

**ANTIBIOTICS AND ACTIVITY SPACES**

An Exploratory Study of Behaviour, Marginalisation, and Knowledge Diffusion

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**OBJECTIVES**

- **EMPIRICAL CONTRIBUTIONS**
  - Fragmented language and concepts of antibiotics, but not “the magic pill”
  - Medically “desirable” attitude linked to disproportionate formal antibiotic use
  - New knowledge about antibiotics increased size of informal market
  - Phone use eased healthcare access barriers without affecting awareness

- **THEORETICAL CONTRIBUTIONS**
  - Navigating obscure healthcare landscapes in competitive social spaces

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**THE 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 precariousness, inequality, and health system deficiencies**
3. **Health policy tools are not enough. We need to think about AMR policy as development policy**