

Non-Puerperal Induced Lactation among Married Women: Islamic Jurisprudence and Contemporary Practice

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Abstract

Objective: Among Muslims, milk kinship elucidates the relationships established by a wet-nurse and her breastfed infant, prohibiting marriage between those it relates after the fulfillment of prerequisites. When galactagogues are used in the non-gestational lactation state, the relationship between motherhood and fatherhood through human milk can be questioned. Therefore, this study aims to shed light on the jurisprudential opinion of this relationship and provide examples of it from real, contemporary life.

Methods: The researched utilized a deductive, analytical, and inductive approach for the jurisprudential view regarding the prohibition (of marriage) among married deflowered women using galactagogues and toward their husbands. Three controversial statements were presented and discussed independently. A qualitative study method was performed to explore the psychological and social effects of non-puerperal induced lactation within Muslim foster family. A real-life experience of 10 families was presented.

Results: The preponderant opinion was outweighed by a Shari'ah researcher proving the prohibition (of marriage) between the lactating non-gestational woman using galactagogues, the nursed infant, and similarly toward her husband. Infertility was observed to be the primary motive for fostering. Induced lactation-linked fostering demonstrated a positive psychosocial effect in terms of the new parenthood role and forward movement of a happy marital life.

Originality: An integrative approach to study non-puerperal lactation is required for contemporary medical controversial issues. Milk kinship as it relates to the husband requires further research.

Keywords: Induced lactation; Fostering; Milk kinship; Prohibition (of marriage)

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الإرضاع الاستثنائي اللانفاسي لدى السيدات المتزوجات بين الفقه الإسلامي والممارسات المعاصرة

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ملخص البحث

أهداف البحث: تصف قرابة الرضاع عند المسلمين العلاقات التي تصنعها المراضع من غير الوالدات لرضعهن الذين رضعوا من أندائهن، مع استيفاء شروطه؛ حيث يحظر الزواج بين جميع من يرتبط بهن. إلا أن استخدام المدرات في وضع غير الحمل موضع سؤال لإمكانية اعتباره مؤكداً لرابطة الأمومية، بل وحتى الأبوية من خلال لبن الأم. لذا تهدف هذا الدراسة لإلقاء الضوء على الرأي الفقهي لتلك الصلة، وتكشف أمثلة من الحياة المعاصرة عليها.

منهج البحث: اتبع الباحثان المنهج الاستقرائي التحليلي الاستنباطي لدراسة الرأي الفقهي في التحريم لدى المرأة الشيب المتزوجة وأزواجهن كذلك؛ حيث تناول البحث ثلاثة أقوال متباينة ونوقشت كل منها على حدة. كما أجريت الدراسة ذات المنهجية النوعية لاستكشاف تجارب الإرضاع الاستثنائي وآثاره النفسية والاجتماعية لدى الأسرة المسلمة الحاضنة؛ حيث استعرض البحث تجارب من الحياة الواقعية لعشر أسر.

النتائج: لقد كان الرأي الراجح لدى الباحث الشرعي ثبوت تحريم (النكاح) بين السيدة غير الحامل التي ارضعت باستخدام مدرات اللبن وبين الرضيع الراضع منها، وكذلك تجاه زوجها. وكشفت نتائج البحث أن العقم هو الدافع الرئيس للاحتضان لدى عينة الدراسة، كما أظهرت الحضانة المرتبطة بالإرضاع الاستثنائي تأثيراً نفسياً اجتماعياً إيجابياً من حيث دور الوالدية الجديد، والمساهمة في حياة زوجية مستقرة.

أصالة البحث: تظهر الحاجة للبحث العلمي بنهج متكامل في النوازل الطبية المعاصرة في شأن المراضع من غير الأمهات الوالدات والإرضاع اللانفاسي. كما برزت أهمية دراسة القرابة من الرضاع من جهة الزوج.

الكلمات المفتاحية: الإرضاع الاستثنائي، الاحتضان، القرابة من الرضاع، التحريم

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Introduction

Breastfeeding is a fundamental human right in Islam⁽¹⁾. It is usually carried out by the biological mother of an infant; however, situations arise in every society worldwide, including Islamic societies, that require lactation from non-biological mothers⁽²⁾. With advances in modern medicine and technology, lactation can now be induced without pregnancy (i.e., non-puerperal lactation) ⁽³⁾. However, since it is a relatively uncommon practice, induced lactation is largely presented as case reports in the literature⁽⁴⁾.

Recent trends towards late marriage, increased infertility, and a growing demand for foster parents have drawn attention to the problem of establishing a bond between foster parents and their adopted children⁽⁵⁾. Researchers have studied this issue from different angles, including the prohibition of marriage, mothers' rights, bonding, and stem cells in milk⁽⁶⁾. Hassan et al. questioned paternal origin of breastmilk components and determined that this research gap needs to be filled in the future⁽⁷⁾. There are still aspects of milk kinship that carry secrets, which merit further investigation.

This review explores milk kinship from the perspectives of Islam and the biomedical science of induced lactation. Terms that may help readers interpret the findings are defined below:

Glossary

Deflowered woman: A woman who has had sexual intercourse (lawful or illegal).

Fostering: Caring for other people's children, of any age, without connecting the children's parentage to the foster father's lineage.

Foundling: An abandoned child from unknown parents who has been found by someone.

Galactagogue: A synthetic, plant-derived, or endogenous substance that promotes lactation in humans and other animals.

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Galactorrhea: Spontaneous milk discharge.

Induced lactation: The process of triggering lactation in a woman who has never lactated or has not lactated for a period of time using special practices and/or galactagogues.

Non-puerperal lactation: Lactation without giving birth.

Milk kinship (*Qarābah min raḍā'h*): An Islamic law that entails the prohibition of marriage between a nurse (non-biological mother), nursling, and a further defined set of relatives.

Prohibition (*Al-Tahrīm*): The prohibition of marriage when an infant is breastfed before a specific age for a specific number of times.

Milk of the lactating woman's husband (*Lābn Al-Fāhal*): Milk induced by a man (usually the husband) through sexual relations resulting in a woman's secretion of milk or lactation. It is considered to belong to the man.

Sexual relations: Physical sexual activity that does not necessarily end in intercourse. It involves touching another person's genital or other body private parts, breast massage, and fondling during matrimony.

The validity of the wet-nursing-based prohibition in Islam

Epistemologically, Allah made it crystal clear that wet-nursing is ground for the prohibition of marriage, as evidenced in the Holy Qur'an: (*and your mothers who nursed you and your sisters through nursing*) (Quran 4:23). Allah mentioned this in the universal word with other prohibited women, attributing the reason for the prohibition of wet-nursing. This was reemphasized by the Prophet Mohammed (Prayers and Blessings of Allah be upon him). Ibn Abbas narrated that the Prophet Mohammed (Prayers and Blessings of Allah be upon him) said of his uncle Ḥamza's daughter, "*She is not marriageable to me; people prohibited to get married to each other due to nursing are so prohibited in lineage; she is my niece through nursing*"⁽¹⁾. In the same vein, the Prophet Mohammed (Prayers and Blessings of Allah be upon him) stated: "*Nursing prohibits all that is prohibited by childbirth*"⁽²⁾.

Notably, there are jurisprudential rulings that prove true once wet-nursing is evidenced based on its terms and conditions, including but not limited to one's company while traveling as an unmarriageable person (*Maḥram*), the permissibility of privacy with women, permissibility of viewing, and the prohibition of marriage along⁽³⁾. Based on a consensus made public by Ibn 'Abd al-Barr, Ibn Hubayr, Ibn Qudāmah, and others, scholars of the Islamic nation have agreed on the proven prohibition of marriage through wet-nursing if its conditions are fully met⁽⁴⁾.

(1) Mohamed Al-Bukharī, *Al-Jāmi' al-Musnad al-ṣaḥīḥ Al-Mukhtaṣar min umūr Rasūl Allāh wa sannatahu wa ayyāmahu (Sahih al-Bukhārī)*, (In Arabic), ed. M. Z. ibn Nāṣir, (Dār Tūq Al-Najāt, 2001). Number 2645; M. ibn al-Ḥajjāj al-Qushayrī al-Nīsābūrī, *Sahih Muslim*, Muḥammad 'Abd al-Bāqī, (Dār Iḥyā' al-Turāth al-'Arabī, 1991). Number 1447.

(2) Mohamed Al-Bukharī, *Al-Jāmi' al-Musnad al-ṣaḥīḥ Al-Mukhtaṣar min umūr Rasūl Allāh wa sannatahu wa ayyāmahu (Sahih al-Bukhārī)*, ed. M. Z. ibn Nāṣir, (Dār Tūq Al-Najāt, 2001). Number 5099.

(3) M. I. A. Al-Sarakhsī, *Al-Mabsūt*, (In Arabic), (Dar Al-marefah), 5, (1993):138-139.

(4) H. B. Yeḥia., & M. Al-Shībānī, *Ikhtlaf Al-Aema Al-'Ima'a*, (In Arabic), ed. E. Y. Ahmed, (Dār Al-Kitāb Al-'ālmī), 2, (2002): 203.

Biomedical science of induced lactation

Lactogenesis occurs concomitantly with mammogenesis and galactogenesis during pregnancy and in the postpartum period. Milk production under endocrine control is achieved via estradiol, progesterone, prolactin, growth hormone, insulin growth factor (IGF-1), and oxytocin. However, removal of milk from the breast is crucial for lactation initiation and maintenance⁽¹⁾. Meanwhile, galactorrhea in women can happen physiologically secondary to sexual activity⁽²⁾, where oxytocin and prolactin may play a key role⁽³⁾. However, this is often pathological and requires medical attention⁽⁴⁾.

Nipple stimulation and galactagogues can induce lactation. During the induction process, proliferation within the ductal and alveolar systems of the breasts is anticipated. Nipple stimulation, either by massage or sexual activity, facilitates this process. At times, more aggressive approaches (e.g., hormones and medication) can also be used. Common pharmacological agents are domperidone, fenugreek, and combined oral contraceptives⁽⁵⁾. Pharmacological and manual stimulations are usually concomitant with milk extraction (by infant latch, manual expression, or pumping). This process usually necessitates about a month before drops of milk begin to appear. The mother should be counseled on variations in response to the induction procedure and the possible need for additional nutritional supplementation.

Information on the composition of human milk is ever increasing⁽⁶⁾, and multiple factors affect its content⁽⁷⁾. Studies on milk composition in different animal species in a non-puerperal state have been published. In humans, the milk obtained during established lactation following pregnancy was found to be similar when compared with that derived after being induced by breast stimulation⁽⁸⁾. In addition to its nutritional components, human milk is a rich source of multipotent stem cells and lactation-specific miRNAs originating in the mammary glands⁽⁹⁾. The genetic component of human milk induced by the husband via sexual intercourse and/or pregnancy has elicited scant attention from researchers. This area will provide further evidence for weighing the prohibition ruling of the husband's role within the milk kinship context. The present research addresses the following research questions: If lactation is induced by an unusual

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 - (2) Peña, K., & Rosenfeld, J. A. Evaluation and treatment of galactorrhea. *American Family Physician*, 63(9) (2001): 1763–1771; Kruger, H. C. et al. Prolactin secretory rhythm in women: immediate and long-term alterations after sexual contact. *Human Reproduction*, 27(4) (2012): 1139–1143.
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 - (4) R. A. Lawrence & R. M. Lawrence, *Breastfeeding: A guide for the medical profession*. (2016): 156-161.
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 - (9) S. M. Al-Nabiti et al. Experimental medical research and new scientific miracle: Stem cells in mother's milk tear the intestines, build up the bone and grow the flesh, *International Commission for Scientific Miracles in Qur'an & Sunnah*. 50, (2015): 26–31.

trigger other than pregnancy, does it lead to the prohibition of marriage? If so, to whom, and what are its subsequent effects on life? Therefore, the objectives of this research are as follows:

- A) To study Islamic jurisprudential rulings on milk kinship toward the lactating mother from non-puerperal induced lactation using galactagogues among deflowered women who have a husband;
- B) To explore the experience of non-puerperal induced lactation and its accompanying psychosocial effects among the Muslim community in Saudi Arabia; and
- C) To study Islamic rulings on milk kinship toward the husband in non-puerperal galactagogue-induced lactation.

Methodology

To obtain a complete picture of the effect of induced lactation on milk kinship in Islamic law, this paper utilized a multi-methodological approach (comprising deductive, analytical, and inductive search and qualitative study), with evidence from both Shari'ah and the medical literature, as well as the real-world experiences of foster mothers at an orphan centers.

Initially, a jurisprudential study was carried out to assess the validity of prohibition and who it applies to in the case of induced lactation using galactagogues among deflowered women with husbands⁽¹⁾. This involved a combination of a deductive approach based on a search of the scientific material, with associated extrapolation in the rulings pertinent to induced lactation using galactagogues, and an analytical approach based on the analysis of the statements cited and quoted properly, while providing associated evidence. The jurist has established a meaningful linkage between such quoted statements to reveal and prove which statement represents the preponderant opinion based on compelling evidence. In this study, four schools of Islamic jurisprudence are presented in chronological order—specifically, Ḥanafī, Mālikī, Shāfi'ī, and Ḥanbalī. Sometimes, scholarship from the Al-Zāhirīyyah and the opinions of renowned predecessors.

Between December 2019 and January 2020, face-to-face interviews were conducted with 10 women who had fostered young children from the Al-Wedad Charity Foundation⁽²⁾, an orphan center in Riyadh, Saudi Arabia. The Al-Wedad Charity Foundation's fostering program involves the full care of orphaned children with unidentified parents by Saudi families based on Shari'ah regulations; the child becomes a family member through milk kinship, referred to as *lactation-linked fostering* in this paper.

The inclusion criteria were to successfully induce lactation without being pregnant before their fostered infant was two years of age and nursing the child until it was fully satisfied for five sessions. Milk kinship (per Islamic law) was established as a result of induced lactation. A survey in Arabic was developed by the researchers that focused on induced lactation-linked fostering experiences and the concomitant impacts on participants' psychosocial lives. Audio-recorded interviews lasting for approximately 40 minutes were carried out by a medical researcher (female); they were then transcribed and translated into English. Saturation was obtained. Then, the data were analyzed thematically.

Ethical consideration was respected. A permission from the Saudi Scientific Society of Medical

(1) M. I. A. Al-Sarakhsī, *Al-Mabsūṭ*, (In Arabic), (Dar Al-marefah), 5, (1993): 138-139.

(2) Al-Wedad Charity Foundation.

Jurisprudence Studies was obtained to translate the published religious part of this manuscript⁽¹⁾. Before the commencement of data collection, permission was granted from the Al-Wedad Charity Foundation to interview the foster mothers, and written informed consent was obtained from every participant. The completed surveys and audiotapes were kept confidential.

Results and Discussion

This section addresses the research questions in three parts (A, B, and C), starting with a scientific material analysis for the prohibition ruling in cases of induced lactation among deflowered women who have husbands, followed by the real-life experiences of women in similar conditions, and finally, the prohibition ruling for husbands in both wet-nursing and induced lactation situations. The preponderant opinions on the jurisprudential rulings toward both motherhood and fatherhood milk kinship are also explored.

A. Prohibition through induced lactation in a deflowered woman who has a husband

The issue: A deflowered woman who has a husband to whom prohibition is applicable.

The case scenario: If a deflowered married woman takes galactagogues and nurses an infant, is the milk induced by using galactagogues—not because of pregnancy—a reason for the prohibition (of marriage), in a manner that allows the very same nursing woman to be the infant’s mother? What type of milk causes this prohibition? Is it any type of human milk produced by a female? What type of milk is produced after being pregnant and giving birth or after having sexual intercourse (or the like)? Islamic scholars have expressed differing opinions on this matter.

The first statement

The first statement rules that prohibition is proven, and hence, the lactating woman becomes the child’s mother. They establish prohibition through any kind of milk produced by a woman, regardless of whether she is a virgin or deflowered (unmarried or married). This stance is adopted by Ḥanafī⁽²⁾, the Mālikī⁽³⁾ and Shāfi‘ī⁽⁴⁾ scholars, as well as some Ḥanbalī scholars⁽⁵⁾. Again, contemporaries, such as the Standing Committee for Scientific Research and Issuing Fatwas and Ibn ‘Othaymeen have also adopted this opinion⁽⁶⁾.

The evidence:

Scholars give preponderance to prove the prohibition of a nursing virgin; hence, nursing by a deflowered woman is a similar or even more deserving situation. The evidence for this is as follows:

1- The obvious universal speech of Allah the Almighty (and your mothers who nursed you) (Qur’an

(1) O. Al-Muhaimid, Effect of galactogogues on Tahrīm. *Journal of Medical Jurisprudence Studies*, 2, (2018): 279–343.

(2) Muḥammad ibn Aḥmad Al-Sarakhsī, *Al-Mabsūt*, (In Arabic), (Dar Al-marefah), 5, (1993): 138-139.

(3) ‘Abū Allāh Mālik bin Anas Al-‘Aṣbaḥī, *Al-Mudawwanah al-kubrā*, (Dār al-Kutub al-‘Ilmiyya), 2, (1994): 299; Abū al-‘Abbās Shihāb al-Dīn al-Mālikī Al-Qarāfi, (in Arabic), *Al-Dhakhīra*. (Dār al-Gharb al-Islāmī), 4, (1994): 270.

(4) Mohamed bin Idrīs Al-Shāfi‘ī Al-Qurashī Al-Mutalabī, *Al-Om*, ed., R. F. Abd elmuṭalib, (In Arabic), (Dār Al-Wafa), 5, (2001): 23.

(5) Yaḥyá ibn Hubayra ibn Muḥammad Al-Shaybānī, *Ikhtilāf al-a‘imma al-‘ulamā’*, ed. Y. A. al-Sayyid, (In Arabic), (Dār al-Kutub al-‘Ilmiyya), 2, (2002): 441-442.

(6) The Standing Committee for Scientific Research and Issuing Fatwas, *Fatwa Al-Haia’a Al-Daema* (First and Second Groups), number (25191).

- 4:23). No statement is found in the holy Quran or Prophet's hadith stipulating that milk must be produced as a result of pregnancy. This implies that the texts can be applied generally.
- 2- The occurrence of the analogous portion between the nursing woman and nursling, which proves prohibition between them. The expressed milk forms part of the mother, whether she has a husband or not, and her milk will nourish the infant, thereby proving the analogous portion⁽¹⁾.
 - 3- The composition of induced human milk is similar to that secreted as a result of pregnancy⁽²⁾. Therefore, the ruling shall be applied⁽³⁾.

The second statement

Induction of a woman's milk by galactagogues shall be a reason for the prohibition provided that the woman has had sexual intercourse⁽⁴⁾. The Ḥanbalī scholar argues that once sexual intercourse takes place, it is proven through the milk of the woman. Moreover, for them, pregnancy is not a precondition for the milk produced to be a reason for it.

This is a medium opinion between the assembly of statements proving the prohibition through any milk produced by a woman and the opinion of the Ḥanbalī scholars that does not prove it unless preceded by pregnancy.

Their evidence:

Evidence for differentiation between prohibition when milk is produced by sexually active women and lack of prohibition when milk is produced by sexually inactive women might include the following:

- 1- Sexual intercourse causes pregnancy. The pregnancy might take place and be expected by its occurrence. Lactation is a result of pregnancy. Therefore, the prohibition ruling shall be implemented. Some jurists have mentioned the evidence in a variety of ways, for example, "could the expected thing be made as actual one"⁽⁵⁾.
- 2- Women are excited by sexual intercourse, and milk may be produced secondary to breast massage, sexual arousal, and intercourse. Therefore, the prohibition ruling is proven by what causes it.

The third statement

Prohibition is not proved through nursing if it is not preceded by pregnancy. No consideration is made for milk letdown for any reason other than pregnancy, even if a woman has had sexual intercourse. This was famously stated by Ḥanbalī scholars, who never proved prohibition due to nursing in the absence of

(1) Al-Sarakhsī, Muḥammad ibn Aḥmad. *Al-Mabsūṭ*, (In Arabic), (Dar Al-marefah), 5, (1993): 138-139.

(2) R. A. Lawrence & R. M. Lawrence, *Breastfeeding: A guide for the medical profession*. (2016): 156-161.

(3) Abū al-‘Abbās Shihāb al-Dīn al-Mālikī Al-Qarāfī, (In Arabic), *Al-Dhakhīra*. (Dār al-Gharb al-Islāmī), 5, (1994): 170-175.

(4) Muḥammad Al-Maqdisī, Alī Ibn Sulimān Al-Mardāwī & Abū Bakr Al-Ba‘ī, al-Furū‘ wa-ma‘ahu taṣḥīḥ al-furū‘, ed. ‘A. A. al-Turkī, (Dar Almuayyad), 9, (2003): 331; ‘Abd al-Raḥmān ibn Aḥmad ibn Rajab Al-Salāmī, *Al-‘Ulūm wa-al-ḥikma fī sharḥ khamsīn Ḥadīth min Jawāmi‘ al-Kalim*, (In Arabic), 9th ed. M. Y. al-Faḥl, (Al-resalah Foundation), 2, (2002): 141-142; Manṣūr ibn Yūnus ibn ‘Idrīs Al-Buhūtī, *Sharḥ Muntaha al-Iradat*, (Books World), 5, (1993): 597.

(5) Shams al-Dīn Abū ‘Abd Allāh Muḥammad al-Ṭarābulusī Al-Maghribī. *Mawāhib al-Jalīl fī sharḥ Mukhtaṣar Khalīl*, (Dar Al-fiker), 2, (1992): 454.

pregnancy⁽¹⁾.

Their evidence:

- 1- It is a rare occurrence. It is unusual to have nourishment for the child by breastfeeding without pregnancy, and it might resemble milk from men or animals.
- 2- It is not real milk. Rather, it is generated discharge, as it does not build up the bone or grow the flesh, which true milk does⁽²⁾.
- 3- It happens without pregnancy. The verse in the holy Quran says: (and (women) giving birth shall suckle their children) (Quran 2: 233). These women did not give birth, so they cannot nurse.

Outweighing

The first opinion outweighs the other statements. The effect of prohibition with human milk is preponderant, with prerequisites for nursing-based prohibition even if it is not pregnancy-induced. The universal connection between the mothers and nursing does not discriminate between the situations in most texts, as mentioned in the Quran: (and your mothers who nursed you and your sisters through nursing) (Quran, 4:23). The meaning is clear; that is, it refers to the child's nourishment by the milk. The characteristics of human milk induced by galactagogues are the same as those of endogenously induced milk. Hence, it remains the same in terms of name and meaning⁽³⁾.

B. Recent experiences in induced lactation

The qualitative research section addresses applications of induced lactation-linked fostering in the Muslim community. Lactation was deemed necessary in these instances, either from a wet-nurse related to the foster family or the foster mother. Table 1 presents selected quotations from the women in the original Arabic and English translation. Notably, Allah's name was deleted in some excerpts for brevity.

Table 1: Quotations from the participants

English	Arabic
<i>Glory to Allah, he didn't honor me to have a child of my own. I had a difficult journey with medicine for many years. In the end, thank Allah anyway. I had reached a stage, you know, where I was tired psychologically, bothered, uncomfortable. You need a child; you want to hear a sweet voice "in the home. It means life</i>	«سبحان الله ربي ما أكرمني بأن يكون عندي من صليبي. طبعًا عافرت مع الطب وكذا كم سنة، والحمد لله على كل حال ما أكرمني ربي. فيعني وصلت مرحلة أن تعرفين تحسين أحيانًا أنك تعبانة نفسيًا، متضايقه، مزعوجة. أنتي تبغين كذا طفل، تبغين حاجة عندك صوت حلو في البيت، يعني الحياة».
<i>Oh, yes, for sure, I had fostered before. I breastfed him," and the wife of my brother breastfed him. This was, of course, to be able to receive my child, but afterward, I felt the issue.... I was not satisfied, not relaxed. I want to live the motherhood stage starting from milk and ending with "care, parenting, etc</i>	«أيوه أكيد، احتضنت أول شيء قبل ما أرضع، ورضعته زوجة أخوي، طبعًا عشان أقدر أستلم طفلي، بعد كذا حسيت الموضوع ما ما... ما اقتنعت، وما ارتحت؛ حبيت أعيش مراحل الأمومة الطبيعية بدايةً بالحليب، ونهايةً بالتربية والعناية والأشياء هذي».

(1) 'Abd al-Rahmān ibn Aḥmad ibn Rajab Al-Salāmī, *Al-'Ulūm wa-al-ḥikma fī sharḥ khamsīn Ḥadīth min Jawāmi' al-Kalim*, 9th ed. M. Y. al-Faḥl, (Al-Resalah Foundation), 2, (2002): 141-142.

(2) 'Alā' al-Dīn Abū al-Ḥasan Al-mwrwdy, *Al-Inṣāf fī ma'rifat al-rājih min al-khilāf*, (Maṭba'at al-Sunnah al-Muḥammadīyah), 9, (1955): 332.

(3) Muḥammad Ibn Ṣāliḥ Ibn Muḥammad AL-'Othaymeen, *Al-Sharḥ al-mumtī 'alā Zād al-mustaqni'*, (Dār Ibn Al-Jawzī), 12, (2001): 117.

English	Arabic
<i>I was so worried about breastfeeding and how the induction was going to be. How would I be able to do it? If you talk to anyone, tell them that you never breastfed before ... they will say this makes no sense. If you say, 'I breastfed,' then they will say you are crazy. They will not believe it, how you did it when you were not pregnant.... The topic is "new to them"</i>	«كنت شايلة همّ الرضاعة أن كيف راح يكون التحفيز؟ شلون راح ... هل راح أرضعه؟ أقدر أرضعه؟ لأن لو تكلمين أي أحد، إنسانة ما قد رضعت قبل كذا بتقول لك وش قاعدة تقولين أنتي؟ تحسينه كلام يعني ... ما يدخل حتى المخ. وحدة مثلاً قبل كذا الموضوع مش دارج كثير؛ فلما تقولين لأحد أن أنا رضعت بدون ما حملت يصير أن مجانين احنا ما نفهم مثلاً هذا الموضوع؟ بيدون يكذبون الموضوع. تقول لك كيف طيب رضعت وهي ما حملت؟ طيب كيف ما سوت؟ كيف ... الموضوع مش ... يعني جديد الموضوع عليهم».
<i>I searched the net without any help, and I found a link for" a foster mother who had practiced induced lactation. She wrote about her experience under the name of the program of induced lactation (milk production) in detail, including pictures of drugs, the pumping machine, and fatwa ... I just "followed that"</i>	«بحثت في النت دون مساعدة فوجدت رابط لأم محتضنة ومجربة التحفيز وكاتبة التجربة باسم برنامج ادرار اللبن بالتفصيل للتجربة كاملة بما فيها صور الأدوية وجهاز الشفط والفتاوى واعتمدت عليها. لقيته رابط جيد أعطاني كيف أبدأ بالتحفيز واتبعته».
<i>There were other tablets called Fitolat. I brought them" "from Kuwait"</i>	«فيه حبوب ثانية اسمها حبوب الفيتولا، أحضرناها من الكويت».
<i>My examinations were ok, and I had high milk hormones." Occasionally, I had milk leakage, so I started the program without contraceptive pills as some overcome it. I started "Motilium"</i>	«فحوصاتي جيدة، وكان دائماً يكون هرمون الحليب عندي فاعتمدت أن عندي حليب وأحياناً ينزل عندي شيء بسيط، فبدت البرنامج بدون حبوب منع الحمل لأن فيه البعض تجاوزوها، أنا على طول بدت موتيليوم».
<i>Sleeping with the child and hugs were the initial stages in" "lactation induction"</i>	«من أوائل مراحل تحفيز الارضاع ضم الصدر والنوم مع الطفل».
<i>I was pumping daily. I spent 15 minutes using the electrical pump because my mum told me it is exactly similar to a child, glory to Allah. In the beginning, I did this once a day, two times for three days, then four times a day, and finally, "eight times a day. It was exhausting but worthwhile"</i>	«أشفت يومياً، أشفت ربع ساعة بالكهربائي، أسهل أو أفضل يقولون؛ لأن سبحان الله، يعني أمي عطيتها تجربته وتقول مثل فم الطفل بالضبط، في البداية كنت مرة في اليوم، بعدين بعد ٣ أيام مرتين في اليوم وصلت إلى ٤ مرات في اليوم وبإذن الله يصير ٨ مرات في اليوم. متعب لكن يستحق».
<i>She didn't suckle at the breast. She looked scared. I had" tried; it was an exhausting effort, and I was under strain. Then, my husband said, 'There is something called a bottle. "This is enough; let her be fed by bottle"</i>	«ما مصت من الصدر، خايفة من الصدر، حاولت جهود جهيد وضغط ضغيط وقال زوجي في شيء اسمه ديد، رضعها منه وخلاص».
<i>I received the child at the age of two months, and I took" maternity leave, staying at home with her to create a motherhood bond. I was free from work to experience what women usually do... focusing on my daughter, I wanted to breastfeed her; feel of me. I fed her 10 feeds in a two-month "period"</i>	«أنا أخذت الطفلة عمرها شهرين، وأخذت شهرين إجازة من الدوام، وجلست في البيت كنت أبغى أحس هذا رابط الأمومة، أبغى أنفرغ لها تفرغ كامل. أبغى أعيش التجربة فعلاً يعني امرأة عادية جداً، جلست مع الطفل شهرين كاملين في البيت، تركت الدوام، تركت كل شيء، ومركزة أن أنا أبغى أرضعها، أنا أبغاهها تكون بنتي، أنا أبغى أحس فيها، أنا أبغى أشعر فيها، وتشعر فيني، خلال شهرين كنت رضعتها أكثر من ١٠ رضعات».
<i>I worked hard to eat the best foods for lactation. I searched" Google and looked for any food that increases the milk hormone. I changed my diet"</i>	«أنا اجتهدت فيها من الأكل من نفسي وكنت أدخل قوقل وأبحث عن شيء يرفع هرمون الحليب من المأكولات، وغيرت نظامي الغذائي».
<i>It was not an easy issue. I frankly felt like every drop was" coming from bone; it was exhausting because it is not normal"</i>	«لأن الموضوع مو سهل، أحس كل قطرة من العظم الصراحة، متعب؛ لأنه مو طبيعي».
<i>For anyone who would like support, or to find a pump, I" downloaded the course in my account on Instagram. I want anyone in the world to benefit from it. I narrated my story "for anyone in the world"</i>	«أي واحدة تبغى مني اعطيهم الجهاز وأدعمها، والكورس نزلت في حسابي في الانستقرام، أبغى أي أحد في العالم يستفيد منها، نزلت قصتي حتى يستفيد منها أي أحد في العالم».
<i>I swear by Allah Almighty, the first time I saw ... it was" called colostrum ... clear watery fluid, of course, I fell crying from happiness the minute I felt I am a mother. I felt that I had passed through pregnancy and birth, a nice moment. "Now, my milk was passing in the child's circulation"</i>	«والله العظيم أول ما ... أول ما شفته على قولتهم أول ما بدأ معاي، بدأ معاي زي ... اللي يسمونه الغراء هذا اللي زي الموية الشفافة. اللبأ... طبعاً جلست أبكي ومن الفرحة يعني ذيك اللحظة فعلاً حسيت أني أم! فحسيت أني حملت وولدت لحظة جميلة. الحين ... الحين خلاص يعني فاهمة لما حليبي خلاص بيمشي في عروق ولدي».

English	Arabic
<i>My life with my husband changed 180 degrees; now I respect every expense to collect money for the child's future. We had a psychological settlement, marital conflicts fed away.</i>	«غيرت حياتي وزوجي ١٨٠ درجة، صرت احسب للدنيا الف حساب في بداية الحياة، نسعى نوفر لهم مستقبل لهم، نفسيا استقرار نفسي، خفت المشاكل الزوجية».
<i>Allah is the most high; it is difficult for me to describe for you how Allah subjected the people for the orphan. They visited us for him, looking for him. Really, it is a blessing</i>	«والله، ما أقدر أوصف لك؛ فعلاً، كيف الله يسخر العباد يعني لليتيم شيء مو طبيعي. يعني يجون عشانه. يعني صرت حتى أنا مو مهم أن أنا أجي؛ أهم شيء هو يجي هو سبحانه الله البركة، غير كذا يعني ما أدري أن الله مسخر».

Participants

The participants were mothers in similar situations, as described in the scenario above. Table 2 reports their demographic characteristics. They ranged in age from 26 to 49 years old, and most were housewives. The fathers ranged in age from 30 to 52 years old, and most were employed. All of the couples except one (Lactation Fostered [LF]-6) had experienced infertility issues. Most of the fostered children (80%) were boys received by the families in their early infancy. Half of the infants were breastfed by wet-nurses from family tribes in addition to the foster mothers through induced lactation; the wet-nursing mothers' number per child varied (0–3). Reasons for not sharing breastfeeding with others included keeping the mothers passionate about induction, the lack of related wet-nurses, and wanting to avoid taking favors from others. Two mothers had an older child who was fed by wet-nurses only; they were unaware of induced lactation at a previous time. One of them fed her older child induced breastmilk to achieve fairness between her foster children.

Table 2: Profile of research participants

Family Member	Characteristic	Number	
(Wife (lactating mother	Age (years)	20 - 29	3
		30 - 39	4
		40 - 49	3
	Education level	High school	4
		Diploma	1
		Bachelor's degree	4
		Higher education	1
	Occupation	Housewife	7
		Worker	3
	Health problems	Asthma	1
Number of biological children	-	0	

Husband	Age (years)	3 - 39	4
		40 - 49	5
		50 - 56	1
	Education level	High school	3
		Diploma	1
		Bachelor's degree	6
	Occupation	Employed in government sector	6
		Employed in private sector	2
		Retired	2
	Health problems	Diabetes	1
Asthma + Hypertension		1	
Number of biological children	-	0	
Fostered Child	Number of fostered children	1	8
		2	2
	Age at fostering	Days-2 months	3
		3-5 months	4
		6-8 months	3
	Age of youngest fostered child (months and years)	Less than one year	2
		1-2 years	6
		More than 2 years	2
	Gender	Male	8
		Female	2
	Number of wet-nurses (other than the mother)	None	5
		One	2
		More than one wet-nurse	2
Family	Number of current wives	One wife	10
		More than one wife	0
	Duration of marriage (years)	Less than 5	2
		Less than 10	1
		Less than 15	3
		More than 15	4
	Average total income (SAR)	6,000-10,000	3
		11,000-15,000	3
		15,000	4
	Housing	Villa	2
		Flat	8
	Other individuals in the house	None	7
		Housemaid	2
Housemaid and grandparent		1	

Motives and concerns before lactation-linked fostering

The analysis of interviews revealed motives and concerns that were independently associated with fostering and lactation. The main motivation for fostering was infertility. LF-10 stated:

Glory to Allah, he didn't honor me to have a child of my own. I had a difficult journey with medicine for many years. In the end, thank Allah anyway. I had reached a stage, you know, where I was tired psychologically, bothered, uncomfortable. You need a child; you want to hear a sweet voice in the home. It means life.

A strong motive was a reward from Allah through the sponsorship of an orphan (*kaphāla*). Two women aimed to prevent depression and divorce by fostering. Another two had fostered two children, and they had fostered the second to achieve a sibling relationship (LF-1, LF-4). One woman was interested in fostering before marriage because she used to volunteer with orphans, and she had a chance to find an abandoned baby after her marriage (LF-6). Encouragement from relatives, friends, and social media for both fostering and lactation was mentioned by many participants.

Although establishing milk kinship was compulsory for fostering in this particular center, induced lactation by the foster women was not. Therefore, different underlying reasons served as the motivating force. The prohibition of marriage and the creation of strong mother-child bonds were the most common grounds. LF-7 recounted:

Oh, yes, for sure, I had fostered before. I breastfed him, and the wife of my brother breastfed him. This was, of course, to be able to receive my child, but afterward, I felt the issue.... I was not satisfied, not relaxed. I want to live the motherhood stage starting from milk and ending with care, parenting, etc.

Induced lactation was performed to ensure that a sibling relationship could be formed with any potential siblings if pregnancy was to occur; to acquire the family's characteristics through genes; and more importantly, to address a lack of related wet-nurses at the time of receiving the infant from the foundation. Most participants waited a long time (attempting a natural pregnancy) before initiating the fostering process, and they did not express any reservations upon the commencement of the process. Unknown new experiences, responsibilities, emotions, internal or social rejection, and confusion between fostering and adoption were enumerated as the participants' initial fears. Uncertainty about the success of induction without pregnancy was common. Some worried about the adverse drug effects associated with the use of galactagogues, especially when longer periods of lactation were desired. In addition, concerns about fostering or lactation tended to be predominant in one member of the couple, but these dissipated with the stimulation of the other one and faded quickly upon seeing the infant:

I was so worried about breastfeeding and how the induction was going to be. How would I be able to do it? If you talk to anyone, tell them that you never breastfed before ... they will say this makes no sense. If you say, 'I breastfed,' then they will say you are crazy. They will not believe it, how you did it when you were not pregnant... The topic is new to them (LF-1).

Lactation induction courses

The research participants described their experiences with induced lactation in terms of the support and guidance received, the protocol used, the duration, feeding methods, dietary changes, and other practices. There are different protocols for induced lactation; Newman's protocol was the one used in almost all of

the cases⁽¹⁾.

The participants received support during induction in several ways, including visits with a lactation specialist, obstetrician, and/or peer foster mother support. One participant followed an internet link, and she recalled the experience in detail:

I searched the net without any help, and I found a link for a foster mother who had practiced induced lactation. She wrote about her experience under the name of the program of induced lactation (milk production) in detail, including pictures of drugs, the pumping machine, and fatwa ... I just followed that (LF-10).

They all utilized the same program, which comprised of oral medication, nipple stimulation, and milk suction using an electric pump. The medication was an oral combined contraceptive pill for one month, followed by an increased dose of domperidone (Motilium) three times per day as long as the woman desired to lactate. This regimen (contraception and domperidone) was concomitant with a mixture of herbal galactagogues (Fitolat). All participants completed the program without complications. Given that all but one participant did not know when they would be receiving the infant, they all started the induction course once the baby was in their hands. LF-2, the one exception, started one month in advance.

The women were committed to completing the full program, including ordering the drug through the internet or asking someone from outside of the country: *“There were other tablets called Fitolat. I brought them from Kuwait”* (LF-10). However, two did not use these contraceptive pills after experiencing breast readiness because they had high prolactin levels: *“My test results were ok, and I had high milk hormones. Occasionally, I had milk leakage, so I started the program without contraceptive pills. I started Motilium”* (F-10).

The use of the drugs was concurrent with bed sharing and skin-to-skin contact between mother and infant, as well as breast pumping: *“Sleeping with the child and hugs were the initial stages in lactation induction”* (LF-7). All the participants used electric breast pumps to collect their milk. The initiation of milk drainage varied from one week to two months after the start of the program:

I was pumping daily. I spent 15 minutes using the electrical pump because my mum told me it is exactly similar to a child, glory to Allah. In the beginning, I did this once a day two times for three days, then four times a day, and finally, eight times a day. It was exhausting but worthwhile (LF-6).

It was a popular practice to freeze the collected human milk in stages until achieving the full legitimate amount of feeding (120–150 cc). The participants were required to have at least five full feedings to establish the kinship. One participant preferred to feed the infant with fresh milk. Extra human milk feedings were uncommon for most participants.

Before being fostered, the infants were fed formula in bottles. Similarly, the human milk was also delivered in a bottle. Although the lactating women worked hard to latch their infants onto their nipples and areola, their efforts were largely futile, mainly because of nipple confusion. However, LF-8 succeeded in latching

(1) Newman, J., & Pitman, T. The ultimate breastfeeding book of answers: *The most comprehensive problem-solution guide to breastfeeding from the foremost expert in North America*. Three Rivers Press. (2000).

her fostered infant, the youngest infant fostered among the participants in this study. Her breastfeeding was ongoing at the time of the interview: *“She didn’t suckle at the breast. She looked scared. I had tried; it was an exhausting effort, and I was under strain. Then, my husband said, ‘There is something called a bottle. This is enough; let her be fed by bottle’”* (LF-2).

The course required some participants to take a break from their usual duties. LF-10 had maternity leave, whereas LF-8 traveled to live with her mother for two weeks during the induction stage. LF-10 reported:

I received the child at the age of two months, and I took maternity leave, staying at home with her to create a motherhood bond. I was free from work to experience what women usually do... Focusing on my daughter, I wanted to breastfeed her; feel of me. I fed her 10 feeds in a two-month period.

Even without explicit advice to be healthier, the participants made alterations in their diet patterns by adding herbs that are traditionally used during the postpartum period: *“I worked hard to eat the best foods for lactation. I searched Google and looked for any food that increases the milk hormone. I changed my diet”* (LF-1). In the end, some participants felt the hardship of the course and required patience:

“It was not an easy issue. I frankly felt like every drop was coming from my bones; it was exhausting because it is not normal” (LF-9).

The psychosocial impact of lactation-linked fostering

The analysis revealed several themes extrapolated from the interviews related to the new roles of wife, husband, wet-nurse, and extended family (Table 3). The lactation-linked fostering resulted in maternal feelings:

Allah is the most high; the first time I saw ... it was called colostrum ... clear watery fluid; of course, I fell down crying from happiness. That was when I felt I was a mother. I felt that I had passed through pregnancy and birth, a nice moment. Now, my milk was passing in the child’s circulation (LF-7).

Furthermore, these emotions intensified feelings of responsibility among the new parents, thereby stimulating their marital relationship. LF-1 narrated: *“My life with my husband changed 180 degrees; now I respect every expense to collect money for the child’s future. We had a psychological settlement; marital conflicts faded away.”*

The lactation-induced foster mothers were also upbeat about the idea of fostering orphans in the community in the future: *It is difficult for me to describe for you how Allah subjected the people for the orphan. They visited us for him, looking for him. Really, it is a blessing”* (LF-9). The experience ended with an eagerness to help others through the same experience: *“For anyone who would like to be supported, or to find a pump, I downloaded the course in my account on Instagram. I want anyone in the world to benefit from it. I narrated my story for anyone in the world”* (LF-1).

Interestingly, the program of the Al-Wedad Foundation appears to be a model of the positive effects of lactation-linked fostering. In this study, the husbands effectively played the role of fathers in all the foster families. In contrast to adoption, in fostering, the father’s name will not be given to the child because this

is prohibited in Islam; all other rights are fully applied in fostering care⁽¹⁾. In addition, as few mothers questioned the milk kinship of their husbands toward their nursed fostered child (as *mahram*), the section below explicates the jurisprudential ruling.

Table 3: Psychosocial impact of lactation-linked fostering on foster families

Abandoned infant of unknown parents living with a Muslim foster family	
Wife	
Mother's feelings	Mother practices lactation
<ul style="list-style-type: none"> - Shift to a blessed, active lifestyle - Feeling that the infant is a gift from Allah - Incredible happiness experienced based on fostering - Fostering is psychotherapy - Becoming a great worshipper - Picking up and cradling the foundling initiates bonding 	<ul style="list-style-type: none"> - Trial of breastfeeding triggers motherhood feelings - Breastmilk expression without pregnancy raises confidence in the ability to be a mother - Tears of joy upon seeing drops of milk - Breastfeeding is a special language between the mother and her infant - With lactation, a mother's feelings are similar to having a natural-born child - Despite feeding breastmilk with a bottle, a deep bond is formed between mother and child
Husband	
Supportive and beloved husband	Kindhearted father
<ul style="list-style-type: none"> - Supports the mother psychologically - Supports wife's medical care by providing medications and the electric breast pump - Fostering enhances marital cohabitation - Keeps marital life peaceful - Shared mutual agreement and responsibility with the mother 	<ul style="list-style-type: none"> - Lactation exacerbates paternal feelings - The marital relationship turns into parenthood after fostering - Paternal responsibility extends to both care and expenditures - Coddled and kind father can be a problem if it is over - Spends more time at home - Experiences significant behavioral changes that a wife alone could not induce - Consideration of fostering as sponsorship
Wet-nurses	
More mothers	
<ul style="list-style-type: none"> - Wet nursing expands the relationship with the child to have a full family - Observation of child acquiring behaviors and physical characteristics from other nursing mothers 	
Extended family	
Open-ended support	
<ul style="list-style-type: none"> - Welcome party as a new birth in the family (birth sacrifice) - Great welcome by the extended family members, accompanied by prayers and blessings - People subjected for an orphan in an unexpected way - Increase in number of visits from and communication with relatives - The grandmother considers the infant as one of her natural grandchildren - Movement of other family relatives toward fostering - Previous presence of fostered children's experience inside the community is positive - Careful reactions to any rare negative views of fostering 	

(1) S. A. Al-Hassan, Ruling of adoption in Islam. *Science & Islamic Research Circulation*, 4(1) (2012).

C. Prohibition ruling through nursing or induced lactation related to the husband

Issue: Does the husband of a foster woman who nurses the child (Lābn Al – Fāhal), prove prohibition and thus establish milk kinship as a father?

Case scenario (a): When a woman breastfeeds the child of another woman, this child becomes her child through nursing. However, it remains unclear whether the husband of the wet-nurse also becomes a father to the child.

It is narrated that Lābn Al – Fāhal is the *raison d'être* (a cause) of prohibition; it is equally considered that the child shall also be considered the son of the nursing woman's husband as long as the child shall remain her son⁽¹⁾. In this regard, Ibn ḥubeira, may Allah be merciful to him, stated "...and they agreed that the husband's milk legitimizes prohibition, which simply means that when a woman breastfeeds a young girl, the marriageability of this girl to the nursing wife's husband, along with his parents and his sons, shall be prohibited; accordingly, the husband of the nursing woman shall become a father to the nursed infant"⁽²⁾. In al-Bukhārī and Muslim's study, `Aisha narrated,

My foster uncle came and asked permission (to enter), but I refused to admit him till I asked Allah's Apostle about that. He said, "He is your uncle, so allow him to come in." I said, "O, Allah's Messenger! I have been suckled by a woman and not by a man." Allah's Messenger said, "He is your uncle, so let him enter upon you." That happened after the order of Al-Hijab (compulsory veiling) was revealed. All things which become unlawful because of blood relations are unlawful because of the corresponding foster suckling relations"⁽³⁾.

Although agreement on the foregoing issue had been reached, disagreement existed based on two opinions, the dominant of which being what most scholars believe—that is, what was narrated above.

Case scenario (b): If it is preponderant and more likely that the husband of a foster wet-nurse legitimizes prohibition, shall this prohibition apply to someone who has sexual relations with his wife and causes lactation without pregnancy?

Concerning the reason for the disagreement, is it conditional that prohibition toward the husband the milk the baby was breastfed with was due to a pregnancy from him? Is it sufficient that he had sexual intercourse with his wife, or is it sufficient that he is the only reason it is even possible, regardless of whether it was due to pregnancy, sexual intercourse, fondling and massaging breast tissue, or something else? Alternatively, is it sufficient that the lactation happened during matrimony without him being the cause for the milk to be triggered?

(1) Maṣūf ibn Yūnus ibn `Idrīs Al-Buhūfī, *Sharḥ Muntaha al-Iradat*, (Books World), 5, (1993): 597.

(2) Yahyá ibn Hubayra ibn Muḥammad Al-Shaybānī, *Ikhtilāf al-a'imma al-'ulamā'*, ed. Y. A. al-Sayyid, (Dār al-Kutub al-'Ilmiyya), 2, (2002): 205.

(3) Mohamed Al-Bukharī, *Al-Jāmi' al-Musnad al-ṣaḥīḥ Al-Mukhtaṣar min umūr Rasūl Allāh wa sannatahu wa ayyāmahu (Sahih al-Bukhārī)*, ed. M. Z. ibn Nāṣir, (Dār Tūq Al-Najāt, 2001). Number 4796.

The first statement

The first opinion put forth is that it is prohibited toward the husband's side, even if sexual intercourse did not precede it; therefore, being her husband alone is a sufficient reason to legitimize prohibition. This is the view of those who stated that it is firmly and definitively forbidden and prohibited if the milk was triggered by galactagogues, even without pregnancy or sexual intercourse. This is the opinion adopted by Ibn 'Othaymeen (2001), may Allah be merciful to him, among his contemporaries. He chose that the husband shall be the father of the infant once the milk is accumulated in the breast during matrimony, whether the reason is due to sexual relations with his wife or even no action on his part.

The evidence:

While the researcher has not found evidence for their argument, it can be inferred from such discussions:

1. The situation is analogous to parenthood: It is known that if the baby is born during matrimony, then he shall be his father's child. Such a baby shall be his child once it is proven that this baby belongs to him, even if the husband did not engage in intercourse with the woman whatsoever, in line with the assembly statement. Here, the milk is produced during matrimony and establishes the fatherhood and motherhood relationship; there is no verse in the holy Quran or Prophet's hadith indicating that the milk should result from pregnancy or sexual intercourse.
2. The husband contributes to lactation without pregnancy. His contribution to sexual arousal, oxytocin release, fondling and massaging breasts, and so on, stimulates milk secretion. If milk can be secreted because of the husband, the infant is attributed or kin to him as his son. As such, the kinship of the infant is proven to be the husband's actions, even if the milk is produced via galactagogues; this is because lactation can occur in various accumulative ways, such as through galactagogues, sexual intercourse, and breast massage.
3. There is a universality of scripts indicating that the milk-based prohibition applies to any secreted milk attributed to the lactating wife and her partner alike, with whom she has sexual relations; it does not stipulate that the milk must be due to pregnancy, sexual intercourse, or ejaculation. In contrast, such texts establish a link between prohibition and breastfeeding of authenticated milk. It is not stipulated that the milk is attributed to the husband only if it is due to him; in general, most such scripts indicate that the milk is attributed to him as long as it is secreted during matrimony.

The second statement

The second opinion is that prohibition is legitimized on the husband's side, provided that sexual intercourse occurred with the woman, which is the statement of the Mālikī⁽¹⁾ and the Ḥanbalī⁽²⁾ scholars. However, the Mālikī scholars make it a precondition that there should be the ejaculation of semen; mere sexual intercourse remains invalid and insufficient. One of the main Hanbali books states: "*If a woman has milk*

(1) Shams al-Dīn Abū 'Abd Allāh Muḥammad al-Ṭarābulusī Al-Maghribī. *Mawāhib al-Jalīl fī sharḥ Mukhtaṣar Khalīl*, (In Arabic), (Dar Al-fiker), 4, (1992): 180.

(2) Muwaffaq al-Dīn 'Abd Allāh ibn Qudāmah al-Maqdisī Al-ḥanbalī, *Al-Kāfī fī fiqh al-Imām Aḥmad*, (Dār al-Kutub al-'Ilmiyya), 3, (1994): 222-223.

without pregnancy – some others argue - or sexual intercourse previously conducted, prohibition shall not apply in the apparent thought"⁽¹⁾. As such, their second opinion implicitly means that prohibition shall apply after sexual intercourse. "The son whose milk was attributed to him due to pregnancy or sexual intercourse" is described in *Zād al-mustaqni*'⁽²⁾.

In the same vein, Ibn 'Othaymeen, may Allah have mercy on him, explains the description above by stating that "the son whose milk was attributed to him" means the infant is the son of the man to whom the mother's milk is attributed. He also explains that "or sexual intercourse" might mean that when a man marries a woman, due to sexual intercourse, this woman produces milk without being pregnant. The apparent meaning of the author's statement is that this milk legitimizes prohibition because it has resulted from sexual intercourse; we have already explained that the preponderant view is that whenever milk is produced due to pregnancy, sexual intercourse, or fondling and massaging the breasts, until it produces milk or otherwise, this woman is mother to such an infant; however, in a woman who has no master or husband, motherhood is proved without fatherhood. It can be understood from Ibn'Othaymeen that, for a woman who has a master or a husband, fatherhood shall be equally proven for the child. If the milk is produced for any reason, the milk is the reason for legitimizing prohibition; the infant is the son of the woman. If the woman has a husband, the infant is also his son, and if she does not have a husband or master, then he has no father from breastfeeding. Ibn'Othaymeen (2001), may Allah have mercy on him, says that the infant is the son of the husband, whether there is sexual intercourse or not, as long as the milk was produced during matrimony⁽³⁾.

The evidence:

The milk is produced, and the woman is the husband's wife. The husband had sexual intercourse with her, which is a reason for physiological galactorrhea; thus, the milk is his. Here, the milk is for the husband as long as the woman is his spouse and he has had sexual intercourse with her. Once sexual intercourse takes place, the milk shall be regarded as his, whether it was caused by pregnancy, sexual intercourse, fondling and massaging the breasts, or the like.

The third statement

Prohibition shall not apply on the part of the husband, as stated by some Ḥanafī followers⁽⁴⁾ and the Shāfi'ī view⁽⁵⁾, which is widely known for the Ḥanbalī⁽⁶⁾. The Shāfi'ī view states: "Even if a virgin or a

(1) Muḥammad Al-Maqdisī, Alī Ibn Sulimān Al-Mardāwī & Abū Bakr Al-Ba'ī, *al-Furū' wa-ma'ahu taṣḥīḥ al-furū'*, ed. 'A. A. al-Turkī, (Dar Almuayyad), 9, (2003): 331.

(2) Muḥammad Ibn Šāliḥ Ibn Muḥammad AL-'Othaymeen, *Al-Sharḥ al-mumti' 'alā Zād al-mustaqni'*, (Dār Ibn Al-Jawzī), 13, (2001): 442.

(3) Muḥammad Ibn Šāliḥ Ibn Muḥammad AL-'Othaymeen, *Al-Sharḥ al-mumti' 'alā Zād al-mustaqni'*, (Dār Ibn Al-Jawzī), 13, (2001): 442.

(4) Committee of Scholars Headed by Nizamuddin Al-Balkh al-Fatwā al-Hindīya. (In Arabic), (Dār Al-Fikr, 1893). 2nd ed.

(5) Mohamed bin Idrīs Al-Shāfi'ī Al-Qurashī Al-Mutalabī, *Al-Om*, ed., R. F. Abd elmuṭalib, (Dār Al-Wafa), 5, (2001): 23.

(6) 'Abd al-Raḥmān ibn Aḥmad ibn Rajab Al-Salāmī, *Al-'Ulūm wa-al-ḥikma fī sharḥ khamsīn Ḥadīth min Jawāmi' al-Kalim*, (In Arabic), 9th ed. M. Y. al-Faḥl, (Al-resalah Foundation), 2, (2002): 141-142; 'Alā' al-Dīn Abū al-Ḥasan Al-mwrwdy, *Al-Inṣāf fī ma'rifat al-rājih min al-khilāf*, (Maṭba'at al-Sunnah al-Muḥammadīyah), 9, (1955): 331-332.

deflowered woman had no sexual intercourse or the like, and neither of them was found to be pregnant, then they had milk and such milk was produced, and accordingly they breastfed an infant five times, such an infant shall become the son of these two nursing women and the son shall be fatherless"⁽¹⁾. Such an infant has no father because pregnancy is not yet proven⁽²⁾.

Their evidence:

- There is no ruling because of the absence of birth delivery by the woman.

This evidence can be argued. Since the relation of the infant goes to the woman who has not given birth to such an infant, the relation of the infant is proven to the husband during matrimony or caused by sexual relations when the milk is induced. This statement is supported by two arguments:

- A) When milk is not accumulated because of pregnancy, there are no concerns about this milk.
- B) There is a lack of ascertainment of the analogous portion: No semen was ejaculated from the man to consider it as an origin or generation point of milk.

The relevant discussion focuses on the point that even breastfeeding secondary to pregnancy has no relationship with the husband. Currently, there is a lack of evidence that the mother's milk carries the husband's characteristics or genes, so the origin is mainly from the mother's side. In addition, no studies so far have proven that there is a relationship between the man's semen and milk, for milk resulting from a pregnancy does not carry genes from this semen; rather, semen only urges the body to release milk, as does sexual intercourse; fondling and massaging the breasts; and medical stimuli, such as drugs. There is no part of the man in any of the causes of milk being produced, accumulated, or secreted (pregnancy, sexual intercourse, or medical intervention). As such, since the infant-to-husband relationship is proven if the cause of the milk with which the infant was breastfed is pregnancy, then the linkage is also proven if the cause of the milk is sexual intercourse and fondling/massaging the breast tissue (and the like). If we argue that, there is some part between the husband and the milk that results from the pregnancy that he caused, then we also argue that the link is established and proven, even if some part is not evidenced. As mentioned above, if the son is born from or during the husband's relationship, he shall be his son, or even by the possibility of attributing relation to him if he did not have sexual intercourse with the mother, as argued by most of the public. In this case, the kinship is established unequivocally with the non-verification of portion.

Outweighing

Due to the cogency of the statements, it is difficult to find outweighing evidence that is preponderant for this issue. However, the jurisprudential researcher in this paper tends to say that the prohibition applies to the husband as well, even if the wife did not have sexual intercourse with or did not become pregnant because of him. This is the first opinion, backed by the strong evidence referenced by scholars. The bottom line lies in the action done during matrimony; the milk and the infant are the same. Just as they prove the lineage of the child and link him to the husband as soon as possible, if born with a proven marital relationship, and if

(1) Mohamed bin Idrīs Al-Shāfi'ī Al-Qurashī Al-Mutalabī, *Al-Om*, ed., R. F. Abd elmutalib, (Dār Al-Wafa), 5, (2001): 23.

(2) Yūsuf ibn 'Abd Allāh al-Nimrī Al-Qurtubī, *Al-Kafi Fi the jurisprudence of the people of Medina Al-Mālikī*, 3rd ed. (Dār al-Kutub al-'Ilmiyya), 2, (2006): 540.

they have verified that no sexual intercourse was performed on the part of the husband while proving the associated actions, such as the milk, then the infant joins the husband in kinship if he is breastfed with milk lactated during matrimony.

The two situations are different in terms of attaching and attributing the lineage of the newborn to the father's name, where it is applied in case of childbirth but not in milk kinship. This outweighing is not conclusive between the two situations; the Shari'ah considers that the lineage shall be attached and maintained, lest pedigrees be lost. However, there is no such consideration in this instance because it is not critically necessary.

Once the newborn lineage is proven, which belongs to the husband because it is simply possible and lineage can be associated and linked to him, the milk produced does not make any difference. The weighting is neither justified nor explained by the need of some families in modern times by prohibition on the side of the father; there is no entry for this need in the legal rulings of Shari'ah.

Above, it was mentioned that this is the opinion of Ibn'Othaymeen, may Allah have mercy on him, who states: *"We have already explained the preponderant opinion is that when the milk is found to be produced due to pregnancy, sexual intercourse, or fondling and massaging the breast until it produces milk or otherwise, the woman shall become the infant's mother. On the other hand, if she doesn't have any husband, motherhood but not fatherhood is proved."* If the woman has had sexual intercourse, prohibition on the husband's side is also powerfully compelling. Nevertheless, it is all within the omniscience of Allah, All-Knowing, All-Wise.

Conclusion

This integrative investigation into induced lactation demanded different synchronous methodologies with broad aims and from various disciplines. Similar to other studies, the present work found that the preponderance of evidence supports prohibition (to marriage) from the mother's side as a result of induced lactation⁽¹⁾. Islam reinforces family consultation in different areas, including breastfeeding⁽²⁾. Indeed, this paper is unique in that it addressed the husband's milk kinship, a topic that warrants further investigation.

Professional help sought for the induction of lactation seems to be increasing⁽³⁾; therefore, training programs for health professionals to optimally support such women should be developed. Communication with the health authorities to ensure the domestic availability of galactagogues is recommended. Finally, this study has delineated the non-nutritional benefits of breastfeeding as extending to the entire family⁽⁴⁾ and solved

(1) Abd-Allah Salman Naser Al-Daya, *Breastfeeding of non-pregnant women: Study of jurisprudence. IUG Journal of Sharia and Law Studies*, 27(2) (2019): 348–380; A. A. Al-mudifer, Mulsification and its effect on the figh provisions preparation. *Islamic Medical Jurisprudence Imamu*, 4, (2021): 200–270.

(2) Hasan bin Salim Al-Burayki, Family counseling: Its importance, Islamic rulings, and practical examples. *Journal of College of Sharia & Islamic Studies*, 32(1) (2014).

(3) R. M. Wali & A. E. Koshak, *The experience of adoptive mothers in Saudi Arabia with the child adoption and induced lactation programs: A qualitative study with a focus group. AMJ*, 15(8) (2022): 437–443.

(4) H. Ozkan, F. Tuzun, A. Kumral, & N. Duman, Milk kinship hypothesis in light of epigenetic knowledge. *Clinical Epigenetics*, 4(14) (2012): 1-3. <https://doi.org/10.1186/1868-7083-4-14>

some challenges faced at orphan centers in Muslim or non-Muslim countries⁽¹⁾. The long-term psychosocial wellbeing of society is worth studying and documenting.

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(1) N. Al-Jasas, Attachment provision in the Saudi orphanages: *Exploring the narratives of residential staff*. *International Journal of Social Welfare*. (2019). <https://doi.org/10.1111/ijsw.12415>; N. Mouftah, *The Muslim orphan paradox: Muslim Americans negotiating the Islamic law of adoption*. *Contemporary Islam*, 14, (2020): 207–226. <https://doi.org/10.1007/s11562-019-00445-8>

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