

Introduction

In terms of prevalence, bilharzia, a neglected tropical disease (NTD), ranks first among waterborne diseases and second behind malaria in considering its public health importance in tropical and subtropical regions such as Benin. In order to get rid of it, Benin authorities have been organizing mass treatment campaigns every year, both in schools and in communities. These campaigns are carried out in the various municipalities that are still endemic, including Sô-Ava. Notwithstanding the endemic character of this pathology and its acuteness, there is a reluctance to adhere to the treatment proposed by the health system, especially in the case of infection, among Sô-Ava populations. The aim is to analyze the causes of the reluctance to adhere to biomedical treatment by focusing on the district of Ahomey-Lokpo, the most endemic locality in Sô-Ava.

Study design

Sites :

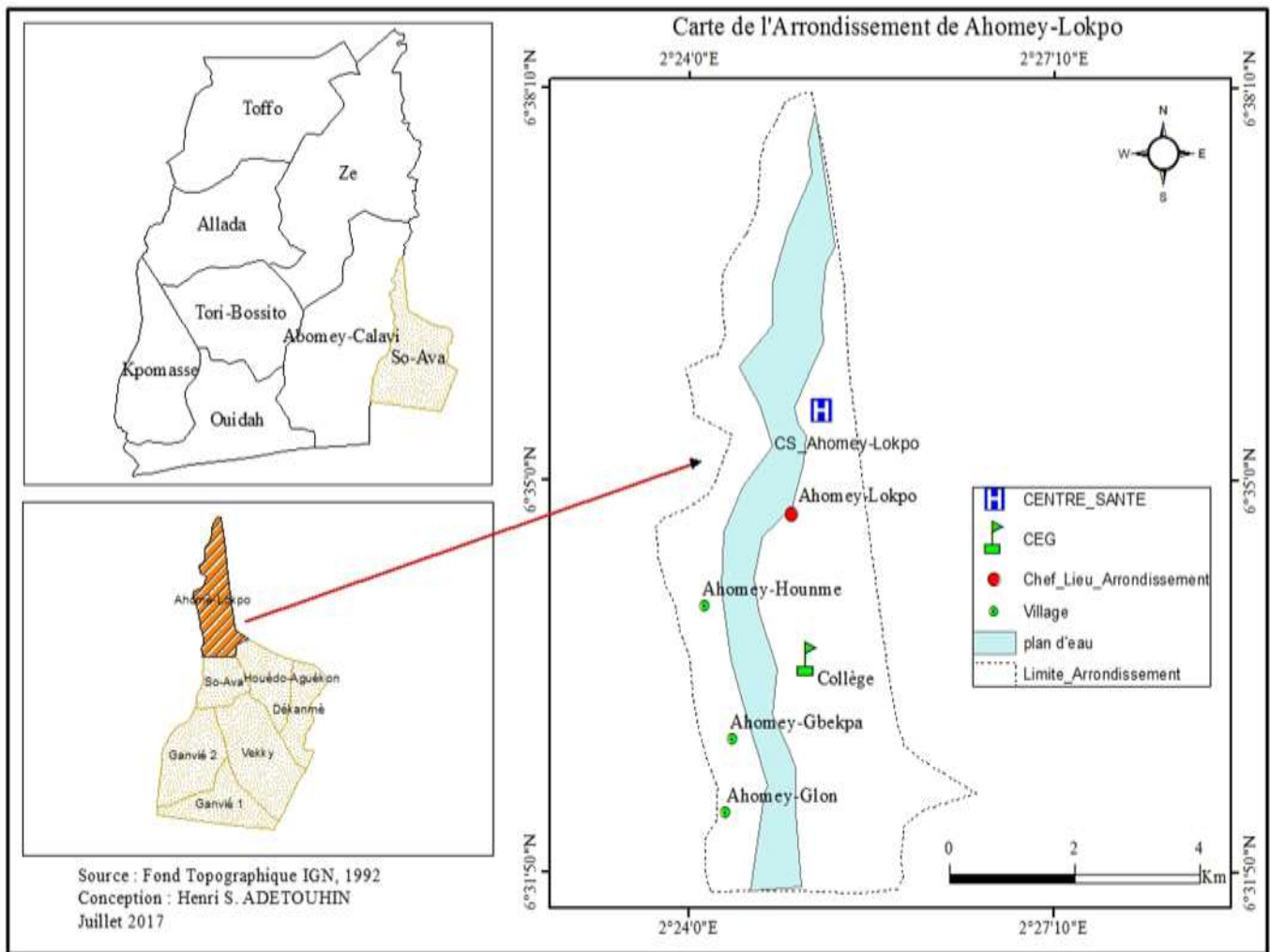


Figure 1: Research area

Study type : cross-sectional study with analytical purposes.

Aim : To explore the motives underlying the reluctance to adhere to biomedical treatment in the Ahomey-Lokpo district (most endemic locality in Sô-Ava’s municipality).

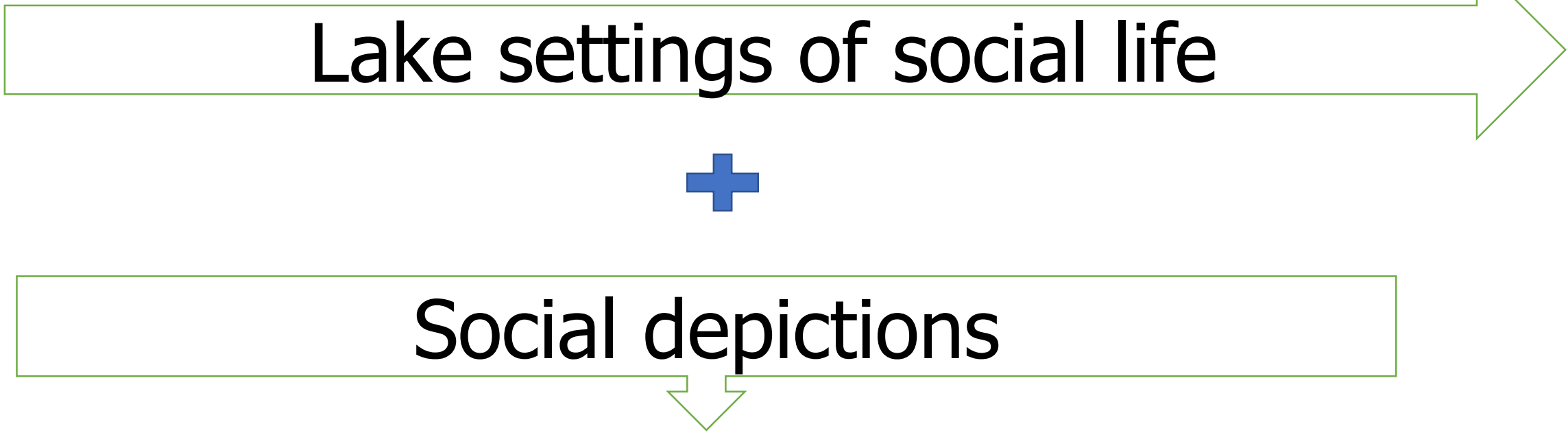
Sampling :

Participants	Headcount
Health staff	5
Teachers and religious leaders	7
Communaity (natives & residents) d’Ahomey-Lokpo)	50
TOTAL	62

Table I: Distribution of respondents by category
Source: Field survey data, May 2020

- Qualitative research, immersion
- Literature review
 - Semi-structured interviews (informal exchanges with several actors)
 - Participating external observation
- Speech analysis and three-way triangulation

Results



Lake setting of the study area (floating market on the water)

- Fear of the medicine being free;
- Belief in a natural cure;
- Contamination risk is "normal";
- Blood in the urine, "a sign of germs discharge"

«It is necessary to take the green leaves of the papaya, to crush them and then to drink. The acid virtue of the green leaves allows to neutralize the effect that must have larvae of the parasite in the organism and to evacuate also these microbes by urinary way » (Man, 51 years old)

It seems that the lake environment, the prejudices about free medicine, the belief in a natural cure and the risk of contamination within a certain social standard lead to the non-use of recommended health care. As a result, treatments and preventive measures are no longer based on biomedical logic, but rather on water, roots and fruit therapies.

Conclusion: These findings suggest that biomedical treatment for bilharzia should be coupled with a broader intervention that includes both environmental sanitation and hygiene promotion education in endemic localities.

References

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