

# Islam and Infant Feeding

ULFAT SHAIKH and OMAR AHMED

## ABSTRACT

Few physicians in the United States receive formal education related to principles of infant care in Islamic families. Breastfeeding has a religious basis in Islam and it is recommended that the mother suckle her offspring for 2 years if possible. Weaning from the breast before that period is allowed if mutually decided on by both parents. The infant's father has an obligation to support his wife through any circumstances that may affect breastfeeding and, in case of divorce, provide shelter and financial support to the mother-infant dyad for as long as breastfeeding continues. By showing understanding and respect of Islamic beliefs related to infant feeding, clinicians can help support healthy early feeding of Muslim infants.

## INTRODUCTION

ISLAM IS THE SECOND LARGEST religion worldwide after Christianity. Although information on the number of Muslims in the United States is not available from census data, estimates range from 2 to 7 million. Approximately 30% of the American Muslim population is South-Central Asian in origin, another 30% black, and 25% Arab.<sup>1</sup> Few physicians in the United States receive formal education related to principles of infant care in Islamic families. There are multiple customs followed by Muslim families around the events of childbirth and infant feeding, some of which may appear rigid and unnecessary to the uninitiated. This is complicated by the fact that some Muslim cultural traditions may differ from those prescribed by religion. However, these traditions still hold deep meaning to their adherents. The authors present an introduction to some common Muslim infant feeding practices, specifically breastfeeding. Two main sources of religious teachings are represented: the Holy

Qur'an (believed by Muslims to be a direct revelation from God to the Prophet Muhammad) and the Hadith (sayings and teachings of the Prophet used to model a Muslim's conduct). The authors hope this article will increase the health care provider's comfort level in engaging the infant's family in dialogue and enable effective patient-centered care.

### *Tahneek*

Shortly after birth and preferably before the first feeding, a small piece of softened date is rubbed on the newborn's palate. The infant's parent or a respected family member usually performs this ritual. Because it is performed along with a supplication, families may ask a respected person of knowledge to perform the ritual in the hope that his or her supplication will be accepted.<sup>2</sup> Tahneek is performed based on the practice of the Holy Prophet. The Hadith have indicated that Prophet Muhammad softened dates in his mouth and rubbed them over the soft palates of newborns.<sup>3</sup> The taste of

the sweetness is what is sought, not the ingestion of the date or similar foods. The desire to perform this tradition soon after birth may run counter to nursery protocols and cause anxiety in new Muslim parents. The understanding of this practice by clinicians in the nursery can help alleviate parental concerns while ensuring newborn safety.

### *Breastfeeding*

Breastfeeding has a religious basis in Islam. The Holy Qur'an recommends that the mother suckle her offspring for 2 years if possible,<sup>4</sup> and states that every newborn infant has the right to be breastfed (verse 2:233).<sup>5</sup> It describes the need for continuity between the fetus' intrauterine environment, in which nourishment occurs by maternal blood through the placenta, and the extrauterine environment, in which infant feeding occurs by breast milk. Thus, after birth the neonate remains attached to and dependent on the mother for nourishment for 24 months (verse 46:15). This is in congruence with the World Health Organization's present-day recommendation that infants be breastfed for 2 years. The physician Ibn Sina (known in the West as Avicenna, 980–1037 AD) described breast milk as "white blood." The Hadith mentions that the mother receives the reward of a good deed for every drop of breast milk she feeds her child.

An important aspect in breastfeeding in Muslim cultures is the mother's emphasis on privacy and modesty when breastfeeding. This emphasis stems from the Islamic belief that there are parts of the body of men and women that must be covered at all times in front of those who are not close family members. These concerns may prompt the Muslim woman to formula-feed or bottle-feed expressed breast milk to her infant in the hospital, instead of direct breastfeeding, especially in neonatal intensive care unit settings, in which the mother may not have a private room to breastfeed.<sup>6,7</sup> Acknowledging these privacy concerns is important across all cultures, and for new Muslim mothers the concern is heightened by religious beliefs. Providing screens and/or covering blankets to facilitate and encourage breastfeeding in a culturally sensitive manner

may help Muslim mothers in breastfeeding initiation and continuation.

Some Muslim communities believe that colostrum has inadequate nutritional value and infants may be offered honey or water supplements.<sup>8–10</sup> It must be emphasized that this is a cultural practice and is not a religious recommendation and may be an opportunity to educate parents on this distinction. Parents may not be as convinced with arguments of risks of botulism, poor weight gain, or electrolyte abnormalities, as they would be by the expression of understanding of the Islamic belief in early breastfeeding exclusivity. Clinicians can then use this distinction between cultural practices and religious beliefs to reinforce the current practice of avoiding such supplemental feeds in newborn infants.

### *Wet nursing*

If the mother is unable to breastfeed, she and the father can mutually agree to let a wet nurse feed the child (verse 2:233). This demonstrates the preference of Islam in feeding the infant human milk instead of animal milk. The choice of a wet nurse is considered to be key to the health of babies who cannot be breastfed by their biologic mothers. The Prophet Muhammad instructs Muslims to protect their children from drinking the milk of "adulteresses and the insane," and considers their milk "infectious." Perhaps the potential of human milk in infectious disease transmission was recognized long before modern-day research and virology. Children who have been regularly breastfed by the same woman are considered siblings and hence are prohibited from marrying each other (verse 4:23). This may be a significant issue when establishing donor human milk programs in Muslim communities. Muslim women who donate breast milk have a responsibility to know the identity of the baby who will be fed their milk.<sup>11</sup>

In ancient Arabic society, it was common for the wet nurse ("milk mother") to live with the family to help ensure that she was comfortable and well nourished, so she could produce sufficient milk. Babies born to urban families were sent to Bedouin wet nurses in the desert, with

the goal of enabling the child to grow up healthy, strong, and instilled with the good manners the Bedouins were known to have. The Prophet Muhammad himself was said to have been wet nursed in this manner for at least 2 years.<sup>12</sup>

#### *Breastfeeding during Ramadan*

The lunar month of Ramadan is a time of bodily and spiritual purification for Muslims, in which abstinence from food, drink, and other bodily pleasures from dawn to sunset are practiced. If a pregnant or nursing woman has concerns about harming herself or her infant by fasting, it is permissible for her to delay fasting to another time.<sup>12</sup> Even so, breastfeeding during Ramadan is common.<sup>13</sup>

#### *Vitamin D deficiency in Muslim mothers and their infants*

Muslim women who wear veils may have low vitamin D levels. Their infants may consequently be at risk for vitamin D deficiency, especially when exclusively breastfed past 6 months of age.<sup>13–15</sup> Clinicians may consider placing emphasis on vitamin D supplementation for those infants whose mothers observe Islamic covering. However, the extent of this increased risk may vary depending on the amount of time the mother or infant is exposed to sunlight.

#### *Weaning*

The Arabic word for weaning is from the root *fa-Sa-la*, literally meaning “to separate or part.” According to the Qur’an, weaning from the breast before the infant completes 2 years of age is allowed if mutually decided by both parents (verse 2:233). In some communities in Bangladesh, adding complementary foods to breastfed infants is delayed past 6 months of age.<sup>17</sup> Risk factors related to iron and vitamin D deficiency may need to be assessed in these infants. Some families may graduate from infant formula or breastfeeding to whole milk at approximately 6 months of age, and these infants may also be at risk for micronutrient deficiencies.

#### *The father’s responsibility*

The infant’s father has an obligation to support his wife through any circumstances that may affect breastfeeding and, in case of divorce, provide shelter and financial support to the mother–infant dyad for as long as breastfeeding continues (verses 2:233 and 65:6). If breastfeeding needs to be discontinued before 24 months, the mother and father need to mutually support this decision. In case the mother and father mutually consent to let a wet nurse feed the child, the father is obligated to financially support and treat the wet nurse well to ensure his child’s good nutrition (verse 2:233). Hence, Islam places equal responsibility for the success of breastfeeding on both parents. In case of the father’s death, the person who replaces him as the child’s guardian is responsible for fulfilling this responsibility.

Breastfeeding promotion programs in Muslim communities may be better accepted and supported if the religious basis of recommendations is conveyed to parents and family members. By demonstrating understanding of and respect for Islamic beliefs, and by differentiating them from cultural practices, clinicians can help support healthy early feeding of Muslim infants.

## ACKNOWLEDGMENTS

The authors would like to acknowledge Imam M.A. Azeez of the Salam Islamic Center, Sacramento, CA, for his insightful review of this manuscript.

## REFERENCES

1. Smith JI. *Patterns of Muslim Immigration*. U.S. Department of State. 2006. Available at: <http://usinfo.state.gov/products/pubs/muslimlife/immigrat.htm>
2. Sheikh A, Gatrad AR. Muslim birth customs. *Arch Dis Child Fetal Neonatal Ed* 2001;84:F6–F8.
3. Sahih Muslim (collection of Authentic Hadiths). *University of Southern California-MSA Compendium of Muslim Texts*. Available at: <http://www.usc.edu/dept/MSA/reference/searchhadith.html>
4. Ali YA. *The Meaning of the Glorious Qur’an*, vol 2. Cairo, Dar al-Kitab, 1938.

5. Badawi J. *Gender Equality in Islam: Basic Principles*. Plainfield, IN, American Trust Publications, 1995.
6. Roberts KS. Providing culturally sensitive care to the childbearing Islamic family: Part II. *Advan Neonat Care* 2003;3:250–255.
7. Sheikh A, Gatrad AR. Muslim birth practices. *Practic Midwife* 2001;4:10–13.
8. Lee E. Asian infant feeding. *Nurs Mirror* 1985;160: S14–S15.
9. Black J. Asian families II: Conditions that may be found in children. *BMJ* 1985;290:830–833.
10. Aukett A, Wharton B. Nutrition of Asian children. In: Cruickshanks JK, Beevers DG, eds. *Ethnic Factors in Health and Disease*. Oxford, UK, Butterworth-Heinemann, 1989:241–248.
11. Gatrad AR. Attitudes and beliefs of Muslim mothers towards pregnancy and infancy. *Arch Dis Child* 1994; 71:170–174.
12. al-Misri AN. *The Reliance of the Traveller: A Classic Manual of Islamic Sacred Law*. Beltsville, MD, Amana Publications, 1994.
13. Seeler RA. Religious/cultural causes of vitamin D deficiency in infants. *J Pediatr* 2001;138:954.
14. Guzel R, Kozanoglu E, Guler-Uysal F, et al. Vitamin D status and bone mineral density of veiled and unveiled Turkish women. *J Womens Health Gend Based Med* 2001;10:765–770.
15. Bachrach S, Fisher J, Parks JS. An outbreak of vitamin D deficiency rickets in a susceptible population. *Pediatrics* 1979;64:871–877.

Address reprint requests to:  
 Ulfat Shaikh, M.D., M.P.H.  
 UC Davis School of Medicine  
 2516 Stockton Blvd., Room 335  
 Sacramento, CA 95817

**This article has been cited by:**

1. Rahul Malhotra, Amit Noheria, Omar Amir, Leland K. Ackerson, S.V. Subramanian. 2008. Determinants of termination of breastfeeding within the first 2 years of life in India: evidence from the National Family Health Survey-2. *Maternal & Child Nutrition* 4:3, 181-193. [[CrossRef](#)]