Name of the study area: Rural

Data Type: IDI with Private Animal Doctor

Length of the interview/discussion: 01:05:22

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**Demographic Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | Age | Education | Seller/prescriber | Category | Year of service | Ethnicity | Remarks |
| Male | 30 | M.Sc | Prescriber | Qualified | 5 Years | Bangali |  |

**Interview starts**

**Interviewer:** Assalamualaikum, brother. I have come from Mohakhali cholera hospital, Dhaka. We have come here for a research work. We are trying to understand why the domestic animals which we have, become sick very often. Where do we go during this illness period? What type of advice we take? As you are a DPM official, so we would like to discuss with you about all the things that are related with these domestic animals, plus about backyard poultry, means as regards poultry industry. What type of service normally you give to these animals? I would like to discuss with you regarding this matter. Would you like to discuss with me?

**Respondent:** Yes, you may proceed.

**Interviewer:** Thank you. Well, would you please tell when you have come to this profession? How did you start this?

**Respondent:** I got myself admitted in Hazi Mohammad Danesh science and technology university for the course of doctor of veterinary in the year of 2004-05. I completed my graduation in 2011. Then, from the year 2011 to 2013, I completed my masters. Then I worked in a local NGO under PKSF program, under prime project of PKSF program. We worked there especially on large animal, along with layer, broiler, small animal. Roughly we used to work on all the animals. Means, the main object of that project was to synchronize coordinated efforts to control monga (famine). Means ……

**Interviewer:** Monga (Famine)?

**Respondent:** Yes, to control monga (famine). I was in Rangpur region. Then I joined my second job at RE Bangladesh, as a technical service officer. Mainly we worked there on cows and goats, ducks and chickens, means all animals from A to Z. As because these are related to animal resource, all kinds of services were given there. Roughly, this way I came to my service life after completing DVM. Then …..

**Interviewer:** So, whether this program of yours …… (another person is talking beside). The service that you are giving, which type of training you took for this?

**Respondent:** No, training means, I completed DVM from university. There was a veterinary hospital there.

**Interviewer:** Hmm.

**Respondent:** All used to come there, like large animal, small animal, poultry, duck, hen, etc. we had practical course there. Means, there was an internship program for one year after completing DVM course for four years. And we had to provide service outside during this internship program. Means, we worked in those veterinary hospitals which existed at upozila level during internship period and gathered our practical knowledge for whole one year. And all these were closely observed by the university authority. Such as, how they work? How they do practical work? There was a model for this. A final exam was conducted after one year. After that, if they are satisfied that they can work independently and they have become self reliant, then they are given certificate otherwise they are not given the certificate.

**Interviewer:** As you have started these practical sessions in your service life, the large animals that you have told, what types of animals are these?

**Respondent:** Cows and goats …..

**Interviewer:** Yes …….

**Respondent:** Cows, goats, sheep, buffalo, etc.

**Interviewer:** They suffer from what types of diseases?

**Respondent:** As regards large animal, some diseases are very much important in case of the cow. FMD is one of them. Means, this is called khura in Bengali. This is virus infected disease. And the second is anthrax which is called torka in Bengali. This is a bacterial disease. Roughly it is dangerous. Then there is polymisilocys which attacks the calf. We call this shada udaramoy.

**Interviewer:** Yes.

**Respondent:** Then there is problem of intestinal worms. There is another disease named badla disease. Then there are some cases of food poisoning. Then there is one more dangerous disease which attacks goat and sheep. And this is PPR. We may call this virus infected disease.

**Interviewer:** Brother, what is the meaning of PPR?

**Respondent:** Pestedes Petits Ruminants (spelling are being done)

**Interviewer:** So, what type of treatment is given for which type of disease during this time?

**Respondent:** It is a viral infection. PPR is a virus. There is not any treatment or E (Expression used when an appropriate word is not forthcoming or is not proper to utter), because this is a virus. So, mainly we have to arrange a vaccination program to control this disease. Vaccine has to be given to the goats after every six months or after every one year. In that case, we tell the farmers to bring the vaccine from our upozila (sub-district) hospital. We tell the farmers how to apply this vaccine. These types of guidelines are given to them. They get vaccine with fifty taka from upozila hospital. And if this vaccine is used in proper time then this disease cannot appear in that area. Actually, different campaigns are being conducted through upozila hospital. To create awareness amongst the people, different NGOs’ cooperate regarding this matter. If a vial of vaccine is brought from upozila hospital, then it is possible to save hundred lives of goats with fifty taka. The farmers also become interested and they buy this. Practically we have seen that they feel comfortable to bring this. And mainly PPR disease attacks much more during winter. That’s why, we tell this to the farmers that they should complete the dosages of vaccine before the winter, means before the month of September or October. And the most dangerous thing is, if PPR attacks then the percentage of mortality is 98%-99%. Means, definitely they will die if it attacks.

**Interviewer:** Hmm.

**Respondent:** Maybe two to one can survive amongst hundred. But in that case, we give some secondary treatments.

**Interviewer:** Hmm. Such as?

**Respondent:** Secondary treatment for PPR is given with gentamycin sulphet, sore fifty … Actually both respiratory system and digestive system are attacked by PPR disease. Gentamycin sulphet and oral saline as supplement and some anti histaminic medicines is to be applied for respiratory system. If there is dysentery then sulpher drug or this kind of thing is to be used.

**Interviewer:** Are these antibiotics?

**Respondent:** Yes, yes. Directly gentamycin is an antibiotic. It is broad spectrum antibiotic. And along with this some antihistaminic medicines like seranalin maliet is to be applied.

**Interviewer:** Yes.

**Respondent:** Then there is histanol. So that secondary bacteria might not grow, these types of antibiotics are to be applied as supplement for this. And as there is dehydration or dysentery side by side, in that case we suggest oral saline or metronidazole. This is it. But it doesn’t work that much. But if vaccination is applied to healthy animals, then it is effective for them. This is my practical experience.

**Interviewer:** That you have told broad spectrum antibiotic, what are there within this?

**Respondent:** Gentamycin sulphet is completely a broad spectrum antibiotic. Normally there are two types of bacteria. One is gram positive and the other one is gram negative. Gentamycin sulphet is able to destroy these two types of bacteria.

**Interviewer:** Broad spec ………

**Respondent:** In our medical jargon we mainly call this broad spectrum. For example, neomycin sulphet is narrow spectrum. Means it works on single bacteria. This is not able to destroy rest of the bacteria. It is like this. Then there are neomycin polystine and lickomycin, these are narrow spectrum. And yes, cipro, norfloxacillin, gentamicin, these are broad spectrum. Then there is amoxicillin in the market. These medicines can kill both gram positive bacteria and gram negative bacteria. So in that case, we suggest some specific medicines for some specific diseases. I am telling this, because I have practical experience. Generally, this might not have any similarity with what is written in the books. You may ask that why do you give gentamicin, when there is viral infection? But my practical knowledge is, when you ask any senior doctor of any upozila hospital, he might say that sometimes this can cure if gentamicin sulfate drug is applied with combination.

**Interviewer:** So, what is your observation? Whether the use of antibiotic has increased or decreased?

**Respondent:** Definitely it has increased. The reason is, the percentage of the appearance of the diseases, means when the outbreak of these diseases happens, actually all these are uncontrolled. Suppose, at the stage of village level, they are not listening to the management which we normally provide for poultry or large animal. They cannot cover the management. In that case, it is seen that when any disease attacks, then it becomes an economic loss for the farmer. So, at that time, immediately he runs to the hospital or to any practitioner. And then we have no other choice except giving antibiotic. [10:54 minute] (Something is said by third person)

**Interviewer:** Amongst these which types of antibiotics normally you prescribe more?

**Respondent:** Mostly oxy tetracycline is used for large animal. Oxy tetracycline, penicillin and gentamicin sulfate are used for large animal. Please write penicillin in number two. Then cipro, gentamicin, cipro ………..

**Interviewer:** Well, now you please tell me, why these are written mostly? Why do you prescribe these more?

**Respondent:** Suppose, a cow suffers from anthrax disease. It is a bacterial disease. If this type of bacterial disease attacks then there is no alternative except antibiotic. In that case, you will give treatment with what type of medicine without antibiotic? There is no other option.

**Interviewer:** Hmm.

**Respondent:** If there is any bacterial disease, then antibiotic is to be applied.

**Interviewer:** Yes.

**Respondent:** For this reason, mainly these are to be done. Means these things are suggested.

**Interviewer:** So, you prescribe these prescriptions. When you prescribe these prescriptions, whether there is any problem or any challenge or not?

**Respondent:** Definitely there is challenge. Suppose, a goat or a cow suffers from anthrax or badla or khura disease. It is seen that there is a withdrawal period of antibiotic. If there is mastitis disease then cipro is used. If it is used then meat of that animal cannot be taken, either for seven days or for twelve days.

**Interviewer:** Hmm.

**Respondent:** It has hazard for human health. Means, toxicity might happen. Or human may fall in some diseases through this.

**Interviewer:** Would you please tell a little, how?

**Respondent:** Basically, residual effect of antibiotic is reserved in the meat. If it is reserved in the meat and if we take that meat, then definitely it will have a negative effect in the body.

**Interviewer:** Hmm, hmm.

**Respondent:** For this reason, a withdrawal period is mentioned for each and every antibiotic and it is written on every pack. Such as, if you use cipro or gentamicin in poultry, then in that case, meat and egg of that poultry will not be taken for three days to six days. The rule is to burry under the soil those meat or egg. But we are not doing this. This is definitely a health hazard for human being.

**Interviewer:** Hmm.

**Respondent:** Maybe there is huge planning regarding this matter in developed world. They will not take the egg and meat of broiler chicken upto that period after using antibiotic. But we are not following this in our country. There is no such research or any type of planning or policy regarding this matter. These are written in the books, but there is no similarity in real life with this. The hazards which are being done, such as, human kidney is being damaged at early age, different problems are being seen in the liver. Especially in poultry, when bird will take sulfur drug, or there is E (Expression used when an appropriate word is not forthcoming or is not proper to utter) in poultry named tikomycin, means there is a medicine which works against microplasma, if these are given to broiler chicken and if that broiler chicken is sold within six days to seven days and if any human being consumes it, then the meat of that broiler chicken will taste bitter. Means bitter, I think you understand what is bitter.

**Interviewer:** Yes.

**Respondent:** Means, there is bitter substance in it and the meat will become bitter. That means we are taking poison. This is a negative effect.

**Interviewer:** Hmm.

**Respondent:** So, this type of antibiotic is available in the market. Actually this creates a big damage to human health. We are watching this silently. Or those who know, they are doing E (Expression used when an appropriate word is not forthcoming or is not proper to utter).

**Interviewer:** You have told about withdrawal period. Do you tell these things to a farmer …….

**Respondent:** Of course, of course. Why we will not make them conscious? We show them this thing visually also. It is written on each and every antibiotic that when antibiotic is used, then meat, egg, these things are not allowed to take until withdrawal period is over.

**Interviewer:** Do they follow this?

**Respondent:** They are not following this.

**Interviewer:** Why?

**Respondent:** Actually I think, we are habituated with this thing in Bangladesh. We have made a mindset that we will not follow this type of suggestion. But damages are being done to the people, because we are not following this thing. For example, nothing is exported to other countries from Bangladesh. The reason of this is, we don’t produce risk free products. Suppose, there was an E (Expression used when an appropriate word is not forthcoming or is not proper to utter) about formalin free fish few days ago. Later on, people made a mindset that they will not buy any frozen fish. Gradually they start looking for live fish. If any sector works for making the people aware, then definitely this will happen. If the people become aware, then definitely people will follow the advice.

**Interviewer:** Why don’t the farmers follow this rule?

**Respondent:** They will not follow this rule. The egg or the meat which is produced within three, four to six days while taking antibiotic, those are to be dumped under the soil. And if they do this then they will have big economic loss. And who will take responsibility of this damage?

**Interviewer:** When you provide this kind of antibiotic, do you tell them, what and how much will be the dosage or what its side effect or about resistance?

**Respondent:** Yes, definitely, we give the medicine after discussing with them as much as possible. Continuously this is being done. Maybe, from the point of view of a practitioner we have been doing this practice continuously since ten years ago. Those who used to practice before and those who practice right now, always they advice the farmers and the farmers are listening to this advice since then, but the farmers don’t follow this. This is the biggest problem. It needs a far-reaching planning to create awareness among the farmers. Although I do this at a limited scale lonely by me. I started this when I joined here and still I am doing this.

**Interviewer:** What type of?

**Respondent:** Especially, if we use any sensitive medicine like these in case of broiler, we advice the farmers to sell the chickens before the use of antibiotic. And I will advice them to give medicine before ten days of sale or if the withdrawal period is near. At that time I tell them to sell the chicken after the withdrawal period is over. I also tell them, if you sell these before the time I have mentioned, then you will feed haram (prohibited) things to the people.

**Interviewer:** Hmm.

**Respondent:** This is my yea (Expression used when an appropriate word is not forthcoming or is not proper to utter). As much as possible, anyhow I try to put this thing into their brain. That’s it.

**Interviewer:** The antibiotics which you prescribe normally, in that case, which group of antibiotics you prescribe more?

**Respondent:** Firstly, there is poultry sector or there are large animals. I have told you that earlier, in case of large animal, we try to build awareness amongst them. So, they can take preventive measure against the disease by going to the upozila hospital. There is vaccine. Winter will take place after some days. If you go there then you will see, PPR vaccine of goat is available there. If you apply that vaccine then PPR will not attack.

**Interviewer:** No, it is a kind of awareness building.

**Respondent:** No, no. Let me speak. Firstly we tell about the management. The management is as same as in case of cold. Preventive vaccine is available for every disease. Means, there is vaccine against every disease. Firstly we try to ensure applying vaccine. A schedule is given for giving the vaccine. We try to ensure so that the diseases might not attack.

**Interviewer:** Vaccination is one thing ………..

**Respondent:** And immediately when the disease attacks, in that case, whether it is a viral disease or bacterial disease or toxic or metabolic disease, and when we see, there is no other option, then they are given suggestion according to the disease and prescription is prescribed for them. I have told you about poultry sector. Even tetracycline is given for large animal, as well as for small animal. Then there is ciprofloxacin, there is norfloxacillin, there is amoxicillin, there is polistine, there is neomycin. These types of medicines are given.

**Interviewer:** The names of the antibiotics that you have told right now, if we define these by generation, then medicines of which generation normally you prescribe?

**Respondent:** Now, if it is about generation, then actually, right now I cannot remember all these things.

**Interviewer:** No. means, whatever that you know or how many that you know, as you have told oxy tetracycline. Oxy tetracycline belongs to which generation? Also there is penicillin and gentamicin. These belong to which generation?

**Respondent:** Mainly we suggest broad spectrum and narrow spectrum, into these two parts. Suppose, salmonella attacks in a farm. Salmonella is gram negative bacteria. It is enough to apply oxy tetracycline or ciprofloxacin for the treatment of salmonella. But I have given singly cipro. Means I use ciprofloxacin or norfloxacillin. You might use norfloxacillin in the line of treatment of salmonella. These are kind of chloroquilnom generation. In our language, cipro is chloroquilnom, then there is norfloxacillin, then there is gentamicin.

**Interviewer:** Do you prescribe these?

**Respondent:** Yes, yes. We give one of these antibiotics.

**Interviewer:** In that case, when you give antibiotic to a sick animal, then how do you take the decision?

**Respondent:** Postmortem is done for this. The specimen has to be brought in a specific place. Suppose it is a bird. We do postmortem there and identify the sign and the symptom. Then we take the history of it from the farmers. Then we take the decision after taking the history. Those who travel in the field and who have practical experience like us, they can easily identify the disease by observing sign and symptom through the postmortem. After seeing these, we are able to tell that if such and such treatment is given for such and such disease, then it will be cured.

**Interviewer**: As farmers buy antibiotic from the market, now the price of antibiotic means do they get that much benefits or services, as compared to the money they pay to buy antibiotic? What do you think?

**Respondent**: Now it is difficult to say because it is very difficult to measure this thing in case of poultry sector or large animal sector. Because some medicines are there which are very cheap. And some medicines are there those are high rated or high priced. Not only we but also farmers or chemists cannot regulate the price of medicines in the market. For example, in the foreign country they will have to keep price of any medicine within a limit based on products feasibility or they will have to consider whether the price would be tolerable for the farmers or not while pricing their products.

**Interviewer**: In our country which rate is available, do the farmers get that much benefits according to that rate?

**Respondent**: Yes, they get benefits. Actually nobody can keep high price or overprice than MRP (Maximum retail price).

**Interviewer**: How can they get advantage?

**Respondent**: No, maybe they go to upazilla veterinary hospital or those practitioners from different companies who practice locally. Farmers usually go for taking suggestion from them. Basically support has to be taken by going there. Or if there is any reason for visiting farm of any farmer or if any farmer feels that his farm has to be visited, in that case service is given by visiting that farm.

**Interviewer**: When you want to give this type of antibiotics, at that time do the farmers take full course of medicines or how do they take medicines?

**Respondent**: Yes, definitely they take full course of medicines.

**Interviewer**: They take full course.

**Respondent**: Yes, full course.

**Interviewer**: They give to their animals.

**Respondent**: No, they must complete the full course. They usually complete the full course of antibiotic which is given for four days or five days. But there are few farmers who avoid this means it is seen that suppose a farmer starts a course of medicine. After three or four days if he sees that the medicine is not working then he goes to another doctor. And again he starts a new course instead of previous course.

**Interviewer**: When you prescribe medicine in that case do you give more importance to the antibiotic rather than normal medicines or not?

**Respondent**: No, no. I don’t give more importance on antibiotic than normal medicines. Basically I give more importance on some nutritional medicine. Usually I use some nutritional medicines. For that reason I don’t depend on antibiotic that much. Another thing is the negative effects means the residual effects which might cause hazard for human health. I always keep this issue in my mind. So that without antibiotic means for example, if I see salmonella in a farm and it is seen that if quality product can be used for this, in that case the disease reduces. I don’t use antibiotic for salmonella. Or many medicines of anti-salmonella are available in the market. Salestar, propose acid these are anti-salmonella, which is used in feed grade. Basically these are acids. If these acids are used in a farm then antibiotic can be used for salmonella later on. I give more emphasis on prevention, so that it doesn’t happen. I give more advice to take initiatives to prevent the disease.

**Interviewer**: What do you understand about resistance of antibiotic?

**Respondent**: Suppose by using an antibiotic repeatedly, it is seen that antibiotic is not working in his body anymore and that is what we call resistance of antibiotic. Means he has disease in his body but the antibiotic is not working anymore against that disease.

**Interviewer**: You are saying that resistance happens due to use of same antibiotic repeatedly.

**Respondent**: Efficacy of antibiotic is being destroyed and it does not work anymore.

**Interviewer**: For what reason resistance happens? What do you think?

**Respondent**: Suppose you are giving an antibiotic repeatedly to a bird or animal without knowing anything. For that reason its body becomes resistant means its body becomes resistant by using same medicine repeatedly.

**Interviewer**: What can we do to stop this?

**Respondent**: We have to aware farmers.

**Interviewer**: How can we aware them?

**Respondent**: We have to make them understand that if they use same antibiotic repeatedly then it will not work anymore inside the body of their animals or birds. Means later on their money will be wasted but there will be no benefit.

**Interviewer**: Which antibiotic is being used, do the farmers take this decision or the prescribers?

**Respondent**: Definitely doctors take the decision. The reason is, if bacterial infection happens then that infection might turn into a devastating epidemic or might raise uncontrolled situation due to that bacterial infection. In that case … (29:52 minutes, not clear)

**Interviewer**: The antibiotics which are used by our farmers, in case of taking those antibiotics or in case of giving those antibiotics to their animals, do you face any challenge or problem while feeding antibiotic or not?

**Respondent**: No, no ... no, usually we don’t face this type of thing because when a treatment is given to a farm, doctors follow up this later on. We usually tell them that you must inform us the result.

**Interviewer**: All right.

**Respondent**: For that reason usually we don’t face this type of problem, that’s it.

**Interviewer**: How do you prescribe these prescriptions and how do the farmers reach you?

**Respondent**: No, as I have told you earlier that they take us to their chicken or their animal or they bring their chicken to us. After doing post mortem usually we take decision?

**Interviewer**: How do they reach you? A farmer lives in the village then how does he find out you?

**Respondent**: Actually here means we usually travel all around the region. So they have our mobile number means we provide them our mobile number. It is seen that they make a call in that phone number. For chicken there is a specific point where there is a separate chamber for operating chicken. Post mortem is done there. Or there is a lab for checking quality. They bring their chicken at this type of places. Through post mortem they check what has happened?

**Interviewer**: In case of large animals?

**Respondent**: They usually go to upazila hospital in case of large animals. And roughly it is also seen that large amount of poultry come at upazila hospital. Our UNVS sir is there. He checks those animals through post mortem.

**Interviewer**: How do you prescribe prescriptions? Do you do this verbally or …..

**Respondent**: No, no I have pad. I prescribe prescription on my pad.

**Interviewer**: Is that pad as same as that one which is used for human treatment?

**Respondent**: As same.

**Interviewer**: No, you don’t need to show. I just want to know, that’s it.

**Respondent**: That pad is as same as that type of pad, which is given to human.

**Interviewer**: Same category.

**Respondent**: Same category.

**Interviewer**: All right brother, as the drugs which are sold for animals or those prescribers who prescribe like you, is there any such regulatory organization for monitoring these things?

**Respondent**: Actually there is no such E (Expression used when an appropriate word is not forthcoming or is not proper to utter) for monitoring. But sometimes government authority comes for monitoring. They come for checking product DLS number and they also check whether they are authorized or not. (Some third person came at that time and he was asked to sit)

**Interviewer**: Do they work as a team?

**Respondent**: Work as a team.

**Interviewer**: Is there any such government rules and regulations which is related with the use of antibiotics or not? Do you know anything about it or not?

**Respondent**: Antibiotic … No, I don’t know. Maybe development is happening but there is no such effectiveness at the field level.

**Interviewer**: Does this require any such ethical code of conduct or regulations?

**Respondent**: Definitely, it is a must. Because already I have told you about human hazard which is a threat for human health. The residual effects of antibiotic which are happened from poultry or from large animals, that residual effects are threat for human health. If there might be rule and regulation or if there might be any type of restriction or if there might be a guideline then those residual effects will not go into human body. We would be more healthy.

**Interviewer**: Few service providers are here who prescribe illogically, what do you think about it?

**Respondent**: It is not like that. Here farmers are roughly conscious in this sector. If any problem arises then they usually go to upazila hospital or a practitioner means mostly they go to the registered practitioners. But if they don’t get any doctor then they might go to those people, locally we call them quack. It is natural for farmers to go there. Hmm … but usually they try to go to any registered doctor of upazila hospital.

**Interviewer**: In that case does registered doctor ever prescribes antibiotic illogically?

**Respondent**: No, no. There is no such record. Because roughly all doctors are conscious. Well, I have never seen this type of case. They try to give proper treatment means they try to give treatment in a proper way.

**Interviewer**: In that case is it beneficial for any type of seller more than a farmer or ……

**Respondent**: No.

**Interviewer**: Do they think of the financial benefits for the MRs or not?

**Respondent**: Actually they don’t think about the financial benefits, because roughly farmers know the rate of the medicines of poultry or large animals. They are conscious and they know what will happen by feeding which medicine. They have idea about this. Except this they also take training from different companies or upazila hospital at different times.

**Interviewer**: To whom it is given?

**Respondent**: Trainings are given to the farmers. It is done here under different projects.

**Interviewer**: All right. Which type of project?

**Respondent**: For example, there is IAPP project of upazila hospital. Then on many occasions NATP projects work for build awareness. Then it is seen that companies organize different seminars. Different issues are discussed in those seminars. Awareness is built through it or awareness is built in this way. That’s it.

**Interviewer**: Consumer rights …

**Respondent**: Yes.

**Interviewer**: Consumer rights …

**Respondent**: What is called consumer rights?

**Interviewer**: Consumer rights mean a farmer rears his animals. In that case they come to you and they have rights.

**Respondent**: No, no, there is no such binding. But there are some rules and regulations from the company. They appointed me for a region. The poultry farmers of this region or those farmers who are our customers, we have to give them services. We will have to reach them immediately after getting phone call from them or we will have to give them services.

**Interviewer**: As you prescribe prescriptions, what steps can be taken so that you would prescribe proper use of antibiotic? Which one can we call a standard prescription?

**Respondent**: Prescription is given based on disease. At first advice is given for their management how is their management, or what is required for their management? Maybe these types of advices are given to them in a written form. Or we try to make them understand this guideline verbally. Then the antibiotic or those nutritional products which are given to their animals and how they will feed those medicines, we write these instructions in such a way so that farmers can understand. That’s all.

**Interviewer**: Different companies sell antibiotics, produce antibiotics. In that case do the people of those companies try to influence people to give antibiotic or to use antibiotic? What do you think about it?

**Respondent**: No, no. there is no such thing. But still there are some quacks or marketing officers too, who sometimes indirectly try to suggest this. But it may be done in their own village at XXX. If it is visible that any such attempt is done, then a pressure is created through suggestion that such thing cannot be done.

**Interviewer**: Where farmers go to take antibiotic? To whom they usually go?

**Respondent**: They usually go to the doctor. Then they go to the chemist. Or they go to the shopkeeper.

**Interviewer**: Wherefrom they get advice for using antibiotic?

**Respondent**: I have told you that they take prescription from us means from the doctors.

**Interviewer**: Do they have to give visit or do they have to pay anything for this?

**Respondent**: No, no this type of visit means there is no such rules and regulations for visit. But if anyone likes to give something then he can do it. But there is no such rule and regulation. Or nobody demands also. This is as usual ……

**Interviewer**: We have come to the last question and that is, duration of antibiotic.

**Respondent**: Hmm.

**Interviewer**: What do you do if date is expired of antibiotic?

**Respondent**: In that case it will not be used.

**Interviewer**: In that case what do the farmers do? And ….

**Respondent**: They avoid those medicines.

**Interviewer**: How do they dispose means what is the system of disposal?

**Respondent**: No, no. Withdrawal of medicines mean they don’t use expiry dated medicines. If the manufacturing date is over or expired then they don’t use that medicine. I am telling this from practical knowledge. If any negative result comes due to use of any expiry dated medicine and if he is caught means, that chemist or that shopkeeper will be responsible for this. Due to this fear if date is expired of any product then they bury those medicines or they inform the company to take back those expiry dated products. Or they throw away those products but don’t use those. They never ever use those medicines.

**Interviewer**: As you are a DVM doctor, where does this disposal system end? What do you think? What?

**Respondent**: No, no. I have told you that they throw away those medicines or ……

**Interviewer**: Where do they throw?

**Respondent**: Those are thrown away in the dustbin or in the drain or buried under the soil by digging a hole.

**Interviewer**: Which one usually people do?

**Respondent**: Mostly they throw away.

**Interviewer**: If they throw away then those will not be used.

**Respondent**: We usually advice them to bury those medicines.

**Interviewer**: But do they practice this or not? Means ……

**Respondent**: Actually we don’t observe this thing that much.

**Interviewer**: Why don’t they remove these properly means why don’t they bury these things under the soil?

**Respondent**: It is due to lack of awareness. Maybe they don’t know about the negative effect of those products. We have to build awareness that it’s a threat for nature or threat for human being.

**Interviewer**: The last question and that is, as we all know that first generation of antibiotic, second generation, third generation of antibiotic are there for human. Is it also same for the animals or not?

**Respondent**: No, no. it is not followed that way. But at present few medicines have come which are considered as first generation, second generation and third generation. For example, ceftriaxone is also used in our poultry sector.

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

**Respondent**: It is fourth generation of ciprofloxacin. These are being used.

**Interviewer**: What is the name of the medicine that you have told?

**Respondent**: Ceftriaxone.

**Interviewer**: Ceftriaxone?

**Respondent**: Hmm.

**Interviewer**: It belongs to which generation? And which group?

**Respondent**: Cipro, cipro ….

**Interviewer**: Cipro .. which one is from second generation and which one is from third generation?

**Respondent**: This one is from forth generation. Only this one is used.

**Interviewer**: In that case first generation, second generation and third generation is also available from before.

**Respondent**: Yes, yes, those are available. At first give cipro. But there is no such E (Expression used when an appropriate word is not forthcoming or is not proper to utter) of second generation for animals. The type of chain which is maintained for human, actually that is not followed in case of animals. Such as, cipro was used in eighties and it is also used now. Then gentamycin was used in eighties and it is also used now. Norfloxacin, colistin or penicillin or sulphur drug, these have generation. In this way medicines of those generations are used step by step.

**Interviewer**: Thank you very much. Brother, please keep well. I hope that the information which you have provided us, those will be very useful for us and will enrich our research. Assalamualaikum.