



Mothers' Perception Face to Health Reproduction Services in Hospital in the Commune of Abobo (Ivory Coast): An Analysis from the Influence Matrix

Traoré Kassoum¹, Fofana Memon²

University Péléforo Gon Coulibaly de Korhogo

traorekassfr@yahoo.fr

Abstract: Health is a state of complete well-being general mental as well as physical and social development of the human person for everything that concerns the genital tract, its functions and its operations and not just the absence of disease or infirmity¹. From this point of view, any person whatever its origin, its environment of life must benefit of health care in accordance with the Declaration of Alma-Ata in 1978 on primary health care. However, the present study reveals that the services of the reproductive health in Côte d'Ivoire are the subject of many criticisms. In the opinion of several interviewed "*the majority of midwives are the opposite of the habit that they wear*". On this basis, this article analyzes the categories of perceptions mobilized by the women around reproductive health services in a hospital in Côte d'Ivoire. In a specific way, the article highlights the social resources that structure and legitimize the report to health services for women of the reproduction as well as the modalities of recourse or not that this implies.

Keywords: Perceptions, health service, reproduction, hospital aera

INTRODUCTION

Since the launch in Nairobi in 1987 of the initiative for a maternity without risk, governments, non-governmental organizations and development partners have made the weight reduction of maternal mortality a major concern. On the 500,000 cases of maternal deaths related to complications of pregnancy registered on average in the world, approximately 90% occur in developing countries [WHO 1997]. For evidence, the rate in term of Maternal Mortality (MMR) in 2000 is estimated at 880 per 100,000 live births for the Africa of the West against 400 for 100,000 live births for the world average and 20 deaths per 100,000 births in the developed countries. This finding has nothing exceptional for the Ivory Coast. In effect, according to the EDS 2012, the maternal mortality rate is estimated at 614 deaths for 100,000 live births. The issue of maternal health across the world has become so problematic for health policies in such a way that the Objectives 4 and 5 of the Millennium Development Goals (MDGS) mention of the urgent reduction of 3/4 the rate of maternal mortality and 2/3 the rate of infant mortality by 2015. This significant reduction of mortality and maternal and neonatal morbidity is only possible if the maternal health services are actually used by women. This is obviously a necessary condition to meet the challenges in the matter. In effect, the use and the attendance of public health services by women is one of the key factors promoting the reduction of maternal and neonatal mortality and morbidity, thanks to the prevention and timely treatment. It is for what," the national policy in the field in Côte d'Ivoire, recommends the

¹ International conference in Cairo (Egypt) on population and development in 1994

completion of at least four antenatal clinics to regular interval throughout the pregnancy up to the birth. The first is carried out in the first quarter, the second between the 3rd and the 6th month, the third between the 7th and 8th months, and the Fourth (and last) visit to 9th Month". Has the analysis, the respect and the execution of this national policy contributed to the manufacture of more than "*cradle that coffin*".

However, only 44% of women carry out at least the 04 prenatal visits recommended (EDS, 2012). The rest of this population at risk, 56% do not observe the 04 prenatal visits recommended by the health authority. In addition, there are a proportion of 04 of 10 women who has given birth at home. This figure communicates the insufficiency in the use of reproductive health services. As a result the demographic and health survey conducted in 2012 (EDS) indicates that in the Ivory Coast, 02 women die in any layer the three hours. It is in the light of these data that the present document attempts to understand the perceptions which structure the report of Women with reproductive health services from a matrix of influence. The commune of Abobo in the city of Abidjan (the economic capital of the country) to serve the area of data collection.

METHODOLOGY AND FRAMEWORK THEORY OF THE STUDY

Methodology Framework

On the methodological plan, the field survey has privileged the qualitative approach based on the interviews semi-structured and focus group. The interviews have been articulated around three major themes: (i) the nosology and etiology of the pregnancy, (ii) Representations mobilized around the health systems of the reproduction and (iii) the logic of Appeal that this implies.

The collection of data has been realized on a sample of 33 actors (community leaders, health staff and mothers in a state of reproduction). The maintenance has been carried out with 17 key actors among other the leaders of women and men of the Community, and 04 staff of the Health Center (doctor, midwife, nurses). The focus group was conducted with 12 mothers. The focus group has consisted to the fulfillment of a matrix of influence by the participants. This matrix determines the influence of factors on the actual observation of consultations prenatal (CPN). The influence is assessed by a score ranging from 0 to 10. At the end of the exercise, the totals of the are active are facts. Only the active are the highest and the lowest were the subject of analysis. The Passive amounts are not significant in the framework of this study, and they have not been the subject of analysis. On this basis, we are in the light of the methodological individualism as intellectual approach privileging the understanding of the attitudes and behaviors of social actors (Olivier de Sardan, 2000). Because we agree with Chauveau (1997:195), who says that the social actors were always reasons-good or bad- to act as they do.

Theoretical Framework

Having regard to the nature of the object of study, the framework of analysis of the data has been that of the Comprehensive sociology and sociology interactionist:

The comprehensive theory analysis of the behavior and attitude as the product of a fact of conscience. In a clear manner, the modeling of the decision-making mechanisms shares a design where the behaviors of individuals are produced by a rational agent, acting first in function of the meaning, intent and meaning. Women who are engaged in social activities such as the non-recourse to maternal health services have a certain degree of rationality. The researcher must be comprehensive, in that it should search for the meaning, the reasons, the infinities of human behavior, since the latter are constitutive of the shares for which it is to make it intelligible.

The second part of the analysis of the study is based on the theory that interactionist analysis the behavior in terms of strategies of actors or groups of actors in recital that these strategies value the margins of maneuvers, as minimal as they may be, that has all social actor, even dominated, in its relations with the institutions and other actors (Chauveau, 1994).

Actions of the Ivorian Government in Favor of the Reduction of Maternal Mortality

The Ivorian state to develop actions to reduce maternal mortality and increase the rate of use of the services of reproductive health. First, the implementation of the project² of the acceleration of the reduction of maternal and neonatal mortality, with the main objective to contribute to the reduction of maternal mortality by 2015 (from 543 to 149 maternal deaths per 100,000 live births)³.

This project includes three components that are: Component 1 which deals with the extension of the supply of family planning services and the promotion of the use of services, the component 2 which concerns the improvement of the access to obstetric care and neonatal emergencies (EmOC) and component 3 which aims to improve the monitoring of the pregnancy and the follow-up of the mother and of the child during the post-partum. Then, the involvement of policies translated by the launch in July 2013 of the awareness campaign on the acceleration of the reduction of the maternal mortality (CARMMA). And finally, the establishment since February 2012, of the policy of targeted free care in favor of slices of the population most affected and/or vulnerable groups among which the mothers and children.

Even if it knows, according to the actors in the field, some difficulties in its implementation, one of the objectives was to improve maternal and child health by reducing or cancelling the contribution of households in part of their health expenditures. In principle, these actions should allow the use significant reproductive health services and thereby reduce the rate of maternal mortality.

But, the finding remains always unsatisfactory, because instead of know a decrease in accordance with the predictions made, the maternal mortality rate is still on the rise. This ratio is increased from 543 maternal deaths per 100,000 live births in 1994 to 614 maternal deaths per 100,000 live births in 2012 (EDS, 2012).

Perception and Accessibility to Health Services of Reproduction of Populations: An Analysis from the Matrix of Influence

To account for the actual observation of prenatal consultations (CPN) by mothers requires to be interested in the perceptions or meanings that they attribute to the reproductive health services. In effect, go to a health center of the reproduction, wait in the waiting room, se see consult by a gynecologist, a midwife specialized or not, pay the orders and accept the conclusions of the latter are as many behaviors in close link with the social perceptions which relate the mothers. These perceptions have been captured by a matrix of influence presented below through the *question "What are the elements that influence your recourse to health services of the reproduction or the midwife for your CPN"?*

² Public Health/ Project for acceleration of the reduction of maternal and neonatal mortality in Côte d'Ivoire (Millennium Development Goal 5)

³ National Development Plan 2012-2015, Volume I: analytical summary. Côte d'Ivoire

Influence elements of CPN → ↓	Matrone and/or cultural	Patient chosification n	free	Heart/love function	Education /Communi cation	Well being after CPN1	money	Σ passives
<i>CPN effective observation and / or attendance of reproductive health centers</i>								
CPN1	2	5,4	6	8,75	2	2	2,5	28,65
CPN2	4	9	1	6	2,5	3	2,5	28
CPN3	6	8	2	9,6	7	7	2	41,6
CPN4	3	7	2,5	9	5	5	3	
Σactives	15	29,4	11,5	33,35	16,5	17	10	

Fig1. Matrix of influence of factors underlying the use of reproductive health services

Source: survey data, 2014

The matrix clearly indicates (in column) the existence of two main factors that are the commodification of the patient and the Heart/love for the function having a significant influence on the remoteness of the Mothers of reproductive health services.

Interaction Recourse to the Services of Reproductive Health and the Esteem of the Profession

The analysis of the matrix suggests that the factor “the heart and/or the love of the profession” to a significant influence on the remoteness of the Mothers of reproductive health services. The majority of people surveyed (70%) believe that the love of the function of a midwife and/or doctor is essential in the performance of the tasks related to the prenatal consultation. This opinion is supported by the words of one participant in the focus group in these terms:

“When one has of the love for a function, the exercise becomes very easy and we accept all”.

This interpretation of the behavior that respondents blame the health professionals of the reproduction is to put in relation with the high rate of unemployment that knows the Côte d’Ivoire since several decades. In effect, the analysis of the employment situation shows that the public policy of employment still struggling to curb the unemployment of young people. The young are the first victims of unemployment, and among those who work, a not insignificant proportion occupies precarious jobs. For example, the unemployment rate of young people in Abidjan, tank of employment the more important is 28.6% against 21.3% for the whole of the active population (AGEPE, 2008). The unemployment of young people is primarily a insertion unemployment that, because the majority of the unemployed young people are of the applicants to first employment. For evidence,

in 2008, the Primo job seekers accounted for approximately 78.7% of the unemployed against 55.4% in 2002. For the same year in Abidjan, approximately 84%⁴ of the unemployed young people were of the applicants to first employment. This situation of the closure of the employment market associated with the military crisis Policy of 2002 has amended the modes of admission to a job and/or a competition, deconstruction as well the professional conscience.

As well, since several years, be admitted to a competition is no longer done in function of the specialty, competence in the field of training and especially of the passion for the function, but depending on the capacity of financial mobilization of the individual for the purchase of a competition *“just for having a regimental number”* or *“to have something to eat, the time to have large”* they say. Everything is done in the manner of the Aries as mentioned Dedy & Gozé (1994) *“before hitting the horns, the Aries backward”*. In the same vein, the investigation has led to the identification of individuals in function (official of State) who say that:

“I have chosen this function to dampen my galley (poverty) and not to die poor, with my small salary; I save to move forward more”. “I have to do something to help my parents in the village; they are sacrificed for us and to us to help them now.”

Also, it is necessary to emphasize, in this context, that these safe speech and/or fatalistic are intended to anesthetize the professional conscience of the respondents. As well, the corollaries that result are the bad reception of patients in the health centers, the mistrust and suspicion which could hinder the use of reproductive health services at the national level. However, the efficient use of health resources of reproduction is recognized as one of the factors that encourages *“making more cradle than coffin”*, because it affects the survival of the mother and of the child.

Social Debt of the Professional Constitutes a Brake on the Efficient use of Reproductive Health Services

On the basis of the interviews and observations, the majority of health professionals is constructed as being invested with a double mission that of personal accomplishment on the one hand and a recognition of identity (the obligation to provide assistance to parents) on the other hand. From this point of view, the professional project very quickly becomes a matter of identity recognition and non-public service. It is in this order of idea that 49.99% of the professionals interviewed have stated that:

“It is because of the parents that I have decided not to continue my studies and I sought to return to the INFAS”⁵.

As much of the perceived idea who participates in the validation of a social debt between the professional and its parents. Even if this is not a formal act, the nature of the relationship in Africa fact that this becomes an obligation to moral character. This relationship considered within the meaning of Straubhar and Vădean (2005), as a *“Convention of co-insurance implicit”* could well walk if there was a match between the salary and expenses of identity recognition in Côte d’Ivoire. However, despite the efforts of the Ivorian government, there is no match between the income and expenses of recognition of identity (nuclear family and parents). In effect, the Côte d’Ivoire, after 20 years of growth, during which, it has been observed an improvement in the income and a certain balance between income and social burden, has known at the beginning of the 1980s an economic crisis with result in the establishment of a policy of structural adjustment and the devaluation of the CFA franc in 1994. To this is added, the military and political crisis triggered 2002 and the post-election of 2010. These

⁴ Calculation from the data, AGEPE, 2008

⁵ National Institute for the training of health workers (nurses, midwives, laboratory technicians)

measures and the situation of the crises have imposed, among others, individual poverty and/or collective and the high cost of social life. As well, the mismatch between monthly income and social load product to levels of health professionals of the behaviors of corruption, fraud and manipulation of the patient.

Certainly, these practices surely belong to the socio-cultural referents of actors who bear, but developing, such behavior and practices could well reduce significantly the rate of attendance of health services, develop the therapeutic practices harmful to the level of the population or at least affect the effectiveness of the activities oriented in this direction.

“Reifying of Mothers”, An Element of the Non-Use of Reproductive Health Services

The second factor that the participants in the Focus call “*we chosifie*” reference here to the home. The patient is it received correctly?, is respected?, the staff is present?, etc. has this effect, it is significant to clarify that the discussions conducted with populations in the commune appear quite characteristics of the precarious situation of welcomes that the professionals of the reproductive health reserve to mothers. The individuals in our sample are very diverse but show very homogeneous with 29 points as regards the bad reception which highlights the relations they have with the health services of the reproduction behind this thought:

“They do not behave in the human with the mothers, they take us for things”.

Recall in this effect, that the human being is a social being and sociable which shares its existence with the other. Of this fact, it is constantly avid for information on the social facts which surround it. In this harness in relations, it exchanges of information in general and particularly information on the services and agents of the health systems of reproduction with its similar. This flow of information from mother to mother or family to family participates in the low use of public health services of the reproduction because “*Death is better than the shame*” or “*is better to go to the clinic*” they say.

The bad reception of mothers has a very negative effect on the propensity of the latter to use the services of reproductive health for both the prenatal monitoring of pregnancy that in respect to the different vaccinations after childbirth. These results are consistent with studies conducted by UNICEF. In fact, speaking of report of mothers to centers of maternal and child protection (PMI), UNICEF (1990) has identified the factor of home in these terms: “Among the causes which discourage women to regularly use the centers to PMI, there is:

“The bad reception, the tone employee, the imperative language without respect for report between elders/cadets, the linguistic lock, administrative constraints, the psychological environment and the indiscretion of the staff”.

Of this fact, it is not surprising to see 58% of births occur outside of a sanitary environment in which only 23% are insured by a professional while 87% of the deliveries are the responsibility of the traditional childbirth”⁶. As well, force is to say that to influence very positively the provision of mothers to use health services, both for the prenatal monitoring of pregnancy that in respect to vaccinations, it must work in the direction of a deconstruction of negative feelings (bad home), and in contrast to a construction of the positive feelings (good home).

Use or Non-To Reproductive Health Services is No Longer a Case of “Money”

the participants in the focus group, clearly show (with the very low score of 10 point) that the “money” or the economic factor has not a great influence on the propensity to use or non-use of health services of the

⁶ Unicef, op cit, 27

reproduction. Whereas, Mariko (2003), Legal. A. (2004), Audibert et al (2005), have found that there was a close correlation between the low use of health care and the cost that this implies in terms of transport, the purchase of care, and consultation. Pushed to the extreme, this reasoning implies that two individuals with different socio-economic characteristics will have unequal probabilities of access to health care. For the literature, the economy remains a key variable in the process of use or not of individuals to health care of the reproduction. However, the present study indicates that this factor does not remain a variable of blocking. For evidence, the observations have led to the identification of individuals economically favored but in a situation of non-use. The literature provided a multidimensional index to the scale of the community base and, thus, completely overshadows the individual disparities in the lived of the consultation.

The results of the present study show that women are other thing that *"money"*. This result is supported by the study of Fofana et al, 2014. In effect, according to the authors of this study "the non-use of public health services is not related to economic factors alone as the think enough author". This is why the present study argues that in the matter of recourse to the services of prenatal consultation (CPN), it is important not to fall into the trap of the economic determinism or the behavior of each individual would be colonized only by the economic factor. Also, is it meaningful to clarify that, when one seeks to explain the motivations that lead mothers to use or non-use of health services of the reproduction, it should be systematically refer to the *"reception"* and made that professionals are not on *"their core business."* or *"the job they really want."*

Through the matrix shown above (online), it can be seen that these two factors limit significantly more the CPN3 and CPN4 with the scores 41.6 and 34.5. This situation is that the manifest consequence of incidents of the first prenatal consultation (CPN1). In the opinion of the mothers, go to the hospital is a sign of next deconstructive staff on itself, a kind of social stigma. It is therefore imperative to note that these factors cited alter the individual identity and beyond, has repercussions on the whole of the social relationships that puts in relation the mothers to the health personnel of the reproduction. Horan and Austin quoted by Run (2010), in an article describing the different theoretical approaches of the *welfare stigma* and addressing what the latter modifies the individual lines, sees it as a trade mark for the "analysts seeking to understand the low rates of participation among the eligible persons to social benefits "services of public health"". They particularly stressed the relevance of the "theory of the labelling" (labelling theory) which illuminates how individuals internalizing the stigma come to feel "cut of the normal world" and to fold back on themselves. The economists are seized in modeling the stigma as one of the "costs "Psychosocial induced by the application and the perception of aid or a social benefit. It is becoming a determining factor to conclude that in view of the findings made on the ground, that is to say of the outcome of the matrix, the factors cited by the participants during the discussions remain a key determinant of the non-use in that they promote the implementation report between the cause (effect) and recourse or not (consequence).

CONCLUSION

This article has described the perceptions that the Mothers mobilizing around the institutions of reproductive health, but also how they design their report to public health systems in their approaches to the prenatal consultations (CPN).

In the sociological debates between the authors of the comprehensive approach (Weber, 1997) to those of the explanatory approach (Durkheim, 1950), Bourdieu (1989) stress that *"understanding and explaining are one"*. In application of this foundation, the talks have sought to explain, on the one hand, by what social processes a mother adopts a particular conduct and the other hand, the meaning and significance that this last gives its

actions as well as the manner by which it represents them. Thus, the observed facts and the social functioning of their animators have permitted the release of some structural traits relevant to the appeal or not mothers to health services in the reproduction. The study has helped to identify, the perception that individuals mobilizing around public services of care (the reifying of mothers, the love of the health profession) play a preponderant part in the manufacturing process of the appeal or not by the users to public health services. In many respects, the use or non-to the structures of reproductive health is not a pure expression of a reasoned choice resulting from economic barriers but a balance between the perceptions of the prenatal consultation (CPN) and the perceptions that individuals are mobilizing around the structures of public health.

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Citation: Traoré Kassoum, Fofana Memon, *“Mothers’ Perception Face to Health Reproduction Services in Hospital in the Commune of Abobo (Ivory Coast): An Analysis from the Influence Matrix”*. American Research Journal of Humanities and Social Sciences, Volume 2 ; pp:1-9

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