Name of the study area: Rural

Data Type: IDI with Qualified seller/prescriber

Length of the interview/discussion: 01:05:26 min.

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Demographic Information:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | Age | Education | Seller/prescriber | Category | Year of service | Ethnicity | Remarks |
| Male | 50 | Class-VIII | Qualified seller/prescriber | Both | 3 Years | Bangali |  |

**Interviewer:** Assalamualaikum. I work in icddrb cholera hospital, Dhaka. Brother, 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? We also want to know from those who are shop owners or who are giving health services, when they sell or provide antibiotic then how do they sell antibiotic or give advice for taking antibiotic? So brother, whatever information you will provide us, all will be preserved confidentially. Well, brother, shall we start our discussion? How are you?

**Respondent:** Assalamualaikum. I am …….. . I am well.

**Interviewer:** Brother, at first I want to know what type of work do you do here? Would you please tell a little about this? What types of work normally you do in this pharmacy?

**Respondent:** I sit in this pharmacy. People come here with the prescriptions of the doctors. And those medicines which are written in the prescription, we serve those. If any medicine is not found available in my shop, then we tell them to buy that medicine from another medicine shop. Sometimes it is seen that they come with the cover of the medicine or the cover of the bottle and ask for that medicine. If that medicine is available in my shop, then I give that. But if that medicine is not available in my shop, then we tell them to go to another medicine shop. Besides this, sometimes the people of this rural area come and tell that he is feeling feverish. At primary stage, I give them paracetamol and tell them to observe the condition after taking paracetamol. I also tell them if it is needed, then further treatment will be given.

**Interviewer:** Suppose, he doesn’t become well. If that patient comes again later on, then what do you give him except paracetamol? Any antibiotic or …………..

**Respondent:** It depends on the symptom. If any antibiotic is needed, then I give that. Otherwise I tell him, brother, please go to a doctor.

**Interviewer:** Then brother, what types of medicines are there in your shop? Whether these are medicines of human being or of domestic animals means, what types of medicines?

**Respondent:** Now, some medicines of human being exist in my shop. I don’t sell medicines of domestic animal. Means, I don’t have sufficient capital. Besides this, it is a new shop. It has begun with small capital. That’s why, I don’t keep veterinary medicine. I keep only worm killer medicine, because people ask for that medicine. This is it.

**Interviewer:** Is it used for domestic animal? One is worm killer medicine, besides this, what other types of medicines are there? You have told that one is worm killer medicine.

**Respondent:** And ………….

**Interviewer:** For chicken or …….

**Respondent:** There are renamycin, oxytetracin, etc. for chicken.

**Interviewer:** You have those medicines also. Is there anything else except these?

**Respondent:** No. At present, I don’t keep anything else except these.

**Interviewer:** Okay. So brother, you have told earlier that sometimes you especially give primary antibiotic when primary treatment with general medicine doesn’t give result. Would you please tell about your experience as regards the use of antibiotic? Means, what type of experience you have gathered? What types of antibiotic normally you give to your patients?

**Respondent:** If we get any patient with normal fever, then we use either amoxicillin or sefradin. And if there is no fever and if the patient has no allergy then we use fructamoxazole. If it is seen that fructamoxazole gives no result then we use ciprofloxacin.

**Interviewer:** Well, do you think that day by day the use of antibiotic is increasing or it is decreasing in Bangladesh?

**Respondent:** Look, when I started practicing or I started doing business at the beginning, then the use of antibiotic was not too much. Now many antibiotics have been launched in the market. And when I came to this business, then leofloxacin (possibly levofloxacin) did not exist in the market. Erythromycin did not exist in the market. Many antibiotics did not exist in the market like these. Now many antibiotics have been launched in the market. The doctors are prescribing more antibiotics rather than before.

**Interviewer:** Your opinion is, the use of antibiotic increases from before. Well, you have told earlier that you prescribe antibiotic. At the end of our discussion I will see those antibiotics which you normally prescribe. I shall write down the names of antibiotics that exist in your shop. Now the thing which I want to know from you that whether you have faced any type of problem or challenge when you prescribe or sell any antibiotic. Suppose, a patient has come and after knowing the symptom from him, you have decided that you will give him an antibiotic. In that case, how do you take the decision which antibiotic will be given? Have you faced any type of problem or challenge, when you take this decision? I want to know a little about this thing. 5:00 minute

**Respondent:** In this regards I ……… (possibly customer has come)

**Interviewer:** As I have said, have you faced any type of problem or challenge or not? Would you please tell a little about this matter?

**Respondent:** No. Look, in most of the cases, normally I try to serve those medicines which are written on the prescription or covers of which are brought by the patients. But when I see that I have given primary treatment to someone and he doesn’t become well, then I tell him to go to another place.

**Interviewer:** Have you faced any type of problem after giving primary treatment? Suppose, he doesn’t become well and he comes again and tells that ‘I have taken such and such medicine, now what medicine further should I take’?

**Respondent:** Yes, there is problem if they ask like this. At that time, I tell them, please go to another place to take treatment.

**Interviewer:** Means, whether you have faced this type of problem or not?

**Respondent:** No. I have never faced this type of problem with the blessings of Allah.

**Interviewer:** Do you describe anything in detail or do you give any direction to the patient who takes antibiotic from you? Such as, what will be the dosages of antibiotic or for how many days such and such antibiotic will have to be taken or whether there is any side effect or not, like these. Or do you describe in detail about the resistance of antibiotic? Do you give any direction like this?

**Respondent:** No. At primary stage we ask the patient what his age is, he is suffering from what types of problems. Whether he has any problem of urine or not, whether he has any problem of stool or not, whether he has any allergic problem or not, whether he is a diabetic patient or not, whether he has these types of yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) or not. If I see that the patient is in a critical condition, then I don’t give anything to him. And I tell him to go to another place.

**Interviewer:** No, actually which I want to know is, there are some rules for taking antibiotic. Such as, what will be its dosage, how this is to be taken …….

**Respondent:** Yes. Dosage ……..

**Interviewer:** Would you please tell something about this matter?

**Respondent:** Dosage, suppose, if age of the patient is over twelve years then ciprofloxacin five hundred milligram tablet has to be applied two times a day means, one tablet after every twelve hours. And amoxicillin has to apply after every eight hours. Strength of the medicine depends on the age of the patient. If age of the patient is over twelve years then normally we use five hundred milligram. And if age of the patient is within six years to twelve years, then we use two hundred and fifty milligram.

**Interviewer:** For how many days this will have to be taken? Do you tell anything about its side effect or about its resistance?

**Respondent:** Roughly it is seen that always the doctors prescribe antibiotic for seven days to ten days. We also give antibiotic for seven days to ten days. Side effect, suppose, fructamoxazole …7:47 minute ….. those patients who have allergy, they are not given cotrim, cotrim DS or these types of medicines.

**Interviewer:** Is there any other thing, means is there any possibility of becoming resistant? Don’t we say that antibiotic will become resistant?

**Respondent:** Look, if same antibiotic is used again and again, then this antibiotic will not work later on. That …………..

**Interviewer:** Do you tell about this matter to the patient?

**Respondent:** Suppose, maybe someone came to me with fever and I gave him amoxicillin. He became well at that time. But it is seen that the fever comes again after few days. In that case, if I give him amoxicillin again then it doesn’t work. It has become resistant. At that time I refer him to another place.

**Interviewer:** Okay, whether such and such antibiotic is to be given or not to a particular patient, how do you take this decision?

**Respondent:** When we give primary treatment to any patient, then we ask them, for how many days they have been suffering from disease? When they tell that the fever has come today, then we don’t use antibiotic. When they tell that they have been suffering from fever for few days and they have taken paracetamol but the fever is not cured, then we use primary antibiotics on the basis of the symptom of the disease.

**Interviewer:** Earlier you have told names of some medicines. Are those primary medicines? Or is there anything else?

**Respondent:** No. Roughly I use this type of antibiotic. If any patient is found with skin disease, then we use at best penicillin or flucloxacillin.

**Interviewer:** Whether the market price of antibiotic is within the buying capacity of general people or it is beyond the buying capacity? Means, is cost of it a little more?

**Respondent:** Now there are many types of antibiotics in the market. Few of them are still within the buying capacity of general people. Few of them are beyond the buying capacity of the people. Such as, erythromycin, the price of erythromycin is thirty five taka for each five hundred milligram tablet. The price of cefixime is twenty five taka for each two hundred milligram. Again it is seen that price of cefixime is fifty taka for each five hundred milligram. So it is seen that in that case, the poor people face a little problem.

**Interviewer:** The amount of money with which the consumers or the customers buy antibiotic, do they get that much benefit? What do you think?

**Respondent:** Normally it is seen that the doctors are prescribing antibiotic and the patients are taking antibiotic. The patients who take antibiotic, they tell us, they have become well after taking the medicine.

**Interviewer:** They tell that they have become well. Do you hear all the time that they have become well, or sometimes you hear that they have not become well?

**Respondent:** Look, if there is fever or any type of infectious disease, and if antibiotic is used for this, then they tell that they have become well. But there are some infections about which they say that antibiotic could not cure them. Doctor prescribed those antibiotics, now they are going to another doctor.

**Interviewer:** Okay. Normally how do the people take antibiotic from you? Whether they take full course of the medicine or they take a little quantity?

**Respondent:** At first when they come to our shop with prescription, they ask us what will be the total cost, if they take all the medicines mentioned on the prescription. We calculate and tell them the total cost. Then they take four to five days course. Maybe many of them come again and take rest of the medicine. Sometimes few of them don’t come again.

**Interviewer:** Whether they come again in most of the cases or they don’t come again?

**Respondent:** Maybe firstly they buy and take few medicines from this market. And later on, they might buy and take rest of the medicines from another market. Sometimes it is seen that they buy and take full course of the medicine.

**Interviewer:** Well, those who don’t take rest of the medicine, if they don’t complete the full course, in that case, will there be any problem?

**Respondent:** Look, Whatever knowledge I have gathered from my LMF course, I have learnt that if it is an antibiotic, then full course has to be taken. But people of our country don’t understand this thing. They don’t take medicines for seven days or ten days. They ask for dosages of two days or three days. After three days I tell them, they will have to complete the full course of the medicine, either it is for seven days or for ten days. They tell that they will think about this thing later on. Whether they buy and take medicines or not later on, from another place, I cannot tell this.

**Interviewer:** Well brother, if he doesn’t complete the full course, then will he have to face any problem? Suppose, you have given him an antibiotic which will have to be taken for seven days. As he has high fever, so you give him advice to take that antibiotic for seven days.

**Respondent:** If the course of antibiotic is not completed, then that particular disease will become chronic.

**Interviewer:** What happens during that time?

**Respondent:** Suppose, I have fever, so I have taken an antibiotic. My fever has become well after taking that medicine for few days. But I didn’t complete the full course of that antibiotic. Later on, if the fever comes again, then that antibiotic will not work in my body.

**Interviewer:** Then, what he will have to do?

**Respondent:** Then he will have to take advice from doctor and will have to take another antibiotic.

**Interviewer:** I have learnt a new thing. Well, many patients come to you and you prescribe prescription for them. In that case, when you prescribe any prescription then do you give more priority on antibiotic rather than other general medicine?

**Respondent:** My shop is quite small. A few patients come to me. I try to give them only primary treatment. I don’t use antibiotic at primary stage.

**Interviewer:** That means, do you give antibiotic or you give general medicine at primary stage? At first, normally you give which one?

**Respondent:** It depends on the yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) of disease. If someone comes with fever, then I tell him to take paracetamol. On the other hand, if any patient comes with skin disease, then I give him ointment or any type of anti-histamin medicine. I advice him to observe the condition after taking this kind of medicine.

**Interviewer:** Means is there any difference between antibiotic and other general medicine? Suppose, there are two types of medicines. One is general medicine and another is antibiotic. Is there any difference between these two types of medicines?

**Respondent:** There is difference between antibiotic and other general medicine.

**Interviewer:** Brother, would you please tell elaborately?

**Respondent:** Suppose, other medicine ………

**Interviewer:** Other medicine means general medicine ……….. 15:00 minute

**Respondent:** When general medicine is needed, then general medicine is taken. Suppose now I have taken such and such medicine. If I don’t take that particular medicine in the afternoon, then no problem will be there. And what you were telling about antibiotic?

**Interviewer:** Whether there is any difference or not between general medicine and antibiotic? Aren’t these two types of medicines? Is there any difference between these two types of medicines? What do you think?

**Respondent:** Suppose, if any patient takes antibiotic without any reason, then he might have problem. In that case, antibiotic has to be used very carefully.

**Interviewer:** Is there anything else, brother? Antibiotic and general medicine, verbally we are making distinction between general medicine and antibiotic. Then what other differences are there between these two types of medicines? You have told very nicely. And what else are there?

**Respondent:** I do very small yea (Expression used when an appropriate word is not forthcoming or is not proper to utter), that’s why, I know only this much.

**Interviewer:** From the point of view of price or anything like this …………

**Respondent:** It is seen that from the point of view of price, the price of antibiotic is a bit more than general medicine. Again there are many general medicines, such as, there are many pain killer medicines in the market whose price is quite high.

**Interviewer:** And from the point of view of efficacy? If we consider from the point of view of efficacy, then what is the difference between these two types of medicines? Which one works better between these two types of medicines?

**Respondent:** Look, antibiotic is germ killer medicine. If there is germ, then antibiotic will have to be used. Again there are some pain killer medicines. If appropriate medicine could be used for definite disease then positive result could be obtained.

**Interviewer:** Okay. Do the people ask for antibiotic without prescription? When ………

**Respondent:** Suppose, someone had fever and he went to the doctor. The doctor prescribed him zimax capsule. That person became well after taking zimax. Now, there is another person who has cold and fever, and he knows that person very well. He asks suggestion from that person. That person advices him to buy three or six zimax from the market and take those medicines. He tells, if he does this, then his disease will be cured. Then he comes to us and asks to give him that medicine. We have to sell that medicine, because we sell medicines to earn our livelihood. That’s why we sell that medicine.

**Interviewer:** Means one thing is, they are doing this by listening from others. Besides this, does any patient or any customer come who tells you, ‘brother, please give me antibiotic. Give me this and that.’

**Respondent:** He who knows about antibiotic, he wants antibiotic.

**Interviewer:** He wants, and there are some who want by listening to others. Besides this, is there anyone who wants?

**Respondent:** No. usually who are poor people, normally they come to me for primary treatment. They come with their poor condition. I give them treatment on the basis of their condition.

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

**Respondent:** I tell him he is suffering from what types of problems. If I see that it is within my range, then I give him primary treatment. But if I see that it is out of my range then I tell him to go to a good doctor and take advice from him.

**Interviewer:** Now I want to discuss about risk factors. Do you think that antibiotic plays an effective role for preventing the disease? Means, antibiotic is very much effective medicine for curing the disease. It has a good efficacy.

**Respondent:** Look, antibiotic is a germ killer medicine. If proper antibiotic is used on definite disease, then it works nicely.

**Interviewer:** The thing which I was telling that whether antibiotic plays effective role or not for preventing the disease? Means, if antibiotic is applied then does it work or it doesn’t work for curing the disease? What is your opinion regarding this matter.

**Respondent:** It is seen that there are many diseases where antibiotic is not needed, even though the doctors are using antibiotics. Maybe antibiotic is a germ killer medicine. If antibiotic is used where no germ exists, then it might do a little bit damage.

**Interviewer:** It is about damage. But I want to know that whether antibiotic has any role or not for curing the disease? Means, whether antibiotic plays any effective role or not for preventing the disease? Doesn’t it play a role?

**Respondent:** Antibiotic doesn’t cure the disease, it only kills the germs.

**Interviewer:** Antibiotic kills the germs.

**Respondent:** Besides this, I don’t know, whether antibiotic prevents the diseases or not.

**Interviewer:** Well. Means, it works in which methods? Suppose, a patient has taken such and such antibiotic. What does it do after entering into the body? It works in which methods? When the medicine enters into the body after taking it, then what does it do after entering into the body? ….. 20:00 minute

**Respondent:** Maybe it works after going into the blood.

**Interviewer:** Suppose, it goes into the blood. What does it do after going into the blood?

**Respondent:** It kills the germs which exist in the blood.

**Interviewer:** It kills the germs. Well. Besides this, does antibiotic do any other work?

**Respondent:** If there is any asthmatic problem, means if there is any problem in the lunge and if antibiotic is taken in that case, then lunge problem will be cured.

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

**Respondent:** If there is nasal problem, nose is closed, cannot breath properly, sinusitis, then it is used.

**Interviewer:** Besides this, what else are there? Means, would you please tell more about it? There are lots of diseases. There are lots of medicines, isn’t it?

**Respondent:** Actually we give primary treatment in a small scale. We ….

**Interviewer:** No. the experience that you have gathered, isn’t it a big experience? You have gathered this experience for many years, isn’t it? Antibiotic works for which diseases? Would you please tell few names of the diseases?

**Respondent:** It is used also for skin diseases.

**Interviewer:** It is used also for skin diseases. Well. Fine. Then?

**Respondent:** Then it is seen that sometimes it is used for pneumonia.

**Interviewer:** Well, it is used for pneumonia.

**Respondent:** It works on asthma.

**Interviewer:** Works on asthma.

**Respondent:** It is used there. Then it is seen that it is also used for ophthalmic diseases. Then many doctors use it for rheumatic fever, although we don’t do it.

**Interviewer:** Rheumatic fever?

**Respondent:** Yes. Antibiotic is used also there. Besides this, it is seen that antibiotic is used also for gastric and ulcer.

**Interviewer:** Okay. Then brother, there are different groups of antibiotics. Which group of antibiotic works better? What is your opinion? Would you please tell from your experience which group of antibiotic works better among those?

**Respondent:** I have seen that if penicillin can be applied on proper disease and if there is not any type of allergic problem, then penicillin gives good result.

**Interviewer:** Penicillin gives good result if there is not any type of allergic problem. Which group of yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) gives good result except this? Which group of medicine is good? Which group of antibiotic?

**Respondent:** Penicillin.

**Interviewer:** Yes. You have told about this one. What else are there except this?

**Respondent:** There is amoxicillin.

**Interviewer:** There is amoxicillin.

**Respondent:** There was ampiciliin. It was available before, but at present it is not available in the market. It was a good medicine for primary treatment.

**Interviewer:** Well. Brother, whether antibiotic has any side effect or not?

**Respondent:** Roughly each and every antibiotic has side effect. But we don’t understand that at primary stage. If we use any antibiotic in a small scale, and if anyone comes to us and tells that he is facing problem, then we stop giving that medicine. We tell him, it is sensitive for you. You should stop taking this medicine. Then we refer him to another place.

**Interviewer:** This is what you say to the patient. Besides this, if I tell about its side effect, then would you please tell about few side effects of antibiotic?

**Respondent:** Side effect means, pimple is seen on hands and feet. 24:00 minute sore is seen. Their mouths become dry. Sometimes thirst is felt. Sometimes burning is felt in the eyes. Dizziness is felt. Vomiting is felt. Sometimes they feel weakness after taking these medicines. These are the common side effects.

**Interviewer:** Well, as you have told many side effects of it, so what can be done to avoid these side effects? How can we get rid of this situation?

**Respondent:** Look brother, I don’t have that much experience. This much I know that if there is any problem, then we tell the patient, he should not take that medicine anymore. If we see that there is headache or vomiting, then we give treatment for those symptoms and tell him not to take that medicine.

**Interviewer:** Then you give what type of treatment? Means, you give treatment for which symptoms?

**Respondent:** Suppose, if there is vomiting tendency, then we use omidon tablet or istimidel tablet. We give these medicines.

**Interviewer:** In that case, does the patient get well later on after taking those medicines?

**Respondent:** Yes, he tells later on, his dizziness has stopped. He stops taking of antibiotic.

**Interviewer:** If antibiotic is stopped in the middle of the course, then won’t he have any problem?

**Respondent:** No. I tell him to take treatment after going to a doctor.

**Interviewer:** You tell him to take treatment after going to a doctor. Well, brother, the thing which I want to know from you that is, earlier we have discussed about resistance of antibiotic. Resistance of antibiotic is a word. What do you understand by resistance of antibiotic? Actually what is meant by this?

**Respondent:** Resistance means, if same medicine is used again and again, then that medicine loses its efficacy for preventing the disease. Then that medicine doesn’t work anymore.

**Interviewer:** It doesn’t work anymore. If it doesn’t work then what problems might happen? 26:00 minute

**Respondent:** Of course, he might have problem. The disease exists into his body. He has to suffer from that disease day after day. Even then he has to take more powerful antibiotic for preventing that particular disease.

**Interviewer:** That means, the resistance of antibiotic which is happening, actually for what reason it is happening? For what reason antibiotic becomes resistant?

**Respondent:** In most of the cases, when antibiotic is used more for all purposes, then it becomes resistant.

**Interviewer:** It is used more, that’s why it becomes resistant. More antibiotic is used and it is one of the reasons. Brother, is there any other reason except this? Is there any other reason?

**Respondent:** Except this, maybe ………

**Interviewer:** Brother, you were telling the reasons for which antibiotic becomes resistant. Would you please tell on this issue a little bit elaborately?

**Respondent:** If same antibiotic is used again and again, then it happens.

**Interviewer:** It is a reason. What else are there except this?

**Respondent**: And it arises if it is not properly used. Suppose a patient doesn’t complete a particular course of antibiotic. He buys two tablets of antibiotic and takes on his own wish and feels good. For that reason it is seen that he keeps well for fifteen days. After fifteen days again that disease attacks then he comes again and says, give me two tablets. People take medicine in this way. In this way when people use same medicine repeatedly then it is seen that the effectiveness of that medicine doesn’t remain anymore. In this way …

**Interviewer**: In that case what can we do to stop this, brother?

**Respondent**: Now to stop this matter means now we don’t need to give treatment in most of the cases. If someone have fever, he comes here and says, give me two tablets of Napa extra. What can I do? Now if I ask him that why will you take Napa extra brother, you are not fourteen years old. At that time he will not agree with me. If I say, you are not fourteen years old. And paracetamol plus should not be taken before fourteen. If I tell this then he will say, are you a big doctor? I am asking for this and you are giving me knowledge. Now what can I say? Why I will take trouble? I give Napa extra. Again maybe another person comes and says, I am suffering from fever. I have taken paracetamol. But it cannot cure me. Give me one Zimax tablet. If I tell him that why will you take Zimax. You will have to take semi dosage of medicine, three tablets in three days at primary stage. He says why I shall take three tablets, when my fever is cured by taking one. I will take one tablet. We have nothing to do. If I tell them, you will have to take three tablets in three days at primary stage. After that if germ exists then further medicine is given for five days or seven days or at present it is seen that some medicines are given by the doctors for fourteen days. Those treatments are beyond our range. Means I don’t do this type of treatment. Those who prescribe in this way only they know about it. Now this is the situation.

**Interviewer**: In that case what can be done to stop this? You have told that the patients come with different problems and they say like these while coming here.

**Respondent**: Now to stop this means what would I say, brother? Now if I tell that I will not sell Zimax to you. He will not buy from me. But he will definitely buy from another shop. And he will never come to my shop for buying medicine. He will think that if I go to that shop the shopkeeper will not give me medicine.

**Interviewer**: Doesn’t give.

**Respondent**: So I …..

**Interviewer**: No. This is a problem. You have told that medicine becomes resistant. Isn’t it a problem for us? So to solve the problem means as you have many years of experience. From that experience what do you think that what can be done to solve the problem. Means antibiotic becomes resistant. What can be done? Would you please give any advice or mention one point. 30:00 minutes

**Respondent**: Suppose in our country the current situation and condition of our treatment facility is such that people of the rural area don’t have that much money to take treatment from the MBBS doctor. If anyone goes to a MBBS doctor, he will have to pay two hundred taka fee at primary stage. After that if that doctor prescribes medicine, he prescribes medicine which costs thousand taka. If anyone have fever then it is not possible for him to spend five hundred or six hundred taka for this reason. He has no option except coming to the rural practitioner. Now the rural practitioner who gives treatment in a right way, he gives him proper treatment. Or he gives him advice that take medicine for such and such days and your disease will be cured. Again many people are there who might not think about the patient. Whatever happens to the patient doesn’t matter to them. They need profit. They sell medicine. That’s all.

**Interviewer**: In that case what are the challenges for taking antibiotic by following the right direction? Suppose you are giving antibiotic. There is direction for taking antibiotic means the medicine will have to be taken this much, this will have to be taken after very such and such hours or have to be taken systematically. In this way means is it possible for all to take medicine in this way? Means isn’t it a challenge? Isn’t it a challenge to take medicine by maintaining time schedule? What challenges might happen?

**Respondent**: Challenges means we usually give primary treatment. If we see or get any patient who is in critical condition, we don’t use any antibiotic. We tell that …

**Interviewer**: You told this. But I want to know brother that when he takes medicine, he will have to take medicine systematically. Now it is a challenge for him to take medicine systematically or timely. Whether actually he is taking medicine properly or not.

**Respondent**: Now let me tell from my own view point. If I see that the antibiotic doesn’t adjust with his age or doesn’t adjust with his disease, then I don’t give him antibiotic. I tell him to buy antibiotic from another place. I won’t give.

**Interviewer**: In that case your business or don’t you have any problem for yea (Expression used when an appropriate word is not forthcoming or is not proper to utter)?

**Respondent**: No. There is no problem. I make him understand another way means I tell that brother I don’t have this. Please take from other place. At first I ask him that brother, what will you do with Zimax? He might say, I am suffering from fever. Now I can see he is under age and he wants Zimax 500 mg after coming here. Then I tell that I don’t have brother. It is not available in my shop. You go to other shop.

**Interviewer**: Means what is another thing?

**Respondent**: At first I tell him that you can’t take Zimax 500mg. You can take 250mg. He says, no. If I take Zimax 500mg then fever goes. I don’t sell medicine.

**Interviewer**: Suppose you give him medicine for five days or seven days. He is above ten years and you gave him medicine. After giving medicine you told him to take medicine after every six hours every day. Suppose you gave him any antibiotic. Now he has to take that medicine systematically after every six hours by maintaining time schedule. Isn’t it a challenge for him? It may happen that one dosage falls due at 2 am at night. Does it become a challenge to maintain time schedule?

**Respondent**: To maintain time schedule means most of the time it is seen that people give break of taking medicine from 10pm at night upto 7am in the morning. Means nobody takes medicine within this time.

**Interviewer**: Yes. Don’t take medicine. Then …

**Respondent**: Then ….

**Interviewer**: As you have told him to take medicine timely, but he is not taking. In that case isn’t it a challenge?

**Respondent**: It is a challenge.

**Interviewer**: It is a challenge for him. His disease will not be cured.

**Respondent**: Maybe one dosage of antibiotic has to be taken in the morning. If the medicine is to be fed after every eight hours that means three dosages have to be fed in a day. It may so happen that he takes one dosage in the morning and another dosage at noon. He goes to bed after taking another one at nine at night. But he doesn’t take any dosage in between nine at night and morning.

**Interviewer**: There is no more. In that case isn’t it a challenge brother?

**Respondent**: It is a challenge.

**Interviewer**: This is a problem. Then how can we solve this problem?

**Respondent**: Now to solve the problem means if I tell that brother, this is amoxicillin means fimoxyl. You will have to take this medicine after every eight hours. You will take one tablet in the morning and from then again you will take medicine after eight hours. And from then you will take another medicine after eight hours. Then it is seen that he has to take medicine 1am at night or 1.30am at night. Now he will say what a timing you have given me to take medicine? I will have to get up at 1 am at night to take medicine. Now it is seen in case of most of the people that when people goes to bed at 10 pm, they hardly get up at 1 am at night to take medicine.

**Interviewer**: In that case isn’t it a challenge for him to take medicine at that time? He cannot maintain time schedule. In that case it might be a challenge. Means what else might be the challenge for taking antibiotic? Means what type of problems might happen? Is it possible for him to maintain time schedule? 35:00 minutes

**Respondent**: (He keeps quite.)

**Interviewer**: All right, brother. Let’s move ahead. Now I want to talk about issues related with rules and regulations. Is there any office or any regulatory authority who supervise the use of normal medicine and especially the use of antibiotic? Do you know about it?

**Respondent**: No. I don’t know.

**Interviewer**: Do you know about any such government rules and regulations related with the use of antibiotic? For using antibiotic, is there any government rules and regulations? Do you know anything about it?

**Respondent**: It might be there.

**Interviewer**: It might be there. But are you confirmed or not?

**Respondent**: I have never found such things.

**Interviewer**: You have not found? What I am trying to say that regulatory authority means there is an office of government drug super. Anyone means does drug super come ever to visit from there?

**Respondent**: Yes. They come for inspection.

**Interviewer**: Inspector means they come after how many days?

**Respondent**: Nothing is fixed.

**Interviewer**: Suppose how many times in a month or how many times in a year?

**Respondent**: Brother I don’t keep that much yea (Expression used when an appropriate word is not forthcoming or is not proper to utter).

**Interviewer**: Usually how many times they come on an average?

**Respondent**: Maybe they come three times or four times in a year.

**Interviewer**: They come. What do they see after coming here?

**Respondent**: They check the quality of the medicines, date or whether there is a store room for medicines. They check whether that room is ok or not. Whether right temperature is maintained or not or proper light and air exists or not. Or any unregistered company’s medicine is available or not. Any low standard company’s medicine is available or not. Any expiry dated medicine is available or not. They check all these things after coming here.

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

**Respondent**: Not only for antibiotic, rules and regulations or ethical code of conduct is necessary for every medicine.

**Interviewer**: Why it is necessary?

**Respondent**: Why, because it is seen that now you can get medicine in the grocery shop in Bangladesh. Which medicines are available in my shop, I see that types of many medicines are available in the grocery shop. In the tea stall means it is seen that medicines are also available in the tea stall. Now rules and regulations are required for these. The people who have knowledge of medicines, only they will sell medicines. Those who sell medicine in the grocery shop or in the tea stall, it is out of rules and regulations.

**Interviewer**: That means this is a benefit. Who have idea about medicine, he will sell. Then what will be the benefit?

**Respondent**: Then it would be beneficial, suppose the grocery shopkeeper who doesn’t know if this medicine is take then who takes the medicine, he might have problem. For example, fructamoxazole. Those who have allergic problem, if they take this medicine then they might have risky problem. He also might face risk. But grocery shopkeeper doesn’t know that fructamoxazole cannot be given if patient has allergic problem. And roughly those who have idea about primary treatment or medicine, definitely they will ask that brother do you have allergic problem? If patient has allergic problem then he will not give fructamoxazole. This is the benefit.

**Interviewer**: This is a benefit. And is there any other benefit brother?

**Respondent**: And any other benefit means as we are doing business, we give vat to the government while doing business. When we renew our license then government gets fee. Then when we make trade license, government gets license fee from there. But government doesn’t get anything from the grocery shopkeeper.

**Interviewer**: In that case government also becomes looser, all right. Brother, is there any such service provider who prescribes antibiotic illogically? What do you think? Suppose a patient comes to him. General medicine is enough for him but he is given antibiotic. You have told this matter sometimes ago. What do you think about it? Does anyone do like this?

**Respondent**: Brother it is business. Nobody gives visit or fees to the rural practitioners. As doctors take visit, people don’t give that fee to them. Suppose a patient comes to him. If he sells medicine worth two hundred taka, there he does business of twenty taka. This way he manages himself. Now maybe I don’t do this. Many people might do this. Or it is seen that many people tell that I went to such and such doctor. He gave this medicine. But I see that this medicine was not necessary for him. Now he is doing this under pressure. He does this for survival. Nobody give him fifty taka as visit. Now he depends on sale of medicine …. 40:00 minutes

**Interviewer**: He will have benefit from there …

**Respondent**: That ten or twenty taka means he has to maintain his livelihood and his family in this way. He makes this mistake.

**Interviewer**: That means you think that he is doing this only because if he gets some money from here and he is benefited. Means antibiotic might be prescribed in the prescription for the financial benefit of him who supplies medicine rather than the benefit of the patient.

**Respondent**: No. Everybody doesn’t prescribe in this way. Means everybody doesn’t do this to get profit, some people cannot also identify the right disease. Maybe antibiotic is not needed for that disease, but he gives antibiotic to that patient. He couldn’t identify the right disease.

**Interviewer**: Means he couldn’t identify the disease.

**Respondent**: He couldn’t identify the disease. Maybe antibiotic is not necessary for that patient. But he gives antibiotic to get profit.

**Interviewer**: Does anyone do this intentionally?

**Respondent**: No. He does this due to lack of his experience. Maybe a patient has influenza, slight cold and cough. In that case antibiotic is not necessary. But maybe he thinks that the patient has pneumonia or bronchitis. By identifying wrong disease, maybe he gives antibiotic. He doesn’t give this only for his benefit. Maybe he gives due to lack of his experience.

**Interviewer**: All right, due to lack of his experience. Do you know about consumer right? Have you heard about consumer right?

**Respondent**: No.

**Interviewer**: Actually who are the consumers? Here who is consuming, if we call him consumer then as a consumer he has some rights. Have you heard anything about consumer rights?

**Respondent**: No.

**Interviewer**: All right. The use of antibiotic is properly written in the prescription means how antibiotic will be taken or what will be done to take antibiotic. What type of initiative should be taken for using antibiotic? What do you think? How it might be written so that the antibiotic is used properly means how patient will take it or what he will do while taking antibiotic?

**Respondent**: Maybe the name of antibiotic is written in English, or if the dosages or the intake system is written clearly in Bengali, then patient can take medicine by understanding that instruction by himself.

**Interviewer**: In that case instructions should be written clearly so that patient can take medicine by understanding those instructions. This is one thing. What else might be written? What else can be written in the prescription? You usually get different types of prescriptions. Now doctors prescribe prescription very nicely. They write many things. Now many things are written in the prescription. If you would tell from your experience that what things exist in the prescription and what else can be added newly so that it would be better?

**Respondent**: I don’t get you brother.

**Interviewer**: Suppose a prescription comes to you. Sometimes the name of the disease is written there. Sometimes the name of the medicine is written in Bengali. As you have told that the instructions may be written in Bengali even if the name is written in English. What things means what more information or what else can be given so that the prescription will become rich and better?

**Respondent**: Now the patients do not understand the test reports or the diseases. Sometimes we don’t understand the meaning.

**Interviewer**: What type of problem happens?

**Respondent**: About that means what type of test or what …..

**Interviewer**: No. Not this one. I am telling about advice. The advice which is written by the doctor means what else or what type of initiative should be taken in case of writing advice in the prescription? Doesn’t doctor write advice?

**Respondent**: Yes.

**Interviewer**: In a prescription, he writes advice means what else can be written there? You see some advices here.

**Respondent**: Maybe advice can be given for his movement. Such and such things should not be taken or he will have to be in such and such weather or he will have to be in such and such environment. If these things are written properly then he will understand that he should not take this food or he should not move in this environment. Or he should not use this thing. If given these things then it would be better for the patient.

**Interviewer**: It would be better, all right. Do you think that the drug or pharmaceutical companies try to influence the patients for using antibiotic? Do they try to influence you to give antibiotic means do they request you to prescribe their antibiotic more? Or do they encourage you so that patients take more antibiotic?

**Respondent**: No. I have heard this. But I have not seen this.

**Interviewer**: Pharmaceutical companies or MRs of the pharmaceutical companies don’t come here?

**Respondent**: They come to us but we are not doctors. They don’t come to visit us.

**Interviewer**: They don’t come to visit, but don’t they talk to you?

**Respondent**: They talk to us. They take order from us. But they don’t come to visit us. They visit the doctors.

**Interviewer**: Don’t they encourage you to give more antibiotic? Do they say anything like this?

**Respondent**: No. We cannot give antibiotic, because we are not doctor. Maybe they say this to the doctors. I have heard this. But I have not seen. I have heard that they usually request the doctors to write their medicine. They say, sir please prescribe my product like this.

**Interviewer**: Yes. Do they do like this?

**Respondent**: I have heard this. But I haven’t seen.

**Interviewer**: Those who come to you, don’t they ever say like this?

**Respondent**: No. I am not a doctor. After coming to me, they say that I am from such and such company. These are my products. Do you have any shortage of any medicine or not. If I have shortage of any medicine then I give order.

**Interviewer**: Where common people like to go more for taking antibiotic? Do they like to go to the government hospital or private clinic or do they like to come here more in your shop?

**Respondent**: Now they come to us for primary treatment. After that it is seen, rarely they go to the thana health complex at primary stage if they have critical disease. Now people are more interested to go to clinic.

**Interviewer**: Means why do they go more to the clinic?

**Respondent**: They go to clinic, maybe renowned doctors come there. Good treatment is done for the disease. They hope that they will get good treatment. So they go there.

**Interviewer**: But the expense is little more or …

**Respondent**: Expenses mean we do primary treatment. We only take the price of the medicine. Suppose if the price of the medicine is twenty taka, he might give me two taka less than that amount. In the thana health complex, they don’t pay any money for giving service. They might get medicine if medicine is available, otherwise they might write the name of the medicine and give them.

**Interviewer**: Do they give antibiotic?

**Respondent**: They give antibiotic if antibiotic is available.

**Interviewer**: Do they give free of cost?

**Respondent**: They give medicine free of cost.

**Interviewer**: And is there any such thing at union level? Means any hospital or anything like this?

**Respondent**: This type of organization is there at union level. But that type of prescription doesn’t come to me.

**Interviewer**: Do they give any antibiotic there at union level?

**Respondent**: I don’t know this.

**Interviewer**: You don’t know, all right. Expiry date means especially antibiotics which are available in your shop, if date of any medicine is expired then what do you do to those medicines?

**Respondent**: We throw away those medicines.

**Interviewer**: Do you throw away? Where do you throw those things?

**Respondent**: I completely destroy those medicines.

**Interviewer**: How do you destroy those? If you would explain in detail.

**Respondent**: Yes?

**Interviewer**: Today suddenly you have seen a medicine. The date of that medicine is expired two days ago. Or it will be expired tomorrow. At that time what do you do?

**Respondent**: I have a small shop. Rarely this type of problem happens to me. If date of two or four medicines is expired, then suppose I open those tablets from the strip and throw away.

**Interviewer**: Means where do you throw those medicines? Where is the place?

**Respondent**: I throw those at any place.

**Interviewer**: Means do you throw those outside means on the road or any other place?

**Respondent**: I usually throw those in a calm and quiet place.

**Interviewer**: Do you throw those at a calm and quiet place? Means is it a specific place for dumping medicines or a vacant place or ….

**Respondent**: To dump medicines that type of place means I throw in the surrounding places of the house.

**Interviewer**: Do you throw those in the surrounding places? Do you do this most of the time?

**Respondent**: No. This type of thing doesn’t happen to me. Means I have small capital. I never buy one full box of tablets. I usually buy ten to twenty tablets. I sell those medicines.

**Interviewer**: Does any person come from pharmaceutical companies and take away those medicines?

**Respondent**: People of many pharmaceutical companies say that I will take back expiry dated medicines of our company.

**Interviewer**: For example, is there any company like this? Who have told this to you?

**Respondent**: Aristo Pharma told this.

**Interviewer**: Aristo Pharma. Means they take back their expiry dated products. What do they do after taking back those medicines?

**Respondent**: I didn’t ask, brother. I never gave him. He told me that if the date of any medicine has expired then he will take back that medicine of his company.

**Interviewer**: He told this by himself. He gave this offer. Very nice. Do you sell any antibiotic for domestic animal, especially for cow, goat, duck, chicken, etc?

**Respondent**: No. Now I don’t sell this type of antibiotic. I sell tetracycline which is an antibiotic. Then renamycin of Reneta. I sell it. and I sell anti worm medicine to people who ask for it.

**Interviewer**: The antibiotics which are available, wherefrom you get those antibiotics? Means wherefrom those antibiotics come?

**Respondent**: I buy those medicines from the wholesale shop and bring here.

**Interviewer**: Do you buy these? Where those shops are located?

**Respondent**: These are located in this market.

**Interviewer**: Shops are located in this market. Do you bring medicines by yourself or any other person delivers those products to you? Means does company deliver those products?

**Respondent**: Those who have big capital, they do business with the companies. But I have small capital. I …..

**Interviewer**: Do you have to bring medicines all the time or do they give delivery? Didn’t you tell sometimes ago that if you give order to them then they give delivery?

**Respondent**: If order is given then they give delivery by delivery van of the company.

**Interviewer**: Do they give delivery most of the time or do you have to bring by going yourself?

**Respondent**: No. Those who give order to the company, they give delivery of medicine at their home.

**Interviewer**: They give delivery at their home. Well brother, the antibiotic which are available in your shop especially which are for human being, I will write down the names of those antibiotics. If you kindly show my each antibiotic especially group wise. If you show me then I can write the correct spelling of the medicine. I will write the names. And you will also tell that which medicine belongs to which generation means first generation, second generation, third generation like this. And which antibiotics are available in your shop, among those which one you usually prescribe more? Would you please tell me this matter? Please start brother, which antibiotics are available for human being, take those one by one. I will just write down the names. I have paper. All right?

**Respondent**: Is it an antibiotic?

**Interviewer**: Any antibiotic. Different groups are available.

**Respondent**: Which antibiotics we sell?

**Interviewer**: Yes. You sell means which antibiotics are available in your shop, I will write among those. Please bring it brother. Take one by one. Then let me start. This is leofloxacin (possibly levofloxacin) 500mg. Please bring another one. Let me write this. Leofloxacin (possibly levofloxacin) 500mg.

**Respondent**: Ciprofloxacin.

**Interviewer**: Ciprofloxacin, 500mg. Yes brother, later on. Square. Yes. And this is ….

**Respondent**: Amixit.

**Interviewer**: Amixit

**Respondent**: Do you need more?

**Interviewer**: Yes, which are available in your shop?

**Respondent**: I have these medicines only.

**Interviewer**: And those are available, brother. Group wise each medicine means whether it is in injection form or in syrup form, no problem. But make sure that the name of each group of medicine is mentioned here. Brother, what is the name of your pharmacy? Mehedi. Twenty eight, twenty seven. Mehedi pharmacy. Zimax. Yes. Brother, what else are available? Please bring. And? Lebucef, isn’t it?

**Respondent**: Lebucef.

**Interviewer**: This medicine is used for which disease?

**Respondent**: This is an antibiotic.

**Interviewer**: I didn’t hear this name before. Lebucef, 250mg. Lebunanic acid. And? You can check that shelf on this side. Syrup forms of medicines are on this side. You can also check there. Adora. And? Fimoxyl, 500mg. This is moxaclav. Then amoxicillin, and this doxicap. Doxycycline. Brother, this one? Tetracyn. Tetracycline hydrochloride. Anything else? Please check in this shelf on this side at the top. Fimoxyl. Clubac, is there anything else? Here is domilux.

**Respondent**: I gave domilux.

**Interviewer**: Which group?

**Respondent**: Donperidone (possibly domperidone).

**Interviewer**: Donperidone (possibly domperidone) wasn’t mentioned here. Is there any other antibiotic, will you kindly check brother?

**Respondent**: I don’t see any other antibiotic.

**Interviewer**: Clubac 500. Please check.

**Respondent**: No. O there is another one.

**Interviewer**: Flucloxacillin. Cotrim it has become dirty.

**Respondent**: Yes. Dirty.

**Interviewer**: Cotrim ds. This is from which yea (Expression used when an appropriate word is not forthcoming or is not proper to utter)?

**Respondent**: Fluctamoxazole.

**Interviewer**: Sulphazole bp, 800 mg. And there is trimeto bp, 160 bp. Brother, and?

**Respondent**: No, nothing more.

**Interviewer**: Now please come here. Please tell that neofloxacin belongs to which generation? First generation, second generation or third generation?

**Respondent**: I don’t know about it.

**Interviewer**: Still don’t you think, there are different types of antibiotics? Antibiotic of this group means is it from first generation or second generation. Did it come first or second or third ….

**Respondent**: Actually these are used at a much later stage.

**Interviewer**: Means it is from which generation? There is different category of antibiotics. First, second, third ….

**Respondent**: No. I don’t know this.

**Interviewer**: Can’t you tell about anyone of these? Which one is from which generation?

**Respondent**: No.

**Interviewer**: This is penvik, then metcef, these are from which generation?

**Respondent**: No. I don’t know about it so much.

**Interviewer**: Means don’t you have any idea? First, second, third generation?

**Respondent**: No.

**Interviewer**: Which one you usually give more?

**Respondent**: I usually give primary treatment.

**Interviewer**: Which one you give?

**Respondent**: Penvik, fimoxyl and fluctamoxazole ..

**Interviewer**: Which medicines you usually give? Do you give this one?

**Respondent**: No. Ciprofloxacin.

**Interviewer**: You give ciprofloxacin. Then?

**Respondent**: Penvik.

**Interviewer**: Do you give this one means penvik?

**Respondent**: Yes.

**Interviewer**: You give this medicine and give penvik. Do you give amoxicillin, then azithromycin?

**Respondent**: No.

**Interviewer**: Do you give amoxicillin? This is amoxicillin means this one.

**Respondent**: Fimoxyl.

**Interviewer**: Yes. You give fimoxyl. And? Do you give these? Such as azithromycin, doxycycline?

**Respondent**: No.

**Interviewer**: Don’t you give doxycycline? Tetra …

**Respondent**: No.

**Interviewer**: Flucloxacillin?

**Respondent**: ---- 1:00:38

**Interviewer**: And cotrim?

**Respondent**: Yes. I give cotrim.

**Interviewer**: Well brother, at first you have shown ciprofloxacin. you give this for which disease?

**Respondent**: It is given for fever and urine problem ………

**Interviewer**: What are you saying, what urinal …

**Respondent**: Yes, UTI.

**Interviewer**: UTI, isn’t it?

**Respondent**: Yes.

**Interviewer**: Which is urinal infection, and don’t you give this medicine for any other disease? Ciprofloxacin?

**Respondent**: No.

**Interviewer**: Then when do you give this one?

**Respondent**: Penvik?

**Interviewer**: Yes. Penvik.

**Respondent**: It is given for sore …

**Interviewer**: For sore, infection. And then?

**Respondent**: And for cold.

**Interviewer**: Cold and?

**Respondent**: And my ……….

**Interviewer**: All right. Brother, when do you give fimoxyl?

**Respondent**: I use fimoxyl in case of cold, cough.

**Interviewer**: Cold, cough and?

**Respondent**: For cold fever.

**Interviewer**: Cold fever. And? Then you have told about Flucloxacillin. Why do you give this?

**Respondent**: I use Flucloxacillin for infection.

**Interviewer**: For infection. Then?

**Respondent**: I use this medicine for all types of sores.

**Interviewer**: Only sore. Do you give for any other disease?

**Respondent**: In case of skin disease.

**Interviewer**: Skin disease. And? And cotrim?

**Respondent**: It is used for fever.

**Interviewer**: Cotrim ds is used for fever. Fever ….

**Respondent**: And maybe it is used if patient has dysentery.

**Interviewer**: Dysentery. You give this for dysentery. Roughly we have come to the end. That means you don’t know anything about generation. Which medicine belongs to which generation, first, second or third generation like this.

**Respondent**: Actually we do primary treatment, brother. These things are ….

**Interviewer**: Do you have any idea? For example, ciprofloxacin belongs to which generation? Does it belong to first generation or second generation or third generation? You don’t know anything? Can’t you tell about anyone of these medicines?

**Respondent**: No, sorry.

**Interviewer**: All right. No problem. Brother, what I am saying that we have done some primary discussion. Means as you sell medicine here. Mainly what type of medicines do you sell? There are medicines for human being and also for domestic animals means two types of medicines are available here in your shop.

**Respondent**: Mainly here medicines are kept for human being. Very little means only one or two types of medicines are available for domestic animals.

**Interviewer**: What did you say, brother?

**Respondent**: In case of cow there is a medicine for killing worms. Then ducks and chickens have a common disease named rani khet (A kind of disease). For that disease ….

**Interviewer**: Medicine?

**Respondent**: Yes.

**Interviewer**: Well, for how long have you been in this profession?

**Respondent**: I am …

**Interviewer**: Selling antibiotic plus engaged in this profession …

**Respondent**: Selling antibiotic means I have been in this profession for around fourteen years.

**Interviewer**: Fourteen year? So long. You have been in this profession for fourteen years. You are selling these medicines and antibiotics. Did you do any type of training from anywhere for selling or prescribing antibiotic?

**Respondent**: I have done LMF course. There is a rural practitioner is our village. I came here after practicing two years with him.

**Interviewer**: Where it is located means which doctor?

**Respondent**: Kanchanpur, dokkhin para. Doctor Abdul Haq.

**Interviewer**: Is he a rural practitioner or MBBS?

**Respondent**: He is a rural practitioner.

**Interviewer**: You were there for two years. Okay. Means did you appear any type of exam or give any exam related with medicine? Any exam?

**Respondent**: No.

**Interviewer**: You didn’t give any exam. And what is your educational qualification, brother?

**Respondent**: I have passed class eight.

**Interviewer**: You have passed class eight. Do you have license for your shop?

**Respondent**: Yes. I have drug license.

**Interviewer**: Drug license, wherefrom you made this license?

**Respondent**: From Tangail.

**Interviewer**: You made this from Tangail. Are you the owner of this shop?

**Respondent**: Yes.

**Interviewer**: Are you the owner of this place or only the owner of this medicine shop?

**Respondent**: No. I am only the owner of this medicine shop.

**Interviewer**: Rent? Is it rented shop or yea (Expression used when an appropriate word is not forthcoming or is not proper to utter)?

**Respondent**: Rented shop.

**Interviewer**: Mainly these were my discussion. Thank you very much. You have given me lots of time. I wish you good health. And I also wish you continuous success in your business. Please keep well. If I ever come again then we will meet again. Keep well. Assalamualikum.

**Respondent**: Walikumassalam. You have also taken lot of troubles. You also keep well. Thank you.

**Interviewer**: All right, thank you too. Assalamualikum.