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Socio-Anthropological Approach to Pregnancy Contraction in Elderly Women in the District of Abidjan

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Abstract: This text proposes to analyse some ideological elements of pregnancy contraction in older women. To achieve the expected results, in addition to the literature review, we used the interview guide and the actors' life stories. This has enabled us to arrive at the results according to which the ideologies of "social stability" and "the ideal man" as prerequisites for motherhood, and then of attachment to religious values through the observance of dogmas of purity and continence, contribute to the construction of the contraction of pregnancy in women in old age. Finally, the care-patient relationship built around trust makes it possible to deconstruct the taboo once perceived about sex, whose stakes are reproduction, health and life.

Keywords: Socio-anthropological approach, contraction of pregnancy, elderly women, Abidjan district.

INTRODUCTION

Maternal and neonatal mortality is still representative among health and development indicators for developing countries. Thousands of women die each year and many suffer from diseases and injuries related to pregnancy or childbirth. In this respect [1] estimates that the most vulnerable are those of reproductive age in developing countries [2]. This is particularly true in terms of delays in obtaining emergency obstetric care [3].

Thus, if the age of the youngest mother in the world is known to "everyone" (In Peru: little Lina Medina underwent a caesarean section in 1939 at the age of 5 years and 8 months), we do not know with certainty the age of the oldest mother. Age limits for procreation have been reported by various authors up to 63 years of age. Thus, the oldest mother was 49 years old [4].

In Côte d'Ivoire, late pregnancies due to their increasing number are a current phenomenon. From this point of view, empirical data indicate that advanced maternal age is a risk factor found in the etiologies of a number of pregnancy-related diseases. Thus, the risks of losing one's life during or after childbirth are enormous. Therefore, the findings of a study conducted by EDS-MICS [1] indicate that maternal mortality is high in Côte d'Ivoire. Pregnancies among women at extreme reproductive ages are considered high-risk pregnancies, estimated at 614 deaths per 100,000 live births in the seven-year period 2005-2012 [5].

According to health specialists [2], after 35 years of life, there is no time to waste: women who want a child should consult their gynaecologist. Not to be prescribed a treatment to improve fertility, but for a general medical check-up as a preventive measure and to be sure that all chances are on their side. Moreover, beyond the age of 50, the risk of making children biologically ill (trisomic children [3]) is high, while the

[1] EDS-MICS synthesis report: Demographic and Health Survey and Multiple Indicators of Côte d'Ivoire 2011-2012

[2]Cocody University Hospital's Informant College (doctors and midwives) and Yopougon General Hospital PMI November 2016, source: field survey

[3]In genetic pathology, suffering from a congenital disease caused by the abnormal presence of an excess chromosome in a pair of chromosomes.Source: Encarta dictionary 2009.

possibility of educating the child until socialization remains low in view of life expectancy [4] in southern countries.

However, in the Abidjan district, there has been an increase in pregnancies among women between 39 and 50 years of age or older, despite the above-mentioned risks, especially those related to maternal mortality.

This ambivalent relationship (old pregnancy / risk of maternal mortality) raises the following question: Why are more and more women getting pregnant in old age? In other words, what are the socio-anthropological factors that justify the contraction of pregnancy in elderly women in Abidjan district?

A state of knowledge on the question, allows in a first time to throw a glance on the practices of the old pregnant women and the follow-up of those in situation of pre- or post-natal. From the perspective of primary health care (PHC) design, pregnant women's health is monitored in at least three visits before delivery, including one in the 9th month of pregnancy and at least one visit after delivery. This activity includes screening for high-risk pregnancies, treatment of common pregnancy-related conditions, tetanus vaccination, and preventive treatments for anaemia and malaria [6]. In principle, pregnant women living in the neighbourhoods served by a health centre and who miss the scheduled appointment are sought by the nursing staff. Thus, the preventive treatments distributed cover the entire duration of pregnancy and are even continued after childbirth in the event of anaemia. The drugs given are chloroquine and IFA (iron, folic acid). The payment of the activity by a single fixed price covers all the care given (vaccination, medicines), all consultations and the health booklet (YvelineDiallo, idem). In addition, in their pregnancy care practices, anyi women primarily use internal anal enemas (bêbo) using a rubber enema bulb, and oral beverages (bê non). One of the prescriptions given is to crush the roots of Motandraguineensis with pepper and to use this preparation in internal enemas [7].

In a second stage, social representations of pregnancies revisit socio-cultural and religious values [8] conducted a pilot study in rural Bété, pregnancy and motherhood have mainly a cultural and social meaning, and this takes precedence, most of the time, over biological meaning: it is not because of fears of particular biological risks that we try to avoid maternity hospitals, but because they involve a range of social difficulties: lack of money, fear of parents, non-recognition of pregnancy, etc.

Among the KelAdrar (the 8th region of Mali) for example, the logic of preventive actions during pregnancy is considered a gift from God. During this period, "the woman has two souls". Gestation makes her vulnerable to the outside world and her relationships with the group. Another risk factor is the relationship of the female body with the blood. The woman becomes impure by the flow of blood but also by her behavior [9]. On this basis, during the menstrual period, blood pollution keeps the woman away from the community, from her married life. A constant relationship is established between KelEssuf (spirits), blood and black colour.

Also, in this cultural category, pregnancy must be discreet, silent in speech, the body also conceals itself. To prevent risks is to silence the body. The preventive system relies on these ways of "saying" and concealing the event. The woman uses metaphors to signify her condition. Families and neighbours also use allusive language (tangalt) to avoid any risk of danger. Preventive actions are therefore based on discretion. Modesty in speech (asshak) and behaviour (sorho) become for the pregnant woman one of the priorities to carry out a successful pregnancy [9].

However, these authors do not specifically address the ideological references at the origin of practices among pregnant women of advanced age. Starting from the sociology of childbirth by Béatrice Jacques [10] (understanding the representations of childbirth in construction, focusing her reflection on the emic point of view (whose point of view is based on the concepts and the thinking system specific to the persons studied) of future mothers on the one hand, and carers on the other hand, and on dialogue between them.) and the theory of planned behavior (TPB) of IcekAjzen [11], as (an improvement of the Theory of Reasoned Action), the general objective of this study, is to analyze some ideological elements of pregnancy contraction in actors. Specifically, this text consists of: i) identifying the social logics of pregnancy management among the actors ii) describing the family planning system among the actors. iii) identifying the knowledge of the risks incurred by the actors iiii) describing the caregiver/patient relationship during antenatal consultations (ANC).

THEORETICAL FOUNDATIONS: Ajzen's theory of planned behavior

The Theory of Planned Behavior (TPB It aims to explain or change behaviours based on questions such as their relationship to attitudes, feelings of self-efficacy and social norms. It postulates that human behaviour, to be effective, must first be decided/planned, hence the name *planned behaviour theory*. Moreover to be decided, three types of factors are necessary:

- Judgements on the desirability of the behaviour and its consequences (attitudes towards the behaviour):

[4] In Côte d'Ivoire, life expectancy for men was 50.74% compared to 52.42 for women in 2014.

the will to contract, for example, a pregnancy in old age socially mobilised by the search for socio-professional stability and economic independence.

- Considerations about the influence and opinion of relatives on behaviour (social norms): For example, the influence of relatives creates feelings of confidence in a successful birth to contract a pregnancy in later life. The risk of not being able to participate in the socialization of one's child or the risk of death is neglected.
- Beliefs about the subject's ability to succeed in the behaviour (self-efficacy)

METHODOLOGY

MAP-1: Abidjan District Source: Atlas 2009

MAP-2: Yopougon Commune: Yopougon General Hospital Attié
Source: www.google.com

The survey was conducted at YopougonAttié General Hospital. It took place from 3 December 2016 to 14 December 2016. It was purely qualitative and consisted in collecting data from the documentary exploration and a life story of the actors. The eligibility criterion for the college of informants was the status of older women in prenatal situations, older women in postnatal situations and obstetrical specialists.

IDEOLOGIES FOR LEGITIMIZING PREGNANCIES IN OLDER WOMEN (40 YEARS AND OLDER)

The analysis of the actors' discourse notes that a late pregnancy requires much more assistance. At this, the medicalized follow-up of this one is different compared to those contracted between 20 and 30 years (Source: field survey, 2016). From this point of view, the risks increase with age and indicate that far from appearances, women over 40 seem physically exhausted and less vigorous for procreation (field survey, idem). Hence, the ideologies underlying the contraction of

pregnancy among older women have three main dimensions: economic-social, religious and cultural. These modify and legitimize reproductive practices about pregnancies and births.

Ideology of social stability: a socio-economic dimension of legitimation of practices

For Moscovici, the content of a social representation consists of three types of elements; opinions, attitudes and stereotypes [12]. Indeed, the objectification process "allows the representation to become a cognitive framework and to guide perceptions and judgments about behaviour or interindividual relationships".

First, the ideology of social stability mobilized by women encourages them to pursue longer studies than before. On this aspect, the length of the professional career pushes women to postpone their pregnancy project. Thus, they wait until they have found professional and financial stability or need to fulfil themselves professionally before committing to maternal status and conceiving a child.

My mother suffered so much from being a stay-at-home mother (...) I prefer to have a good job so that I don't have the same experiences as my mother, which is why I chose to finish my studies before contracting pregnancy.

Such a deliberate, considered and assumed choice by women to contract pregnancies in old age explains the social influence exercised by society. This social influence involves imposing dominant norms and values of attitude and behaviour on actors.

Ideology of the quest for the "ideal man" as a prerequisite for maternity construction

The ideology of late parenthood is explained by the new ways of living as a couple: to have a child, solidity (being in good health) and stability (having a professional status conferring or enabling him to assume family responsibility) are prerequisites for commitment. Clearly, women want to find the "right person" before they commit to motherhood. I'm a teacher, I live with someone but I wait for him to do a certain number of things (house and shop project for my sister) before committing me to have a child with him, because men are not well and you have to be careful K.A (34 years old) teacher.

The ideology of the "ideal man" referred to here refers to the modalities of choosing a spouse. These criteria therefore make it possible to meet one's aspirations. These are based particularly on the woman's perception and vision of the couple's life. In reality, these criteria are subjective and constructed under a social and psychological background: I expect my man he must be professionally ambitious and realistic; I would not like to have children of different fathers; he must marry me before engaging in sexual relations; he must love my parents as much as I do ; I am looking for a man who can take care of me and my children; he must be responsible and know what he wants; he must be intelligent but not pretentious; confident in his abilities, okay, but not proud; he must preserve peace in the couple; whenever I need help, he is always there for me.

These words reflect the aspiration of a successful home with cultural, economic, religious and social elements. These different perceptions constitute the scale that allows the couple to measure the degree of socialization over the achievements in conjugal life.

Women's social identity a source of legitimization of social behaviour

Attachment to certain religious values derived from Islam or Christianity promotes practices that aim to promote pregnancies among older women.

Attachment to religious values derived from Islam

For Adebusoye, "the contribution of women in decision-making retains the idea that women use strategies to be able to manoeuvre and have a minimum of autonomy, even within constraining relationships" [3]. This means that the relational mode between spouses is generally based on an unequal distribution of tasks and rights, thus giving the spouse the privilege to decide unilaterally on reproductive matters.

From the above, the Muslim women interviewed have polygamous spouses and adopt pro-natalist social practices linked to the prestige, economic and psychological satisfaction provided by large descendants. To this end, the use of contraceptive methods such as condoms seems to be removed from the couple's sexual habits.

Indeed, although she is aware of the risk of a pregnancy contracted at an advanced age, they do not, however, show any sign of opposition for sexual intercourse envisaged without contraception. For the Muslim spouse she says: to use a condom is to go against the virtues of the Muslim religion on the values of procreation and perpetuation of the human race because for my man the use of a condom is similar to coitus interruptus prohibited by Islam that is why we have sex without a condom (A. C. mother of 8 children).

It emerges from these remarks that the use of contraception (condom or pill) is not always unanimous in predominantly Muslim couples. Thus the wife will be able to have as many children as her physical health allows. On the other hand, although aware of the risks to which she may be exposed, the husband will be content to entrust the health of his wife to "Allah" from where this verbatim: the child is God who gives.

The implications of such an attitude very often lead to pregnancies described as risky where women of advanced age (from the age of 40) are forced to give birth in often atrocious physical conditions: After 35 or even 40 years and more, some women no longer have as much physical strength they have difficulty giving birth. Under these conditions, when we feel complications we are forced to pass them by Caesarean section. From these comments, the said practices are subject to risks, and seem to go against voluntarist policies of control or control of procreation in a demographic context of limitation of births. In contrast to these, the position of the Muslim religious with regard to the condom seems to be decided in these terms: Iceland, a religion of purity and clarity, says clearly that the husband is allowed to perform the interrupted sexual act and to use a condom even in this case, with the wife's permission. For the woman, like the man, has the right to pleasure and to the child DjabirIbn Abdullâh [5].

Reconstructed family and religious ideology as a source of legitimization of practices related to delayed pregnancies

For Huynh, "the socio-cultural values of traditional societies in general, and African societies in particular, are in fact less placed in the perspective of their own history than in that of the Western world "Huynh Caotri [14]. Indeed, a socio-cultural value has its origin in the fact that people need to share values to act and live together. It is therefore a principle, a reference that allows us to choose and therefore to judge and act. Thus, certain religious beliefs favour practices related to pregnancies of elderly women.

That said, the observance of religious dogmas related to "purity" and the preservation of social virtues such as continence, allows women to refrain from all sexual intercourse before marriage. This attitude towards women is at the root of many pregnancies contracted at an advanced age, especially since having children is the couple's objective after marriage. Nevertheless, the intervention of specialists in obstetrical medicine makes it possible to establish the link between fertility, female morphology and age: women's hormonal physiology is designed to promote relatively early pregnancies. Thus, the possibility of procreation does not stop suddenly at menopause, but follows a slow decline. However, the drop in fertility is noticeable after 35 years and especially after 40 years (Dr. C. O. gynaecologist).

From another perspective, pregnancies contracted at an advanced age are also recorded within a category of women from reconstituted families. This is illustrated by this excerpt from a life story: I had a child with my first man unfortunately he died 13 years after our marriage I was 39 years old at his death two years after I had the chance to meet another man who wanted to make serious with me (...) divorced and father of 2 children. After the wedding my man wanted to have children with me when I was 43 years old I was able to have my last two pregnancies, but the delivery was by caesarean section and I was able to have two children with him (K.A husband's wife of a reconstituted family).

Medicalized follow-up: at-risk pregnancy and care-giver/patient relationship

Knowledge of the risks of pregnancy contracted at an advanced age requires medicalized follow-up. That said, the care-patient relationship is based on collaboration and trust between women and the medical profession in general, thus deconstructing the perception of sex, once perceived as "sacred" full of shame, fear and shyness when it comes to addressing it.

From risk knowledge to medical follow-up

According to the USSAID report on the consequences of maternal deaths, 2 million children worldwide are orphaned each year from pregnancy-related diseases [15]. Indeed, when a woman dies in childbirth, her child's survival is usually threatened.

Following the survey, the women interviewed attested to their knowledge of the risks of a contraction of pregnancy at an advanced age and indicated that they respected prenatal consultation appointments. The risks mentioned range from pregnancy complications to the death of the mother or child in postpartum. "I know that taking a pregnancy at an advanced age exposes me to danger, but it doesn't depend on me alone my husband expects a boy from me so I have no choice. ». From these remarks it should be noted that not only the search for a child is a concern of the spouse and the search for a particular sex (having a boy for example) can encourage the woman to have many children. This situation in turn exposes the health of the mother-to-be and the child.

The other approach positions women as central pillars in the education of children and the provision of health care. This is why the death of the mother causes the child's education to be delayed and makes the child less likely to be vaccinated when care is not provided. In such cases, children suffer from malnutrition and stunting. This can be illustrated by this excerpt from testimony: I think that a mother who contracts pregnancy at an advanced age will not have the time necessary to take care of the education of the children and to see her children grow up because nowadays life is short. The mother's life expectancy is an important indicator of this and bears witness to her inescapable role in the consolidation, social reproduction and balance of the household.

[5]Popularly known as Imam Bukhari or Al-Bukhari (810 - 870) is a famous Persian Sunni Muslim scholar. Its full name is Abu'Abd-'Allah Muhammad ibnIsma'îlibn Ibrahim ibn al- Moughira. The latter (al-Mughira) is the first convert to Islam among Bukhari's ancestors.

Caregiver-patient ratio and impact on pregnancy health

The interviews conducted with women on the nature of their relationship with the modern health system and health professionals took into account the preparation of pregnancy through prenatal consultations (ANC) and the relationship between women and maternity health professionals.

Preparation for pregnancy: prenatal consultations

Prenatal diagnosis includes all "medical practices aimed at detecting in utero in the embryo or foetus a particularly serious disease" [ ]. To be more precise, the term diagnosis is used when pregnancy is at risk, whereas the term "prenatal screening" refers rather to examinations performed in pregnancies without particular risk.

At first, in the general hospital of Yopougonattié, the women give themselves time for consultations and take care to respect appointments, despite the fact that many of them are illiterate.

For postnatal women in the category who contacted pregnancy at an advanced age, the study results distinguished two categories: those who gave birth in normal vaginal conditions and those who gave birth by cesarean section. For both categories, the follow-up consultation was normal yet one of them gives birth under normal conditions and the other by caesarean section. It should be noted that the study looked at children born alive to these women.

The analysis of these results allows us to take a look at women's representations of life. Indeed, the existence of a supreme divinity would be at the origin of all earthly life in addition, health and protection would come from it. For example: We can follow the same methods of treatment but as far as health is concerned it must be said that it is God who is the source of life that is why among us some give birth normally and others by caesarean section some mothers give birth to stillbirth while others give birth to newborns; some women die in childbirth and others remain alive (Comment by N. Gi.Mother in post-natal situation).

Collaboration and trust between actors: a structural mode that transcends feelings of shame, fear and timidity

Mills' study in Nigeria indicates that women did not seek emergency care because they feared their genitals would be exposed to strangers [17]. In this case, the care-patient relationship is based on collaboration between women and the medical profession in general in the best interests of health. Indeed, aware of the fragility of their state of health, they will break with certain feelings such as fear, shyness and shame to prioritize the values of courage, respect for follow-up and therapeutic compliance proposed by the medical profession. From then on, a relationship of trust is created which makes it possible to deconstruct the taboo long perceived around sex and life. This is highlighted by an extract from a life story: "Before, I was ashamed to undress in front of someone other than my husband, but following the death of my cousin due to certain complications related to follow-up and the shame of being diagnosed naked, I understood that life was better than personal feelings. From now on, I am open and when I feel uncomfortable I immediately report it to my doctor (Y.M woman in pre-natal consultation).

Women	ethnic group	Age	Marital status	Profession	Antenatal consultation
1	Agni	**35**	married	schoolteacher	yes
2	Bété	**36**	married	housewife	yes
3	Gouro	**37**	married	shopkeeper	yes
4	Dida	**38**	Common-lawpartner	housewife	yes
5	Senoufo	**39**	Common-lawpartner	shopkeeper	yes
6	Baoulé	**40**	married	nurse	yes
7	yacouba	**41**	Separate	shopkeeper	yes
8	Ebrié	**42**	Divorced	civil servant	N.C.
9	Malinké	**43**	Married	shopkeeper	yes
10	Nigérienne	**44**	Common-lawpartner	shopkeeper	no
11	Groussi	**45**	Common-lawpartner	shopkeeper	no
12	Koulango	**46**	Common-lawpartner	shopkeeper	yes
13	Koyaka	**47**	married	shopkeeper	yes
14	Peuhl	**48**	married	shopkeeper	yes
15	0dienneka	**49**	married	shopkeeper	yes
16	N. R.	**50**	N.C	N. C.	N. C.

Source: survey conducted by us in December 2016 attiéyopougon general hospital; registration of women who have observed ANC

DISCUSSION OF THE RESULTS

The study undertaken on the pregnancies of elderly women sheds light on the question of the relationship between sex, health and reproduction. Indeed, the anthropological analyses presented here make it possible to account for the ideological references of legitimation of practices among older women.

First of all, the ideology of social stability through the duration of the professional career encourages them to pursue longer studies and to postpone their pregnancy project.

This perspective can be compared to the different forms of social action of Weber Max [16] by its typology from which any social action can be interpreted. Thus the present social activity is similar to rational action for instrumental and utilitarian purposes. It implies the adequacy between ends and means.

Then, the ideology of the quest for the ideal man is mobilized by women as a prerequisite for the construction of a maternity. This perception of the ideal man as a socially or economically stable man pushes them to postpone more and more births and the date of contraction of pregnancies.

Moreover, the attachment to religious values stemming on the one hand from Islam in favour of pro-natalist social practices linked to prestige, economic and psychological satisfaction which derives from numerous descendants. And on the other hand, Christianity through the observance of dogmas of "purity" of continence allowing the woman to refrain from any sexual intercourse before marriage. This perspective joins Weber's rational action in value (idem), determined by belief in ethical, aesthetic or religious values that individuals consider as ultimate.

Finally, the care-patient relationship is based on collaboration between women and the medical profession in general in the best interests of health and life. From then on, the relationship of trust which results from it makes it possible to deconstruct the taboo long perceived around sex and life. Now women create the rupture between feelings of shyness and shame around sex to prioritize open-mindedness, when it comes to addressing it in this type of relationship.

CONCLUSION

In total, this study is intended to contribute to a socio-anthropology of health in Côte d'Ivoire. Indeed, the scientific challenge of this work consists in highlighting some ideological supports of the contraction of pregnancies in women at an advanced age. This study shows that women are aware of the risks of such pregnancy. In addition, it can be stressed that this phenomenon is topical and allows us to take a look at issues related to marriage and procreation. However, put to the test of the risks of death, the health of these women seems precarious. Weakened by the approach of births whose pregnancies end in most caesareanized cases, it is still necessary that the child be saved.

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