

The Problem of Local Development in Rural Areas via Mutual Development Organisations

—A Case of the Village KPEBO in Central Côte d'Ivoire

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Abstract

The objective of this article is to analyse local development in rural areas through mutual development associations. This research was carried out in the village of Kpèbo in central Côte d'Ivoire. It is part of an anthropology of local organisations. The aim was to assess the level of development of Kpèbo and to identify the measures that positively or negatively influence the development of Kpèbo via its mutual development association. A mixed approach (quantitative and qualitative) was used as part of an inductive analysis. The results show that Kpèbo is lagging behind in development compared to neighbouring localities and despite its mutual development association. The community's perception of the issue of development goes in the direction of acquiring infrastructure for the benefit of the community. The ineffectiveness of its mutual association is due to the existence of internal dissensions and other divergences which do not allow for the pooling of cognitive, financial, relational and professional experience resources in favour of the development of the locality.

Keywords

Development, Anthropology of Local Organisations, Development Mutuals

1. Background and Rationale

The rise of the "local development companies" in Côte d'Ivoire took place in the 1968s. Local development companies are associations under private law (or co-operatives or mutual societies) whose purpose is to help or promote, directly or indirectly, the economic and social development of a village, a group of villages,

a canton, a sub-prefecture or a department. The creation of these local development companies follows the will of the father of the Nation, President Houphouët Boigny, to make Côte d'Ivoire a modern and prosperous country.

Indeed, in many areas of Côte d'Ivoire, militants of the single party PDCI (Parti Démocratique de Côte d'Ivoire), civil service and private sector executives, and local leaders are founding cooperatives or mutuals to follow the path laid out by the father of the nation, who never ceased to invite Ivorians to participate in one form or another in the government's effort to develop the country.

After half a century of existence, what assessment can be made of the role of these cooperatives or mutuals in the development of villages, cantons, sub-prefectures, departments and regions of Côte d'Ivoire?

The answer to this question, according to the studies, cannot be uniform and generalisable across the whole of Côte d'Ivoire.

Indeed, some towns, such as the town of Bonoua, in Abouré territory, were almost identical in the 1970s with its mutual development association, which was considered a model at the time; the large village of Tanguelan, in the heart of the Agni kingdom of Djuablin, which has recently become a sub-prefecture following the spectacular achievements of its mutual development association, in turn occupies the position of exemplary in the 1990s. Finally, the village of Godélilié in the Guébié canton near Gagnoa in Bété country, which is known to have been the victim of violent political repression in the 1970s, offers a sort of counter-model of an association that is unable to mobilise its members effectively. This multifaceted situation thus opens the way to a need to understand the factors that facilitate or block the actions of mutuals in favour of the economic, social and health development of the various constituencies in which they operate. Anthropologists emphasise that development is "an intervention in dynamic systems" (Elwert & Bierschenk, 1988) which necessarily confronts representations of the world, interests and power issues (Olivier de Sardan, 1995). This research, undertaken within this framework, intends to apply to the village of Kpèbo and its mutual development association. It is part of an anthropology of local organisations and aims to contribute to the production of 'useful' knowledge for development practitioners by adopting a position that sees the functioning of organisations as the result of a social construct. It is based, for the qualitative data, on the comprehensive method of Max Weber who conceived a comprehensive approach to reality by considering things as "social actions". The objective of this article is to analyse local development in rural areas (Kpèbo) through mutual development associations. More specifically, the aim is to assess the level of development of Kpèbo and to identify the provisions that have been mobilised to positively or negatively influence the development of Kpèbo via its mutual development association.

2. Methodology and Data Production

2.1. Research Field

KPÈBO is a village located in the centre of Côte d'Ivoire, in the sub-prefecture of

TIE N'DIEKRO, which covers an area of 2 km². It is 2 km long (South to North) and 1 km wide (West to East). It is limited to the East by Kouassi kouassikro, to the West by Akakouamékro, to the North by Attiéguakro and to the South by the “Coulébo” forest and to the South-East by Yébouédolikro and Dibiéssou.

KPÈBO is derived from the expression “E KPE BO NIAN” which means “I will try to see if there is no danger in the hole”; this expression is attributed to one of the ancestors fleeing from the enemy and who found himself on a mountain called “PKE” where the “hole to be tested” was located. Kpèbo is a large village of about 1861 inhabitants, of which 1032 are women and 829 men. The majority of the population are farmers. On average, there are 60 births per year. The village is subdivided into two large districts: Koffikro and N'Guessankro. These two (02) districts are headed by district chiefs under the supervision of a central chief. The chiefdom of each district delegates a notable to the central chief. In fact, the village of KPÈBO is administered by a central chief assisted by a deputy central chief and two (02) delegated notables. In addition to this organisation, there is a youth association which is responsible for the socio-cultural activities of the village and the management of the cultural centre. In addition, there are also three (3) management committees for the village's infrastructure: health centre (dispensary and maternity clinic), the school, and the village water supply. The village's economic activities revolve around two main crops: groundnuts, yams, maize, cassava, plantains and pistachios, and cash crops: cashew nuts and teak.

2.2. Data Collection Method and Tools

The mixed approach (quantitative and qualitative) was identified as the most appropriate to achieve the objectives set. The qualitative approach was chosen in order to understand or explain development as a social fact. It is especially appropriate in a rural culture based on oral tradition. The quantitative approach was used to prove or demonstrate facts by quantifying the respondents' answers in the form of figures. In order to compensate for the linguistic limitations due to the plurality of languages and dialects, we relied on the collaboration of local partners who facilitated the translation and were able to interpret and translate the opinions of all parties faithfully. They were previously made aware of the notions of neutrality and rigour in translation.

Our data collection method includes six survey techniques: written sources, direct observation, semi-structured interviews, structured interviews, and focus groups or group discussions. The data collection tools were identified according to the survey techniques used:

- Written sources (activity reports of the mutual association, the chiefdom, cadastral documents, land guide, etc.). The tool used is the reading grid.
- Direct observation: physical aspect, (environment, etc.), economic infrastructures (market, shops, etc.), religious infrastructures (Christian, Muslim, African and others) and socio-health infrastructures (primary schools, cultural centre, water tower and health centre). The tool used is the observation grid.

- Semi-structured individual and focus group interview, the tool used is the interview guide.
- Directional interview, the tool used is the questionnaire.

The questionnaire was developed by all team members according to the research objectives and based on the source documents of the mutual's creation. The questionnaire used was tested internally to ensure its validity. The results of this test were used to refine the form and wording of the questions, including any translations.

2.3. Sampling

The study population is made up of three main groups of people from whom we collected the data.

Interviews were held with a first group of people identified by reasoned choice; these people included teachers, health staff, leaders of the school and health centre management committees, members of the chieftaincy, members of the incoming executive board of the credit union, a member of the outgoing board, and an anonymous assembly of about 50 men, young people and women. For the group discussions, the population was grouped into three (3) categories: "young people", "women" and "older people". The sample size was determined by the saturation effect.

The second group is a sample of 110 people randomly selected from the population living in Kpèbo who were administered a questionnaire. Taking 10% as the expected percentage of the population estimated at 1032 persons, for a confidence level of 95% and a margin of error of 5%, a sample size of 110 was obtained.

2.4. Data Analysis Technique

For the qualitative data, the content has been broken down (into units of meaning) according to the main ideas that will emerge, using an inductive approach. This analysis technique will lead us to establish significant categories from the interviews by proceeding with a series of steps aimed at distinguishing and naming different classes of elements presenting a certain homogeneity. The content of the different expressions of the respondents will be classified under these categories, in the form of units of meaning. Concerning the quantitative data, a descriptive analysis was carried out. This analysis allowed us to summarise a set of raw data using statistical techniques. This type of analysis is essentially aimed at describing the characteristics of a sample and answering the research questions (Fortin & Gagnon, 2016).

3. Results

3.1. On the Understanding of the Term "Development" by the Study Population

The question of understanding the concept of "development" was initially ad-

dressed at the exchange meeting with the anonymous assembly of about 50 men, women and young people from kpèbo at the home of the mutual's president.

Indeed, development is perceived as a step forward, an advance, a progress. This situation of advancement, progress and progress is characterised by an improvement in the living conditions and well-being of the individuals who benefit from it. This is reflected in the words of this speaker when he says:

“I will take an example to explain (the development). Before in KPEBO the houses were made of banco, the roof was made of straw. But today, when you look at the roof, everything is made of sheet metal. So this is a step forward. And before, we had no electricity here. Today, the whole village has electricity. In addition to that, we have a dispensary, there is a maternity ward. Today there is a second school. Now we are asking for a college and tar. So when we get it, we take a second step. So it's a step forward. A development, that's the example I've set for everyone, which I understand.”

This same idea was echoed in other terms by a notable (63) during the interview with the members of the chieftaincy, when he said: *“What I see in terms of development is a change, either in a village if you don't have a school, you try to have a school, or you don't have a dispensary, you try to have a dispensary, or you don't have a maternity ward, you try to have a maternity ward, that's what contributes to the development of a village. We need unity, we need to be united for that.*

We have all this but we want to add to it. For example, today we don't have orange money. If our parents want to send us something or if we want to send something, we have to go to TIE NDIEKRO or KOUASSIKOUASSIKRO to get money. So if we have orange money here, it contributes to the development of the village too. The road, and we wanted to have a local college and the market. You know the village is built but we don't have a market.”

In short, it is clear from the words of this Notable that development is a change in infrastructure, the repercussions of which are the facilitation of life, the saving of time, the improvement of health, all of which lead to the elevation of the social body, as we said above, it is a continuous and not static progress of the social body.

As development is perceived by all as a constant progress, we were led at this stage to ask the members of the incoming executive board of the Kpèbo mutual development association if a village could regress.

“Yes, a village can regress if what has been built is not maintained; it can fall into disrepair; weeds grow, but the village will no longer be recognised and it can disappear.”

The village can regress if there are managers and there is no union because if there is infrastructure in place and there is no maintenance, the village will regress. Did they answer?

These verbatims refer to Guy ROCHER who states that any observable transformation over time that affects, in a way that is not only temporary or eph-

meral, the structure or functioning of the social organisation of a given community and modifies the course of its history.

3.2. The Perception of the Village

To measure the perception that the population of Kpèbo has of their village, our questionnaire addressed the problem of the village's healthiness, the availability of basic socio-economic infrastructure, and provoked a comparison of Kpèbo with neighbouring villages in the subprefecture of Tié n'diékro in terms of whether or not development is lagging behind.

With regard to the question of the healthiness of the village, the following **Table 1** describes the responses obtained among the village population.

The analysis of table n 6 shows that, in response to the question "What do you think of the state of your village", the majority of respondents, i.e. 53.15%, said that the village of Kpèbo was "degraded" and 30.63% found it "dirty", or even "very dirty and degraded", "very isolated" and "difficult to access" for 7.21% of those who gave other answers, as opposed to 9.01% of those who thought that the village was "clean".

With regard to the availability of basic socio-economic infrastructure, **Table 2** describes the opinion of the respondents on this issue.

Indeed, 98.20% of the respondents believe that the village of Kpèbo does not have all the basic socio-economic infrastructures necessary to initiate its development, as opposed to 1.80% who affirm that these are indeed present in Kpèbo.

Finally, as regards the comparison of the village of Kpèbo and the neighbouring villages of the sub-prefecture, in terms of whether or not development is lagging behind, **Table 3** below shows the different positions of the respondents.

Examination of **Table 3** shows that 80.18% of respondents thought that the village of Kpèbo was lagging behind in terms of development compared to neighbouring villages in the subprefecture of Tié n'diékro, compared to 14.41% who thought that the village was not lagging behind. In addition to these two trends, 5.41% think that the village is "a little behind" or "not too far behind".



Table 1. What do you think of the state of your village?

Neighbourhood	Respondents' answers				TOTAL
	Own	Dirty	Gradient	Other	
N'guessankro	4	5	24	2	35
Koffikro	4	19	23	4	50
Angouakro	1	8	8	2	19
Aboygnékro	1	2	4	0	7
TOTAL	10	34	59	8	111
Percentage	9.01%	30.63%	53.15%	7.21%	100%

Table 2. Do you think your village has all the basic socio-economic infrastructures?

Neighbourhood	Respondents' answers			TOTAL
	YES	NO	Other	
N'guessankro	0	35	0	35
Koffikro	2	48	0	50
Angouakro	0	19	0	19
Aboygnékro	0	7	0	7
TOTAL	2	109	0	111
Percentage	1.80%	98.20%	0%	100%

Table 3. Compared to neighbouring villages in the sub-prefecture, do you think that your village is lagging behind in terms of development?

Neighbourhood	Respondents' answers			TOTAL
	YES	NO	Other	
N'guessankro	23	11	1	35
Koffikro	41	5	4	50
Angouakro	18	0	1	19
Aboygnékro	7	0	0	7
TOTAL	89	16	6	111
Percentage	80.18%	14.41%	5.41%	100%

3.3. The Health Status of Kpèbo

To capture the health status of Kpèbo, the results of three types of data collection information should be considered:

- **The individual perceptions of the populations;**
- **Reports of the group discussions;**
- **The health experts' view.**

The administration of the questionnaire among the population enabled us to

understand the health status of Kpèbo through the perceptions and opinions of its inhabitants. **Tables 4-8** present this situation.

According to 74.77% of the respondents (the population), the recurrent disease in Kpèbo is malaria. Next, ulcers, rheumatism and “hip pains” were cited by 13.51% of respondents, and finally diarrhoeal diseases by 5.41%.

According to the nurse and midwife at the health centre, the recurrent illnesses are malaria, pneumonia, STIs, cases of white wasting and diarrhoea. Other pathologies mentioned were: gonorrhoea and cases of HIV/AIDS.

According to the village nurse, diarrhoea is caused by dirty water and lack of hygiene. As for malaria, he tells us that it is because people do not sleep under impregnated mosquito nets.

With regard to medical costs, an examination of **Table 5** shows that opinions are almost divided on this issue.

In fact, 41.44% of the respondents said that they could not meet their medical expenses, compared to 32.43% who said that they were able to meet their health expenses.

Table 6 and **Table 7** describe the situation of alternative health care in Kpèbo. The village is full of healers, matrons, pastors and priests in the healing of several diseases.

We note that 78.38% of the respondents treat themselves other than in hospital, as opposed to 16.22% who only use modern medicine for their health problems.

In addition, **Table 7** shows that 33.72%, 17.44% and 3.49% of the respondents have recourse to healers, pastor’s prayers and priest’s prayers respectively, while 45.35% say they treat themselves with plants of which they have a very good knowledge.

With regard to the use of the health centre, 91.89% of the respondents stated that they were users of the centre, compared with 3.60% who did not use it. The village nurse noted that 25 cases were HIV positive, but that only 17 cases were still being treated because of noncompliance with the treatment. The others have died (**Table 8**).

Table 4. What are the recurrent diseases in Kpèbo?

Neighbourhood	Respondents' answers					TOTAL
	Malaria	Diseases Diarrhea	Tuberculosis	Other Diseases	Nothing	
N'guessankro	24	1	1	9	0	35
Koffikro	40	1	1	4	4	50
Angouakro	14	3	0	2	0	19
Aboygnekro	5	1	0	0	1	7
TOTAL	83	6	2	15	5	111
Percentage	74.77%	5.41%	1.80%	13.51%	4.51%	100%

Table 5. When you are ill, do you manage to meet your medical expenses?

Neighbourhood	Respondents' answers				TOTAL
	YES	NO	A little	Other	
N'guessankro	12	15	8	0	35
Koffikro	18	21	10	1	50
Angouakro	5	6	5	3	19
Aboygnékro	1	4	1	1	7
TOTAL	36	46	24	5	111
Percentage	32.43%	41.44%	21.62%	4.51%	100%

Table 6. When you are ill, do you ever treat yourself differently than in hospital?

Neighbourhood	Respondents' answers			TOTAL
	YES	NO	Other	
N'guessankro	27	8	0	35
Koffikro	39	6	5	50
Angouakro	16	3	0	19
Aboygnékro	5	1	1	7
TOTAL	87	18	6	111
Percentage	78.38	16.22	5.40	100%

Table 7. If yes, how?

Neighbourhood	Respondents' answers					TOTAL
	Healer	Devin Healer	Prayer at the pastor's house	Prayer at the priest's house	Other	
N'guessankro	4	0	4	2	15	25
Koffikro	15	0	10	1	14	40
Angouakro	6	0	0	0	10	16
Aboygnékro	4	0	1	0	0	5
TOTAL	29	0	15	3	39	86
Percentage	33.72%	0%	17.44%	3.49%	45.35%	100%

Table 8. Do you visit the village health centre?

Neighbourhood	Respondents' answers			TOTAL
	YES	NO	Other	
N'guessankro	34	1	0	35
Koffikro	47	1	2	50
Angouakro	15	1	3	19
Aboygnékro	6	1	0	7
TOTAL	102	4	5	111
Percentage	91.89%	3.60%	4.51%	100%

In the framework of this Participatory Community Diagnostic, the prioritisation of the problems of the health status of Kpèbo gives us the reasons for the non-use of the health centre by the villagers (**Figure 1**).

4. Discussion

Delville (2006) asserted that, if it is true that the lack of knowledge of realities and the underestimation of the social and political stakes associated with interventions are a recurring cause of failure, and if it is true that this recurrence is partly due to this 'developmental culture', then, in order to act differently, it is also necessary to think and read realities differently, to distance oneself from certain elements of this developmental culture. On natural resource management, for example, a broader reading of the issues at stake in the national and local space is required, in order to then think about strategies and practices in terms of these new questions. This quote sums up the quintessence of our work and evokes the whole framework that motivates this research. Olivier de Sardan (1995) states that the socioanthropology of development affirms from the outset the complexity of the social, and the divergence of interests, conceptions, strategies or logics of the various <<partners>> (or <<adversaries>> n) that development brings together. But <<divergences>> does not necessarily mean open confrontations and conflicts. On the contrary, the everyday life of development is rather made of compromises, interactions, syncretisms, negotiations (largely informal and indirect). In relation to these two quotations, it should be noted that



Figure 1. Presents the opinion of the inhabitants on the reception of the health personnel in Kpèbo.

the question of the development of Kpèbo shows a lack of examination with a view to an objective assessment and a cohesion of the frameworks for the adoption of a common vision which should encourage greater involvement. The situation of the development mutual refers to [Olivier de Sardan \(1995\)](#), Development in fact involves multiple social actors, both on the side of the <<target groups>> and on the side of the development institutions. Their professional status, their norms of action, their skills, their cognitive and symbolic resources, their strategies differ considerably. Development <<in the field>> is the result of these multiple interactions, which no economic model in the laboratory can predict, but which socio-anthropology can attempt to describe and interpret. On the question of health, where we note an approximate use of health centres. Previous work in the anthropology of health has shown the reasons behind the non-attendance of health centres in favour of parallel recourse. Some authors have mentioned economic reasons or conjunctural causes (change in financial situation, advice from a neighbour) which are not always decisive, geographical reasons linked to distance, the dysfunction of the modern health system as factors of non-use or late use of modern health care structures (modern medicine) or renunciation of care ([Vidal, 1992](#); [Fassin, 1992: p. 118](#); [Harris, 1998](#); [Yoro, 2002](#); [Després et al., 2011](#); [Legros, 2012](#); [lompo, 2013](#)). Other works, on the other hand, have mentioned as criteria for choosing the therapeutic instance or itinerary, the criterion of cultural accessibility or representations of illness and medicines, the impotence of modern medicine in the face of certain non-organic illnesses (witchcraft, bewitchment, etc.) and even ordinary illnesses, the criterion of the quality of the treatment, the criterion of the quality of the treatment, the criterion of the quality of the treatment, the criterion of the quality of the treatment and the criterion of the treatment.) and even ordinary illnesses, the criterion of undesirability (the fact of accepting or rejecting a given medicine or certain therapeutic acts of a given medicine), material obstacles, namely the inadequacy and dilapidation of equipment (insufficient hospital rooms, beds in poor condition, dirty walls, etc.), relational obstacles, the criterion of interpenetration between the traditional and the modern, and the ever-present belief of the populations in their traditional medicine ([Fassin, 1992: p. 118](#); [Harris, 1998: 82](#); [Yoro, 2002](#); [Yao, 2012](#)). As for [Lompo \(2013\)](#), she mentions the lack of decision-making power, religion, the use of a health centre as a waste of time (going early to the hospital to queue and wait for one's turn can take a long time and one is not sure to be taken) to explain the choice of therapeutic instances of the sick or the low use of health care ([Houndji, 2017](#)).

5. Conclusion

The objective of this work is to analyse local development in rural areas (Kpèbo) through mutual development associations. It emerges that development is perceived by rural populations as a step forward, an advance, a progress. This situation of advancement, progress and progress is characterised by an improvement

in the living conditions and well-being of the individuals who benefit from it. The inability of the mutual to undertake development actions is due to internal dissension, the failure to take into account the opinion of the population in decision-making and a lack of convergence of viewpoints. This context refers to Chauveau et al. (2012), who states that the development mechanism refers not only to the concrete and organised structures for designing and administering interventions (including the specialised and hierarchical agents who implement them: political and administrative leaders, experts, local staff, etc.) but also to a set of representations and acquired norms that structure the ways in which actors perceive, think and act.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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