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OBSERVATION OF DIFFERENTIAL TREATMENT OF OVC IN A SOCIOLOGICAL STROLL IN FAMILY UNITS OF PORO-KORHOGO REGION (IVORY COAST)

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SUMMARY

This paper analyzes some social operators who argue for the production of differential treatment of OVC in their respective families. Specifically, the article highlights the social resources that accompany and legitimize the dual treatment of OVC n families and the consequences that this entails socially. Indeed, the study results showed that the OVC in general are subject to a dual social treatment, which makes their family and social integration difficult. Methodologically, this study is based on a qualitative approach with comprehensive goal focus on interviews, observations, focus groups and use of secondary data.

***Key words**: OVC, family*

Introduction

AIDS only discovered in 1981 was instantly spread on planet earth like wildfire, producing on its way desolation, psychosis, loss of life and orphans. With an estimated prevalence of 3.7%, Côte d'Ivoire is one of the most affected by the epidemic in West Africa (EDS, 2012) the dizzying growth of the epidemic in the general population in general and particularly in the population of children under 18has become a public health concern. Indeed, a lot of additional information, EDS (2012), UNAIDS (2012) now suggest increased risk of HIV infection in children under18 years in Ivory Coast. For example, according to EDSIII-CI in 2012among 15-19 year olds, HIV prevalence has experienced a net increase of about 0.2% from 0.3%in2005-0, 5% in 2012. Among female children, the prevalence rate was 0.4% in 2005 and 0.8%in 2012(ie 2 times the prevalencein2005). In male child, the prevalence rate was 0.2% in 2005 and 0.1% in 2012. The report NACP, 2013 indicates that the number of children From 0-14yearsliving with HIV is70, 000 and those0-15yearson treatment of 7512, with coverage to antiretroviral therapy for children (8%). The number of patients on ARVs in 2013was 123692.Of these, there were 6779 children 5.5%. RASS, 2013).In the most optimistic hypothesis, the majority of these children are orphans and vulnerable children due to HIV / AIDS (OVC). According to UNAIDS estimates (2012), in 2012 the number of OVC was $ 380,000.ie 14.0% of children under 15 have been orphaned or vulnerable because of AIDS in 2012. According to UNAIDS estimation (2013), the official number of OVC in the country is currently 410,000. Given this situation, the government and its development partners (PEPFAR, UNICEF etc.) develop from day to day actions of support and protection of OVC in order to facilitate one day their social integration. However, the interviews with the NGO-Wopilé Blood and families show that despite these actions, the OVC Community is object to community differentiation. This differentiation is observed in their social treatment compared to other children who are not OVC in the community. That is to say that orphans related to AIDS (OVC) are at the heart of a process by which they undergo dichotomization: inclusion Desire / exclusion or sometimes practical desire of exclusion / inclusion practice. indeed, the interviews with community officials and leaders of support from NGOs indicate that, while the economic climate, health, psychological, educational and emotional strengthens further around other children (non-OVC) in the family unit, it degrades daily goshawks OVC. This assertion is supported by the words of an interview as follows: "*all children we have received and that we support have all been either abandoned by their families either do not have benefited proportional support to other children in the family. There're families we met where children go to school but the OVC's child does not go , even those who carry the disease are more isolated and sometimes push back from family unit because "they could contaminate healthy children, they say* '. "These words were reinforced by long observations and interviews realized in family units of OVC. For example, it was found that OVC are more integrated or used in pastoral activities, parent commission, laundry activities, dishes, sweeping the house however, they are not called to take part in the kitchen, ate with the other children, they do not share the same bed and / or mat and the same room with other children, they are neglected in schooling and community education etc. why children who live in the same environment are treated differently? It is on this question that this text tries to bring some answers.

1. The Methodology Of The Study

Field surveys were essentially qualitative and have relied on two (2) additional pillars: First, a literature search mainly targeting official documents (research reports, scientific publications, etc.) .Second, information meetings with key actors of the object of study. To this end, the qualitative approach of field we have adopted was conducted through direct observation, focus groups and individual interviews. According NGO estimation, the number of family unit was estimated at 160. On these 160 families, 54 were selected for this survey based on the quota method. This means that we interviewed 1/3 families. We have a total of 54 individual interviews conducted with families in the town of Korhogo. We conducted interviews with five officials of the NGO. So in total, we conducted 59 individual interviews on the main theme of the object of study ie double social differentiations process in the different family units of OVC. Group interviews gather a maximum of seven to eight people. We limited the number of participants in focus groups often seven or eight more productive intensity of empirical data. The focus has been achieved by mobilizing two categories of actors: parents of families and mixed OVC with children non-OVC. The focus with the children was about an exercise on the nature or operation of structuring interactions with their environment. Thus, the differential treatment of the phenomenon of OVC in families has been entered through the words, patterns and behaviors of real actors. From this point of view, we fit in the context of methodological individualism as intellectual approach favoring the understanding of attitudes and behaviors of social actors (Olivier de Sardan 2000). Just because we agree with Chauveau (1997: 195) to say that social actors always have reasons, good or bad, to act as they do. Given the nature of the object of study, given the context of the analysis was that of the comprehensive sociology and interaction sociology. The comprehensive theory analyzes the behavior and attitude as the product of a fact of consciousness. Clearly modeling decision-making mechanisms share a design where the behavior of individuals are produced by a rational agent, first acting in terms of the meaning, intent and meaning. Social actors who engage in social activities have a certain degree of rationality. The researcher must be comprehensive; he must seek for the meaning, reasons, infinities of human behavior, as they are the base of their actions in question then make them intelligible. The second analytical framework of this study is based on the interaction theory *"Analyzes the behavior in terms of actors or groups of actors strategies considering that these strategies value the room for maneuver, however minimal they are, that any social actor has, even dominated, in its relations with the institutions and other actors* "(Chauveau, 1994). In the imagination of almost all surveyed (99.97%) the effective supports a guardian or parent brings to a child must be profitable in a near or distant future. In this order the child is constructed as invested with a dual mission: personal fulfillment on one hand and obligation to provide economic and social assistance to members of the 'classificatory parents and others Member of the family. It is in this vein that all non-OVC children with whom we had an interview have declared having associated parents and other family members for their future project through speeches such as*"If I work tomorrow I will take my father and my mother in charge," "I'll pay car for my parents tomorrow"* etc

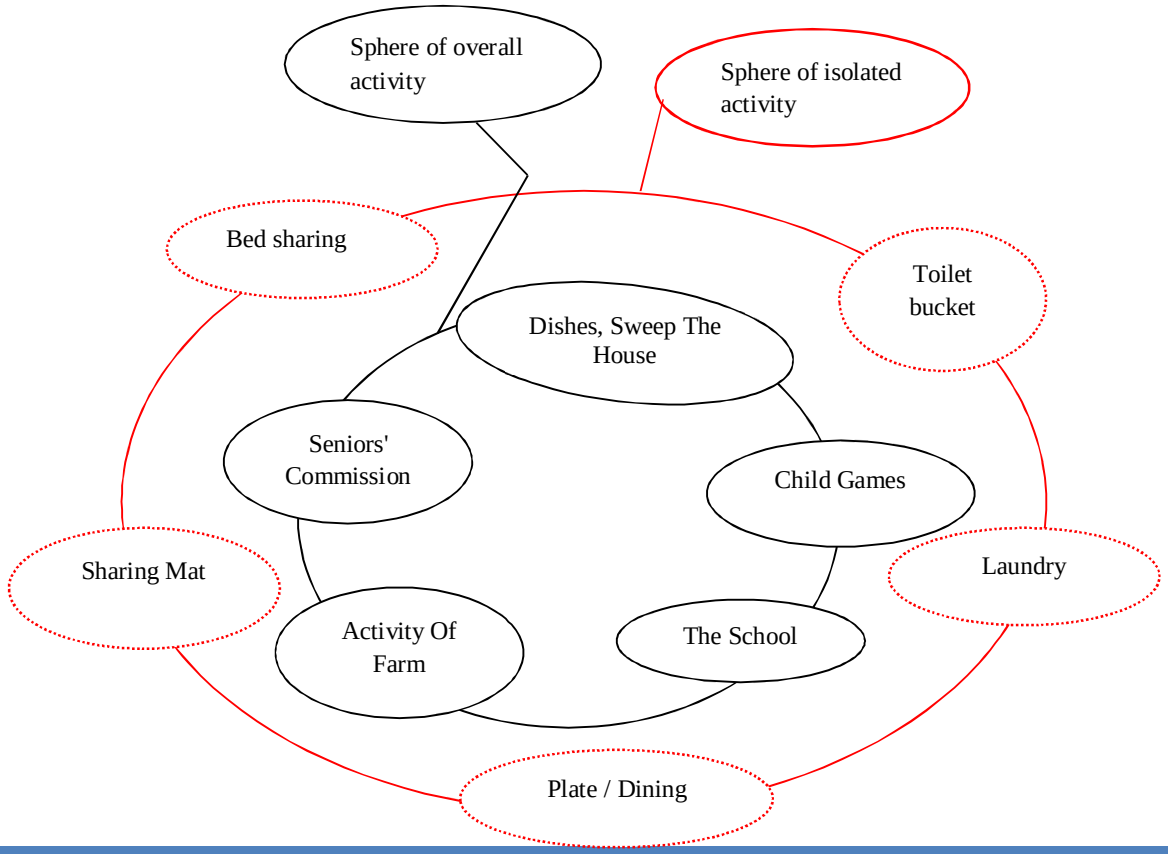
2. When the rise of 'individualism' legitimate differential treatment of OVC

Associate individualism in the production of differential treatment of OVC does not happen by itself and calls scientific thinking. This principle of structuring social life, more practiced in industrial societies, is indeed in the center of the ideological constructions that accompany the differential treatment process of OVC in the area of study. In this study, individualism means the structured lifestyle only around the father, mother and children living under one roof. This new modern lifestyle in the Durkheimian sense of the term defends 'individual autonomy", ' Personal social links, " more elective and more contractual '.The introduction of individualism in the method of construction of traditional family relations has been interpreted by 57.66% of respondents as a social media participant differential treatment of OVC. This is what informs us the uncle of an original OVC in Korhogo in these terms: [...] *Life has become so hard nobody can accuse his parents, everyone think about his own children, if what you have is not enough for you and your children, you cannot think about someone's child , even if it is your nephew* (Interview YA2015). This speech reflects the presence of a 'veiled competition' 'in the collective consciousness and / or individual of the population legitimized by individualism. And this is the emergence of this new social order within families which is probably the cause of the weakening of support functions, protection and integration of OVC. On analysis this family protection weakness is reinforced by the status of OVC. The OVC does not have the same characteristics as other categories of children. This assertion shines so veiled through discourse investigated in such a term: "*If these children were like other normal children we could understand that.*». In the analysis, these speeches translated consciously or unconsciously validation of a symbolic debt among non-OVC children and family members. Better, this veiled relationship of the child to the parents is considered an "implicit co-insurance agreement" in moral character (Straubhar and Vadean, 2005). This form of veiled social debt present in the collective consciousness excluded OVC because "*they cannot live long on this earth with this disease*," they say. For example, the education of children is influenced by the orphan status (OVC). Indeed, it was found by the study that children whose parents are both alive and who live with at least one of them, were much more likely to benefit from an effective schooling as orphans father and mother because of AIDS or infected with the disease. Indeed, the study data show that when children have both parents alive and live with at least one of the two, 61, 23% go to school, but when both parents died, the proportion is only 38.77%. At the national level, according to the NHP (2010), by 2007, 63% of OVC were enrolled (PSN 2007-2010) .It should be noted that 47% of children 10-14ans father and maternal orphans were attending school in 2012. With the advent of AIDS, it is found that the fact to note, in the manner of Dedy. S. & Gozé (1994: 33) that "*everyone involved in education, the support of every child, without consideration of blood relationship, the child is a 'public good' 'collectively managed to whence the secure nature of their environment*, "seems more or partially justified us. For proof, 78.97% of the individuals that are based on local custom (Poro), religious and / or spiritual defending a community lifestyle and or individuals are gathered around beliefs and shared values manifesting a sense of disdain when the subject of integration of OVC is in the center of debates. Indeed, for 78, 97% of this category of respondents, the OVC children must be well treated but differently from other children because "*we don't know if they can live long to help the family. Once we know that your own parents have died of AIDS, you can no longer be well considered by the members of your family.* «It is that hostile behavior that confirms more than a decade, the work of MARC.E. G (1994) as follows: "*The solidarity of the family in Africa is often applied more than real.* " This means that in Africa, mutual solidarity that the family members intend to demonstrate, is illusory because in reality it is not. For him, this moral obligation to serve others and to assist them at all times, in all places and in all circumstances is an illusion. So we can say that

the epidemic of AIDS is colonizing negatively protection values and traditional integration around the child. In other words, AIDS is deforming the positive sense of family that is "safe in the double sense of rootedness and protection of all members without distinction of blood" (Dedy S. & Gozé (1994:. 130) . This weakening of traditional social bonds associated with the absence of the image of one or both parents in the OVC aggravates the social, psychological and spiritual problems related to growth. This is where Kelly (2002) asked about the impact of the lack of parents on children's performance in the future years. For example, the child who has his two relatives parents infected must face the trauma of seeing one of his parents die knowing that the other parent will soon suffer the same fate. Once the child is abandoned, orphan hood becomes a constant condition that accompanies him in his adult life. In a vein more sociological, we will retain that the differential treatment of OVC is rooted in the social changes wrought by the transformation of the traditional type of society to a more industrialized society and its impact on the relations of social determination of social care for OVC.

3. OVC differential treatment between protection of the family and the history of the parents (PlhiV) deceased OVC

The observations and interviews revealed that the differential treatment is nourished OVC with a major fact that is the idea of protecting other family members to AIDS. This finding is supported by the words of a member of Mr. Souare family, saying "when we don't put them together with the other children, it is not because we are wicked or we do not want see them, it is to prevent them from contaminating other children, so for us it is a protection. " The strong presence of this logic "rewarding" the protection of non-OVC children in the collective consciousness of family units, feeds part of a trivially ideology accepted that is "when you have AIDS, you become a dead man up" "it is better than the OVC child die alone and not bring other children with him." On this basis the study showed a demarcation of the daily activities of children from the same family unit as shown in the diagram below.



In the imagination of families, sharing the same bed, eating in the same container, washing in the same toilet and washing seal in the same container dirty laundry are actions likely to transmit the disease to family healthy members. And in the name of that safe design and / or fatalistic protection, the family support mechanisms of OVC has wreaked knowing that isolated these children will not have a chance. This is what supports an African proverb, saying: "The right hand washes the left hand and the left hand washes the right hand" or "it is the ear that teaches the gospel of the healer's cure, but it is the hand that takes "If Blibolo & al. EDSCI 2004, 2012 have shown that despite their financial difficulties, the relatives gather orphans (Blibolo et al. 2004). Several years later, the data from this study show that the care of OVC by their relatives is only a facade support obeying a certain social order, *"If you do somehow people will say you're wicked or you want to destroy the links of breast milk,*[7]*"* they say. It is to avoid ridicule of society that close relatives take in " half " care of OVC. This assertion is supported by the interpretive approach that characterizes symbolic interactions (Johnson 2001). This approach indicates that childhood began to be studied in his daily life with the assumption that social reality is constantly created and recreated by social actors. For example, The interviews capture that OVC children's education a has in some respects repressive modes involving corporal punishment for the slightest mistake. Certe, traditional standards require education of children often repressive. But this education is dosed to symbolically make the child responsible tomorrow. This is what Dedy. S. and Tapé. G. (1994: 29-30) show, saying "the socialization of the productive work could not be equated with exploitation of children because the effort required correspond to the age of children; a symbolically determined effort is required, which allows them to realize early the danger of idleness." Furthermore, only 28.73% of the field of study OVC attend conventional schools and 30% attend Quranic school while 73.13% of non-OVC attending conventional schools and 21.79% attending Quoranic school. However, access to education is considered an "essential service" and is one of the key elements of the response to OVC to ensure access to these services on the same footing as non-OVC (PNS, 2007-2010). That is why following the discovery of the first case in 1984 in Thailand; the Thai authorities have adopted the integration of programs against HIV / AIDS in the education system (Chutamas Soravisutr (2002). At the analysis, differentiation in the daily treatment of OVC delivered by the above diagram is explained in at least two levels.

First, what would be the basis for this demarcation in the treatments every day is the weakening of OVC to mobilize the necessary resources which make easy their integration and the consideration of the family. It is the OVC depletion of this resource, due to their status, presiding probably embrittlement mentoring mechanisms. And the consequences of this dual process of OVC on life that what is call PSN (2007-2010) psychological impact that is, anxiety related to the disintegration of the family, a lack of confidence, a drop in 'self esteem.

Second, this differentiation calls, decades after the onset of the disease, the representations of the means of transmission of the disease and one who died because of HIV / AIDS. At this level, the discourse of the interviewee appears quite characteristic. Indeed, based on observations and interviews, the individual who dies because of AIDS did not die with human dignity that characterizes the company. This assertion is supported by the words of one respondent in these terms: *"whoever dies or whoever has AIDS, is seen as someone who made fornication or adultery."* Or a fornicator or an adulterer is seen as a person " *dirty*' of the society it call local language *'Kameleba*' 'if it is a man or' *sougourouba* if it is a woman. This pejorative

[7] The saying was reported by Dedy. S. & Gozé (1994: 34)

connotation attributed to the person with HIV (AIDS) legitimate stigmatization and contempt glance the community mobilizes around PV-HIV since the onset of the disease. This pejorative connotation is based on a diagram of the collective value system. In fact, 69.98% of respondents believe that AIDS is a divine punishment for the '*Kameleba*' 'or' '*sougourouba*'[8]. For "fornication or adultery are actions banned by custom and the Lord of the heavens and the earth," they say. This situation is so present in the individual and collective consciousness of the population that the funeral of a deceased PlhiV are not made with "all due respect." Also, died of AIDS is to be seen as a death " *outrageous* " for transgressing the norms of the moral order. In the opinion of respondents, the recognition of a person who died depends on the conformity of its conduct to the standards and values of the community. It is this de-constructive image that accompanies the disease (AIDS) and PlhiV since his illness to his grave which partly explains the differential treatment of OVC. In fact, the child with AIDS was the cause of the death of his parents is systematically structured as carrying the virus, which must get rid of because seen as dangerous for the group. And replace this misconception rooted in consciences by a medical concept of the thing seems a profoundly tedious goal.

4. When poor families financial allocation legitimate differential treatment of OVC

It is also significant to clarify that the deterioration of the living conditions of large sections of the population of the study illuminates the growing distance between the families of the field of study and the OVC. Indeed, the start of the armed attack of 19 September 2002 led to a rupture in the State's response in the production of wealth in the former CNO zones in general and particularly in the north. Almost all public services responsible for providing this answer have all either been closed or either was ransacked. The agents of these services, for the most part had to leave their function localities, leaving the populations to themselves. This situation characterized by the absence of public services to produce wealth and meet the basic needs of the population of the above mentioned areas to further deteriorate the living conditions of families in general and particularly those in the north, already experienced by recessionary effects of structural adjustment programs and political uncertainty that followed the military coup of 1999 and the armed rebellion in 2002. This degradation of the families had a negative impact on the construction of a collective involvement of families in the total care of OVC, while it is precisely in such contexts that the choice of good policy can have a crucial impact on the lives of these children. This statement so stick with reality to the point that was found on the ground spoliation by the extended family heirlooms property (land, bank note etc.) from OVC and / or their widowed mother. In such a context of collective and / or individual poverty, while there was minimal legacy represents a value for the heirs and for the extended family. To capture the economic level of families, it is significant in view of the field investigations, noted that more than three quarters of the surveyed household heads is 95.12% own their home. The houses are generally of rectangular shape and band built resistant materials and quality (cement, brick, sheet ...). Only a small proportion is about 5% of the surveyed household heads still use the straws to cover their houses. These types of households are more visible in the surrounding villages. Almost all of the heads of households surveyed claimed to have at least one field (97.18%). Households that did not field are mostly non-indigenous who are still housed in the mold tutoring or rent in their home town. The fields are mostly cornfields, rice, cashew nuts, and cotton. To this end, to measure the economic level of families the text was based on a number of external signs of wealth. In the absence of a measure of cash flow, it is the lasting physical traces of their existence we measured. Several studies have used this method (Raynaut, 1986; Wyss, 1994; Diakité, 1998). Given the realities of the context, some goods are considered public goods. This is the case in the fields or in the house is a family home. As stressed a little higher, one can have less than

[8] A Kameleba or soungourouba is according to them, a person who practices sexual promiscuity

one roof, the grandfather, the grandmother, father, mother, uncle, aunt, OVC and other children. Therefore it should be clarified that there is a collective socio-economic status of the household, different from that of the household head. Regarding the collective socioeconomic level of the household, we referred to certain material traces such as the roof of the house and the building materials of the house. At this stage three household types were distinguished: first the poor households are 53.07% (+ mud house roof straw), then the average level of households is 36.19% (+ mud house roof sheet) and finally the richest households 10.7% (+ cement house sheet metal roof). These figures found that the proportion of poor families is much higher than other types of families. To measure the socioeconomic level of the household head, we considered the possession of certain goods in the case of radio, television, refrigerator, computer, gas, chair, cell phone or landline short ways expression of a certain economic ease. At this level still three major categories of household heads were distinguished: first heads of poor 31.7% (no radio, no television, no short convenience), then the average household heads is 39.19% (head of household with few means of expression of economic well) and finally rich household heads is 29.11% (household heads who have almost all the means of expression of economic well).as indicated by studies conducted in Ivory Coast urban areas, when an adult has AIDS in a family, the average income drop of 52-67%, while spending on health care quadruple (UNAIDS / UNICEF, 1999); accordingly, a household with one member has AIDS spending twice as much on health care as a patient's family without AIDS (Kelly, 2001). Another study conducted in Ivory Coast found that the costs of medical care for people infected with AIDS accounted for about 80% of the household health budget and corresponded to 8.4% of the total household consumption. The cost of health care for other household members, where lives an AIDS patient represented only 2.2% of total expenditure instead of 5.6% for households without AIDS patient (Bechu, 1998). This collective poverty and disease burden involved can only advocate double OVC process. International and national institutions such as PEPFAR, UNICEF, the PN-OVC who wish now preferred, approach family in the care of OVC in Côte d'Ivoire must develop a policy of economic strengthening of families as in everything ought to follow the example of the ram "*before knocking horns,*

Conclusion:

This study on the family situation of OVC is part of the finding of a differential process in the treatment of OVC children in their extended host families. While the economic climate, health, psychological and emotional strengthens further around non OVC children in the family unit, it degrades daily around OVC. In this sociological, the objective of the study was to understand and explain the social workers involved in the manufacture of such a process. From this, it appears, three social workers emerging from the OVC differential treatment process. First, the rise of individualism in the collective consciousness and individual of the people involved participate in making the differential treatment of OVC. To this end, the study observed that many contemporary social links in family cells retain the dimensions under the identity " nuclear " according to the term "my own children first!!! « This was the system that makes the child beyond his biological family, has always belonged to the whole community, whatever its status is being undermined to give birth to placement in institutions recourse (NGOs). Second, the differential treatment of OVC feeds on the idea of protecting other family members to AIDS. Precarious links that people weave with OVC, dam construction in their daily sphere, based on their status "must not contaminate other children" appear characteristics of this second operator. Thirdly, the study was able to highlight that the level of economic and financial allocation, very small families also participate in the differential treatment of OVC. So there's place to develop a policy of economic strengthening families

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