

Representations Summoned up Around The Therapeutic Routes for The Treatment of Chronic Diseases in Northern Côte d'Ivoire: A Case Study of Ouaraniéné Populations (Côte d'Ivoire)

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ABSTRACT: *The existence of health centres in the rural part of Côte d'Ivoire has not totally changed people's behaviour with regard to their frequenting. As a matter of fact, traditional medicine, which is the oldest one stands as the one that is really suitable for the health problems people encounter, specifically those of Ouaraniéné in the Poro region for the treatment of certain chronic diseases. Despite the risks incurred by these populations as for their choice of health attitudes and especially sometimes the impacts of the products offered by traditional medicine on their health, these populations Ouaraniéné continue to be treated by the latter. This study aims to analyze the social logics which govern the populations from this locality's choice in their quest for care. Among other logics are the preservation of the fodonon culture, the conflicting perceptions between the stakeholders of both medicine as well as the perception of the etiology of chronic diseases sometimes attributed to evil spirits.*

Keywords: *Resort to care, typhoid fever, etiology*

I. Introduction

The disease can be defined as an abnormal condition of the body, the spirit of the mind and the environment (both physical and social) which sometimes causes a dysfunction or an individual or collective distress, a calamity, a curse and a bewitchment (Atse, 2013). There are several types of diseases, classified according to their modes of transmission. All these diseases negatively affect the social, economic relationships and even the individuals' output capacity.

At economic level, it causes a drop in the productivity and family output (Baxerres *et Al*, 2004). One should also add the patient and his relatives' expenditures in their search for therapies. It may happen that the individual cannot afford the treatment. In such a case, the latter often contracts a debt to recover.

At social level, the individual becomes a burden on his family and his community. In fact, as the latter is already weakened by the illness, he is unable to go about his customary business. Considering this, the relatives of the patient feel obliged to help him meet his needs. Besides, one must add the fact that the individual loses his physical and moral strength and often becomes dependent on his relatives. Considering all the above mentioned things, we might say that the disease has negative impacts on the sick person and his circle of family and friends.

Among all these diseases, the chronic diseases are real public health issues as they are one of the causes of mortality in the tropical countries. The statistics indicates that sixteen (16) to thirty-three (33) million people are affected by these diseases, including more than 200,000 deaths per year (Who, 2013). Thus, faced with this situation, the international health organizations have summoned up to fight this scourge by setting up aid funds on behalf of the most vulnerable countries. These funds are used to strengthen the health system through the creation of health centres for the treatment of chronic diseases.

To keep to this logic, the Ivorian State is working for the creation of health centres so that the populations can easily have access to these structures. For example, one could cite the community health centres which were created to bring together these populations and the health facilities. Furthermore, the non-governmental organizations (NGOs) such as ASAPSU (Association in support of health and urban auto-promotion) and the NGO REEL- Santé (Network of teachers committed to the fight for health), support the medical agents in sensitizing the populations to frequent these health facilities. These actions have been reinforced by the Ivorian government through the popularization of the treatment of certain chronic diseases such as typhoid fever while reducing the cost of the treatment. Thus, in most cities of the country, and more specifically in the Poro region, the State has set up basic health centres to receive the patients by giving them first aid before taking them to the appropriate health centres.

However, far from being an asset for the rural population in the north of Côte d'Ivoire, frequenting these health centres is an obstacle for them. In fact, although benefiting from adequate health facilities, the populations of Ouaraniéné, a village located 5 km from Korhogo, have chosen traditional medicine as resort to

care. Indeed, after an interview with the nurse and the healers of the aforesaid village, it emerged that during the month, out of 64 patients affected by chronic diseases, the nurse receives four (4), that is to say 6.25% unlike the healers who receive about 60 patients, that corresponds to 93.75% (exploratory investigations, 2015). These figures reflect the scope of these diseases in this village and the importance the populations of Ouaraniéné attach to traditional medicine. Beside the healers, some people use a combination of plants as a way to get treated. This attitude of the populations faced with modern medicine sometimes causes some diseases difficult to control. Consequently, how do the populations of Ouaraniéné perceive the different medicines in the treatment of chronic diseases? In other words, what are the social logics underlying the attitude of these rural populations? This study aims to analyze the social logics that account for the attitude of these rural populations of Ouaraniéné faced with the treatment of these diseases. This study which aims at understanding was carried from a qualitative approach. Using an interview guide, three categories of stakeholders were interviewed (healers, populations and medical staff).

II. Methodology

The target population is made of healers, village communities and rural health centre staff. Concerning the healers, they are the persons appointed by most of the villagers in the treatment of chronic diseases. Their choice is not fortuitous. In fact, the latter possess some medical information acquired from their ancestors. Moreover, they are in constant contact with sick people who request for their expertise. As for the second category of actors, they are essentially people who have experienced the disease, are affected by the disease or in relationships with infected people. These people are those directly affected by the phenomenon and that usually frequent both types of medicines. As for the third category, it refers to the medical staff of the rural health centre. The latter, although they are not directly concerned by this phenomenon have been included in this study because they are likely to provide information that could explain the social logic underlying the populations' choice of traditional medicine at the expense of modern medicine in the treatment of chronic diseases. The investigations were conducted from September 5 to 13, 2015, that is to say 9 days, in the village of Ouaraniéné. Three investigators were appointed to the post over a period of one week. The technique of sampling called snowball was chosen. This sample was built thanks to some starting informants who appointed some individuals who could be part of the sample. This approach entailed in interviewing some actors who progressively guide the investigators to other people until the information reached the saturation point. At last, this process allowed questioning forty (40) stakeholders including twenty-seven (27) residents of the village, 6 healers and seven (7) medical agents. It was therefore a question of putting flat faithfully the oral discourse (verbatim) of the respondent in writing with the sources used for the recording. The recording was mainly carried out with a sound and audio recorder (mobile phone). After the transcript which took ten (10) days, the data collected were grouped into themes which we analyzed the content and synthesized to highlight the key points of the information sought after.

III. Cultural Realities And The Users' Therapeutic Route

The population of Ouaraniéné gives more importance to culture. That is the reason why they turn towards traditional medicine regarded as a purely cultural product, bequeathed by the ancestors for generations. Therefore, with a view to preserve and perpetuate the old values, the inhabitants of Ouaraniéné will need to value what they call "cultural heritage of the ancestors."

2.1. The resort to traditional care as a sign of fidelity to traditional values

In order to remain in harmony with the life of the ancestors, most populations of Ouaraniéné are attached to their old habits. They prefer to use traditional treatment because for them, *the Africans have their own culture, lifestyle, way of treatment; so why putting our own values aside and internalizing that of the west through conventional medicine.* From this perspective, a healer maintains that:

"For us the fodonon when you are born, at the age of 7, you are initiated at the Poro. Over there we are taught how to become a man. To become a man means to be able to treat oneself and others, to know how to fight in life for a better tomorrow. The first phase (from 7 to 14) entails in teaching the boy the basics of physical endurance, discipline, mastery of fear, handling the hoe. It also teaches him dancing, introduces him to the first symbols of the Poro and some masks. The second phase (from 14 to 21) continues to teach the dances and songs. It also complements the religious, magical, historical, philosophical and agricultural knowledge of the initiate. The last phase (from 21 to 28 years) is that of maturity and teaches the liturgy (secret language, ritual dance and song, use of musical instruments) but also endurance to cold. It also perfects the learning of fishing, hunting and farming techniques. At the end of the training, the young Sénoufo becomes an absolute initiate and may, in return, train other young people. To do so, we are shown the herbs with which our ancestors healed the sick people. We must obey not to incur the gods' anger upon us. "

Clearly, the Poro initiation is a school of life which enables the initiate to develop its own characteristics that make him a complete being. A being capable to face the realities of life no matter his

whereabouts. Thereby, overcoming the disease with traditional medicine is a sign of victory for the individual; because for them modern medicine *is an imported medicine that has come to challenge traditional medicine*. For the Sénoufo of Ouaraniéné, the fidelity to the ancestral practices that have been taught from traditional education is a token of respect to tradition, self esteem and power as stated by one respondent, *if I disobey my tradition, I can face sanctions in life that can lead to failure*. And therefore the choice of the therapeutic route is part of the process of socialization among the Sénoufo. It is therefore a cultural fact. Completely agreeing with this, Laplantine (1992) maintained that the way the person responds to his disease is first related to how he individually, socially, culturally, at family level perceives it, and the sense he gives to it. This perception will determine the patient's adherence to the treatment and therefore influence his choice of therapeutic route.

2.2. From the choice of the therapeutic route to the respect and sustainability of the Fodonon mythology

The population of Ouaraniéné in their conservation of culture tends to popularize for its transmission to the next generation and also to anyone wishing to know it through the training and social integration school of the Sénoufo, namely the Poro. Thus, the Poro is a leading institution in the Sénoufo country. Thus, the education received there remains the true one and therefore cannot suffer any influence. This is what stands out the talk of a young Sénoufo:

"Since I was born, I never fell seriously ill. So I never went to the hospital to get treated. I often feel tired, the next day I wake up and I feel good because I have been initiated on the Poro since my childhood. When something is going wrong in my body, I know the plant to use to recover as quickly as possible without paying a visit to a nurse. That is the reason why we encourage all the people who live in Ouaraniéné to be initiated on the Poro because it forges the nature of human being. Unlike the western culture that sends us seasoning cubes such as the "maggis cubes" to get us sick and then make tablets supposedly called drugs to treat us."

The Poro, a school which vehicles how to treat because for the fodonon, *an initiate has everything to treat himself and behave in life*. And therefore, they do not need imported medicine that creates according to them *its own diseases and later on invents its remedies*.

Kpatchavi (1999) and Soubeiga (2005) share the same opinion. They all showed in their work that the socio-cultural factors strongly influence the therapeutic route of people in case of illness because they declare that it is culture that guides the actors' choice. The actors in their turn seek to transmit this culture over the generations to perpetuate it.

IV. The Rapport between The Population And Modern Health Facilities: Conflicting Perceptions

Health facilities and rural populations are two antithetical entities, that is to say, they sometimes have parallel visions and perceptions. Since the relief of the pain which they have in common is a social reality whose perception and definition are relative. This is sufficient to explain the relationship between the population and health facilities which indirectly sometimes leads to conflicts between the two types of medicines.

3.1. The traditional medicine cures: a vision of the people of Ouaraniéné

Some people rather think that the drugs prescribed by modern medicine only soothe the disease but do not cure it. On the contrary, the medicinal leaves completely heal the individual for a long time. That is the reason why a young person having undergone the experiences claims that:



Such sheets are commonly known in fodonon "katcharigüe" is used in the treatment of typhoid. The leaves are dried and boiled. Thereafter, the collected juice is consumed by the patient three times a day for two weeks

Source: Our survey, 2016

"One day I felt discomfort in my body and I overlooked it because of anyway it will pass. A week later, I felt weakened. So I went to the hospital, after the exams the nurse discovered that I was suffering from typhoid fever, he gave me a prescription which I bought but a month after I had a relapse with the same symptoms. This time more acute than before. And that time I went to visit a healer. From his treatment until today I have no longer felt bad. This time I realized that the pharmaceutical medicine only soothe the disease. In fact, for a disease to completely disappear in the body of an individual, you have to go through a traditional treatment. Several people in this village have had the same remark. So in Ouaraniéné, when somebody is sick, he prefers to immediately go to see a healer who shall give him a drug that will completely heal him."

Ultimately, it is necessary to remember that in spite of the conveniences of the conventional medicine, the population of Ouaraniéné is a conservative people. It has more confidence in the traditional medicine rather than the modern medicine. This confidence is due to the experiences of some individuals after having contracted the diseases called 'incurable or curable' '. And afterwards, they have been cured with traditional remedies, as maintained by a respondent:

"The hospital soothes the disease while the traditional medicine completely heals."

For him, the traditional medicines heal while those of the modern medicine only soothe. The logic of this respondent is that the disease has mystical origins and therefore supernatural origins. Consequently, only traditional medicine through the canaries and incantations can relieve his pain. Moreover, this ideological opposition is based on the moral, the ethics and the concept of privacy or intimacy. Besides, the refusal of conventional medicine by the people of Ouaraniéné is related to their cultures or often based on their religion. Due to these facts, they have stereotypical thoughts or ways which justify the conflicts between the medical agents and the population as put forward by a young man from Ouaraniéné:

"One day I went to the hospital with my wife for a surgery. After paying the costs and waiting a moment, the little doctor told me to stay outside and asked my wife to go into his office. I sat outside, waited for more than (30) minutes, he was still in his office with my wife, and they were alone. I was sitting there, not knowing what they were really doing with my wife inside the room."

In fact, in the education of the fodonon, a woman is forbidden to stay in a close place with a man apart from her husband. This ideology is sometimes contradictory to the practice of medical agents who are used to checking the patients in the absence of their husbands. The fodonon do not find this way of checking people of their taste because it is against the education received by the fodonon; an education that presents the woman as a *sacred being*.

Moreover, if men find it unacceptable that their spouses may remain alone with the doctor holding surgery, women on the contrary find it impossible to undress before a man who is not their husband. The talk of this lady corroborates this idea:

"I had reached term, so I went to hospital to deliver my baby. For me, a woman would help me deliver at last. Unfortunately a man came in and stood still before me. I did not like that but what could I do for it? It's really abnormal that a man who is not my husband shall see my intimacy like that, it is against my religion"

The works of Mohammadi et al. (2007) confirm the results of this study. For them, gender conflict is also highlighted. Because in the Muslim culture, among the women, sometimes *"even shaking hands with men is not recommended."* This standard is problematic for a woman in case the latter is hospitalized; because, as they said, conflicts arise between the healer and the healed. It is also reported that the cares to some extent do not depend on the sex of the persons, but rather more on the experience and ability. Unnecessary difficulties and a discomfort for the person being cared can arise because sometimes male nurses would provide care to a female patient. These situations create a conflict between the parties at times. Clearly, some values instilled by religion prohibit the woman from showing her nakedness to another man other than her legitimate husband. This whole attitude is part of the Ouaraniéné populations' refusal to be treated by conventional medicine. These are all the perceptions that account for the conflicting relationship between the two medicines. Besides, in this ideological opposition, the doctors have their say. For them, people devote themselves to practices which at times cause or accelerate their death. For example, the failure to respect the dosage of the prescribed products to the rare patients. From this perspective a doctor says:

"When you give the villagers a prescription and the dosage, they deem it is not enough, and therefore less effective. They think that when you take several drugs at once you may precipitate healing. And sometimes it worsens the disease, or creates others. In such cases, they say that the pharmaceutical drugs have only negative effects and do not cure the disease. Yet, they are responsible for such failures. This is our job, but they do not understand it like that, they do what they want. However, they use traditional medicines from the healers, whose dosage is not determined, and it creates other problems."

He goes further saying:



This plant commonly known in fodonon "katcharigue" is used in the treatment of typhoid fever. The grains are dried. Thereafter, they are crushed to the enema

Source: Our survey, 2016

"The drugs used in the traditional medicine are dangerous. There is no established dosage and this often destroys the lungs of the patients using them. And when they come to see us here, it is often very late. We advise them against traditional treatments, but they do not listen to us, we are powerless faced with the situation."

So many contradictory opinions between the population and medical workers regarding the perceptions of the effectiveness of the different medicines.

3.2. When the birthright is denied in Ouaraniéné's health centres: a barrier to hospitals frequenting

The fodonon society as all traditional societies is an organized society where the birthright is the foundation of social relations. Thus, elders impose their diktat on the younger who in their turn are supposed to obey whatever the location and status. The younger listen to the oldest because they are reported to be *"the closest to the ancestors."* But we notice that in the modern structures offered by the public and private hospitals, the social status, the origin of the individuals and their social ranks are not taken into account when referring to the Hippocratic Oath. Some people therefore prefer to stay home to prevent a young doctor to give them "orders". In addition, the social order established by the ancients being ignored in the modern and private structures regarding the surgery, it is difficult for an old man to let a young man be seen by the medical agent before him, as maintained by this respondent:

"At the hospital, age is not regarded. We are all the same. Even your own child can give you orders. One day a small doctor said to me, 'you old man, if you do not respect what I say I'll be angry with you.'" Since when could a child be angry with his father among the fodonon? To avoid all this, I prefer not to go to hospital."

In fact, among the fodonon the birthright is living no matter the place. Therefore, it is unacceptable for a fodonon to give in to a medical worker's wishes, who he considers as his son.

V. Etiology of Chronic Diseases: Diseases Caused by Evil Spirits

Many scientific studies have shown that in some communities, the perception of the disease within the medical profession differs from that of the people. These considerations are often based on the lessons learned by these peoples, or the cultural background. Indeed, for chronic diseases, this thought is no exception. When the disease is at an advanced stage, they develop other symptoms that give other interpretations as reported by one healer from the village:

"For example, the typhoid fever is called by some people "dabalibanan", which means in Malinke language "fate disease ". In fact, when an individual is affected by this disease, he has strong migraines and his whole body hurts. It is often difficult for the latter to walk. He is so weakened so he cannot meet his needs. Afterwards, when the migraines become stronger, when the individual is sleeping, he can often dream of horrible things. Often he can see himself being chased by people and he even happens to speak alone. In such cases, the evil of the individual is said to be a mystical attack on his person."

Far from being a disease caused by some behaviours well known in the field of modern medicine, chronic diseases in the fodonon society are perceived as the diseases related to a curse or at least the anger of their ancestors due to the patient's bad behaviour. That is the reason why in the search for the cure, only the traditional medicine is questioned and listened to. That is the reason why an inhabitant said, *"when you offend the ancestors, you must beg their pardon and you shall be healed."*

Daniel (2010), Esse and al (2008) inferred the same results. They all showed that despite years of sensitizing, people seem to still hold their perceptions of the mosquito, malaria and mosquito net. The causes

they used to assign to malaria have remained almost the same. These causes can be grouped into natural causes (sun, food, flies, fatigue) and also supernatural causes (sorcerer, fortune-teller, curse, bewitchment). These causes haunt the minds of the people and guide their social behaviour and treatment choices.

In other words, the acknowledgement of one's fault to his ancestors contributes to his recovery. That is why before any treatment by the healers, the latter first proceed to the patient's surgery to identify the leaves that will serve to his total healing. This is what stands out in this healer's talk:

"Every patient has his own history. That is why I see them individually for the ancestors to show me the leaves for their healing." However, for the patients who can no longer survive, the ancestors warn us and we release them not to get into trouble.

These are the social logics underlying the populations of Ouaraniéné's choice regarding the resort to traditional medicine. It is therefore essential to give prominence to these logics when defining public health policies in rural Côte d'Ivoire.

VI. Conclusion

The present study which has addressed the choice of the therapeutic route started from the mere observation that despite the existence of conventional medicine, the populations of Ouaraniéné still resort to traditional medicine for the treatment of chronic diseases. From this sociological perspective, the objective of this study was to analyze the social logics that underpin the populations of Ouaraniéné's attachment to traditional medicine. Three social factors explain the choice of the therapeutic route: Firstly, the cultural realities that underpin the existence of the fodonon people and therefore guide the people in the ways of treating themselves. Secondly, the contradictory perceptions of the relationship between the populations and health facilities is a key element because if the proponents of conventional medicine believe in the efficiency of the latter, the populations trust more the traditional medicine in the treatment of chronic diseases. Finally, the perception of the etiology of these diseases is an obstacle to the frequenting of conventional medicine because of the cause of this disease sometimes attributed to the anger of the ancestors. Thus, the traditional education is involved in the choice of therapeutic route because for the fodonons people say, *it is a cultural legacy of our ancestors for generations. And therefore, to betray that education guiding life style would mean to betray the memory of our ancestors.* Therefore, wouldn't it be necessary to integrate the population in the sensitizing programs for a change of the behaviour vis-à-vis modern medicine?

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