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A Multi-Theory Conceptual Framework for Understanding Online Milk Sharing Experiences in Malaysia

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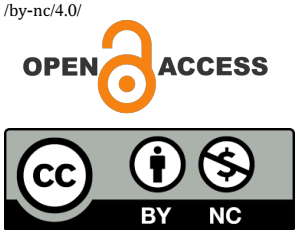

ABSTRACT

Background: Milk sharing through social media platforms, particularly Facebook, has emerged as a growing maternal practice in Malaysia, yet it remains underexplored. While often discussed through the lenses of public health and religion, little is known about the underlying motivations, social dynamics, and structural influences that shape this behaviour in culturally and religiously sensitive contexts.
Methods: This conceptual paper employed a theory-informed approach to integrate Self-Efficacy Theory, the Theory of Planned Behaviour, Online Social Support Theory and the Liberation Health model into a multi-theory framework for understanding the milk-sharing experiences of donors and recipient mothers in Malaysia.
Results: The resulting framework demonstrates how individual, interpersonal, digital, sociocultural, and institutional factors interact to shape milk-sharing behaviours. It enhances theoretical understanding and provides practical guidance for developing culturally sensitive, ethically grounded, community-supported, and religion compliant human milk donation systems.
Conclusion: The proposed multi-theory framework provides a comprehensive and contextually relvant explantaion of online milk-sharing experiences in Malaysia. Further empirical validation is required to assess its applicability across diverse populations, sociocultural contexts and healthcare settings.

Keywords: Human milk; Breastfeeding; Social media; Group dynamics; Social support; Delivery of healthcare

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INTRODUCTION

Milk sharing, once rooted in traditional wet nursing, has undergone a significant transformation in the digital age (1,2). In Malaysia, this practice has found a new expression through Facebook-based breastfeeding and breastmilk donation communities, where donor and recipient mothers connect, negotiate, and share expressed breastmilk (EBM). While grounded in altruism, milk sharing also intersects with complex sociocultural, ethical, and health considerations; this applies especially within the Malaysian context, where religion plays a central role (3).

In the digital era, the practice of milk sharing has shifted from intimate, kin-based arrangements to large-scale, digitally mediated interactions facilitated by social media platforms (2,4). Mothers are increasingly turning to online platforms to seek breastfeeding information, reassurance, and peer support, particularly when navigating complex decisions about infant feeding (5).

Digitisation enables mothers to seek and offer breastmilk beyond their immediate social networks, expanding access while reshaping how trust is established and maintained. Anonymity within online spaces allows mothers to disclose concerns, seek help, and negotiate milk-sharing arrangements with reduced social stigma, particularly in sensitive contexts involving religion, health, and maternal identity. Meanwhile, the scale of online breastfeeding communities—often involving thousands of members—has transformed milk sharing from a purely private exchange into a collective, peer-regulated practice. Within these spaces, peer governance emerges through community norms, group rules, administrator oversight, and shared ethical expectations, guiding acceptable practices and resolving conflicts in the absence of formal institutional regulation. These digital dynamics have fundamentally reconfigured milk-sharing practices, underscoring the need for a conceptual framework that captures the interplay between individual decision-making, online social support, and broader sociocultural structures.

While milk sharing has gained increasing academic attention in Western contexts, there remains a notable gap in research addressing its complexities within Muslim-majority societies. In Malaysia, informal milk sharing, particularly via social media platforms such as Facebook, has emerged as a significant maternal practice. However, this phenomenon exists alongside important sociocultural and institutional tensions. Concerns about religious rulings, limited access to religious-compliant human milk banks, and diverse community perceptions about milk-sharing complicate both public understanding and policy development. Healthcare professionals (HCPs) often lack structured frameworks for interpreting and supporting these practices, especially when they occur outside formal health systems.

Despite their informality, these milk-sharing practices offer valuable insights into how mothers navigate trust, consent, religious obligations, and community care. They reflect lived realities and cultural norms that are often absent from institutional policies on breastfeeding and donation to human milk banks. As such, milk bank systems should not disregard these community-led practices but learn from them. Understanding how mothers make decisions, seek support, and resolve ethical concerns in informal settings can inform the development of culturally resonant and ethically acceptable frameworks regarding the concept of milk banks. milk bank frameworks.

This paper presents an empirically informed conceptual framework developed from previous multiple-case study findings and subsequently refined through the integration of relevant theoretical perspectives to enhance understanding of milk-sharing experiences within online breastfeeding communities. The empirical findings revealed that mothers' milk-sharing experiences were shaped by multiple interconnected influences, including individual beliefs and confidence, social interactions within online communities, and broader sociocultural and religious considerations.

METHODS

Origin of the Framework

To provide a coherent theoretical grounding for understanding milk-sharing experiences, this conceptual framework integrates four complementary theories: the Theory of Planned Behaviour, Self-Efficacy Theory, Online Social Support Theory, and the Liberation Health Model. These theories

capture the multiple levels of influence shaping milk-sharing practices. These range from individual beliefs and intentions to interpersonal support mechanisms within online communities, while broader sociocultural and structural contexts are also incorporated. The Theory of Planned Behaviour (TPB) and Self-Efficacy Theory elucidate individual decision-making processes and confidence in engaging in milk sharing, while Online Social Support Theory explains how digitally mediated interactions facilitate informational and emotional support. The Liberation Health Model extends this understanding by situating milk-sharing experiences within wider social, cultural, and institutional structures. The following sections discuss each theory and its relevance to understanding milk-sharing practices among online breastfeeding communities.

Theory Selection

The framework was intentionally constructed using four complementary theories because no single theory adequately explained the complexity of milk-sharing experiences observed in the empirical study. The findings suggested that mothers' decisions to participate in milk sharing were influenced not only by personal beliefs and intentions but also by confidence in managing breastfeeding challenges, support received through online communities, and broader sociocultural and religious contexts. Consequently, the Theory of Planned Behaviour was selected to explain behavioural intention, Self-Efficacy Theory to explain confidence and behavioural persistence, Online Social Support Theory to explain the role of digital peer networks, and the Liberation Health Model to account for structural and sociocultural influences. Alternative theories such as the Health Belief Model, Social Ecological Model, Social Cognitive Theory, Diffusion of Innovations Theory, and Communities of Practice Theory were also considered during framework development. However, these theories individually explained only certain aspects of the milk-sharing experience. The selected combination of the Theory of Planned Behaviour, Self-Efficacy Theory, Online Social Support Theory, and the Liberation Health Model was considered most appropriate because it collectively addressed the individual, interpersonal, digital, and sociocultural dimensions identified in the empirical findings.

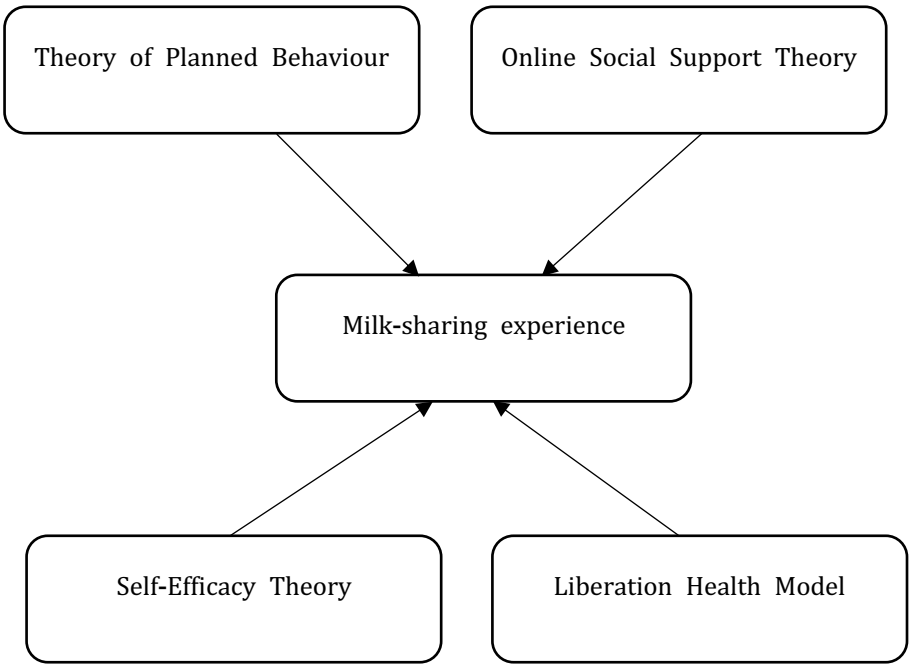
Framework Development Process

The development of the conceptual framework followed a theory-informed interpretive process. First, findings from the previous multiple-case study were reviewed to identify recurring themes related to mothers' milk-sharing experiences. These themes included support-seeking behaviour, participation in online breastfeeding communities, development of knowledge and confidence, behavioural decision-making, and the influence of sociocultural and religious factors. Second, relevant theoretical constructs were identified and mapped to these themes. For example, behavioural intention and decision-making processes were aligned with the Theory of Planned Behaviour, while maternal confidence and persistence were interpreted through Self-Efficacy Theory. Online Social Support Theory was used to explain the role of digital interactions and peer support within Facebook-based communities, whereas the Liberation Health Model provided a lens for understanding broader sociocultural, religious, and structural influences. Third, the relationships among these constructs were examined to identify potential pathways through which milk-sharing behaviours developed and were sustained. Finally, the constructs were integrated into a unified framework that illustrates the dynamic interactions between individual, interpersonal, digital, and structural influences on milk-sharing experiences.

Rather than treating each theory as an independent explanatory model, the framework combines complementary constructs from all four theories to explain different stages of the milk-sharing journey. The framework proposes that mothers often enter online breastfeeding communities in response to breastfeeding challenges or infant feeding concerns. Through participation in these communities, they receive informational and emotional support that shapes knowledge, attitudes, and self-efficacy. These factors subsequently influence behavioural intention and milk-sharing actions. Throughout this process, broader sociocultural and religious influences shape how mothers interpret information, evaluate risks and benefits, and determine the acceptability of milk-sharing practices. The resulting framework therefore reflects an integrated explanation of milk-sharing behaviour rather than a simple aggregation of multiple theories.

Figure 1 illustrates the theoretical foundations used to interpret and organise the empirical findings obtained from the previous multiple-case study. Rather than functioning as independent explanatory models, these theories were integrated to explain different dimensions of the milk-sharing experience identified by participants. The Theory of Planned Behaviour and Self-Efficacy Theory explain individual decision-making processes and behavioural confidence, Online Social Support Theory explains the role of digital community interactions, and the Liberation Health Model situates these experiences within wider sociocultural, religious, and institutional contexts. Together, these theories informed the development of the proposed conceptual framework.

Figure 1: Theoretical Foundations of Understanding Milk-Sharing Behaviour



The framework was developed through an iterative process in which empirical findings were first reviewed to identify recurring patterns and experiences related to online milk sharing among donor and recipient mothers. These themes were subsequently mapped to relevant theoretical perspectives based on their conceptual fit and explanatory value. Rather than applying theories independently, constructs from the Theory of Planned Behaviour, Self-Efficacy Theory, Online Social Support Theory, and the Liberation Health Model were integrated to explain different dimensions of the milk-sharing experience. This mapping process enabled the development of a coherent conceptual framework that links empirical observations with established theoretical foundations, thereby illustrating how individual, interpersonal, digital, and sociocultural influences interact to shape milk-sharing behaviours. **Table** 1 presents the alignment between the key themes identified from the previous multiple-case study and the theoretical constructs used to interpret them.

RESULTS

Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB) proposes that behavioural intention is influenced by attitudes, subjective norms, and perceived behavioural control (10). The theory has been widely applied to explain breastfeeding-related decision-making and behavioural intentions (6,7). In culturally grounded settings, these constructs are shaped by family expectations, community values, and religious beliefs (8,9). In the context of milk sharing, mothers may develop positive or negative attitudes based on perceived benefits and risks associated with receiving or donating breastmilk. Subjective norms are influenced by the views of family members, peers, healthcare professionals, and religious

authorities, while perceived behavioural control reflects mothers' perceptions of their ability to navigate practical, social, and ethical challenges related to milk sharing. Together, these factors influence mothers' intentions to engage in milk-sharing practices. Although TPB provides a useful explanation of behavioural intention, it primarily focuses on individual decision-making processes. The theory offers limited insight into how confidence develops through lived experiences, how online communities shape decision-making, and how broader sociocultural and structural influences affect behaviour. Therefore, additional theoretical perspectives are required to provide a more comprehensive understanding of milk-sharing experiences.

Table 1: Development of Conceptual Framework

Empirical Finding	Theme	Theory Applied	Framework Component
Mothers seek help when facing breastfeeding difficulties	Support-seeking behaviour	Online Social Support Theory	Entry point
Mothers interact in Facebook communities	Online support	Online Social Support Theory	Community engagement
Mothers gain confidence from peers	Maternal confidence	Self-Efficacy Theory	Self-efficacy
Mothers weigh benefits and risks	Decision-making	TPB	Behavioural intention
Religious considerations influence decisions	Sociocultural influences	Liberation Health Model	Contextual influences
Mothers decide to donate or receive milk	Behaviour	TPB + Self-Efficacy	Milk-sharing action

Self-Efficacy Theory

Self-Efficacy Theory explains how individuals' beliefs in their capabilities influence their motivation, effort, and persistence when facing challenges (14). Maternal breastfeeding self-efficacy has consistently been associated with breastfeeding initiation and continuation (11). Self-efficacy beliefs are strengthened through mastery experiences, vicarious learning, verbal encouragement, and emotional responses to challenging situations (12,13). In the context of milk sharing, self-efficacy influences mothers' confidence in making decisions about donating or receiving breastmilk and managing the practical, emotional, and ethical issues that may arise throughout the process. Supportive feedback from peers, successful experiences, and observing other mothers' experiences within online communities may enhance confidence and persistence, whereas uncertainty, negative experiences, or concerns about future consequences may reduce self-efficacy. While Self-Efficacy Theory provides insight into confidence and behavioural persistence, it does not fully explain how social interactions, online support networks, and broader cultural or religious influences shape these beliefs. Consequently, self-efficacy is best understood as one component within a broader network of interpersonal and structural influences that affect milk-sharing behaviour.

Online Social Support Theory

Online Social Support Theory explains how individuals seek, provide, and receive support through digitally mediated interactions (15). Online communities can provide informational, emotional, and experiential support that influences health-related behaviours and decision-making (16). Features such as anonymity, peer interaction, and community moderation may facilitate trust, disclosure, and engagement within digital spaces (17). This theory is particularly relevant to understanding milk sharing because many donor and recipient mothers interact through Facebook-based breastfeeding and breastmilk donation communities. Within these online environments, mothers exchange information, seek reassurance, share personal experiences, and negotiate milk-sharing arrangements. Such interactions may enhance knowledge, emotional wellbeing, and confidence, while also facilitating access to social support that may not be available through formal healthcare systems. However, Online Social Support Theory focuses primarily on the mechanisms of digital support and does not fully account for behavioural intentions,

individual confidence, or broader sociocultural and religious influences. Therefore, it is most effective when integrated with theories that address these additional dimensions of the milk-sharing experience.

Liberation Health Model

The Liberation Health Model is particularly relevant for examining milk-sharing practices because it foregrounds how individual behaviours are shaped by broader social, cultural, and structural forces (18). Health-related behaviours are often shaped by broader issues regarding equity, power, and access to services (19,20). Rather than focusing solely on personal choice, this model emphasises issues of power, access, social inequality, and institutional context, making it ideal for understanding health-related practices that occur outside formal healthcare systems, such as peer-to-peer milk sharing. In Muslim-majority contexts, religious authorities and moral frameworks play central roles in shaping health-related decision-making (21,22). Previous applications of the Liberation Health Model in milk-sharing research have largely been situated in Western contexts, particularly settings in the United States (23). These Western applications provide important theoretical insights, but they also underscore the need to examine milk sharing in different sociocultural contexts. In Malaysia, milk-sharing practices are shaped by a distinct constellation of influences, including religious interpretations of milk kinship, multicultural social norms, and varying levels of access to religious-compliant human milk banking services. The relevance of the Liberation Health Model in this study, therefore, lies not in replicating Western findings but in adapting the model to illuminate how different structural and cultural forces operate within a Muslim-majority, multi-ethnic society. This contextualised application permits a more nuanced understanding of how social justice, cultural norms, and institutional arrangements intersect to shape milk-sharing experiences in Malaysia.

Development of the Conceptual Framework

Analysis of the empirical data revealed that mothers' milk-sharing experiences were influenced by four interconnected domains: individual factors, online social support processes, behavioural intentions and actions, and broader sociocultural influences. The selected theories were subsequently used to explain and organise these relationships into a coherent conceptual model.

The framework begins with support-seeking behaviour, which is often initiated when mothers encounter breastfeeding challenges, milk insufficiency, or concerns about infant feeding. This behaviour leads mothers to engage with online breastfeeding and breastmilk donation communities, where online social support plays a central role. Within these digital spaces, mothers access informational, emotional, and experiential support through peer interactions, shared narratives, and community guidance. Consistent with Online Social Support Theory, such interactions enhance the sense of reassurance, belonging, and coping capacity among these mothers.

Exposure to online social support contributes to the development of maternal knowledge, attitudes, and self-efficacy, which are key determinants of behavioural intention. Knowledge gained through peer exchange and shared experiences informs the understanding that mothers have of milk-sharing practices, while attitudes are shaped by perceived benefits, risks, and moral considerations. Self-efficacy is strengthened through verbal encouragement, vicarious experiences, and successful problem-solving within the community. Collectively, these factors influence behavioural intention, as conceptualised in the TPB, whereby attitudes, subjective norms, and perceived behavioural control guide the readiness of mothers to engage in milk sharing.

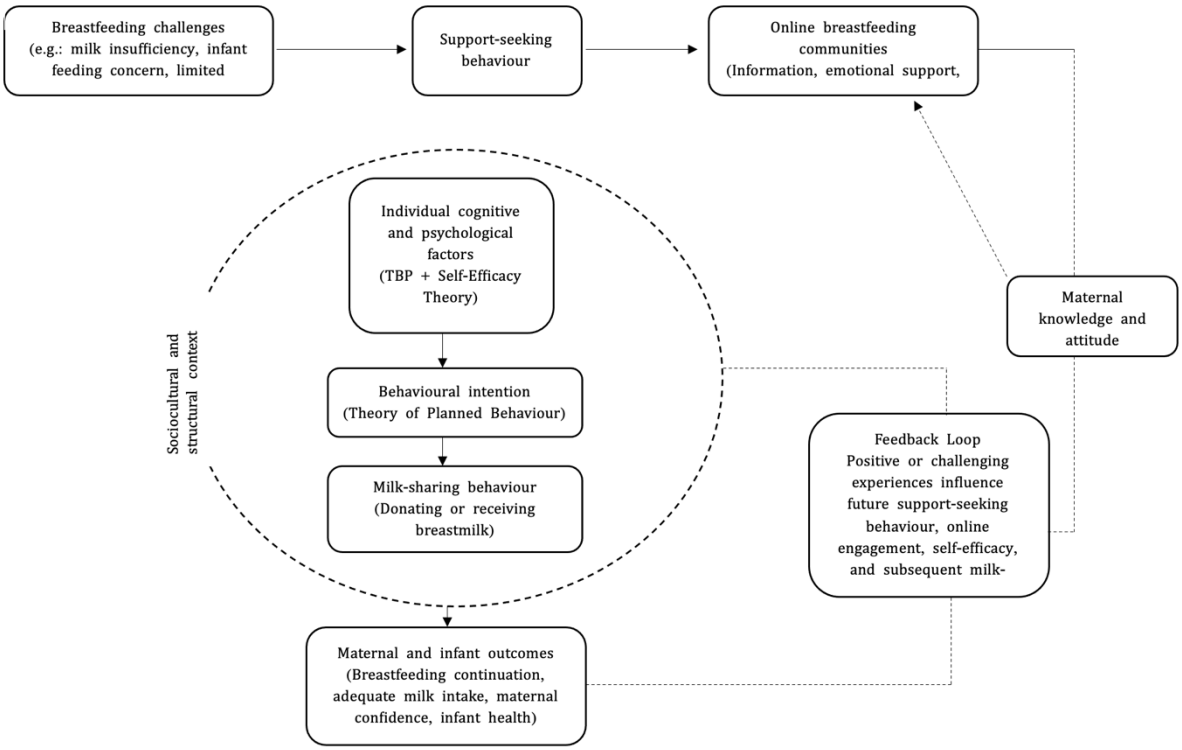
The transition from intention to action reflects the decisions of mothers to donate or receive breastmilk, which are influenced by their confidence, perceived support, and ability to manage practical and emotional challenges. Importantly, sociocultural elements, including beliefs, religious rules, moral values, social expectations, and traditions, are integrated into the framework as contextual moderators rather than direct predictors of behaviour. These elements shape how mothers interpret information, assess social norms, and evaluate the acceptability of milk-sharing practices. For example, religious beliefs regarding milk kinship may influence subjective norms and moral reasoning, while cultural expectations surrounding motherhood and infant feeding may affect perceived behavioural control. By situating these sociocultural factors around the intention–action pathway, the framework

recognises their pervasive influence without reducing milk-sharing decisions to being purely matters of individual choice.

The outcome component of the framework encompasses breastfeeding- and infant-related outcomes, including continuation of breastfeeding, adequacy of milk intake, and perceived infant health and growth. These outcomes align with widely recognised indicators of breastfeeding success and infant wellbeing (24,25). The outcomes are not conceptualised as endpoints but as part of a feedback process, whereby positive or challenging experiences may reinforce or diminish future support-seeking behaviour, confidence, and engagement with online breastfeeding communities. Thus, the framework captures the cyclical and evolving nature of milk-sharing practices within digital and sociocultural contexts.

Figure 2 presents the final conceptual framework developed through the integration of empirical findings and complementary theoretical perspectives. The framework conceptualises milk sharing as a dynamic and iterative process that begins with breastfeeding-related challenges and progresses through support-seeking behaviour, engagement with online breastfeeding communities, development of knowledge and self-efficacy, formation of behavioural intentions, and milk-sharing actions. The Theory of Planned Behaviour and Self-Efficacy Theory explain individual decision-making processes and confidence, while Online Social Support Theory explains the role of digital interactions and peer support. The Liberation Health Model provides the overarching sociocultural and structural context within which these processes occur. Importantly, the framework incorporates a feedback mechanism, recognising that mothers' experiences and outcomes may shape future support-seeking behaviours and engagement with milk-sharing practices.

Figure 2: Multi-theory framework of online milk-sharing experiences in Malaysia



CONCLUSION

This paper presents a conceptual framework for understanding digitally mediated milk-sharing practices by highlighting the potential interactions among individual, interpersonal, digital, and structural factors. Drawing on the Theory of Planned Behaviour, Self-Efficacy Theory, Online Social Support Theory, and the Liberation Health Model, the framework offers a culturally and religiously informed perspective on maternal decision-making, recognising the possible influence of online communities, social support networks, religious considerations, and broader sociocultural contexts. The framework may provide useful guidance for healthcare professionals, policymakers, and researchers in developing culturally sensitive and community-informed approaches to human milk donation and milk banking. However, as a conceptual model grounded in previous empirical findings and established theories, it requires further empirical validation to assess its applicability and usefulness across diverse populations, cultural settings, and healthcare systems.

LIMITATION

This conceptual framework is its grounding in data and experiences derived from a specific cultural and geographical context where religious, social, and legal norms significantly influence breastfeeding and milk-sharing practices. Thus, the applicability of this framework to other settings may be limited, especially in countries with different cultural, religious, or regulatory environments. Additionally, while the framework draws upon qualitative insights within online communities, it may not fully capture offline dynamics or the perspectives of mothers who are inactive on social media. Further empirical validation across diverse populations and settings is recommended to enhance the generalizability and robustness of the framework.

CONFLICT OF INTEREST

The authors declare no conflict of interest with respect to the research, authorship and publication of this article.

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AUTHOR CONTRIBUTIONS

LK: Supervision, review and editing the writing.
NAJ: Conceptualization, writing the original draft.
CAT: Supervision, review and editing the writing.
SMM: Supervision, review and editing the writing.

DECLARATION OF GENERATIVE AI USE

The conceptual content, framework structure, and interpretation were developed by the authors. The visual layout and graphical rendering of the figure were generated using ChatGPT (OpenAI) based on author-provided specifications and subsequently reviewed and edited by the authors.

REFERENCES

1. Reyes-Foster BM, Carter SK, Hinojosa MS. Milk sharing in practice: A descriptive analysis of peer breastmilk sharing. Breastfeeding Medicine. 2015 Jun 1;10(5):263-9. https://doi.org/10.1089/bfm.2015.0009
2. Palmquist AE, Doehler K. Human milk sharing practices in the US. Maternal & child nutrition. 2016 Apr;12(2):278-90. https://doi.org/10.1111/mcn.12221
3. Jamil NA, Khuan L, Cheong AT, Muda SM. Milk-sharing experiences: Perspective among Malaysian donors and recipient mothers. Jurnal Keperawatan Padjadjaran. 2025; 13(1): 35–43. Available from: https://doi.org/10.24198/jkp.v13i1.2571
4. Gribble KD. Peer-to-peer milk donors' and recipients' experiences and perceptions of donor milk banks. Journal of Obstetric, Gynecologic, & Neonatal Nursing. 2013 Jul;42(4):451-61. https://doi.org/10.1111/1552-6909.12220
5. Dol J, Richardson B, Murphy GT, Aston M, McMillan D, Campbell-Yeo M. Impact of mHealth interventions during the perinatal period on maternal psychosocial outcomes: a systematic review protocol.

JBI Evidence Synthesis. 2019 Dec 1;17(12):2491-8. https://doi.org/10.11124/JBISRIR-D-19-00003
6. Giles M, Connor S, McClenahan C, Mallet J. Attitudes to breastfeeding among adolescents. Journal of human nutrition and dietetics. 2010 Jun;23(3):285-93. https://doi.org/10.1111/j.1365-277X.2010.01048.x
7. Lau CY, Lok KY, Tarrant M. Breastfeeding duration and the theory of planned behavior and breastfeeding self-efficacy framework: A systematic review of observational studies. Maternal and child health journal. 2018 Mar;22(3):327-42. https://doi.org/10.1007/s10995-018-2453-x
8. Airhihenbuwa CO. Health and culture: Beyond the Western paradigm. 1995. Sage Publications
9. Padela AI, Gunter K, Killawi A, Heisler M. Religious values and healthcare accommodations: voices from the American Muslim community. Journal of general internal medicine. 2012 Jun;27(6):708-15. https://doi.org/10.1007/s11606-011-1965-5
10. Ajzen I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes. 1991;50(2):179–211. Available from: https://doi.org/10.1016/0749-5978(91)90020-t
11. Dennis CL. Identifying predictors of breastfeeding self-efficacy in the immediate postpartum period. Research in nursing & health. 2006 Aug;29(4):256-68. https://doi.org/10.1002/nur.20140
12. Bandura A. Exercise of human agency through collective efficacy. Current directions in psychological science. 2000 Jun;9(3):75-8. https://doi.org/10.1111/1467-8721.00064
13. Markus HR, Kitayama S. Culture and the self: Implications for cognition, emotion, and motivation. InCollege student development and academic life 2014 Jun 23 (pp. 264-293). Routledge.
14. Bandura A. Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review. 1977;84(2): 191-215. Available from: https://psycnet.apa.org/doi/10.1037/0033-295X.84.2.191
15. LaCoursiere SP. A theory of online social support. Advances in Nursing Science. 2001;24: 60–77. Available from: https://doi.org/10.1097/00012272-200109000-00008
16. Coulson NS. Sharing, supporting and sobriety: a qualitative analysis of messages posted to alcohol-related online discussion forums in the United Kingdom. Journal of Substance Use. 2014 Mar 1;19(1-2):176-80. https://doi.org/10.3109/14659891.2013.765516
17. Gillespie T. Custodians of the Internet: Platforms, content moderation, and the hidden decisions that shape social media. Yale University Press; 2018 Jun 26.
18. McCloskey RJ, Karandikar S. A liberation health approach to examining challenges and facilitators of peer-to-peer human milk sharing. Journal of Human Lactation. 2018;34(3): 438–447. Available from https://doi.org/10.1177/0890334418771301
19. Farmer P. An anthropology of structural violence. Current anthropology. 2004 Jun;45(3):305-25. https://www.journals.uchicago.edu/doi/abs/10.1086/382250
20. Marmot M. The health gap: the challenge of an unequal world: the argument. International journal of epidemiology. 2017 Aug 1;46(4):1312-8. https://doi.org/10.1093/ije/dyx163
21. Koenig HG. Religion, spirituality, and health: The research and clinical implications. International Scholarly Research Notices. 2012;2012(1):278730. https://doi.org/10.5402/2012/278730
22. Sheikh A, Gatrad AR, editors. Caring for Muslim patients. Radcliffe Publishing; 2008.
23. Martinez BD, Fleck-Henderson A. Social justice in clinical practice: A liberation health framework for social work. 2014. Routledge.
24. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The lancet. 2016 Jan 30;387(10017):475-90. https://doi.org/10.1016/S0140-6736(15)01024-7
25. World Health Organization. WHO Guideline: Recommendations on Digital Interventions for Health System Strengthening. Geneva: WHO; 2019.
26. World Health Organization. Indicators for assessing infant and young child feeding practices: definitions and measurement methods; 2021. Accessed Feb 3, 2026. https://www.who.int/publications/i/item/9789240018389