

Original Research Article

Conceptions of ‘Eating Well’ and Maternal Eating Practices in the Context of *Tambruya* in Yopougon: An Inter-Ethnic AnalysisADIKO Adiko Francis^{1*}¹Researcher in Sociology of Health, Université Félix Houphouët-Boigny, 08 BP 1295 Abidjan

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Abstract: In Côte d'Ivoire, *Tambruya*, a traditional practice of supporting nursing mothers among the Ebrié ethnic groups, illustrates the persistence of local knowledge that differs from biomedical recommendations. In Yopougon, a cosmopolitan district of Abidjan, there are multiple representations of postnatal nutrition, where ancestral traditions and modern medicine intersect. The objective of this research is to understand the mechanisms by which ethnicity structures nursing mothers' conceptions of 'eating well' and dietary practices. The qualitative research was conducted in four villages with 40 nursing mothers (20 Ebrié and 20 non-Ebrié) with children under six months of age. This research uses two data collection techniques, namely 20 semi-structured interviews and four focus groups conducted in November 2010. The data were subjected to a comparative thematic content analysis focusing on conceptions of "eating well" and dietary practices. The results of the research reveal that Ebrié wet nurses prioritize satiety, body accumulation, and therapeutic benefits, with a specialized diet (attiéké, foutou), intensified feeding rhythms (every 30-45 minutes), and the use of traditional appetite stimulants. On the other hand, wet nurses from other ethnic groups emphasize balance, diversification, and moderation, gradually incorporating biomedical recommendations. On the other hand, nursing mothers from other ethnic groups value balance, diversification, and moderation, gradually integrating biomedical recommendations. The results highlight that convergences nevertheless emerge around seasonal adaptations and temporary prescriptions, revealing a shared habitus that transcends the different ethnic groups. This research calls for the development of ways of dialogue between biomedical knowledge and traditional knowledge, with a view to co-constructing health interventions.

Keyword: Inter-Ethnic Analysis, Postnatal Nutrition, *Tambruya*, Nursing Mothers, Dietary Practices, Conceptions Of 'Eating Well', Bodily Transformation, Biomedical and Traditional Knowledge.

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1. INTRODUCTION

1.1. Context of the Study

The postpartum period is a crucial time in women's lives, marked by major physiological transformations and specific nutritional needs linked to breastfeeding (Dennis *et al.*, 2007; Acosta Altamirano, 2017). This period, which Lartey (2008) describes as a "critical window of nutritional opportunity", is of particular importance in African contexts where maternal malnutrition remains a concern (Adair *et al.*, 2013). In Côte d'Ivoire, as in many African societies, this period is accompanied by culturally codified feeding practices that structure the maternal experience (Mel & Ouattara, 2025; Adiko *et al.*, 2019; Abubakari & Jahn, 2016; Kalanda *et al.*, 2006). Among the Ebrié ethnic groups, *Tambruya*, a

traditional practice of supporting nursing mothers, illustrates the persistence of local knowledge that organizes postnatal nutrition according to logics distinct from standardized biomedical recommendations. This practice is part of what FAO (2021) conceptualizes as "indigenous food systems", carrying their own rationality which transcends the simple nutritional dimension to encompass symbolic, therapeutic and identity issues (Gyasi *et al.*, 2016).

In Yopougon, a cosmopolitan commune of Abidjan characterized by strong ethnic diversity, plural conceptions of maternal "good eating" coexist. This plurality reflects the complexity of the processes of social construction of health in an urban context where

*Corresponding Author: ADIKO Adiko Francis

Researcher in Sociology of Health, Université Félix Houphouët-Boigny, 08 BP 1295 Abidjan

ancestral traditions and medical modernity meet (Koné *et al.*, 2020; Tié, 2021; Koffi, 2025). Welcoming mothers, whether of the Ebrié ethnic group, develop dietary strategies that reflect differentiated relationships to nutritional knowledge and bodily norms (Adiko, 2025; Mel & Ouattara, 2025; Yoro *et al.*, 2015).

Public health policies regarding maternal nutrition are generally based on universalist recommendations that presuppose the homogeneity of needs and practices (WHO, 2016; Jaffré & Olivier de Sardan, 2003). However, the reality of postpartum eating behaviors reveals culturally situated logics that question the relevance of a standardized approach to maternal health (Yoro *et al.*, 2015).

1.2. Problem

This research examines the mechanisms by which ethnicity structures the food conceptions and practices of nursing mothers in the *Tambruya* context. How do different ethnic groups construct their relationship to postnatal feeding? What are the social, symbolic and therapeutic logics that underlie these practices?

The general objective of this research is to understand the mechanisms by which ethnicity structures the conceptions of "good eating" and feeding practices of nursing mothers in the context of *Tambruya* in Yopougon. More specifically, this study examines the tensions between, on the one hand, specific cultural models that value certain foods, eating rhythms and bodily transformations, and on the other hand, the emergence of inter-ethnic convergences that transcend cultural differentiations. It also questions the dynamics of hybridization between traditional knowledge and contemporary biomedical knowledge, revealing differentiated adaptive strategies in the face of the medicalization of motherhood (Nguyen & Peschard, 2003).

The theoretical challenge is to understand how maternal health norms are socially constructed in a context of cultural pluralism, and what implications these cultural variations have for public health policies (Memel-Foté, 1998; Jaffré & Olivier de Sardan, 2003). This issue is part of the recent concerns of critical medical sociology, which questions the supposed universality of health recommendations and advocates for recognition of the diversity of cultural models of health (Fassin, 2018).

1.3. Theoretical Framework

This research mobilizes several complementary theoretical perspectives to analyze maternal food conceptions and practices as socially constructed phenomena. First, Bourdieu's (1984) sociology of the body allows us to understand the maternal body as a social space for the inscription of cultural habitus and social distinction. The conception of the postpartum

body, valued corpulence norms, and practices of bodily accumulation reveal the logics of social prestige and symbolic capital that vary across ethnic groups (Adiko *et al.*, 2019; Holdsworth *et al.*, 2015). The concept of habitus also sheds light on the transmission and incorporation of food dispositions that structure nutritional choices in a largely conscious manner (Bourdieu, 1979).

Then, the approach of the social construction of health, developed in particular by Lock and Nguyen (2010), allows us to go beyond universalist biomedical visions to recognize the plurality of knowledge systems on the body and health. This perspective is enriched by the concept of "ecology of knowledge" proposed by De Sousa Santos (2014), which conceptualizes the coexistence of different modes of knowledge without prior hierarchy between scientific knowledge and traditional knowledge.

Giddens' (2013) structuration theory provides a framework for understanding the dynamics of therapeutic agency, that is, the ability of social actors to negotiate with medical injunctions to construct practices consistent with their value systems (McCartney *et al.*, 2019). This approach helps avoid a deterministic view of cultural practices by recognizing the reflexivity and adaptive strategies of nursing mothers.

Analyses of medicalization (Conrad, 2007) and biopolitics (Foucault, 1976) shed light on the power relations that underlie the normalization of maternal bodies and the production of legitimate knowledge about health. These perspectives allow us to examine the differential processes of medicalization according to ethnic groups and cultural resistance to biomedical hegemony (Koffi, 2025; Massé, 2001).

Finally, the concept of glocalization (Appadurai, 1996) and cultural hybridization (Canclini *et al.*, 1995) allows us to think about the complex articulations between medical modernity and traditional heritages, thus avoiding a binary opposition between tradition and modernity. The theoretical framework of "actant networks" also offers a perspective for understanding how humans and non-humans (climate, food, bodies) participate in the contextualized co-construction of health practices.

This plural theoretical approach, embedded in critical medical sociology (White, 2002; Kleinman & Benson, 2006), allows us to analyze maternal feeding practices as a result of the interaction between culture, social developments and individual choices. It also questions the inequity between standardized health care and the specific needs of different cultural groups.

2. MATERIALS AND METHODS

2.1. Geographical and Sociological Fields of Study

The geographical scope of this research is the commune of Yopougon, located northwest of Abidjan, the economic capital of Côte d'Ivoire. This commune, which brings together three of the nine Ebré tribes of Abidjan (Niangoran-Bouah, 1969), extends over an area of 153.06 km² between the Banco forest and the Ebré lagoon. It is bordered to the south by the Atlantic Ocean, to the north by the town of Anyama and the town of Abobo, to the east by that of Attécoubé and to the west by that of Songon. Yopougon comprises eight districts subdivided into 32 neighborhoods and 14 villages.

The specific geographical framework of this study is constituted by four traditional villages: Yopougon-Kouté and Niangon-Adjamé as well as their respective neighbors Béago and Adiopodoumé. These villages belong to the three tribes Niango, Diapo and Yopougon, and are part of the eight Ebré villages of the commune.

The investigation area includes two health zones: the Adiopodoumé health area, which falls under the Yopougon West health district, and the Kouté health area, which falls under the Yopougon East health district. These zones are respectively covered by the Adiopodoumé and Kouté Community-Based Urban Health Training (FSUCom), which facilitates access for nursing mothers attending these health facilities.

The choice of these traditional villages within an urban commune is of particular interest for the study of *Tambruya*, a practice of post-partum "fattening", in a context of cohabitation between ancestral traditions and the influences of modernity.

As a sociological field for this study, the commune of Yopougon represents a relevant analytical framework. Its population of 984,924 inhabitants recorded in 2010, including 495,748 women, and estimated today at 2,000,000 inhabitants (MPD, 2022), demonstrates an ideal demographic configuration for questioning food practices and the sociocultural logics that govern motherhood. The commune is also characterized by a marked ethnic diversity, composed of varied Ivorian ethnic groups and foreign communities. This characteristic offers a fertile ground for inter-ethnic analysis.

The study population is composed of nursing mothers with a child under six months, a critical period for observing postpartum feeding practices and *Tambruya*. This temporal choice is justified by the intensity of food prescriptions during this phase of recovery and breastfeeding.

2.2. Participant Selection Process and Data Collection Techniques

Participants were selected using a qualitative approach based on relevant differentiation criteria to capture the diversity of food conceptions and practices. The criteria used included ethnic origin, age, parity, level of education, marital status, standard of living, number of dependents and geographical distance from the health facility. These variables were considered likely to influence experiences, representations and practices related to *Tambruya*.

Prior discussions with health personnel from health facilities and members of village chiefdoms helped identify and select participants who met established criteria. This collaborative approach fostered access to the field and the confidence of the respondents. The sample, created using a non-probability quota sampling technique based on the convenience and availability of participants, aimed to obtain a diverse range of viewpoints rather than statistical representativeness (Fortin & Gagnon, 2016).

This qualitative research used two complementary data collection techniques, namely individual semi-structured interviews and focus groups.

Semi-structured interviews, lasting an average of 45 minutes, were conducted with twelve Ebré and eight non-Ebré ethnic nannies (Abbron, Baoulé, Bété, Malinké, Guéré, Sénoufo) in locations chosen according to their convenience, either at home or at the health center. This spatial flexibility aimed to facilitate the comfort of the participants and the quality of the discussions. A thematic interview guide was developed to systematically explore conceptions of "eating well" during the postnatal period, daily eating practices, preferred or avoided foods, consumption rhythms and frequencies, as well as the traditional knowledge used.

The focus groups, each bringing together four to six wet nurses, eight Ebré and twelve non-Ebré, made it possible to observe the collective dynamics of construction of food representations and possible inter-ethnic consensus or divergence. This technique encourages the emergence of less formal discourses and reveals the shared or contested norms within communities (Morgan, 1997).

A total of four focus groups and twenty semi-structured interviews were conducted between November 10 and 25, 2010, allowing us to collect the testimonies of a diverse sample of 40 wet nurses. This sample size corresponds to the recommendations for achieving theoretical saturation in qualitative research (Guest *et al.*, 2006).

2.3. Data Analysis and Ethical Considerations

The data collected during the interviews and focus groups were subjected to a content analysis. This

method allows for the identification, analysis and reporting of recurring themes in the corpus of qualitative data. The analysis was organized around two main axes: conceptions of "eating well" and the actual feeding practices of nursing mothers. Particular attention was paid to identifying convergences and divergences between ethnic groups, making it possible to distinguish specifically Ebrié dietary logics from those shared by other Ivorian communities. The comparative analysis highlighted the cultural, physiological and social dimensions that structure postpartum eating behaviors in the *Tambruya* context.

Maternal discourses were examined using a comprehensive approach, seeking to restore the internal coherence of systems of representations and practices, while identifying the tensions between traditional knowledge and modern biological influences.

Participation in this study was voluntary and based on the informed consent of the respondents, after explanation of the objectives and methods of the research. Data confidentiality was guaranteed by anonymizing testimonies in the restitution of results. Respect for cultural sensitivities and the promotion of local knowledge guided the entire methodological approach (Mondain & Sabourin, 2009, pp. 8-10).

3. RESULTS

3.1. Nursing Mothers' Conceptions of 'Eating Well'

The analysis of the discourses reveals that the wet nurses construct their conception of "eating well" among wet nurses of the Ebrié ethnic group around several complementary dimensions which are articulated according to a specific cultural logic.

3.1.1. Satiety, Energy and Therapy: An Integrated Approach to 'Eating Well' in the Intoxicated

The first definition of "eating well" considers the bodily dimension and satiety. Bodily satiety constitutes a fundamental criterion of "eating well." This concept prioritizes the lasting satiating effect over other nutritional considerations. This somatic concept is accompanied by precise physiological indicators, notably the regularity of intestinal transit as a marker of good nutrition. This search for satiety is part of a logic of bodily accumulation that aims to maximize weight gain during the postpartum period, a socially valued objective in the Ebrié culture.

Regarding this conception of "eating well", the interviewees establish a direct link between satiety and food satisfaction, as illustrated by the testimony of C. (21 years old, 1 child, Level CE 1) who explicitly associates the fact of "eating foutou" and "being full" with the definition of "eating well". This approach finds an echo in the representations of V. (30 years old, 3 children, shopkeeper) who conceptualizes "eating well" through ease "in the body".

Furthermore, "eating well" is built around a search for satiety that leads to a hierarchy of foods according to their perceived "weight." Thus, the ability of foods to provide lasting satiety, contrasting "heavy" foods with "light" foods, becomes the determining criterion for food choices. Foutou, fofou, and attiéké are favored because they are considered "heavy," while rice is devalued. This nutritional logic is reflected in the speech of a participant for whom rice "is not heavy," the insufficient energy content of this food generates recurring hunger because "we can't sleep too much" after eating it, which illustrates a hierarchy of foods based on the sustainability of satiety. However, this preference for "heavy" foods is accompanied by a valorization of preparations rich in "red oil" and various condiments (fish, meat, snails, crabs).

This categorization reveals an empirical conception of nutrition based on the observation of immediate physiological effects.

Ebrié "eating well" reveals how the search for satiety is rooted in deep cultural references, making attiéké a central identity food whose consumption conditions bodily appeasement. Indeed, attiéké occupies a special place in the Ebrié system. Considered irreplaceable, it functions as a strong identity marker. Because, according to N. (30 years old, first daughter of 3 months, BTS), the consumption of this food is part of the identity construction of motherhood within the Ebrié community, emphasizing "for an Ebrié, if during the day, he has not eaten attiéké, he is not comfortable." Its temporal versatility (consumed morning, noon and evening) and its specific physiological effects (satiety and drowsiness) make it the preferred food around which other consumptions are organized.

Ebrié representations strongly incorporate the medicinal dimension of food. Participants mention the use of "traditional medicines" such as "prepared wood bark" to stimulate the appetite. These representations illustrate a concept in which the act of eating merges with therapeutic care.

3.1.2. Balance, Medicalization and Moderation: The Values of 'Eating Well' Among the Non-Drunk

The second conception of 'eating well' emphasizes the tension between nutritional theory and concrete taste practices. On the one hand, the appropriation of official nutritional recommendations generates a normative discourse where a balanced diet is defined as one that integrates 'all foods' according to a tripartite classification of food groups. This theoretical approach probably reveals a probable influence of modern nutritional discourses on the food representations of some participants, insisting on the fact that 'eating well' means diversifying food' (C., Baoulé, 5-month-old girl). This conception is echoed by a Baoulé participant who defines 'eating well' as follows.

"It's about having a complete meal, that is to say, eating breakfast properly in the morning, perhaps with milk and a little butter. And then at midday, eating a meal with vegetables, a complete meal. It's not the quantity but the quality of the meal that matters" (M., Abron, 5-month-old girl).

However, this theoretical knowledge quickly gives way to personal preferences, accompanied by a particular attention to physiological effects. This illustrates the idea established by R. (Bété, 8-month-old son) that "when I eat well, I have a bowel movement every morning," revealing a more fundamental approach to nutrition.

At the same time, the search for gustatory pleasure leads to a more pragmatic and hedonistic approach to 'eating well', favoring taste diversity, as expressed in the expression of D. (Malinké, 2 children, shopkeeper) who claims to eat 'a little of everything'. Implicitly, this spontaneous enumeration of animal proteins (fish, meat, crab) reflects a conception of balance based on the abundance and variety of flavors rather than on strict nutritional criteria. This hedonistic dimension is also expressed by the association of 'eating well' with a complete sensory experience. In her speech, one interviewee explains this situation.

"If I ate foutou with maybe a quarter of a glass of wine, I say I ate well... I had attieké, I braised a little fish or chicken. I had a little starter, maybe coleslaw or avocado with a little sweet banana, apple or orange. I say I ate well" (V., 30 years old, Bété, 2-week-old baby).

This valorization of condiments and accompaniments as markers of "eating well" underlines the importance of the cultural and sensory dimension of food in relation to dietary theories, relating to food logic. In this perspective, balance is built more through the diversity of taste pleasures than through compliance with nutritional standards.

In this study, "eating well" means promoting intestinal transit and is therefore measured by the ability to "go to the bathroom every morning" according to the logic of C. (Baoulé, 5-month-old girl), revealing a functional conception of food. Indeed, food choices are not only perceived as acts of consumption, but as essential determinants of digestive well-being, and by extension, of overall health.

The representations of non-drunk groups are distinguished by their centrality to moderation. This norm is manifested both in prescriptive discourses and in the temporal organization of practices. In this perspective, the participants advocate a regularization of eating rhythms.

3.1.3. Traditional and Modern Dialectics in Inter-Ethnic Representations of "Eating Well"

The analysis of maternal discourses demonstrates that the physiological experience of motherhood constitutes a legitimizing mechanism that erases ethnic differentiations in favor of a naturalized conception of nutritional needs. Wet-nursing mothers, regardless of their ethnic origin, converge on a universalist conception of postnatal nutrition. This egalitarian perspective is based on the shared biological experience of motherhood and breastfeeding. As one respondent expressed it, all wet-nurses are in an identical situation and must adopt the same diet, regardless of their diet. This homogenizing vision reveals a naturalization of nutritional needs that transcends cultural differences. The participants thus establish a direct equivalence between a shared physiological condition—"because they gave birth"—and the uniformity of the dietary prescriptions that result from it.

The ways in which eating time is organized reveals the existence of a shared temporal habitus that homogeneously structures nutritional practices beyond inherited cultural specificities. The temporal organization of eating practices constitutes another area of inter-ethnic convergence. All participants, regardless of their cultural affiliation, adhere to specific adaptive principles according to times of day. This temporalized conception of "eating well" is manifested by a common hierarchy of foods according to their suitability to daily biological rhythms. Morning restrictions, based on precise thermal logic, are the subject of consensus. The avoidance of "cold" or "iced" foods in the morning is part of a shared norm that rigorously codifies food choices. Similarly, the prescription of a "hot" and consistent diet at midday and in the evening responds to a nutritional logic common to all the ethnic groups studied.

The analysis of ceremonial food practices reveals mechanisms of social distinction that operate in comparable ways across ethnic divides, reflecting the existence of universally shared codes of standardized transgression. The distinction between everyday and festive food also transcends ethnic boundaries. This nutritional duality creates convergent food logics where festive practices generate a social permission for transgression common to all groups. Ceremonial food functions as a universal social mechanism that temporarily frees nursing mothers from usual nutritional constraints, allowing them to "taste a little of what we don't usually eat," to use the words of R. (Bété, 8-month-old son). This logic of ostentatious food display during ceremonies maintains shared social codes that create a similar tension between food modernity and community tradition, regardless of the ethnicity of the respondent.

This conception of 'eating well' in seasonal cycles is part of the emergence of an ecological rationality that favors practical adaptation to the environment to the detriment of inherited cultural

specificities, producing behavioral convergences between groups. The seasonal representatives of 'eating well' also reveal significant inter-ethnic convergences. The African climate conceptualization generates common nutritional adaptations that translate into shared seasonal prescriptions. Indeed, the testimonies illustrate these adjustments according to which 'Me, at least it's me, when it's cold what I eat a lot is placali' (O., Malinké, 2 children, Trader), showing how certain foods become socially prescribed according to the season. Thus, the avoidance of 'icy stuff' during cool periods and the prescription of specific foods according to thermal variations constitute convergent traditional nutritional knowledge. This pragmatic local approach creates a contextualized food standard that frees itself from ethnic specificities to respond to the common environmental constraints of the African context studied.

3.2. Dietary Practices of Mothers Who Have Given Birth

In the villages studied, the results of the interviews show that eating habits are distinct between nursing mothers of Ebrié ethnic groups and those of other ethnic groups in Côte d'Ivoire. This section examines how Ebrié cultural affiliation generates specific consumption patterns, contrasting with the practices of other groups and influencing maternal health.

3.2.1. Cultural Specialization and Social Hierarchy among the Ebrié

The specialized and codified diet of Ebrié nursing mothers reflects a specific social organization around postnatal nutrition. This specialization is manifested by the preponderance of "foutou with fougou, oiled attiéké, ... These are the three foods" that constitute the nutritional framework of this particular period. This voluntary dietary restriction reflects a specific cultural conception of therapeutic nutrition, where certain foods are valued for their supposed beneficial properties for lactation.

The hierarchy of foods, particularly the disqualification of rice deemed "not heavy enough," illustrates a system of food representations rooted in collective experience. Attiéké occupies a hegemonic place in this system, consumed in a quasi-ritual manner from morning to night, reflecting the importance of the Ebrié culinary identity in the social construction of motherhood.

Furthermore, the intensified eating rhythms and frequencies of Ebrié wet nurses sometimes far exceed ordinary nutritional needs and are part of a social logic of bodily transformation. This intensification, characterized by food intakes every 30 to 45 minutes, constitutes a codified social practice explicitly targeting weight gain as a marker of good maternal health. This exceptional eating frequency reflects a particular conception of the postpartum female body, where

overweight becomes an outward sign of prosperity and socially valued nourishing capacity.

The use of traditional appetite suppressants reveals the persistence of ancestral therapeutic knowledge in the management of maternal nutrition. These preparations based on bark and spices, causing sensations of dizziness and weakness, illustrate a holistic approach to nutrition where the artificial stimulation of appetite is part of a ritualized process of bodily transformation.

The dietary isolation and rules surrounding wet nurses' meals constitute a system of temporary distinction. This dietary segregation, materialized by personal utensils and the concealment of practices, creates a particular social status in which the drunken wet nurse occupies a position that is both privileged and marginalized, characterizing the social ambivalence of motherhood in this community.

3.2.2. Nutritional Diversification and Social Flexibility in Other Traditions

Analysis of the eating behaviors of wet nurses from other ethnic groups highlights distinct practices that contrast with Ebrié traditions. These wet nurses favor dietary diversification as a central nutritional strategy. This approach is manifested by a conscious variety of foods consumed, including rice, foutou, placali, with particular therapeutic attention paid to leaf sauces, "like klalala and others, even spinach and all that " in cases of anemia (J., Guéré, Primiparous, CM2; A., Sénoufo, 23 years old, 2 children, Trader). This diversification is a response to a preventive health logic.

Unlike Ebrié practices, these communities maintain a traditional temporal organization of three daily meals. This regular schedule reflects a stability of eating habits that resists changes related to breastfeeding.

"I always eat as usual. That is, breakfast, a meal at midday, and another in the evening. The times remain fixed. Between 8 and 9:30 a.m., I start eating my porridge. Between 12 and 1 p.m., I eat either foutou or rice, and in the evening it's rice, placali, placali with seed sauce, between 7 and 8 p.m. Otherwise, we rarely eat foutou itself" (V., 30 years old, Bété, 2-week-old baby).

These ethnic groups demonstrate a growing openness to modern medical advice, particularly regarding alcohol consumption while breastfeeding. On this subject, the participant specifies having "asked if we could have a little wine... he advised" (C., Baoulé, 5-month-old girl). This progressive medicalization represents a hybridization between traditional knowledge and contemporary biomedical knowledge.

Since food isolation is not systematically applied, these communities reveal a pragmatic

adaptation of social norms, prioritizing the physiological well-being of the nursing mother.

"I eat with my sisters because I don't like eating alone. Even when the baby was small, I didn't like eating alone. That's my personal habit. If I eat alone, it's because there's no one next to me. I didn't give birth next to my mother, I gave birth at my husband's house" (R., Bété, 8-month-old son).

3.2.3. Food Logics and Social Transformations: A Comparative Analysis of Ethnic Practices

Comparative analysis of the feeding practices of wet nurses reveals three fundamental sociological dimensions that distinguish the ethnic groups studied.

The results show that the tension between standardization and individualization structures feeding practices. Indeed, Ébrié wet nurses favor strong standardization around attiéké and foutou with strict collective rules, while those of other ethnic groups favor individualized food choices and adaptation to personal circumstances. This dichotomy illustrates distinct modes of social regulation.

Furthermore, this analysis shows that the integration of traditional knowledge differentiates bodily conceptions. Ebrié habits explicitly aim at bodily transformation. This opposition reveals divergent representations of the wet nurse's body and its specific needs.

The final aspect demonstrated by the analytical study of the feeding habits of wet nurses concerns the hybridization of knowledge concerning the differentiation of postures in the face of modernity. This analysis reveals that the Ebrié maintain ancestral practices including traditional medicines and ritual rules, while other ethnic groups integrate more contemporary medical recommendations, demonstrating distinct strategies in the face of modern transformations.

4. DISCUSSION

The results of this study highlight the complexity of the relationships between ethnicity, body representations, and health strategies. This research questions the supposed universality of postnatal nutritional recommendations and reveals the existence of culturally situated models of maternal health, in line with recent concerns of critical medical sociology (Fassin, 2018; Jaffré & Olivier de Sardan, 2003).

4.1. Maternal Corporeality and the Social Construction of Health

The results show that among the Ebrié, food functions as a true device for constructing maternal identity. The centrality of attiéké is not solely a matter of taste preference, but is part of a process of cultural incorporation where the body of the wet nurse becomes a support for collective identity. In other African

contexts, analyses of similar phenomena by Otoo *et al.*, (2009) highlight the identity role of "Kenkey" among the Ga of Ghana, while Oniang'o *et al.*, (2003) reveal comparable logics of culturally valued foods in their study of postpartum eating practices. This conception is radically opposed to Western biomedical approaches that prioritize abstract nutritional balance (Lock & Nguyen, 2010; Latour, 2004).

The systematic search for weight gain and the intensification of eating rhythms "every 30-45 minutes" reflect a specific conception of the postpartum female body as social and symbolic capital Bourdieu (1986). This logic of bodily accumulation contrasts with the bodily norms of "return to pre-pregnancy weight" promoted by globalized public health and questions the dominant biomedical standards (Koffi, 2025; Giddens, 2013; White, 2002). The work of Rguibi and Belahsen (2006) in Morocco and Ouldzeidoune *et al.*, (2013) in Mauritania, as well as those of Mel and Ouattara (2025) and Adiko *et al.*, (2019) among the Akan in Ivory Coast, demonstrate that this valorization of overweight is not specific to the Ebrié, but constitutes a constant in many African societies.

As Bourdieu (1984) points out, the body is a social space of social distinction where class and group habitus are inscribed. In the Ebrié context, overweight functions as a marker of prosperity and nurturing capacity, revealing a logic of social prestige that is inverted compared to contemporary Western canons (Abubakari & Jahn, 2016; Jauho *et al.*, 2016; Seagle *et al.*, 2009; Fischler, 2001; Sobal & Maurer, 1999).

The use of "traditional medicines" and bark-based appetite stimulants demonstrates the persistence of alternative knowledge systems that resist biomedical hegemony. This practice is part of what De Sousa Santos (2014) conceptualizes as an "ecology of knowledge," where different modes of knowing the body and health coexist (Lock & Nguyen, 2010).

The ritualized food isolation of Ebrié wet nurses creates a temporary liminal status that is similar to the anthropological analyses of Turner (1969) and Mel & Ouattara (2025) on rites of passage. This food segregation generates an ambivalent social position, both privileged and marginalized, which characterizes the maternal experience in a community.

Paradoxically, the analysis reveals mechanisms of inter-ethnic convergence based on a naturalization of personal experience. This "biologization" of the social transcends cultural differences and generates a consensus around certain dietary practices, notably seasonal adaptations and daily temporal prescriptions.

This naturalization is part of what Foucault (1976) analyzes as "biopolitics" where bodies become the object of normalizing knowledge and powers

(Rabinow & Rose, 2006). The common physiological experience of motherhood functions here as a legitimizing mechanism that temporarily erases ethnic differentiations.

The emergence of a 'shared temporal habitus' around food practices highlights the existence of a common ecological rationality that prioritizes practical adaptation to the environment (Bourdieu, 1984). Convergent seasonal prescriptions, such as the avoidance of 'cold' foods in cool weather, reflect traditional nutritional knowledge that transcends ethnic specificities. These classifications between 'hot' and 'cold' foods have been widely documented in other West African societies, among the Toureg in Niger (Walentowitz, 2003), the Hausa in Nigeria (Etkin & Ross, 1982), and the Bambara in Mali (Imperato, 1977). In the rest of the world, authors such as García-Hernández *et al.*, (2025), Rapinski *et al.*, (2023), and Dashtdar *et al.*, (2022), studied these similar phenomena.

This pragmatic convergence illustrates what Latour (2004) describes as "actant networks" where humans and non-humans (climate, food, bodies) participate in the co-construction of contextualized health practices. The work of Mel and Ouattara (2025), Adiko *et al.*, (2019) and Yoro *et al.*, (2015) on the logic of health and food practices enriches the understanding of local adaptations of pregnant and postpartum women in rural and urban Akan environments in Côte d'Ivoire.

4.2. Hybridization of Knowledge and Adaptive Strategies

The results highlight two distinct positions regarding the medicalization of maternity, echoing Conrad's (2007) analyses of differential medicalization processes. Ebré practices reveal a form of cultural resistance that maintains community therapeutic autonomy, while the gradual opening of other ethnic groups to contemporary medical advice illustrates dynamics of selective appropriation of health modernity.

This ethnic differentiation raises crucial questions regarding health inequalities, as Marmot and Wilkinson (2006) have highlighted. Standardized approaches to public health policies risk ignoring the legitimacy and potential effectiveness of alternative models, creating situations of mismatch between health care provision and culturally situated needs (Shaw, 2008; Jaffré & Olivier de Sardan, 2003).

Conversely, the practices of mothers of other ethnic groups demonstrate a capacity for hybridization between traditional knowledge and biomedical knowledge, illustrating what Appadurai (1996) describes as processes of "glocalization." This flexibility highlights adaptive strategies in the face of contemporary social transformations, where medical modernity does not replace but dialogues with cultural heritage.

The selective appropriation of official nutritional recommendations by these groups is part of a logic of therapeutic *agency* (Giddens, 2013), because they are interpreted and adapted to correspond to value systems (McCartney *et al.*, 2019).

These results argue for a revision of public health policies in Côte d'Ivoire, in the direction of greater cultural sensitivity. As Kleinman and Benson (2006) advocate, this involves developing a "cultural competence" that recognizes the validity of local educational systems and their symbolic effectiveness.

The standardization of nutritional recommendations risks generating resistance or misappropriation that can compromise the effectiveness of public health interventions (Jaffré & Olivier de Sardan, 2003). Studies by Castro and Farmer (2005) and Nichter (2008) show how health programs frequently fail when local "explanatory models" and structural behavioral constraints are ignored. In West Africa, Gobatto's (1999) research in Burkina Faso documented these program failures linked to the cultural inadequacy of interventions.

At the same time, the study by Otoo *et al.*, (2009) and that of Ochola and Masibo (2014) on dietary practices demonstrate the importance of integrating cultural dimensions into nutritional interventions to ensure their acceptability and effectiveness. The challenge is to develop modalities for dialogue between biomedical knowledge and traditional knowledge, in a logic of co-construction of health interventions (De Sassou Santos, 2014). This collective approach could make it possible to promote the therapeutic dimensions of traditional practices while integrating the contributions of scientific nutrition.

5. CONCLUSION

This study aims to understand the mechanisms by which ethnicity structures the food conceptions and practices of wet nurses in the *Tambruya* context in Yopougon. The results revealed the existence of plural conceptions of maternal "eating well" that reflect culturally situated rationalities. Among wet nurses of the Ebré ethnic group, "eating well" is structured around an integrated trilogy that combines lasting bodily satiety, energy accumulation strategy and the therapeutic dimension of food. This conception favors "heavy" foods such as foutou and attiéké. Conversely, wet nurses of other ethnic groups build their relationship to food around the values of nutritional balance, diversification and moderation, demonstrating a progressive appropriation of contemporary biological recommendations. Paradoxically, the analysis also highlighted significant inter-ethnic convergences that transcend cultural differentiations. The naturalization of the common physiological experience of motherhood generates consensus around seasonal adaptations, daily temporal prescriptions, and the distinction between

ordinary and festive eating. This partial universalization of practices reveals the emergence of a shared temporal habitus and a common ecological rationality that prioritize pragmatic adaptation to the environment to the detriment of inherited specificities. The examination of actual feeding practices confirms two contrasting logics. Ebrîé wet nurses develop a specialized and codified diet, characterized by an intensification of eating rhythms, the use of traditional bark-based appetite stimulants, and ritualized dietary isolation, promoting bodily transformation. In contrast, mothers of other ethnic groups prioritize nutritional diversification, maintain a traditional temporal organization of three daily meals, and demonstrate increased social flexibility. The comparative analysis has identified three fundamental sociological dimensions that differentiate ethnic groups. They concern the tension between collective standardization and individualization, the conceptions opposing transformation and bodily balance, as well as the variable articulation between traditional knowledge and biomedical knowledge. This inter-ethnic differentiation reveals contrasting postures in the face of modern health. Thus, maternal dietary practices constitute total social facts, irreducible to their biological dimension. The postpartum body functions as a space for the inscription of cultural habitus where cultural identity and social prestige are articulated, calling into question the universality of standardized biomedical norms. The analysis establishes the existence of a plural ecology of knowledge on maternal health, where different modes of knowledge legitimately coexist without prior hierarchy. Traditional systems manifest an internal coherence and symbolic efficacy that resist biomedical hegemony while selectively hybridizing with modern health. In terms of public policy, this research advocates for an epistemological revision of maternal health interventions in Côte d'Ivoire. The development of institutional cultural competence, based on dialogical co-construction, appears to be an ethical and pragmatic necessity to avoid the mismatch between standardized offerings and culturally situated needs.

REFERENCES

- Abubakari, A., & Jahn, A. (2016). Maternal Dietary Patterns and Practices and Birth Weight in Northern Ghana. *PloS one*, 11(9), e0162285. <https://doi.org/10.1371/journal.pone.0162285>
- Acosta Altamirano, M. F. (2017). Cultures de la naissance, entre la tradition et le biomédical. Étude comparative de cas en Équateur et au Portugal. Thèse de doctorat en Anthropologie, Université de Nice Sophia Antipolis. <https://theses.hal.science/tel-2426263v1/file/2017AZUR2034.pdf>
- Adair, L. S., Fall, C. H., Osmond, C., Stein, A. D., Martorell, R., Ramirez-Zea, M. S. et al. (2013). Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from five birth cohort studies. *Lancet* (London, England), 382(9891), 525–534. [https://doi.org/10.1016/S0140-6736\(13\)60103-8](https://doi.org/10.1016/S0140-6736(13)60103-8)
- Adiko, F. A. (2025). L'image du corps et les facteurs de maladies des accouchées dans les communautés rurales Akan de Côte d'Ivoire. *Hybrides*, 173-185. https://revuehybrides.org/wp-content/uploads/2025/08/ADIKO_Num-Special-002-Aout-2025-183-195.pdf
- Adiko, F. A., Nindjin, C., & Yao, L. Y. (2019). Normes alimentaires et sanitaires appliquées aux nouvelles accouchées chez les akan en milieu rural ivoirien. *Revue Espace, Territoires, Sociétés et Santé*, 1(2), 04-18. <https://www.retssa-ci.com/index.php?page=detail&k=32>
- Appadurai, A. (1996). *Modernity at Large: Cultural Dimensions of Globalization*. Minneapolis: University of Minnesota Press. [https://mtusociology.github.io/assets/files/%5BArjun_Appadurai%5D_Modernity_at_Large_Cultural_Dim\(Bookos.org\).pdf](https://mtusociology.github.io/assets/files/%5BArjun_Appadurai%5D_Modernity_at_Large_Cultural_Dim(Bookos.org).pdf)
- Bourdieu, P. (1979). *La distinction: Critique sociale du jugement*. Paris: Éditions de Minuit.
- Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. Cambridge, MA: Harvard University Press. https://monoskop.org/images/e/e0/Pierre_Bourdieu_Distinction_A_Social_Critique_of_the_Judgement_of_Taste_1984.pdf
- Bourdieu, P. (1986). The Forms of Capital. Dans J. Richardson, *Handbook of Theory and Research for the Sociology of Education* (pp. 241-258). New York: Greenwood.
- Canclini, G. N., Chiappari, C. L., & López, S. L. (1995). *Hybrid cultures: Strategies for entering and leaving modernity*. (NED-New edition). University of Minnesota Press. <http://www.jstor.org/stable/10.5749/j.ctts9sz>
- Castro, A., & Farmer, P. (2005). Understanding and addressing AIDS-related stigma: from anthropological theory to clinical practice in Haiti. *American journal of public health*, 95(1), 53–59. <https://doi.org/10.2105/AJPH.2003.028563>
- Chakona, G., & Shackleton, C. (2019). Food Taboos and Cultural Beliefs Influence Food Choice and Dietary Preferences among Pregnant Women in the Eastern Cape, South Africa. *Nutrients*, 11(11). <https://doi.org/10.3390/nu11112668>
- Conrad, P. (2007). *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: Johns Hopkins University Press.
- Dashtdar, M., Dashtdar, M., Dashtdar, F., Dashtdar, B., & Mojab, E. (2022). The perspectives of traditional and modern medicine on the nature of hot and cold foods. *Medical Research Journal*, 7(1), 82–93. <https://doi.org/10.5603/MRJ.a2022.0001>
- Dennis, C. L., Fung, K., Grigoriadis, S., Robinson, G. E., Romans, S., & Ross, L. (2007). Traditional postpartum practices and rituals: a qualitative

- systematic review. *Women's health (London, England)*, 3(4), 487–502. <https://doi.org/10.2217/17455057.3.4.487>
- Etkin, N. L., & Ross, P. J. (1982). Food as Medicine and Medicine as Food: An Adaptive Framework for the Interpretation of Plant Utilization among the Hausa of Northern Nigeria. *Social Science & Medicine*, 16 (17), 1559–1573. [http://dx.doi.org/10.1016/0277-9536\(82\)90167-8](http://dx.doi.org/10.1016/0277-9536(82)90167-8)
 - FAO. (2021). *The White/Wiphala Paper on Indigenous Peoples' food systems*. Rome: FAO. <https://doi.org/10.4060/cb4932en>
 - Fassin, D. (2018). *Life: A Critical User's Manual*. Cambridge: Polity Press.
 - Fischler, C. (2001). *L'Homnivore. Le goût, la cuisine et le corps*. Paris: Editions Odile Jacob.
 - Fortin, M. F., & Gagnon, J. (2016). *Fondements et étapes du processus de recherche : Méthodes quantitatives et qualitatives (3e édition)*. Montréal, Québec: Chenelière éducation.
 - Foucault, M. (1976). *Histoire de la sexualité, tome 1 : La volonté de savoir*. Paris: Gallimard.
 - García-Hernández, K. Y., Katz, E., Colunga-GarcíaMarín, P., & Vibrans, H. (2025). Hot and Cold in the Kitchen: Classification of Plant Foods in a Rural Community of Oaxaca, México. *Ecology of Food and Nutrition*, 64 (5), 289–309. <https://doi.org/10.1080/03670244.2025.2538887>
 - Giddens, A. (2013). *The Constitution of Society: Outline of the Theory of Structuration*. Cambridge: Polity Press.
 - Gobatto, I. (1999). *Etre medecin au burkina faso. Dissection sociologique d'une transplantation professionnelle*. L'Harmattan.
 - Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
 - Gyasi, R. M., Asante, F., Yeboah, J. Y., Abass, K., Mensah, C. M., & Siaw, L. P. (2016). Pulled in or Pushed out? Understanding the complexities of motivation for alternative therapies use in Ghana. *International Journal of Qualitative Studies on Health and Well-being*, 11(29667). <https://doi.org/10.3402/qhw.v11.29667>
 - Holdsworth, M., Kruger, A., Nago, E., Lachat, C., Mamiro, P., Smit, K. et al. (2015). African stakeholders' views of research options to improve nutritional status in sub-Saharan Africa. *Health policy and planning*, 30(7), 863–874. <https://doi.org/10.1093/heapol/czu087>
 - Imperato, P. J. (1977). *African folk medicine: Practices and beliefs of the Bambara and other peoples*. Baltimore: York Press.
 - Jaffré, Y., & Olivier de Sardan, J.-P. (2003). *Une médecine inhospitalière: Les difficiles relations entre soignants et soignés dans cinq capitales d'Afrique de l'Ouest*. Paris: Karthala.
 - Jauho, M., Mäkelä, J., & Niva, M. (2016). Demarcating Social Practices: The Case of Weight Management. *Sociological Research Online*, 21 (2), 10–22. <https://doi.org/10.5153/sro.3848>
 - Kalanda, B. F., Verhoeff, F. H., & Brabin, B. J. (2006). Breast and complementary feeding practices in relation to morbidity and growth in Malawian infants. *European journal of clinical nutrition*, 60(3), 401–407. <https://doi.org/10.1038/sj.ejcn.1602330>
 - Kleinman, A., & Benson, P. (2006). Anthropology in the clinic: the problem of cultural competency and how to fix it. *PLoS medicine*, 3(10), e294. <https://doi.org/10.1371/journal.pmed.0030294>
 - Koffi, G. J.-C. (2025). Soigner l'organisme par l'alimentation : le paradoxe du mal être par la nutrition chez l'ivoirien en milieu urbain. *Revue Archives Internationales - CCA Congo*, 1(1), 206–239. <https://edition-efua.acaref.net/wp-content/uploads/sites/6/2025/02/9-Koffi-Gnamien-Jean-Claude-KOFFI.pdf>
 - Koné, S., Adiko, A. F., & Agnissan, A. A. (2020). Milieu de provenance des mères nourrices et choix des modes d'alimentation des nourrissons dans le district D'Abidjan (Côte d'Ivoire). *Revue Espace, Territoires, Sociétés et Santé*, 3(6), 169–185 <https://retssa-i.com/index.php?page=detail&k=140>
 - Lartey, A. (2008). Maternal and child nutrition in Sub-Saharan Africa: challenges and interventions. *The Proceedings of the Nutrition Society*, 67(1), 105–108. <https://doi.org/10.1017/S0029665108006083>
 - Latour, B. (2004). *Politics of Nature: How to Bring the Sciences into Democracy*. Cambridge, MA: Harvard University Press. <https://doctoradohumanidades.wordpress.com/wp-content/uploads/2015/04/latour-politics-of-nature.pdf>
 - Lock, M., & Nguyen, V.-K. (2010). *An Anthropology of Biomedicine*. Oxford: Wiley-Blackwell.
 - Marmot, M., & Wilkinson, R. (2006). *Social determinants of health (2nd ed.)*. Oxford University Press. https://raggeduniversity.co.uk/wp-content/uploads/2024/08/1_x_Social-determinants-of-health-Marmot-M_-G_-Michael-Gideon-Wilkinson-Richard-G-1999-Oxford-New-York-Oxford-University-Press-0192630695-4edb2c04e70ce5491843506493974e9a-Annas-Archive.pdf
 - Massé, R. (2001). Contributions and challenges of medical anthropology to anthropology. Integration of multiple dimensions of social suffering and medicalization of Medical Anthropology. *Rivista della Società italiana di antropologia medica*, 41–60.
 - McCartney, G., Bartley, M., Dundas, R., Katikireddi, S. V., Mitchell, R., Popham, F. et al. (2019). Theorising social class and its application to

- the study of health inequalities. *Population Health*, 7. <https://doi.org/10.1016/j.ssmph.2018.10.015>
- Mel, R. A., & Ouattara, Z. A. (2025). Pratiques Reclusives Post-Partum et Sante Maternelle chez les Odzokru de Côte d'Ivoire. *European Scientific Journal*, 21(9), 86-110. <https://doi.org/10.19044/esj.2025.v21n9p86>
 - Memel-Fotê, H. (1998). *Les représentations de la santé et de la maladie chez les ivoiriens*. Paris: L'Harmattan.
 - Morgan, D. L. (1997). *Focus Groups as Qualitative Research (2nde ed.)*. Sage Publications, Inc. <https://doi.org/10.4135/9781412984287>
 - MPD [Ministère du Plan et du Développement]. (2022). *Récensement Général de la Population et de l'Habitat (RGPH) 2021. Résultats globaux définitifs*. Abidjan. https://www.anstat.ci/assets/publications/files/File_val_indicateur1701358694.pdf
 - Nguyen, V.-K., & Peschard, K. (2003). Anthropology, inequality, and disease. *Annual Review of Anthropology*, 32, 447-474. <https://doi.org/10.1146/annurev.anthro.32.061002.093412>
 - niang'o, R. K., Mutuku, J. M., & Malaba, S. J. (2003). Contemporary African food habits and their nutritional and health implications. *Asia Pacific journal of clinical nutrition*, 12(3), 331-336.
 - Niangoran-Bouah, G. (1969). Les Ébrié et leur organisation politique traditionnelle. *Annales de l'Université d'Abidjan, Serie F : Ethnosociologie*, 1(1), 51-89.
 - Nichter, M. (2008). *Global health: Why cultural perceptions, social representations, and biopolitics matter*. University of Arizona Press.
 - Otoo, G. E., Lartey, A. A., & Pérez-Escamilla, R. (2009). Perceived incentives and barriers to exclusive breastfeeding among periurban Ghanaian women. *Journal of human lactation : official journal of International Lactation Consultant Association*, 25(1), 34-41. <https://doi.org/10.1177/0890334408325072>
 - Ouldzeidoune, N., Keating, J., Bertrand, J., & Rice, J. (2013). A description of female genital mutilation and force-feeding practices in Mauritania: implications for the protection of child rights and health. *PloS one*, 8(4), e60594. <https://doi.org/10.1371/journal.pone.0060594>
 - Rabinow, P., & Rose, N. (2006). Biopower Today. *BioSocieties*, 1, 195-217. <https://doi.org/10.1017/S1745855206040014>
 - Rapinski, M., Raymond, R., Davy, D., Herrmann, T., Bedell, J.-P., Ka, A. et al. (2023). Local Food Systems under Global Influence: The Case of Food, Health and Environment in Five Socio-Ecosystems. *Sustainability*, 15(3), 2376. <https://doi.org/10.3390/su15032376>
 - Rguibi, M., & Belahsen, R. (2006). Fattening practices among Moroccan Saharawi women. *Eastern Mediterranean health journal*, 12(5), 619-624.
 - Seagle, H. M., Strain, G. W., Makris, A., Reeves, R. S., & Association, A. D. (2009). Position of the American Dietetic Association: Weight management. *Journal of the American Dietetic Association*, 109(2), 330-346. <https://doi.org/10.1016/j.jada.2008.11.041>
 - Shaw, D. (2008). Social determinants of health, 2nd edn. *Clinical Medicine*, 8 (2), 225-226. <https://doi.org/10.7861/clinmedicine.8-2-225a>
 - Sobal, J., & Maurer, D. (1999). *Weighty issues: Fatness and thinness as social problems*. Aldine de Gruyter.
 - Tié, G. B. (2021). Logiques de consommation des aliments de rue et santé des consommateurs: cas des restaurants informels de Treichville-Abidjan. *Recherches Africaines*, (28).
 - Walentowitz, S. (2003). "'Enfant de Soi, enfant de l'Autre". La construction symbolique et sociale des identités à travers une étude anthropologique de la naissance chez les Touaregs (Kel Eghlal et Aytawari Seslem de l'Azawagh, Niger)". *Bulletin Amades*, (56).
 - White, K. (2002). *An Introduction to the Sociology of Health and Illness*. London, Thousand Oaks & New Delhi: SAGE Publications. <http://ndl.ethernet.edu.et/bitstream/123456789/63223/1/24.pdf>
 - WHO. (2016). *WHO recommendations on antenatal care for a positive pregnancy experience*. Geneva: WHO. <https://iris.who.int/server/api/core/bitstreams/9dcccde13-3593-4a22-9237-61abe5a3c6b7/content>
 - Yoro, B. M., Ehui, P. J., & Amani, A. F. (2015). Les Logiques Socioculturelles Des Interdits Alimentaires Et Comportementaux Chez Les Femmes Enceintes Agni N'dénian (Côte D'ivoire). *European Scientific Journal, ESJ*, 11(32), 134-147. <https://eujournal.org/index.php/esj/article/view/6570>

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