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Research Article

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Social Logics in Reproduction Health

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Summary

The issue that underlies a worrying question of maternal and child health in Côte d'Ivoire is that of social logic. Social logic is perceived as "cultural constructions of actors with regard to morbidity that cause to adopt reproductive health care". Based on this understanding, the concept of social logic in reproductive health is similar to a paradigm that highlights the various factors that structure and organise sociological resistance to mothers' openness to healthy reproductive behaviours; that is, openness to change for sustainable reproductive health. Far from becoming and remaining a prisoner of blind culturalism with the social logic that generates the health of mothers, new-borns and children, practically-relevant questions are raised. Issues of "bad governance", socio-cultural representations and behaviours in conflict with modern epidemiological standards are addressed in a culturally-sensitive manner, an important issue for the provision of care focused on the needs of mothers seeking answers to health problems. Developing these original community characteristics helps to orient a reading list in a socio-anthropological perspective with a view to explaining and understanding different problems encountered, experiences acquired by social actors during the implementation of antenatal, postnatal and family planning care. This context of building logic with regard to reproductive health care is key to identifying real bottlenecks in maternity services and achieving efficient management of maternal, new-born and child health care for the benefit of populations and actors in the public health sector.

Keywords: Culturalism, Health Development, Social Logics, Reproductive Health

Introduction

The general context of reproductive health in Côte d'Ivoire points out that maternal and child health remains a current challenge because high rates of maternal, new-born and child mortality are still observed in this country [1]. Several works of various sensitivities have been carried out. These highlight socio-demographic and epidemiological factors. However, beyond these recurring factors mentioned, it is important to orient the reading list in the socio-anthropological perspective. This is a challenge of research work in this context. In other words, how can an examination of social logic help to explain and understand the issue of maternal, neonatal and child mortality in Côte d'Ivoire?.

Methodology

All the work carried out is based on the problem of social logic in respect of the issue of reproductive health in rural areas of Côte d'Ivoire. Two major axes have been identified as fields of investigation. These are maternal health and child health. Most of this research work has been conducted in an educational setting. Anthropological surveys have been carried out in the field by students and attendees from the Institut National de Formation des Agents de Santé / cycle supérieur de santé publique (Healthcare Agents' Training College) to enable informed reading of anthropological problems in reproductive health. This coaching approach in connection with our scientific work has led to constructive outcomes.

Results

I- Sociocultural representations

This thematic perspective involves the following sub-themes: reproductive risk behaviour and factors associated with exposure to child malnutrition.

Reproductive risk behaviour; that is, teenage pregnancy, multiple pregnancy and pregnancy over age 50 are all the more worrying as antenatal consultations remain insufficient and/or irregular. Moreover, complications of home-birthing are recurrent in a rural setting that does not offer conditions for transfer to a referral health facility in the event of an emergency [2]. In these rural areas, these reproductive risk practices are linked to mothers' ignorance of danger signs because they would have answers to their reproductive health problems in the community only in a health centre. In addition, adherence to dietary bans during pregnancy illustrates this issue of reproductive risk behaviour. These prohibitions concern edible fruit, vegetables or legumes and animals and fish. The metonymic, biological and preventive bases with which they are associated justify their belief. This ideological and social dependence of mothers on fears of evil sanctions or morbidities following such a food transgression determines the observance of these food restrictions in the antenatal period [3].

The factors associated with exposure to child malnutrition reveal a cultural construction of the actors with regard to this morbidity. The result is theorization on the socio-cultural level with herbal medicine as an element of support whose daily use by the community strengthens its beliefs in respect of the issue of malnutrition and directs therapeutic remedies towards African medicine [4].

These forms of thinking and care practices are urgent in rural communities because the increased risks are significant. Behaviour change communication is needed as a strategy to reduce problems related to obstetric culture and child care.

II- Behaviours in conflict with modern epidemiological standards

This thematic dimension explores a particular sub-theme: reluctance to family planning and the Expanded Programme on Immunization. In the context of reluctance to family planning, work carried out has focused on hormonal contraceptive use. This remains guided by mothers' disaffection with non-permanent methods of contraception, including emergency contraceptive pills and injections. The social relevance that justifies this community attitude is related to a sceptical vision related to the medical deficit in prescribing these contraceptives, to the uncertainty created by these side effects likely to reach the risk of infertility and break-up of couples. Thus, the impact on reproductive life is alarming since this psycho-sociological environment leads women to procreate at a certain accelerated pace. This pro-natalist attitude is illustrated by the predominance of multiple pregnancy [5].

In the circumstance of reluctance to the Expanded Programme on Immunization, the question of effectiveness of prevention strategies with regard to the vaccination of children is a matter of reflection. Adopting traditional therapeutic practices in the context of post-injection care has a negative impact on vaccine performance. The use of African medicine with herbal remedies increases the risk of morbidity in vaccinated children. This persistence in the use of phytotherapy is underpinned by an attitude of resistance on the part of mothers of children towards vaccination services. Continuity in the use of immunization services is a child health challenge whose answers are linked to the experience related to strategies for managing post-injection vaccine reactions. In this regard, mothers' explanatory model gives meaning to these post-injection manifestations and sets their attitude and risk behaviour in this field of vaccination [6].

The gap between these socio-cultural visions and the biomedical vision leads to conflicts of representation, which leads to resistance to maternity services. A more effective communication model aiming at providing information on care responses seems an emergency strategy to go to communities' adhesive behaviour.

III- Issues of "bad governance"

This theme addresses the particular problem of the quality of maternal health care services. Following an analysis of the satisfaction of pregnant women in antenatal consultations in rural areas, dissatisfaction was noted among these users, the vast majority of whom were adolescents, elderly mothers, illiterate mothers and women with insufficient ANCs. These mainly denounce partial reception and interpersonal communication, long waits in a cramped room, unavailability of medical examinations, referral to remote health structures, and finally additional expenses despite free care. This unsatisfactory experience with antenatal care indicates the risk of abandoning ANC services. There is therefore an urgent need for increased effectiveness supported by increased trust between users and antenatal care providers, as well as increased confidence in the operation of maternity facilities [7].

In the light of this reflection on the issue of social logic in the field of reproductive health, theoretical and practical consequences are drawn.

Conclusion

The development of these original community characteristics is based on in-depth socio-anthropological research objectives related to increased risks of reproductive behaviours, with regard to maternal and child care, and the reorganisation of the traditional care system.

Identifying the variation in increased risk factors among teenage, elderly and grand multipara mothers remains crucial. This consists indemonstrating the evolution of reproductive risk behaviours, then explaining and understanding the factors behind their high level. At the end of this research, reproductive health data will be available for the benefit of social welfare and the medical areas as well as the Ministry of Public Health of Côte d'Ivoire.

Building logic with regard to reproductive health care is fundamental. It is all about collecting, explaining and understanding various problems encountered and experiences of social actors during the implementation of antenatal, postnatal and family planning care. At the end of this research, the results will make it possible to identify the real bottlenecks in maternity services and efficiently manage maternal health care for the benefit of people and public health actors.

The reorganisation of the traditional health care system remains indisputable. The aim is to highlight the systems of representations, attitudes and care practices of the cultural environment linked to morbidity facts. These social constructs will contribute to understanding harmful traditional practices and bring added value to phytotherapy to solve maternal and child health issues. These different research perspectives induce actions in the field.

The theoretical perspectives shown require a particular institutional framework and multidisciplinary field. Indeed, to make these conceptual perspectives operational on the ground, collaboration with State institutions and NGOs is envisaged. Moreover, for the conduct of research projects, it appears essential to collaborate with health professionals in order to achieve reliable and credible results. In addition, exchanging and discussing these results locally with a view to more appropriate communication for the desired changes in reproductive health could be developed within the framework of expertise. Similarly, exploiting the results of this research will encourage scientific publications for wide dissemination.

These precise perspectives constitute the contribution of socio-anthropology to the major objective that involves reduction in maternal and infant morbidity and mortality in Africa in general and in Côte d'Ivoire in particular.

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