



## RELiance ON STREET MEDICINE VENDORS AS LIVELIHOOD SURVIVAL STRATEGY: A QUALITATIVE ACCOUNT FROM RURAL BURKINA FASO

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**ABSTRACT:** *“Street medicine vendors” popularity is commonly attributed to affordability and convenience, but sometimes such explanations risk oversimplifying the complex realities that shape care-seeking behavior. This study draws on 17 group discussions and 27 interviews conducted in Nanoro, Burkina Faso, to explore how street medicine vendors are embedded in everyday strategies to navigate precarity. Findings show that street medicine vendors are critical actors in sustaining livelihoods. Their medicines enable people to keep working through illness, reduce out-of-pocket health expenses, and maintain animal health, which is vital to rural economies. Mothers face compounded pressures as caregivers and income earners in their households, often relying on informal care in difficult economic circumstances, with limited fathers’ support. The widespread use of street medicines reflects not just economic benefits but adaptive responses to structural barriers, gendered roles, and the imperative to preserve well-being and productivity.*

**KEYWORDS:** Street medicine vendors; AMR; Livelihood; precarity; Burkina Faso.



## INTRODUCTION

Street selling of medicines is a widespread phenomenon in most developing countries, particularly in West Africa (Baxerres & Le Hesran, 2007). This phenomenon is considered one of the critical drivers of antimicrobial resistance (AMR) due to the inappropriate antibiotic dispensing practices that pose a serious threat to public health.

Compounding this issue is the prevalence of substandard and counterfeit medical products. The WHO (2017) estimates that around 10% of medical products in LMICs are substandard or counterfeit, with antibiotics being the second most common class (Ashford & Brown, 2017). A systematic review further reveals that over 63% of antibiotic sales occur over the counter in these regions (Oga-Omenka et al., 2023). Country-specific studies confirm this trend: in Nigeria, 59.9% of patent medicine vendors consistently sell antibiotics without prescriptions (K. Awosan et al., 2018), while in Kenya, 100% of veterinary and 52% of human drug stores sold antibiotics without prescriptions (Muloi et al., 2019). Street medicine expands access but heightens risk. In Burkina Faso street vendors frequently dispense “Watch” antibiotics, contravening WHO stewardship guidelines (Valia et al., 2024).

The consequences of such widespread informal access are deeply concerning. The sale of antibiotics on the street is often accompanied by a lack of knowledge regarding the appropriate dosage and the duration of the treatment (Suy et al., 2019). Furthermore, studies have shown that antibiotics are sometimes used as analgesics or treatment for non-infectious diseases such as malaria and numerous other health conditions in the communities (Afari-Asiedu et al., 2020; Compaoré et al., 2024). As a consequence, bacteria are exposed to inadequate dosage of antibiotics, and exposure to moderate amounts of antibiotics can eliminate weaker, and less resistant bacterial strains while leaving the stronger strains unaffected. As a result, antibiotic-resistant strains can thrive and reproduce more quickly (Ruiz et al., 2023). In order to contain the spread of antimicrobial resistance, health authorities have banned the sales of antibiotics outside the formal health system. Despite regulatory efforts, street medicine purchasing remains widespread. A recent study by Compaoré et al. (2024) found that 61.2% of households, out of 423 surveyed, obtained their medicines from street vendors, second only to official government retailers.

Reasons underlying individuals' reliance on street medicines stem from a variety of considerations. For instance, in their paper exploring reasons underlying the expansion of street medicine in Cote d'Ivoire, Dagrou et al. highlighted some advantages in the informal sector, among which affordability was considered the major trigger (Dagrou & Chimhutu, 2022). The conclusion of this study raises the need for thorough investigations on shortcomings of regulatory frameworks as well as of the health system. Likewise, a study in Cambodia reported that higher trust in the effectiveness of informal medicines and the flexibility of their services, compared with formal health care facilities, influenced people's choices (Suy et al., 2019). The suggestions made in this study were therefore oriented toward enhancing the formal health care system to be able to fill some important gaps that the informal sectors used to address.

Furthermore, in Burkina Faso, Valia et al. (2023) reported the affordability and the proximity of informal medicine sellers in addition to shortcomings associated with the formal health care facilities, such as long waiting times and health care providers' misbehaviors. The study concluded that facilitating and promoting access to health care through universal health insurance and patient-centered care includes reducing patients' waiting time (Valia et al., 2023).



In the same country, another study reported that many patients turn away from formal health care services because they know that medicines are available on the street and are compatible with people's everyday lives due to their versatility and proximity (Pale & Ladner, 2006).

In general, these studies offer valuable insights into the perceived benefits of informal drug sellers, such as affordability and convenience, and reveal critical gaps in formal health care infrastructure facilitating this. However, they often stop short of interrogating the deeper social and economic logics that sustain informal medicine use, especially in contexts where free care is available for vulnerable groups, such as children under five in Burkina Faso.

This study addresses that gap by shifting the analytical lens from individual decisions to the socio-economic conditions that compel reliance on street vendors. Following the livelihoods approach framework, this study explores how street medicine vendors are embedded in individuals' efforts to address their everyday socioeconomic imperatives.

The livelihoods approach, developed in development studies (Chambers & Conway, 1992; Scoones, 1998), emphasizes how individuals and households mobilize a range of assets—human, social, financial, physical, and natural—to maintain well-being and cope with shocks (Chambers & Conway, 1992; Scoones, 1998). Health, in this framework, is not an isolated domain but a critical component of livelihood security. Decisions about where, when, and how to seek care are shaped by the imperative to preserve work capacity, minimize financial strain, and maintain social roles.

In rural Burkina Faso illness represents a critical threat to household economic survival, with health shocks directly undermining livelihood security. Multiple studies provide robust evidence of this dynamic. Sauerborn et al. (1995) found that illness costs amounted to 3.7% of household income and 6.2% of household expenditures monthly (Sauerborn et al., 1995). Bocoum et al. (2018) documented that health shocks reduce household consumption and livestock holdings, with health spending ranging from one-third to three times monthly non-medical consumption depending on illness severity. Households employ desperate coping strategies like depleting savings, selling livestock, and reducing consumption. Bocoum et al. (2018) and Johnson et al. (2022) further emphasized that women specifically view health as crucial to maintaining livelihood activities, highlighting the direct economic vulnerability created by illness in this context. (Bocoum et al., 2018; Johnson et al., 2022)

Street medicine use, in this context, reflects not just a preference but a pragmatic adaptation to constrained realities. They offer rapid, low-cost, and flexible solutions that enable individuals to continue working, avoid costly health facility visits, and treat both human and animal ailments. This study moves beyond affordability and convenience explanations to examine how street medicine use reflects adaptive responses to continuous precarity.



## METHODS

### *Study setting*

The study was conducted within the health district of Nanoro in the Central West Region, approximately 85 km from the capital city, Ouagadougou. It is a typical rural region with an estimated population of 185,160 inhabitants in 2020 (Ministère de la Santé et de l'Hygiène Publique, 2024). The population of the Nanoro health district is predominantly young, with the 0-15 age group accounting for 50.57%. Children under 5 years old represent  $\approx 19.16\%$  of the total population. The female population is slightly higher than the male and represents 54.28% of the total population. The ethnic composition of the health district is predominantly Mossi, followed by the Gurunsi and Fulani communities. The setting is characterized by significant migratory movements, particularly to Côte d'Ivoire, where people from the region regularly migrate to work on plantations. The study area is characterized by high levels of poverty, with an estimated poverty line of 57% (INSD, 2022). The local economy is based on agriculture (90%). Sorghum, millet and maize are the main cereals grown in addition to peanuts, beans, sesame, and cotton, which are cultivated as cash crops. Market gardening is also practiced during the dry season. Extensive animal husbandry is the second most important economic activity in the district. Livestock includes a small number of cattle, goats, sheep, pigs, and donkeys and mostly poultry, much of which is sold. Fishing is also practiced by the people living near the dams.

The Nanoro health district has 29 primary health care facilities and one referral hospital with a ratio of 6,613 inhabitants per health center. In 2023, approximately 64% of the population lived within 5 km of a primary health care facility and 32.9% within more than 10 km (Ministère de la Santé et de l'Hygiène Publique, 2022).

According to the Ministry of Health (2021), in the Nanoro health district, the ratio between the population/health and service/health manager is 1/7320, and the ratio of health professionals per inhabitant was 1 doctor per 35136, 1 pharmacist per 175680, 1 nurse per 13137, 1 midwife per 177568, and 1 itinerant health worker per 7638. The district hospital is accessible via unpaved roads that are generally impassable during the rainy season, as are most of the local health facilities.

In addition to these health facilities, the district hosts the Clinical Research Unit of Nanoro, where clinical trials have been carried out since 2009 (Tinto et al., 2014). This research unit has also established a Demographic and Health Surveillance System (HDSS), which provides a platform for accurate population and health data collection (Derra et al., 2012). Our study participants were selected from the HDSS catchment areas, which cover 24 villages and more than 60,000 inhabitants (Derra et al., 2012).

### *Study design and research context*

The research strategy was based on an emergent theory approach, which allows for flexibility in adapting to new ideas, concepts or findings that may arise during the qualitative research process (Matthes et al., 2017).

This research constitutes a component of a large-scale ethnographic study whose objective is to elucidate the factors underlying the use of antibiotics in rural communities in Burkina Faso.



This ethnographic study employed qualitative and quantitative data collection techniques to explore drivers of antibiotics use in Burkina Faso. The present paper emerged from qualitative research aiming at understanding people's sources of antibiotics in communities as well as practices surrounding these medicines. The findings presented in this paper were derived from the analysis of group discussions and interviews conducted with the members of the community.

### ***Data collection***

To explore community medicine procurement practices and underlying motivations, we conducted 17 group discussions (GDs) and 27 individual interviews in Nanoro. Nine GDs focused on sources of medicines and reasons for their use (Table 1), while eight additional GDs examined animal breeding practices and related health management strategies (Table 2). Individual interviews were carried out with domestic animal owners and market-based medicine sellers. Informal conversations with key village informants further clarified local terminologies and contextual practices.

**Table 1: Group composition of focus group discussion on antibiotic use**

<b>N<sup>0</sup></b>	<b>Group</b>	<b>Age group</b>	<b>Sex</b>	<b>Number</b>
1	Group 1	35-58	Men	8
2	Group 2	34-43	Women	8
3	Group 3	33-65	Men	8
4	Group 4	33-63	Women	8
5	Group 5	20-55	Men	8
6	Group 6	35-47	Women	8
7	Group 7	21-66	Women	8
8	Group 8	43-67	Men	8
Total				64

**Table 2: Group composition of focus group discussion on water and sanitation and hygiene**

<b>N<sup>0</sup></b>	<b>Group</b>	<b>Age group</b>	<b>Sex</b>	<b>Number</b>
1	Group 09	18-25	Men	10
2	Group 10	20-35	Women	10
3	Group 11	22-43	Men	10
4	Group 12	20-37	Men	9
5	Group 13	18-23	Men	10
6	Group 14	45-75	Women	10
7	Group 15	25-34	Women	10
8	Group 16	26-45	Women	10
9	Group 17	23-37	Men	8
Total				87



### ***Research participant's selection procedure***

Study participants were recruited purposely from three communities of the Nanoro Health and Demographic Surveillance System (HDSS). To guarantee trust and avoid reluctance, community member recruitment for group discussion and interviews was facilitated by local community liaisons. To foster trust, community volunteers were also involved in the selection of the study participants. Participant selection for interviews was made according to some sociodemographic characteristics. Men and women were invited to take part in the interviews. The snowball sampling strategy was used mainly for market drug sellers who were reluctant to take part in the study. This strategy has the potential to increase confidentiality and trust with respondents and therefore guarantee the trustworthiness of the data collected.

### ***Data analysis***

Audio recordings were simultaneously translated and transcribed from the local language, Moore, into French by independent transcribers. Quality checks were assured by the study coordinator while reading and proceeding with coding. NVivo 12 software was used to analyze the data. I examined the themes that were established from the beginning, as well as any new themes that came to light during the process.

### ***Ethical clearance***

The study received approval from the Institutional Review Board at the Institute of Tropical Medicine of Antwerp in Belgium (Ref 1441/20) and the Comité d'Ethique pour la Recherche en Santé (CERS, Ref 2021-01-023) in Burkina Faso. Details of the study and its procedures were explained to the participants in their local language. Informed consent was obtained verbally from all participants. Verbal consent was preferred due to the sensitivity of the research topic and to avoid creating a climate of mistrust in the communities by requiring signatures.

### ***Researchers' characteristics and reflexivity***

The researcher was assisted by two juniors and other social scientists who, depending on their schedule, participated in the data collection. Nanoro, where the data collection took place, hosts a research center, the clinical research of Nanoro, where the researcher belongs and has been employed since 2012. The researcher had enough time to establish relationships with local communities and healthcare professionals. This was the case for the other social scientists as well.

There was a concern among the medicine sellers that the researchers might be law enforcement or public health officials and that they would be used to intimidate and stop their activities. The situation has been further complicated by the presence of researchers, who have influenced the practices of drug sellers on the market. The presence of researchers on the market led to a shift in the practices of drug sellers. Indeed, upon a customer's arrival, they were promptly informed that the requested product was not available. Some of the drug sellers requested to be absent from their place of sale because their customers were fearful. Some vendors simply removed their illicit substances and departed, returning only after the researchers had departed. Nevertheless, a relationship of trust was gradually established:

- There was already a friendship with some of the sales staff, which allowed this trust to



develop quickly and easily.

- Every time we were out in the field with them, we made sure there was more familiarity to minimize any doubts they had about us.
- repeatedly explaining the aims and objectives of the study. The benefits they will be able to derive from the study.
- Some of the sellers were getting information from other sellers. This facilitated exchanges with these people.
- The involvement of certain village leaders and health professionals contributed to this confidence.

## RESULTS

The findings explained how the recourse to street medicine vendors is linked to productivity maintenance, to financial protection, and to animal health care management. They also show how pressures associated with being primary decision makers for the family health care influences mother's health care seeking behaviour.

### Maintaining productivity

To sustain their livelihoods, individuals often turn to street medicines, especially when faced with busy schedules, physically demanding jobs, or sudden illness that threatens their ability to work. The urgency to remain productive drives many to seek quick, accessible treatments from street vendors rather than formal health facilities. During a focus group with women, one participant explained:

“When you're seated right now and have a headache, and you don't know what to do to complete your domestic and farm chores. This is what sends you to the “pharmacist on the floor” (FGD with women).

Fieldwork revealed the widespread availability of antibiotics, such as amoxicillin, oxytetracycline, norfloxacin, and ampicillin, sold under the local name “Toupaye” in shops that also carry liquor, groceries, and household goods. These medicines were commonly used to boost vitality and treat symptoms like fatigue and joint pain, particularly among men:

“When you have malaria, you take this medicine mixed with coffee and 50 CFA of adulterated alcohol, which you mix until it froths nicely and then drink. It makes you feel vigorous” (FGD with men).

Such practices were prevalent among young adults engaged in physically demanding work. Their use of street medicines reflects a prioritization of daily labor over formal health protocols. The decision is often shaped by the time constraints and inefficiencies of formal care, as illustrated in another group discussion:

“That's what I said. For example, I have my work to do; I'm at my trading place all alone selling. I feel that my body is not like before, but it doesn't bother me, but I feel that it will get worse



afterwards. Whereas you can't go to the hospital and tell the doctor to treat you because everybody that is sitting has dropped out of work to come and sit. But when you know that if you stay seated it may take a long time, and you know that nothing should interrupt your work, so you prefer to go and get some painkillers and continue your work; maybe when you come back, if there are not many people there, you will go and do the consultation. So, some people often, it's the time because they're going to leave their work to go. while the illness couldn't immobilise them, so that's why they do that" (FGD with men).

Street vendors thus offer a time-saving alternative that allows individuals to manage symptoms without disrupting their work. In contexts where economic survival depends on daily labor, accessing informal treatment becomes a strategy not just for health, but for maintaining income and meeting everyday needs.

### **Financial protection**

Financial protection is essential for preserving livelihoods, particularly in situations where healthcare costs can overwhelm household resources. In such contexts, individuals often turn to street medicine vendors as a more affordable alternative to formal healthcare facilities. A quote from a focus group discussion with men illustrates how formal care is often perceived as excessive leading to non-adherence and wasted medication:

"In hospital, you are either injected with a shot or given medication, which, for example, lasts four days, but once you get home after one day's treatment, the illness subsides and you no longer follow the treatment, and the rest of the medication becomes a waste. However, with the street vendors with whom we are usually familiar, you can have a one-day course of treatment..." (FGD with men).

This perspective reflects a form of waste aversion, where unused medication is seen as a financial loss. It reinforces the preference for pay-as-you-go care, which feels more proportionate to symptoms and more aligned with household constraints.

Street medicine vendors offer treatments perceived as more tailored and economical, helping individuals avoid spending on unnecessary drugs. Beyond medication costs, they also help reduce indirect expenses such as transportation. As another participant noted:

"I'm not ready to travel a long way to buy a pack of paracetamol while it's available from street vendors" (FGD with men).

For households managing limited resources, street vendors represent a pragmatic choice, allowing people to prioritize essential treatments and avoid financial depletion from costly care.

### **Animals' health protection**

In rural settings, livestock such as cows, goats, guinea fowl, and donkeys are sources of income and their loss can severely impact household livelihoods. They provide essential labor for farming tasks like plowing, hauling, and harvesting, and serve as financial buffers in times of crisis. The existential importance of livestock is developed in the following quote.

"You must take care of them; otherwise, what are you going to do? Because your whole life depends on breeding" (IDI with a man).



Animal health is directly tied to household stability, making their care a matter of survival.

The urgency of animal well-being is expressed in another group discussion with women:

“Sometimes if an animal is ill, it is as if it's a person who's ill. Because if it dies, you will be in trouble because this animal is helping you in your labors. So, you must take a close look at the animal to make sure it's going to heal” (FGD with women).

In this quote the emotional equivalence between human and animal illness is highlighted, emphasizing the profound dependency on livestock.

Yet according to the respondents, veterinary services are ineffective. In response, self-medication with domestic animals is widespread, with treatments sourced from street vendors. The most commonly used medicine is an antibiotic, oxytetracycline, locally known as toupaye, often mixed with other substances to aid ingestion. One participant shared in a group discussion:

“As far as my breeding was concerned, as I had guinea fowls, I used 'Koutoukou' (local liqueur) and 'Toupaye.' I don't ask myself any questions” (FGD with men).

Street vendors play a crucial role by providing accessible treatments, enabling disease prevention and recovery. Their medicines help sustain agricultural productivity and food security, especially for those who rely on animals like donkeys to cultivate crops.

“Animals like donkeys help us to grow our millet and earn our wages. We don't work for wages; we earn it from our crops. This is what I see.” (FGD with men)

This quote emphasizes the economic linkage between livestock and agriculture. Donkeys are not just helpers; they are also a source of income, demonstrating the link between animal health and household well-being.

Livestock also serve as financial buffers. In times of hardship, they can be sold to cover medical expenses, school fees, or food. In an interview, a male participant mentioned this:

“When you're ill, you can sell an animal to treat yourself. You can also sell an animal to pay for your children's school fee or buy food. That's the advantage of breeding for us” (IDI 17 with a man).

As demonstrated by this quote, livestock play a crucial role in supporting household economies. Animals can be considered a form of informal insurance, helping families to maintain financial stability and deal with unexpected circumstances.

### **Lack of support from men**

In our study, antibiotics such as Norfloxacin, locally known as “Chinese toupaye,” were widely used by mothers to treat recurrent fungal infections and stomach disorders in children. Despite recognizing the risks of street medicines, many mothers relied on street vendors due to everyday constraints.

“We know that the best way to get treatment is to go to the hospital. But if you can get something (else) to soothe your pain, you will find that it saves you.” (FGD with Women).



This quote reflects a pragmatic decision-making process where street medicine vendors are chosen for the immediate relief they provide despite the idealisation of formal care.

Women play a central role in managing their children's health, often purchasing medicines directly from street vendors. One street medicine vendor explained in the following quotes:

“There are some families in which the women take care of the children's health, and there are many cases in which the women are the ones purchasing. Even though there are a lot of men who buy at the store for their families, it is the women who buy the most” (IDI with street medicine vendor).

The observation serves to confirm the gendered nature of health responsibility, with women being consistently positioned as frontline decision-makers and purchasers, even in situations where resources are scarce.

This caregiving role carries emotional and financial pressures, especially when support from husbands is lacking. Traditionally, men decide where to seek care and cover related costs, but financial instability has shifted this burden onto women. In the following extract, a woman voiced her frustration about the lack of male involvement in children's health care:

“It's the same men who say that when a child's body is warm and you talk to him about it, he replies by telling you to go and see what you can do. And when you analyze it, it's his blood, and it's your blood too, so we must support each other in taking care of him because when he becomes someone tomorrow, it's for all of us. But if he tells you to manage because he doesn't have the money to look after a child, what do you do now? What do you do in this kind of situation? I'm not going to let my child die because I don't have any money, I'm going to take my child to hospital, even if it's on credit, I'm going to look after my child before I go and fight to pay off this debt. Or, if I find it difficult, I'll go and look for a solution in a pharmacy on the ground with the little money I must treat my child” (FGD with women).

The testimony highlights the emotional impact of providing care for others without adequate support, particularly for mothers who feel a moral obligation to act, often to the detriment of their financial well-being or their ability to rely on informal care. It also highlights gender-based disparities in decision-making and financial burden.

Beyond health care, women also shoulder household responsibilities and income generation, often through farming. Time spent seeking formal care competes with time needed to sustain their families. As one woman described:

“We suffer because we want to support their school and prevent them from becoming like us. We want our children to have knowledge, be healthy, and have access to food [...] If your family has 4, 5 or 6 members and there are 4 or 5 women, you are not the only one. We cannot help you alone, so you must rely on your own capabilities, yet we are just farmers. It is up to your own means. A farmer remains a farmer, and at the end of the rainy season you want to take something out of your crops to sell for school, sell for the (...), and sell for care. So sometimes the disease progresses, and we suffer because we don't have any health care” (FGD with women).

These testimonies highlight the compounded burdens mothers face, navigating childcare, household survival, and limited resources, which make street medicines a pragmatic solution



even when free formal services exist.

## DISCUSSION

Street medicine sellers' activities are thriving in Burkina Faso, and this has great implications for the emergence of antimicrobial resistance (AMR) and public health. This study provides an understanding of the reliance on street medicine vendors in Burkina Faso, contextualizing it within the broader framework of livelihood protection. This study shows that street medicine vendors are not just alternative providers, but they form part of the strategies that households employ to ensure their survival.

This insight shows that care-seeking in Burkina Faso is inseparable from livelihood protection. At the heart of these practices lies a fundamental tension: the need to preserve income and productivity while managing illness. Time efficiency emerges as a driver of behavior: households dependent on agricultural production and informal labor cannot afford the disruption of long waiting times or distant facilities. Street medicines, by offering rapid symptom relief, allow individuals to preserve income security and maintain productivity, making them a rational choice in contexts of financial precarity. This is in accordance with the broader evidence that productivity losses due to illness or caregiving have considerable financial ramifications, particularly in LMICs (Combarry & Traore 2021).

Yet the challenge is not only about time; it is also about money. Financial risk management emerged as an equally critical driver of reliance on street vendors. Participants described how formal care, even when free, can trigger cascading costs, including transportation, stockouts, and out-of-pocket purchases. These financial burdens are particularly acute in Burkina Faso, where over 40% of the population lives below the national poverty line (Kouassi & Aikens, 2025). Despite policies such as user fee removal for maternal and child health, families continue to face economic and logistical barriers to accessing care (McKinnon et al., 2015). A study conducted in Burkina Faso in 2023 reported that patients continue to incur additional expenses for healthcare, a situation that significantly impacts their income (Philibert et al., 2014; Traoré et al., 2023). In such scenarios, street medicine vendors serve as a pragmatic resource management strategy, allowing households to limit expenditure and avoid catastrophic health spending.

These insights highlight the dual logic underpinning reliance on street medicines: the imperative to save time and the necessity to save money. The implication is that health system reforms must address both dimensions simultaneously. Policies that reduce waiting times, decentralize services to rural areas, and introduce flexible, community-based delivery models could mitigate the trade-off between health and income security. At the same time, financial protection must extend beyond fee removal to encompass hidden costs. Transport subsidies, reliable drug supply chains, and micro-insurance schemes tailored to rural households are critical. Without such measures, street medicine vendors will remain a rational and necessary choice, with profound implications for antimicrobial resistance and health equity.

Livestock health illustrates another dimension of this link between informal medicine and livelihood preservation. Animals represent vital assets providing labor, food security, and emergency cash through sale. This multifaceted role has been well-documented in prior research, which highlights livestock as central to rural resilience (Bettencourt et al., 2015; Pica-



Ciamarra et al., 2011; Wong et al., 2017). Yet, veterinary services are often inaccessible in LMICs, especially in rural areas, and poor sanitation increases disease risk (Jaime et al., 2022). In Burkina Faso, livestock is a cornerstone of rural economies, contributing significantly to household income and national GDP. The government's "Programme National de Développement de l'Élevage (PNDEL)" and initiatives under the "Plan National de Développement Économique et Social (PNDES)" aim to modernize animal production and improve veterinary services. However, implementation challenges persist; veterinary infrastructure remains sparse in rural areas, trained personnel are limited, and supply chains for animal medicines are fragmented (FAOLEX, 2010; Ministère des finances, 2021).

Also, the findings in this paper show that farmers routinely use antibiotics from street vendors to treat their animals, reflecting both necessity and perceived efficacy. While adaptive, this practice has some implications for the issue of antimicrobial resistance. As Willis and Chandler argue, the use of antibiotics functions not only as curative agents but also as tools for managing uncertainty, productivity, and the absence of formal support systems to manage risk, illness, and productivity in the absence of formal support (Willis & Chandler, 2019).

AMR strategies must incorporate veterinary dimensions. Policies should promote affordable, decentralized veterinary services and regulate antibiotic distribution for livestock. Integrating animal health into One Health frameworks is essential to curb AMR risks linked to informal antibiotic use.

Alongside livestock, gendered dynamics further illuminate the social pressures sustaining reliance on street vendors. Women, particularly mothers, bear the dual burden of caregiving and income generation. As men's financial contributions diminish or disappear, women increasingly shoulder responsibilities for food, schooling, and healthcare, often without financial autonomy. Their reliance on street medicines is not a rejection of formal care but a coping strategy shaped by everyday socioeconomic constraints. This reflects broader gendered inequities, where women's extensive workloads and lack of support compromise both their own health and that of their children (Compaoré et al., 2021). Similar dynamics are observed in Israel, where women self-medicate with antibiotics, frequently without professional guidance, to meet societal expectations of being ideal mothers while sustaining their professional roles (Khazen & Guttman, 2021). These patterns intersect with Burkina Faso gender and development initiatives such as the Politique Nationale Genre and programs under the Ministry of Women, National Solidarity, Family and Humanitarian Action, which aim to promote women's economic empowerment and reduce gender inequalities (Ministère de la Femme, de la Solidarité Nationale, de la Famille et de l'Action Humanitaire, 2020). However, implementation gaps persist, particularly in rural areas where women have limited access to credit, health information, and decision-making power. (UNDP, 2022). Strengthening these initiatives by integrating health equity goals, such as community-based maternal health services and income-generating schemes, could reduce reliance on informal medicine and improve outcomes for women and children.

These insights call for moving away from the simplistic explanation that street medicine vendors are popular and demanded because of the kind of service they provide. Instead, they reveal how street vendors represent an adaptive alternative to overcome social and livelihood pressures.



## CONCLUSION AND IMPLICATIONS

This article draws on findings from an ethnographic study investigating the drivers of antibiotic use in rural Burkina Faso. It highlights the central role of informal medicine providers in everyday healthcare, offering deeper insight into why individuals turn to street medicine vendors. Far from being a matter of convenience or ignorance, this reliance reflects a strategic adaptation to livelihood pressures. For mothers, informal medicine also serves as a coping mechanism in the face of unequal gender roles.

To address the public health risks associated with informal medicine sales, particularly AMR, the study calls for national programs and interventions to adopt livelihood-centered approaches. These strategies must integrate with and consider the daily survival realities of individuals and households, rather than imposing solutions that disregard the complex socio-economic contexts in which health decisions are made.

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