

INFLUENCE OF CONFLICTS AMONG HEALTHCARE STAKEHOLDERS ON THE CARE PROCESS FOR VULNERABLE CHILDREN LIVING AWAY FROM PARENTS IN DJOUGOU

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Résumé

L'intervention des acteurs de santé communautaire et les communautés dans le processus de la prise en charge des enfants malnutris dans la commune de Djougou est source de nombre de conflits. La présente recherche vise à analyser les différents conflits entre les acteurs sanitaires dans le processus de prise en charge des enfants vulnérables vivants loin des parents à Djougou. Pour y arriver, il a été emprunté une approche méthodologique mixte. Des données ont été collectées grâce à l'analyse documentaire, des entretiens et des questionnaires via la méthode électronique. Cela a permis d'interviewer au total 89 acteurs. Au terme de la catégorisation des données et de leur analyse, il ressort que les profils des acteurs de la santé communautaires et des membres de la communauté, la perception sur la malnutrition des enfants par les communautés et les différents dispositifs d'intervention des prises en charges expliquent les conflits dans le processus de la prise en charge des enfants vulnérables vivants loin des parents à Djougou.

Mots clés : *Conflits, acteurs sanitaires, prise en charge, enfants vulnérables, Djougou (Bénin)*

Abstract

The involvement of community health actors and communities in the process of caring for malnourished children in the municipality of Djougou gives rise to various conflicts. This research aims to analyze the different conflicts among healthcare stakeholders in caring for vulnerable children living away from their parents in Djougou. To achieve this, a mixed-methodological approach was employed. Data were collected through document analysis, interviews, and questionnaires using the electronic method. This allowed a total of 89 actors to be interviewed. After categorizing and analyzing the data, it emerges that the profiles of community health actors and community members, the community's perception of child malnutrition, and the various intervention devices for care explain the conflicts in caring for vulnerable children living away from their parents in Djougou.

Keywords: *Conflicts, healthcare stakeholders, healthcare, vulnerable children, Djougou (Benin).*

Introduction

According to the World Bank (2021, p. 23), malnutrition is a global issue that is both extremely serious and has immense human and economic costs. It particularly affects poor populations, especially women and children. Each year, in developing countries, approximately 55 million children suffer from Moderate Acute Malnutrition (MAM), while about 19 million are victims of Severe Acute Malnutrition (SAM) (Black et al., 2008, cited by Soumaïla, 2022, p. 8).

The World Health Organization (WHO) estimates that malnutrition is responsible, directly or indirectly, for the death of approximately 6 million children annually (WHO, 2013, p. 55). The World Bank (WB) has shown through its figures that in 2020, 149 million children under the age of five experienced stunted growth, meaning their height was below the average for their age.

To address this scourge that impacts human capital, the economy, and global development, international and sub-regional organizations, institutions, scientific research, and many others closely monitor nutrition. This is reflected in major decisions and actions in favor of nutrition through global summits, such as the third global forum on human resources for health (WHO, 2013), followed by the Second International Conference on nutrition in Geneva in 2014 (ACF, 2014, p. 34), aiming to achieve the second Sustainable Development Goal (SDG) of zero hunger.

According to the Food and Agriculture Organization (FAO), achieving SDG 2 requires strong political commitments at the global, regional, and especially national levels for the eradication of hunger, food insecurity, and all forms of malnutrition. This involves not only reducing rural poverty and improving the resilience of the most vulnerable people but also establishing effective food systems capable of providing sufficient and nutritious food for all (FAO, 2019, p. 15).

To combat malnutrition, international organizations and governments, after adopting policies, deploy significant resources and develop various programs/projects. Among these, Action Against Hunger (ACF¹), in 2011, intervened in more than 45 countries, assisting nearly 6.5 million people, integrating its programs with

¹ Action Contre la Faim

regional and national systems. They provided care for 12,724 children under the age of 5 suffering from SAM in 2 therapeutic nutrition centers and 4 outpatient treatment points in Somalia (ACF, 2011, p. 19).

In Benin, significant initiatives have emerged through the implementation of the Community Nutrition Project (PNC²) in 10 municipalities covering the period from 2012 to 2015; the Multisectoral Project for Health and Nutrition (PMASN³) executed in 40 municipalities covering the period from 2017 to 2019, and the ongoing Early Childhood Nutrition and Development Project (PNDPE⁴), which has expanded to 48 municipalities across various departments in the country, particularly in the north in the departments of Borgou, Alibori, Donga, and Atacora, in partnership with several local Non-Governmental Organizations (NGOs). Despite the efforts of the Food and Nutrition Council (CAN⁵), the nutritional situation of children under the age of five in the country remains concerning.

Djougou, a crossroads city, is the largest municipality in the Donga region, which also benefits from the government-initiated projects. The objective of these projects is to induce a change in the nutritional behavior of communities and promote the care of all children in the municipality suffering from various forms of acute malnutrition, which has not yet been achieved to date.

Despite the visibility given to the actions of projects led by the Food and Nutrition Council (CAN) and implemented by DEDRAS-NGO, as well as those of 'Maison KoFaaba' in the municipality of Djougou, households in rural villages still have several cases of children suffering from acute malnutrition. Opinions on this matter are divided to understand the true causes, assess the impact of activities planned by interventions, and identify obstacles that hinder comprehensive care for all children suffering from acute malnutrition in the Djougou region.

It is therefore timely to question the influence of conflicts between community health actors and communities during the care of malnourished children on the persistence of acute malnutrition and its consequences.

² Projet de Nutrition Communautaire

³ Projet Multisectoriel de l'Alimentation de la Santé et de la Nutrition

⁴ Projet de Nutrition et de Développement de la Petite Enfance

⁵ Conseil de l'Alimentation et de la Nutrition

Current events continually renew the interest of socio-anthropology in understanding the influence of conflicts on communities for their regulation. The topic addressed by this research focuses on the "influence of conflicts between healthcare actors on the process of caring for vulnerable children living away from parents in Djougou." The results of this research will contribute to explaining the difficulties related to the care of malnourished children, as well as the mechanisms for managing these conflicts in the Djougou region.

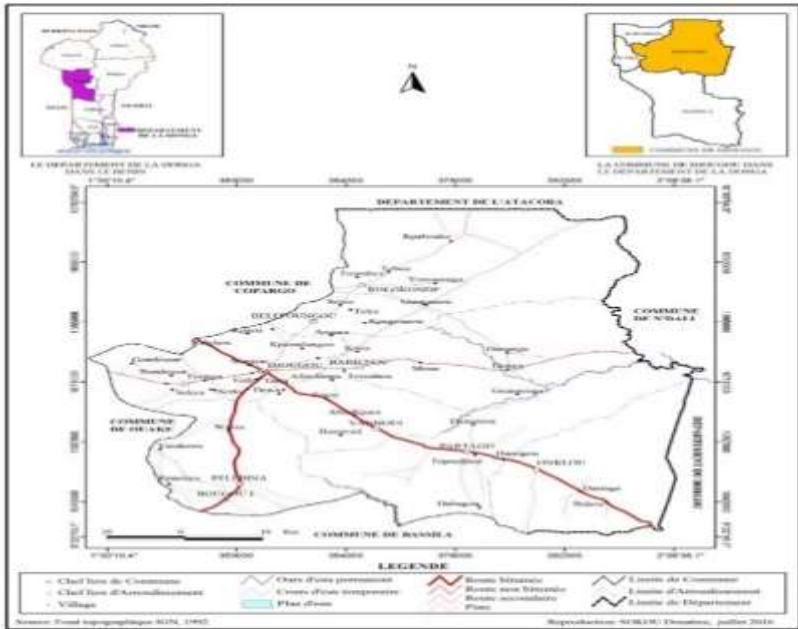
1- Methods, Materials, and Analytical Model

1-1- Research Area

The municipality of Djougou is located northwest of Benin in the Donga region. Djougou is one of the largest municipalities, ranking behind those with special status. It shares its borders to the north with the municipalities of Kouandé and Péhunco, to the south with the municipality of Bassila, to the east with the municipalities of Sinendé, N'Dali, and Tchaourou, and to the west with the municipalities of Copargo and Ouaké. The Djougou municipality covers an area of 3,966 km², with a population of 267,812 inhabitants, including 133,813 men (49.97%) and 133,999 women (50.03%) (RGPH4⁶, 2013, p 27). The local administration has three levels: the municipality, the district, and the village or city quarter, within which a branch is dedicated to caring for vulnerable individuals, such as young children.

The geographical situation of this municipality is as follows:

⁶ Recensement Général de la Population et de l'Habitat [General Population and Housing Census (My own translation)]



Map 1: Municipality of Djougou

1-2- Sampling Technique and Size

As this research is mixed-method, categorizing the present actors and forming the sample became necessary to successfully conduct the collection activities. In the context of this research, the sample consists of 89 individuals. This figure is obtained while considering the determined saturation threshold. It is observed when the same responses are repeated multiple times regarding the same question during the interviews.

1-3- Methods, Techniques, and Data Collection Tools

The data collection method used involves electronic means through a questionnaire. Data collection was carried out directly electronically via a smartphone. The questionnaire was digitized on the Kobotoolbox platform. The form was used in two ways: configuration with Kobocollect and a collection link based on the targets and their availability, facilitating rapid data processing. Additionally, interview

guides were administered to certain actors to complement the electronic method.

1-4- Methods, Techniques, and Data Analysis Tools

Once the data were collected and housed on the platform, Microsoft Excel spreadsheets were used for sorting and processing. The processing followed three stages: Data preparation and verification. This stage involved checking the data quality obtained from interviews and questionnaires with the target individuals.

- Data synthesis: This stage involved presenting the data in an aggregated form, in the form of tables and graphs. It constituted a preliminary analysis highlighting the major characteristics of the gathered information.
- Qualitative analysis: This stage involved describing the variables, presenting their distribution, and establishing relationships between them.
- Various statistical analyses were used to calculate frequencies to measure and better explain the research results.

2- Results

The results from the current research are presented below

2-1- Profiles of Surveyed Individuals

For this scientific activity, data were collected from eighty-nine (89) actors of various categories distributed into four (04) groups based on their level of influence and responsibility. It appears that in the Djougou commune, two main contributors work in the field of combating malnutrition in children under 5 years old. DEDRAS-ONG⁷, through the PNDPE⁸, engages in preventive and support actions for children, while "Maison KoFaaba" focuses on raising awareness against weight insufficiency (Weight/Age report) in children under two (02) years old, along with providing support in the care of

⁷ A non-governmental organization (NGO)

⁸ PNDPE: Projet de Nutrition et de Développement de la Petite Enfance (Project for Nutrition and Early Childhood Development). It is a specific project focused on the nutrition and development of young children.

children with Severe Acute Malnutrition (MAS⁹) at the CNT¹⁰. Regarding the beneficiary communities of the interventions, they are spread across 60 villages in the commune during this research. The data in Table I presents the distribution of the surveyed targets.

➤ **Community Health Actors**

Among the actors involved in interventions for malnutrition care in children under 5 years old, various levels of project responsibility can be counted. These include project managers, supervisors, nutrition, and community health advisors. In addition to these roles are heads of health post offices in the district and staff from "Maison KoFaaba". In contact with the beneficiary communities involved in malnutrition care activities, community health actors include nutrition and community health advisors and heads of health post offices. Figure 1 illustrates the composition of these surveyed actors. The data from this figure indicate that nutrition advisors are predominantly Geographers at 46% and a few Sociologists at 23%. Thus, we can conclude that their nutrition and community mediation skills are continually acquired through training opportunities and in the execution of activities.

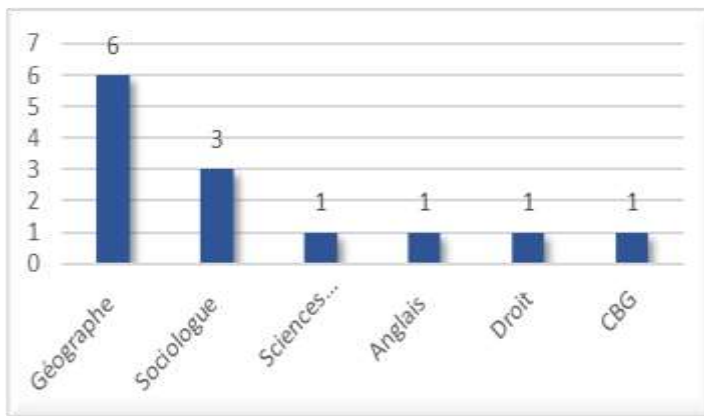


Figure 1: Training of Community Health Actors
Source: Field survey, July 2023

⁹ MAS: Malnutrition Aiguë Sévère (Severe Acute Malnutrition). It is a severe condition of malnutrition in children.

¹⁰ CNT: Centre de Nutrition Thérapeutique (Therapeutic Nutrition Center). This is a specialized medical facility for managing and treating malnutrition, especially Severe Acute Malnutrition (MAS).

2-2-Perceptions of Child Malnutrition

Information regarding community perceptions was gathered through individual interviews with households affected by malnutrition and focus groups in villages with high prevalence. This approach facilitated a comprehensive understanding of people's knowledge and perceptions of malnutrition, offering insights that could aid in adjusting or modifying interventions.

Based on data collected from households and some community leaders, 90% believe that malnutrition is not a severe public health issue. It is perceived as a lack of food due to the number of mouths to feed, and also a spiritual problem arising from the violation of communal taboos according to traditional healers.

In contrast to community perceptions, the viewpoint of community health actors is markedly different. According to 100% of these actors, malnutrition is a major public health and well-being issue affecting children in the community. It results from both inadequate nutrition and poor sanitary conditions. Inadequate nutrition is characterized by food shortages at the household level or inappropriate dietary practices. Poor sanitary conditions lead to diarrheal diseases, impacting the nutritional status of children. There is thus a notable disparity in perception between the majority of communities and the health actors, highlighting an ongoing challenge for those involved in combating this issue. The graphical representation of this perception difference is depicted in the following figure.

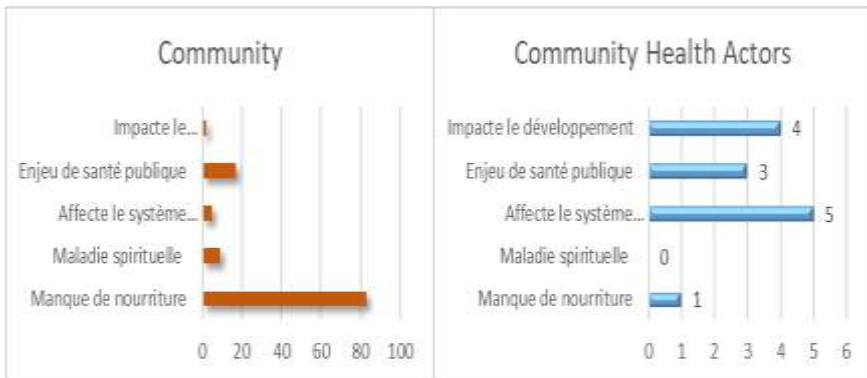


Figure 2: Perceptions of Malnutrition
Source: Field Survey, July 2023.

2-3- Intervention Mechanism for the Care of Malnourished Children by DEDRAS-ONG (PNDPE) and Conflicts

The mechanism for the care of malnourished children established by DEDRAS-ONG through the PNDPE is based on the Strategic Plan for Food and Nutrition Development (PSDAN, 2009-2019) and the CNA¹¹ project document. This mechanism is respected and functional in the implementation of the PNDPE in the commune of Djougou. It relies on a set of activities and actions aimed at identifying and addressing cases of malnutrition. Thus, this care for children after identification is done at three levels: at the community level, at the level of CNA, and at the level of CNT. However, in practice, the processes or procedures are marked by conflict situations that pit community health actors against the communities.

2-3-1- During Home Visits (VAD¹²)

Home visits in the care of malnutrition constitute an activity that involves nutrition and community health advisors visiting the parents of children with MAM or MAS after identification. These visits are carried out every two weeks until the nutritional recovery of the child. Home visits involve interactions between the parents of the child and the advisors. It is on these occasions that discussions take place for the well-being and recovery of the child. Nutrition advisors use the 'brachial ribbon' and the 'weighing scale' to take anthropometric data from the child to determine their new nutritional status.



Photo 1: Home visit of a child with Severe Acute Malnutrition (SAM)

Source: PNDPE-Djougou, July 2023

¹¹ CNA: Centre de Nutrition Ambulatoire [Outpatient Nutrition Center (My own translation)]

¹² Visite à Domicile

During these discussions, two or three topics are addressed, and practical advice is given to parents to improve the child's nutritional status, such as:

- always sleeping under a long-lasting insecticidal net (LLIN);
- going to the health center and adhering to vaccination appointments;
- adhering to exclusive breastfeeding (EBF);
- preparing and giving enriched porridge to the child from 6 months onwards;
- and so on.

In one village, during the interviews and in response to the question of whether the advice given by nutrition counselors is put into practice, some respondents answered in the following words:

"[...] Our parents have always prepared for us without any instructions or advice from anyone, and here we are in good health. As for the hospital, we don't have money like you [...]" (a villager, 47 years old, Djougou).

"[...] It's true that the facilitator gives us advice so that our children don't get sick quickly, but in how many houses in the village can this be respected? When the facilitator comes with the ingredients for the Community Kitchen (DC), we follow his advice, but once at home, everyone goes their own way [...]" (a parent of a malnourished child, 51 years old, Djougou).

Further received during the interviews, a student states, *"[...] during the facilitator's last visit to our household, we understood that the dirt in the yard and around the houses leads to minor illnesses and diarrhea in children. Now our parents claim to be too busy to clean up the surroundings [...]"* (a student, 23 years old, Djougou).

These situations in communities often frustrate nutrition counselors who see their efforts reduced to almost nothing. Sometimes, the tension rises, considering the nutritional status of children and the statements and behaviors of some parents. One counselor states the following:

"[...] When some parents see me, they try to hide things; some say they are in a hurry to go to the field; for others, I bring nothing for the children except weighing and just talking [...]" (a nutrition counselor, 33 years old, Djougou).

In summary, these situations do not promote the application of nutritional advice and adherence to hygiene standards for the recovery

of malnourished children. The counselors' unwelcome reception in households, given the topics they address, the unavailability of some parents to discuss the nutritional status of their children, especially fathers, limited application of nutritional advice only in the presence of the facilitator, inadequate meals for the child, and non-compliance with hygiene and sanitation measures are all situations that create conflicts between community health actors and parents of children. In the following figure, on a scale of one hundred (100), nutrition counselors provide their assessments of the application or non-application of nutritional advice and good hygiene and sanitation practices.

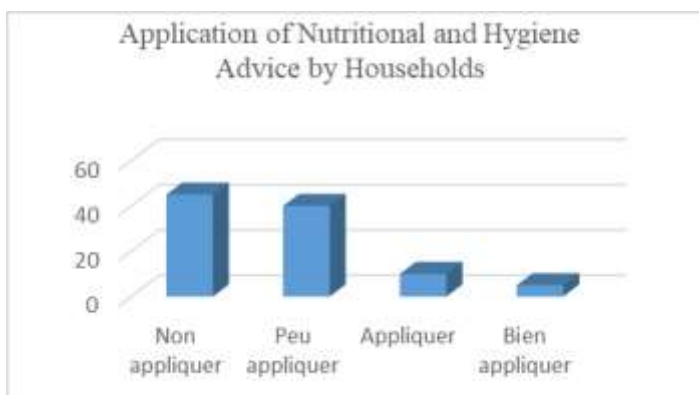


Figure 3: Nutrition Counselors' Assessment of the Application of Nutritional and Hygiene Advice by Households

Source: Field Surveys, July 2023.

2-3-2- During FARN

The *Foyers d'Animation et de Réhabilitation Nutritionnelle* (FARN) are community activities conditioned by the results of screening for acute malnutrition in children aged 6 to 59 months. The FARN aims to rehabilitate the nutritional status of children identified as MAM at PB or with a weight-for-height index (W/H) reaching at least seven (07) in a locality. This activity takes place over 12 days with a break on the 7th day. During these 12 days, the following actions are performed:

- Weighing children on the first day of entry;
- Administration of vitamin "A" on the first day;
- Deworming of children on the first, second, and third days;

- Culinary demonstration with mothers of children;
- Tasting for children;
- Conducting a nutrition education session on related topics;
- Weighing children at the exit on the 12th day.

The realization of this activity is conditioned by the mobilization of food by communities (parents of children) and the provision of funds by community health actors for the purchase of inputs (pharmaceutical products) as well as ingredients (small fish, oil, sugar, snacks, etc.). The expected result is a weight gain of 400g at the end of the 12 days of preparation.

According to information collected from nutrition counselors and members of CSAN/GAN¹³, conducting a 12-day session often becomes a challenge that ends up hindering the achievement of the objectives aimed at organizing the activity. At this level, each group of actors points fingers at the other, giving rise to disagreements. A woman in a village states the following: “[...] *We know that what the facilitator asks for is for the good of our children, and since we don't have enough food, he must help us bring a lot so that our children regain their health quickly. Before, we used to provide flour and oil for everyone to prepare at home, but now he asks us to contribute food and stay for 12 days; it's not easy [...]*” (a mother, 45 years old, Djougou).

For DEDRAS-ONG nutrition counselors, there is a need to involve communities more so that solutions can be found together in a participatory and sustainable manner. To achieve this, one of the respondents specifies: “[...] we must put parents more in front of their responsibility while helping them find solutions and also aim for the sustainability of actions after our departure from the communities” (a nutrition counselor, 32 years old, Djougou). On both sides, the different accusations of the two groups of actors do not reassure about the successful implementation of FARN and achieving the expected results.

In summary, it is noted that community health actors do not meet some expectations of the communities and vice versa. For nutrition counselors, the expectations of communities involve a lack of

¹³ CSAN/GAN : Comités de Santé et d'Action Nutritionnelle / Groupes d'Action Nutritionnelle [Health and Nutrition Action Committees / Nutrition Action Groups (My own translation)]

responsibility, a deficit of commitment from parents of children admitted to FARN, and a willingness of communities to depend on project contributions. For communities, current projects do not bring much and put pressure on them in terms of time and resources.

2-3-3- During the care at the CNA

Unlike other actions for the care of malnourished children, care at the CNA is a full-time action. Here, children aged 6 to 59 months suffering from severe acute malnutrition without medical complications detected during active screening operations, follow-up and growth promotion (SPC), home visits (VAD), and other community activities are treated on an outpatient basis. Once the children are detected, they are referred by the nutrition counselor for confirmation and care. Upon arrival and after confirmation, the children receive a supply of Plumpy’Nut for a one-week period, ranging from 14 to 21 sachets depending on the nutritional situation. Many situations arise while caring for children, involving parents, nutrition counselors, and parents and health agents in the CSA. These situations are illustrated in Figure 4.

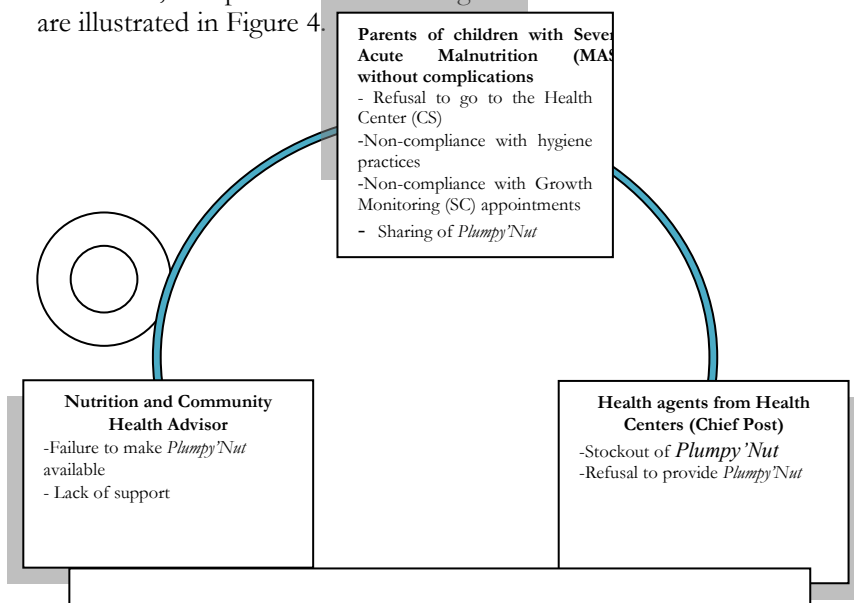


Figure 4: Cycle of Accusation in the Management of Children at the CNA

Source: Field Surveys, July 2023

The process of caring for children with uncomplicated Severe Acute Malnutrition (SAM) is as follows: once the child is identified as malnourished by nutrition counselors, the parents take them to the Community Nutrition Center (CNA). After confirmation, Plumpy'Nut is provided, and parents return after the child has consumed this food ration for further follow-up.

However, based on *"the child's health history for specific cases, I ask them to apply treatment for diarrhea or simple malaria if the test is positive. In addition, parents do not respect appointments, and this delays or slows down the recovery of children"* (a nurse, 38 years old, Djougou). To confirm the nurse's statement, a father of a child monitored at the CNA states: *"[...] I have neither a motorcycle nor money for gasoline, let alone what the health workers will take from me there like the first time [...]"* (a parent, 43 years old, Djougou). These conflicts in the care of children with uncomplicated SAM lead to frustrations and misunderstandings at various levels, according to information collected from parents, counselors, and Majors (CSA chief posts), hindering the reduction or eradication of malnutrition in the short or medium term.

2-3-4- During the care at the CNT

Children suffering from acute malnutrition with clinical complications are referred by the CSA post chiefs to the Therapeutic Nutrition Centers (CNT) for comprehensive care. In the PNDPE program, this care is provided in addition to the maintenance costs (food) for the biological mother or caregiver. Similar to the situation in the CNA, many conflicting situations are reported by the surveyed individuals. These situations arise from the households of the children to the CNT, passing through the CNA. A nutrition counselor recounts one of his negative experiences as follows: *"[...]I had to tell the parents that if they don't find a solution to bring the child to the CNT for care, they will have to deal with the police if he happens to die [...]"* (A nutrition counselor, 44 years old, Djougou).

On the other hand, a mother of a child undergoing treatment at the CNT for a week threatens to leave the hospital: *"[...]Let me leave with my child for the sacrifices in the village; I also have to take care of his brothers and my husband alone at home[...]"* (A mother of a malnourished child, 42 years old, Djougou).

When asked about the origins of these situations or who the

main culprits are in these difficulties in the processes of caring for cases of malnourished children with complications at the CNT, each group (community health actors and the community) defends its position. The synthesis of the information collected indicates several cases of situations grouped into two categories:

- Conflicting situations before the admission of malnourished children to the CNT;
- Conflicting situations during and after the treatment of malnourished children at the Therapeutic Nutrition Centers (CNT).

3- Discussion

This research, conducted on the influence of conflicts among healthcare actors on the process of caring for vulnerable children living away from their parents in Djougou for better care, reveals several aspects following the analysis of the results.

It emerges that in the commune of Djougou, two main actors work in the field of combating malnutrition in children under 5 years old. DEDRAS-ONG, through the PNDPE, engages in preventive actions and care for children, while "Maison KoFaaba" focuses on raising awareness against weight insufficiency (Weight/Age report) in children under two (02) years old, as well as providing support in the care of children with Severe Acute Malnutrition (MAS) at the CNT. These findings align with those of Ouattara, Y. S. R et al., (2021, p117), which show that traditional health practitioners operating in the West of Burkina Faso exhibit various sociodemographic profiles.

The data presented in Figure 1 show that nutrition counselors are predominantly geographers at 46%, with few sociologists at 23%. It can be inferred that their skills in nutrition and community mediation are continuously acquired through training opportunities and in the execution of activities. These results confirm those of Jourdan 1, D et al. (2012, p 169), which show that more than forty years later, community health still faces significant problems related to conflicts among different actors in child care. Several actors play a significant role.

According to information collected from households and some

community leaders, 90% perceive malnutrition not as a severe public health problem but as a deficit in food due to the number of mouths to feed. It is also seen as a spiritual problem arising from the community's non-compliance with prohibitions for traditional healers. This position is a source of many conflicts between community leaders and health actors. These analyses echo those of De Garine, I. (1984, p745), emphasizing malnutrition in traditional societies. Similarly, the results of the work by Ravaoarisoa J et al., (2021, p36) show that the knowledge and perceptions of malnutrition among the rural population of the Central Highlands vary based on lived experiences. These differences in experiences also fuel conflicts, which do not benefit vulnerable children.

The system for caring for malnourished children established by DEDRAS-ONG through the PNDPE is based on the Strategic Plan for the Development of Nutrition and Nutrition (PSDAN, 2009-2019) and the project document for CNA¹⁴. This system is respected and functional in the implementation of the PNDPE in the commune of Djougou. According to Bouagga, Y. (2012, p 329), the profession of insertion and probation counselor in the backstage of the penal state promotes the resolution of crises and the emergence of conflicts.

Conclusion

Child malnutrition is a public health issue. It weakens the immune system, rendering affected children vulnerable to other diseases that can lead to death. Community interventions are of paramount importance for both states and NGOs, not only to ensure nutritional education within communities but also to provide care for malnourished children. However, the intervention of different actors in the chain often gives rise to numerous conflicts that need to be addressed for the greater interest of the children. This research was conducted to analyze the repercussions of conflicts among healthcare actors on the process of caring for vulnerable children living away from their parents in Djougou, aiming to contribute to better care for malnourished children in the municipality of Djougou.

From the analysis of the research results, DEDRAS-ONG, through the implementation of PNDPE, 'Maison KoFaaba,' and district

¹⁴ CNA : Cadre National d'Appropriation [National Appropriation Framework (My own translation)]

health centers, has undertaken educational initiatives on good nutritional practices and the promotion of children's nutritional health through various care methods according to the national protocol for malnutrition care. However, this momentum in community settings is undermined by challenges related to conflicts between community health actors and communities, which deserve attention from different perspectives or approaches. Among these challenges are differences in the perception of malnutrition between the two categories of actors, the adoption of nutritional practices in the community, the impact of the consequences of children's malnutrition on social and economic levels, and the absence of a mechanism for managing conflicts related to the care of malnourished children in the municipality.

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