



# Breastfeeding as a Fundamental Islamic Human Right

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## Abstract

The argument inherent in this paper is that the religious beliefs and values system deeply shape Muslims' breastfeeding culture and that mapping the religious ideals of Islam is essential given the potential inroads it offers toward enhanced neonatal, prenatal and pediatric practices, as well as the mitigation of malpractice or cultural inhibitors. This paper discusses the Muslim religious, moral and spiritual understanding of breastfeeding as a basic natural right while exploring the peculiar perspectives of Islamic law and ethics on the matter, in an effort to present a relevant coherent overview. This research shows that for Muslims, breastfeeding is intertwined with Islam's system of beliefs and values and hence continues to play a vital role in improving health education and increasing rates of exclusive breastfeeding. Further empirical studies on Muslims' perception and practices of breastfeeding shall highlight the extent to which Muslims adhere to religious and spiritual teachings, the response to cultural, secular and liberal models of child upbringing, and how a Muslim religious discourse may further support and celebrate human lactation and breastfeeding as a basic right.

**Keywords** Breastfeeding · Islamic human right · Nursing · Muslim mothers

## Introduction

Throughout history, breastfeeding was largely seen as noble maternal duty, held in high regard due to its all-around beneficial effects to both the infant and the society at large. Ancient Grecian and Mesopotamian civilizations make numerous mentions of wet nursing in mythology and have been critically acclaimed by renowned thinkers and philosophers (Papastavrou et al. 2015). Following the rise in industrialization and a decline in breastfeeding trends worldwide, the prevalence of breastfeeding emerges re-popularized in recent history, beginning with the 1970s pediatric clinic efforts in the USA to inform mothers of the advantages of breastfeeding (Wright and

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Schanler 2001). This movement sprawled worldwide and prompted a great deal of further research strongly confirming the life-sustaining nutrition found in a mother's milk.

Breastfeeding has been found to decrease the risk of many diseases including sudden infant death syndrome (SIDS), stomach flu, respiratory-tract and intestinal infections, asthma, eczema, diabetes, obesity and even childhood leukemia. Today, breast milk is not only seen as economical, practical and clean, but also valued for its essential role in immunity strengthening, physical and psychological development, and overall growth of the child. It is also highly advantageous that a mother's socioeconomic status never deters the quality of milk provided which has had great implications for world health, economy and significant decrease in hospitalization and morbidity rates (Slusser 2007).

The United Nations INNOCENTI Declaration recognized breastfeeding as a unique process for the providing of infants with vital nutrition, ensuring that children grow and develop in a healthy manner which reduces chances of acquiring severe infectious diseases or mortality. Breastfeeding has also been shown to contribute to mothers' by improving their health, reducing the risk of breast cancer, increasing the spacing between pregnancies, providing women with psychologically rewarding satisfaction and bringing economic benefit to the family. In this regard, The World Health Organization (2003) has recommended that infants should begin to be breastfed within an hour of birth for a minimum of 6 months of life. According to UNICEF, proper infant feeding practices are key to child survival. Exclusive breastfeeding for the first 6 months of life has the potential to avert 13 percent of all under-five deaths in developing countries, making it the most effective preventive method of saving children's lives. Timely and appropriate complementary feeding could avert a further six percent of under-five deaths (UNICEF 2007, p 10).

In the following, we will first briefly outline the prevalence and practices of breastfeeding in several key Muslim-majority regions to give the reader a brief understanding of current conditions and the extent of influence Islamic breastfeeding tradition has had on health education after which we will highlight the philosophy of Islam and its ethical and legal approach to reinforce and sustain the culture of breastfeeding so as to demonstrate the fundamental position of breastfeeding in the Muslim tradition. Finally, we address the need for health professionals, in the design and implementation of productive services, to capitalize on Muslim religious, spiritual and moral make-up to improve breastfeeding cultures and practices.

## Overview of Breastfeeding in Muslim Countries

In the following, we will highlight in brief the conditions and problems exclusively inhibiting breastfeeding throughout several regions, as well as to further appreciate the role of religious and spiritual capital in further development. In the Southeast Asia region, exclusive breastfeeding rates under 4 months of age have been estimated to reach 49% (UNICEF 2007). Despite this high prevalence rate, the more essential exclusive breastfeeding rates are not yet a common practice, with many mothers often combining breastfeeding with supplementary feeds. For example,

research on breastfeeding in Singapore has revealed a relationship between certain religions and their durations of breastfeeding. Both Christian and Muslim mothers were nearly seven times more likely to breastfeed their children at 2 months compared to local Buddhist and Taoist mothers. Furthermore, the study showed that although Malay mothers were more likely to breastfeed their children, their prevalence rates were topped by Chinese mothers, and were less likely to breastfeed their babies compared to Chinese mothers, showing a cultural factor besides the religious one. The study concluded that mothers' positive perceptions of breastfeeding as the healthiest feeding method were more likely to breastfeed their children for 6 months (Foo et al. 2005).

In Africa, with the predominant religions of Islam and Christianity, however, many African traditions support the breastfeeding of infants. However, the rates of breastfeeding continue to be among the lowest in the world, with only 20% of infants below 6 months being exclusively breastfed and some breastfeeding rates as low as 2% and 4% in Chad and Côte d'Ivoire, respectively. As a result of these unhealthy breastfeeding practices, children in West and Central Africa are particularly affected by malnutrition and preventable disease—with one-third of all children under five being underweight. However, these rates have significantly improved in recent years with rates of exclusive breastfeeding rising in Benin and Ghana as a result of awareness and education (UNICEF 2007).

As for the Subcontinent, particularly, in a highly Muslim-populated country like Bangladesh, research shows that exclusive breastfeeding in Bangladesh is relatively low and steadily decreasing with the increase in higher education and improved socioeconomic situations. The median duration of total breastfeeding ranges around 30 months, but nearly 70% of women supplement their breastfeeding with other foods before their children before 6 months of age. When compared to surrounding South Asian countries (breastfeeding periods in India, Pakistan and Sri Lanka were 18.4, 21.8 and 23.2 months, respectively), breastfeeding rates are higher in Bangladesh. Early supplementation is often a result of low milk production volumes, illness or low infant birth weight (Giashuddin and Kabir 2004). In the neighboring country of Pakistan, only 27% of women in Pakistan initiate breastfeeding within an hour of delivery and only 54% of Pakistani mothers exclusively breastfeed their children. Traditional and cultural beliefs and values strongly influence breastfeeding practice, resulting in the fact that colostrum is often not the preferred first feed of the infants' mothers and family members, and this lack of awareness in breastfeeding practices is considered a major contributing factor to the high infant mortality rate in the region (Asim et al. 2015).

Last, in the Middle East, research shows that introducing fluids such as water, juice and other herbal drinks is a common practice in Middle Eastern culture. A study of Jordanian mothers showed that nearly 60% supplemented their breastfeeding with other fluids such as sweetened water within the 6 months of birth (Saaty et al. 2015). Another study of 221 mothers in the United Arab Emirates (UAE) showed that after only a month of birth, only 43% of infants' were being exclusively breastfed (Radwan 2013). These rates, however, are not exclusive to the entire Middle Eastern region. In Kurdistan, a study shows that breastfeeding is widely practiced with 90% of infants being breastfed initially and 63% being breastfed beyond

the age of six. The same study showed mothers in the region believed breastfeeding to be the best feeding option for the baby and that it preferably must start between 1 h of delivery or at least within the first day (Saka et al. 2007).

## Theoretical Framework of Breastfeeding in Islam

In their effort to integrate the spiritual and biophysical variables into socioeconomic progress, and also to set the fundamental objectives of Islam as development indexes, Nizam and Larbani proposed an index as part of the human lineage index pertaining to the proportion of breastfeeding mothers with 6 months at least (Nizam and Larbani 2014). However, in order to grasp the inherent dynamics of breastfeeding among Muslims, their perceptions and attitudes toward breastfeeding, one needs to understand the very concepts, merits and virtues of breastfeeding according to Islam's own sources, and not overlook interpretations of notable Muslim exegetes and jurists. In the following, we will discuss the Muslim philosophy of breastfeeding, its spiritual and moral merits, and the legal measures Islam has set to reinforce and promote infants' breastfeeding. First, the Qur'an addresses the theme of breastfeeding with high levels of appreciation and familiarity, as seen for example, in the infamous story of Prophet Moses which showcases both the virtue and merit of infant nursing (Qur'an, 28: 7–13). The Qur'an makes references to breastfeeding on several occasions including the following:

Mothers shall suckle their children for two whole years; (that is) for those who wish to complete the suckling. The duty of feeding and clothing nursing mothers in a seemly manner is upon the father of the child. No-one should be charged beyond his capacity. A mother should not be made to suffer because of her child, nor should he to whom the child is born (be made to suffer) because of his child. And on the (father's) heir is incumbent the like of that (which was incumbent on the father). If they desire to wean the child by mutual consent and (after) consultation, it is no sin for them; and if ye wish to give your children out to nurse, it is no sin for you, provide that ye pay what is due from you in kindness. Observe your duty to Allah, and know that Allah is Seer of what ye do (Qur'an, 2: 233).

Lodge them where ye dwell, according to your wealth, and harass them not so as to straighten life for them. And if they are with child, then spend for them till they bring forth their burden. Then, if they give suck for you, give them their due payment and consult together in kindness; but if ye make difficulties for one another, then let some other woman give suck for him (the father of the child) (Qur'an, 65: 6).

The Qur'an endorses breastfeeding as a basic right for every newborn and infant with high recommendations for completing a breastfeeding cycle of 2 years (Qur'an, 2: 233), which is emphasized in the case of infant in dire need for milk's nutrition. Ibn Achour (1984) believes that this verse (2: 233) carries within it a confirmed right to infants' breastfeeding, and therefore Islamic law considers breastfeeding as one of

the child's most fundamental rights. The Qur'an prescribes a 'complete' cycle so as to avoid any interpretations on the duration being under 1 year (Ibn al-Qayyim, n.d.). Ibn Kathir, however, sees this verse as exhortation of mothers to complete the full 2 years breastfeeding period (Ibn Kathir 1999). However, the 2 years cycle should not be interpreted as an obligation, but rather as recommendation, and on occasions, permissibility, with the personal choice of mothers to breastfeed for less (Ibn 'Atiyah 2001). Moreover, both the Qur'an and hadith recommend exclusive breastfeeding for every newborn child as a basic right in view of the natural availability, optimality and cost effectiveness of breast milk (Zahid and Muhammad 2017). This attention to breastfeeding is reflected in the decision taken by the second Muslim caliph Umar who set a legal precedent in his allocation of stipends immediately after childbirth.

The Islamic tradition, whether related to jurisprudence, Qur'anic exegesis, or spiritual discipline, is self-evident in the emphasis Muslim jurists, exegetes, educationists continue to place on the moral and highly rewarding spiritual merits of breastfeeding. Muslim scholars have unanimously addressed the topic of breastfeeding and, through their extensive contributions, have helped in positioning breastfeeding as a central spiritual and religious and—to a large extent—cultural element in the conception of family and children. Among those scholars, Al-Mawardi (d. 1058 AD), Muslim jurist of the Shafi'i school of law, devoted an entire treatise on breastfeeding entitled '*Kitab al-rada*'. In current times, and along similar lines, Hitu wrote on breastfeeding, giving much attention to juristic differences on the subject (1994). Using the Qur'an as a frame of reference, Anis inferred sixty-six child rights, which he argues far exceeds the rights of children mentioned in the United Nations Declaration of the Rights of the Child. He spoke of the infants' need for breastfeeding (2008, p. 20–22) and sees mothers' milk as right for the infant (p. 27). Al-Zuhayli, a famous contemporary jurist, described breastfeeding as a child fundamental right (Al-Zuhayli, n.d.).

According to many scholars, children have the right to be fed, clothed and protected till adulthood (Saeidi et al. 2014, p. 11). Qutb sees the breastfeeding of infants as a divine obligation on women when infants are in the stage of breastfeeding (Qutb 1972, 1: 253–254). When examining the rights of breastfeeding and weaning according to the juristic opinions of Muslim schools of law, Nuruddin emphasized children's rights to emotional and health wellness (2015, 179–219). He adopted the view of Ibn Hazm concerning the legal and moral duty and obligation of mothers to breastfeed their infants (182–183), considering breastfeeding a right preceding even the parental obligation (p. 187). Islam has commanded the breastfeeding of children up until their attainment of their "full power and strength" (Arfat 2013, p. 301). For mothers in a marriage bond, breastfeeding therefore becomes a religious obligation (Sabrina, p 301).

Islam places high moral and spiritual emphasis on infant breastfeeding. Prophet Muhammad is reported to have described the act of breastfeeding as equal in spiritual merit to the freeing of slaves, an act resulting in expiation of sins, giving life to souls, and on an occasion drew attention to the continuity of wet nursing in the

afterlife.<sup>1</sup> Such high spiritual esteem of breastfeeding is also demonstrated in Islamic legal rulings on breastfeeding such as the establishment of lineage, marriage illegibility and the forging of blood-like kinships.<sup>2</sup> Suckling renders infants of no-blood relationship as official relatives; consequently, in the case a boy and girl become siblings by virtue of being suckled by one same mother, they become prohibited from intermarriage. Reference to breastfeeding is also pivotal in the biography of Prophet Muhammad, as it was the general custom of rural Arabs to send their children away to Bedouin wet nurses. Aminah, the Prophet's mother, we are told, suckled him for 7 days only, and then let him be breastfed by Thuwaybah before finally entrusting him to Halimah (Al-Salihi 1997).

Islam does not compromise the infant's well-being and right to breastfeeding at the expense of other religious rites as in the case of a fasting woman who is allowed to fast if she feels fasting may be detrimental to her infant's health. Muslim jurists maintain that the responsibility of ensuring conditions for breastfeeding rests with the father, whether the mother is in a marriage bond or is separated, except in cases of emergencies and great need, including those, when he cannot find a woman to breastfeed the infant, or when the infant declines any other women but his biological mother. In avoiding rigid breastfeeding dynamics, Islam recognizes that under certain conditions, parents may be unable or unwilling to complete the recommended 2-year cycle. The Qur'an makes reference to this process mentioning that the decision of weaning, prior to cycle completion, should be made through mutual consultation and agreement provided the infant's interests are not at stake (Ibn Kathir 1999). Fathers are allowed to contract a wet nurse in cases when the biological mother is unable to breastfeed, except when such a contract is found to be deterrent to the infant (Ibn al-Qayyim 1971). In the case of the mother's inability to breastfeed, both parents may agree to hire a wet nurse for their infant, as the infant's health cannot be compromised on account of the mother.

Understandably, divorce circumstances may jeopardize the infant's well-being; for this reason, Islam introduces necessary measures assuring the continuity of the infant's breastfeeding, breastfeeding mothers are entitled to financial stipends and to fair treatment as they are allocated with specific responsibilities toward the infant and with an occupation of providing nutrition, fathers are to provide sustenance. Fathers are also required to support their wives despite any circumstances which may affect breastfeeding including divorce, where the father would provide for the mother's accommodation and financial support throughout the breastfeeding

<sup>1</sup> Prophet Muhammad is reported to have said: "Woman, from becoming pregnant to Childbirth and to the ending of breastfeeding (foster hood) is like a person who watches over the borders in the path of God" (Al-Hindi 2003). He also said: "And when there is childbirth and the child carries on sucking milk; there is a virtue over every draught of milk and every sucking of child/infant. If the child causes mother to be awoken for whole night-long; she gets as much reward as seventy slaves were set-free in the path of God" (Al-Tabarani 2003. 7:20, 6733). Following the death of his son Ibrahim, Prophet Muhammad is reported to have said: "There is a wet-nurse for him (i.e., Ibrahim) in Paradise (Bukhari. *Sahih al-Bukhari*. 3255: Book 59: Hadith 65. Vol. 4, Book 54, Hadith 477).

<sup>2</sup> Prophet Muhammad is reported to have said: "Indeed, God has prohibited (marriage) among suckling relatives, as He has prohibited it among birth (or blood) relatives" (Bukhari 1980).

duration (Shaikh and Ahmed 2006). The father is also provided with the option of engaging other wet nurses, in which case the mother would not receive compensation. However, a mother's right to nursing her own infant without support precedes a father's right to engage wet nurses.

In the process of separation or divorce, parents are cautioned from using their infant as a pretext for reciprocated abuse or harm. The Quran states: "No mother shall be treated unfairly on account of her child. Nor father on account of his child, an heir shall be chargeable in the same way" (Qur'an, 2: 233). Accordingly, fathers should not abuse a mother's affectionate emotions toward their infants as basis to threaten them or cause them to accept breastfeeding free of compensation; nor should mothers abuse father's emotions toward their infants by overburdening them financially (Qutb, vol. 1: 254). An infant may be brought to harm if a divorced mother declines to breastfeed her infant or chose to leave him to the father's sole custody. Similarly, this includes a father's removing of an infant from a mother's custody or obstructing a mother's ability to breastfeed her child with the intention of causing her pain (Al-Tabari 1994). Mothers have the priority of breastfeeding their own infants on view of the fact that they provide the ideal source of nutrition and are the kindest to them (Al-'Ayni, n.d.). In cases of divorce, and if the infant refuses to suckle other women, a mother is then obligated to breastfeed her infant and qualifies for financial compensation, unless for some reasons, she is incapable of doing so, in which case the breastfeeding duty falls back on the father. If the father is impoverished, and the infant is without wealth, the breastfeeding responsibility falls back on the mother and her own wealth (Ibn 'Atiyyah 2001). In the case of father's death, the financial responsibility moves to his heir, and in such a way, neither the infant's rights nor of the breastfeeding mother are violated (al-Tabari 1994).

## Toward a Muslim Holistic Breastfeeding Approach

Promotion of exclusive breastfeeding requires among others a health education which integrates medical and health practices with religious and spiritual wisdoms. Current studies point to a clear association between religiosity, spirituality and mothers' attitudes toward breastfeeding and the duration of breastfeeding (Foo et al. 2005). Research suggests that understanding family and community beliefs, attitudes and practices regarding infants' feeding during the first 6 months of life are essential for planning of effective health interventions (Othman 2008). Research also shows that religion, perceptions of breastfeeding, and the knowledge gained via health professionals regarding breastfeeding were some of factors that encouraged mothers to continue breastfeeding for 2 months following delivery (Foo et al. 2005). Research shows that greater religious affiliation and attendance of religious services for Muslims, conservative Protestants and members of other religious faiths are associated with a 49% increase in breastfeeding rates. There are few religious variations in breastfeeding 6 months or longer, with only marginally positive significant associations for Muslim affiliation and church attendance. All members of religious faiths display higher odds of breastfeeding in comparison with their unaffiliated counterparts (Burdette and Pilkauskas 2012).



Religion is far reaching in its shaping of husband's, mother figures and family approaches in supporting breastfeeding while safeguarding mothers from total abandonment of breastfeeding and helps reconfigure positive attitudes toward exclusive breastfeeding. Hefnawi argues that the promotion of healthy breastfeeding practices in Muslim countries could be improved if its religious importance were emphasized (Hefnawi 1982). This was displayed in a study of Afghani immigrants to Australia where mothers emphasized the link between being a 'good mother' and an infant's right to breast milk as directed by Islamic teachings, conflating the concept of successful motherhood with the merits of breastfeeding (Moran and Gilad 2007). A study conducted in Kurdistan suggests that it is not only important to know how and what mothers feed their infants, but also to understand why they do that and what influences them to do so regarding the issue (Othman 2008). Another study on breastfeeding in Nigeria shows that women, through religious traditions, were aware of the benefits of practicing EBF as prescribed in the Qur'an, and the universal consensus on the value of exclusive breastfeeding (Augustine et al. 2015). Given that breastfeeding has an important religious basis in Islam, a greater understanding and respect for Muslim beliefs on infant feeding could potentially help clinicians support healthier early feeding practices of Muslim infants, particularly in remote communities. Currently, however, few health practitioners in the USA receive any formal education regarding the principles of breastfeeding and child-care in Islam (Shaikh and Ahmed 2006).

There are, however, several factors challenging the improvement in exclusive breastfeeding practices, including the lack of home and workplace support systems, alongside poor understandings of the role of breastfeeding in improving overall child health (Augustine et al. 2015). Traditional mothers and fathers may be more supportive if equipped with practical information on the management of breastfeeding, and therefore recommendations for improving such support systems require providing information that is both practical and timely in relation to the promotion and management of breastfeeding. This calls for health education and effective breastfeeding awareness and media campaigns which are not only sensitive to the native community religious and cultural beliefs, but which are also reflective of the religious, spiritual and ethical mindset of breastfeeding mothers. The first prerequisite of breastfeeding is the education and preparation of the mother during pregnancy and after birth, with the immediate period after delivery being the most crucial (Dizdar 2013) where health education on the importance of breastfeeding and normal weaning is highly recommended (Kanoa et al. 2011). Recognizing the importance of this, WHO developed a package of 'Essential Newborn Care Interventions' which includes initiating breastfeeding as an important component (Bayyenat et al. 2014).

Muslim cultural practices have long included religious symbolisms and narratives such as prayers and invocations in the name of God. This is seen in the example of the alpine Khroumirie region of Northwestern Tunisia where a mother's ability to breastfeed and the infant's successful feeding is seen as *baraka*, a life-sustaining force. The mother conveys this positive force not only to her child, but to everyone and everything related to her household (Moran and Gilad 2007). Another example includes that of a Muslim mother struggling with breastfeeding her infant who



inquires online, on whether there exists any special religious supplication or advice on such a matter. In response, the Muslim jurist Ebrahim Desai recommended that besides consulting with medical specialists for advice, the child would also benefit from a daily recitation of first chapter of the Qur'an. This regard held for religious traditions even in matters of breastfeeding is seen in one of many similar questions posted online (Desai n.d.).

Yet in order to effectively construe an inclusive approach to breastfeeding in health education, efforts should be made, as recommended by the INNOCENTI, to remove the limitations and influences which may manipulate societal perceptions and behaviors toward breastfeeding. Health education must also be sensitive and responsive by developing awareness strategies using all forms of media to be addressed to all levels of society. The obstacles faced by mothers to breastfeed within their health systems, workplaces and communities must be eliminated via breastfeeding policies which need to be integrated into every country's health and development policies. More importantly, healthcare staff on all levels must be trained to implement these breastfeeding policies (UNICEF 2003).

Muslims mothers need to be made aware that breastfeeding is a religious obligation and is strongly encouraged by both religious and scientific sources (Zahid and Muhammad 2017). Furthermore, promotion of safe infant feeding practices ought to be strengthened in addressing misconceptions around colostrum and the common practice of prelacteal feeding. One critical aspect is the need for privacy for working breastfeeding mothers (Othman. 2008). Muslim mothers are often in need of safe, private environments at workplaces for the purpose of breastfeeding. Allowing mothers' their rights to maternity leaves, flexible work arrangements, daycares and breastfeeding breaks would be most beneficial to both the mother and the company in the long term (Bayyenat et al. 2014). Other opportunities for disseminating breastfeeding values include introducing education materials on breastfeeding to schoolchildren of different ages and stages of faith-based schooling where adolescence is a formative time for the development of positive perceptions toward breastfeeding and adulthood behaviors. Therefore, curriculum integration of breastfeeding values is applicable not only to subjects of Biology, Geography, Economics, Civics and Political Education and discussions around the exclusive breastfeeding's social, economic and environmental impact, but also through religious studies' ever present literary themes sanctifying the practice of breastfeeding.

## Conclusion

The Islamic literature on breastfeeding can be described as no less than difficult to digest, not limited to the challenging access of non-specialized readers from among medical and health professionals, and its complex bridging with the broadening areas of children research and development. The vast amount of Muslim scholarly works on spiritual and moral development needs to be revisited in effectively supporting the diverse rights of children and their needs for breastfeeding. Today, the reconstruction of a holistic approach to breastfeeding awareness, education and training among Muslims certainly requires both a fine reinterpretation

and a reformulation of the tradition available in Qur'anic exegesis, law, Sufism and other disciplines. The systematic review of the literature in light of modern scientific developments is inevitable, in addition to the improved explanation and presentation styles of new cultural and religious interpretations on issues of breastfeeding and weaning. The promotion of exclusive breastfeeding in Muslim communities may be increased significantly through a greater emphasis on its religious and spiritual significance by way of capitalizing on Muslim individual and collective social and moral values and practices. An effective breastfeeding culture also includes community reeducation on the traditional roles of families in increasing the prevalence and vitality of infant breastfeeding alongside the de-learning of cultural misconceptions of both mother and child health. The role of authorities, policy makers, religious and spiritual leaders and organizations can all effectively contribute to the dissemination and support of an exclusive breastfeeding culture. Research on development should also integrate communities' religious and spiritual values as an integral part of the SDGs agenda. With this in mind, another bridge would emerge through the multicultural and cross-religious collaborative efforts of health practitioner education and training in light of their shared values, ambitions and drives.

## Compliance with Ethical Standards

**Conflict of interest** I have no conflict of interest to declare.

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