviewer**: All right. (20:04 minute)

**Respondent**: There exist factories without license. We send letters to the concerned office. But the factories give a damn to it. They tell I have connection with top ranking leaders.

**Interviewer**: Okay.

**Respondent**: If this type of policy continues then resistance of antibiotic will never stop in Bangladesh.

**Interviewer**: Means is there any challenge to take antibiotic in the proper manner and with right direction? Means what are the challenges? Suppose you have prescribed an antibiotic and told that you will have to give this to the livestock or patient after every six hours or eight hours. Patient might face what type of challenge in case of taking antibiotic in this way?

**Respondent**: Yes, there are many challenges.

**Interviewer**: Yes.

**Respondent**: Incentive poultry farming has not developed in our country. these have been developed in a scattered way. Many poor and destitute women are doing these farms. Many disable persons are also doing these farms. They cannot handle the proper use of antibiotic.

**Interviewer**: Means in case of timing?

**Respondent**: They cannot properly maintain time as well as they also cannot do proper administration.

**Interviewer**: All right.

**Respondent**: Suppose an injection will have to be given to a large animal. But he doesn’t know how to push injection. Then he switches to another form of medicine. But he cannot also give this in a right way. Maybe the weight of the animal is hundred kilograms and I prescribed one gram ciprofloxacin. Now it is seen that he applies half and throws away rest of the medicine while feeding his animal.

**Interviewer**: All right, all right. This is a problem.

**Respondent**: These types of incidents happen.

**Interviewer**: Well, now I want to talk about the rules and regulations related issues. Do you know about any observer or regulatory authority who observes the use of general medicines and specially the use of antibiotic?

**Respondent**: Yes.

**Interviewer**: For example, who are they?

**Respondent**: Those who are drug supers or drug authority of drug administration, they usually observe the use of antibiotics. But there should be harmony between these things. And the next thing is drug supers usually observe the use of antibiotics. Whether they are observing it or not, and to what extent they are observing we should think about that. Whether they are observing properly or they are observing only to get financial benefits that thing should also be looked into.

**Interviewer**: All right. Do you know any such governmental rules and regulations related with the use of antibiotic? Means is there any governmental rules and regulations for antibiotic or not?

**Respondent**: No, I don’t know about it very well. I see few things through net but it is not mentionable.

**Interviewer**: All right. Do you think that rules and regulations or ethical code of conduct is necessary for selling antibiotic?

**Respondent**: Obviously it was required from before.

**Interviewer**: Would you please tell in detail, why it is required?

**Respondent**: At present I have seen that some antibiotics have become resistant in some farms. This has been observed while doing antibiotic sensitivity test.

**Interviewer**: All right.

**Respondent**: As because it has become resistant then step by step it will spread into human body. Suppose in the present time I have become well by taking antibiotic. Means I use antibiotic if I am sick. But in case of my son or daughter means this antibiotic might not work for next generation. At that time what will they take to survive? If any new invention doesn’t take place then how will they live later on? That’s why it is necessary.

**Interviewer**: All right, all right. Do you think that there are some service providers or some prescribers who prescribe antibiotic illogically?

**Respondent**: I hold hundred percent same opinion like you. Huge …..

**Interviewer**: Would you please tell elaborately why?

**Respondent**: It happens due to their economical yea (). We deal with livestock. For example, suppose he goes to visit a place and he finds a cow is sick there. He doesn’t understand whether antibiotic is required or not. But randomly he prescribes a combined antibiotic and returns back.

**Interviewer**: All right.

**Respondent**: If given that medicine then it will work otherwise it will not work. But people don’t realize its side effects. Ultimately it is going on in this way.

**Interviewer**: All right. What types of prescribers are doing this? Those who are quack or …..?

**Respondent**: Yes, quack.

**Interviewer**: Do you mean those who are in the remote?

**Respondent**: Yes, those who are in the remote.

**Interviewer**: At your level or anyone at this level ….

**Respondent**: No, they don’t work at this level.

**Interviewer**: They don’t do this, isn’t it? All right and V.F.A or those who are field workers ….

**Respondent**: No, our field workers who work here, I don’t see them doing like this. I don’t know whether this type of worker is available in other office or not. But nobody does this thing in my office.

**Interviewer**: A.I technician or ….

**Respondent**: A.I technician also doesn’t do this here.

**Interviewer**: All right.

**Respondent**: No, originally they don’t do this. I am not only saying this for yea (). Originally our office staffs are very good. They don’t do this.

**Interviewer**: All right. Those who are prescribing antibiotic, do they prescribe due to their special benefits rather than the benefit of the patients? What do you think?

**Respondent**: In case of human being many people think that if I prescribe antibiotic then I can get benefit. But in case of large animals or livestock, situation hasn’t gone upto that level that I have to sell this, that’s why I would prescribe antibiotic.

**Interviewer**: Hmm.

**Respondent**: Still humanity hasn’t gone to that stage.

**Interviewer**: All right, all right.

**Respondent**: Those who are quack doctors, they will only take visit from those people. They do this for money. But they don’t give antibiotic to get financial benefits from the company. They just take visit.

**Interviewer**: All right, all right. Means they take money by selling medicine.

**Respondent**: Yes, they take money by selling medicine. And people don’t understand that what is the price of that injection?

**Interviewer**: Yes.

**Respondent**: People only understand that I gave injection and take money.

**Interviewer**: Yes.

**Respondent**: That’s why they do this. (25:05 minutes)

**Interviewer**: All right, all right. Means do you know about consumer rights?

**Respondent**: Yes, in Bangladesh there is law for consumer rights.

**Interviewer**: Yes.

**Respondent**: I have seen some elements in online. But practically I didn’t get that much benefit of this law. Because I am also victim.

**Interviewer**: All right. Would you please tell in detail?

**Respondent**: For example, according to the law of consumer rights, a price tag should exist on the product which I will buy. And I will pay that price for that product.

**Interviewer**: Yes.

**Respondent**: But sometimes we don’t get that product by that price in the market. We have to pay more than that price. It doesn’t ratify by the law of consumer rights.

**Interviewer**: All right. For this matter means is it right that …..?

**Respondent**: It is absolutely wrong. This is the failure.

**Interviewer**: All right. What type of initiative should be taken so that the use of antibiotic or the advice can be properly written in the prescription? What do you think?

**Respondent**: Please repeat the question once more.

**Interviewer**: Means what type of initiative should be taken so that the advice can be properly written in the prescription for using antibiotic? What do you think?

**Respondent**: Well, who will prescribe prescription to whom?

**Interviewer**: If you prescribe?

**Respondent**: If doctors prescribe?

**Interviewer**: Yes, if doctors prescribe. Suppose if prescription is prescribed by a quack doctor? Would you please tell a little from your experience?

**Respondent**: In case of quack doctor, I would say that they don’t have any right to prescribe antibiotic. That’s why, no comments.

**Interviewer**: All right. And if any doctor like you prescribes.

**Respondent**: And in case of doctors, I would say that we need to increase our educational qualification and training.

**Interviewer**: Yes, yes.

**Respondent**: We need to know more about pharmacology properly. We need to know how many side effects the antibiotic has and how the antibiotic can be used properly and to the point. And also we need to know that we should not use antibiotic without any reason.

**Interviewer**: Many elements are there in a prescription. What more things can be added in the prescription so that it will be more rich? What do you think? What else can be included in the prescription?

**Respondent**: Normally it is seen that after using specific product, some supportive products are also given to make the prescription rich. Means those supportive products help to make it rich. Suppose we use some immune modulators, such as, lysovit, refenge.

**Interviewer**: Yes.

**Respondent**: Sometimes in some cases we use P.H. That is acidifier.

**Interviewer**: Yes, yes.

**Respondent**: Sometimes use proxen. These elements make a prescription rich.

**Interviewer**: All right. And what might be written in the prescription so that general people can understand? If remains which thing ….?

**Respondent**: To understand what?

**Interviewer**: Means he can understand the prescription or he can give the course properly.

**Respondent**: Actually he understands the prescription, if you make him understand in a nice way after writing the advice in Bengali.

**Interviewer**: All right.

**Respondent**: And I don’t think it is tough.

**Interviewer**: All right.

**Respondent**: Means you have to use such language so that people can read it. it should not be in Urdu language, it should be in Bengali.

**Interviewer**: All right. Do you think that the drug companies or the pharmaceutical companies can influence you to use antibiotic?

**Respondent**: No, they don’t influence us.

**Interviewer**: Means when they contact with you at that time what do they say while coming here? Means do they try to influence? The production of their company ….

**Respondent**: Actually every company wants to sell their medicine.

**Interviewer**: Yes.

**Respondent**: In that case according to my judgment I try to use good product or good brand which will work better.

**Interviewer**: All right.

**Respondent**: Here it will not work if they try to influence.

**Interviewer**: Especially I am saying about antibiotic. In case of prescribing antibiotic ….

**Respondent**: No, no. They don’t do this.

**Interviewer**: They don’t do, all right. Do people like to come to the government veterinary hospitals like you for taking antibiotic most of the time or do they like to go more to the rural practitioners or to those people who give veterinary treatment at rural areas?

**Respondent**: Here the matter is, many people don’t know where they will get which services. And people also don’t know where what types of doctors are available or where which levels of doctors are available. Due to their lack of knowledge or information gap, they avail whatever service they get at hand.

**Interviewer**: All right.

**Respondent**: And we don’t have any scope to go door to door. They usually move around beside the houses with their cycle or bicycle.

**Interviewer**: All right.

**Respondent**: While moving around, they ask people would I give fattening injection to your cow. For example, an incident happened five to seven days ago. A rural practitioner gave steroid injection to a one year old calf. After giving steroid injection, it had boil on its leg and that place became rotten. Its owner gave a written complain in our office to take action against that rural practitioner.

**Interviewer**: Hmm.

**Respondent**: But it was not necessary to give steroid to that calf.

**Interviewer**: All right, all right.

**Respondent**: Unnecessarily it was given. This type of many incidents happen. Suppose they go beside the road, they go beside the house. They ask people would I give this injection to your animal. They give alluring offer for meat fattening.

**Interviewer**: Means rural ….?

**Respondent**: Animals will become adult quickly.

**Interviewer**: Means do they do this type of yea ()?

**Respondent**: I have proof. There is written complain. Today sir will write letter on that written complain. What he will be written that I don’t know.

**Interviewer**: All right, I have understood. Well, what do you do with the clinical wastage? And how do you dispose expiry dated antibiotics?

**Respondent**: Actually our ….

**Interviewer**: Would you please explain about the disposal system?

**Respondent**: The quantity of the medicine which comes here in our place…..

**Interviewer**: Yes.

**Respondent**: That is insufficient compared to the demand.

**Interviewer**: All right. (30:03 minutes)

**Respondent**: We don’t have to wait upto that much time for disposing off the medicine.

**Interviewer**: All right.

**Respondent**: Those are finished before that time. Though some empty bottles, syringes or whatever remains like these, we throw those things in a hole beside our compound. We incinerate those things.

**Interviewer**: All right.

**Respondent**: Though we don’t have incinerator here.

**Interviewer**: All right.

**Respondent**: It would be better, but this is our failure that we don’t have this.

**Interviewer**: All right, all right. You do this in case of medicine and for clinical wastage suppose if you do any yea () of anatomy then what is done with those clinical wastage?

**Respondent**: The dressing materials which exist, we throw those things by making a hole in the soil and cover those with soil. For example, recently we tried to bury a sheep by making a hole in the soil.

**Interviewer**: All right, all right.

**Respondent**: And definitely it would be better, if we could use lime or some more chemicals there. But we don’t have sufficient things.

**Interviewer**: All right.

**Respondent**: We try to do whatever we can.

**Interviewer**: All right. Means who do this? Those who are your staffs, do they do this?

**Respondent**: Yes, staffs do this.

**Interviewer**: Well, do you ever face any type of trouble to dispose of the wastage of expiry dated antibiotic?

**Respondent**: In my opinion there is only one problem and that is, we cannot act in the same manner as we are taught to act.

**Interviewer**: All right.

**Respondent**: This is a big problem for me.

**Interviewer**: All right. In that case did you contact with the management or authority?

**Respondent**: There are many problems. Among these problems, at first we inform about the major one.

**Interviewer**: All right.

**Respondent**: We inform our problem sequentially. So it doesn’t get that much importance among these problems.

**Interviewer**: All right. Those medicines which you get here, how do you get those medicines? Would you please tell the networking means wherefrom and how medicines are ….?

**Respondent**: Our medicines are supplied on yearly basis, means we place our demand on yearly basis.

**Interviewer**: Hmm.

**Respondent**: Which medicines are required here as per that requirement we place our demand in the district office by going there.

**Interviewer**: Hmm.

**Respondent**: District office sends that requisition to upper level. But whether they send medicines according to that demand or not, actually I don’t want to say about it. But on an average they bring medicines from Dhaka. After brining those medicines they divide those medicines upazila wise.

**Interviewer**: All right.

**Respondent**: Roughly they equally distribute medicines in every upazila. Medicines come once in a year. And sometimes very little means very small quantity of medicines come for different projects. Those medicines of the project are only given to those who are the member of that project.

**Interviewer**: All right. In that case we usually get medicines for one year. And you have to depend on this throughout the whole year.

**Respondent**: Yes, we have to give medicines throughout the whole year.

**Interviewer**: In that case you dispense this means you are giving from here, then how do you again place demand for those medicines or do yea ()?

**Respondent**: Our system is most probably thirty percent means we save twenty to thirty percent medicines for critical period. We keep some medicines.

**Interviewer**: All right.

**Respondent**: If any type of major problem suddenly happens, for that reason we keep for emergency.

**Interviewer**: All right.

**Respondent**: And the rest of the medicines I divide tentatively that this much medicine would be used in one month and that much medicine would be used in another month. It is seen that I usually use the medicines one or two months before the expiry date of medicines.

**Interviewer**: All right.

**Respondent**: Government supply of medicine is so small that we have to use those medicines which come as sample. We have to run the office with these medicines.

**Interviewer**: All right. In that case if your demand is more means more than which are given, then do you contact with upper level to inform this?

**Respondent**: Yes, we place our demand to upper level. But the actual fact is, it doesn’t work.

**Interviewer**: Which come systematically, will medicines come in that way?

**Respondent**: Yes, in that way. Nothing will come more than that. And there remain many questions about those medicines.

**Interviewer**: Means doesn’t any drug come from any factory of the government or from yea ()?

**Respondent**: No, government doesn’t have any factory. They directly buy medicines from the foreign companies. Only governmental seal is given on the medicines. Governmental seal will remain on each medicine which is provided by the government.

**Interviewer**: Seal remains, all right.

**Respondent**: For example, this medicine is given by the government and seal will remain on it.

**Interviewer**: All right, all right. But as you have told about quality means what type of problem happens for quality? Means you have confusion ….

**Respondent**: Yes. My confusion means there are some evidences. But it is not possible to disclose this outside due to understandable reason. But we need to be conscious.

**Interviewer**: All right.

**Respondent**: Even if you understand, you cannot tell that it would be wrong to give it. Suppose if I see any medicine which is damaged, and if I apply that medicine to a cow and then if that cow dies instantly then at first the owner will catch me. He will not go to Dhaka to catch D.L.S.

**Interviewer**: Yes.

**Respondent**: When I am seeing this then why would I give that?

**Interviewer**: Yes, yes. Does upper management of your office know about it?

**Respondent**: We inform our management. But there is a proverb that water goes downwards. Means at that time I become guilty.

**Interviewer**: All right. Roughly this was my discussion. Do you want to know anything from me or not? It is a pleasure to meet you. I have learnt many things.

**Respondent**: Actually I have told many things.

**Interviewer**: Yes.

**Respondent**: But you gave me commitment that it is only for research purpose.

**Interviewer**: Yes.

**Respondent**: Nothing will be used from here as evidence.

**Interviewer**: No, no. Yes, yes.

**Respondent**: If you tell anything outside then you have to think that these data have not been supplied to you from here.

**Interviewer**: No, no. The thing we told you in the beginning that we only do research work. And you also know that the icddrb is an international organization.

**Respondent**: Yes.

**Interviewer**: Worldwide. And we have different types of inventions. And we only do social services and charitable works.

**Respondent**: Yes.

**Interviewer**: We want to bring a big change in every sector through our work. Especially in health sector.

**Respondent**: Yes. (35:00 minutes)

**Interviewer**: It is about antibiotic means this research is being done for antimicrobial resistance. We hope that we can contribute something good at national level through our research. At the end we wish your good health. And we also wish good heath for your office staffs. Please keep well and pray for me. If I come again then I will see you again. Assalamualikum.

**Respondent**: Thank you too.

**Interviewer**: Yes.

**Respondent**: Thank you on behalf of my office.

**Interviewer**: Yes.

**Respondent**: And I wish your success that you are working for antimicrobial resistance in our sector. I hope that a positive outcome will come and I hope that it would be implemented.

**Interviewer**: Inshaallah. Please pray for us. We are hopeful. Assalamualikum.

**Respondent**: Walikumassalam.

**Interviewer**: Good bye. (35:41 minutes)