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Original Research Article

A Sociological Look at Kidney Donation Promotion and Silence in the District of Abidjan

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Abstract: This study analyses the ideologies that construct the discourse of living transplant recipients in a scientific approach. To achieve the expected results, a methodology based on a qualitative approach was used. This allowed us to obtain the following results: The choice of a living donor raises ethical issues that need to be taken into account by the actors involved. This practice is in total contradiction with the first principle of medical ethics, which is "first, do no harm", since a healthy person is subjected to surgery with its risk of complications. This is only possible if the beneficiary's expected goal far outweighs the disadvantages of sampling.

Keywords: Socio-anthropological approach, Transplant patients, Abidjan district, Promotion, Kidney donation, Silence.

INTRODUCTION

Retrospective studies have identified the socio-demographic characteristics of individuals for organ donation. These studies agree that organ donors are predominantly white-skinned individuals with a high level of education and economic status (Boulaware, Ratner, Sosa, Cooper, Lavait, & Powell, 2002; Rodrigue & Sminoff 2007). Indeed, in a sociological study on the opinion of the French on living donor renal transplantation, 91% of cases responded favourably to renal donation. This survey shows that there is no reluctance or blatant opposition to living kidney donation in France (Marilyne Sasportes and M. R. Carvais, 1997).

In Côte d'Ivoire, Decree No. 2012-18 of 18 January 2012 on the collection and use of therapeutic substances of human origin other than blood was adopted to specify the general provisions and technical conditions of human organ harvesting.

To this end, as of 24 September 2012, lives kidney transplants were performed on patients at the Abidjan Heart Institute (AHI). Compared to dialysis, kidney transplantation has major advantages, especially because it sufficiently improves the life expectancy and quality of life of the transplanted patient. Therefore, from the point of view of sustainable human development, transplantation also has long-term benefits for society as a whole by enabling a significant number of transplant patients to re-enter the labour market. Only transplantation seems to be the definitive solution to kidney failure. And we are reassured that if the cost of a kidney transplant is equivalent to one year of dialysis in the first year, this cost falls to a quarter of the dialysis in the following years. In addition, the patient recovers quickly and sustainably instead of having to bear the high costs of dialysis indefinitely.

Another advantage of kidney transplantation from a living donor is that in Côte d'Ivoire, the family is a cultural entity and solidarity due to one's socio-economic position remains a permanent cardinal value of Ivorian society. Indeed, the discourse of the actors to promote kidney donation uses an enriching qualification of the act by emphasizing the well-being brought to a suffering individual and to his socio-cultural environment. However, the lack of willingness of the subjects to consent to kidney donation is in itself an eloquent silence of the population towards an act that it also considers as a model of social virtue.

Despite all the advantages of living kidney transplantation, it is less common in Côte d'Ivoire. This low participation of the Ivorian population in live kidney donation consent in Côte d'Ivoire allows us to

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know: How do the ethical and social issues justify living kidney donation and transplantation in patients?

1-METHODOLOGY

A survey was conducted in the homes of transplant patients in the district of Abidjan from 10 August to 20 August 2020. It was purely qualitative. The eligibility criterion of the respondents was the pathological state of the patients. Thanks to the snowball effect, we were able to survey people who had received a kidney transplant. In addition, we included this study in the Theory of Planned Behaviour (TPB) to account for donor behaviour in relation to recipients of living transplants. In this study, habit refers to the fact that people have engaged in donation behaviours in the past. The conditions that facilitate or prevent the adoption of a behaviour include the circumstances that make it more or less difficult for an individual to adopt a behaviour. Indeed, four main factors define intention: cognitive and affective components of attitude, normative beliefs, beliefs in the existence of specific social roles and personal beliefs (moral norm). The cognitive component of attitude is the result of a subjective analysis of the advantages and disadvantages that result from the adoption of the behaviour. The individual translates a number of positive and negative consequences caused by the adoption of the behaviour into beliefs. The emotional dimension is the emotional response of a response to the thought of adopting a given behaviour. For example, a person may decide not to consent to a kidney donation because the thought would make them very anxious.

2-RESULTS

2-1- Orientation of kidney donation by recipients

We selected seven testimonies from individuals who had been transplanted, in open consultation. Indeed, the first observation, which is to be expected given the context of this exchange, is the positive and benevolent nature of these people regarding transplantation. The promotion of kidney donation would be impossible without such a discourse. But it is important to note how these transplant recipients describe kidney donation. Therefore, the recipient appreciates kidney donation in these terms: "*Kidney donation is above all an act of generosity and humanism. If a person has no feelings or love for his or her fellow man, he or she cannot be so generous as to give one of his or her kidneys*" (Interview with Mr B.E. at his home in the commune of Koumassi).

It is in this vein that this statement illustrates: "*It is a gesture of humanism, but above all of God's will because without God, this could not happen. It was God who inspired the donor. Because it is not easy to give your kidney to someone*" (Interview with T. Y.P. at his home in Angré-Cocody).

These testimonies highlight the nature of the recipient's relationship with the donor. Kidney donation justifies the donor's affection for the patient. Furthermore, the use of "God" in the justification of kidney donation shows that recipients construct a relationship with the deity in search of a therapeutic solution. To the question: "Do you believe in kidney transplantation as a therapeutic solution? "the kidney recipients unanimously answered: "Yes. This positive response shows that recipients establish a therapeutic relationship with transplantation. Indeed, recipients believe that transplant specialists are sufficiently equipped for the work they do.

2-2- The relationship of the recipient with the donor

References to the donor can be found in almost all the statements of kidney transplant recipients, even the shortest ones. "*It is clear that today my donor has only one kidney. I have to follow him so that his kidney is not damaged. He saved my life. At the moment my donor has no activity, he is my uncle, I am trying to find out how to help him find a job. It's not a reward for what he did. The kidney he gave me is priceless*. "(Interview with Mr T.S. at his home). Several attitudes emerge towards the relationship with the kidney donor: the relationship between the kidney recipient and the kidney donor is expressed in terms of gratitude and recognition towards the donor. Organ donation for some transplant recipients is described as a kind of rebirth. This is what this transplant recipient testifies to: *"It is a resurrection for me. Receiving a kidney from my relative who saved my life"*. (Interview with Mr T.M. at his home). These different reactions show the complexity of the relationship with the donor.

Indeed, gratitude to transplant specialists is often expressed: in meetings with transplant recipients, they have testified to the merits of kidney transplantation by thanking the transplant team. This transplant is expressed in these words: "My brother gave me a second chance to live. I live today through him. My brother was a cure for me". (Interview with Mr O.A. at his home). Kidney recipients report a kinship relationship with donors, but more importantly interdependent relationships with kidney donors.

2-3- Difficulties in receiving a kidney transplant

The difficulties encountered by transplant recipients prior to receiving a transplant are of different kinds. Some transplant recipients report difficulties in finding a suitable donor. To this end, one transplant recipient said, "When you have kidney failure, you can't make plans at all. Your work activities are slowed down. Dialysis is restrictive. Every time you drink a little water, you need dialysis. Your life is slowed down. So when the transplant was considered, a compatible donor had to be found. It wasn't easy at all. Nobody knew I had kidney failure. So how do I go about telling my parents and asking for help? One day I told my little brother that I have kidney failure. So the only way for me to get better is to have a transplant. So my brother decided to do the compatibility test. I went

to see the nephrologist and we did the test, which cost me almost 1,500,000 CFA francs. Unfortunately, my brother and I were not compatible. I did another compatibility test with my cousin at 1,500,000 CFA francs. It was this test that worked.

In total, the two tests to find a compatible donor cost only 3,000,000 CFA francs. Once this test had been passed, it was now necessary to mobilise the costs of the transplant operation, which amounted to 10,000,000 CFA francs. So, thanks to the support of the Ministry of Health and its Medical Aid Service, I am now out of the bonds of kidney failure. I am happy to receive a transplant. "(Interview with T.M. at his home in Riviera-Cocody). In addition to these difficult moments experienced by some patients during a transplant, other patients have less difficulty in finding a kidney donor.

The testimony of a kidney recipient edifies us in these terms: "*In my case, I was lucky enough to have two donors, my younger brother and my cousin. Both were compatible. But I preferred my younger brother's donation because if there were complications during the collection or after the transplant, people would not be too upset with me, unlike my younger brother.* "(Interview with P. T. at his home). These comments show that the difficulties encountered by kidney recipients are financial and psychological. Indeed, the high cost of kidney transplantation requires recipients to be treated. In addition, the choice of a suitable donor defines the nature of the relationship between donor and recipient.

Patients' language about kidney donation and transplantation often goes beyond the spoken word. Symbolism plays an important role, and it is evident that this symbolism is often expressed almost unintentionally in the actions and decisions of transplant recipients.

2-4- The symbolism surrounding living kidney donation

According to the actors, kidneys are "symbols of strength, sexual power, begetting, but also of fear and loss of power". Some of the patients' behaviours can be traced back to the symbolism of the transplanted organ. Indeed, most of the kidney transplant recipients we interviewed show a desire for power (sports power and sexual power). The fact that these relationships between post-transplant behaviour and the symbolism attached to the transplant are physiologically explained does not detract from the meaning of these attitudes: the human body is capable of and endowed with a language that goes beyond the strictly symbolic nature of its behaviour or attitudes. By accepting a foreign kidney or a kidney from another person, the subject also accepts the symbolism associated with that organ, in addition to that of the donor, according to the transplant recipients interviewed.

3- DISCUSSION OF THE RESULTS

The analysis of the comments of the transplanted subjects in the District of Abidjan, highlights the symbolism of kidney donation but above all the interdependence of the recipients and their donors. These results are in line with those of authors GAGNE and BLONDEAU (2000) who studied the factors predisposing to consent to organ donation according to AJZEN's theory of planned behaviour. These authors found that attitude, perceived control, perceived importance of barriers, and perceived moral standard were determinants of intention to consent to organ donation. These research findings are consistent with those of DOUVILLE (2007), who examined the determinants that influence human tissue donation. After comparing TRIANDRIES' (1980) paradigm of interpersonal behaviour with AJZEN's theory of planned behaviour, the author points out that AJZEN's theory is more effective in predicting behaviour and explains 47.50% of the variation in legal respondents' intention to consent to tissue donation. Predisposing factors in this study include attitude, normative beliefs, perceived control and beneficence.

Indeed, the theoretical and empirical results of our study show that people who consent to living kidney donation have a positive attitude and wish to help their suffering relatives. The same findings are shared by BRESNAHAN, LEE, SHERMAN, NEBRASKAS, PARK and YOON (2007); their study investigates the participation of Japanese, Korean and American students in organ donation. The results indicate that attitude and social norms are predictors of intention: That is, the demonstrated willingness to donate an organ to others.

Furthermore, according to MAX (2007), attitude and beliefs are also correlated with the intention to consent to organ donation. In other words, when a person has positive beliefs (no bodily mutilation) and a positive attitude towards organ donation, they are more likely to consent to organ donation. The family is therefore involved in the organ donation process and is invited to give consent (Québec-transplant, 2009), and the family's refusal to consent to organ donation is said to be one of the main causes of the absence of organ donation.

The notion of precariousness is evident: the employed middle class is 60% in favour of organ donation compared to less than 40% in other categories. The tendency of respondents from low social status to be reluctant to donate organs is reflected in other recent studies by observations reported by doctors and procurement coordinators (PATERSON and HERPIN, 1998) and in interviews with families asked to donate their organs (WAISSMAN, 1998). However, according

to the author, it is not the generosity of respondents from modest backgrounds that is at issue. Beyond this attitude, we must take into consideration the relationship that families have with the body of the deceased, whose loss is felt as an injustice, all the more so because the family is not generously endowed by society. The impact of social representations of the body, as well as those of death and social solidarity, are likely to vary positions regarding organ donation. This is borne out by the results of various ethnological or sociological studies (BOILEAU, 1997; WAISSMAN, 1998). The question of integrity is at the heart of social representations of the body.

CONCLUSION

This study showed that patients waiting for a living transplant sometimes have difficulty finding a donor. The reason for this was their lack of knowledge about the criteria for kidney donation and the living transplant process. In addition, recipients expressed their opinion and perception of living transplantation. Furthermore, among the many behavioural explanatory paradigms, AJZEN's (1991) Theory of Planned Behaviour (TPB) has been repeatedly shown to be effective in predicting intention to engage in various health behaviours (GODIN, and KOK, 1996). Following the work done with Tischbein, AJZEN proposes to add to this behavioural model the concept of perceived behavioural control in order to predict behaviours that are not entirely governed by the individual's voluntary control. According to TPB, intention and perception of behaviour are the two main determinants of behaviour. A study by GODIN and KOK (1996) indicates that these two determinants explain, on average, 34% of the variance in behaviour. It is determined by three direct variables: attitude, subjective norm and perceived control. Attitude refers to the more or less favourable evaluation of the adoption of the behaviour. Subjective norm refers to the respondent's perception that people important to him/her think they should or should not engage in the behaviour. Perceived control refers to the respondent's perception of the degree of facilitation or difficulty in adopting the behaviour and is a determinant of both the individual and their behaviours. Conditions that facilitate or prevent the adoption of a living kidney donation behaviour include circumstances that make it more or less difficult for a subject to adopt a behaviour. Indeed, four main factors define intention: cognitive and affective components of attitude, normative beliefs, beliefs in the existence of specific social roles and personal beliefs (moral norm). The cognitive component of attitude is the result of a subjective analysis of the advantages and disadvantages that result from the adoption of the behaviour.

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