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# Infant feeding practices and cultural beliefs: Burkina faso and Nepal in comparative perspective

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## ABSTRACT

This study falls within SDG Focus Goal 2: Zero Hunger — Target 2.2: End all forms of malnutrition, including achieving the internationally agreed targets on stunting and wasting in children under five years of age; Target 2.1: End hunger and ensure access by all people to safe, nutritious and sufficient food all year round.

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This study examines the comparative approaches to infant feeding practices and the influence of cultural beliefs in Burkina Faso and Nepal, focusing on how traditional customs, maternal perceptions, and socio-economic factors shape feeding behaviors from birth through the complementary feeding period. The research analyzes the tensions between global recommendations for exclusive breastfeeding and local practices, the role of cultural ceremonies and beliefs in introducing complementary foods, and the influence of maternal social status on infant nutrition. A comparative analysis was conducted examining primary and secondary sources including peer-reviewed research, program documentation, and ethnographic studies covering recent decades to 2025.

Burkina Faso presents a context where infant feeding practices are deeply influenced by cultural traditions and environmental factors that often conflict with global health recommendations. Research by Alive & Thrive and UNICEF reveals that giving water to infants under six months is pervasive, driven by two primary cultural beliefs: first, the customary practice of welcoming guests by offering water, extended to newborns as "new guests" arriving in the family; second, the widespread belief that breastmilk alone cannot satisfy an infant's thirst in intense heat exceeding 43°C, a belief shared even by some health workers . Additionally, the profound cultural value that "water is life" creates resistance to denying water to any human being, including infants . The Alive & Thrive program has developed culturally adapted counseling cards and radio scripts in four local languages (Dioula, Fulfulde, Moore, and Gourmacema) to facilitate conversations about exclusive breastfeeding, pre-tested with focus groups to ensure comprehension and relevance . Research on children aged 6-23 months in Ouagadougou reveals that the most consumed foods are simple porridges (67.48%), family staples like Tô/rice (65.70%), and commercial products like cookies and sweetened drinks (62.94%), while nutritionally rich foods such as eggs (6.63%) and improved porridges (13.92%) are least consumed . Crucially, the mother's social status significantly influences consumption patterns, affecting access to imported infant flours, fruits, and commercial products, while lack of information limits use of local nutritious flours for 57.75% of parents .

Nepal presents a different but equally complex picture where infant feeding is shaped by ethnic diversity, maternal agency, and elaborate cultural ceremonies. Research by Tina Moffat in peri-urban Kathmandu reveals that while a few infants under 2 months receive non-breastmilk foods,

by three months of age half the sample had been introduced to such foods, and by seven months all infants were eating non-breastmilk foods . Crucially, comparison of growth indices between exclusively and partially breastfed infants showed no evidence of difference in nutritional status, and breastfeeding duration was not shortened by early introduction, with median cessation at 36 months . Mothers followed feeding methods based on their assessment of whether the child was getting enough milk, demonstrating active maternal agency rather than passive adherence to rules . The traditional rice feeding ceremony (Ja(n)ko) for Newar children, occurring at five to seven months for girls and six to eight months for boys, formally marks the transition to complementary foods, with interpretations that "mother's milk is not sufficient to feed the infant any more" and the child must be "taught" to eat other foods . This ceremony represents a structured cultural transition where the infant is fed boiled rice by the family leader, introduced to the neighborhood through procession to a Ganesh shrine, and receives gifts symbolizing the child's integration into the wider community .

Both countries demonstrate significant interplay between cultural beliefs, maternal agency, and infant nutrition outcomes. Burkina Faso's challenge lies in deeply embedded cultural practices around water and hospitality that conflict with exclusive breastfeeding recommendations, alongside socio-economic disparities that limit access to nutritious complementary foods. Nepal's challenge lies in reconciling early introduction of complementary foods with global recommendations, while recognizing that maternal assessments of infant needs and culturally meaningful ceremonies may not produce negative nutritional outcomes. Neither country's practices can be understood through universal frameworks alone; local ecologies, beliefs, and maternal knowledge must be central to effective interventions.

Effective support for optimal infant feeding requires: (1) culturally adapted interventions that engage with rather than dismiss local beliefs; (2) recognition of maternal agency and knowledge in assessing infant needs; (3) attention to socio-economic factors limiting access to nutritious foods; (4) engagement with extended family members (grandmothers, fathers) who influence feeding decisions; (5) use of local languages and culturally resonant communication channels; (6) integration of traditional ceremonies into nutrition education; (7) acknowledgment that universal recommendations may require contextual interpretation; and (8) addressing information gaps about locally available nutritious options.

**KEYWORDS:** Infant feeding, breastfeeding, complementary feeding, cultural beliefs, Burkina Faso, Nepal, exclusive breastfeeding, rice feeding ceremony, maternal agency, social status, SDG 2, malnutrition prevention.

# RÉSUMÉ (French Version)

Cette étude examine les approches comparatives des pratiques d'alimentation du nourrisson et l'influence des croyances culturelles au Burkina Faso et au Népal, en se concentrant sur la manière dont les coutumes traditionnelles, les perceptions maternelles et les facteurs socio-économiques façonnent les comportements alimentaires de la naissance à la période de diversification. La recherche analyse les tensions entre les recommandations mondiales pour l'allaitement maternel exclusif et les pratiques locales, le rôle des cérémonies et croyances culturelles dans l'introduction des aliments de complément, et l'influence du statut social maternel sur la nutrition infantile. Une analyse comparative a été menée en examinant des sources primaires et secondaires, y compris la recherche évaluée par les pairs, la documentation de programmes et des études ethnographiques couvrant les dernières décennies jusqu'en 2025.

Le Burkina Faso présente un contexte où les pratiques d'alimentation du nourrisson sont profondément influencées par des traditions culturelles et des facteurs environnementaux qui entrent souvent en conflit avec les recommandations sanitaires mondiales. La recherche d'Alive & Thrive et de l'UNICEF révèle que donner de l'eau aux nourrissons de moins de six mois est omniprésent, motivé par deux croyances culturelles principales : premièrement, la pratique coutumière d'accueillir les invités en offrant de l'eau, étendue aux nouveau-nés en tant que "nouveaux invités" arrivant dans la famille ; deuxièmement, la croyance répandue que le lait maternel seul ne peut satisfaire la soif d'un nourrisson par une chaleur intense dépassant 43°C, une croyance partagée même par certains agents de santé . De plus, la valeur culturelle profonde selon laquelle "l'eau c'est la vie" crée une résistance à refuser l'eau à tout être humain, y compris les nourrissons . Le programme Alive & Thrive a développé des fiches de conseil et des scripts radio adaptés culturellement en quatre langues locales (Dioula, Fulfulde, Moore et Gourmacema) pour faciliter les conversations sur l'allaitement maternel exclusif, pré-testés avec des groupes de discussion pour garantir leur compréhension et leur pertinence . La recherche sur les enfants âgés

de 6 à 23 mois à Ouagadougou révèle que les aliments les plus consommés sont les bouillies simples (67,48 %), les aliments de base familiaux comme le Tô/riz (65,70 %) et les produits commerciaux comme les biscuits et boissons sucrées (62,94 %), tandis que les aliments nutritionnellement riches comme les œufs (6,63 %) et les bouillies améliorées (13,92 %) sont les moins consommés . Le statut social de la mère influence significativement les modes de consommation, affectant l'accès aux farines infantiles importées, aux fruits et aux produits commerciaux, tandis que le manque d'information limite l'utilisation de farines locales nutritives pour 57,75 % des parents .

Le Népal présente un tableau différent mais tout aussi complexe où l'alimentation du nourrisson est façonnée par la diversité ethnique, l'agence maternelle et des cérémonies culturelles élaborées. La recherche de Tina Moffat dans la région périurbaine de Katmandou révèle que si quelques nourrissons de moins de 2 mois reçoivent des aliments non laitiers, à trois mois la moitié de l'échantillon avait été initiée à de tels aliments, et à sept mois tous les nourrissons mangeaient des aliments non laitiers . De manière cruciale, la comparaison des indices de croissance entre les nourrissons allaités exclusivement et partiellement n'a montré aucune preuve de différence de statut nutritionnel, et la durée de l'allaitement n'a pas été raccourcie par l'introduction précoce, avec un sevrage médian à 36 mois . Les mères suivaient des méthodes d'alimentation basées sur leur évaluation de si l'enfant recevait assez de lait, démontrant une agence maternelle active plutôt qu'une adhésion passive aux règles . La cérémonie traditionnelle d'alimentation en riz (Ja(n)ko) pour les enfants Newar, survenant à cinq à sept mois pour les filles et six à huit mois pour les garçons, marque formellement la transition vers les aliments de complément, avec des interprétations selon lesquelles "le lait maternel ne suffit plus à nourrir l'enfant" et que l'enfant doit être "appris" à manger d'autres aliments . Cette cérémonie représente une transition culturelle structurée où le nourrisson reçoit du riz bouilli du chef de famille, est présenté au voisinage par une procession vers un sanctuaire de Ganesh, et reçoit des cadeaux symbolisant l'intégration de l'enfant dans la communauté élargie .

Les deux pays démontrent une interaction significative entre les croyances culturelles, l'agence maternelle et les résultats nutritionnels des nourrissons. Le défi du Burkina Faso réside dans des pratiques culturelles profondément ancrées autour de l'eau et de l'hospitalité qui entrent en conflit avec les recommandations d'allaitement exclusif, ainsi que dans les disparités socio-économiques

qui limitent l'accès à des aliments de complément nutritifs. Le défi du Népal réside dans la conciliation de l'introduction précoce d'aliments de complément avec les recommandations mondiales, tout en reconnaissant que les évaluations maternelles des besoins du nourrisson et les cérémonies culturellement significatives peuvent ne pas produire de résultats nutritionnels négatifs. Les pratiques d'aucun des deux pays ne peuvent être comprises à travers des cadres universels seuls ; les écologies locales, les croyances et les connaissances maternelles doivent être centrales dans les interventions efficaces.

Un soutien efficace pour une alimentation optimale du nourrisson nécessite : (1) des interventions adaptées culturellement qui s'engagent avec les croyances locales plutôt que de les rejeter ; (2) la reconnaissance de l'agence et des connaissances maternelles dans l'évaluation des besoins du nourrisson ; (3) l'attention aux facteurs socio-économiques limitant l'accès aux aliments nutritifs ; (4) l'engagement avec les membres de la famille élargie (grands-mères, pères) qui influencent les décisions alimentaires ; (5) l'utilisation de langues locales et de canaux de communication culturellement résonnants ; (6) l'intégration des cérémonies traditionnelles dans l'éducation nutritionnelle ; (7) la reconnaissance que les recommandations universelles peuvent nécessiter une interprétation contextuelle ; et (8) la résolution des lacunes d'information sur les options nutritives localement disponibles.

**MOTS-CLÉS :** Alimentation du nourrisson, allaitement maternel, alimentation de complément, croyances culturelles, Burkina Faso, Népal, allaitement exclusif, cérémonie d'alimentation en riz, agence maternelle, statut social, ODD 2, prévention de la malnutrition.

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# 1. INTRODUCTION

The first 1000 days of life—from conception to a child's second birthday—represent a critical window for nutrition that shapes lifelong health, cognitive development, and economic potential. The World Health Organization recommends exclusive breastfeeding for the first six months, followed by nutritionally adequate and safe complementary foods while continuing breastfeeding for up to two years or beyond. Yet infant feeding practices worldwide often diverge from these recommendations, shaped by cultural beliefs, environmental constraints, maternal knowledge, and socio-economic factors. Understanding these divergences is essential for achieving SDG 2's targets on ending malnutrition.

This study examines two countries that offer profound insights into the relationship between cultural beliefs and infant feeding practices: Burkina Faso and Nepal. Both are low-income countries with significant malnutrition challenges, yet their cultural frameworks for infant feeding differ fundamentally, providing valuable comparative perspectives.

Burkina Faso, a West African nation, faces pervasive practices of giving water to infants under six months, driven by deep cultural values around hospitality and beliefs about breastmilk's sufficiency in extreme heat . Research reveals that the custom of welcoming guests with water is extended to newborns as "new guests" arriving in the family, while the intense climate (exceeding 43°C) leads even health workers to question whether breastmilk alone can satisfy infant thirst . The cultural principle that "water is life" creates profound resistance to exclusive breastfeeding recommendations . Recent research in Ouagadougou documents that complementary feeding practices are heavily influenced by maternal social status, with significant consumption of family

foods and commercial products alongside low intake of nutritionally rich options like eggs and improved porridges .

Nepal presents a different picture where infant feeding is shaped by ethnic diversity, maternal agency, and elaborate cultural ceremonies. Research in peri-urban Kathmandu reveals that half of infants receive non-breastmilk foods by three months, yet breastfeeding continues for a median of 36 months—far beyond global averages . Mothers make feeding decisions based on their assessment of infant needs, demonstrating active agency rather than passive rule-following . The traditional Newar rice feeding ceremony (Ja(n)ko) formally marks the transition to complementary foods at five to eight months, with interpretations that mother's milk is no longer sufficient and the child must be "taught" to eat . This ceremony represents a structured cultural transition integrating the infant into family and community.

The contrast between Burkina Faso and Nepal illuminates critical questions for infant nutrition and SDG 2: How do cultural beliefs shape feeding practices in different contexts? What role does maternal agency play in interpreting and adapting global recommendations? How can nutrition interventions engage respectfully with local traditions? And what can countries learn from each other's approaches to supporting optimal infant feeding?

# 2. LITERATURE REVIEW

## 2.1 Global Recommendations and Local Realities

The WHO recommendation for exclusive breastfeeding for the first six months of life represents a global consensus based on evidence of benefits for infant health, development, and survival. Yet implementation of this recommendation has proven challenging across diverse cultural contexts. Research increasingly demonstrates that universal recommendations must be interpreted within local ecologies, taking into account environmental conditions, cultural beliefs, and maternal knowledge.

The "weanling's dilemma" concept captures the tension facing mothers in environments where early introduction of complementary foods may increase exposure to pathogens while exclusive

breastfeeding may be insufficient for infant satisfaction or perceived as inadequate . Navigating this dilemma requires balancing global evidence with local knowledge.

## 2.2 Burkina Faso: Water, Hospitality, and Social Status

**Cultural Beliefs About Water and Breastfeeding:** Research by Alive & Thrive and UNICEF has documented the pervasive practice of giving water to infants under six months in Burkina Faso and the cultural beliefs that underpin it . Two primary factors stand out:

First, the customary practice of welcoming guests by offering water is deeply embedded in Burkinabé culture. As Maurice Zafimanjaka, country director of Alive & Thrive, explains: "A newborn baby is considered like a new guest when she arrives to the family home. So, the customary practice of giving water to a guest is applied" . This cultural logic extends hospitality norms to the newest family member, making water-giving an act of welcome rather than merely nutrition.

Second, the intense heat—often surpassing 43°C during the hottest periods—leads to widespread belief that breastmilk alone cannot satisfy an infant's thirst. Crucially, this belief is shared even by some health workers, indicating its deep penetration across all levels of society . Nathalie Likhite, SBC specialist, notes the additional belief that "water is life," creating "a profound risk of denying giving water to any human being, babies included" .

**Programmatic Response:** Alive & Thrive has developed culturally adapted counseling cards and community radio scripts to address these beliefs . The cards, illustrated by Mozambican artist Zacarias Chemane, depict scenes of mothers breastfeeding and were adapted from regional materials. Crucially, they were pre-tested in focus groups and individual interviews with mothers, fathers, grandmothers, and health workers across four ethnolinguistic groups: Dioula, Fulfulde, Moore, and Gourmacema . This pre-testing ensured comprehension, appeal, relevance, and effectiveness across diverse communities.

Feedback from pre-testing was positive. A health worker in the Haut Bassins Region commented: "When I see the images, I think of the joy of the family, of the psychomotor development of the

child. The baby will be in good health and everyone wins." A mother who had practiced exclusive breastfeeding reflected: "When I saw the image – as a mother who has practiced exclusive breastfeeding – I thought if all women had done as I had, they will have babies in good health and a healthy family" .

The intervention will be deployed in 13 health districts across 13 regions, complemented by radio scripts and jingles in the four local languages. The program also works with national champions, media professionals, and traditional and religious leaders to share messages and address social norms through their networks .

**Complementary Feeding and Social Status:** Research by Sanogo et al. (2023) on children aged 6-23 months in Ouagadougou provides crucial data on complementary feeding practices . Key findings include:

- **Most Consumed Foods:** Simple porridges (67.48%), Tô/rice (65.70%), cookies and cakes (62.94%), juices and sweetened drinks (62.94%)
- **Least Consumed Foods:** Cowpeas (17.31%), improved porridge (13.92%), eggs (6.63%)
- **Meal Frequency:** 33.98% of children received three meals daily; 86.41% met minimum daily meal frequency

Principal component analysis revealed that **mother's social status significantly influenced consumption patterns**, affecting access to imported infant flours, fish soups, fruits, juices, sweetened drinks, cookies, cakes, simple porridge, and tô/rice . This finding underscores how socio-economic disparities translate into nutritional inequalities.

Regarding local infant flours, 55.72% of children who consumed them appreciated them positively. However, critically, **57.75% of parents cited lack of information as limiting consumption** of these nutritious local options . This information gap represents an actionable target for nutrition education.

The research notes that Burkina Faso's ethnic diversity—multiple groups with distinct languages, customs, and religions—results in a multitude of dietary practices and habits influencing children's food consumption . Understanding this diversity is essential for effective intervention design.

## 2.3 Nepal: Maternal Agency and Cultural Ceremonies

**Biocultural Research in Kathmandu:** Tina Moffat's seminal research in peri-urban Kathmandu provides a comprehensive biocultural investigation of infant feeding practices . The study followed 283 children under five and their 228 mothers over nine months, combining anthropometric measurements with surveys and in-depth interviews.

Key findings include:

- **Early Introduction:** While few infants under two months received non-breastmilk foods, by three months of age half the sample had been introduced to such foods, and by seven months all infants were eating non-breastmilk foods .
- **No Nutritional Difference:** Comparison of growth indices and velocities between exclusively and partially breastfed infants from birth to seven months showed **no evidence for a difference in nutritional status** between the two groups .
- **Prolonged Breastfeeding:** Breastfeeding duration was not shortened by early introduction; the **median age of breastfeeding cessation was 36 months** .
- **Maternal Agency:** Although cultural rules about breastfeeding vary by ethnic group, **all mothers followed a feeding method that depended on their assessment of whether the child was getting enough breast milk** .
- **Demographic Factors:** One of the main reasons for breastfeeding cessation was the onset of another pregnancy .

Moffat's conclusion challenges simplistic application of universal recommendations: "Exclusive breast-feeding up to 6 months may not be appropriate for all infants" . She emphasizes that investigation of infant feeding practices "must be contextualized in the local ecology of the population" and that while cultural beliefs are relevant, "mothers' individual assessments of their children's nutritional needs and demographic events in parents' lives must also be considered" .

This research demonstrates that early introduction of complementary foods does not necessarily lead to earlier cessation of breastfeeding or poorer nutritional outcomes, and that mothers actively interpret and adapt feeding recommendations based on their observations of infant behavior and needs.

**The Rice Feeding Ceremony (Ja(n)ko):** Robert Levy's ethnographic study of Newar society in the Kathmandu Valley documents the elaborate rice feeding ceremony (Ja(n)ko) that formally marks the transition to complementary foods . This ceremony represents one of the most culturally elaborated infant feeding practices documented in anthropological literature.

Key elements include:

- **Timing:** The ceremony occurs for girls at five or seven months and for boys at six or eight months. The earlier time is usually preferred; the later is used if there is some polluting condition in the family or if the earlier date is considered astrologically inauspicious .
- **Cultural Interpretation:** In common interpretation, "the mother's milk is not sufficient to feed the infant any more and it must be 'taught' to eat other foods." The infant's diet had been mother's milk, typically supplemented by honey, rice flour, milk from other sources, and clarified butter. Now boiled rice and other mashed foods are added .
- **Social Significance:** With this shift in diet, "the infant can now be taken care of by people other than its mother" .
- **Ritual Elements:** The infant is fed boiled rice and other foods by the phuki leader (family group head). In upper-status families, the beak of a gander may be introduced into the infant's mouth "in order to give the infant strength in digesting its food as Agni (the fire deity) was able to digest the sacrifice" . The child may be surrounded by objects representing various professions to see which it shows interest in.
- **Community Integration:** The child is taken by its mother's brother (paju) in procession to the local Ganesh shrine, "introducing the child to the neighborhood." The procession then visits other important temples before returning home .
- **Gift Exchange:** The paju gives symbolic money to the mother "to compensate her for having taken the [paternal] household's child out of the house" and gives substantial presents to the child, mother, and other household members. The ceremony concludes with a major feast attended by guests from beyond the family group .

This ceremony represents far more than a feeding event; it is a profound cultural ritual marking the infant's transition to a new stage of life, integrating the child into the community, and establishing relationships with maternal kin that will continue throughout life.

## 2.4 Comparative Dimensions: Belief, Agency, and Practice

The comparison between Burkina Faso and Nepal illuminates several critical dimensions of infant feeding:

**Cultural Logic of Early Introduction:** Both countries feature early introduction of non-breastmilk foods, but for different reasons. In Burkina Faso, water is given from birth based on hospitality norms and concerns about thirst in extreme heat . In Nepal, complementary foods are introduced by three months for half of infants, based on maternal assessment of infant needs and cultural ceremonies marking transition .

**Maternal Agency:** In Nepal, Moffat's research emphasizes that mothers actively assess infant hunger and satisfaction, making feeding decisions based on their observations . In Burkina Faso, while research documents strong cultural norms, maternal agency in interpreting and potentially modifying these norms is less emphasized in available sources.

**Cultural Ceremonies:** Nepal's elaborate rice feeding ceremony represents a formal, community-sanctioned transition to complementary foods . Burkina Faso's practices around water-giving are more informal, embedded in everyday hospitality norms rather than marked ceremonies.

**Socio-Economic Influences:** Burkina Faso research explicitly documents how maternal social status affects access to different food types, creating nutritional inequalities . Nepal research notes ethnic variations in cultural rules but emphasizes that all mothers make individual assessments regardless of group.

**Information Gaps:** In Burkina Faso, lack of information about locally available nutritious options (like improved porridges) limits their use for a majority of parents . This information gap represents an opportunity for nutrition education that respects local food systems.

# 3. RESEARCH QUESTIONS

This study addresses the following research questions:

1. How do cultural beliefs in Burkina Faso—particularly around water, hospitality, and breastmilk sufficiency in heat—shape infant feeding practices, and what programmatic approaches have been developed to address these beliefs respectfully?
2. How do cultural practices in Nepal—including maternal agency in assessing infant needs and the elaborate rice feeding ceremony—influence the timing and nature of complementary food introduction?
3. How do socio-economic factors, particularly maternal social status, affect access to nutritious complementary foods in each context?

# 4. METHODOLOGY

This study employs a comparative analysis methodology to examine infant feeding practices and cultural beliefs in Burkina Faso and Nepal. The research design integrates secondary analysis of program documentation, peer-reviewed research, and ethnographic studies to develop comprehensive understanding of feeding practices, cultural frameworks, and intervention approaches in both countries.

**Research Design:** The comparative approach is appropriate for examining how cultural context shapes infant feeding, a phenomenon that cannot be understood through universal frameworks alone. Burkina Faso and Nepal were selected as cases that offer complementary insights: both face malnutrition challenges yet have distinct cultural frameworks for infant feeding.

**Data Sources:** Primary and secondary sources analyzed include:

- Alive & Thrive and UNICEF documentation on exclusive breastfeeding counseling in Burkina Faso, including research on cultural beliefs and program adaptation
- Peer-reviewed research on complementary feeding practices in Ouagadougou, Burkina Faso

- Tina Moffat's biocultural research on infant feeding in Kathmandu, Nepal
- Robert Levy's ethnographic documentation of the Newar rice feeding ceremony
- Related literature on infant feeding and cultural beliefs

**Analytical Framework:** The comparative framework examines four dimensions:

1. **Cultural Beliefs:** How local values and norms shape perceptions of infant needs and appropriate feeding
2. **Maternal Agency:** How mothers interpret, adapt, and apply feeding recommendations
3. **Complementary Feeding Practices:** What foods are introduced, when, and why
4. **Socio-Economic Influences:** How social status affects access to nutritious options

# 5. RESULTS

## 5.1 Burkina Faso: Water, Hospitality, and the Challenge of Exclusive Breastfeeding

**Cultural Beliefs Driving Water-Giving:** Research by Alive & Thrive and UNICEF has identified the pervasive practice of giving water to infants under six months in Burkina Faso and the cultural logic that sustains it . Two primary beliefs are central:

First, the **custom of welcoming guests with water** is a fundamental expression of Burkinabé hospitality. As Alive & Thrive country director Maurice Zafimanjaka explains, "A newborn baby is considered like a new guest when she arrives to the family home. So, the customary practice of giving water to a guest is applied" . This cultural logic means that offering water to a newborn is not merely a feeding decision but an act of welcome and inclusion, deeply meaningful within family and community relationships.

Second, the **intense heat** of the climate—regularly exceeding 43°C during the hottest periods—leads to widespread belief that breastmilk alone cannot satisfy an infant's thirst. Crucially, this belief is shared even by some health workers, indicating its deep cultural penetration . Nathalie

Likhite, SBC specialist, notes the additional belief that "water is life," creating "a profound risk of denying giving water to any human being, babies included" .

These beliefs are not merely individual opinions but deeply embedded social norms, reinforced by family members (grandmothers, fathers), community practices, and even some health professionals.

**Culturally Adapted Intervention:** Alive & Thrive has developed a comprehensive response centered on culturally adapted counseling cards and radio scripts . Key features of this intervention include:

- **Artistic Adaptation:** Mozambican artist Zacarias Chemane created illustrations showing various scenes with mothers breastfeeding, drawing on his personal experience: "I've seen my mother, my sister even my wife breastfeed. It's familiar to me." He used empathy, imagining himself breastfeeding a child to inform poses and expressions .
- **Cultural Pre-Testing:** The cards were pre-tested in focus groups and individual interviews with mothers, fathers, grandmothers, and health workers across four main ethnolinguistic groups: Dioula, Fulfulde, Moore, and Gourmacema . This pre-testing assessed comprehension, appeal, relevance, and effectiveness, ensuring the materials resonated across diverse communities.
- **Local Language Radio:** Complementing the counseling cards, scripts broadcast on community radio in the four languages and a jingle emphasize exclusive breastfeeding messages .
- **Multi-Stakeholder Engagement:** The program works with national champions, media professionals, and traditional and religious leaders to share messages and address social norms through their networks .

Pre-testing feedback was positive. A health worker commented: "When I see the images, I think of the joy of the family, of the psychomotor development of the child. The baby will be in good health and everyone wins." A mother who had practiced exclusive breastfeeding reflected: "When I saw the image – as a mother who has practiced exclusive breastfeeding – I thought if all women had done as I had, they will have babies in good health and a healthy family" .

The intervention will be deployed in 13 health districts across all 13 regions of Burkina Faso .

**Complementary Feeding Practices and Social Status:** Research by Sanogo et al. (2023) on 618 children aged 6-23 months in Ouagadougou provides crucial quantitative data on complementary feeding . Table 1 summarizes key findings:

**Table 1: Food Consumption Among Children 6-23 Months, Ouagadougou**

| **Food Type** | **Consumption Rate** |
|---|---|
| Simple porridges | 67.48% |
| Tô/rice | 65.70% |
| Cookies and cakes | 62.94% |
| Juices and sweetened drinks | 62.94% |
| Cowpeas | 17.31% |
| Improved porridge | 13.92% |
| Eggs | 6.63% |

**Meal Frequency:** 33.98% of children received three meals daily; 86.41% met minimum daily meal frequency.

**Socio-Economic Influences:** Principal component analysis revealed that **mother's social status significantly influenced consumption patterns**, affecting access to:

- Imported infant flours
- Fish soups
- Fruits
- Juices and sweetened drinks
- Cookies and cakes
- Simple porridge
- Tô/rice

This finding underscores how socio-economic disparities translate directly into nutritional inequalities, with higher-status mothers able to access a wider range of foods, including both nutritious options (fruits, fish soups) and less nutritious commercial products.

**Information Gaps:** Regarding local infant flours (improved porridges), 55.72% of children who consumed them appreciated them positively. However, critically, **57.75% of parents cited lack of information as limiting consumption** of these nutritious local options . This represents an actionable target for nutrition education that promotes locally available, culturally appropriate, and affordable nutritious foods.

## 5.2 Nepal: Maternal Agency and the Rice Feeding Ceremony

**Biocultural Research on Infant Feeding:** Tina Moffat's study in peri-urban Kathmandu provides comprehensive data on infant feeding practices and their nutritional implications . Key findings include:

- **Early Introduction Patterns:** While few infants under two months received non-breastmilk foods, by three months of age **half the sample had been introduced to such foods**, and by seven months **all infants were eating non-breastmilk foods** .
- **No Nutritional Difference:** Crucially, comparison of growth indices and velocities between exclusively and partially breastfed infants from birth to seven months showed **no evidence for a difference in nutritional status** between the two groups . This finding challenges assumptions that early introduction necessarily compromises infant nutrition.
- **Prolonged Breastfeeding:** Breastfeeding duration was not shortened by early introduction; the **median age of breastfeeding cessation was 36 months** . This far exceeds global averages and demonstrates that early complementary feeding need not displace breastfeeding.
- **Maternal Agency:** Although cultural rules about breastfeeding vary by ethnic group, **all mothers followed a feeding method that depended on their assessment of whether the child was getting enough breast milk** . Mothers actively observed infant behavior—crying, seeming unsatisfied after feeds—and made feeding decisions based on these observations.

- **Demographic Factors:** One of the main reasons for breastfeeding cessation was the onset of another pregnancy, reflecting the interaction between infant feeding and broader reproductive patterns .

Moffat's conclusion directly engages with global recommendations: "Exclusive breast-feeding up to 6 months may not be appropriate for all infants" . She emphasizes that investigation of infant feeding practices "must be contextualized in the local ecology of the population" and that while cultural beliefs are relevant, "mothers' individual assessments of their children's nutritional needs and demographic events in parents' lives must also be considered" .

This research demonstrates the importance of maternal knowledge and agency in infant feeding decisions, and suggests that rigid application of universal recommendations may fail to account for locally valid assessments of infant needs.

**The Rice Feeding Ceremony (Ja(n)ko):** Robert Levy's ethnographic documentation of the Newar rice feeding ceremony provides rich insight into the cultural elaboration of complementary feeding . Table 2 summarizes key elements:

**Table 2: Elements of the Newar Rice Feeding Ceremony (Ja(n)ko)**

| **Element** | **Description** |
|---|---|
| **Timing** | Girls: 5 or 7 months; Boys: 6 or 8 months |
| **Cultural Interpretation** | "Mother's milk is not sufficient to feed the infant any more"; child must be "taught" to eat other foods |
| **Dietary Context** | Prior diet: breastmilk plus honey, rice flour, other milk, clarified butter |
| **Ritual Feeding** | Infant fed boiled rice and other foods by family group leader |

| | |
|---|---|
| **Optional Elements** | Gander's beak introduced to mouth for digestive strength; objects representing professions displayed |
| **Community Integration** | Child taken by mother's brother (paju) in procession to Ganesh shrine and other temples, "introducing the child to the neighborhood" |
| **Gift Exchange** | Paju gives money to mother "to compensate her for having taken the [paternal] household's child out of the house"; substantial presents to child and family |
| **Celebration** | Major feast with guests beyond family group |

The ceremony's timing (5-8 months) aligns closely with the period when Moffat's research found most infants had begun receiving complementary foods. The cultural interpretation—that mother's milk is no longer sufficient and the child must learn to eat—provides a meaningful framework for this nutritional transition.

The ceremony's social dimensions are equally important. By involving the mother's brother (paju) in taking the child out of the house, the ceremony establishes and reinforces relationships with maternal kin that will continue throughout life. The procession through the neighborhood introduces the child to the community, symbolically integrating the new person into the social fabric. The feast brings together extended family and friends, celebrating the child's development and strengthening social bonds.

This ceremony demonstrates that complementary feeding is not merely a nutritional event but a profound cultural transition, marking the child's movement from exclusive dependence on mother to participation in the wider social world of food and community.

## 5.3 Comparative Analysis

**Table 3: Comparative Summary—Burkina Faso and Nepal**

| **Dimension** | **Burkina Faso** | **Nepal** |
|---|---|---|
| **Key Beliefs** | Water as welcome to "new guest"; breastmilk insufficient in extreme heat; "water is life" | Mother's milk insufficient after certain age; child must be "taught" to eat |
| **Early Introduction Pattern** | Water given from birth based on hospitality norms | 50% receive non-breastmilk foods by 3 months |
| **Maternal Agency** | Less emphasized in available research | Central: mothers assess infant hunger/satisfaction |
| **Cultural Ceremonies** | No documented formal feeding ceremony | Elaborate rice feeding ceremony (Ja(n)ko) marking transition |
| **Complementary Foods** | Simple porridges, family staples (Tô/rice), commercial products | Boiled rice, mashed foods |
| **Socio-Economic Influences** | Strong: maternal social status affects food access | Ethnic variations in cultural rules |
| **Information Gaps** | 57.75% lack information about local nutritious flours | Mothers use observation to guide decisions |
| **Breastfeeding Duration** | Not specified in available sources | Median 36 months |
| **Programmatic Response** | Culturally adapted counseling cards; radio scripts; multi-stakeholder engagement | No documented large-scale program; emphasis on understanding local practices |

**Key Differences:**

1. **Cultural Logic of Early Introduction:** Burkina Faso's practices are driven by hospitality norms and concerns about heat, leading to water-giving from birth . Nepal's practices are driven by maternal assessment of infant needs and culturally marked transition at 5-8 months .

2. **Formal Ceremonies:** Nepal features elaborate, community-wide ceremonies marking the transition to complementary foods . Burkina Faso's practices are more informal, embedded in everyday hospitality rather than marked ritual.
3. **Maternal Agency:** Nepal research explicitly emphasizes mothers' active role in assessing infant needs and making feeding decisions . Burkina Faso research focuses more on cultural norms, with maternal agency less emphasized.
4. **Socio-Economic Documentation:** Burkina Faso research provides detailed quantitative data on how maternal social status affects food access . Nepal research notes ethnic variations but provides less detail on socio-economic gradients.
5. **Programmatic Infrastructure:** Burkina Faso has developed systematic, culturally adapted interventions with government and international partners . Nepal's approach in available sources is more research-focused than programmatic.

**Key Similarities:**

1. **Early Introduction of Non-Breastmilk Foods:** Both countries feature widespread introduction of non-breastmilk foods before six months, though the substances differ (water in Burkina Faso, foods in Nepal).
2. **Cultural Embeddedness:** Feeding practices in both countries are deeply embedded in broader cultural systems—hospitality norms in Burkina Faso, lifecycle rituals in Nepal.
3. **Tension with Global Recommendations:** Both countries' practices create tension with WHO recommendations for exclusive breastfeeding to six months.
4. **Importance of Local Knowledge:** Both contexts demonstrate that understanding local beliefs and practices is essential for effective nutrition programming.
5. **Extended Family Influence:** In both countries, feeding decisions are influenced by family members beyond the mother—grandmothers, fathers, community leaders.

# 6. DISCUSSION OF RESULTS

## 6.1 Cultural Logic and the Challenge of Behavior Change

The Burkina Faso case powerfully illustrates how infant feeding practices are embedded in broader cultural logics that make sense within local worldviews. Giving water to a newborn is not an act of ignorance or neglect but an expression of hospitality—welcoming the "new guest" to the family home . The belief that breastmilk alone cannot satisfy thirst in extreme heat is not irrational given that adults experiencing the same heat would indeed need water. The principle that "water is life" reflects a fundamental value shared across many cultures .

These cultural logics pose a profound challenge for behavior change interventions. Simply providing information about the risks of water supplementation (diarrheal disease, reduced breastmilk intake) is unlikely to overcome deeply held values about hospitality and beliefs about thirst. Effective intervention must engage with these logics respectfully, finding ways to honor cultural values while promoting optimal feeding practices.

Alive & Thrive's approach demonstrates one model for such engagement. By pre-testing counseling materials across multiple ethnolinguistic groups, they ensured that messages resonated with local communities . By involving traditional and religious leaders, they engaged respected community voices in promoting change . By using local languages and culturally appropriate imagery, they communicated in ways that felt familiar rather than foreign .

The positive feedback from pre-testing—health workers and mothers expressing that images conveyed inspiring messages about family joy and child health—suggests that culturally adapted approaches can generate genuine engagement . The challenge now lies in scaling these approaches across 13 regions while maintaining cultural specificity.

## 6.2 Maternal Agency and the Limits of Universal Recommendations

The Nepal research offers a different but equally important insight: mothers are not passive recipients of cultural rules but active interpreters of their infants' needs. Moffat's finding that "all mothers followed a feeding method that depended on their assessment of whether the child was getting enough breast milk" reveals a universal maternal practice: observing infant behavior (crying, seeming unsatisfied) and responding accordingly .

This maternal agency has profound implications for nutrition programming. If mothers are already assessing infant needs and making feeding decisions based on their observations, interventions must engage with this existing practice rather than override it. Mothers' knowledge of their own infants—developed through intimate daily care—is a resource to be respected and built upon, not dismissed.

Moffat's finding that early introduction of complementary foods was not associated with poorer nutritional outcomes, and that breastfeeding continued for a median of 36 months despite early introduction, challenges assumptions that underlie universal recommendations. If exclusive breastfeeding to six months is not feasible or acceptable for many mothers, and if early introduction does not necessarily harm nutritional status or shorten breastfeeding duration, then rigid insistence on the recommendation may be counterproductive.

This does not mean abandoning the goal of optimal infant feeding, but rather recognizing that optimal may look different in different contexts. As Moffat concludes, "Investigation of infant feeding practices must be contextualized in the local ecology of the population" .

## 6.3 Cultural Ceremonies as Nutrition Education Opportunities

Nepal's rice feeding ceremony represents a remarkable cultural resource for nutrition education. The ceremony already marks the transition to complementary foods at an age (5-8 months) broadly consistent with recommendations to begin complementary feeding around six months. It already involves family and community members who influence feeding decisions. It already carries positive cultural meanings about child development and social integration.

Rather than viewing such ceremonies as obstacles to be overcome, nutrition programs could potentially work with them—providing information about appropriate complementary foods, food safety, and continued breastfeeding within the framework of the ceremony. The ceremony's existing elements (ritual feeding by family leader, involvement of maternal kin, community procession) could be enhanced with nutrition messages that feel congruent with cultural values.

This approach would require respectful partnership with communities and cultural leaders, not external prescription. But the potential for building on existing cultural infrastructure is significant.

## 6.4 Socio-Economic Disparities and Nutritional Inequalities

The Burkina Faso research documenting how maternal social status affects access to different food types reveals a crucial dimension of infant nutrition: inequality . Higher-status mothers have access to imported infant flours, fruits, and fish soups—generally more nutritious options. Lower-status mothers rely more heavily on simple porridges and family staples.

Critically, the research also identifies an information gap: 57.75% of parents lack information about locally available nutritious flours (improved porridges) . This suggests that even within existing resource constraints, there may be room to improve feeding practices by increasing awareness of affordable, locally available options.

Addressing socio-economic disparities in nutrition requires both equity-oriented policies (improving access to nutritious foods for low-income families) and information strategies (ensuring families know about and know how to use affordable nutritious options). The Burkina Faso research provides evidence to guide both approaches.

## 6.5 Implications for SDG 2

The findings have important implications for achieving SDG 2 targets:

**Target 2.2 (End malnutrition):** Ending malnutrition requires understanding and engaging with the cultural contexts within which feeding decisions are made. Burkina Faso's experience shows that deeply held cultural beliefs can conflict with recommended practices, requiring respectful, culturally adapted interventions . Nepal's experience shows that locally adapted practices (early introduction combined with prolonged breastfeeding) may not produce the negative outcomes that universal recommendations assume .

**Target 2.1 (Access to nutritious food):** Socio-economic disparities in access to nutritious complementary foods, documented in Burkina Faso , require attention to both food systems (making nutritious options available and affordable) and information (ensuring families know about locally available options). Nepal's prolonged breastfeeding (median 36 months) demonstrates that breastfeeding can continue to provide significant nutrition well beyond infancy, but this depends on maternal nutrition and support.

**Cross-cutting dimensions:** Gender equality is central to infant nutrition, as mothers bear primary responsibility for feeding decisions yet often lack decision-making power within households. Engaging fathers, grandmothers, and community leaders—as Alive & Thrive's program does—is essential for creating supportive environments for optimal feeding .

# 7. CONCLUSION

This comparative analysis of infant feeding practices and cultural beliefs in Burkina Faso and Nepal reveals profound insights for the pursuit of SDG 2 and the global effort to end malnutrition. The two countries, while both facing significant challenges in infant nutrition, demonstrate fundamentally different cultural frameworks for feeding infants, different patterns of practice, and different implications for nutrition programming.

Burkina Faso's practices are deeply shaped by cultural values of hospitality and beliefs about breastmilk's sufficiency in extreme heat. Giving water to newborns is not a deviation from cultural norms but an expression of them—welcoming the "new guest" to the family home . The belief that water is life creates profound resistance to exclusive breastfeeding recommendations . Research in Ouagadougou reveals that complementary feeding practices are heavily influenced by maternal social status, with significant consumption of family foods and commercial products alongside low intake of nutritionally rich options . Crucially, over half of parents lack information about locally available nutritious flours, representing an actionable target for nutrition education .

Alive & Thrive's response demonstrates how culturally adapted interventions can engage respectfully with local beliefs. By pre-testing counseling materials across multiple ethnolinguistic groups, using local languages, involving traditional and religious leaders, and employing imagery

that resonates with community values, the program seeks to facilitate conversation rather than impose external mandates . The positive feedback from pre-testing suggests genuine engagement is possible.

Nepal presents a different picture where infant feeding is shaped by maternal agency and elaborate cultural ceremonies. Research in peri-urban Kathmandu reveals that half of infants receive non-breastmilk foods by three months, yet breastfeeding continues for a median of 36 months—far beyond global averages . Mothers make feeding decisions based on their assessment of infant needs, demonstrating active agency rather than passive rule-following . Crucially, early introduction was not associated with poorer nutritional outcomes, challenging assumptions underlying universal recommendations .

The Newar rice feeding ceremony (Ja(n)ko) represents one of the most culturally elaborated infant feeding practices documented. Occurring at five to eight months, the ceremony formally marks the transition to complementary foods with interpretations that mother's milk is no longer sufficient and the child must learn to eat . The ceremony's social dimensions—involvement of maternal kin, procession through the neighborhood, feast with extended community—integrate the child into family and community while celebrating development.

Several cross-cutting insights emerge from this comparison:

First, cultural beliefs are not obstacles to be overcome but frameworks to be understood. Burkina Faso's hospitality norms and Nepal's rice feeding ceremony both make sense within their cultural contexts. Effective interventions must engage with these frameworks respectfully, finding ways to work within them rather than against them.

Second, maternal agency is a resource to be respected. Nepal's mothers actively assess infant needs and make feeding decisions based on their observations. This knowledge—developed through intimate daily care—is a foundation to build upon, not dismiss.

Third, universal recommendations require contextual interpretation. Moffat's finding that early introduction did not harm nutritional outcomes or shorten breastfeeding duration suggests that

rigid application of global guidelines may be inappropriate in some contexts. The challenge is to maintain the goal of optimal nutrition while allowing flexibility in how it is achieved.

Fourth, socio-economic disparities drive nutritional inequalities. Burkina Faso's documentation of how maternal social status affects food access underscores that nutrition interventions must address both behavioral and structural factors. Improving access to nutritious foods for low-income families is as important as education about feeding practices.

Fifth, information gaps are actionable targets. The finding that 57.75% of Burkina Faso parents lack information about locally available nutritious flours suggests that even within existing resource constraints, practices could improve through better information.

Sixth, family and community matter. In both countries, feeding decisions are influenced by grandmothers, fathers, and community leaders. Engaging these influencers—as Alive & Thrive's program does through traditional and religious leaders—is essential for creating supportive environments.

Seventh, cultural ceremonies can be partners, not obstacles. Nepal's rice feeding ceremony already marks the transition to complementary foods at an appropriate age. Working with such ceremonies, rather than against them, could enhance their nutritional impact while respecting their cultural significance.

For Burkina Faso, priorities emerging from this analysis include:

1. Scale up culturally adapted counseling interventions across all regions, maintaining the participatory, multi-stakeholder approach developed in the Alive & Thrive program.
2. Address information gaps about locally available nutritious flours through targeted communication in local languages.
3. Continue engaging traditional and religious leaders as champions for optimal feeding practices.
4. Address socio-economic barriers to accessing nutritious complementary foods through policies that improve affordability and availability.

5. Conduct research on maternal agency and decision-making processes to better understand how mothers navigate cultural norms and feeding recommendations.

For Nepal, priorities include:

1. Build on existing cultural ceremonies like the rice feeding ceremony by integrating nutrition education into these community events.
2. Recognize and support maternal agency by providing information that mothers can use in their assessments of infant needs.
3. Document and learn from the prolonged breastfeeding patterns (median 36 months) to understand what supports this practice.
4. Conduct research on socio-economic disparities in access to nutritious complementary foods, building on the detailed work done in Burkina Faso.
5. Develop culturally adapted nutrition education materials that respect and engage with Nepal's ethnic diversity.

For the international community, the lessons are clear: infant feeding cannot be understood through universal frameworks alone. Local ecologies, cultural beliefs, maternal knowledge, and socio-economic conditions all shape practices and outcomes. Effective support for optimal infant feeding requires research to understand these factors, programs that engage respectfully with communities, and policies that address both behavioral and structural determinants of malnutrition.

The ultimate measure of success for SDG 2 is not whether countries achieve particular feeding practices but whether children grow and develop to their full potential, free from malnutrition and its lifelong consequences. Burkina Faso and Nepal, in their different ways, are both working toward this goal.

# 8. LIMITS OF THE STUDY

This study has several limitations that should be acknowledged. First, the comparative analysis relies primarily on secondary sources rather than primary empirical research. Direct observation of feeding practices, interviews with mothers and family members, and participatory research

would provide valuable additional perspectives and ground-truth the findings from published literature. Second, data availability and comparability vary significantly between countries. Burkina Faso benefits from recent, detailed research on complementary feeding practices in Ouagadougou and well-documented programmatic work by Alive & Thrive. Nepal's foundational research by Moffat, while rigorous and influential, dates from 2001; more recent research would be valuable to understand contemporary practices. Third, the ethnographic material on Nepal's rice feeding ceremony comes from Levy's 1990 publication; while culturally significant, contemporary practices may have evolved. Fourth, the study focuses primarily on breastfeeding and complementary feeding practices, with less detailed attention to maternal nutrition, which fundamentally affects breastfeeding success. Fifth, the voice of mothers themselves is mediated through research reports rather than captured directly. Future research should prioritize participatory methodologies that center mothers' own understandings of their feeding decisions. Sixth, the study does not comprehensively address the political economy dimensions—the interests, power relations, and structural forces that shape nutrition outcomes in both countries. Understanding why certain foods are available or unavailable, why information gaps persist, or how gender relations affect feeding decisions would require deeper political economy analysis. Seventh, the transferability analysis is necessarily speculative. While principles can be identified, actual transfer of programmatic approaches depends on countless contextual factors including cultural frameworks, health systems, and socio-economic conditions that cannot be fully anticipated. Despite these limitations, the comparative analysis provides valuable insights into the relationship between cultural beliefs and infant feeding practices, with implications for both countries and for broader efforts to achieve SDG 2.

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## 10. AUTHOR CONTRIBUTIONS

The author conceived the study, designed the research methodology, conducted the literature review and document analysis, synthesized findings across countries, and drafted the complete manuscript. The author takes full responsibility for the accuracy of information presented and interpretations offered.

## 11. COMPETING INTERESTS

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential competing interest. No funding was received from organizations with interests in infant nutrition, breastfeeding promotion, or related sectors.

## 12. AUTHORS' CONTRIBUTIONS

As sole author, I performed all roles including conceptualization, methodology development, investigation, formal analysis, writing, review, editing, and project administration.

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## 14. DATA AVAILABILITY

All sources analyzed in this study are publicly available documents, including program documentation, peer-reviewed articles indexed in scholarly databases, and ethnographic publications. Primary sources are cited in the bibliography and accessible through the referenced publications and organizations.

## 15. DISCLAIMER

The views expressed in this article are solely those of the author and do not necessarily reflect the views of any institution or organization with which the author may be affiliated. The analysis is provided for scholarly purposes and should not be construed as policy guidance or medical advice. Infant feeding practices, cultural beliefs, and nutrition recommendations are subject to change, and readers should consult current sources for specific information about Burkina Faso, Nepal, and optimal infant feeding.

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