

THE INFLUENCE OF RELIGIOUS BELIEF AND SOCIOCULTURAL ON BREASTFEEDING PRACTICE: A LITERATURE REVIEW

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ABSTRACT

Socio-cultural poses as the enabler and barrier in breastfeeding practice. A review of published literature was conducted and a total of 25 articles were reviewed to seek the answer: How religious belief and sociocultural influence breastfeeding practice? Published articles were identified through electronic searches of PubMed/MEDLINE, Scopus, Google scholars and IIUM Repository within timeframe of 2011 to 2017. Through this searching, three key themes were identified: religious views on breastfeeding, sociocultural perspectives and challenges. A comprehensive understanding on religious recommendation and cultural influence would benefit in the reconstruction of breastfeeding promotion and education program.

Keyword: *Breastfeeding, Religion, Religious belief, Socio-cultural*

INTRODUCTION

Mothers are expected to breastfeed their infants and this expectation are based on religious beliefs and mother's responsibilities (Levin, 1979; Laroia & Sharma, 2006; Khattak & Ullah, 2007). Likewise, mothers' decision to breastfeed is influenced by their beliefs and values (Burdette & Pilkauskas, 2012). Nowadays, breastfeeding practice has become a trend as it is a symbol of good mothering (Breastfeeding & Formula, 2016; Pusat Sokongan Penyusuan Ibu, 2016).

Studies on breastfeeding began as early as 1953 found that the breastfeeding duration among primitive people varied in terms of locality and ethnicity (Wickes, 1953). The weaning period was found to be influenced by children's demand, religious beliefs and cultural norms. However, breastfeeding practice in the present time should be adjusted to fulfill the infant and family's need as well as people's expectation towards women's role in modern society (Macadam & Dettywyler, 1995).

The importance of breastfeeding in medical view is clear and well-established as extensive scientific research proved the benefits of breast milk and its practice to infant and women's health as well as to the environment and society. The religious recommendation on breastfeeding is scientifically proven as many studies have reported its benefits to both the infant and the mothers (Patelarou *et al.*, 2012; Marseglia *et al.*, Manti

et al., 2015; Victoria *et al.*, 2016). Moreover, its benefits extend to the family and the society as it reduces health care cost and expenses for artificial feeding (Walters *et al.*, 2016).

On the other hand, numerous studies indicated progressive decline of breastfeeding practice and its duration are due to several reasons; maternal employment, insufficient prenatal education about breastfeeding, difficulty to access medical and nursing assistance related to breastfeeding, commercial promotion of infant formula, lack of social support for breastfeeding, role of mass media that portray formula feeding as normative and misinformation regarding breastfeeding (Amin *et al.*, 2011; Okeyo *et al.*, 2012; Amin, 2014).

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LITERATURE REVIEW

PubMed, MEDLINE, Scopus, Google scholars and IIUM Repository were searched using the keywords;

breastfeeding, breastfeeding practice, religious belief, sociocultural, Islam, Muslim and Malay. The search was limited to English and Malay language literature published within 2011 and 2017. The articles must report empirical studies or review papers, published after peer review. Articles that addressed high risk

mothers (e.g. adolescent mothers or mothers with comorbidities) and high-risk infants (e.g. born premature or had congenital disorders) were excluded. The reviews of the literature were critically conducted to seek answer of the objective of this review. The process of search strategy is detailed in Figure 1.

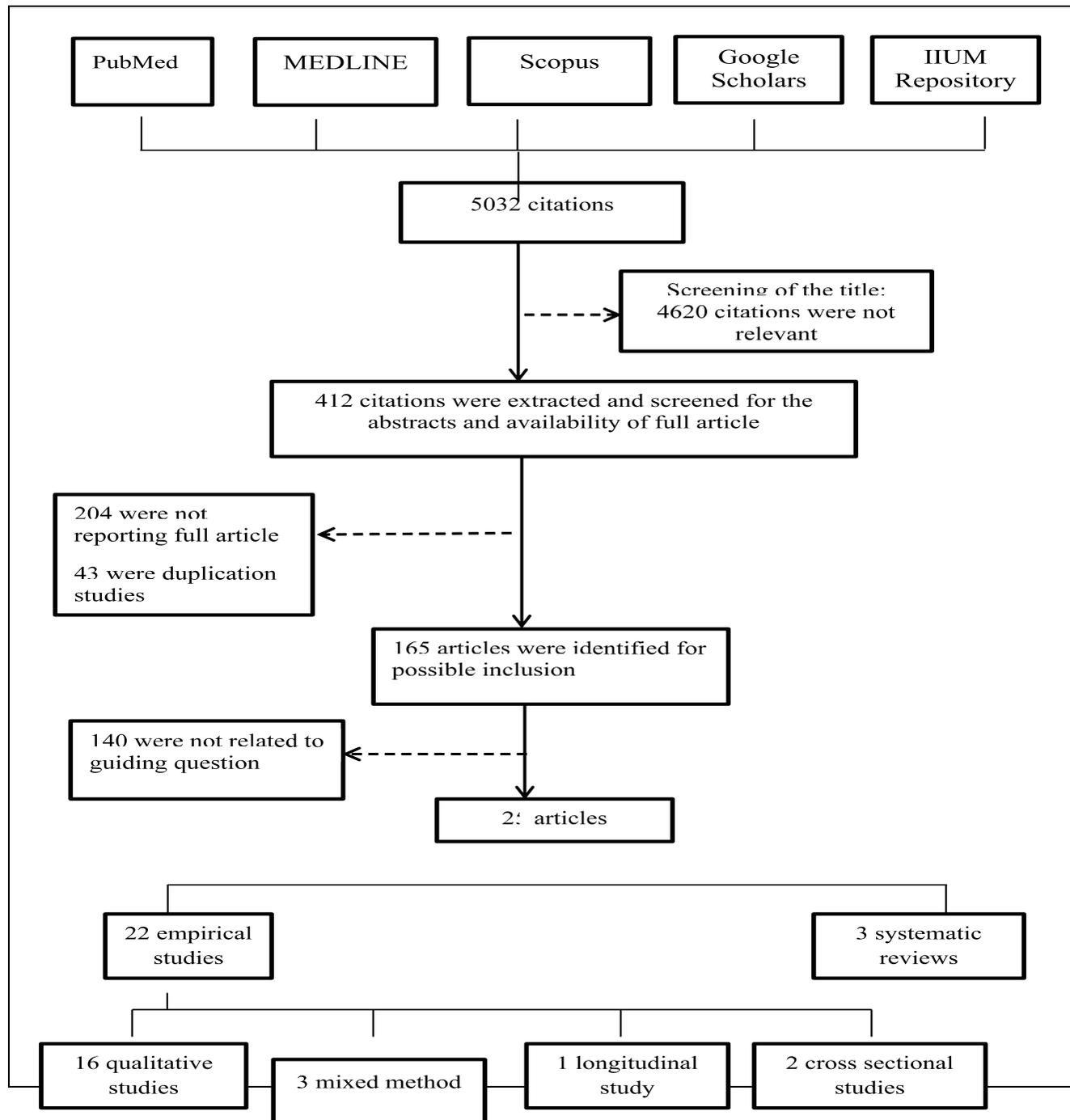


Figure 1: Search strategy

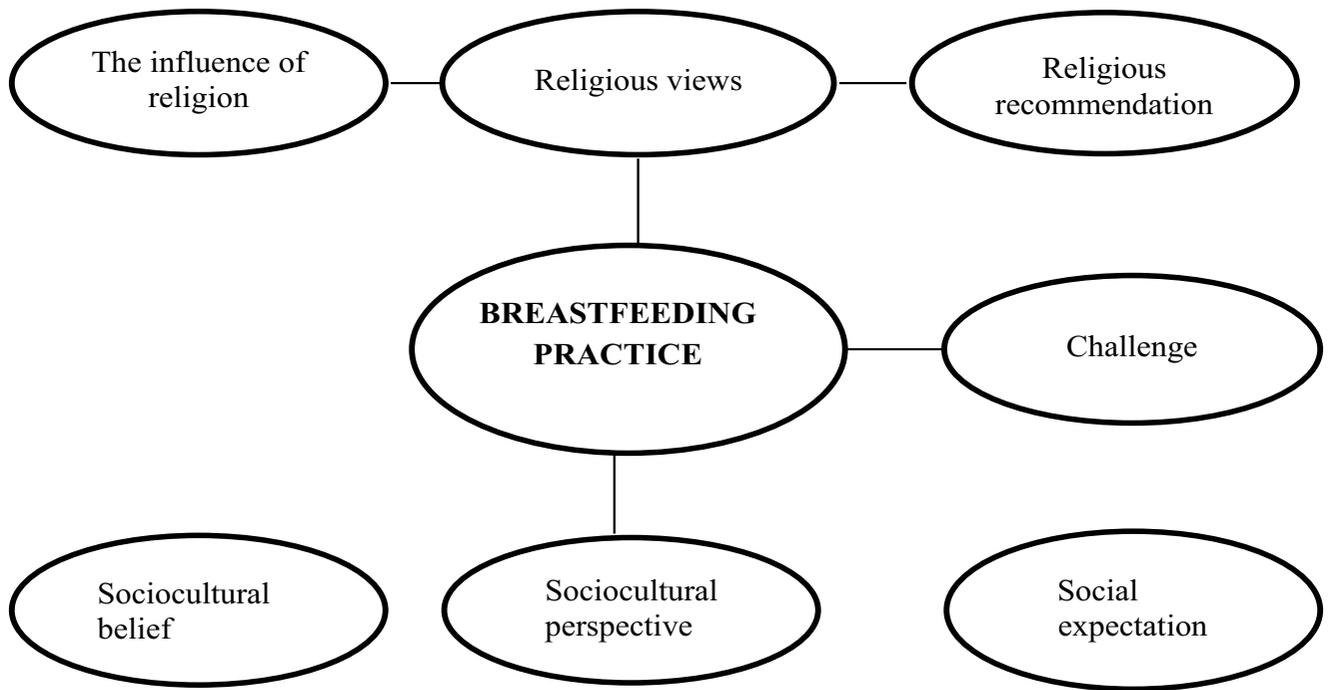


Figure 2: Findings of the review

- **Breastfeeding and Religious Views**

Religious Recommendation on Breastfeeding

Islam has recommended all mothers to breastfeed their children and it was viewed as a legal duty of both parents and as the child's right (Mohd, 2011). This study is grounded on the recommendations found in the Holy Quran, the Prophet's hadith and the consensus of Islamic jurists' opinion (ijma') as they provide specific guidelines on the duration of breastfeeding, weaning and rearing of infant. The importance and benefits of breastfeeding were proved not only through scientific research (Bayyenatet *et al.*, 2014; Firoozabadi & MohdSheikhi, 2015).

The Influence of Religion towards Mother's Decision to Breastfeed

In Malaysia, breastfeeding was found to be dominantly practiced among Malay and it was traditionally accepted as a normal way of nourishing a newborn (Tengku *et al.*, 2012). As Malay people hold steadfastly to the Holy Quran and the Prophet' shadith, it was believed that they practiced breastfeeding due to religious recommendation. A study conducted among married Muslim academician of local universities in Terengganu found that people's understanding on

Islamic teaching in regard to breastfeeding is the integral factor in the success of this practice (Daud *et al.*, 2014).

A study among Muslim mothers in western country had provided considerable evidence that breastfeeding choices and experiences were shaped by religious belief (Williamson & Sacranie, 2012). It was found that they believed that breastfeeding is an act of worshipping, Allah appeared to be the main factors that influenced their preference in infant feeding practice. In the same way, a study done among the US population found that religious affiliation play a significant role in breastfeeding practice among Conservative Protestants, Christians and Muslims (Burdette & Pilkauskas, 2012). It was also discovered that religious involvement has a positive association towards breastfeeding initiation and duration.

The importance of breastfeeding is not only emphasized in Islamic teaching. In Malaysia, a study conducted among the Bidayuh who believes in the Seventh Adventist reported that mothers' decision to breastfeed was linked to their reverence to the religious recommendation (Chang, Denney & Cheah, 2015). They believed that their bodies are the temples of God. Therefore, their bodies are special gift from God and they should share it with others.

• **Sociocultural Influence**

Social Expectation

Earlier studies among mothers in different settings suggest that breastfeeding decision are also influenced by the sociocultural aspects (Daglas & Antoniou, 2012; Williamson & Sacranie, 2012; Tengku Ismail, Wan Muda & Bakar, 2013; Chang, Denney & Cheah, 2015; Wanjohi *et al.*, 2017). The studies found that women's intention and decision to breastfeed were mainly based on the perceived role of being a mother rather than following religious recommendations. Moreover, mothers are expected to breastfeed as it is a natural phenomenon.

Social expectation also play an important role in the duration of breastfeeding (Dowling & Brown, 2013). Their study which involved modern mothers whose breastfed over a longer period found that social expectation would influence breastfeeding practice. Their study suggested that mothers's main concern is the public impression as extended breastfeeding is considered as a taboo or stigma. On the other hand, the sociocultural practice that encourages mothers to breastfeed for the duration of 2 years was found to be the enabler factor among Muslim community in rural area (Wanjohi *et al.*, 2017). In Kenya, the Muslim community there believed that a child should be breastfed for exactly two years.

Breastfeeding nowadays should be well-adjusted with parental and family relationship as well as people's expectation towards women's role in the modern society. A current literature on maternal employment is rich with examples of the social expectation towards women's role (Sulaiman, Liamputtong & Amir, 2016). Their study found that the success of breastfeeding practice among working mothers is determined by their determination to initiate and sustain this practice. However, the intention and motivation are intensely influenced by public expectation towards them. Availability of support plays an important role in the success of breastfeeding practice.

Sociocultural Belief

Review of the literature suggested that sociocultural work as the enablers and barriers in breastfeeding practice (Daglas & Antoniou, 2012; Tengku Ismail *et al.*, 2012; Tamiru, Bogale & Merdikios, 2013; Legesse *et al.*, 2014, Othman, Lamin & Othman, 2014; Tamiru

& Tamrat, 2015; Radwan & Sapsford, 2016; Wanjohi *et al.*, 2017). Sociocultural belief was considered as an integral factor in breastfeeding practice. However, in certain circumstance, customary practice could be a cultural constraint in breastfeeding practice.

Some of the social and cultural beliefs and practices are not in line with medical recommendation, thus they pose a cultural constraint in correct breastfeeding practices. Moreover, such misbeliefs and customary practices are shared across the culture. For instance, the practice of giving plain water to breastfeeding infants of less than 6 months is the main factor of the success of exclusive breastfeeding (Tengku *et al.*, 2012). Similarly, several studies conducted in other countries found that pre-lacteal feeding was the main barrier associated with exclusive breastfeeding (Tamiru, Bogale & Merdikios, 2013; Radwan & Sapsford, 2016; Wanjohi *et al.*, 2017). As a result, the mother and the baby could not achieve the maximum benefits of breastfeeding. These traditional beliefs also would deteriorate the baby's health.

Similarly, several studies conducted in other countries found pre-lacteal feeding was the main barrier associated with exclusive breastfeeding (Tamiru, Bogale & Merdikios, 2013; Legesse *et al.*, 2014; Radwan & Sapsford, 2016; Wanjohi *et al.*, 2017). The participants in stated studies earlier believed the customary practice was right as they used to practice it. Moreover, the customary practices have been passed from generation to generation.

A study in Kenya reported various myths related to breastfeeding practice. The general belief among the Africans include considering colostrum as dirty and breastfeeding was associated with women's sagging breast (Wanjohi *et al.*, 2017). The stated studies provided extensive information on how culture could influence breastfeeding practice among the community that are known to have a strong belief system. (MacKean & Spragins, 2012) in their critical analysis suggested that breastfeeding outcomes were deeply embedded within cultural norms. Their review was supported by recent systematic analysis that examines the role of infant's grandmothers in various aspects throughout perinatal period (Negin *et al.*, 2016). In their review, it was found that infant's grandmother could be significant factors in promoting breastfeeding.

On the other hand, a study found that cultural belief

associated with herbal galactagogue helped Malay mothers in sustaining the milk production (Othman, Lamin & Othman, 2014). The herbs that commonly used by mothers in this study were alfalfa, fenugreek, black seed and milk thistle. Herbal galactagogue was more preferable than pharmaceutical galactagogue as it was believed as safer and more effective.

• Challenges

Breastfeeding mothers are globally challenged with different experiences according to their phases of lactation and situations (MacKean & Spragins, 2012; Sulaiman, Liamputtong & Amir, 2016). Despite the physical challenges, breastfeeding mothers also experience psychological impact, particularly when dealing with breastfeeding in public. Mothers concern regarding privacy while breastfeeding is shared across the culture (MacKean & Spragins, 2012, Williamson & Sacranie, 2012; Mohammad *et al.*, 2013; Wanjohi *et al.*, 2017). However, for Muslims, this issue is

intensified by religious beliefs (Mohammad *et al.*, 2011; Williamson & Sacranie, 2012). Despite the challenges experienced by mothers, the husband also sacrifices to fulfil the wife and baby's need throughout breastfeeding journey (Muda *et al.*, 2017). The findings of their study suggested that breastfeeding is shared responsibility between the women and their husbands.

CONCLUSION

Breastfeeding is a natural but challenging phenomenon as the practice is deeply embedded within religious beliefs and the sociocultural context. It was suggested that health awareness should be created in line with the religious recommendation. Therefore, religious issues and cultural meanings associated with breastfeeding practice should be incorporated in future breastfeeding education and promotion. By integrating these two aspects would enhance the existing knowledge and dispel the misinformation about breastfeeding.

REFERENCE

- Amin, T. T., Abdulrahman, G. A., Muhaidib, A. S. N. & Hamdan, A. B. O. (2014). Breastfeeding attitudes and knowledge among future female physicians and teachers in Saudi Arabia. *Health Science Journal*, 8(1), pp 102-115.
- Amin, R.M., Said, Z. M., Sutan, R., Shah, S. A., Darus, A. & Shamsuddin, K. (2011). Work related determinants of breastfeeding discontinuation among employed mothers in Malaysia. *International Breastfeeding Journal*, 6(1), pp 1-6.
- Bayyenat, S., Hashemi, G. A. S., Purbaferani, A., Saeidi, M. & Khodae, G. H. (2014). The importance of breastfeeding in Holy Quran. *International Journal of Pediatrics*, 2(4.1), pp 339-347.
- Burdette, Amy M. & Natasha V. Pilkauskas. (2012). Maternal Religious Involvement and Breastfeeding Initiation and Duration. *American Journal of Public Health*, 102(10), pp 1865-1868.
- Breastfeeding & Formula. (2016). Here's what it really means when they say: Fed is best! Retrieved From: <https://sg.theasianparent.com/mobile-phone-use-and-breastfeeding>
- Chang, C.T., Denney, D. F. & Cheah, W. L. (2015). Perceptions of exclusive breastfeeding among Bidayuh mothers in Sarawak, Malaysia: a qualitative study. *Malaysian Journal of Nutrition*, 21(2), pp263-268.
- Daglas, M. & Antoniou, E. (2012). Cultural views and practices related to breastfeeding. *Health Science Journal*, 6(2), pp 353-361.
- Daud, N., Nordin, N., Shukry, A.S.M., Ali, R.M. & Mohamed, Z. (2014). A Study of the Understanding amongst Academia towards the Islamic Concept of Breastfeeding. *Asian Social Science*, 10(19), pp.230-239.
- Dowling, S. & Brown, A. (2013). An exploration of the experiences of mothers who breastfeed long-term: what are

- the issues and why does it matter? *Breastfeeding Medicine*, 8(1), pp 45-52.
- Firoozabadi, M. D. & Sheikhi, M. A. 2015. Breastfeeding from Quran to Medical Science. *International Journal of Current Research and Academic Review*, 3 (7), pp134-137.
- Ismail, T. A. T., Muda, W. A. M. W. M. & Bakar, I. M. (2014). Everybody Gives Water to Their Infants: The Barrier for Exclusive Breastfeeding Practice in Kelantan, Malaysia. *Malaysian Journal of Paediatrics and Child Health*, 19, pp 6-15.
- Khattak, I.A. & Ullah, N. (2007). Fundamental rights of infants are guaranteed in Islam--breastfeeding is mandatory. *Saudi Medical Journal*, 28(2), pp 297-299.
- Laroia, N. & Sharma, D. (2006). The religious and cultural bases for breastfeeding practices among the Hindus. *Breastfeeding Medicine*, 1(2), pp.94-98.
- Legesse, M., Demena, M., Mesfin, F. & Haile, D. (2014). Prolactal feeding practices and associated factors among mothers of children aged less than 24 months in Raya Kobo district, North Eastern Ethiopia: a cross-sectional study. *International breastfeeding journal*, 9(1), pp 1-8.
- Levin, A. (1999). Humane neonatal care initiative. *Acta Paediatrica*, 88(4), pp.353-355.
- Macadam, P.S. & Dettwyler, K.A., (1995). Breastfeeding: biocultural perspectives. Transaction Publishers, USA.
- MacKean, G. & Spragins, W. (2012). *The challenges of breastfeeding in a complex world*. Alberta, Alberta Health Services, Canada.
- Marseglia, L., Manti, S., D'Angelo, G., Cuppari, C., Salpietro, V., Filippelli, M., Trovato, A., Gitto, E., Salpietro, C. & Arrigo, T. (2015). Obesity and breastfeeding: the strength of association. *Women and Birth*, 28(2), pp 81-86.
- Mohamad, E., Ahmad, A.L., Rahim, S.A. & Pawanteh, L. (2013). Understanding religion and social expectations in contemporary Muslim society when promoting breastfeeding. *Asian Social Science*, 9(10), pp 264.
- Mohd, A. (2011). Breastfeeding (Rada'ah) Under Islamic law and it's Promotion towards Sustaining Mother's and Children's Health. In *Asian Conference on the Social Sciences, Official Conference Proceedings*, pp 656-665.
- Muda, S. M., Mohamad R. M. S., Mohamad A. S. R. & Makhtar, A. (2017). The perceptions of married men on breastfeeding practice. *International Journal of Public Health and Clinical Sciences*, 4(2), pp. 95-109.
- Negin, J., Coffman, J., Vizintin, P. & Greenow, R.C., (2016). The influence of grandmothers on breastfeeding rates: a systematic review. *BMC pregnancy and childbirth*, 16(1), pp 91.
- Okeyo, N.O., Konyole, S. O., Okeyo, L.A., Abongo, B. O. & Onyango, R.O., (2012). Characteristics of caregivers and households practicing bottle-feeding in Kisumu east district. *African Journal of Food, Agriculture, Nutrition and Development*, 12(7), pp 6868-6880
- Othman, N., Lamin, R. A. C. & Othman, C. N. (2014). Exploring behaviour on the herbal galactagogue usage among Malay lactating mothers in Malaysia. *Procedia-Social and Behavioral Sciences*, 153, pp 199-208.
- Patelarou, E., Girvalaki, C., Brokalaki, H., Patelarou, A., Androulaki, Z. & Vardavas, C. (2012). Current evidence on the associations of breastfeeding, infant formula and cow's milk introduction with type 1 diabetes mellitus: a systematic review. *Nutrition Reviews*, 70(9), pp 509-519.
- Pusat Sokongan Penyusuan Ibu. (2016). Breastfeeding & Baby wearing Workshop. Retrieved from:

<http://susuibu.com/1764-2/>

- Radwan, H. & Sapsford, R. (2016). Maternal perceptions and views about breastfeeding practices among Emirati mothers. *Food and Nutrition Bulletin*, 37(1), pp 73-84.
- Silvers, K. M., Frampton, C. M., Wickens, K., Pattemore, P. K., Ingham, T., Fishwick, D., Crane, J., Town, G. I., Epton, M. J. & New Zealand Asthma and Allergy Cohort Study Group. (2012). Breastfeeding protects against current asthma up to 6 years of age. *The Journal of Paediatrics*, 160(6), pp 991-996.
- Sulaiman, Z., Liamputtong, P. & Amir, L. H. (2016). The enablers and barriers to continue breast milk feeding in women returning to work. *Journal of Advanced Nursing*, 72(4), pp 825-835.
- Tamiru, D., Bogale, B. & Merdikios, B. (2013) Breast-feeding patterns and factors associated with exposure to suboptimal breast-feeding practices in rural communities of Arba Minch Zuria, Ethiopia. *Global Health Perspective*, 1 (2), pp 105-112
- Tamiru, D. & Tamrat, M. (2015). Constraints to the optimal breastfeeding practices of breastfeeding mothers in the rural communities of Arba Minch Zuria Woreda, Ethiopia: a community-based, cross-sectional study. *South African Journal of Clinical Nutrition*, 28(3), pp 134-139.
- Tengku A.T., Wan, A.M., Zaharah, S., Rohana, A. J. & Nik N. N. M. (2012). Perceptions and practice of exclusive breastfeeding among Malay women in Kelantan, Malaysia: a qualitative approach. *Malaysian Journal of Nutrition*, 18(1), pp. 15-25.
- TI, T.A., Manan, W., Isa, M. (2013). Factors predicting early discontinuation of exclusive breastfeeding among women in Kelantan, Malaysia. *Health and the Environment Journal*, 4(1), pp 42-54.
- Victora, G. C., Bahl, R., Barros, A.J. D., França, G. V. A., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N. & Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), pp 475-490.
- Walters, D., Horton, S., Siregar, A. Y. M., Pitriyan, P., Hajeebhoy, N., Mathisen, R., Phan, L. T. H. & Rudert, C. (2016). The cost of not breastfeeding in Southeast Asia. *Health Policy and Planning*, 31(8), pp 1107-1116.
- Wanjohi, M., Griffiths, P., Wekesah, F., Muriuki, P., Muhia, N., Musoke, R. N., Fouts, H. N., Madise, N. J. & Kimani-Murage, E. W. (2017). Sociocultural factors influencing breastfeeding practices in two slums in Nairobi, Kenya. *International Breastfeeding Journal*, 12(1).
- Wickes, I. G. (1953). A history of infant feeding. I. Primitive peoples; ancient works; Renaissance writers. *Archives of Disease in Childhood*, 28(138), pp 151-158.
- Williamson, I. R. & Sacranie, S. M. (2012). Nourishing body and spirit: exploring British Muslim mothers constructions and experiences of breastfeeding. *Diversity & Equality in Health and Care*. 9(2), pp 113-123.