

# Social Characterization of Morbidities and Complications Related to Maternity: Case of the Baoulé-Oualèbo of Sakassou

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**Abstract:** *The study is concerned with the problem of the simultaneous use of traditional and modern medical care's displayed by Ivorian women during childbearing. The issue is to know the reason why childbearers practice traditional care in order to make use of it during the decision making. For that reason, it has been necessary to conduct a qualitative approach to collect data from professional and experienced women in the domain of traditional prenatal care in Sakassou, the community of the Baoule-oualèbo. The results have shown that: 1) The Baoulé-oualèbo come across several morbidities and complications related to childbearing and childbirth. 2) To the morbidities and risks of complications are attributed significant customary meanings. 3) Referring to their custom and beliefs, not only transgressing prohibitions (food, gestures, clothing and myths) but also the physical of the childbearer account for the morbidities and risks of complications. The transgression and the physical are the reasons of the use of traditional care composed of plants and observances. It rises that the meanings and significations given to morbidities and risks of complications on the basis of ethnological, mythical and spiritual contexts are contradictory to that of the medical sciences based on the physiological dimension. Therefore, they constitute obstacles to the orientations and expectations of the modern therapeutic. It is therefore necessary to take into account the traditional perception of morbidities and risks of complications of childbirth in communication for social change of behaviours in order to bring the Baoulé-oualèbo to be aware of the danger.*

**Keywords:** childbirth, Childbearing, morbidity, risk of complications, Sakassou

## 1. Introduction

The prenatal consultations constitute preventive and curative cares as well as pieces of advice that the childbearer receive from the medical staff (doctor, midwife, nurse), (AIP Santé February). Despite these aims of confirming the pregnancy, preventing the complications and prognosticating childbirth, the number of childbearer having received both regularly and entirely prenatal medical care still remains low in Ivory Coast (44%), (EDSCI-III) and this, because of their traditional beliefs.

In fact, though mankind reproduction is seen as physiological process in any human community (ABE N. N. 2013), Africans in general and Ivorians in particular practise an entanglement of modern and traditional medical cares vis-à-vis pregnancy. Moreover, the traditional medical cares are often concerned with the use of medicinal plants. Thus, 90.3% of childbearers originating in Yakassé Féyassé make recourse to traditional medicine in order to secure the development of the foetus and make easy the childbirth (DJAH F. 2011). This attitude is also perceptible in urban area where important place occupied by the traditional medicine in the prenatal care testifies first of all his/her efficiency destitute of secondary effect. Then, it is related to the tradition of women in such a way that each woman identifies herself in it. Finally, it is favoured by intergenerational tradition of local medical practices (YORO B. M. et al. 2015). Thenceforth, the following question rises: What explanation Ivorian communities, specifically, the Baoulé-oualèbo, attribute to morbidities and risks of complication of childbearing which explains women's rush into traditional medical practices.

This study is in line with the explicative perspective of the subjacent factors of preferring traditional medical cares in the context of childbearing in the case of Ivorian women. The issue is to know the social representations that the Baoulé-oualèbo of Sakassou give to morbidities and risks of complications related to childbearing and childbirth.

Specifically, the work consists in:

- Identifying the typology as well as subjacent factors of morbidities and risks of complications related to childbearing and childbirth.
- Determining the consequences observed and the solutions indicated to put an end to it.

It worth mentioning at this level the method used to achieve the results.

## 2. Methodology

It is question of an investigation conducted from 10 to 25 June 2017. The reflection is led in a cognitive trend of the ideology of health anthropology.

The tools used are: semi-interview and focus group. For that matter, 14 persons have been interviewed, among whom a group of six (6) old women in Sakassou and another group constituted of seven (7) multiparous mothers in Dibri-Assirikro, then a specialist woman well-known in mother-child health in Sakassou.

The data have been processed according to the method of analysis of the content. This method consists in accurately rendering the information obtained in a way of expressing the truthiness of the facts.

The investigations have been conducted in Baoulé-oualèbo community, located in the department of Sakassou. They have specifically been concerned with the districts of Dibri-Assirikro and Sakassou, respectively subprefecture and county town of the district. The district of Sakasso is located in the region of GBEKE, specifically in the V Baoulé, in the centre of Ivory Coast.

### 3. Results

#### 3.1 Representation of Childbearers

In Baoulé language, pregnancy is termed “kouê” and childbearer is termed “wouzèfouè.” The words “towa kouê,” calabash belly and “kouhé kouê,” palmyra belly are used to distinguish risky pregnancy from normal pregnancies. The childbearer is seen as a combatant “Sondja” and when she delivers then, she is considered as a victorious “Wag nan iti,” that is to say she “gets out unscathed.”

#### 3.1.1 Typology and Explanation of Morbidities and Complication Experienced during Childbearing and Childbirth

The Baoulé distinguish several morbidities and risks of complication that happen during childbearing and childbirth.

#### 3.1.2 Morbidities and Complication related to Childbearing

**Table 1:** Morbidities and Complication related to Childbearing

Morbidities in Local Language	Medical Correspondences	Explanation of Morbidities
<i>Djakouadjo</i>	Malaria	State of pregnancy, consumption of mango and orange
<i>Djakouadjo</i>	Icterus	Malefic or evil power
<i>Kpo m'gbo n'zoué</i>	Abundance of amniotic fluid	Consumption of rainwater collected from roof.
<i>Kouê y djan man</i>	Spontaneous abortion	Consumption of banana detached from its bunch before being cut, malefic power
<i>Modja viéli y nou</i>	Anemia	Consumption of alcoholic liquor (koutoukou)

**Source:** Inquiry June 2017

#### 3.1.3 Complication related to Childbirth

**Table 2:** Complication related to Childbirth

Complications in Local Language	Medical Correspondences	Explanation of Complications
<i>Anonmien</i>	Narrow pelvis	Physiology
<i>Modja touli</i>	Haemorrhage	Orange, mango and sugary food
<i>Bah fa y kotoua blabla y comi</i>	Circular cordon	Wearing scarf around neck during the pregnancy
<i>Nanh kalilô</i>	Placental retention	Malefic power
<i>Awouliè kéklé</i>	Difficult or dystocia childbirth	Adultery, evil talk, clothing that expose the stomach, touching a mask, stomach situated at the level of the chest, letting somebody step over ones' feet

**Source:** Inquiry June 2017

#### 3.1.3 Consequences of Morbidities and Complication

##### Consequences of Morbidity and Complication related to Childbearing

- When malaria, “*Djakouadjo*,” is not properly cured, it can be source of miscarriage.
- Icterus, “*huié n'go*,” not only provokes miscarriage but also, it can be factor of foetal death or maternal mortality and neonatal.
- The abundance of amniotic fluid “*kpo mgbo n'zoué*,” inundates the amniotic sac and inundates the foetus. It is one of the causes of the foetal death. If need be, one witnesses premature or undeveloped infant because the fluid does not give possibilities to the foetus to normally be developed. “The fragility of the infant at birth can cause its death unless it benefits from effective traditional medical care” (According to spoken words from elderly women).
- For spontaneous abortion, “*Kouê y djan man*,” its regularity can cause sterility.
- When amnesia, “*Modja viéli y nou*,” is not cured at the right time or is not effectively cured, there can be spontaneous abortion or a poor health infant.

##### 3.1.4 Consequences of Complication related to Childbirth

- Narrow pelvis, “*Anonmien*,” prevents the parturient to deliver in the easiest way by hardening the cervix. It can cause neonatal and/or maternal death.
- Haemorrhage, “*Modja touli*,” can lead to the death of the mother.
- Circular cordon, “*Bah fa y kotoua blabla y comi*,” can strangle the infant and even cause its death.
- Placental retention, “*Nanh kalilô*,” leads to the death of the mother.
- Difficult or dystocia childbirth, “*Awouliè kéklé*,” is susceptible to cause death to the infant and the mother or to both.

##### 3.1.5 Therapeutic Answers related to Morbidities and Complication

The response to health problems consists in the use of plants, Medical tools and observance of prohibition.

##### The Use of Medicinal Plants

The dangerous form of malaria (huié n'go) is cured through the use of bark and roots of a tree known as “koya” in Baoulé for enema. There are also traditional jars containing plants that only the herbalist healers detain the secret used by the childbearer to fight against the different type of malaria.

The simple malaria, “*djakouadjo*” is cured by the means of, “*comi gnanman*,” in local language. The leaves and the stems of the plant are smashed and drenched with water. The obtained solution is then used for bathing the childbearer.

“*kpo mgbo n'zoué*,” abundance of amniotic fluid is cured through the enema made by leaves of the same plant “*comi gnanman*” in the aim of evacuating the fluid.

To resolve the problem of narrow pelvis, “anonmien,” the childbearer begins the treatment from the sixth month of the pregnancy because at this age, the foetus is already in the late development. The treatment consists in doing intimate washing with the decoction of the dried pulp of a fruit of tree locally named “oualè,” *Cola cordifolia* (*Sterculiaceae*). This decoction can also be associated to other medicines for the enema.



**Picture 1:** Dried Leaf and pulp of the plant “oualè,” *Cola Cordifolia* (*Sterculiaceae*), curing the narrow pelvis.  
Source: Marie- Noëlle Ekra, Sakassou, 20/06/2017

For further precaution, it is recommended to the childbearer to begin a treatment from the first term.

The spontaneous abortion, “kouè y djanman,” is remedied by the use of herb called “clowa fani,” *Amaranthus viridis* (*Amarantaceae*). The treatment begins from the second month and continues until the delivery.

It permits to reinforce the rigidity of the cervix in order to prevent premature rupture of the membranes.



**Picture 2:** “Clowa fani,” *Amaranthus viridis* (*Amarantaceae*), remedy against spontaneous abortion.  
Source: Marie- Noëlle Ekra, Sakassou, 20/06/2017



**Picture 3:** “m’gba m’gba,” remedy against the evil deeds  
Source: Marie- Noëlle Ekra, Sakassou, 20/06/2017

Concerning object for health, the wearing of necklace “m’gba m’gba” (in Baoulé language), by the childbearer, protects her against evil deeds that can make difficult the delivery.

### The Prohibitions

The prohibitions generally are alimentary and behavioural.

The consumption of some foods is considered as source of morbidities related to pregnancy and some complications related to childbirth. Childbearers are banned from these foods in order to protect their infants and themselves from morbidities and complications enumerated earlier above. These foods are constituted of animal, halieutic and fruit species.

- Animal species: barn owl (woya), rat (woté), bird (anouman),
- Halieutic species: golden catfish (djèkè)
- Fruit species: mango (amango), orange (lomi)

Some attitudes are likely to harm the health and the life of the mother and the infant. These attitudes are clothes and gestural natures.

- Wearing scarf around the neck
- To expose the stomach
- Letting somebody step over the feet
- Drinking water straight from the sachet.

## 3 Discussion

### 3.1 Metaphorical Representation of Childbearing

The Baoulé-oualèbo use the term “stomach” when they undertake a conversation vis-à-vis childbearing and the childbearer. It constitutes a sort of a secured language related to the pregnancy. More, the word “combatant” that characterises the childbearer situates the pregnancy at a supernatural dimension. This metaphor is strengthened by the symbolism of the different types of pregnancies by using the name of fruits of the region to restrict the conversation

among the initiated. In effect, the community does not perceive the pregnancy as a simple physiological change of the woman's body but rather as a set of tests that the childbearer must overcome in order to deliver in peaceful conditions. For that reason, all the dispositions are taken to help her have safely delivery; thence, "victorious ending" that characterizes an easy laboring. Furthermore, the fact of perceiving childbearing as a struggle between life and death accounts for the worry of the community vis-à-vis uncertainty of the result. The worry undoubtedly account for the observance in relation with the myths that relate the evil effect of spiteful persons.

Otherwise, the aforesaid conception of childbearing has equally been underlined to the Baoulé-dohoun originate in Bendèkouassikro by KOUAKOU M. K. D-D.: 2015. This notion was already revealed by BARABUT J.: 1990 in the following words: "Childbearing is assimilated to a movement: it is ascension or a suspension of the childbearer on the one hand, and a warlike mission or a battle for life on the other hand. It is therefore a delicate situation that calls for individual and collective fears and care." Consequently, "it can be the target of evil spirits that use the occasion to get into contact with the real world and take revenge on the infant to be born."<sup>1</sup> However, in Guinea, childbearing is expressed by "rite of passage." According to BARRY M. C., this perception takes away any worrying atmosphere as experienced by the Baoulé. In such a context, "the intense of physical activities contribute to ease and relief delivery in the sense that they are considered as preventive measures of any possible complication that can happen during childbirth."<sup>2</sup>

### 3.2 Explanation of Morbidities and Complication different from Physiological

In addition to physiological dimension, the explanation of morbidities and risks of complication is based on myth beliefs. Some risks of complication are explained on the basis of physiological knowledge about the childbearer such as "kouè wô n'glo," stomach positioned up and "anonmien," narrow pelvis. Other problems of health are characterized by consequences deriving from transgression of food and behavioural principles based on myth beliefs to which the community identifies itself. (KACOU F. P. et al 2016) illustrate these terms by saying that "the childbearer, 'kouè-fouè,' is compelled to respect certain number of prohibitions at the risk of atypical pregnancy or infant 'tété-ba'."<sup>3</sup> In the same vein, (ANOUA A.S.J. 2017) explains that the

observance of food restrictions is determined by ideological and social dependence of the childbearer. This perception stems from the worry about an evil punishment and morbidities after a transgression as well as manifest perpetuation of traditional food attitude during childbearing.

The Baoulé-oualèbo community explains "spontaneous abortion" through the result of evil forces exercise upon the childbearer; or else, through the transgression of food prohibition. Childbearers are thus considered as vulnerable persons, the most exposed and favourable to evil deeds in the community. It is for that reason, that they are compelled to observe discretion during the first term of their pregnancy and to strictly respect the prohibitions.

The food aetiology that holds the explanation of the health problem incites a therapeutic orientation different from the one proposed by the conventional medicine. This cultural dimension in which is perceived spontaneous abortion can therefore make the Baoulé-oualèbo run away from preventive aim of the first prenatal visit related to the health issue during the first term of childbearing.

### 3.3 Haemorrhage

Haemorrhage is perceived by the Baoulé-oualèbo as the consequence of the frequent consumption of sugar foods. As such, the prevention of this risk is to eat food that contains no sugar.

However, (Belghiti et Coll 2011) assert that according to medical science, the haemorrhage is cause by a big infant or by a long work. It is also caused by administration of the oxytocin during work. This hormone multiplied by 1.8 the risk of the serious haemorrhage. Thus, (LEVY, G. 2013) confirms that the haemorrhage of childbirth or postpartum constitutes the first cause of maternal mortality in France. The risk of haemorrhage caused by postpartum increases with episiotomy.

The food dimension attributed to the haemorrhage deciphers a particular orientation of preventive and healing treatments concerning the risk of complication of this community.

### 3.4 The Circular of the Cordon

According to the Baoulé-oualèbo, the circular of the cordon is a complication related to the woman's wearing of a scarf around the neck during childbearing. This orientation of the circular that differs from the universal definition does not allow the Baoulé-oualèbo to give consideration to the privilege to the earlier detection of the circular. On top of that, the cultural answers to the risk of complication take the community away from the interest of prenatal visits.

Moreover, according to the words of (DRA, L. 2017), the circular of the cordon that makes knot can give rise to respiratory stress to the new-born when the knot is tied, the supplying in oxygen becomes difficult. In the mind of the Baoulé-oualèbo, the foetus imitates the movement of the mother-to-be, therefore, when the childbearer wears a scarf around her neck, the infant also does the same with the umbilical cord. Such a theory of gesture imitation developed

<sup>1</sup> «la grossesse est assimilée à un déplacement : c'est une ascension ou une suspension de la gestante d'une part, et une mission guerrière ou un combat pour la vie de l'autre. C'est donc une situation délicate qui suscite craintes et méfiance individuelle et collective ». En conséquence, « elle peut être la proie de mauvais esprits qui se serviront d'elles pour entrer en contact avec le monde réel et se venger sur l'enfant à naître » (BARABUT J.: 1990).

<sup>2</sup> « Les activités physiques intenses contribuent à un accouchement et à une délivrance faciles en ce sens qu'elles sont considérées comme des moyens de prévention d'éventuelles complications pouvant survenir à l'accouchement » (BARRY M. C).

<sup>3</sup> « la femme enceinte "kouè-fouè" est astreinte à un certain nombre d'interdits à observer sous peine de grossesse ou de mettre au monde un bébé atypique "tété-ba" » (KACOU F. P. et al 2016).

by the Baoulé-oualèbo does not permit them to give consideration to the risk of complication in the same angle with medical science.

### 3.5 The Dystocia

The Baoulé-oualèbo characterise “dystocia delivery” to be “difficult childbirth.” Difficult childbirth is considered a priori as the effect of evil forces then, as the response to the transgression of behavioural observances, while the magazine “grosse.ooreka.fr” refers to the dystocia as set of difficulties that can occur during the delivery and make difficult the birth of the infant.

To that effect, dispositions are taken by the Baoulé-oualèbo in the aim of avoiding an episiotomy, or a caesarean that constitute the only recourses to modern medicine. This critic that devalues the modern medicine reveals the Baoulé-oualèbo’s infallible trust placed in traditional medicine and cultural belief. This attitude favours the use of reputed medical plants for an easy delivery.

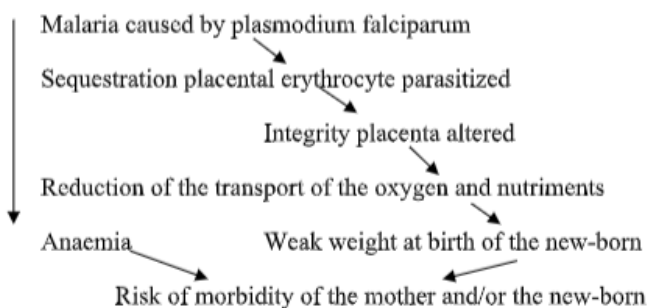
In case of dystocia, one of the much-dreaded situations is the rupture of the uterus. It can also engender foetal suffering.

### 4.6 The Malaria

For the community of the Baoulé-oualèbo, the malaria, “djakouadjo,” is due to accumulated tiredness and to the consumption of mango and orange. This manner of diagnosing the malaria leads to both a treatment based on mixed cares (the assembling of modern and traditional cares) and resistance connected to the use of mosquito net impregnate with insecticide. Nevertheless, according to modern medicine, malaria is caused by a carrier agent named “plasmodium” transmitted by anopheles.

According to WHO 2017, malaria can consequently lead to maternal anaemia or to placental parasitemia (the presence of plasmodium in the placenta), can be responsible of a lightweight at birth, has an important factor in infantile morbidity.

The schema of the consequences of malaria on the mother and the infant is presented as follows:



Source: WHO 2002, op.cit DELMONT, J. 2004

NB: The arrows indicate the path covered by plasmodium in the organism of the child bearer to damage both her health and the health of the foetus and even their life.

### A Therapeutic Response based on Oral Tradition

The medicinal plants and the prohibitions recommended to childbearer constitute specific remedies as far as fighting against morbidities and risk of complication related to childbearing, delivery and new-born mentioned earlier.

This type of care practiced by the community of the Baoulé-oualèbo is related to their obstetrical tradition transmitted from generation to generation so as to preserve it. The perpetuation of these cares result from the strong belief held by this community vis-à-vis the effect of the plants and observances about the functioning of childbearing and the delivery. Furthermore, the prescriptions of the treatment are intimately tied on the one hand to the explanation of the morbidities and to the risks of complication identified in their community which is generally based on the food, and the behaviour. On the other hand, the prescriptions of the treatment are connected to the wealth of their natural environment and medical experiences inherited from their ancestors.

The doctors trained according to Western approach mostly put the stress on the biomedical causes of the diseases, whereas, for the traditional believers, the approach is holistic. In Zimbabwe, the traditional healers have the reputation of guesing the cause of a disease or the social problems suffered by an individual by throwing bones that permit them to interpret the will of the dead ancestors (ITAI M. 2006).

Additionally, “with the expansion of some diseases claimed ‘incurable’ by modern medicine, the insufficiency of technical materials, unskilled staff, the incapacity of the health centres to receive all the sick persons and the high cost of modern cares, the parallel or complementary traditional medicines assist to a fulgurating evolution in our communities.” [1 «Avec la croissance de certaines maladies dites <incurables> par la médecine moderne, l’insuffisance de moyens techniques, personnels qualifiés, l’incapacité des centres de santé à accueillir tous les malades et la cherté des soins modernes, la médecine traditionnelle parallèle ou complémentaire connaît une évolution fulgurante dans nos sociétés.» (Denis-Zodo, 2008)] According to WHO, the first reaction of 80% of Africans is the recourse to traditional medicine when they are sick. This medicine is less expensive and more accessible than modern medicine in the treatment of certain pathologies. The traditional treatment often meets with success where modern medicine shows limits. This capacity to cure the incurable diseases is admitted to traditional medical care in all African countries so that it imperatively imposes itself to all the States, its implication in the prevention and the treatment of ordinary diseases or hardly cured by modern medicine (Idem).

### The Cultural Consequences of Morbidities and Complication Common to those of Medical Sciences

As far as the consequences are concerned, those mentioned by the Baoulé-oualèbo are almost equal to those known by medical sciences. The morbidities and risk of complication identified by the Baoulé-oualèbo correspond in the majority to the problems of health noticed by modern medicine and

which are linked to childbearing, childbirth and new-born. However, the two medicines are distinguished by the nomenclature and the explanation of these problems of health. This is the case of haemorrhage, the circular of the cord and the dystocia where the two sciences meet on the consequences but do not name them in the same way, nor do they explain them in the same manner.

#### 4 Conclusion

This study has been conducted in the aim of giving exploitable pistes in favour of fighting against maternal and infantile morbidity.

One retains from this analysis that the Baoulé-oualèbo of Sakassou assist to several morbidities and risks of complication related to childbearing and childbirth. The explanation of these problems of health lays on social system connected to maternity. This system is based on cultural norms and beliefs that orient their practices of the treatment and permit them to ensure the functioning of childbearing and mostly childbirth.

Consequently, the communication for social change and behaviour must take into account these cultural norms in favour of safe maternity.

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