

# Community Understanding and Knowledge of Antimicrobial Resistance and Antimicrobial Use in Raila Informal Settlement of Nairobi, Kenya

GEAR up is a consortium of partners: BRAC James P Grant School of Public Health (Bangladesh), University of Health and Allied Sciences (Ghana), LVCT Health (Kenya), HERD international (Nepal), Centre for Sexual Health and HIV/AIDS Research (Zimbabwe), Pamoja Communications Ltd (UK). It is led by the Liverpool School of Tropical Medicine (UK).

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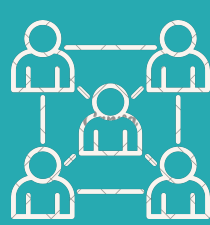
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## BACKGROUND

Antimicrobial Resistance continues to rise worldwide and contributes to high mortality, creating a growing need to understand how people use and think about antimicrobials in everyday settings.

The study set out to explore local perspectives, awareness and decision-making around antimicrobial use, generating insights that can inform contextually grounded AMR interventions.

## METHODOLOGY



Twelve discussions in Raila explored how adults recognise illness, choose medicines and make decisions about antimicrobial use



Sessions were recorded in Kiswahili, transcribed verbatim and translated into English to retain meaning and detail



Transcripts were coded to identify patterns linked to knowledge, beliefs and behaviours shaped by gender roles and everyday realities

## FINDINGS

- Awareness of AMR was very low, and most participants had never heard the term, despite observing treatment failures in their daily lives
- When medicines stopped working, people assumed they were expired, fake or weak, showing a limited understanding of resistance
- Low awareness contributed to common antibiotic misuse, including buying drugs such as Amoxicillin directly from chemists without proper guidance
- Limited knowledge of antimicrobials led to high levels of self-medication and the use of antibiotics for any illness, increasing the risk of resistance
- Reliance on advice from peers or past experience instead of health workers further heightened the risk of inappropriate antibiotic use
- Women, who manage most household treatment decisions, were unsure why familiar medicines failed, contributing to repeated and improper antibiotic use
- Men delayed seeking care due to norms that view illness as weakness, leading to more self-medication and greater misuse of antibiotics



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*When someone in the house gets sick I go to the chemist and ask for what we can afford... sometimes we cannot buy the full dose so we take what I can pay for... and if someone else at home is unwell we even share the remaining medicine... because we just do what we can with what. Sometimes I am never fully sure if it is the right medicine... but we just hope it works*

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*When I start feeling sick I first try to treat myself at home... going to the clinic feels like a waste of time and not important... so I just buy whatever I think might help and try it for a few days hoping it works before I have to see anyone.*

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## IMPLICATIONS

- Strengthen community understanding of AMR by helping people connect everyday experiences of treatment failure with resistance to support safer decisions
- Use gender-responsive communication that reflects women’s household health responsibilities and men’s tendency to delay seeking care
- Promote safe antibiotic practices through clear guidance on correct use, full courses and when antibiotics are genuinely needed
- Reinforce responsible access by encouraging consistent provider guidance and reducing informal antibiotic dispensing

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