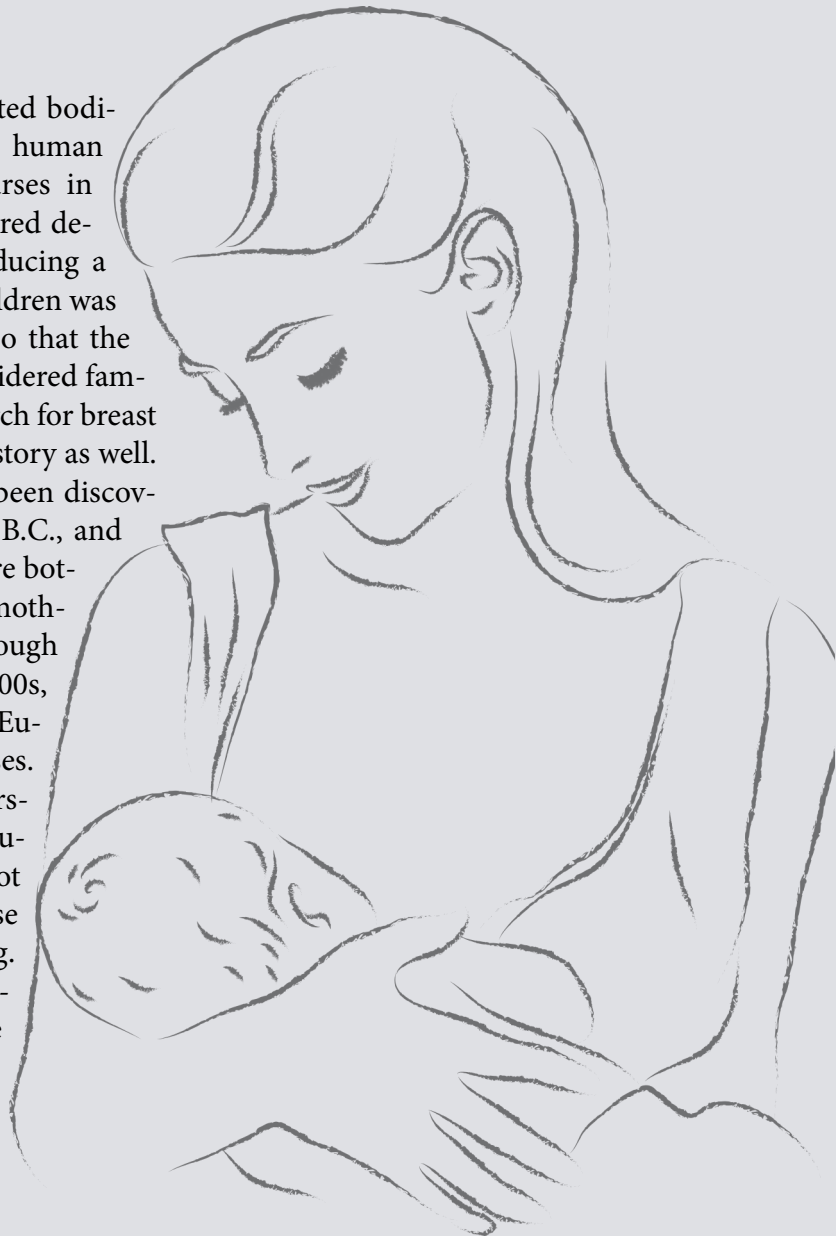


BREASTFEEDING VS. FORMULA FEEDING IN SAUDI ARABIA: IS BREAST BEST?

By Nora Hennessy

Breastfeeding was an exalted bodily function throughout human history. In fact, wet nurses in Ancient Egypt were revered despite their status as slaves. Producing a nourishing fluid for the royal children was deemed a vital task—so much so that the children of wet nurses were considered family of the king. However, the search for breast milk substitutes has a lengthy history as well. Breast-shaped clay bottles have been discovered dating as far back as 2500 B.C., and historians believe that babies were bottle-fed cow and goat milk if their mothers could not breastfeed. Even though early substitutes existed, by the 1600s, over half of the babies born in Europe were breastfed by wet nurses.

With the creation of the nursing bottle in the mid-19th century, most mothers who could not breastfeed their children chose bottle feeding over wet nursing. When formula was first developed and popularized by the elite in the late 19th and early 20th centuries, many believed that



formula was more pure and more nutritious than breast milk, particularly in comparison to the breast milk of wet nurses. However, in 1990, the American Academy of Pediatrics released a statement explaining its opposition to formula feeding, which helped contribute to a positive shift in attitudes towards breastfeeding. Recent research has also revealed the positive impact breast milk has on a child's immune health, neurological function, and psychological well-being.

Though the breastfeeding versus formula feeding debate has been a topic of interest to new mothers since the invention of infant formula, openly discussing breastfeeding is taboo in many cultures due to the sexualization of women's breasts and related societal beliefs. In Saudi Arabia—one of the most conservative, gendered places in the world—several factors influence mothers' decisions.

Some Saudi women choose breastfeeding over formula primarily due to strict religious beliefs, as breastfeeding is seen as a God-given right of children in Islam. According to the Qur'an, mothers should aim to breastfeed for about two years. Verse 233 of the Qur'an states, "The mothers shall give suck to their children for two whole years, [that is] for those who desire to complete the term of suckling." While it is not considered a sin to wean a child before having breastfed for two full years, Saudi mothers often feel guilty for choosing to formula feed rather than breastfeed.

Low socioeconomic status might also steer Saudi women towards breastfeeding for reasons such as the cost of formula compared

to breast milk. Today, 400 grams (about 14 oz) of infant formula costs between Saudi Riyal (SR)108 (\$9.78) and SR130 (\$28.80), a significant increase since 2008, when it was around SR2 (\$0.53). On the other hand, breast milk has always been free. The high cost of formula means that many families of lower socioeconomic status cannot afford it and thus must rely on breastfeeding.

Furthermore, the extensive health benefits that breastfeeding provides the mother and child factor into Saudi mothers' decisions—if women are informed about such benefits. According to the National Institute of Child Health and Human Development, breastfeeding increases a child's immunity and reduces their risk of developing allergies, obesity, and type II diabetes. Breastfeeding is advantageous for mothers because it helps the uterus contract postpartum and reduces the risk of breast and ovarian cancer and osteoporosis.

Although breastfeeding is less costly, healthier for mother and baby, and endorsed by Islam, not all Saudi mothers breastfeed. One of the main barriers to continued breastfeeding is a lack of milk production, as 66.1% of Saudi women reported this as the main reason for switching to formula. Still, some Saudi women who turn to formula over breastfeeding do so for reasons of modesty, convenience, or occupational commitments.

A common issue breastfeeding mothers face in Islamic culture is the modesty law of Hijab, which means "barrier" in Arabic. While a small child would likely fit underneath a mother's dress, or Nijab, for breast-

feeding and no one would see any skin, most mothers are uncomfortable with breastfeeding in public due to the modesty restrictions of Islamic Law. Therefore, mothers may switch to formula if they want to be able to comfortably feed their child in public.

On top of that, breastfeeding is an exhausting activity; the average lactating woman expends 400 to 500 additional calories daily when breastfeeding or pumping. Breastfeeding is also a huge time commitment for mothers. As a result, women may choose formula if they have to balance other responsibilities such as working, caring for their children, completing household tasks, and fulfilling religious obligations.

Despite the modesty restrictions and discomfort mothers face when breastfeeding in public, there are still a lack of private nursing rooms in public spaces and work settings. *The Journal of Family Medicine Primary Care* reported that 96% of Saudi mothers in a 2020 study did not have a suitable place at work to breastfeed. Thus, the workplace environment often forces mothers to choose between their job and breastfeeding.

The World Health Organization recommends exclusive breastfeeding for the first six months of a baby's life. Yet, in Saudi Arabia, the rate of exclusive breastfeeding for these first six months was found to be only 13.7% in 2017. Therefore, from a public health perspective, it would be ideal to implement policies and practices that encourage breastfeeding among Saudi women.

Currently, hospitals and pharmaceutical companies often push Saudi mothers towards

formula by teaching them how to use and prepare formula and by giving them free samples before they leave the hospital. The vast array of formulas mothers can choose from and the implicit nudge healthcare professionals give by providing new mothers with formula are two infant formula marketing strategies that greatly influence Saudi mothers' decisions to formula feed. Thus, it would be beneficial to prevent pharmaceutical companies from advertising their products to women while they are still in the hospital.

Proper education about breastfeeding is also lacking. Forty-five percent of Saudi mothers reported that they did not receive information about breastfeeding after giving birth. With increased education and unbiased healthcare professionals, Saudi women will be able to make more

well-informed decisions about how to feed their newborns. Educating Saudi mothers about how to improve breast milk supply and providing access to lactation consultants and other support can also help those who want to breastfeed but cannot produce enough milk.

Other possible policy solutions include creating more private spaces in public facilities and workplaces for breastfeeding, incentivizing employers to provide paid maternity leave or mandating such benefits by law, and opening more affordable childcare facilities. Ultimately, if Saudi mothers know that "breast is best" and do not have to sacrifice their modesty or livelihood in order to breastfeed, the question of breastfeeding versus formula in Saudi Arabia may no longer be up for debate.

THE WORKPLACE ENVIRONMENT OFTEN FORCES MOTHERS TO CHOOSE BETWEEN THEIR JOB AND BREASTFEEDING

