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RESEARCH ARTICLE

BITING THE BULLET! A DISCURSIVE APPROACH ANALYSIS OF MASCULINITY IN THE REPRODUCTIVE HEALTH CLINIC

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Abstract

Background: Language is the most powerful diagnostic tool available to any doctor. Language provides the doctor with the information needed for appropriate diagnosis hence successful health care service delivery. Culture influences the choice of language in various context such as the hospital. Little is known on the language used by men seeking reproductive health services at the clinic despite so many researches having focused on doctor-patient communication. The focus of this work is the language used by men to describe their reproductive health problems to the doctor.

Methods: Participant observation and interview are the data collection tools.

Conclusion: Key features of men's conversaton include silence, interruptions, use of swear words and taboo language. They use discursive strategies such as self reliance and independence when seeking health services while they use teasing humor when talking about sexual and reprodcutive health.

Introduction:-

Talking about reproductive health whether in a medical setting, among friends, family or society presents challenges due to the complex personal and societal contexts of these discussions (Dehlendorf& Rinehart, 2012). They add that communication on sexual and reproductive health topic is important and a challenge across a wide range of medical practice such as in physician-patient interaction, pharmacy-client and doctor-patient. Such claims form the basis of this paper as it sets to explore and describe the doctor and male patient interaction in a clinical setting, with focus and emphasis on the language the men use to describe their problems when seeking reproductive health services.

Doctors and patients face communication challenges which hinder successful interaction. These communication challenges may be as a result of language barrier which are either because the patient cannot understand the doctors' language or other partial language barriers such as difficulty in finding words, problems with pronunciation or understanding of utterances (Ranjan et al, 2020). Meanwhile, communication is that part of the doctor-patient relationship that is one of the oldest tools for any doctors' activity and it is essential today as it was many years ago (Kasimtseva et al, 2019). It is the most powerful diagnostic tool available to any doctor as approximately 80% of the information a doctor needs to make a correct diagnosis comes from the doctors' and patient conversation (O'dowd, 2004).

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Words regarding body organs related to sexual desire, activities involving sex and body effluvia resulting from sex, micturition and defecation organs are culturally bound and hence termed as taboo language (Keith &Burridge 2006). As Chunming(2013) asserts taboo language exists in all cultures in the world. Some taboos are universal while others are culturally specific. Universal taboo subjects include body functions about sex and excretion, private parts of the body among others (Chunming, 2013). Sexual activities, private body parts and excretion related to sex are an important detail in thedelivery of reproductive health care service. To access reproductive health service in a hospital setting, the patient will have to identify a strategy to use in communicating with the doctor about the reproductive health problem. If this is so, then how would a patient describe a reproductive health problem to a doctor in a Kenyan hospital? How would male patients explain their reproductive health problem to the doctor? What discourse strategies would a man deploy to describe his reproductive health problem to a doctor considering matters reproductive are taboo to be spoken openly?

Due to issues of masculinity, male reproductive health service, and heavily relies on the description, conversation and the words men use (Reeser, 2010). Reproductive health among men widely deals with matters affecting the penis. The presence of the penis and the ability to engage in coitus is a symbol of masculinity in the partriachal societies (Ouma, 2018). Khan et al (2009) states that an infection, disease or any problem in the penis affects the power that is embedded in masculinity. The penis is the source of being a man and therefore masculinity begins there and the presence of this part of the body is a symbol of masculinity (Izugbara, 2005). Masculinity according to Reeser (2010) is a cultural concept that can be understood through the language used by men to talk about or describe masculinity. How do men describe a reproductive health problem to the doctor considering that it is the origin of their masculinity that is ‘under attack’? Does the man’s masculinity remain intact or is he emasculated because his masculinity is ‘under attack’? What discourse strategy does a man deploy to navigate around a reproductive health problem, masculinity and his culture, which socialized his language and his masculinity? As Connell (1995) puts it, true masculinity is thought to proceed from men’s bodies. It is therefore intimately linked with health, providing the focal-point of self reconstruction as well as health construction (Saltonstall, 1993).

This work focuses on doctor patient interaction, focusing on their conversation on reproductive health. How a man describes his private part of the body depends on the taboo language since taboo language is cultural. Culture will therefore inform the choice of language and discourse used by men to describe reproductive health problems to the doctor. In the context of a hospital, how do men talk about reproductive health with the doctor? What are the linguistic features of the language in this context? How does masculinity inform the choice of language men use to describe a reproductive health problem? How does culture influence the choice of language and discourse strategies used by men while describing reproductive health problem? These are some of the questions that this work intends to answer at the end of the study.

Methodology:-

This study is qualitative, a discourse analysis perspective. The data for this research will involve opinions, views and exact words used by men to report reproductive health and not ordinal values (Nkwi et al, 2001). Qualitative researchers are interested in understanding the meaning people have constructed; how people make sense of their world and the experiences they have in the world (Merriam, 2009)(Creswell, 2009). This study is aims at unraveling how the doctor and patient construct meaning in the world of clinical setting. The study adopts the discourse analysis approach since it studies a naturally occuring language and looks at the structure of discourse and interaction between two or more speakers to understand how shared meaning are socially constructed (Merriam, 2009) (Shanthi et al, 2015).

The research will be carried out in Nakuru Level 5 hospital, located in Nakuru County, Kenya. This hospital was selected purposefully. It is an information-rich area of study because of its location and catchment of patients of all walks of life. Most importantly, it is a public hospital and a research centre. According to (Regional Committee for the Eastern Mediterranean, 2006): “government owned health and hospital facilities are the reference places for training of human resources and are often the most appropriate sites for research activities in the field of health, public health and medicine. The development of bio-medical and health research is totally indebted to the support of the government institutions in design, funding, protection of ethical values and monitoring the impact of research activities on health outcomes”. The research targets men who will visit the public hospital for reproductive health services. The study will focus on the men who can speak since spoken language is integral to this study and are willing to take part in the study.

The research will use participant observation to collect the data for this study. Participant observation is appropriate for scholarly problem when the phenomenon under study is somehow obscured from the view of outsiders i.e., private, intimate interactions and groups such as physical and mental illness, sexuality, family life and religious rights (Jorgensen, 1989). This study focuses on reproductive health among men which is equally a sensitive and confidential topic, making participant observation the right data collection tool. Participant observation allows a researcher to understand and capture the context within which people interact, becausefirst hand experience with a setting opens up the reseacher to discovery and inductive rather than guessing what the context is like (McGrath et al, 2019). It equally provides an opportunity to learn things that people are not willing and are uncomfortable to discuss (Creswell, 2014). However, Creswell notes that particpiant observation may make the researcher appear intrusive since private information may be observed that cannot be reported. This method generates arguments with regards to confidentiality, privacy and intrusion since people have a right not to have their lives invaded (Fox, 1998).

Participant observation will be accomplished in this study by audio recording the conversation between the doctor and patient about reproductive health. Access to these recorded data in medical settings has nearly always been problematic (Freeman, 1987) because these data may be regarded as sensitive and private. 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 convinient? Will patients allow the researcher to record the doctor patient interaction despite the anonymity and privacy of the data? Freeman equally adds that researchers have used a variety of strategies to obtain data from the medical setting. (West, 1984)worked in practice with high quality ceiling microphones and unobtrusive video cameras located in the ceiling's corners. (Cassell, 1985)used lapel microphone with long cords. Cassell says "do not worry that the microphones will intimidate the patients. They have come to the doctor with a purpose and the microphone is usually seen as a small inconvinience. Doctors often require considerable reassurance before they will wear microphones."

Interviews are another data collection tools that will be used in this study. Interviews give researchers an opportunity to explore in an indepth manner matters that are unique to the experiences of the respondents, allowing insights into how different subject of interest are experienced and perceived (McGrath et al, 2019). For sensitive or taboo topics such as sexual activity, miscarriage or death, an interview serves as a forum where people can reflect on their own attitudes, opinions and behavior in a way they might not in a regular conversation (Guest et al, 2013). Since reproductive health is such a personal matter, interview will provide an opportunity to understanding how culture influences language use in the hospital. Using interviews, a perception of on culture, masculinity and language will be explored. An understanding of why men choose a particular discourse strategy to describe reproductive health problems with regard to their culture will be achieved. The study will use interview to collect the views of men about their culture and reproductive health. This will be through a conversation between the researcher and the men who have gone to the hospital to seek reproductive health problems.

Objective	**Data collection tools**	**Data**	**Expected Outcome**
Linguistic features of men's talk in a reproductive health clinic	Participant observation -Observation schedule -audio recorder	Conversation on reproductive health problem between doctor and patient	Questions Silence Interruptions Use of taboo language
Men's Discourse strategies in a reproductive health clinic	Participant observation -Observation schedule -audio recorder	Conversation on reproductive health problem between doctor and patient	Directness (calling a spade a spade) Use of euphemisms Use of metaphors
Cultural trends in men's conversation at the reproductive health clinic	Interview -Interview guide	Conversation on reproductive health, language and culture between the researcher and men (patient).	Cultural view of what consist taboo language Cultural views of reproductive health versus taboo language Exception for using taboo language e.g in the hospital

Discussion:-

The results of this study will be organized and presented thematically. These themes will be derived from the guiding objectives and research questions.

Linguistic features of men's conversation:

In their daily interactions, men's language exhibits characterisitcs such as interruption, competition and use of swear words and taboo language. Men interrupt more than women and deploy silence strategically (Kiesling, 2007) to claim dominance a key feature of masculine norms. These features are usually used in an effort to conform to masculine norms. The urge to be seen masculine and not weak informs the choice of these lingusitic features. However, these features are known for normal daily interactions. In certain contexts, such as a clinical setting it is not clear the kind of linguistic features would dominate a conversation in that context. With regards to topics of discussions, men are more likely to talk about politics, economy, stocks, sports, current news (Xia, 2013) and sexual quests and encounters (Ouma, 2018). This shows that in the same sex groups it is almost predicatble what topic they will be talking about and how they will be talking about it. In a clinical setting where a specific topic of discussion such as reproductive health has been clearly set out, what kind of linguistic features will encompass the conversation. In a doctor- male patient encounter will the conversation show the same linguistic features. The features we already know of interruptions, silence, competitive language, are they same features in a clinical setting when men are set to talk about reproductive health problems with the doctor.

Men may avoid using polite linguistic behavior since they profit from it and it helps them perform masculinity (Kiesling, 2007). When we say men use swear words and taboo language, it means they are not interested in face saving or even politeness. Use of swear words and taboo language is a way of performing masculinity. In a clinical setting, with a reproductive health problem then we can assume men would not have a problem talking to the doctor. Since they are used to using taboo language they would categorically "call a spoon a spoon and a spade a spade". Reproductive health is sensitive and surrounded by cultural connotations. If men avoid using euphemisms, does it mean they will use taboo language while seeking reproductive health service? Will this be a discourse strategy while seeking reproductive health services or will men choose other discourse strategies to seek reproductive health services? What are these discourse strategies that they will use? Are these strategies informed by masculinity or culture or both?

The male language is more assertive, mature and direct forms (Lakoff, 2004). Men use minimal response to assert dominance (Coates, 2004)(Eriksson, 2009). Men use explicit commands, directives, swearing and taboo language when they are in same sex groups (Coates, 2004). Male speakers interrupt more but they are likely to interrupt women more than would interrupt fellow men (Coates, 2004) (Xia, 2013). It would be worth the while to establish if men would use commands in a reproductive health clinic or they would interrupt the doctor more. The urge to assert dominance is frequently why men talk the way they. However, in a clinical setting, with a reproductive health problem at hand, is the urge to show dominance more improtant than the urge to get reprodcutive health services. And since men interrupt women more, will they still interrupt a female doctor when seeking reproductive health service.

Doctor patient conversation:

Medical encounters follow a predictablesequence of occurrence formulated by (Have, 1989) as Opening, Complaint, Examination, Diagnosis, Treatment or advise and closing. A greater percentage of this sequence is dominated by talk. In as much as the doctor-patient interaction sequence is predictable, how the doctor and a man talk about reproductive health problem is not predictable. The language the men will use to describe a reproductive health problem to a male or a female doctor is not predictable. The discourse strategies in this context are not pretty obvious and therefore worth looking into.

One of the most fundamental communication patterns in physician-patient interaction is interruption (a verbal interdiction of anothers talk) which is asscoiated with social dominance regardless of gender (Heritage& Maynard, 2006). The add that physicians interrupt patients more except when the patient is male and the physician is female. They further discovered that patients asked fewer questions than physicians and were less likely to receive answers to them than physicians were. So, doctors interrupt patients more, while men too interrupt more in a normal conversation. In both scenarios, dominance is the reason for this particular linguistic feature. In a reproductive health clinic, with a man and doctor as participants, who will interrupt more to maintain the dominance?

In the first encounter of doctors with the patients, use of questions by the doctor can aid in the free flow of information from the patient to the doctor (Chandra, Mohammadnezhad, & Ward, 2018). (Swasey, 2013)mentions that doctors use open-ended questions in the first interaction to guide the conversation in order to get appropriate information needed. Questions provide the doctor with the answers for proper diagnosis and treatment. Questions are a doctors' strategy to understanding the patients' world. However, the point of focus in this work is not the doctors' discourse strategies but the patients. The discourse strategies a patient, a man, deploys to describe his own world in this case reproductive health problem. Men use silence to command power and dominance in a conversation. Silence is a way for men to present reproductive health problems. It could equally be a strategy a patient would deploy when they are presenting a reproductive health problem to the doctor.

In a clinical setting, doctors perfom all the initiating moves while the patients all of the responding moves (Jones, 2015). Moves such as questions, order and proposal are mostly taken by physicians and seem to be dispreferred when taken by patients. Doctors maintain interactional control through the kinds of questions they ask and how they respond to patients' answers using 'third turns. Men prefer giving orders and dicrectives. When they find themselves in a clinical setting for reproductive health service would they take orders and directives from the doctor or they would want to ignore in order to show masculinity. When they walk into the reproductive health clinic and find a female doctor, how will they describe their reprodcutive health problem?

Culture in medical encounter:

Patients culture will affect the way they perceive their body, illness and disease. This is also true for doctors as their own families and communities have also helped to shape these cultrual beliefs within them (Tegegne&Weide, 2013). They further indicate that each patient in the medical interview brings with them the cultrue in which they were raised. Masculinity is a cultural concept while talking about certain parts of the body is also cultural (taboo language category). A man will approach a clinical setting with the ideologies of the culture in which he was socialized into. Culture informs the choice of language. The language that men will use to describe reproductive health problems to the doctor is therefore informed by culture. This as(Hymes, 1974) says is because language helps realize the cultural norms that underlie the way people act toward one another and culture influences people's thinking through language (Rangriz&Harati, 2017).

The doctor has his/her own culture, beliefs, values and attitudes. The men who visit the reproductive health clinic too bring with them the cultural beliefs that socialized language and masculinity in them. Through culture, the society has ideologically accorded the doctor professional power and dominance in a clinical setting. At the same time, through culture masculine ideologies have been socialized into men, giving men social power and dominance. Cultural influence and power relations therefore come into play through language when these two participants are in the clinical setting. Culture influences the ways in which social structures such as masculinity and institutional practices such as the hospital constitute how reproductive health is discussed.

Men and discourse strategies:

Men use discursive strategies to explain and generate a masculine position that emphasise that men rarely use healthcare services (Noone& Stephens, 2008). They usually rely on discursive strategies to justify their health seeking behavior while preserving their masculine identities portraying themselves as masterful and knowledgable of healthcare. It is these discoursive strategies that forms the nerve of this study. In seeking reproductive health services what are these discursive strategies they use. Is it silence, because silence commands masculinity? Or it is using the taboo language, that is, calling each body part by its name, describing any sexual activity in plain language.

In describing their help-seeking for depression, many men employed the use of discursive strategies such as the discourse of self-reliance, responsiblity and independence, strategies which are closely aligned with the masculinity ideals including strength, courage and independence (Johnson et al, 2012). They tried to position their depression as a minor personal problem that could be handled alone.

Humor among men is a lynchpin to engaging in discussions about sexual health with peers and sex partners (Shoveller et al, 2012). They found out that teasing humor can serve to prompt men to reflect upon and recognize and reconsider risky sexual practices while not explicitly challenging key hyper-masculine perfomance indicators. On the other hand (Korobov, 2005) argues that most men use ironic teasing humor which is used to neither cancel out an expression of concern for other men nor explicitly disavow concern about a male friends' sexual health. This

makes it difficult to determine if men are complying with or resisiting masculine discourses (Korobov, 2008). In Doctor patient encounters, will men still use teasing humor to talk to the doctor regarding reprodcutive health problems? Or will men choose to use other discourse strategies? Will men describe reproductive health problems to the doctor in the same manner they would to their peers? If sexual health is an avoided topic with peers, how then will men talk about reproductive health with the doctor? Since their masculinity depends on the doctor, how do they talk about reproductive health problem with the doctor?

What men cannot say about their sexual health also operates as a mechanism of power relations because in breaking these rules men might be teased or mocked and have their masculinity questioned (Faucalt, 1999). Through socialization, masculinity allows men to command power. Masculinity legitimizes power among men. Men will use various strategies in their day-to-day interaction to show their masculinity and hence power. If talking about sexual helath may make a man appear powerless, does talking about reproductive health problem with the doctor make a man powerless too? How do men through language negotiate power with the doctor when talking about reproductive health problem?

Conclusion:-

The study provides an opportunity to explore masculinity and language in the reproductive health clinic. The above discussed themes reflect on the key issues that will be of focus during the data collection, analysis and presentation of this project. They equally mark the point of focus and a lens on which an understanding of language use in a reproductive health clinic between men and doctor will be achieved.

Language is a key to understanding the world. Healthcare services depend on communication while culture informs the choice of language in various contexts, in this case the hospital. Men may be reluctant to seek help but in the event that their masculinity is compromised because of a health condition, they will definitely seek health services. This is because masculinity begins in the manhood and anything that affects it negatively has to be addressed in order to maintain masculinity. How masculinity and reproductive health problems are negotiated through language will be unveiled through this study. How masculinity and culture inform the choice of discursive strategies in a doctor patient encounter over reproductive health services will be put forth.

Disclaimer

This paper is an exploratory effort of the work in progress. The authors are trying to fine tune the focus of the envisaged study by problematizing – the theory and methods to expected out comes.

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