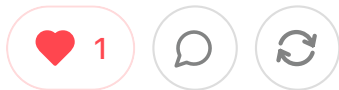


POSHAN GHAR STORIES

# Bridging Gaps in Infant Care: Lessons from Field

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*Improving infant nutrition is not only about awareness but about addressing often overlooked practices within everyday caregiving. Drawing from field experience under the First 1000 Days approach, this blog by Kiran highlights how staged contextual Social and Behaviour Change (SBC) efforts around breastfeeding, complementary feeding, and hygiene can help families translate care into effective practices. It shows that bridging micro-level knowledge gaps, through sustained engagement and trust building, is critical to improving maternal and child health outcomes.*



Kiran conducting a community session on maternal health, nutrition, and hygiene with women and children in a rural household

I have been working with [ZealGrit](#) for over 14 months under Project First. During this time, I have been closely engaging with more than 200 pregnant, lactating women and caregivers in Latauna Uttar Panchayat of Supaul district. Under the project, my role involves providing handholding support on maternal and child health, nutrition, breastfeeding, complementary feeding, birth preparedness, hygiene, and everyday caregiving practices through regular home visits, counselling, and community sessions, with social and behaviour change being the core of the intervention.

If there is one thing I have seen everywhere: families care no matter what.

any other family, people in Bihar also adjust their routines, their food, the their budgets for their child. And yet, I repeatedly meet children who are uncomfortable, frequently ill, or not gaining weight as expected. The cha incomplete information. My work is not about overloading families with ir but filling in the missing gaps in a stage-wise, contextual and sensitive w

## After breastfeeding: what gets missed?

Take exclusive breastfeeding for instance. With consistent follow-ups an conversations, most mothers I work with now practice exclusive breastfe six months. That change happened because we kept returning to the “w it. But once exclusive breastfeeding becomes consistent, another layer c becomes visible. I often see that after feeding, the baby is laid down imm Within minutes, the child becomes restless and they often spit-up. Gran usually say, “इसका पेट ठीक नहीं है” (her stomach is upset).

When we sit together and unpack what happened, we talk about how ba swallow air during feeding. That burping is not an extra step, but part of itself. That holding the baby upright for a few minutes allows the trapepe escape and prevents discomfort.

## Starting complementary feeding: timing a quality

Around the six-month mark, another transition begins when complemen feeding has to be started. Most families usually think feeding should beg when the child demands it. A few introduce tea and biscuits thinking the harmless and easy to digest. What is not fully visible to families is what is happening inside the child’s body at this stage.

After six months, nutritional needs increase rapidly, iron stores begin to c physical growth accelerates, and brain development is active. If comple

feeding is delayed, too diluted or infrequent, the effects are gradual but : weight gain slows, infections become frequent, and the child appears low energy.

So instead of giving generic advice, we sit and connect feeding to growth together, discuss thickness and frequency, talk about responsive feeding to recognise hunger cues. Slowly, the uncertainty reduces.



A field session bringing together mothers and children to learn about nutrition, hygiene, and child health in a village

Then comes another common concern. Families say, “जबसे खिला रहे हैं, कर्म लग जाते हैं” (since we started feeding, the baby has started getting frequent diarrhoea). Sometimes it may be a digestion issue. But often, I observe it happens without handwashing because water is stored at a distance. At 12 months, children begin crawling and they pick up whatever is around them and put it in their mouths. Germs enter easily causing loose motions and weight loss.

Here again, the challenge is how daily realities shape behaviour. So conversations expand around hygienic feeding practices, safe spaces for crawling and playing. Loose motions require medical attention and why to continue feeding and breastfeeding during illness instead of stopping.

## Looking beyond assumptions

Field work has taught me to be careful with assumptions. When a child is underweight, it is easy to conclude that the mother and family are not feeding enough or are being careless. But when I sit inside their home, I see the mother carries the child. So instead of judging, I sit with them and help connect the picture of daily practices, growth, hygiene and development, one message at a time, I see works for them, making it easy for them to understand and accept.

What makes these shifts stick is their relevance, when families begin to see the link between everyday practices and the child's comfort and growth. Over time, new behaviours are more likely to hold when they fit within existing routines, are sensitive and adapted to local cultural practices versus introducing something that will work against them.

*Note: This story was originally published on ZealGrit Foundation's [website](#).*

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social behaviour change? We would love to hear from you. Reach out at [arpita.d@zealgrit.com](mailto:arpita.d@zealgrit.com).

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