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Ethno-Sociology

Socio-Anthropological Approach to the Discourse of Transplant Patients in the District of Abidjan: Between Promotion of Kidney Donation and Silence

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Abstract: Today, living kidney transplant practices, as well as biomedical research, have made the body an application of technology and an object of scientific research. Indeed, kidney transplantation from living kidneys to humans is an innovative therapy in the history of medicine. It is indeed, with the application of this technique that man becomes a medicine for man, i.e. the elements and not only products of the body of one used as a therapeutic means for the other. Initially, this study aimed to analyse the discourse of the beneficiaries of living transplants in a scientific approach. To achieve the expected results, a methodology based on a qualitative approach was used. This has allowed us to achieve the following results: The choice of a living donor raises ethical questions that must be borne in mind by the stakeholders concerned. This practice is in total contradiction with the first principle of medical ethics, which is "first of all, do no harm", since a healthy person is subjected to surgery with its risk of complications. This is only possible if the objective expected for the recipient far exceeds the disadvantages of sampling.

Keywords: Socio-Anthropological approach, Transplant patients, Abidjan District, Promotion, Kidney donation, Silence.

INTRODUCTION

Retrospective research has identified the socio-demographic characteristics of individuals towards organ donation. These studies agree that organ donors are predominantly white skinned individuals with high levels of education and economic status [1, 2].

Indeed, in a sociological study on the opinion of the French on kidney transplantation with a living donor showed that 91% of cases responded favourably to kidney donation. This survey shows that there is no reticence or flagrant opposition to kidney donation in France during his lifetime [3].

In Côte d'Ivoire, Decree No. 2012-18 of 18 January 2012 on the collection and use of therapeutic substances of human origin other than blood[1] is adopted to specify the general provisions and technical conditions for the removal of human organs.

To this end, from 24 September 2012 living kidney transplants were performed on patients at the Abidjan Heart Institute (AHI). Compared to dialysis, kidney transplantation has major advantages, in particular because it sufficiently improves the life expectancy and quality of life of the transplanted patient. Therefore, from a sustainable human development perspective, transplantation also has long-term benefits for society as a whole by allowing a significant number of transplant recipients to return to the labour market. . Only the transplant appears to be the definitive solution to renal failure. And we are reassured if the cost of kidney transplantation is equivalent to one year of dialysis in the first year, this cost drops to one-quarter of dialysis in the following years. In addition, the patient recovers quickly and permanently instead of having to bear the high costs of dialysis indefinitely. Another advantage of kidney transplantation from a living donor is that in Côte d'Ivoire the family is a cultural entity and solidarity because of the socio-economic position of each other remains a perennial cardinal value of Ivorian society. Indeed, the discourse of the actors to promote kidney donation, uses a rewarding qualification of the act by emphasizing the well-being made to a suffering

[1]Decision number 02/ PR of 20 January 2012 on the application of the legislative or regulatory acts published in 2010 and 2011, and published on Monday 30 January 2012 in the Official Gazette of the Republic of Cote d'Ivoire.

individual and his socio-cultural environment. However, the lack of willingness of the subjects to consent to kidney donation is in itself an eloquent silence of the population towards an act that it also considers to be a model of social virtue. In fact, despite all the advantages of living kidney transplantation, it is less common in Côte d'Ivoire. This low participation of the population in consenting to living kidney donation in Côte d'Ivoire leads us to know: How do ethical and social issues justify living kidney donation and transplantation in patients?

METHODOLOGY

A survey was conducted at the homes of transplant patients in the Abidjan District from July 3 to August 5, 2018, which was one month. It was essentially qualitative. The inclusion criterion is the pathological condition of the patients. Through the snowball effect, we were able to investigate transplanted people.

In addition, we included this study in the Theory of Planned Behavior (TPB) to report on donor behaviour according to recipients of living transplants. In fact, the Theory of Planned Behavior (TCP) takes into account so-called external variables such as knowledge, socio-demographic variables in the context of living kidney donation. These variables do not directly predict the intention and behaviour of the actors. Their influence on intention and behaviour would act through direct and indirect variables. Other direct variables will be added to the TPB in this study. Indeed, the moral norm (NM), a variable derived from the theory of interpersonal behaviour [4]. According to the theory of interpersonal behaviour, behaviour results from three factors: the intention to adopt the behaviour, the habit, and the presence of conditions that facilitate or prevent the adoption of the behaviour. Intent is the expression of the motivation to adopt the behaviour in a given situation.

In this study, habit refers to the fact that individuals have already realized donation behaviours in the past. Conditions that facilitate or prevent the adoption of behaviour include circumstances that make it more or less difficult for a person to adopt behaviour. Indeed, four main factors define intention: cognitive and affective components of attitude, normative beliefs, beliefs in the existence of specific social roles and personal beliefs (moral norm). The cognitive component of attitude is the result of a subjective analysis of the advantages and disadvantages that result from the adoption of the behaviour. The individual translates into belief a number of positive and negative consequences caused by the adoption of the behaviour. The emotional dimension is the emotional response of a response to the thought of adopting a given behaviour. For example, an individual may decide not to consent to kidney donation because this thought would cause him/her to feel very anxious.

RESULTS

The direction of kidney donation by recipients

We have selected seven testimonies from individuals who have been transplanted, in free consultation. Indeed, the first observation, which we must expect given the context in which this exchange emerges, is the positive and benevolent nature of these people with regard to transplantation. The promotion of kidney donation would be impossible without such a speech. But it is important to note the way in which these transplant recipients describe kidney donation. Therefore, a recipient appreciates kidney donation in these terms: "Kidney donation is an act of generosity and humanism above all. If the person has no feeling or love for his neighbour, he cannot be so generous as to give one of his kidneys. (Interview with Mr. B.E. at his home in the commune of Koumassi). It is in this same vein of thought that this recipient testifies in these words: "*It is a gesture of generosity. And all this comes from God because without God, it could not happen. It was God who inspired the donor. Because it's not easy to give your kidney to someone.* » (Interview with Mr. K.S at his home in Angré-Cocody).

These testimonies highlight the nature of the recipient's relationship with the donor. Kidney donation justifies the donor's affection for the patient. Moreover, the use of "God" in the justification of kidney donation shows that recipients are building a relationship with the divinity in search of a therapeutic solution. To the question: "*Do you believe in kidney transplantation as a therapeutic solution?* "unanimously, the kidney recipients replied, "*Yes*." This positive response shows that recipients are building a therapeutic relationship with the transplant. Indeed, recipients believe that transplant specialists are sufficiently equipped for the work they do.

The relationship of the recipient to the donor

References to the donor can be found in almost every statement made by kidney transplant recipients, even the shortest ones. "*It's clear, today my donor has only one kidney. I have to follow him so his kidney doesn't get damaged. He saved my life. Right now, my donor has no activity, he's my uncle, I'm trying to figure out how to help him get a job. It's not a reward for the act he did. The kidney he gave me is priceless.* » (Interview with Mr. T.S. at his home). Several attitudes emerge regarding the relationship with the kidney donor: the relationship between transplant recipients and kidney donors is expressed in terms of gratitude and recognition towards the donors. Organ donation for some transplant recipients is described as a kind of rebirth. This is what this grafted person testifies to in these terms: "*It is a resurrection for me. Receiving a kidney from my life-saving parent ».* (Interview with Mr T.M. at his home). These various reactions show the complexity of the relationship with the donor.

Indeed, gratitude towards transplant specialists is frequently expressed: during meetings with transplant recipients, the latter testified to the merits of kidney transplantation while thanking the transplant team. This graft is expressed in these words: "*My brother gave me a second chance to live. I live today through him. My brother was a cure for me ».* (Interview with Mr. O.A. at his home). Kidney recipients report a relationship of kinship with donors, but especially interdependent relationships with kidney donors.

Difficulty in receiving a transplant

The difficulties encountered by transplant recipients before receiving a transplant are of various kinds. Some of the transplant recipients report difficulties in finding a suitable donor. To this end, one transplant recipient said: "*When you have kidney failure, you can't do any projects at all. Your activities are professional are slowed down. Dialysis is restrictive. Every time you drink a little water, you need to dialysis. Your life is slowed down. So when the transplant was considered, it was necessary to find a compatible donor. It was not at all easy. No one knew I had kidney failure. So how should I proceed to inform my parents and seek help? So one day I told my little brother about it that I have kidney failure. So the only way for me to heal is to have a transplant. That's how my brother decided to do the compatibility test. I went to see the Nephrologist and we did the test which cost me almost 1,500,000 CFA francs. Unfortunately, my brother and I were not compatible. I did another compatibility test with my cousin at 1,500,000 CFA francs. It was this test that worked.*

In total, the two tests to find a compatible donor cost only 3,000,000 CFA francs. Once this test was passed, it was now necessary to mobilize the costs of the transplant operation, which amounted to 10,000,000 CFA francs. Thus, thanks to the support of the Ministry of Health with its Medical Aid Service, I have now emerged from the links of renal failure. I am happy to receive a transplant. » (Interview with Mr. T.M. at his home in Riviera- Cocody). In addition to these moments of difficulty experienced by some patients in receiving a transplant, other patients have less difficulty in finding a kidney donor. The testimony of a kidney recipient edifies us in these words: "*In my case, I was lucky enough to have two donors; my little brother and my cousin. Both were compatible. But I preferred my little brother's donation because if there were complications during the collection or after the transplant, people wouldn't hold it against me too much, unlike my little brother. »* (Interview with Mr T. at his home). These comments show that the difficulties encountered by kidney recipients are financial and psychological. Indeed, the high cost of kidney transplantation requires that recipients be treated. In addition, the choice of a compatible donor defines the nature of the relationship between donor and recipient.

The language of patients about kidney donation and transplantation often goes beyond mere speech. The symbol occupies an important place in it, and it is obvious that it is often obvious that this symbolism is expressed almost involuntarily in the acts and decisions of the transplanted persons.

The symbolism of kidney donation

According to the actors, the kidneys are "symbols of strength, sexual power, engendering, and also of fear and loss of power". Some patient behaviours can find meaning in the symbolism of the transplanted organ. Indeed, most of the kidney transplant recipients we interviewed show a desire for power (sports and sexual power). The fact that these relationships between the behaviour of patients after transplantation and the symbolism attached to the graft can be explained on a physiological level does not detract from the meaning of these attitudes: the human body is capable and endowed with a language that goes beyond the strictly symbolic nature of its behaviours or attitudes. By accepting a foreign kidney or a kidney from another person, the subject also accepts the symbolism linked to this organ, in addition to that of the donor, according to the transplant recipients interviewed.

DISCUSSION OF THE RESULTS

The analysis of the comments of the transplant subjects in the District of Abidjan, highlight the symbolism of kidney donation but above all the interdependence of recipients and their donors. These results are consistent with those of the authors, GAGNE and BLONDEAU [5] who studied the factors predisposing to consent to organ donation using AJZEN's planned behaviour theory. These authors found that attitude, perceived control, perceived importance of barriers, and perceived moral norm were the determinants of intention to consent to organ donation. These research results are consistent with the results of DOUVILLE's [6] study, which examined the determinants that influence human tissue donation. After comparing TRIANDRIES' [4] interpersonal behaviour paradigm with AJZEN's planned behaviour theory, the author points out that AJZEN's theory is more effective at predicting behaviour and explains 47.50% of the variance in the intention of legal respondents to consent to tissue donation. Predisposing factors for this study include attitude, normative beliefs, perception of control and beneficence.

Indeed, the theoretical and empirical results of our study show that people who consent to living kidney donation have a positive attitude and wish to help their suffering loved ones. The same conclusions are shared by Bresnahan, Lee, Sherman, Nebraskas, Park, and Yoon [7]; Their study focuses on the involvement of Japanese, Korean and American students in becoming organ donors. The results indicate that social attitude and norms are preachers of intent:

That is, the manifest willingness to give an organ to others.

In addition, according to MAX [7], attitude and beliefs also correlate with the intention to sign consent to organ donation. In other words, when a person has positive beliefs (no body mutilation) and a positive attitude towards organ donation, they are more likely to consent to organ donation. The family is therefore involved in the organ donation process and is asked for consent [8], the family's refusal to consent to organ donation would be one of the main causes of the absence of organ donation.

It is obvious that the notion of precariousness is evident: the middle class with employment is 60% in favour of organ donation compared to less than 40% in the other categories. The tendency of respondents from modest social conditions to be reluctant to donate organs is reflected in other recent studies through observations reported by physicians and specimen coordinators [9] and during interviews with families solicited to donate their deceased organs [9]. However, according to the author, it is not the generosity of respondents from modest backgrounds that is at issue. Beyond this attitude, it is necessary to take into consideration the relationship that families have with the body of the deceased, whose loss is felt as an injustice, all the more so since his family is not generously endowed by society. The impact of social representations of the body, as well as those of death and social solidarity, are likely to vary positions regarding organ donation. As evidenced by the results of various ethnological or sociological research [10, 9]. The question of integrity is at the heart of the social representations of the body.

CONCLUSION

Using AJZEN's planned action theory, KENT [11] we tried to explain the factors that influence kidney donation and transplantation in the Abidjan District. Indeed, this study showed that patients awaiting living transplants sometimes find it difficult to find a donor. She explains this by their lack of knowledge about the criteria for kidney donation and the living transplant process. In addition, recipients stated their opinions and perceptions of living transplantation. Moreover, among the many behavioural explanatory paradigms, AJZEN's [12] theory of planned behaviour (TPB) has repeatedly shown its effectiveness in predicting the intention to adopt various health behaviours [13].

TPB is an extension of the theory of reasoned action of Tischbein and AJZEN [12]. Following the work done with Tischbein, AJZEN proposed to add to this behavioural model the concept of perceived behavioural control in order to predict behaviours that are not entirely governed by the individual's voluntary control. According to the TPB, intention and perception of behaviour are the two main determinants of behaviour. A study by GODIN and KOK [14] indicates that these two determinants explain, on average, 34% of the variance in behaviour. It is determined by three direct variables: attitude, subjective norm and perception of control. Attitude refers to the more or less favourable assessment of the adoption of the behaviour. The subjective norm refers to the respondent's perception that people important to them think they should or should not adopt the behaviour. Perception of control refers to the respondent's perception of the degree of facilitation or difficulty in adopting the behaviour and is both a determinant of the individual and of his or her behaviours. Conditions facilitating or preventing the adoption of living kidney donation behaviour include circumstances that make it more or less difficult for a subject to adopt behaviour.

Indeed, four main factors define intention: cognitive and affective components of attitude, normative beliefs, beliefs in the existence of specific social roles and personal beliefs (moral norm). The cognitive component of attitude is the result of a subjective analysis of the advantages and disadvantages that result from the adoption of the behaviour.

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