**File name: 200220\_1327\_FGD ADULT MALES\_COMMUNITY MEMBERS\_MUTUATI**

**Duration: 00:50:15**

**I: So thank you for coming and accepting to participate in this research. So the first question we will start with is, I would like to know, in this community, which are the most community diseases affecting the community members?**

R1: There is TB. A patient coughs and if it is lung cancer – also have been very common. So mostly when you go to the hospital with a cough you are told it’s just a cold but I don’t think so.

**I: Okay, number two.**

R2: Asthma.

**I: Okay, number three.**

R3: Some are not able to come and see the doctor.

**I: Yes, he just comes to the doctor and he cannot talk…**

R3: Yes, they talk for a minute and go silent again.

**I: Okay, thank you; number four; which diseases are most common among the community members?**

R4: Asthma and TB.

**I: Asthma and TB.**

R5: There are diseases which make the blood dry.

**I: Okay, diseases affecting the blood. Thank you, number six.**

R6: There is asthma and when you see one gasping for air, they must be asthmatic.

**I: Thank you; and if one becomes sick, not necessary asthmatic or just any other diseases; what steps do they first take to get treatment?**

R3: First sometimes they go to the hospital. And when they go to the hospital a test is done and if they are found to be asthmatic or any other disease, sometimes they are told that there are no drugs and they have to go and buy them somewhere else. So the drugs are not available.

**I: So there is a problem – you may go to the hospital and fail to get drugs.**

R3: Yes.

**I: Thank you. So he’s said some go to the hospital; number three.**

R5: Sometimes you go to the hospital and get tested then you are told to go for the drugs, maybe the drugs were brought yesterday and if you go the following day you don’t find any drugs.

**I: Okay, so you have a test done and you are told to go for drugs and you know very well that the drugs were brought but if you go for them you are told they are not available?**

R5: Yes.

**I: Okay, number one do you have something to add?**

R1: There is a concern that when one has a chest disease, say they are coughing; someone will say they just have a cold. So it’s always normal to go to the shop and buy indocid or any acid sold in the market. So you just say you are suffering from a cold. So most of them do rush to the shop and buy drugs from chemists instead of going for a test at the hospital because some say that when they go to the hospital they don’t get any drugs.

**I: So one feels they would rather go to the shop.**

R1: Yes, they feel that they can get the drugs there.

**I: Okay, thank you; any other steps people take? We have heard about hospitals and shops or chemists. Anywhere else people can rush to when they fall sick?**

R6: If you fall sick and you don’t have money, you cannot go to a good hospital; maybe health centers or a public hospital. So some do buy drugs in shops because when you go to those facilities you don’t get drugs.

**I: Since when they go to the hospital they don’t get drugs so they decide to buy the drugs outside and sometimes they don’t recover?**

R6: Yes, sometimes you can go to the health facilities in the morning and wait till four in the evening only to be told that there are no drugs.

**I: Okay, I go to the hospital in the morning and get the tests done only to be told there are no drugs in the evening after a whole day.**

R: Yes.

**I: Okay, and have you seen those – number one.**

R1: There is a method some use, the practitioner who just came called [inaudible 00:06:03]in Meru or aloe vera in English. It is believed to cure several diseases. So in case one falls sick or in case of these respiratory diseases, they look for it because according to us, it is believed to cure several diseases. So one looks for aloe vera.

**I: Okay, so there are the traditional herbs which some believe in. I would like us now to talk about the diseases we talked about which focuses on chest and breathing problems or affects the lungs. You have said the symptoms of such diseases could be breathing problems, some said that others gasp for air and others cannot even talk for long before they run out of air; some also have chest pains, others cough a lot and some produce some sound when they breathe. Like we are here now, we could breathe normally but if one had a problem you would here a sound when they breathe. So I would like to know, according to you are these diseases common in your community or are they very rare?**

R1: In my community they are very rampant because if you go to for example the community, if you walk for at least ten minutes you will meet three people with TB. There are others who even lock themselves in the houses and cannot go to the hospital. Some have even died from those diseases. For example there is a case of a child who is admitted in the hospital whose parent was asking if a person with TB gives birth to a child, does the child get infected as well? So the child is now admitted in the hospital with breathing problems and that child has stayed in the hospital for at least seven days now. He was born by a TB patient. So that disease is very rampant because even the woman’s husband died. There are various people with this disease; there are those who have not been treated and there are others receiving treatment now. So the diseases are rampant in the community because you may find even ten people with TB.

**I: So you can find a home or an area has many victims?**

R1: Yes, in a certain square, say one hundred meters square you find that they are infected. And three of them could be from the same home. And there are some who don’t even want to go to the hospital. So you have to follow them up. If you ask some to go to the hospital, they become tough headed and they have no people to follow them up so you just leave them. They end up infecting others. Some even decide to lock themselves in the house.

**I: Okay, so number one has mentioned several issues and there is something I would like to follow up before we hear from others; you mentioned some people who are locked inside their houses; why are they locked inside?**

R: For example it’s a belief because sometimes the disease affects someone and even makes them look like they are mad. Sometimes you even have the self-esteem and you don’t feel welcome in the community because when you cough a lot, some will look at you with – when one has TB and cough, they produce some sound and they will be told to stay away because – you get despised by the community. So to prevent the infected persons from mingling with the community they decide to lock themselves in the house. And then if the family doesn’t have the means to take him to the hospital or he is a young man or woman, you know they will say he or she is a prostitute, this one was a khat thief as you know we believe in khat here in Meru. So they say let them die in the house instead of letting them infect others as well. So the patient will have to lock himself in the house because no one will be willing to help them go to the hospital for treatment. That is the reason.

**I: Number five.**

R5: You know sometimes people fear being associated with that disease.

**I: So they fear?**

R5: They fear because you know when you have that disease you even fear letting others know you have it.

**I: Is that only for TB or for other chest and lung diseases?**

R5: Even asthma and HIV AIDS.

**I: Number six has mentioned asthma. What is the opinion of the community towards asthma?**

R6: You know someone who has asthma and an inhaler when he sees you, they cannot remove the inhaler even when they are feeling worse. You see them hiding in order to use them.

**I: And why do they fear using them in the full view of people?**

R6: I don’t know about that. You know one fears that if someone knows the drugs they are using, they will start telling others and also because they snore aloud.

**I: Okay, anything else to add on the diseases we are talking about? Number two.**

R2: Sometimes you may not have money so you have the disease but you cannot tell the others yet they use the drugs.

**I: Okay, so some have the ability?**

R2: Yes, they have the ability but they eat together with the others.

**I: Okay, why don’t they eat together?**

R2: They eat beef or tea together because they don’t want to tell the others.

**I: Okay, thank you.**

R: I have a question, if you use a cup that a TB patient has used, can you also get infected?

**I: If you eat together?**

R: Yes.

**I: You know TB is airborne; through coughing – if one coughs or you are in a closed room, that’s what causes TB.**

R: Let’s say if one uses the same glass the TB patient used to drink water, can you be infected?

**I: If one has TB – they are mostly advised that if they are known to have TB, they should not share in order to avoid spreading the disease. Such a person for example if they breathe in the glass or cough in the glass then that could be infectious.**

R: What if they are not known patients?

**I: If they are unknown to have the disease – you know one cannot be known to be a patient before they are tested and they mostly say you should rather get tested so that you are also advised on how to prevent spreading the disease and how you can also get to be cured. So there are drugs for such.**

R: Excuse, sometime we were asking why one would lock themselves indoors; for example if I have TB, I will be given a separate plate even in the hotel and my glass; so you know this person will feel isolated and hurt because you shouldn’t share since you find that even the cup has a tag, the plate has a tag as well – it is a plastic plate and has a tag for you and you get to eat in that plate daily. So you will also feel isolated. So to avoid such, for us who have come to this seminar, what are we supposed to do so that one doesn’t feel isolated due to that disease? How should we go about what they use?

**I: So what you can do – we will note the general questions so that when we are done with the discussion we will have to talk about them, okay?**

R: Okay.

**I: So I would like to ask you people; we have talked about these diseases and how they are in the community. So are there any of you who have personally had any breathing problems, or asthma at any time? Number three.**

R3: There is an old man in the community who was had asthma and was taken to the hospital but instead he was given TB drugs, a wrong dose. So after around three months, he was tested and found to be suffering from asthma and not TB. But already the asthma had been extreme so when he started using TB drugs, he was already very sick and after two months he died. So I think it was due to the negligence of the doctors.

**I: Okay, because had they…**

R3: Had they discovered that early enough, they would have helped.

**I: So had they found it was asthma they would have controlled it early enough.**

R3: Yes.

**I: Okay, so such issues rise also?**

R3: Yes.

**I: One goes to the hospital and instead of saying they are asthmatic, they are given a wrong treatment?**

R3: Yes.

**I: Thank you number three; anyone else with something to add – even if it’s a family member or some community member you know of with such a problem, just feel free to contribute.**

R6: My question is, since asthma – there is someone I know of who has had asthma for a long time and he has been using drugs since I knew him. He goes to the hospital, even Kenyatta but he hasn’t been cured yet.

**I: So number six is asking a question; that there is someone he has known who has asthma for a long time and has even gone to Kenyatta hospital but he hasn’t been cured; have the others also heard of such cases – of someone who has had that disease for a long time?**

R2: Yes, there is one who has been asthmatic for ten years and he has money and goes to the hospital.

**I: Okay, number two has said that; number three do you have something to add or just the one who fell sick and died?**

R2: Yes.

**I: Okay.**

R2: There was another patient who had TB, he took drugs for six months and then stopped whether he was cured or not.

**I: So he took TB drugs for six months and then he stopped?**

R2: Yes.

**I: Okay, that’s on TB. So we will discuss whatever you’ve said later together with the others on the general questions. But it’s also good if you have such an issue we discuss – there are some we can discuss and others we will discuss after the interview, okay. Thank you for your contributions on that; I would like to know, if one has these chest and lung diseases like you were saying one gasps for air and they even have a problem talking; what steps do they always take? I just want us to focus on these diseases specifically. What steps do people with such diseases take to get better? Maybe one has asthma.**

R1: First of all, if one has a problem breathing, we take them to the hospital in the community. If the disease persists, they are taken to a higher level hospital.

**I: Okay, so you’ve talked of the clinics here, so they could even be the private clinics?**

R1: First they are taken to the private hospitals then say – that disease mostly occurs at night, so during that time, you will always find that the public hospitals have no doctors so you will have to take them to the next clinic which will be a higher level.

**I: So a higher level hospital?**

R1: Yes, where they can be given an inhaler.

**I: So you’ve mentioned – is there anyone who has experienced such a disease at night?**

R1: For these other diseases such as TB, we know them because of the doctors who do come to the community to give drugs. That’s when we do know one had TB or such diseases.

**I: How do you know exactly or you just see the doctors in the community?**

R: Yes, the health providers who distribute drugs.

**I: Okay.**

R: They are always just talked to so that they can go and take the drugs from the hospitals.

**I: Okay, so they just assist people to get treatment?**

R: Yes.

**I: Okay, now I would like to know about your experiences in using hospitals. I have heard about private that during an emergency one can be asked to go there and then they are referred to a higher level hospital. So I would like to know, if one falls sick and they go to a public hospital, what experiences have you had in terms of services you receive there? maybe you can say that what I heard first time was that one may go to the hospital and stay there for a whole day and then at the evening they are told that there is no drug. I also heard that drugs may be brought today but when you go for them the following day you may not get them. So those are some of the issues I have heard. Number one do you have something to add on that?**

R1: No I don’t know whether this is the questions you are asking; what are the experiences which we normally experience in those public hospitals?

**I: Yes.**

R1: First of all, you find that there are doctors who have private clinics as well; so when you go there you are told that there are no drugs. And the drugs that they will prescribe for you, because if he is a doctor here, he has a different private hospital somewhere, so for the drug that is not in a public hospital, you will find that he directs you to a pharmacy where the wife or someone he knows is selling the same drugs but at a very high cost. And that is what mostly occurs here. For now we have experienced more than ten doctors who are working in such manner.

**I: So when you go you are told that there are no drugs…**

R1: He even directs you, go to such a hospital or go to such a place and you will get those drugs. He personally directs you on where to go.

**I: Okay.**

R: So you may even buy a drug at two hundred - maybe they add ten shillings on top so that if you were supposed to buy it at one hundred at ninety, you buy it at two hundred.

**I: Okay.**

R: I also support that because there is a day I experienced the same. I had typhoid and I was told there were no drugs at the hospital but directed to a chemist to buy the drugs. After buying the drugs I was supposed to be given an injection; the person who gave me the injection is the same doctor who directed me on where to go and buy the drug.

**I: So he tells you to go to such a place…**

R: Yes.

**I: Okay, so that’s on the drugs; what about on the tests; I would like to know about your experiences; have you even gone to the hospital and you are told to go for a test at the laboratory?**

R: Yes.

**I: So have you ever been told to go for tests at the lab?**

R: Yes, some time ago but currently, you are told to go for the tests but don’t get the drugs.

**I: So you get the test but not the drugs?**

R: Yes. Even here, you get the tests but then you are told to go for the drugs somewhere else.

R: [inaudible 00:28:05] you are told there are no drugs here but they direct you on where to buy the drugs.

**I: Okay.**

R: Even if you go to Maua in mount Kenya which is a public hospital at the x-ray department, you will go – they do send you somewhere else; you will be told that there is no x-ray done there then you are sent to a storey building, I cannot remember the name, you are told to go there and you find that it belongs to the same doctor. You find that the x-ray is not available but when you go there, you find the same doctor. The amount you pay there is double the amount you would have paid at the public hospital. And it is one hundred meters away from the hospital. And he is the one who directs you there even with the phone number of someone to call. But if you go back to the public hospital the following day, you find that the x-ray machine is there.

**I: At the hospital?**

R: Yes at the hospital.

**I: Okay.**

R: Yes, I experienced that with my brother whom I took for a –x-ray. We were told that there was no x-ray services then. And we were three; the following day in the morning there was x-ray services being provided in the morning but in the afternoon we were told otherwise and were sent to his private clinic. However, those who went back there the following morning got x-ray services available.

**I: Okay, and how much do they charge for the x-ray?**

R2: About three thousand shillings.

**I: Anyone else with a different price for the x-ray? Has any of you even gone for an x-ray? Has anyone of you ever been asked for an x-ray?**

R: Yes.

**I: And you were charged three thousand – was that at a public hospital or a private hospital?**

R: I went to Meru General.

**I: Okay, did they refer you there?**

R: Yes, I had not gotten drugs at Mutuati so I was referred there.

**I: Okay, and do you know of anyone who has ever had an x-ray at Mutuati hospital?**

R: No.

**I: Okay, and when it comes to health service providers, what has your experience been like?**

R6: On the services, you can come here and fail to get certain drugs you will be told to go and buy outside. Some even direct you on where to go for the drugs. So you see they know better where the drugs are found. And you know as a patient when you come to the hospital you expect to get drugs and yet sometimes you go and wait for long then you are told there are no drugs. You go in the morning and fail to get the drugs and someone who goes to the hospital at two in the afternoon gets the drugs.

**I: Okay.**

R: You know the problem is always the doctors because a doctor cannot give you a good advice because they have other clinics. If they give you the right advice then they will not get money from you.

**I: So they refer you to their hospitals?**

R: Yes.

**I: Okay.**

R: And another thing I have seen, if I come to the hospital in at one in the afternoon and another person comes in the morning, I will get the drugs but the other person will not get. So you don’t understand how that happens.

**I: So you wonder how he gets the drugs and yet you came earlier.**

R: Yes. Sometimes also the doctors are very spiteful in their services.

**I: So what do they do for example?**

R: They insult people. There is a day I even found a woman being beaten.

**I: Okay.**

R: And when they do a test for you, they ask you to come the following week, when you come then, they again ask you to come the next week or if they ask you to come tomorrow they tell you to come the following day and you find that you have to come for a whole week but you don’t get anything.

**I: So for example when you ask for a test you are told to come for the results tomorrow, if you come the following day you are told…**

R: You are told to come the following day.

**I: So you find yourself going back to the hospital several times.**

R: Yes.

**I: Okay.**

R: And for some, you have to talk to them separately.

**I: What do you mean?**

R: You have to bribe them. If you know the doctor in charge, you will then skip the others in the queue and get served first. He will call all the others from the pharmacist to the lab technician, everyone. So when you go there, you will be served fast. So you get to be served faster and you leave. I have seen that happen, there was a day I was taking my sister for a medical form and I had to pay one thousand shillings and then I was ushered and served fast. Within forty minutes I was done.

**I: Was that here in Mutuati?**

R: No. I had to pay five hundred when I took somewhere there so that he could be attended because he couldn’t even stand without being supported. So we passed everyone else in the line. Sometimes you find the nurses insulting the patients a lot. If you can’t pay anything, you don’t have any rights. You are insulted and told to stick to the queue, don’t ask why so and so is being attended before you. If you ask you are told some incoherent things. So we had to pass everyone else. We went and bought drugs and left. So you have to bribe your way for you to be attended. If you don’t have any bribe, you will have to wait.

**I: Okay, that’s a challenge. What about the time taken to get the services generally; are there services you feel you get fast and others you don’t get services fast enough?**

R: Sometimes they are too slow.

**I: Okay.**

R: I feel that there are few doctors here.

**I: Okay, so the few are the ones attending to people?**

R: Yes, sometimes they are three doctors and they have to attend to one hundred people. So they should be more.

**I: Okay, there are few doctors. And has any of you ever been asked to have their coughs tested? Maybe you go to the hospital and you are told to take a container and put in your cough and bring back?**

R: Yes.

**I: You’ve had that?**

R: Yes.

**I: How was the experience?**

R: I had been coughing for a period of three weeks. So when I went there I had a problem so I was asked to take my cough for testing – my coughs were yellow.

**I: Were you charged anything?**

R: I paid one hundred shillings.

**I: And for how long did you wait for the result?**

R: I do not want to lie about that because I was asked to come the following day because there was a long queue. But I didn’t come back the following day. I instead went to a private hospital. I was in some severe pain. So I left there and went to Glory Star. I decided that I should use more money instead of waiting for long there. So I had the same test there at two hundred and fifty shillings and I was told I had pneumonia and gave me drugs.

**I: Okay, anyone else who has had a cough test? Or if anyone in your community has had that test and you know of. Okay, so we have heard about the challenges you experience; do you have something to say?**

R: No.

**I: Okay. Now I would like to know, how does this community view asthmatic patients for example? If one hears that someone is asthmatic, how do they view them?**

R: They just look for medication. Many people talk about it.

**I: And why do many people in the community talk about it?**

R: There are some who think it is inherited. They say the grandmother or the grandfather had such a disease. It is a belief. Some feel that it is a curse and that they stole something, instead of taking it like every other disease.

**I: Okay.**

R: They take it as a curse. Some of the people believe that it is a curse and they even leave some of their people die without knowing what is going on.

**I: And are the inhalers available in the hospitals?**

R: No. they are not easily available.

**I: So where do people get them from?**

R: Maybe they go to the chemists.

**I: Okay.**

R: Or even here, right now you can get them.

**I: And do you know how much they cost?**

R: I don’t know.

**I: Number five.**

R5: There is an old man who uses them in my community and he buys them at two thousand or three thousand shillings.

**I: Okay; now I would like to know, on health services here; what has impressed you most about the public hospitals?**

R: It depends with the health service providers because the service providers may be doing a good job but then some and messes everything. But the good service providers never stay for long.

**I: Okay.**

R: You know when someone comes, they always do great things so that they are liked. When they get used to you people, the other people gets to have an effect on his work negatively.

**I: So immediately they come, they are okay but as they stay on…**

R: They start offering the same services as the others.

**I: Okay.**

R3: That depends with the mood of the service provider on a given day.

**I: Mood?**

R: Yes, it depends on their moods. You may come today and get a good service and even he may talk to you very nicely and you will even feel very free to express yourself. But you will come on another day and you will find them as harsh as a lion. So you will even fear expressing yourself.

**I: So you wonder whether he is the same one who served you on that day?**

R: Yes, so you wonder whether he is the one. So you may not get to express yourself on that day; you may even be given wrong dose or fail to get drugs.

**I: Okay. So I would like to know in your communities, have you ever seen anyone come to deliver health talks to you?**

R: Very many.

**I: So I would like to hear your experiences. Let’s start with number six. What do they come to talk about?**

R6: I do see them come home, like the community health workers, they look for TB patients and also to see if there is anyone who is seek before they refer you to the hospital.

**I: Okay, number five.**

R5: You know those people do come and give you directions on how to use drugs. If you use those drugs for two months, you start losing weight.

**I: How?**

R: They start coming to you often.

**I: If you do what?**

R: The people who teach people understand you if you are not improving… so they refer you to the hospital. So they take you because if you go to the hospital alone, they don’t give you the drugs.

**I: Okay.**

R: So sometimes the community healthcare [inaudible 00:45:02] sometimes if you have a patient at home suffering from TB or asthma and they fear going to the hospital, they sometimes talk to them and write them referral letters to the hospital so that they will not queue when they go to the hospital.

**I: Okay, thank you.**

R: Sometimes they come and help the community a lot because they look for homes without latrines and advise them to dig latrines. There are some who even have latrines dug for them because then they help people. Also there are these hand washing containers which they advise people to have three meters away from the latrine so that when one comes from the latrine, they wash their hands. So I feel they help a lot when it comes to hygiene. They also talk to those who lock themselves in the houses. The patients who feel too sick to come out, the community health workers help fish them out. But they don’t come all the time. They may come once per year. And by then two people may have locked themselves in the house.

**I: True. Okay.**

R: Currently there are three people who have locked themselves in the houses in my community.

**I: Okay, and do you have any groups that conduct health talks in your community; not necessarily the community health workers?**

R: No.

**I: Okay, the final question is this; how can health services be improved in the county hospitals? What can be done to improve the health services?**

R: They should look at the drug supplies because mostly drugs are inadequate. So they should increase the supply of drugs to the hospitals.

**I: Drugs should be available. Someone else?**

R4: Number of doctors should be increased.

**I: Okay, number six do you have something to add?**

R6: Even if the number of doctors is increased, the one who gives the drugs should be warned that the drugs should not be taken out of the pharmacy because if you go looking for drugs you will be told that there are no drugs.

**I: Okay, for example the drugs can be brought today and the following day you will be told that there are no drugs?**

R: Yes.

**I: Okay, so the drugs should be watched over; someone else?**

R: I also support that.

**I: Okay, number three.**

R3: I think they should deal with the doctors’ strike that is rampant because you may find a hospital open now and the following month it is closed because the doctors are on strike.

**I: Okay.**

R: Something else is that the government should look into the corruption in the hospitals so that the patients cannot be charged because the doctors sometimes want to be bribed like we were saying skipping the queue so that one can be served faster.

**I: Okay. So I would like to thank you for taking your time to come and discuss whatever we have talked about. And as I told you that…**

[End of audio]