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Research Article

Family Stakes Challenging Exclusive Breastfeeding in So-Called "Rich" Areas of Abidjan (Côte d'Ivoire)

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Abstract: This paper analyses the factors influencing exclusive breastfeeding in so-called "rich" neighbourhoods. The study is based on a purely qualitative approach with appropriate survey tools. In this study, we identified the structuring factors that influence exclusive breastfeeding on the one hand and on the other hand, we determined the symbolic relationship of the actors with their bodies, which for the actors must be preserved to slow down the process of early ageing.

Keywords: Reproductive health, Exclusive breastfeeding, Family issues, Rich neighbourhoods.

INTRODUCTION

Feeding during the first months of life contributes significantly to growth (M. De Onis & al. 2009; B. Salanave & al. 2012), and to the healthy development of the infant (B. Koletzko, 2005 S. Benoît & al. idem), despite the improvement in the nutritional quality of commercial milk formulas, numerous research studies have shown that breast milk is more beneficial to the child's health, particularly for the prevention of allergies (J.P. Chouraqui & al. 2008; B. Salanave & al. Idem) and gastrointestinal infections (M.S. Kramer & al., 2001; B. Salanave & al. Idem), respiratory and oto-rhino laryngological infections (M.A. Quigley & al., 2007; B. Salanave & al. Idem). For mothers, the consequences of childbirth are facilitated, with a lower risk of post-partum infections and haemorrhages, thus protecting breastfeeding against hell deficiencies (WHO, 2001). Its protective effect on breast cancer risk was considered sufficiently convincing to make breastfeeding a part of the international cancer prevention recommendations (WCRF, 2007; B. Salanave & al. Idem). Lower risks of diabetes and obesity, intellectual development of children or prevention of ovarian cancer in mothers would be associated with prolonged breastfeeding, but further studies are needed.

The promotion of breastfeeding is one of the objectives of the National Nutrition and Health Programme (PNNS), its practice seems, in France, to be far below the rates reported in other European countries (A. Cattaneo, 2005; B. Salanave & al. Idem). National perinatal surveys (NPS) have shown that the percentage of breastfed children in maternity hospitals increased from 37% in 1972 to 53% in 1998, reaching 69% in 2010 (60% exclusively) (B. Blondel, 2011).

Many studies focus on breastfeeding. It is scientifically proven that breast milk is the best food for infants. The composition of this one is unique. It is a product of great complexity and nutritional value. Its composition changes over time and over time, adapting to the infant's nutritional needs. (C. Martin, 2010). Breast milk also helps to reduce the physiological immune immaturity of the newborn. It is also a living biological product. It contains many cells such as lymphocytes that provide defence against infections (C. Martin, idem). This reduction in the risk of infection is located at the digestive level and in the ENT sphere. Breastfeeding for at least three months reduces the incidence and severity of infectious diarrhea during the first year of a child's life (P.W. Howie, 1990 & S. Arifeen, 2001; C. Martin, idem). Exclusive breastfeeding also reduces the occurrence and severity of ENT infections (rhinopharyngitis, ear infections) and respiratory infections. In this case, protection is proportional to the duration of breastfeeding (HAS, 2002; P.W. Howie, 1990 & M. Gdalevich, 2001; C. Martin, idem).

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In Côte d'Ivoire, breastfeeding promotion was intensified in November 1991 with the "Baby-Friendly Hospitals" initiative led by the Ministry of Public Health and Social Affairs, the World Health Organization, UNICEF and the International Baby Food Action Network (IBFAN) Côte d'Ivoire (UNICEF COTE D'IVOIRE, 2008). Through this initiative, many hospitals support breastfeeding, thus increasing the number of breastfeeding mothers. The results of the third Multiple Indicator Cluster Survey (MICS 3) show a significant decrease in the exclusive breastfeeding rate from 11.6 (MICS 2002) to 4.3% (MICS 2006). The lack of breastfeeding counselling trainers in hospitals that have received the Baby-Friendly Label is reportedly linked to this decline. Of the 114 Baby-Friendly Hospitals, none of them currently meet the criteria of a Baby-Friendly Hospital (BFH) due to the mobility of trained staff. Also, of the 116 support groups formed, only 21 are functional (UNICEF COTE D'IVOIRE, idem). Based on this observation, IBFAN-CI in collaboration with the Ministry of Public Health and UNICEF have resumed the implementation and training of 10 breastfeeding support groups. Awareness-raising and revitalization tours of support groups are being organized in Abidjan and Moyen Comoé. To promote exclusive breastfeeding up to 6 months and its continuation until 2 years of age and over, for Côte d'Ivoire, it has improved the skills of health workers and support groups in the supervision of breastfeeding women, by strengthening institutional measures through a ministerial decree that defines the adjustment of breastfeeding schedules (MSP commitment to the promotion of breastfeeding), by organizing awareness-raising sessions in health facilities and providing support to employed mothers, developing programmes/shows aimed at promoting breastfeeding in partnership with the media and particularly community radio stations (UNICEF COTE D'IVOIRE, idem).

According to the above-mentioned literature, it is noted that breast milk ideally covers all the nutritional needs of babies up to six months of age, and strengthens their natural defences against the risk of disease and contributes to their development, in particular the construction of their individual personality but above all creates a bond of affection between mother and child. Breast milk has therapeutic virtues of prevention on the one hand and on the other hand, it creates a symbolic link with the mother and her child. Despite this benevolence of breast milk and the construction of infants' symbolic bonds with their mothers through exclusive breastfeeding, families do not always give exclusive breastfeeding a prominent place. This communication questions the ideological productions and factors influencing the process of exclusive breastfeeding. In other words, they are: i) describe the family issues impacting the process of exclusive breastfeeding, ii) Describe the new form of relationship in the couple,iii) Describe the symbolism of exclusive breastfeeding.

I. Theoretical and Methodological Approach

The structural approach is a fundamental theoretical current of systemic analysis (Alpe et al. 2007). In this study, the structural approach allowed us to identify the rules and norms that codify and guide behaviours, the opinions of social actors to the mechanisms of exclusive breastfeeding. The methodological approach favoured an essentially qualitative approach. Indeed, seek to capture ideological productions that legitimize ideological productions that influence the process of exclusive breastfeeding. Thus, data collection techniques include direct observation and semi-directive interviewing. This data collection phase took place from 4 January 2019 to 19 January 2019 inclusive. We interviewed 11 people using the principle of triangulation and saturation. The data collected were subjected to a content analysis. This made it possible to capture the ideological references that structure and legitimize the behaviour of actors in the game of exclusive breastfeeding. Direct observation made it possible to examine, through our presence in families, all the social activities influencing the process of exclusive breastfeeding and the symbolic dimension of exclusive breastfeeding among the actors.

II. RESULT

1. Family Issues Impacting the Process of Exclusive Breastfeeding: Some Explanatory Guidelines.

Family configuration would appear to have an impact on the practice of exclusive breastfeeding. The absence of a father in the household is most often a source of socio-economic vulnerability. Because the father also appears to play a role in the practice of breastfeeding, as Ms. K.J. testifies in these words: "*I breastfeed my child. And, I'll do it for six months. My husband financially insures my expenses for the well-being of the infant. I manage my own affairs. But since I gave birth, my husband has been managing them. I therefore have time to breastfeed my child*". Moreover, being a single mother, declaring oneself alone is a factor contributing to a lower rate of breastfeeding initiation. This is what T.L. explains in these expressions: "*In the morning, I have to go about my income-generating activities. Alone without a spouse, I have to work very hard to pay electricity and other bills. So I chose to feed my child industrial milks with the help of my nanny*". More recently, regarding breastfeeding initiation, an English study including 26,325 women shows that the probability of not breastfeeding at all for single mothers is high (OR=3.88; 95% CI[3.56-4.22]) (Raleigh *et al.,* 2010) compared to those living in couples. This theoretical result confirms the comments of the people interviewed during our study.

Indeed, the importance of marital status (and alternatively the father's opinion) on breastfeeding is

also reflected in the Epifane study (S. Benoit, 2012). Interactions between parents and their distribution of daily constraints help to support breastfeeding. To this end, a qualitative study points out that 275 social determinants of breastfeeding are analysed in couples where the woman is responsible for most household tasks alone, stopping breastfeeding is earlier (Sullivan *et al.,* 2004). Consequently, Y.M. testifies in these expressions: "*The ideal would be to exclusively breastfeed my child until 6 months of age. But unfortunately, I am in a single-parent family, so I am the only one who is responsible for the daily expenses. I have to go about my business. I will be forced to continue breastfeeding my child with industrial milks*". Finally, a qualitative study suggests that professional support cannot replace the daily support that cooperation in a couple can provide during the perinatal period (D. Montigny & L. Charite, 2004).

In terms of socio-economic factors, the way in which socio-economic status is understood varies widely from one study to another, from one country to another, and consequently, it is more difficult to make precise comparisons for these factors. Several studies in several literature reviews confirm that families with low socio-economic status are less likely to initiate and maintain breastfeeding (Dennis, 2002; Kelly and Watt, 2005; Li *et al.,* 2005; Coulibaly *et al.,* 2006; Singh & al., 2007; Flacking *et al.,* 2007; Yeoh *et al.,* 2007; Amir and Donath, 2008). To add to this, A.K. explains his first experience of breastfeeding: "*The new way of life very often impacts our daily lives. When I had my first child, even if, for example, I would like to breastfeed mixed or industrial milks, I couldn't. My husband and I did not have sufficient resources in the past. We were under the weight of difficulties of all kinds. Currently, I allow myself to breastfeed industrial milks in order to have the advantage of going about my activities without pressure to breastfeed my child".*

Consequently, the mother's level of education is a determinant of the probability of initiating breastfeeding (Dubois, 2003). In a Swedish cohort, the results show that the mother's low level of education (aOR=1.45-2.19; 95% CI) and, to a lesser extent, the father's low level of education (aOR=1.08-1.48; 95% CI) are risk factors for not breastfeeding, after adjustment for many other socio-economic factors and compared to parents with a high school education (Ludvigsson, 2005). In a Quebec cohort, the probability of being breastfed at birth was increased by 60% for a child whose mother had a high school education compared to a newborn child of a less qualified mother and this probability was multiplied by 3.5 when the mother held a higher school education (Dubois and Girard, 2003). On the other hand, the results of this study showed that in Abidjan, in the so-called "rich" districts, women had a secondary or higher level of education with a low willingness to breastfeed their infants. The reasons for this positioning in the breastfeeding process emanate from the ideological productions that women develop from exclusive breastfeeding. That's what G.S. says: "*I'm an executive secretary in a department, I really don't have time for exclusive breastfeeding. Our parents in rural areas do this easily because, for example, the activities they carry out could allow them to work closely with the child to breastfeed him*".

The debate on the most important socio-economic factor between educational attainment and income is not unanimously settled in the international literature. For some authors, educational level is a more relevant indicator of the distribution of breastfeeding initiation rate (Skafida, 2009; Ibanez. *et al.,* 2012) and for others it is income (Dennis, 2002). Nevertheless, more consistently in the studies and literature reviews consulted, the low level of school education is regularly identified as a vulnerability factor for breastfeeding initiation and even more so for maintenance.

2. The New Form of Relationship in the Couple: Breasts, an Issue.

In an age of excessive advertising and eroticism, women's bodies are frequently in the foreground in the media, whatever the type of medium (magazines, books, screens and posters) and whatever the type of product promoted (creams, perfumes...). To this end, the woman's body is the field of seduction and sexual pleasure. In this context, women's breasts are obviously not immune to this. However, this organ has a special place in women, since it not only plays a nourishing but also a sexual role. In this sense, it is symptomatic of both sides of the woman, namely that of the loving mother and that of the loving wife. In this situation, where sexuality is omnipresent, it is not surprising that some women are reluctant to breastfeed or if they are breastfeeding in public (M. Debois, 2011). Indeed, the interviews conducted with a category of women revealed that breasts are obviously an issue in the couple's relationship, but above all, they are points of attraction between the woman and her husband. However, the fact of exclusively breastfeeding her child until 6 months of age could damage the woman's chest in terms of beauty and weaken the sexual attractiveness in the couple. It is in this sense that T.B. testifies in these expressions: "*It is by mutual agreement, my husband and I, have decided to feed our children with industrial milks. My husband really appreciates my breasts. It is therefore in my interest to take care of it,"* it is understood that breasts are an issue for the couple's health.

3. The Symbolism of Exclusive Breastfeeding

Breastfeeding is a symbol of the values of Ivorian society. Breastfeeding your baby with breast milk is a learned and therefore culturally appropriate behaviour. Therefore, the way a couple breastfeeds reflects cultural values. Confirms D.M. in these words: "*Society teaches us the value of breastfeeding. In rural*

areas, breastfeeding practices are more developed. I find in this practice the love created between the infant and his mother". One could understand through this positioning, that the fact of feeding your child with breasts creates a bond of affection between the mother and her child but especially it creates a relationship between the child and his environment in which he evolves. The child fed industrial milks is often seen in some societies as a biological malformation or even as a child who does not have the cognitive faculties (less intelligent) to cope with a situation. This is what Y.P. testifies to in these expressions: "*My mother has always advised me not to bottle-feed. She finds industrial milk less rich but above all finds that children fed this industrial milk are less intelligent because they have not benefited from the virtues of maternal, natural and rich milk*". There are therefore representations surrounding breastfeeding with exclusive breast milk or industrial milk. These different ideological productions impact or legitimize the behaviour of actors in choosing the ideal type of breastfeeding. There is a scientific consensus on the benefits and advantages of breastfeeding for the health of the child and the mother. Breast milk is made up of macronutrients and micronutrients adapted to the needs of the child. Unlike all milk formulas, it is the only one containing bioactive substances that stimulate the immune system. The benefits of breastfeeding in industrialized countries are summarized in France in the recent Turck report (2010) commissioned by the Directorate General of Health as part of the National Nutrition and Health Programme: "Breastfeeding alone meets the nutritional needs of infants during the first 6 months of life, and has many beneficial effects on the child's health in the short and long term, and on the health of his mother. These beneficial effects, which depend on the degree of exclusivity of breastfeeding and its duration, have been analysed in recent literature reviews and meta-analyses.

In the early 2000s, the work of WHO expert groups established, on the basis of studies on the optimal duration of exclusive breastfeeding, that this duration should be extended to 6 months. These new WHO recommendations were adopted on 16 May 2001 by the World Health Assembly (Resolution WHA 54.2) and reaffirmed in the Global Strategy for Infant and Young Child Feeding adopted by WHO Member States and the Executive Board of UNICEF in 2002: "Infants should be exclusively breastfed for the first 6 months of life: this is a general public health recommendation. Thereafter, depending on the infant's evolving nutritional needs, he or she must receive nutritionally safe and adequate complementary foods, while continuing to be breastfed until the age of 2 years or more. The WHO recommendations were taken up by the European Commission in 2004 in the "Action Plan to Protect, Promote and Support Breastfeeding". Unfortunately, these recommendations are not being followed to the letter. This reluctance for mothers to exclusively breastfeed their infants or young children at 6 months of age is explained by the different representations that populations have of exclusive breastfeeding. Breastfeeding exclusively to the breasts requires that mothers be highly available in terms of time to perform this nutritional function. Most of the women interviewed find breastfeeding to be therapeutic and even a means of preventing disease.

III. DISCUSSION OF THE RESULTS

In general, the study relied mainly on the structural approach, which is a fundamental theoretical current of systemic analysis (Alpe & al. 2007) to account for the meaning, ideological productions and practices that influence the process of exclusive breastfeeding. From this point of view, she showed how social representations are articulated and interpenetrated to guide exclusive breastfeeding practices.

It can therefore be concluded that the short or long duration of exclusive breastfeeding combines two seemingly opposing rationales: an economic logic and a social logic. The economic logic aims at the autonomy of women through economic independence through the resumption of their post-natal activities. It appears that the main challenge is to combat the relationship of domination within the couple from a gender perspective. However, the second logic gives priority to social norms and socio-cultural values. Because breastfeeding is a learned behaviour and part of the culture of belonging. On this basis, this study is close to the results of the Epifane study (S. Benoit, op cit) showing that cultural determinants could impact the breastfeeding process. Moreover, the logic that reflects such a situation refers to the customary system of belonging of the actors.

In addition, the present results have shown the symbolism of breastfeeding through the affectionate relationship it creates between mother and infant or young child on the one hand. And on the other hand, women refer to their bodies as a field of seduction and sexual pleasure. In this context, women's breasts become an issue, since they not only play a nourishing but also a sexual role. In this sense, it is symptomatic of both sides of the woman, namely that of the loving mother and that of the loving wife. In this situation, where sexuality is omnipresent, it is not surprising that some women are reluctant to breastfeed or if they are breastfeeding in public (M. Debois, op cit).

IV. CONCLUSION

This communication is a contribution of the sociology of reproduction and infant feeding. It analyses the social determinants that impact the process of exclusive breastfeeding. The study is essentially qualitative with appropriate investigative tools and analyses this social fact through structural theory (op cit). This has enabled us to achieve the following results: first, breastfeeding is linked to social representations. This shortens or lengthens the duration

of infant or young child feeding. Secondly, women give a symbolic place to their breasts, especially their breasts, seen from the perspective of a nourishing role on the one hand, and on the other hand, breasts constitute a field of sexual attraction and seduction, as shown by the results of Marie Debois' study (op cit.). From this study, research perspectives could focus on the establishment of a multidisciplinary research team on new directions in infant and young child feeding in health services and population breastfeeding policies. To this end, specific themes will be the subject of research in collaboration with researchers from other social science disciplines and students. The results of this research, important scientific publications (individual and collective) will be considered over a defined period of time and support, missions and internships will be sought for the scientific development of the members of the research group.

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