

Crisis and Resilience of Youth and Children's Associations Conducting Health Activities

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Abstract

Numerous upheavals due to the armed crises of 2002 and 2011 have been carried out in the department of Duékoué (West of Côte d'Ivoire). The crisis context not only exacerbated the evils but also weakened both governmental and non-governmental institutions as far as the solutions are concerned. Youth and children's associations are tools for the prevention of youth plagues. But are these associations capable of effective activities in a post-crisis context? This article examines the challenges, social responses and resilience strategies of three youth organizations, in 2014 in the post-crisis context, in the prevention of HIV- AIDS and pregnancy.

Keywords: Crisis, associations of children and pupils, health, HIV-AIDS, pregnancy, education

Introduction

Associative life is not only reserved for adults. This observation can be done by any analyst of social mobilization or citizen participation in modern times. In Europe, for example, the promotion of youth associations has become a rule since the 1990s. There is mention at this time of the exponential development in this part of the world of various forms of juvenile collectives such as parliaments, forums and youth counseling (Becquet, 2006). There is also the involvement in the associative life of young immigrants, especially those of the French urban suburbs (Battegay and Boubeker, 2001).

In Africa, one of the best known forms of the presence of young people and children in associative life (apart from political associations also in vogue on the continent), is the Children's Parliament (CP), a structure for the promotion and defense of children rights. In addition to parliament, there are many other non-governmental humanitarian organizations run by young people for young people. This is particularly the case of the Association of Children and Young Workers (ACYW). Associative life is also promoted in schools, where associations of students of various types, including health clubs, abound.

This conquest of the social by young people and even children is original given the singularity of these social categories. Especially in a context marked by the scale of HIV / AIDS and the phenomenon of early pregnancy. Indeed, there is no need to recall the ravages committed by HIV / AIDS around the world and in Africa in particular. UNAIDS (2013) notes, of course, progress in the fight against HIV / AIDS. On the other hand, in certain African countries, including Côte d'Ivoire, certain harmful behaviors tend to be exacerbated. The report mentions a considerable increase in the number of sexual partners in Burkina Faso, Congo, Côte d'Ivoire, Ethiopia, Gabon, Guyana, Uganda, the United Republic of Tanzania, Rwanda and Zimbabwe. Then, a decrease in the rate of condom use in Côte d'Ivoire, Niger, Uganda and Senegal. Sub-Saharan Africa alone accounts for 70% of all new HIV infections recorded in 2012 by adults. With regard to young people, the report notes that 2.1 million adolescents (10-19 years) are people living with HIV in low-and middle-income countries.

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The report notes that the proportion of young people with "complete and relevant" knowledge about HIV (5 points for young men and 3 points for girls) is still higher than in 2001, but this level of knowledge is still low (36% for boys and 28% for girls).

With regard to early pregnancy or teenage pregnancy, it should be noted that they pose a real danger because they are at high risk of death for girls and children under 5 years of age. The table drawn up by the Demographic and Health Survey and Multiple Indicators with regard to the situation in Côte d'Ivoire is alarming. It notes that adolescents, who account for 5% of the population of women of childbearing age, account for 13% of the total fertility of women. 30% of girls between the ages of 15 and 19 have already entered the fertile life, 23% of whom have had at least one child and 7% are predominantly pregnant girls. The western region, home to the Duékoué town of interest, is cited as the region with the highest rate (West: 45%, Centre-West: 42%, Centre and South-West: 39%) of adolescent girls with at least one live birth (INS and ICF International, 2012). As far as the school-specific situation is concerned, the national and international press echoed the decision of the Ivorian government to shoot the alarm bell. The Ministry of National Education and Technical Education (MNETE) announced the implementation of an accelerated plan to reduce pregnancies in schools. This includes an awareness campaign with the slogan "zero pregnancy at school in Ivory Coast". The figures published by MNETE show 5076 cases of pregnancies recorded during the only school year 2012-2013. All cycles of study are concerned, from primary to secondary and 77% of pregnant girls are between 11 and 15 years of age.

Why taking an interest in associations of young people and children facing societal problems, which mobilize actors at the highest level of the State? Simply because we support the thesis that peer education is a powerful channel of behavior change. This thesis is supported by the results of study carried out in Côte d'Ivoire. The study reveals that although young people say they prefer to talk to their mother, brother or sister about sexuality (abstinence, gender control, number of partners, interaction with partners), in practice, (in order of importance) they prefer talking to friends, siblings or the mother (JHU / CCP and CARID, 2006). The study's recommendations, like many other studies (Dimbuene, 2010), focus on strengthening the role of the family in sex education for young people. But we believe that highlighting "friends, brothers and sisters" deserves a peer-centered recommendation. The idea is that young people are generally open to their peers and that this is done so as to equip peers with the knowledge and skills needed to change behavior in a young environment. In other words, the involvement of youth and children's associations in the control of HIV / AIDS and early pregnancy could, from our point of view, give better results in terms of behavior change.

Duékoué (and the western region in general) constituting one of the zones most permanently affected by the effects of the war of 2002 and 2011, the activities of the youth and children's associations (in particular the children's parliament, the health club of the grammar school of Duékoué and the ACWY) have been severely disrupted. We hypothesize that the associations of young people and children in the town of Duékoué, after the cycle of uncertainties during the period of crisis 2002-2011, have been weakened. However, they develop resilience strategies to enable them to continue their activities, particularly in the sensitive HIV / AIDS and school pregnancy sector.

1. Methodological approach and theoretical framework

1.1. Methods

This research consisted, on the one hand, of a documentary review to collect the reports of activities of the target associations of the study and other relevant structures such as the social center and the Duékoué Health District. The aim was to find any information that would make it possible to account for the extent of HIV / AIDS and early pregnancies in the locality and then the nature and results of activities carried out by the youth and children's associations as well as the difficulties encountered by associations and strategies of circumvention.

On the other hand, we carried out individual in-depth interviews with 5 heads of youth and children's associations, as well as a manager and an agent of the Duékoué social center. We also conducted individual interviews with some thirty young people, including 15 pupils and 15 young people out of school. The balance between the feminine and masculine genres was respected. The aim of these interviews was to verify the sources of information on HIV / AIDS and the prevention of early pregnancy among young people and children. This makes it possible to see if the associations concerned by the study are actually recognized as active in this field by the target population. The interviews were conducted in the month of May 2014. They were recorded and then transcribed using the Word software. Then, a thematic content analysis was carried out.

1.2. Theoretical frame

Resilience is a concept whose origin is related to physics, to allude to the ability of materials to withstand shocks. It was then integrated into the work of social and human sciences specialists, especially psychology. Today, it is used to analyze facts of any kind so that we speak of child resilience, adult resilience, educational resilience, resilience of the patient, the company, etc. The promotion of resilience by scientists is encouraged by some authors (Masten, 2014).

Gakuba (2004), provides a list of definitions of resilience and its physics-related origin. A history of the development of the concept of resilience is made, with in particular the definition of Ruter who indicates that the resilience is neither total nor definitive, it is therefore different from the notion of invulnerability. A definition of resilience from the French-speaking world with Cyrulink (1990) is also discussed. It reveals that it is not for the resilient to solve absolutely all the problems, but to approach them constructively in terms of his personal and social resources. The factors of resilience evoked by Garmezy and the resources of resilience by Groteberg are also mentioned, among which external factors (including the school) occupy an important place.

Manciaux (2000), speaks about the concept of resilience and its use in medicine in clinical research. Several definitions of resilience are given, as well as their historical terms. It may be noted that it is a concept applied to the development of the child, to explain its ability to overcome the hardships of life. It also speaks of the components of resilience reported by some authors, namely: insight, independence, and ability in relation, initiative, creativity, humor and a certain moral and even religious sense. The author explains that these components are grouped by E.Grotberg into three categories: genetic constitution and temperament, intrapsychic forces, adaptability, hence the trilogy: I am, I have, I can. He then stresses that the most important element is the contact of the child with an adult, both of them are linked in a relationship of trust that can give the child a feeling of self-esteem due to the tests and the certainty of relying on an adult in case of difficulty.

Similarly, Phaneuf (undated) mentions a model called Casita, which is by Vanistendael and Lecomte (2000). This model highlights several basic elements of resilience, including, first, acceptance of the person, network of contacts, sense of coherence, self-esteem and various other skills and competencies, emotion management, humor, and openness to other life experiences.

Courade and De Suremain (2001) present the concept of vulnerability / resilience in the social sciences as a cumulative concept describing the ability of individuals to rebound in situations of uncertainty and unforeseen circumstances. It provides a theoretical framework for poverty analysis in terms of 4-point vulnerability / resilience: (i) optimal mobilization of resources from the natural and socio-economic environment, (ii) the asset of professional competence and the necessary sustainability of activities, (iii) the strength of integration with networks and associations, and (iv) the importance of measuring the management of social hazards.

Distinguishing between invulnerability and resilience, Larose et al. (2001) prefer the definition given by Masten, Best and Garmezy (1990), that resilience is "the ability to achieve or attain functional adaptation despite adverse or threatening circumstances." They report three theoretical models of resilience analysis proposed by these same authors and other thinkers of the concept. These models take into account the interactions in the child's relationships with the child's environment, risk factors and protective factors. We can distinguish: a so-called compensatory model, in which the stressors resulting from the environment are overcome thanks to the individual or family potentialities of the child. The protection model assumes that the child in addition to personal resources needs the help of a parent or other adult. As for the so-called challenge model, it is the child's ability to capitalize on the successes experienced in dealing with stressful situations, in order to make use of them to deal effectively with future stressors.

The concept of resilience will be used for the analysis and interpretation of data, particularly with regard to strategies developed by children's associations to deal with threats to their activities in the post-crisis context. From a sociological perspective, the focus will be on the social network aspect or the protection model, which is very close to Pierre Bourdieu's notion of social capital. In addition, some specific facts will use the empowerment theory and the systemic analysis of Tarcott Parsons.

2. Youth and children's associations in Duékoué

2.1. The Children's Parliament (CP)

It is a movement of defense and promotion of the rights of the child created in December 1992, 22 years of existence in Côte d'Ivoire. It is run by the children themselves. This applies to children under 18 years of age without any exclusion. It is a structure that wants to be the mouthpiece of children to the authorities. It includes representatives of all other associations or organizations of children.

The National Executive Board, the Technical Commissions and the Statutory Auditors form the National Office. Then there are the Parliamentary Councils and Delegations. The National Coordination within the National Executive Bureau forms the junction between the National Office and the Parliamentary Councils or Delegations. The Parliamentary Councils are the parliamentary members officially installed before their administrative authorities while the Parliamentary Delegations are the parliamentary members recognized by the National Office but not yet installed before the local authorities. The activities are organized into five committees: (i) the Rights and Security Committee (RSC), (ii) the Education and Culture of Peace Commission (ECPC), (iii) the Health and Welfare Commission (HWC) and the Sub-commission HIV / AIDS (SCFA), (iv) the Commission Sport Leisure Environment (CSLE), (v) the Press and Communication Commission (PCC).

During the period of the present study, 36 parliamentary children constituted the National Office of the Children's Parliament of Côte d'Ivoire. These parliamentary children from the National Office come from the Parliamentary Councils and Delegations of the organization. Parliamentary Councils and Delegations generally follow the same pattern in the National Bureau's organization chart. In support of the National Office, there is an administrative unit, mainly responsible for carrying out administrative work and supervising parliamentary members. The Children's Parliament has existed in Duékoué since 2007 in the form of a parliamentary delegation, and recently in 2012 as a Parliamentary Council.

2.2. The Association of Children and Working Youth (ACWY)

It is an association that is represented in 26 African countries and 324 cities. Its headquarter is in Dakar, Senegal. It was established in Côte d'Ivoire in July 1994, a period of about 20 years. Like the CP, its main mission is the promotion of children's rights, but there is also the youth category which takes into account children and young people who had never attended school, had dropped out or in difficult situations. In practical terms, the ACWY must:

(i) inform and sensitize children and young workers on their rights and duties; combat the economic exploitation of these children; promote children and young workers. The aim is to contribute to the improvement of the living conditions of these target populations.

The activities of the ACWY can be summed up in three points: (i) awareness raising and advocacy, (ii) literacy courses, (iii) setting up of IGAs. The association has its national headquarter in Bassam and has sections in several cities of Côte d'Ivoire, namely: Aboisso, Bonoua, Bassam, Korhogo, Duekoué and Bouaké. The ACWY consists of the following bodies: (i) an international bureau, a supreme body with its headquarter in Dakar; the national coordination that coordinates the actions of the sections; of the city sections, of which two members of each base group of the city form part of the bureau of the town section; of the base groups which are neighborhood cells. Sections receive from the National Coordination a budget of 1080 USD each per year. The ACWY also exists in Duékoué since 2007.

2.3. The Health Club of the grammar school of Duekoué

This is one of the student associations recognized in the official texts of MNETE. Each school has a duty to have a health club, with a view to sensitizing pupils and staff on the prevention of the health risks to which the educational community is exposed in general and the pupils in particular. It is run by a student elected by his / her peers under the supervision of an educator of secondary school or college responsible for the supervision of the young people. The Health Club of Duekoué grammar School has existed for several years, as there are health clubs in other secondary schools in the district.

3. Challenges to the proper functioning of associations in the post-crisis context

The three children / youth associations concerned with this research each faced challenges and difficulties of various kinds. Among these are the following:

3.1. A discontinuity in the conduct of activities

The crisis of 2002 and its internal ramifications (Duékoué experienced several shocks of inter-ethnic crises fueled by the national political atmosphere of the period), as well as the post-electoral crisis of 2011, considerably disrupted the activities of youth and children associations. There were family movements. The Children's Parliament was victimized, as its former head had to move to another city with his parents. The association has dislocated and was in the process of reconstruction since the year 2013 with the return of the former General Secretary of the Bureau become the new president. As for the local ACWY of Duékoué, its headquarters was completely plundered during the events of 2011.

3.2. Human resources not necessarily voluntary

According to the officials of the Health Club of the grammar school of Duékoué, the Children's Parliament and the AWCY, some members co-opted to be part of the offices fail in carrying out their duties. Either they are not sufficiently available or they are, according to the words of the second person in charge, rather attracted by financial gains to which they do not have access within the association. Following is a statement by one of these officials:

"There have been some changes because in this kind of office we need people who give themselves body and soul, people who are always available. So there were changes at the level of the person in charge of [...] because the meetings were missing. When you are chosen to fill a position it is because the president has confidence in you. With the talent you have been able to do something, it is up to you (the elected official) to prove that he (the president) has not made a bad choice!"

3.3. The scarcity of partners and funding

This is one of the consequences of the successive crises, some NGOs having relocated their headquarters formerly located in Duékoué to settle elsewhere. Similarly, there is a change in the configuration of the actors involved, since the crisis has led to the departure of several persons responsible for structures and institutions for the arrival of new people who must be made aware of the cause of the associations. The relocation of the headquarters of the NGOs poses a big problem to the associations according to the words of the head of the ACWY. Correspondence would be made difficult and requests from associations for urgent outreach activities would not be implemented. The (now distant) partner refers to the argument that he did not receive the request on time, or it had not reached him. This scarcity of partners is very much felt by the associations of children and young people, in particular the Parliament and the ACWY. For the official budgetary allocations to be paid to these associations by their national co-ordinations are subject to a condition. This resides in the fact that Parliament and the ACWY must be a section officially installed before the local authorities by the national office and not merely a delegation. The local ACWY and the Children's Parliament only became sections in 2012-2013. If the ACWY received its endowment for the year 2013, and says it is waiting for the 2014 grant, this is not the case for Parliament.

3.4. The reluctance of families

It was mentioned by the local head of the Children's Parliament. It links this situation with the presence in the popular imagination of stereotypes linked to the political and military crisis. The crisis had led to deep divisions between indigenous and non-native ethno-cultural communities.

3.5. Activities less focused on HIV / AIDS and early pregnancy

Apart from the Children's Parliament and the Health Club, the interviews with the ACWY actors point to a lesser consideration of issues related to HIV / AIDS and early pregnancy / schooling. One of the collaborators of the head of this association has indicated that these themes were not part of the axis of action of the ACWY. As for the person in charge, he indicated that the ACWY does not carry out activities within the schools, but the themes relating to HIV / AIDS and pregnancies among the pupils are tackled within the office, in order to sensitize internally the girl members from the committee. With regard to HIV / AIDS, it is mentioned that information was indeed given to families by the ACWY at its public events.

4. Resilience strategies

4.1. Resilience through the use of "understanding adults"

The concept of "understanding adult" refers to the "protection" model discussed by Larose et al (2001). It is also extracted from the approach of resilience developed by Grotberg quoted by Marciaux (2000). Its use proves to be relevant here for the analysis because, given their situation of internal vulnerability (dislocation of members, difficulties in functioning, etc.) and external (collapse of partners, reluctance of families, ignorance by local authorities, etc.), youth associations will make use of their social capital. The latter is singularly marked by the help of an institution which, in order to express ourselves in the terms of the "protection model", is used here as an adult helping the child or young person to allow this to become resilient. It is the social center of Duékoué, one of the key compartments of the socio-educational complex of the locality. All the leaders of youth and children's associations met in this research, each had a word of gratitude to the leaders of this institution. It may be described as a guardian for the Children's Parliament and the ACWY. It is the focal point: the meeting place for leaders of associations of children and young people; the framework for accessing work material such as a computer to enter the association's letters and reports or the phone to communicate with partners. It is the framer: a social assistant of the center is in charge of the management of these associations including the health club. The social center is also the facilitator: in the context of the loss of legitimacy of certain associations favored by their dislocation following the crisis of 2011, this structure serves as an interface with the authorities and partners, for the reconstitution of network of partners of youth and children's associations.

4.2. Resilience through the seizure of the campaign "0 pregnancy at school" as an opportunity appeared in the environment of associations

In a singular way for the health club of the grammar school the decision of the MNETE to implement an emergency plan to control the pregnancies in school was beneficial. It is also for the Children's Parliament. Unlike the almost moribund association that it was during the years of crisis, here is through the words of the manager, what becomes the new health club of Duékoué, since 2012:

"Our goal is to have zero pregnancy in schools, to show the different means of contraception since being young you must know these details and then also the GBV. When we talk about GBV, GBV is talking about gender-based violence. When we talk about violence, there are several types of violence against boys and girls. So this is to show our comrades, our parents how to avoid this violence. The measures that must be taken interest parent and child. Last Wednesday in the program it was planned a training with the members. We had an outreach session with our comrades. When we talk about contraception, we show everyone how to avoid pregnancy, to preserve themselves, to avoid STIs, HIV-AIDS. Because it is important to us as a young person, as a youngster for them it is very hard to abstain."

There is a revival of the health club, a dynamism born from the launch of the campaign Zero pregnancy in school. One can thus say as Courade and De Suremain (2001) that the health club and the Parliament of the children of Duékoué have been able to tap into their environment the resources necessary to revive. This implies that their leaders are listening to opportunities in the health system and know how to exploit them to revitalize their association.

4.3. Self-determination of young leaders

In addition to the aforementioned social and institutional factors, there is the self-determination of the leaders of the youth and children's associations encountered. The head of the Children's Parliament, in particular, acknowledges that his association has lost a lot of achievements following the 2011 crisis and the inter-ethnic clashes that preceded it in Duékoué. The association had succeeded in installing cells in each college of the city in addition to the Lyceum. Awareness-raising on HIV / AIDS was carried out by these cells in these establishments before the crisis. All these achievements were destroyed by the crisis, since the actors were scattered or discouraged. However, this young person says tis determined, encouraged by the support of the social center and his comrades who have trusted him by bringing him to the head of the association. He says by his determination, having managed to do in post-crisis context, what the association was looking for since without obtaining it during the good times. Thanks to his determination and the support of the Social Center, the Parliament of Duékoué is now a Parliamentary Council and not a delegation as it was in the past. Either an official recognition at the local or national level, and a repositioning that gives courage to continue the revival of activities. This same self-determination, also reads in the words of the head of the ACWY. He sees himself as a young and enlightened leader, thanks to the training he has received through his participation in activities and other meetings with partners.

It must therefore maintain its focus to help young people in difficult situations to integrate into the economic fabric and enable communities to better respect the rights of children. The other aspect of self-determination of young association leaders, is seen through the strategy put in place by the head of the Health Club of the grammar school to face the sharp deficit of financial support:

"Normally at the level of each club there is a budget that is to say something that comes to the different clubs and associations of the different high schools, but for the moment nothing has been received. At the moment when we meet, we have fixed a sum, each member of the office must come with the sum of 0.09 USD at each meeting. When you have to face a difficulty, you pay off, even if it is not much since it is since the beginning of the year, so you can do something. If not; we are entitled to a fund at the level of the administration but we have not yet received and it is not certain that we receive."

The self-determination in question here can be compared to several of the components of resilience mentioned by Manciaux (2000), namely insight, initiative and creativity. But we also see that these individual leadership capacities do not work in isolation. There is the positive influence of the institutional framework and above all, what Courade and De Suremain (2001) call the asset of professional competence. This element is highlighted by the capacity building that the ACWY manager (in particular) benefited from some partners before the crisis of 2011. It is the training and coaching received that give the actor the capacity to demonstrate insight, initiative and creativity. This last development allows us to appeal to the theory of empowerment, in particular individual empowerment. It is described as having four components: participation, competence, self-esteem and critical awareness (Ninacs, 2003). Participation and competence refers to the training sessions attended by the ACWY manager and the knowledge gained from these sessions. As for the leader of the Children's Parliament, this is the coaching work carried out by the Social Center. Self-esteem is reflected in the confidence that these young people have in their ability to transform their environments thanks to the knowledge they have acquired. Critical awareness is highlighted by their motivation to engage their peers in collective action while building relationships with the institutional and political world.

5. Impact of the activities of youth and children's associations on the population in post crisis context

5.1. Impact difficult to measure due to interference with media

From the point of view of the head of the socio-educational complex that houses the Social Center and the specialized educational center of Duékoué, health clubs and other associations of children and young people would do their best. The ACWY, he said, during the celebration of the working day of the African child, or during other activities related to children, organizes focus groups and meetings in the premises of the socio-educational complex. This allows children / young people to discuss topics related to HIV / AIDS, STIs, etc. under the direction of social workers. However, according to him, despite the actions of these associations, most young people and children are not transformed by the messages of awareness. The reason for such a move would be the excessive freedom left by the state to public media in the diffusion of films and music pushing young people to idolatry of sex. These are the explanations he provides to defend his point of view:

"Today you are sitting on television with your children, at 7 pm, people are making love on national television which we pay tax to. You need educational films! But today all the big shows there, the "variétoscope", the "podium", people have made it disappear to send us music at any time where we see boxers of people, breasts all that there. You want the kids to do what? But it is the result that is there (pregnancy, HIV-AIDS) ... Parents have resigned, it is true, but there is the media, that is at the national level. You educate the children but the media influence them. All the advertisements, look at the panels, the women we see their breasts everywhere! I do not know what the answer is. So the state has to take its place again and say, "Let's stop it... There are health clubs in high schools, in grammar schools. And very soon, as the launch takes place today, the days that will come our teams there, with the DRENET, with the DEMOSS, with the school and university health service, with socio - educational complex, social center, specialized education, we will do now, the work of proximity, school by school (allusion to the campaign 0 pregnancy in school). To make lectures, explain to the children the merits of having to devote themselves to their studies and not to sex at 12 years. But if we do that the media does not help us. If you finish talking and the child goes home, he turns on the television, and there are people who are naked there at 6 pm, 7 pm, in front of him. What do you want him to do? "

This point of view shows the overlapping that can exist between various social actors around sexual education and health of children and young people. The idea is that grassroots education cannot bear sustainable fruit without political accompaniment by reorientation of audio-visual communication. Family, school, NGOs, audiovisual sector and Politics are thus actors summoned by the interlocutor to form a system of action (Parsons quoted by Rocher, 1988).

In this system, all components should work towards good education and the sexual health of children and youth. However, the action of the audiovisual seems to disrupt the system by its perverse effects on the other components. The Government is called into question for its inaction or tolerance towards the programs broadcast by the television. Parsons's systemism (in Rocher, 1988, op.cit.) highlights an important notion that explains this state of affairs. It is about "social interaction". This implies reciprocal "expectations" between actors, "norms and values" that influence the behavior of the actors, sanctions that can come as "punishment" or "reward" in response to a given action. Rocher, reporting the thought of Parsons, gives the following details on social interaction:

"Social interaction involves three elements. First, there must be reciprocal expectations between the actors. If we take as a point of reference the perspective of a particular actor, Ego, he expects that the other actors, symbolized here by Alter, adopt such and such behavior, given the circumstances in which they are, of what Ego is for Alter and Alter for Ego, and so on. At the same time, Ego knows that Alter also has expectations from the same context. These reciprocal expectations exist because of norms and values - the second element - that govern or are supposed to govern the conduct of actors. Ego and Alter can refer to the same standards or standards, no matter; the essential thing is that Ego, know what standards guide Alter and that Alter knows the standards that guide Ego. In this way, Ego can expect this or that behavior from Alter because, in light of the rules of conduct he knows, Alter may have to act in a certain way in such a way situation. Finally, the third element that contributes to interaction is the sanctions. Ego and Alter have both "rewards" and "punishments" that they apply mutually, depending on whether the other has met expectations or not" (Rocher, 1988: 63-64).

In the case revealed by the present research, the system seems to be characterized by divergent expectations of the social actors concerned. Family, school and NGOs expect that all institutions and actors involved in the education of children and young people will lead them to adopt healthy behaviors and avoid abuses such as sexual debauchery, early pregnancy, STI / HIV / AIDS. Unlike television, which although preoccupied by this requirement of good morality, expects an increase in its popularity thanks to an openness to the world, fashion and modernism. There is a shock of norms and values. Television has many norms and values that are not in line with those of other actors. However, sanctions are difficult here. The actors do not directly engage in sanctions. For example, there have not yet been any protest marches or petitions against television programs. Instead, the institutions that reproach television have turned their attention to politics (government, state), whose laxity they describe.

5.2. Impact from the perspective of children / youth in the community and students

Students interviewed, whether boys or girls, generally declare that they are not aware of the existence of the Health Club in their school (the High School). Those (rare) who acknowledge its existence, say they do not have information on the role and activities of this club. Only a student girl declares that she knows that the health club exists and conducts activities within the Lycée. She has heard about it from peers participating in the club's activities. She never took part in it. From the point of view of the students surveyed, it is the teachers who make them aware of HIV / AIDS and pregnancy issues during the courses. Some students specify the characteristics of these teachers: (i) they are the oldest, (ii) those who teach civics and moral education, and the life and earth sciences. Others mention conferences organized by UN-CI.

In the case of children and young people who do not attend school / out-of-school children and youth, the same is true. They stress that they do not know if NGOs / associations are carrying out awareness-raising activities on HIV / AIDS and early pregnancies in the city of Duékoué. Only one girl says that there is awareness, but this would be done by the health workers in the health facilities. An out-of-school young man says that the information he has in this area has been provided to him in the course of civic and moral education at school.

Moreover, apart from a young person interviewed in the community (and who speaks vaguely of NGOs), none of the young people and children surveyed either in the community or at school know what it is, ACWY. In contrast, some pupils / alumni have already heard of the Children's Parliament.

These facts tend to show a low visibility of the actions of youth and children's associations in different social environments. This could be explained by the post-crisis context and the inadequate efforts of the associations. But it can also be communication failures. For example, in order to carry out their activities, associations are sometimes called upon to solicit speakers from outside, such as UN-CI agents. An uninformed participant will say that the activity was conducted by UN-CI and will not name the school health club.

Conclusion

It can be concluded that the associations of children and young people in the target locality evolve in a context of vulnerability. However, they can be described as resilient due to the availability of the socio-educational complex, in particular the social center, which provides a mentoring or even capacity building role and advocates with potential partners. Awareness of HIV-AIDS and school-related pregnancies in particular seemed embryonic in 2014. But it remains promising in terms of the awakening and determination of the new health club of the grammar school. This, together with the social workers' accompaniment of the socio-educational complex and the revival of the activities of the Duékoué Children's Parliament, will undoubtedly help to change behavior in the student population. Particular emphasis should be placed on the coverage of all pupils and young people, both in schools and in neighborhoods, in terms of knowledge about the prevention of these scourges.

The fact that the effects of actions by youth associations do not seem to be well felt by the target populations can be a sign that resilience is not a given, but is dynamic and part of a process. In the post-crisis context, youth and children's associations were in a state of near-precariousness and were trying to emerge. Under such conditions their actions cannot be seen by all or fully felt by the targets. The resilience in question is therefore limited to the effort to remobilize human resources that can help to reactivate activities, to use the social relations network to include associations in the dynamics of partnerships, and to capture any come from the health system or school system in terms of new government policy.

In addition, associations should not limit themselves to simply carrying out activities directed towards the populations. Their interventions must be coupled with communication strategies aimed at making themselves known to the population. In other words, emphasis should also be placed on visibility (name, logo, headquarters, etc.). This makes it possible to engrave the image of the association and its works in collective consciousness.

The research also allowed to highlight the debate on moral education. Media interference with school and family moral education was discussed. This would prevent the promotion of healthy behaviors at the level of youth and children, and expose them more to the risks of early sexual intercourse, pregnancy and HIV / AIDS. This calls on the social actors involved in the supervision of young people and children to adopt a system of action in which each actor understands the expectations, norms and values of the other, the moral balance of the child and the young person and the preservation of their health.

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