



Integrating Quantitative and Qualitative Analyses: A Mixed Methods Study of Comparative Medicine in Côte d'Ivoire

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Abstract

In Côte d'Ivoire, biomedical and traditional medical systems are used concurrently, particularly in maternal and gynaecological healthcare. A nuanced understanding of this medical pluralism is needed to inform health policy, yet comprehensive mixed methods evidence remains scarce. This study sought to compare the utilisation, perceived efficacy, and socio-cultural drivers of biomedical and traditional medicine for maternal and gynaecological health. Its objectives were to quantify patterns of use, explore stakeholder perspectives, and consider implications for integrated care. A sequential explanatory mixed methods design was used. A cross-sectional survey (n=450) of women of reproductive age was administered across urban and rural health districts. Subsequently, in-depth interviews (n=32) were conducted with patients, biomedical practitioners, and traditional healers, sampled purposively from survey respondents. Quantitative data were analysed using descriptive and inferential statistics; qualitative data underwent thematic analysis. Survey results indicated 68% of respondents used both systems concurrently. Traditional medicine was more prevalent for chronic gynaecological conditions. Qualitative analysis identified three primary themes: the primacy of cultural congruence in choosing traditional care, perceived deficiencies in biomedical accessibility, and a common, patient-driven integration of practices that was often not disclosed to practitioners. Medical pluralism is a normative experience, shaped by complex socio-cultural and pragmatic factors rather than simply a lack of biomedical access. An adversarial or replacement model of care is misaligned with these lived realities. Policy should develop frameworks for respectful collaboration between systems, prioritising patient safety and informed choice. Biomedical practitioner training should incorporate cultural competency regarding traditional practices. Future research should pilot and evaluate regulated referral pathways. medical pluralism, traditional medicine, maternal health, gynaecology, mixed methods, Côte d'Ivoire, integrated care. This study provides empirical evidence on the concurrent use of healthcare systems in Côte d'Ivoire, offering a foundation for developing contextually appropriate models for collaborative practice between biomedical and traditional medicine sectors.

Keywords: *Medical pluralism, Comparative medicine, Sub-Saharan Africa, Mixed methods research, Maternal healthcare*



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