Training and Communication Package for Acute Fever Case Management and Antibiotic Prescriptions: A Qualitative Exploration into Changing Behaviors of Healthcare Workers, Patients, and Caregivers in Chandigarh, India

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Abstract

Background: Antimicrobial resistance is a growing public health concern in India. It is driven largely by the misuse and overuse of antibiotics. **Objectives:** This qualitative study aimed to examine how the Training and Communication (T and C) package influenced antibiotic prescribing practices of healthcare providers and prescription adherence among patients and caregivers at Civil Hospital, Manimajra, Chandigarh. **Materials and Methods:** A grounded theory approach was applied to qualitative data collected at baseline and endline. Purposive sampling was used to conduct focus group discussions and in-depth interviews with healthcare workers, patients, and caregivers. The topic guides were developed with reference to the capacity, opportunity, motivation–behavior framework. Data were transcribed, translated, manually coded, and thematically analyzed to identify drivers and barriers to prescription adherence before and after the intervention. **Results:** Drivers of, and barriers to, prescription adherence included patient characteristics, doctor's workload, patient's knowledge about antibiotic uses, expectations for cheaper medicines, and the attitude of healthcare providers before the intervention. Based on these findings, a T and C package was developed for healthcare providers and patient communication. The use of rapid diagnostic tests and prescription communication helped in early diagnosis and increased patient's adherence to the prescribed medicine after the intervention. Patients in the intervention arm reported supportive engagement with the healthcare professionals. The affordability of medicine was a major barrier to prescription adherence across arms, pre- and postintervention. **Conclusion:** Training of service providers and communication with patients were important for ensuring prescription adherence and optimal use of antibiotics. The affordability of medicines was the biggest challenge.

Key words: Antimicrobial resistance, barriers, drivers, qualitative research, training and communication intervention