THE PSYCHOSOCIAL EXPERIENCE OF PATIENTS WITH POORLY UNIONED BONE FRACTURES AND CHANGES IN TRADITIONAL THERAPEUTIC PRACTICES IN FERKÉ (CÔTE D'IVOIRE)

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Abstract: This study analyses the psychosocial experiences of patients with poorly healed bone fractures and their influence on the evolution of traditional therapeutic practices in Ferkessédougou. It is based on the observation that, despite the existence of biomedical facilities, many patients continue to seek treatment from traditional healers, sometimes with complications affecting their physical, psychological and social well-being. The methodology is based on a qualitative socio-anthropological approach involving 48 respondents, using semi-structured interviews, direct observations and focus groups. The results show that the suffering experienced is leading to a gradual adaptation of traditional therapeutic practices and a growing openness to biomedicine.

Keywords: Psychosocial experience, patients, bone fractures, non-union, therapeutic practices.

VÉCU PSYCHOSOCIAL DES PATIENTS ATTEINTS DE FRACTURES OSSEUSES MAL CONSOLIDÉES ET ÉVOLUTION DES PRATIQUES THÉRAPEUTIQUES TRADITIONNELLES À FERKÉ (CÔTE D'IVOIRE)

Résumé : Cette étude analyse le vécu psychosocial des patients atteints de fractures osseuses mal consolidées et son influence sur l'évolution des pratiques thérapeutiques traditionnelles à Ferkessédougou. Elle part du constat que malgré l'existence de structures biomédicales, de nombreux patients continuent de recourir aux tradipraticiens, parfois avec des complications affectant leur bien-être physique, psychologique et social. La méthodologie repose sur une approche qualitative socio-anthropologique menée auprès de 48 enquêtés à travers des entretiens semi-directifs, des observations directes et des focus groups. Les résultats montrent que les souffrances vécues favorisent une adaptation progressive des pratiques thérapeutiques traditionnelles et une ouverture croissante à la biomédecine.

Mots-clés : Vécu psychosocial, patients, fractures osseuses, mal consolidées, pratiques thérapeutiques.

Introduction

Bone fractures are now a major global public health problem due to their frequency, the functional sequelae they cause, and the psychosocial repercussions they entail. According to the World Health Organisation (2024, p. 15), several million people suffer from osteoarticular injuries each year, a significant proportion of whom go on to develop complications linked to inadequate care. From an anthropological perspective,

A. Kleinman (1980, p. 24) demonstrates that experiences of illness and recovery are embedded within cultural systems of meaning that influence individuals' therapeutic choices. Similarly, M. Good (1994, p. 67) emphasises that the suffering associated with illness extends beyond the biological dimension to affect patients' social relationships, identity and psychological well-being. More recently, P. Farmer (2020, p. 118) has highlighted the role of social inequalities and access to care in the persistence of alternative therapeutic approaches worldwide. This research reveals that poorly healed fractures are not merely medical problems, but also social experiences capable of having a lasting impact on patients' quality of life.

In Africa, traditional healing practices remain an essential component of healthcare systems. Despite advances in biomedicine, the use of traditional bone-setters continues to play a significant role in the management of bone fractures. B.U. Nwachukwu (2011, p. 22) observes that in several African countries, more than half of patients with fractures first consult traditional healers before considering hospital treatment. According to T. Yempabe (2020, p. 9), this situation can be explained by the social proximity of traditional practitioners, the lower costs of treatment and the trust placed in ancestral knowledge. More recently, B.A. Endeshaw (2023, p. 11) has highlighted that poorly healed fractures are often the result of inappropriate treatments, leading to physical disabilities, economic hardship and a deterioration in social relationships. These studies show that the persistence of traditional therapeutic practices is accompanied by gradual changes linked to urbanisation, schooling and the growing influence of biomedicine.

In Côte d'Ivoire, therapeutic pluralism has a significant influence on healthcare-seeking behaviour. Research by K.D. Diomandé (2021, p. 54) indicates that traditional healers specialising in the treatment of fractures remain widely sought-after by healthcare providers, particularly in the northern regions of the country. According to B.G. N'Guessan (2022, p. 38), patients' treatment choices are often based on cultural, economic and relational factors rather than strictly biomedical considerations. More recently, S. Sangaré and T. Koné (2024, p. 781) have demonstrated that complications arising from poorly healed fractures are a growing concern in Ivorian orthopaedic departments, particularly among patients who have undergone exclusively traditional treatments. This research highlights the need to understand malunions through a socio-anthropological approach that allows for a simultaneous understanding of the medical, social and cultural dimensions of the phenomenon.

In the Tchôlogo region, particularly in the town of Ferkessédougou, traditional treatment of fractures continues to play a significant role in the therapeutic pathways of the local population. However, contemporary social changes, the expansion of healthcare infrastructure and the increased circulation of medical knowledge are contributing to a gradual evolution in local therapeutic practices. Empirical observations carried out in the locality reveal that many patients with poorly healed fractures face chronic pain, functional limitations, difficulties in entering the labour market, as well as various forms of psychological distress and social stigma. Despite these consequences, traditional therapeutic knowledge remains highly valued and continues to evolve in contact with biomedicine.

A key question therefore arises : how do the psychosocial experiences of patients with poorly healed bone fractures contribute to the evolution of traditional therapeutic

practices in Ferkessédougou? The scientific value of this study lies in understanding the interactions between the experience of illness, sociocultural dynamics and changes in therapeutic knowledge. This research draws primarily on A. Kleinman's theory of healthcare systems (1980, p. 24), which enables an analysis of the relationships between traditional medicine and biomedicine. It also draws on the theory of social representations developed by D. Jodelet (1989, p. 53), according to which collectively constructed representations shape behaviours, perceptions of illness and care practices within a social group. This approach appears particularly relevant for understanding the meanings attributed to poorly healed fractures and the treatment choices made by the patients and their families. The central hypothesis posits that the psychosocial experiences of patients with poorly healed bone fractures are driving a reconfiguration of traditional therapeutic practices in Ferkessédougou, through the integration of new care strategies, new forms of therapeutic legitimisation and new interactions with biomedicine. The study is structured in three parts : methodology, results and discussion.

1. Methodology

This study adopts a qualitative approach with a socio-anthropological focus, aiming to understand the psychosocial experiences of patients with poorly healed bone fractures and the evolution of traditional therapeutic practices in Ferkessédougou, in the Tchôlogo region. The qualitative approach was chosen for its ability to capture the meanings, perceptions and lived experiences of social actors. As highlighted by N.K. Denzin and Y.S. Lincoln (2018, p. 43), qualitative research provides insight into social realities through the interpretations that individuals give to their experiences. The fieldwork took place over a four-month period, from June to September 2025, in several neighbourhoods of the city of Ferkessédougou known for the prevalence of traditional therapeutic practices and the diversity of social profiles encountered. The investigations were carried out in the Commerce, Résidentiel, Lanviara, Kôkô, Gare and Château neighbourhoods, where several traditional practitioners specialising in the traditional treatment of fractures are based, alongside modern healthcare facilities.

The study population comprises patients with poorly healed bone fractures, traditional practitioners, healthcare professionals and key informants involved in the care process. Sampling is of the purposive or intentional type, in accordance with the recommendations of M.Q. Patton (2015, p. 264), according to which respondents must be selected based on their ability to provide relevant information on the phenomenon under study. The sample comprises forty-eight (48) respondents distributed as follows: twenty (20) patients with poorly healed bone fractures, ten (10) traditional practitioners specialising in the treatment of fractures, six (6) healthcare workers practising in the city's hospitals, six (6) family members of patients, and six (6) community leaders or key informants. This diversity of stakeholders allows for a better understanding of the medical, social, cultural and psychological dimensions associated with the phenomenon under study.

Data were collected using three complementary techniques. Firstly, semi-structured interviews were conducted with all respondents to gather their perceptions, experiences and views regarding poorly healed fractures and traditional therapeutic practices. According to R. Quivy and L. Van Campenhoudt (2017, p. 173), semi-structured interviews encourage participants to express themselves freely whilst allowing the

researcher to steer the discussion towards the research themes. Secondly, direct observation enabled us to understand the interactions between therapists, patients and families in traditional healthcare settings. Finally, two focus groups, each comprising eight participants, were organised to highlight collective patterns of perception and interpretation of malunited fractures. The data collected were subjected to a thematic analysis inspired by the approach proposed by V. Braun and V. Clarke (2021, p. 331), which involves identifying, classifying and interpreting recurring themes emerging from the respondents' discourse.

The analysis of the results draws primarily on the theory of healthcare systems developed by A. Kleinman (1980, p. 24), which helps to understand the interactions between conventional medicine, folk medicine and biomedicine in patients' treatment pathways. It also draws on D. Jodelet's theory of social representations (1989, p. 53), according to which collective perceptions shape behaviours, attitudes and social practices related to illness and healing. The combination of these two theoretical frameworks provides a relevant analytical framework for understanding how the psychosocial experiences of patients with poorly healed bone fractures influence contemporary transformations in traditional therapeutic practices in Ferkessédougou. Having presented the methodological framework of this study, we shall now set out the main findings from the fieldwork.

2. Results

The results of this study highlight the multiple dimensions of the psychosocial experiences of patients with poorly healed bone fractures, as well as the changes observed in traditional therapeutic practices in Ferkessédougou. Analysis of the accounts gathered from patients, traditional healers, families, health workers and community leaders has identified five key themes.

2.1. The physical experience and daily suffering of patients with malunited fractures

The results show that malunited bone fractures are experienced by patients as a painful and long-lasting ordeal. They limit physical abilities, disrupt daily activities and profoundly alter the patient's relationship with their body. A patient met in the Kôkô district explains:

"Since my leg healed crookedly, I can no longer walk for long. Every step is a struggle and I feel pain even at night" (Patient, aged 42, Kôkô).

This account shows that a malunited fracture is not merely an anatomical sequela. It also becomes a constant source of suffering that accompanies the patient in their movements, activities and even moments of rest. Night-time pain reflects the onset of a chronic condition that prevents the patient from returning to a normal life. The injured body thus becomes a constraining body, daily reminding the patient of the limitations *imposed by the poor bone healing. One woman interviewed also emphasizes :*

"Before my accident, I used to sell at the market every day. Now I can no longer stand for long periods and I often have to ask my children for help" (Female patient, aged 35, Retail).

This account highlights the shift from economic independence to dependence on family members. Physical limitations directly affect commercial activities, which require mobility, stamina and the ability to stand for long periods. The patient, who

was once the household's breadwinner, gradually becomes dependent on her children, which can lead to feelings of worthlessness and a weakening of her status within the family. A healthcare worker at the Ferkessédougou Regional Hospital explains:

"We often see patients who arrive several months after undergoing traditional treatment. Some have significant deformities that severely restrict their mobility" (Healthcare worker, aged 39, Ferkessédougou Regional Hospital).

This comment highlights the consequences of delayed access to biomedical care. When patients arrive late at hospital, the possibilities for correction become more difficult and sometimes costly. The physical deformity then appears to be the result of a care pathway marked by hesitation, financial constraints or an initial reliance on traditional treatment.

2.2. Psychological distress, social stigma and loss of self-esteem

The data collected show that poorly healed fractures also cause significant psychological distress. This distress is linked to how others perceive them, a loss of independence, and a sense of personal worthlessness. One patient states :

"When people watch me struggling to walk, I feel ashamed. I even avoid certain events because I don't want to draw attention to myself" (Patient, aged 51, Inpatient).

This quote reveals that the patient's pain is not merely physical. The difficulty in walking becomes a visible sign of vulnerability exposed to social judgement. In a context where ceremonies and community gatherings play a significant role, avoiding public places reflects a strategy to protect oneself from shame. The patient gradually withdraws from social life in order to escape the stares, comments and sometimes the pity of others. One young woman interviewed states :

"Since my accident, I feel useless. I depend on others for many things and that causes me emotional distress" (Female patient, aged 29, Inpatient).

This account shows that physical dependence leads to a profound loss of self-esteem. The patient no longer sees herself merely as someone who is ill, but as someone whose ability to fulfil her social and family roles has been diminished. The feeling of uselessness reflects the rupture between her former life, characterised by independence, and her current life, dominated by dependency. A family member notes :

"My brother has become very quiet. He used to take part in everything in the family, but now he often stays alone in his room" (Family member, aged 46, Lanviara).

This quote shows that psychological suffering is sometimes observed by those around the patient through changes in behaviour. Silence, isolation and withdrawal from family life appear as signs of emotional distress. The poorly healed rift therefore transforms the patient's place within the family, as the person who used to participate in discussions and decisions gradually becomes absent from communal life.

2.3. The role of the family and social networks in treatment pathways

The findings reveal that treatment choices are not solely a matter of the patient's individual decision. They are strongly influenced by the family, neighbours and community networks. A patient's mother states :

"When my son broke his arm, the whole family decided we should take him to the traditional healer because he had already treated several people in the village" (Patient's mother, aged 54, Gare).

This quote shows that seeking treatment from a traditional healer is a collective decision. The family acts as a guiding force in treatment choices, particularly when the patient is young or financially dependent. The choice of healer is based on their reputation, built on accounts of successful cures shared within the community. One patient explains :

"I wanted to go to hospital but my uncles insisted that I first consult a traditional healer well-known in the region" (Patient, aged 37, Château).

This account highlights the tensions between individual will and family authority. The patient was considering biomedical treatment, but the final decision was influenced by his uncles, who were regarded as authority figures. The course of treatment thus appears to be the result of family negotiations in which age, kinship and power dynamics play a decisive role. A community leader states :

"When someone is injured, neighbours often give advice and recommend therapists they know" (Community leader, 58, Retail).

This quote highlights the role of the neighbourhood in the circulation of therapeutic information. The injury becomes a community matter, where everyone offers a solution based on their own experience or that of a relative. This solidarity can support the patient, but it can also lead to conflicting advice and delay access to appropriate medical care.

2.4. The persistence and social legitimacy of traditional therapeutic practices

Despite the complications observed in some patients, traditional therapeutic practices remain highly valued in Ferkessédougou. Their legitimacy is based on family tradition, cultural roots, social proximity and affordability. A traditional healer from the Lanviara neighbourhood states :

"Our parents have always treated fractures here. This knowledge has been passed down to us and many people are cured thanks to us" (Traditional healer, 62, Lanviara).

This account highlights the inherited nature of traditional therapeutic knowledge. The traditional healer bases his legitimacy on the long history of the practice and on intergenerational transmission. The treatment of fractures is not presented as an improvised activity, but as recognised knowledge, time-tested and validated by collective memory. One patient states :

"Even though my treatment took time, I remain confident in traditional medicine because it is part of our culture" (Patient, aged 44, Kôkô).

This verbatim account shows that trust in traditional medicine does not depend solely on the speed or immediate effectiveness of the treatment. It is also rooted in cultural identity and a sense of belonging to a familiar healthcare system. Even when the treatment is lengthy or imperfect, it retains significant symbolic value. A woman interviewed in the Commerce district explains:

"Many people prefer to start with traditional healers because they are accessible and charge less than the hospital" (Woman interviewed, aged 41, Commerce).

This comment highlights the weight of economic constraints in therapeutic choices. The accessibility of the traditional healer refers not only to geographical proximity but also to the possibility of negotiating payment or paying in instalments. The use of

traditional treatment thus appears as a social strategy adapted to families' limited resources.

2.5. The evolution of traditional therapeutic practices under the influence of biomedicine

Finally, the results show that traditional therapeutic practices are not set in stone. They are undergoing changes linked to patients' experiences, criticism of traditional treatments, and increasing interaction with biomedicine. One traditional practitioner states :

"Nowadays, when a fracture is serious, we sometimes ask the patient to have an X-ray before coming back to see us" (Traditional practitioner, aged 55, Château).

This quote demonstrates a gradual openness to biomedical diagnostic tools. X-rays are incorporated as a means of better assessing the severity of the fracture. The traditional practitioner does not abandon their knowledge, but seeks to supplement it with technical information from modern medicine. This reflects a form of therapeutic hybridisation. Another traditional practitioner states :

"We work more closely with families to monitor the patient's progress and avoid certain complications" (Traditional practitioner, aged 50, Gare).

This account shows that patient follow-up is becoming a more significant aspect of traditional treatment. Families are involved in monitoring changes in pain, swelling or mobility of the affected limb. This shift indicates that traditional practitioners are adapting their practices in response to observed complications and patients' new expectations. A health worker explains :

"Some traditional healers now refer patients to us when they realise the situation is beyond their capabilities" (Health worker, aged 42, Ferkessédougou Regional Hospital).

These comments reveal the emergence of an indirect collaboration between traditional healers and biomedical health workers. The practice of referring patients to hospital shows that some traditional healers recognise the limits of their own treatment. This recognition can reduce the risk of serious complications and pave the way for complementarity between the two healthcare systems. One patient finally states :

"Today, I think you need to combine the advice of the doctor with that of the traditional healer to have a better chance of recovery" (Patient, aged 48, Lanviara).

This account clearly expresses a logic of therapeutic pluralism. The patient does not perceive biomedicine and traditional medicine as two opposing systems, but as two resources that can be combined. This attitude reflects a shift in perceptions of healthcare in Ferkessédougou, where patients now seek to draw on multiple forms of knowledge to improve their chances of recovery.

Overall, analysis of the results shows that the psychosocial experiences of patients with poorly healed bone fractures are contributing to a gradual shift in traditional therapeutic practices in Ferkessédougou. Physical pain, psychological distress, economic dependence, social stigma and experiences of complications are fostering the emergence of new care strategies, characterised by a growing openness to biomedicine, without, however, calling into question the central role of traditional therapeutic knowledge in care pathways. In light of these findings, it is now appropriate to conduct an in-depth analysis by comparing them with existing work in the scientific literature.

3. Discussion

The findings of this study highlight the importance of the psychosocial experiences of patients with poorly healed bone fractures in understanding the changes in traditional therapeutic practices in Ferkessédougou. To grasp the analytical significance of these findings, they should be compared with existing research in the socio-anthropology of health, social orthopaedics and the anthropology of therapeutic pluralism. The discussion is organised around the five main themes emerging from the analysis of the empirical data.

3.1. The physical experience and daily suffering of patients with poorly healed fractures

The results of this study show that poorly healed bone fractures are experienced by patients as long-term physical suffering, characterised by chronic pain, reduced mobility and limitations in daily activities. This observation is consistent with the analyses of B.U. Nwachukwu (2011, p. 21), who emphasises that ‘complications arising from traditional treatments for fractures can lead to deformities, joint stiffness and prolonged functional disabilities’. This quote helps us understand that a poorly healed fracture is not merely a biomechanical abnormality; it becomes a profound impairment of the patient’s ability to function. In Ferkessédougou, the patients interviewed describe persistent pain, difficulties walking, working or standing for long periods. These situations reflect a transformation of the body into a space of constraint, as the patient no longer has free use of their physical abilities.

Similarly, D.O. Odatuwa-Omagbemi (2018, p. 427) notes that ‘the most common complications associated with traditional treatments for fractures are pseudarthrosis, malunion, stiffness and functional deformities’. This analysis sheds light on the findings of this research, particularly when healthcare workers mention the late arrival of certains patients at hospital after several months of traditional treatment. Poor healing thus appears to be the result of a treatment pathway characterised by delays, the absence of early radiological diagnosis and, at times, exclusive reliance on traditional healers. However, this situation should not be interpreted as a simple rejection of the hospital. It also reflects economic constraints, the proximity of traditional healers and social perceptions of therapeutic efficacy. Thus, patients’ physical suffering reveals the limitations of a fragmented healthcare system, in which therapeutic interventions are not always coordinated.

3.2. Psychological distress, social shame and loss of self-esteem

The findings also indicate that poorly healed fractures cause significant psychological distress. Patients report feelings of shame, social withdrawal, loss of self-esteem and a sense of worthlessness. These findings are consistent with the work of M. Good (1994, p. 67), who states that ‘the suffering associated with illness cannot be reduced to the biological body, as it also affects identity, social relationships and the way one inhabits the world’. This quote helps us understand that physical pain becomes a social and moral experience. In Ferkessédougou, patients do not suffer solely because they are in pain ; they also suffer because their impaired bodies are exposed to the gaze of others. Limping, deformity or difficulty moving become visible signs of vulnerability, likely to cause shame and isolation.

Furthermore, A. Kleinman (1988, p. 31) shows that 'the experience of illness transforms the patient's daily life by disrupting their relationships, obligations and self-image'. This perspective sheds light on the comments of patients who feel useless or dependent on their loved ones. A poorly healed fracture becomes a crisis of identity, as it alters the patient's place within the family and the community. Someone who used to work, take part in ceremonies or shoulder responsibilities may become dependent, withdrawn or socially withdrawn. Consequently, poor healing is not merely a medical complication ; it becomes a situation of psychosocial vulnerability. This interpretation demonstrates that all fracture management should incorporate psychological and social support, particularly when the after-effects become visible and long-lasting.

3.3. The role of the family and social networks in treatment pathways

The findings reveal that patients' treatment choices are not strictly individual. They are strongly influenced by family, neighbors and community networks. This observation is consistent with the analysis by A. Kleinman (1980, p. 50), who states that 'decisions regarding care are part of a social system in which family, relatives and traditional healers play a decisive role ". This quote helps to interpret the findings from Ferkessédougou : the decision to consult a traditional healer is often made or recommended by parents, uncles, neighbours or people who have already experienced this type of care. The patient therefore does not act alone; they are caught up in a network of advice, obligations and solidarity.

In the same vein, J.P. Olivier de Sardan (2021, p. 84) emphasises that 'health practices in Africa are often shaped by practical norms, that is to say, informal social rules that guide everyday behaviour'. This approach helps to explain why some patients turn to traditional healers even when they initially consider going to hospital. Therapeutic decisions are subject to family and community norms that value the experience of elders, the local reputation of the healer, and the memory of past cures. Thus, recourse to traditional medicine is not merely a matter of medical belief; it is also a socially expected practice. This situation highlights the importance of social networks in building therapeutic trust. However, these same networks can sometimes delay recourse to biomedical care when community advice becomes overwhelming or when the family favours traditional treatment exclusively.

3.4. The persistence and social legitimisation of traditional therapeutic practices

The results show that traditional therapeutic practices remain highly valued in Ferkessédougou despite the complications observed. This persistence can be explained by cultural roots, transmission within families, social proximity and the affordability of traditional healers. This analysis is consistent with the work of B.U. Nwachukwu (2011, p. 23), who states that 'traditional fracture practitioners continue to be sought out because of their proximity, affordability and the cultural trust they enjoy'. This reality sheds light on the findings of this study: patients do not turn to traditional practitioners solely because they are unaware of biomedicine, but because these practitioners meet specific social, economic and symbolic expectations.

Similarly, E.B. Card et al. (2020, p. 4) show that 'patients recognise the advantages of traditional bone-setters in terms of availability, lower cost and a close personal relationship'. This perspective helps to explain the enduring trust that the people of Ferkessédougou place in traditional treatments. The traditional healer is not merely a caregiver; they are also a socially close figure, speaking the patient's language, sharing

their cultural references and sometimes accepting flexible forms of payment. This closeness creates a therapeutic relationship based on trust and familiarity. However, this social legitimacy can also mask the risks associated with the lack of standardised training, X-rays or biomedical monitoring. The discussion therefore reveals an ambivalence : traditional practices meet real needs, but they can lead to complications when practised without coordination with health facilities.

3.5. The evolution of traditional therapeutic practices under the influence of biomedicine

Finally, the findings suggest that traditional therapeutic practices are not static. They evolve gradually as a result of patients' experiences, biomedical criticism and increasing interactions between traditional practitioners and healthcare workers. This observation is consistent with the analyses of E.B. Card et al. (2020, p. 7), who state that 'collaboration between traditional bone-setters and healthcare professionals can reduce complications and improve patient referral'. This quote helps to explain the significance of the new practices observed in Ferkessédougou, particularly when certain traditional practitioners ask patients to have an X-ray or refer them to hospital in the event of a serious fracture. These behaviours reflect a gradual recognition of the limitations of traditional care.

In the same vein, M.R. Askew et al. (2024, p. 3) emphasise that 'the careful integration of traditional bone-setters into African health systems requires dialogue, training and a clear definition of when to refer patients. This analysis helps interpret the changes observed in this study. In Ferkessédougou, some traditional practitioners no longer systematically place themselves in opposition to biomedicine. They are gradually incorporating elements of the biomedical system, notably X-rays, monitoring of complications and referral to health centres. This development reveals a therapeutic hybridisation, in which patients and practitioners seek to combine the resources available. However, this hybridisation remains fragile, as it depends on local relationships between health workers and traditional practitioners, mutual trust, and the existence or otherwise of institutional frameworks for collaboration.

In short, the discussion shows that the psychosocial experiences of patients with poorly healed bone fractures are a significant factor in the transformation of traditional therapeutic practices in Ferkessédougou. Chronic pain, social stigma, dependence on family, economic hardship and experiences of complications are gradually forcing those involved to reconsider treatment approaches. The results thus confirm the central hypothesis that patients' psychosocial experiences are driving a reconfiguration of traditional therapeutic practices through the integration of new care strategies, new forms of legitimisation and new interactions with biomedicine.

Conclusion

The aim of this study was to analyse the psychosocial experiences of patients with poorly healed bone fractures and their influence on the evolution of traditional therapeutic practices in Ferkessédougou. The results show that patients face chronic pain, psychological distress, socio-economic difficulties, as well as situations of family dependency and social stigma. These experiences are contributing to a gradual shift in therapeutic behaviours and the practices of traditional healers. Thus, the central hypothesis that patients' psychosocial experiences promote a reconfiguration of

traditional therapeutic practices is broadly confirmed. This research contributes to advancing knowledge in the socio-anthropology of health by highlighting the interactions between suffering, social representations and transformations in therapeutic knowledge. However, the study remains limited by its localised nature and the relatively small size of its sample. Future research could compare several regions of Côte d'Ivoire and analyse the possibilities for sustainable collaboration between traditional healers and biomedical practitioners in the management of fractures.

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