

Obstetric Culture in the Development of Reproductive Health

ANOUA Adou Serge Judicaël*

Doctorate Degree of Health Socio-anthropology, Alassane Ouattara University, Côte d'Ivoire.

***Correspondence:**

ANOUA Adou Serge Judicaël, Doctorate Degree of Health Socio-anthropology, Alassane Ouattara University, Côte d'Ivoire, Teacher-Researcher, Socio-anthropologist, Alassane Ouattara University BP V18 Bouaké 01, Email: anoua_08@yahoo.fr.

Received: 28 September 2018; **Accepted:** 23 October 2018

Citation: ANOUA Adou Serge Judicaël. Obstetric Culture in the Development of Reproductive Health. Gynecol Reprod Health. 2018; 2(6): 1-4.

ABSTRACT

Maternal and child health remains a current challenge in Côte d'Ivoire because of high maternal and child mortality rates in that country. This failure raises the limits of the biomedical sciences in reproductive health. In this field of health, there is undeniably a life quality problem. This concern is shared by socio-anthropology. As a matter of fact, how can we explain and understand the evolution of reproductive health problems in mothers and children? All the work carried out revolves around the issue of "obstetric culture and reproductive health". In other words, how can we explain and understand obstetric culture as a major determinant in the development of reproductive health in Côte d'Ivoire? In this context, reflections oriented through socio-anthropological research are constantly supported by the same precise thesis: "Taking into account socio-cultural determinants specific to the communities in question, impeding the health of the mother-child couple, could contribute to opening the communities studied to a safer motherhood." Starting from this fundamental aim, strategies for reducing dramas by taking into account the cultural markers of communities can be identified as well as actions for behavioral change can be planned. This orientation seems to us a hypothesis of possible solution to circumvent the epidemiological monopoly underlying the approach in public health.

Keywords

Women in childbed, Newborn, Obstetric culture, Post-natal period, Reproductive health.

Introduction

The issue of maternal and child health is at the heart of this research. It is a major concern in Côte d'Ivoire where high rates are found in maternal and infant morbidity and mortality. Recent levels show 614 maternal deaths per 100,000 live births and 108 child deaths per 1,000 live births [1]. The search for answers to these questions has made it possible to highlight a socio-anthropological perspective in this work. In this process, findings in ethno-cultural groups include the complexity and richness of the obstetrical culture, the defection of mothers from post-natal consultations, and the prevalence of reproductive health issues in rural communities [2]. In these circumstances, how can psychosocial, medical and social care be provided for mothers and their new-borns in these communities? Socio-anthropologically-oriented reflections lead to the implementation of strategies to reduce the imminence of tragedies, taking into account the cultural

references of communities. The conduct of the research was based on a specific approach.

Methodology

This research was approached from a socio-anthropological perspective in the rural Akyé community of Kodioussou in the Department of Alépé in Côte d'Ivoire. The research process was based on a qualitative survey supported by the ethnographic approach. The data collection involved focus groups with elderly women, infant and woman-in-childbed caregivers, followed by a semi-directive interview with a health worker. This option made it possible to identify the patterns of post-natal care, to highlight the specific post-natal care pathway, before determining the reproductive health issues related to women in childbed and the newborn in the rural Akyé community of Kodioussou in the Department of Alépé in Côte d'Ivoire. By reading the systems of representation, attitudes and practices relating to reproductive realities in the postnatal period, etiological theories emerge at the local level. This orientation has led to results at the ethnological, sociological and theoretical levels.

Results

Ethnological level: Existence of codified sociocultural practices in post-natal care among the Akees at Alépé

Post-natal care takes place in a socio-cultural context based on local representations and social constructs. These customary settings develop novel mechanisms in terms of appropriate cultural responses to maternal and child care during the postnatal period. The benchmarks of these mechanisms include psychosocial and medical practices. These various concepts used reflect the realities of the post-natal field in this community through the tables 1 and 2

In table 1, Akyé psychosocial practices in the post-natal period are discovered through: Post-natal confinement, mother diet and child food, forbidden food, places and time.

Post-natal confinement	Pê (03 months)
Diet (mother)	Breakfast (rice porridge); Lunch and dinner (with yams, plantain or cassava or rice, served with "okra, aubergine, tomato" sauces and palm nuts with a spicy character, fish and meat rich)
Food (child)	Breastfeeding + natural water
Forbidden food	Tortoise (Bechekin) "Tetrapod" (Testudinidae); Snail (moudon) "Mollusc" (Stylommatophora); Avocado "Persea gratissima" (Lauraceae)
Forbidden places and time	Cemetery, slaughtered animals, remains, not to walk barefoot, not to go out at dawn, at noon and in the evening

Table 1: Akyé traditional psychosocial practices in the post-natal period.

Post-natal confinement, referred to as "Pê", is a 3-months period during which the mother and child stay in the family home without going out to avoid the devastating effects of occult or mystical forces hidden in the community.

The mother's diet consists in 3 periods of the day. These are morning, noon and evening. In the morning during the breakfast, she eats the rice porridge. However, at lunch and dinner in the evening, the food is more consistent with some meals made with yams, plantain or cassava or rice, served with "okra, aubergine, tomato" sauces and palm nuts with a spicy character, full of fish and meat. As for the child, he is breastfed, but not exclusively since water is also given him since birth, it is said to quench his big thirst during the first days of his life.

The dietary prohibitions takes into account the tortoise, the snail to prevent the breastfed child from having the characters of slowness of the concerned animals, then avocado which would be the cause of the abdominal pains in women in childbed [3].

As for forbidden places, women in childbed and the newborn must not approach cemeteries, slaughtered animals or remains for fear that the dead spirit come back to life in them. As for forbidden time, the women in childbed will never go barefooted and will not go out at dawn, at noon and in the evening to avoid contact with the impure powers.

In table 2, Akyé Traditional Medical Practices in the Postnatal

Period are characterized by a specific postnatal care pattern.

Belly wound care in mothers	Pia-kié-za
Anal enema (mother)	Use of plants: Tchikpe "Solenostemon mostachyus" (Labiaceae) Kokpê "Alstonia boonei" (Apocynaceae) N'Babion "Manotes longiflora" (Connaraceae) N'Dichê pepper "Capsicum frutescens" (Solanaceae)
Intimate parts Steam bath	Use of Kan plant "Enantia polycarpa" (Annonaceae)
Massage	Use of Tchikpe plant "Solenostemon mostachyus" (Labiaceae)
Abdominal bandage	Use of a fabric in the form of a belt securely tied to the back
Toilet of the newborn	
Anal enema	Use of wouinê plant "Baphia nitida" (Fabaceae)
Bath	Use of non-medicated warm water
Care of the umbilicus	Using warm water, perfume or alcohol on the wound
Massage	Using a cloth soaked in hot water on the child's body
Stoutness quest	Using plants (Kapê) "Ocinum canum" (Labiaceae) Using health object: Pé-péban (kaolin) and kinsifi-gnombié (bracelet) in figure 1
Treatment of respiratory failure	Using health object: Affonfon-péban (kaolin) and Affonfon-gnombié (necklace) in figure 2
Treatment of stomach ache	Using health object: Kishamou-péban (kaolin) and Kishamou-gnombié (necklace) in figure 3

Table 2: Akyé Traditional Medical Practices in the Postnatal Period.

In women in childbed, that pattern appears through belly wound cares referred to as "Pia-kié-za". In other words, that care would be appropriate to meet physiological disturbances on a level with woman's reproductive appliance as a result of childbirth. That care consists of the anal enema, intimate parts steam bath, massage and abdominal bandage. Those practices of recourse use several medicinal plants of the region among others "Tchikpé, Kokpê, N'Babion, N'dichê pepper, Kan".

In the newborn, it is seen through its toilet. Its keeping during that toilet gathers anal enema, bath, care of the umbilicus, massage, stoutness quest, treatment of respiratory failure and treatment of stomach ache. All those operations require sometimes medicinal plants such as "wouinê, kapê" sometimes health objects such as "kaolin, bracelet and necklace" in figures 1, 2 and 3 [4].



Figure 1: Pé-péban (kaolin) and kinsifi-gnombié (bracelet).



Figure 2: Affonfon-péban (kaolin) and Affonfon-gnombié (necklace).



Figure 3: Kishamou-péban (kaolin) and Kishamou-gnombié (necklace).

This conception of obstetrical culture and childcare specific to the Akyé groups at Alépé appears limited. This results in a higher level of risk related to confinement, lack of food, use of medicinal plants and health objects, anal enema practices. Consequently, there is a relationship of complementarity and contradiction between the socio-cultural representations of the post-natal care of the Akee at Alépé and modern epidemiological norms.

Sociological level: Resistance over time of codified sociocultural practices regarding the care of the mother-child couple appears as an obstacle to post-natal visits of Akyé mothers at Alépé

The Akyé socio-cultural environment remains resistant to the process of change in maternal and child health. The causes of this resistance are various, which include the perception of signs of pain and the use of African medicine (Tables 3 and 4).

In women in childbed	"Mèsèn-ho": a natural phenomenon linked to God "Piakeuh": pain caused by soiled placenta
In the newborn	"Affonfon": natural disease "Kishamou": harm caused by breastfeeding "Wointsa": a natural disease

Table 3: Perceptions of signs of Akyé pain in the postnatal period.

In table 3, Perceptions of signs of Akyé pain in the postnatal period are easily understood through description with reference to symptoms and causes of pathological signs locally associated to the diseases' names in women in childbed, for example "Mèsèn-ho": a natural phenomenon linked to God, "Piakeuh": pain caused by soiled placenta and in the newborn, for instance "Affonfon": natural disease, "Kishamou": harm caused by breastfeeding,

"Wointsa": a natural disease.

In women in childbed	Anointing the breasts with a on the plant (kokpe)-based paste Purgative enema with a plant (kokpe or chikpe or n'babion)-based paste
In the newborn	Drinkable honey-based decoction (wonceu) + wasp nest (monsiki) Drinkable plant (ima-té)-based decoction Nasal introduction of juice from the (tongo) plant Using health objects: Affonfon-péban (kaolin) Affonfon-gnombié (necklace) Kishamou-péban (kaolin) Kishamou gnombié (necklace)

Table 4: Recourse to Akyé African medicine in the post-natal period.

In table 4, Recourse to Akyé African medicine in the post-natal period call for therapeutic practices based on medicinal plants and health objects. We therefore distinguish in women in childbed, the anointment of the breasts with a plant-based paste called "kokpe", the purgative enema with a plant-based paste called "kokpe or chikpe or n'babion". And in the newborn, the drinkable honey-based decoction "wonceu" + wasp nest "monsiki", the drinkable plant-based decoction "ima-té", nasal introduction of the juice from the "tongo" plant, and the usage of health objects such as Affonfon-péban "kaolin", Affonfon-gnombié "necklace", Kishamou-péban "kaolin", Kishamougnombié" necklace".

The impact of these factors continues to perpetuate the original conceptions and practices of maternal and child care in the post-natal period. The attribution of the signs of pain to a natural or supernatural conception, their treatment with a traditional therapist, the use of the local pharmacopoeia still constitute obstacles to post-natal visits. As a result, post-natal visits are not sufficiently adopted in this Akeye community at Alépé.

Theoretical level: Various reproductive health risk factors in the Akyé group observed at Alépé

Multiple reproductive health issues identified in the field include reproductive risk practices in mothers and the newborn. These can be observed through the Table 5.

Post-natal confinement	Risk of disease development and death in the mother and / or child
Prohibited food (mother)	Deficiency in animal protein, iron and undernutrition
Supply of water from birth (child)	Poor appetite for breast milk and deficiency in immune factors, growth hormones or white blood cells; Consumption of non-potable water and development of microbes; Poor digestion, abdominal bloating, malnutrition, diarrhoea
Anal enema	Digestive tract infection, chronic constipation, irritation of mucous membrane lining the anus and rectum, repeated emission of bloody mucus
Intimate parts steam baths (mother)	Burns and microlesions and postpartum infections
Massage (mother)	Compression of the abdomen, slowed bowel function and breathing difficulties

Hot water massage (child)	Increased volume of cranial hematoma and anemia and free bilirubin jaundice
Using medicinal plants	Poor conservation, poorly-controlled dosage and infections
Health Objects	Poor conservation and development of germs maintained by the wearing of a bracelet and the application of kaolin

Table 5: Various reproductive health risk factors in the Akyé postnatal period.

In this table 5, various reproductive health risk factors in the Akyé postnatal period are observed as follows:

- Post-natal confinement would cause a risk of disease development and death in the mother and / or child;
- The dietary prohibitions in the mother would lead to a deficiency in animal protein, iron and undernutrition;
- The supply of water at birth in the child would cause a poor appetite for breast milk and a deficiency of immune factors, growth hormones or white blood cells; consumption of unsafe water and development of microbes; poor digestion, abdominal bloating, malnutrition, diarrhoea;
- The anal enema would cause an infection of the digestive tract, chronic constipation, irritation of mucous membrane lining the anus and rectum, repeated emission of bloody mucus;
- Intimate parts steam baths in mothers would lead to burns, micro lesions and postpartum infections;
- The massage in the mother would cause a compression of the abdomen, slowed bowel function and breathing difficulties;
- The massage with hot water in the child would cause an increase in the volume of the cranial hematoma and anemia and free bilirubin jaundice;
- The use of medicinal plants, whose poor conservation and poorly-controlled dosage would cause infections;
- Health objects whose poor conservation would develop germs maintained by the wearing of a bracelet and the application of kaolin.

These morbidity facts show that reproductive practices are increasingly at risk in this locality. This reflects the complexity of the obstetrical culture of the Akyé group observed at Alépé in the implementation of the health of the mother-child couple in the post-natal period.

Conclusion

This research argues that: “The cultural mothering practices of the Akyé group constitute original codification logic. It is the resistance of this codification over time that hinders mothers’ openness to post-natal visits and thus impedes change.” Its contribution appears decisive scientifically and sociologically.

At scientific level

- The comprehensive perspective allows:
 - Knowledge of the vision of the anchoring of individuals in belief systems specific to the post-natal period.

- The highlighting of the conflict of representation through the lack of conformity between the Akeye obstetrical culture observed at Alépé and the principles of official reproductive health.

- At sociological level
 - The social perspective leads to a new vision of the obstetrical culture i.e. changes in knowledge, attitudes and practices related to the maternal and child health transmitted in a given socio-cultural context.

The epistemological teaching to remember is the contribution of socio-anthropology in the implementation of reproductive health in rural areas.

"Obstetric culture" refers to a thought but also a practice of care that demonstrates a community’s original features in reproductive care. However, these traditional practices increase maternal and infant morbidity and mortality by replicating an increased risk mechanism. As a result, the serious consequences of traditional acts that increase the health of mothers and children in order to encourage people to adopt "good practices" should be explained. This involves community actions, including:

- Supporting community members to identify reproductive risk practices;
- Assisting community members to seek solutions to change reproductive risk practices in a positive way;
- Encouraging community members to participate in health development actions to improve reproductive realities for safe reproductive health in rural areas.

References

1. Ministère de la Santé et de la Lutte contre le Sida. Institut National de la Statistique (INS) et ICF International. Enquête Démographique et de Santé et à Indicateurs Multiples du Côte d’Ivoire 2011-2012. Rapport de synthèse. Calverton, Maryland, USA. MSLS, INS et ICF International. 2013; 7-8.
2. ANOUA Adou Serge Judicaël. Représentations sociales, attitudes et pratiques liées à la santé du couple mère-enfant en milieu rural en Côte d’Ivoire: Une étude comparée des communautés Akyé et Gwa dans le département d’Alépé. Thèse de Doctorat nouveau régime. Université Alassane Ouattara. 2014; 47-49.
3. ANOUA Adou Serge Judicaël. Logiques de l’observance des interdits alimentaires en matière de surveillance prénatale chez les gestantes de Kongodékro (Côte d’Ivoire). IJMRD. 2017; 4: 237-241.
4. ANOUA Adou Serge Judicaël. Représentations sociales, attitudes et pratiques liées à la santé du couple mère-enfant en milieu rural en Côte d’Ivoire: Une étude comparée des communautés Akyé et Gwa dans le département d’Alépé. Thèse de Doctorat nouveau régime. Université Alassane Ouattara. 2014; 125-164.