

Analysis of Social Logics of the Choice of Various Medicines in North of the Ivory Coast: Case of the Senoufo of Napiédougou

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Abstract: The choice of the therapeutic route by the populations in Côte d'Ivoire is a real problem of public health. In fact, most of the time, the populations, in particular those of the North use to be cured with traditional medicine. They often justify this choice by the distance, the insufficiency and/or the lack of public health centers. That is why, since 2003, the government leads the politics of populations link by creating health centers of closeness. This policy has for objective to reduce distance between health centers and communities and to facilitate the access to healthcare of health. However, in spite of the creation of health centers of closeness in Poro region, populations did not totally change their habit and behavior. They are more and more directed to the traditional medicine to the detriment of the conventional medicine. This study aimed at analyzing the social logics which stretch out the choice of the traditional medicine by communities in this locality. This study with comprehensive purpose leans on a qualitative approach.

Keywords: Therapeutic route, Traditional Medicine, Modern Medicine, Disease Origin, Poro Region.

INTRODUCTION

The disease is a state of psychic, social and physical dysfunction of the human body. As a result, it has a strong impact on the wearer and leaves him with consequences that are often deplorable and long-term [1]. These consequences are all the more important because some patients remain in a state of psychological distress and psychological shocks, sometimes serious for the rest of their lives. These effects sometimes lead to psychological disorders that significantly affect the course of the disease and the quality of life of the patient, among which suicidal behavior is frequent [2]. For example, the results of the survey on the psychological experience of HIV-positive people, conducted in 2002 in Metropolitan France, the West Indies and Guyana by the National Agency for AIDS Research [3], show that out of 5,080 patients drawn at random between 2002 and 2003, 22% of respondents attempted suicide in their lifetime.

Diseases are real public health problems because they cause a decline in productivity and family performance [4]. Among the diseases, those known as communicable alone represent 50 to 60% of the

morbidity at the national level. The most frequent are chronic diseases and infectious diseases [5].

In the search for therapies, the patient and especially his relatives have to face many expenses because weakened and having lost his physical and moral strength, he is unable to undertake any activity and often becomes dependent on his relatives. In view of the foregoing, it follows that the disease has negative impacts on the sick individual, as well as his entourage. Faced with this situation, international health organizations (WHO) have mobilized themselves to combat the most vulnerable diseases by setting up aid funds for the most affected countries. These funds are used to strengthen the health system through the creation of health centers.

Indeed, the field survey reveals a low rate of use of these centers. This rate is estimated at 6% of the sick population per year. This is lower than the 21% population participation rate in Côte d'Ivoire [6]. So why despite the existence of health centers, the populations of Napiédougou frequent less and less these hospital structures? In other words, what are the social logics that underline this attitude of these populations

vis-à-vis the health structures? This study proposes to analyze the social logics that account for this attitude of the populations of Napiédougou in the Poro region facing different types of medicines.

METHODOLOGY

This comprehensive study was based on the qualitative approach. Using interview guide, three categories of actors were interviewed. They consist of healers of Napiédougou, village populations and staff of the urban health center of the said locality. With regard to the healers, they are the people advised by the majority of the village populations in the treatment of the diseases. Their choice is not fortuitous. Indeed, these people are holders of medical information inherited from ancestors. They are also a permanent contact with sick people who seek their expertise. As for the second category of actors, it is made up of people who have experienced the disease, live with the disease or in relationships with sick people. These people are those directly affected by the phenomenon and who usually attend these two types of medicines. Regarding the third category, it refers to the medical

staff of the urban health center. The latter, although not directly concerned by this phenomenon, have been included in this study because they are likely to provide information that can explain the social logic underlying the choice of populations of traditional medicine at the expense of modern medicine. The investigations took place from 05 to 13 September 2015, 9 days, in Napiédougou in the Poro region.

The survey was conducted by three people in one week. The technique of snowball sampling was chosen. This approach consisted of questioning certain actors, who progressively orient the investigators towards other individuals until there is saturation in the information level, namely the social logics underlying the attitude of the populations of Napiédougou face different medicines.

This process made it possible to interview in the long term, forty (40) actors including thirty-three (33) inhabitants of Napiédougou and seven (7) staff of the health center of Napiédougou. What gives the table follows:

Table-1: Number of people surveyed

Statuts	Number of people surveyed	periods	Duration of the interview
Village Chief and Notable	04	1 jour	30 min
nurses Midwives and Caregivers	07	2 jours	30 min
Healers	09	2 jours	35 min
Populations	20	4 jours	20 min
40		09	01h55

Source: survey data, 2017

It was therefore a question of thoroughly explaining the oral speech (the verbatim) of the respondent in written form with the sources used for the recording. The recording was mainly done with a sound recorder or audio (mobile phone). The collected data were grouped into themes whose content we analyzed and synthesized to highlight the key points of the information sought. (These themes constitute the different results).

Social logic of the choice of different medicines by population

Each people is characterized by its cultural practices. And these practices vary from one culture to another. Therefore, in order to recognize its cultural identity, people are generally attached to their old practices. This is the case of the populations of Poro, in northern Ivory Coast these populations, despite the breakthrough of modernism, hardly change their social and health habits because they say "our ancestors are watching us".

The choice of traditional medicine as recourse to care: between respect and appreciation of the cultural identity of senoufo

To take care of traditional medicine for Senoufo is recognition of Senoufo cultural identity because it is a medicine that is bequeathed by their ancestors. It means that it is a cultural heritage that each generation must pass on to future generations as Durkheim argues (date). In such a case, no one should fail in this mission. This is why these people prefer to use traditional treatment because for them, Africans in general and Senoufo in particular have their own culture, their way of life, their way of healing; this is why we put aside our own values and internalized those of the West through modern medicine. It is in this perspective that a healer affirms in these terms: "After seven (7) years of life, the young senoufo is initiated in Poro which is a place of learning to the values of life. In this learning process, one learns to become a man. Here, becoming a man is being able to heal and care for others, to fight in life to have a better tomorrow. The

first phase (7 to 14 years) is to teach the boy the basics of physical endurance, discipline, control of fear, handling the hoe. She also teaches him dance, introduces him to the first symbols of Poro and some masks. The second phase (from 14 to 21 years old) continues the learning of dances and songs. It completes the religious, magical, historical, philosophical and agricultural knowledge of the initiate. The last phase (from 21 to 28 years old) is that of maturity and teaches the liturgy (secret language, rituals of dance and singing, use of musical instruments) but also endurance to the cold. It also perfect learning fishing techniques, hunting and culture. In the end, the young senoufo becomes a full-fledged initiate and can, in turn, initiate other young people. For this, we are shown the herbs with which our ancestors healed the sick. We must obey them so as not to attract the wrath of the Gods on us. " Clearly, this learning of life by initiation to poro is a school of life that allows the initiate to develop his powers that can make him a respected and respectable man in his society and even beyond its borders. The individual released from the Poro must be able to face realities in any living space. This ability must also be felt in the way he looks after various diseases. In this way, traditional medicine becomes the best adapted for the treatment of certain diseases. For example, for the treatise on tuberculosis, as this respondent says: "In the treatment proposed by modern medicine, the patient must be isolated from his family to avoid cases of contamination". This practice is contrary according to them, to the customs and habits in Senoufo country because to isolate "his blood" can provoke the anger of the ancestors. In addition to them, defeating the disease by traditional medicine is a sign of victory for its people, because modern medicine according to them is an imported medicine that comes to challenge traditional medicine. For Senoufo, fidelity to the traditional practices that were taught to them from traditional education is a guarantee of respect for their tradition, self-esteem and power, as the respondent says: "If I disobey my tradition, I may suffer sanctions from my ancestors that can lead me to failure. And so the choice of the therapeutic route is an integral part of the process of socialization in Senoufo country. It is therefore a cultural fact. In the same vein, Laplantine [7] supports the same idea that the way in which people react to their illness is first and foremost linked to the way they perceive it individually, socially, culturally, and in their family sense. That she gives him. This perception will condition the adherence to the treatment of the patient and thus influence his therapeutic itinerary.

When traditional medicine contributes to the sustainability of culture

In the Poro region, the popularization of traditional medicine by the populations is a concern for sustainability and cultural preservation. In this sense,

the Poro becomes the training and social integration school of Senoufo. In this way, it constitutes a reference institution. As a result, the education received within it remains true and therefore cannot be influenced. To value this school of life in Senoufo country, it is necessary to be able to defy all innovations that tend to drown exist. This exists that comes down to the way of healing. This is also what appears in the words of this young Senoufo: "Since I was born, I have never been seriously ill. So I have never been to the hospital for treatment. Often, I feel tired, the next day, I wake up and I feel good because I was initiated in Poro from my childhood. When something is not right in my body, I know which plant is used to recover as quickly as possible without even going to a nurse. That's why we encourage all young people to Poro because it forges the nature of the human being. Unlike the Western culture that sends us cubes of seasoning such as "cubes maggis" to make us sick and after manufactures tablets called "medicine to heal us".

The poro, a school that conveys the way to heal because for Senoufo, an initiate has everything to heal and behave in life. And therefore does not need imported medicine that creates according to them his own diseases and then invents remedies. Sometimes this medicine asks you to isolate your blood that is sick like our parents with tuberculosis. Senoufo, we have plants to cure this disease. Kpatchavi [8] and Soubeiga [9] are of the same opinion. They have all shown in their work that socio-cultural factors strongly influence the therapeutic route of populations in case of illness because they say, it is culture that guides the choice of actors. The actors, in their turn, try to transmit this culture from generation to generation in order to perpetuate it. This is the case of the Senoufo people who must be loyal to their way of healing.

Perceptions of populations of different medicines

Health facilities and rural populations sometimes have parallel visions and perceptions. Given that the relief of the evil that is their common point is a social reality whose perception and definition are relative. This is therefore sufficient to explain these relationships between population and health structures which in turn sometimes lead to conflicts between the two types of medicine.

Recognition of the effectiveness of traditional medicine by populations

Most Senoufo people in the Poro region, especially those in Napiédougou, have no doubt about traditional medicine. For them, this medicine is the most suitable for the treatment of infectious diseases such as tuberculosis. Because of this, they think that this medicine is more effective than modern medicine. It is in this way that a young person having lived these experiences affirms: "I was once sick. It was

tuberculosis. I went to the hospital for treatment. After the exams the doctor to confirm my pain. After that, he referred me to the anti-tuberculosis center. The doctor from over there put me on a six-month treatment. During those six months, I had to stay away from my family. I found that unfair. For that, I dropped his treatment and went to see a healer. He gave me canaries with which I washed and drank. A month later, I found my health. After her treatment until today, I did not feel any pain anymore. That's when I realized that pharmacy drugs soothed the disease. To completely cure an individual's body ache, it is imperative to go through the traditional treatment. Several people at the Senoufo made the same remark as me. That's why in Poro, when someone is sick, he prefers to go to a healer immediately to give him a medicine that can cure him completely of his illness. "

Clearly, the population of Napiédougou has more confidence in traditional medicine than modern medicine. This confidence can be explained by the experiences lived by certain individuals after having contracted so-called infectious diseases, which subsequently recovered their healing thanks to remedies from traditional medicine, such as the support of the respondent: "For me, modern medicine calms the pain while traditional medicine heals totally." For him the traditional medicines are curative while those of modern medicine are atheros effects. The logic of this respondent is part of a perception that the disease has mystical and therefore supernatural origins. Therefore, only traditional medicine through canaries and incantations can relieve him of his harm. Also, this ideological opposition is based on the moral, the ethics and the notion of confidentiality or intimacy.

Behavior of health workers and choice of the therapeutic route

The relationship of Napiédougou populations to conventional medicine is linked to traditional values. For that, there are stereotyped thoughts or ways of doing things, which justify conflicts between health workers and populations, such as supporting a young man: "I went to the hospital one day accompanied by my mother. After paying for the consultation and waiting for a while, the doctor told me to stay outside and he asked my wife to come in. I refused because I did not know what he wanted to do. With my wife, you see, young people now are capable of anything.

In fact, in Senoufo education, a woman is forbidden to stay in a closed place with a man other than her legitimate husband. He who is recognized by tradition. This ideology is sometimes contradictory to the practice of health workers who have become accustomed to consulting patients, especially women, in the absence of their husbands. This situation is not popular because it is out of step with the education

received in Senoufo country. An education that presents the woman as "a sacred being".

On the other hand, if men find it unacceptable that their wives remain alone with the consulting physician; women find it impossible to undress in front of a man who is not their husbands. "After nine months of pregnancy, I went to the hospital to give birth. For me, it is a woman who would come to relieve me at last. Unfortunately it is a man who comes to plant there in front of me. I do not like but I'm going to do how? It's really not normal that a man who does not have my husband, see my privacy like that, it is forbidden in my religion. Religious considerations contribute to the non-attendance of modern medicine by the populations of Napiédougou. In fact, there are practices that are prohibited. For example; a woman who lets herself be touched by a man who is not his spouse. In hospitals, however, no religious practices are taken into account. As a result, both women and men have the same treatments because the primary goal is the healing of evil. This conflict of practices between these different actors is a brake on the attendance of health facilities in Napiédougou. The works of Mohammadi *et al.* [2], go in the same direction as the results obtained. For them, gender conflict is also highlighted. Because in the Muslim culture, for women, it happens that "even a handshake with men is forbidden". This standard is problematic for a woman in the event that she is hospitalized; because conflicts arise, he says, between caregivers. It is also explained that the care provided in a certain way is not guided by the sex of the people but more by experience and aptitude. Unnecessary difficulties and discomfort for the caregiver may arise as male caregivers may provide care to a patient. These situations thus generate, at times, conflicts between the parties. Clearly, some values inculcated by religion, prohibit the woman, to show her nakedness to another man other than her legitimate spouse. All this attitude contributes to the refusal of the populations of Napiédougou to be treated by modern medicine. These are all perceptions that explain the conflicts of relations between these two entities.

As for doctors, they believe that people engage in practices that sometimes cause certain diseases such as kidney failure. Indeed, they consume in ways exaggerate traditional medicines without knowing the dose. For those who agree to go to the hospital, there is a disregard for the dosage of products that are prescribed by doctors. With this in mind, a doctor says:

"The patients do not respect the dosage of the drugs which are prescribed to them. He finds it less and therefore of lesser effect. They think it is when taking multiple medications at the same time, which can precipitate healing. And sometimes, it aggravates the disease, or creates others. In these cases, they say that

pharmaceutical drugs only have adverse effects, and do not cure the disease. But the blame comes essentially from themselves. It's our job, but they do not understand it like that, they do what they want. However, they take traditional medicines with healers, whose dosage is not determined, and that creates other problems. He goes further by saying, "The drugs used in traditional medicine are dangerous. There is no established dosage and this often destroys the lungs of patients who use them. And when he arrives here, it's often very late. We advise against each time traditional treatments, but he does not listen, we are helpless in the face of this situation "So contradictory opinion between population and health workers on the perceptions of the effectiveness of different medicines.

Consultation by order of arrival at the hospital: a reality which frustrates the elders

Among the Senoufo, the eldest occupies a place of choice in the social organization. As a result, the elders advise the younger ones, who in turn are supposed to obey them. The youngest listen to the oldest because they say they are "closest to the ancestors". However, it is worth noting that in the modern structures of public and private hospitals, the social status, the origin of individuals and their social ranks are not taken into account when referring to the oath of Hippocrates. Some people prefer to stay at home to avoid a young doctor gives him "orders". In addition, the social order established by the elders not being in the modern and private structures as regards the consultations, it is difficult for an elder to wait for a young man to be received before him, as the support this interviewee: "In the hospital, the old man does not exist. We are all the same thing. Even your own children give you orders. One day a little doctor would say to me: " you old man, if you do not respect what I say to you, I will be mad at you ". Since when, a child is angry with his father at home the senoufo?

To avoid all that, I prefer not to go to the hospital."

In fact, in Senoufo countries, the right of birth is everywhere and everywhere. For this reason, it is unacceptable for the elder to accept the orders of the youngest but also to wait in the same row as his "son".

Origin of the disease and the choice of the therapeutic route

Numerous scientific works have shown that in some communities the perception of the disease from the medical point of view differs from that of the populations. These considerations are often a function of the lessons learned by these peoples, or a cultural baggage. Indeed, concerning typhoid fever, this thought is no exception. When the disease is advanced, it develops other symptoms that give it other interpretations. This is what a village healer says in these terms: "At home, senoufo, an illness always has

origins. Often, we can cast a spell on you. In such cases, modern medicine cannot cure you. You must necessarily take care of traditional medicine. At home, when you're sick, you need a consultation with the healers first. Only these mystical forces can give you the origin of your evil. It is from this consultation that we choose where we should be treated. Considered a curse or at least linked to the anger of the ancestors; the disease comes from the behavior of the patient. That's why in the search for healing, only traditional medicine is questioned and listened to. This is what the respondent says: "When you provoke the ancestors, you have to ask them for forgiveness and you will be cured."

Emain [10], Esse and Al [6] arrived at the same conclusions. They have all shown that despite several years of awareness, people seem to dwell on their perceptions of mosquito, malaria and mosquito nets. The causes they attributed to malaria remained almost the same. These causes can be grouped into natural causes (sun, food, flies, fatigue) and also supernatural causes (sorcerer, diviner, curse, bewitchment). These last haunt the spirit of the populations and direct their social behaviors and the therapeutic choice. In other words, the recognition of the wrong that an individual has caused to his ancestors participates in his healing.

Reason for which before any treatment by the healers, they proceed initially by a consultation of the patient in order to identify the leaves which will have to allow its total cure. This is what comes out of the words of this healer: "Every sick person has his story. That is why I consult them individually so that the ancestors show me leaves for the cure ". However for the sick who can no longer survive, they say the ancestors speak to us and we release them so we do not have difficulties. These are the social logics that guide the choice of Poro populations as to the choices of traditional medicine. It is therefore important to take into account these rationales for the implementation of public health policies in Côte d'Ivoire and more specifically in rural areas.

CONCLUSION

The present study analyzes the health behavior of the populations of the Poro region in the choice of different medicines. The aim of this study was to analyze the social logics that underlie the attachment of Poro populations to traditional medicine. Thus, according to this study, the choice of traditional medicine by the Poro people can be explained by three social factors: Firstly, the contradictory perception of traditional and modern medicine contributes to the health behavior of the populations. Then, by cultural realities that found the existence of the Senoufo people. And lastly, practices in modern health facilities and the perception of the origin of the disease are logics that also explain the choice of populations. Therefore, would

it not be important to integrate populations in awareness programs for a change of behavior with respect to modern medicine?

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