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Demystifying the Privacy Myth: Navigating around Gate Keepers in Male Reproductive Health Clinic

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Article history: ABSTRACT

16 May 2022 Successful doctor-patient interaction in a medical setting heavily relies on negotiating communication practices in terms of language use. To the outsider, the

Keywords: medical setting is shrouded in the mystery of what happens inside and how near impossible it is for a non-medical practitioner to get access to a health facility for

*Medical Setting,
Gaining Access,
Gate Keeper,
Privacy,
Confidentiality*

research purposes abound. Emanating from a recent successfully concluded linguistic study, aiming to determine the features of the language and strategies employed by doctors and patients in a male reproductive health clinic, this paper explores the procedures of gaining access from an outsider's perspective. Thus responding to the existing myths about privacy and confidentiality of the medical profession vis a vis social science researchers. The paper provides an overview of how the researcher navigated around the gatekeepers and how patients' consent, privacy, and confidentiality were taken care of during the study. Critiques and questions of methodology that arose in the academic genre are adequately addressed in this paper. The paper answers questions such as if reproductive health is sensitive and data in the medical setting problematic, how will the data for this particular study be collected? Will participant observation be convenient? Will patients allow the researcher to record the doctor-patient interaction despite the anonymity and privacy of the data?

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INTRODUCTION

Successful doctor-patient interaction in a medical setting heavily relies on negotiating communication practices in terms of language use. This would entail researchers (non-medical practitioners such as sociolinguists) getting into the medical clinic to observe what happens. The medical setting is shrouded in mystery where those from outside the profession have myths of what happens inside and misconceptions of how near impossible it is for a non-medical practitioner to get access to a health facility for research purposes. This paper explores the procedures of gaining access to a Kenyan health facility from an outsider's perspective. Thus responding to the existing myths about privacy and confidentiality of the medical profession vis a vis social science researchers. Coming from the tail end of a recently concluded study at Nakuru Level 5 hospital, a public health facility in Kenya, this paper provides an overview of how the researcher navigated around the gatekeepers of the data in question and how patients' consent, privacy, and confidentiality were taken care of during the study. This paper responds to the existing dilemma during the conception of the entire study and answers the questions as asked in "*Biting the Bullet! A discursive Analysis Approach of Masculinity in the Reproductive Health Clinic*" (Ouma, Chai & Kitetu, 2022) series one paper of the work. Critiques and questions of methodology that arose in the academic genre are adequately addressed in this paper. Questions answered in this paper include: if reproductive health is sensitive and data in the medical setting problematic, how will the data for this particular study be collected? Will participant

observation be convenient? Will patients allow the researcher to record the doctor-patient interaction despite the anonymity and privacy of the data?

Loring et al. (2017) claim that, in the past, it was easier for researchers to gain access to healthcare facilities to conduct research. Today some human factors practitioners are finding it nearly impossible to get into the facilities even with the appropriate credentials. This decreasing access to healthcare facilities is unfortunate even though stakeholders are finally recognising the benefits of conducting user research in the actual clinical setting (Loring et al., 2017). A more recent study by Alsalem et al. (2021) exploring barriers to conducting scientific research among undergraduate medical and dental students discovered barriers such as lack of time, skills, funding, and facilities hindered research in a clinical setting. These claims validate that there are challenges surrounding research in medical settings. The dilemma of privacy and confidentiality further complicates non-medical practitioners' entry into health research. As (Loring et al., 2017) assert, there is a need to balance between protecting patient privacy and safety and gaining access to the clinical setting. On the other hand (the Institute of Medicine Committee on Health Research and Privacy of Health Information, 2009) argue that health research is vital in improving human health and healthcare, but protecting patients involved in research from harm and preserving their rights is essential in ethical consideration. This paper explores the ethical dilemmas and methodological challenges that arose in a discourse analysis study that was carried out in a reproductive health clinic. It shows how the concerns of privacy and

confidentiality with both patients and doctors who took part in the study were taken care of. The study investigated doctor-patient conversations on reproductive health problems among men in the reproductive health clinic at Nakuru Level 5 hospital in Kenya. The success of the study is a pointer to the positive steps that have taken place in the Kenyan health sector, to the extent that academic research can be carried out in Kenyan public health facilities from an etic (outsiders') perspective.

METHODOLOGY

The study was qualitative in nature, with a discourse analysis approach. The focus was on the language used by the doctor and male patients to discuss reproductive health problems in the reproductive health clinic. The study adopted ethnography as a method of data collection. This is where the researcher immersed herself into the medical culture: getting into the routine and daily activities of the medical staff while interacting with patients just as the medical staff did. Ethnography as a data collection method in this context was carried out as Sangasubana (2011:568) puts it, "ethnography is conducted on-site or in a naturalistic setting in which real people live. It is personalised; the researcher is both the observer and participant in the lives of those people."

The other method that goes hand in hand with ethnography is participant observation. Using this method, the researcher assumed the participant as observer role in which the researcher made her presence and intentions known to both the medical staff and patients right from the beginning. The researcher formed relationships with the medical staff and patients. The researcher acted more like a medical staff though the patients were made aware that she was a researcher and the nature of the study was explained. A digital audio recording device was carried into the room with the consent of the doctor and patients. The doctor and male patient conversations were recorded. The real identities of the patients and doctors were hidden and pseudo names were used instead. The pseudo names reflect the different ethnic communities in Kenya. They are a reflection of the demographic composition of the Southern part of the Rift Valley region and,

therefore, a true representation of the Kenyan population.

The conversations in the reproductive health clinic took place in the Kiswahili language, which is the language used in Kenya among the cross-ethnic groups. The transcription was done, and the code was maintained. For the case of this paper, the transcription of the data is maintained in Kiswahili, but a translation in English is provided in brackets.

RESULTS AND DISCUSSION

The results are the answers to the questions, and in discussing those answers, we demystify the myths.

Accessing Data

People go to the hospital to find solutions to their health problems as well as get counselling and awareness on matters of health. The information exchanged during this communication transaction by the participants is usually private and regarded with lots of secrecy. Even the documents created for the purpose of providing health services are regarded as confidential that not just anyone can have access to, including the patient in question. Research in a health facility in Kenya is not easy since it is not an open entity where researchers can go in and come out as they please. Health facilities in Kenya are areas where research cannot be carried out without involving various institutions and stakeholders. No research can be carried out in any health facility without ascertaining that the study will not harm the respondents, especially when the respondents are patients. This section describes the steps and procedures that were involved in gaining access to Nakuru Level 5 hospital. How the researcher was accepted into this facility in its entirety and, specifically, the reproductive health clinic is discussed.

Permissions

The study took place at the Nakuru Level 5 Hospital and human beings were the respondents. People who go to the hospital sometimes have health problems that they cannot talk about openly. The focus of this research was conversations on reproductive health among men. Such information is highly sensitive and hence needs a lot of privacy, confidentiality and secrecy. For this reason, it was

important to get the permissions which ensured the privacy and confidentiality of the information provided by the patients.

The very first step involved getting clearance from the Egerton University Board of Post-Graduate Studies. This is the institution that hosts the researcher as a graduate student (PhD candidate). Its clearance would open all the other gates since they acknowledge that the researcher can be identified with this particular institution. The next clearance level was the Egerton University Research and Ethics Committee (EUREC). It is one of the nationally accredited research and ethics committees in the Southern Region of Rift Valley. This committee ascertains that the study in question bears no potential harm to the respondents regardless of the nature of the study.

The National Commission for Science, Technology and Innovation (NACOSTI) is next in this hierarchy of permissions. NACOSTI is mandated to regulate and issue quality services in the Science, Technology and innovation sector. It grants permits to all research that is carried out in Kenya. NACOSTI received the permissions from Egerton University, EUREC and a copy of the research proposal. The commission did its evaluation, gave its permission and issued a research permit to that effect. These permits were taken to the Department of Health Services, County Government of Nakuru. This is the department that houses Nakuru Level 5. It is therefore, the entry point into the target facility.

All the permits, introduction letters, the research proposal, and all relevant identification documents were submitted to Nakuru Level 5 Hospital for review at the Nakuru Level 5 Research and Ethics Committee. This committee is the final stage of the permissions chain. When they ascertain that the study has no harm whatsoever to the respondents, permission is granted and an authorisation letter is issued to that effect. Acquiring these permissions took a lot of time and cost money. Some of the permission fees had not been anticipated in the budgetary plan. Each stage of permission had its own fee charges.

Gate Keepers and Gate Keeping

Regardless of being in possession of permits from various accredited institutions, Nakuru Level 5 had

the right to stop this research from taking place in their facility. This facility is very special and unique and was the gatekeeper to the data needed for this study; therefore, its permission was the most crucial. Getting permission in this facility involved a step-by-step procedure. The first step in the chain is submitting all the acquired permits and identification documents to the human resource department for inspection. The purpose of this inspection is to authenticate the research and the researcher. Secondly, it is this department that would document the presence of the researcher in the facility. After validating the authenticity of identification and documentation, as well as ensuring the submission has met the requirements, a fee of KShs 5,000 is paid by the researcher. All the documents and payment receipts are forwarded to the Medical Superintendent, who presents them to the Nakuru Level 5 Research and Ethics Committee.

When the Research and Ethics committee deemed the research safe, the authorisation and the other documents were taken back to the human resource department. The human resource department then issued the researcher with an introduction and identification letter. This letter gives the researcher permission to access every point of data in the facility. The researcher presented the letter to the Nursing Officer in Charge of the Casualty (Out Patient) department. In the outpatient department, there are several clinics; emergency, general consultation, diabetes, ears, nose & throat (ENT), skin, orthopaedic, reproductive health and trauma. The study took place in the reproductive health clinic.

Researchers Ascribed Characteristics

Researchers ascribed characteristics are an important factor that affects the researchers' role and determines how he/she will be accepted in the community (Chai, 2003). He adds that in negotiating access to the community, the researcher does not lose their identity. There are innate characteristics of a researcher that can never change. The researcher lives and moves with them. Researchers ascribed characteristics include age, sex, race, ethnicity, and level of education. Ascribed characteristics can facilitate acceptance and rejection of a researcher into a target community. These characteristics can enhance the collection of

rich and reliable data or destroy the entire data collection.

In this said study, the ascribed characteristics played a major role in data collection. The age of the researcher allowed her to interact with the medical fraternity. Most of the practitioners were middle age, which enhanced the elder child interaction between them and the researcher. Other practitioners were young and youthful like the researcher and so there was an 'age-mate' like a relationship. It is usual for people the age of the researcher to be students. In fact, there are students from various universities and colleges undertaking their studies in this particular facility. Education as a character is the main reason why the researcher was here in the first place. The researcher is female. This made her interaction easy, especially with the nurses, the majority are women. Most of the practitioners were middle-aged women and the researcher's age mates. There were two shifts in a day. The morning shift was done by a middle-aged female doctor, and the afternoon shift was done by a middle-aged male doctor. The morning shift was successful because both the researcher and the doctor were female. As for the afternoon session, the gender of the researcher favoured data collection due to the facility rule that states that in a reproductive health clinic, a male doctor should be accompanied by a female assisting nurse. Due to this rule, the researcher was equally a resource to the facility.

The ethnic background of the researcher was a disadvantage to interaction with patients and a hindrance to data collection. This is because, from the ethnic background, the cultural values of the researcher do not permit a female of the researcher's age to discuss 'bedroom' matters of the parents. In the researcher's culture, a parent is anyone male or female who is older and close to the age of one's parents. Some of the patients who visited the clinic were men aged 40 years and above. The researcher had difficulty doing interviews with such respondents. For the first few weeks, in the company of the doctor, the researcher was uncomfortable listening to middle-aged men talk about their reproductive health problems. However, as time went by, the researcher with the help of the doctors got used to this kind of medical conversation.

Acceptance among Medical Practitioners

Acquiring all the permits was not a guarantee for getting the required data. The hospital is a community of its own. Every community has its rules of interaction. The participants of these communities are the medical practitioners and patients. This Nakuru level 5 hospital is a context of its own community with its own rules that the researcher was not familiar with. The researcher is no ties to the medical field. This facility is a research centre in the south rift region of Rift Valley. As a result, the presence of a researcher is not strange. It is a usual occurrence to see researchers in different departments of this facility. However, it was discovered that the focus of the study, which was language and the data collection methods, presented the researcher with the challenge of acceptance. This community are familiar with questionnaires which are common around this hospital and the healthcare service providers, as well as the patients, take part. The medical staff are equally used to pure scientific studies, most of them with medical backgrounds. A study focusing on language felt more like a spying activity rather than academic research. Participant observation where a researcher was present during the entire medical encounter was a little odd and out of place for this community. To eliminate fears of being spied on, the researcher had to find a way to be accepted by the health practitioners first before commencing data collection.

In order to deal with the fear of 'there's a spy' in the house, the researcher did not introduce herself as a PhD candidate as this would make things worse and make the environment more hostile. Therefore, the researcher introduced herself as a student of Egerton University. Since it was usual to have students from the Faculty of Health at Egerton University, this introduction was more acceptable and sounded familiar. So the researcher was a student like any other; the only difference was the course under study, which in this case is discourse.

The researcher embraced the dressing code of the facility: a dust coat, noiseless shoes, in this case, rubber-soled shoes and a cap. Because it was the season of the Covid 19 pandemic, a face mask was mandatory. For the doctors, nurses, clinicians, and surgeons to accept the researcher, she made a step

further in fitting into the daily routines and culture of the medical ‘world’. For instance, the researcher arrived at 8 am like everyone else doing the morning shift. She went to the changing room, where all the staff did the changing from the civilian clothes to the duty uniform. During breaks, when everyone else met at the tea room, the researcher was right there interacting with everyone just as they did. During the very first week of entry into the field, during the breaks and mealtime at the tea room, the following comments would be made:

1 Dr Chebet: na mjue huyu ako hapa kutuchunguza – and you should know that she is here to spy on us

2 Dr Cheron: kumbee - so that is it

3 Nurse Wanjiru: halafu apeleke huko admin - and then she will go and report to the administration

The first comment is from Dr Chebet, who works in the reproductive health clinic during the morning shift, where the data for this study is to be collected. As a result, there was no freedom of speech and interaction because of the presence of the researcher, who apparently, according to them, is ‘spying’ and then will report to the administration. In this first week, people ate in silence. Seldom spoke, and when they did, they used the medical code, which the researcher would never understand, however hard she tried. The researcher did not ‘kill’ this opinion but rather kept quiet and explored other means to drive the point home; this was just academic research. For instance, there is a poster close to the cupboards in the tea room that each person should wash their own cups after use. The researcher volunteered to clean all the cups used by everyone else. She assisted in the cleaning of the tea room as she saw everyone else do.

At the reproductive health clinic, the researcher arrived a little early, cleaned the couch and ensured the privacy curtains for the couch were in place. The researcher ensured that the clinic was equipped with the necessary items such as gloves, cotton, needles, sanitiser, soap, serviettes and any other equipment needed in the clinic. The aim of doing all these was to gain acceptance among the medical practitioners.

Apart from being a health and teaching facility, Nakuru Level 5 is a research centre. However, research focusing on language use appeared to be unusual. All the suspicion and hostility in the context leads to an important question: how did the researcher know that she had been accepted?

A number of events marked as signals that the researcher had been accepted. To begin with, doctors and nurses knowing the presence of the researcher in the reproductive health clinic, would access the clinic from the back door and send the researcher on an errand. The errands involved a thing or two that was required in whatever clinic within the department.

Friday, 14-01-2022

1 Dr Nafula: Good morning Dr Chebet

2 Dr Chebet: Good morning Dr Nafula

3 Dr Nafula: Good morning, Melvin

4 Researcher: Good morning Doc

5 Dr Nafula: Dr Chebet am here again to steal your company our girl

6 Dr Nafula: Melvin nahitaji(i need) consultation form, prescription form na lab request form

7 Researcher: sawa (the researcher leaves)- ok

8 Dr Chebet: na ulete nyingi zingine tutaweka hapa kwetu - bring a lot so that we can some of them here in our place

9 Researcher: ok

The greetings from Dr Nafula show that the presence of the researcher has become a normal occurrence. What clearly shows that the researcher has been accepted is evident when she says, ‘am here again’. This shows that she has a habit of coming to this clinic multiple times a day despite the fact that the reproductive health clinic is not her station. She goes ahead to say that she needs to send the researcher by saying ‘to steal your company, our girl’. This discourse connotes that the researcher has been accepted. ‘Your company’ is a discourse that shows the researcher is usually present in the

reproductive health clinic and not any other clinic. On the other hand, 'our girl' is possessive, showing that the researcher is 'theirs' and, therefore, one of their own. The act of 'stealing' shows a habit of taking the researcher from the clinic from time to time on an errand therefore signalling acceptance. The evidence of acceptance is further evident in the words of Dr Chebet, who is already referring to the clinic as 'our place'. Meaning we that is she and I are members of the reproductive health clinic and we both belong there. The way Dr Nafula gives the instruction to the researcher also shows that the researcher knows what she has been sent and she knows where to find them.

Tuesday, 18-01-2022

(A female patient comes in bleeding)

1 Dr Chebet: **Melvin hatuna cotton ya kutosha kimbia room 19** (Melvin, we do not have enough cotton run to room 19)

2 Researcher: Nurse₁, Dr Chebet anahitaji cotton (needs cotton)

3 Nurse₁: kuna client anableed? (is there a client bleeding?)

4 Researcher: eeh (yes)

5 Nurse₁: **chukua funguo uchukue** (take the keys and go pick)

(after a few minutes, the researcher returns the keys)

6 Nurse₁: iko wapi cotton? (where is the cotton?)

7 Researcher: nimeshapelekea Dr Chebet anamVE (i have already taken it to Dr Chebet; she is doing a VE)

8 Nurse₁: **aki it is good to be young**

9 Researcher: kwa nini? (why?)

10 Nurse₁: **wewe huoni vile unatusaidia hapa. Hii dakika kidogo umepeleka cotton na ukarudisha funguo. I hope utakaakaa** (can't you see how you are helping us around here. In these few minutes, you have taken the cotton and

returned the keys. I hope you will stay here for a while)

11 Researcher: (laughter) eeh bado niko (yes am still around)

By sending the researcher, Dr Chebet acknowledged the presence of the researcher and accepted her. It is out of this acceptance that she involves the researcher in the activities of the clinic. Initially, regardless of an emergency, she would fetch whatever she needed on her own and do everything on her own, even when she needed a helping hand. Nurse₁, on the hand, gives an instruction that the researcher should pick the keys and go get the cotton. These discourses denote that the researcher is trusted enough to know where the keys are kept. Secondly, knows her way around the facility; she knows where to find whatever is needed. Besides the trust, the nurses express how the researcher has been helpful in the facility, especially because of her age. The act of trust, appreciating the assistance of the researcher and wishing that the researcher stays longer in the facility was a clear signal that the researcher had been accepted among the health providers.

Ijumaa, 21-01-2022 (Friday, January 21, 2022)

1 Nurse₁: **mtoto wetu uko na chakula?** (our child, do you have food?)

2 Researcher: iko kwa hii bag (it is in this bag)

3 Dr Chebet: **huyu ameshaingia kwa laini amejua kubeba chakula** (this one has caught up with the routine, now she knows to pack food)

(the researcher picks a clean cup and takes a seat at the table)

4 Nurse₂: **Usiwe ukichukua tu kikombe na kutumia hivyo bila kuosha** (don't be picking a cup and using it without washing)

5 Researcher: kwa nini? Imeandikwa hapa uoshe cup baada ya kutumia? (why? It is written here that you wash the cup after use?)

6 Nurse₃: **hehehe hiyo ni wewe unajua kusoma** (hehe, that's you who knows how to read)

7 Nurse₂: *ukichukua kikombe hapa uoshe kwanza na sabuni. Unafikiria covid hapa iliambukizana aje? (when you pick a cup, wash it in soap and water. How do you think covid-19 spread around here?)*

8 Nurse₄: *na pia si kila mtu ataosha vile wewe huosha hapa kila siku oh sabuni oh superbright (and not everyone will wash like you everyday oh soap oh superbrite)*

9 Dr Chebet: *hata kama kuna rule, upbringing ni different. Mtu hata asome akuwe Daktari aina gani kama malezi ni mbaya ni hivyo (even if there is a rule, upbringing is different. Someone even if they have studied and becomes a doctor if the upbringing is bad that's it)*

10 Researcher: *sawa(ok) (the theme of the conversation changes)*

Nurse₁ referring to the researcher as 'our child' is a possessive discourse. This is evidence that the researcher has been accepted into this community. Dr Chebet responds with an assurance discourse that the researcher has blended into the culture and has learnt to carry her own packed lunch like everyone else. Their exchange shows that the researcher is immersed in the culture and habits of the people here. For instance, one of the most crucial activities is spending time in the tea room during the breaks. This is the point of meeting and bonding. If this does not happen, it becomes difficult to keep track of the colleagues because people here practice in different clinics and come in in different shifts.

These evidence through the conversations attached were signalling to the researcher that she had been accepted. Therefore, the data collection exercise could take off.

Acceptance among Patients

Getting accepted among the patients was not as difficult compared for the medical staff. This was because the researcher organised how the patients came in to see the doctor. This was an opportunity for the researcher to interact with the patients before meeting the doctor in the clinic. The reproductive health clinic offers services to both men and women. Since this is a public facility, the number of patients is high and the queues are very long. It was

required for the researcher to get the consent of the male patients to recruit them for the study. With the long queues, talking to each patient appeared to be unrealistic. Besides, as women came into the clinic, the researcher was present. It was important for all the patients to know who the researcher was and her role. For this reason, every morning for the three months, the study was ongoing; once the patients were seated in the queues awaiting the doctor, the researcher would get out and introduce herself to all the patients, men and women.

However, they were informed that the research was targeting the men and that it was about the language used between doctor and patient. They were informed that the researcher would be accompanying the doctor in the clinic, so there would be two people in the clinic; the doctor and the researcher. The researcher showed a digital audio recording device that was supposed to record the doctor and patient conversations. They were informed that the device would be placed on the table. Any man who did not want the researcher present in the clinic while they were receiving the services was allowed to ask the researcher to leave the clinic. Any man who did not want the recording device was also allowed to say so, and it would be switched off. The patients were informed that the researcher would not take part in the physical examination session whatsoever. All the male patients who agreed to take part in the study were asked to sign a written consent form. However, most of the male patients felt that oral permission was adequate. In addition, they felt like written permission would divulge their identity and expose them, yet they wanted to be as anonymous as possible.

Researcher: Habari zenu (how are you?)

Patients: mzuri (fine)

Researcher: najua tumekuja kutibiwa lakini kuna jambo ningependa kuwaambia (I know you have come to seek medical but there is something I want to tell you)

Researcher: Naitwa Melvin Ouma mwanafunzi Chuo Kikuu cha Egerton. Nafanya utafiti unaongazia matumizi ya lugha kati ya daktari na mgonjwa akatika kliniki ya afya ya uzazi, mahususi ninaangazia wanaume. Mkiingia hapa

ndani mtapata daktari na mimi. Juu ya meza kuna hiki kifaa (akiwaonyesha kifaa chenyewe) kinanasa sauti wanaume wanapozungumza na daktari. Kama hutaki nikuwe pale ukiongea na daktari sema tu, nitatoka. Kama hutaki sauti yako iwe recorded pia utasema halafu nitaizima. Wanaume, utafiti huu unawahusu nyinyi kwa hivyo ukihisi hutaki kushirikishwa naomba ukiingia tu hivi kumwona Daktari naomba uniambie (My name is Melvin Ouma, a student at Egerton University. I am doing research on doctor-patient language use in the reproductive health clinic, specifically among men. When you go into the clinic, you will find the doctor and me. On the table, there is this audio device that will be recording the male patients and the doctor as they talk. If you don't want me to be in the clinic when you come in, you are free to say so and I will leave. If you don't want this audio recorder, just say so, and I will switch it off. This study involves men as the participants; if you don't want to take part, I request that you say so immediately after you get into the clinic)

Researcher: nani ako na swali? Does anyone with a question?

This consent seeking was a routine carried out every day at intervals of every two hours. This ensured that all the new patients absent during the previous introduction and consent seeking were present in the next. When the patients got into the clinic, the doctor repeated the consent seeking procedure for purposes of clarification.

Monday, 14-01-2022

1 Dr Chebet: Mzee habari (how are you old man)

2 Kioko: Mzuri (fine)

3 Dr Chebet: huyu amekuambia anafanya research (has she told you that she is doing research?)

4 Kioko: ndio ametuambia (yes she has told us)

5 Dr Chebet: akae ama aende? Na hii kitu izimwe ama iwashwe? (can she stay or leave? And this recorder should it be switched off or on?)

6 Kioko: akae tu ni matibabu twende (let her stay its treatment then we leave)

7 Dr Chebet: na hii (akiinua ile rekoda)(and this? Lifting the recorder)

8 Kioko: niko sawa (I am ok)

Once the patient gave their consent, the doctor proceeded with the consultation and treatment session. Since the participation was voluntary, some of the patients refused to participate and their decisions were respected. Even though they refused to take part in the research, these participants were assured that no harm would come to them for refusing. They were also assured that refusing would not interfere with the service delivery in the clinic.

Friday, 28-01-2022

Patient 33: Wanjohi, 74 years old

1 Dr Kirui: mzee sema (hey, old man)

2 Wanjohi: hii mjukuu anaweza tupea nafasi (can this grandchild give us space?)

3 Dr Kirui: eeh, anaweza. Si amewaambia hapo nje? (yes, she can. Didn't she inform you outside?)

4 Wanjohi: yeye iko sema. Mimi hapana taka yeye hapa yeye ni mjukuu yangu (she did say. I don't want her in here; she is my grandchild)

5 Wanjohi: mjukuu wewe iko pea sisi nafasi na daktari (grandchild, you give us space with the doctor)

(the researcher leaves the clinic)

Monday, 31-01-2022

Patient 34: Okumu, 24 years old

1 Dr Kirui: niambie (tell me)

2 Okumu: anamuangalia mtafiti (the patient looks at the researcher)

3 Dr Kirui: huyu aliwaambia kitu hapo nje (has she told you something while you were outside?)

4 Okumu: *yeah (yes)*

5 Dr Kirui: *Unataka atoke? (do you want her to leave?)*

6 Okumu: *yeah (yes)*

7 Dr Kirui: *na hii rekoda? (what about this recorder?)*

8 Okumu: *pia sitaki (I don't want it too)*

9 Dr Kirui: *ni sawa. Wacha kusema na woga hatukataa kukutibu kwa sababu umekataa (don't be afraid to say we won't refuse to serve you because you don't want take part)*

(The researcher leaves)

Despite refusing to take part in the research, these male patients were not forced to do so. They were not denied the healthcare services. Most of the male patients had no problem participating in the research as long as their identities remained anonymous. It is possible that patients were used to the idea of having two or more healthcare providers in a clinic, and therefore the presence of a researcher wasn't an issue. Patients are also aware that this is a teaching facility, and so most of the people accompanying the doctor in the clinics are students. Since the researcher introduced herself as a student, it was a usual occurrence for the patients. Patients therefore did not have a difficult time accepting the researcher.

The male patients who agreed to take part in the study did not have concerns about the audio recorder or talking to the doctor about their reproductive health problems. The use of an audio device for this study is in tandem with West (1984), who worked in practice with high-quality ceiling microphones and unobtrusive video cameras located in the ceiling corner. On the other hand, Cassell (1985) used lapel microphones with long and said, "do not worry that microphones will intimidate the patients. They have come to the doctor with a purpose, and the microphone is usually seen as a small inconvenience." The presence of the researcher in the clinic and the use of an audio recording device were not a source of discomfort or disturbance to the patients compared to the hustle of queues and crowds they had to deal

with in this public facility. As a matter of fact, most of the time, the patients forgot that the researcher was not a healthcare provider and referred to her as a *sister*, which means nurse.

CONCLUSION

This paper has shown how access to a public health facility in Kenya for a discourse analysis study was acquired. The access was gained using the 'knock on the front door' approach while building enabling relationships that would bring down all the barriers to accessing the data. Gaining access was a tedious procedure in that it took a lot of time and sometimes anticipated monetary costs. The dilemma of participant consent and matters of privacy and confidentiality were dealt with ethically, skillfully, and professionally. With all the challenges, this paper explored the challenges and successes of research in a public health facility in Nakuru, Kenya. There are challenges, critiques and dilemmas, but that doesn't mean it is impossible to do research in a healthcare facility in Kenya as an outsider.

REFERENCES

- Alsalem, S., Alkhairi, M., Alzahrani, M., Alwadai, I. Alqahtani, Alaseri, Y., Alqarni, A., Assiri, S., Alsalem, A. & Mahmood, S. (2021). Challenges and Barriers Toward Medical Research Among Medical and Dental Students at King Khalid University, Abha, Kingdom of Saudi Arabia. *Frontiers in Public Health*, 1212 <https://doi.org/10.3389/pubh.2021.706778>
- Cassell, E. J. (1985). *Talking with patients, Volume 1: The theory of doctor-patient communication*. MIT Press.
- Chai, F. (2003). *Language Use in a Medical Setting: Reconciling Explanatory Models of Illness in the Diagnostic Interview among the Giriama of Kenya*. University of Essex: Unpublished PhD thesis.
- Institute of Medicine Committee on Health Research and Privacy of Health Information. (2009). *The Value and Importance of Health Information Privacy*. Washington, DC: National Academies Press.

- Loring, B., Karn, K. S., Privitera, M. B., Wilcox, S. B., McDowell, R., & Feldman, S. (2017, June). Healthcare facility access challenges for conducting user research. In *Proceedings of the International Symposium on Human Factors and Ergonomics in Health Care*, 6(1), 172-176. Sage CA: Los Angeles, CA: SAGE Publication.
- Ouma, M.A., Chai, J.F. & Kitetu, C.W. (2022, April). Biting Bullet! A Discursive Approach Analysis of Masculinity in the Reproductive Health Clinic. *International Journal of Advanced Research*. Vol 10(04). 325-332. DOI 10.21474/IJAR01/14551.
- Sangasubana, N. (2011). How to Conduct Ethnographic Research. *The Qualitative Research*, 16(2), 567-573.
- West, C. (1984). *Routine Complications: Troubles with Talk between Doctors and Patients*. Bloomington: Indiana University Press.