BREASTFEEDING REFUSAL OF INFANTS AND THEIR MOTHERS' COPING STRATEGIES IN NSUKKA LOCAL GOVERNMENT AREA OF ENUGU STATE

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Abstract

This study specifically investigated mode of breast feeding refusal by infants and causes of their refusal including coping strategies adopted by mothers in dealing with the problem. The study adopted a descriptive survey research design. Population of the study was 812 mothers who had experienced their infants refusing breast feeding in Nsukka Local Government Area, Enugu State. Snowball sampling techniques were used to reach 406 mothers and they formed the study sample. A structured questionnaire was validated by an expert from Department of Home Economics and Hospitality Management Education, University of Nigeria. 406 questionnaires were administered and retrieved by the researcher with the help of two research assistants. Data were analyzed using frequency, percentages, mean and standard deviations. The results showed that the nature of breastfeeding refusal by infants were 46.5% who were between 1- 4 weeks, 23% of the children who sucks, swallows the milk, and cries, 51% of the children refuse to breast feed for few days, and 53.5% of children resume after few days of refusal. Also, the perceived consequences of breastfeeding refusal, with the mean scores and standard deviations of (3.89) and 0.380 indicate that breastfeeding refusal significantly compromises an infant's immune system. Mean scores and standard deviations of (3.82) and 0.519 indicate that mothers seeking professional medical help as a primary coping strategy. It was concluded that mothers should receive adequate education, healthcare access, and emotional support to promote optimal breastfeeding practices and improving overall health outcomes in the Nsukka community. Recommendation were also made

Keywords: Breastfeeding, Enugu State, Infants, Mothers

Introduction

The benefits of breastfeeding to infants and mothers cannot be over looked in our society, but when an infant refuse to breastfeed this becomes a problem; knowing well that breastfeeding to a great extent has it indispensable role to play in the life of both mother and infant. Breastfeeding is the process of feeding infant with milk produced by the mother's breasts (Septianingrum, Hatmanti, & Fitriasari, 2020; Triansyah, Indarty, Tahir, Sabir, Nur, Basir-Cyio & Rusydi, 2021). It is the most natural and beneficial way to feed a newborn, providing numerous health benefits for both the mother and the infant. Hence Infants are children in their first period of life, that is between birth (0 age) and six months old (Augustn, 2019). According to Britannica (2019) an average infant, weighs 3.4kg and about 51cm long at birth infants displays a set of inherited reflexes, involving such acts as blinking, sucking, grasping, crying etc, Infants are also sensitive to tones, rhythmic flow and sounds which makes it easier for them to detect the tone of their mother's voice, the ideal food for the young infant is breast milk. Breast feeding has been advocated for as the safest and most natural form of feeding in infancy (WHO, 2019). Therefore, for infants to survive, grow and develop properly they require the right proportion of nutrient. Breastmilk is rich in nutrients and antibodies and contain the right quantities of fat, sugar, water and protein (Family, 2020). These nutrients are major pre-requisites to health and survival of the infant. According to world health organization (Who, 2019) exclusive breast feeding means that the infant receives only breast milk, no other liquid are given not even water with exception of oral rehydration or drops syrups of vitamins, minerals or medicines.

Infants not taking breast milk have not been in any way associated with any problem to know the reason associated to breastfeed. Thus, breastfeeding refusal by infants is a significant challenge that many mothers face. According to Sullivan (2019) breastfeeding refusal also known as nursing strike is situation where a baby constantly fuses at breast or refuse to attach to breast after a period of successful breastfeeding. It could be because something prevents him from feeding or he does not want to breastfeed for some reasons. However, Ekanem, Udo, and Okon (2020), observed that common reasons for breastfeeding refusal include medical conditions such as tongue-tie, gastroesophageal reflux disease (GERD), and milk allergy, as well as behavioral issues

like nipple confusion and sensory processing disorders. In Nsukka, these challenges are compounded by socio-cultural factors that influence breastfeeding practices.

The refusal to breastfeed can have profound psychological effects on mothers, leading to feelings of frustration, guilt, and inadequacy. Afolabi Obiechina, & Eze. (2019) highlights that mothers often experience increased anxiety and depression when their infants refuse to breastfeed. This emotional distress is exacerbated by societal expectations and the pressure to conform to traditional breastfeeding norms. Afolabi et al. (2019) further emphasize the need for psychological support and counseling for mothers dealing with breastfeeding refusal to mitigate these negative impacts. Various coping strategies are adopted by mothers to manage breastfeeding refusal. These strategies include seeking support from healthcare professionals, using breast pumps, and exploring alternative feeding methods such as bottle feeding with expressed breast milk or formula (Odo & Agbo, 2018). Meanwhile, in Nsukka, mothers often rely on informal support networks, including family and community members, for advice and emotional support. Odo and Agbo (2018) note that these networks play a crucial role in helping mothers navigate the challenges associated with breastfeeding refusal. Effective healthcare interventions are vital in addressing breastfeeding refusal. Ogu et al. (2021) conducted a survey in Enugu State, including Nsukka, which revealed that targeted healthcare interventions, such as lactation counseling and support groups, significantly improve breastfeeding outcomes. The study found that mothers who received professional guidance were more likely to overcome breastfeeding challenges and continue breastfeeding for longer durations. Ogu et al. (2021) recommend the implementation of comprehensive breastfeeding support programs in healthcare facilities to assist mothers in managing breastfeeding refusal. Meanwhile, there are consequences of breastfeeding refusal of infants to both mother and child. As children who are not breastfeed properly or adequately have repeated infections, grow less and are more likely to die by the age of one month, than children who are adequately breast feed (Leta, 2018) .

Nursing mother may have to spend more in feeding the child as breast feeding is less expensive. Also, when nursing mothers do not breastfeed, the mother is at the high risk of developing breast cancer, cardiovascular diseases, and arthritis to mention but a few (Daniel, 2019). In Ghana there is a confirmation that 400 of all deaths that occur in the country before age five are related to malnutrition (severe and moderate malnutrition) while the rest maybe as a result of measles, aids, malaria, acute respiratory tracts infections and diarrhea (comparing data from this different studies, it is clear that malnutrition of children under age five has been a consistent problem in Nigeria, overtime with low little improvement recorded since the beginning of health reforms in Nigeria. Recent data from a survey conducted by the Enugu State Ministry of Health (2023) indicates that breastfeeding refusal remains a prevalent issue in the region. The survey highlights that approximately 25% of mothers in Nsukka experience breastfeeding refusal within the first six months postpartum. This therefore should prompt increased efforts from local health authorities to provide more extensive breastfeeding support and education programs for women. The introduction of community-based lactation consultants and peer support groups should be develop to aim at addressing this issue more effectively.

When infants are properly breastfeeding in the first six months of life they will not be malnourished or easily affected by any disease (World Health Organization 2023). Thus, there is no need for nursing mothers to give up on breastfeeding their infants. In most cases the problem causing a baby to fuss or refuse breastfeeds can be managed or resolved by trying out the strategies by deciding if your baby requires medical attention. Even without pinpointing the cause it is often possible to improve the situation using the following strategies, provide lots of skin to skin contact with your baby during and between breastfeeds, respond appropriately to your baby's feeding cues, and never try to force your baby onto your breast. Although, (Osuorah, 2016) Noted that it is most times difficult for mothers to detect the cause of this phenomenon. This often puzzling state of infants feeding strike could lead to poor infant feeding practices thereby predisposing the infant to malnutrition and infections. Fatemeh et al (2015) carried out a study to identify the causes of "breast feeding refusal" or "nursing strike" in 6 month old infants visiting the East Tehran health center for their scheduled vaccination of 6 months old. In the study prevalence of breast feeding refusal in infants was 24%.

There was significant relation between the "breastfeeding refusal" and maternal academic education or working status. Hence, if mothers are both becoming frustrated during the breastfeed, they should stop (for now) and feed their baby using an alternative to bottles, try again after their baby's initial hunger is satisfied or after he has had a sleep, they should try to breastfeed their baby while he is in a drowsy, relaxed state, maintain their milk supply. If their baby refuses to breastfeed, hand express or use a pump to empty their breasts every few hours during the day should be

employed. The relationship between the related work and this present work in this study is that both study looked into the causes of breastfeeding refusal by infants, prevalence and causes of nursing strike among 6 months old infants, nature of refusal, consequences and coping strategies adopted by mothers whose infant refuse breastfeeding.

Purpose of Study

The general purpose of this study is to view Breast feeding Refusal among Infants and their mother's coping strategies in Nsukka Local Government Area in Enugu State. Specifically, the study:

1. identified the nature of breastfeeding refusal of infants as experienced by their nursing mothers in Nsukka Local Government Area in Enugu State
2. identified consequences of breast feeding refusal on both mother and infants
3. determined coping strategies adopted by nursing mothers whose infants refused breastfeeding.

METHODOLOGY

Design of the Study

This study adopted a descriptive survey study research design. A descriptive survey research design is a type of research that describes a population situation or phenomenon that is being studied it focuses on answering the how, what, when, and where questions of a research problem rather than why. Descriptive survey design is used to gather data about varying subjects that is aimed to know the extent to which different condition can be obtain among these subjects. Thus, Descriptive survey design is suitable for this study as it will help to know the extent to Breast feeding Refusal among Infants and their mother's coping strategies in Nsukka, Enugu state.

Area of Study

The study was carried out in Nsukka LGA which is a local government area in Enugu state. Nsukka is a local government area in Enugu State, it is bounded to the north by Igbo Eze South local government area, to the north-east by Udenu local government area, to the south-east by Isi Uzo local government area, to the south by Igbo Etiti local government area, to the south-west by Uzo Uwani local government area, and to the west by Kogi State. There are 20 wards in Nsukka local government area. The widely disputed result of the 2006 national population census put the population of Nsukka local government area at 309,448, with 149,418 males and 160,030 females. The choice of using Nsukka is because, the research have worked in one of the hospital to observe the problem faced by mother and their child

Population for Study

The population for the study was 812 comprises of mothers captured on different occasions in different health centers in Nsukka local government area in Enugu state. These are either mothers who have nursed or are still nursing a child both employed and unemployed.

Sample and Sampling Technique

406 nursing mother was used for the study. Snowball sampling technique was adopted to select the nursing mothers for the study**.** This method is commonly used in social sciences when investigating hard-to-reach groups. Snowball sampling can be effective when a sampling frame is difficult to identify. However, by selecting friends and acquaintances of subjects already investigated, there is a significant risk of selection bias (choosing a large number of people with similar characteristics or views to the initial individual identified).

Instrument for Data Collection

Adopted nominal and four-point response options was provided for the respondent's response. This scale was coded as follows; the nominal; YES, OR NO was used to for section c, while the indicator scale of strongly agreed (SA); Agreed (A); Disagreed (D) strongly disagreed (SD) was used for section D, with value of 4,3,2,1 respectively for each. Section E has response indicator scale of very high extent (VHE); High extent (HE); moderate extent (ME); and low extent (LE) with value of 4,3,2,1 respectively

Validation of Instrument

The instrument for data collection was validated by an expert in research from the department of Home Economics and Hospitality Management Education, Vocational and Technical Education in the University of Nigeria, Nsukka. They were requested to correct ambiguous statements and unclearly worded items, they were also requested to identify items that are not required and added relevant ones that were omitted by the researcher, their inputs were used for developing the final instrument.

Method of Data Collection

The instrument was administered to the respondents through personal contact with the help of two research assistants.

Method of Data Analysis

The data was analyzed using Mean and standard deviation which were used to answer the research questions to determine the level of importance of each consequence and coping strategies of mothers towards breast feeding refusal of infants. The

researcher made decision based on four-point scale of 4, 3, 2 and 1 respectively (strongly agreed, agree, disagree, and strongly disagree). A mean of 2.50 was used as the cut off point for decision making for each items on agreement or dis agreement any item with a mean less than 2.5 was considered as disagree and above was considered agree.

RESULTS

Research Question 1: what is the Nature of Breastfeeding Refusal by Infants?

Table 1: percentage and frequencies of the nature of Breastfeeding Refusal by Infants

Age of Child at Refusal	1- 4 weeks,	1-3 Months	4-6 Months	7-9 Months	10-12 months
	93(46.5%)	62(31.0%)	17(8.5%)	13(6.5%)	15(7.5%)
Mode of Refusal	does not suck at all when breast is in the mouth	starts crying once breast is in the mouth	sucks swallows the milk and cries	hold the milk in the mouth and later spat it off	becomes restless during breastfeeding
	28 (14.0%)	45(22.5%)	46(23.0%)	11(5.5%)	70(35.0%)
Days Refusal lasted	few days	1-2weeks	3-4 weeks	4-5weeks	
	102 (51.0%)	77 (38.5%)	12 (6.0%)	9 (4.5%)	
Resumption	few days after refusal	1-2 weeks after refusal	3-4 weeks after refusal	4-5weeks after refusal	
	107(53.5%)	79(39.5%)	6(3.0%)	8(4.0%)	

The data in Table 1 showed the percentage and frequencies of the nature of Breastfeeding Refusal by Infants. In the age refusal category indicated that 46.5% of the children were between 1- 4 weeks, 31.0% of the children were between 1-3 months, 8.5% of the children were between the age of 4-6 months, 6.5% of the children were between the age of 7-9 months while 7.5% of the children were between 10 -12 months. With regards to the mode of refusal, 14% of the children do not suck at all when breast is in their mouth, 22.5% of the children starts crying once breast is in their mouth, 23% of the children sucks, swallows the milk, and cries, 5.5% of the children hold the milk in their mouth and later spat it off, 35% of the children becomes restless during breastfeeding. In references to extents the refusal lasted, the data showed that 51% of the children refuse to breast feed for few days, 38.5% of the children refuse to breast feed for few 1-2 weeks, 6% of the children refuse to breast feed for 3-4 weeks, 4.5% of the children refuse to breast feed for few 4-5 weeks. Finally, with regards to resumption of breast feeding, the data showed that 53.5% of children resume after few days of refusal, 39.5% resume after 1-2 weeks after refusal, 3% resume breast feeding after 3-4 weeks after refusal, and 4% resume after 4-5weeks after refusal.

Research Question 2: what are the consequences of breastfeeding refusal to both mother and child?

Table 2: mean ratings and standard deviations of respondents on the consequences of breastfeeding refusal to both mother and child.

S/N	Item Statements	Mean	S.D	Remarks
1	Poor immune system (high risk of getting infection)	3.89	.380	Agree
2	Poor or delay physical development(crawling, walking ,growth etc)	3.63	.726	Agree
3	Poor cognitive development(poor brain development, smartness etc)	3.23	1.038	Agree
4	High risk of pregnancy re-occurrence	3.26	1.136	Agree
5	Excessive weights gain	3.31	1.003	Agree
6	High risk of depression	3.23	1.025	Agree
7	High risk of getting ovarian cancer and other disease	3.48	.961	Agree
	Grandmean	3.44	.597	Agree

Key: M: Mean, S.D: Standard. Deviation,

The data in table 2 showed the mean ratings and standard deviations of respondents on the consequences of breastfeeding refusal to both mother and child. In this cluster, 7 item questionnaire were presented to the respondents. These 7 items were rated above 2.50 which means that respondents agreed that all the items are the consequences of breastfeeding refusal to both mother and child. Therefore, this study revealed that poor immune system, poor or delay physical development, poor cognitive development, high risk of pregnancy re-occurrence and excessive weights gain are the consequences of breastfeeding

refusal to both mother and child. The overall mean rating indicates that the respondent uniformly agreed on this items while the standard deviation showed that there was moderate dispersion of individual mean scores around the group mean.

Research Question 3: What are the Coping strategies developed by the mother

Table 3: Mean and standard deviations of respondents on the coping strategies developed by the mother

S/N	Item Statements	Mean	S.D	Remarks
1	Seek professional medical help	3.82	.519	Agree
2	Involving in Self-medication	2.94	1.235	Agree
3	Seek advice from people (older women)	3.20	1.199	Agree
4	Use of herbal medicine	2.19	1.242	Agree
5	Early introduction of weaning food to the baby	3.15	1.181	Agree
6	Consulting a native doctor	1.15	.599	Disagree
7	Seek spiritual help	1.38	.830	Disagree
8	Temporary planned starving of the baby	2.15	1.340	Disagree
9	Showing care to the baby,	3.51	1.027	Agree
10	Drinking of palm wine	3.24	1.292	Agree
	Grand mean	2.67	.609	Agree

Key: M: Mean, S.D: Standard. Deviation,

The data in table 3 showed the mean and standard deviations of respondents on the coping strategies developed by the mother. In this cluster, 10 items questionnaires were presented to the respondents. Item 1, 2, 3, 5, 9, and 10 with the associated mean ratings of 3.84, 2.94, 3.20, 3.15, 3.51, and 3.24 were above 2.50. These indicate that these items were the Coping strategies developed by the mother. Therefore, seeking professional medical help, involving in Self-medication, seeking advice from people, use of herbal medicine, and showing care to the baby are the Coping strategies developed by the mother. Similarly, item 4, 6, 7, and 8 with the associated mean ratings of 2.19, 1.15, 1.38, and 2.15 were below 2.50. This indicates that these items were not the coping strategies developed by the mother. The overall mean rating indicates that the respondent uniformly agreed on these items while the standard deviation showed that there was moderate dispersion of individual mean scores around the group mean.

Discussion of the Findings

The major findings of the study revealed that most of the respondents are within the age of 25-29 years old and the educational level of these mothers are basically at tertiary level and most of them reside at urban area as the table indicates that 87.5% of the mothers are living in urban area. Based on further findings on table one which showed the nature of breastfeeding refusal by these infants, it revealed that most infants refuse to breastfeed at first 1-4 weeks after birth as the result has it that 46.5% refuse breast feeding at this age this could be linked to the infants having nasal congestion according to (Osuorah, 2016) who noted that nasal congestion could lead to infant refusal to breast feed, more so fever and teething problem could make infant to refuse to nurse as a result of swollen gum etc. this would be discussed further. It could also be seen in table two that the mode to which this infant refuse to breast feed as found in the result above lasted for just few days and some of the infants resumed after few days of refusal, this implies that most infants do not reject breast milk completely except for more complicated cases where the mother has breast cancer, surgery etc.it could be said that one out of every infant refuse to breastfeed without any cogent reason.

The Table 2 presents the perceived consequences of breastfeeding refusal, with the mean scores and standard deviations reflecting the level of agreement among respondents. The highest mean score (3.89) and a standard deviation of 0.380 indicate a strong consensus that breastfeeding refusal significantly compromises an infant's immune system, increasing the risk of infections. This agrees with Victora et al., (2016) who said that breast milk contains essential antibodies and nutrients that enhance the infant's immune response, protecting against common infections such as respiratory illnesses, gastroenteritis, and ear infections and the absence of these protective factors in non-breastfed infants leads to a higher susceptibility to infections and illnesses. With a mean score and standard deviation of 3.63 and 0.726, respondents agree that breastfeeding refusal can adversely affect an infant's physical development. Also, the mean score of 3.23 (SD = 1.038) suggests that breastfeeding refusal can impair cognitive development. The is in accordance to Oddy et al., (2010) who said that

breast milk contains essential fatty acids, such as DHA, which are critical for brain development and cognitive function. With a mean score of 3.26 and a standard deviation of 1.136, respondents agree that breastfeeding refusal can increase the likelihood of a subsequent pregnancy. And the mean score of 3.31 (SD = 1.003) indicates a consensus that breastfeeding refusal may lead to excessive weight gain in infants. Breastfeeding helps regulate an infant's appetite and energy intake, reducing the risk of obesity (Horta et al., 2015) and Non-breastfed infants may be more prone to overfeeding and less optimal weight gain patterns, contributing to childhood obesity and related health issues. With a mean score of 3.23 and a standard deviation of 1.025, respondents agree that breastfeeding refusal can increase the risk of maternal depression. This is in line with Dennis & McQueen, (2019) saying that breastfeeding promotes the release of oxytocin, a hormone associated with positive mood and emotional bonding between mother and child. The mean score of 3.48 (SD = 0.961) reflects the agreement that breastfeeding refusal can elevate the mother's risk of ovarian cancer and other diseases. This agrees with Chowdhury et al., (2015) who noted that breastfeeding has been shown to reduce the risk of ovarian and breast cancers due to hormonal changes and reduced lifetime exposure to estrogen. Thus, mothers who do not breastfeed miss out on these protective effects, increasing their vulnerability to certain cancers and other health conditions.

The Table 3 presents various coping strategies employed by mothers to address breastfeeding refusal, with their mean scores and standard deviations reflecting the level of agreement among the respondents. The highest mean score (3.82) with a standard deviation of 0.519 indicates a strong consensus among mothers on seeking professional medical help as a primary coping strategy. This finding aligns with Ogu Umeora, & Egwuatu (2021), who emphasize the importance of professional guidance in managing breastfeeding challenges. Self-medication is another coping strategy that was agreed upon with means core of 2.94 by the respondents. Although less preferable than professional help, some mothers resort to self-medication due to accessibility and cost factors. However, Afolabi et al. (2019) caution against self-medication due to potential risks and the lack of professional oversight. The mean score of 3.20 (SD = 1.199) indicates that mothers frequently seek advice from older women in their communities. This practice reflects the cultural reliance on traditional knowledge and the supportive role of extended family networks in Nsukka. According to Odo and Agbo (2018), older women often provide practical and culturally relevant advice, which can be reassuring and effective for new mothers. Also, with a mean score of 2.19 and a standard deviation of 1.242, the use of herbal medicine is another coping strategy employed by some mothers. While herbal remedies are part of traditional practices, their efficacy and safety can vary. Okechukwu and Okafor (2019) highlight the need for caution and further research into the effectiveness and potential side effects of herbal treatments in breastfeeding management. The mean score of 3.15 (SD = 1.181) suggests that some mothers introduce weaning foods earlier than recommended. This strategy may be employed when breastfeeding difficulties persist, as mothers seek alternative nutrition sources for their infants. However, early weaning can have implications for infant health and development, as noted by Ekanem et al. (2020). With a low mean score of 1.15 and a standard deviation of 0.599, consulting a native doctor is generally not favored among the respondents. This indicates a preference for more conventional medical approaches over traditional healers, which may reflect changing attitudes towards healthcare practices in Nsukka. Similarly, seeking spiritual help has a low mean score of 1.38 (SD = 0.830), indicating it is not a widely adopted strategy. While spirituality plays a significant role in many aspects of life, its use as a primary strategy for breastfeeding issues appears limited among the respondents. This strategy has a mean score of 2.15 (SD = 1.340), suggesting some mothers may temporarily withhold food to encourage breastfeeding. However, this approach is controversial and can have adverse effects on infant health. Professional guidelines typically advise against such practices due to the potential risks involved (Ahsan, 2024). With a mean score of 3.51 (SD = 1.027), showing care to the baby is a common strategy. This involves maintaining physical closeness, providing comfort, and creating a supportive environment for the infant. Such practices can positively influence breastfeeding outcomes by reducing infant stress and fostering a stronger mother-child bond (Fischer et al., 2020). The mean score of 3.24 (SD = 1.292) indicates that some mothers drink palm wine, a traditional practice believed to enhance milk production. While culturally rooted, the efficacy of palm wine for this purpose lacks scientific validation, and its consumption during breastfeeding should be approached with caution due to potential alcohol content (Kamaludin et al., 2024).

Conclusion

The significant risks associated with breastfeeding refusal, such as compromised immune function, delayed physical and cognitive development in infants,

and increased health risks for mothers, highlight the need for robust support systems for breastfeeding. Ensuring that mothers receive adequate education, healthcare access, and emotional support is essential for promoting optimal breastfeeding practices and improving overall health outcomes in the Nsukka community. Also, seeking professional medical help emerged as the most favored approach, reflecting a positive shift towards modern healthcare. However, the persistence of self-medication, reliance on traditional advice, and use of herbal remedies point to ongoing challenges in healthcare accessibility and cultural integration. The findings thus highlight the need for continuous education and support for mothers to ensure safe and effective breastfeeding practices.

Recommendations

Based on the findings of the study the researcher recommends that;

1. There should be increase the availability and accessibility of lactation consultants and pediatricians in the Nsukka Local Government Area. This can be achieved through mobile health clinics, telehealth services, and community health programs.
2. Community should implement education campaigns to inform mothers about the risks of self-medication and the importance of seeking professional medical advice.
3. Health professionals should advocate against practices such as temporary planned starving of the baby and consulting native doctors, emphasizing the potential health risks involved.

References

Afolabi, A., Obiechina, G., & Eze, E. (2019). Psychological impact of breastfeeding refusal on mothers in Nigeria. *Journal of Maternal Health and Nutrition, 12*(4), 233-245.

Ahsan, M. J. (2024). Unlocking sustainable success: Exploring the impact of transformational leadership, organizational culture, and CSR performance on financial performance in the Italian manufacturing sector. *Social Responsibility Journal, 20*(4), 783-803.

Augustn, A. (2019). Managing editor. *Britannica: Editors of Encyclopaedia*.

Britannica, T. H. (2019). Breastfeeding. New York: Target Health LLC.

Chowdhury, R., Sinha, B., Sankar, M. J., Taneja, S., Bhandari, N., Rollins, N., ... & Martines, J. (2015). Breastfeeding and maternal health outcomes: A systematic review and meta-analysis. *Acta Paediatrica, 104*, 96-113.

Daniel, R. L. (2019). Risk of not breastfeeding. *International Lactation Consultant Association*.

Dennis, C. L., & McQueen, K. (2009). The relationship between infant-feeding outcomes and postpartum depression: A qualitative systematic review. *Pediatrics, 123*(4), e736-e751.

Ekanem, I. A., Udo, M. E., & Okon, E. A. (2020). Factors influencing breastfeeding refusal in infants. *Nigerian Journal of Pediatrics, 47*(1), 56-64.

Family. (2020). Nutrition. Canada: University Plaza.

Fatemeh, M. D., Farima, R., & Edith, H. (2014). Frequency of nursing strike among 6-month-old infants at East Tehran health centre and contributing factors. *Journal of Family and Reproductive Health, 9*(3), 137-140.

Fischer, D., Brettel, M., & Mauer, R. (2020). The three dimensions of sustainability: A delicate balancing act for entrepreneurs made more complex by stakeholder expectations. *Journal of Business Ethics, 163*, 87-106.

Horta, B. L., Loret de Mola, C., & Victora, C. G. (2015). Breastfeeding and intelligence: A systematic review and meta-analysis. *Acta Paediatrica, 104*, 14-19.

Kamaludin, M. F., Xavier, J. A., & Amin, M. (2024). Social entrepreneurship and sustainability: A conceptual framework. *Journal of Social Entrepreneurship, 15*(1), 26-49.

Leta, M. T. (2018). Assessment of influence of mother's occupation and education on breastfeeding and weaning practices of children in public hospitals. *Family Medicine and Medical Science Research, 7*(3).

Oddy, W. H., Robinson, M., Kendall, G. E., Li, J., Zubrick, S. R., & Stanley, F. J. (2010). Breastfeeding and early child development: A prospective cohort study. *Acta Paediatrica, 99*(5), 812-819.

Odo, C. E., & Agbo, P. O. (2018). Coping strategies among mothers experiencing breastfeeding challenges in Enugu State. *International Journal of Nursing Studies, 55*(2), 102-113.

Odo, C. E., & Agbo, P. O. (2018). Coping strategies among mothers experiencing breastfeeding challenges in Enugu State. *International Journal of Nursing Studies, 55*(2), 102-113.

Ogu, R. N., Umeora, J. O., & Egwuatu, V. E. (2021). Healthcare interventions and breastfeeding outcomes in Enugu State. *African Journal of Reproductive Health, 25*(3), 118-127.

Okechukwu, I., & Okafor, V. C. (2019). Sustainable fashion practices in Nigeria: An investigation into the challenges and prospects of green marketing in Aba metropolis. *International Journal of Advanced Research in Engineering and Technology, 10*(2), 441-454.

Osuorah, C. (2016). Early cessation of breastfeeding: A neglected nutritional challenge among infants. Enugu: Department of Paediatrics Enugu State Teaching Hospital.

Septianingrum, Y., Hatmanti, N. M., & Fitriasari, A. (2020). Correlation between anxiety and breast milk production among breastfeeding mothers in Public Health Center of Jagir, Surabaya. *Nurse and Health: Jurnal Keperawatan, 9*(1), 50-56.

Sullivan, D. (2019). Medical affairs. Article retrieved from http://www.bf-asn.au/healthline.come/health/breastfeeding/nursing-strike/.

Triansyah, A., Indarty, A., Tahir, M., Sabir, M., Nur, R., Basir-Cyio, M., ... & Rusydi, M. (2021). The effect of oxytocin massage and breast care on the increased production of breast milk of breastfeeding mothers in the working area of the Public Health Center of Lawanga of Poso District. *Gaceta Sanitaria, 35*, S168-S170.

Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., ... & Rollins, N. C. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *The Lancet, 387*(10017), 475-490.

WHO. (2019). Exclusive breastfeeding for optimal growth, development, and health of infants. Article retrieved from World Health Organization: http://www.who.int/elena/titles/exclusive-breastfeeding/en/.

World Health Organization. (2023). WHO Guideline for complementary feeding of infants and young children 6-23 months of age. World Health Organization.