



HEALTH SECTOR FINANCING PROJECT

Ministry of Health
Republic of Indonesia

CONSULTANT REPORT SERIES



A USAID-Sponsored Project in Collaboration with
The International Science and Technology Institute, Inc.

PJ-ABP-006

ISN 8017

**OBSERVATIONS AND RECOMMENDATIONS
ON THE SOCIAL MARKETING STUDY
FOR THE PHARMACEUTICAL COMPONENT**

#13

Author

Eleanor Holtzman

30 January to 19 February 1989

Prepared for:

**Health Sector Financing Project
Ministry of Health
Republic of Indonesia**

Under USAID Contract No. ANE-0354-C-00-8030-00

Prepared by:

**International Science and Technology Institute, Inc.
Suite 800
1129 20th Street, NW
Washington, D.C. 20036
Tel: (202) 785-0831
Telex: 272785 ISTI UR
FAX: (202) 223-3865**

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REPORT ON ACTIVITIES

ASSESSMENT OF PROPOSED RESEARCH DESIGN

The first activity was to review the proposals submitted for the Social Marketing Study (SMS), one of the studies planned under the Focussed Assessment Stage of the Pharmaceutical Component of the USAID-assisted Health Sector Financing Project. After reviewing the proposed design it was apparent that several changes in research design would be necessary to fully understand the dynamics of drug use.

QUALITATIVE ASPECTS

The first recommendation was to add a focus group discussion activity to the design. It is proposed that four group sessions be run with each of the four target audiences:

1. Prescribers,
2. Dispensers,
3. Patients, and
4. Community members.

For more detail see the third section of this report and Appendix A.

This recommendation was accepted; but the complete implementation was not worked out because the implementor firms did not have sufficient skill or experience in conducting qualitative research. However, moderator discussion guides were prepared as illustrations of what could be obtained through focus group interviewing (see Appendices B and D). The moderator selected by PT Dinamika Cipta Widya (DCW) modified and adapted the patient/community guides (Appendix C).

As part of the attempt to incorporate qualitative research techniques into the design I worked with PT DCW to conduct two focus groups in villages outside of Jakarta, close to the Puskesmas Keliling. The focus was productive. My assessment was that PT DCW needs to provide the moderator with considerable direction on how to conduct the groups once the study is underway. The moderator seemed to do most of the talking and did not draw the respondents into discussion too well. Recommendations were made about pre-recruiting groups before the day of the interviews, holding them in neutral places, and not allowing medical personnel to attend.

A visit was also made to the Rusupeksi Hospital to observe a pediatrician examining patients and writing prescriptions.

QUANTITATIVE ASPECTS

The second task in reviewing the proposed design was to critique the quantitative questionnaires for the four target audiences. The instruments submitted were weak and needed considerable revisions. Suggestions for changes were given.

The consultant team wrote a critique of the instruments and concluded that the SMS implementor should retain a qualified consultant to prepare the questionnaire. The consultant team also recommended that the prescriber/dispenser target groups be assigned to Yayasan Indonesia

Sejahtera (YIS) for the qualitative and quantitative phases, and that PT DCW continue to conduct the patient/community member research.

I participated in a two-day workshop to present details of the study to the steering committee.

GENERAL RECOMMENDATIONS

Discussions of the Social Marketing Study with the Technical Coordinator, Thomas R. D'Agnes, led me to recommend halting the SMS because the objectives of the study could not be met by the implementors. Neither PT DCW nor YIS has the necessary experience and skill to conduct a social marketing study of this magnitude.

On February 18, PT DCW submitted revised questionnaires. These are being translated in Jakarta and will be sent to me in late February for review. Based on the quality of these questionnaires a final decision will be made about how to proceed with the contractor on the SMS.

In a meeting with D'Agnes we also discussed delaying the study for some time to allow the other phases of the assessment to get underway or be completed. It appears that this course will be followed.

Finally, I recommended that the study be redesigned to provide a more comprehensive understanding of drug prescribing behavior and the interventions necessary to change the behavior. The most important changes are the following:

1. Additional target groups should be included such as medical school educators, hospital administrators, physicians organizations, etc.;
2. A comprehensive plan for implementing the patient/prescriber and patient/dispenser observations and interviews needs to be formulated;
3. Bias and contamination should be eliminated by not contacting respondents more than once;
4. The community member survey sample should be independently selected so that geographic areas do not overlap between the two studies.

NEXT STEPS

Once revised questionnaires are received from Indonesia, I will review them. If the decision is made to rebid the SMS then I will assist in preparing the RFP to be issued.

SOCIAL MARKETING STUDY

EXECUTIVE SUMMARY

OBJECTIVES

The objectives of the social marketing study (SMS) are to:

- o Understand behavior and attitudes toward the use of drugs among patients and the general public;
- o Determine the dynamics of the patient and prescriber/dispenser interaction.

SCOPE OF STUDY

Observations: Prescriber/patient interaction
Dispenser/patient interaction

Interviews: Focus Groups:

Prescribers
Dispensers
Patients
Community members

Quantitative Interviews:

Prescribers
Dispensers
Patients
Community members

ISSUES

The proposal submitted by PT Dinamika Cipta Widya (DCW) involved an understanding of the conceptual framework of the study. In addition, the planning of the logistics to implement the various phases was well conceived.

However, because of limited experience of the implementing team in conducting Social Marketing Studies and the compressed time frame to meet schedules, there were five issues which remained unresolved at the end of the consulting team's visit.

1. Conducting focus group sessions which will reveal the underlying reasons for the pattern of drug usage in Indonesia, and the interventions which will be effective in changing behavior.

A focus group moderator was retained by DCW and two trial groups were undertaken with patients. The moderator has experience in conducting group sessions but will require direction from the implementor firms to achieve meaningful results. Direct

questioning alone did not appear to be very promising in revealing the causes of patients' behavior.

It is important to recognize that it may be difficult to obtain meaningful answers to the causes of drug use patterns without the use of sensitive lines of questioning. Habituated behavior is difficult to understand; frequently people cannot verbalize the reasons for the way they act. It may be necessary to use projective questions and tests, for example, to penetrate superficial explanations. For this reason, research experience in utilizing psychological techniques is essential in executing the qualitative phase of the study.

2. Structuring appropriate instruments for the quantitative phase is of equal importance to the outcome of the study. The quantitative questionnaires submitted prior to February 18 needed revisions to provide greater selectivity of topic areas and clarity in the construction of specific questions. Revised instruments, submitted on February 18, will be reviewed by the international consultant for SMS to determine their utility in fulfilling the objectives of the research.
3. To design interventions with a high probability of success, some additions to the research design should be considered. For example, in-depth interviews with influential people in the medical profession such as members of medical school faculties and physicians associations, as well as hospital and Puskesmas administrators should be included. Other people whom the project team deem important in setting drug use policy and practices could also be included. If there is opportunity to redesign the study, greater emphasis should be placed on qualitative interviews.
4. The sampling frame for patient/prescriber, patient/dispenser observations and interviews should be respondents. This is an important consideration since interviewing biases may occur with the present design.
5. The community member survey sample should be independently drawn to avoid geographic overlap with the patient/prescriber and patient/dispenser interviews. This will eliminate the possibility of spreading information about the subject of the survey to the general population. Moreover, careful consideration should be given to the size of the sample for this study. A sampling expert should be consulted to determine the number of respondents necessary to assure representativeness of the survey sample including the various ethnic, geographic, and socio-economic groups, etc. The financial resources necessary for more qualitative interviews may be derived from some reduction in the sample of this survey.

RECOMMENDATIONS AND NEXT STEPS

The concerns about conducting the focus groups and the preparation of the questionnaires led to the international consultant for SMS recommending either retraining a local Social Marketing consultant to aid DCW or postponing the study until some of the issues can be addressed.

The SMS international consultant will review the quantitative questionnaires for the patient and general community member interviews submitted February 18th and prepare a recommendation concerning the future implementation of the study.

RECOMMENDATION FOR INCORPORATING FOCUS GROUP SESSIONS INTO THE SOCIAL MARKETING STUDY

Purpose: To explore and understand the dynamics of motivations underlying behavior in respect to drug use.

For key target groups:

Patients
Community members
Dispensers
Prescribers

The Social Marketing Study should focus on the reasons why people act as they do, and the deterrents to changing their behavior.

Method: It is recommended that focus groups be utilized during two different phases of this study.

1. As a pilot phase for the identification of hypotheses among patients and community members, for the development of qualitative questionnaires for these groups.
2. To amplify and explain the dynamics of the patient/medical provider/dispenser relationship discovered in the observational interviews.

DESCRIPTION OF FOCUS GROUPS

Focus groups are thematic discussions among a homogeneous group of approximately 6 to 8 respondents. Focus group sessions afford an opportunity to learn from the targets in their own words, what is relevant to them and why they uphold certain beliefs and practices related to the use of pharmaceuticals. They will add valuable understanding about the dynamics of drug use, and the relationship of the users to the providers and dispensers.

Group sessions are open-end conversational interviews. A moderator leads the group, introducing topics for discussion and follow up probing. Group members generally stimulate each other, building on each other's comments. Respondents are encouraged to disagree and express divergent opinions.

Since group sessions utilize small samples of respondents they cannot be considered projectible; however, when conducted in tandem with quantitative research, their findings can be relied upon.

A moderator's guide is prepared in advance, for each target group. An experienced Moderator should be selected to assure optimal results.

COMPOSITION OF THE GROUPS

The following groups are recommended:

	<u># Groups</u>	<u>Geographic areas (selected by moderator)</u>
Patients	4	2
General community	4	2

Patient participants should include mothers of young children, pregnant women, other women under 49 and men. Men patient groups should concentrate on upper respiratory infections and diarrhea.

In the community groups, participants should include mothers of young children and men.

The groups should cover subjects related to causes of behavior among consumers:

1. Conceptions and feeling about illness
2. Behavior during last experience with these illnesses, and reasons for behavior
 - o Treatments used at home
 - o When go to public health center
 - o Sources of therapies
 - o Why prescription drug are requested or taken
 - o Effectiveness of treatment
3. Knowledge, beliefs and attitudes about pharmaceuticals for diarrhea and upper respiratory infections, specific attitudes toward antibiotics and sources of information and beliefs.
4. Knowledge of or any attitudes toward alternative therapies.
5. Who do community members respect and listen to? What advice is received or given to others about the use of Rx drugs?
6. Awareness of information about drugs (posters, radio commercials, TV if available). What are the attitudes toward this information?

PHASE II

In this phase four groups will be held among drug providers and dispensers respectively. The groups will be held in two provinces.

The interview will cover the following topics:

1. Why provider/dispenser uses Rx drugs to treat diarrhea and upper respiratory infections.
2. Role of patients' expectations, requests, satisfaction.
3. Specific attitudes toward antibiotics and other drugs. Benefits and deterrents to use. Reasons for use of injections vs. orals.
4. Influence of professional gratification, financial rewards, stature, etc.
5. Reactions to concept of discouraging patient use of antibiotics and other drugs.
6. Influence of medical information on the use of drugs.

Appendix A

SUMMARY OF HOW TO CONDUCT A FOCUS GROUP DISCUSSION

1. **Project Director Recruiter**

- Select the people
- Sample: 6 - 8
- Contact: 1 week in advance, use interviewer to recruit respondents
- Not on voluntary basis (give incentive to respondents)
- Reminder to come: telephone call, letter
- Transportation for the respondent should be provided
- Name tag

2. **Select the location for FGD: neutral situation—a home, school room, mosque are suggested. Try to avoid the health service itself; do not have any medical persons present. Also ask mothers, if possible, to leave children at home with grandmother or other relative. They distract the mother from concentrating and participating. Provide some refreshment (provide money in advance).**

3. **Note taker/assistant**

Person to manage audiotaping, to take notes and greet the people.

4. **Moderator**

Psychologist, sociologist, anthropologist, teacher, mass communication specialist. Give moderator some understanding of objectives of the study to be certain she/he covers pertinent topics. Doctors are not really needed unless they are social research experts and know group interviewing techniques.

Training

An experienced moderator is most desirable.

5. **Analysis**

- Written summary
- Qualitative issues
- Consensus of the group in terms of the objectives of the study
- Person involved at the next stage (preparation of quantitative questionnaires) should be involved in the analysis.

6. **Duration: 1 to 1-1/2 hours**

7. **Structures: qualitative discussion**
Background--history
Reference book available

The following pages discuss organizing and recruiting a group in detail.

RECRUITING A FOCUS GROUP

Groups should be recruited (respondents should be invited) by an independent person, preferably a field supervisor or interviewer. Having a medical staff person organize the groups introduces some bias. The people invited to participate, and the respondents who agree to come may also be the most cooperative patients. If a medical person must be used as a recruiter someone like a midwife, who has no connection with the subject of the survey, might be considered.

A short questionnaire should be prepared to determine respondent eligibility. For example, for the patient groups might be asked, "When was your last illness? Was it diarrhea? Sore throat?" Also it should be determined whether or not the respondent has children under 5.

It will also be ideal if the prescriber and dispenser groups are recruited by an interviewer. The interviewer might have a letter from the head of the hospital or clinic or even the Health Ministry asking for cooperation.

SIZE OF THE GROUP

To facilitate maximum discussion, it is advisable to keep the groups small--approximately 6 to 8 respondents.

CONDUCTING THE GROUP

A focus group session must be held in a place where the participants feel comfortable and free to converse candidly. It should take place in a neutral situation for the participants and for the moderator. The health center and the lurah's house are not good meeting places, whereas the school or community meeting room are good. A home in the community is a very good place to conduct a group because respondents will be relaxed in such an informal, familiar atmosphere. All of the participants must be able to sit so that they are visible to the moderator.

There should not be any observers other than the note taker. Doctors, paramedics, medical assistants, etc. should not be present as they may influence the opinions of the respondents.

The group is guided by a moderator, is usually taped, and has a note taker. The moderator is critical to the success of the session because he or she is responsible for the rapport of the group and the relevance and direction of the discussion.

A good moderator should have the ability to:

- o Be warm and friendly, inviting participation.
- o Remain neutral during the discussion of a topic. The moderator should not express an opinion either verbally or through body language (e.g., by shaking the head or frowning).
- o Be articulate and able to formulate questions and respond appropriately to the commentary of the group.
- o Adapt the questions to idiomatic language.

- o Be involved with the participants and the subject matter in order to ensure that true health care practices are discussed and that participants understand not only what was said but what was meant. Knowledge of the subject matter will mean that interesting observations from the participants are not overlooked.
- o Be flexible in the use of the discussion guide. The objectives of the study and lines of inquiry should be committed to memory and then introduced conversationally, not according to a preset order.
- o Observe and listen well to ensure that the questions and comments are germane to the discussion and will stimulate greater involvement with the topic among the participants.

The moderator must be fluent in the local language, ideally be the same sex as participants in the group, and should be a dynamic, quick and independent thinker.

The tasks of the moderator include introducing the themes to be discussed; directing the progress of the discussion; gaining the confidence of the participants; ensuring the participation of everyone in the group, facilitating discussion between participants and developing these comments with other participants; controlling the timing and rhythm of the discussion; and being sensitive to non-verbal communication from participants.

The techniques and the routing in moderating include:

- o Introduction of the participants to the process. The moderator introduces himself/herself and the notetaker to the group and explains their roles; asks for the names of all participants and tries to remember them (or has name cards) so she/he can call each person by name; explains that the object of the meeting is to get help from the participants in understanding how they handle illness; explains that every person's opinions are wanted, so everyone should say what he or she thinks, but speak in turn, one at a time; and stresses that there are no right or wrong answers.
- o Consulting the question guide which describes the areas of inquiry and the techniques to use to stimulate discussion.
- o Clarifying an answer. After a particular question has been answered by a participant, use that response to ask for a clarification or further explanation. For example, "please tell me what it means when Ibu Sri says she...."
- o Substitution. Using the words of one of the participants to rephrase one of the original questions, being careful not to change the meaning of the question. This is to try to better understand local phrasing and make it easier for others to capture the meaning.
- o Polling. This will help enliven a discussion or turn the group's attention away from someone who may be dominating the discussion. The moderator asks each participant individually to express an opinion. Remember, the object is to have a discussion among participants not an in-depth interview with each participant.
- o Contrasting. After polling the participants, or during the course of conversation, there may be times when different opinions or practices are mentioned for the same problem or situation. Draw out the differences and ask the group's opinion. Do this diplomatically, however, so that none of the respondents feels that he or she gave an incorrect answer.

- o Asking why. Remember always to ask "why?" The focus group is not just another way to do a survey. The moderator's job is to generate a discussion that will highlight practices, perceptions, and the underlying reasons for the practices and perceptions.
- o Concluding remarks. At the end of the session ask the participants what they think about what was discussed and if they have any additional comments. Often when participants see the session is over, they speak more frankly than they did during the session.

THE TASKS OF THE NOTE TAKER

During the session the note taker must be astute about observing and recording the subtle reactions and interactions of the group. He or she should jot down some background information about the participants and should work out a way to identify participants so that each statement can be properly attributed. To be useful during analysis, notes on each session should include:

- o A brief description of the community and any events or conditions that could influence health care patterns.
- o A description of the meeting place.
- o A description of the participants: how many and with what characteristics (the note taker should have the questionnaires completed during the recruiting visits).
- o The time that the session begins and ends.
- o A comment on the dynamics of the group (i.e., was the discussion dominated by one person, was it lively, etc.).
- o Notes on any interruptions or distractions during the session.
- o A description of the opinions of the group. For example, "The majority felt that..., but...said..." or "The group was divided about...." Verbatims should be recorded when possible but the note taker may also rely on the tape recorder.
- o A listing of special vocabulary or unusual phrases unique to the area.

During the field work the note taker may also assist with "fetching" the participants before the appropriate session.

ANALYSIS OF FOCUS GROUP INFORMATION

Verbatim transcripts of the sessions should be prepared from listening to the audio tapes. The impressions of the moderators, note takers and analysis of the verbatim comments should be summarized in a written report. The report should describe the consensus of the group(s), majority and minority feelings, differences by types of respondents (ethnic, parental status, etc.). The report should accurately report respondents' ways of thinking about health care, so that a questionnaire for the quantitative phase can be prepared that takes into account respondents' concepts.

From the response to specific topics and questions in the group sessions questions for the quantitative study may be derived, and alternative ways of structuring the responses for pre-coding will be suggested. Questions which do not function well in the group (unclear, do not elicit response, etc.) should not be used in the quantitative phase.

Appendix B

MODERATOR'S GUIDE: PATIENTS

MODERATOR INSTRUCTION

Introduces self and note taker, cassette operator.

Explains purpose: This is an informal group conversation about the illnesses you have or your children have and how you take care of them.

Encourage respondents to relax, speak out, give their real, honest feelings. We are interested in their opinions; there are no right or wrong answers.

Ask the respondents to introduce themselves and to tell about their family composition, job, etc.

I. General Feelings about Health and Illness

A. What are some of the things you do to stay healthy? For yourself? Your children? (Eat the right foods, sleep, exercise, go to clinics, immunizations, etc.)

B. Show pictures of adults/children.

How do they look to you? (Healthy, sick?)

What's the matter with them?

If sick, what do you think causes their illness?

How can they get better?

C. 1. Adult -- How is your health generally? Would you say that you are generally well or get sick frequently? When you are ill, what do you think about? (What are your problems, concerns, fears?)

2. Child -- when your children are ill, what goes through your mind? (What are your problems, concerns, fears?)

II. Specific illness treated during this visit to health center. (You have been invited to this group discussion because you or your child have an illness now.)

A. Description of general care taking for this illness -- pre-visit to health service.

1. Please tell me all you can about your present illness. What hurts? (symptoms). How do you feel? How do you think you got this illness?

2. If you were going to tell a relative or neighbor how to care for this illness, what would you tell them to do? Why? What else? Why?

3. Remembering back to the beginning of this illness, tell me everything you did to care for it. Why that? What was the result -- probe for traditional healers,

herbs, non Rx medications purchased at pharmacy, renew Rx, or purchase Rx drug, home remedies. How did these things work?

B. Visit to Health Service

1. What made you decide to go to the Health Service? How long did you have the symptoms of this illness. What hurts? (Symptoms.) How do you feel? How do you think you got this illness?
2. What are some of the good things about visiting the health service? Bad things?
3. When you go to the health service, what kind of help or treatment do you get? (What does doctor, paramedic, nurse do for you?)
4. On this recent visit to the health service, what did they do?
 - Examination? Diagnosis?
 - Instructions on how to treat illness?
 - Injection or Rx for pills or both. For what drug?
5. Did you ask the doctor for anything, or expect to get something?
6. Injection vs. pills.

Which do you prefer? Why? (Which do you think makes you feel better, works fastest, is easiest to take?)
7. If you took an Rx drug or injection, how soon did you feel better? How many days did you continue the medication? (If less than 3 days ask why discontinued.)
8. From your illnesses in the past, how well do you think drugs like you just have taken work? (How well do they make you feel? How fast?) How long do you remain well?
9. Satisfaction/dissatisfaction with health service. How satisfied are you with the health service (cost, availability of drugs, service).

C. Attitudes Toward Drugs in General (probe for areas not previously covered)

1. How do you feel about taking prescription drugs for diarrhea/sore throats? What's good about them? Any risks in taking them?
2. What do you think might happen if you didn't take drugs for these illness? (Probe: Would they get better by themselves or get worse?) What would you do if the health service did not give you an injection or an Rx?

D. Knowledge and attitudes toward specific drugs.

1. What are some of the drugs you know about for diarrhea? Sore throats?
2. What do you know about each? Experience with each?

3. Where did you find out about this drug?

4. Ask specifically about

Tetracycline

Penicillin

Ampicillin

Others: ORS for diarrhea

E. Who do you know (friends, relatives, other people in community) whose opinion you respect about illness and how to care for them? How about information and advice about drugs?

F. Awareness of Information about Drugs

Have you seen or heard any information or advertising about drugs? (Posters, radio commercials, etc.?) If yes, what do you remember? How do you feel about that?

Appendix C

FOCUS GROUP DISCUSSIONS: PATIENTS' MOTHERS (DCW)

TOPICS FOR DISCUSSION:

I. Concepts of health and illness

1. How does one know (or do you know) when he/she/their children are healthy.
2. How does one know when he/she/their children are ill.
3. How does one keep a child healthy? Prevent or protect from illness?

II. Diarrhea and Upper Respiratory Disease

1. What is the name of diarrhea and upper respiratory disease?
2. How many kinds/types of diarrhea?
3. What are the symptoms of diarrhea?
4. What are the symptoms of upper respiratory disease?
5. How do you perceive seriousness of that illness?

(When your children are ill, what goes through your mind, what are your problems, concerns, fears?)

6. What is the cause of diarrhea and upper respiratory disease?
7. Tell me everything you do before you go to the Health Center.
8. Do you think that diarrhea and upper respiratory disease can be prevented? How?

III. Visit to Health Services

1. What made you decide to go to the health service?
2. Who influences you to go to the health service?
3. What does the doctor, paramedic, nurse do for you?

(Examination, diagnosis, instructions on how to treat illness, injection or Rx for pills or both?)

4. What kind of drugs/injection do you get for diarrhea?

5. If you took an Rx drug how soon did soon did you feel better? How many days do you continue the medication? (If less than 3 days, ask why discontinued. If they usually follow the prescriber instruction, why?)
6. How do you feel about taking prescription drugs for diarrhea/sore throats (good things, bad things, any risk taking)?
7. What are your favorite drugs for diarrhea/sore throats?
8. What do you think might happen if you didn't take drugs for those illnesses? (Probe: Would they get better by themselves or get worse?)
9. What do you think of the health services (availability of drugs, services, cost)?

IV. Patients' Perceptions about Drug/Injection

1. What are your favorite drugs for diarrhea and sore throats?
2. Have you ever bought antibiotics? Where did you buy them? Do you buy them using prescription or not? Why?
3. Which do you prefer -- capsules, pills, powder? Why?
4. Which do you prefer -- injection or pills? Why?

(Which do you think makes you feel better, works fastest, is easiest to take?)
5. Which do you prefer -- the trademark medicine or not? Why?

V. Awareness of Information about Drugs

1. Have you seen or heard any information or advertising about drugs? (Posters, radio commercials, etc.)? If yes, what do you remember? How do you feel about it?
2. In your community, what medium do you think will be best to convey this information?
3. Why would you advise this medium?

Appendix D

MODERATOR'S GUIDE: PROVIDER

I. Description of Role

- A. What is your role in taking care of illnesses? (Doctor, paramedic.) What do you do? How do you feel about your profession (job)? What are some of the advantages? Disadvantages? Problems?
- B. If you could change your job in any way, what would you do?

II. Concept of Patients/Illnesses

- A. What are your patients generally like? (Describe types of patients.)
- B. In the course of an illness when do they generally come to consult you? (Before or after self-treatment?) (Length of time they have symptoms.)
- C. What are their main symptoms for diarrhea/sore throat?

III. Patient's Expectations

What do you think most patients expect from a visit to the health service? Why? How did they develop these expectations? (Probe: How do they expect you to care for them?)

IV. How do you generally examine/treat a patient with diarrhea/ARI? Why?

- Kind of examination -- what to look for
- Diagnosis
- Instructions about treatment (rest, home remedies)
- Kinds of medications

V. Prescription Drugs

- A. When you think of drugs for treating diarrhea/ARI what comes to mind? What are your associations and thoughts about each?
- B. How do you feel generally about using Rx drugs for the treatment of diarrhea and ARI? Benefits/disadvantages/risks?
- C. Do you think these illnesses can be treated effectively without drugs? Why/why not?
- D. How do you personally feel about the use of injections vs. pills? Which do you prefer to give? Why? When do you give injections? To what kinds of patients?

- VI. What do your patients prefer (injections vs. pills?) Why? Advantages/disadvantages for patients.
- A. What drugs/injections do you generally give for diarrhea/ARI? Why do you prefer these drugs? What are your patients' reactions to these drugs?
 - B. When you prescribe these drugs, how long do you prescribe them for? How long do you think the patient takes them? Do they comply?
 - C. Can the patient generally get the drug you prescribe? (Availability, cost.)
 - D. What is the effect of these drugs? Do they cure the illness? Does the illness return fairly soon or not? Why?
- VII. Specific attitudes toward tetracycline, penicillin, ampicillin (if not covered above). Advantages? Disadvantages? Risks? ORS for diarrhea.
- VIII. What are some of your problems prescribing drugs? (Cost, availability, quality of drug, dosage.)
- IX.
 - A. What are your sources of information on drugs, especially for the treatment of diarrhea and ARI? Where did you learn your present prescribing routine?
 - B. Where do you read about/hear about drugs? How frequently do you talk to detail men? Do you ever have a chance to go to seminars, lectures, meetings at the hospital? Describe.
 - C. Do you talk to your colleagues about drugs? When? To whom? Whose opinion do you respect? Why?
- X. Challenge questions
- A. Some people have said in these groups that most patients come to the hospital outpatient clinic or the PK to get an injection or an Rx drug. Why do you suppose this happens? Why do prescribers give injections or why do the patients ask for the drugs?
 - B. What if doctors, paramedics, and nurses didn't give drugs for diarrhea/acute respiratory illness. What do you think would happen to the illness (go away in time, get worse)?
- What do you think would be the effect on doctors' practices or attendance at the clinics if they didn't give injections or prescribe drugs?

Appendix E

PERSONS CONTACTED

Ministry of Health, Project Management Unit

Drs. M.P. Sihombing
Dr. Paramita Sudharto, MPH
Rina, POM Activity Coordinator
Project Steering Committee

PT Dinamica Cipta Widya

Dr. Berlian Siagian, Director
Sarjani Jamal
Icasno Diharyo
Sudarsono
Bambang Hartono
Jeffrey Iskantiar
Sudarti

Yayasan Indonesia Sejahtera

Dr. Bimo
Dra. Tuti Syafei
Five Moderators

USAID

Dr. Voulgaropolos
Ms. Joy Riggs-Perla

ISTI

Dr. Thomas D'Agnes, MPH

Consultants

Dr. Jonathon Quick
Dr. Dennis Ross-Degnan
Drs. Mireille Visser
Jim Bates