

***RADĀ'AH* IN THE QUR'AN: THE RELATIONSHIP OF UNDERSTANDING AND PRACTICE OF BREASTFEEDING AMONG MOTHERS IN ULEE KARENG, BANDA ACEH, INDONESIA**

Nurullah¹, Muhammad Zaini², Cut Nurul Jamila²

¹⁻² Universitas Islam Negeri Ar-Raniry Banda Aceh, Indonesia

³ Darul Ulum Islamic Boarding School Banda Aceh, Indonesia

nurullahamri@ar-raniry.ac.id

ABSTRACT

The Qur'an in Surah al-Baqarah verse 233 emphasizes that the breastfeeding (*radā'ah*) period is two full years for those who want to perfect it; however, *radā'ah* up to two full years is not yet popular among Indonesian people and its prevalence is unknown. This study aims to explore the level of understanding, level of practice and relationship between understanding and practice of *radā'ah* among breastfeeding mothers in Ulee Kareng Subdistrict, Banda Aceh, Aceh Province. This field study used an analytical survey with a cross-sectional design. Data were collected by distributing questionnaires to 54 respondents, and the sample was determined using the Frank Lynch formula. The data were then analyzed using SPSS 20. The data for the first and second research questions were analyzed descriptively and quantitatively by calculating the average scores and percentages. The data for the third question were analyzed using the Crosstab facility using the Spearman Rank Correlation Test inferential statistics. The results showed that the level of understanding of breastfeeding mothers in Ulee Kareng regarding *radā'ah* was high with an average value of 3.29 and the level of practice was also high with an average value of 3.37. The relationship between the understanding of and the practice of *radā'ah* among breastfeeding mothers in Ulee Kareng indicates a significant relationship with a significance value of 0.000 (<0.05), in which H_a was accepted and H_0 was rejected. The correlation coefficient value of 0.844 signifies a very strong relationship between mothers' understanding and breastfeeding practice in Ulee Kareng Subdistrict, Banda Aceh.

Keywords: *Understanding, Practice, Radā'ah*

ABSTRAK

Al-Qur'an dalam surat al-Baqarah ayat 233 menegaskan bahwa masa menyusui (*radha'ah*) adalah dua tahun penuh bagi mereka yang ingin menyempurnakannya, namun *radha'ah* hingga dua tahun penuh belum populer di kalangan masyarakat Indonesia dan belum diketahui prevalensinya. Penelitian ini bertujuan untuk mengetahui tingkat pemahaman, tingkat praktik *dan* hubungan antara pemahaman dengan praktik *radha'ah* pada ibu-ibu menyusui di Kecamatan Ulee Kareng. Kajian ini merupakan studi lapangan (*field research*) yang berbentuk survei analitik rancangan *crosssectional*. Data dikumpulkan melalui penyebaran angket kepada 54 responden ibu menyusui dan sampel ditentukan menggunakan rumus Frank Lynch. Selanjutnya data dianalisis menggunakan SPSS 20. Rumusan masalah satu dan dua dianalisis secara deskriptif kuantitatif dengan skor rata-rata dan persentase. Sedangkan rumusan masalah ke-tiga dianalisis menggunakan fasilitas *Crosstab* (tabulasi

silang) dengan menggunakan statistik inferensial Uji Korelasi Rank Spearman. Hasil penelitian menunjukkan bahwa tingkat pemahaman ibu-ibu menyusui di Kecamatan Ulee Kareng tentang *radha'ah* berkategori tinggi dengan nilai rata-rata 3,29 dan tingkat praktik juga berkategori tinggi dengan nilai rata-rata 3,37. Hubungan antara pemahaman ibu menyusui dengan praktik *radha'ah* pada ibu-ibu di Kecamatan Ulee Kareng menunjukkan hubungan yang signifikan dengan nilai signifikansi 0,000 (<0,05), di mana H_0 diterima dan H_1 ditolak. Nilai koefisien korelasinya sebesar 0,844 menunjukkan hubungan yang sangat kuat antara pemahaman dengan praktik menyusui ibu-ibu di Kecamatan Ulee Kareng.

Kata Kunci: *Pemahaman, Praktek, Radha'ah*

A. Introduction

Breastfeeding (*radā'ah*) is the obligation of a mother¹ and the right of a child that shall be fulfilled from the moment the child is born. A baby's nutritional needs in the first six months can be met only by giving breast milk, known as exclusive breastfeeding, without any other additional food or drink.² Within six months, the baby is not given any complementary foods or drinks (including sugar water, mineral water and formula milk), with the exception of medication. Breast milk contains growth factors, which will stimulate the growth and development of the baby.³ The first months of the child's birth until the age of three years is called the golden age, in which the child's needs must be met so that the child will grow and develop optimally. As well as a great deal of the brain's ultimate structure and capacity is shaped early in life before the age of three years.⁴

The World Health Organization WHO and Unicef in 1990 in the Innocenti Declaration recommended that all mothers provide exclusive breast milk for babies for the first four months; however, in 1999, they changed the statement and clarified that exclusive breast milk shall be given until the first six months, as feeding at a very young age has negative effects on babies. Nonetheless, European Food Safety Authority (EFSA) suggests that "... Exclusive breast-feeding provides adequate nutrition up to 6 months of age for the majority of infants, while some infants may need complementary foods before 6 months...in addition to breast-feeding in order to support optimal growth and development".⁵ Furthermore, the WHO also recommends that breastfeeding continue, along with complementary foods for up to two years⁶, because after six months, breast milk alone is no longer sufficient to fulfill babies' nutrition.

¹ Teungku Muhammad Hasbi Ash-Shiddiqy, *Tafsir Al-Quranul Majid an-Nur*, 3rd edn (Jakarta: Cakrawala Publishing, 2011), p. 402.

² N Yuliarti, 'Keajaiban ASI-Makanan Terbaik Untuk Kesehatan, Kecerdasan Dan Kelincahan Si Kecil', *Jurnal Kesehatan Masyarakat (e-Journal)*, 3.3 (2014), p. 1.

³ Eni Rahmawati Atikah Proverawati, *Kapita Selektasi Asi Dan Menyusui*, 1st edn (Yogyakarta: Nuha Medika, 2010), p. 3.

⁴ Sharon E. Fox, Pat Levitt, and Charles A. Nelson, 'How the Timing and Quality of Early Experiences Influence the Development of Brain Architecture', *Child Development*, 2010, pp. 28-40 <<https://doi.org/10.1111/j.1467-8624.2009.01380.x>>.

⁵ Nda, 'EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA)', *EFSA Journal*, 10.2 (2012), pp. 1423-61.

⁶ World Health Organization, 'World Health Organization (2003) Global Strategy for Infant and Young Child Feeding', *World Health Organization*, 2003.

In line with this, the Qur'an also regulates the issue of *radā'ah* for babies, and even the command to breastfeed and fulfill it for two years is repeated in several verses in the Qur'an. The mention of the word *radā'ah* with its various derivations is repeated 11 times, including in surah al-Baqarah [2:233], al-Nisa' [4:23], al-Qasas [28:7] and al-Talaq [65:6].⁷ From the aspect of Islamic law, there are two types of women who breastfeed children, namely biological mothers and other women. *Fiqh* (Islamic jurisprudence) scholars agree that a mother, judging from Islamic law, is obliged to breastfeed her child. This is because breastfeeding is an effort to maintain the child's survival, whether the mother is still the wife of the child's father, or is in the *'iddah* (waiting) period, or has finished her *'iddah* period after being divorced by her husband (the child's father).

However, mufassir (exegetes) have different opinions regarding breastfeeding laws. The first opinion argues that verse 233 of Surah al-Baqarah which means, "*Mothers shall breastfeed their children*" uses a news sentence (*ṣiḡḡah al-khabar*); yet, it has the meaning of a command (*bi ma'nā al-amr*). This verse seems to provide information that mothers should breastfeed their children because of the provisions of Allah *subhānahu wa ta'ālā* who oblige them.⁸ The second opinion argues that if the verse means a command, the mufassir will classify it into two forms: a binding command (*wājib*) and a non-binding recommendation (*mandūb*). Al-Zamakhsyari, al-Razi, and al-Alusi are of the opinion that such command means recommendation (*an-nadb*). Ibn al-'Arabi and al-Qūrtūbi remark that breastfeeding a baby is an obligation for the mother who is still a wife and for the father of the baby. Sayyid Qutb interprets the command in this verse as an obligatory command for mothers who have been divorced.⁹ Rasyīd Ridā states that the command in this verse is obligatory for mothers in general and it is permissible for children to be breastfed by other women (milk mothers), if difficulties occur during the breastfeeding period.

Regarding the two-year breastfeeding period, apart from being stated in Surah al-Baqarah [2:233], it is also explained in Lukman [31:14] "*Their mothers bore them through hardship upon hardship, and their weaning takes two years*" and in al-Ahqaf [46:15] "*Their mothers bore them in hardship and delivered them in hardship. Their (period of) bearing and weaning is thirty months.*" Here, the editorial of Surah al-Ahqaf mentions that the breastfeeding period is 30 months, excluding 9 months of pregnancy; however, most Muslim scholars agree that the maximum period of breastfeeding is two years and this is the best period. Zulhamdi in his study of *radā'ah* according to Tafsir al-Misbah concludes that, in general, breastfeeding can be divided into three levels. The first is perfect breast milk, which is for two years or 30 months minus the pregnancy period. The second is giving breast milk for a sufficient period of time but is not perfect, while the third is insufficient breastfeeding, which does not meet the baby's needs, and hence, parents are sinful in this regard.¹⁰

In health science, exclusive breastfeeding for the first six months with continued breastfeeding until the baby is 24 months old is highly recommended so that the child's body

⁷ Muhammad Fuad 'Abd Al-Baqiy, *Al-Mu'jam Al-Mufahras Li Al-Fazh Al-Qur'an Al-Karim* (Beirut, Lebanon: Dar al-Ma'rifat, 1992), p. 400.

⁸ Fakhr al-Dīn Al-Rāzī, *Mafātiḥul Ghayb* (Beirut: Dār al-Fikr, 1981), vols 5–6.

⁹ Sayyid Qutb, *Tafsir Fī Zilālil Qur'an Jilid X* (Beirut: Darusy-Ayuruq, 1992).

¹⁰ Zulhamdi, 'Radha'ah in the Perspective of Tafsir Al-Misbah', *Samarah*, 4.2 (2020), pp. 560–61 <<https://doi.org/10.22373/sjkh.v4i2.6419>>.

will gain natural immunity. However, the composition of breast milk is not the same over time, but differs based on the stage of lactation. The first breast milk that comes out (colostrum), which is the yellowish fluid containing plentiful immunoglobulin A (Ig.A), is very good for the baby's immune system, making the baby not prone to disease.¹¹ Increasing a child's intelligence through breast milk is determined by the nutritional content in breast milk, the way to give it, and the period it is given.

Breast milk consists of water, alpha-lactalbumin, lactose, casein, amino acids, and antibodies against germs, viruses and fungi. Breast milk is essential for the growth and development of children's intelligence. Research findings revealed that children who were not breastfed had an IQ (intellectual quotient) 7-8 points lower than children who were exclusively breastfed.¹² Nutritionally, breast milk is the most superior, safe from bacteria, and causes few allergies because breast milk contains anti-infection factors and immune cells.¹³ Breast milk contains fatty acids for the formation of brain cells (*Decosa Hexaenoic Acid*).¹⁴ Breast milk also contains growth factors, which are useful for the development of the intestinal mucosa. Additionally, existing studies also describe that breast milk is not only beneficial in increasing IQ, but also has an effect on children's emotional stability, as well as a positive impact on the health of breastfeeding mothers.¹⁵

Based on the research findings, experts found that the number of bacteria in the stomachs of babies who consume cow's milk is 10 times greater than the number of bacteria in the stomachs of babies who consume breast milk. The natural glucose content in breast milk is also much greater than that in cow's milk and in others.¹⁶

Several factors believed to cause babies not having proper breast milk include maternal characteristics, the baby itself, environment, family support, and education, as well as health, social, economic, and cultural factors. Other problems causing no exclusive breast milk include busy working mothers, mothers' low education, incessant advertising on formula milk, lack of volume production of breast milk, misconception that babies being hungry when no additional food is given, and mothers' lack of knowledge about breast milk.¹⁷

There is also a close relationship between employment status and exclusive breastfeeding. This relationship shows a significant negative correlation that the busier the working mother is, the less the mother provides exclusive breastfeeding. If the mother is working, there is a high possibility for the mother not to provide exclusive breastfeeding

¹¹ Yusuf Hanafi, 'Peningkatan Kecerdasan Anak Melalui Pemberian ASI Dalam Al-Qur'an', *MUTAWATIR*, 2.1 (2015), p. 30 <<https://doi.org/10.15642/mutawatir.2012.2.1.27-45>>.

¹² Yuliarti.

¹³ Dwi Sulistiyo Cahyaningsih, *Pertumbuhan Perkembangan Anak Dan Remaja* (Jakarta: Trans Info Media, 2011).

¹⁴ Kusno Waluyo, *Memahami Gizi Untuk Bayi Dan Anak*, 1st edn (Bandung: Puri Delco, 2010).

¹⁵ Normadiah Daud and others, 'Benefits of Breast Milk for Health Care: Analysis from the Islamic Perspective', *Indian Journal of Public Health Research and Development*, 10.9 (2019), p. 1846 <<https://doi.org/10.5958/0976-5506.2019.02723.2>>.

¹⁶ Lajnah Pentashihan Mushaf Al Quran Balitbang dan Diklat Kementerian Agama RI, *Tafsir Al Quran Tematik : Kesehatan Dalam Perspektif Al Quran* (Jakarta: Lajnah Pentashihan Mushaf Al Quran Balitbang dan Diklat Kementerian Agama RI, 2009).

¹⁷ Sri Rejeki, 'Pengalaman Menyusui Eksklusif Ibu Bekerja Di Wilayah Kendal Jawa Tengah', *Nurse Media Journal of Nursing*, 2.1 (2008), p. 3 <<https://doi.org/10.14710/nmjn.v2i1.734>>.

because she spends a lot of time at work. On the other hand, if the mother is not working, she has a lot of free time to provide exclusive breastfeeding and care for her baby.¹⁸

In addition, it was also found that the practice of giving breast milk among mothers with post-cesarean section was low, which was related to the support of health workers. Lack of information from birth attendants regarding the practice of early initiation of breastfeeding, exclusive breastfeeding, and the practice of joint care (mother and baby in the same room) has an effect on the mother's lack of understanding regarding the benefits and advantages of exclusive breastfeeding.¹⁹

Husband's support is also one of the main factors in the success of exclusive breastfeeding. Mothers who receive their husbands' support have a greater chance of providing exclusive breastfeeding compared to mothers who do not receive the support, especially in the practice of exclusive breastfeeding.²⁰

Cultural/traditional background and area of residence are also factors that can influence the practice of exclusive breastfeeding. The mother's mental attitude in breastfeeding behavior is related to cultural value orientation, as generally mothers are still oriented towards cultural values. For instance, the habit of some Kendal people in giving rice mixed with mashed banana has caused babies to become full and less willing to breastfeed from their mothers. Providing additional food is also carried out by mothers in Indonesian cities, as reported in research conducted by Atmajaya University and the University of Indonesia. The research found that 66% of mothers in urban areas gave additional food early to babies other than breast milk, while in the Indramayu area 79% of babies were given additional food early.²¹

A number of factors have caused failure in the process of giving breast milk exclusively from the baby's age of 0-6 months or even up to the age of 24 months, as recommended in the Qur'an Surah al-Baqarah verse 233. The economic, family, environmental, social, and cultural factors, as well as other myths that have developed around incorrect breastfeeding practices are still issues yet to be resolved. However, in general the basic obstacle that hinders the success of breastfeeding for babies is due to the lack of knowledge of mothers and public knowledge about the importance of exclusive breastfeeding to babies and continuing it for up to two full years.²²

Additionally, the incessant advertising of formula milk broadcast on various television stations is also a factor that greatly influences the failure of the practice of exclusive breastfeeding. The nutritional content and immune system for babies in the

¹⁸ Faizah Betty Rahayuningsih Septyasrini, Nurul, 'Hubungan Antara Tingkat Pengetahuan Dan Status Pekerjaan Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Banyudono 1 Boyolali' (Universitas Muhammadiyah Surakarta, 2016).

¹⁹ Dwi Retno Wulandari and Linda Dewanti, 'Rendahnya Praktik Menyusui Pada Ibu Post Sectio Caesarea Dan Dukungan Tenaga Kesehatan Di Rumah Sakit', *Kesmas: National Public Health Journal*, 8.8 (2014), p. 396 <<https://doi.org/10.21109/kesmas.v8i8.410>>.

²⁰ Novira Kusumayanti and Triska Susila Nindya, 'Hubungan Dukungan Suami Dengan Pemberian ASI Eksklusif Di Daerah Pedesaan', *Media Gizi Indonesia*, 12.2 (2017), p. 104.

²¹ Rejeki.

²² Iman Jauhari and others, 'Obstacles in Carrying out the Responsibility of Breastfeeding Mothers in Langsa City, Aceh: A Juridical Sociological Perspective', *Samarah: Jurnal Hukum Keluarga Dan Hukum Islam*, 8.1 (2024), p. 67 <<https://doi.org/http://dx.doi.org/10.22373/sjkh.v8i1.14240>>.

composition of breast milk is in fact better than that in formula milk. This shows that the mother's level of knowledge about the importance of breastfeeding and the actions taken do not reflect efficient understanding. This lack of understanding will result in a decline in the baby's immune system

According to WHO, the world average rate of exclusive breastfeeding in 2016 only reached 38%, while in Indonesia it was 54%,²³ and Aceh as a whole was 50%²⁴ although Aceh decreased in 2017 to 47% and in 2018 to 37%.²⁵ The city of Banda Aceh as the capital of Aceh Province in 2018 achieved 65% of exclusive breastfeeding. Ulee Kareng is one of the sub-districts in Banda Aceh, and based on Puskesmas data, it has a population of 26,221 people with 621 breastfeeding mothers.²⁶

From 2015 to 2018, exclusive breastfeeding prevalence in the city of Banda Aceh had been fluctuating. In 2015, the prevalence was 44.23%, which increased to 94.79% in 2016 and decreased to 54.31% in 2017, and in 2018, it rose to 67.61%. Ulee Kareng has the characteristics of a heterogeneous population, where the majority of jobs are traders, civil servants, farmers, and private entrepreneurs. Geographically, Ulee Kareng is located close to government centers and educational centers, has easy access to cities and higher education institutions, and therefore, it is believed to have a good understanding of breastfeeding practices.

The Qur'an and health science recommend completing breastfeeding (*radā'ah*) for two full years; however, *radā'ah* for up to two full years is not yet common among Indonesian people and its prevalence is unknown.²⁷ Based on the initial survey conducted, not all mothers in Aceh have practiced this. In fact, according to Islamic sharia, if the biological mother has limitations and cannot complete breastfeeding for two full years, the baby is allowed to be breastfed by an adoptive mother or a wet nurse. Yet, in reality, parents prefer to give formula milk made from cow's milk.

Several agencies, including the National Population and Family Planning Agency (BKKBN), are aggressively campaigning for exclusive breastfeeding as an effort to fulfill children's nutrition in various regions in Indonesia, including in Aceh. Various media and methods have been utilized to make this exclusive breastfeeding program a success. Based on the data available from the Aceh Health Office in 2018, exclusive breastfeeding prevalence has not reached 80% as expected. As a region that applies Islamic law as its source of law, Acehnese people are hoped to practice the breastfeeding (*radā'ah*) period for up to two full years to follow *kaffah* (comprehensive) Islamic teachings.

In light of the description above, this study was conducted to explore the level of understanding of breastfeeding mothers in Ulee Kareng Subdistrict regarding Surah al-

²³ Riskesdas, 'Hasil Utama Riskesdas 2018 Kementerian', *Kementrian Kesehatan Republik Indonesia*, 2018.

²⁴ Dinas Kesehatan Provinsi Aceh, *Profil Kesehatan Aceh Tahun 2016* (Banda Aceh: Dinas Kesehatan Provinsi Aceh, 2016).

²⁵ Riskesdas.

²⁶ Badan Pusat Statistik Kota Banda Aceh, *Kecamatan Ulee Kareng Dalam Angka 2018* (Banda Aceh: Badan Pusat Statistik Kota Banda Aceh, 2018).

²⁷ Suryani Suryani, 'RADA'AH DALAM PERSPEKTIF FILOSOFIS, NORMATIF, YURIDIS, PSIKOLOGIS, SOSIOLOGIS, EKONOMIS', *Jurnal Ilmiah Syi'ar*, 17.2 (2017), 93 (p. 100) <<https://doi.org/10.29300/syr.v17i2.899>>.

Baqarah verse 233 about *radā'ah*, the level of *radā'ah* practice, and the relationship between understanding and practicing *radā'ah*. This study used a cross-sectional analytical survey design. The sample consisted of 54 respondents from a population of 621 breastfeeding mothers whose babies aged 0-24 months living in Ulee Kareng Subdistrict, Banda Aceh, Aceh Province. The number of sample was calculated using the following formula proposed by Frank Lynch:²⁸

$$n = \frac{N(Z)^2P(1 - P)}{Nd^2 + Z^2P(1 - P)}$$

N= total population

n= sample size

p= probability of an event

Z= normal standard value

d= margin of error (0.1)

$$n = \frac{621(1,65)^2(0,68)(1 - 0,68)}{621 (0,1)^2 + (1,62)^2, 68(1 - 0,68)}$$

$$n = \frac{621 \times 2,7225(0,68)(0,32)}{621 (0,01) + 2,7225(0,68)(0,32)}$$

$$n = \frac{367,89}{6,21 + 0,59} = \frac{367,89}{6,80} = 54,10$$

Sampling procedure was carried out by using simple random sampling, with the criteria being that respondents were convenient to meet and cooperative. The sample taken covered all the research target villages where the population lives. The data obtained were then analyzed using SPSS 20. The first and second research questions were analyzed descriptively and quantitatively, by calculating the average scores and percentages. The third question, i.e., determining whether there is a relationship between understanding and the practice of *radā'ah* among mothers in Ulee Kareng, was analyzed using the Crosstab facility using the Spearman Rank Correlation Test inferential statistics at a confidence level of 90%. Interpretation of the score results of the quantitative descriptive data is displayed in the following table:

Table 1: Score Interpretation

Score	Interpretation
0.1- 2.0	Low
2.1- 3.0	Moderate
3.1- 4.0	High

Further, the results of the Spearman Rank Correlation Test use the following conditions:²⁹

²⁸ widodo J. Pudjirahardjo, *Metode Penelitian Dan Statistik Terapan* (Surabaya: AIRLANGGA UNIVERSITY PRESS, 1993).

²⁹ Pudjirahardjo.

- 1) If the calculated value of the statistical test is greater than or equal to the calculated value of the table, (calculated value \geq table value), H_0 is rejected (H_a is accepted), indicating that there is a significant relationship between the mothers' understanding and the practice of *radā'ah* in Ulee Kareng Subdistrict.
- 2) If the calculated value of the statistical test is smaller than the calculated value of the table (calculated value $<$ table value), then H_0 is accepted (H_a is rejected), indicating that there is no relationship between the mothers' understanding and the practice of *radā'ah* in Ulee Kareng Subdistrict.

The hypotheses for the correlation test are as follows:

H_0 = There is no relationship between understanding and practice of *radā'ah* among breastfeeding mothers in Ulee Kareng Subdistrict.

H_a = There is a relationship between understanding and practice of *radā'ah* among breastfeeding mothers in Ulee Kareng Subdistrict.

Next, to find out the correlation coefficient between two variables, the study used Colton's interpretation of the strength of the relationship. The correlation value (r) ranges between 0 to 1, or if accompanied by direction the value is between -1 to +1, as follows:

$r = 0$ (no linear relationship)

$r = -1$ (perfect negative linear relationship)

$r = +1$ (perfect positive linear relationship)

Colton's interpretation of the strength of the relationship between two variables is described in the following table:

Table 2: Interpretation of the Strength of Relationship between Variables

$r = 0.00 - 0.25$: no relationship/weak relationship
$r = 0.26 - 0.50$: moderate relationship
$r = 0.51 - 0.75$: strong relationship
$r = 0.76 - 1.00$: very strong/perfect relationship

B. Results and Discussion

1. Demographic Profiles of the Respondents

The following table displays the demographic profiles of the respondents:

Table 3: Respondent Profiles in Ulee Kareng, Banda Aceh City

No.	Profile	Description	Frequency	Percentage
1	Age	0-15	0	0%
		16-20	2	4%
		21-54	52	96%
		≥ 55	0	0%
		Total	54	100%
2	Education Level	Elementary – Junior High School	9	17%
		Senior High School	24	44%

		Academy	21	39%
		Total	54	100%
3	Occupation	Civil Servant	5	9%
		Private Employee: Doctor Teacher Notary	4	8%
		Housewife	45	83%
		Total	54	100%
4	Village of Origin	Lamteh	13	24%
		Lambhuk	4	7%
		Ilie	10	19%
		Doy	8	15%
		Lamglumpang	1	2%
		Ceurih	4	7%
		Pango Raya	12	22%
		Pango Deah	1	2%
		Ie Masen	1	2%
		Total	54	100%

Respondents by Age

Age refers to the age of breastfeeding mothers in Ulee Kareng obtained at the time of this study. According to the Indonesian Ministry of Health (2003), the age categories consist of children (aged 0-15 years), teenagers (aged 16-20 years), productive age (aged 21-54 years), and elderly (aged ≥ 55 years).

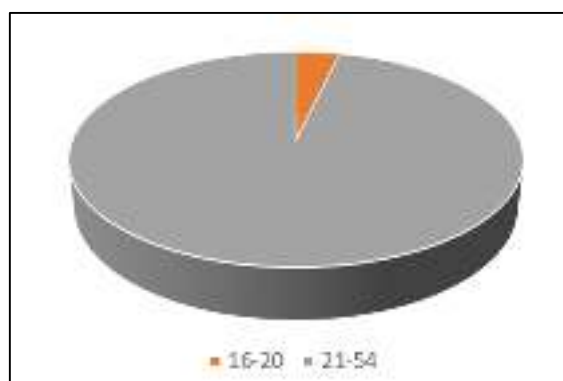


Figure 1. Distribution of Respondents by Age in Ulee Kareng

Based on the data presented in Figure 1, 96% (52 people) of the respondents are of productive age, while the other 4% (2 people) are still teenagers. This is in line with the recommendations of the Indonesian Ministry of Health, that the age of 20-35 years is the safest period for pregnancy and childbirth. Thus, most of the respondents in this study were in the safe group for pregnancy, childbirth, and breastfeeding.

A woman's age can influence her emotional stability in making the decision to breastfeed. As one gets older, a person's thinking maturity will increase, especially with sufficient understanding about breastfeeding, and it is likely that these women will practice *radā'ah* for up to two full years.

Respondents by Education Level

Based on education level, the distribution of the respondents according to education level consists of: primary education (i.e., elementary – junior high school), secondary education (i.e., public senior/vocational/Islamic high school/equivalent), and higher education (i.e., Diploma/Bachelor).

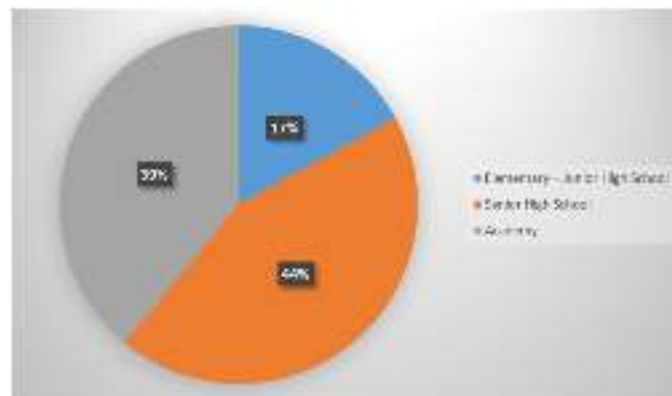


Figure 2. Distribution of Respondents by Education Level in Ulee Kareng

Figure 2 above shows that of the 54 breastfeeding mothers in Ulee Kareng, 17% (9 people) have primary education, 44% (24 people) have secondary education, and 39% (21 people) have higher education. The level of education is a standard that reflects someone to behave scientifically. Education usually influences a person's practice in conducting a certain act.

Respondents by Occupation

Work is a routine activity carried out by breastfeeding mothers in Ulee Kareng to meet daily living needs. The respondents' jobs include civil servants, private employees, and housewives.

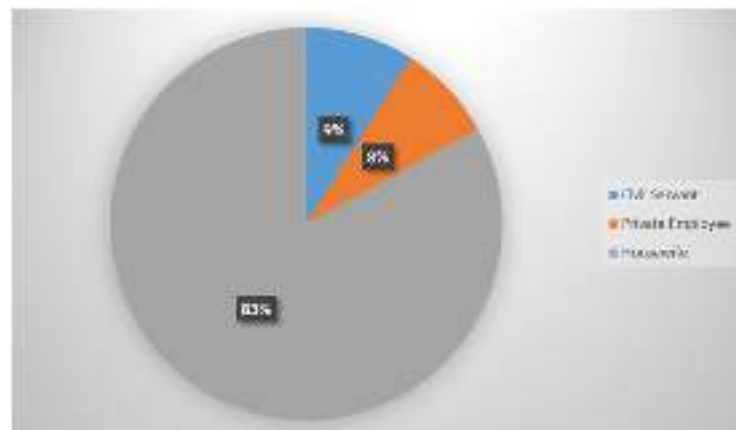


Figure 3. Distribution of Respondents by Occupation in Ulee Kareng

Based on Figure 3, of the total 54 breastfeeding mothers, 83% (45 people) work as housewives, 8% (4 people) work as civil servants, and the other 9% (5 people) are private employees such as teachers, doctors and notaries.

Respondents by Village of Origin

Ulee Kareng Subdistrict consists of two *mukims* (townships), including 9 villages and 46 hamlets. Most of the respondents in this study reside in Lamteah Village of 24% (13 mothers), in Pango Raya Village of 22% (12 mothers), in Ilie Village of 19% (10 mothers), in Doy Village of 15% (8 mothers), and in Ie Masen, Pango Deah, and Lamglumpang Villages of only 2% each (1 mother).

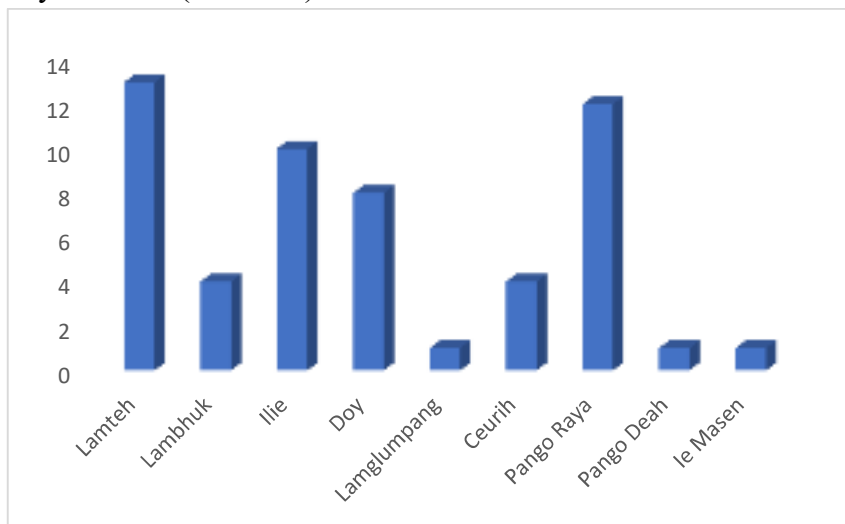


Figure 3. Distribution of Respondents by Village of Origin in Ulee Kareng

2. Mothers' Understanding of *Raḍā'ah*

The results of the analysis of mothers' understanding of *raḍā'ah* in Ulee Kareng, Banda Aceh City can be seen in the following table.

Table 4: Results of Analysis of Breastfeeding Mothers' Understanding of *Raḍā'ah*

No	Statement	SA	A	D	SD	Std. Dev	Avg	Interpretation
1.	<i>Raḍā'ah</i> is giving breast milk to children up to two years old, and it is an Islamic teaching stated in the Qur'an.	32 59.3%	22 40.7%	- -	- -	.49	3.59	High
2.	Breastfeeding is the child's right and the parent's obligation.	32 59.3%	22 40.7%	- -	- -	.49	3.59	High
3.	Formula milk is not a substitute for breast milk with equivalent or the	10 18.5%	33 61.1%	11 20.4%	- -	.62	2.98	Moderate

	same composition and content.							
4.	Babies already need complementary foods at the age of 6-24 months.	26 48.1%	28 51.9 %	- -	- -	.50	3.48	High
5.	Babies should not only be given mineral water as a substitute for breast milk if they are left to work (do activities).	20 37%	20 37%	13 24.1%	1 1.9%	.83	3.09	High
6.	Breastfeeding for up to two years will fulfill the baby's nutritional needs.	22 40.7%	28 51.9%	4 7.4%	- -	.61	3.33	High
7.	Formula milk packaged with modern technology is no more hygienic than breast milk.	23 42.6%	23 42.6%	7 13%	1 1.9%	.75	3.26	High
8.	Providing breast milk according to the recommendations of the Qur'an can increase child's intelligence.	30 55.6%	24 44.4%	- -	- -	.50	3.56	High
9.	At the age of 0-6 months, babies should only be given breast milk without complementary foods.	30 55.6%	22 40.7%	2 3.7%	- -	.57	3.52	High
10.	The father has an obligation to fulfill all the mother's needs during breastfeeding period even if they are divorced.	26 48.1%	26 48.1%	2 3.7%	- -	.57	3.44	High
11.	Parents can wean their child even if the breastfeeding period has not yet reached two years.	2 3.7%	23 42.6%	28 51.9%	1 1.9%	.60	2.48	Moderate
12.	Breastfeeding for up to two years can improve a child's growth and development.	28 51.9%	25 46.3 %	1 1.9%	- -	.54	3.50	High
13.	Fathers play an important role in the success of breastfeeding for two full years.	26 48.1 %	26 48.1%	2 3.7 %	- -	.57	3.44	High

14.	Islamic law allows children to be breastfed by milk mothers.	15 27.8%	25 46.3%	13 24.1%	1 1.9%	.77	3.00	Moderate
15.	If the baby's father dies, the heirs are obliged to provide for the mother during the breastfeeding period.	13 24.1%	38 70.4%	3 5.6%	- -	.51	3.19	High
	Average Understanding					.40	3.29	High

Note: SA=Strongly Agree; A=Agree, D=Disagree, SD=Strongly Disagree, Std. Dev=Standard Deviation, Avg=Average

Based on Table 4 above, the average understanding of breastfeeding mothers in Ulee Kareng regarding *radā'ah* was high with a score of 3.29. This indicates that in general, the majority of the respondents have a good understanding of *radā'ah*. In terms of the standard deviation, the score was 0.40, meaning that the bias in the calculated data for the understanding variable was low.

Further, the statement items with the highest average score of 3.59 in the questionnaire is statement “*Radā'ah* is giving breast milk to children up to two years old, and it is an Islamic teaching stated in the Qur'an” and statement “Breastfeeding is the child's right and the parent's obligation.” Overall, the majority of the respondents have a good understanding of the verses of the Qur'an which discuss *Radā'ah*, especially in terms of the understanding related to the definition of *Radā'ah* and the obligation of parents to fulfill the child's right to obtain breast milk until the age of two years. This implies that breastfeeding mothers in Ulee Kareng have largely implemented the messages and teachings contained in the verses of the Qur'an. Breastfeeding is an obligation, and if the right to breastfeed is not met, under certain conditions, the mother may be forced by the government authorities to breastfeed her child according to the views of *fiqh* and *tafsir* scholars.

3. Practice of *Radā'ah* among Mothers in Ulee Kareng

The results of the analysis of the *radā'ah* practice among breastfeeding mothers in Ulee Kareng, Banda Aceh City can be seen in the following table.

Table 5: Results of Analysis of *Radā'ah* Practice among Breastfeeding Mothers

No	Statement	SA	A	D	SD	Std . Dev	Avg	Interpretation
1.	I am determined to give breast milk to my child for two full years.	27 50%	27 50%	-	-	.50	3.50	High
2.	I give complementary foods beside breast milk after the baby is over six months old.	26 48.1%	26 48.1%	2 3.7%	-	.57	3.44	High

3.	I am one of those who recommend breastfeeding for up to two years.	27 50%	25 46.3%	2 3.7%	-	.57	3.46	High
4.	When I work, I express breast milk so that the baby still gets an adequate milk supply.	22 40.7%	29 53.7%	3 5.6%	-	.58	3.35	High
5.	To maintain quality, I store expressed breast milk in the refrigerator.	18 33.3%	32 59.3%	4 7.4%	-	.58	3.26	High
6.	I ask relatives/caregivers for help to provide expressed breast milk in the refrigerator while I am not at home.	18 33.3%	32 59.3%	4 7.4%	-	.58	3.26	High
7.	I am not worried about gaining weight if I breastfeed for two full years.	26 48.1%	27 50%	1 1.9%		.53	3.46	High
8.	I never give my baby formula milk at the age of 0-6 months.	20 37 %	30 55.6%	4 7.4%	-	.60	3.30	High
	Average Practice					.45	3.37	High

Note: SA=Strongly Agree; A=Agree, D=Disagree, SD=Strongly Disagree, Std. Dev=Standard Deviation, Avg=Average

Based on Table 5 above, the average *radā'ah* practice of breastfeeding mothers in Ulee Kareng gained a score of 3.37 in the high category. This indicates that breastfeeding mothers in Ulee Kareng have good breastfeeding practices as recommended in the Qur'an. In terms of the standard deviation for the practice variable, a value of 0.45 was obtained, meaning that the bias in the results of the calculations was low.

Further, the statement item with the highest average score in the questionnaire is item 1, "I am determined to give breast milk to my child for two full years" with a score of 3.50. This statement has a correlation with the statement item 7, "I am not worried about gaining weight if I breastfeed for two full years" which has an average score of 3.46. The average age of breastfeeding mothers in Ulee Kareng was of productive age, which can influence the mothers' emotional stability in decision-making. As one gets older, the thinking maturity will increase, especially if breastfeeding mothers have a high understanding of the benefits of breastfeeding. This will lead breastfeeding mothers to be determined to provide breast milk for up to two full years without having worry/anxiety about their weight, which tends to increase and less than ideal.

4. The Relationship of Understanding and Practice of *Radā'ah* among Breastfeeding Mothers in Ulee Kareng

The analysis results on the relationship between breastfeeding mothers' understanding of Surah Al-Baqarah verse 233 concerning *radā'ah* and breastfeeding practice in Ulee Kareng, Banda Aceh City can be seen in the following cross tabulation and Spearman Rank correlation test.

Table 6: Cross Tabulation of Understanding of Breastfeeding Mothers * Practice of Radha'ah

			Mother's Practice		Total
			Moderate	High	
Understanding	Moderate	Frequency	18	1	19
		% of Understanding	94.7%	5.3%	100.0%
	High	Frequency	3	32	35
		% of Understanding	8.6%	91.4%	100.0%
Total		Frequency	21	33	54
		% of Understanding	38.9%	61.1%	100.0%

The cross tabulation results in Table 6 show that there were 18 mothers (94.7%) who had a moderate understanding of *radā'ah* and moderate breastfeeding practice, and 32 mothers (91.4%) had a high understanding with a high practice as well. However, 1 mother (5.3%) with moderate understanding of *radā'ah* had a high practice, whereas 3 mothers (8.6%) had a high understanding of *radā'ah* with moderate practice.

Table 7: Correlation of Understanding and Practice

				Understanding	Practice	
Spearman's rho	Understanding	Correlation Coefficient		1.000	.844**	
		Sig. (2-tailed)		.	.000	
		N		54	54	
		Bootstrap	Bias		.000	.000
			Std. Error		.000	.074
			90% Confidence Interval	Lower	1.000	.713
	Upper	1.000		.959		
	Practice	Correlation Coefficient		.844**	1.000	
		Sig. (2-tailed)		.000	.	
		N		54	54	
Bias		.000	.000			

			Std. Error	.074	.000
		Bootstrap b	90% Confidence Interval	Lower	1.000
				Upper	.959

** . Correlation is significant at the 0.01 level (2-tailed).

b. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Table 7 shows that the number of sample (N) is 54, with the significant value (2-tailed) of 0.000 (< 0.05). This indicates there is a significant relationship between understanding and practice of breastfeeding mothers in Ulee Kareng. This is in line with the test results regarding the understanding and practice of breastfeeding mothers in Ulee Kareng, the majority of whom have a high level of both understanding and practice. The relationship between two variables, namely the understanding of breastfeeding mothers and the practice of *radā'ah*, is positive, as an increase in one variable is followed by an increase in another variable. This signifies that the higher the mothers' understanding of breastfeeding, the higher the level of breastfeeding practice among mothers in Ulee Kareng Subdistrict.

Furthermore, the data output in Table 7 shows a correlation coefficient of 0.844, indicating a very strong relationship between understanding and breastfeeding practice among mothers in Ulee Kareng. This decision is based on Spearman's correlation criteria: if the calculated r value ranges between 0.76 – 1.00, then it shows a very strong or perfect relationship.

The results of this study corroborated those in previous studies described previously. In general, the underlying factor for the low practice of exclusive breastfeeding and completion of breastfeeding for up to two full years is the knowledge of breastfeeding mothers and public knowledge about the importance of breastfeeding for babies and mothers.³⁰ Knowledge plays a key role in realizing one's actions, and thus, when the knowledge of breastfeeding mothers in Ulee Kareng regarding *radā'ah* is high, it is directly proportional to the level of breastfeeding practice.

Furthermore, the study also found that not only have breastfeeding mothers had good knowledge, but the people around them have also acted as a support system for them to meet their babies' breast milk needs. The level of understanding and the level of practice, such as father's support and responsibility and the support of relatives, also revealed high figures, respectively at 3.44 and 3.26.

Such support is made possible due to the condition of breastfeeding mothers in Ulee Kareng, who are mostly housewives of productive age. Therefore, they do not have significant obstacles in breastfeeding. In addition, previous studies have shown that there is a close relationship between the mother's employment status and the practice of exclusive breastfeeding, since the busier the mother is at work, the lower exclusive breastfeeding will be. On the other hand, if the mother is not working, the level of breastfeeding will be higher.³¹ As such, the condition of breastfeeding mothers in Ulee Kareng, the majority of

³⁰ Jauhari and others, p. 67.

³¹ Septyasrini, Nurul.

whom are housewives who do not work outside and have free time to care for their babies and provide exclusive breast milk, is a key factor in generating a significant positive correlation.

C. Conclusion

This study investigates the level of understanding, level of practice and relationship between understanding and practice of *raḍā'ah* among breastfeeding mothers in Ulee Kareng Subdistrict, Banda Aceh. The study found that the understanding level of breastfeeding mothers on *raḍā'ah* was high with an average score of 3.29. The practice of *raḍā'ah* among breastfeeding mothers was also high with an average score of 3.37. Further, the relationship between the understanding of breastfeeding mothers on *raḍā'ah* and its practice yielded a significance value of 0.000 (<0.05), wherein H_a was accepted and H_0 was rejected. This indicates that there is a significant relationship between understanding and breastfeeding practice. The correlation coefficient value of 0.844 signifies a very strong relationship between the understanding of mothers about *raḍā'ah* and its practice.

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