Children’s right to get exclusive breastfeeding in the Islamic law perspective

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According to Islam, exclusive breastfeeding means fulfilling the children’s right to a healthy life, and it is a mothers’ obligation. The government issued regulations that guarantee the children’s right to exclusive breastfeeding, namely Article 52 paragraph (2) of Law Number 39/1999 concerning Human Rights, Law Number 23/2002 concerning Child Protection, and Government Regulation Number 33/2012 concerning Exclusive Breastfeeding. However, the coverage of exclusive breastfeeding in Indonesia is still relatively low, influenced by various factors. This qualitative study explored the various factors in exclusive breastfeeding and analyzed them from an Islamic Law perspective. Meanwhile, the informants were mothers with 0-6 months-old babies having exclusive breastfeeding rights. Data were collected through interviews and triangulation, including Integrated healthcare center (Posyandu) cadres and families. The results found in this study were that children’s rights in obtaining exclusive breastfeeding from their mothers were not fulfilled. Various reasons were expressed to support their way by not fulfilling the rights, including the mothers’ busyness causing them unable to breastfeed their children exclusively. It happens because the mothers lack knowledge about children’s rights to get exclusive breastfeeding in Islamic law for two years.


Keywords: children’s right; exclusive breastfeeding; Islamic law

Introduction

Children are the next generation whose future must be fought for because they are the forerunner to the nation’s sustainability and have a very strategic role in the nation’s existence. The state has a vital role in protecting children’s rights. The Convention on the Child’s Rights contains the rights, including the right to survival, protection, growth, development, and participation (Candra, 2018, p. 87).

The protection of children’s rights is contained in Law Number 39 of 1999 concerning Human Rights. Article 52, paragraph (2) states that children’s rights are human rights, recognized and protected by law even from the time they are in the womb. Likewise, in Law Number 23 of 2002 concerning Child Protection, the state guarantees the welfare of every citizen, one of which is by providing guarantees for the protection of children’s rights (Fitriani, 2016, p. 250).

Islam also emphasizes several essential things in child protection: children have the right to live, grow, and develop. Islam forbids parents from killing their children under any pretext. Children’s protection cannot be separated from several parties, namely the family, the environment, and the government. The three components complement each other to protect children’s rights. This is done so that children’s rights are protected and not sidelined.

One of the most important rights of children is the right to breastfeeding. Parents giving breast milk to their children are already aware of the importance of protecting children’s rights. Breastfeeding for babies for the first 6 months is highly recommended by the Indonesian government. The Indonesian government has issued a regulation related to exclusive breastfeeding. It is stated in Law number 36/2009: “Every baby has the right
to get exclusive breast milk from birth for 6 (six) months, except for medical indications” (“Law no. 36 of 2009 concerning Health [JDIH BPK RI]” 2009). It is supported by Government Regulation no. 33/2012 concerning exclusive breastfeeding (“Government Regulation no. 33 of 2012 concerning exclusive breastfeeding [JDIH BPK RI]” 2012). Exclusive breastfeeding is given at the age of the first six months by not adding other food and drinks. It then continues until the age of two years.

Breast milk saves millions of benefits that do not exist in other products, lack of breast milk intake can result in the baby’s nutritional needs not being met. However, there are some cases where a baby cannot be breastfed. The baby who cannot get breast milk is explained in the stipulation that the mother’s physical condition who cannot give breast milk is related to health, proven by medical results. The drinks other than breast milk can be given to the baby if the mother’s medical condition must undergo treatment or the mother has a history of diseases that can be transmitted to the baby (Jauhari, Fitriani, & Bustami, 2012, p. 33).

Regarding the importance of exclusive breastfeeding and the government’s efforts to issue regulations governing exclusive breastfeeding, the public should understand this. But looking at the current situation, especially in the Metro City area, many people still don’t care about this. Based on the results of a pre-survey conducted at the Cempaka Posyandu, Banjarasari Metro Utara, Metro City, the researcher found that several mothers had given additional food and formula milk to their babies. The reasons were also varied: the mother was working, the breast milk did not come out, or they were concerned about the lack of nutrition if they gave only breast milk. Posyandu cadres are also aware of this. They explain the factors that influence the mothers not to give exclusive breastfeeding, including the lack of awareness and knowledge of mothers about the benefits of exclusive breastfeeding and the lack of support from their environments such as husbands, parents, and neighbors.

Many discussions about exclusive breastfeeding have been carried out, including Herning Hambarrukmi et al. discussing exclusive breastfeeding policy for female workers in Indonesia. The opinion that breastfeeding is every mother’s right also prevails for working mothers. However, in this case, the context of exclusive breastfeeding for six months is not regulated in policies in the field of employment and staffing (Hambarrukmi & Sofiani,
Dian Shofiya et al., in their research *Nutritional Status, Family Income and Early Breastfeeding Initiation as Determinants to Successful Exclusive Breastfeeding*, revealed that exclusive breastfeeding is significantly influenced by nutritional status before pregnancy, family opinion, and early breastfeeding initiation. It can be said that pre-pregnancy nutrition tends to benefit family income. Thus, early breastfeeding initiation needs to be increased for the success of exclusive breastfeeding (Shofiya, Sumarmi & Ahmed, 2020, p. 110) due to the increased in infant morbidity. This study aims to determine factors associated with exclusive breastfeeding. Design and Methods: The cluster random sampling method was used to obtain data from a total of 273 babies in the first 1000 days of life i.e. aged 6-24 months and analyzed using linear regression at α= 0.05. The data obtained were based on exclusive breastfeeding using maternal age, education, family income, frequency of antenatal care, nutritional status before pregnancy, place and mode of delivery, gestational age at delivery. Results: The result showed that exclusive breastfeeding was significantly affected by nutritional status before pregnancy based on MUAC (P=0.15).

Research on mothers’ legal awareness on the exclusive breastfeeding obligation to infants in Sampang Regency was conducted by Farah Dila et al. The results revealed the low level of mothers’ understanding of the obligation to give exclusive breastfeeding to babies. This is due to a lack of information about the availability of lactation rooms owned by workplaces/government offices. The Sampang health office has provided counseling, but due to the unavailability of Special breastfeeding rooms and lack of knowledge about exclusive breastfeeding, low awareness is still there (Dila & Sulistyowati, 2020, p. 12).

In another study conducted by Tsegaye et al. in 2019, *Level of Exclusive Breastfeeding Practice in Remote and Pastoralist Community, Aysaita Woreda, Afar, Ethiopia*, it is concluded that in Afar, a herding and remote area in Ethiopia, one in five children suffer from acute malnutrition. Many reasons cause the lack of exclusive breastfeeding, as mothers have a terrible understanding of exclusive breastfeeding. Beliefs about myths, traditional beliefs, misconceptions about exclusive breastfeeding, and lack of support from husband and family were barriers to proper exclusive breastfeeding practices (Tsegaye et al., 2019, p. 6).

In the previous researches above, it appears that there has been no discussion of the
fulfillment of children’s rights in obtaining exclusive breastfeeding in the perspective of the Islamic law in society. In this case, the researcher tried to analyze the fulfillment of children’s rights in obtaining exclusive breastfeeding in the community in the working area of Integrated healthcare center (Posyandu) Cempaka Banjarsari, Metro Utara, Metro City in the perspective of Islamic law. The purpose of this study was to determine the factors in exclusive breastfeeding and analyze the fulfillment of children’s rights in obtaining exclusive breastfeeding in the Metro Utara community of Metro City, in the perspective of Islamic law.

Method
This study was qualitative with a field research design (Luthfiyah, 2018, p. 42). Data collection was carried out using observation, interviews, and documentation by categorizing into two data, namely primary data and secondary data. Data triangulation technique was used to validate the data. It is a technique that utilizes something other for checking or comparing the data. The data analysis technique used was the descriptive qualitative analysis method. This research was conducted at Integrated healthcare center (Posyandu) Cempaka Banjarsari, Metro Utara, Metro City with the main subjects were mothers with 0-6 months babies and in exclusive breastfeeding, namely husbands, parents, and medical personnel.

Children’s rights in the convention on the rights of the child and Islam
Children in positive law are often interpreted as minors who are still under the supervision of a guardian (Mulyadi, 2005). In protecting children, the role of parents, family, community, environment and even the state is very much needed. The nuclear family and the community are mainly responsible for protecting the child’s rights because they are indeed the closest people around the child. All living things have rights that must be protected and children’s rights, which are part of the human rights contained in the laws and conventions on children’s rights. The rights that must be granted and contained in the Convention on the rights of the child include: (1) the right to life; (2) Growth and Development Rights; (3) Participation Rights; (4) Protection Rights (Lestari, Fachri, & Msi, 2017, p. 10). Children are state assets; therefore, they need protection, and the government has also issued regulations about it.
The United Nations Convention on the Rights of the Child is a transformative document that has improved the lives of millions of young people worldwide. Many countries have ratified this Convention into law (Ruck et al., 2016, p. 16). The Indonesian government has ratified it on 25 August 1990 with Presidential Decree No. 36/1990 (Sakharina & Daud, 2020, p. 202). After the ratification, there will inevitably be legal consequences for implementing it and ensuring the implementation of the Convention through the establishment of national law. It becomes one of the most decisive factors for the success of the welfare development and protection of the rights and the benefits of Indonesian children without discrimination.

Children are gifts and trusts that their parents must guard. Parents have to protect and care for their children properly. Islam as *rahmatan lil ‘alamin* is very concerned about every phase of human life. Even when it is still in the womb, some rights must be fulfilled. This illustrates that the essence of child protection in Islam is about fulfilling children’s rights and protection from harmful things. Among the rights of a child whose parents or guardians must be fulfilled in the view of Islam include: (1) The right to life; (2) The right to a lineage recognition; (3) The right to a good name; (4) The right to breastfeeding; (5) The right to care and treatment; (6) The right a living; (7) The right to education and teaching; and (8) Right to be treated fairly (Sholihah, 2018, p. 38).

**Exclusive breastfeeding and its benefits**

Talking about the children’s juridical and normative rights cannot be separated from care and protection because toddlers need the role of parents and their families. One of the rights that newborns must obtain is the right to obtain exclusive breastfeeding.

Exclusive breastfeeding given to babies in the first six months of age can guarantee their health, but it turns out that in the first six months, there are still babies who are not exclusively breastfed. Many factors cause a mother not to breastfeed or fail to give exclusive breastfeeding to her babies, such as family members and even doctors who are not supportive—the experience of mothers who first gave birth to their first child results in a fear to breastfeed. Moreover, many other factors influence their failure in exclusive breastfeeding.
Exclusive breastfeeding is the process of giving only breast milk without adding other liquids or solid foods (Rusli, 2008, p. 40). The Government Regulation also explains that exclusive breastfeeding is breast milk given to a baby from birth for six months without adding and or replacing it with other foods or drinks (“Government Rule no. 33 of 2012 concerning exclusive breastfeeding [JDIH BPK RI],” 2012, p. 8) and after six months breast milk is still given until two years with other complementary foods.

Babies between 0-6 months have met nutritional needs only with exclusive breastfeeding without any addition. Breast milk is the best choice for mothers to give to their babies because it contains many nutrients needed for growth and development. Breast milk contains colostrum which is helpful as an immune substance; taurine is a type of amino acid; Decosahexoid Acid (DHA) and Arachidonic Acid (AA) are long-chain unsaturated fats (polyunsaturated fatty acids) needed for the optimal formation of brain cells.

Solid foods introduced before six months of age cannot replace breast milk and provide no health benefits (Hay & Bærug, 2019, p. 2). Exclusive breastfeeding can benefit all, both the baby, parents, the community, and even the country. Breastfeeding can regulate digestive function and improve immune function and prevent acute illness. The long-term benefits of breastfeeding for babies include reducing the risk of illness requiring hospitalization and promoting brain development. For mothers who breastfeed, breastfeeding can also accelerate uterine involution and reduce postpartum stress. Another benefit that can be obtained from breastfeeding is that it can reduce the risk of breast cancer, endometrial cancer, and ovarian cancer. The benefits of exclusive breastfeeding for families and communities are that it can be a factor in economic savings and reduce infant mortality (Huang et al., 2019).

Breast milk benefits the baby and affects the mother and the environment. By seeing the nutritional content and enormous benefits of breast milk, parents should be willing to give exclusive breastfeeding rights to their babies in the first six months and be added with extra food at the age of 6 months for optimal growth and development. Breast milk is the first staple food for babies that contains complete nutrition needed for their development in 6 months. However, not all newborn babies get exclusive breastfeeding. Several factors influence mothers not to give exclusive breastfeeding, including (1) Lack of knowledge of mothers about exclusive breastfeeding; (2) maternal activities that hinder exclusive breastfeeding; (3)
Family support; (4) Support of healthcare workers (Septikasari, 2018, p. 34).

A mother holds primary role holders in infant nutrition, but this should not be separated from the encouragement of many parties, especially families and healthcare workers, which are indispensable for the success of exclusive breastfeeding. This support is not only in the form of providing information but also moral and facility support. Healthcare workers have a significant role in motivating mothers to give exclusive breastfeeding. Information about the benefits of breastfeeding is something that healthcare workers must convey, and even healthcare workers can also provide ways/tips to working mothers who want to give exclusive breastfeeding. Exclusive breastfeeding should be done as soon as possible when the baby has just been born, and this aims to stimulate the milk to come out immediately so that the mother can give exclusive breastfeeding to the baby. However, there are several conditions in which the baby cannot receive breast milk, including the influence of anesthesia after an abnormal delivery, emergency surgery for the mother, baby or mother treated in the ICU/NICU after the birth process, babies born prematurely, stillbirths, and mothers HIV positive. These are why a mother can delay breastfeeding her baby (Zainafree, Widanti, dan Wahyati Y., 2017, p. 74).

Breastfeeding is a natural act that a mother should own, but this will not work correctly if a mother does not get support from various parties. Therefore, mothers need active support from those closest to them for success in the process of exclusive breastfeeding.

The government’s role in exclusive breastfeeding

The government has issued a regulation on the issue of exclusive breastfeeding; this is because the government feels the benefits of exclusive breastfeeding. These benefits can be felt by babies, breastfeeding mothers, families, and even the state. In Law no. 36/2009 article 128, (1) Every baby has the right to get exclusive breast milk from birth for 6 (six) months, except for medical indications. (2) During breastfeeding, the family, government, local government, and community must fully support the baby’s mother by providing time and special facilities (“Law no. 36 of 2009 concerning Health [JDIH BPK RI]”, 2009, p. 10).

The participation and support of family and government are very influential on exclusive breastfeeding. Families must support both morally and psychologically for mothers who are
breastfeeding, while the role of the government is to provide special facilities for mothers who are breastfeeding. Women who work outside the company’s support is significant for mothers who have just given birth. In Law No. 13/2003 concerning Manpower in article 82 paragraph (1) it is stated that: “Female workers/laborers have the right to get 1.5 (one and a half) months of rest before the time of giving birth and 1.5 (one and a half) months after giving birth according to the doctor’s calculations. Obstetrician or midwife” (Zainafree, Widanti, & Wahyati Y., 2017, p. 74). Therefore, the company’s role in providing facilities for mothers to pump their breast milk is significant because mothers who have given birth only get about two months of leave and have to return to work.

The government has also issued PP No. 33/2012; Article 6 states that: “Every mother who gives birth must give exclusive breastfeeding to the baby she is born with” (“Government Rule no. 33 of 2012 concerning exclusive breastfeeding [JDIH BPK RI”], 2012, p. 11). This article aligns with the existing law, which protects mothers and babies in giving and receiving breast milk. The issuance of Law no. 36/2009 and Government Regulation No. 33/2012 aims to implement an exclusive breastfeeding program to achieve optimal health status of a child, and it is hoped that the infant mortality rate in Indonesia will be reduced.

**Exclusive breastfeeding in Islamic law**

The community has a custom/culture that contains rules/norms used to regulate social life behavior. The general norms in society include: First, religious norms. Breastfeeding is essential for baby development, so babies can grow naturally. The ideal period of breastfeeding for infants is two years. Al-Qur’an surah al-Baqarah: 233 states:

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Mothers suckle their children for two whole years, if they wish to complete the term, and clothing and maintenance must be borne by the father in a fair manner..."

Allah commands mothers to breastfeed their children, and it is recommended that until the age of two years, this is intended so that the baby’s physical, spiritual, and healthy growth can be guaranteed. At the same time, a father must provide a living for their mother
and child, to bear all their needs properly, both from food and clothing. So breastfeeding is
the mother’s obligation and the father’s obligation to support breastfeeding.

Second, Socio-Cultural Norms. It can be said that humans are social beings who cannot
live alone or in another sense, humans are interdependent for their lives from one person
to another. Although breastfeeding has become a culture in Indonesia, efforts to improve
the behavior of exclusive breastfeeding mothers are still needed because, in reality, the
practice of exclusive breastfeeding has not been fully implemented. Socio-cultural and
environmental barriers to carrying out exclusive breastfeeding activities can come from
the lack of support from partners, the role of healthcare workers who are sometimes
still controversial about exclusive breastfeeding because there are still healthcare workers
who recommend formula feeding and an unsupportive environment in the exclusive
breastfeeding process (Nsiah-Asamoah, Doku & Agblorti, 2020). Cultural factors also play
an essential role in exclusive breastfeeding because these factors can also be a substantial
barrier in promoting exclusive breastfeeding (Pemo, Phillips & Hutchinson, 2020). In
some traditional societies, cultural concepts manifested in infant feeding patterns, which
are different from modern health concepts. As an illustration, breastfeeding according to
modern and medical concepts is recommended for two years, and supplementary feeding

Giving solid food should be started after the baby is six months old. Exclusive
breastfeeding is one of the efforts to fulfill a baby’s rights. During the first six months,
the mother does not need to give additional food and drink anymore because breast milk
has fulfilled the essential nutrients for the baby’s growth and development. However,
there are still some mothers who do not exclusively breastfeed their babies. Several
factors have contributed to the failure of exclusive breastfeeding: First, the mother’s
lack of understanding about exclusive breastfeeding. Exclusive breastfeeding is a process
of giving breast milk without adding other fluids such as formula milk, honey, tea, and
others without adding solid foods such as bananas, porridge, biscuits and others. The
Government Regulation explains that mothers have the right to get exclusive breastfeeding
from birth until the first six months without adding other food and drinks. Even in the
Islamic concept, breastfeeding is recommended until two. This is intended to guarantee the
baby’s physical, spiritual, and healthy growth. In society, sometimes people ignore the rules
determined about the problem.

A mother’s understanding of exclusive breastfeeding is one of the factors in exclusive breastfeeding. There are still mothers who think that they give exclusive breastfeeding to their babies, even though they give other drinks. As Maya Widyawati said: “I give breast milk from a newborn because there are no problems after the birth process, but I give honey to my child because as far as I know honey is good for a newborn child” (interview with Widyawati, August 13, 2021). Yuni Astuti, who has a 6-month-old baby, said the same thing: “when my baby was still crying even though I was breastfeeding, I thought that my baby was still hungry so I gave formula milk so that my baby would not be fussy anymore.” (interview with Astuti, August 13, 2021). Knowledge about exclusive breastfeeding understood by the community is a factor that causes the failure of exclusive breastfeeding to be successful. Some continue to give breast milk at fewer than six months, but with other food or drinks.

Second, support from family. The family plays a significant role in the success of the exclusive breastfeeding program. Husband and parents are the closest people who can support the mother. Mothers’ success in breastfeeding results from teamwork between mothers, babies, fathers, and family environment. Breastfeeding is often tricky between the first 10-14 days after delivery, the mother’s breasts start to swell, the nipples are sore, the baby is fussy and does not want to breastfeed, often causes despair from the mother and can result in the breastfeeding process being stopped too early or too quickly. (Indarwati, Prasetyowati, & Widiyanti, 2017, p. 32). As said by Nurul Aisyah: “the family completely surrenders to the mother in breastfeeding the baby, both from the husband and the parents do not force them to give exclusive breastfeeding to the baby, the most important thing is that the baby is not fussy” (interview with Aisyah, August 15, 2021).

It is not very nice when the family is not supportive of exclusive breastfeeding. As stated by Tuti Handayani as a healthcare worker at Posyandu Cempaka: “husbands should not leave all breastfeeding matters to their wives, because support from closest people such as husbands and parents is very much needed in the early breastfeeding process, especially when there are still scars from breastfeeding. The process of giving birth which of course binders the movement of the mother” (interview with Handayani, August 20, 2021).

Third, the role of healthcare workers. Not all healthcare workers support exclusive
breastfeeding. As stated by Winda Yuliani, who gave birth in a midwife, stating that: “when delivery is complete, the baby is not placed on top of the mother’s body, and the baby is given after cleaning” (interview with Yuliani, August 28, 2021). Early Initiation of Breastfeeding is carried out immediately after the baby is born. It aims to provide early stimulation to start breastfeeding early. Failure on early initial and exclusive breastfeeding during this period has the potential to cause nutritional deficiencies in infants and allow the occurrence of poor nutritional status and can even result in the baby’s intellectual intelligence (Sirajuddin, Abdullah, & Lumula, 2013, p. 99).

Some healthcare workers who assist in the delivery process still provide formula milk; it is intended that when the mother’s milk has not come out, the baby can be given formula milk while waiting for the milk to come out. “When the milk has not come out the midwife suggests giving formula milk while continuing to try to get the milk out” (interview with Yuliani, August 28, 2021). The healthcare workers who do most of the delivery assistance are midwives; midwives have an excellent opportunity to motivate mothers to give exclusive breastfeeding, provide information on the importance of breast milk as the only food suitable for babies to digest.

Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding encourages all parties to support breastfeeding mothers. Healthcare workers and health facilities must initiate early breastfeeding and place mothers and babies in one treatment room. In addition, there is also a requirement to provide breastfeeding rooms in the workplace and public facilities and restrictions on the promotion of formula milk. In the community, the policies issued by the government have not been fully implemented. Not all local governments implement the policy, and there are no sanctions for them (Safitri & Puspitasari, 2019, pp. 13).

The role of healthcare workers who represent the government in supporting exclusive breastfeeding is still not maximized. In addition, many parties do not heed these regulations so that there are still many babies who do not get their right to exclusive breastfeeding. Whereas there are sanctions that have been regulated in Article 200 of the Health Law, which states that:

“Everyone who deliberately obstructs the exclusive breastfeeding program as referred to in Article 128 paragraph (2) shall be punished with imprisonment for a maximum of 1 (one) year and a fine of a
maximum of Rp. 100,000,000,- (one hundred million rupiah) (Dewi, 2020, p. 22).

With the sanctions stipulated in the regulation, there should be no more people preventing exclusive breastfeeding. However, there has never been an application of such sanctions until now. This is due to the lack of information submitted by Health officials and public knowledge regarding these regulations. This was revealed from the results of an interview with Suwardi: “I do not know if there is a government regulation that regulates fines given when I do not support exclusive breastfeeding, because in my opinion breastfeeding is a personal matter” (interview with Suwardi, August 28, 2021).

Most people do not know about the regulations issued by the government because the community has received very minimal socialization. Fulfillment of children’s rights to exclusive breastfeeding has been regulated in Laws and Government Regulations, and this should receive support from various parties, both from the government, healthcare workers, the community, and most importantly, the family. It is stated from a religious point of view that exclusive breastfeeding has also been regulated in the verse of the Qur’an, Allah says in the Qur’an surah al-Baqarah verse 233.

َّ وَالْوٰلِٰٓتُ يُرْضِعْنَ اَوْلَدَهُنَّ حَوْلَيِْ كَمِلَيِْ لِمَنْ اَرَادَ اَنْ يُّتِمَّ الرَّضَاعَةَ ۗ وَعََ الْمَوْلُوْدِ لَٗ رِزْقُهُن وَكِسْوَتُهُنَّ بِالْمَعْرُوْفِۗ

“Mothers suckle their children for two whole years, if they wish to complete the term, and clothing and maintenance must be borne by the father in a fair manner.”

In terms of religious norms, breastfeeding is highly recommended until two years. The first 1000 days of life are a golden age for the child. This period will affect children to be healthy or intelligent when they grow up. This is one of the signs why Allah commands mothers to breastfeed their children until they are two years old.

Conclusion

Exclusive breastfeeding is the process of giving only breast milk without adding other liquids or solid foods. However, in Indonesia it is still relatively low even though there is already a Shari’a that regulates breastfeeding until the age of 2 years in Islamic law. The government issued Government Regulation no. 33 of 2012 concerning exclusive breastfeeding. Several
factors influence this, and the lack of mothers’ understanding about exclusive breastfeeding is the most dominant factor. Many still assume that giving fluids/other solid foods is fine as long as breast milk is still given. Support from family and the role of healthcare workers also significantly affect the process of exclusive breastfeeding. The discussion of exclusive breastfeeding from Islamic law is a different matter. The study of exclusive breastfeeding has the potential to be developed, especially in Indonesia, such as issues related to concrete sanctions for violating children’s rights to obtain exclusive breastfeeding and socialization of exclusive breastfeeding. Thus, further research on exclusive breastfeeding related to sanctions and socialization can be used as a research reference.

References


**Interview**

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