



Practice of breast weaning in children under two years old in bouake

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Abstract

In the process of a child's growth, weaning appears to be an important stage. This stage is experienced differently depending on the beliefs, perceptions and constraints of ethnocultural groups and even individually. The aim of this study is to describe the different socio-community practices of weaning in children under two years of age in urban and peri-urban areas in Bouaké. It was carried out among social categories such as mothers, grandmothers, fathers, nutrition service workers and traditional practitioners. Data collection was made possible using an observation grid and the snowball technique. Using a social monograph approach, this study aims to analyze the endogenous and exogenous dynamics which structure local breast weaning practices applied to young children. The study reveals that child weaning remains dominated by endogenous practices in Bouaké despite the efforts to raise awareness among childcare workers. Consubstantially, we conclude from this study that the predominant conditions in weaning are the age, appetite and state of health of the child. Also, weaning is carried out with the assistance of traditional practitioners who support mothers with tips and medications to avoid possible risks.

Keywords: Breastfeeding, weaning, infant, mothers

Introduction

The issue related to the practice of breastfeeding has experienced a renewed interest since 1991 with the WHO recommendations adopted by the 1992 International Conference on Nutrition action plan. This issue is well-documented in the scientific literature. Thus, the main contributions tend to focus on the proximity and distance between parent and infant linked to breastfeeding (Daws 200) ^[4], the psychodynamic or cognitive disturbances induced by the practice of prolonged breastfeeding (Deprez 2014) ^[8], the influence of the social environment on the practice of breastfeeding ((Goja 1998) ^[9]; (Capponi, Roland 2013) ^[3]; (Herrscher 2004)) ^[10], marketing around dairy products (Abate and Yohannes 1987; ACF 2018) ^[1, 2], the political mobilization for the encouragement of breastfeeding (Sokol, Aguayo, Clark 2005) ^[14]. Like these contributions, the practice of breast weaning, perceived from the angle of complementary feeding and the continuation of breastfeeding, also holds an important place in social science studies (Delpuech, Azagoh, Enoh *et al.* 2013) ^[7]; (De Benoist, Hays, Guibert 2007) ^[5]; (Rollet 2015) ^[11]. It is therefore from this perspective that the interest of the subject we intend to address in this article is situated. This is given that the inappropriate management of breast weaning constitutes an inevitable risk of malnutrition in the infant. In other words, weaning management must be carried out in compliance with certain recommendations and indicators defined by the WHO (Delpuech 1995) ^[6]. In fact, the weaning process naturally takes place in two essential phases : one marks the introduction of foods other than breast milk, and the other phase marks the definitive withdrawal from the breast. According to recommendations, the introduction of solid foods begins at six months, while the definitive cessation of breast milk is set at two years. Indeed, the WHO emphasizes that « this new benchmark will make the breastfed child the normative model against which all other feeding methods must be measured in terms

of growth, health, and development. » However, in the context of the city of Bouaké, an analysis of weaning practices reveals various processes that entirely deviate from WHO recommendations regarding infant weaning. These deviations are equally perceptible in the introduction of solid foods as in the definitive withdrawal from the breast. Furthermore, the definitive withdrawal from the breast is very strongly encouraged by the entourage when the child reaches 18 months of age, respectively. In light of the above, it seems important to formulate the following question : what are the social strategies adopted by mothers for infant weaning ? This article will trace the procedures by which mothers manage to wean their children.

Methodology

This study adopts a qualitative, ethnographic approach. It was carried out in six areas of Bouaké, three in an urban environment (Ahounnansou, Koko, and Sokoura) and three others in a peri-urban environment (Amanibo, Broukro village, and Oliénou) during a survey period from 2017 to 2021. In the urban environment, the three sites selected for the study each house a reference health area for the promotion and management of nutrition in the Bouaké district. Parallel to the urban areas, each chosen peri-urban site belongs to the intervention zones of the previously mentioned reference health areas. For example, Amanibo is attached to Koko, Broukro village depends on the Ahounnansou reference health area, and Oliénou is under the control of Sokoura. For data collection, we used semi-structured interviews and direct observation. Data was collected from 101 respondents, composed of mothers, grandmothers, fathers, nutrition service workers, and traditional practitioners, using an interview guide and an observation guide. Interviews took place in households for the children's parents (mothers, grandmothers, fathers) and at their workplaces for traditional practitioners and nutrition service workers. Data analysis was conducted in light of social influence theory.

Results

Weaning Conditions

In the different communities studied, the notion of weaning refers to the idea of : "stopping suckling" ; "breaking with the breast" or "giving up the breast". The practice of weaning is subject to conditions, which are : the age, appetite, and state of health of the child.

1. The Infant's Age

Age is a determining indicator of weaning in that it allows the team watching over the child's well-being (mother, health workers, and even the community) to judge the quality of the weaning initiative (if the infant is able to withstand weaning). Generally, the accepted age within the communities for infant weaning is set at 18 months. « Starting from one year and six months, the child can be weaned » or « at one year and six months, you can wean your child ». This age, ideally set at 18 months, only applies to children whose mothers practice liberal professions. Because, depending on professional requirements, weaning may occur earlier. This is what emerges from this excerpt : « There are many mothers who want to wait one year and six months before weaning. » But they often feel obliged to wean the child well before then.

« I, personally, weaned my child at one year and three months because it had become exhausting. For example, between noon and two, I have to go home so she can nurse a little. At night too, after a busy day, I couldn't rest properly because my son spent his time suckling. Yet, he ate well, he finished his plates. So, after thinking it over, I judged it wise to wean him ». (Words of a teacher residing in Ahougnansou).

Certainly, faced with any weaning initiative, the definition of age is not always unanimous among this team. This is because the initiative may be perceived as "too early" by some actors, particularly the promoters of weaning standards, while for other actors (within the community), it is considered normal or too late. However, only the parent who carries out the weaning can estimate the suitable period, taking into account some demanding attitudes on the part of the child. Among these attitudes is the child's appetite.

2. Appetite

By definition, appetite ^[1] is the fact of having a desire for something in order to satisfy a need or a craving. Thus, talking about appetite in our study context refers to the desire for food or the pleasure the child finds in eating. « When I say my child has an appetite, it means they eat well what I give them, they can finish their plate, or even if they don't finish, they eat a good quantity of what I served. That's what I call a child with an appetite » (merchant mother residing in Koko). The child's appetite can also be assessed by the frequency with which the infant expresses their desire to eat. « There are children who eat their breakfast, when the mother is going to eat, they eat with her ; for the aunt or the grandmother, you see him there. Also, when he goes, he doesn't just taste and leave. Every time we put food in his mouth, he swallows. This type of child is said to have an appetite. » Words of a young mother in Amanibo. The question of the influence of appetite on weaning practices in infants in this study can be analyzed from two angles : the beginning of complementary feeding and the definitive cessation of breastfeeding. In the first case relating to

complementary feeding, the child's manifest desire to eat food other than milk encourages the nurturing parents to make proposals in this direction. Most often, this willingness of the infant is discovered by the birth mother by interpreting some of their gestures. These gestures are described as follows : " the child puts their hand in our plate and brings the food to their mouth " ; " they follow us with their eyes when we eat " ; " when they see us eating, they make mouth movements and it's like they're eating too. When you try by putting the food in their mouth, if they didn't want to eat, they would spit it out". All these described gestures are linked to the children's often persistent crying. It is therefore the combination of these conditions that allows the nurturing parent to deduce that the child is experiencing a desire to diversify their diet because the milk they have been fed since birth can no longer satisfy them. Diversification is announced in the form of offering one to two meals a day. This is what mothers call an "trial" in their language. The number of meals can increase or decrease depending on the infant's food receptivity. Naturally, for a child who accepts to follow the course of diversification, the ration increases to three when they reach nine months, respectively. Beyond twelve months, the child maintains their three rations. However, the mother begins to prepare them for the cessation of breastfeeding. This preparation is done by strategically responding to the infant's nursing requests by offering substitute foods. It is worth recalling that the preparation for stopping breastfeeding is done according to the child's state of health. A child in perfect health can be weaned quickly, unlike another child in the same age group who has a very fragile health.

3. The Child's State of Health

The infant's health is an essential element in the weaning process. The weaning process is only truly engaged if the child shows signs of perfect health. « It is not advisable to wean the child when they are hot [child in a feverish state] or if they are recovering from an illness. If he is sick, treat him. Once he feels better, then you can wean him » (grandmother, Oliénou). No parent then takes the risk of weaning a child when they are sick. Also, in case of illness, the community or close entourage does not encourage any weaning initiative either. This is what emerges from this excerpt from the interviews :

« Here, you can't even try to wean your child if they are not feeling well. Already, our grandfather doesn't like us weaning the children. He wants the child to stop suckling on their own. Now, when you decide to wean, he warns you, saying that if something happens to the child, you are responsible. Next to him, the aunts are there too. They will imagine things you wouldn't think of. They will say you are in a hurry to wean the child to go look for a man. So, to avoid people's gossip, I wait until the child is healthy, that he eats well. Then, they can't talk too much » (mother Broukro village).

For them, in fact, breast milk is an emotional food. Thus, being weakened by illness, the act of suckling becomes both a source of comfort and energy for the infant. Given that the child may lack appetite due to illness. For this reason, it is not appropriate to withdraw them from the breast during this period of fragility. What is otherwise recommended is to ensure they receive the necessary care for the recovery of their health. It is on this sole condition that the weaning initiative can be undertaken.

Nature of Weaning

1. Infant-led Weaning

In Bouaké, infants are considered potential actors in initiating their own weaning. This is even more evident when it comes to the first phase of weaning, which relates to the introduction of complementary foods, which takes place between three and six months. For this initiative, most mothers think that the need to begin complementary feeding while continuing breastfeeding is subtly formulated by the children themselves. They express it through the following phrases : « it is the child who is asking to eat a food other than breast milk » or « the milk is no longer enough for them ». (a young mother living in Koko) Feeding children early is not a practice rooted in habits, as grandmothers reveal to us. For them, in fact, a child's complementary feeding takes place during a period when the child is able to share the family meal. However, this tendency to diversify much earlier may be due to the fact that young mothers have the advantage of accessing various food products adapted to infants' diets. If the first phase of weaning is initiated by the child, this is not always the case in the second phase relating to the cessation of breast milk. This second initiative is planned by the mothers or may be encouraged by the community.

2. Mother-led or Peer/Family-influenced Weaning

Infant weaning in the communities that make up Bouaké is most often planned by the mother. This planning is observed when it comes to the cessation of breastfeeding. In such a context, the child may not necessarily have the desire to eat properly. Indeed, after integration into the family meal, which takes place at the start of the infant's ninth month, some children no longer show an excellent appetite, even though they had expressed the desire to eat well at the beginning of diversification. « At first, he ate the porridges I gave him well. But, later, he started to refuse food. He had fallen ill, and it was when he recovered from the illness that he started to refuse. He was 7 months old at the time and since then, he no longer wanted to eat the things we gave him. It was only the breast he accepted, yet it didn't satisfy him ». (a young mother living in Oliénou). For these children, breastfeeding therefore becomes the only nutritional source. Thus, refusing all food proposals, the mother expresses her concern to her relatives in the hope of benefiting from their experience. In such situations, the advice is not always to the infant's advantage, especially if they are aged over 15 months. Indeed, the community tends to oppose this neophobic attitude, particularly when the child is of an age to eat. They therefore advise the mother to start weaning to force him to eat other foods.

« I weaned my daughter at one year and 10 months. But I did it with a lot of pain. In fact, my daughter refused everything that was offered to her. I started diversification at 6 months, and until she was weaned, she ate nothing. She lost barely 10 kilos of her weight. And every time I talk about it, people ask me to wean her. But internally, I judged their advice a bit cruel, because I wondered how to wean someone who doesn't eat and whose only food is the breast. But it had become irritating, as the child constantly refused food, my aunts, the old woman, my friends kept reminding me that my daughter was old and that it was time for her to be weaned. I had an aunt who simply told me that the child was suckling my blood, because for her, after 1 year and 6 months, there is no more milk in the breast. This lasted

about 5 months and I weaned her. "But today, I agree with them, because after weaning, the child regained her appetite, she even gained a few kilos and I am happy to see her flourish without the breast » (words of a young student residing in Ahougnansou).

This community proposition rests on the logic that breast milk becomes insufficient for a child over one year old. However, the child having already acquired a taste for feeding only at the breast to the detriment of other foods, they will continue to refuse to eat properly as long as they can suckle. Thus, by depriving him of what holds him back, he will become interested in other foods. This argument addressed to the mother is followed by examples, sharing of experience, and proposals for weaning methods to prevent the rupture from affecting the child's health.

3. The Role of Parents and the Community

In the localities of Bouaké, the practice of infant weaning is very often led by the mother. However, before starting the procedure, she makes sure to inform the child's father. The mother who decides to withdraw the milk takes steps so that the child does not immediately feel the rupture. To do this, she previously identifies a few meals the infant is very fond of, which she prepares for him. Beyond food assistance, she also shows her affection by carrying him either on her back or in her arms, or by regularly showering him with hugs. The mother benefits from the support of her husband during this weaning period. As the child's father, his role consists of providing financial assistance so that the child's meals are truly balanced. He is also committed to providing what is necessary for the child's breakfast and snack relative to their socioeconomic situation. « When I started weaning, my husband supported me a lot. Every evening, when he comes home from work, he comes with some (biscuits, chips, yogurt, etc.... ». (words of a young mother living in Sokoura).

The weaning period is a time for parents to express affection, attention, and psychological support. As for the child's immediate circle, they work to support this process by sharing experiences in case of complication (the child refusing to eat, diarrhea and other minor illnesses, or refusing to give up the breast).

4. Weaning Period

It takes place in two main stages. A first stage often begins between three and six months with the introduction of semi-solid foods. Indeed, the aim of this first stage is to gradually replace breastfeeding with solid foods. For this beginning, the replacement food is only given once or twice to children, and this is preferably done in the morning and evening. The choice of these two times of the day is not random. Indeed, the morning is when mothers' activity is most concentrated. Thus, by providing a more substantial meal to the child for breakfast, the mother puts herself in a logic of negotiating time with the child to more easily deal with her household tasks. Because the more satisfied the child is, the sleepier they will be, and the more time the mother frees up to carry out her work. The choice of the evening is also part of this same logic. But this time, far from allowing the mother to carry out her activities, the evening meal helps the mother to rest better and recover during the night to face the challenges of the next day. Given that a well-fed child can naturally have a deep sleep, except in case of illness. Thus, the less their sleep is interrupted, the more nocturnal crying

is reduced. Consequently, the child and the mother have the advantage of enjoying restful sleep. This is what emerges from this excerpt : « Me, at the beginning of diversification, I get the child used to having their last meal at night around 8 :30 p.m. After their meal, I rinse him and he sleeps. When I do that, the child often nurses once, sometimes twice ». (a young mother living in Koko)

Weaning Management in Infants in Bouaké

1. Main Practices Observed for Infant Weaning

Mothers from the surveyed communities use various ways to wean their children. Procedures differ from one mother to another and from one child to another. Regarding weaning (the start of complementary feeding), the continuation of diversification is intimately linked to the child's food receptivity. The more receptive the child is, the more the mother is encouraged to make varying proposals. On the other hand, the infant's refusal of food can slow down the process and force the mother to try again weeks, or even months, later. On this subject, a grandmother expresses herself in these terms : « When the child is old enough to eat, it is the mother who makes proposals to him because the child does not know the food. He only knows his breast. So the mother tries : if he doesn't eat today, you wait, tomorrow, you try something else. By constantly presenting it to him, he will eventually eat ». (Grandmother living in Ahougnanssou)

In parallel with diversification, the process of definitively stopping breastfeeding can be interrupted if the child falls ill. Otherwise, the initiative runs its course once it is started. If it runs its course, some courageous mothers undertake the process without resorting to specific techniques. They simply make sure to secure their chest well with their clothing to prevent the child from easily accessing the breast. « Me, I don't use medicine to wean. What I do is that when I breastfeed, I wear clothes that can allow the child to suckle easily. But the day I start weaning, I start at night. That day, I wear my bra, I put on a dress with à zipper, in any case, I secure my chest well before going to bed. That way at night, when it's time to nurse, he can't have the breast. When he cries, I give him water and put him on my back ». Mother in Oliénou.

Other younger mothers, not adopting the same strategies as the previous ones, may resort to bitter-tasting substances to divert the infant's attention from the breast. In this context, they use either plants renowned for their bitter taste, such as aloe, or a malaria tablet. For aloe, for example, they take a stem and divide it in two, then they apply the sap to the breast. As for the malaria tablets, they try to dissolve the tablet with a few drops of water in a container to obtain a very thickened paste, which they apply to the nipples. Very generally, the application is done when the child expresses the desire to suckle. Once the application is done, they give him the breast. Thus, as soon as he tastes it, he gives up. Other mothers, on the other hand, use adhesive plaster (or bandage) with which they cover the entire nipple. Thus, when the child expresses the desire to suckle, they present it to him, saying it is either a sore that hurts, or something frightening. « The day I decided to wean my daughter, my mother told me to take a small piece of adhesive plaster to close the tip of my breasts. So I did that. The moment she wanted the breast, when she came, I showed her and said kaka mou (onomatopoeia designating something dangerous, frightening). So she was scared and she let go. I did that for

3 to 4 days, and then she was no longer interested ». (a young mother living in Amanibo). Other mothers still often use omelet. This is an unusual omelet, because the main ingredients are not the usual vegetables and seasonings. But the ingredients are composed instead of breast milk with either bark, stems, or plant roots, liquid milk (red cap, blue cap, or cow's milk), an egg and oil. The preparation consists first in obtaining a mixture of the plant's properties. To this mixture, the mother cracks an egg, adds a small teaspoon of liquid milk. She then presses a few drops of breast milk to add to it. She mixes everything to make an omelet. For this recipe, the addition of salt is optional. When the omelet is ready, she serves the child who, in turn, consumes it with appetite, surely because of the taste of the milk. Once consumed, he feels the desire to suckle. Then, the mother, without hesitation, gives him the breast. Then, the child begins to vomit minutes after nursing. After this stage, he develops a disgust for breast milk. However, being already used to suckling regularly, the child may certainly feel the need to do so. But he will never again find that flavor of breast milk. Thus, every time he goes to suckle, he will feel this aftertaste and will end up no longer being interested in the breast on his own. Next to the omelet, there is another technique which consists of putting infusions in the infant's nostrils. This infusion is done very early in the morning, precisely between 6 a.m. and 7 a.m. Unlike the omelet which is prepared by the mother, the infusion is performed by the traditional practitioner.

« If a mother wants to see me so I can help her stop the breast, I ask her to come here very early with the child. She must not have given him the breast first, it is after the treatment (the infusion) that the child nurses. So, when she arrives, I crush my medicine on this small stone and the mother presses her milk to mix. Now, I put the paste in a cloth and she holds the child ; I squeeze it to put it in his nostrils. After that, she can give him the breast. When he nurses, he starts to vomit and that's it, he won't ask to nurse again until he grows up ». (Traditional practitioner residing in Broukro village).

These last techniques occur after several failed weaning initiatives. Generally, the weaning procedure extends over one week. But it is the first three days of deprivation that seem difficult for mothers. Because these three days are marked by crying, in the sense that the child regularly demands the breast, especially at the nocturnal hours they are used to suckling. At these times, parents use stratagems to calm him down and put him to sleep. Some mothers offer meals at these times, while others simply offer water before putting him on their back to walk around the house until he sleeps. In other cases where the mother feels exhausted from her daily activities, she lies down on her stomach after putting the child on her back. The meals offered during the weaning period will be detailed in the following point.

2. Favorite Foods During Weaning

Overall, the mothers interviewed admit to offering meals specially for the weaning period. During this period, the meals are among the mother's previously identified preferred dishes. Prepared very early in the morning, the child can have it as many times as needed. The choice of preferred foods responds to the logic of encouraging the child to eat well (eat with appetite). Indeed, the weaning period is also a period of anxiety for these mothers. In the sense that the child may weaken if they refuse to eat properly. Thus, the identified foods include pasta, notably

the finest vermicelli and small shells, cereal porridges, etc., which you will find in the table below.

Table 2: Various Foods Favored During Infant Weaning

Food Groups	Type	Urban Area	Peri-Urban Area
Fruits	Seasonal Fruits: Papaya, orange, mandarin, pineapple, sweet banana, apple fruits, clementine,	Day	Day
Starch	Cereals, Rice, millet, corn	Day	Day and Night
	Pasta Vermicelli, small shell pasta	Day	Day and Night
	Potato	Day	Day
Juice	. Natural juice Bissap, tamarind (tamarind), baobab, pineapple, grape, Industrial juice Doras, presea fruits	Day	Day
Milk	Powdered milk (coffee or bowl of milk) 3rd age milk, Nido, milk, red bonnet in sachet,	Day and Night	Day and Night
	Yogurt Yoplait,		

Source : GK study conducted between 2017 -2021

3. The Involvement of Traditional Practitioners in Infant Weaning

In the urban and peri-urban areas of Bouaké, there is a strong interaction between mothers and traditional practitioners regarding child care. The weaning period is a pivotal time for strengthening this interaction.

« To prevent the child from being sick during weaning, I go get a canari (earthenware pot) from the old Djimini ^[2] woman ^[1] there. When I arrive and tell her it’s for weaning my child, she prepares the canari and then gives what we use for the enema. I prepare the canari medicine. When I see that the medicinal water is well cooked, I bathe him with it, he drinks it too, and every time I have to give him an enema, I use the canari water. When I do that, the child does not bother me with minor illnesses. ». (Mother in Oliénou).

« Here, I receive many mothers. Some come to request our help before starting to wean. Others have already started and it has become complicated because the child is not eating. We treat those ones separately. There are still others who have started, and the child stole the breast to suckle while his mother was sleeping. And he gets diarrhea. For this group, we also treat them separately. So, depending on your problem, we give you the necessary treatment. » Traditional practitioner in Amanibo.

Indeed, before, during, and even after the weaning initiative, mothers tend to seek the expertise of traditional practitioners solely to preserve the infant from certain diseases related to weaning. The treatment proposed by the traditional practitioner comes in the form of canaris, ground bark, and leaves.

The pot is used both for bathing and for the child’s enema. To some extent, the canari water is administered to the child as à drink. The ground bark is crushed with at least one hot pepper, and with the canari water, the mother gives the child enemas. Leaves are used in the same capacity as the ground bark. These treatments aim first to sharpen the child’s appetite and second, to protect them from diarrhea. Because, during the weaning period, these are the two essential ailments that cause fear among mothers : loss of appetite and diarrhea. The loss of appetite is perceived by traditional practitioners and mothers as a consequence of diarrhea. Just a in the understanding of these subjects, diarrhea is caused by the resumption of breastfeeding after several days of rupture. In other words, it is when the child steals the breast to suckle while the mother is deeply asleep at night, even though the weaning process has already been initiated, that diarrhea sets in for the child. For them, in fact, breast milk loses its nutritive substances when it is not suckled after a maximum of three days. Thus, the resumption of

breastfeeding must be done by following a rite of purification of the breast which consists of washing it with medicine. Otherwise, the child must be weaned or they will fall ill if they continue breastfeeding.

4. Maternal Milk Drying Technique

The weaning period rhymes with certain techniques aimed at drying maternal milk. These techniques may stem from traditional and biomedical knowledge. However, in Bouaké, traditional techniques are more explored than those considered biomedical.

The traditional tips explored for drying generally have a dual scope. They serve both to dry the milk and to firm up the young mother’s bust. In this context a young mother says this: « My grandmother recommended Apki to me. I crushed the 250 sachet then put it in à container. With that, I would massage morning and evening » and with another mother, we discover the use of BF soap.

« My aunt advised me to massage the breast with BF soap. I divide the small piece of BF soap in half. And I let half melt in a small amount of water. I then use this thick paste to massage the breast. « We massage the breast from bottom to top » (a young mother living in Sokoura).

The products used to achieve such objectives include, among others, wheat flour, BF brand Marseille soap, Djassan (apki in local language), lemon buds, local rice, and settled ash (ash produced a few days before its use). With the exception of ash which is applied directly, overall, all other tips consist of making a paste with which mothers can regularly massage their breasts. Some mothers admit to massaging the breast from bottom to top. For them, in fact, this massage technique allows the breast to remain firm by preventing it from sagging despite the number of maternities : « Look at my breasts ! I have had 8 children. But, when you see them, do they look like breasts that have already fed 8 children ? I wean my children with flour. There are people who tell me I had my breasts operated on » grandmother. Other mothers think that the application of the product is already effective in keeping the mother’s bust firm. For them, the breast of a woman who has already breastfed cannot look like that of a young girl. However, what they want to avoid is letting the breasts hang and dilate to the point of reaching the level of the navel. This is what is fought against through the use of this drying technique. It is clear that without resorting to at least drying the milk, mothers are obliged to express the breast to facilitate the flow of milk in order to avoid the pain related to breast engorgement. But resorting to these tips seems very effective according to the mothers. Their effectiveness can

be assessed after only three days of application. In the sense that after these three days, they notice a reduction in milk. Besides these drying and firming tips, there are others that serve to relieve the pain due to breast engorgement.

For this specific case, mothers tend to massage the breast with warm water and a towel before proceeding with a massage with shea butter. This last tip is derived from biomedical advice.

Table 2 : Socio-Community Tips for Drying Breast Milk After Weaning

Products	Practices
Wheat Flour	Mix a small amount in water to create a thin paste. Gently massage the breast morning and evening for three days.
BF Soap	Melt a small piece in water and add it to water to create a thick paste. Massage the breast from the bottom to the top for one week.
Djassan Apki grain in Baoulé language	Crush the grains, adding water, and mix the resulting mixture with shea butter. Massage the breast for one week.
Lemon buds	Crush the lemon buds with water. Massage the breast with the mixture until the milk ceases.
Local rice	Soak the local rice in water for several hours to facilitate pounding. Pound and apply the paste to the breast.
Cold water	Soak the local rice in water for several hours to facilitate pounding. Pound and apply the paste to the breast.
Laid ash	It can be applied directly to the breast. In this case, it should be done several times throughout the day. The ash can also be slightly moistened before application; in this case, it should be done in the morning and Evening

Source: GK study conducted between 2017 and 2021

5. Motivations and Perceptions on Weaning Practices

The main motivation supporting the weaning initiative is the child's responsibility/role. Indeed, milk is food for children, unlike the family meal which is reserved for adults. However, the child is called to grow up, as one father emphasizes: « the child of today is nothing other than the adult of tomorrow ». Thus, in this context, the withdrawal of infant food in favor of adult food is a call for the child to follow in the adults' footsteps. However, this is done through a process of supervision and monitoring (socialization) so that this ideal is achieved. Similar to responsibility, the child's autonomy also remains a genuine source of motivation for the practice of weaning. Indeed, the child and the mother remain closely linked by the act of suckling. The mother's physiological constitution gives her the responsibility of being both the provider and the guardian of the child's food, which is located on one of her body organs. However, in the city of Bouaké, breastfeeding is widely practiced by mothers despite the existence of various options related to the practice of infant feeding. The socioeconomic challenges these mothers face daily do not always allow the child to be by their side to constantly fulfill their desire to suckle. In such situations, weaning appears to be not only a solution allowing the child to be nutritionally autonomous but also one that allows the mother to free herself from any stress induced by the practice of breastfeeding.

« The child cannot stay at the breast all their life. That means this moment will happen one day. But what is interesting is the fact that a weaned child no longer needs you to be satisfied. On your side too, you are no longer afraid to leave him at home to attend to your concerns. For example, currently, when I go out, I can allow myself to come home at whatever time I want because I know he won't cry because of the breast. It makes me feel free in my mind. Yet before, when I went out and had tingling in my breasts, I worried because it is a sign that lets you know the child is crying or wants to suckle. And that exhausted me greatly. » (A young mother living in Ahougnanssou).

If, overall, mothers share the same motivations regarding weaning, perceptions remain quite different regarding weaning practices. Indeed, the weaning recipes proposed by traditional practitioners are hardly of interest to mothers with a distinctly higher standard of living. For this category

of mothers, the child's health can be guaranteed if the foods offered during the weaning period are of good quality. Conversely, the child may develop signs of indigestion if the foods are not suitable. They also believe that stimulating the child's appetite with traditional appetizers is not an idea to be encouraged. For them, it is ignorance that leads these mothers to resort to these methods as a weaning strategy. In this sense, they believe that the child should be encouraged to eat through simple gestures and by offering meals that might appeal to them. The use of appetizers may develop attitudes in the child, such as gluttony, which may later be detrimental to them. In contrast, mothers who are adherents of this practice and others believe that there is no drawback to resorting to these strategies. For them, the child's diet can be regulated during their growth. However, it is appropriate during this special period to use treatments to protect the child from certain illnesses. For traditional practitioners, the proposed weaning methods are very useful for avoiding psychological consequences. Indeed, the proposed medicines force the child to voluntarily give up breastfeeding. Otherwise, the child may be deprived of milk without accepting it, especially if weaning is led by the mother at a time when the infant is strongly attached to the breast. Thus, even if weaned, the child may develop bad habits such as sucking their tongue, playing with the breast, or always having their hand on their mother's breasts. These described signs prove that weaning has not been accepted by the child. Consequently, they may take advantage of the mother's sleep time to suckle, an act that is described as theft in the jargon of Ivorian mothers. « The child steals to suckle. »

Discussion

The results highlight two main points, namely the conditions of infant weaning and the practice of weaning. These different points will be the subject of the discussion.

1. Knowledge of weaning standards and their implementation by mothers

The practice of weaning in children is governed by rules. For the WHO, the official standards relating to the practice of weaning recommend diversification starting at six months with continued breastfeeding up to two years. The setting of the age for the start of weaning and the definitive cessation

of breastfeeding is obviously based on mechanical, physiological, and nutritional rationales according to de Benoist (1995). This standard seems to be well known to all the mothers we interviewed during this study. In the context of Bouaké, an inadequate practice of infant weaning cannot necessarily be explained by a lack of information on the part of the mother. This is because they are aware of the different sequences that dominate breastfeeding (exclusive breastfeeding between 0 and 6 months and continued breastfeeding up to 2 years), and moreover, they are not unaware of the importance of breastfeeding in infant development. A complete food, an ideal food, an emotional food, milk participates in the construction of the child's driving forces. This is why they do not initiate weaning at a time when the child's health is fragile. This opinion is partly shared by Didierjean-Jouveau (2007) who reveals that mothers think milk is an ideal food because it plays a role in protecting the mother against breast cancer and the baby against obesity. Moreover, it is also protective, as it strengthens the child's immunity. Milk is therefore a healthy food, it is the best for antibodies, for the baby's health.

Despite the advantages of breast milk, the observation is that the practice of weaning is not conventional among infants in the context of Bouaké. Indeed, complementary feeding is either initiated precociously, or the rupture of breastfeeding occurs early. But this is not necessarily due to a lack of knowledge. It is the implementation of weaning standards by mothers that seems to pose a problem due to various reasons mentioned above. At this level, Cascales (2013) and Trèche, Pézenec *et al.* (1996) agree with us on this point. The former author shows that weaning is a transition that must be gradual and anticipated. However, salary conditions and life's uncertainties do not always allow for this anticipation. On this point, Lighezzolo J., Boubou F., *et al.* (2005) insist on the main factors causing what they call weaning failure. They primarily mention lack of milk, followed by medical problems, and finally, the return to work. The latter authors admit that one of the fundamental reasons for the introduction of porridges by mothers is linked to the child's crying, which is interpreted as a sign of hunger. However, some of them do so on the advice of a health worker, and others cite the child's refusal of the breast or the advice of relatives or friends. Like these authors, Chahinez Otmani, Gladys Ibanez *et al.* (2015) share this same experience through their study. They emphasize that the family circle, and particularly the spouse, seem to have the most influence on the practice of breastfeeding. This is surely the reason that grounds the comments of Azagoh, Enoh *et al.* (2013) stating in their study that the vast majority of mothers are unfamiliar with the concept of weaning and many of them had no information related to infant weaning. They specify that the mothers who were informed were informed by their entourage in 56% of cases. Also, these mothers adopt behavior contrary to the principle of weaning that does not exclude breastfeeding because they do not habitually attend dietary demonstration sessions. Yet, it has been demonstrated by Camus, G. (2017) that the decision to wean must be taken serenely within the family. For him, the baby must not be forced by their mother, as is observed in the context of Bouaké. For Sandri and Kane (2018) ^[12], the father thus assumes the dual function of a separating third party in the mother-child dyad and, at the same time, that of the mother's husband. Weaning does not only signify the

cessation of breastfeeding; it is part of a set of modifications to the mother-child relationship, the child's relationship to the mother's body, the perception of the child by the mother and the entourage, and the language used to talk about them. The components that enter into the phenomenon of weaning are very numerous. While some of them are universal, others, on the other hand, are strictly dependent on social and cultural factors and are therefore highly variable in nature.

2. The practice of infant weaning

The execution of infant weaning is done with the advice and guidance of third parties, notably social elders, grandmothers, friends, and traditional practitioners. The recourse to a third party in the context of weaning is part of a vision of reducing the risk of diarrhea in the child. The occurrence of diarrhea in a child during the weaning phase is explained by the fact that the child resumed suckling after days of interruption. At this level, the results contradict those of Sánchez R. M. (2019) ^[13] who believes that infant diarrhea in the context of weaning is explained by insufficient sanitation conditions. According to him, the transition of children from breast milk and the associated safety to another kind of food is a delicate process, particularly due to the precarious hygienic and sanitary conditions among these populations. Early weaning can cause diarrhea and allergies, as the immunological and digestive systems are not fully formed. To respond to these major challenges, mothers often resort to social strategies. Among them, the choice of food is of paramount importance. The selected foods must meet the nutritional needs of the child. It is for this reason that mothers prefer certain foods they deem appropriate due to their energy contributions and digestible characteristics. Beyond this nutritional characteristic, the most important factor is the child's ability to accept the proposed food. At this level, Trèche *et al.* (1996) show that the solid foods consumed by children during the weaning period highlight that their energy density and protein content are relatively better than those of traditionally used porridges.

However, the quantities consumed (on average less than 100 kcal/day) are small and are probably not sufficient to supplement the intake of breast milk to cover energy needs and nutrient requirements. In the case of our study, the requests to traditional practitioners fall within this perspective. Indeed, the therapeutic products proposed by the traditional practitioner in the weaning process allow the child to have an excellent appetite. To this end, the child can afford to consume the proposed meals copiously. Traoré's study (2022) ^[15] aligns with ours on this point. It shows that plant biodiversity offers a multitude of opportunities: certain plant species are used for the management of weaning. In the same vein, Amani (2023) and Mafuta (2018) mention the use of medicinal plants in the management of certain ailments in children. This recourse to medicinal plants in the weaning process leads to questioning the persistence of non-conventional care practices among the youngest. It emerges, therefore, through the study by Diagana, M. and Kane, H. (2016), that grandmothers exert a strong influence on non-conventional care practices. For them, the majority of grandmothers recommended that the child receive, in the weeks following birth, foods allowing a purging of their stomach and facilitating the evacuation of stools. According to the Moor grandmothers, this may involve dates and

honey given shortly after the child's birth or plant decoctions. These sustained practices, even if they appear beneficial in light of the immediate results they produce, nevertheless remain a real obstacle to better weaning practice according to Séverine Gojard (1998)^[9].

Conclusion

This ethnographic study concludes that the practice of infant weaning in the city of Bouaké is a complex social transition, generally undertaken after 18 months, marking a clear divergence from WHO recommendations. The initiation and execution of weaning are governed by a local rationality based on the child's readiness, judged by specific communal criteria : their age, appetite, and state of health. Theoretically, these practices affirm the dominance of social influence and local rationality, framing weaning as a crucial step towards child autonomy and socialization, often overriding biomedical standards. The process is critically managed by the traditional community and traditional practitioners, whose involvement is a fundamental practice providing both emotional and prophylactic support. Techniques employed are distinctly local, involving bitter substances or bandages to deter suckling. Crucially, the lessons learned highlight that early weaning is sustained by communal expectations and the mother's need for personal liberation from the demands of suckling. Therefore, for future perspectives, public health policies must embrace cultural integration, developing targeted, effective interventions that acknowledge the decisive role of the traditional support network and aim for collaborative programming to harmonize infant feeding practices while safeguarding nutritional outcomes.

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20. This definition is taken from the *Petit Larousse illustré* of 2011.
21. Djimini is a subgroup of the large Senoufo ethnic group. They occupy the northern part of Côte d'Ivoire.