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INADEQUACIES OF PRENATAL VISITS IN SRAN-BELAKRO, COTE D'IVOIRE: A COMMUNITY SOLUTION PERSPECTIVE

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ABSTRACT

Introduction: Problems of irregular prenatal care are a concern in Côte d'Ivoire. The most common traditional approaches in the process, including information, community education and behaviour change communication, are far from efficient. What should be done about the severity of this issue today? To address it, I propose a new approach: a community health approach based on a participatory procedure. **Methodology:** This is a qualitative type of research. The Baoulé community of Sran-Bélakrowas the target group. The process consisted of three phases: social mobilization, community diagnosis and feedback workshop. This whole process aimed at raising awareness, identifying priority issues and solutions to irregular prenatal care and developing implementation action plan. **Outcomes:** Priority issues involved disaffection with modern prenatal care and lack of responsibility of husbands of pregnant women. In addition, priority solutions included community-based monitoring of pregnant women at home and communication for behaviour change in prenatal monitoring. As a result, an implementation action plan was developed taking into account the dynamics of community organization. **Discussion:** public-spirited engagement of all members of the Baoulé community of Sran-Bélakro is desirable during the implementation process of the action plan, with a view to ensuring the efficiency of the community health approach to quality prenatal care.

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INTRODUCTION

The inadequacies of the regularity of prenatal consultations (PNCs) in Côte d'Ivoire are a major concern. This is reflected in the CPN4 coverage rate of 44% (EDS-MICS, 2011-2012: 8) (Ministère de la santé et de la lutte contre le sida). This average level of compliance with the WHO's recommended minimum number of four prenatal visits remains far from the increase in the number of pregnant women with quality care during pregnancy. Actions undertaken in this context have focused on strengthening the infrastructure and equipment of maternity services, and then on strengthening the skills of the providers involved (Côte d'Ivoire, 2016). In contrast to these biomedical solution strategies, socio-anthropological analysis has been able to shed more or less coherent light on the

difficulties encountered and the limitations of prenatal monitoring (Anoua *et al.*, 2018). Thus, it became clear that the participation of the population would be an ideal solution to this problem. Especially since the traditional approaches used, including information, community education and behaviour change communication, have yielded results within their capacity. The problem of irregular prenatal consultations still exists today! What should be done? Faced with this question, this research initiates a new approach. This is the community health approach. This area is based on a participatory approach. This leads to social mobilization, community diagnosis and planning of implementation activities through the use of a specific methodological procedure.

MATERIALS AND METHODS

This research selected the locality of Sran-Bélakro in the sub-prefecture of Sakassou in Côte d'Ivoire as a survey site. In this area, both women and men were surveyed in May 2018. The

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consideration of these social groups favoured Baoulé women and men belonging to the Walebo group living in the community. This defined criterion allowed the systematic selection of respondents. The survey was qualitative in nature. The objective was to have information on the irregularity of prenatal visits, based on these social categories in the observed community. In line with the research objective, an interview guide was a data collection tool. In the field, the themes addressed through a group interview focused on the origin of inadequate PNCs, community responsibility, consequences on women's reproductive lives and priority needs. This had the advantage of engaging community awareness of the critical situation, identifying priority issues and solutions regarding the issue, and then planning activities for social change from the community's perspective. As a result of this whole process the community diagnosis has been established. This approach is part of the community approach and is based on the participatory method, emphasizing the meaningful participation of community members (Anadon, 2013). Knowledge analysis in this context of the problems of irregular monitoring of PNCs in the Baoule community of Sran-Belakro would meet the needs of the Baoule community towards sustainable reproductive health. This set of social mobilization activities leads us to the development of the results of the community diagnosis and implementation plan with a view to changing behaviours.

Community diagnosis of irregular prenatal monitoring: This is highlighted by the identification of problems and priority solutions.

Problems of irregular PNCs according to Baoulé of Sran-Bélakro: These are situations that constitute favourable conditions for the irregular monitoring of pregnancies according to the Baoulé community of Sran-Bélakro. They are part of protests initiated by members of the observed community. It can be seen that several events in the Baoulé community of Sran-Bélakro have been the subject of problematic situations in irregular antenatal care. As a result of the significant findings related to the behavior of these members, the order of priority of the problems was identified in the following way: the disaffection of the modern prenatal care, then the lack of responsibility of the spouses of the pregnant ones. This identification of priority problems requires appropriate solutions.

Solutions to irregular CPNs according to the Baoulé of Sran-Bélakro

These are the courses of action that constitute answers to the problem of the irregularity of prenatal visits according to the Baoulé community of Sran-Bélakro.

Table 1. Community description of the influence factors of irregular PNCs

Issues	Priority issues
- Lack of financial means of husbands;	1- Disaffection with modern antenatal care
- Lack of responsibility of the husbands of pregnant women;	2- Lack of responsibility of pregnant women's husbands
- Parental indifference to teenage pregnancy;	
- Disaffection with modern prenatal care;	
- Defection of pregnant women from prenatal visits;	
- Lack of pregnancy instructions and antenatal visit appointments forgotten.	

Source: 2018 Survey Data

Table 2. Community description of solutions to problems of irregular CPNs

Solutions	Priority solutions
- Financial assistance of teenage pregnancy from parents;	1- Community monitoring of pregnant women at home
- Financial support of pregnant women from husbands;	2- Communication Action for Behaviour Change in Prenatal Care
- Community monitoring of pregnant women at home	
- Communication Action for Behaviour Change in Prenatal Care.	

Source: 2018 Survey Data

Table 3. Planning Activities for Implementing Priority Solutions

Priority Solutions	1- Community monitoring pregnant women at home	2- Communication Action for Behaviour Change in Prenatal Care
Modalities		
periods	Every Wednesday evening: spare time during the week	Every Sunday evening: spare time during the week
Actors	Women's groups	Health workers at the rural health centre; Groups of women and men.
Forms of organization	Guided tour of households with pregnant women present; Group discussion on the constraints faced by pregnant women in PNC and sharing experiences in terms of support; Recording acts in a register referred to at each meeting..	Discussion on reactions to irregular PNCs; Communication speeches faithful to the local logic of the situations that give rise to the irregularity of the PNCs; Communication speech faithful to WHO recommendations for the care of pregnant women.
Means	Participation of women with positive experiences of pregnancy and PNCs; Availability of a register and markers.	Mobilizing community members (young, adult and old) in the public square; Poster presentation on obstetric complications during pregnancy.
Monitoring indicators	Attendance of participatory women's groups for visits to pregnant women; Group discussion on the difficulties in achieving biomedical prenatal care and plausible needs.	Public interview meeting; Discussion on the knowledge of prenatal visits.
Effectiveness Indicators	Pregnant women attending PNCs; Increasing trend in the number of four recommended PNCs.	Mutual understanding of regular prenatal care; Behaviour adhering to regular CPNs.

Source: 2018 Survey Data

They emerge from the complaints of the members of the Baoulé group concerned. It can be seen that the members of the Baoulé of Sran-Bélakro group took into account available factual bases in identifying solutions. Rightly, priority actions have been considered, in particular the community monitoring of pregnant women at home. Similarly, communication action for behaviour change in prenatal care was an additional option. This identification of priority solutions has allowed me to perform the planning of implementation activities.

Implementation plan for activities to address irregular prenatal monitoring: This involved organizing all activities related to the implementation of priority solutions by members of the Baoulé community in Sran-Bélakro. These operations included in well-presented tables the period of execution, the actors, the forms of organization and the means in the same direction as the modalities of solutions. It should be noted that the community monitoring of pregnant women at home is an activity that is supposed to take place every Wednesday evening. It will involve such privileged actors as women. Divided into groups, they lead discussions with pregnant women in target households, demonstrating their experience of pregnancy. The participation of these women having such skills is important for the attendance of pregnant women in PNCs for quality prenatal care in the Baoule community of Sran-belakro. For the communication action for behaviour change in prenatal care, the intervention takes place every Sunday evening. A health worker, who leads a team of men and women from the community, will discuss the various reactions to prenatal visits. It is on this basis that the communication speech, in line with WHO recommendations for the care of pregnant women, is delivered to the assembly. While relying on a clear presentation of obstetric complications during pregnancy, community mobilization ensures a broad echo of the mutual understanding of regular prenatal monitoring, to the benefit of effective behaviour of the Baoulé community of Sran-Bélakro at regular PNCs. However, these Community actions should be accompanied by the necessary monitoring and evaluation activity, allowing a clearer visibility of the implementation of the action plan and the effects achieved. The effectiveness of this procedure must be accompanied by the procedures for archiving reports. Following this chain of community actions, it is appropriate to examine some aspects of the community approach in the context of Sran-Belakro.

DISCUSSION

On the issue of irregular prenatal care in Sran-Belakro, problematic situations were described following the community diagnosis. This approach resulted in a prioritization of problems such as the disaffection with modern prenatal care and the lack of responsibility of the husbands of pregnant women. In this case, these objective conditions of this problem of irregularity of PNCs are undoubtedly human factors. These various conscious or unconscious human aspects constitute factors underlying the critical situation experienced. In the same way, (Fall, 2007) referring to the case of the disaffection with modern health structures, pointed out that the many and varied dysfunctions in maternity hospitals reflect the lack of consistent rules and control. To him, in reality, health structures hardly developed attractive logic, customer satisfaction and loyalty. They would be the ones that would ignore pregnant women. This repulsion of modern health structures applied in Sran-Bélakro seems all the more

relevant since we find in this environment a disaffection with modern prenatal care, according to the members of this Baoule community. In addition, according to this same population, irregular access to prenatal visits is favoured by the lack of responsibility of the husbands of pregnant women. This means that due to the negligent and irresponsible husbands, pregnant women do not attend prenatal consultations. Indeed, these husbands are disadvantaged because of limited financial resources. In this case, the living conditions of households are called into question since they depend only on food crops, which are mainly intended for family consumption. This constraint clearly illustrates the low economic level of households. Thus, (Kochou and Rwenge, 2014) found that the household standard of living was one of the variables that influenced not making the prenatal visit. From a logical point of view, the low economic income of the husbands of pregnant women in Sran-Bélakro made it difficult for them to provide for the financial needs of prenatal consultations. In this context, the etiological model, which explains this problem of irregular prenatal visits, remains essentially social. Such a reality is based on man-made risk factors. However, after a discussion among the members, the Baoulé community of Sran-Bélakro found its own solutions to the problem of irregular PNCs. Of all the solutions identified, only two are priorities: community monitoring of pregnant women at home and communication action for behaviour change in prenatal monitoring. These opportunities permeate the ability of people to perform them. It is from this pragmatism that it is possible to highlight the support and/or participation of community members. Indeed, the involvement of the social group in shared roles shows the positive impact of the social action of the communities, which is necessary to change the situation in the face of the health problem. It is obvious that the World Health Organization has included the community approach in one of its recommendations for prenatal care to make pregnancy a positive experience. This is recommendation E.4.1. To this end, (WHO, 2017) stressed that community mobilization through participatory learning and action cycles, led by facilitators involving women's groups, is recommended to improve maternal and newborn health, particularly in rural areas where access to health services is limited. To it, participatory women's groups represent an opportunity for women to discuss their needs during pregnancy, including barriers to reaching care, and also to improve support for pregnant women. This mobilization of households and communities to improve the use of prenatal care is not pure speculation in the locality of Sran-Belakro. Since this hypothesis of a viable and relevant solution has been considered by the members of this Baoule community in their quest to optimize prenatal care.

In addition, this rural population of Sran-Belakro advocated behaviour change communication action as an alternative solution to irregular PNCs. On this basis, the priority issues identified seem essential to support the communication speech in this environment. This current, realistic and socially logical approach allows each member of the community to participate in the health issue in question. In this specific context, (Good, 1998) pointed out that the work here is oriented towards educating actors as a whole, so that they can change their irrational behaviour; i.e. reducing risk factors, observing prescribed diets, seeking appropriate care. Without this educational action, the Baoulé community of Sran-Bélakro would still persist in the irregularity of prenatal care. However, (Joule, 2000) proposed the integration of three factors into

communication plans, in order to bring individuals to a real awareness. The first concerns the characteristics of the source, in particular the credibility of the source and the sympathy inspired. The second is related to the construction of the message based on the choice of arguments, the type of argument and the type of conclusion. The third is based on the context in which the message was sent. Taking these various factors into account, an efficient communication would be offered to the Baoule community of Sran-Bélakro. It appears that the logic of these actions is underpinned by behavioural and human dynamics, making it possible to create the conditions for the creation of a community organization likely to help control the irregularity of prenatal care. This perspective applied to social behaviour change is the real foundation of the action plan to meet the challenge of regular monitoring of prenatal visits in rural Sran-Bélakro. This implementation of priority actions gives way to the dual activity of monitoring and evaluation based on the participation of community members. The expected effects of community mobilization actions are at several levels, including individual, organizational, collective and social. Their specificity consists in reducing women's defection from prenatal visits by increasing self-esteem, strengthening dialogue between community members, improving the conditions for prenatal monitoring of pregnant women and improving maternal health. Logically, effective long-term effects on both behaviour and attitudes underpin this community-based approach to quality prenatal care.

Conclusion

This research showed the effectiveness of the community-based health approach applied to irregular prenatal care in the Baoulé community of Sran-Bélakro. Community diagnosis, priority problems such as the disaffection with modern prenatal care and the lack of responsibility of the husbands of pregnant women have been identified. From this observation, priority solutions such as community monitoring of pregnant women at home and communication action for behaviour change in prenatal monitoring were considered. As a result, an implementation action plan was developed based on the behavioural dynamics of members of the Baoulé community in Sran-Bélakro.

As part of this process of developing community health, controlling the irregularity of prenatal visits depends on the civic engagement of each member in this rural community. Beyond this social mobilization, the exhaustive work remains the implementation of the chain of actions. From a theoretical point of view, this community-based health approach is a guarantee of effectiveness in seeking appropriate long-term solutions to prenatal care issues in the context of Sran-Bélakro.

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