**Supplementary File 1**

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| **Topic** | **Item No** | **Guide Questions/Description** | **Reported on Page No** |
| **Domain 1: Research team and reflexivity** |
| Personal characteristics |
| Interviewer/facilitator | 1 | Which author/s conducted the interview or focus group? | P2 |
| Credentials | 2 | What were the researcher’s credentials? e.g.,, PhD, MD | N/A |
| Occupation | 3 | What was their occupation at the time of the study? | N/A |
| Gender | 4 | Was the researcher male or female? | P3 |
| Experience and training | 5 | What experience or training did the researcher have? | P4 |
| Relationship with participants |
| Relationship established | 6 | Was a relationship established prior to study commencement? | P2 |
| Participant knowledge of the interviewer | 7 | What did the participants know about the researcher? e.g., personal goals, reasons for doing the research | P2 |
| Interviewer characteristics | 8 | What characteristics were reported about the inter viewer/facilitator? e.g., Bias, assumptions, reasons and interests in the research topic | P3 |
| **Domain 2: Study design** |
| Theoretical framework |
| Methodological orientation and Theory | 9 | What methodological orientation was stated to underpin the study? e.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis | P3 |
| Participant selection |
| Sampling | 10 | How were participants selected? e.g., purposive, convenience, consecutive, snowball | P2 |
| Method of approach | 11 | How were participants approached? e.g., face-to-face, telephone, mail, email | P2 |
| Sample size | 12 | How many participants were in the study? | P2 |
| Non-participation | 13 | How many people refused to participate or dropped out? Reasons? | P2 |
| Setting |
| Setting of data collection | 14 | Where was the data collected? e.g., home, clinic, workplace | P2 |
| Presence of non-participants | 15 | Was anyone else present besides the participants and researchers? | P2 |
| Description of sample | 16 | What are the important characteristics of the sample? e.g., demographic data, date | P2 |
| Data collection |
| Interview guide | 17 | Were questions, prompts, guides provided by the authors? Was it pilot tested? | P2 |
| Repeat interviews | 18 | Were repeat interviews carried out? If yes, how many | N/A |
| Audio/visual recording | 19 | Did the research use audio or visual recording to collect the data? | P2 |
| Field notes | 20 | Were field notes made during and/or after the interview or focus group? | P2 |
| Duration | 21 | What was the duration of the interviews or focus group? | P2 |
| Data saturation | 22 | Was data saturation discussed? | P2 |
| Transcripts returned | 23 | Were transcripts returned to participants for comment and/or | N/A |
| **Domain 3: Analysis and findings** |
| Data analysis |  |  |  |
| Number of data coders | 24 | How many data coders coded the data? | P2 |
| Description of the codingtree | 25 | Did authors provide a description of the coding tree? | P2 |
| Derivation of themes | 26 | Were themes identified in advance or derived from the data? | P2 |
| Software | 27 | What software, if applicable, was used to manage the data? | P2 |
| Participant checking | 28 | Did participants provide feedback on the findings? | N/A |
| Reporting |
| Quotations presented | 29 | Were participant quotations presented to illustrate the themes/findings?Was each quotation identified? e.g., participant number | P2-P3 |
| Data and findings consistent | 30 | Was there consistency between the data presented and the findings? | P2-P3 |
| Clarity of major themes | 31 | Were major themes clearly presented in the findings? | P2-P3 |
| Clarity of minor themes | 32 | Is there a description of diverse cases or discussion of minor themes? | P2 |

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| **Supplementary File 1:** COREQ (Consolidated criteria for Reporting Qualitative research) checklist.**Source:** [27] |

**Supplementary File 2**

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| **Interview guide for paediatricians/ GPs** |
| 1. (Warm-up question) What are the antibiotics most commonly prescribed here for children?
2. What proportion of children who visit here are prescribed antibiotics as part of their treatment?
3. What is the general diagnosis process for ill children who are prescribed antibiotics?
4. For what symptoms or illness do you think a paediatrician/GP might consider prescribing antibiotics for ill children?
5. What symptoms or illness do you think would lead a parent to expect the prescribing of antibiotics for their children?
6. What factors do you think usually influence a paediatrician’s/GP’s antibiotic prescribing behaviour? Are there any circumstances in which you think a paediatrician/GP would prescribe antibiotics to child patients when they are not necessary?
7. Have you ever experienced or heard about parents who make clear that they want antibiotics to be prescribed to their child, during a consultation?
8. If a paediatrician/GP refused a request of antibiotics from a child patient’s parents, do you think that the paediatrician/GP would worry about the dissatisfaction of the parents?
9. Do you think that there is sufficient communication between doctors and parents in consultations in Taiyuan City?
10. Have you ever experienced or heard about parents who refuse an antibiotic prescription for their child, during a consultation?
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| **Interview guide for providers in retail pharmacies** |
| 1. (Warm-up question) What are the antibiotics most commonly sold here for children?
2. For what symptoms or illnesses might you consider using antibiotics for children?
3. Have you ever experienced or heard about parents who want to purchase antibiotics for their ill child without a prescription?
4. Have you ever experienced or heard about retail pharmacies who sell antibiotics without a prescription?
5. Have you ever experienced or heard about licensed pharmacists who prescribe antibiotics for ill children?
6. What factors do you think usually influence a licensed pharmacist/pharmacy staff’s behaviour in relation to antibiotic dispensing?
7. Have you ever tried to intervene when you become aware of possible inappropriate use of antibiotics on an ill child by his/her parents?
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**Supplementary File 2:** Interview guide: Topics relevant to parental influences on providers’ behavior with respect to the use of antibiotics for children.

**Supplementary File 3**

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| **Main Themes** | **Subthemes** | **Codes** |
| Public understandings of disease and treatment  | Public’s understandings of disease and treatment built around Traditional Chinese Medicine (TCM) | TCM perspectives of symptoms |
| TCM perspectives of treatment |
| The co-existence of TCM and Western medicine perspectives |
| Public’s understandings of disease | Public’s understandings of diseases aetiology |
| Public’s understandings of disease progression |
| Public’s understandings of treatment |
| Public’s understandings of antibiotics and antibiotic-related treatment | Public’s understandings of antibiotics |
| Public’s understandings of treatment related to antibiotics |
| Parental trust | Trust concerns | Overall situation |
| Generating profits |
| The quality of healthcare services |
| Securing parental trust | Smooth parents’ anxiety |
| Avoid complaints and other troubles |
| Keep patient satisfactions |
| Maintaining good relationship with patients | Familiarity  | Familiar patients |
| Compensating for public’s mistrust |
| Basing antibiotic-prescribing decisions on familiarity |
| Economic dimension | Parents’ re-consultation |
| Making a profit |

**Supplementary File 3:** The coding framework.