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Indigenous or Biomedical Ethics, or Both? A Consideration From Health-Related Ethnographic Research Conducted in a Rural Setting

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Abstract

Generally, conventional biomedically rooted ethical guidelines developed in Western countries for ethnographic research in non-Western countries are often impractical and raise contention. Ethical approval from research ethics committees (RECs) is a significant aspect of the research process. However, for researchers wanting to conduct a research study in an African context in a culturally sensitive manner, identifying ethics procedures that meet the demands of RECs while acknowledging the indigenous ethics of the research context creates ethical dilemmas. In this article, we reflect on our experiences conducting a study on child feeding practices in a rural community in Ghana. The aim is to discuss some ethical dilemmas that confront researchers as they seek to adhere to conventional ethical protocols and regulations while respecting the indigenous ethics, values, and practices of the research setting. RECs need to acknowledge that while researchers must uphold core ethical principles, ethics procedures must also meet the contextual requirements of the research participants. Research ethics is an ongoing process subject to re-negotiation and re-interpretation; therefore, RECs should allow researchers to adapt their methods to local circumstances without needing further review. Consequently, RECs must allow for culturally sensitive ethics procedures. These suggestions have the potential to ensure that research projects in Africa are culturally appropriate, increasing the acceptability of research by indigenous communities.

Keywords

developing countries, ethics, ethnography, Ghana, research ethics committee, social science, biomedical, western

Introduction

Qualitative or social science research approaches are increasingly being adopted in health-related research in developing countries[1]. Due to the greater health and economic inequalities and inadequate essential human rights protection and safeguarding in these countries, researchers must adhere to ethical principles (Punjwani, 2015). Ethical review by the Research Ethics Committee (REC) has become a standard part of scientific research in developing countries. However, the conventional biomedical model of research ethics and governance created in Western countries for research in African countries appears to be impractical in instances of qualitative or ethnographic methods (Atkinson & Hammersley, 1994; Laryea & Hughes, 2011; Mapedzahama & Dune, 2017;

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Upvall & Hashwani, 2001; Vuban & Eta, 2019) Although existing bioethics are universal, utilisation is not universal as they are shaped by Western worldviews and epistemologies, with insufficient consideration for indigenous ethics, values, and practices of non-Western settings (Mollet, 2011; Upvall & Hashwani, 2001). For instance, the conventional ethical principle of informed consent is shaped by the Western worldview of individualism, ill-suited for researching non-Western communities emphasising collectivism, homogeneity, and social networks (Fatehi et al., 2020; Triandis, 2018). Indeed, conventional bioethics have been developed to govern research in particular 'social' settings (western, industrialised, capitalist). Consequently, researchers applying the conventional ethical guidelines in African countries risk ignoring indigenous ethics while reproducing the 'colonial authority of Western epistemologies (Chilisa, 2005, 2017; Tikly & Bond, 2013).

Several calls have been made for Western bioethics to be more 'culturally appropriate' (Chattopadhyay & De Vries, 2013; Mapedzahama & Dune, 2017; Morris, 2015; Vuban & Eta, 2019). The latter has become more critical, considering the need to decolonise practices such as knowledge generation. However, there is a paucity of evidence on ethical guidelines more appropriate to the African context for researchers seeking to undertake ethnographic research in Africa. Identifying ethical procedures that satisfy the demands of REC and are appropriate to the African context within which research is conducted sometimes poses significant challenges for researchers. We reflect on our experiences as international doctoral students at a university in the UK. The reflection relates to ethnographic research on child feeding in our country of origin, Ghana. We highlight the ethical dilemmas we encountered as we attempted to meet the ethical demands of REC in a UK institution whilst giving due recognition to the indigenous ethics prevailing in the research context. We suggest that researchers conducting ethnographic research in collectivist communities could apply to ensure their ethics procedures are culturally sensitive and acceptable to indigenous communities. However, readers need to be aware that the ethical challenges raised in this article are peculiar to a specific rural setting in Ghana.

The Research Study

This article is based on ethnographic research, which employed participant observation and individual interviews to understand indigenous infant and young child feeding practices in rural northern Ghana. The researcher aimed to obtain the emic (insider) or participants' perspectives on child feeding. Obtaining an insider view has been widely reported to be best done in the participants' environment (Hammersley & Atkinson, 2007). We proposed ethical considerations that would be sensitive and acceptable to the rural community's culture to reduce the risk of undermining indigenous ethics, resulting in communities losing trust in researchers and refusing research participation. Our ethical proposals were based on accounts of other researchers on the realities of researching rural communities of developing countries that are inclined to collective living with unique moral codes (Hyder & Wali, 2006; Ngom et al., 2003; Nyamnjoh, 2011; Vuban & Eta, 2019). However, some of our ethical proposals were altered due to the REC's inclinations to biomedical ethical standards. The latter generated ethical dilemmas around informed consent processes, participant observations, and receiving and giving gifts to participants during the fieldwork.

Informed Consent and Voluntary Participation

Voluntary participation and informed consent are essential tenets of good research governance in human research. From a Western-oriented biomedical research ethical standard perspective, obtaining informed consent is to uphold the autonomy of individual research participants (Nijhawan et al., 2013). Contrarily, obtaining consent in non-western settings, especially for studies that involve participating in people's ways of life whilst obtaining the data, is quite complex and differs from simple biomedical ethical standards. One needs to navigate several sociocultural principles and practices that may contradict ethical research practice. As much as individual autonomy is espoused in rural African settings, collective living and reverence for authority figures make the exercise of individual independence secondary to collective deals. Consequently, individuals may only consent to activities if their associates or superiors also consent, and mutual consent may be categorised as observed in rural northern Ghana (Tindana et al., 2006).

We anticipated that to meet the community's perspective relative to informed consent and participation, we needed to obtain consent from leaders before gaining consent from individuals. We planned to seek approval in ranked order from the community leadership to household leadership and then individuals who are rich sources of child-feeding information. Our decision was linked to the understanding that Hierarchical leaders define decision-making patterns in rural northern communities in Ghana (Asumadu, 2006). Owing to the shared living arrangements that dominate these communities and the extension of the familial leadership structure from the Household to the community level, informing decision-making even when issues of interest concern only individuals (Kukeba et al., 2021).

Contrary to our proposal for receiving informed consent and soliciting voluntary participation, the REC believed our proposed actions wneeded to be moresufficiently ethical and argued that having community leaders consent on behalf of other community members undermined individual participants' self-determination. The REC speculated that unwilling participants could be indirectly coerced into participating in the study to conform to the community leaders' preferences against their convictions. The REC, therefore, insisted that independent consent should be the primary focus of obtaining informed consent. The REC's view was that with or without the consent of leaders, individuals' consent was paramount and enough for data collection to proceed, and they did not find it necessary to obtain community and household consent since gatekeeping processes were done through the health service. This recommendation was challenging to implement as individual mothers, who were the direct and immediate contacts, hesitated to engage with researchers without the consent of household heads until they were reassured that the researcher would obtain consent from household heads. In this study, mothers were the initial contacts at child welfare clinics. The aim was to announce the research project to these mothers as primary caregivers and individuals who may cook food, feed children, and solicit their involvement. During this awareness creation period, all initial contacts indicated the need to inform the "owner"'[2] of the child before deciding to participate. In this context, the owner of the child refers to the oldest individual in a household who has cultural custodian rights over the index child. As the narration below exemplifies, other participants indicated that the researcher needed to visit the Household and receive permission before interacting with child feeding, as seen in the fieldnote excerpt.

> Anyway, I am glad you have met my husband (pointing at her brother-in-law, who is also the head of the Household). He told me that when you come, we should pay attention to you and provide you answers to your questions on children feeding. I was not very comfortable initially because you had noyet to meetim. You see, if I started talking with you and he came to see you, he could have said, I have invited strangers into the house without his knowledge, and he could blame me if anything happened. Abaa's[3] Household, cp1[4] Azumah, M**,** Veneration of the symbol of authority and collective decisions were considered sacred, and indifference to such norms could result in an individual's alienation. Thus, no mother consented to participate in the study without prior consent from her household leadership. However, most participants eventually agreed when their household heads consented to participation. The primary data collection showed that submitting to an authority figure is a community value, and individuals inclined to ignore the authority figures' roles in decision-making were criticised. Besides, a collective agreement is highly regarded, and individualism is despised.

Moreover, child title is patrilineal and linked with decision-making authority. Mothers are, therefore, limited in unilaterally making decisions for their children. Indeed, gatekeepers, mainly health workers, were reluctant to support the identification and recruitment of participants without prior reception of consent from the community leadership. The latter stated that introducing mothers to the researcher without initially contacting household leadership to introduce them could result in a boycott of gatekeeper (health) services. Household leadership could accuse gatekeepers of undermining their authority in the community if the information got to the community leadership accidently.

Several biomedical ethicists' stance on obtaining consent from every potential individual involved in a social science study such as ethnography has been debated widely due to the impracticality of such informed consent processes in some cases (Mapedzahama & Dune, 2017). In our study, it appeared scandalous to participants for the researcher to initiate communication with mothers without prior interaction with household leadership. Thus, our decisions on obtaining consent were to meet the biomedical ethical concerns and respect the community's indigenous values by acting in accordance with the community's indigenous moral codes, a critical value of qualitative research (Parahoo, 2006).

Obtaining the Informed Consent

We proposed that the first author use language salad, a combination of the local language and English, to verbally give participants information and receive consent, either verbal or via thumbprint, depending on the participant's choice. We believed it was practical and culturally sensitive, as 'language salad' is common in most Ghanaian communities. 'Language salad' combines words and sentences from two or more dialects in verbal exchanges. It is common to meet individuals in rural communities communicating effectively with 'language salad' even though they may need to speak fluently any of the languages used in the language salad[5].

However, REC recommended thumbprint and signature consent since uniformity and consistency in the meaning of consent are essential in maintaining the systematic scientific process. Notwithstanding, pragmatism provides space for conducting research in real-life settings in realistic, practical, and acceptable ways to research participants and researchers (Baker & Schaltegger, 2015). This is especially the case for qualitative research such as ethnography, which is fluid and the course of data collection directed by participants (Acabado & Martin, 2015). Unfortunately, most participants in our study were unwilling to thumbprint, as some stated that their verbal consent was enough. Other participants questioned the rationale for taking a thumbprint if they were comfortable consenting verbally. A participant indicated that it was a form of mistrust for researchers to suggest that they needed thumbprints to show that participants meant their words. These demands of the participants conflicted with the REC recommendation and made it difficult for the researcher to continue smoothly, as an ethical dilemma occasioned them. The REC required researchers to reapply for approval to alter their process, and this had a maximum time of two weeks when altering their process. Besides having to use some of the allotted fieldwork time, the researcher could not remove participants who insisted on verbal consent during the process, as the researcher could not provide plausible explanations acceptable to the participant without losing face and risking the rejection of future researchers in the community. This dilemma is why qualitative researchers recommend flexibility in conducting research in natural settings to promote a power balance between researchers and participants and incorporate participants' ethical conventions in fieldwork (Acabado & Martin, 2015; Mapedzahama & Dune, 2017).

Although these participants did not explicitly state previous adverse experiences related to their unwillingness to thumbprint, existing evidence shows the refusal of research participants to provide documented proof of consent. Refusal to thumbprint or sign was based on suspicion of participants' consent being used negatively against them (Marshall & Marshall, 2007). The concept of legitimacy and validation by documentation may not apply to this study's participants, as indicated by the literature (Sachs et al., 2003; Sugarman et al., 2005). Despite decades of discussions and documented evidence of qualitative researchers' recommendations, the insistence of some RECs indicates the need for revisiting the conversation about research ethics and, in some cases, a continuous reminder of the requirements and importance of applying different standards in ethical clearance for qualitative studies such as ethnographies and generally decolonising research ethics.

Using of Interpreters

Using an interpreter in research becomes critical when the researcher and research participants cannot communicate effectively due to the language barrier. The authors appreciate that seeking consent requires communicating the research's essence to ensure that consent is informed by understanding (WHO, 2007). However, effective study content communication may be complicated by the study's content and the manner of communication (Marshall, 2001). The evidence suggests that it may be challenging to communicate participants' information to prompt appropriate, adequate understanding and, thus, informed consent (Marshall, 2001; WHO, 2007).

Consequent to the latter, authors adopted a context-specific strategic language salad to apply in their fieldwork. Most language literacy in rural Ghana is limited to speaking, with most people unable to read or write in the local languages, much less English. Albeit, English is the official medium of communication in Ghana (Gyasi, 1990). Nonetheless, most folk in rural northern Ghana may comprehend basic 'Ghana' English logical semantics and use English words but cannot construct complete English sentences. Therefore, individuals may interspace English and Local language words in everyday conversations.

We proposed to interact directly with participants using designed participant information sheets, consent forms and interview guides in English to ensure that participants with literacy in reading or writing receive participants' information and consent to the study independently, and then use language salad, the setting-specific approach to provide information to participants with the limited English literacy.

However, the REC did not accept our proposal for the first author to speak directly with participants. The REC recommended translating the participant information sheet into the local language and allowing a native speaker to interpret the interaction between the researcher and participants to ensure that the meaning of the study is not lost and that participants understand and give genuinely informed consent. However, during the fieldwork, participants consistently questioned the researcher's reason for using a translator when the researcher spoke the local language fluently. Some participants thought it disrespectful, and some of the community members wondered whether the researcher wanted to show off their English-speaking prowess to the community members. Indeed, some who used 'language salad' (English and the local language) to communicate questioned whether the researcher was embarrassed about the quality of their English and so did not want to talk directly to them. Other participants ridiculed the researcher and translator anytime they realised that the two tried to resolve their misunderstanding of the content of the interaction. A participant wondered whether the researcher was embarrassed to speak the native language, while others also asked whether students from abroad (the researcher) were required to speak English everywhere:

> However, you have been speaking our language and are from part of our homeland. Why do you keep speaking English and make that man translate? We also understand English, or is it because we cannot speak well and use frafra well, or is it a law that when you are coming from English people, you should talk in English H4C1M?

Another participant sarcastically indicated that they knew big people who could speak English and suggested that the interpreter and many other English speakers were natives of the community.

(smiling) we in this village are not as unexposed as you may think. We have community members, such as your interpreter, who can speak big English.

The translation became awkward for some participants. At the same time, some spoke directly to a researcher and demanded a response from the researcher. Some participants indicated that they had spoken to English people (white-skinned people), and the English people understood, so they could not understand why the researcher, an individual who speaks both English and the local language, needed an interpreter.

Observing Cooking Practices

To understand the culture of a people and represent it as it means to that people, one ought to immerse in those people's culture to enable the learner to understand the culture as it is and be able to give a thick description of the culture (Wolf, 2012). In this study, linking questions directly with activities whilst watching the cooking of child food and feeding processes was the best approach to generating data representing participants' perspectives of their cultures' child feeding. Ethnographers such as (Atkinson & Hammersley, 1994; Hammersley & Atkinson, 2007; Malinowski, 1922) have long documented that participants better explain experiences and practices when questions about such experiences occur during the incident or exercise. We proposed to live in participating households during the daytime, follow household members engaged in preparing children's food and ask questions to understand the underlying reasons for community members' decisions regarding the choice of child food and child feeding. However, REC was concerned that watching community members cook invades their privacy and violates their personal spaces. Simple in-depth interviews away from participants cooking areas and at locations convenient to the participants were an alternative suggestion to prevent invading participants' privacy.

The concerns of having strangers loitering around and peeping into the cooking pots of a household may not generally be acceptable, and this could be the case for some participants. The concern that privacy is essential for self-development, psychological well-being, and maintaining intimate relationships demonstrates respect for others and is equally indisputable (Pedersen, 1999). That notwithstanding, the debate between obtaining research data that genuinely represents participants' perspectives of a phenomenon and maintaining participants' privacy is ongoing (Kirilova & Karcher, 2017; VandeVusse et al., 2021). Suppose our proposed approach gravely impinges upon participants' privacy and contradicts their culture. In that case, we argue that the principle of the greater good could be applied, provided there would not be fatal consequences. However, considering that the research governance process already allows participants to self-determine their participation based on knowledge of the nature of the study, we believed that the REC was overly prescriptive to suggest that the fieldwork be altered to interviews only. After all, the main essence of ethnography, with participant observation, aims to capture the nuances of the subject matter from the participants' views, actions, and experiences. Therefore, to suggest the contrary means to deny the essence of ethnography and redefine its meaning. Besides, privacy is a construct that means different things to individuals and societies (Li, 2022; Li et al., 2017). In rural African societies, one could see naked children and partly naked elderly individuals roaming in the community, interacting freely. However, it is unacceptable in urban African communities and could be considered exhibitionism, a mental disorder, or antisocial behaviour in some Western cultures (Christoffel, 1936; Smith & Guthrie, 1922). Besides, in this study community, cooking areas are social spaces where social interactions occur, indicating that researchers could blend in without the participants being concerned, as was the case during the fieldwork. Based on the data from the fieldwork, it appeared as an implicit norm for individuals to conduct activities such as cooking and feeding children in the open to ensure that community members were not engaged in inappropriate feeding practices, as demonstrated below.

> …My mother-in-law and the other women in our neighbourhoods, you know, when you feed this child, and all these women are around, they will start talking and asking you who taught you to feed your child like that… **Samara, M**

Cooking spaces and feeding scenes in this community are socially and physically available to anyone within the Household, as captured in the field note below. Stages of food preparation were characterised by households and community members generally chitchatting among themselves. The researchers could not stay out of sight, which defied the REC approval, making it challenging.

> Other people were in the compound, some of whom I was told later were friends of Sefi's aunts and uncles. The people in the compound were all chatting. I observed different issues being discussed, and most discussions did not seem to have a relationship with the cooking process, except the discussion between Sefi's aunts and her grandmother. The latter's conversations centred on the quantities of the ingredients that had to be put into the cooked food**. FN, Aduko's HCp1**

Indeed, it appeared awkward to participants when the researcher was not close enough since they were aware that the researcher intended to learn their cooking ways. Most participants would regularly invite a researcher to get closer and observe their cooking.

Providing Incentives and Receiving Gifts from Research Participants

Giving and receiving gifts is a typical hospitality practice valued highly in Ghana. A guest may not refuse a gift as it has multiple cultural connotations that could complicate the relationship between the guest and the host and have implications for subsequent visitors. A guest rejecting gifts from their host is believed to be associated with a bad omen, as it could prevent a host from receiving future visitors. It may also signify disrespecting the host, probably from the perception of a lack of appreciation for the value of the gift. Therefore, we proposed that the researcher accept gifts from the community. However, REC thought otherwise. REC members argued that since the community is among those with a high incidence of poverty (GSS, 2015), receiving gifts from such a community was unethical. However, poverty did not appear to hinder the community members from showing hospitality. Thus, every Household offered the researcher food and other gifts during and at the end of the fieldwork. The researcher rejected some of the gifts offered and gave excuses. However, some participants observed the researcher's attempts and accused the researcher of leaving their households earlier to avoid receiving food from participants. They also suggested that the latter deliberately avoided receiving their food because their food did not meet the researcher's food standards.

> My first instance of the village's reaction was my departure from a house when food was ready. It was interpreted that I was dodging the food as I did not respect it. …I was openly confronted by one of the participants, who asked me why I left without eating her rival's food. A woman from another household said '' I hear you refused to eat food cooked by F. I explained that I did not refuse but did not realise the food was almost cooked **H3CPFN.**

Some participants offered grains, cereals, and guinea fowl, which were all high value, through the gatekeeper to send off the researcher. As highlighted in the field note below, the researcher requested the gatekeeper to return such gifts. However, she refused and indicated she could be summoned before leadership to provide reasons for rejecting the food items. She was unprepared to answer since the community could perceive her as rude and disrespectful.

> I was pressurised to receive gifts of foodstuffs such as groundnut, beans and maise, and fowls and eggs from the households, and when I rejected them, word began going around that I was disrespectful and did not want anything to do with them, so I would even refuse to receive groundnut. The midwife, who was one of the major gatekeepers, received some of the food items in my absence; when I requested that she return them, she indicated that she could be accused of joining me to disrespect them, as she had been questioned why I refuse to accept gifts from them **Fieldwork reflection.**

Identifying with a community has been widely documented as a strategy for maintaining and sustaining a good relationship with communities to gain their trust in accepting interventions and complying with recommendations. One would have expected that the researcher would at least act minimally to demonstrate identifying with participants. However, because of the REC recommendation, the researcher rejected the gifts. On the other hand, the gatekeeper could not return the items, which suggests unethical behaviour as the researcher did not receive them but gave the impression that she had taken them. Secondly, the researcher could not verbally acknowledge the gifts and thank the participants. The situation presented an ethical irony as the response to the crisis questions the researcher's honesty, especially with the gatekeepers, considering that the researcher did not give them any clear advice on what to do with the gifts that were in their possession for the researcher. As the literature suggests, research in participants' natural environments elicits experiences that require responses that may not be catered for by the recommendations of biomedical ethical principles (Mapedzahama & Dune, 2017; Wolf, 2012). The REC thought it was immoral for a researcher to receive gifts from participants they perceived as poor. The participants appeared to find it a breach of their highly-held morals and presumptuous for researchers to reject their hospitality gestures.

For instance, during the data collection, the researcher was downright trapped, with little opportunity to decide what was morally acceptable regarding the demands of the REC and what was also ethically acceptable from the perspective of the demands of participants, as seen in the dilemmas they faced. The researchers accept the function of ethical conduct in research and acknowledge that researchers' actions must not impoverish participants. However, moral behaviour should be context-specific and culturally sensitive, especially in social research like ethnography. Participants are considered power brokers, as researchers have to negotiate with them on their terms of engagement (Hammersley & Atkinson, 2007; Mapedzahama & Dune, 2017; Parahoo, 2006). The latter is all in the interest of upholding the culturally accepted standards of behaviour to forestall the imposition of researchers' values. During the fieldwork, the researcher would schedule interviews with participants.

Nonetheless, some participants would abruptly postpone their schedules without the researcher's prior notice, and that had to be observed. The fieldwork was primarily dictated by participants' readiness to be engaged, as most participants had their interviews rescheduled or adjoined to first deal with their issues. Indeed, participants in this study assumed the metaphorical host role, deemed the best label for research participants in ethnography (Murphy & Dingwall, 2007). Participants in this study did not perceive themselves as the vulnerable subjects as the RECs perceived and set rigid anticipatory regulations to safeguard the participants (Sugarman et al., 2005; WHO, 2007). Not only did the participants try to make the researcher comfortable as they deemed fit as hosts by sharing food and gifts, as their custom, but they also expected the researcher to play the guest role appropriately by accepting gifts. Thus, as described earlier, some participants ambushed the researcher to feed them. They also criticised the researcher for being disrespectful and poorly behaved when they perceived the researcher's unavailability to share their meals as trying to avoid eating their food. The latter appeared to be more unethical than the opposite, implying paternalism. Consequently, we argue that some level of anticipatory regulation may not be applicable, and researchers could be given some form of autonomy to decide how to approach ethical issues that create dilemmas without requiring additional REC review.

We also argue that we may not be true to the method of participant observation, which involves living the way of life being studied if we do not participate in the meals of the community when the study is directly linked with the foodways of the community. Indeed, in ethnography, the participants are considered hosts to the researchers and not necessarily the vulnerable individuals some research ethicists perceive them to be (Mapedzahama & Dune, 2017).

Discussion and Conclusion

Our fieldwork's ethical dilemmas and tensions demonstrate a pushback on applying moral standards inconsistent with people's values and the continuous application of biomedical ethical practices in social sciences research despite evidence that such may sometimes be challenging. As much as ethical principles are universal, their application must be negotiated to fit the upheld standards of societies whose interpretation of morality differs from the Western-oriented interpretation of morality and advocates of decolonisation of principles and practices of research. As demonstrated, ethical conduct is fluid in health-related social science research. It requires an extensive level of moral discretion of the researcher on the field to avoid ruining relationships with research participants and creating an unfriendly environment for future researchers. Evidence shows that improper management of the natural environment could result in future researchers not gaining the cooperation of participants (Vuban & Eta, 2019; WHO, 2007). Besides, in qualitative non-positivist research, the designs aim to uphold morality by considering participants as co-constructors of knowledge and not mere subjects from which knowledge is to be mined (Parahoo, 2006). Non-positivist researchers contend that accepting participants' input and respecting indigenous people's values is a moral imperative(Chattopadhyay & De Vries, 2013; Chilisa, 2017). In this study, the risk of losing the cooperation of the participants was high and threatened the continuation of the study. There was constant tension in the researchers' processes in seeking consent and voluntary participation, communication, language use, and receiving and giving gifts, which conflicted markedly with participants and community norms. Whereas participants expected researchers to take on their norms and practices, the researcher consistently attempted to explain and maintain their prescribed ethical standards, resulting in participants questioning the motives of the researcher and casting insinuations that were unhealthy for the research environment. We acknowledge that completely taking on participants' values could be compromise individuals' human rights and dignity as shown in historical evidence (Kangasniemi et al., 2015; Lakes et al., 2012). That notwithstanding, most of the dilemmas that emerged were solvable without tension if the REC were more flexible and their recommendations not limiting.

It is essential for researchers conducting real-life studies in natural settings to apply ethical practices that are also acceptable to the study community. RECs, particularly those based in Western countries or whose activities are informed by Western bioethics, must acknowledge their limitations in negotiating ethics and ethical boundaries in indigenous settings and be less prescriptive when providing ethical clearance for research in indigenous settings which do not subscribe to Western cultural principles. REC should allow researchers to accept and incorporate harmless indigenous values and practices that may conflict with RECs' guidelines and prescriptions without necessarily needing extra ethical clearance from RECs, which can sometimes be disruptive and impractical. Indeed, as in every moral dilemma, it is agreed that conflicting ethical principles be violated when the risk of danger to life is imminent (Childress & Bernheim, 2008).

In light of the above, we conclude that ethical pathways in real-world settings are fluid and blurred, and strictly adhering to the prescription of medically oriented and Western REC recommendations in research in social settings may sometimes contradict participants' ethical expectations, undermine their values, and create tension during the fieldwork. It also causes moral distress for the researcher as immediately resolving ethical dilemmas and keeping to the research timetable becomes difficult. Meanwhile, as observed in our experiences, the tendency to create an unhealthy environment for future researchers in the research setting also becomes imminent as the negotiations may themselves be seen as overbearing by participants.

Although the evidence shows that some REC allows researchers to apply for additional ethical clearance, this strategy does not appear practical in most cases in the research of the natural setting. As noted in our study, ethical dilemmas occur on the spot, require instant decisions and may not always provide researchers with the opportunity to reflect and respond to the dilemma. Moreover, it becomes practically difficult due to time limits and distance for PhD students in other countries who require additional ethical approval to alter ethical conduct to achieve this within the time allowed for fieldwork and general completion of studies. We suggest that in considering ethical clearance for research practices in social settings, RECs should provide researchers with the opportunity to be context-specific.

Health personnel and Researchers whose data depend on the natural fluid social settings may be allowed to make specific ethical decisions during the fieldwork (with support from mentors/supervisors in the case of novice researchers or with support from other colleagues in the case of experienced researchers, where possible) and be given a framework to report the incidents and the solutions adequately. We acknowledge that such a process can be problematic in terms of what some researchers may practically do. However, as we indicated earlier, every good-intentioned researcher who aims to ensure a sustainable, cordial environment for future research and respects ethical research tenets would try to do the right thing. We recommend that reports of reasonable ethical behaviour be continually reviewed and that ethical conduct that neither fits with REC recommendations nor settings moral values is altered for future researchers. To prevent researchers from crossing ethical borders and make ethical conduct acceptable to participating communities and practical for genuine, honest researchers, RECs may use third parties, such as gatekeepers, to safeguard the moral conduct of research in natural environments. Additionally, RECs may require researchers' potential ethical issues during fieldwork, which could clash with Western-oriented ethical standards, and propose methods of navigating such ethical dilemmas and report on them.

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Author Contributions

MWK Conceptualised the main research, designed methods and generated the data**. BAP** reviewed the methods and formulated the outline for this manuscript**. FA and MWK** wrote different component of the initial draft. All authors reviewed and edited the manuscript.

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Notes

1. Child feeding is used in this context to include all activities that end with child feeding such as choice of foodstuffs, preparation of foods, decisions related to child feeding and the feeding of the child.
2. The most senior person in a household with decision making rights over individuals in the household. A guardian role bestowed by custom.
3. Names in the quotes are all Pseudonyms either for the participating child or the household heads.
4. H means household and CP Compound, representing a family units quatres within a household; 1 is the number count of the compound within a household. Households have more than one family quatres separated by walls.
5. "Language salad" an emerging linguistic where the native language is interspersed with English words and spoken by most community members

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