



Research Paper

Social representation and sociocultural approach to high blood pressure among Agni elders in the municipality of Arrah (Ivory Coast)

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ABSTRACT

The municipality of Arrah, located in the Moronou region, has a high rate of people aged 60 and over with hypertension, according to the Arrah General Hospital registry. From 2018 to 2022, 250 to 1,025 elderly patients were recorded. These figures highlight the extent and severity of high blood pressure (HBP) in the municipality of Arrah. This study was conducted in this social setting to better understand this social reality. Its objective was to understand the influence of social representations on the sociocultural approach to high blood pressure among these elderly people. Using a qualitative approach and inclusive criteria, 27 elderly people aged 60 to 75 with hypertension, including 15 women and 12 men, were interviewed. Similarly, one attending physician, two nurses, two nursing assistants, and one social worker from Arrah General Hospital, two traditional healers, and three community leaders were interviewed. The study revealed divergent social representations of high blood pressure and a sociocultural approach based on these representations among older adults. This highlights the need to make recommendations to the various stakeholders with a view to developing an integrated approach to the prevention and management of this chronic disease.

Keywords: Social representation, sociocultural approach, high blood pressure, older adults, Arrah.

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I. INTRODUCTION

Nowadays, high blood pressure (HBP) is a real public health problem due to its prevalence and complications, not only in industrialized countries but also in developing countries (WHO, 2023). According to the World Health Organization (WHO), HBP is the leading cause of premature death and disability worldwide. According to the same source, high blood pressure (HBP) is defined as a systolic blood pressure (SBP) greater than or equal to 140 mmHg and/or a diastolic blood pressure (DBP) greater than or equal to 90 mmHg, measured at rest and on several occasions. Normal blood pressure is less than 120/80 mmHg (P.C. Kaniki, 2008). The proportion of diseases attributable to hypertension has increased significantly, from around 4.5% in 2000 to 7% in 2010 (WHO, 2023).

High blood pressure often goes undiagnosed for a long time and is only diagnosed when major cardiovascular and renal complications develop (L. Fourcade et al. 2007). High blood pressure is therefore considered to be the leading global risk factor for mortality worldwide (Ezzati et al., 2002). In fact, it contributes to nearly 9.4 million deaths each year and increases the risk of other health problems such as kidney failure, blindness, and a significantly higher risk of stroke, coronary heart disease, congestive heart failure, and malignant hypertension (with its cardiovascular and neurological complications) (WHO, 2023). One in five adults has high blood pressure, and among those over 60, it is one in two (N.C. B. Loukou, 2017).

In Côte d'Ivoire, hypertension is also a public health problem. According to the results of the STEPS¹ survey conducted in 2005 at the Abidjan Cardiology Institute (ICA), the prevalence of hypertension, which was estimated at 21.7% in the lagoon region, rose to 33.4% in 2015 (E.J.B.L. Okpomi, 2016). Furthermore, according to the 2005 survey report on risk factors for noncommunicable diseases in Côte d'Ivoire, high blood pressure

¹ Survey on risk factors for noncommunicable diseases

affected 21.7% of the population aged 15 to 64. Similarly, the prevalence of chronic conditions such as high blood pressure (HBP) is increasing due to the aging population. Older people are particularly vulnerable to this chronic condition due to physiological changes associated with aging, poor diet, and stress (M. Ferry, 2006).

All regions of Côte d'Ivoire are affected by this chronic disease, particularly the municipality of Arrah, which in recent years has seen an increase in the percentage of cases of high blood pressure, especially among the elderly. Indeed, at Arrah General Hospital, between 2018 and 2022, there were 250, 520, 955, 1,014, and 1,025 patients aged 60 or older with hypertension, respectively². These various quantitative data show the extent and severity of hypertension in the municipality of Arrah. Based on the empirical findings from the exploratory survey, awareness-raising sessions were held to promote early treatment of various conditions, including hypertension. Despite this institutional framework, it must be noted that people with this condition in general, and elderly patients, often arrive at the hospital in a critical condition due to their perceptions of hypertension. They develop various approaches that differ from those recommended by conventional medicine (regular blood pressure checks, spontaneous consultation in the event of symptoms indicating high blood pressure, etc.). Among the Agni peoples of Côte d'Ivoire, particularly those in the commune of Arrah, understanding social representations and the sociocultural approach to hypertension is essential for developing appropriate prevention and management strategies. Hence the scientific and social significance of this study.

In this sense, S. Moscovici's theory of social representation can help us better understand this social reality. According to S. Moscovici (1984, p. 132), social representation is "*a way of interpreting the world and thinking about our daily reality, a form of social knowledge that individuals construct consciously based on who they are, what they have been, and what they project, and which guides their behavior. Correlatively, social representation is the mental activity engaged in by individuals and groups to establish their positions in relation to situations, events, objects, and communications that concern them*".

From the above, we may ask how social representations influence the sociocultural approach to high blood pressure among Agni elders in the municipality of Arrah? Specifically:

- What are the social representations of high blood pressure among Agni elders in the municipality of Arrah?
- What sociocultural approach influences prevention, treatment decision-making, and health behaviors related to high blood pressure?
- What are the recommendations for an integrated approach to the prevention and management of high blood pressure among Agni elders?

This study aims to understand the influence of social representations on the sociocultural approach to high blood pressure among Agni elders in the municipality of Arrah.

II. MATERIALS AND METHODS

1.1. Materials

The study was conducted in August 2024 in Arrah, a town located in the central-eastern part of Côte d'Ivoire. Arrah is both a prefectural capital, a sub-prefecture, and a fully functioning municipality located in the Moronou region. Its population is estimated at 65,000 inhabitants (INS, 2021). The main town of the Agni Ahua people, Arrah is traditionally ruled by a king. Arrah is known for its traditional "Bédiélouo" festival, or yam festival, which marks the New Year celebrations for the Agni Ahua people (UVICOCI³, 2020).

Arrah benefits from several infrastructures, including a general hospital. This hospital, which is even equipped with an operating room, is frequented by people from different social backgrounds suffering from various conditions, including high blood pressure. As in all Agni societies in Côte d'Ivoire, in Arrah, relationships between visible and invisible actors, through the intermediary of the "Komians⁴," often influence the therapeutic choices of the former. This is what justifies the choice of this social space as the geographical field of study.

1.2 Methods

A qualitative method focusing on individual interviews is used to collect data from the population. It provides insight into how older adults with hypertension and their caregivers perceive high blood pressure (HBP) in the municipality of Arrah; to learn about the sociocultural practices related to HTN among older adults, traditional healers, and community leaders in health promotion; and to propose recommendations for an integrated approach to the prevention and management of high blood pressure among older adults. Three social categories make up the sample: Agni elders with high blood pressure who have been hospitalized or lost to follow-up, medical and social staff at Arrah General Hospital, and practitioners of African traditional medicine. The selection

² Arrah General Hospital Registry

³ UVICOCI: Union of Cities and Municipalities of Côte d'Ivoire (UVICOCI) was created on July 6, 1983, to support the policy of municipalization.

⁴ "Komian": Priest or medium who unites the physical world and the invisible world, of which he is the interpreter. He is gifted with clairvoyance and the ability to predict the future.

of the elderly people who make up the target population for the study was based on medical records, medical appointments, and their repeated absences from medical appointments.

Inclusive criteria such as age (being 60 years of age or older) and ethnicity (being Agni Ahua from Arrah). Were also considered, the pathological condition (having high blood pressure), medical follow-up (having been seen at least once at Arrah General Hospital), and willingness to participate in the study led to the selection of 27 elderly people with high blood pressure aged between 60 and 75. Among them were 15 women and 12 men. Their experience with the disease ranged from one to five years. The medical staff at Arrah General Hospital consisted of one attending physician, two nurses, two nursing assistants, and one social worker. As for traditional African practitioners, two traditional healers and three community leaders were interviewed. These resource persons constitute the target population, the expert population, and the control population for the study.

III. RESULTS

The results of this study are structured around three key points: Social representations of high blood pressure, the sociocultural approach that influences prevention, treatment decision-making, and health behaviors related to high blood pressure, recommendations for an integrated approach to the prevention and management of high blood pressure in older adults.

2.1. Social representations of high blood pressure among older adults in the Agni community in the municipality of Arrah

The results collected in the field show divergent representations of high blood pressure among the elderly people with hypertension who were surveyed. While some seem to be well informed on the subject, viewing hypertension as a natural disease associated with old age, others believe that this chronic disease has mystical origins. The following statements clearly illustrate this divergence:

"I have had high blood pressure for 11 years. It is an age-related condition because when I was younger, I had no health problems. It is with age that I have all these health problems that cause me suffering. I often have headaches, dizziness, lightheadedness, vision problems, etc." (KA, 68).

As if to contradict this, NA (73) replies:

"Two years ago, someone cast a spell on me because of my crops. Several Komians that my family consulted gave the same messages, even though they don't know each other. According to them, they placed fetishes at the entrance to my fields, and without knowing it, I walked on these poisons. I fell in the field two years ago, and since then I have been unable to walk because my left side is paralyzed. They even described certain members of my extended family who did this to me. I often have nosebleeds, or my heart beats rapidly."

The perceptions, beliefs, specific attitudes, discourse, and stereotypes conveyed by the seniors surveyed regarding high blood pressure legitimize their representations of this condition. Indeed, their discourse reveals their ignorance of the cause of this chronic disease, from which they have suffered for at least two years. However, they can describe the clinical signs of hypertension as follows: *headaches, dizziness, lightheadedness, vision problems, my left side won't move, I can't walk, blood is coming out of my nose*. In this context, the social knowledge built around hypertension will guide their approach to this condition.

3.2. The sociocultural approach to the prevention and treatment of high blood pressure in older adults

This second finding highlights the therapeutic measures used by older adults with hypertension and their family caregivers to prevent and manage hypertension. Among those who attribute this disease to old age, some find it pointless to continue medical follow-up, especially since recovery is uncertain due to the irreversible nature of aging. For MM (72 years old):

"It's a disease that attacks the elderly. Can old age be cured? What's the point of exhausting yourself in the hospital? You waste time and spend money for nothing; there's no cure there. We use leaves, roots, and tree bark to treat ourselves. There are healers who treat people well in our community."

This statement accurately reflects the beliefs and stereotypes held by older adults with hypertension regarding hypertension. These respondents are generally part of the group of patients who are lost to follow-up by healthcare professionals. By abandoning treatment due to uncertainty about recovery, they become non-compliant patients and later return to the hospital in a critical condition, as this attending physician testifies:

"With these elderly people, you have to expect anything. We start treatment and then they disappear, only to return in an irrecoverable state."

"Despite home visits and phone calls, patients persist in not following their treatment, citing their beliefs," adds the social worker.

Other elderly people with high blood pressure, on the other hand, find medical care essential, even if they also use traditional African medicine. This statement illustrates this point well:

"In any case, I go to my hospital appointments. I take my pills and follow my diet. But I also treat myself with traditional medicines. Because Western medicine alone cannot cure everything, you also need to combine it with plants such as dried avocado, theca, and cocoa leaves to treat high blood pressure." (E A, 67 years old)

This transcript shows that elderly people with hypertension are not satisfied with the care offered by Arrah General Hospital alone. Of course, appropriate healthcare (weight gain, blood pressure monitoring, prescription of antihypertensive drugs and dietary advice, etc.) and therapeutic education are essential for the effective management of hypertension. However, the uncertainty of recovery forces them to seek other therapies, such as medicinal plants generally prescribed by traditional healers. As for respondents who attribute hypertension to mystical causes, they overlook medical treatment in their quest for healing. Consulting the spirits through “Komians,” rituals and animal sacrifices, taboos, and other sociocultural practices accompanied by various prescriptions and treatments fill their therapeutic journeys. This statement sheds more light on the situation:

"I don't do anything without the Komians, who are our scouts. They serve as intermediaries between our ancestors and us. They are the ones who tell us the origin of the illnesses that afflict us, such as high blood pressure. It's clear that hospitals cannot solve problems caused by witchcraft. It is the spirits who dictate to the Komians what to do, and we believe that they can heal us." (AN, 75 years old).

For these elders and their respective family members, healthcare facilities are not the best place to treat hypertension, which they consider to be a mystical illness. In this context, “Komians,” traditional healers, and invisible actors become their preferred partners in managing various illnesses such as hypertension, to the detriment of medical care.

In short, these statements show that the sociocultural approach to high blood pressure among the seniors surveyed depends on their perceptions of this chronic disease. While some use a combination of Western medicine and traditional African medicine for greater effectiveness, others choose to rely solely on traditional African medicine. Such an approach to hypertension can only lead to complications. In this regard, recommendations to minimize these complications are necessary.

3.3. Recommendations for an integrated approach to the prevention and management of high blood pressure in older adults Agni

Given the representational system that influences the prevention and management of high blood pressure in older adults, specific awareness-raising and prevention strategies must be developed and implemented on their behalf. These essentially involve:

- An awareness campaign on hypertension, also known as the “silent killer,” its causes, and complications (including cardiovascular disease, stroke, and kidney disease), targeting older adults with hypertension and their families (target population), traditional healers, community leaders, and the entire population (control population). This campaign must involve the National Program to Combat Hypertension (PNLTHA), health professionals, social workers, non-governmental organizations, or NGOs (expert population), and all people of good will.
- Raising awareness of the importance of hospital care and treatment adherence for better management of hypertension. The aim is to reduce morbidity and mortality related to hypertension. In this context, advocacy is needed among health and social care professionals (doctors, nurses, nursing assistants, social workers, etc.), older people and their family caregivers, traditional healers, and community leaders. The goal is to foster collaboration between modern healthcare practitioners and traditional healers for a holistic approach to health. In this case, these different actors must agree to integrate traditional and modern healthcare for the management of high blood pressure. These opportunities in access to healthcare can help address the challenges related to the health and well-being of older adults.
- Raising awareness about traditional eating habits and their impact on the cardiovascular health of older adults. Dieticians, nutritionists, and social workers must work together to develop diets adapted to the traditional eating habits of Agni elders. Agni people consume between 20% and 50% of their diet in the form of rice and plantain foutou with cassava, not to mention yams (J.-L. Chaléard, 1996). This diet is therefore mainly based on traditional dishes rich in tubers and cereals, often accompanied by vegetable-based sauces and fish or meat. However, excessive consumption of these tubers can, in the long term, lead to metabolic diseases such as type 2 diabetes, obesity, heart disease, stroke, and high blood pressure, which is the subject of this study (M.-J. Brennstubi, 2018). For a balanced diet, nutrition education sessions promoting the consumption of fruit, raw vegetables, vegetables, and leafy greens should be organized with older adults and their family caregivers and community leaders, with a view to promoting their health. In this regard, there should be a collaborative relationship between older adults with hypertension, their respective families, and health and social care professionals.

In addition to these awareness and prevention strategies specific to Agni seniors, it is essential to promote research and data collection to better understand high blood pressure in older adults. Indeed, this study was made possible thanks to data from empirical research, as there is virtually no literature on this subject in the geographical and social fields chosen for the present study.

IV. DISCUSSION

3.1. Divergent perceptions of high blood pressure and its treatment

High blood pressure was perceived differently by seniors, especially in terms of its etiology (causes). For some, this disease is completely natural because it is linked to old age. In other words, it is old age that, over time, causes hypertension.

As perceived by this category of our respondents, hypertension, a disease of old age, is therefore incurable. Since aging is a process, this disease will last if the patient lives. This perception is relevant because hypertension is classified as a chronic disease. Chronic diseases are long-term conditions that generally progress slowly. The chronic nature of this disease can be explained by its incurability, its duration, and the uncertainty of recovery. In this context, respondents find medical care useless and opt for other treatments based on their beliefs and traditional remedies. This is what one family caregiver expressed in these terms: *"It's a disease that attacks the elderly. Can you cure old age? What's the point of exhausting yourself at the hospital? You waste time and spend money for nothing; there's no cure there. We use leaves, roots, and tree pods to treat ourselves..."*

"In this logic, old age is a disease, and older people are often rarely referred to hospital services. They are sometimes considered "the living dead," people for whom healthcare is of little importance, as S. Mveing et al. (2008) have already shown. The management of this chronic disease therefore requires a comprehensive approach involving several categories of actors, including individuals, groups, associations, and even invisible actors such as spirits, through the channel of traditional healers and Komians.

The care pathway reflects the ability of patients seeking "well-being" to mobilize resources. Disease management also sheds light on the role of caregivers, the meaning of illness, and the meaning of medical services (each actor having their own understanding of the healthcare system). In this case, chronic diseases pose a challenge for the healthcare system in terms of both financing and the organization of care. Healthcare systems in developing countries, particularly in Côte d'Ivoire, many of whom already suffer from a lack of resources and an inability to meet needs, must now bear this double burden. These results are consistent with those of S. Mveing et al. (2008).

For respondents who attribute hypertension to mystical or spiritual causes, the medical route is completely excluded from their therapeutic journey. Invisible actors (spirits, diviners, ancestors) are summoned by the Komian people to determine the causes of the onset of the disease, to make a diagnosis, and to prescribe the appropriate treatment. As priestesses and mediums capable of communicating with spirits and ancestors, particularly the Boson, spirits of the forest, the Komian play a central role in religious, social, and therapeutic matters. They are considered intermediaries between the spirit world and the human world, possessing ancestral knowledge and healing powers.

They use medicinal plants and rituals to treat various illnesses, both physical and spiritual. They are key figures in Agni society, ensuring a balance between the visible and invisible worlds and contributing to the well-being of the community through their spiritual, therapeutic, and social functions. These findings on the role of the Komian among the Agni of Arrah are consistent with those of T.G. Ainyakou et al. (2017), who conducted a study on the social position of Komians in the context of modernity in the Agni Sanwi society of Maféré. According to their findings, in the Akan societies of Ghana and Côte d'Ivoire, Komians are all people who possess occult knowledge.

They can teach their knowledge to kings or make predictions about the future. Their magical-religious trances enable them to understand things that are incomprehensible to ordinary mortals. From the above, we can deduce that among the respondents in Arrah, the causes of THA are varied and divergent. Furthermore, according to T.G. Ainyakou et al. (2017), this silent and invisible killer rarely manifests itself through tangible symptoms. Its complications are virtually unknown to our respondents, as also mentioned by C. Larzilière (2015, p.34) in his study.

However, according to Mr. Traoré (2006), the complications of hypertension are numerous and potentially serious. These results are consistent with those of the present study, which showed that knowledge about hypertension is clearly insignificant among the target population. This chronic disease is often attributed to fate by respondents, even though they are often able to describe symptoms in terms such as *"headaches, dizziness, lightheadedness, blurred vision, nosebleeds, and rapid heartbeat."*

Such perceptions generally influence the therapeutic pathways of older adults. These etiological beliefs play a decisive role in health practices and can have a significant impact on the well-being and quality of life of older adults. In this case, their therapeutic choices and practices are linked to their beliefs and knowledge of HTA. For example, a stroke with hemiplegia is attributed to *"a spell being cast."* All these representations have a negative impact on adherence to medical care.

3.2. The influence of traditional practices and beliefs on behaviors related to the prevention and treatment of high blood pressure

Traditional practices and beliefs influence behaviors related to the prevention and treatment of high blood pressure. In this context, complications can arise from this silent killer that is hypertension. The study by B. Traoré (2007) highlighted the increased risk of heart disease, such as myocardial infarction, stroke, and kidney failure. To combat this blood pressure disorder, a suitable diet is essential to control risk factors, as M-J. Brennstubi (2018) clearly demonstrated in his study. An unbalanced diet, consumption of foods that are too salty, too sweet, or too fatty, a sedentary lifestyle, alcohol, or tobacco use, and being overweight or obese are all risk factors.

According to M. Mingioni (2016), for older adults with hypertension, the ideal diet, like the DASH⁵ diet, emphasizes fruits, vegetables, whole grains, legumes, nuts, and lean proteins, while limiting salt (sodium), added sugars, saturated fats (red meat, processed meats), and alcohol. Foods rich in potassium, such as bananas, and omega-3 fatty acids, such as fatty fish, are also beneficial. These recommendations seem to be ignored by older adults, who are the target population of this study. According to the results obtained, their traditional dietary practices are centered on foutou made from cassava, plantain, or yam and sauces garnished with red meat.

These foods are high in salt and fat (sauces) or other risk factors. Excessive consumption of salt, sugar, fat, starchy foods, tobacco, and especially alcohol in this social setting constitutes poor eating habits that increase the risk of developing high blood pressure. These eating habits are deeply rooted in the daily lives of older adults and are therefore linked to their cultural identity, making them difficult to change. This complicates the proper monitoring of a diet related to high blood pressure. Eating habits therefore influence behaviors related to the prevention and treatment of high blood pressure, hence the need to adapt the diet. Furthermore, traditional beliefs also influence behaviors related to the prevention and treatment of high blood pressure.

Depending on their perceptions of high blood pressure and its causes, the seniors surveyed either seek modern health services for effective management of their high blood pressure or turn to Komians and traditional healers for therapeutic care. The former, who attribute hypertension to old age and therefore to physical deterioration, receive medical care that includes weight management, blood pressure control, prescription of antihypertensive drugs, and dietary changes, adequate therapeutic and nutritional education. They attend their medical appointments and follow therapeutic prescriptions. However, they combine the two types of medicine, navigating between modern medicine and traditional African medicine. This verbatim quote, *"I, for one, attend my hospital appointments. I take my pills and follow the diet. But I also treat myself with traditional medicines..."* clearly illustrates the choice between the two types of medicine made by the elders.

The latter, who attribute hypertension to a spell and therefore to a mystical origin, opt for the therapeutic services of Komians and traditional healers who treat with plants medicinal practices inspired by the spirits. According to the latter, "the hospital cannot solve problems of witchcraft." In this case, the family plays a key role in supporting elders in their quest for healing, during their journey and therapeutic choices. In the case of the elders of Arrah, community leaders, traditional healers, Komians, and spirits are all involved in caring for the health of elders with chronic diseases such as hypertension. This support is generally perceived as a protective factor.

3.3. Proposed practical solutions

Sociocultural practices for treating high blood pressure in older adults often incorporate traditional approaches, including the use of medicinal plants and specific rituals, either as a complement to or replacement for modern medicine. However, it is important to emphasize that access to appropriate healthcare and therapeutic education are essential for the effective management of hypertension. To achieve this goal of an integrated approach to the prevention and management of this chronic disease among Agni seniors, recommendations have been made. The following practical solutions have been proposed to this end:

- Messages about preventing hypertension that respect the beliefs, perceptions, and taboos of the Agni society of Arrah must be disseminated in the local language to convey accurate medical information. This information must emphasize the etiology (causes) of hypertension, its symptoms, complications, prevention, and management of this chronic disease. Indeed, C. Larzillière (2015) asserts that knowledge about hypertension is clearly insufficient among the population. This awareness campaign in the local language could therefore involve all social groups, particularly elders, community leaders, and traditional healers.

- Basic training sessions on high blood pressure should be organized for traditional healers. The aim is to establish open collaboration between traditional healers and health professionals, between modern medicine and traditional African medicine, to better guide patients.

⁵ The DASH (Dietary Approaches to Stop Hypertension) diet is a dietary approach designed to help reduce and control high blood pressure by emphasizing a high intake of fruits, vegetables, whole grains, lean proteins, and low-fat dairy products.

- Free hypertension screening campaigns must be organized for both urban and rural populations in the municipality of Arrah. Mobile clinics and outpatient care must also be set up to facilitate access to care for patients, especially the elderly. To this end, the involvement of local authorities is necessary to improve the financial coverage of treatments.

V. CONCLUSION

The aim of this study was to understand the influence of social representations on the sociocultural approach to high blood pressure among Agni elders in the municipality of Arrah. A qualitative approach was used to achieve this objective. Based on inclusive criteria, 27 elderly people with hypertension aged between 60 and 75, including 15 women and 12 men, were interviewed. Their experience of the disease ranged from one to five years. In addition to these seniors, medical and social staff from the Arrah General Hospital (one attending physician, two nurses, two nursing assistants, and one social worker), two traditional healers, and three community leaders were interviewed.

These resource persons constitute the target population, the expert population, and the control population for the study. Analysis of the qualitative data collected shows that social representations of high blood pressure (HBP) vary among older adults. For some, HBP is a natural disease associated with aging, while for others, it is a disease of mystical origin. Furthermore, the sociocultural approach to high blood pressure in older adults depends on their perceptions of this chronic disease. While some use a combination of Western medicine and traditional African medicine for greater effectiveness, others choose to use only traditional African medicine. To combat hypertension, recommendations have been made to various stakeholders with a view to adopting an integrated approach to prevention and management among Agni seniors.

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CONFLICTS OF INTEREST

As the author of this study, we declare that we have no conflicts of interest.

BIBLIOGRAPHICAL REFERENCES

- [1]. Ainyakou, T.G. & Mandyam, N. (2017). Social position of the Kômians in the context of modernity in Agni Sanwi society (Mafêré), Ivory Coast. *Rev. Ivoir. Anthropol. sociol. KASA BYA KASA, EDUCI*. 0 (30):190-203.
- [2]. Brennstubi, M.-J. (2018). Eating better to stay healthy. In *Healthy Eating*. Pp 199-224.
- [3]. Chaléard, J.-L. (1996). Time of cities, time of food: the rise of commercial food production in Côte d'Ivoire, *Karthala*, 661 p; 515BN 978-2-86537-635-3).
- [4]. « DASH Diet Overview [archive] », sur health.usnews.com US News and World Report, What Is the DASH Eating Plan? [Qu'est-ce que le régime DASH?] [archive] », Spotted at www.nhlbi.nih.gov National Institutes of Health.
- [5]. Ezzati, M., Lopez, A.D. & Rodgers, A. (2002). Comparative Risk Assessment Collaborating Group: Selected major risk factors and global and regional burden of disease. *Lancet*, 360, 1347-1360. Doi :10.1016/S0140-6736(02)11403-6.
- [6]. Ferry, M. (2006). Nutrition, aging, and health Pages 123 to 132. Spotted at <https://www.cairn.info/revue-gerontologie-et-societe-1-2010-3-page-123.htm>.
- [7]. Fourcade, L.I, Paule, P. & Mafart, B. (2007). Hypertension in sub-Saharan Africa: current situation and prospects. Vol. 67, No. 6, pp. 559-67. *Journal: Tropical Medicine: Journal of the Colonial Health Corps*. Type of publication: journal article; literature review.
- [8]. Herzlich, C. (1969/1992). Health and illness, analysis of a social representation. Paris, Éditions de l'Ehess.
- [9]. National Institute of Statistics (2021). "RGPH 2021 Final Overall Results" [archive]. Available at: [ins.ci](https://www.ins.ci) <https://www.ins.ci> > RGPH2021 (Accessed June 15, 2025).
- [10]. Kaniki, P. C. (2008). Prevalence of high blood pressure in Mbujimayi, case study of the municipality of Kanshi. University of Mbujimayi - Graduate Diploma in Biomedical Sciences.
- [11]. Larzillière, C. (2015). Public awareness of high blood pressure. Impact on control. UNIVERSITY OF LORRAINE. p.34.
- [12]. Loukou, N. C. B. (2017). High blood pressure in the workplace: the case of sawmills in the city of Adzopé (Ivory Coast). 91p.
- [13]. Mingioni, M. (2017). Nutrition for the elderly. Sensory study of enriched fruits and vegetables. Thesis submitted in partial fulfillment of the requirements for the degree of Doctor of the University of Angers under the seal of the University of Brittany Loire Doctoral School: VENAM TEL - Theses online <https://theses.hal.science> > file > MINGIONI.
- [14]. Moscovici, S. (1984). *Social Psychology*, PUF, coll. "Fundamental," 1984 (BNF 34771962)
- [15]. Mveing, S. & Fomekong, F. (2008). Living conditions of households and use of healthcare among elderly people in Cameroon. *African Population Study*, 23, 85-102.
- [16]. Found at: <http://www.bioline.org.br/request?ep08005>.
- [17]. Okpomi, E. J. B. L. (2016). 25 ion" ensured by its hormones. ... Paris. Available at: www.inserm.fr ...103 pages.
- [18]. Traoré, B. (2007). Hypertension in people aged 60 and over in the cardiology department of Gabriel Touré University Hospital [Medical thesis]. Bamako: University of Science, Technology, and Technology of Bamako.
- [19]. Traoré, M. (2006). Acute complications of high blood pressure in the emergency and intensive care departments of the Point G University Hospital [Medical thesis]. Bamako: University of Science, Technology, and Technology of Bamako.

- [20]. UVICOCI (2020). Available at <https://uvicoci.com> › Arrah. (Retrieved April 8, 2025).
- [21]. World Health Organization (WHO) (2023) High blood pressure.
- [22]. Available at <https://www.who.int> › ... › Key facts › Details (Accessed July 12, 2025).