Name of the study area: Rural

Data Type: IDI with Qualified Government Doctor

Length of the interview/discussion: 40:22 min.

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Demographic Information:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | Age | Education | Seller/prescriber | Category | Year of service | Ethnicity | Remarks |
| Male | 32 | MBBS | Qualified Government Doctor | Human | 7 Years | Bangali |  |

Interviewer: Well, my name is ----. We came here from Cholera Hospital for conducting a research work on antibiotic use. For that reason I am now talking with you. So how are you?

Respondent: Yeah, I am fine. How are you?

Interviewer: Yeah, I am fine also. Well, at first I want to know how many years do you working in this profession, I mean this doctor profession.

Respondent: I have been working since seven years.

Interviewer: Seven years. Well, do you have any specially training?

Respondent: I have training on diabetics from [name] Hospital, Dhaka and also have training on Ultrasonography from Dhaka.

Interviewer: From your seven years experience on prescribing antibiotic, do you see an increase or decrease in antibiotic use over the years?

Respondent: I think the use of antibiotic is increasing.

Interviewer: Well, why it is increasing?

Respondent: Increasing because what we observed are maximum patients come to us later; before come to us at first they went to the local doctor or quack or drug seller. They told them their primary problems. Those doctor or quacks are not knowledgeable about the use of antibiotics so that they giving antibiotics at first to the patients if patients needs or not. They have already taken antibiotics before coming MBBS doctors.

Interviewer: Ok, Already.

Respondent: Already, yeah, they have taken. And for not being monitoring the use of antibiotics they are giving antibiotics anyone without prescriptions. For this reason in Bangladesh we see antibiotics are being lots of misused and without indication/paper indication it is increasing uses of antibiotics.

Interviewer: Ok, that’s why it is increasing.

Respondent: Definitely. And when patient come to us we see they have already taken antibiotics. Then we have to think alternative way and we have to prescribe higher antibiotics and that’s why antibiotic resistance is increasing in Bangladesh.

Interviewer: Ok. As your opinion we will discuss later about antibiotic resistance. So now I want to know when you prescribe antibiotic then what types of antibiotics you usually prescribe?

Respondent: Now we are prescribing Flucloxacillin, Cefuroxime, Cefixime or Amoxicillin and Azithromicin.

Interviewer: Ok. Well for at first which disease what generation you would like to prescribe?

Respondent: At first for respiratory illness I would like to prescribe Amoxicillin or Azithromicin. These are I would like. Such as- for Soft tissue infection and for skin infection we would like to prescribe Flucloxacillin. For thinking different infection or gram negative infection we give Cefuroxime or Cefixime.

Interviewer: Ok, it is your first choose.

Respondent: First choose means actually there have not maintained protocol. I choose these antibiotics according to the situations.

Interviewer: Ok, patient’s condition.

Respondent: According to condition.

Interviewer: Suppose you give Amoxicillin and that is not work on the patient then?

Respondent: If not respond

Interviewer: Then what you do?

Respondent: In that condition I choose Azithromicin.

Interviewer: Is that means step by step?

Respondent: Yeah, step by step I choose Azithromicin. If Azithromicin has not responded or if patient needs to admit to hospital then we think about admitting the patient or thinking about inject able.

Interviewer: Suppose you said a while ago, before coming to you patients have already taken antibiotics--

Respondent: After taking antibiotic they come.

Interviewer: They become resistance then how do you understand patients’ already antibiotic resistance?

Respondent: No. We have taken their history even sometimes patients say they went to the drug shop. They had taken medicines from local doctors. For that reason we have to inquiry what types of medicines they had taken before coming here. If they had taken antibiotics and what was that. For writing a prescription we have to think those matters. What antibiotics they had already taken. If this antibiotic had not responded so we have to think alternative way.

Interviewer: But I want to know do they know about antibiotic medicines or could they know they had taken antibiotic medicines? Do they know the name of antibiotics? -------------------------5:00

Respondent: They can say the name. Some of them can say the name but most can’t say the name. Our village people are illiterate person.

Interviewer: Well when they can’t say then how you find out this?

Respondent: It is very difficult for us to find out. Sometimes we say them to call those drug sellers. Then we asked what the medicines you give this patient are? We have to find out by inquiring those matters. Even though they can’t say then we have to think blindly.

Interviewer: Then you give medicine blindly then from what generation you start?

Respondent: I said a while ago we have to think from Cephalosporin. We actually give according to the patients’ situations.

Interviewer: Well I want to know, when you prescribe antibiotic do you ever feel challenged?

Respondent: Yes, definitely.

Interviewer: What’s that?

Respondent: After giving antibiotic we can’t get our desired result. Yes, such as- fever temperature is not decreasing. Or we see they come for respiratory illness and can’t get well. After completing my seven days course patients can’t get well then we increase the course and it’s a lengthy and also the duration also increased. Sometimes we changed the group, right? On that situation we have to think of many circumstances, such as- I actually give him an antibiotic. Are they maintaining their doses regularly? Are they purchase according to my prescription? Then where from they actually purchase their medicines? Which company’s medicines actually they purchase? It’s all are related. Because I give one medicine and he purchases that medicine but it seems that medicine keeps on sunlight all the day. You can see maximum drug shops are situated nearby the road side, outside of road and sunlight is directly on the medicines, right? Then even in the market you can find available fake medicines. You know I have to doubt about the efficacy of antibiotics, right? Is he intake medicines in proper way? I have to doubt that the efficacy of medicine what they purchase. It is also important for us. After thinking all this matter I think for these reasons medicines is not responding.

Interviewer: Then what you do?

Respondent: On that time I changed the group and go to another group.

Interviewer: Changed group but then that also would be fake medicines.

Respondent: Yes, that problem is constant and this problem would be constant all the time.

Interviewer: Yes. Then how can you find the way for solving this matter? Or how do you motivate for this?

Respondent: I actually personally motivate them about antibiotic and try to aware them. Sometimes I said them, don’t take antibiotic without necessary. Don’t take antibiotic from drug sellers or without taking advice from doctor or if you take antibiotic them you have to complete the full course. You can’t stop this after taking two or three days. I said this when I get time.

Interviewer: When you are saying take antibiotic from drug shop but are they know doctor gives them antibiotic medicine?

Respondent: It is a problem and when you see the rural level education is not good. These people can’t understand doctor gives those antibiotic medicines or Paracetamol or Antiulcerant. It is not possible for them to differentiate those, right? Patients go to them and say, I have fever, give me fever medicine. They don’t know what drug seller gives them. Seller instructed them like- take this two times daily and take this three times daily and take this at night or take this in the morning just like this. When patient don’t recover by the local drug seller’s medicines then they come to the MBBS doctor. You know then they come to the hospital.

Interviewer: Yeah, they already resist.

Respondent: They come to us after taking medicines. They don’t come here directly because at first they try with the local level.

Interviewer: They go there for primary treatment?

Respondent: Most of the time yes, they go to there for primary treatment. After fail there then they come here because it is far from their home and it is related with cost and also time consuming. They have to stop their regular activities and come here which is far from their home, so, these all are the fact.

Interviewer: They have many challenges.

Respondent: yes.

Interviewer: Ok. Well when you give antibiotic to any patient then how do you decide it? When a specific patient comes to you for fever, for that patient how do you decide which antibiotic you give him this decision? ----------------------------------------------10:00

Respondent: No. Decision, how many days he is suffering from fever, did he take antibiotic before, then we observe for respiratory illness is he actually infected because for respiratory illness we do lung transplantation. If patient infected then we see does he has proper indication or not. Does he need antibiotic or not. We think all this then we prescribe antibiotic.

Interviewer: Well, we see there have a market price for antibiotic, do you think the price of antibiotic is affordable in general?

Respondent: Yes, I have to consider this matter; definitely I have to consider this matter. When I prescribe an antibiotic for a patient, when I prescribe an Azithromicin I have to think does he able to purchase this or not, does he able to purchase Cefixime or not or same as Amoxicillin. Which one is suitable for his socioeconomic condition I have to consider that.

Interviewer: Then how do you understand this is for ---

Respondent: We usually ask their occupation. We ask their occupation or sometimes we can assume just looking into their appearance that this patient belongs to which socioeconomic condition, right? We can understand when we talk with him.

Interviewer: That means then you…

Respondent: Yes. We calculate this in our mind. Sometimes we ask directly how their socioeconomic condition is. Or what is their occupation or their monthly income? We have to consider this. We always prescribe to consider all of these.

Interviewer: Do you ever want to know they can purchase those medicines or not? This is a matter that you ask their socioeconomic condition and they actually purchase is another thing.

Respondent: Are they actually can purchase the medicine or not.

Interviewer: Yeah.

Respondent: Actually in reality we are not able to ask this.

Interviewer: Yeah, because you…

Respondent: We are so busy that it is not possible for us. However, I said a while ago, you can assume by seeing their appearance.

Interviewer: Yeah, then those…

Respondent: When they need it, actually when they need medicines then they purchase this by sacrificing another thing. They actually try to take medicine for their own benefits. This is a matter of health and everyone wants to become well. For this reason they sacrifice other things and try hard to take medicines. They actually try hard to purchase and take medicines.

Interviewer: Well when they purchase medicine with money do they actually become cure with this? What do you think about this matter?

Respondent: Here we see the tradition of the patient level that they actually don’t interest to come for follow up to the doctor. They have to come for follow up to the doctor this tradition is not built up to them. So that, they don’t come for follow up. For example, I personally say to the patient that you should come again here if you become cure or become ill again, after seven days later or fifteen days later or one month later you have to inform me about your condition, right? And hardly, I can find two out of ten patients; they come to me for follow up. Or they inform me that they become cure or didn’t cure. In reality, maximum time I get two patients out of ten patients because those two patients are not cure actually. That’s why they come again for follow up, right? And the remaining seven or eight patients would not come. Now I can’t understand that those seven peoples actually cured or not. They may be changed with another physician. So, it is very hard for us to access this information because they don’t come for follow up.

Interviewer: For them? It is impossible for us to know that are they really become cure or not?

Respondent: If they don’t come for follow up then I understand two things, one is patient becomes cure or patient becomes not cure and he can’t fate or confident on me so he changed another physician. Or someone come to me and says I take all medicines but I had not improved yet, right?

Interviewer: Yes, in three ways.

Respondent: Three ways.

Interviewer: Ok. When they purchase medicines and you are giving them full course and the important thing is the price of the medicines. Yes, may be many of them need to become cure and they determined to become cure. But when they go to drug shop for purchasing the medicines are they purchase full course or half course? Actually how they purchase their medicines?

Respondent: It is also a problem. Many of them go for purchasing medicine but medicines price would be one thousand take and s/he has only five hundred taka then they say please give me five hundred taka’s medicines. Drug seller what to do in that time, even though I prescribe him for seven days antibiotics but seller gives them only for three days medicines. So, when he they feel better after taking three days medicines then they don’t continue rest of the medicines. It is a problem.

Interviewer: It is a problem. Is that means their financial problem…------------------------15:00

Respondent: No. they feel better when fever gone then they don’t think to take rest of the medicines. They think that my fever is gone and now I am better and I don’t have to take rest of the medicines. On that time, antibiotic course is not completed. It is the reason for antibiotic resistance.

Interviewer: Well, in this situation, is it they purchase three days medicines from pharmacy…

Respondent: Pharmacy gives this medicine.

Interviewer: So, they take a prescription from you but they purchase only three days medicines, so who is the responsible for this?

Respondent: Here, responsibility is patient has not ability to purchase medicines. Patient has not financial and economic ability. And they can’t purchase medicine for lack of money, right? Now it is benefit able for seller for selling medicines. So, he gives those amounts of medicines how much he get money. Even here his role is as a pharmacist or drug seller. He doesn’t have any accountability to anyone, right?

Interviewer: Yes.

Respondent: He sells medicines by his own will.

Interviewer: So, what do you think is most common - they purchase full course or not or how they purchase?

Respondent: They try to purchase.

Interviewer: Full course?

Respondent: Yes.

Interviewer: Suppose patient purchases three days course then will he come for remaining course? What do you think?

Respondent: I said before this…

Interviewer: one is they become cured…

Respondent: If they become cured then they are not interested to complete the full course.

Interviewer: They are not interested. But suppose they only become well for one week and in between if they become ill are they continue that previous course or they start a new course?

Respondent: They continue the previous course, actually maximum do like that. Suppose they see they become cure or curing then they try to continue this course.

Interviewer: OK. Well suppose they have gap in between a course for four days or one week.

Respondent: If they have gap in between a course they continue those medicines for become ill with same illness. They actually take those medicines by their own after six months or one year later. They think that before I had a cough like this and doctor prescribed me these medicines and I had become cured, so, now I am suffering with same illness. Then I can purchase those again and take those medicines again. They make this decision by their own.

Interviewer: It is.

Respondent: Yes.

Interviewer: Well when you write a prescription because you are in upper level and patients come to you when they are in second stages of their illness then when you write an antibiotic on the prescription which one do you prefer most is it normal medicines or antibiotic medicines?

Respondent: I said this, according to the situation I have to consider of the antibiotic, right? Is it necessary for a patient to give antibiotic or not, I have to consider this matter.

Interviewer: Then I want to know, you are giving antibiotic medicines according to patients conditions. Now what are the differences between antibiotic and other normal medicines?

Respondent: Other medicines means such as- in case non-communicable diseases like- hypertension, diabetics, bronchitis asthma for these chronic diseases or non-communicable diseases we have to prescribe long time medicines. For long periods, right? Excuse me. Yes. For this condition they need long time medicines, so, we decide this according to the conditions and we prescribe antibiotics usually for seven days or ten days or not more than two weeks.

Interviewer: Here the difference is the duration?

Respondent: Definitely, duration is short for antibiotic. For antibiotic, according to need and generation schedule we prescribe antibiotic. Maximum antibiotic schedule is seven days or ten days doses.

Interviewer: So, there are no doses for other medicines?

Respondent: Other medicines means suppose Antiulcerant. This antiulcerants are prescribed for long time and there have no problem, right? But for antibiotic medicines are have a specific dose schedule and a guideline, it is ones daily or twice daily or thrice daily or according to body weight we give this. Again, it would be seven days if I choose Azithromicin for respiratory illness. Azithromicin schedule is three to five days doses schedule, right? Three to five days doses, we don’t give these not more than five days. If it is not response between five days then we think other way. May be this had already resistance on his body. Then we changed with another group like this- we give Cefixime, it is usually prescribe for seven days, two times daily, it is a dos schedule for this antibiotic. We give this like adult dos or child dos, right? ----------------------------------------------20:00

Interviewer: Well antibiotic gives according to age, weight.

Respondent: Weight.

Interviewer: You have different courses.

Respondent: there is a course schedule.

Interviewer: OK. When patient comes to you are they want antibiotic medicines by their own?

Respondent: They don’t want maximum time. But some patients say, I already intake antibiotic medicines but those had not responded. Please give me another one after test. They say like that sometimes but it is not more.

Interviewer: Ok, what I am saying is they go to the drug shop for purchasing medicines with previous prescription, when they come to drug shop do the seller sells antibiotics like that?

Respondent: Yes, without prescription they don’t care about prescription, I mean pharmacist or drug seller. They actually give antibiotics when customers can say the name.

Interviewer: They actually give antibiotics without prescription?

Respondent: They give those when a patient can say the name.

Interviewer: OK. Now we talk about antibiotic resistance, I want to know details about this antibiotic resistance? Could you please describe?

Respondent: Antibiotic resistance, when one patient intake one medicine again and again and when doesn’t complete the doses and just doesn’t take in the middle of the course. Such as- seven days dose schedule, he only intake three days and he does this again and again, in this situation that antibiotic become resistance on his body and it would not be responded in second time and developed resistance, right?

Interviewer: Yes.

Respondent: So, this is antibiotic resistance and day by day the numbers of antibiotic resistance patients are increasing. The only reasons for this are the abuse of antibiotic, without indication, unnecessary use and not complete the antibiotic course, right? Except these I think the availability of antibiotic, easily get the antibiotic from drug sellers, without registered physician’s prescriptions anyone can buy antibiotic- these all are the main reason for antibiotic resistance and this number are increasing day by day.

Interviewer: Ok, for stopping what can we do?

Respondent: For stopping I have a personal opinion, which are, firstly, without a registered physician’s prescription or without prescriptions selling antibiotic medicines should be stopped and this matter has to be monitored by Government.

Interviewer: By Government?

Respondent: Yes, and it should be maintained strictly about selling antibiotic. Without doctor’s prescription anyone can’t sell antibiotic, right? We have another country, our neighboring country even in India they can’t sell antibiotic without prescription; not only antibiotic but also other medicines, right? This tradition has to start in our country and it should be a burning issue. If we don’t do like this then near future for antibiotic resistance many people will die.

Interviewer: Yes, that would be possible if medicines would not respond then people will die.

Respondent: For pneumonia people will die. For simple diseases they will die because antibiotic would not be responded. Because one antibiotic has invented by many years research result, right? It is not like that every year we can get an antibiotic medicine. If one antibiotic medicine become resist in one patient’s body then we don’t have any alternative way for trying other antibiotic medicines. Even when we found any patient who suffer with unknown fever and long time chronic fever and it is not curing and we are trying hard to cure. On that matter we do culture sensitive test or blood culture. In this matter you can’t imagine about the result, how many are resistance. We see they are resistance by Cefixime, Azithromicin, it would not response. That time we do sensitive test and we try which one patient has sensitive.

Interviewer: Well what are the ages of those maximum patients?

Respondent: middle ages.

Interviewer: Middle ages? In middle ages they become…

Respondent: Yes, many medicines become resistant.

Interviewer: Already resistant. ------------------------25:00

Respondent: We found many patients like them. We found after sensitivity test the common drugs are already become resistance and in future it would be the biggest problem. This antibiotic, it would be great challenged for doctors to treat the patients.

Interviewer: Yeah. Then what are you doing for solving this problem?

Respondent: For this matter I said, we registered physicians; we are not using antibiotics without indication. For solutions one and two number we tell patients that you have to complete the course and my suggestion is that without doctor’s prescription don’t sell antibiotic. Nowhere should be selling antibiotics, right? It is the necessary from our side to make the people aware. You can say this in the media, you can create an advertisement where you give this massage that people should not buy antibiotic without doctor’s prescriptions and if they intake antibiotic then they should complete the course. By doing this you can make people aware but you have to inform these messages that people can’t intake antibiotic by their own will, it is not Paracetamol. If you don’t complete this course then it will be resistant in the body and it will not respond next time. Then what will doctor has to do when they become ill. So, we must make people aware.

Interviewer: You have to understand these?

Respondent: Yes. We have to make them aware .

Interviewer: What do you think for a patient which is the challenges to intake antibiotic accurately? What are the challenges?

Respondent: Challenging means lack of awareness, right? They are not aware, they are illiterate, they don’t understand. Maximum they can’t say what is an antibiotic. Yeah, they don’t understand which is antibiotic.

Interviewer: It is…

Respondent: It is the problem.

Interviewer: Hmm, then now we will talk about policy even though we already talk something about this. Do you know any policy about regulatory body who observe drug shops and how they regulate the use of antibiotic?

Respondent: No. We have drug administration but I don’t see their activities. We have many drug shops on the road side and they are building up drug shop anywhere and they are selling antibiotic as their will. I don’t know we have any law where it is mentioned that without registered physician anyone can write antibiotic. If we don’t have it should be make a law like this and of course it should be monitored regularly and it should be informed to all drug sellers and Chemist that they should not sell antibiotic without a prescription, right?

Interviewer: Do you know any government policy for this?

Respondent: I don’t know this. But I know we have a drug association. Their responsibility is to monitor the drug shops and pharmacy.

Interviewer: Yeah but what is the reality?

Respondent: I have doubt about them.

Interviewer: Ok. Do you think we need a policy for antibiotic selling?

Respondent: Of course.

Interviewer: Why we need?

Respondent: We need an ethical policy. Here, we have an ethical matter. When you think about rules and regulations and make a law, but you don’t sell those according to the law, which is another matter. For this law seller would be afraid if he sells it would be problem. On the other hand ethical matter is when he sells without informing anyone then it would be realization of his morality. We have to aware him for not selling antibiotics; if he sells it would be harmful for patients, right? Yeah, he wants to sell because he wants profit, right? So, here it would be work on his morality and I think it definitely worked. We have to understand (aware) them antibiotic would be harmful for that patient or don’t give antibiotic if patient doesn’t need or doesn’t give without doctor’s prescription. Because when you make a law people wants to break that law, right? He wants to sell without knowing anyone then if he has morality then he would not do any harmful work.

Interviewer: Yeah, now how can we grow up his morality?

Respondent: We have to aware then and it should be responsibility of Government.

Interviewer: Government. Then do you think anyone can sell antibiotics or prescribe antibiotic illogically? Do you think there have any drug shop like that?

Respondent: Yeah, they write illogically but I don’t think any registered physician or MBBS doctor write any antibiotic without indication, I don’t believe this. But who writes those? Actually quacks are writing this, drug sellers are giving, who don’t know about indication or uses of antibiotics. Any MBBS doctor doesn’t write without indication, I don’t believe this.

Interviewer: Ok. Then how we write rules or advice on the prescription? I want to know your advice in this matter? ------------------------------------------------30:00

Respondent: No. We are already writing this on the prescriptions. You have to intake this before meal or after meal, how many times in a day and how many days you have to intake this---we write this on the prescription, right?

Interviewer: Yeah. But even though…

Respondent: It should be the responsibility of the chemist who tell customers details. I write a prescription, that’s ok. But I don’t have time to tell every patient about this like- you have to intake this twice daily or thrice daily. I don’t have time for this but it is more responsibility for sellers. When one patient goes to the chemist then they have to tell them this medicine you have to intake twice daily and it is before meal or after meal. It is actually their responsibility and we are writing the prescriptions.

Interviewer: Ok. Many of the patients can’t read the prescription?

Respondent: They can’t read because village people can’t read. They have to inform by drug sellers, chemists or dispensers.

Interviewer: When patient go to there then it is the responsibility for the dispensers.

Respondent: Yes. At past times, we called dispenser because before dispenser makes medicines but now we can find readymade medicines, right?

Interviewer: Yeah.

Respondent: In the past we see like that most of the time but now it is called Pharmacy.

Interviewer: Yes. Now they can call it pharmacy.

Respondent: And in the past maximum medicines was liquid. Many times they do like mixed two or three medicines for one. It is done by dispensers and they mixed it with one-another.

Interviewer: This thing…

Respondent: That’s why it is called dispenser, right?

Interviewer: OK.

Respondent: Now it is called pharmacy. Now we can find all readymade medicines. Now we don’t have to mix with one another. It is the responsibility of the chemist who tells detail about medicines to the patients. Like- this medicine how many times have to intake in a day, before meal or after meal, it is their responsibility.

Interviewer: Yes. I want to know now about the consumer rights? What do you know about this?

Respondent: I don’t know much about this consumer rights but I know we have a law like this. And this is applicable not only for drug but also for all the things. Such as- when I purchase rice from retail shop we see they are increasing the price of the goods but here we can use the application of this law.

Interviewer: Ok. Then what about the drug?

Respondent: In drug we can use this consumer rights if they keep much price from us.

Interviewer: Well medical companies representatives can influence patients for using more antibiotics ever, what do you think?

Respondent: This is actually, they influence the doctors and they want doctor have to write high price medicines on their prescriptions.

Interviewer: How they do it actually?

Respondent: You know they want that doctors have to write the high price medicines on their prescriptions and they try to influence the doctors. Because they have a target for selling, as long as they can sell they will make more profit. Definitely they are playing a role in writing antibiotics on the prescriptions and they always influence on the doctors.

Interviewer: Do doctors also write like that?

Respondent: Doctor actually…

Interviewer: I mean how they influence the patients?

Respondent: No, they influence because- suppose they have written Amoxicillin and Azithromicin. You know the price of Amoxicillin is five taka and one Azithromicin price is 35 taka. Now which one I’ll choose. I said that I personally think about economic condition before writing a prescription, such as- is this patient can purchase this antibiotics or not? If I write him 35 taka’s antibiotics then he can’t purchase this high priced medicines then what would be his benefits.

Interviewer: It would not be his benefits.

Respondent: I have given him for seven days and he only continues two to three days then can’t continue then it would not be benefited for him, right? In this matter, medical representatives are trying to influence doctors to write high priced antibiotics on the prescriptions, it is the truth and some doctors are biased by them. They try to influence doctors by offering different things.

Interviewer: Well they are influencing patients by doing this?

Respondent: No, ultimately they are doing this. You have influenced me by saying, Sir, please write this medicine. And I’ll prescribe that to the patients and ultimately this thing affects the patients.

Interviewer: Affects the patients, which means directly medical representatives are not influencing the patients but they are doing this by doctors.

Respondent: Yes. Not directly but they go to the doctors and inform them about their products, such as- Sir, I have this product then I’ll choose, right? --------------------35:00

Interviewer: Yes. In this matter what have the facility for a doctor?

Respondent: No, they have definitely some facilities. Representatives come to us and informed us the brand names. When we are writing a prescription then we have to think about the brand names. In that time we give importance them because they come to us with their new drugs, we know from them which drugs are now at market, they share their information with us. We must need that information.

Interviewer: Well, when patients come for purchasing antibiotics where they actually go most of the time, is it government or non-government institutions?

Respondent: For purchasing antibiotics when patients come to the government hospitals they actually hope that they will get antibiotics from hospital. Actually it is not only antibiotics but also they will get all types of medicines get from hospital without paying money. People are interested on this matter. We give them which we have available and which we don’t have they purchase those from outside drug shops.

Interviewer: Well how many types of antibiotics are provided to patients for free?

Respondent: Free antibiotics?

Interviewer: Or half cost? Actually how would you give them?

Respondent: It is not half cost. We get a supply from government and those are all free, right? Such as- in our family planning we give a total of 28 groups of medicines including antibiotics.

Interviewer: Ok. Here how many types of antibiotics would that be?

Respondent: Antibiotics maybe three to four generic antibiotics we give. I can’t confirm it without seeing. I can’t tell you this but we provide them total 28 groups of medicines.

Interviewer: It could be have in documentation but could they actually get these facilities?

Respondent: Yes, we try to give or provide them according to our stock and supply. As long as we have stock we give them medicines.

Interviewer: Well as long as you have stock but when you don’t have stock then?

Respondent: If we don’t have stock then we can’t provide them, such as- actually our demand and supply depend on medicines supply. Sometimes we see, we can provide one medicine only for 15 days and can’t provide those for whole month then we told them to purchase from outside.

Interviewer: Yes. Well how much you have demand?

Respondent: We have more demand than supply.

Interviewer: Ok.

Respondent: Government gives us less than our demand.

Interviewer: Well, is it affected on becoming antibiotic resistance?

Respondent: Affected means if patient gets medicines from us or outside, if patients need antibiotics and if I can’t give from us then they have to purchase from outside.

Interviewer: Yes.

Respondent: I don’t think it has any importance on resistance because whatever he gets antibiotics from us or outside he has to intake those according instructions and he has to maintain doses and complete to full course.

Interviewer: it’s depending on this.

Respondent: Now whatever he gets this free or by spending money it maybe have some importance. When he gets those free then he definitely gets seven days medicines and will intake those. If he has to spend money for this then he maybe can’t purchase for his poor financial status. So, it has definitely has some importance.

Interviewer: Ok, there have some importance. Well, what do you do with your expired medicines or damaged medicines or how do you maintain your hospital’s disposal system?

Respondent: Usually, we don’t have any expired medicines or damaged medicines because you know we have more demand than supply. So, we don’t have much medicine and all medicines are finished soon.

Interviewer: Finished soon. Then others mean used injections or saline or garbage of hospitals, where do you dispose these?

Respondent: No, we have disposal system for these. We usually burn these and in big hospitals have incinerator but this is a small hospital. So, we don’t have incinerator. Usually, those are disposed by incinerator.

Interviewer: Well, but here…

Respondent: In hospital management system, we are mainly working on family planning, so, we don’t have much wastage products, we only used small amount of injections and we burn those.

Interviewer: Here, the system is burning?

Respondent: Yes. We don’t throw out those here or there.

Interviewer: How many days later you burn those? How is the system?

Respondent: We stocked on bucket for disposing those, after fill up that we burn.

Interviewer: Do you have any specific responsible person for this?

Respondent: Yes, we have attendant for doing these works.

Interviewer: All right. Well, this is all for today to know from you. Thanks to you for giving me your time.

Respondent: Thanks to you.

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