

WHO TEACHES PARENTS TO PARENT?

Trust, Informal Networks, and the Commercialisation of Infant Feeding

Samridhi Upadhyay

When new parents decide how to feed their children, they rarely decide alone. Formal guidance comes from scientific bodies, health workers, and government programmes, but the people who most shape those choices are closer to home: grandmothers, relatives, neighbours, experienced mothers, trusted community members. These informal networks¹ have taught parenting across generations and geographies — and their staying power points to a simple truth: parents act on information they trust, not necessarily information that is merely correct.

Informal Networks as the First School of Parenting

Historically, feeding practices have been remarkably similar in one respect across regions such as India, China, and the Mediterranean: parents learned from other parents and caregivers within their communities (Stevens et al., 2009; Fulminante, 2015). While cultures differed in what they fed their children, they were united in how feeding knowledge was passed down. Whether through allomothers, dais, wet nurses, grandmothers, or community elders, infant feeding evolved as a deeply social practice.

Even today, mothers routinely draw on advice from relatives, joint-family members, and community elders (Manikam et al., 2017). Recommendations such as "Honey increases an infant's immunity" or "We have always introduced rice water at four months" continue to circulate across households despite conflicting with current scientific recommendations. The persistence of such advice is often attributed to a lack of awareness, but this explanation overlooks a more fundamental driver: trust. As UNICEF notes, family members, particularly mothers and mothers-in-law, continue to exert considerable influence because they are viewed as knowledgeable sources rooted in longstanding traditions of childcare and feeding (UNICEF, 2020). Their authority originates not from technical expertise but from lived experience. They have raised children themselves, navigated similar challenges, and developed a form of knowledge that feels locally relevant and immediately applicable.

Research on infant care decision-making further supports this observation. Aston et al. (2021) found that new mothers actively seek reassurance from friends and relatives who have parenting experience, often using consensus within these trusted networks before making childcare decisions. Professional advice may be considered, but it is frequently interpreted through the lens of existing social relationships.

This dynamic is evident in everyday interactions. In Mobile Creches' 2025 study of undernutrition among children under five in Delhi NCR, a mother at a construction-site creche reflected:

¹ Trusted networks and informal networks are interchangeably used in the following sections.

"During my pregnancy, I was fine... I didn't take any medicines, even though ASHA didi gave them to me. ... I never went for check-ups because I believed they were only necessary if I faced any issues..." (Mobile Creches, 2025).²

The issue here was not a lack of access to information. The information existed. The challenge was that it competed with more trusted interpretations of pregnancy and childcare circulating within the individual's social environment.

Why Scientific Information Often Struggles to Travel

Since Independence, the Indian state has invested significantly in improving child nutrition. The creation of ICDS³ in 1975, followed by Anganwadis, Mother and Child Protection Cards, and POSHAN Abhiyaan⁴, reflects a sustained effort to institutionalise nutritional support and counselling. These initiatives have undeniably expanded the reach of evidence-based nutrition information.

Importantly, many of these systems are themselves rooted in communities. Anganwadi Workers are often local women embedded within the social fabric of the areas they serve. In a large study conducted across 841 villages in Bihar and Madhya Pradesh, 93.4% of Anganwadi Workers reported feeling valued and integrated within their communities, while simultaneously delivering counselling on infant and young child feeding practices (Diamond-Smith et al., 2025).

Yet institutional efforts continue to face limitations. Information is often delivered during brief interactions, outreach may remain inconsistent, and frontline workers themselves encounter training and resource constraints (NITI Aayog, 2023). Consequently, scientific recommendations frequently enter households as external advice rather than as part of the community's own knowledge system.

This helps explain a persistent paradox. Despite the availability of global feeding guidelines, around 69% of children aged 6-23 months do not meet Minimum Dietary Diversity recommendations (UNICEF, 2026). The problem is therefore not solely an information deficit. Rather, it lies in the pathways through which information travels and the degree of trust attached to those pathways, which in turn defines consumer behaviour.

² Mobile Creches (2025), Determinants of Undernutrition in Children Under Five: Assessing Maternal Knowledge, Attitudes and Practices in Mobile Creches' Centres in Delhi NCR. Mixed-methods study combining a structured survey of 810 mothers of children under five, anthropometric measurements of 961 children, and nine focus group discussions with mothers, fathers, and centre staff. Data were collected across 46 Mobile Creches centres (28 at construction sites and 18 in urban slums) in Delhi, Noida, Ghaziabad, and Gurugram, with roughly 21 children per centre selected through simple random sampling. Participants are families already enrolled in Mobile Creches centres, so findings are indicative of these communities and not representative of Delhi NCR overall. Quotations are drawn from the study's qualitative component; all figures cited in this blog are from the mother survey.

³ ICDS (Integrated Child Development Services) is a centrally sponsored Government of India scheme launched in 1975 that delivers nutrition, health, and pre-school education services to young children, pregnant women, and lactating mothers through Anganwadi centres.

⁴ POSHAN Abhiyaan (National Nutrition Mission), launched in 2018, is a flagship Government of India programme aimed at improving nutritional outcomes for children, adolescent girls, pregnant women, and lactating mothers through convergent, technology-enabled delivery of nutrition services.

What Commercialisation Understood Before the Development Sector

If trust determines behaviour, then perhaps the most important question is not why public health messaging struggles, but why commercial messaging succeeds.

Over the past several decades, commercialisation has fundamentally altered feeding practices by understanding and utilising the same informal networks that have historically shaped parenting decisions. As women increasingly entered the workforce and families experienced urbanisation-related transitions, convenience became a growing constraint. Commercial feeding products entered this space by offering solutions that appeared practical, modern, and reliable. However, commercial success cannot be explained by convenience alone.

What commercial actors recognised was that parents rarely make decisions by analysing nutritional evidence. Instead, they respond to recommendations, social norms, aspirations, and perceived solutions to everyday problems. Formula manufacturers, packaged food brands, retailers, influencers, and healthcare-associated marketing channels collectively reshaped perceptions of what constitutes "good nutrition."

A multi-country study of more than 8,500 pregnant women and mothers found that formula marketing significantly influenced maternal perceptions and infant-feeding decisions (WHO & UNICEF, 2022). The achievement of commercialisation, therefore, was not simply selling products. It was changing what trusted people within communities came to believe and recommend. As a result, many of the same grandmothers and mothers who once advocated traditional porridges, mashed lentils, fruits, and region-specific complementary foods now suggest commercially produced alternatives. Increasingly, packaged foods are viewed not only as convenient but as nutritionally desirable.

This perception is reflected in Mobile Creches' 2025 survey of 810 mothers of children under five, drawn from 46 Mobile Creches centres across Delhi, Noida, Ghaziabad, and Gurugram. In that survey, 85.1% of mothers believed that ultra-processed foods are healthy for young children, while only 14.9% correctly identified them as not nutritious (Mobile Creches, 2025). The belief was equally widespread among construction-site families (82.1%) and urban-slum households (84.5%), and varied little by mothers' education, household income, or caste. Because the sample comprises families already enrolled in Mobile Creches centres, these figures describe the communities the organisation serves rather than Delhi NCR as a whole. These perceptions did not emerge because families suddenly acquired new nutritional evidence. Rather, they emerged because informal networks absorbed and repeated messages that associated packaged food with health, safety, growth, and modern parenting.

In effect, commercialisation succeeded because it penetrated informal networks before it penetrated markets.

Convenience, Aspiration, and Everyday Realities

Another reason for the success of commercial feeding practices lies in their alignment with lived realities.

Parents often understand that home-cooked foods are healthier. Yet caregiving decisions are rarely made under ideal conditions. Time constraints, work pressures, financial insecurity, and children's food preferences all shape behaviour.

One mother, describing the morning rush to drop her child at the creche before work, explained: "When we are in a hurry and the child demands chips or biscuits, we give it to avoid delays. If we're late, we risk salary deductions or reprimands from our employers" (Mobile Creches, 2025).

Similarly, in the same survey, 54.3% of mothers said they give processed foods because their children eat them happily, and a further 14.4% said their children dislike home-cooked food (Mobile Creches, 2025). Even among low-income construction-site families, expenditure on ultra-processed foods remains substantial: at construction-site centres, most boys' families reported spending ₹6–15 a day on such foods (33.7% in the ₹6–10 bracket and 30.7% in the ₹10–15 bracket; n = 261) (Mobile Creches, 2025). This indicates that these purchases serve needs extending beyond nutrition alone.

Commercial products have succeeded because they address multiple concerns simultaneously: convenience, social aspiration, child acceptance, storage, preparation time, and perceived nutritional value. In doing so, they fit naturally into the constraints parents face every day.

What NGOs Must Learn

The lesson for NGOs is not that commercial practices should be replicated uncritically. Rather, it is that behaviour change must begin with an understanding of how communities actually make decisions.

For too long, development interventions have assumed that accurate information naturally leads to improved behaviour. Commercialisation demonstrates a contrasting reality. Information changes behaviour only when trusted individuals carry that information into existing social networks.

This is why **influencer mapping, community mapping, and engagement with lived experiences** are critical. The influential actor within a community may not be a nutrition expert. It may be a grandmother, a respected mother, a paediatrician followed on social media, a local shopkeeper, or a community leader. Identifying who influences whom is often more important than simply determining what message should be delivered.

Mobile Creches has observed this in practice. **When mothers share positive experiences of replacing packaged foods with healthier alternatives, their peers often respond more positively than they do to conventional awareness campaigns.** The messenger, in these cases, becomes as important as the message.

From Information Dissemination to Community Ownership

Ultimately, **sustainable change requires more than awareness.** It requires **community ownership.** Commercialisation has demonstrated how ideas become normalised when they are repeated, trusted, and embedded within everyday interactions. Scientific knowledge must travel through the same pathways if it is to achieve similar influence.

The objective, therefore, should not be to replace informal networks with formal institutions. Informal networks have always shaped parenting and will continue to do so. The challenge is to ensure that these **networks become carriers of evidence-based knowledge** rather than misinformation.

When grandmothers, neighbours, frontline workers, and experienced mothers begin advocating scientifically grounded feeding practices as naturally as they currently share other forms of advice, scientific knowledge ceases to be external expertise. It becomes community knowledge. And when communities begin to own that knowledge, lasting behaviour change becomes possible.

After all, parents rarely learn how to parent from institutions alone. They learn from people they trust. The future of nutrition behaviour change therefore depends not simply on generating better information, but on ensuring that trusted communities become its teachers.