

Socio-Anthropological Factors of the Therapeutic Routes and Agents of Community Health in the Fight against the Dracunculose in Kouassi-Datekro's Sub-prefecture

TANO Kouassi Joseph & SUN Qiu Yun

Department of Sociology
Huazhong University of Science and Technology
Hubei Sheng, China, 430073

Abstract

The African continent is experiencing continuous social-medical degradation. The reasons are multiple and vary according to realities of each country. It thus remains a continent where the populations continue to suffer from various diseases related to insalubrities. Infections like leprosy, tuberculosis, the onchocercose and the Guinea worm became real public health problems today. In spite of the actions and strategies suggested through African regional conferences on the dracunculose¹ it remains an unsolved equation. In Ivory Coast, in spite of the initial retreat recorded due to the installation of drinking water supply in the rural areas, the Guinea worm has resurfaced. The repercussions of the infections on socio-cultural and socioeconomic life are considerable. Indeed, in spite of the studies, actions, strategies and sensitizing, the populations still adopt their own therapeutic routes. The actions of the Community Agents of Health made to frame them are ineffective because of perceptions of the populations. A research undertaken on the explanatory factors of the choice of a therapeutic route given in rural environment comes to contribute to the reflection as for the strategies of sensitizing.

Keywords: Therapeutic, sick routes of the Guinea worm, socio-cultural environment, social representation, ideological production

Introduction:

The concern of the persons in charge of health in all the countries is to ensure most largely possible a medical cover of the communities. The Ivory Coast a long time occupied a dominating place in sub-Saharan Africa because of economic growth. This economic growth enabled the country amongst other things to improve all the sectors of health. Indeed, this sector primarily aims at ensuring better conditions of existence of the populations.

However, the economic and financial crisis of the year 1990 impoverished the State, which led to the revision of the policies originally meant for satisfying the collective needs for public health. Health is a major concern of all development policies because without it, individuals cannot work and consequently one could not speak about durable human development. It thus becomes necessary for individuals to protect themselves from sufferings (physical, moral, psychological etc) especially with a view to the pain caused by the disease; guiding them to resort to various cares in order to obtain the cure (Amalaman Koutoua, 1992). Its impact and consequences are worth to be counted among the priorities as regards public health. Multiple persistence and its consequences push with a careful thought on the actions and the strategies installation.

¹DIEPA, International Decade of Drinking water and the Cleansing (1981-1990)

In the field of the care, patients of dracunculose are faced with diverse numbers of health practitioner and medicines, with each one having its own characteristics. This diversity of therapeutic choice include recourse to healers, soothsayers, traditional medical practitioners, nature therapeutics, etc who offered various services to the patients on their premises.

In the search of cure, the relationship between the Community Agents of Health and the rural populations are complex because of the representations mentioned previously. Thus, the question first which guides this study is to know if the reports/ratios which exist between the Community Agents of Health and the rural populations are likely to help with the assumption of responsibility of the patients of Guinea worm in the sub-prefecture of Kouassi-Datékrö have regard to the explanatory factors related to the representations, with perceptions which they have of the latter and this disease.

1. Literature Review

The study of the assumption of responsibility or the fight against Guinea worm is registered in medical social-anthropology. Dracunculose today is true public health problems and records a behavioral dimension that social-anthropology of health must apprehend. Various authors adopted several approaches (social-economic, social-medical, social-cultural, politico-cultural, etc) and seek to highlight the social-anthropological factors to explain this irrefutable fact.

Thus, we chose variables such as: age, educational level and religion. To include/understand and explain the phenomenon of the fight against Guinea worm, it should be circumscribed in the field of medical anthropology. It is from this point of view that Fassin Didier (1992) analyzes in the behavioral change the representations, therapeutic perceptions and routes. Indeed, according to him, “the disease and the means which the men implement to interpret it, to fight it; it is with this intention a whole of representations and practices well beyond the only medical referents (heard in the broad sense).

The disease is thus connected with the culture i.e. with the system of beliefs and practices of the community”. Dracunculose does not escape the approach from medical social-anthropology. The social network, decision making in the recourse to the care and mobility take part in the orientation of the patient towards a given medical way. Because, makes these elements of them exert an influence on the choice of a therapeutic route compared to another. By taking note owing to the fact that the principal determinants of health and the disease are of a socioeconomic and cultural nature, it is a question of making community a tool for social change. In this direction, the community approach comprises a profound change of the relations between the agent of health and the users of the services and the implication of those in the determination of the needs for health, the implementation and the evaluation of the interventions. The community approach recognizes as active “partner” for the change which holds to him even the detention of the problems, the means and the solutions to solve them.

Consequently, the social-cultural environment seems a factor impossible to circumvent for the success of the process of the behavioral change. It is thus important to put the expertise of human stock management at the service of the specific cultural practices. The social actors adopting their attitude and their history on the one hand, their logic and their motivation on the other hand, any change is a priory a strong mobilization of the various actors. Douth Raymonde (2005) pointed out that it is important to imply the local authorities, the opinion leaders and community leaders in the planning and coordination of the activities relating to health in rural environment, to develop a common comprehension as regards communication for the behavioral change.

What takes part in the social development of the populations? Therefore, it is as important to specify two paradigms in particular the cultural and the determinism is here the various approaches to the social reality which we want to include/understand. By culturalism, it is necessary to include/understand the role of the culture in the behavior of the rural populations of the sub-prefecture of Kouassi-Datékrö mutual the actions of the Community Agents of Health. Indeed, the multicultural makes it possible to include/understand social realities, policies, economic, symbolic systems, cultural, etc. Ralph Linton (1945) tried to draw up reversible relationship between culture and personality. In this diagram, it grants first to the education and the psychological process of progressive maturation in the training of the values ordering the actors and the reactions of the individuals in their cultural group.

In second position, it privileges the models (patterns) cultural which are regarded as standard manners to think and to act specific to a culture. It highlights variables in this classification to affirm its theoretical principles. These variables are sex, age, profession, fortune, etc. Margaret Mead (1970) regards the cultural infrastructures as tangible testimony of the cultural expression. The material and technical vestiges are the concrete representation of the cultural fact. All these authors show that the cultural fact conditions the individual and collective behavior. The dominant culture thus influences the action of the populations of the sub-prefecture of Kouassi-Datékrö. For them, the individual is the reference of the observation for the reception, the transmission and the transformation of the culture through his attitudes and his behaviors.

As for determinism, this paradigm can be defined in a very general way through work of Quételet and Durkheim, very revealing in this respect. It also appears by various misadventures which are undoubtedly inspired by the general model but do not define any less particular traditions. The deterministic approach of social reality is based primarily on two proposals. The first postulates that done everything social is explained only by the phenomena which are former or preexist for him. The second deduced logically from the first, concluded with the character external of these phenomena that the individual interiorize and which consequently orientates its action. For Quételet (1869: 97), “ this current of ideas, in these demonstrations are not typical, assemble out of pin the constraints which weigh on people and push them to act in a direction or another.

According to Durkheim (1973: 4), “the social fact (the disease) is identified with the constraint. This constraint which appears as coercion. I.e. the force of resistance which opposes to that which wants to be unaware of it with the legal social sanction or not which matches it in fact: “coercion is not less one character intrinsic of these facts...”. This deterministic paradigm applies to the phenomenon of Guinea worm because in rural environment and precisely in the Kouassi-Datékrö sub-prefecture the populations must comply with the rules, standards and values which govern operation of the community. With the contrary case, one is likely to contract a disease (the dracunculose) which for these populations has a supernatural origin. The Guinea worm constitutes a ground of research more and more where clash and various disciplines are complementary. However, medical anthropology taken here as a field of knowledge connects dimensions cultural, symbolic system, ritual and social of the disease and health. It thus shows variability's, social-cultural diversities in time and space as regards health. This field proceeds by an adding up holistic method. In other word “the totality of the actions undertaken to direct a community towards the construction of an ordered whole of collective and individual living conditions considered to be desirable compared to certain values²” Moreover, the social representations, the beliefs, the practices, perceptions determine the choice of a therapeutic route compared to another. Whatever the perception that the populations have of the Community Agents of Health and the Guinea worm, medical anthropology comes, like Atin O. (1988) says, it is interested firstly in the social and cultural components.

Indeed, it stresses that in the imaginary one of the Lobi people, “If an individual is sick, it is in a state of positive involution from the point of view of restoration; it is because the individual has committed an offense which the divinities have decide to punish her life”. The disease is thus related to the transgression by the people of the rules which govern the operation of the community. Initially of a purely physical nature, the concept of anthropology widened and from now on is directed towards culture. In fact, the analysis of Atin presents the disease as a transgression of the rules which govern the operation of the community. Indeed, a person in the community can introduce a fate or at least a disease into the river. Atin uses in its analysis the dialectical one to apprehend social reality at the Lobi people. Indeed, this method enabled him to put forward contradictions, the limits in practice of the social reality which is the social representation of the disease at this community. Ultimately, the action of the Agents of Community Health on the ground is effective, but their effectiveness requires competences, the knowledge renewed on Guinea worm. Their action must take into account all the aspects of medical, psychological, social and the aspirations of the populations. However, the implementation of these approaches cannot be free from problems.

²Roger (G.): Introduction to sociology; the social change, volume 3, edition HMH, Paris, 1968, P.190.

2. Methods

Methodology used is the qualitative and quantitative method. We have uses as methods: direct observation, the information retrieval, the guide of maintenance and the questionnaire. Because, for the quantitative data-gathering, one has recourse to the questionnaires and the qualitative data of the guides of semi-directing maintenance. The quota sampling technique of sampling was adopted. The technique of sampling per quota because of the heterogeneity of our population was used. This one presents several variables to the number of which sex, age, the educational level and religion.

The base of survey of 130 people set out again according to the following variables: sex, age, educational level and religion. It is a question of finding a thought process conceived to reach, while taking account of the data of the observation, a coherent and understanding explanation of this study. The dialectical step seems to be adequate to reach that point. Indeed, the phenomenon of Guinea worm is a complex reality whose contradictions will be raised by the dialectical method. For Karl Marx in dialectical and sociology of Gurvitch; “no social phenomenon is comprehensible without being integrated in total social reality”. To distinguish under contradictions, the implications of the phenomenon of Guinea worm and “to tear the veil” according to the expression of K. Marx, the obstacles inherent in the assumption of responsibility of this disease, are it to what will lead us the dialectical method. It makes it possible to seize the paradoxical and contradictory relations in social reality³.

3. Results and discussion

3.1 Incidences on the route of prevention

In the absence of the curative treatment of Guinea worm, it is advisable to seek the ways and means to avoid it. The preventive or prophylactic aspect practically does not exist in Agni-bini area. All affirm anything to try before Guinea worm is not there. However, to include/understand this aspect, it should be put in relation to the general design even of the disease and health. Thus to avoid the disease, “one should not offend” anybody, it is to say that it is necessary to behave in a way not to transgress the social orders, because if such is the case, “divine anger” reaches the culprit. What appears by the contraction of pathology after having transgressed with the principles which, govern with the operation of the community. One cannot speak about the preventive route without evoking the curative treatment.

3.2 Incidences on the Curative Route

The social network or social environment plays a big role in the therapeutic choice. This decision making of recourse takes into account at the same time the idea of process which falls under time and of a negotiation which takes seat in social space in which initiated people manage the relations, make the decisions in dialog with others or just like direct automatically the family discussions relating to the disease of a family member they chair the matrimonial exchanges. It is to say that the role of the entourage thus seems to be determining in the therapeutic choice. Moreover, the autonomy of decision varies according to the age. Indeed, more one person advances in age, more it becomes “decision makers” of her clean recourse. The mother has a paramount role on the children.

By what precedes, it arises that certain measurements must be taken by the various partners to fight against the dracunculose at Agni-bini. The recourse to the therapeutic constitutes the whole of the means by which the populations pass to recover their health.

3.3 Therapeutic Route of the Patients

The representation of the disease according to the population surveyed makes it possible to include/understand the therapeutic behavior of the latter. When the individual enters the phase of the disease or when it becomes aware of the appearance of the physical or psychological symptoms, it puts at research means which will enable him to cure the disease. This search of prevention of the disease or cure engages it in a complex network of possible choices. These choices go from modern medicine to traditional medicine while passing by self-medication. The data of the investigation illustrates that through the recourse therapeutic following. It comes out from these data that the three levels of medicine mentioned above were requested by the individuals for recovery cure.

³Grawitz M. (1979). *Méthodes of social sciences*, Paris, Dalloz.

However, the most requested medicine is traditional medicine with 43.85% of surveyed (57 individuals). This is followed by those who use modern medicine with 41 out of the total surveyed (31.54%). Lastly, come self-medication with 06 people (4.62%) and others (20%) who did not give answers because they never contracted this disease. These figures show that this community prefers like first recourse traditional medicine. That is explained by their practice and their living condition. It shows that this community is attached to its tradition. One cleared up on this point according to the type of medicine.

The observation of the table above shows that traditional medicine is requested the most in this locality. That is 57 out of the total population surveyed (43.85%) think that modern medicine east seems effective while 73 individuals or 56.15% think that traditional medicine appears more effective. This explained the fact why in rural environment the first medicine offered to the populations is the traditional medicine which they find effective. In Kouassi-Datékro particularly, perception that the patients of Guinea worm have of the Community Agents of Health prevents them to request the latter. Because for them, the traditional remedies appear more effective for the treatment of dracunculose. It is thus necessary to consult the divinities to check the real origin of the disease.

In this case, the borrowed recourse is either self-medication, or traditional medicine. According to the educational level and the therapeutic recourse. In comparison with given investigation, 60 people or 46.15% of respondents think that traditional medicine is most effective. Among those, there are 27.69% illiterates, 10.77% of primary education level, 4.62% of secondary level, 1.54% of higher level and 1, 54% of the Koranic school. In other words, all see through traditional medicine, an act which more or less aims at curing the patient of Guinea worm. The report is that the illiterates are anchored in the tradition. What justifies their recourse to traditional medicine in the event of disease? In addition, 70 people (53.85%) think that modern medicine is most effective. Among those also, there are 19.23% of illiterates, 15,38% of primary education level, 13.85% of secondary level, 3.85% of higher level, 1,54% of the Koranic school.

These data mean that the populations of the locality of Kouassi-Datékro use two medicines in the event of disease of the Guinea worm to find the cure. However, following the example health centers these populations have more recourse to the fetichor, healers, soothsayers, naturo therapists, etc. The Agents of Community Health are thus ignored in this recourse because according to the populations, they are not the necessary tools to work effectively, and not ready to lavish care to them. This practice is supported by the majority of our surveyed population with some levels of education, the illiterates and those of the primary education level. The religious belief conditions also the behavior of the populations. According to the influence of religion on the therapeutic recourse. With the reading of the data collected on the ground, we note that 60 inquired or 46.15% think that traditional medicine is more effective. Among those which think thus, most are Muslims (30%), the Christians (9.23%), the pagans (3.85%) and finally the animists (3.08%). On the contrary, 70 people or 53.85% affirmed that modern medicine is most effective. Among them, we have 10.77% Christians, 36, 15% Muslims, 5,38% animists and 1.54% pagans.

From the above, let us retain that most of surveyed population support that modern medicine is most effective compared to traditional medicine in the covering of the cure of Guinea worm. With the remark, the Muslims are most numerous to lend themselves to our questions and more (30%) supported that modern medicine is most effective. That is related to the fact that they attend majority of the health centers and apart from these centers, they have faith only in God for their cure. Any other recourse to recover the cure is regarded by those as non-conformity to their faith like the soothsayer-healers, the fetichor, etc.

However, certain Christians recognize the effectiveness of traditional medicine especially the recourse to the nature therapeutic and herbalists. As for the animists (8.46%) and pagan (5.39%), they think that two medicines appear more effective. The data of this table show that the Christians and the Muslims are most numerous to visit health centers and traditional medicine. That means that the beliefs have an impact on the medical way. It is to say that the Christian religion and the Islamic religion influence the recourse to the care of the populations of this locality. While the animists and the atheists first of all prefer self-medication before directing themselves towards other medicines, because they are attached to their ancestral practices. These small percentages of the animists (8.46%) and pagan (5.39%) make it difficult to appreciate the actions already carried out by the Community agent of health to reduce the Guinea worm. In other words, which is the therapeutic route borrowed by the populations in the event of contraction of Guinea worm in this locality.

3.3.1 Medical Way Adopted by the Patients

Through the therapeutic recourse describe above, we can affirm that the therapeutic route starts with modern medicine first, followed by traditional medicine and then self-medication. That is the reality among the populations of the sub-prefecture of Kouassi-Datékro, to recover their health by consulting several people or borrowing several ways such as a healer, a traditional medical practitioner or at a fetichor. With the data analysis of the investigation, 46 of the respondents or 35.38% go to a health center in the event of Guinea worm disease against 63 respondents or 48.47% who consult a healer when they contract Guinea worm.

Moreover, 11 respondents or 8.46% go to a traditional medical practitioner when they have Guinea worm against 10 individuals or 7.69% who consult a fetichor. Indeed, more than half of those surveyed are inclined towards a healer to recover health. That is explained by the representation and the origin which the populations give to the Guinea worm. It is to say that these various choices are related to the etiologic aspect of Guinea worm. Therefore, the individual sick of dracunculose can consult a soothsayer, a healer, a doctor or engages in self-medication. This medical way will be specified according to the data following related to the educational level and the route of the patients. Out of 130 respondents, 25 or 19.24% consult a soothsayer in the event of disease of Guinea worm, while 63 respondents or 48.46% visit a healer against 42 or 32.30% engaged in self-medication. Thus, 32.30% choose self-medication initially before consulting other people. Indeed, in the process of search for cure, the individuals take sometimes tormented ways. It is often as a last resort, when there is no more hope that they go to the health center or to another individual able to bring satisfaction to their health needs.

Moreover, the analysis of these data indicates that 46.92% illiterates and 26.15% primary education level look after themselves before consulting other medical ways. It is to say that the higher the educational level, the more inclined it is to first consult the health center or a healer before trying to engage in self-medication. According to 19.24% of respondents, the Guinea worm is transmitted to the occult man by wizards or spirits “machination”. It is thus the result of a malefic action on behalf of a third-party by wizards and/or “criminals”. It is what justifies the orientation of certain people towards soothsayers or healers to know the origin of the disease. This practice draws aside the Agents of Community Health in the fight against the Guinea worm in the locality. The religious beliefs can condition the medical way of the patients of the Guinea worm. Taking into consideration data of the investigation, it arises that 25 respondents or 19.24% consult the soothsayers in the event of disease of the Guinea worm because for them it is because the spirits are angry which triggered the occurrence of this disease in their locality. Also, one 63 respondents or 48.46% visit a healer against 42 respondents or 32.30% which took to self-medication.

In fact, 10 Christian respondents or 7.69% choose self-medication before consulting other people against 26 Muslim respondents or 20% which choose the same recourse in the event of attack of the disease. The animists and pagans follow the three therapeutic routes at 8.46% and 5.39% respectively. This means that they are more inclined to looking after themselves rather than consult a soothsayer or a healer. Overall, a margin of the rural community remains pessimistic about water being the cause of the Guinea worm because for it, there is no unspecified existence of bond between water and this disease. There is thus opposition between symbolic logic and scientific logic of the disease. The analysis of the behaviors of Agni-bini through its design of the Guinea worm enables us to understand that these populations have recourse to the traditional drugs or not to treat Guinea worm in the event of epidemic. These data hereafter will make discuss the religious belief and educational level.

3.3.2 Representation and perception of the Guinea worm

The process of maintenance of health like Raymond MASSES, pointed out, is “the unit on the one hand, of the behaviors aiming to promote a good state of health and to prevent the appearance or the development of the disease and, on the other hand, the whole of the behaviors adopted by the individual and his entourage to recover health⁴.” From this definition, it comes out that behavior as a catalyst of the process of maintenance of health is related on the representation and the perception of health and the disease. It is in accordance to this that Kouakou (N.F) (1979) poses the bases of the existence of an own medicine in Africa which could not merge, nor to superimpose itself on Western medicine. According to him, the rural world is a complex world and to include/understand it, it should be located within its own framework.

⁴Mass, R., Culture and public health, the contributions of anthropology to the prevention and the promotion of health, Montreal, Paris, Casablanca: Gaetan Mouin edition, 1993.

It is a world which always had a supernatural vision of the life. It forever have aiming of rationalization and exploitation of the nature which is regarded as inhabited by divinities “descended” from God on the earth before men. However, these late divinities and these ancestors can remove with the individual or chalk-lining their protection, because an interdict was transgressed the standards and established rules.

Therefore, “primitive” anthropology denied any scientific base with this medicine which according to it, proceeds by magic and chance. Indeed, concerning the African design of the disease, he said that this design is a negative state, a lack and a reduction. Its analysis is reported only in Africa in a general way. The case of the population of Kouassi-Daté Kro is at several levels. Indeed, for this population, the disease has supernatural but such a human origin. There thus exists according to Agni-Bini of the diseases of the wizards, the diseases of the “sages”, the diseases of God, the diseases of “ancestors” etc.

The rural community of Agni-Bini de Kouassi-Daté Kro believes in the existence of God and for it, the sages and the wizards take a share of responsibility in the disease for the Guinea worm which attacks the populations. What explains the little of precautionary measures that these populations use to preserve their health which, according to them, is from these gods?

3.4 Origin of the disease.

The origin of the Guinea worm confirms the existence of this affection in this community. The Guinea worm in the rural communities requires that one seeks the origin of this endemic in order to better consider effective counter measures. The data hereafter raise the origin of the Guinea worm. It comes out from investigation that the Guinea worm is known in the rural community Agni-bini. Indeed, with 54.62% of the population surveyed, the Guinea worm is a very old disease known for many generations. However, its emergence in the Agni-bini community remains mysterious because the different ones inquired could not in a precise way indicate the origin of the Guinea worm. Lees given above shows that 23.08% of respondents think that Guinea worm has a local origin against 31.54% which supports that it is of foreign origin. Of 130 respondents 59 or 45.38% challenge the origin of this disease.

The Guinea worm in rural environment must be treated delicately because we observe that there exist various causes related to this disease. What explains the persistence of the Guinea worm in the rural community Agni-Bini?

3.5 Causes of the Guinea worm

They are the hydrous causes and the supernatural causes.

3.5.1 Hydrous causes

Following the ingestion of infested water, the larvae arrive, with maturity between 9 and 12 months. The exit of the worms is preceded by clinical demonstrations (intense fevers, pains, pruriginous papules). Four principal clinical varieties are noted. The complications are frequent and are causes of temporary disability, often long. They are due to the infections, the articular accidents, with tetanus, etc the cases of death and permanent disability are rare and exceptional. The duration of temporary or total unavailability is ascribable with non-compliance with the rules of hygiene and aseptic.

The results of the investigations hereafter give a report on the causes of hydrous origin. With the analysis of these data, we note that the disease is contracted by drinking infested water. 73.85% of respondents supported the relation water disease against 26.15% which deny this reality. Indeed, that the age structure shows that the sample consists of 33.85% of respondents are aged 15 to 25 years, while 60% aged from 26 to 65 years and 5.77% of at least 65 years reflects the reality observed on the ground because the relatively small percentage of the young people and teenagers compared to the other social categories (adult, old) is explained by the phenomenon of the rural migration. The distribution of the answers according to the educational level is also in connection with the hydrous causes. With the observation of the data of the investigation relating to the educational level, we notice that of the 130 respondents, 96 or 73.85% recognize the relation water-disease against 34 respondents or 26.15% who do not support this reality.

Indeed, this explained the low rate of elimination of illiteracy in this rural community because this rate amounts to 45.35% and the primary education level amounts to 24.62%. The educational level is a relevant variable to determine the causes of hydrous origin insofar as it influences the behavior of the patients with respect to the aspects etiologic of the disease. The hydrous causes are explained according to the religious affiliation. It arises from the analysis of these data that 96 respondents or 73.85% support the relation water-disease against 34 respondents or 26.15% who denied this relationship. This community, although attached to their tradition, recognize that the dracunculose is related to water. This axis is thus of a scientific nature. The persistence of the Guinea worm is thus related to the fact that the populations continue to drink surface water. Indeed, these populations stipulate that this water would have a taste different (it would be soft and fresh) others such as water from drilling, the water from well, running water. What means that they continue to consume surface water? These data confirm that the populations consume water from well and water surface.

With the observation of these data of the investigation, 60 respondents or 46.15% consume water of drilling against 39 respondents or 30% drink water from well. On the other hand, 31 respondents or 23.83% continue to drink surface water. These data are explained by several reasons hereafter. With the data analysis collected, 31 respondents or 23.85% consume surface water because this water is close to their dwelling against 65 respondents or 50% who think that the consumption of surface water is explained by the insufficiency of drillings in this locality. 8 respondents or 6.15% find that surface water is interesting to consume against 15 respondents 11.54% which supports the consumption of this water and explains that by the sale of the water of drilling. On the other hand 11 respondents or 8.46% continue to drink surface water because for them, this water is protected by the sages. What explains the causes of supernatural origin of the Guinea worm? What is it for the empirical axis of order?

3.5.2 Supernatural causes

The empirical axis of order allots the dracunculose to supernatural causes. In comparison with the representation that Agni-Bini has of the Guinea worm, it arises that the Guinea worm as an imbalance in the operation of the organization, emanates from sages, and very powerful God. The data below specify that.

Taking into consideration data collected on the investigation, it arises that 3.08% and 27.69% of inquired see in the Guinea worm the sanction of the sages and God. According to 21.54% of respondents, it is transmitted to the occult man by wizards or spirits "machination" against 62 respondents or 47.69% which doubts the supernatural cause of Guinea worm. The cause of rural dracunculose in medium must treat with delicacy because we observe a causal plurality. Here, it is the cause of supernatural origin which interests us insofar as the Guinea worm for some surveyed, has a supernatural cause.

3.6 Reports/ratios of the Agents of Community health with the populations.

The Agents of Community Health as a whole are well perceived in the villages. The majority is chosen by the community (26 is 66.66%). Others are chosen by the chief and his nobles (10 or 25.64%), in all the supervisors (3 or 7.70%). The community can often summarize itself with the chief and his notable. Therefore, it is not erroneous to say that almost all the Community Agents of Health are chosen by the community through the channel of the chief and his nobles. The table below will give one cleared up on this point. (Ivory PDRZ UNICEF-Coast; 2002). In the sub-prefecture of Kouassi-Datékrö, only the community in this locality chose half of its Community Agents of Health via the chiefs and their notable ones. The Community Agents of Health are regarded as auxiliaries of health.

They especially play a great part in the villages deprived of health center. According to the leaders of opinions (chiefs, nobles, secretaries and religious leaders), since 1st installation of the Community Agents of Health with or without Activity at Community Base in the villages, public health improved. The Community Agents of Health give an account of the meetings which they hold with their supervisors with the villagers. Those as often inform them of the cases of diseases as they observe in the village especially when it is about the Guinea worm. The Community Agents of Health however encounter difficulties within the framework of the exercise of their work, in particular as regards Information Education and Communication. Three main reasons justify this fact. Initially the Community choice of the Agent of Health. Only one mode chairs, the co-option or the designation which is in general the fact of the chief of village and its notable.

Their choice relates most of the time to their parents they are probably the advantages i.e. the granting of the perdiems during the training and the means of displacement (bicycle), which the trade of Community Agents of Health gets which pushes the chiefs and their nobles to choose their parents (Ivory PDRZ UNICEF-Coast; 2002). Finally, the tradition, certain households do not take the advice or accept them with difficulty because too much attached to the tradition “the water of the backwater is softer than the water of the pump, the consumption of the water of backwater dates from the generations, etc” affirms notable of the chief of the village of Ouroutara (commune of Kouassi-datékro). It is to say that they are unaware of the true role of the Community Agents of Health. Others still do not appreciate too their frequent visits in the residences.

4. Conclusion and Recommendations

The problems of the fight against Guinea worm are a social phenomenon whose explanation is based on the problems of the legitimacy or the acceptability of the Community Agents of Health in rural environment in the fight against this endemic. This new generation of expert is that of the Community agents of health and applies to all the localities in general and that of Kouassi-Datékrö in particular. But, against any waiting, the aims had by the policy of introduction of the Agents of Community Health were not achieved and consequently the possibility for the communities of becoming the principal agents of the development of their own health condition is rejected. It arises those contradictions in the proper statements by the persons in charge in the responsibility of the populations to the assumption of responsibility of their health. Our assumptions relating to the insufficiency of measurements of rising of the standard of living of the villagers, to the diversion of the receipts of village pharmacy and to the bad sensitizing of the populations are thus confirmed. Such a situation constitutes a genuine brake with the policy of introduction of the Agents of Community Health that the sub-prefecture of Kouassi-Datékrö wants to apply. Solutions must be found in order to arrive to positive tests.

With this intention, the formation and the supervision must be required because it is they which make it possible to transmit medical knowledge to the Agents of Community Health. These are still the same index which improves the performance of these agents which give direction of share their existence to the policy of Community health. As, it is necessary as the community is organized and chooses leaders. One of the most current means and easiest to reach that point consists in making so that the local leaders constitute a committee of Community health which will be able to count the health issues, to inform the community and to contact with the health professionals of it. The Community participation must be synonymous with an engagement of the public in the action of health at all the stages, so that people are very largely responsible of what is done or is not done. This mobilization is realizable only on the condition of establishing supervision and an increased formation of the Community Agents of Health. Indeed, education for health should not only act to speak to people and to placard posters, but also to pose a Community diagnosis and to make medical development by improving knowledge, the attitudes and the practices of each one, all in the incentive to be acted. Only these conditions will be able to allow a policy of introduction of the Agents of total and more viable Community Health in the sub-prefecture of Kouassi-Datékrö. Which are thus the possible strategies of fight against the disease?

The problems identified in this study and especially their relationship to the evolution of sciences and the human society show the dimension of the efforts to make so that the patient reaches complete health care. To give an operational character to him, we suggest that any program of rural health must be done in collaboration with these even which are the first concerned; because a fact is obvious, any company secretes in its center the means to ensure its own survival.

Concerning the precautionary measures, we thus suggest that it would be necessary to promote the water filtration system using a wide clean fabric on a large canary scented beforehand. Well before the arrival of modern medicine, African had their ways with them well of fighting against the diseases or of preventing certain evils which threatened their community.

Références

- ABE (N'doumy). (1992). *Médecine africaine et médecine officielle en Côte d'Ivoire (Une approche stratégique de collaboration)* (thèse de Doctorat de 3^{ème} cycle, IES, Université d'Abidjan,)
- BENOIST (Jean). (1996). *Soigner au pluriel (Essais sur le pluralisme médical)*, Paris, Karthala.
- Bernard, H. R., & Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches*. Thousand Oaks: Sage
- Bhutta, Z. A., Lassi, Z. S., Pariyo, G., & Huicho, L. (2010). Global experience of community health workers for delivery of health related millennium development goals: A systematic review, country case studies, and recommendations for integration into national health systems. *Global Health Workforce Alliance*, 1, 249–261.
- BOA (Asseman.) et Coll.(2000) . *Evaluation des Agents de Santé Communautaires (ASC) dans les districts sanitaires de Bondoukou, Bouna et Tanda ; Côte d'Ivoire-UNICEF, PDRZ.*
- Boothroyd, R. I., & Fisher, E. B. (2010). Peers for progress: Promoting peer support for health around the world. *Family Practice*, 27.
- Carrière (Jean). (1979). *L'infirmier et la santé communautaire en Afrique ; (Yaoundé, Cle, 1979).*
- Charmaz, K. (2011). Grounded theory methods in social justice research (pp. 359–380). Thousand Oaks, CA: Sage
- Chuengsatiansup, K. (2007). *Health volunteers in the context of changes: Assessing the roles and potentials of village health volunteer in Thailand*. Thailand Ministry of Public Health.
- Dans, A., Ng, N., Varghese, C., Tai, E. S., Firestone, R., & Bonita, R. (2011). The rise of chronic non-communicable diseases in southeast Asia: Time for action. *The Lancet*, 377(9766), 680–689
- FASSIN D. (1992). *Pouvoir et maladie en Afrique noire (Anthropologie sociale dans la banlieue de Dakar) ; Paris, PUF.*
- Fisher, E. B., Boothroyd, R. I., Coufal, M. M., et al. (2012). Peer support for self-management of diabetes improved outcomes in international settings. *Health Affairs (Millwood)*, 31(1).
- Fisher, E. B., Coufal, M. M., Parada, H., et al. (2014). Peer support in health care and prevention: Cultural, organizational, and dissemination issues. *Annual Review of Public Health*, 35, 363–383.
- KERHARO J. et BOUQUET A.(1950). *Sorciers, féticheurs et guérisseurs de la Côte d'Ivoire-Haute-Volta. Les hommes, les croyances, les pratiques. Pharmacopée et thérapeutique (Paris, Vigot Frères, 1950).*
- Kauffman, K. S., & Myers, D. H. (1997). The changing role of village health volunteers in northeast Thailand: An ethnographic field study. *International Journal of Nursing Studies*, 34(4), 249–255
- Kharel, R. K. (2006). *Participation of village health volunteers in HIV/AIDS prevention and control programme in Wattana-Nakorn district, Sakaeo province, Thailand*. Master of Primary Health Care Management Master's Thesis, Mahidol University, Mahidol University Library.
- Kim, H. S., Sherman, D. K., Ko, D., & Taylor, S. E. (2006). Pursuit of comfort and pursuit of harmony: Culture, relationships, and social support seeking. *Personality and Social Psychology Bulletin*, 32(12), 1595–1607
- Kowitt, S. D., Urlaub, D., Guzman-Corrales, L., et al. (2015). Emotional support for diabetes management: An international cross-cultural study. *Diabetes Educator*.
- MASSE (R..(1993). *Culture et santé publique, les contributions de l'anthropologie à la prévention et à la promotion de la santé ; Montréal, Paris, Casablanca, Gaétan Mouin.*
- OMS.(1987) *L'Agent de santé Communautaire (Guide pratique), Directives pour la formation, Directives pour l'adaptation, Genève.*
- UNICEF- Côte d'Ivoire.(2001). *Activité à Base Communauté (ABC). Livret de l'ASC, 135 P).*
- World Health Organization. (2007). *Role of village health volunteers in avian influenza surveillance in Thailand*. New Delhi: Regional office for South–East Asia 2007.
- Vichayanrat, T., Steckler, A., Tanasugarn, C., & Lexomboon, D. (2012). The evaluation of a multi-level oral health intervention to improve oral health practices among caregivers of preschool children. *Southeast Asian Journal of Tropical Medicine and Public Health*, 43(2), 526–539.