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Health Coverage Requirements for seniors in Côte D'ivoire: between Deficient Social Protection and Mutual Care Resources

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Abstract **Original Research Article**

This contribution questions the influence of the mutual care offer on the experience of retired people from the Ivorian formal private sector, faced with the limits of social protection. Tied to qualitative research, the data produced comes from 22 individual semi-structured interviews conducted with members of the Mutual Society of Private Pensioners of Côte d'Ivoire (SOMUREPCI), from June 2 to October 23, 2020 in the district of Abidjan. Indirect content analysis of the corpus has made it possible to combine the theories of rational choice and social capital. We thus note the patterns of legitimization of individual attitudes of membership, the social practices distributed in the mutual network and the impact of medical assistance on the social trust of members. In total, the use of SOMUREPCI seems to be debating a reorganization of social protection in Côte d'Ivoire, integrating the specific health needs of seniors.

Keywords: Limits, social protection, mutualistic resources, health coverage, seniors.

INTRODUCTION

Aging generally brings challenges for public policies in Africa, such as social protection (A. M. Guillemard et E. Mascova, dir., 2017). Indeed, the increase in life expectancy is accompanied by a relative increase in the number of people with chronic diseases (J. C. Henrard, 1992). From a health point of view, aging imposes new challenges in terms of health services for the elderly, to deal with the care of dependency and chronic conditions sometimes generated by old age (E. Tartiveau, 2010). These challenges are expressed in a context of shortcomings in social protection systems (M. Sajoux *et al.*, 2019), which contributes to the precariousness of aging (C. Phillipson, 2018).

In Côte d'Ivoire, there are 913,668 people aged 60 and over, for a general population estimated at 22,671,331 individuals (INS, 2014). In this population of 60 and over, we are counting 130,819 retired people, including more than 62,354 civil servants and state employees and more than 68,465 retired formal private sector workers (INS, idem). In Côte d'Ivoire, the median retirement age is between 60 and 65 depending on the categories and grades. Thus, it is noted that only 14.31% of people aged 60 and over benefit from the retirement pension as a form of social protection, even though they are often confronted with the emergence of polypathology (A. K. Dayoro, 2008). Within the framework of Ivorian public social security schemes, an inequality of access to health coverage is perceptible, according to affiliation to the Social Welfare Institution - General State Employees Retirement Fund (IPS-CGRAE) or to the National Social Insurance Fund (CNPS). In other words, if it is accepted that civil servants and workers in the formal Ivorian private sector have the common experience of retirement, in terms of institutional health risk coverage, their treatment is inequitable. The General Mutual Fund for Civil Servants and Agents of the State of Côte d'Ivoire (MUGEFCI) insures health risk for active and retired civil servants. In contrast, the CNPS only covers workers in the formal private sector in activity, thus obliging retired people to pay their health expenses directly. Therefore, the question of the demand for health care arises for retired people from the formal private sector.

Faced with these limits of the social protection system, some retired people from the formal private sector have created the Mutual Society of the Retirees from the Private Sector of Côte d'Ivoire

(SOMUREPCI), which presents itself as a system of protection against health risk for the members. This contribution questions the influence of the mutual care offer on the experience of retired people from the formal private sector. Such an issue leads to account for the patterns of legitimization of individual attitudes of membership in SOMUREPCI, social practices in distribution in the mutual network as well as the impact of the mobilization of the mutual health care offer on the social trust of retired people from the formal private sector.

1. METHODOLOGIE

The methodological architecture favored in this contribution is essentially qualitative. It apprehends social reality as being subject to the interpretation of SOMUREPCI members. The neighborhoods of Niangon Nord and Selmer-Keneya in Yopougon, a municipality in the autonomous district of Abidjan in Côte d'Ivoire, served as the geographical frames for the study. The field investigations were carried out discontinuously, from June 2 to October 23, 2020. The semi-structured interview allowed for discontinuous exchanges with 22 retired people from the formal private sector who volunteered, including 17 men and 05 women aged 69 to 80. These participants were designated on the basis of their affiliation to SOMUREPCI. At the count, 22 recorded interviews were carried out with the members of this mutual. The approach then consisted of making sense of the data produced from an indirect content analysis. The discourses produced made it possible to account for the complementarity of rational choice theories (R. Boudon, 2002) and social capital (R. Putnam, 1995, 2000) as models for reading the influence of SOMUREPCI's mutual health care offer on the experience of retired people from the formal private sector, most of whom work in a context of the limits of the Ivorian social protection system.

2. RESULTS

The results highlight the patterns of legitimization of individual membership attitudes, the social practices in the mutualistic network and the impact of the mobilization of the mutual care offer on the social trust of the members.

2.1 Patterns of legitimization of individual attitudes of membership in SOMUREPCI

SOMUREPCI produces ideologies of subtraction from institutional norms of marginalization, breaking of inter/intra-generational dependence and quest for horizontal solidarity.

2.1.1. Evasion from institutional norms of marginalization: an incentive for mutual membership

The membership of retired people from the formal private sector in SOMUREPCI is to be found in the inequalities inherent in the system of compulsory social security coverage in the field of health in Côte d'Ivoire. Indeed, it appears that through the MUGEFCI, the State takes charge of the health coverage of active and retired civil servants. On the other hand, as for the formal private sector, the general social security scheme is managed by the CNPS. This institution does not offer health risk coverage to workers who have exercised their pension rights. Thus, in relation to health, the CNPS only covers employees through the mechanism of covering the care of victims of work accidents and occupational diseases. In practice, the health benefits guaranteed to active workers are, support for their care, the payment of daily allowances and annuities.

The members of SOMUREPCI highlight this "institutional silence" in terms of health coverage for people retired from the formal private sector as a driving force behind their affiliation to this mutual. Indeed, this institutional silence stems from the shortcomings of the social protection system in terms of health for retired people from the formal private sector. Moreover, upon retirement, the only benefit offered to retirees by the CNPS, their supervisory institution, is summed up in the payment of the pension. Therefore, the non-existence of institutional health coverage for retired workers in the formal private sector is perceived as the materialization of their exclusion from the social protection system.

This is described in the words of Mr. Eric, retired Collector at SOTRA (74 years old, married, 18 children, no chronic condition, member of SOMUREPCI since 2004):

"SOMUREPCI helps me. That's what I can say here. Is that what made me join… the CNPS? The CNPS only gives me my pension. Point bar. And after taking your pension, you cannot go to the CNPS to ask for anything else. But, you cannot go to them to receive anything else. You're just waiting for your pension. Fhum! You are sick oh! You're lying on your bed oh... it's zero. However, our brothers from the public service there... they are well pampered, huh! They have their pensions and their health is guaranteed. The MUGEFCI takes care of them very well... we don't have that... in retirement there is still one and the other..."

In addition, retirees from the formal private sector denounce the existence of an invisible dividing line between them and retired civil servants and state employees in the area of health. This demarcation is perceived as the reflection of a derogatory categorization of retired people from Côte d'Ivoire. It classifies retired people into socially useful on the one hand (retired civil servants), and socially useless on the other (retired formal private sector workers). The ideological construction of the social utility of retired civil servants is structured by the place they occupy and the advantages they derive from the social security system: the pension paid by the IPS-CGRAE and the

health coverage guaranteed by the MUGEFCI. On the other hand, the social uselessness of retired workers in the formal private sector is reflected in their relations with the CNPS: single granting of the pension and revocation of health benefits.

We note that for the members of SOMUREPCI, this model of categorizing retired people highlights the inequitable nature of the Ivorian social protection system.

Therefore, these insufficiencies associated with their institutional treatment in terms of health, engage these people on a slope of health unpredictability which results from the inadequacy of the services of the CNPS with their needs in health care. Consequently, for retired people from the formal private sector, the organization of the Ivorian compulsory social security system places retired civil servants and State agents in a social category higher than that of workers in the formal private sector at retirement.

The "first names" mentioned are fictitious.

2.1.2 Membership as an acting of breaking inter and/or intra-generational dependence on retired

Retired workers in the formal private sector legitimize their affiliation to SOMUREPCI by the desire to overcome the "financial fragility" in which they are inserted in a situation of illness. In other words, for these people, retirement is individually and collectively experienced as the loss of financial independence. This loss of financial autonomy can be identified at two levels. It's about the perception of a retirement pension, the amount of which is equivalent to one third of their salary and the termination of health benefits from the CNPS (support in payment for the care of victims of accidents at work and occupational diseases, daily allowances and annuities). Thus, for retired people from the formal private sector, this social reality is seen as an accelerator of their exposure to health risk and their financial dependence. In addition, the mutual offer is constructed as a means of accessing resources (services provided by SOMUREPCI within the framework of medical assistance) which breaks the lock of dependence of retired people from the formal private sector on financial support from relatives (family, friends, peers or former colleagues). It should be noted that, for the members of the mutual, membership acts as a multiplier of the dissolution of their freedom of action resulting from the economic limitations induced by their double exposure/vulnerability to health risk (pension equivalent to one third of the salary and revocation of CNPS health benefits). Consequently, retired people from the formal private sector argue that their membership in SOMUREPCI and, by inference, the medical assistance they can call upon in the event of illness, reduces their social dependence.

This can be seen in the words of Mr. Isidore, retired archivist (73 years old, widower, 07 children, diabetic, member of SOMUREPCI since 2009), who describes his motivations:

« I think that... for me, with SOMUREPCI, we now avoid reaching out to people each time to beg for help in the event of a sore. When you depend on others… when other people have to help you all the time, they end up finding you intrusive. That's how it is! I joined SOMUREPCI to avoid all that. A man… especially, we who have worked for years… I mean… if you have to run after people to tell them I'm sick oh come and help me, they'll say that this one has worked in the past and he still bothers us. I am at SOMUREPCI so that I no longer run after people for them to support me every time. »

We thus note, among retired people from the formal private sector, the requirement to take charge of themselves, that is to say, to be able to meet their health expenses by drawing resources from their mutual insurance company. This, to get rid of the extreme dependence on this society of "all productive". A society that bases social relations on the productive capacity of individuals and groups and that could perceive them as social burdens. Also, from an unpredictable event that generates financial and social dependence, the health risk is circumscribed in the mutual space. A space that gives social autonomy to the retired people from the formal private sector.

2.1.3 Mutual membership as a quest for horizontal solidarity

In a situation of retirement, for the members of SOMUREPCI, it is necessary to "get together" for the sake of mutual aid. The challenge is to overcome any obstacles related to access to medical care in the event of illness. Indeed, through its slogan: "together for an active retirement through active solidarity", the mutual gives a glimpse of the desire of its members to set up a cooperation mechanism to overcome their exposure to health risk. In such a context, joining the mutual means building a new relational space structured by the quest for solidarity. A space that integrates the health care demand of retired people from the formal private sector. Thus, the notion of solidarity is inseparable from the sharing of risks, mutual exchange and individual and collective involvement in the life of the mutual.

Membership in SOMUREPCI is also to be sought in the benefit that retirees from the formal private sector collectively derive from their commitment. By accessing medical assistance from the mutual, SOMUREPCI members mobilize collective participation. They share the same status (retired formal private sector workers), the same financial constraints for the most part (retirement pension equivalent to one-third of the salary) as well as the vulnerability to illness inherent in the revocation of CNPS health benefits. From then on, the symmetrical relationships distributed

in the mutual space stimulate the attachment of people retired from the formal private sector to SOMUREPCI and impress their desire to achieve their common objective: coverage of their health care.

This is noticeable in the speech of Mr. Kylian, retired insurance agent (69 years old, cohabitation, 08 children, no chronic condition, member of SOMUREPCI since 2011):
"If you are sitting at home every day because you tell yourself that you are retired, but… but how can you help other retirees who have nothing like you? Seriously, no structure can treat us... none other than our SOMUREPCI. I am here because it allows me to be useful to my retired brothers. In life, you also have to know how to give. This is SOMUREPCI… Everyone contributes a little and everyone wins. It is important for us who have nothing. Without that, if you are sick, who will come to your aid? I want my hands to serve my retired brothers. We have to come together to support each other. Yes ! Yes ! We have been forgotten… CNPS, government…"

It appears that, it's in the perspective to participate in the construction of common medical assistance that retired people from the formal private sector invest in the mutualistic space. The focus on the paradigm of collective action in actualization in the development of a social network made up of retired peers reflects the primacy given to horizontal relationships. SOMUREPCI is therefore for people retired from the formal private sector, the most suitable way to show solidarity and act for the collective welfare.

2.2. Social practices in the mutualistic network: for a focus on collective action

The mutual space builds and is built by the social practices produced by retired people from the private sector, in constant interactions. These practices create new networks of sociability and work towards the regulation of health expenditure.

2.2.1 The mutualistic space or the creation of new networks of sociability

The lack of CNPS health coverage for retired people from the formal private sector leads them to opt preferentially for collective action. This approach makes sense for the members of the mutual, insofar as social practices in the mutual space are generally based on a mechanism for sharing risks and pooling resources for the purpose of mutual aid. Indeed, SOMUREPCI has 3,600 members divided into 71 sections (19 in the district of Abidjan and 62 in the interior of the country). Consequently, for these people, mobilizing the benefits of the mutual, participates in the construction and organization of a network of peers which compensates for the dissolution of the main space for mutual assistance and institutional social coverage in terms of health, mutilated during retirement (in the sense of being separated from one of its components: CNPS health benefits). In addition, from the multiple interactions in distribution in the mutual space, a feeling of common responsibility develops between retired people from the formal private sector. Indeed, in their daily exchanges, members voluntarily participate in the decision-making process, orientations and activities of their mutual through its financial organization (membership fees and member contributions) and administrative organization (General Assembly; Board of Directors; Control Committee; General Management and the various Sections). Each retired person, as a beneficiary member of SOMUREPCI, can contribute to its governance concurrently with their peers. There is therefore no dominant and coercive hierarchical position for the members.

Social practices within SOMUREPCI also involve the development of symmetrical relationships, that is to say, relationships of exchange, balanced relationships and mutual respect between retired people from the formal private sector. In other words, it is an interconnection or collaboration between people who share the same status (retired people from the formal private sector), occupy identical positions and roles (participating members of the mutual, collective participation in management of the mutual), have more or less the same level of financial contributions to the mutual (payment of monthly contributions).

This is what shows through from the speech of Mr. Gérard, retired product controller (80 years old, married, 10 children, no chronic condition, member of SOMUREPCI since 2007):
« At SOMUREPCI, we are all the same. There is no leader, no boss. Each of us here knows that if we don't take mutual insurance seriously, we all lose. You cannot be at SOMUREPCI and think for yourself. It's a family... it's our family. You see, here, we know that if we are well welded, it is all of us who will win. We all know that! »

Social relations within SOMUREPCI are not part of a competitive dynamic, where a daily struggle for positioning develops, generally perceived as the main substance of intra-group exchanges. Within the mutual, the roles and positions of the members are heterogeneous and interchangeable. Hence, the feeling of evolving on an equal footing, notwithstanding the old relationships of subordination or pre-retirement domination in which these people were inserted in the company. Thus, exchanges between superior-subordinate or boss-employee are replaced by relations of cooperation and equality for the benefit of the community.

2.2.2 The mutual health care offer as a body for regulating health expenditure

The members of SOMUREPCI maintain that the medical assistance mechanism of the mutual allows

a control of the financial costs related to their health expenses. Indeed, in the absence of institutional health coverage at retirement, the risk of incurring unforeseen health care costs gradually increases. The disease is considered by the members of the mutual institution as an imponderable which intervenes in the life trajectory of any individual. Although, for retired people affiliated with this mutual, this risk of incurring expenses is greater because among the 3,600 members it has, there are 122 "severely ill" or chronically ill. Also, to manage to circumscribe the economic contingencies linked to illness and/or long-term illnesses, retired people from the formal private sector have recourse to the various services contained in the medical assistance offer offered by the mutual organization.

The services provided by SOMUREPCI, within the framework of medical assistance, are intended for retired people from the formal private sector and their spouse. Indeed, the services of the mutual include a college of two (02) medical advisers installed at its head office. They carry out consultations in the various sections and provide basic care to members and non-members. The mutual fund also covers four (04) chronic pathologies: diabetes, high blood pressure, prostatitis and asthma. In addition, SOMUREPCI offers retired people and their spouses outpatient medical care (consultations and pharmaceutical products).

In addition, the mutual issues care vouchers to its members and their dependents to enable them to benefit from its services. The reimbursement of these services is done according to the third-party payment system, up to 70% supported by the mutual and the remaining 30% are the responsibility of the members in the form of a co-payment. In addition, with the aim of reducing illness-related expenses, SOMUREPCI has signed agreements with 66 hospitals and health centers (12 in the district of Abidjan and 54 in the interior of the country) and 69 private pharmacies (11 in Abidjan and 58 in the interior of the country). Thus, care vouchers allow retired people and their spouses to access these various health structures under agreement.

This is reflected in the speech of Mr. Robert, retired Collector at SOTRA (76 years old, cohabiting, 5 children, high blood pressure, member of SOMUREPCI since 2009):
« Me, I always have to watch my diet because of my blood pressure... I don't have great means. I'm retired. At least when you come to the headquarters here, there are our medical brothers who are there… they help me to monitor my health. The disease there, it does not call you on the phone to tell you that it is coming on such or such a day, huh! It's like that. I think that we pensioners from the private sector should be at SOMUREPCI… there at least the disease will not surprise you. Otherwise, without that, what do I do if I'm sick? All your money will go into sickness… and what money are you even talking about? SOMUREPCI helps me not to spend too much... we can go to the hospital or the pharmacy even with our little paper in our pocket. »

In addition, SOMUREPCI has adopted a system of modulated monthly contributions, which gives access to support for retired people and their spouses. This financial contribution is relatively holistic. Therefore, this contribution system is available in three baskets of offers capped according to the amount of the share incurred by retirees. The choice of these baskets of contributions is left to the appreciation of the members in relation to their individual needs for medical assistance. Thus, this level of intervention provided by the mutual, builds the confidence of retired people from the formal private sector in the credibility of its offers.

The following table shows the distribution of these baskets of contributions:

Table: Baskets of modulated monthly contributions

Baskets of contributions	Amount of monthly contributions	Ceiling amount of the monthly support	Beneficiaries	Additional analyses
Basket 1	1 000 F CFA	15 000 F CFA	Members and their spouse	None
Basket 2	2 000 F CFA	20 000 F CFA	Members and their spouse	None
Basket 3	3 000 F CFA	25 000 F CFA	Members and their spouse	- Blood sugar - Cholesterol - NFS
	4 000 F CFA (Members with chronic illnesses)			

It should be noted that, for retired people from the formal private sector, this installment of the level of coverage makes it possible to cover any health expenses. In particular, it allows members of the mutual to adapt their contributions to their level of financial resources and their state of health. This is the case for members with chronic illnesses.

[1]Source: Table based on information taken from 'Resolution No. 6 of the Extraordinary General Assembly of ANAREPCI' for its mutation into SOMUREPCI on Saturday July 5, 2014.

2.3. Impact of the mobilization of the mutual health care offer on the social trust of people retired from the formal private sector

The mobilization of medical assistance from SOMUREPCI is a tool for economic development, repositioning health at the heart of social relations and carrying out the project of "healthy aging" in retirement.

2.3.1 The mutual health care offer as a lever for economic development for retired from the formal private sector

Retirees from the formal private sector argue that the mutual allows them to fully "live" an economic blooming that they would not have been able to experience outside of this space of solidarity. Indeed, the financial assistance of the mutual, granted by the issue of care vouchers giving access to pharmacies, hospitals and public health centers, allows its members to benefit from a better quality of life by reducing their healthcare costs. It thus guarantees the financial autonomy of people retired from the formal private sector. This is why, in relation to the need for medical assistance of the SOMUREPCI and the possible recourse available to retirees from the formal private sector, in the event of their lack of it, they affirm that the pension constitutes their exclusive recourse.

The services that the mutual provides to retired people from the formal private sector are all resources that can be mobilized to help improve their daily lives. The economic stake involved in the medical assistance offer of the mutual organization is decisive for its members, who derive financial relief from advancement in this space. It appears that, for most SOMUREPCI members, the pension is the only financial resource to be mobilized in the event of illness. The mutual intervenes as economic compensation by covering the health expenses of retired people from the formal private sector. Thus, for the members of SOMUREPCI, the care vouchers issued by the mutual allow them to experience a financially fulfilling retirement that they were unaware of outside the mutual space.

The words of Mr. Léon, retired librarian (71 years old, married, 6 children, diabetic, member of SOMUREPCI since 2010) account for the advantages obtained thanks to the medical assistance of the mutual insurance:

« Oh, without SOMUREPCI, I would be down today. I am diabetic. We who have the great diseases there... we always have to spend on our care until the end. And when you're a poor pensioner like me... when you only manage yourself with your pension... it's impossible... it's impossible to do it alone. It's impossible! It's thanks to the help of SOMUREPCI that I'm still here, huh! I manage to put up with all that a bit. Today, my pension remains a little in front of me [laughs]... a little remains in my hand anyway, huh! [laughs] I have something at least with me... my pocket is breathing now... all my money never ends... it's nice! »

It therefore appears that, having for most of them the pension as the only financial resource that can be mobilized in the event of illness, the mutual insurance offer gives retired people from the formal private sector the possibility of bearing the financial costs of the illness. This sets them relatively safe from debt, financial dependence and impecuniosity that would result from incurring expenses beyond their resources.

2.3.2 The mutual health care offer: for the repositioning of health at the center of the social relations of retired people from the formal private sector

Health sits, or is located, by the members of SOMUREPCI, at the center of social relations and relatively constitutes its fundamental substance. However, the onset of the disease, which is generally presented as the weakening of physiological, psychological and social functions (bed rest, reduced mobility, confinement, dependency, etc.), breaks this relational dynamic. Thus, the individual retires or is sometimes forced to retire from his daily activities and from the sphere of social exchanges in which he used to evolve. Therefore, since being "in good health" means coming into social existence, illness therefore appears as an inhibitor of social life.

Medical assistance from SOMUREPCI is understood as tangible socialization or re-socialization by retired people from the formal private sector. In other words, for the members of the mutual, benefiting from coverage of their medical care contributes both to the preservation of health and to the maintenance of the individual in the dynamics of the social practices of daily life (festive events, visits with friends, attendance at a loved one's funeral, leisure activities, etc.). These social practices structure and consolidate the individual's relationship with his community or group to which he belongs. Thus, for retired people from the formal private sector, having the opportunity to continue to "do their part" in the group or community helps to reaffirm their identity and social roles.

According to Mr. Gérard, retired product inspector (80 years old, married, 10 children, no chronic condition, member of SOMUREPCI since 2007):

« I think that being able to get treatment with the help of mutual insurance is a good thing for private pensioners. You yourself check and see, when someone is sick, he is less useful to others than when he is healthy. How could I explain it… [The respondent holds his head between his hands for a moment] I mean that… being in good health means being able to contribute to the life of society. It's helping those around you not to spend unexpectedly on your health. That counts, huh! Anyway in relationships with others, since we are not alone in life. When you are doing well, others around you are doing well too. It's like that ! »

It can be emphasized that the mutual care offer allows retired people to continue to be socially active. As a result, health structures the interdependence between retired people from the formal private sector in the mutualistic space, and with their social environment (parents, friends, pension management institutions, etc.). A dynamic of constructive social relations is thus established with health as the epicenter of inter-individual exchanges. By allowing its members to access health care services in hospitals, public health centers and private pharmacies under agreement, the mutual medical assistance preserves their connection to society.

2.3.3 The mutual health care offer as a means of carrying out the project of "healthy ageing" in retirement

Old age and aging negotiate a more positive social figure through the mutual care offer. Indeed, for the members of the SOMUREPCI, the medical assistance of the mutual contributes to the production of the social image of old age and aging. The mutual care offer inserts old age and aging into a universe free of the negative connotations that sometimes associate it with physiological, psychological and social decline. Thus, retired people from the formal private sector build the route to old age as a stage in the life trajectory of an individual who has been able to maintain a personal hygiene favorable to the maintenance of his social, physical, emotional and cognitive capacities.

The members of SOMUREPCI consider that old age cannot be dissociated from the preservation of health. Hence the request for health care services from the mutual in order to carry out this project. This, in a context of limits of health protection in retirement. Retired people from the formal private sector thus link old age to the fact of being able to get healed. Also, through the benefits of the mutual, these people manage to "tame" health, understood here as the ability to take charge of their health needs. In such a perspective, medical assistance from SOMUREPCI gives retired people from the formal private sector the means to live long in good health and structures at the same time their perceptions of longevity.

This can be seen in the words of Ms. Patricia, retired Executive Secretary (77 years old, married, 4 children, no chronic condition, member of SOMUREPCI since 2010):

« Whoever says he wants to get old… whoever wants to grow old must be healthy every day. But, who can grow old if he is sick all the time? When you want to see your hair white one day, you have to take care of your body… you have to be very careful about what you eat… your food. And for us... for us who are old... for us pensioners from the private sector... with our life of misery, without the help of our mutual we would not still be here today. We can now treat ourselves without thinking too much about how we are going to do it. When you are healthy, your life gets longer. For me anyway, to be old… old age is to be healthy. That's all. »

We note that “being old” or having “a longer life” can only be achieved through the benefit of medical assistance covering health risk. The mutual care offer is constantly called upon as it structures the paradigm of longevity. In other words, for the members of SOMUREPCI, taking charge of their health care in a situation of "vulnerable retirement" contributes to the construction of an aging that generates positive representations individually and collectively shared. Medical assistance from SOMUREPCI is a guarantee of health preservation and longer life for retired people from the formal private sector. Hence, the ideological production that constructs old age as “maintenance of health”, “cleanliness”, “healthy life” and “possibility of taking care of oneself”. Hence, the ideological production that constructs old age as “maintenance of health”, “cleanliness”, “healthy life” and “possibility of getting treatment”. Recourse to SOMUREPCI health services therefore guarantees "secure ageing".

3. DISCUSSION

The mutual health care offer: an inhibitor of the social disaffiliation of people retired from the formal private sector

The need to preserve health faced with the "withering away" of social protection in terms of health, constitutes the essence of the poly-influence of the mutual health care offer. This issue of health preservation is a determining factor in individual membership attitudes, social practices in the mutualistic network and the impact of the mutual care offer on the social trust of members. The discontinuation of CNPS health services and the lack of health coverage for retired workers in the formal private sector have led these people to preferentially opt for collective action. Membership of SOMUREPCI, the distribution practices in this space as well as the benefits derived from the mobilization of mutual services are called upon as "ideological buoys" working to legitimize the action of these people who consider themselves to be vulnerable and marginalized by the Ivorian social protection system.

The vulnerability and marginalization of retired people from the formal private sector due to the limits of social protection in terms of health, lead to what R. Castel (1991, 1995) calls social disaffiliation. In his work, R. Castel (1991) focuses his analysis on the social processes that lead individuals and groups to find themselves in a situation of disaffiliation. Constructed as a social process, disaffiliation is linked to integration (R. Castel, 1995). Thus, for the author, “integrated” individuals and groups are inserted into the networks of production of wealth and social recognition, while the “excluded” do not participate in these regulated

exchanges (R. Castel, 1995). Upon reading, the conclusions of R. Castel are embedded in the results of this contribution. Indeed, we note that, for retired people from the formal private sector, the disaffiliation comes from the dissatisfaction linked to the observation of the existence of a stage of fragmentation, even of devaluation of the offer of social protection in matter of health. The retired formal private sector worker becomes aware of the breakdown of the institutional framework for health risk coverage and the vulnerability of his health situation. In other words, for the members of SOMUREPCI, the retiree of the formal private sector, his years of accomplished service and his professional experience are denied, desacralized or even emptied of their substance.

In addition, the process of social disaffiliation of retired people from the formal private sector has as its starting point their retirement. In other words, as soon as they are admitted to retirement, workers in the formal private sector collectively experience the revocation from health services of the CNPS. It appears that this lack of institutional health coverage puts retired people from the formal private sector in the social category of "disabled indigents" (R. Castel, 1995). For R. Castel (ibid.), these are people characterized by an inability to meet their basic needs because they do not have the elements to do so. For the retired people from the formal private sector, this debilitating deprivation is associated with their inability to cover their health expenses in the event of illness. An inability inherent in the receipt of a pension equivalent to one third of the salary, in the discontinuation of health services from the CNPS and the non-existence of institutional health coverage, which force most of these people to pay their health care expenditures when an illness occurs or to the day-to-day management of a chronic illness.

In addition, the mutual care offer is called upon as a mechanism for deconstructing the social disaffiliation of retired people from the formal private sector, which kept them in a state of vulnerability and marginality. Indeed, this state in which most people retired from the formal private sector found themselves, because of their economic and social inability to cope with health risk, is unstructured and redesigned in the mutualistic space. Belonging to SOMUREPCI and the medical assistance that it makes available to its members, thus enable retired people from the formal private sector to move from a situation of social disengagement to a situation of committed and resilient social actors.

CONCLUSION

Ultimately, we can note a poly-influence of the mutual health care offer on the daily life of retired people from the Ivorian formal private sector. Faced with the limits of the Ivorian social protection system, which are expressed in terms of the revocation of health services from the CNPS and the non-existence of health coverage for retired workers in the formal private sector, medical assistance from SOMUREPCI inhibits the process of social disaffiliation in which retired people from the formal private sector were kept. The mutual care offer imprints the social commitment of these people. It should be noted that the holistic medical assistance model developed by SOMUREPCI seems to negotiate an inclusive approach to the social protection system in Côte d'Ivoire. This model of inclusion can be rooted in the reorganization of the Ivorian social protection system, which would integrate the specific health needs of seniors. The challenge is to contribute to the emergence of a society that values old age and aging people.

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