International Journal of Arts Humanities and Social Sciences Studies
Volume 11 Issue 7 ǁ July 2026
ISSN: 2582-1601
www.ijahss.com

Perceptions of Sickle Cell Disease and Therapeutic Non-Adherence among Patients with Sickle Cell Disease Followed at Treichville University Hospital (Ivory Coast)

TANOH-SAY Ahou Clémentine, GOSSAN Agbé Jean Eudes Elvis
Félix Houphouet Boigny University (UFHB), Abidjan, Ivory Coast

ABSTRACT: Treatment non-adherence among sickle cell patients is a major priority for health authorities and non-governmental organizations (NGOs). To investigate the influence of perceptions of sickle cell disease on treatment non-adherence, a qualitative study was conducted from 3 August to September 15, 2025, at the Treichville University Hospital Centre (CHU-T). Semi-structured interviews were conducted with 30 people, including 15 people with sickle cell disease, 10 parents of people with sickle cell disease, 1 NGO representative, and 4 healthcare professionals. Based on an interview guide, the data collected reveal divergent perceptions of sickle cell disease, highlighting a persistent lack of understanding of this condition among some patients and their parents. Consequently, the treatment choices made by these individuals, based on their perceptions of sickle cell disease, often have a negative impact on their health. An informed choice is therefore essential to improving the quality of life for people living with the disease. This study thus highlights the urgent need to develop educational initiatives aimed at raising public awareness and strengthening support systems for people with sickle cell disease.

Keywords: Ivory Coast, perception, sickle cell disease, treatment non-adherence, Treichville University Hospital.

I. INTRODUCTION

Sickle cell disease is the most common hereditary hemoglobin (Hb) disorder in the world. According to the World Health Organization (WHO, 2006, [12]), 50 million patients have a hemoglobinopathy, 50% of whom have sickle cell disease. It is primarily inherited in an autosomal recessive manner, and the risk factor depends on the parental phenotypes (WHO, 2010, [13]). According to the same source, sickle cell disease is particularly common among people of Sub-Saharan African, Indian, Saudi Arabian, and Mediterranean descent. Furthermore, migration has increased the prevalence of the implicated gene in the Americas, and genes responsible for hemoglobinopathies are found in approximately 5% of the world's population (WHO, 2010). Approximately 7.7 million people worldwide have sickle cell disease, representing an increase of over 40% since 2000. As a result, it is estimated that sickle cell disease causes more than 375,000 deaths per year (WHO, 2010).

In Côte d'Ivoire, the national prevalence rate is estimated at 12%, with 4% of cases being severe (Gro Bi and al., 2025, [9]), making sickle cell disease a genuine public health problem. Although efforts have been made by the National Program for the Prevention of Noncommunicable Diseases (PNPMNT) to improve neonatal screening, access to care remains limited, especially in rural areas. This program, led by the Ministry of Health, Public Hygiene, and Universal Health Coverage, has identified over 4 million people with sickle cell disease in Côte d'Ivoire (Sanogo, 2020). Indeed, the program aims to prevent the disease through awareness campaigns focused on behaviors and practices that expose individuals to common risk factors. Among these factors are consanguineous marriages, which contribute to the spread of this disease (Bonnet, 2001, [2]).

It must also be acknowledged that sickle cell disease is often surrounded by stigma and prejudice, which affect patients' access to care, quality of life, and treatment pathways. Given the various perceptions associated with the chronic nature, incurability, and uncertainty of recovery from this condition, the analysis of these perceptions draws on Jodelet's theory of social representation (1992, [7]). According to this author, "representations guide us in how we collectively name and define the various aspects of our everyday reality; in how we interpret them, make judgments about them, and, where appropriate, take a stance on them and defend it." Addressing social representations involves highlighting the cultural perceptions and beliefs that influence medical care and lead to treatment choices other than medical care. The aim, therefore, is to shed light on all the social and cultural constructs surrounding sickle cell disease.

Sickle cell disease is a chronic condition that requires ongoing and rigorous treatment to ensure patients have the best possible quality of life. However, the overall cost of care is prohibitively high. This

includes not only the cost of essential medications but also the frequent medical tests required at each visit. These regular medical checkups create a recurring and unpredictable financial burden for patients from low-income backgrounds. These expenses represent a major obstacle to continuing treatment, and discontinuing the treatment regimen then becomes an economic necessity rather than a therapeutic choice. The apparent inability of the PNPNMT to secure significant relief from the direct costs borne by patients seems to create a certain inequality in access to vital care for people with sickle cell disease. This is not the case for other patients, such as those with HIV/AIDS, malaria, and tuberculosis, who receive substantial coverage through certain programs.

Despite the severity of sickle cell disease and the numerous awareness campaigns conducted by the PNPMNT, it is clear that people living with sickle cell disease face a situation of treatment non-adherence, given their varying perceptions of the disease. Given this situation, the question arises: how does the perception of sickle cell disease influence treatment non-adherence among patients with sickle cell disease being treated at Treichville University Hospital?

This study therefore aims to examine the influence of perceptions of sickle cell disease on treatment non-adherence among patients with sickle cell disease being treated at Treichville University Hospital. Specifically, the objectives are:

1. To determine the perceptions surrounding sickle cell disease
2. To examine the treatment choices made by patients with sickle cell disease and their respective families
3. To analyze the impact of treatment non-adherence on the health of individuals with sickle cell disease.

II. STUDY METHODOLOGY

2.1 Site and Population

This study was conducted in the municipality of Treichville, specifically in the hematology department of the Treichville University Hospital, within the central laboratory.

This site was chosen because of the significant presence of individuals with sickle cell disease and their parents or caregivers. Among this population, different perceptions of sickle cell disease were identified in order to better understand the treatment choices made by patients with sickle cell disease and their respective families.

2.2. Sampling and Sample Characteristics

This study is based on a qualitative approach. Through this research, we were able to engage with 15 individuals with sickle cell disease from all social backgrounds. They range in age from 5 to 24 years old, including 6 females and 9 males. Five of them are out of school, 2 are engaged in income-generating activities, 3 are college students, and 5 are high school students. Inclusive criteria were used to identify these 15 individuals with the condition, namely:

- be a carrier of sickle cell disease;
- volunteer for the study;
- be a patient who has been regularly monitored at Treichville University Hospital over the past three years, specifically from January 1, 2023, to November 30, 2025.

In addition to patients with sickle cell disease, parents and caregivers accompanying patients to medical appointments were also included in the study. Their participation provided valuable insights into the treatment pathways of the various patients. Health care professionals also played a crucial role in this study. In total, following a careful selection process, the study sample consisted of 30 individuals, including 15 people with sickle cell disease and 15 members of their respective families, one representative from a nongovernmental organization (NGO) nominated by the hematology department, and four healthcare professionals recommended by senior staff.

1.3. Data Collection Methodology

Data collection took place intermittently from October 5 to November 30, 2025, at the hematology department, the central laboratory of Treichville University Hospital, and at patients' homes. Prior to this, contact was made with the head of the central laboratory to obtain her authorization. The interviews lasted between 30 minutes (with healthcare professionals and the NGO director) and 60 or even 90 minutes (with people living with sickle cell disease, their parents, or their caregivers), depending on their health status and availability. These 30 qualitative interviews generated a large volume of textual data to be analyzed.

These individuals voluntarily participated in semi-structured interviews. The main topics discussed during the interviews were: perceptions of sickle cell disease, treatment choices made by individuals with sickle cell disease and their families, and the impact of treatment non-adherence on the health of people with sickle cell disease. With the respondents' consent, the interviews were recorded using our cell phone.

1.4. Analysis of Field Data

Weber's (1978, [16]) comprehensive approach was employed in this study. Thus, the search for the meaning that participants ascribe to their actions guided us in understanding the social phenomenon under study. In this regard, thematic content analysis proved necessary for understanding the perception of sickle cell disease and treatment non-adherence among affected individuals. Data processing was conducted manually and followed these steps: transcribing the recorded data, creating individual data sheets with codes, grouping interviews by theme, and developing analytical categories and units of meaning.

III. RESULTS

3.1. Perceptions Surrounding Sickle Cell Disease

Sickle cell disease is a genetic disorder surrounded by a variety of perceptions. With this in mind, a person with sickle cell disease describes their daily experience as follows:

"I often feel stigmatized because of my illness. People think I'm weak or that I can't do anything." (KS, Patient).

"This illness is mystical, a curse that has been cast upon me. My mother also died of the same illness, and nothing could cure her. Anyway, I suffer in my body—one, two, three—the blood is running out of my body right now, and I know that death awaits me at any moment." (BO, Patient).

This account reveals the negative perceptions associated with sickle cell disease. Some patients feel socially stigmatized. Others say they feel as though they have been sentenced to death, like their mother, as a result of a curse or a mystical illness characterized by chronic anemia. These perceptions can affect self-esteem and adherence to treatment. It is essential to address this stigma through awareness campaigns to promote a better understanding of the disease within society. In the same vein, one parent responded as follows:

"I'm worried about my child's future. I don't know how to help them cope with their illness and the way others look at them." (OA, parent).

This transcript highlights the anxiety and uncertainty parents feel regarding their children's illness. The perception of sickle cell disease as a threat to the future underscores the need for psychological and educational support for families. Support programs could help them better understand the disease and develop coping strategies. This is why a healthcare professional states the following:

"We often have to explain to patients that sickle cell disease is not a death sentence. Many believe that their lives are limited by the disease." (EG, healthcare professional)

This doctor's account highlights the need for ongoing education about sickle cell disease. The perception that the disease is inevitable can lead to poor adherence to treatment. Healthcare professionals must play an active role in educating the public to combat these misconceptions. They must also promote a positive outlook on living with the disease, emphasizing ways to manage it and improve quality of life.

In short, sickle cell disease is widely perceived as an incurable disease, a mystical illness, a curse, or a source of social stigma. These perceptions often lead to discouragement, resignation, and low motivation to adhere to treatment over the long term.

3.2. Treatment Options for People with Sickle Cell Disease and Their Families

Treatment for sickle cell disease varies from person to person, depending on how the disease is perceived. This explains the wide range of treatment options available. One person with sickle cell disease stated:

"I decided to try an alternative treatment because I haven't seen any improvement with the prescribed medications." (DK, Patient)

"I prefer that my child take natural remedies. I believe they are less harmful, more effective, and less expensive." (TF, Parent)

These statements reflect a lack of understanding regarding the chronic nature of sickle cell disease among these carriers and their parents. Indeed, faced with the uncertainty of a cure, some patients turn to alternative treatments. The lack of improvement in their health forces them to seek out other forms of medicine, thereby making them non-compliant with their treatment regimen. These treatment choices reveal a lack of trust in the modern healthcare system. It is essential to establish or strengthen communication between healthcare professionals and patients in order to ensure adherence to treatment; without such adherence, there could be health complications for people with sickle cell disease.

Furthermore, the excessive cost of treating sickle cell disease, as highlighted by patients and their parents, often forces them to turn to traditional African medicine. This parent's statement underscores a preference for natural treatments, which are often perceived as a safer approach. Such decisions may be influenced by cultural beliefs and personal experiences. Adequate education for patients and their family caregivers regarding the management of this condition, its complications, and the urgency of its treatment is

essential for making more informed treatment decisions. In short, the high cost of care, medical checkups, and medications; treatment fatigue (lifelong treatment without apparent improvement); the parallel use of traditional African medicine; and many other factors all contribute to non-adherence to treatment.

3.3. Impact of No adherence on the Health of People with Sickle Cell Disease

No adherence to treatment among people with sickle cell disease has significant and multifaceted impacts on their health. These impacts are biological, psychological, social, and economic in nature.

From a biological and clinical perspective, there is an increase in the frequency and severity of attacks

According to JH, one of the caregivers:

"Non-adherence often leads to more frequent painful episodes and the development of serious complications such as severe chronic anemia, recurrent infections, and even stroke and kidney failure... This complicates treatment and results in frequent and prolonged hospitalizations."

"When I think I'm doing well and I cut back on my medication a little, aaaah, the pain that comes over my body—no one can stand that. I have to be hospitalized; otherwise, I can't hold on" (AK, patient).

"I always worry when my child forgets to take their medication. I know it can make their condition worse" (OF, parent of a child with sickle cell disease).

This account highlights the direct consequences of non-compliance on patients' physical health. Painful episodes resulting from failure to adhere to treatment not only cause suffering for the patient but also place an additional burden on the treating department.

This highlights the need to establish more rigorous monitoring strategies and to educate patients on the importance of adhering to treatment.

An NGO official confirms this by saying:

"We have observed that non-adherence is often linked to a lack of information. Patients do not always understand the benefits of treatment."

This testimonial illustrates the crucial role of education in managing sickle cell disease. A lack of understanding of the benefits of treatments can lead to a misperception of their necessity. NGOs play a fundamental role in raising awareness and educating patients. Targeted information programs could help reduce non-adherence by improving understanding of available treatments and their positive effects.

Psychologically, patients and their parents have reported emotional distress characterized by feelings of mental exhaustion, discouragement, and helplessness in the face of uncertainty about recovery. Because seizures are unpredictable, parents often experience anxiety and depression. Furthermore, the attitude toward the disease is generally negative. Patients describe their condition in these words:

"Every day, I have to take pills. What's the point of all this if these medications can't cure me? What's the point of always coming to the hospital if there's no solution to my problem?" (KB, patient).

"The hospital can't do anything for us. That's the truth they're hiding from us. It's up to each of us to find a solution to our own problem" (AJ, patient)

A reluctance to undergo treatment, denial of the illness, and a loss of trust in the healthcare system reflect the negative attitude toward the illness among the patients surveyed.

In short, psychological distress and a negative attitude toward the illness are among the psychological consequences of treatment non adherence among people with sickle cell disease.

On a social level, the difficulties with social integration stemming from repeated absences from school and other learning environments are a recurring theme in the accounts of people with sickle cell disease and their parents.

"My seizures prevent me from attending school regularly. This is the third time I've had to retake the Bac D. I can't keep up with the lessons normally. I'm constantly forced to catch up using my classmates' notebooks. But they don't take good notes" (OS, patient).

"School? Are you talking about school? With this condition, it's just not possible. My son had to drop out of school in 9th grade because of his seizures. I even took him to see a mechanic friend so he could learn the trade. But even there, he can't keep up with the training because of his painful seizures" (KG, parent)

These remarks highlight the social impact of non-adherence to treatment. Academic failure, dropping out of school, and learning difficulties all cause emotional distress for people with sickle cell disease and their parents. Consequently, leaving school and social learning environments prematurely can lead to a risk of social marginalization.

From an economic standpoint, non-adherence to treatment results in additional costs for families. Expenses related to medical checkups, repeated hospitalizations, and medication costs exacerbate income loss and financial hardship within families. The following statements illustrate this point well:
"Hmm! It's a struggle to get by here! We're fighting just to survive. I lost my job years ago. And the little money my wife makes selling tomatoes goes toward our son's medical care. Without insurance or assistance, it's really tough" (BK, parent).

"If my seizures prevent me from learning a trade after I finish school, how am I going to earn money to pay for my treatment? I'm an orphan, and my aunt buys my medicine sometimes when she can. She has her own problems, and I'm just another burden on her. It's really hard—thank goodness I pray a lot; otherwise, I wouldn't be able to cope (OH, patient)."

The near-total lack of financial resources among certain patients leads to non-adherence to treatment, which, in turn, results in significant unexpected expenses due to the worsening of their health. This situation creates a vicious cycle of illness, poverty, and further health complications. This account highlights the anxiety and sense of responsibility families feel when faced with non-compliance. Concern for the child's health can lead to family tensions and put additional pressure on the patient. This underscores the importance of involving families in the treatment process by providing them with tools to help their loved ones adhere to their treatment.

IV. DISCUSSION

4.1. Sickle cell disease: a biological condition, but a social construct

Analysis of the results of this study reveals that sickle cell disease is not perceived solely as a genetic hemoglobin disorder, but is embedded within a complex system of representations. While nearly all patients identify pain as the primary symptom of the disease *"It's like I'm suffering in my body one, two, three the blood's running out of my body right now; I know that death is waiting for me at any moment."* A significant proportion of these individuals and their families hold onto metaphysical interpretations, such as "*a curse has been cast" or "a mystical illness."* This finding corroborates those of Lantoum (2015, [10]) on therapeutic pathways in sub-Saharan Africa. This author emphasizes that the perception that a condition has a non-natural origin constitutes a major barrier to adherence to biomedical treatment protocols.

This cognitive duality places the patient in a constant state of tension between clinical evidence and internal pressure. Furthermore, perceptions surrounding sickle cell disease highlight crucial psychosocial issues. In the first verbatim "*I often feel stigmatized because of my illness. People think I'm weak or that I can't do anything,"* says one patient, expressing his sense of social stigma. This statement highlights patients' concerns about the social stigma associated with sickle cell disease. It is in this context that many of them resort to social protection strategies, such as hiding their condition to avoid social exclusion. This finding is consistent with that of Link and al. (2001, [14]). According to these authors, stigmatization can have devastating effects on self-esteem and adherence to treatment, making it essential to implement campaigns awareness campaigns to improve public understanding of the disease.

Furthermore, the perception surrounding this chronic condition, linked to its incurability such as "*My mother also died of the same disease, and nothing could cure her*" undermines the credibility of the biomedical approach. The parent's account, which expresses anxiety about their child's future *"I fear for my child's future. I don't know how to help them cope with their illness and the way others look at them*" highlights the emotional challenges families face. Bourgeois and al. (2019, [4]) emphasize that psychological and educational support is vital in helping parents understand the illness and develop appropriate coping strategies.

Finally, a healthcare professional's statement "*We often have to explain to patients that sickle cell disease is not a death sentence…"* highlights the need for ongoing education about sickle cell disease. Cohen and al. (2014, [5]) emphasize that viewing the disease as a death sentence can hinder adherence to treatment. Healthcare professionals must therefore take a proactive role in correcting misconceptions, by promoting a positive outlook and presenting options for managing the disease. The work of Kirk and al. (2016, [8]) also highlights the importance of an educational approach to transforming limiting beliefs into opportunities for active disease management.

4.2. Therapeutic pluralism as a survival strategy

The results highlight a systematic reliance on therapeutic pluralism. Although the Treichville University Hospital is a referral center, it often serves as a last resort or in emergency situations (major vaso-occlusive crisis). This pattern can be explained by two factors: on the one hand, limited financial access to maintenance therapies, and on the other hand, the appeal of traditional medicine, which, in the collective imagination, promises a cure that conventional medicine cannot offer: *"I prefer my child to take natural*

remedies. I believe they are less harmful, more effective, and less expensive." This parent's statement, expressing a preference for natural treatments, reflects cultural beliefs that influence therapeutic choices.

Bennett and al. (2018, [1]) show that the perception that natural treatments are safer can lead to decisions based on personal experience rather than scientific evidence. As Bonnabel (2019, [3]) points out, nonadherence should not be viewed simply as a refusal of care, but as a coping strategy. The treatment choices made by people with sickle cell disease and their families reveal complex issues. Through this verbatim quote *"I decided to try an alternative treatment because I haven't seen any improvement with the prescribed medications*" this patient expresses his disappointment with the perceived ineffectiveness of conventional treatments. This highlights a quest for autonomy documented by Sullivan and al. (2016, [15]). These authors note that patients seek alternatives when they feel a lack of support from the healthcare system. This underscores the importance of improving communication between healthcare professionals and patients to build their trust, as recommended by Manoukian and al. (2008, [11]).

Thus, there is a clear need for targeted education to help families make informed choices. It is also in this context that Kirk and al. (2016) emphasize the importance of involving families in the decision-making process. They advocate for adequate education regarding the various treatment options. Professionals must strike a balance between listening and persuasion to guide families' choices, a delicate task highlighted by Cohen and al. (2014).

4.3. Management of Chronic Sickle Cell Disease

The non-adherence observed among the participants in this study has a direct impact on the frequency of hospitalizations and the deterioration of the prognosis: *"Non-adherence often leads to more frequent painful crises and the onset of serious complications…. This complicates treatment and increases the frequency and duration of hospitalizations*." This finding supports the work of Cohen and al. (2014), who assert that adherence to treatment is essential for preventing complications. However, this non-adherence appears to be exacerbated by a lack of understanding of the chronic nature of the condition, as revealed in this patient's account: *"When I think I'm doing okay and I stop taking my meds for a bit, aaaah, the pain that comes over my body no one can stand that…*"

As a result, many patients adopt a reactive approach. They take their medication only when they are in pain. Such non-adherence indicates a breakdown in therapeutic education. It therefore appears that the therapeutic failure at Treichville University Hospital reveals not only a lack of resources, but also a deficit in caregiver-patient communication, where the patient fails to grasp the long-term nature of the disease (lifelong treatment). The work of Jaffré and al. (2003, [6]), which focuses on community-based medicine and caregiver-patient relationships in West African capitals, also supports this conclusion. A statement by an NGO director on the link between non-adherence and lack of information: *"We find that non-adherence is often linked to a lack of information." The claim that "patients do not always understand the benefits of treatments"* is also supported by Bennett and al. (2018). They demonstrate that educating patients about the benefits of treatments improves their adherence to care.

The impact of treatment nonadherence among people with sickle cell disease highlights critical challenges. A parent's testimony: "I'm always worried when my child forgets to take their medication…" highlights the anxiety associated with nonadherence, an emotional aspect also noted by Kirk and al. (2016). These findings highlight that involving families in the treatment process can reduce non-adherence and improve children's health outcomes.

Thus, these results indicate that non-adherence has significant consequences not only for patients' health, but also for their families and the healthcare system. It is therefore crucial to develop educational and family engagement strategies to improve treatment adherence. Based on the work of leading researchers, it is clear that an integrated and collaborative approach is needed to overcome the challenges associated with treatment nonadherence.

V. CONCLUSION

The objective of this qualitative study was to understand the influence of perceptions of sickle cell disease on treatment non-adherence among patients with sickle cell disease receiving care at Treichville University Hospital.

Based on semi-structured interviews with thirty (30) participants, it emerged that perceptions of sickle cell disease are strongly shaped by social and cultural representations that directly influence attitudes toward treatment. Beyond its biological and medical dimensions, sickle cell disease exists within a community context where beliefs, stigma, and family support play a decisive role. This perception affects the consistency of treatment adherence, which is often hindered by difficulties in understanding the disease, fear of side effects, and access to care. Treatment nonadherence, although driven by multiple factors, is thus partly linked to these

social perceptions. However, this informal and sometimes improper management of treatment exposes patients to an increased risk of complications. These challenges underscore the need for tailored educational and community-based approaches, which will be examined in depth in a separate article.

In short, improving treatment adherence at Treichville University Hospital requires a necessary balance between biomedical rigor and an understanding of Ivorian sociocultural realities. Changing the patient's perspective on their illness is the first step toward better treatment adherence.

The main strength of this article is that it takes a holistic and multidisciplinary approach. Indeed, it is not limited to the biological and medical aspects of sickle cell disease. By incorporating social science theories (such as D. Jodelet's theory of social representations and M. Weber's interpretive approach), it sheds light on the root causes of nonadherence that biomedicine alone cannot explain.

The following limitations of this article should be noted:

- Geographic and contextual constraints: The study focuses exclusively on the hematology department at Treichville University Hospital (Abidjan). Although the results are rich in insight, they reflect a primarily urban reality specific to this referral center, which may limit the generalizability of the data to rural areas of Côte d'Ivoire where access to care is even more limited.
- Sample size and nature: As a qualitative study based on 30 interviews, it seeks depth of understanding rather than statistical representativeness.

Possible and practical applications of the article:

- Reform of Patient Education (PE): The Treichville University Hospital can use these data to design interview guides and PE sessions that directly address and challenge the mystical beliefs ("curses") identified among patients, rather than simply providing raw medical information.
- Communication guidelines for healthcare staff: Develop training modules for doctors and nurses to address the "caregiver-patient communication gap" highlighted in the article, with an emphasis on explaining the long-term nature of the disease (lifelong treatment).
- Targeted communication campaigns for NGOs: Enable partner NGOs to design public awareness campaigns focused on combating social stigma (to help people understand that people with sickle cell disease are not "weak").

Significance of the Study:

This research is of paramount importance for public health in Côte d'Ivoire, where the prevalence of sickle cell disease reaches 12%. The study scientifically demonstrates that treatment failure is not solely a matter of a lack of financial resources, but is closely linked to cognitive and sociocultural factors. It highlights a major flaw in public policy (the PNPMNT): the lack of cost relief compared to other diseases (HIV, malaria) and the failure to incorporate cultural realities into awareness programs. In short, this research demonstrates that a public health policy cannot succeed without a close alliance between biomedical rigor and the anthropology of health.

Suggestions for Further Research (Research Perspectives)

- Urban/Rural Comparative Study: Extend this qualitative research to inland areas of Côte d'Ivoire to analyze how distance from hospital infrastructure shapes perceptions and increases reliance on traditional medicine.
- Action Research on Medical Pluralism: Rather than rejecting traditional African medicine, a relevant extension would be to study the feasibility of collaboration or structured dialogue between traditional healers and the hematology team at the University Hospital to prevent interruptions in long-term treatment.
- Assessment of the impact of universal health coverage: Conduct a follow-up quantitative study to determine whether providing free or reduced-cost medical checkups is sufficient to curb non-adherence, or whether cultural beliefs continue to drive therapeutic pluralism.

VI. ACKNOWLEDGMENTS

We would like to express our deep gratitude to the entire staff of Treichville University Hospital for their cooperation and support throughout this study. We would also like to thank the patients and their families, who agreed to share their experiences and stories despite the sensitive nature of the subject.

BIBLIOGRAPHIC REFERENCES

[1] R. Bennett, V. Prévost, & B. Clarisse (2018). "Development and Evolution of a Patient Education Program for Cancer-Related Pain." **Bulletin du Cancer**, *105(11)*, 1074–108.

[2] D. Bonnet (2001), *Sickle Cell Disease and Ethnicity, Sickle Cell Disease: Perspectives on an Orphan Disease.* Paris, Karthala, pp. 45–73.
[3] C. Bonnabel (2019). *Living with Sickle Cell Disease in Africa: Between Medical Knowledge and Social Perceptions*. Éditions L'Harmattan.
[4] M. Bourgeois, C. Dupont, & L. Lemoine (2019). Psychosocial support for families of children with chronic illnesses: a systematic review. *Journal of Pediatric Health, 33(2),* 150-160.
[5] J. Cohen, R. Johnson & A. Smith (2014). The impact of health education on patient adherence: a review. *Patient Education and Counseling, 97(3),* 290–295.
[6] Y. Jaffré & J. P. O. de Sardan, (2003). Community-Based Medicine: Patient-Caregiver Relationships in Five West African Capitals. Paris, Editions Apad Khartala. *Social Sciences and Health Year 2004 22-1,* pp. 127-128.
[7] D. Jodelet (1992). *Social Representations*. Paris: PUF
[8] S. Kirk, K. McGhee & J. Thomas (2016). Family involvement in care: a key to improving outcomes in chronic illness. *Community Health and Social Services, 27(5),* 577–585.
[9] A. M. Gro Bi, A. Mansou, A. Djivohessoun, A. Assi, I. Djoman, E. Kouadio, M.E. Dainguy, C. Kouakou, M.H. Aké-Assi, P. N'Gatta, S. Sorho, K. Yéo, A. Folquet (2025). Follow-Up of Children with Sickle Cell Disease Hospitalised for the Management of Acute Complications in Cocody. *Health Sci. Dis: Vol 26; (9*), pp 33-37.
[10] D. Lantoum (2015). Treatment Pathways and Healthcare Utilization Among Families of Children with Sickle Cell Disease. *Public Health, vol. 27*.
[11] A. Manoukian & A. Massébeuf. (2008). *The Caregiver-Patient Relationship*, 3rd edition. Lamarre. France: (Care and Support). 223 p.
[12] World Health Organization (2006). *Sickle Cell Anemia: Report of the Secretariat. Sixty-ninth World Health Assembly*, Item 11.4 of the provisional agenda (A59/9).
[13] WHO: (2010). *Sickle Cell Disease: A Strategy for the WHO African Region: Report of the Regional Director*. WHO. Regional Office for Africa. https://iris.who.int/handle/10665/1727
[14] B. Link & J. C. Phelan, (2001). Conceptualizing Stigma. *Annual Review of Sociology, 27,* 363–385.
[15] M. Sullivan, R. Jones & K. Roberts (2016). Patient autonomy in the management of chronic diseases: a qualitative study. *Chronic Disease, 12(1),* 54–65.
[16] M. Weber (1978). *Economy and Society*, University of California Press, p. 398.