Vigilance, resistance and care: Antibiotic use in urban South Africa

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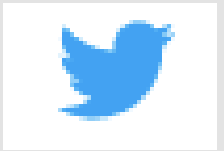

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Myths, realities and provocations – Stories from everyday life:

- Injecting drug use
- Garden cut
- Pacemaker
- Ear infections in Vietnam
- IV care in Chinese PHC
- Sari-Sari stores in Bohol
- Best practice and the story of baboons
- Bacterial infection and antimicrobial resistance involve complex intersections of the biological and social, ecological and economic, local and global

Research in Johannesburg 2017

- Four regions
- Diversity by race and class
- One private, one public clinic in each
- Patients and caregivers of child patient, the majority female
- Health providers
- Key Informant Interviews
- June-September, two research assistance
- Thematic analysis

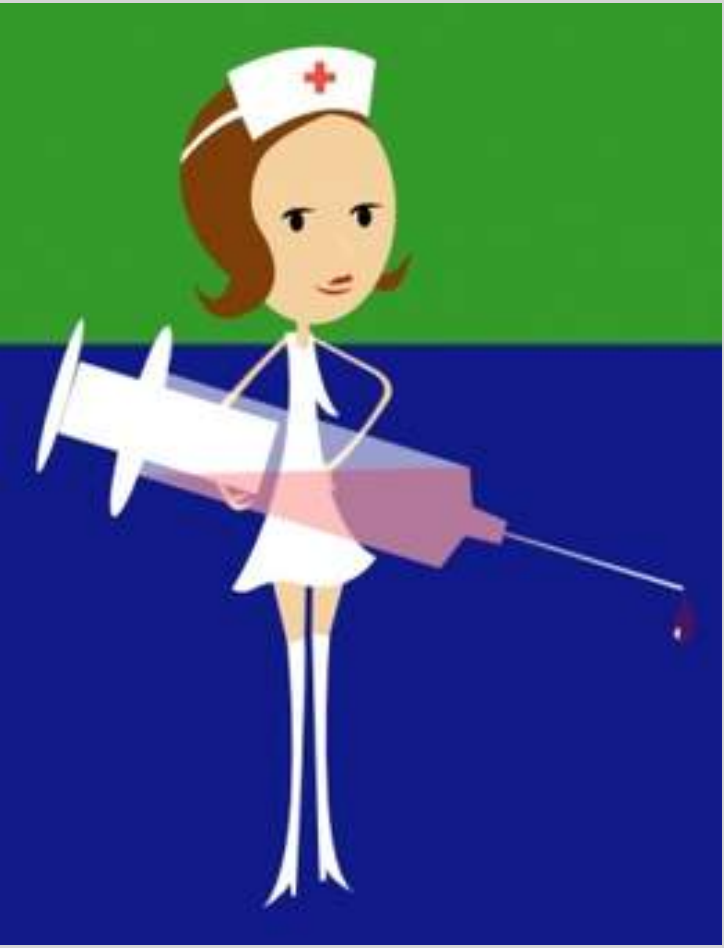
Contradictions in ideas and practices

In the public sector, patients routinely wait from 6 am, and may not be seen until midday

Providers acknowledged that they had no time to do more than give quick advice.

They focused on the minimum information they felt necessary.

"The workload is kind of too much for us … that's why I think sometimes, probably it's just to cover yourself, or sometimes because there's little time to give a health education."



Contradictions in ideas and practices

Providers stated that patients only came when they or a child was seriously ill, and many associated this with bacterial infection

Providers insisted that patients associated clinic care with prescribed medication, and they expected to leave with medicines

"You know some of them (patients) have that perception! It's a misconception but they do have the perception that if they leave here and you haven't given them an antibiotic then they have wasted their money on their consultation – that you haven't done enough for them."

Contradictions in ideas and practices

- So like, the pharmacies, a lot of them are giving antibiotics as well as, you know .. the medication for um, symptoms. Panado group and Allergex and then they add an Amoxil to that as well. We've seen a lot like Amoxil. Every day we giving out so much Amoxil by doing that. It's like almost every second patient is getting Amoxil.
- The problem starts with the patients also, because in the government setting, the patients are driving the prescription habits … Cause they are making the doctors give them the antibiotics because the doctor want to please them. They want to give it to them and tell them to go because they don't want them to fight.
- And another problem with the patients here is, if we don't give them what they want, they can complain. They'll complain to the matron, they'll complain on the government hotlines.

Contradictions in ideas and practices

Private patients expected to be seen promptly with time to discuss problems.

GPs felt that they were time short, "under pressure with regards to the amount of time we are able to spend educating our patients." This limited their ability to examine a patient, discuss how to manage infection, and explain a postdate script.

They actually really feel like they don't get better until they have the antibiotic. … What I tend to do is that I give them two scripts, and say "take this medication, give it about three or four days, and if you see you are not getting better, we can get the antibiotic." So a lot of them feel a lot more better knowing that they have the option to take the antibiotic should they not be getting better, and nine out of ten times they actually don't get the antibiotic.

Contradictions in ideas and practices

Some providers stated too that some patients, including poorer patients in public clinics, had "good knowledge" of antibiotic resistance and would question the rationale for prescribing or withholding medication, or would be responsive to advice to 'wait and see':

"People today go googling things. At times they'll be telling you, "Sister, don't you think I must get an antibiotic?" We will explain that this is viral. You don't need an antibiotic. You just need rest, fluids, take your Panado. Your cough mixture."

Contradictions in ideas and practices

Providers emphasised the pressure on patients without a fixed income or living on a government grant, time poor, under pressure from others, maybe a sole parent.

Prescribing was also influenced by provider perceptions that work absenteeism would "be a strain on the patient's finances to have to come back."

"You will ask about the address. She's staying in the shacks and also she complains about maybe greenish or yellowish sputum. I see that they won't come back … (so) then I cover them with an antibiotic."

"You just look at the condition and (think), this one is leading a fast life or this one doesn't even have a place to stay."

Contradictions in ideas and practices

People living at a distance from a clinic, in poorer areas, or a rural area, were most often treated as one-off patients. If they had travelled a long distance to the practice and there were obvious or assumed difficulties for them to return, they would more likely receive a prescription for an antibiotic. If the patient was local, then it was less an issue: the provider might encourage reappraisal, advising a parent to wait and see.

If I were in rural medicine … it is going to take four hours walking and it is a lot of money, you don't have the money, you have only got one person who can bring a child to the clinic, then I would probably give them an antibiotic."

"Look, give it two days, if (the child) is not better, bring her in. We are not going to charge you, we will see you then."

Contradictions in ideas and practices

- I have to use it according to the way they tell me how to use it. So if they tell you to use it three times a day and take it before food or after food, and you use it like that, it is going to work. Yes. It must work because I'm following the orders. The doctor's orders."

- I don't like using antibiotic too much … If you take them for too long they will create resistance … people who take antibiotics all the time, their bodies will, ja … Always finish the course. All the courses must be completed. Else your body does builds immunity against. Every time you get sick, the immunity to the drug gets stronger and stronger. And the bacteria are able to build resistance against it, especially if you don't finish the course.

Contradictions in ideas and practices

- I think antibiotics are something that you have to take them and finish. I haven't re-used them. I've only used them once. But the others I can just keep them
- I know that is dangerous. I only give them the ones that you can find in the chemist. Like this thing, and stuff that I can give. But if they are prescribed to me, I cannot give them because I don't know the effect that they can cause that person. I know that those ones are sensitive.
- When it's a liquid stuff, (I) normally keep it in the fridge. And then when it's tablets, normally keep it in the wardrobe. Or maybe in the, the bathroom where you put your medication. Yes.
- I think medication they help our, our immune system to be strong. Mmm. So they can fight ah, whatever complaint that you have.

Contradictions in ideas and practices

Much education in clinic and private surgeries centred on adherence. Doctors, health providers and patients at times confused or merged ideas of immunity and resistance.

We'll advise nicely that there's no need for antibiotic 'cause you might end up being resistant. And the time when you need an antibiotic, it won't work for you."

"The drugs are in your system, ne? Sometimes they don't work because your body is full of that drug. So you must drink them for the period of time that they give (them) to you. You mustn't drink them over and over and over …
"I have to use it according to the way they tell me how to use it. So if they tell you to use it three times a day and take it before food or after food, and you use it like that, it is going to work. Yes. It must work because I'm following the orders. The doctor's orders."

So where are the spaces for change?

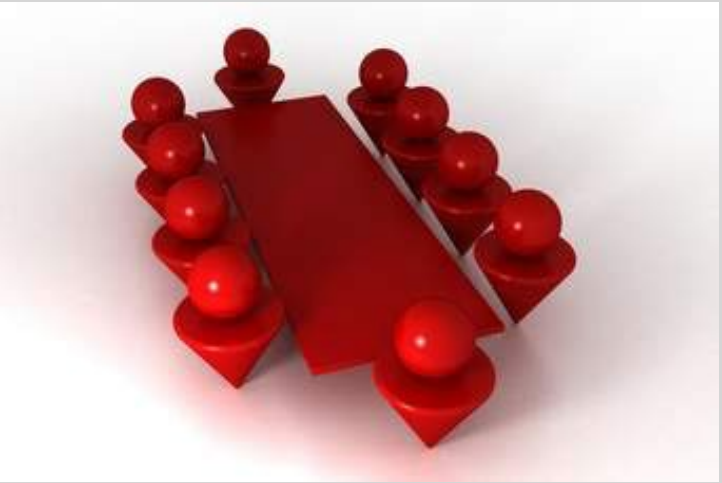
- Individual behavioural change
- Household level practices of care
- Community perceptions of viral illness and antibiotic use
- Primary health care
- Hospital practice
- Farming practices
- Promotion that takes advantage of shifting ideas about treatment and care
- Multiple media, multiple venues

Contradictions in ideas and practices

"It's more difficult to access clinics. Waiting times are longer. Resources are more limited for the patients. So there, yes, you would be on occasion tempted to treat with antibiotics."

"Like I'm saying, you can't blame the doctor. You see the workload. Like I'm saying, most of the time, you'll find this patient is trying to explain something, but he was not given enough time, and the doctor also. There's a queue there. … the patient will come and say I've got flu and then you (doctor) will ask him is it tonsils? And he will just say yes, and then you will write the prescription. You know? Because you don't have time."

What might a multisectoral approach involve?



- Ministerial committees and advisory groups
- Interdepartmental committees
  - Education, health, industry, service
- Professional organizations and standards overview
  - Medical, surgical, community health, pharmacy, dentistry, veterinary
- Community engagement and participation in governance
- Occupational and industrial groups
  - Fishing, livestock, food production, manufacturing and labelling
- Patient groups
- The "general" public
- Community & professional education
- Behavioural change is complex and slow, but there are plenty of examples of success