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Therapeutic itineraries, plural therapeutic recourses in the management of infant diarrhea in Yopougon (Abidjan)

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Abstract
The study analyses the interaction between two types of itineraries (traditional and modern) in the family management of diarrhoea in infants. The study was qualitative. To this end, observation and semi-structured interviews were used as data collection techniques. The results obtained show firstly that ideologies of knowledge (nosology and etiology) of the disease and their interpretations are prerequisites for an objective therapeutic choice. Then the availability of resources contributes to the management of the sick infant. Then the ideologies of attachment to cultural care through the use of social and symbolic practices in the treatment of the infant's illness, participate in making an optimal choice of the therapeutic itinerary.

Keywords: healing, therapeutic itinerary, infants, tradition, modernity, Côte d'Ivoire

Introduction

Every year, nearly 11 million children under the age of five in developing countries die from easily preventable and treatable diseases such as diarrhoeal dehydration, acute respiratory infections (ARIs), measles and malaria. In half of the cases, malnutrition is a complicating factor.

Diarrhoea is the second most common cause of death in children under five and accounts for 525,000 child deaths per year. It can last for days, dehydrating the body and depriving it of the minerals needed for survival. In the past, for most people, severe dehydration and water loss were the main causes of death from diarrhoea. Now, other causes such as bacterial septic infections are likely to account for an increasing proportion of diarrhoeal deaths. Children who are malnourished or immunocompromised are most at risk of life-threatening diarrhoea.

Interventions to prevent diarrhoea, including access to safe water, use of improved sanitation services and handwashing with soap, can reduce the risk of illness. Diarrhoea should be treated with oral rehydration salts, a solution of pure water, sugar and salt. In addition, supplementary treatment for 10-14 days with dispersible zinc tablets 20 mg shortens the diarrhoeal episode and improves outcome.

In Côte d'Ivoire, the health profile indicates that the country's epidemiology is dominated by infectious and parasitic diseases, which account for 50 to 60% of morbidity (Rapport Annuel d'Activités Sanitaires, MSP, 2002, cited by the Rapport de la République de Côte d'Ivoire, 2004-2007, P.10). The emergence of cardiovascular diseases, diabetes, oral and dental diseases, work and road accidents, and alcohol and drug abuse can also be noted. Mortality in general has increased rapidly in recent years, including maternal mortality, which in 2000 was estimated at 690 deaths per 100,000 live births, and infant mortality, which is estimated at 113 per 1,000. Special mention should be made of mental illness, the prevalence of which has increased substantially since the crisis (idem).

Faced with this concern, the OMS cooperation strategy with Côte d'Ivoire for the period 2006 - 2009 is a symbiosis of the needs expressed by the country, regional orientations and global health priorities. It derives from the fundamental principles that guide OMS's work in countries and support efforts to make the national health system more effective (idem).

The prevalence of infectious diseases is high, worsening the nutritional situation. These diseases are a breeding ground for malnutrition and vice versa. Their interaction tends to create a vicious vicious circle. The main infectious diseases responsible for deaths in children under five are malaria and malnutrition. malaria, acute respiratory infections, diarrhoeal diseases and HIV/AIDS. HIV/AIDS. In 2012, 18% of children and 7% of pregnant women suffered from malaria, 4% of children had symptoms of acute respiratory infections, and about 20% had diarrhoea suffered from diarrhoea (DHS-MICS 2011-2012, cited by the Côte d'Ivoire National Nutrition Policy Report).

The fight against malnutrition has always been part of the missions of health services (primary, secondary and tertiary) through several activities (The activities are: (i) community-based nutrition interventions; (ii) Baby Friendly Hospital Initiative (BFHI); (iii) monitoring and promotion of child growth and monitoring of weight gain in pregnant women; (iv) vitamin A and iron supplementation; (v) promotion and fortification of micronutrient foods; (vi) management of malnutrition cases; (vii) school nutrition activities; (viii) nutrition and HIV/AIDS; (ix) and capacity building of health and social workers in nutrition). The aim of all these policies is to contribute to the improvement of the health status of the population by ensuring a good nutritional status through a better match between the supply of care and the coverage of nutritional needs.

In Yopougon, the management of diarrhoea in infants is done differently. Indeed, the mothers of infants use different therapeutic routes, ranging from self-medication to traditional and modern medicine.

In spite of the existing exogenous and endogenous policies of the Ivory Coast, for the orientations and the priorities in terms of health of the sick infant, one notes in Yopougon

(Abidjan), a persistence of the simultaneous choice of the traditional therapeutic route and that of the modern type in the management of the infant suffering from diarrhoea. Families continue to use the traditional and modern therapeutic itineraries simultaneously. This finding raises the following question: Why do families take different therapeutic routes in the management of diarrhoea in infants? What are the representations of diarrhoea by the Abidjanese? The hypothesis underlying this study is the following: The representations (In the context of this study, we refer to the theories of nosology and disease etiology (the ideologies legitimising the classification of diseases and the knowledge of the causes of different diseases by families in Abidjan). Here we take up the definition of (Zempléni, 1985 cited by the authors Patricia Joly & al. *op cit*). This distinction between symptomatic treatment and etiological treatment, which would respectively belong to the biomedical register and the traditional register, is criticised by Augé (1984 cited by the authors Patricia Joly & al.).
) of the infant's illness determine the option of the therapeutic route to be taken by the family. The objective of this study is to explain the interaction between the traditional and modern therapeutic route options for the management of infant diarrhoea. There are two levels of study. The first level is that of the representations of infant diarrhoea in the discourse of families. The second level is that of the therapeutic itineraries followed by each family in relation to the representations of diarrhoea by the families.
The use of a socio-anthropological approach, taking into account cultural aspects in order to integrate them into the clinic, has been recommended for more than twenty years by Kleinman (1980 cited by the authors Patricia Joly & al. 2005, P.539) [9]. In the field of medical anthropology, over the last twenty years, several authors have described the concepts of representations and causes of illness and therapeutic itinerary (Patricia Joly & al. 2005, P.540) [9]. The causality of the disease can be seen as "not a simple coexistence but a real division of the pathological field, [...] ritual actions, which are part of the etiological register, and pragmatic medical actions, which are part of the symptomatic treatment" (Zempléni, 1985 quoted by the authors Patricia Joly & al. idem).
A sociological study conducted by Adjet A. Abel & al (2017) on: Local therapeutic practices and childhood diseases in the health district of Daloa (central-western Côte d'Ivoire) showed that: "Two fundamental factors explain the use of therapists and plant sellers among the women (parents of sick children) encountered. These are the ineffectiveness of Western medicine in the face of certain pathologies and the cultural accessibility of care, the financial accessibility of traditional care' (P.293).
In this same system of interaction of the use of the traditional and modern therapeutic route of family management of the sick infant, McCombie (2002) quoted by Adjet A. Abel & al (Idem) argue that Abel & al (idem) argue that: "Self-treatment through traditional and modern care is the first, main and often the only therapeutic approach to malaria fever in children (P.288).
Indeed, the Unicef (2019) [10] report on : Management of sick infants, places particular emphasis on the management of infants with diarrhoea, indicating that more fluids should be given and feeding continued (According to Unicef (2019) [10]: "If the infant is classified as having no dehydration, apply Plan A. If the infant is classified as having mild dehydration, apply Plan B. PLAN A: Treat diarrhoea at home (counsel the mother on home treatment of infant diarrhoea) Give more fluids 2. Continue breastfeeding 3. Know when to return to the clinic 1. Give more fluids (as much as the infant can drink) ➜ Tell the mother to: - Breastfeed frequently and longer at each feeding. - In addition to breastmilk, also give ORS or clean water. It is especially important to give ORS at home if: - the infant has been treated with Plan B or Plan C during this visit. - The infant cannot be brought back to the clinic if the diarrhoea worsens. ➜ Teach the mother how to prepare and administer ORS. Give her 2 packets of ORS for home use. ➜ Show the mother how much fluid to give in addition to what the infant usually drinks: - Up to 2 years, 50-100 ml after each diarrhoeal stool, Tell the mother to: - Give frequent sips from a cup. - If the infant vomits, wait 10 minutes. Then start again, but more slowly. - Continue to give more fluids until the diarrhoea stops. Continue exclusive breastfeeding (3. know when to return to breastfeeding) PLAN B: Treat mild dehydration with ORS At the clinic, give the recommended amount of ORS over 4 hours…) (P.11).
In Africa, the diagnoses and treatment methods chosen in traditional African medicine are mainly based on spiritual aspects, often based on the belief that the psycho-spiritual aspects should be treated before the medical ones. In African culture, it is believed that "no one gets sick without sufficient reason" (Onwuanibe 1979, p. 25) [12]. Traditional practitioners consider the 'who' as the ultimate, rather than the 'what', in locating the cause and treatment of a disease, and the answers provided are derived from the cosmological beliefs of the people (Onwuanibe, idem). Rather than looking for medical or physical reasons for an illness, traditional healers try to determine the root cause of the illness, which is believed to be the result of an imbalance between the patient and his or her social environment or the spiritual world, and not natural causes (Helwig 2005). Natural causes are considered to be due to the intervention of spirits or gods. For example, the illness may be attributed to the guilt of the person, family or village for a sin or moral violation. The disease would thus come from the displeasure of the gods or God, because of a breach of the universal moral law (Onwuanibe, idem). Depending on the type of imbalance the individual is experiencing, an appropriate healing plant will be used, according to its symbolic and spiritual significance as well as its medicinal effect (Helwig, idem).
Consequently, when a person falls ill, a traditional practitioner uses incantations to make a diagnosis. These incantations give an appearance of mystical and cosmic connections. Divination is usually used if the illness is not easily identifiable, otherwise the illness can be quickly diagnosed and treated. If divination is necessary, the practitioner will advise the patient to consult a diviner who can also diagnose and 'cure'. Contact with the spirit world through divination often requires not only medicines but also sacrifices.
At the empirical level, the implications of the actions of Africans in thinking about illness and defining a therapeutic itinerary suggest that at the socio-cultural level, Africans are determined to be significantly representative in the care of sick children. That said, the conclusions of the study conducted by Nicolas J.P. (2009) [7] on "Medicinal plants for

family care in Burkina Faso" show that: when faced with a health problem, it is always desirable to have the opinion of a doctor or the CSPS (health and social promotion centre) major, in order to establish a diagnosis and possibly to direct the patient to the nearest hospital. If the illness appears serious from the outset, or if after three days of using medicinal plants the patient's condition does not improve, it is necessary to seek advice from the CSPS staff (Jean-Pierre Nicolas, idem).

In light of the above findings, the World Health Organization (OMS, 2009, P.5) has developed an emergency triage and assessment protocol that consists of rapidly examining sick children upon arrival in order to place them in one of the following categories: Children with emergency signs who require immediate emergency treatment; children with priority signs who should be given priority in the queue so that they can be assessed quickly and treated in a timely manner; and children with no emergency signs or priority signs who are non-urgent cases. These children can wait their turn in the queue for assessment and treatment. The majority of sick children will be non-emergency cases and will not require emergency treatment (OMS, idem). Ideally, a person trained to assess the severity of the child's condition should assess all children on arrival. This person will decide whether the child will be seen immediately and receive life-saving treatment, whether they will be seen shortly, or whether they can safely wait their turn to be seen (OMS, idem).

Theoretical and methodological approach

The theoretical approach of this study is based on social constructivism, Peter Berger and Thomas Luckman (1966). Indeed, the authors state that: "Reality is socially constructed and that the sociology of knowledge must analyse the process in which this occurs. The key concepts are 'reality' and 'knowledge'. In the context of this study, it is a question of defining 'reality' as a quality belonging to phenomena that we recognise as having a being independent of our own will (we cannot 'will' them), and of defining 'knowledge' as the certainty that phenomena are real and possess specific characteristics"; social reality and social phenomena as being constructed, i.e. created, institutionalised and, subsequently, transformed into traditions. Thus the families' choice of therapeutic itinerary for sick infants and the perceptions of illnesses associated with the social practices of treating infant illnesses appear to be social realities doubly constructed by the populations in Abidjan (Côte d'Ivoire): objectively, based on attachment to medical and cultural values acquired or transmitted during socialisation, and subjectively, based on the experiences of certain cases of infant illness.

This study is not exhaustive regarding factors influencing families' choice of therapeutic pathways for sick infants. Indeed, some aspects of the study illustrate nevertheless the possibility of borrowing various theoretical approaches or thought patterns in explaining families' behaviour in terms of choice of therapeutic motives. The results of the present study contribute to further discussion on the factors or social constraints influencing families' choice of therapeutic route in African countries.

Methodologically, the study is based on semi-structured interviews conducted from 5 February 2021 to 15 February 2021 inclusive with fifteen (15) families, two (2) health specialists and three (3) traditional healers in Abidjan. Investigations carried out with this group of informants revealed the construction of an objective therapeutic itinerary by the families in the management of diarrhoea in infants. In the context of this study, snowball or network sampling allowed us to test our interviews in order to collect information until saturation, according to the criteria of (B. Glaser & A. Strauss, 1967). The eligibility criteria of the respondents were based on their status and roles (being a father or mother or a caregiver) and having already taken the traditional and/or modern therapeutic route in case of infant illness and on the other hand, the status of the paediatrician involved in the treatment of infants in case of illness. Thus, the objective of this study was made clear and we were able to take advantage of interviews with them to carry out the study. The various themes identified were made intelligible on the basis of thematic content analysis (K. Krippendorff, 2003) [6]. This approach led to the following results

Results

In the light of the above theoretical results and the field survey data, we present the results on the interaction between the use of the traditional and modern therapeutic itinerary in relation to the family care of infants suffering from diarrhoea in Abidjan.

Representation of diarrhoea as a factor legitimising the therapeutic itinerary

In 1985, Zempléni defined the existence of a "plurality of causes" for a disease, i.e. the possibility of several simultaneous causes for the same disease. Several systems explaining the causes of diseases can coexist, even within the same geographical area. The disease can be understood at different levels: recognising the diagnosis of the symptom or the disease (if it is an identifiable disease), describing the instrumental cause of the disease (how did it occur?), Possibly identifying the agent producing the disease, reconstructing its origin: why did it occur at this time, in this form and in this individual? In other words, it is a question of distinguishing at least the cause, agent and origin of the disease (Zempléni, 1985, cited by the authors Patricia Joly & al, 2005, P.540) [9].

The occurrence of diarrhoea and the parents' sexuality

In Yopougon, families construct a close relationship between the parents' sexuality and the occurrence of diarrhoea in infants. This statement illustrates:

Diarrhoea usually occurs in infants when their parents are having sex. However, at the age of the infant, it is not advisable for the Dida to have sex with his wife. Having sex with his wife during the breastfeeding period has consequences for the quality of the milk of the nursing mother. This causes the infant's belly to leak, known as diarrhoea in French, which is known as 'Djèka' in the local Dida language. Djèka' is treated in our Dida culture through the leaves of plants. One is not obliged to go to hospital for infant diarrhoea when one knows, for example, that one has had sexual relations with the nursing mother (A.T.M, Yopougon/Abidjan, 5 February 2021 at 10 am GMT).

The name 'Djèka' actually refers to a mat among the Dida people. The mat is used as a bed for families in Africa, particularly among people with low incomes. So, among the Dida people, the name of diarrhoea is associated with the name of the mat to translate the symbolic dimension of the

origin of the diarrhoea coming from a sexual behaviour carried out on the mat "Djèka".

In line with this, one respondent testifies:

When you have had sex with your wife who has an infant, the couple should wash first before anyone touches the child. Washing is a way of purifying yourself so that the infant does not come into contact with any defilement that can cause illnesses such as diarrhoea. Infant diarrhoea is very often linked to the sexual behaviour of parents who do not take the time to wash themselves and come into contact with the infant. It is true that medicine advises pregnant women during prenatal consultations that the woman could have sex 45 days after giving birth. But, I do not adhere to this medical advice because, when my wife made my first son, we had exactly the sexual intercourse taking into account the medical calendar of her satisfaction of the couple's libido after the delivery. The consequence was surprisingly to see our infant having diarrhoea. Without us going to the hospital with the infant, my mother-in-law who lived with us while my wife gave birth made her cultural diagnosis and said that the infant's diarrhoea was related to sexual behaviour. She administered a traditional medicine to the infant who recovered very quickly (T.M, Yopougon/Abidjan, 5 February 2021 at 15:00 GMT).

The totem pole as a trigger for diarrhoea

In addition to this, it is noted that for families when infant diarrhoea does not stop or does not get better, there is a change in the cause of the illness. The families do not question the therapeutic itinerary but change their interpretation of the diarrhoea in the infant. The families think that it is, for example, a food totem that the mother has eaten. This is the cause of the diarrhoea in the infant. This argument illustrates:

In our family we don't eat snails. I asked my parents why we don't eat snails ? Unfortunately, I did not get an answer to my question. Anyway. Out of curiosity, I ate snails at a friend's house and she invited me to dinner. The day after I ate the snails, I noticed that my child had diarrhoea. So I told my parents and they told me that a dietary ban has consequences for the offspring. These consequences can be the occurrence of diseases and the appropriate therapeutic route is traditional medicine. This is how I came to the healer to treat my child. The healer promised to cure my child. I trust his treatment. Because some families who have already experienced the same situation have found their children cured by the healer and they testify to this (D.M, Yopougon/Abidjan, 7 February 2021 at 10 am GMT).

In relation to the above, the use of an objective therapeutic itinerary for families is a therapeutic construction marked by attachment to customs and habits. In this same dynamic, by focusing on the process of construction of the therapeutic itinerary through cultural knowledge, the objective here is twofold. On the one hand, it consists of situating oneself at a focal point of socialisation, through traditional therapeutic values that mark the outcome of an objective therapeutic choice. The use of a therapeutic itinerary therefore refers to a body of knowledge about infant diarrhoea and the resources available. This implies that families have several assets to make an objective therapeutic choice. That is, a combination of cultural knowledge of diarrhoea constitutes a form of commitment to the use of the therapeutic route.

Infant diarrhoea as a manifestation of a spell

The cause of diarrhoea in infants is often attributed to a spell cast by individuals. This statement by Healer illustrates:

Infant diarrhoea is linked to the environment of the parents. The children who are sick with diarrhoea that I receive very often suffer from a spell cast by evil people. Only traditional healers who have knowledge of nature, i.e., worship the gods of nature, can beg for their mercy and find the medicine that would cure the infant. Indeed, the infant can be taken at the healer's home if it is a case of bewitchment, to remove the infant from the spell cast by the mystics. After two to three days of regular treatment, the infant's diarrhoea stops and he recovers (A.K, Yopougon/Abidjan, 1 4 February 2021)

Causal link between the health of the breastfeeding mother and diarrhoea in the infant

Since the beginning of the 21st century, the treatments and remedies used in traditional African medicine have been better appreciated by scientific researchers. Developing countries have begun to realise the high costs of modern health care systems and the technologies required, thus demonstrating Africa's dependence on them (Conserve Africa, 2002). For this reason, interest has been expressed in integrating traditional African medicine into the continent's national health care systems (Helwig 2005). Field observation has shown that infant diarrhoea is related to the health status of the lactating mother. The healthier the mother, the better the quality of the milk she gives to the child.

The following extract illustrates this

Generally, some mothers suffer from haemorrhoids, known in the popular Ivorian language as 'Koko', also called 'Mlin-va'. Mlin-va" means for the Dida "stomach wound". For the Dida, this disease is hereditary and can be transmitted from mother to child or from father to child. It is therefore an observation of the transmission of the disease which is part of the cultural diagnosis (A.G, Yopougon/Abidjan, 7 February 2021 at 9 h GMT).

Infant diarrhoea and breastfeeding.

Infant diarrhoea can also be linked to the diet of the breastfeeding mother. It is with this in mind that :

When my child has diarrhoea, I first go to traditional medicine. Because the care is available at a lower cost. If the diarrhoea does not stop, I send the child to hospital. Then I send the child to the hospital. We can go directly to the hospital with our small means. But I trust traditional medicine. And this traditional medicine risks disappearing if we no longer recognise its clothes. As Africans, let us work to safeguard and enhance our traditional medicines (A.O, Yopougon/Abidjan, 7 February 2021 at 12 pm GMT).

It is in this sense that the results of the study carried out by Bonnet Doris (1999, P.315) speak of the interpretative shifts of the 'bird's disease': 'When a disease is not cured, we can observe a change of causal category. We do not question the remedy, we change the interpretation. In some cases, parents will doubt the interpretation of the bird's illness and assume that it is rather the disease of the hare or the hippotrague or the partridge. They may consult another healer or diviner, and turn to 'close' categories of disease (P.315).

In the neighbourhoods of Yopougon/Abidjan, families develop ideologies about diarrhoea in infants that are linked to the knowledge of the aetiology of diarrhoea in infants. For these families, the occurrence of diarrhoea in infants is of a socio-cultural nature and therefore different from the discourse of modern medical practitioners. Indeed, for the families, the representations of diarrhoea influence the use of the traditional and modern therapeutic itineraries. There is therefore an existing interaction between the ideologies of using the traditional and the modern type of itinerary in the management of infants suffering from diarrhoea. This case illustrates:

When an infant has diarrhoea, traditional care can be tried. However, this does not prevent one from going to the nearest health centre for further treatment with modern medicine. We should not exclude the use of traditional medicine in the treatment of our illnesses, whatever their nature. Modern medicine comes from traditional medicine. It is the leaves and plants that modern medicine uses to bring us back in another form the same medicines that nature offers us free of charge through vegetation (D.P, Yopougon/Abidjan, 7 February 2021 at 15 h GMT).

Healers' and health specialists' perceptions of the choice of the therapeutic route

Traditional African medicine is an alternative medicine using indigenous herbal medicine and African spirituality, usually involving diviners. Diagnosis is obtained through spiritual means and then a treatment is prescribed, usually consisting of a herbal remedy that is considered to have not only healing abilities but also symbolic and spiritual significance. Traditional African medicine, believing that illness is not the result of chance events but of spiritual or social imbalance, differs greatly from modern scientific medicine, which is based on technical and analytical foundations. Before the creation of scientific medicine, traditional medicine was the dominant medical system for millions of people in Africa. The arrival of Europeans marked a turning point in the history of this ancient tradition and culture (Abdullahi, 2011) [1].

Not all diseases can be treated by modern medicine. In Africa, the causes of illness vary depending on whether you are from the north or the south, the east or the west. Each ethnic group in Côte d'Ivoire has its own medical knowledge, depending on the name of the illness, the cause of the illness and the method of treatment. The causes of diarrhoea can be linked to a spell. This means casting a spell on the individual. There are also mystical people who do not see a baby under the age of one. Once these mystical people see babies under one year of age, it can create illnesses in the baby among which, we have diarrhoea. Such a situation cannot be treated in hospital. Going to the hospital would be in vain. Only the healer could heal the infant with the power of plant leaves (T.M, healer, Yopougon/Abidjan, 11 February 2021).

Another healer explains this in the following terms

Diarrhoea in infants is related to the environment of the parents. The children with diarrhoea that I receive very often suffer from a spell cast by evil people. Only traditional healers who have knowledge of nature, i.e., who worship the gods of nature, can beg for mercy and find the right medicine to cure the infant. Indeed, the infant can be taken at the healer's home if it is a case of bewitchment, to remove the infant from the spell cast by the mystics. After two to three days of regular treatment, the infant's diarrhoea stops and he recovers (A.K, Yopougon/Abidjan, 14 February 2021).

Therapeutic treatments for diarrhoea in infants

The use of environmental plants for therapeutic purposes is a common practice in the treatment of diarrhoea in infants. Thus, the use of purges and enemas are administered to infants. From this point of view, understanding the therapeutic habits of families, mainly those of Yopougon, gives an empirical glimpse of concrete, observable elements that characterise the institutional framework of the health of these actors. For example, the representation of diarrhoea through the choice of therapeutic itinerary, the treatments administered to infants suffering from diarrhoea, remain therapeutic substrates testifying to the importance of the plural choice of therapeutic itineraries of families. This statement illustrates:

To fight diarrhoea, the Acacia nilotica (red gum tree) by its leaves gives it its therapeutic virtues. The main indication to fight against dysentery is to take a pinch of the fruit powder without the seeds, i.e. 5 grams. Repeat every hour according to the evolution of the diarrhoea. (A.P, Healer, Yopougon/Abidjan, 13 February 2021).

In turn, a paediatrician explains

Parents usually come to modern health specialists after they have seen a failure in the treatment of the infant suffering from diarrhoea. After diagnosis, it is often found that the infant's diarrhoea is either related to a treatable medical cause that has nothing to do with the parents' perception of infant diarrhoea. The mother of the infant is advised according to the treatment recommended by Unicef (2019) for the management of the infant suffering from diarrhoea (T.M, Yopougon/Abidjan, 11 February 2021).

This observation, carried out in certain neighbourhoods of Yopougon (Abidjan), highlighted the magico-religious perception of the onset of diarrhoea in infants on the one hand, and on the other hand, showed that families use both traditional and modern therapeutic itineraries in the family management of infants suffering from diarrhoea. In a mass health system, therapeutic mobiles are a real therapeutic issue. However, to ensure an objective therapeutic itinerary, the families of infants suffering from diarrhoea must make a choice based on the theories of the etiology of diarrhoea for optimal therapeutic recourse. Thus, both the traditional and the modern type of treatment route are perceived as promising therapeutic choices by families who symbolically direct their infants to the different treatments.

Discussion

This study reports on the interaction between the use of the traditional and modern therapeutic routes. It is explicitly perceived through the theories of knowledge of the etiology of infant diarrhoea developed by the actors. In order to legitimise their commitment to the irrevocability of the simultaneous choice of recourse to the traditional and modern therapeutic itineraries, the actors refer to the ideological productions of the benefits of recourse to the double therapeutic choice.

Firstly, as a contribution to the analysis of the sociology of reproduction and the therapeutic route, the analysis demonstrates that the recourse to the therapeutic route is

culturally rooted in its perception, long experienced and accepted by families as a mode of social reproduction on the one hand. On the other hand, the creation of modern medicine tends to reverse this tendency by promoting new, more dynamic paradigms for the care of sick individuals. This analysis does not corroborate the work of Adjet A. Abel & al (2017) showing that the low level of management of certain diseases by modern medicine hinders families from systematically resorting to the modern therapeutic itinerary, but it could somewhat reinforce the author's perspective through a more dynamic posture at the meso level through a catalytic effect of the creation and strengthening of specialised health services for the management of sick individuals, and in particular sick infants.

A survey conducted by Patricia Joly & al (2005) [9] reports the same result: "Cultural representations play a major role and are associated with cultural recourse. This does not prevent the family from expressing complete satisfaction with the care their child receives from the institution" (P. 570); "Cultural etiological theories and recourse to the non-professional sector coexist with etiological theories congruent with the institutional medical or psychiatric discourse and do not prevent families from expressing satisfaction with the institutional care of their child" (P. 548). This result deconstructs a prejudice that traditional care is more credible than modern medicine, which was also found in Abidjan during this study, and which the WHO (2009) describes as follows: the priorities for the care of sick children admitted to health centres or specialised health services.

Bonnet Doris (1999) therefore believes that: "Relying on a myth or an interpretative narrative to convey a health message is, in my opinion, a mistaken approach, which is neither educational nor informative" (p.318). In the conclusion of his study on 'bird disease', the author points out that: 'Bird disease is a ready-made but paradoxically not fixed category. It does not explore the interiority of the human body: the description of symptoms is not relative to a trajectory of symptoms, nor to a displacement of the disease, and it is not associated with organs in pain. It is as much a communication medium as a causal category. It is personalised according to the social status, religion and socio-economic level of the speakers and is based on 'broad theories of animal contamination in which the role of maternal transmission is predominant.

Like many other categories, bird disease is evolutionary. It separates or integrates into other categories, which are likely to continue to evolve. Today, the 'bird' category can be used to interpret the loss of knowledge of children from migrant populations in the Paris region (Rezkallah, Epelboin, 1997 quoted by Bonnet Doris, idem). According to the author: "This process bears witness to the prevalence of these popular etiological categories even though the socio-cultural context is no longer the same. This migration of cultural etiologies of disease raises the question of their use by modern medical therapists (use in the discourse on prevention, communication between carer and patient, etc.). We already know that knowledge of the representations and customs associated with the disease is a valuable means of communication between patient and therapist, and we have seen the dangers of an artificial appropriation of the cultural signifiers of a subject" (P.318).

The second result of the study shows that even if there is a gap between the perception and the reality of the management of infants suffering from diarrhoea, it must be acknowledged that families are more committed than ever to their traditional therapeutic values. To justify this state of affairs, the families have expressed their desire to value traditional medicine by administering traditional medicines to infants suffering from diarrhoea. Moreover, the simultaneous use of the traditional and modern therapeutic routes by the families gives them power and a position of therapeutic choice.

To do this, the solutions envisaged interweave the issues linked to the interests and therapeutic values to be promoted. Finally, the results reveal that the recourse to the modern therapeutic itinerary is the result of a therapeutic reproduction that is part of the historical dynamic of rupture with the old therapeutic tradition that adopts a more deterministic perspective. Contrary to the posture of the legitimisation discourses reinforced by the therapeutic cultural knowledge that gives more autonomy to the families, allowing them without any or with diagnosis to administer a medicine to an individual sick by experience without restriction.

This study has limitations. We were confronted with various difficulties that we will try to summarise in two categories:

The first difficulty is methodological and can be summarised as a small number of families which does not allow us to account for the opinions of all ten communes that make up the city of Abidjan on the question of families' choice of therapeutic itinerary for their sick infants. The second difficulty is of a general nature and concerns the unavailability and reluctance of families to families' unavailability and reluctance towards us. This distancing relationship is all the more pronounced insofar as we are in a COVID-19 pandemic situation, with barriers to be respected at the risk of being contaminated or of contaminating the other. In this vein, many families preferred to avoid the face-to-face interview and provide us with information by telephone on the question of the choice of treatment route for infants in the event of diarrhoea. Moreover, the interviews carried out face to face were conditioned by the use of masks and the strict respect of social distancing because of the risks of contamination of COVID-19. On the whole, all these difficulties were overcome thanks to the ingenuity ingenuity. Consequently, these difficulties had no impact on the quality of the data collected, which in turn had no impact on the overall study.

Conclusion

This study is a contribution to the sociology of reproduction and the therapeutic route. It examined the family choice of the therapeutic route of the sick infant. Even if the analysis of the choice of the family of the therapeutic itinerary of the sick infant can still be the subject of in-depth analysis, we can retain from this study that in Abidjan, the choice of the therapeutic itinerary of sick infants is rooted on the one hand in socio-cultural values. These values legitimise or influence the objective choice of a therapeutic route. On the other hand, families are all the more convinced of the ideology of "the traditional and modern double choice" by the adoption of an irreversible posture in the care of sick infants, even if some lanterns seem less enlightened and reserved on the issue. Finally, the care-giver-patient

relationship understood as a system of relations in which social practices and the issues that legitimise them cannot be separated, the management of illnesses in general and sick infants in particular, is above all a socio-cultural issue.

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