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BREASTFEEDING IN ISLAMIC PERSPECTIVE: THE REALITY OF PRACTICE

BY

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A thesis submitted in fulfilment of the requirement for the degree of Master in Nursing Science

Kulliyyah of Nursing
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ABSTRACT

Islam recommends breastfeeding since human milk is the most nutritious and best first food for infants. Mother's preference of infant feeding practice would be influenced by many factors. In Malaysia, breastfeeding was dominantly practiced among Malay whose deeply believe in Islam and any decision should abide by Islamic teachings. Existing literature appear to have limited evidence on Malay mothers' interpretation and construction of this practice. The decision to breastfeed was believed to be influenced by social and cultural context. Therefore, this study aimed at exploring how religious beliefs and sociocultural would influence the life experience of breastfeeding mothers. This study used qualitative study design with minimal guidance of phenomenological approach as the methodological framework. Malay mothers whose have had on-going and contemporaneous breastfeeding experience were recruited from four Maternal and Child Health Clinic in Kuantan using purposive sampling. Semi structured interviews were carried out with 15 mothers. Data were analyzed using thematic analysis. The findings of this study were categorized into five themes; mothers' understanding of the health benefits and Islamic recommendation on breastfeeding, factors that influence mothers to breastfeed support and mothers' experience throughout breastfeeding journey. However; breastfeeding difficulty, lack of support system, customary belief and practice were recognized as barriers following breastfeeding journey. The findings of this study suggested that breastfeeding practice was deeply embedded within religious belief and sociocultural context which needed in future breastfeeding promotion and education program. Therefore, it is anticipated that health care professionals to integrate religious and cultural aspects while promoting and educating mothers on breastfeeding practice.

خلاصة البحث

تفضيلات الأمهات في اختيار ممارسات تغذية الرضع بعوامل عديدة. في ماليزيا، يمارس الرضاعة غالبا الملايويين المعتنقين للإسلام. كشخص مسلم، أي قرار يجب أن يكون حسب التعاليم الإسلامية. لدى المؤلفات الحالية أدلة محدودة بشأن تفسير وبناء الأمهات الملايويات تجاه الرضاعة.بما أن القرار بشأن الرضاعة يتأثر على حسب السياقات الاجتماعية والثقافية، تهدف الدراسة الحالية إلى استكشاف كيفية تأثير المعتقدات الدينية والعناصر الاجتماعية والثقافية على تجربة الأمهات المرضعات.استخدمت هذه الدراسة النوعية المنهج الفينومينولوجي (المبني على علم الظواهر) كإطار منهجي بشكل جزئي. تم تعيين أمهات ملايويات ذي خبرة مستمرة ومتزامنة في الرضاعة من أربعة عيادات للأمهات والأطفال في كوانتان، بولاية باهانج، وذلك باستخدام طريقة جمع العينات الهادفة. أجريت مقابلات شبه منظمة مع 15 والدة. تم تحليل البيانات باستخدام التحليل الموضوعي. تم تصنيف نتائج هذه الدراسة إلى خمسة مواضيع؛ فهم الأمهات للفوائد الصحية للرضاعة، والتوصيات المتعلقة بالرضاعة في الإسلام، والعوامل التي تؤثر على دعم الأمهات للقيام بالرضاعة، والتجربة الشخصية طول فترة الرضاعة. أشارت نتائج هذه الدراسة إلى أن ممارسات الرضاعة متأصلة في المعتقدات الدينية والسياقات الاجتماعية والثقافية، والتي لها دور في برامج توعية الرضاعة والتعليم في مستقبلا.الخلاصة: أشارت نتائج هذه الدراسة إلى أن الرضاعة متأصلة بشكل عميق في الاعتقاد الديني والسياق الاجتماعي والثقافي والتي تعتبر لازمة في البرامج التوعوية والتعليمية للرضاعة الطبيعية في المستقبل. الدين والثقافة عناصر مهمة في التأثير على طريقة الفرد في العيش. لذلك، من المتوقع من العاملين في مجال الرعاية الصحية دمج الجوانب الدينية والثقافية عند تعزيز وتثقيف الأمهات حول ممارسات الرضاعة.

الكلمات المفتاحية: ممارسات الرضاعة، علم الظواهر، ملايو، المنظور الإسلامي.

APPROVAL PAGE

I certify that I have supervised and read this study and that in my opinion, it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a thesis for the degree of Master in Nursing Science.

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DECLARATION

I hereby declare that this dissertation is the result of my own investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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LIST OF ABBREVIATIONS

AFASS	Acceptable, feasible, affordable, sustainable and safe
BFHI	Baby Friendly Hospital Initiative
EBM	Expressed breast milk
HTAA	Hospital Tengku Ampuan Afzan
IIUM	International Islamic University Malaysia
ILO	International Labour Organization
IREC	International Islamic University Malaysia Research and Ethic Committee
KKIA	Klinik Kesihatan Ibu dan Anak
KNPGR	Kulliyyah of Nursing Postgraduate and Research Committee
KUPPSIK	Breastfeeding Support Group Kuantan
MCH	Maternal and Child Health
MCHC	Maternal and Child Health Clinic
NHMS III	Third National Health and Morbidity Survey III
NMRR	National Medical Research Register
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

This thesis reports a study involving Malay mothers who have had an ongoing breastfeeding experience. The research work was supervised by a lactation counselor[1] cum midwifery academic as well as Obstetrics & Gynecology consultants.

The motivation of this study was derived from two main considerations. First, it was driven by the need to explore the influences of religious affiliation experience on breastfeeding practices. Second, mothers' perception and experience throughout their breastfeeding journey need to be understood in establishing health promotion and education within communities with different context of culture.

My attention on breastfeeding issues is rooted from my life experience as a mother who breastfeeds. The exposures as a breastfeeding mother working in Obstetrics Ward allowed me to observe the discrepancy between the religious recommendation and sociocultural perspective within the breastfeeding promotion and education program within the society.

This thesis comprises of six chapters. The current chapter introduces the thesis and provides the background of the study. This study employed a qualitative research design with minimal guidance of phenomenological framework to explore Malay women's understanding on the need to breastfeed their child in relation to medical and

[1] Individual who had attended a 40-hour breastfeeding course organized by Ministry of Health, Malaysia or qualified institution.

religious perspectives. It also explores life experiences of this group of women and how they assimilate religious understanding to their breastfeeding practice.

Chapter 2 begins with the philosophy underpinning this study. The Holy Quran and the relevant theories are discussed and referred to in grasping the concept of breastfeeding through personal experiences, beliefs, and social support.

Chapter 3 consists of literature review. Electronic databases were searched to retrieve only articles relevant to the guiding questions. A total of 25 articles were selected for the study's review. 3 of them were systematic review and 22 were empirical studies. Among the 22 empirical studies, 16 of them were qualitative study. For quantitative studies, 2 of them were cross-sectional studies and 1 longitudinal study. The other 3 studies were mixed-method studies. 18 studies were conducted in Asia, 2 studies in European countries, 1 study in the United States and 4 studies in African continent. The findings of literature review were presented in this chapter.

Chapter 4 explains and clarifies the methodology used in this study. This includes the study setting, sampling and sample size, recruitment process, data collection process and data analyses. The ethical issues and quality of the study within research process are also briefly discussed.

Chapter 5 reports the findings of the study. There are five sections in this chapter and the findings are discussed according to each objective. The illustrations of themes and subtheme are included in the discussion.

Chapter 6 discusses and summarizes the findings in relation to the research objectives, theoretical underpinning and existing literature. The methodological issues, strengths and weaknesses and the limitations of this study are also highlighted.

1.2 BACKGROUND OF THE STUDY

1.2.1 Definition of Breastfeeding

The words 'breastfeeding' and 'nursing' are used interchangeable to describe:

> "…the method of feeding a baby with milk directly from the mother's breast…" (Breastfeeding, n.d.)

From the Islamic point of view, the definition of breastfeeding refers to a woman's milk or anything that is originated from human milk that reaches the baby's stomach or his/her brain by mouth and nose, whether through direct breastfeeding or its expression (Khadari, 2016).

A set of indicator has been established to define infant feeding practice. Table 1.1 presents the definition of key term according to feeding categories outlined by the WHO (n.d.).

Table 1.1 Definition of key term

Feeding Category	Infant receives	May include	Does not include
Exclusive Breastfeeding	Breast milk (including milk expressed or from a wet nurse)	ORS, drops, syrups (vitamins, minerals, medicines)	Anything else
Predominant Breastfeeding	Breast milk (including milk expressed or from a wet nurse) as the predominant source of nourishment	Certain liquids (water and water-based drinks, fruit juice), ritual fluids and ORS, drops, syrups (vitamins, minerals, medicines)	Anything else (in particular, non-human milk, food based fluids)
Complementary Feeding	Breast milk (including milk expressed or from a wet nurse) and solid or semi-solid foods	Anything else; any food or liquid including non-human milk and formula	Not applicable

Table 1.1 - *Continued*

Feeding Category	Infant receives	May include	Does not include
Breastfeeding	Breast milk (including milk expressed or from a wet nurse) and solid or semi-solid foods	Anything else; any food or liquid including non-human milk	Not applicable
Bottle Feeding	Any liquid (including breast milk) or semi-solid food from a bottle with nipple/teat	Anything else; any food or liquid including non-human milk	Not applicable

Source: (WHO, n.d.)

In addition, the prominent scholars in breastfeeding, Noel-Weiss, Boersma,and Kujawa-Myles (2012) detailed breastfeeding's definition based on its exclusivity, as listed in Table 1.2.

Table 1.2 Categories of breastfeeding exclusivity

Category of Infant Feeding	Requires that the Infant to Receive:	Allows the Infant to Receive:	Does Not Allow the Infant to Receive:
Exclusive Breastfeeding	Breast milk (including expressed breast milk)	Vitamins, minerals, medicines	Anything else
Almost Exclusive Breastfeeding	Breast milk as the predominant source of nourishment	< 1 bottle/week of non-human milk, water, water-based drinks, fruit juice, ORS, ritual fluids	Anything else
High Breastfeeding	Breast milk as the predominant source of nourishment	> 1 bottle/week of non-human milk but < 1 bottle per day	1 bottle/day of nonhuman milk
Partial Breastfeeding	Breast milk and any food or liquid	>1 bottle/day of non-human milk or any food or liquid	

Table 1.2 - *Continued*

Category of Infant Feeding	Requires that the Infant Receive:	Allows the Infant to Receive:	Does Not Allow the Infant to Receive:
Token Breastfeeding	Non-human milk or any food or liquid as the predominant source of infant nourishment	Breast is used for comfort or to console the infant with minimal nutritional contribution	
Bottle feeding	Any food or liquid		

Source: (Noel-Weiss et al., 2012)

1.2.2 Global Strategy for Infant Feeding Practice

Realizing the importance of children's nutrition, World Health Organization (WHO) placed significant effort to ensure the revitalization of the promotion and protection of infant and young child feeding (World Health Organization [WHO], 1990). For this reason, the Innocenti Declaration and the Global Strategy for Infant and Young Child Feeding were endorsed with the aim to improve infant and young children's health and survival through the provision of optimal feeding (WHO & UNICEF, 1990; WHO & UNICEF, 2003). Both strategies attempt to promote exclusive breastfeeding for the first 6 months of the infant's life. Then, appropriate complementary feeding should be introduced and breastfeeding should be continued until the infant reaches the age of two years old or beyond.

The Innocenti Declaration, launched in 1990 is an international agenda that endeavors to optimize maternal and child health through the provision of optimal feeding (WHO & UNICEF, 1990) while Global Strategy for Infant and Young Child Feeding was launched after a decade of the Innocenti Declaration with the target to complement it (WHO & UNICEF, 2003).

Following these action plans, all governments are encouraged to oppose the incursion of 'bottle feeding culture' and convey the message that 'breast is the best.' Therefore, four operational targets were outlined by WHO and UNICEF (1990) and the governments are expected to abide the policy set up. The policy states that by 1995, all governments should:

1. Have national breastfeeding authorities and policy.
2. Ensure all maternity facilities practice the 'Ten Steps to Successful Breastfeeding' guideline.
3. Conform to the International Code in the marketing of Breast Milk Substitutes.
4. Form resourceful legislations that protect the breastfeeding rights of working women.

The Innocenti Declaration and Global Strategy for Infant and Young Child Feeding were specifically established to inculcate public awareness on the effects of feeding malpractice. They also impose community engagement in the provision of optimal feeding. In addition to these, the action plans enable mothers, families and caregivers to make informed decisions about the optimal feeding practice (WHO & UNICEF, 2003).

The mission and vision of this strategy were visualized through the establishment of Baby-Friendly Hospital Initiative (BFHI) and the enactment of Code of Marketing of Infant Formula Products. Its mechanisms of work aim at protecting, promoting and supporting breastfeeding practice (WHO & UNICEF, 2003).

1.2.3 The Baby Friendly Hospital Initiative (BFHI)

BFHI is a global effort that aims at empowering women to make right choices pertaining to infant feeding practice and creating conducive environment for mothers who wish to breastfeed. BFHI was launched in 1991 with the initial participation of only 12 countries. However, the membership expanded to 140 countries after a year of its establishment. To date, more than 15,000 health facilities in 152 countries have been awarded the Baby-Friendly status (WHO, n.d.).

The 'Ten Steps for Successful Breastfeeding set by WHO & UNICEF (2003) serves as the golden standard for achieving the BFHI status. The 10 steps are as follows:

1. To have a written policy on breastfeeding which is consistently disseminated to all health care staff,
2. To equip all health care staff with knowledge and skill on breastfeeding,
3. All pregnant women should be well-informed on the benefits of breastfeeding and management of breastfeeding,
4. To help mothers to initiate breastfeeding within half an hour of delivery,
5. To show mothers how to breastfeed and how to maintain lactation if they should be separated from their infants,
6. Newborns should receive breast milk only unless it is otherwise indicated medically,
7. To practice rooming-in where the mother and her baby are always placed in the same room,
8. To encourage breastfeeding on demand,
9. To avoid artificial teats or pacifiers to breastfeeding infants, and

10. To foster the establishment of breastfeeding support group and refer mothers to them upon their discharge from the hospital or clinic.

All the first nine steps stated above are limited to health facilities, particularly those that are maternity based. Realizing that breastfeeding mothers need an ongoing support, the tenth step stated above was specified to the community outreach. This is to ensure that breastfeeding mothers receive ongoing information and support to sustain this practice.

In addition to promoting and supporting breastfeeding mothers, BFHI also provides support for non-breastfeeding mother. Non-breastfeeding mothers should also be well informed on the benefits of breastfeeding as well as the risks of using artificial feeding. They need to be helped in choosing an acceptable, feasible, affordable, sustainable and safe (AFASS) feeding option. Besides, that they should be educated on feeding preparation to minimize health risks (UNICEF, 2015).

1.2.4 The Code of Ethics on Marketing of Breast Milk Substitutes

The emergence of infant formula in the late 1800 caused a progressive decline in breastfeeding practice in the west (Palmer, 2009). A similar situation occurred in our country. Previously, breastfeeding was accepted as a traditional and universal feeding method for all ethnics in Malaysia (Manderson, 1984). However, the widespread dissemination of infant formula and feeding bottles in the market introduced a new trend in infant feeding pattern worldwide (Manderson, 1984; Palmer, 2009).

Therefore, the International Code of Marketing of Breast Milk Substitutes was enacted in 1981 (WHO, 1981). The code was formulated in view of the significant number of infant morbidity and mortality rate due to malnutrition and poor bottlefeeding practice (UNICEF, 2015). The issuance of the Code of Ethics for the

Marketing of Infant Foods and Related Products in Malaysia is the manifestation of this policy (Health Promotion and Disease Prevention Directorate, 2015). The national code was established with the collaboration of government and dairy industries. Serial amendments of the national code were done progressively to ensure the continuous promotion of infant's optimal nutrition. The latest revision was published in 2010 with the aims to protect and support breastfeeding as well as to ensure the appropriate and correct use of breast milk substitutes if they are medically required.

The establishment of this policy results in the restriction of the marketing and distribution of infant formula, feeding bottles and teats. This policy protects breastfeeding by fighting against the commercial promotion of infant formula. As a consequence, more than 500 violations of the code were reported worldwide (International Baby Food Action Network, 2004)

1.2.5 The Laws and Legislation of Breastfeeding for Women in Workforce

Rapid urbanization and industrialization resulted in social and structural transformations as well as changes in people's expectation towards women's role. Nowadays, women's participation in the workforce is seen as a common phenomenon. As a result, maternal employment brings negative consequences towards infant feeding practice worldwide (Amin et al., 2011; Manderson, 1984; Okeyo, Konyole, Okeyo, Abongo & Onyango, 2012).

The International Labour Organisation (ILO, 2016) reported that women's participation rate in workforce is at 49.6% worldwide. In Malaysia, the current statistic reports that women's participation in workforce is at 54.1% with the dominant age group of 25 to 45 years old women (Department of Statistics Malaysia, 2016). This situation may indirectly affect infant feeding practice as the age distribution falls

within the reproductive age. Therefore, the empowerment of breastfeeding mothers at workplace is imperative.

The International Labour Organization (ILO) has enacted the Maternity Protection Convention (Revised) 1952 and the Maternity Protection Recommendation 1952 in line with the increasing trend of women's participation in workforce to promote health and safety of the mother and child (ILO, 2000). According to this law, a working woman is entitled for health provision, income security and protection against discrimination due to maternity. The Maternity Protection Convention which was ratified in June 2000 stated that:

1. A woman shall be entitled with a period of six weeks of maternity leave, and
2. A breastfeeding mother shall be entitled for daily nursing breaks or daily reduction of working hours without the loss of pay.

Malaysia has adopted this policy through the Employment Act 1955 (Malaysia, Act 265) (Part IX of the Employment Act, which deals with maternity leave, maternity allowance, eligibility criteria, notice requirements, protection from dismissal and other related provisions). This Employment Act ordinance grants every female employee in private sectors the entitlement of paid maternity leave of not fewer than 60 consecutive days. Meanwhile, the female employee in public sector is entitled to 60 days of paid maternity leave. She may request to request for an extension i.e. additional 30 days of paid maternity leave. She also has the option of applying for 1825 days or 5 years of unpaid leave to care or breastfeed her child.