

## Two-Year Breastfeeding in the Qur'an as a Stunting Prevention Strategy in Indonesia

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### ABSTRACT

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Stunting is not merely a problem of short stature; it reflects chronic nutritional deprivation, repeated infection, and inadequate care during the decisive stages of child growth. This article adapts and translates a qualitative library-based study on the Qur'anic guidance of two-year breastfeeding as a preventive framework for stunting in Indonesia. Using a thematic tafsir approach, the study examines Qur'anic verses on rada'ah (breastfeeding), particularly Qur'an 2:233, 31:14, and 46:15, and relates them to health literature on exclusive breastfeeding, complementary feeding, and the first 1000 days of life. The discussion shows that the Qur'an presents breastfeeding as a child right, a maternal dignity, and a paternal responsibility because the father is required to support the mother materially and emotionally. Two-year breastfeeding is therefore not only a religious recommendation but also a family and public-health strategy. The article concludes that Qur'anic parenting values can strengthen stunting prevention by integrating nutrition, mental health support for mothers, father involvement, ethical health services, and community education.

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## Introduction

Indonesia is home to one of the world's largest Muslim populations. In such a context, public-health challenges are not only technical matters but also moral, educational, and spiritual concerns. Stunting in children is one of these challenges. It has been associated with limited access to quality nutrition, inappropriate feeding practices, repeated infection, poor sanitation, insufficient stimulation, and weak family support. Because the effects of stunting can appear in physical growth, cognitive development, immunity, educational achievement, and adult productivity, the issue directly touches the future quality of Indonesian human resources.

The original article argues that Muslim family life should be guided by the Qur'an and Sunnah in matters of cleanliness, health, nutrition, care, and responsibility. This argument does not reduce stunting to a religious problem alone; rather, it proposes that Qur'anic

values can become a strong educational and motivational foundation for preventing stunting. When the Qur'an explicitly mentions pregnancy, breastfeeding, weaning, gratitude to parents, and the father's responsibility to provide, it gives an integrated framework for protecting children in the earliest stage of life.

Studies on Qur'anic child protection help refine this position. Derysmono (2022) argues that protecting children cannot rely on one party only; it requires the integration of families, communities, schools, government, and media. Read in that light, breastfeeding promotion should not be narrowed to advice directed at mothers. It needs a shared structure of support around the mother and the child.

One central theme is the Qur'anic instruction that mothers may breastfeed their children for two complete years. This guidance appears in Qur'an 2:233 and is reinforced by Qur'an 31:14, which mentions weaning within two years, and Qur'an 46:15, which links pregnancy and weaning to a total period of thirty months. Modern health discourse similarly emphasizes exclusive breastfeeding for the first six months, continued breastfeeding with adequate complementary foods up to two years or beyond, and strong attention to the first 1000 days of life. The meeting point between Qur'anic guidance and health science forms the basis of this article.

The research problem addressed in this adapted article is how the Qur'anic concept of two-year breastfeeding can be understood as a stunting-prevention strategy for Indonesian children. The objective is to explain the theological, educational, family, and public-health meanings of breastfeeding in the Qur'an and to formulate practical implications for parents, communities, health services, and government programs.

## Method

This study uses a qualitative descriptive library-research method with a thematic tafsir (maudhu'i) approach. The primary data are Qur'anic verses related to breastfeeding and early child care, especially Qur'an 2:233, 31:14, and 46:15. Secondary data consist of classical and contemporary tafsir works, Islamic parenting literature, health publications, government regulations, and studies on breastfeeding, stunting, exclusive breastfeeding, and the first 1000 days of life. Data were processed through four stages: collecting relevant verses and scientific literature, identifying the key concepts of rada'ah and child rights, interpreting the verses textually and contextually, and integrating the interpretation with

public-health findings to formulate a Qur'anic framework for stunting prevention. Conclusions were drawn by comparing the normative messages of the Qur'an with evidence-based recommendations on breastfeeding and child nutrition.

To strengthen the conceptual frame, this article also engages recent studies on Qur'anic education, child protection, family resilience, and Qur'anic parenting. These works are used selectively to explain how religious values can become practical guidance for family care, community support, and preventive child-development policy (Derysmono, 2022, 2025; Derysmono, Cholil, et al., 2025; Derysmono, Yaman, et al., 2025; Mustafa, 2012).

## Results and Discussion

### 1. Breastfeeding as a Qur'anic Foundation for Child Protection

The Qur'an discusses breastfeeding not as a marginal domestic matter but as part of a wider moral order involving the child, mother, father, and family. Qur'an 2:233 states that mothers may breastfeed their children for two complete years for those who wish to complete the period of breastfeeding. The same verse also places an obligation on the father to provide food and clothing for the mother in an appropriate manner. This structure is important: the mother performs the direct act of breastfeeding, but the father is responsible for creating the conditions that make breastfeeding possible.

Qur'an 31:14 mentions the hardship of pregnancy and weaning within two years. The verse links the child's gratitude to Allah with gratitude to parents, especially the mother who carries the burden of pregnancy, birth, and breastfeeding. Qur'an 46:15 further describes pregnancy and weaning as a period of thirty months. These verses show that Islam recognizes maternal hardship and makes early child care a matter of gratitude, responsibility, and worship.

Classical tafsir strengthens this reading. Ibn Kathir explains Qur'an 2:233 as guidance for mothers to complete breastfeeding for two full years. Al-Tabari and Al-Qurtubi emphasize that the mother has a privileged right to breastfeed her child and that separating a child from the mother without need may harm both. Rashid Rida's interpretation, as cited in the source article, frames breastfeeding as an obligation connected to the welfare and health of the child rather than a ritual command detached from social benefit.

Qur'anic education is usually carried through embodied practice, patient mentoring, and repetition. Mustafa's study of tahfiz learning shows the effectiveness of talaqqi wa al-mushafahah, direct correction, and repeated practice in forming Qur'anic habits (Mustafa, Khairun Nisa Amci Ilzania, Derysmono, Fahmi Rusdi Toha, Akhmad Nizaruddin, Dia Hidayati Usman (Two-Year Breastfeeding in the Qur'an)

2012). Although breastfeeding education is a different field, it also needs more than one-time instruction: mothers and fathers benefit from face-to-face guidance, calm correction, and repeated counseling from trusted mentors.

**Table 1. Qur'anic foundations of two-year breastfeeding**

Verse	Key message	Implication for stunting prevention
Qur'an 2:233	Mothers may breastfeed for two complete years; fathers provide sustenance and clothing.	Breastfeeding succeeds when mothers receive material, emotional, and family support.
Qur'an 31:14	Pregnancy is hardship upon hardship; weaning is within two years; gratitude to Allah and parents is commanded.	Maternal health and respect for mothers become part of child-development protection.
Qur'an 46:15	Pregnancy and weaning are described together as thirty months.	Early nutrition begins before birth and continues through breastfeeding and weaning.

## 2. Exclusive Breastfeeding, Continued Breastfeeding, and the First 1000 Days

Health literature explains that breastfeeding is a major source of nutrition, immune protection, and bioactive components for infants. The source article describes breast milk as a biological fluid that contains fat, protein, lactose, minerals, immune cells, and other constituents that support growth and the development of the infant gut microbiome. Colostrum, transitional milk, and mature milk have different compositions, indicating that breast milk is dynamic and adapted to the needs of the infant.

Exclusive breastfeeding means that infants receive only breast milk for the early months of life, with no other food or drink except medically indicated vitamins, minerals, or medicines. After the exclusive period, breastfeeding should continue with nutritionally adequate complementary foods. This pattern is closely related to stunting prevention because inadequate nutrition during infancy can impair linear growth, immunity, and brain development. The Qur'anic emphasis on breastfeeding until weaning gives a religiously meaningful language for strengthening the same message in Muslim communities.

The first 1000 days of life cover pregnancy and the first two years after birth. The original article underlines that this window is decisive for physical growth, cognitive ability, and long-term disease risk. Stunting often begins during this period, sometimes before the child is born, and therefore prevention must start with maternal nutrition,

pregnancy care, breastfeeding support, and the quality of family caregiving. In Islamic terms, this period can also be understood as an amanah: a entrusted responsibility that must be fulfilled through lawful, wholesome, and compassionate care.

### **3. Stunting as a Multidimensional Problem**

Stunting is commonly identified when a child's length or height for age is below the standard growth reference. However, the article emphasizes that stunting should not be understood as a matter of short stature alone. It is a marker of chronic nutritional and developmental disturbance that may be accompanied by impaired cognitive development, reduced immunity, delayed physical maturation, lower energy, and long-term vulnerability to non-communicable diseases. For this reason, early detection and prevention are more effective than late correction.

The signs discussed in the source article include height or length that is not appropriate for age, low body weight, delayed physical development, cognitive problems, reduced activity, delayed puberty, and a physical appearance younger than chronological age. Such signs are not meant to blame parents; they are meant to encourage monitoring and early intervention. After the age of two, some improvement in linear growth may still be possible, but recovery of cognitive and immune consequences can be more difficult. This strengthens the urgency of prevention during pregnancy, exclusive breastfeeding, continued breastfeeding, and appropriate complementary feeding.

### **4. Maternal Well-Being and the Father's Responsibility**

A key contribution of the Qur'anic framework is that it does not burden the mother alone. Qur'an 2:233 explicitly mentions the father's duty to provide for the mother in a proper manner. In practical terms, this includes nutritious food, adequate rest, emotional reassurance, health access, and a safe family environment. Breastfeeding is strongly affected by maternal stress, confidence, knowledge, fatigue, and social support. Therefore, a father who supports breastfeeding is also participating in stunting prevention.

Family resilience in the Qur'anic sense further strengthens this point. Derysmono (2025) describes resilience as protection, mitigation, prevention, and self-defense through religious education, better family communication, maqasid-based collective protection, and state support. Those four elements fit the breastfeeding issue closely: a mother needs moral encouragement, calm communication at home, practical assistance from the family, and public policies that make breastfeeding possible.

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The source article criticizes a common social pattern in which mothers are blamed for breastfeeding difficulties while the family and community fail to create a supportive environment. Mothers may face anxiety after childbirth, delayed milk flow, pain, mastitis, workplace pressure, body-image concerns, misinformation, and commercial pressure from formula marketing. The Qur'anic approach requires the community to protect mothers from harmful comments, unnecessary pressure, and practices that undermine breastfeeding when breastfeeding is still possible and medically safe.

This does not mean that formula is always forbidden or that medical realities should be ignored. The source article acknowledges that formula may be needed in specific medical conditions, such as particular infant metabolic disorders, severe dehydration, very low birth weight, prematurity, or maternal illness or medication. The ethical point is that formula should not replace breast milk merely because of misinformation, convenience, or commercial persuasion when breastfeeding can still be supported.

### **5. Practical Breastfeeding Support and Public-Health Education**

The article also provides practical breastfeeding guidance: mothers should wash hands, choose a comfortable position, support the infant's body, ensure proper latch, allow the infant to feed according to need, and seek help when breastfeeding is painful. Such practical knowledge is important because some mothers interpret low milk flow or nipple pain as proof that they cannot breastfeed, while the cause may be technique, stress, or lack of support. Education on early initiation of breastfeeding, correct latch, expression of breast milk, and prevention of breast problems can reduce unnecessary abandonment of breastfeeding.

Public-health education in Muslim-majority contexts can benefit from combining medical guidance with Qur'anic language. For example, breastfeeding counseling can explain the health benefits of exclusive breastfeeding and continued breastfeeding while also showing that the Qur'an honors maternal effort and requires paternal support. This integration may make the message more persuasive for families who regard religious values as a central guide in daily life.

Posyandu, clinics, hospitals, mosques, Islamic schools, and family-education programs can collaborate in this effort. Health workers should avoid promoting high-sugar foods or formula without medical indication. Religious educators should avoid simplistic sermons

that praise breastfeeding but ignore maternal exhaustion and the father's duty to provide. Government programs should be designed with nutrition experts, health workers, religious scholars, and community leaders so that stunting prevention is accurate, compassionate, and culturally meaningful.

## **6. Qur'anic Parenting Values for Indonesia's Stunting Prevention Agenda**

The source article frames stunting prevention as part of a broader aspiration for the quality of the nation. The idea of Indonesia Emas 2045 requires children who are physically healthy, cognitively capable, spiritually grounded, and socially supported. The Qur'anic concept of breastfeeding for two years contributes to this aspiration by placing early childhood nutrition within a system of rights and responsibilities. The child has the right to care; the mother has the right to support and respect; the father has the duty to provide; and the community has the duty to protect family well-being.

From this perspective, Qur'anic parenting is not only about reciting verses but also about translating their values into daily practice. A family that provides halal and wholesome food, protects the mother's mental health, supports breastfeeding, monitors child growth, seeks medical help when needed, and avoids harmful social judgment is applying Qur'anic ethics in a concrete public-health domain. This approach can help bridge the gap between religious ideals and health realities in Indonesia.

Recent Qur'anic parenting studies in digital contexts are not about nutrition directly, but they show the same preventive logic. A study on gadget addiction highlights *ihsan*, parental example, affection, time management, and beneficial alternatives for children (Derysmono, Yaman, et al., 2025). Another study proposes the integration of Qur'anic parenting, digital literacy, and cultural values such as *gotong royong* as a protective network for children (Derysmono, Cholil, et al., 2025). Stunting prevention can learn from this structure: Qur'anic values, evidence-based health literacy, and local community solidarity need to work together.

## **7. Factors Affecting Breast Milk Production and Family Support**

The source article identifies several factors that influence breast milk production. Some are indirect, such as the mother's available time, local culture, employment pressure, age and parity, comfort, infant birth weight, and support from the husband and extended family. Others are direct, such as breastfeeding behavior, feeding frequency, night feeding, psychological confidence, and physiological conditions. These factors show that

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breastfeeding cannot be measured only by the intention of the mother. It is shaped by the whole ecology of the household and society.

Cultural practices may support breastfeeding, but they may also undermine it when infants are given porridge, snacks, sweet drinks, or formula too early. The article warns that commercial promotion of formula and misinformation can weaken maternal confidence. In many cases, mothers stop breastfeeding not because breastfeeding is impossible, but because they do not receive timely assistance when milk flow seems low, when the baby has difficulty latching, or when they feel pain and exhaustion.

From a Qur'anic perspective, these practical factors are also moral factors. A husband who provides food, rest, and reassurance helps fulfil the command of Qur'an 2:233. Health workers who protect early initiation and accurate breastfeeding counseling help protect the rights of the child. Neighbours and relatives who avoid judgmental comments help preserve the mother's psychological well-being. Therefore, stunting prevention should include family counseling, lactation education, and community norms that honor the mother rather than isolating her.

**Table 2. Stakeholder roles in Qur'anic breastfeeding-based stunting prevention**

Stakeholder	Core responsibility	Practical action
Mother	Direct breastfeeding and responsive care	Seek lactation knowledge, feed on demand, monitor growth, and consult health workers when pain or difficulty appears.
Father	Provision and protection	Provide nutritious food, rest time, emotional support, and shared child-care responsibilities.
Family and community	Supportive social environment	Avoid harmful comments, protect mothers from stress, and discourage early snacks or formula without indication.
Health workers	Evidence-based counseling	Support early initiation, correct latch, growth monitoring, and responsible guidance on medical indications for formula.
Government and institutions	Policy and education	Integrate nutrition, maternal mental health, religious education,

and community-based stunting prevention programs.

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## 8. Policy and Research Implications

The adapted article offers several implications for policy. First, breastfeeding support should be treated as a stunting-prevention intervention, not merely as a private maternal choice. Antenatal classes, birth facilities, and postnatal services should include counseling on early initiation, exclusive breastfeeding, continued breastfeeding, complementary feeding, and maternal mental health. Second, stunting programs should avoid one-dimensional solutions that distribute food or supplements without strengthening parental knowledge and family responsibility.

Third, Islamic educational institutions and mosque-based programs can participate by presenting breastfeeding as a Qur'anic value linked with the rights of children and the obligations of parents. The language of worship, gratitude, and amanah can motivate families, while medical guidance ensures that the message remains safe and evidence-based. Fourth, workplaces should be encouraged to provide lactation-friendly policies so that mothers can continue breastfeeding without being forced to choose between employment and child nutrition.

Future research should move from conceptual interpretation to field implementation. For example, researchers may design Qur'anic parenting modules for pregnant women and fathers, test lactation-support groups in Muslim communities, or evaluate whether mosque- and posyandu-based education improves exclusive breastfeeding and growth monitoring. Such studies would help determine how religious literacy and health literacy can be combined without replacing professional medical care.

## Conclusion

Two-year breastfeeding in the Qur'an offers a comprehensive framework for stunting prevention. Qur'an 2:233, 31:14, and 46:15 show that early child care involves breastfeeding, weaning, maternal struggle, gratitude, and paternal responsibility. When these meanings are connected with health literature on exclusive breastfeeding, continued breastfeeding, complementary feeding, and the first 1000 days of life, breastfeeding appears as both an act of worship and a public-health strategy.

The prevention of stunting cannot be assigned to mothers alone. It requires fathers who provide, families who support, communities that protect maternal mental health, health  
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workers who give accurate counseling, and government programs that are scientifically sound and culturally sensitive. For Indonesian Muslim communities, Qur'anic values can strengthen the motivation to protect children from stunting by making nutrition, breastfeeding, and early care part of religious responsibility and national development. Future research may test community-based Qur'anic parenting interventions for breastfeeding support and stunting prevention in specific villages, districts, or cities.

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