

# Sickness and Psycho–Spiritual Healing among the Agni Morofoue in Cote D’ivoire

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**Abstract:** The purpose of this study was to explore the perceptions of the Agni Morofoue in Cote d’Ivoire vis a vis sickness and the psychospiritual healing. The study adopted a phenomenology research design. Twenty-five participants were purposively sampled. The data was collected through interviews and focus group discussions. The findings show that the Agni Morofoue perceive sickness from a biopsychosocioeconomic-spiritual perspective. However, the spiritual aspect of sickness seems to cut across all the other aspects. The treatments include prayer, libation, use of herbs, use of modern medications, talk therapy through advice and guidance. The Agni Morofoue make recourse to medicine men/women, diviners, mediums, seers, ritual elders, rain-makers, priests for healing. Psycho-spiritual therapists for the Agni people may be expected to act at the same time as medicine men/women, diviners, mediums, seers, ritual elders, rain-makers and priests.

**Keywords:** Biopsychosocio-spirituality, Psycho-spirituality, Sickness, Healing, Agni Morofoue, Culture, Cote d’Ivoire

## I. Background

The human person is born, lives and dies. In their lives on earth, human beings go through several experiences some of which become long lasting struggles and battles. Among these experiences is the struggle for the safeguarding of health, the battle for kicking away diseases, disorders, and whatever goes against human life, wellness and wellbeing.

Sickness can have many causes and consequences. It has become from history a ‘faithful companion’ of human beings. Though humankind tries to get rid of it, sickness is not ready to accept any ‘divorce’ between it and human beings. Many a times, humankind is terrified and terrorized by sickness. This gives rise to different means to cope, deal with and treat sickness.

Ndung’u (2009) stated that “Throughout human history, the search for good health or wholeness of being has been a major concern. The search for drugs to confront incurable diseases continues to occupy medical professionals worldwide”.

Waruta and Kinoti (1994) argued that the word ‘health’ connotes the idea of ‘hale’ which is the possession of soundness or wholeness. It can be stated that health is to do with the totality of the human person, with creation, and God himself. Health is divine gift and grace. They state that health can be defined as a dynamic state of well-

being of the individual and the society, physical, mental, spiritual, economic, political, social wellbeing, being in harmony with the natural environment and with God.

Ndung'u (2009) every African community had in place mechanisms of dealing with anti-life forces like diseases, drought, floods, barrenness, curses and witchcraft. These maladies, according to the Africans, did not occur by accident, but were caused by certain forces, including human agents through magic and witchcraft.

Ronzani (2007) also stated that in every society health is a major concern but it is particularly true in Africa where people are frequently exposed to many kinds of sicknesses. It is obvious that people look for ways to fight the causes and consequences of sickness. However, many herbs were found to contain medical properties but the cause of disease often remained mysterious.

Ronzani is of the view that sickness is looked at as 'an enemy of life' and it 'represents a lack of harmony and balance, a disorder introduced into the personal, social and cosmic fabric. The process of healing therefore entails the finding of the nature and the causes of the sickness and afterwards the prescription of the medicine.

Kone et al. (2019) argue that "Malaria patients in Ivory Coast use wide variety of treatment routes, depending on how they understand the etiology of their sickness, their association of illness with supernatural causes, their capability to pay for standard consultation fees, their access to conventional health care facilities, and their confidence in traditional African therapies.

According to Sanogo (2007), in Cote D'Ivoire malaria constitutes about 33% of the causes of death among the population and more or less 63,000 children below the age of 5 die every year due to malaria. Before, such situation many efforts are to be made. Hence, there is the involvement of almost all the sectors (public, private and traditional medicines).

The Agni Morofoue, being part of the population of Cote D'Ivoire are also concerned with the situation of health. According to the *Recensement general de la population et de l'habitat* ([RGPH], 2014) the Agni Morofoue are 352,616 (male: 180,434; female: 172,182). Akpenan (2013) noted that, in 1721, after the defeat of the Aowin against the army of the Ashanti of Opoku Ware, the population that was exiled and between 1735 and 1740 became the Morofoue are from three major areas, the Gold Coast. These are, the Aowin (Amantian, Ahali, Sahoua, Alangoua, Essandane, Ngatuafoe and Ahua); the Sahie (Sefwi) for the Sahie; and the Ashanti (for the Asie who are part of the Nzikpi from Apremsa an estate of Kumasi). Despite the fact that they originated from three areas, they are the same people. Hence, they are faced with similar political, cultural, and social issues. Though many Agni Morofoue live in different parts of Cote D'Ivoire, they are majorly found in the central East. This research aimed at exploring the perceptions of the Agni Morofoue regarding sickness and healing modalities and the implication of the findings for psycho-spiritual therapists.

## II. Objectives

To explore the perceptions of the Agni Morofoue in Cote D'Ivoire vis-à-vis sickness and healing modalities as well as the implication of the findings for psycho-spiritual therapists.

## III. Methodology

This study adopted a phenomenology research design, which according to Creswell (2015), "describes the common meaning for several individuals of their lived experiences of the concept or phenomenon. Phenomenologists focus on describing what all participants have in common as they experience a phenomenon" (p.76). This design is qualified by Borgatta and Borgatta (1992) as popular in the social and health sciences particularly in sociology. Purposive sampling was used to select 25 participants comprising 14 male and 11 female. Most of the participants are 35 years old and above. All of them were put into 5 groups of 5 participants. The data was analyzed thematically.

## **Findings**

### ***Perceptions about Sickness***

From the interviews and focus group discussions, it was found that the participants perceived sickness as having different dimensions such as biological, psychological/mental, sociocultural, economical/financial, and spiritual. It was stressed by many that a single sickness can have all these dimensions. Sometimes one dimension may be more felt than the others. Some other times a sickness may begin from one dimension and end up creating other complications in other dimensions. In other words, a sickness can be biopsychosocioeconomic-spiritual in nature.

#### *Biological Sickness*

Some sicknesses were perceived as being biologically factored. These include, malaria, cough, hemorrhage, yellow fever, headache, stomachache, ulcers, high and low blood pressure, asthma, diabetes, fibroids, and STDs. Sicknesses which result in physical disability, e.g., blindness and deafness, were regarded as biological if occur in adulthood. If it occurs to a person of young age, it is often considered as spiritual.

#### *Psychological/mental/emotional Sickness*

Some of the psychological sicknesses mentioned by participants are fear, anxiety, depression, loss of one's mind, and hallucination. Others mentioned that depression and hallucination could be stages to loss of one's mind. It was mentioned by considerable number of participants that many mental illnesses are considered as spiritual caused by evil spirits.

#### *Socio-cultural/environmental sicknesses*

Among the socio-cultural and environmental sicknesses enumerated by participants are division, individualism, jealousy, hatred, conflicts, gender inequality (though being a matriarchal society, men seem to have more power), issues related to accepting other sexual orientation different from heterosexuality. Some participants mentioned that even being effeminate and womanish is not much desirable in many families. It could be seen as very shameful and one could be mocked if s/he is found to behave so.

#### *Spiritual sicknesses*

Some of the spiritual sicknesses identified were barrenness, persistent miscarriages, erection disorder or sexual disfunction, among others. This is because a biological sickness can be spiritual factored depending on the duration of the suffering of the sick or the way the sickness occurred, the reasons for getting such kind of sickness, the nature of it and the perpetrator behind such sickness. Extreme poverty leading to total misery was mentioned by some participants as spiritual sickness. Unanimous, the participants stated that every sickness could be supernatural especially if it is found to be strange or unknown to the people.

### ***Treatment methods of Sickness***

Many of the interviewees stated that the healing process among the Agni Morofoue is understood as holistic. That is, healing of sickness is biopsychosocio-spiritually factored.

Biologically, sicknesses are sometimes treated with medication from the hospital. Other times, people prefer the use of herbs, while some others use hospital treatment and herbs concurrently. But many mentioned that generally, when it is discovered that the sickness is biological many Indigenous Agni Morofoue would prefer the utilization of herbs. They may try other options if the condition worsens.

It was also identified that psychological, mental, or emotional sicknesses are dealt with using indigenous approaches such as advises, guidance, frequent talks with a more experienced person, who could be considered by the family or the whole community as a wise person. Usually such a person is older than the person who needs support and help. Since these kinds of sicknesses could also be considered as spiritual, spiritual treatment procedures are as well required and used.

During the focus group discussions, it was brought out that, most times, in order to treat the socio-cultural or environmental sicknesses, celebrations are organized, sacrifices are made in order to appease the gods/ God, the spirits, and the ancestors who could be angry because of what is going on wrong in the community. Most of these processes are also spiritually oriented.

According to some participants, spiritual sicknesses are treated with prayers, libation (calling upon the spirits, asking for forgiveness and assistance, expression of strong belief that the spirits will accept the plea and will act in favor of the sick and/or the community), visit to marabout, charlatan, 'prophets' in their prayer camps. Others also mentioned methods and techniques such as spiritual protection (use of charms, spiritual bath to drive away evil spirits), slaughter of animals, cleansing, deliverance or exorcism and confession. Many of the participants strongly argued that there are some sicknesses that western medication systems cannot treat and therefore when someone in the society gets such kinds, they do not even try to go to hospital. They go in the traditional ways.

Some of the healers that the participants mentioned are the following:

*The medicine men/women (Herbalists)*

Participants stated that there are people in almost every Morofoue family who, at least, know the treatment of many ordinary biological sicknesses through the use of herbs. However, some members of the community could be seen as experts in the matter. They either inherited it and/or were taught by another member of the family or community.

*Diviners/mediums/seers*

These can speak to the spirits and discover what went wrong, who did what, and ways forward to appease the spirits, and they are also able to predict what could happen in the future.

*Ritual elders*

These are identified as elders who other members look up to and can get into contact with the ancestor's spirit. Therefore, on different occasions, they are the ones who lead the family prayers. Many of these elders were said to be heads of clans.

*Rainmakers*

Among the Agni Morofoue, they can be individuals or a group of people who, during drought, could organize prayers, dances etc, in order to call for rain.

*Priests*

According to participants, priests have been existing since time immemorial. However, there are those who currently are called 'prophets.' These prophets have prayer camps and shrines where they combine prayers and use of herbs to treat their patients.

*Dream interpreters*

A dream interpreter is a divinely and spiritually gifted person who is able to understand signs, symbols and contents of the dream of an individual in order to give meaning or interpretation. Oftentimes, diviners, mediums, seers, ritual elders, priests could also play the same role.

#### **IV. Discussions**

Waruta and Kinoti (1994), though they agree about the holistic aspect of illness, insisted that it has a lot to do with socio-environmental factors. Illness is viewed by many Africans as a misfortune and is a sign that one has fallen out of the already described delicate balance. It is also perceived as a social sanction. Health and sickness have many dimensions like those of life. In Africa having health is associated with all that is positively valued in life. It is also a sign of correct relationship between people and their environment with one another and with the supernatural world. Africans regard health in a social more than biological sense.

Ronzani (2007), on his side, insist on the spiritual dimension of illness when he says that in a world that is religious like the traditional African world where there is a complex interaction between God, mysterious powers, the spirits and the ancestors.

Olupona (2004) emphasizes the socio-environmental and spiritual aspects of illness when he argues that sickness in the indigenous African worldview is not only an imbalance of the body, but also an imbalance in one's social life, which can be linked to a breakdown in one's kinship and family relations or even to one's relationship with one's ancestors. There is the view that people with evil powers could cause other people they see as their enemies or are disrespectful to them to become sick as a way of punishment.

Thus, illness can be caused by breaking taboos, offence to God, ancestors, spirits, sorcery, witchcraft, evil eye, possession by an evil spirit and curse from parents or from an offended neighbor. The victim may also suffer from the offence of a relative (alive or dead) though he/she may not necessarily have done wrong (Waruta & Kinoti, 1994). For Waruta and Kinoti, though most Africans are aware that some illnesses have natural or organic causes, there is still an overriding belief in the supernatural or spiritual causation of illness.

White (2015) agree with the supernatural aspect of illness when he stipulates that although African traditional religion is not against a Western medical way of treatment or healing process, its followers believe that there are some diseases that Western medicine cannot treat, and therefore need spiritual attention. Therefore, many traditional African communities are of the view that certain illnesses which defy scientific treatment can be transmitted through witchcraft and unforeseen forces; these include barrenness, infertility, attacks by dangerous animals, snake bites by dangerous snakes, persistent headaches and repeated miscarriages (Obinna, 2012, pp. 137-139; Thorpe, 1993, p.25).

Healing, wellness, wellbeing and wholeness are the fundamental and essential conditions for human happiness and joy. According to Kinast (1993), the need for healing can be seen at three levels of human existence. The first level is that of basic survival which entails our physical wellbeing as well as the means to achieve and maintain it. The second level is that of our human dignity and it deals with a person's self-acceptance as well as the ability to relate and interact with others in a mature way. The third and last level is moral and spiritual; it is about our sense of right and wrong, good and bad and attitude towards the meaning of life. Kinast by arguing in this way agrees with the biological, social and spiritual aspects of illness.

Ronzani (2007) asserted that the need for healing calls for the interaction of all these three levels. Moreover, in Africa indigenous places, healing can take place thank to the utilization of herbs as well as other forms of spiritual healing which can fall under the name of faith healing. For Ronzani an important dimension concerning healing is the involvement and supportive attitude of the entire community in the suffering of the sick and their struggle to be healed. According to

Mutungi, Africans seek therapy or treatment for a number of reasons ranging from preventive, protective and curative for illnesses. Moreover, the healing ceremonies generally conducted by a priest-healer, a diviner-doctor or medicine-person usually involve confession, atonement, forgiveness and reconciliation. Mutungi puts these therapists in 4 categories: the medicine man, the medium, the diviner and the priests. Mutugi, therefore agrees with some of the above findings regarding the different kind of healers among the Agni Morofoue.

Kiminyo (2004) discussed the physical and psychological healing process as follow: 1) the patient comes with a complaint of illness/problem/misfortune, 2) the medicine man/woman tries to discover the cause of the illness/misfortune, 3) the medicine man/woman diagnoses the nature of the disease, 4) he/she applies the treatment, 5) he/she gives medicines/measures to prevent the reoccurrence of the illness. He asserts that many healing processes are guided by traditional African 'specialists' such as medicine men/women whom he defined as special people who treat diseases with herbs. Some of them are not only herbalists but are also diviners and rainmakers who contribute to their societies. Kiminyo (2004) argued that it should be clear that the medicine man or woman is not a witch doctor as many writers have indicated. Medicine men/women often go through long training by other medicine men/women (usually their fathers, mothers or grandparents). By arguing in this way, he agrees about the importance of their presence in the African societies.

Some people believe that the special power of the medicine men/women is hereditary and others note that they are called by their ancestral spirits to become medicine men/women. During training, medicine men/women acquire knowledge of medicinal value from different herbs, leaves, roots, barks, grasses, dead insects, bones, feathers among others. They learn causes and cures of diseases and kinds of other suffering such as barrenness, misfortune, magic, witchcraft, and sorcery. They further learn how to fight evil spirits and also the secrets of the living dead (Kiminyo, 2004). They believe that every disorder and sickness have a corresponding plant or animal product that can neutralize its effect (Okpalaenwe, 2014). In African societies, medicine men/women are called upon to be honest, trustworthy, and morally upright and will to serve all people with or without the necessary payment and their patients usually trust their instructions very sincerely.

For Mbiti (1975) who is one of the advocates of the traditional healing practices, "the medicine man acts not only as a doctor but often as a listener to people's troubles of all kinds and as their counsellor or adviser" (p.153). Some medicine men/women pray for their communities, take the lead in public religious rituals, rites, ceremonies and celebrations. According to Mbiti, it is believed that the medicine of the medicine men/women not only cures the sick, but also drives away witches, exorcizes spirits, brings success, detects thieves, protects from danger and harm, removes the curse and so on.

Mbiti stipulates that often the diviners work with the medicine men/women. Sometimes they perform their roles as diviners and also those of the medicine men/women. "The main function of diviners, mediums, oracles and seers is to find out hidden secrets or knowledge and pass them on to other people" (Mbiti, 1975, p. 154). The fundamental role of diviners is to discover why something has gone wrong.

They denounce and tell who may have worked evil against their patients and find out which spirit is troubling a possessed person, what it wants and what should be done to stop the trouble. In the exercise of their function, diviners use divination. Sometimes diviners, "get in touch with spirits directly or through the help of mediums who often work with them. It is possible that diviners have a knowledge of how to use some of the unseen forces of the universe. They also use their common sense and good imagination" (Mbiti, 1975, p.156).

Mbiti (1975) said that mediums are individuals who get in touch and communicate with the spirit world. He asserts that they are often women who are usually attached to medicine persons or diviners. The process of getting in touch with the spirit world is done through drumming, dancing, and singing until the person becomes possessed. Under the possession of spirit (s), the medium may do things that when she is in her normal state, she would not do them such as beating herself and bang her head.



Usually, the mediums speak other languages which habitually it is the diviner, medicine men/women or priests in charge of them who can interpret what she is saying. "The medium tells where to find lost things, who may have bewitched the sick person, what types of ritual and medicine are necessary for the cure of people's troubles, whether an intended journey will be a success or not, which of the living dead may have request to make and of what kind" (Mbiti, 1975, p. 157) and so on.

Mbiti (1975) said that seers are individuals who have the power to see things that are not easily known to others. Sometimes they foresee things and events before they take place. Contrary to the other healers, seers often do not go through any specific training. They are usually people with a sharp capacity for both foresight and insight into things. It is also possible that some of them receive revelations through visions and dreams in addition to being able to use their intuitions. Seers may be both women and men.

Mbiti agrees that ritual elders are also found in many African cultures. They are men and women who take charge of performing rituals in their communities. These people according to Mbiti do not go through any specific training to perform the rituals. They normally occupy it through natural abilities of leadership and because of their age and experience. These people often had parents who were also ritual elders. So, by being close to their parents they become well versed in the processes, procedures, prayers, words, actions, intentions and times of the rituals which they conduct.

Mbiti also mentions rainmakers as heirs of other parents who were rainmakers. "Where rain-making is not hereditary, a person may be called to do it through dreams, messages from the spirits or a natural interest in the work" (Mbiti, 1975, p. 158). The training of rain-making involves learning to perform the rain-making rituals, to observe and interpret weather conditions, and to observe changes in the sky both at night and in the daytime, and the movements and habits of insects, birds, and certain animals, as well as the changes in plants and trees. The main duty of rain-makers is to ask rain from God.

White (2015) in his article also agrees with the importance of the presence of priests in the African societies. He asserts that priests may be men or women. It is not exclusively reserved for men; "their work is to look after temples and religious places, to pray, to lead in public worship, to receive presents on behalf of God or other spirits. They are gifted in religious knowledge, matters of myths, beliefs, practices, traditions, customs, legends, parables, and proverbs."

In Africa they are religious leaders and have a deep and intimate relationship with ancestor spirit with whom they can communicate day and night. "Training to become a priest involves learning various prayers, dances, songs rituals, skills and crafts, and all aspects of their religion. After qualifying there may be a public ceremony to acknowledge their achievement or to initiate them ritually. When officiating publicly, they wear their priestly dress" (Mbiti, 1975, p. 161).

Like the Yoruba, the Agni Morofoue perceive events of life like physical and mental sickness as a challenge due to the malevolence of enemies, using metaphysical or diabolical means. Therefore, remedy often involves exclusive corrective metaphysical or diabolical intervention, or in addition to orthodox or western Medicine (Olugbile et al, 2009). However, it is believed among the Agni Morofoue that there are some illnesses that the best medical doctor, the most prominent psychiatrist, counselor or even Church pastors cannot treat unless some traditional practitioners such as Komians (priest) intervene.

## **V. Conclusions**

This study sought the perception of sickness according to the Agni Morofoue in Cote D'ivoire. Sickness is viewed from biopsychosocioeconomic-spiritual dimensions. However, spiritual interpretation of sicknesses seems to be paramount, calling for spiritual interventions while not overlooking the medical, psychological and/or herbal treatments. Psychotherapists and/or Psycho-spiritual therapists are to understand, respect, and/or cooperate with

the worldviews of the Agni Morofoue concerning sickness in therapy. This will make their therapeutic approaches all-inclusive and holistic.

Based on the findings of this study, it could be very beneficial to the Agni Morofoue to continue deepening their knowledge about psycho-spiritual practices which could be participating in solving many issues pertaining sicknesses. Every sector within the communities needs to have well trained and devoted practitioners whose work and practices need to be advertised and promoted at every level.

Furthermore, the Agni Morofoue may expect from practitioners in their midst to be able to deal with their issues in a holistic and integrative manner. Moreover, practitioners among the Agni Morofoue need to be well prepared to answer appropriately and adequately their questions about sickness, and health. Thus, multicultural competencies maybe required from every practitioner exercising among the Agni Morofoue. The patients whom they will be dealing with may expect them to foresee and foretell, prevent, assess and treat many issues that they are faced with including sickness. People may even expect them to act at the same time as medicine men/women, diviners, mediums, seers, ritual elders, rain-makers and priests. To this point, we can say that the work of all modern and traditional practitioners needs to be acknowledge, valued and promoted.

## References

- [1] Borgatta, E. F., & Borgatta, M.L. (Eds). (1992). *Encyclopedia of sociology* (vol.4). New York: Macmillan.
- [2] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- [3] Creswell, J. W. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*, (5<sup>th</sup>ed.). Boston: Pearson.
- [4] Guest, G., Namey, E. E., & Mitchell, M. L. (2012). *Collecting qualitative data: A field manual For applied research*. London: Sage Publications.
- [5] Kiminyo, D. M. (2004). *Spirituality personhood development and psychotherapy in African societies*. Nairobi: Educational Research and Publications.
- [6] Lazare Yera AKPENAN (2013), *Les Morofoue: des origines diverses de l'Aowin à la creation du royaume embryonnaire du Moronou (1721-1780)*, *Rev iv hist*,22,102-130.
- [7] Mbiti, J. S. (1975). *Introduction to African Religion*. Ibadan: Heineman Educational Books Ltd.
- [8] Ndung'u N.W (2009). Persistence of Features of Traditional Healing in the Churches in Africa: The Case of the Akurinu Churches in Kenya. *Department of Philosophy and Religious Studies University of Nairobi, Thought and Practice: A Journal of the Philosophical Association of Kenya (PAK) New Series*, Vol.1 No.2, December 2009, pp.87-104.
- [9] Nyumba, T. et al., (2018). The use of focus group discussion methodology: Insights from two decades of application in conversation. *Qualitative Methods for Eliciting Judgements for Decision Making*, 9, 20-32.



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- [10] Obinna, E., 2012, 'Life is a superior to wealth?: Indigenous healers in an African community, Amariri, Nigeria', in A. Afe, E. Chitando & B. Bateye (eds.), African traditions in the study of religion in Africa, pp. 137–139, Farnham, Ashgate.
- [11] Okpalaenwe, E. N. (2014). *Psychological counselling for Africa*, Handbook on Psychotherapy and cultural Counselling in African Contexts. CUEA Press.
- [12] Olugbile, O., et al. (2009). Yoruba World View and the nature of Psychotic Illness. *African Journal of Psychiatry*. DOI: 10.4314/ajpsy.v12i2.43733
- [13] Olupona, J.K. (2004). 'Owner of the day and regulator of the universe: Ifa Divination and healing among the Yoruba of South-Western Nigeria', in M. Winkelman & P.M. Peeks (eds.), Divination and healing: Potent vision, pp.103–117, University of Arizona Press, Tucson, AZ.
- [14] Thorpe, S.A., 1993, *African traditional religions*, University of South Africa, Pretoria.
- [15] Ronzani, R. (2007). *Christian healing: The anointing of the sick*. Nairobi: Pauline Publications of Africa.
- [16] Shorter, A. (1998). *Toward a Theology of Inculturation*. New York: Orbis Books.
- [17] Waruta, D. W. & Kinoti, H. W. (1994). *Pastoral care in African Christianity: Challenging essays in pastoral theology*. Nairobi: Acton Publishers.
- [18] White, P. (2015). 'The concept of diseases and health care in African traditional religion in Ghana', HTS Teologiese Studies/Theological Studies 71(3), Art. #2762, 7 pages. <http://dx.doi.org/10.4102/hts.v71i3.2762>  
<https://news.harvard.edu/gazette/story/2015/10/the-spirituality-of-africa/>  
[https://brill.com/view/journals/utaf/14/1/article-p75\\_4.xml](https://brill.com/view/journals/utaf/14/1/article-p75_4.xml)  
<https://reliefweb.int/report/c%3%B4te-divoire/c%3%B4te-divoire-le-palu-33-des-causes-de-mortalit%C3%A9>  
<http://www.ins.tn/enquetes/recensement-general-de-la-population-et-de-lhabitat-2014>