

## MODERN AND TRADITIONAL OXYTOCICS IN GESTATIONAL PERIOD MANAGEMENT AMONG BAMOUN IN WEST CAMEROON: A PARADOX OF “INCOMPATIBILITY”

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**Abstract:** The management of obstetric health is a delicate issue in Cameroon where the use of obstetric care takes into consideration several parameters such as socio-cultural, economic, and medical ethical constraints. As a result, populations are divided between the biomedical obstetric care system and the traditional one. This implies a diversification of therapeutic routes. As a result of advances in biomedicine and obstetrics, the biomedical system has taken over the monopoly of expertise in this field. However, through traditional methods, means, and elements of nature, people in developing countries are investing in the quest for health. The field of obstetrics is no exception to this approach whereby Africans, especially the Bamoun, seek solutions to their health problems. However, this approach is, according to the biomedical obstetric system, its prerogative, because it is the only one to hold the secrets and cogs of a sensitive and complex practice. Faced with two «incompatible» medical

cultures that still covet the same object that is obstetric health, can we not think of a possible complementarity between these two systems of care? Through a study on the use of modern and/or traditional oxytocics during the gestational period in Bamoun women from West Cameroon, this work aims to analyse the reasons for the «supposed» incompatibility between these two care systems and highlight the failures or limitations and benefits of oxytocics on a case-by-case basis in these care systems. This article is also interested in exploring the possibility of complementarity between these two care systems in terms of gestational period management from modern and traditional oxytocics. For this reason, individual interviews have been used to collect data in certain rural and urban areas of the Bamoun region to enable the objectives to be achieved.

**Keywords:** *Oxytocin, Oxytocic, gestational period, Incompatibility*

### Introduction

Maternal and obstetric health is a complex and delicate reality for Cameroon. This complexity is due to a multitude of realities or contexts including socio-cultural, economic, geographic, demographic, and medical ethics constraints Nkoma. (2015); Medah. (2008); Beminguise. (2003); Eloundou and Waïbaï. (2017). Under the influence of all these factors and many others, maternal and obstetric health is constantly changing, and for a global understanding of this phenomenon, it is necessary to resort to

interdisciplinarity to identify it in all its dimensions which go beyond the scope of biomedical science alone. From this perspective, Gruénais and Dozon. (1992:3): mentioned that: “*medical reasoning is increasingly concerned with the areas of social science in general, and social and cultural anthropology in particular, reasoning that naturally develops expectations of these sciences.*”

Despite advances in biomedicine, international initiatives and programmes related to maternal health, the Millennium Development Goals, and the Sustainable Development Goals, there are still problems related to the management of the gestational period. In this regard, Eloundou and Waïbaï.(2017), affirm that maternal and even infant mortality is still effective in developing countries and Cameroon despite the efforts made. Faced with this reality, it is important to develop reflections with a view to finding solutions.

In the search for solutions for this sensitive and particularly worrying period that pregnant women are going through, in Bamoun soil, the biomedical system and the traditional ethnic system are both adopted by the community for better management of the gestational period. That said, both conventional and traditional ethnic oxytocics are used through both systems of care.

### **1. Presentation and characteristics of the study area**

The study area is made up of a complex and diverse reality depending on whether you are in an urban or rural setting:

The urban environment here is easy to access given its road infrastructure. It is also better provided with various hospital training. Thus, we observe a multitude of health centers including those of the public and private sector, secular and denominational. This urban study was carried out at the district hospital, which is a public health training course considered to be a frame of reference in the city of Fouban and throughout the Bamoun region. It offers care considered to be of quality and especially accessible to all social strata, but also it is a hospital that practices the largest number of deliveries according to the Fouban Health District.

In the rural area, the communities of Foyet and Folap from the same health area as three others were used as study sites. Foyet is the most important health centre of the five. In the area, there is the IHC<sup>1</sup> of Mabouo located about 38km south of Foyet, the IHC of Folap is located 5 km east of Foyet. The IHC in penultimate, which is the most staffed and equipped, is located about 17 km from the Fouban District Hospital; Mfentame SCI is 10 km east of Foyet and Makam CSI is 38 km north of Foyet.

<sup>1</sup> IHCs are Integrated Health Centre. They are found in rural area. Their main characteristic is a low technical plateau and low competences of the staff. This staffs is poorly equipped to manage cases of serious illness, pregnancy, complicated/ at risk childbirth.

Figure 1: Map of the Foyet Health Area



Source: Fouban Health District

As illustrated in this map of the Foyet health area, only Folap and Mfentame are located on the N6 national road section Magba – Fouban<sup>2</sup>, and as a result, enjoy an easily accessible asphalted road with cars and motorcycles as the main means of transport. The other three are difficult to access because there are no developed roads. It should be noted that the population has a preference for motorcycles, because more available and save time. . In this regard, 28-year-old Lima, mother of three and pregnant with her fourth child, says:

*If you have time or you want to do something else you can go. Don't worry about the car. Because here, when you're in a hurry, you take the bike, otherwise, you risk spending your whole morning or even your day waiting for the car especially if it's not a market day in the area because, on market day, you can't do more than an hour without finding the car.*

Precisely after more than an hour of waiting, another woman going in the same direction says:  
*It would be better to take the bike! Even if the motorists arrive now they will not leave immediately. They are still waiting to refuel before leaving unless they have reservations on the route in Folap or Mfentame. In addition, you will be tight as in a sardine box to end up having cramps on the finish.*

It should be noted that for a 5-seater car including the driver, 7 to 9 people depending on the abundance of passengers are embarked. In addition, these two localities are closer to the hospital of the health district of Fouban with respectively 7 km for Mfentame, 12 km for Folap, and 17 km for Foyet. Mabouo, Makam and Foyet do not have well-equipped roads and therefore are difficult to access, especially in the rainy season where they are generally accessible only by motorcycles as means of transport. With the

<sup>2</sup> Republic of Cameroon, catalogue of classified road in Cameroun, April, 2011

exception of Foyet, there are cars from Folap and Mfentame. One of the commonalities of health facilities in these communities is that none have a means of transportation to evacuate patients in need.

## Methodology

The data collection during this study was carried out in the urban and rural perimeter of the city of Foumban, capital of the department of Noun, west of Cameroon. It, therefore, has Folap and Foyet as regards the rural area, this because of their partial inaccessibility as shown in the map of the health area and tell them of the Foumban Health District. This accessible area was chosen to see how the management of the gestational period is done in such a context.

Based on a qualitative approach based on interpersonal interviews in urban and rural settings, data were first collected from 4 health personnel at the Foumban health district hospital, including 1 maternity major, 2 two SRN<sup>3</sup>, and 1 HCA<sup>4</sup>, all in maternity services. Also, 30 interviews were conducted with pregnant women and women who had already given birth in the district hospital. Added to that, there were 2 FGD<sup>5</sup> with respectively 7 and 6 women outside the hospital. This resulted in a total of 45 women interviewed including 1 traditional birth attendant.

Secondly, in rural areas, particularly in Foyet, interviews were held with 1 AS major maternity and 1 IDE head of the health centre. 11 one-on-one interviews were held with women and 1 FGD with 5 women, for a total of 16 women interviewed, plus 1 traditional birth attendant. In Folap, interviews were conducted with 1 SA and 1 community health worker, all operational at the maternity ward. Similarly, 11 interviews and 1 FGD with 6 women were conducted, for a total of 17 women and 1 traditional birth attendant interviewed. For a total of 87 respondents from all categories.

## 1. Results

In this section, the results of the various researches carried out in the field, namely: interviews and observations on practices, the behaviours, and motivations of the different actors that interact in the context of obstetric health and gestational period management in relation to the use of oxytocics.

### 2.1. “Incompatibility” of the foundations and practice of the two care systems

In women, the gestation or gestation period is thirty-six weeks. This is the period during which the development of the embryo allows the complete formation of the future baby, this period is the period during which the formation of all the organs takes place and in terms of obstetrics, gestational age refers to the embryo or the age of the foetus<sup>6</sup>. This is a particularly critical moment in the life of the pregnant woman and her management a necessity that should obey certain rules of the art. However, separated between two systems of care, namely the biomedical system and the traditional system, the pregnant woman in Bamoun soil faces two management models during her gestation period that are intended to be «incompatible», according to some informants. It is an “incompatibility”<sup>7</sup> of methods, processes, practices and end-use products.

<sup>3</sup> SRN : State registered Nurse

<sup>4</sup> HCA : Health Care Assistant

<sup>5</sup> FGD: Focus group Discussion

<sup>6</sup> <https://www.aquaportail.com/definition-3404-gestation.html>

<sup>7</sup> The incompatibility reflect the disagreement and the opposition that exist between the two systems of care regarding the methods, practices and products used, especially in the field of traditional medicine

### 2.1.1. Foundations and use of oxytocin in the biomedical system

In the biomedical system, oxytocin is a molecule that is synthesized and manufactured in a laboratory. Synthetic oxytocin (Pitocin, Syntocinon) stimulates the contractility of the smooth muscle of the uterus and is widely used for triggering and increasing contractions, and also during delivery<sup>8</sup>. It is a product that also helps to facilitate the removal of the placenta and stops bleeding after childbirth. In this perspective, the biomedical system has a hierarchical functioning in terms of the recourse and use of biomedical oxytocin. As a result, the initiative to administer oxytocin to a parturient is restrictive and is the responsibility of a physician, gynecologist, and obstetrician. An SRN in service at the Fouban District Hospital maternity ward states:

*Even if I give birth to them, normally i can't make a conscious decision to administer oxytocin to a woman if it's not for AMTSL<sup>9</sup>. In the first phase, only the doctor or gynaecologist has this decision-making power because it is very delicate. It's a big responsibility.*

It should be noted that even if it is the doctor or gynaecologist who must decide on the use of oxytocin for the first phase of delivery, these are not always present in the delivery room. Moreover, the latter are not permanently involved in health training. This was the case throughout the investigation period, when we saw the office of the doctor in charge of the maternity opened 3 days in two weeks. However, it should not be forgotten that biomedical oxytocin is administered only at the time of delivery, especially in the case of low contractions observed or in the absence of these. In addition, the district medical gives birth almost every day.

### 2.1.1. Use of Oxytocin in the Traditional Obstetric System

The traditional system, it uses oxytocics, which are drugs that can cause or stimulate uterine contractions. The traditional system, it uses oxytocics, which are drugs that can cause or stimulate uterine contractions. *Oxytocics are mainly used to trigger or strengthen uterine contractions during low-birth, but also sometimes during caesarean sections. After delivery, they are also administered to fight uterine inertia, which can cause bleeding. Oxytocics are finally used in case of ending of pregnancy. Among them, oxytocin is a synthetic molecule comparable to that naturally produced by the body.*<sup>10</sup>

In the context of traditional obstetrics, these are products such as herbs, tree bark or roots, fruits, leaves, potions, and any other substances admitted for their beneficial effects by Bamoun ethnoscience and exploited by members of the community. The use of these oxytocics is not restricted or limited since they are part of a widespread ethnic knowledge within this community and outside, in Cameroon and around the world as reported by Pourchez .(2014) ; Yemele et al. (2015). They respectively evoke the different knowledge of women in this matter in Mauritius, Rodrigues Island and Reunion for the first, the types of oxytocics products used by pregnant women in the department Menoua in Cameroon for the second.

The use of these products can be done at the proposal of the partner, a family member or even a third person, depending on the intended objective.

Irene, 24 and a four-year-old mother,

<sup>8</sup> <https://lucperino.com/512/ocytocine-synthetique-en-obstetrique.htm>

<sup>9</sup> AMTSL: Active management of the third stage of labour.

<sup>10</sup> <https://www.futura-sciences.com/sante/definitions/medecine-ocytocique-9468/>

*My mother-in-law makes me the products to take from 7 months of pregnancy and often I make them myself. These products allow me to maintain my pregnancy and when the time comes, I give birth without difficulty without knowing the pain of contractions.*

As for Zouleya, 38, 9 children,

*I have several products that I use for childbirth. It depends on what I find at the time of pregnancy and the type of pregnancy. For the twins it was different from the others and I started using earlier. If not, I usually take the products when I start to feel the contractions.*

## **2.1. Contributions of oxytocin to different care systems**

As observed above and in its definition, oxytocins have a particularly important function in childbirth management. There is every indication that without them, childbirth would be difficult and to some extent impossible. We are talking here about identifying the contribution or benefit of oxytocins used in both care systems.

### **2.1.1. Contribution of biomedical oxytocin in obstetrics**

Oxytocin in the biomedical obstetric care system is one of the elements without which delivery cannot take place properly, as it is used at several stages of delivery. In the first phase of childbirth, it allows an increase of contractions and expulsion of the foetus and in the last phase, which is the phase three called AMTL, it is used to allow or facilitate placental expulsion and uterine revision after childbirth. In doing so, it allows in many cases to avoid caesarean sections and to stop the haemorrhage<sup>11</sup> after delivery.

A personal maternity SRN at the DH of Foumban, “*without oxytocin there is no delivery*”. This statement by the nurse demonstrates the critical importance of oxytocin in the management of childbirth within the biomedical obstetric system.

It should be noted that oxytocin in the first phase is used as an infusion to be able to control the effects on the woman’s body and the progression of contractions. This can be stopped if there is a problem or if the target is reached. This explains why the use of oxytocics in the biomedical system is reserved for a specific and qualified category of personnel. In the third or last phase, it is used in muscle injection and does not require control and many precautions as in the first case.

### **2.1.2. Traditional Oxytocics in Obstetrics**

The use of traditional oxytocics in obstetrics is part of the Bamoun ethnic science, an endogenous therapeutic know-how rooted in habits that takes effect when a woman is pregnant. Although they are the cause of uterine contractions and expulsion of the foetus at the time of delivery, they also find their importance in the management of pregnancy. What’s more, traditional oxytocics are perceived as a kind of protection against mysticism for the mother and foetus during pregnancy and during childbirth, hence the attachment of the women who use them. In this sense, referring to the logic of using these traditional products, the use of products can be «Strictly therapeutic, linked to the body, or religious or even magico-religious, relevant to the treatment of interpretation associated with the origin of the evil (with, often, a search of sorcellar origin)» Pourchez (2014).

Colette, over 70, mother of 11 children and traditional birth mother:

<sup>11</sup> <https://www.doctissimo.fr/grossesse/accouchement/techniques-medicales-pour-accouchement-extraction/oxytocine-pendant-accouchement>

*Every time my daughters or daughters-in-law are pregnant, I prepare the products they will use throughout pregnancy. I can't even leave that out because it's for their well-being. Not only does it help to have easy pregnancies and childbirth without problems, but it also protects them and my grandchildren from bad eyes and spells.*

Thus, oxytocin in the traditional obstetric care system does not only have a role as a facilitator of childbirth, it also plays a protective role against the evil practices possibly addressed to the mother and her foetus.

These products have several modes of use among others: oral use, anal use, and also to anoint the body.

## **2.2. Care system failures and limitations of types of oxytocics**

Despite their contribution and benefits in the field of obstetrics, oxytocic products can have failures or disadvantages like all drugs. That said, even though these products provide comfort to women and facilitate the work of practitioners, they can be the cause of certain undesirable situations.

### **2.2.1. Deficiencies in the biomedical obstetric system**

Although the biomedical system has a structured and orderly operation in the use of biomedical oxytocin, this obstetric care system has flaws and limitations. Medical personnel with the responsibility and decision-making authority to administer oxytocin at the time of delivery are still not present in the hospital premises. This has been reported by both staffs in service in this health structure and by users, especially women. This situation was confirmed during the stay in the field, two weeks of investigation in the HD of Fouban and two more weeks in the CSI in rural areas where the presence of said staff was irregular and fleeting. Also, the maternity major confirms these absences when she says: *"I often take the risk of using oxytocin when they are not there. I must not leave the woman like that because they are not there. I must do my job. Generally there are no problems"*.

On the other hand, in rural areas, the qualitative and quantitative profiles of the staff of the IHCs of Foyet and Folap consist of: for Foyet, of (1) SRN as head of the centre, (2) Nursing Assistants, (1) a Laboratory Assistant (1) a Community Aid trained on the spot. As for Folap, (1) SRN as head of centre, (2) health care assistant, and (1) Community Aid trained on the spot. These different qualitative profiles suggest that, normally in rural areas, delivery should not be allowed to staff that is not qualified and able to handle oxytocin on a parturient.

The maternity major of Foyet, an AS says about the use of oxytocin:

*For me to use it, I wait for the woman to be 8 or 9 fingers dilated and I take a half ampoule of 0.5 CC syntocinon which I dilute in a solution and inject it. The child comes out directly, her placenta comes out, and it allows me to do the uterine revision. I'm doing this because as soon as the kid gets out, she can't accept you doing something that will lead them to spend their money. Isn't that another way to use it? Where am I wrong? If I am wrong, tell me! Where am I wrong? If I am wrong, tell me!*

The maternity major of the IHC of Folap reports:

*All of us were trained by the head of the centre. Last Sunday I came here. When I came back, I noticed that there were two deliveries with oxytocin and there were no problems. . I wasn't there and neither was the head of the centre because he lives in Fouban. The days he has to be there, he comes and goes after.*

It should be noted that, in the case of these two villages mentioned above, as suggested by the maternity major of Folap, all the medical personnel practising childbirth and, use oxytocin at all phases of childbirth. However, this practice remains formally restricted to qualified personnel only because of the harmful consequences.

With this in mind, the possible consequences associated with the use of oxytocin can be the following: abnormalities of the heart rhythm related to uterine hyperactivity, with an impact on neonatal mortality, atony following haemorrhage of the delivery<sup>12</sup>. To those risk can be added the rupture of the cervix, tears and complications that can lead to cesarean sections and fetal fatigue. Well aware of the risks inherent in the use of oxytocics, staff practice forgetting or ignoring the consequences of their actions.

### **2.2.2. Weaknesses of the traditional Bamoun obstetric system**

Faced with the constraints of socio-cultural, economic and medical orders and because of the fear that pregnant women feel of not being able to give birth by low, the management of the gestational period takes multiple orientations. In this perspective, the use of traditional oxytocics is essential for women in Bamoun soil. However, the traditional obstetric care system is not without its flaws. Generally, these products do not have a fixed dosage. The products are used according to the consumer's understanding and goodwill. Raïna, 27 years old, mother of 4 children met in Folap says: *"I usually start to take my stuff from the third trimester of my pregnancy until the end and I take the amount I can drink"*.

From another angle, the issue of hygiene is problematic in traditional oxytocics. Thus, Mama Zébou, a traditional midwife, says:

*I make my own products and I give to the women who come to see me. I can't tell them what I'm making with, if not myself I would have spoiled what I'm doing, because it's a secret I got from my grandmother. Even my mother did not know.*

On the other hand, the products used can cause several problems for the woman and the foetus. In this sense, the major of the Fouban HD maternity explains that:

*They're never going to tell you that they used something. You find that they have used their products when the contractions are strong and violent with an abnormal progression or when the child already wants to leave while the cervix is still closed.*

Following him, the AS major of maternity of Foyet adds:

*It's true that their products often work, but when they fail, we can risk the worst. I had a patient here for delivery. She had three days of contractions, the opening of the cervix was slow but everything was fine. Her mother-in-law went home on the third day and came back with a*

<sup>12</sup> <https://www.doctissimo.fr/grossesse/accouchement/techniques-medicales-pour-accouchement-extraction/ocytocine-pendant-accouchement>



*product in the bottle. Less than two hours after things changed. She gave birth dramatically but with a lot of tearing. If the chief wasn't here that day, she'd probably be dead. With all the difficulties in finding a means of transport, we were still able to transfer it to Fouban.*

His colleague interrupted by adding: *“We could only let the work go on alone, because there was not much oxytocin in storage. We were saving it for emergencies. In addition, we needed to use more because the products of her mother-in-law caused the birth.”*

On this subject, the health staff is unanimous on the harmful manifestations and consequences of the use of traditional oxytocics. In this case, we end up with the consequences previously observed in the context of biomedical obstetrics: tears, fetal suffering, hemorrhages, uterine rupture and in the most serious cases, maternal and neonatal mortality.

### **3. Discussion of results**

In view of the situation of the study sites, it appears that the urban environment has more advantages than the rural area. It is experiencing access difficulties due to poor road infrastructure that forces users to use travel vehicles that are not adapted for pregnant women. As perceived by Bationo (2007:12-11), geographical accessibility is a real problem because between the poor condition of the roads, distance to travel, the high cost of transport, associated with the quality of transport precarious. Moreover, the rural area has only the IHCs which, from the point of view of the provision of medical services are generally poor because they lack essential qualitative and quantitative equipment. The IHCs are also not staffed with highly qualified personnel to provide consistent support to pregnant women who attend them. As mentioned by Madjanga Nyouvi (2010), in peripheral areas, there is a quantitative and qualitative lack of health personnel with small or medium-scale health centres and generally has only matrons, non-specialized nurses. In addition, there is a lack of expertise in obstetrics.

From the above, it appears that the recognised conditions in the rural environment and the health structures they support directly or indirectly represent obstacles to the practice of biomedicine. In this perspective, they are a springboard for the recourse of populations to care drawing on the ethnic tradition of the soil, a way to compensate for the absence or inadequacy of health benefits offered to people in situations of need. Beninguisse (2003) analyses the reasons and factors that lead to the use and discontinuation of obstetric care services from the biomedical system in favour of traditional obstetrics. On the other hand, the disparity in the provision of care to pregnant women between the countryside and the city reveals an increased deficit in high-quality materials and personnel in the Foyetet de Folap IHC and a supply of the hospital of the Fouban health district in the technical plateau of quality. This encourages greater use of traditional oxytocics in rural areas than in urban areas for gestational management. Thus, 27/43 women interviewed use the traditional system in urban areas, compared with 28/33 in rural areas. In both cases, it should be noted that, on the one hand, the satisfaction of medical personnel who make use of biomedical oxytocics and, on the other, that of the woman who uses the oxytocics produced according to the Bamoun ethnic tradition resides in the results obtained at the end of the pregnancy, that is to say after a successful birth. Otherwise, usually, the delivery of caesarean sections may reflect the failure of the use of these oxytocics.

If one observes well the failures of the biomedical obstetric care system with regard to the use of oxytocin, the question of responsibility for the administration of oxytocin becomes controversial. The

practices observed in rural areas and the doubt expressed by the maternity major of Foyet imply the existence of risks that are however neglected and could explain some post-partum gynecologic-obstetric problems including tears, uterine ruptures, haemorrhages, and even, to some extent, maternal and neonatal mortality that may be linked to the use of biomedical oxytocics. Another look at the intervention of Major de Maternité de Foyet and his colleague reveals that, to a certain extent, the attitude of the medical staff is sometimes the very reason why women adopt certain behaviours or a penchant for the use of traditional oxytocics. In addition to the doubt and practices observed in rural areas, the repeated absences of qualified personnel in charge of the decision-making of the administration of oxytocin to the parturient the hospital of the district of Foumban and the risk-taking as expressed by the major of maternity of said hospital, indicate the existence of a permanent danger. This is precisely a hazard that women are exposed to, when it comes to the use of biomedical oxytocic products for childbirth. The delay and absences of qualified personnel responsible for the administration of oxytocics leads to consequences that can be fatal for the parturient and her foetus. On this, a study by INSERM<sup>13</sup> mentioned that, the inappropriate use of oxytocin increases the possibility of making a serious haemorrhage after childbirth and that, the risk is multiplied by 1.8. Yet, Post-partum haemorrhage (PPH) is recognised as the leading cause of maternal mortality in the world. It affects between 5 and 10 % of deliveries<sup>14</sup>. According to the WHO, the prevalence of obstetric haemorrhage in Cameroon is 4.1% Mutarambirwa (2014).

Apart from this, the traditional system is also dotted with risks that, in some situations, can also be causes of gynecologic-obstetric problems such as infections related to lack of hygiene in the preparation of oxytocin products. In this regard, Pourchez (2014) mentions the hygienic conditions of the work of matrons as consequences of certain obstetric problems. As the words of this traditional Foyet midwife about the making of the products indicate, one generally has no idea what one is consuming. We receive ready-made potions without knowing if we are allergic or not constituents that are part of its composition. In addition, the hygienic conditions under which the products were concocted are unknown when it was not done by oneself. To this can be added the risks of involuntary abortions, premature deliveries, tears and fetal fatigue due to the unregulated consumption of products developed for the accompaniment of pregnancy and or the facilitation of childbirth. For example, to talk about traditional oxytocics and their adverse effects on the health of women and the foetus, Aka (2016) "*traditional products with uterotonic effects continue to be used and unregulated in agglomeration with its corollary of maternal foetal complications.*"

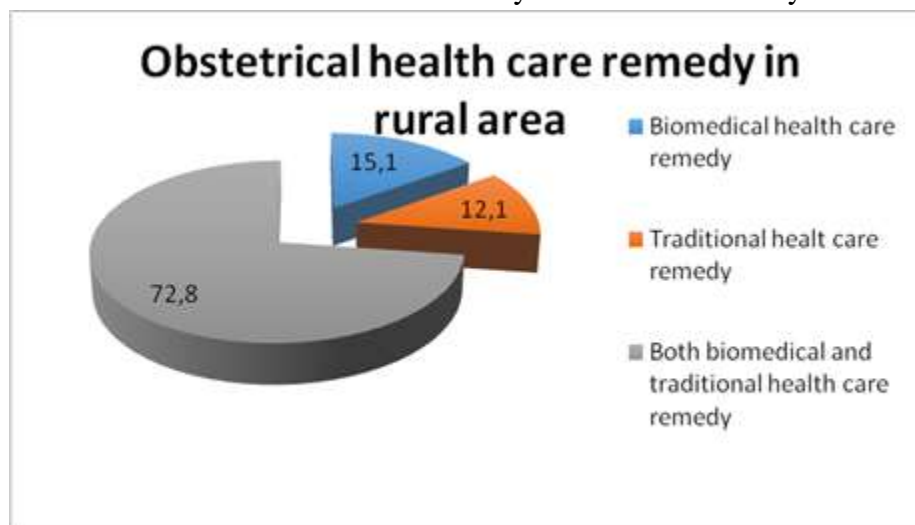
In both cases, with biomedical and traditional obstetric systems, failures of both care systems and failure or misuse of oxytocin products result in serious consequences that increase the cost of obstetric problems and maternal and neonatal mortality in developing countries.

Depending on the expectations and problems faced by women, they move either towards the biomedical system or towards the traditional system, and to some extent they combine the two systems of care, this is in the sense of ensuring that the pregnancy and/or childbirth go smoothly. Pourchez (2014), mentions

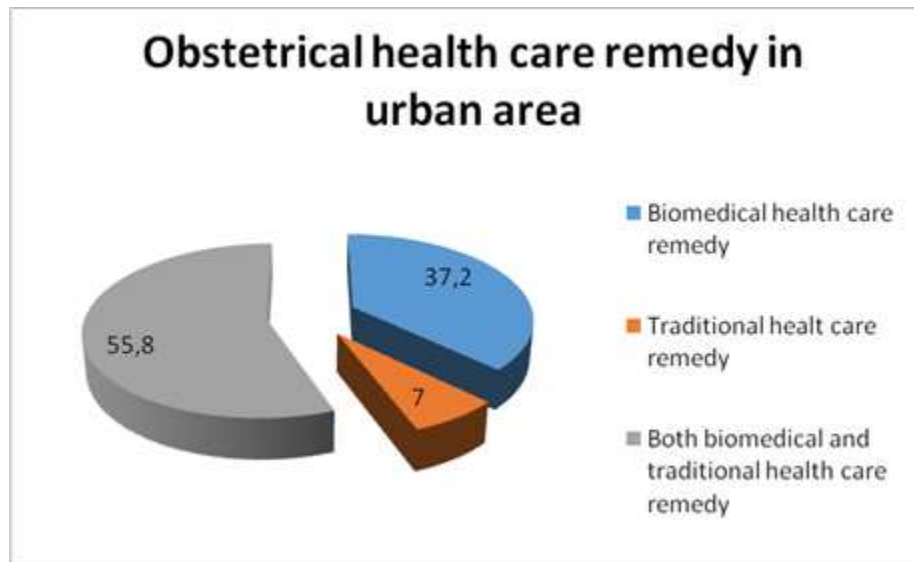
<sup>13</sup> NIHMR : National Institute of Health and Medical Research

<sup>14</sup> <https://www.doctissimo.fr/grossesse/accouchement/techniques-medicales-pour-accouchement-extraction/ocytocine-pendant-accouchement>

the recourse of women to the two systems of care in the islands even if in a first approach, it remains an unspoken practice by women. Within this framework, there are three options for rural areas. The first figure shows that 15.1% of women use only the biomedical care system. This is explained by the fact that this is latest have had no problems during their pregnancies and, do not live permanently with their family or in-laws, which generally has decision-making power over the attitude and behaviour of women during the gestational period. In the second approach, 12.1% of women use only the traditional system. For the latter, the exclusive use of the traditional system is due to the age of these women, since they are on average 69 years old, they are all attached to their culture and religion. As a result, refuse to expose their nakedness to the unknown especially to the little girls who could be their grandchildren and even more to the men who, according to them, were the practitioners in the care system of their time. This led them to have a clear preference for the traditional care system. The last figure is that of women who synchronously use both care systems. This represents 72.8% of women. For them, this practice stems from the fact that being in the same area of residence with their family and the in-laws, they generally have no choice but to obey the elders who come to assist them in this period that attracts the attention of everyone. On the other hand, being in contact with the people who use these practices, one has the proof of a successful experience which one cannot help but resort to in order to pass through the period of fear with serenity. In the urban area, 37.2% of women use only the biomedical care system, 7% use the traditional system and 55.8% of women use both care systems simultaneously.



Source: Field work 2021



Source: Field work 2021

For all these women, the reasons for the use of different care systems and oxytocic products remain the same in both rural and urban areas. In general, it should be noted even if the biomedical care system is heavily used in developing countries, the traditional one has a place of choice and remains unavoidable.

Bamoun ethnomedicine demonstrates ingenuity through the oxytocics traditionally developed and proposed to pregnant women. It thus contributes to the accompaniment of pregnancy and the facilitation of childbirth. In this sense, Ela (2007: 54) “We must change our view of the indigenous, taking into account non-Western knowledge and knowledge. Indeed, we are facing societies with a real scientific spirit.” This observation shows that the manufacture of these oxytocic products is not the result of chance, but the fruit of agility, ingenuity, and endogenous knowledge that deserves to be taken into consideration. This, in a local context where biomedicine is brandished as a model, as an ideal care system, and beyond the limits that are recognized. This raises the question of whether Bamoun’s endogenous know-how, like that of other ethnic societies, is not worthy of inclusion in the repertoire of valid medical care and in the heritage of science. Still, this obstetric Africanity is held in high esteem by the community, which does not deny itself to take advantage of it as soon as the need arises. These factors bear witness to the place of diversity, which not only nourishes and satisfies human needs according to society but also fascinates and impels us to open ourselves to others for a communion of peoples and cultures. In this, we must agree with Amadou Hampâté Bâ (1985) quoted by Perusat (2010):

*Just as the beauty of a rug is the variety of its colours, the diversity of people, cultures and civilizations makes the world beautiful and rich. How boring and monotonous would be a uniform world where all men, modelled on the same model, would think and live in the same way! Having nothing more to discover in others, how would one enrich oneself?*

Despite the “incompatibility” of the modern healthcare system with the traditional ethnic system usually affirmed by biomedical personnel, it turns out that these two systems share the same objective and the same subject. Given the contributions of the two models of care in the management of pregnancy and gestation in pregnant women, there is a need for reciprocal and by extension acceptance, a true

complementarity between these two systems of obstetric care and, among them, the possibility of the existence of an interculturality of the systems of obstetric care. In this context, whatever the situation, the precarious socio-economic conditions and the attachment of peoples to their cultural values push them to resort to and adhere to traditional methods of care. Thus, a consideration of ingenuity and ethnic knowledge in obstetric practice for an Africa turned towards modernity becomes a necessity.

## CONCLUSION

This study on the paradox of incompatibility of the use of modern and traditional oxytocin in the management of the gestational period through the socio-cultural group Bamoun in West-Cameroon had mainly two objectives. First, to analyse the reasons for the “supposed” incompatibility between these two care systems, the deficiencies and benefits of oxytocics were highlighted on a case-by-case basis in these care systems. A second approach was to explore the possibility of complementarity between these two systems of care in the management of gestation periods from modern and traditional oxytocics. Using qualitative data collection and analysis methods, conclusions were reached that several factors combine to constitute the “incompatibility” between the two care systems. These are methods, practices, processes, and end-use products. Through the analyses, it turns out that the foundations of these care systems regarding the use of oxytocic products during the gestational period are diametrically opposed. Referring to interviews with medical personnel who are most opposed to the practice of obstetrics and the use of oxytocics in the traditional system, beyond the foundations of the traditional system, the consequences of traditional obstetric practice is one of the reasons for this incompatibility. Yet, faced with the observations made in the field, the biomedical system, because of several factors, is also held in check when it comes to the use of oxytocics. In both systems, this situation provides better explanations of care obstetric problems and maternal and neonatal mortality. Despite the failures observed on both sides, these two care systems and their oxytocics each have their particularities and significant advantages in the eyes of the communities that use them and of certain medical personnel, especially in hard-to-reach areas. Therefore, despite the fact that the biomedical obstetric care system is recommended by conventional medical policies as the best and only appropriate for the management of obstetric issues, rightly or wrongly, the use of traditional obstetrics and oxytocics have a central place for the population’s obstetric health care. These obstetric remedies configurations inevitably call for the need for complementarity between the two care systems, particularly regarding oxytocic products in order to regulate their use. Especially, when it comes to traditional medicine and products, it is observed that almost 80% of the population of developing countries use these products for primary health care Kasilo et al, (2010). This reality is not excluded in the context of obstetric medicine and the use of oxytocic products.

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