

International Journal of Agriculture Extension and Social Development

Volume 9; Issue 4; April 2026; Page No. 12-17

Received: 08-01-2026
Accepted: 15-02-2026

Indexed Journal
Peer Reviewed Journal

Trends of infant feeding practices and nutritional knowledge of lactating mothers

¹Manu Devi, ²Veenu Sangwan and ³Varsha Rani

¹Ph.D. Scholar, Department of Foods and Nutrition, CCS Haryana Agricultural University, Hisar, Haryana, India

²Senior Scientist, Department of Foods and Nutrition, CCS Haryana Agricultural University, Hisar, Haryana, India

³Sr. DES, KVK Faridabad, CCS Haryana Agricultural University, Hisar, Haryana, India

DOI: <https://www.doi.org/10.33545/26180723.2026.v9.i4a.3444>

Corresponding Author: Varsha Rani

Abstract

Adopting healthy infant feeding practices on time and lactating mothers' nutritional knowledge play a significant role in a child's overall health and well-being. The World Health Organization recommended a set of healthy infants feeding practices to promote optimal growth and good health. This study was conducted in the Kurukshetra, Kaithal, Faridabad, Palwal, and Sonapat Districts of Haryana to assess the trends of feeding practices among 300 infants and to assess the nutritional knowledge of their mothers. The respondents were selected by a purposive random sampling technique through hospital visits, household surveys, and Anganwadi Centres. Data on dependent and independent variables were collected using a pre-tested, well-structured interview schedule. Results indicated that 35% of the lactating mothers studied up to the higher secondary, 20 percent had graduated or above, 5 percent were illiterate, while 6.66 percent were educated up to primary education. The majority (94.67%) of lactating women were non-working, and only 5.33 percent were found to be working. Only 42.7% of lactating women were aware of six months of exclusive breastfeeding, 58.3% of them were familiar with the frequent on-demand breastfeeding, 63.0% of them were aware of the start of complementary feeding at six months. The majority of mothers observed that breast milk secretion was increased by the intake of galactagogues such as gum acacia *laddoo* (goond *laddoo*), halwa, besan *laddoo*, fenugreek seeds *laddoo*, *kangni* (small millet) *laddoo*, omum seeds *laddoo*, and dried ginger (*sonth*) *laddoo*, etc. Around forty percent of the lactating women found breastfeeding good for shedding extra weight gain during pregnancy and lactation, 21.27% reported it was good for healthy infant weight gain, 5.31% reported it was good to reduce stress.

Keywords: Complementary feeding, galactagogue, infant feeding practice, mother's knowledge

Introduction

Infancy, spanning from birth to approximately two years of age, is a period of rapid physical and cognitive development. The term "infant" originates from the Latin word *infans*, meaning "unable to speak," which highlights the early, formative nature of this life stage. This phase includes critical milestones such as the acquisition of motor skills, language development, and the beginning of social interaction. The nutritional foundation established during infancy is vital for an individual's future health, growth, and overall development (Misirliyan, 2023) ^[12]. Infant feeding practices, which include breastfeeding, formula feeding, and the introduction of complementary foods, are foundational to an infant's development. These practices significantly influence growth, immune health, and cognitive development. Optimal infant feeding ensures adequate nutrient intake, which is crucial for healthy development and the prevention of malnutrition. A study by Karol *et al.*, (2019) ^[6] aimed to evaluate feeding practices and their influence on the nutritional condition of infants in rural Haryana, highlighting the importance of children in shaping the nation's future. Beyond the benefits for newborns, breastfeeding also holds considerable advantages for women, including a reduction in the incidence of ovarian and breast cancer, as well as diabetes. This establishes

nursing as a pivotal component of initial nourishment, with reciprocal health benefits for both mother and child. Research indicates that breastfeeding rates decline significantly, from 74% at 12 months to 46% at 24 months (Chowdhury *et al.*, 2015) ^[3]. Some infants are introduced to complementary foods prematurely, while others are exclusively breastfed for longer than the recommended duration. Furthermore, a significant proportion of children aged 6 to 23 months do not receive an adequately varied diet (Campbell *et al.*, 2016) ^[2].

The optimum Infant and Young Child Feeding (OIYCF) practices, as recommended by the World Health Organisation (WHO, 2025) ^[20], encompass several key recommendations. These include the initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the initial six months, and the continuation of breastfeeding for a minimum of two years. Additionally, appropriate complementary feeding should be introduced after the six-month mark. Breastfeeding is recognised for its significant contribution to facilitating optimal growth and development in newborns, mitigating the likelihood of mortality resulting from infectious diseases during the initial two years of life, and averting child malnutrition.

Children suffer from malnutrition because their parents fail to provide adequate nutrition when they are between one

and two years old. Malnutrition takes three forms, which are called stunting, wasting, and underweight. Haryana data from NFHS-5 reveals that 27.3 per cent of children under five show stunting while underweight affects 21.2 per cent, and wasting happens with 11.5 per cent (NFHS-5, Haryana, 2019-21) ^[14]. Child malnutrition exists at high levels because mothers fail to choose exclusive breastfeeding, while also starting breastfeeding late and feeding their infants the wrong foods too early, along with having low dietary choices. The proper delivery of nutritional education coupled with counseling strategies and support systems decreases child malnutrition as well as enhances their health (WHO, 2021) ^[221].

Education plays a crucial role in improving infant feeding practices. According to the World Health Organization (WHO), nutrition education can help caregivers make informed decisions about breastfeeding, complementary feeding, and nutrient-rich foods, ultimately reducing the risk of malnutrition, morbidity, and mortality in infants. This study was conducted to assess the trends of galactagogue intake, breastfeeding, and complementary feeding practices, and lactating mothers' knowledge.

Materials and Methods

This study was conducted in Faridabad, Palwal, Sonapat, Kaithal, and Kurukshetra districts of Haryana. These districts were selected depending on the convenience of the researcher. The study included 300 mothers with newborns weighing over 2.5 kg. The participants were selected using a purposive random sampling technique, meaning they were chosen both intentionally and randomly. The researchers found participants through visits to hospitals, household

surveys, and Anganwadi Centers. Before collecting data, the researchers obtained written consent from each mother and explained the study's purpose. A pre-tested, structured questionnaire was used to collect information on socio-economic status, trends of breastfeeding practices, trends of complementary feeding practices and galactagogue intake and mother's knowledge. This questionnaire gathered demographic details, including the mother's age (20-25, 26-30, and 31-35 years), religion (Hindu, Sikh, or other), social category (General, OBC, and SC), occupation (working or non-working), family income (less than ₹1 lakh to ₹3 lakh), family type (nuclear or joint), and the number of children.

Statistical analysis

The data were analysed using statistical methods (SPSS IBM version 23). The results of sociodemographic characteristics, mother's knowledge, trends of breastfeeding and complementary practices were represented as frequency and percentage, which were calculated using descriptive statistics.

Results and Discussion

The data presented in Table 1 showed that the majority of the lactating mothers (47.7%) were in the age group of 26 to 30 years, followed by 31.3 percent in the age group of 31 to 35 years, and 21 percent in the age group of 20 to 25 years. The majority of the lactating mothers were Hindu (99.3%). The majority (45.3%) of the respondents belonged to the scheduled castes (SC), followed by 33 percent belonging to the general category, and 21.66 percent were from the other backward classes (OBC).

Table 1: Sociodemographic profile of lactating mothers (N =300)

Sociodemographic Profile	Categories	Frequency	Percentage
Age of respondent (y)	20-25	63	21.0
	26-30	143	47.7
	31-35	94	31.3
Education	Illiterate	15	5.0
	Primary education	20	6.6
	Secondary education	100	33.3
	Higher secondary	105	35.0
	Graduation and above	60	20.0
Occupation	Working	16	5.3
	Non-working	284	94.6
Family income per annum (Rs.)	Less than 1 lakh	164	54.7
	1 to 2 lakhs	134	44.7
	2 to 3 lakhs	2	0.7
Type of family	Nuclear Family	109	36.3
	Joint Family	191	63.7
Birth order of infant	One	145	48.3
	Two	113	37.7
	Three	40	13.3
	Four	2	0.7
Gender of infant	Male	160	53.3
	Female	140	46.6

The majority (35%) of the respondents studied up to the higher secondary, 20 percent had graduated or above, 5 percent were illiterate, while 6.66 percent were educated up to primary education. The majority (94.67%) of respondents were non-working and only 5.33 percent were found to be working during the lactation period. Non- working status of

mothers showed the traditional family norms of only males being the breadwinners are strongly present in the culture of Haryana (Ghosh *et al.*, 2022) ^[5]. Similar results of socio-economic status of lactating mothers were observed by Kumar *et al.*, 2006 ^[9]; Subba *et al.*, 2007 ^[18]; Khandelwal *et al.*, 2022 ^[8] and Asoba *et al.*, 2024 ^[1].

The respondent's annual family income showed that the majority (54.7%) had a family income of less than 1 lakh per annum, followed by 44.7 percent who had an annual income between 1 lakh and 2 lakhs, and only 0.7 percent had a family income ranging from 2 lakhs to 3 lakhs. The majority (63.7%) of the respondents belonged to joint families, followed by 36.3 percent, who were in nuclear families. The majority (48.3%) of the infants were first-born, and 37.7 percent were second-born infants, 13.3 percent were third-born infants, and 0.7 percent were fourth-born. The gender-wise representation of newborns showed that 53.3 percent were male, while 46.6 percent were

female. Mother's education status, family size and family income play significant role in selection, affordability and procurement of healthy and nutritious diet by them (Meshram *et al.*, 2012^[11] and Mitra *et al.*, 2017^[13]).

Data presented in Table 2 indicated the infant feeding practices followed by the lactating mothers. It was observed that the majority of mothers (68.0%) strictly followed colostrum feeding and did not provide any pre-lacteal feed; however, 32% of newborns were fed *ghutti* syrup and honey. The majority of mothers (76.6%) initiated early breastfeeding within an hour of birth, which was a good initiative.

Table 2: Infant feeding practices followed by lactating mothers (N=300)

Statements	Frequency	Percent
No. of mothers opted for pre-lacteal feeding	96	32.0
No. of mothers strictly followed colostrum feeding	204	68.0
No. of mothers initiated early breastfeeding within an hour of birth	230	76.6
No. of mothers who washed their breasts before feeding	102	34.0
No. of mothers had adequate breast milk	245	81.7
No. of mothers aware of six months of exclusive breastfeeding	128	42.7
No. of mothers aware of frequent on-demand breastfeeding until 2 years	175	58.3
No. of mothers aware of the start of complementary feeding at six months	189	63.0
No. of mothers aware of increasing the quantity of complementary feeding after every three months	205	68.3

Unfortunately, a big number (66.0%) of the studied population has not realized the importance of washing their breasts before feeding infants, which may be a source of infection caught by them. It is always advised to wash and clean breasts before feeding to avoid dirt, dust, or perspiration as a source of infection to newborn babies; only 34.0% of them were found to follow the guidelines. Further, the majority (81.7%) of mothers were found to have enough milk secreted as per the needs of the infant; however, 18.3% of them had a complaint of insufficient milk secretion. Data on their awareness to ensure optimum nutrition and health of infants indicated that 42.7% of them were aware of six months of exclusive breastfeeding, 58.3% of them were familiar with the frequent on-demand breastfeeding until 2 years, 63.0% of them were aware of the start of

complementary feeding at six months and 68.3% of them were aware of increasing the quantity of complementary feeding after every three months. Similar results of breastfeeding patterns were observed by Subba *et al.*, 2007^[18], Mitra *et al.*, 2017^[13] and Shah *et al.*, 2021^[17].

Data presented in Table 3 indicated the nutritional knowledge of lactating mothers. The mothers who strictly followed colostrum feeding stated the reason behind, and the majority (70%) of the mothers found it good for the infant's health, 16.6 percent of mothers fed colostrum as it was boosting the infant's immune system, and 13.3 percent were found to feed colostrum because of the culture. Results indicated that only 36.7 percent of the mothers admitted that adequate breast milk was necessary for an infant for optimum growth.

Table 3: Nutritional knowledge of lactating mothers (N=300)

Statements	Categories	Frequency	Percentage
Reasons to feed colostrum	Good for immune system	50	16.7
	First natural immunization	30	10.0
	Good for health	180	60.0
	Cultural practice	40	13.3
Is adequate breast milk necessary for an infant	Yes	110	36.7
	No	190	63.3
Is washing or cleaning of breasts before feeding necessary	Yes	102	34.0
	No	198	66.0
Do you breastfeed if the infant is sick	Yes	172	57.3
	No	128	42.7
Do you breastfeed if you are sick	Yes	215	71.7
	No	85	28.3
Can breast milk secretion be increased by healthy diets?	Yes	213	71.0
	No	87	29.0
Can breast milk secretion be increased by galactagogues?	Yes	249	83.0
	No	51	17.0
Can breast milk secretion be increased by adopting proper sleep, rest, free of anxiety, and fear	Yes	111	37.0
	No	189	63.0
What is the optimum duration of breastfeeding	6-month	130	43.3
	12-month	96	32.0

	Up to two years, along with supplementary feed and top milk	74	24.7
Doubling birth weight in six months is a strong indicator of adequate breast milk	Yes	178	59.3
	No	122	40.7
Positions during breastfeeding	Sitting position	248	82.7
	The lying position	52	17.3
Can opting wrong breastfeeding position cause harm to the infant	Yes	128	42.7
	No	172	57.3
What are the benefits of breastfeeding to infants	Protect from illness	105	35.0
	Boost immune system	130	43.3
	Prevent diarrhea and constipation	182	60.7
	Promotes infant weight gain	159	53.0
What are the benefits of breastfeeding to mothers	Weight loss	70	37.2
	Supports healthy weight gain	40	21.3
	Reduced stress	10	5.31
	Cost effective	5	2.65
	No risk of breast cancer	63	33.5

Only 34.0 per cent of the mothers considered the washing or cleaning of breasts to be necessary before feeding, as the dirt, dust, or perspiration adhered to breasts could be a source of infection to the infants. Almost sixty percent of the mothers stated they would breastfeed even if the infant is sick, and seventy-two percent of them stated that they will continue breastfeeding even if they are sick. Seventy-one percent of the mothers admitted the importance of a healthy diet for the secretion of enough breast milk. The majority of mothers observed that breast milk secretion was increased by the intake of galactagogues such as gum acacia *laddoo* (goond *laddoo*), halwa, besan *laddoo*, fenugreek seeds *laddoo*, *kangni* (small millet) *laddoo*, omum seeds *laddoo*, and dried ginger (*sonth*) *laddoo* etc.

Breastfeeding is a natural process that is controlled by hormones. Only 37.0 percent of the mothers admitted the importance of proper sleep, rest, free of anxiety and fear, for maintaining the secretion of enough breast milk. The majority (43.3%) of the mothers stated that six months of breastfeeding was the optimum duration of breastfeeding, 32.0 percent of them considered 12 months as the optimum duration of breastfeeding, and only 24.7 percent of them stated that breastfeeding should be continued up to two years along with supplementary feed and top milk. Almost sixty percent of the mothers admitted that the doubling of infant birth weight in the first six months was a strong indicator of adequate breast milk. The majority of the mothers (82.7%) considered breastfeeding safe in the sitting position over the lying position; 42.7% of them admitted that opting for the wrong breastfeeding position may harm the infant. The majority (60.7%) of the mothers admitted that breastfeeding was useful in preventing diarrhea and

constipation; 53 percent considered breast milk good for infant weight gain, 43.3 percent as it builds a stronger immune system, and 35 percent to protect against illness. Regarding the benefits of breastfeeding for mothers, the majority (37.23%) reported weight loss, 21.27% reported healthy weight gain, 5.31% reported stress reduction, and 2.65% found it cost-effective. Additionally, 33.51 percent of breastfeeding mothers thought that they would have a reduced risk of breast cancer.

Table 4: Consumption of special foods with Galactagogue effect among lactating mothers

Special foods	Frequency (N=300)	Percentage
Gum acacia <i>laddoo</i> (<i>gond laddoo</i>)	260	86.7
<i>Halwa</i>	266	88.7
<i>Besan laddoo</i>	126	42.0
<i>Fenugreek seeds laddoo</i>	138	46
<i>Kangni</i> (small millet) <i>laddoo</i>	120	40
<i>Omum seeds laddoo</i>	200	66.7
<i>Dried ginger laddoo</i>	50	16.6

Data presented in Table 4 indicated the consumption of special foods with a galactagogue effect after post-partum among lactating mothers. The majority (88.7%) of mothers consumed *halwa*, 86.7 percent of mothers had gum acacia *laddoo* (*goond laddoo*), 66.7 percent consumed *omum seeds laddoo*, 46.0 percent mothers had *fenugreek seeds laddoo*, 42.0 percent mothers consumed *besan laddoo*, and 40.0 percent mothers had *kangni* (small millet) *laddoo*, and 16.6 percent mothers had *dried ginger laddoo* to increase milk production after delivery.

Table 5: Pattern of complementary feeding among infants

		Frequency(N=300)	Percentage
Milk/ grain water and soft mashed foods	Cow milk	240	80.0
	Buffalo milk	36	12.0
	Rice water	110	36.7
	Mashed <i>Khichdi</i>	89	29.7
	Mashed <i>Dalia</i>	83	27.7
	Dal water	224	74.7
	Biscuits	220	73.3
	Bread	152	50.7
Fruits/fruit juices	mashed fruits	180	60.0
	Fruit juices	120	40.0
Method of feeding the top milk	Spoon feeding	80	26.7

	Bottle feeding	190	63.3
	Cup feeding	20	6.66
Breastfeeding withdrawal at 6 months	Yes	145	56.7
	No	155	43.3
Reasons to withdraw from breastfeeding	Started complementary foods	123	84.4
	Lactation failure	115	79.3
	Sore, cracked, or bleeding nipples	30	20.7
	Back to work	10	6.89

The data given in Table 5 represented the complementary feeding pattern of infants. All mothers were giving their infants breastfeeding and complementary feeding from 6 months of age. The majority (80.0%) of mothers were giving cow milk, and 12 percent were giving buffalo milk. The majority (36.7%) fed rice water, 29.7 percent mothers fed mashed *Khichdi*, 74.7 percent served dal water, and 27.7 percent were feeding mashed *dalia*. The majority (73.3%) of mothers fed biscuits, and 50.7% fed bread. All mothers were feeding either fruits or fruit juices. The majority (60%) of mothers fed fruits to their infants on a daily basis, and 60 percent of mothers served fruit juice on alternate days. Regarding the method of feeding of top milk, it was observed that the majority (63.33%) of them adopted bottle feeding, and the remaining 26.6% adopted spoon feeding; only 6.6 percent of them were using a cup feeding method. The majority (56.7%) of mothers stopped breastfeeding after 6-months of age, whereas 43.3 percent continued. The majority (84.42%) of mothers stopped breastfeeding and started complementary feeding. The majority (79.31) of mothers stopped breastfeeding due to lactating failure, 20.68% of mothers stopped because of sore, cracked, or bleeding nipples, and 6.89% of mothers stopped as they had to go back to their work. Pradhan and Sobti *et al.*, 2021^[16] reported that despite the importance of breastfeeding and complementary feeding practices for the healthy growth and development of infants and young children and the health of mothers, the data do not seem to be so encouraging and satisfactory.

Fatima *et al.*, 2021^[4] reported that 'the timely initiation of complementary feeding varied widely across the country (42.7-84%). There were limited studies on the adequacy of complementary feeding. Many factors that influenced complementary feeding practices were identified and can be utilized in formulating intervention programs. Interventional studies showed that nutrition counselling for mothers was beneficial. Strengthening public nutrition programs required micro-planning, focusing on local factors, motivated healthcare staff, and continuous monitoring. Further, Kaur and Subbiah *et al.*, 2025^[7] reported that implementing evidence-based, culturally sensitive, and region-specific recommendations with utmost urgency and coordinated efforts can significantly improve complementary feeding practices across India.

Conclusion

The study highlighted that most mothers demonstrated good knowledge and practice of breastfeeding, including timely initiation, feeding of colostrum, and awareness of its role in preventing illnesses, strengthening immunity, and supporting healthy growth. Mothers also recognized personal health benefits of breastfeeding, such as weight loss and reduced risk of breast cancer. However, challenges

such as perceived lack of milk, cultural influences, and limited breast hygiene before feeding were observed. Postpartum nutrition was strongly influenced by cultural practices, with traditional foods such as halwa and gum acacia *laddoo* being widely consumed for maternal recovery and milk production. These findings underline the need for greater awareness and support for mothers on optimal breastfeeding practices, postpartum nutrition, and hygiene, while reinforcing recommendations for exclusive breastfeeding for the first six months and continued breastfeeding with complementary feeding thereafter, in line with WHO guidelines.

References

- Asoba GN, Ebong FS, Metuge S, Tabe EK, Ning TR, Ngole SI. The effects of different feeding practices on the nutritional status of infants below 12 months old in the Kumba 1 Sub-Division. *Food Nutr Sci.* 2024;15(5):336-350.
- Campbell RK, Hurley KM, Shamim AA, Shaikh S, Chowdhury ZT, Mehra S, *et al.* Effect of complementary food supplementation on breastfeeding and home diet in rural Bangladeshi children. *Am J Clin Nutr.* 2016;104:1450-1458. doi:10.3945/ajcn.116.135509.
- Chowdhury R, Sinha B, Sankar MJ, Taneja S, Bhandari N, Rollins N, *et al.* Breastfeeding and maternal health outcomes: a systematic review and meta-analysis. *Acta Paediatr.* 2015;104:96-113.
- Fatima S, Bansal U, Suryavanshi P, Rathoria E. Complementary feeding practices in India and improvement strategies. *Int J Sci Res.* 2021;10(3):29-32.
- Ghosh P, Rohatgi P, Bose K. Determinants of time-trends in exclusivity and continuation of breastfeeding in India: An investigation from the National Family Health Survey. *Soc Sci Med.* 2022;292:114604.
- Karol S, Khanna P, Karol M. Infant and young child feeding practices among mothers of rural Haryana. *J Med Sci Clin Res.* 2019;7(3):7079-7083. doi:10.18535/jmscr/v7i3.248.
- Kaur S, Subbiah N. Systematic analysis of complementary feeding practices among infants aged 6-23 months in India: current scenario, its determinants and policy interventions. *Int J Multidiscip Res.* 2025;7(2):1-13.
- Khandelwal S, Kondal D, Chakravarti AR, Dutta S, Banerjee B, Chaudhry M, *et al.* Infant and young child feeding practices in an Indian maternal-child birth cohort in Belagavi, Karnataka. *Int J Environ Res Public Health.* 2022;19(9):5088.
- Kumar D, Agarwal N, Swami HM. Socio-demographic correlates of breast-feeding in urban slums of

- Chandigarh. Indian J Med Sci. 2006;60(11):461-466.
10. Laroia N, Sharma D. The religious and cultural bases for breastfeeding practices among the Hindus. *Breastfeed Med*. 2006;1(2):94-98.
 11. Meshram II, Laxmaiah A, Venkaiah K, Brahman GNV. Impact of feeding and breastfeeding practices on the nutritional status of infants in a district of Andhra Pradesh, India. *Natl Med J India*. 2012;25(4):201-205.
 12. Misirliyan SS, Boehning AP, Shah M. Developmental milestones. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2026. PMID: 32491450.
 13. Mitra K, Nandi C, Banerjee S. A study on infant and young child feeding practice among the slum dwellers of Bardhaman Municipal Area, West Bengal. *IOSR J Dent Med Sci*. 2017;16:19-22.
 14. National Family Health Survey (NFHS-5), Haryana. State fact sheet Haryana. Ministry of Health and Family Welfare, Government of India; 2019-2021. http://rchiips.org/nfhs/NFHS_5_FCTS/Haryana.pdf
 15. Oyelana O, Kamanzi J, Richter S. A critical look at exclusive breastfeeding in Africa: through the lens of diffusion of innovation theory. *Int J Afr Nurs Sci*. 2021;14:100267.
 16. Pradhan R, Sobti A. Infant and young child feeding (IYCF) practices amongst mothers in hospitals of Mohali district (Punjab, India). *World Nutr*. 2023;14:10-15. doi:10.26596/wn.202314110-15.
 17. Shah RA, Fazili AB, Allaqband UF, Shah RJ. A cross-sectional study on infant and young child feeding practices of under-five children in block Hajin of Kashmir Valley. *Int Acad Res J Intern Med Public Health*. 2021;2(2):325-330.
 18. Subba SH, Chandrashekhar TS, Binu VS, Joshi HS, Rana MS, Dixit SB. Infant feeding practices of mothers in an urban area in Nepal. *Kathmandu Univ Med J*. 2007;5(1):42-47.
 19. World Health Organization. Infant and young child feeding. Geneva: World Health Organization; 2021. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>
 20. World Health Organization. Global targets 2025 to improve maternal, infant and young child nutrition. Geneva: World Health Organization. <http://who.int/nutrition/global-target-2025/en/>
 21. World Health Organization. Infant and young child feeding: model chapter for textbooks for medical students and allied health professionals. Geneva: WHO Press; 2021. <https://www.who.int/publications/i/item/9789241597494>