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A study on knowledge and practice of breastfeeding in the field study area of a medical college in Haldia, West Bengal, India

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ABSTRACT

Background: Breast milk contains all the nutrients an infant needs in the first six months of life. After 6 months of exclusive breastfeeding (EBF), WHO recommends infants should receive complementary foods. Only less than half of infants in India initiate breastfeeding within an hour and just about half are exclusively breastfed until 6 months. We conducted this study on various knowledge and practices for successful exclusive breast feeding.

Methods: A cross sectional study was conducted with pretested and prestructured questionnaire on mothers of children in age group of 6 moths to 5 years.

Results: Only 18 (21.7%) are working, 10 (12%) are illiterate and 7 (8.4%) are graduate. All of the mothers have heard about EBF. Mothers with correct knowledge of colostrums feeding being beneficial for baby (0.006), prelacteal feeding being harmful to baby (0.0003), knowledge of continuing EBF when baby is sick (0.00002), education (0.00015), when to start complementary feeding(0.001), institutional delivery (0.00002), when latching explained by nurses (0.0116), those who practiced burping (0.017), were significant for EBF for 6 months. Only 42 (50.6%) of mothers fed colostrum to their babies.

Conclusions: In this study it was seen that mothers with knowledge for different aspects of breast feeding had more chance of successful EBF. Female literacy was found out to be a strong indicator for successful EBF and also a indicator for colostrum feeding in future pregnancy. Special attention to be given to raise awareness of family members, specially mother in law so that complementary feeding can be started at 6 months.

Keywords: Exclusive breastfeeding, Complementary feeding, Prelacteals

INTRODUCTION

Breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant needs in the first six months of life. Breastfeeding protects against diarrhoea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence.¹

WHO defines exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.¹

After 6 months of exclusive breastfeeding, WHO recommends infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years. ^{1,3} Infants are particularly vulnerable during the transition period when

complementary feeding begins. For best growth and development complementary feeding should be timely, adequate, safe and properly feed.² The beneficial effects of breastfeeding depend on breastfeeding initiation, its duration, and the age at which the breast-fed child is weaned.³

Even though it is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information, and support within their families and communities and from the health care system.²

Improving exclusive breast feeding and complementary feeding are cornerstone for improving infant mortality rate and socioeconomic development of a country. New evidence has been presented in the Lancet series that breastfeeding provides short term and long-term health, economic and environment advantages to children, women, and society. The Lancet series shows how essential the protection, promotion, and support of breastfeeding is for the achievement of many of the newly launched Sustainable Development Goals by 2030.

National Family Health Survey-2015-16 (NFHS-4) in India showed that only 42.6% mothers initiate breastfeeding within one hour of birth, although 78.9% deliveries take place in health facilities. Further 54.9% children were exclusively breastfed during first six months of life.⁴

Despite strong health and economic benefits from breastfeeding, only less than half of infants in India initiate breastfeeding within an hour and just about half are exclusively breastfed until 6 months as recommended by WHO; a rate that has been stagnant in last 2 decades. The recent analysis from World Breastfeeding Trends Initiative (WBTi) on policy and programs done in 2015 reveals that India lags behind in most indicators. Early initiation of breastfeeding (within first hour) can prevent 20% of newborn deaths. 4

With this background, we conducted this study on various knowledge and practices for successful exclusive breast feeding.

METHODS

A cross sectional study was conducted at field study area of ICARE Medical College, Haldia, Purba Medinipur from January 2006 to April 2006 for the period of 1 month from 1st May to 31st May. Permission was taken from institutional ethics committee. A pretested and prestructured questionnaire was used for data collection.

Sample size

Total enumeration was done on mothers of all under 5 children.

Inclusion criteria

Mothers of all children in age group of 6months to 5 years were included in study who gave informed consent.

Exclusion criteria

If there were 2 kids of under 5 age, then the history of youngest was considered.

All the houses in Bonbishnupur, Haldia, West Bengal, India, the field study area of ICARE Medical College, Haldia, Purba Medinipur were visited. Those houses where there were children under 5 years of age, their mothers were interviewed using the prestructured questionnaire after informed consent. All mothers of children under 5 years of age gave consent and participated.

SPSS was used for statistical data analysis. Frequencies and proportions were used to describe binary data. Chi square test was done for probability.

RESULTS

In the study it was seen from Table 1 that 27 (32.5%) were married at age below 18years of age, only 18 (21.7%) are working, 10 (12%) are illiterate and 7 (8.4%) are graduate. All the mothers have heard that exclusive breast feeding (EBF) for 6 months is beneficial for baby, majority from their mothers 48 (57.8%), but only 4(4.8%) from nurses. Only 29 (34.9%) of mothers had done EBF for 6months and 13 (15.7%) mothers continued EBF for less than 6months. Table 3 shows 9 (90%) of illiterate mothers did not practice EBF, though all of 7 (100%) graduate mothers and 13 (40.6%) of mothers with secondary education practiced EBF. As literacy increased, EBF increased and the trend was significant (Chi square=0.00015). 41 (49.4%) of mothers did not practice EBF as they gave prelacteals.

It was also seen in Table3 that mothers with correct knowledge of colostrums feeding being beneficial for baby (0.006), prelacteal feeding being harmful to baby (0.0003), knowledge of continuing EBF when baby is sick (0.00002), education (0.00015), when to start complementary feeding (0.001), institutional delivery (0.00002), when latching explained by nurses (0.0116), those who practiced burping (0.017), were significant for EBF for 6 months.

Table 1 shows prelacteals was given by 41 (49.4%) mothers, though 49 (59%) mothers knew prelacteals were bad for health of babies. Among the prelacteals, honey was mainly given, by 27 (32.5%) mothers, followed by sugar water 14 (16.9%). Prelacteals was mainly encouraged by their mother in law 49 (59%).

Table 1 shows only 42 (50.6%) of mothers fed colostrum to their babies. 19 (22.9%) mothers still were not eager to

give colostrums to next baby. It was seen in Table 3 that 5 (50%) of mothers who were illiterate and 14 (41.2%) of mothers with primary education were not willing to give colostrum to next baby, but all mothers with secondary education and graduates, 32 and 7 mothers respectively were convinced to give colostrum to next baby. Education was significant in determination of colostrums feeding to next baby (chi square for trend = 0.00002).

Table 1: Shows distribution of knowledge and practice of different variables in study population for successful exclusive breast feeding (n=83).

Variables		Frequency	%	
EBF knowledge	Mother	48	57.8	
	Mother in law	31	37.3	
	Nurse	4	4.8	
	Nil	41	49.4	
Practice	Less than 6 months	13	15.7	
	6 months	29	34.9	
Colostrum	No	43	51.8	
knowledge	Yes	40	48.2	
Practice	No	41	39.3	
Tractice	Yes	42	50.6	
Colostrum to	No	19	22.9	
next baby	Yes	64	77.1	
next baby				
Prelacteal	No	34	41.0	
knowledge	Yes	49	59.0	
	Did not give	42	50.6	
Practice	Honey	27	32.5	
	Sugar water	14	16.9	
	mother	8	9.6	
Encouraged by	Mother in law	49	59.0	
	None	26	31.4	
Complementary	No	49	53.0	
feeding knowledge	Yes	34	47.0	
	At 6months	25	30.1	
Practice	After 6months	49	59.0	
Pracuce	Before 6months	9	10.8	
CF Suggested by	Doctor	37	44.6	
	Mother	38	45.8	
	Others	8	9.6	
Burping	No	20	24.1	
Knowledge	Yes	63	75.9	
Practice	No Yes	25 58	30.1 69.9	
EBF when baby sick				
	No	38	45.8	
Knowledge	Yes	45	54.2	
Practice	No	30	36.1	
	Yes	53	63.9	
	100	J.J	05.7	

Table 2: Shows distribution of different variables in study population for successful exclusive breast feeding (n=83).

Variables		Frequency	%
Faced problem in EBF	Nil	53	63.9
	Inadequate milk	20	24.1
	Maternal illness	10	12.0
Delivery	Home	38	45.8
Denvery	Institution	45	54.2
EBF started	No	33	39.8
within 1 hour	Yes	50	60.2
Skin to skin	No	62	74.7
contact	Yes	21	25.3
	Doctor	9	10.8
Encouragement	Nurse	21	25.3
for EBF	Others	35	42.2
	Nil	18	21.7
T a 4 a la fin a la a la a d	Mother	24	28.9
Latching helped by	None	17	25.3
Ву	Nurse	38	45.8
	On demand	60	72.3
Baby feeding	Less than or equal to 2hrs	18	21.7
	More than 2 hrs	5	6.0
Duration of breastfeeding	Up to 1year	45	54.2
	Up to 2year	29	34.9
	More than 2 year	9	10.8
Pacifier use	Nil	44	53.0
	Relatives	27	32.5
	Mother in law	12	14.5

34 (47%) of mothers knew when to start complementay feeding at 6months, but only 25 (30.1%) started complementary feeding at 6 months. Majority of mothers, 49 (59.0%) started after 6 months. Only 37 (44.6%) of mothers were advised by doctors to when to start complementary feeing. 53 (63.9%) of mothers continuing EBF when baby sick.

Table 2 shows 30 (36.1%) mothers faced problem in EBF, of which inadequate milk was the major concern of 20 mothers (24.1%), followed by maternal illness (12.0%). EBF was started within 1hour by 50 (60.2%) mothers. Encouragement for EBF was done to 21 (25.3%) by nurses and 9 (10.8%) by doctors. Latching was helped by nurse in 38 (45.8%). EBF on demand was done by 60 (72.3%) of mothers. Breast feeding till 2yrs was done by 29 (34.9%) of mothers. Pacifier used by 39 (47%) of mothers under influence mainly by relatives 27 (32.5%) and mother in law 12 (14.5%). 79 (95.2%) of

mothers did not know that skin to skin contact with baby is helpful.

Table 3: variables which may predict successful exclusive breast feeding for 6 months (n=83).

Absent Present	Variables	Exclusive breast feeding practice for 6 months		Chi square value		
No 16 9 9 9 9 9 9 9 9 9		Absent	Present			
18		-				
Housewife	120			0.48		
Housewife	10		21			
No 16 9 0.0002						
Nowledge of colostrum			-	0.21		
Absent 34 9 0.006 Present 20 20 Knowledge prelacteal harms Absent 30 4 0.0003 Present 24 25 Knowledge when to start complementary feeding Absent 39 10 0.001 Present 15 19 Knowledge of burping Absent 15 5 0.285 Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002			4			
Present 20 20 Knowledge prelacteal harms Absent 30 4 0.0003 Present 24 25 Knowledge when to start complementary feeding Absent 39 10 0.001 Present 15 19 Knowledge of burping Absent 15 5 0.285 Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Knowledge of colostru		-			
No 16 9 0.0002	Absent	34	9	0.006		
Absent 30	Present	20	20			
Present 24 25 Knowledge when to start complementary feeding Absent 39 10 0.001 Present 15 19 Knowledge of burping Absent 15 5 0.285 Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Knowledge prelacteal	harms				
Knowledge when to start complementary feeding Absent 39 10 0.001 Present 15 19 Knowledge of burping Absent 15 5 0.285 Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Absent	30	•	0.0003		
Absent 39 10 0.001 Present 15 19 Knowledge of burping Absent 15 5 0.285 Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Present	24	25			
Present 15 19 Knowledge of burping Absent 15 5 0.285 Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Knowledge when to st	art comp	lementary	feeding		
No 16 9 0.00015	Absent	39	10	0.001		
Absent 15 5 0.285 Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Present	15	19			
Present 39 24 Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Knowledge of burping	3	-	_		
Place of delivery Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Absent	15	5	0.285		
Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Present	39	24			
Home 34 4 0.00002 Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Place of delivery					
Institution 20 25 Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002		34	4	0.00002		
Practiced burping No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Institution	20	25			
No 16 9 0.017 Yes 38 20 Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Practiced burping					
Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002		16	9	0.017		
Literacy Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	Yes	38	20			
Illiterate 9 1 0.00015 Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002						
Primary 26 8 Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002		9	1	0.00015		
Secondary 19 13 Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002		26	8			
Graduate 0 7 Knowledge EBF to sick baby Absent 33 5 0.00002	•	-				
Knowledge EBF to sick baby Absent 33 5 0.00002						
Absent 33 5 0.00002	· ·					
		•	5	0.00002		
	11000110	-	-	0.00002		

Table 4: Relation between education of mother to chance of providing colostrum to next baby.

Education	Colost baby	Colostrums to next baby	
	No	Yes	
Illiterate	5	5	0.00002
Primary	14	20	
Secondary	0	32	
Graduate	0	7	

DISCUSSION

In the study it was seen that 23 (27.7%) were married at age below 18 years of age, only 18 (21.7%) are working, 10 (12%) are illiterate and 7 (8.4%) are graduate. All of the mothers have heard about exclusive breast feeding (EBF). Only 54.2% of deliveries were in institution which is low compared to NFHS 4 data of 84%. In another study, Vijaylakshmi et al found that while, 85.2% of the mothers were aware of EBF, merely 27% were exclusive breast feeders. 10

In the present study only 29 (34.9%) of mothers had done EBF for 6 months and 13 (15.7%) mothers continued EBF for less than 6 months but more than 4 months. This is better than Kishore et al, who found 30% and 10% exclusively breastfed their infants till 4 and 6 months of age, respectively, and Vijaylakshmi et al merely 27% were exclusive breast feeders. Madhu et al study showed 40% of the mothers did the exclusive breastfeeding until 6 months.

In the present study it was seen that as literacy increased, EBF increased and the trend was significant (chi square = 0.00015). Maternal education has been described as one of the strongest determinants of the practice of EBF by Dubois et al. 11

In the present study prelacteals was given by 41 (49.4%) mothers, though 49 (59%) mothers knew prelacteals were bad for health of babies. Among the prelacteals, honey was mainly given by 27 (32.5%) mothers, followed by sugar water 14 (16.9%). Similar finding was corroborated by Madhu et al.⁹

In the present study EBF knowledge was mainly from mother 57.8%, but mother in law mainly encouraged for giving prelacteals, which are harmful. Though 59% mothers knew prelacteals were bad for health of babies, yet 49.4% gave prelacteals, mainly under influence of their mother in law. So its not only important to make the mothers aware about harm of prelacteals, its equally important to make the family aware, specially their mother in laws.

In the present study EBF was started within 1 hour of birth by 60.2% of mothers. In a similar study by Madhu et al, EBF was started within 1hour by 82% mothers, mainly as in that study institutional deliveries was 90%. So in our field practice area we should try to increase institutional deliveries. EBF on demand was done by 60 (72.3%) of mothers, similar to finding of Madhu et al where a total of 84% of the mothers followed on-demand feeding practices. All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery. The delay in initiation will lead to a delay in the development of oxytocin reflexes, which are very important for the contraction of the uterus and the breast milk reflex.

In the present study only 42 (50.6%) of mothers fed colostrum to their babies. 22.9% mothers still were not eager to give colostrums to next baby. It was seen in Table 4 that 5 (50%) of mothers who were illiterate and 14 (41.2%) of mothers with primary education were not willing to give colostrum to next baby, but all mothers with secondary education and graduates, 32 and 7 mothers respectively were convinced to give colostrum to next baby (chi square for trend =0.00002). In this study it was seen that maternal education plays a very important role in successful EBF and also predicts better adherence to colostrum feeding. So female literacy should be given priority.

In the present study though 47% of mothers knew to start complementary feeding at 6months, but only 25 (30.1%) started complementary feeding at 6 months. Majority of mothers, 49 (59%) started after 6 months. So awareness and counselling of not only mothers, but their family is equally important for successful complementary feeding at 6months. Only 37 (44.6%) of mothers were advised by doctors to when to start complementary feeing. Doctors should encourage mothers when and how to start complementary feeding.

In the present study 36.1% mothers faced problem in EBF, of which inadequate milk was the major concern of 20 mothers (24.1%), followed by maternal illness (12.0%). Similar finding was corroborated Vijaylakshmi et al and by Akinyinka et al in Nigeria, the commonest reason being that they felt the babies were not satisfied with their milk 28.9%. ^{10,15}

In the present study 75.9% were aware of the importance of burping after each feed which is lower than Vijaylakshmi et al who found that most of the mothers were aware of the importance of burping after each feed 91.8%. ¹⁰

Encouragement for EBF was done to 25.3% by nurses and 10.8% by doctors. Latching was helped by nurse in 45.8% and mothers 28.9%. Doctor should also actively participate in helping the mother for proper latching. Although there were 45 institutional deliveries, only 38 mothers were helped by nurses in latching. So nurses should be more vigilant and all institutional deliveries must be supervised by nurses for latching as it is a very important step for successful EBF. Encouragement by doctors and nurses is very low. Steps must be taken so that more mothers are encouraged by doctors and nurses for EBF and latching. For this most important step is to increase institutional deliveries which are low in this study.

25.3% of the mothers were not helped by anyone for latching, which is alarming. Latching should be helped by ASHA and EBF self help group as breastfeeding is also a learned behaviour.

Pacifier used by 39 (47%) of mothers under influence mainly by relatives 27 (32.5%) and mother in law 12 (14.5%). Pacifiers are known to cause "nipple confusion"—that is, that pacifiers (and supplemental bottles) do not facilitate effective breast sucking and may contribute to incorrect latch and leads to cessation of exclusive breastfeeding. ¹⁶ The risk of nipple confusion, whether by introducing a bottle or pacifier, is greatest during the early days of nursing. It also leads to malocclusion of teeth. ¹⁷

In the present study it was seen from Table 3 that mothers with correct knowledge of colostrums feeding being beneficial for baby (0.006), prelacteal feeding being harmful to baby (0.0003), knowledge of continuing EBF when baby is sick (0.00002), education (0.00015), when to start complementary feeding (0.001), institutional delivery (0.00002), when latching explained by nurses (0.0116), those who practiced burping (0.017), were significant for EBF for 6 months.

In this study it was seen that mothers with knowledge for different aspects of breast feeding had more chance of successful EBF. Female literacy was found out to be a strong indicator for successful EBF and also a indicator for colostrum feeding in future pregnancy. So all steps should be taken to improve female literacy and more awareness programs to promote EBF should be taken. Nurses and doctors should be more active and cooperate and encourage mothers in latching and motivating for EBF and complementary feeding. For this institutional deliveries should increase. Special attention to be given to raise awareness of family members, specially mother in law so that complementary feeding can be started at 6 months. Self help EBF group should be developed as to alleviate fears of mothers of less milk and motivate mothers for EBF.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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