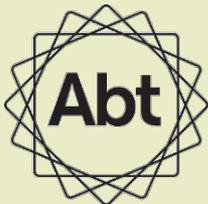


# Understanding Consumer- Provider Interactions: The Key to Improving Outcomes?

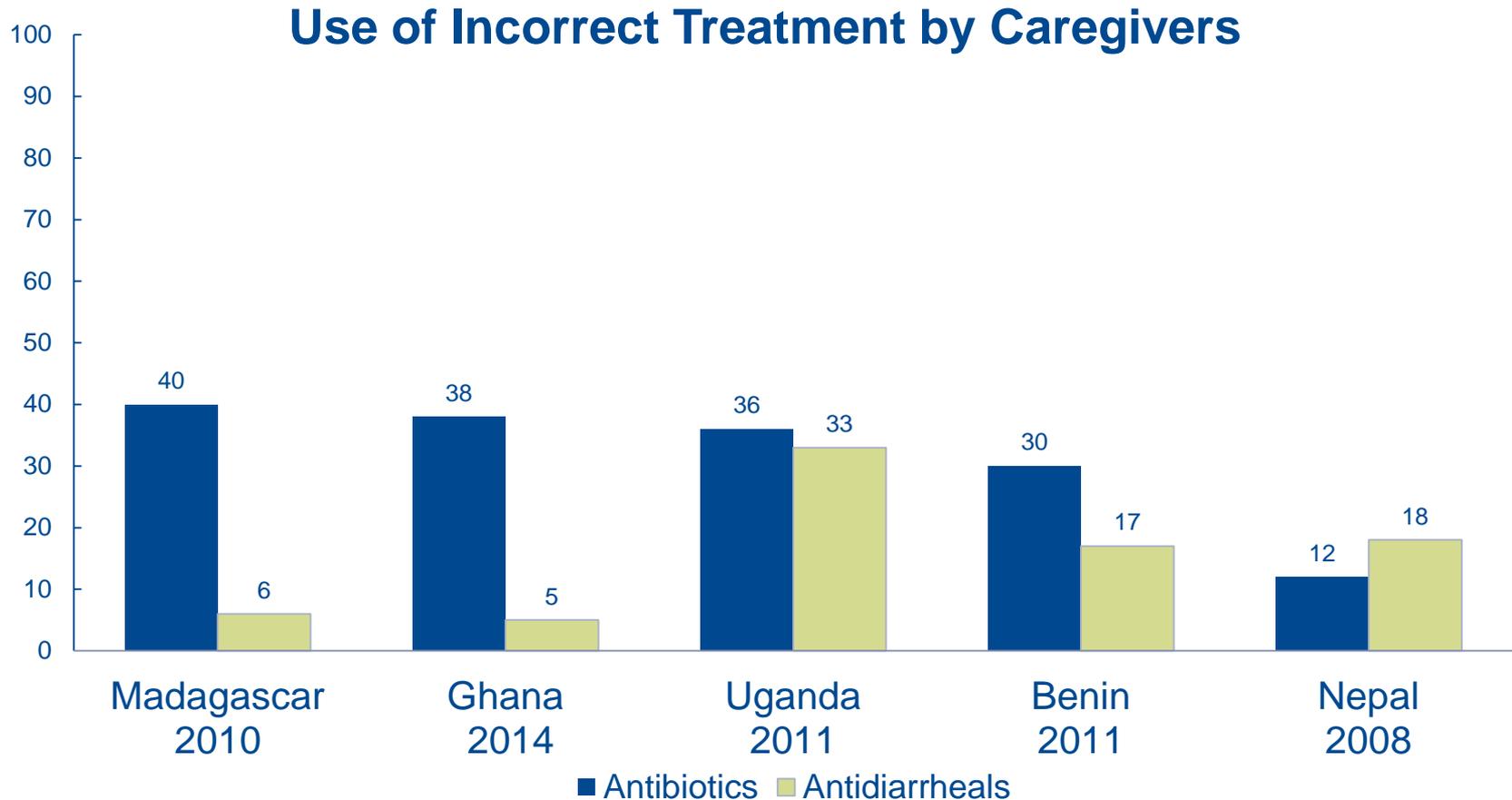
Lauren Rosapep  
SHOPS Qualitative Research Specialist

June 16, 2015



**SHOPS is funded by the U.S. Agency for International Development.**  
**Abt Associates leads the project in collaboration with**  
Banyan Global  
Jhpiego  
Marie Stopes International  
Monitor Group  
O'Hanlon Health Consulting

# Problem: Consistently high rates of antibiotic and antidiarrheal use among caregivers



Source: POUZN and SHOPS household surveys

# Profile of a community-level medicine seller

- *Not* a pharmacist
- Secondary-level education
- *May receive* in-service training
- Restrictions on inventory
- Competitive operating environments



# A knowledge-practice gap

- 2012 SHOPS RCT showed knowledge-practice gap in diarrhea management practices of medicine sellers in Ghana
  - **Almost all** (94%) report that they do not dispense antibiotics for diarrhea treatment
  - **Over half** inappropriately later sold or recommended antibiotics and/or antidiarrheals despite demonstrating solid knowledge of the protocol



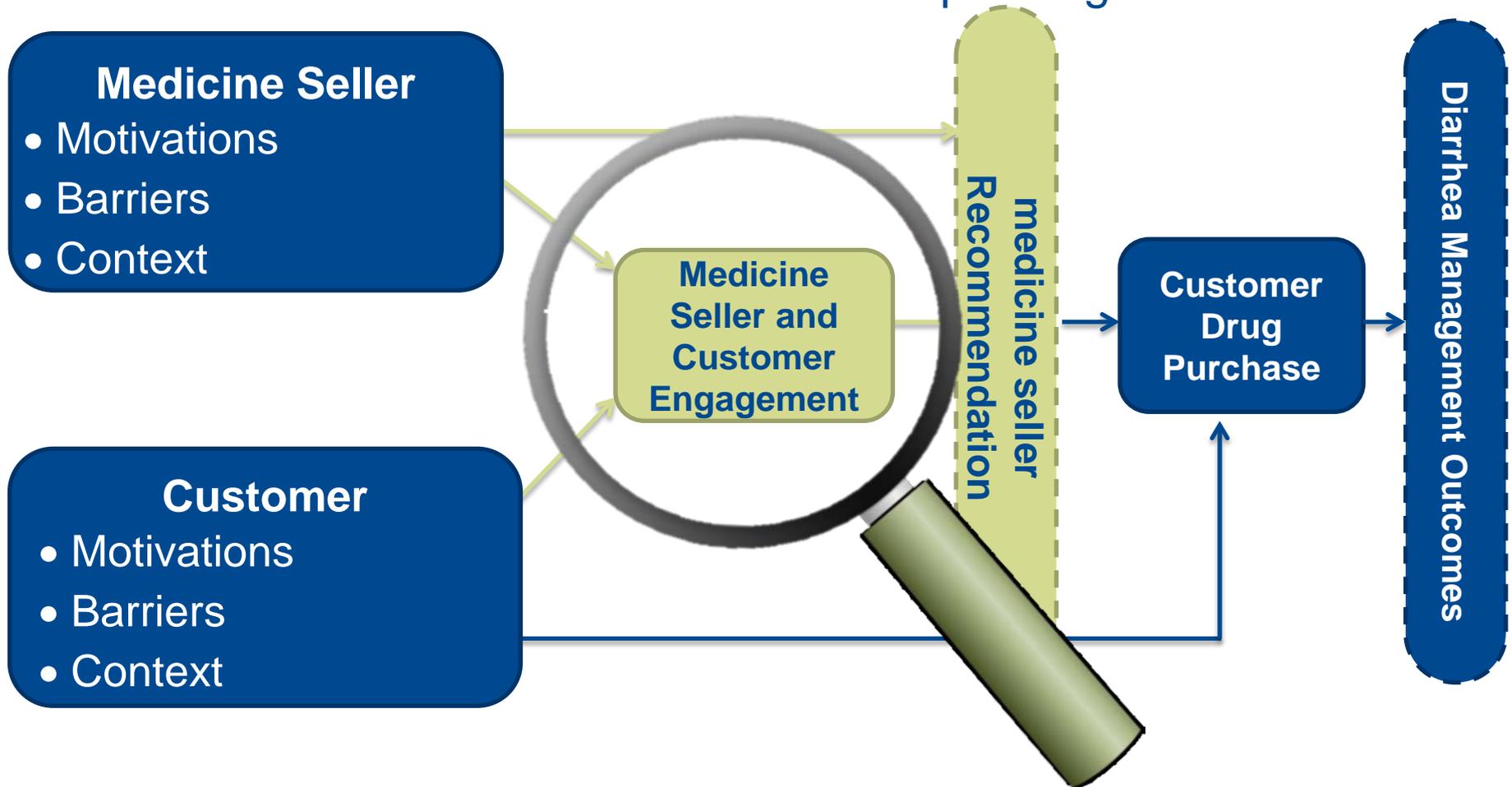
# If they know it, why don't they do it?

- Suggested hypotheses
  - Profit motivation
  - Pressure from peers or clients
  - Misplaced perceptions and beliefs about diarrhea
- Little is known about **HOW** these factors come together to influence suboptimal dispensing outcomes



# Examining the knowledge-practice gap qualitatively: focus and aims

**Goal:** understand how and why different customer-medicine seller interactions can influence dispensing outcomes



# Examining the knowledge-practice gap qualitatively: Methods and data sources

- 17 focus group discussions with medicine sellers who participated in the SHOPS RCT
- 9 focus group discussions with caregivers who patronize drug shops
- Conducted during rainy season when diarrhea is prevalent

# “Vignette-enhanced” focus groups

- Used a **unique focus group design** to deflect tendency of medicine sellers to tell us what we want to hear
- Used group examination of **5 illustrative “vignettes”** to anchor the discussions
- Vignettes allowed us to ***indirectly unpack different theories*** of suboptimal dispensing outcomes

## Factors Explored with Vignettes:

- Insufficient information on either customers' or medicine sellers' side
- Direct requests vs. requests for advice
- Price sensitivity
- Sending someone other than the primary caregiver to make a purchase

# Findings



# Medicine seller and customer interactions shape outcomes



**ENGAGEMENT**

**NEGOTIATION**

**OUTCOME**

***Four Factors*** obstruct a medicine seller's ability to engage and negotiate with their clients...



# Factor 1. Medicine sellers occupy overlapping and sometimes-conflicting roles

## Retailer

*“Some [customers] don't even tell you the condition, they just tell you what they want to buy.”*

*(Medicine Seller)*

## Front Line Provider

*“The drug store is usually my first place of contact before resorting to the hospital if the case gets worse.”*

*(Customer)*

## Confidante

*“At the chemical shop, we are patient and friendly and so [customers] are able to confide in us.”*

*(Medicine Seller)*



## Factor 2. A “doctor in the community,” but not a doctor

- Medicine sellers are accessible, approachable first-line treatment providers, but lack the status of a clinician, and are motivated to maintain their client base
- Leads to power imbalance favoring customer requests

*“What happens is that they believe that **the doctors are more learned than the medicine seller** and also, when you are sick and you go to the hospital, you don’t see drugs lined up in the doctor’s office, **so what the doctor says is final**. But at the drugstore they see a whole lot of drugs lined up and so they end up **challenging what the medicine seller says.**”*  
--Medicine Seller

# Factor 3. Superficial knowledge of diarrhea management

- Medicine sellers are aware that ORS and zinc are the best/recommended treatment, and that antibiotics are not recommended
- But they lack sufficient understanding of *why* ORS and zinc are recommended in order to negotiate with their customers or make recommendations



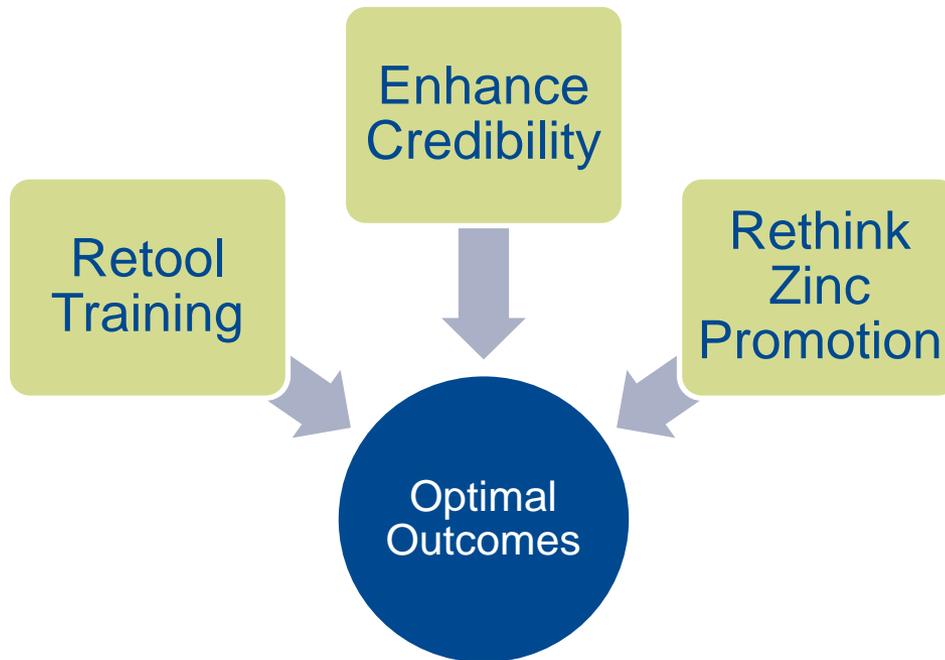
## Factor 4. Zinc can be a hard sell

- The pervasive habitual use of antibiotics in diarrhea treatment is hard to change
- Perceived limitation of ORS and zinc (by both medicine sellers and their customers) can make it a hard sell

*“When our children have diarrhea and we go to the drugstore to get treatment, we often buy ‘school uniform’...that’s amoxicillin. We call it school uniform.”*

*--Customer*

# Recommendations



# Implications

- Wide applicability to diarrhea management programs targeting medicine sellers
- Broader applicability to lower cadre of workers





[lauren\\_rosapep@shopsproject.org](mailto:lauren_rosapep@shopsproject.org)

[www.shopsproject.org](http://www.shopsproject.org)

