

Reframing and unpacking 'irrational' antibiotic use

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Reframing and unpacking 'irrational' antibiotic use: a structural and socio-ecological perspective on antibiotic resistance in India

Mohit Manoj Nair

1. Knowledge does not necessarily translate into practice. –*This thesis*
2. The informal healthcare sector is a pivotal part of the existing healthcare system in India, which must be engaged in the current discourse around antibiotic misuse. –*This thesis*
3. Educational interventions alone are ineffective at creating sustainable behavior change. –*This thesis*
4. “Overuse of antibiotics is too often framed as irrational use, implying a deficit in knowledge and understanding around the proper uses of antibiotics.” –*This thesis*
5. Focusing on individual behavior change is unlikely to contribute to any sustained change in practice as long as patients are able to move from one provider to the next in a private market in search of “quick cures” and hospital policies prioritize short-term patient outcomes over long-term impacts of antibiotic resistance. –*This thesis*
6. The reasons for individual prescription or consumption behavior are “beyond the control of individual patients or prescribers” and often conscious or rational decisions based on the underlying healthcare context. –*Dr. Clare Chandler*
7. “Good multi-level governance is a necessity for successful action in antibiotic resistance containment.” –Goran Tomson
8. “For an effective and impactful strategy for changing antibiotic use by informal providers what is needed is acceptance that they are going to use drugs, and perhaps some drugs should be allowed...you can’t possibly control the excess without first ensuring access.” –*Dr. Meenakshi Gautham*
9. “Without antibiotics, I cannot treat.” –*This thesis*