

## PSYCHOSOCIAL WELL-BEING OF THE WOMEN LIVING IN THE PRECARIOUS DISTRICTS OF ABIDJAN

\*<sup>1</sup>Ossei KOUAKOU and <sup>2</sup>Ahou Aline Eveline KOUAME

<sup>1</sup>Université Félix Houphouët Boigny Abidjan, Département de psychologie. 06 BP 18 89 ABIDJAN

<sup>2</sup>Université Félix Houphouët Boigny Abidjan, Département de psychologie 23 BP 333 ABIDJAN

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### ABSTRACT

This study aims at identifying the indicators of psychosocial well-being of the women living in the precarious districts of Abidjan to make more effective development projects towards them. To this end, an investigation was led in precarious districts of six (06) municipalities of the city of Abidjan: Abobo, Cocody, Koumassi, Yopougon, Marcory, Port-Bouet. 682 women and girls were questioned by means of a questionnaire. They were also subduced in the test of self-respect of Rosenberg (1985). So, the following characteristics were identified (age, academic level, self-esteem, parental situation, marital status) and put in touch with 5 indicators of the psychosocial well-being, namely: food, sanitation and living environment, safety (security), education and work (IASC, on 2007). The results analyzed by the test ( $\chi^2$ ) indicate that there are partial relations between the indicators of the psychosocial well-being and the identified characteristics. However, the indicator "work" is correlated to all the characteristics of the women. Such an observation invites to introduce adequate activities that generate incomes for the feminine populations living in conditions of precariousness.

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### INTRODUCTION

Human societies are constantly changing in time and space. They are characterized by their dynamism in the image of education which is the expression of the interaction of man with his environment and environment (Delanchseere and Delanchseere, 1978). Thus, humanity crossed a historic course in 2006 by becoming predominantly urban. The United Nations estimates that in the next 30 years, the number of urban dwellers will double to 6.4 billion (70% of the world's population). This massive urbanization is under the combined weight of two main phenomena: the increasing attractiveness of cities for rural populations in search of employment opportunities, income, travel facilities, access to services and equipment (education, health, recreation) or citizenship, and population growth in urban populations. Source of multiple potentialities, this urbanization is at the same time a factor of

vulnerabilities, risks and increased inequalities exacerbated, in particular by the development of precarious neighborhoods and shantytowns. In developing cities, the proportion of urban dwellers living in precarious neighborhoods is estimated at one-third, or a total of one billion people worldwide, a figure that is expected to double by 2030 if Current trends in urbanization continue (UN Habitat 2003). The organization of life in such an environment is aimed primarily at the development and psychosocial well-being of the population. The quest for this state grows individually and / or collectively to take actions. Although the overall situation appears to be stabilizing and even improving in some parts of the world such as North Africa, Asia, Latin America and the Caribbean, it is still worrying elsewhere, mainly in sub-Saharan Africa. Faced with these kinds of situations, humanitarian organizations are taking action to help the affected or stricken populations to recover their psychological and social balance. These are on the one hand the structures of the united nations system: the Red Cross, UNICEF, WFP, UNFPA, UNHCR etc. And other national and international non-governmental organizations: Save the Children, CARE International, Handicap International, DRCI, IRC, etc. Indeed, the psychosocial

\*Corresponding author: Ossei KOUAKOU

Université Félix Houphouët Boigny Abidjan, Département de psychologie. 06 BP 18 89 ABIDJAN

approach has been deployed in international cooperation since the 1990s and mainly since the 1994 genocide (Becker and Weyermann, 2006). Since then, in various countries, humanitarian structures through their actions have helped to improve the living conditions of vulnerable populations by ensuring their psychosocial well-being. It is in this sense that they implement projects in favor of people in difficulty, living in precarious neighborhoods. Precariousness is the expression of poverty, which manifests itself on several levels, the most remarkable of which are relative, on the one hand to residential sites such as shallows, hills, slopes, marshy areas, secondly, the quality of the materials used for the construction, namely old sheets, wood, tarpaulins, clay bricks, etc. It is about the state of the people who live generally in the shantytowns with the peripheries of the large cities, these are districts where one notes the absence of urbanization. Thus, precariousness refers to the "risk" of degradation of the social situation of individuals and to the "uncertainty" of their life course (Bresson, 2007) or to a general destabilization of society (Castel, 1995). In these social conditions of weakened life, we meet men as well as women. However, the last cited, seem most vulnerable to many stereotypes and prejudices against them. Indeed, because of their gender, women are victims of many forms of discrimination and violence that place them in a state of constant vulnerability in times of peace and war (Pinheiro, 2006). Life in such an environment is becoming more and more difficult for them. Their balance or psychosocial well-being is likely to be affected one way or the other.

Indeed, psychosocial well-being is a state of psychological, social and spiritual balance. The attainment of this state implies the realization of a set of necessary actions in the environment of the person. In this regard, aid agencies outside the health sector generally speak of support for psychosocial well-being. The exact definitions of these terms vary among aid agencies or within the same organization, according to disciplines and countries. (IASC, 2007). This dynamic nature of the experience of psychosocial well-being does not allow for a standard definition. However, in an emergency situation one agrees that the organization of actions aimed at enabling psychosocial well-being and mental health consists of putting in place a system of complementary devices that meet the needs of the different groups. This system can be represented according to IASC (op.cit.) By a pyramid of interventions at four levels. The base is represented by basic services and security. This means that the well-being of all must be safeguarded by establishing or restoring security, through good governance and services to meet basic physiological and material needs (food, housing, water, health care). basic health, control of communicable diseases). These basic services must be set up in a participatory, safe and socially appropriate manner that respects the dignity of the local population, strengthens local social support systems and mobilizes community networks. The second level involves a smaller group in number of people. This level takes into account community and family support schemes. Useful responses at this level of intervention include family reunification and research, collective bereavement ceremonies, community conciliation ceremonies, dissemination of information on positive coping methods, parenting programs, increased access to non-formal and protective formal education, job creation and the mobilization of community social support schemes, such as women's groups.

At the third level, these are targeted non-specialized support devices that must take into account a still small group of people. These will require more individual, family or group-based interventions by skilled and supervised individuals. Victims of gender-based violence (GBV) may, for example, need community workers to receive both moral and material support for their livelihoods. This level also includes psychological first aid and basic mental health care administered by primary health workers. Finally, the fourth level is called specialized services. It is the top of the pyramid where there is additional support for a small portion of the population whose suffering, despite the support mechanisms mentioned, is intolerable and may experience great difficulties in their daily lives. This assistance should include psychological or psychiatric support for people with severe mental disorders when existing primary or general health care services are not able to meet their needs (IASC, 2007).

These different actions are based on the fact that precarious situations have negative repercussions at the individual and social level. It is essentially trauma. In this sense, Milleliri, cited by Bloyet (2015) lists three types of sources to explain trauma: social, psychological and physical. Trauma thus appears as phenomena that are not generated solely as a result of armed conflict, even though aid donors tend to circumscribe the psychosocial approach to conflict situations. Social origin can refer to loss of employment, bereavement, chronic social adversities such as poverty, war violence, abuse, etc. The psychological origin refers to a fragile or non-existent disposition to face the potentially traumatic event. Low self-esteem can then characterize this fragile disposition. Finally, the physical origin includes diseases, food insecurity etc. These three sources highlight the strong impact of the environment to ensure psychosocial well-being.

Thus, the various actions carried out by humanitarian organizations (AFD, UNICEF, WFP, UNFPA, UNHCR, CARE International, IRC, etc.) have identified indicators of psychosocial well-being, the most relevant of which are work, education and training, sanitation of the living environment, food and security (IASC, 2007, Milleliri, 2009). However, these indications of psychosocial well-being are only general whereas each people, according to the moments has their specific needs which characterize it. Before programming a psychosocial response, it is essential to learn and understand what psychosocial well-being is for the affected population concerned. This is the only way to ensure that the activities planned and implemented by humanitarian or state agencies for women living in precarious neighborhoods will be truly relevant to the target population. Thus, one avoids systematically replicating psychosocial activities that have already been proven elsewhere. This approach is all the more necessary as a growing number of organizations very often encounter failures or inadequate results in the implementation of development projects for the benefit of the population.

Thus, in order to establish the relationship between psychosocial well-being indicators determined by humanitarian organizations and the characteristics of women living in precarious neighborhoods in Abidjan, this study is conducted. It aims to identify indicators of the psychosocial well-being of women living in the slums of Abidjan in order to initiate more relevant projects in their favor. This action is all the more important as the Ivorian government has undertaken the eviction of populations living in precarious neighborhoods.

**Table. Participants characteristics**

Age		Average	Standard deviation	N (Size)	N (Total size)
	Childs : <18	14,4	4,93	124	
	Adults : 19-50	35,7	6,1	506	682
	Old men :>50	59,9	2,3	52	
academic level	Unschoolled	34,9	5,2	127	
	Primary	38,7	4,3	184	682
	Secondary	45,3	4,8	319	
	Higher level	41	3,1	52	
self-esteem	Low	39,8	4,6	267	
	Average	36,4	4,5	239	682
	High	32,3	4,9	176	
parental status	With child	44,3	4,65	397	
	Without child	27,8	4,84	285	682
marital status	Single	29,4	4,70	409	
	Married	43	3,9	222	682
	Divorced	40	2,6	19	
	Widowed	51	2,3	32	

Thus, the study is based on the assumption that the psychosocial well-being of women varies according to their biological, psychological and social characteristics, namely: age, self-esteem, educational level, marital and parental status. On the basis of this general hypothesis, a methodology, results and discussion are proposed.

## MATERIALS AND METHODS

Here we present the sites and characteristics of the participants, the instruments and the process of data collection.

**Sites and participants of the study:** The survey was conducted in five (05) slums that we could identify. These are the slums of the communes of Yopougon, Abobo, Cocody, Koumassi and Port-Bouet. The survey participants are 682. They have the following characteristics. At the age level, it appears that the most numerous of the participants are adults (74%), followed by children (18%) and finally the elderly (8%). These proportions are explained by the fact that generally, it is the valid adults who take care of children and old people. Regarding the level of education, we note that those with a high school level are relatively more numerous (47%). Primary level (27%), non-schooled (18%). While higher level one only represent (8%). These figures make it possible to understand that precarious conditions do not favor long-term enrollment of participants. When one refers to their psychological state through their self-esteem, it transpires from the chart that 39% of them have low self-esteem compared to 25% of high self-esteem. Participants with average self esteem account for 35%. These data show that existential difficulties do not allow women and girls to have a positive image of themselves. The parental status of the participants reveals that they have a majority of children (58%). This situation reflects the state of vulnerability in which they are with their children. They are usually the only parents caring for children. Indeed, their marital status indicates that they are close to 60% single, 3% divorced, 5% widowed. Brides represent 33% of the participants. All of these participants were the subject of the study.

### Instruments of the study

**The questionnaire:** The purpose of this study is to identify indicators of participants' psychosocial well-being. As a result, we are asked to interview a large number of women to gather their experiences, feelings and opinions about it.

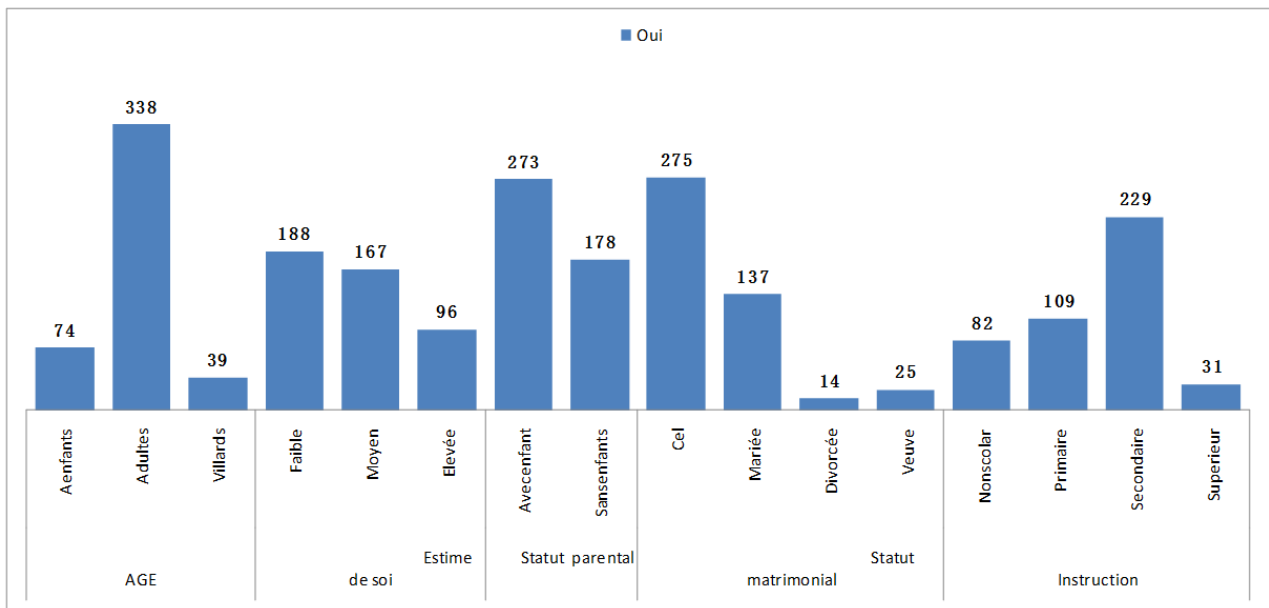
The questionnaire seems to indicate better to achieve this objective. It is an instrument that has the advantage of applying to a large number of people in a relatively short time. It is articulated in the following way. The first part concerns the identification of individual characteristics of the participants; and another party collects their indicators of psychosocial well-being. With regard to these indicators, they were asked from the predetermined well-being indicators (work, food, education, safety, sanitation and living environment), to choose while justifying what could contribute to their well-being. psychosocial in their current environment. To motivate them, they were told that this information was necessary for the implementation of a possible developmental project for them. In addition to the questionnaire, we administered the self-esteem test that follows.

**The self-esteem test:** Self-esteem refers to the individual's self-judgment regardless of the circumstances (André and Lelord, 2004). In the scientific literature, there are several tests of self-esteem. And, according to Guillon and Crocq (2004), the most used tests are Rosenberg's self-esteem test (1985) and Coopersmith's (1984) self-esteem test. However, the Rosenberg self-esteem test (op.cit) has the advantage of being very brief in its administration and allowing an analysis of overall self-esteem. It is because of these facts that we opted for its use in this study. French translation and validation of this test were done by Vallières and Vallerand (1990). The authors emphasize that it is a one-dimensional instrument that captures the global perception of subjects as to their own value. This instrument of ten (10) items makes it possible to evaluate how the individual is generally considered. For each of the questions asked, the subject gives his assessment on a Lickert type scale in four points: (1) "Totally agree"; (2) "OK"; (3) "Disagree" and (4) "Strongly disagree". The overall score of the level of self-esteem is obtained by adding the score to each of the items.

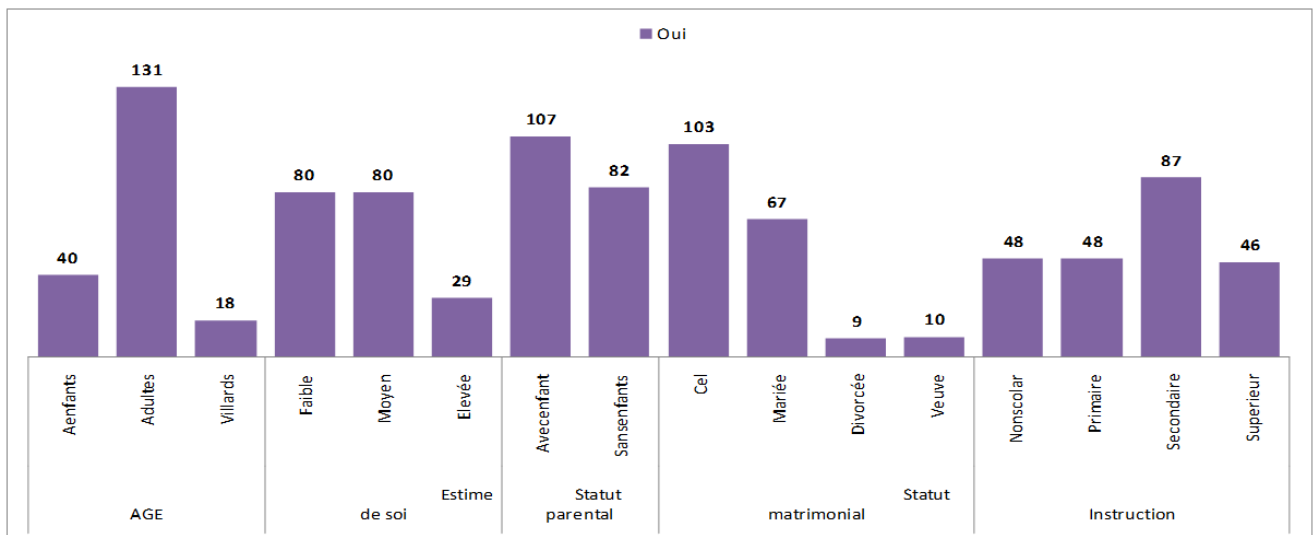
## RESULTS

The results are presented along 5 axes in reference to the indicators of psychosocial well-being highlighted in the study. In fact, each of the indicators is related to the different characteristics of the participants in the study.

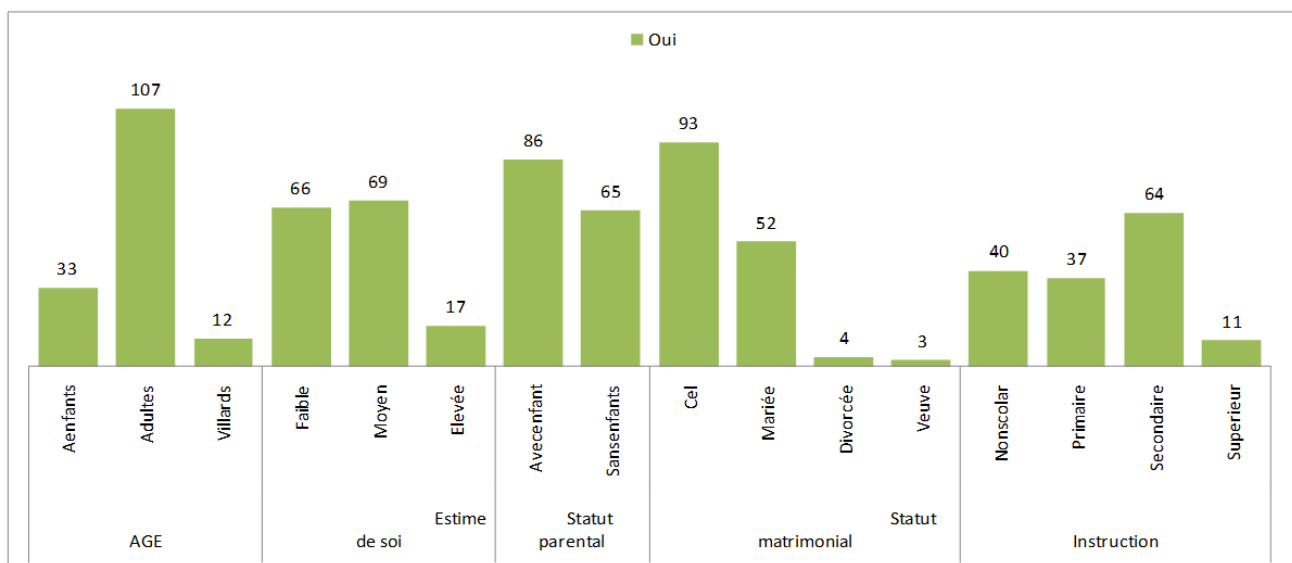
**Food and the characteristics of the participants:** It appears that, with the exception of self-esteem and educational attainment, all other characteristics have no significant



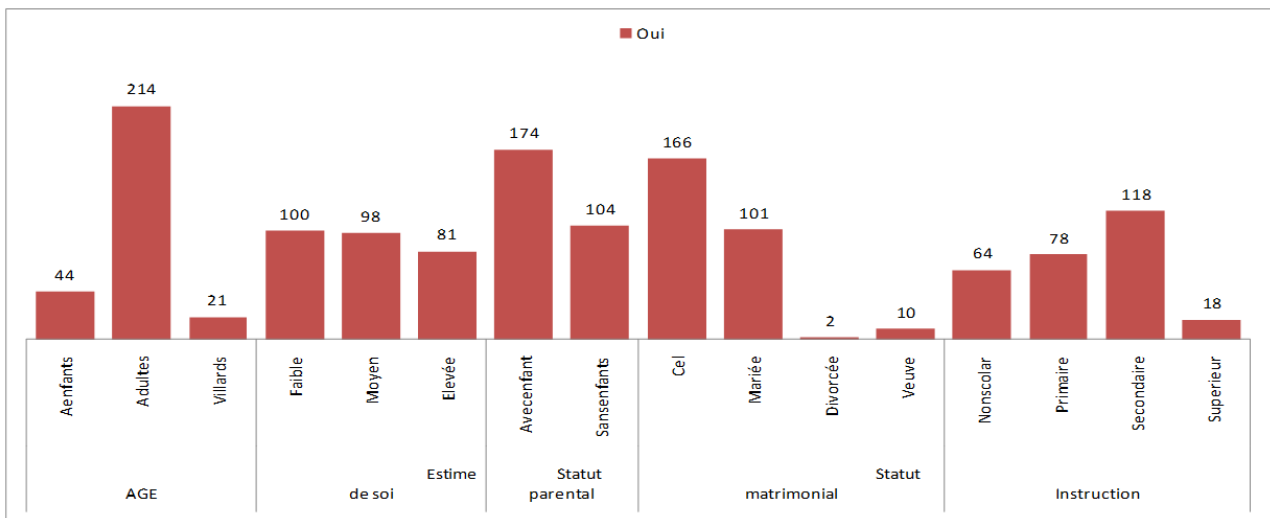
Graph 1. Food and the characteristics of the participants



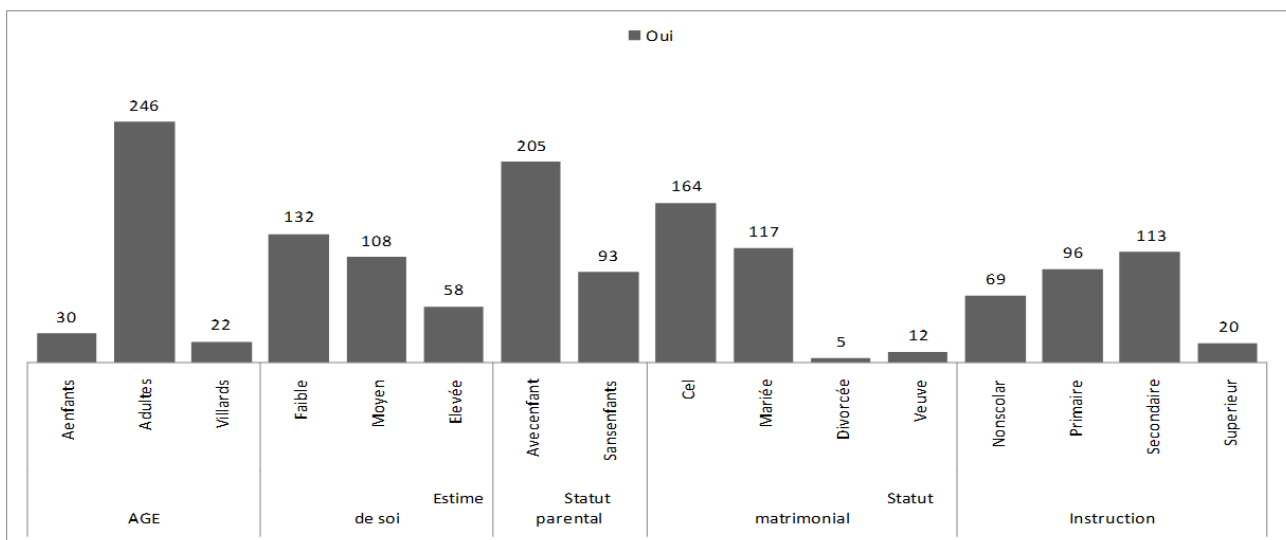
Graph 2. Link between cleansing and the living environment



Graph 3. Relation Security and characteristics



Graph 4. Link between education and characteristics



Graph 5. Link between the work indicator and characteristics

relationship to the psychosocial well-being indicator of food. Thus, we can say that there is a correlation between self-esteem and the food indicator. The lower self-esteem, the more the participants put the food forward as determinant of their well-being. Similarly, the lower level of study participants, the more they are interested in food.

**Remediation of the living environment and characteristics of the participants:** These results reveal that only the characteristics of self-esteem and educational level have a significant relationship with the sanitation indicator of the living environment. In other words, the choice of the indicator of the improvement of the living environment as a characteristic element of well-being depends on one hand on the participants' self-esteem and on the other hand on their level of education.

**Security and characteristics of the participants:** In this graphic, it appears that the self-esteem characteristic is the only one that has a significant relationship with the safety indicator. However, the effect of education on this indicator is marginal. This means that in determining this indicator of psychosocial well-being among women, one has to take into account mainly their self-esteem and secondarily their level of education.

**Education and characteristics of the participants:** This graphic shows us that the marital status characteristic is the only one to maintain a significant relationship with this indicator. Parental status and educational attainment have a marginal effect on this indicator. Age and self-esteem have no proven effect on this indicator of well-being. In determining the "education" indicator, it is therefore important to prioritize, in order of importance, marital status, parental status and level of education.

**Work and characteristics of the participants:** Through this result graphic, we find that all the five characteristics of the women studied here have a significant relationship with the indicator of psychosocial well-being, work. In other words, this indicator appears to be very decisive for the psychosocial well-being of the participants. Whatever their individual or socio-family characteristics, all participants aspire to work.

## DISCUSSION

The study examined five (5) biological, psychological and social characteristics of the participants. It's about age, self-esteem, parental and marital status. Linking them with the five (5) indicators of psychosocial well-being (food, living environment, education, safety and work), allowed us to

highlight different relationships. The work indicator is correlated with all the characteristics of the participants. Education is linked mainly with marital status and weakly with parental status and educational level. Security is correlated with self-esteem and a partial relationship with educational attainment. The sanitation of the living environment has a relationship with the level of education and self-esteem. It's the same for food. It appears from these different relationships that self-esteem varies almost all indicators of psychosocial well-being. It is followed in order of importance of educational level, parental and marital status. Finally, the age characteristic is only related to the work indicator. From these results, it is clear that psychosocial well-being is a psychological and social state that is the result of several factors. This state is determined from the different characteristics of people. However, the work indicator, which has a significant relationship with all characteristics studied, is the most important aspect of psychosocial well-being among these women. This is especially important since most of them are mothers of families with children, without spouses for various reasons: death, divorce and others. Thus, through work, they will be able to cope with the needs of subsistence. This is why all the characteristics identified are related to work. Here, women, faced with their precarious conditions, aim to take charge of themselves by exercising a professional activity.

In view of these results, we can say that our study reinforces the idea of the relevance of the development of adequate income-generating activities for female populations living in conditions of precariousness. It is in this sense that most of the work goes. They thus corroborate the recommendations of the Permanent Interorganisations Committee (CPI, 2007) and the work of Nussbaum (2012) and Becker and Weyermann (2006) who advocate the development of the "capabilities" of populations rather than the distribution of goods. Indeed, very often in emergency situations, humanitarian agencies are quick to provide the necessities of life. These actions immediately address the primary needs of the beneficiaries. But as they continue over time, they become harmful to their mental health. Their self-esteem can be negatively affected. It develops then a kind of depreciation. This situation is observed in most refugee camps of more than a decade where refugees continue to receive basic necessities such as hygiene kits and others, without the opportunity to work to support themselves. (Kouakou, 2015). Women living in the precarious neighborhoods of Cote d'Ivoire are no exception. The different actions should tend to strengthen their self-esteem for their psychosocial well-being.

## Conclusion

The study found that indicators of psychosocial well-being are variously correlated with the individual characteristics of women living in precarious neighborhoods. However, there is a significant relationship between the "work" indicator and all the characteristics of women. Such an observation is an appeal to humanitarian organizations to prioritize, in their actions for the benefit of people living in precarious neighborhoods, income-generating activities that are likely to boost their self-esteem. It is understood that there is no standard type of activity for all women. Each according to their needs, interests, personality, climatic conditions of their living environment and their culture may be inclined to exercise this or that type of activity.

This is the condition to ensure their full blossoming in their living environment. The control of the personality and socio-cultural environment of women appears necessary in the implementation of development projects for the benefit of vulnerable populations.

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