

Sociocultural Environment, Familial Socio-Affective Relationships and Children's Nutritional Conditions in the Department of Mayahi, Niger

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Abstract

The 2016 SMART Inquiry shows that the Department of Mayahi in Niger, presents one of the highest malnutrition rate in the country. The present study aims at analyzing the relationships between the sociocultural environment, the parents/children socio-affective links mainly the mother/child interactions and the settling of infantile malnutrition observed to the child from that Department. The explored data stem from the Link NCA (Nutrition Causal Analysis) Inquiry from 2016 to 2017 in Mayahi. The results suggest three major facts: a weakening of the parents/child socio-affective relationship caused by closed pregnancies, early pregnancies, a brutal affective weaning, the child's social conditioning to dependence and by the parents' lack of accountability; an inadequate interaction between the mother and the child; and finally an ill-fitted food supply practices.

Keywords: Malnutrition; Environment; Family; Niger

Introduction

Every year, malnutrition is associated with the death of a less than 5 years old children out of 3 in the world [1-3]. Children in the case are weakened and they get more difficulties than other children to resist to diseases like malaria, pneumonia, diarrhea, measles etc.

In Niger, infantile malnutrition still constitutes a major public health problem in spite of the efforts made and a national and international mobilization. And the country's national rate of malnutrition is still increasing: It passed from 13.3% in 2013 to 14.8% in 2014 then to 15% in 2015 [4], equaling the "emergency" limit fixed by the World Health Organization (WHO).

The last SMART inquiry carried in 2016 shows that the sharp malnutrition rate has been untouched for the last five years and it still overpasses 10% to children from 6 to 59 months. According to the classification of WHO that corresponds to a serious nutritional condition. The analysis of the results from the same indicators per region show that the regions of Agadez (12.8% [10.2-15.5]), Diffa (11.4% [7.2-15.7]), Maradi (12.9% [9.0-16.9]) and Zinder (11.7% [8.6-14.8]) are classified within the case of serious situations.

In front of the seriousness and the insistence of infantile malnutrition in that country, researches about the most important explaining strategic mechanisms of the phenomenon of malnutrition in that country for targeting or formulating adequate answers or strategies have been for a long time privileging the vulnerability to food security and infantile diseases, a shortened access to health programs, to clean water and to appropriate hygienic conditions [5-7].

If those studies have shown their importance through the understanding of the beginning and the maintaining of malnutrition by investigating different aspects of social lives, most of the country's public policies seem ignoring the importance of the role of children's familial environment and particularly the mother/child socio-affective relationship and the mode of nutritive interactions with the child are also important risk factors evoked by many authors [8] in other spaces or even the way the latter are associated and their specific way of operating [9,10].

The present study aims at analyzing the possibly existing relationship between the socio-cultural environment, the parents/children socio-affective relationship mainly the mother/child interactions and the persistence of the nutritional condition observed to the children from Niger.

Methodology

Research area

To carry out our analysis, we focused on the de Department of Mayahi in the Maradi region which is considered as the granary of Niger. According to the 2016 SMART inquiry, that department presents one of the highest malnutrition rates in the country. The Department of Mahayi is 91 km far to Maradi, the chief town of the region and 850 km far to Niamey the capital city of the country. It covers a surface of 6.950 Km² and is limited in the West by the departments of Guidan roundji and Dakoro; in the East by the department of Tessaoua; in the South by the departments of Aguié, Tessaoua and in the North by those of Tanout and Dakoro (Figure 1).

Data sources

The present work analyses the qualitative and quantitative data stemming from the Link NCA inquiry that was carried from December 2016 to January 2017. For reasoning our arguments, let's clarify that the Link NCA method NCA is related to the quantitative inquiries from secondary data and/or SMART nutritional inquiries and from inquiries about risk factors carried during a NCA (Nutrition causal analysis) for evaluating the bad nutritional conditions and the prevalence of the known risk factors.

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Received November 06, 2017; **Accepted** November 20, 2017; **Published** November 29, 2017

Citation: Euloge GZ, Zoumana C, Firmin KK (2017) Sociocultural Environment, Familial Socio-Affective Relationships and Children's Nutritional Conditions in the Department of Mayahi, Niger. J Nutr Food Sci 7: 646. doi: 10.4172/2155-9600.1000646

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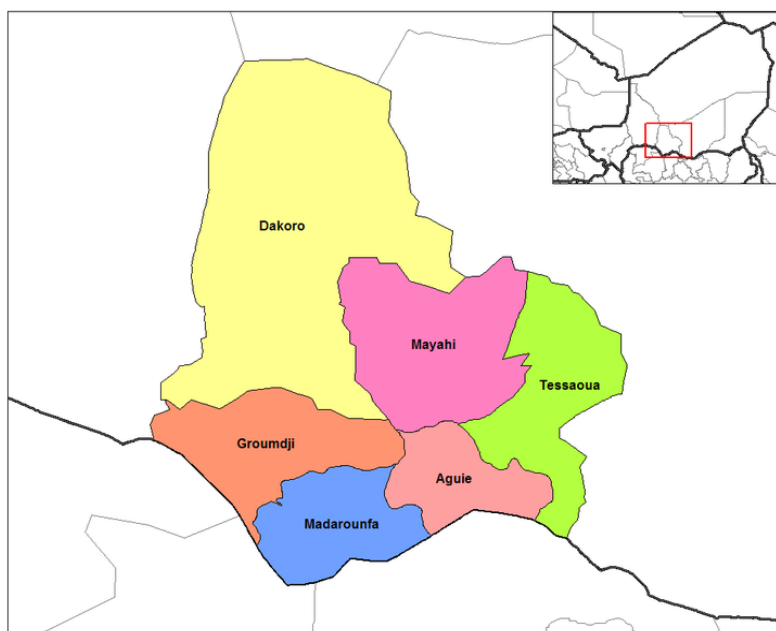


Figure 1: Map of the department of Mahahi and the Maradi region.

The qualitative methods are integrated to the procedure in order to highlight the reasons and the way bad nutrition or good nutrition has appeared. Those methods are particularly focused on the interactions between the causes, the returns of experiences and the way those factors evolve through times and seasons. The information gained from the different data sources are, by the way triangulated and examined through a participative process for reaching a consensus about deducting the causes of the bad nutritive conditions in order to better inform the programs.

That research has been carried through 734 households and 1134 children from 0 to 59 months selected on the basis of the systematic random method for the quantitative data. For the qualitative part of the inquiry, the participants have been selected according to the reasoned choice and the snow bowl methods depending on the types of information likely to be provided. Totally, there was 47 groups of targeted/oriented discussions and 28 individual interviews and community meetings have been organized during that qualitative inquiry in 4 particular villages (Waké, Jirkimi, Guidan Malam Boloye and Tsouloulou.) selected on the basis of a Link NCA inquiry (four villages/tufts) among those identified for the quantitative inquiry. These are the 4 selected categories:

- The Community leaders (Chiefs of villages, Mayors, healers, the marabouts, the matrons, the fetishists, headmasters, Chief doctors, Imams, mothers, social mediators)
- Mothers of less than 5 years old children
- Fathers of less than 5 years old children
- Mothers of deviant, ill-fed and positive children whose selection has been based on the nutritional conditions their children.
- The grandfathers and grandmothers of less than 5 years old children having a quite good knowledge of the important events that have taken place in the village during the past 10 years.

The collected data allowed identify a set of risk factors associated to some indexes related to various domains like food security, the genre, maternal cares practices, health and environment (water, sanitation, hygiene).

Methods of data analysis

For analyzing the quantitative data as far as the aims of that research work is concerned, only one domain was taken into account that's the maternal cares practices, 2 dimensions of which have been analyzed:

- Mothers' well-being and as indexes the perception of the mother's social capital, the perception of the mother's labor charge, the WHO and MDI well-being index (inventory of depression)
- Mothers' psychosocial well-being and as indexes the mother/child interactions.

The collected data have been submitted to a statistic analysis with the software spss 22.

For the qualitative part of the inquiry, the information corpus treatment has been essentially based on the analysis of the collected speech's thematic content [11] with the resourceful persons. That allowed identify the different categories related to the research topics that's the cultural representations of the parents/child relationships, the child's familial environment, the care practices towards children, the mother/child interactions and above all, the mode of food interactions with the child.

Results

Socio-cultural environment and weakening of the parents/child socio-affective relationship

The results of that work show that the parents/child socio-affective relationship come from close pregnancies, a brutal affective weaning, the child's social conditions of dependence and the fathers' lack of responsibilities.

The inquiry has revealed that only 15.6% of mothers had their very first baby after 18 years old (IC 95 12.4-19.6%) The results of that index are shown in the (Table 1) below.

The age of the first pregnancy is linked to the practices of early marriages very spread in the region. The marriage criteria for a young girl are linked to her physical appearance, mainly the apparition of secondary sexual characteristics that's the menarche "Shigan gida" when she's around 14 and the breasts. In fact the qualitative data collected prove that marriages have always been early in the department of Mayahi; and the alleged reasons were principally "to keep the family safe from the shame of a girl with sexual intercourses or pregnancies before marriage and to deepen community relationships." If the marriage of women has always been early, girls' pregnancies and men's marriage have also become early mainly in the South of the Department. Just after one or two years of marriage the first baby is born. That fact is in contradiction with secular practices which stipulate that marriages should not be active too early. The bride should spend either 2 or 3 years to her mother-in-law's for being sexually educated and then prepared for marriage life and household keeping. During that educational phase, no sexual intercourse is allowed. Then the pregnancy age is delayed. The very first consequence of that early sexual intercourse pertains to early pregnancies and the prevalence of a low birth-weight. As far as the quantitative inquiry is concerned, the prevalence of newborns showing a very low weight (<2.5 kg) in the said region is 14.2% (IC 95% 10.0-19.9%) with an average of birth-weight about 3.0 Kg (IC 95% 2.9-3.1) Apart from the risk of giving birth to low-weighted children, there is also the issue of very young and unskilled parents. But unskilled mothers (primary or ill-equipped) and/or affectively unavailable (busy by self needs) usually lack patience and make use of constraints. Generally, that provokes bad behaviors to the children (crying, resistance, regurgitations, refusals...). The weight of maternal anxieties and ill-fitted interventions can be determinant in the settling and lasting of a food symptomatology. The maternal anxiety also gets an almost immediate support in the early digestive troubles of the child and that's very frequent in that region. It is the same case for other somatic troubles, refusals and food caprices. Young couples would also have less experience in child's cares and hygiene. Some communities, mainly in the North of Mayahi have identified early-married young girls' households as more vulnerable in food security. In the Department of Mayahi, 29.5% (I.C 95% 25.6-34.8%) of inquired children have less than 2 years of yaws with their direct brother or sister. The so born closed children will have to share the maternal cares, the available food or other resources of the household. Art from impacting nursing practices, closed pregnancies can also impact on the affective relationship built between the mother and the child.

Forty days after childbearing, a woman can have sexual intercourses with her husband. And when a new pregnancy appears, the mother keep nursing her newborn during 3 months for a girl and 4 months for a boy just to hide her situation of pregnancy from the people around her. Then nurses less and less and look for strategies to avoid people. She goes and consult the marabou for asking for the "rubutu" (That's a

drink made with Koran verses written on a small board with a water-diluted ink) so that the weaning be accepted by the child as explained by this inquired in the following words: "Before the weaning we go and see a marabou to make the child forget about the nursing milk. Generally it's about verses written on a slate that's wiped down and given to the child as drink."

The marabou even shows the adequate moment to begin the weaning. For example, as explained by the informer, if "he says that I should do it early in the morning, then I wake up before the child and I get dressed. Even if he cries, I don't nurse him/her. But we nurse the baby just after he has drunk the said rubutu. Then I make a gumba as alms for the children." For the elders, the weaning is combined with a brutal separation with the mother (affective weaning). According to the information-providers that fact contributes to the child's social conditioning, which learns not to be dependent and weak. A certain tradition stipulates that the very first baby should be weaned to his maternal grandmother's; the baby is put there, so that he forgets about nursing and is left (The brutal weaning and the separation with the mother accentuate the already bad health conditions of the child: he refuses to eat what he is given).

Even if the child is weaned in the familial house, he/she is weaned by the paternal grandmother when she lives in the said house, if not; the weaning is done by the mother herself. The weaning ritual requires that the child be proposed a rich food composed of fat rice with or without chicken for only one day (when the child is about 8 months old), then he passes to the adult classical alimentation (fura, tuwo or kunu) accompanied at rare moments with donuts and biscuits. Depending on the father's social condition, that meal is accompanied with a cock for a boy and a hen for a girl. Today, with the persistence of hard times, that meal which is considered as a right for the weaned child is more or less accomplished. In case of absence of resources to cook that particular meal, the mother makes bowls of sorghum or millet brewed into water with or without milk (gumba).

Unfortunately, the foods that replace the maternal milk are less nutritive than what the child is supposed to get from the natural nursing milk. That kind of weaning is ill-fitted because it's brutal, too early and prevents the child from the natural nursing nutritive substances necessary to a good growth and for avoiding infections.

Additionally, the overloading labor charge of women can also stand as a factor reducing the physical and affective availability of the mothers and impacting on the cares and feeding practices towards the child and the newborn. Next, an overloading labor charge of the mother will reduce her nutritional status as she lacks a good maternal diet.

The social division of the labor assigned specific tasks to women: The housework, education, children's cares, the slogs of fetching water and looking for firewood.

Beside that sex-oriented labor share, women also have to share other familial works with men mainly farming works and animals keeping. The available data reveal that, in the Department of Mayahi, women's labor charge depends on men's. Out of 24 hours a day, women only have 5 or 6 hours of resting time.

During the labor period (from June to September) women work without appropriate breaks from 5 a.m. to 9 p.m. Apart from the domestic labor, she works in her husband's farm for about 5 or 6 days a week. During harvest times, they spent all the day in farms and some of them have to walk very long distances for those labors. They spend too much energy and thus are in serious need of calories. That labor gives

Age of 1 st birth	Percentage %	95% Confidence interval		N
		Plus bas	Superior	
Before 16 yrs old	28.8	24.6%	33.5%	292
Between 16 yrs and 18 yrs old	55.6	50.2%	60.8%	590
More than 18 yrs old	15.6	12.4%	19.6%	170
Total	100.0	100.0%	100.0%	1052

Table 1: Index of the mothers' age when pregnant.

them so little time to take good care of their children. That fact obliges some of them to nurse children at rare moments and to fail in giving sufficient and fitted foods to their children. That occasional carelessness contributes also in reducing her emotional and physical availability for her child. Women's labor charge get increased when the husband does not partake in the farming works because he has gone abroad, looking for better-remunerated activities; then the women becomes the only responsible for the household. She has to work not only in her own farm but also in her husband's. The said husband an sometimes send money for paying the daily workers of his farm. Those daily workers are no one else than women. During our quantitative inquiry, we remarked that only 23.6% (I.C. 95% 16.4-32.8%) of women in charge of less than 5 years old children said to be effectively supported by their environment (socially and financially.)

Women would have wanted more supports from their respective husband mainly in fetching water, keeping the child when they are cooking and mainly not to be involved in farming works.

The qualitative inquiry also helped us understand that the labor charge has always been very heavy in the area. But it seems lighter today because the presence of some infrastructures like wells around the villages reduces that labor charge (for example the reduction of the walking distance for fetching water.) Some old woman think the women today are lucky because they live in better houses and they got some facilities in their daily works. At that time, the farming production was sufficient and only intended for the household feeding. However, today the agricultural productions are not enough and many of their substances are sold for the acquisition of other goods. That heavy labor charge is not compensated with important incomes and that makes women anxious about the management of her household food. That situation becomes worse when wedding times come. The study reveals that there are linking mechanisms such as the lack of energy to take care of the child and the mother's lack of physical and psychic availability to provide children with the affective and nutritional cares necessary for an optimal growth. The index of maternal well-being (WHO-5) (Table 2) utilized in the present research work shows that 51.6% of the inquired women present a depression risk (I.C 95% 46.7-56.4%) During the qualitative inquiry, the symptoms and factors of the maternal uneasiness were analyzed. They were linked to the food insecurity of their household, a sick child and to the fear that the gone-abroad husband could take another woman on his way back home with all the frustrations.

The mother/child interactions and its effects on child's the nutritional conditions

During the inquiry carries in households, the quality of the interactions between the mother and her child has been evaluated. Only 15.2% of the interactions between the mothers (principal cares providers) and the children have been judged appropriated. The results of the inquiry are shown in the Table 3 below.

For evaluating the care practices and the stimulation of children, the others were also asked if a more than 12 years old person played, sang or told a story with to the child within the 3 days preceding the inquiry day and the answer was negative in 36.6% of the cases [30.6%-41.7% IC] for children between 0 to 59 months old. Mothers who lack times because of daily activities and their own needs are even impatient when feeding their child and sometimes forsake children who need more time and attention. They explain such behavior by the fake reason that a child who refuses food is not angry. And that attitude provokes negative behavior to the child. Those negative behaviors are the already-

mentioned crying, resistances, regurgitations and refusal. The Table 4 presents the mother's behavior when her child refuses food.

The inquiry reveals also that several "nursing girls" replace the mother just after 3 months in the half of the observations made. That role of maternal substitute is generally played by a young girl of less than 15 years old or by a mother-in-law who should also care about the cognitive and social development (nursing, sanitation, health) of the child. But, the mother can be absent for many hours for farming works or the fetching water and firewood. The said "child keeper" is generally ill-equipped to provide the child with adequate cares. To calm the child's crying, the "child keeper" gives him/her the water and food left for the elders risking so to make the baby sick because ill-fitted for his/her age. In the Department of Mayahi, the percentage children left under the guard of another child of less than 12 years old was 65.3% I.C 95 62.3-68.1%). The Table 5 below shows the frequency of abandonment per week.

The feeding practices of children from 6 to 23 months old do not meet the minimal norms, as far as the diversity of foods (meaning the amount of consumed food groups) and the feeding frequency (the times of child feeding) are concerned also in term of consistence of those food. The index of nutritional diversity shows that among children from 6 to 23 months old, only 9.3% have an acceptable food diversity

	Percentage (%)	95% Confidence intervals		Total
		Lowest	Superior	
Social capital of a woman in charge of a less than 5 yrs old child:				
Extremely	23.6	16.4%	32.8%	200
Just a bit	38.2	32.1%	44.7%	306
Not enough or not at all	38.2	31.7%	45.1%	320
WHO 5				
No depression risks	48.4	43.6%	53.3%	403
Show a depression risk	51.6	46.7%	56.4%	423

Table 2: Indexes related to the social capital of women and to their well-being.

Observation score	Score	% Obs.	IC 95%
Inappropriate interactions the mother and the child	<3	35.6	[30.6-40.7]
Medium interactions	3-4	49.2	[44.7-53.8]
Appropriate interactions	≥ 5	15.2	[12.2-18.8]

Table 3: Indexes on the mother/child interactions.

Mother's attitude when the child refuses food	% Obs.	Lowest	Superior	N
Does nothing	54.7%	46.5%	62.6%	331
Positive attitude (changes food, stimulate the child)	41.2%	33.4%	49.5%	251
Negative attitude (obliges the child, violence)	4.1%	2.1%	7.7%	24
Total	100.0%	100.0%	100.0%	606

Table 4: Index of feeding management.

Frequency per week of the child's guard transfer to another child of less than 15 yrs old or alone	N	0-59 Months	IC 95%
Everyday	379	50.5%	[43.3%-57.7%]
Several times a week	263	35.4%	[29.7%-41.5%]
Less than once a week	99	14.1%	[10.1%-19.3%]
Never	0	0%	[0.0%-0.0%]
Total	741	100.0%	[100.0%-100.0%]

Table 5: Frequency of child's guard transfer to another child by the mother.

acceptable (I.C. 95% 5.7-15.0%) Among them, the most vulnerable are children from 18 to 23 months, of which 4.3% have acceptable food diversity (I.C à 95% 3.1-16.6%) That very weak food diversity to the youngest is due to the fact that mothers are not able to adapt the food to the age of their child because of short incomes. Aware of that poor alimentation, some women are obliged to use some food complements, the yeast commonly known as “yes” just after the introduction of the porridge when about 3 or 4 months. That yeast which is normally used for making donuts, is added in water and given the child to be drunk so that he appears as a “makoko” baby, fat, chubby showing no signs of malnutrition and emaciation. Here the introduction of other liquids of supplements in the child's alimentation is done at a very early age. But, the qualitative data show that in case of absence of pregnancy to the mother, the introduction of complementary food is generally done after 6 months. In Mayahi, only 47% of children from 6 to 8 months have received half-solid, heavy or soft food at the eve of the inquiry (I.C. 95% 34.8-59.5%) While, some are already weaned when aged from 6 to 8 months; 56% of children of that age are always nursed (IC 95% 35.1-74.4%) The Table 6 below sums up the main collected indexes related to that risk factor.

The qualitative inquiry confirms that in the research zone, most of mothers diversify the food just after 3 or 4 months then allow children eat the familial meal when they reach 8 months in complement of the nursing. The mother thinks she does not have enough nursing milk or she wants to get the child accustomed to the child that would turn him/her independent as she has to do her daily works. That fact brings about risks of lacks and of nutritional unbalance in the sense that those complements are ill-fitted for the child: It's about adult food with millet or sorghum. Before they reach 8 months, that kind of food is not given to the child from 6 to 8 months, otherwise he/she could catch diarrhea. Normally, the mother who gets consistent milk waits after 7 months to give sorghum or millet-based food to the child. It is the same case for the niébé and rice. Foods are not varied and they are adult's millet-based food (fura, kunu and tuwo) with sauces composed of baobab leaves or okra sorrels with peppers, salt, soumbala, seasoning cube and water. Those are food which consistent and accompaniment vary and heavily depend on the socio-economic conditions of the parents. When households happen to get into hardships, the level of water increases, the cereals decrease or disappear and the sauce loses quality (no meat, less vegetables or ingredients) In other words, the frequency, the quantity and the quality of those foods change depending on their availability and accessibility. Mothers explain that when it's time of heavy labor charges and in case of stock outage, the amount of the familial food gets low. Sometimes there are food taboos (like a child who eats eggs could become a thief or the girl is not allowed to eat meat

because she could steal it in sauces to her husband's parents when she is married, not to give meat to children for not turning them green-eyed.)

The consequence of those food taboos is that even after the harvest, when there is a remarkable improvement in food diversity in households, children will not be able to take any advantage. When it's time for farming works, women spend a lot of energy than usually because of their overloading labor charge. Then they are in need of more calories. The labor gives them so little time to take good care of their children. That obliges women to nurse rarely and they do not regularly and sufficiently give food to their children: That's the occasional abandonment.

Discussion

The results seem suggesting an implicit relationship among the familial and socio-cultural environment, the feeding and cares practices, the mother/child interactions and the child's nutritional conditions during his/her living years. That complex relationships need to be questioned with deeper insights.

The link between the child's familial and socio-cultural environment and his/her nutritional conditions

The present research work shows that the observed sociocultural, familial and relational disturbances in the Department of Mayahi like women's overloading labor charge, the closed pregnancies, the brutal affective weaning, parents' lack of responsibility and the child's social conditioning expose the children to malnutrition. Those findings can be overlaid to many others which tried to surround the relational modes associated to the way malnutrition is formed and the way it evolves in the very first years of human life [8,12]. All those results show that malnutrition is associated with an ill-fitted familial environment that does not provide the child with the adequate cares and attention at his/her youngest ages. They agree saying that the availability of the child's familial environment, the approaching behaviors and contacts and the presence of a social interaction child-surroundings are positively related to the child's nutritional conditions. The food behavior is very full with affection at the very first steps of the newborn because of the thought of survival that is linked to it. For an optimal physical and psychic growth, apart from an adequate food supply, a child needs a favorable affective and social environment.

The link between the food supply practices and the child's nutritional conditions

The research work has also put forward the inadequate food supply practices. Some research works have shown that food supply practices could influence the acceptance of the food, thus newborns and children's nutrition could also get influenced [12]. Many authors [13-15] assert that feeding troubles are caused by mothering lacking sensibility and by an absence of interactions when it's time for meal. When there is a quite good food supply for the child by the mother, the time for meal becomes a very pleasant social activity corresponding to a good taking of food, a safe nutrition and an adequate growth. Studies have also proved that if the child's needs and demands are not met when growing, tensions, freaks and rages could come out in the alimentation realm and develop depending on the way the surroundings respond to it. In a secure environment, that energy will serve in explore and develop the child's capacities while it can stayed more or less hindered in an unsecure relational environment; and that can bear drawbacks on the child's behavior, feeding, nutrition and functions. A dysfunction of the mother/child relationship can then drive the child to turn away (refusals, withdrawals) more or less actively (resistances,

	Percentage (%)	95% IC		N
		Lowest	Superior	
% of Children from 6 to 8 months having received heavy, half-heavy or soft food the day before the inquiry.	47.0	34.8%	59.5%	70
% of Children from 6 to 11 months old fed with 4 or more food groups the day before the inquiry day.	9.7	4.2%	21.0%	133
% of Children from 6 to 23 months old fed with 4 or more food groups the day before the inquiry day.	9.3	5.7%	15.0%	389
% of Children from 6 to 23 months old fed with adequate food the day before the inquiry day.	20.2	15.4%	26.0%	389

Table 6: Indexes related to young children and infants' feeding.

regurgitations) from the food she gives to him/her (ill ingests and assimilated.) Then, in that case, we remark children of depressive mothers whose mental health conditions can bear psychopathological impacts on the child [16]. In such cases, a baby can completely refuse to eat because he does not have the expected psychological support. Additionally, he sees a repetition of such insecure environment when he is guarded by another child just a bit elder than him. He gets psychologically prepared to support that hunger imposed by the occasional abandonment of the mothers because of their overloading labor charge that make them physically and emotionally unavailable (tiredness, nutritional conditions, diseases) to take good care of the child. The index of maternal well-being (WHO-5) even shows that 51.6% present a depression risk.

The link between the maternal interaction and the child's nutritional condition

The interactions between the mother and her child influence, let's say it, the optimal growth of the child. The theory of the mother's attachment to her baby [17,18] and reciprocally, stipulates that the child's fundamental need of protection and affective security drives him to look actively for the secure proximity of a safe incarnated basis, firstly by the attachment figure (the mother or her substitute.) In a context of a secure attachment, the maternal availability to the child's needs and demands allows a progressive internalization of that securing basis: the quest for proximity and early contacts wanes little by little and favors a visible distance and a progressive exploration of the environment. On the contrary, a context of unsecure attachment (the mother gets absent for farms all the day long and the infant finds himself forced to fasting, the case of a brutal weaning during a new pregnancy, child kept by another child.) can bring about defensive adaptations to the child and weaken his resilience capacity. Then, the child is not only weaned from nursing but also in a broader sense, from his mother's body and cares (MISES et M'BOUSSOU, 1984.) Then he is propelled from an "asymmetric relationship of dependence to the learning symmetric relationships of inters dependence [2]. In fact the very closed and supported physical contact since he was born is taken as privileged relationships in which the mother is devoted to the immediate satisfaction of her child's needs. Even if that environment of "securing symbiosis" does not last, it produces a link of dependence and complementary that heavily impacts the child's psychomotor growth and the construction of his social feeling [19].

Conclusion

The causes of infantile malnutrition vary from one country to another. Those causes stem from an interactive and multifactorial process which elements overlay and are built around a central point

formed by social causes. Cultural practices have an impact on the extent and the persistence of that phenomenon. Then, as confirmed by the present research work, there is also a psycho-affective dimension built around the mother/child interaction which takes roots from the social realities, beliefs and representations of the particular group they belong to.

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