

ANTIBIOTICS AND ACTIVITY SPACES

An Exploratory Study of Behaviour, Marginalisation, and Knowledge Diffusion

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THE SUPERBUG CRISIS

SOCIAL RESEARCH ON MEDICINES



OBJECTIVES

"We need to: 1. Undertake a **massive** global public awareness campaign" (The Review on Antimicrobial Resistance, 2016, p. 17)

-  **RURAL THAILAND & LAO PDR (CHIANG RAI, SALAVAN)**
-  **REPRESENTATIVE SATELLITE-AIDED MULTI-STAGE SAMPLING**
-  **5,885 SURVEY PARTICIPANTS**
-  **50 COGNITIVE INTERVIEWS**
-  **PUBLIC ENGAGEMENT & EDUCATIONAL ACTIVITIES**
-  **MULTI-LEVEL AND LATENT CLASS ANALYSIS**
-  **GEOGRAPHICAL ANALYSIS**
-  **SOCIAL NETWORK ANALYSIS**
-  **QUALITATIVE TRIANGULATION**

 **THEORETICAL CONTRIBUTIONS**

 **EMPIRICAL CONTRIBUTIONS**

 **METHODOLOGICAL CONTRIBUTIONS**



Treatment-seeking behaviour	Actor-network theory	Street-level bureaucracy
Sense-making Multiple solutions Complex trajectories	Patient – health system interaction situated in network of solutions	Policy translation Pressure from above & below Room for manoeuvre

Navigating obscure healthcare landscapes in competitive social spaces

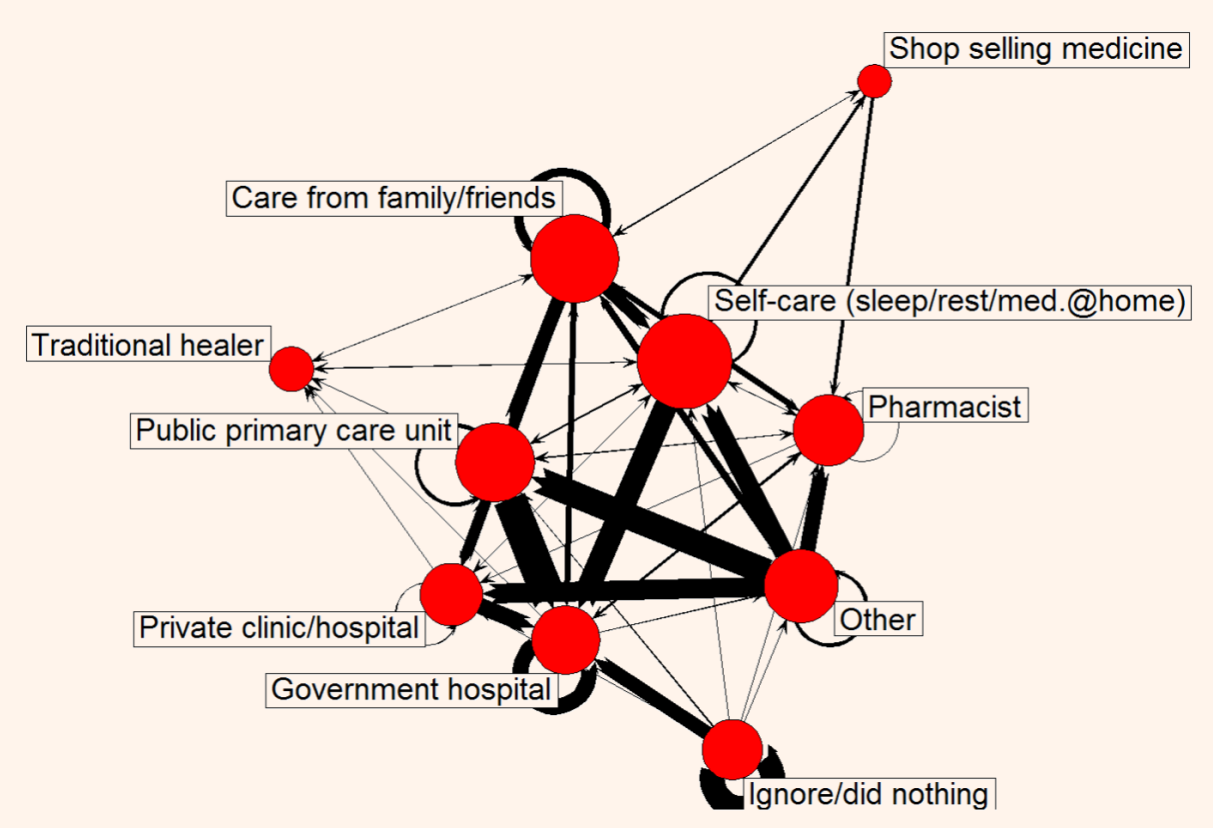
Fragmented language and concepts of antibiotics, but not “the magic pill”

 Medically “desirable” attitude linked to disproportionate formal antibiotic use

Messages from educational activities circulated only in privileged groups

 New knowledge about antibiotics increased size of informal market

Phone use eased healthcare access barriers without affecting awareness



New ways to capture and analyse network structure of treatment seeking

 **CONCLUSIONS**

1 Awareness-centric AMR behaviour change policy **wastes precious time** and may entail massive **opportunity costs**

2 Drug resistance may well be a **symptom** of precarity, inequality, and health system deficiencies

3 Health policy tools are **not enough**. We need to think about AMR policy as **development policy**



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