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Breastfeeding Practices and the Culture of Wet Nursing in Morocco: Ait Baha as a Case Study

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ABSTRACT

The practice of wet nursing is as old as humankind. It was a common practice in Morocco before and after the invention of the infant milk formula during the late 19th century. Today, the practice is sporadic in the country. However, those women who once adopted the roles of wet nurses and those who placed their children in the wet nurses' care remain with us. Accordingly, this study aims to unveil dimensions related to wet nursing in Morocco by examining the roles, experiences, and understandings of wet nurses, and by conveying the historical, social, and economic circumstances that have influenced the practice of milk sharing in Moroccan society.

INTRODUCTION

Breastfeeding has always been the best source of nourishment for babies. It protects the mothers and their babies from various illnesses and creates a strong emotional bond between them. Notably, the World Health Organization (WHO), the national ministries of health, and The United Nations Children's Fund (UNICEF) encourage and emphasize the benefits of breastfeeding for infant growth and immunity. Whilst breastfeeding is globally promoted, it is crucially important to examine wet nursing as part of the historical evolution of infant feeding (Stevens *et al.*, 2009), which also plays a significant role in the child's health and nutrition. A wet nurse is a woman employed to feed another woman's baby with milk from her breast (Wickes, 1953). Wet nursing is the second oldest profession in the history of breastfeeding practices and it continued until the modern day.

Within Moroccan history, wet nursing stands as a secret story in the Moroccan mothers' life experiences and it played a huge role in shaping the fate of many Moroccan children. This study is significant because no research on wet nursing in Morocco has been published in English, and it unveils this little-known practice that has contributed to the evolution of breastfeeding traditions in the country. This study aims to reveal stories of women who used to be wet nurses or those who handed over their babies to wet nurses, to study the roles and experiences of those Moroccan women, and to investigate the historical, social, and economic circumstances influencing wet nursing in the Moroccan society. This paper is segmented into parts: an introduction to wet nursing practice in Morocco, the historical background of wet nursing and breastfeeding cultures in the country, the position of wet nursing in Islam, the methodology used, the results found, and a discussion of the themes retrieved from the data.

LITERATURE REVIEW

Conforming to practices observed worldwide, wet nursing has served as the most common alternative practice of the biological mother's milk before the invention of the infant formula in Morocco. It has played a major role in protecting both the child's and the mother's health. The practice of wet nursing is evident in the oral narratives in Morocco, and it is a unique experience in the lives of Moroccan mothers. Though it constitutes a part of the historical narrative, surprisingly, little has been documented about this tradition, making it a challenging topic to address. To address this topic in this part, this study's observation and interpretation will cover the dynamics of wet nursing and breastfeeding practices using a cross-cultural examination.

Historicizing Breastfeeding and Wet Nursing in Morocco

During the ancient Greek and Roman Empire eras, wet nurses were mothers of low social class employed by wealthy women (Doğan, 2021). They occupied a superior position to that of a slave in Greece (Wickes, 1953a), they were handed contracts to feed abandoned children in the Roman period (Stevens *et al.*, 2009), and if the wet nurse was a slave her charge went directly to her master (Thorley, 2008). Throughout the Medieval period and the Renaissance, "wet nursing remained a popular, well-paid, and highly organized profession" (Stevens *et al.*, 2009). However, the practice received an extensive rejection and natural breastfeeding was favored (Osborn, 1979b). In France, wealthy women did not breastfeed because they thought it was unfashionable (Wickes, 1953b). As a result, wet nursing became a trend and women tended to get pregnant to work as wet nurses (Osborn, 1979b). To regulate this unrehearsed practice, France registered

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the wet nurses, required them to receive a medical examination, and prohibited them from feeding another woman's child until their own child reached nine years (Osborn, 1979b). The same situation was in England, wealthy women tended to give their babies to a wet nurse because they wanted to produce more children and because they thought breastfeeding would make them look older. So, English women were continuously pregnant and their children had elevated death rates (Kolata, 1987).

Over the years, in Morocco, wet nursing was not associated with social class or public figure. Rather, it was about forming kinship ties. Unlike the Western world, wet nursing was practiced only by mothers who recently gave birth for community service and empathy purposes. Also, no law was officially issued to regulate this practice, but the country followed an Islamic approach by interpreting religious texts and issuing fatwas.

These previous claims have been recorded in the oral accounts of the Moroccan mothers and there is no evidence that wet nursing was an occupation. Nowadays, wet nursing has declined and the demand for formula milk has increased. The latter, although a substitute for human breast milk, was misused, as many fake products were promoted. A study conducted by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) in a variety of countries including Morocco, assessed the extent of promotional methods for formula milk products. The study found that more than half of parents were exposed to unethical marketing strategies for formula milk products using the internet and trained medical staff to violate international standards related to infant feeding practices. As a result, the government encouraged breastfeeding and raised the price of formula milk to make it difficult for average-income families to buy it. Additionally, the law gives working mothers who have given birth or adopted a child with fourteen-week of leave, in addition to one hour per day to breastfeed their babies within their workplace for eighteen months.

Wet Nursing in Islam

Wet nursing was common during the early Islamic period. Islam was among the first religions that recognized and regulated wet nursing in the religious texts of the Quran and Hadiths (Prophet's sayings). The relationship formed through breast milk in Islam is called milk kinship and the children who share it are milk siblings. The Prophet Muhammad is said to have been fostered by two women: Thuwaybah and Halima al-Sa'diya, who were among the good people in Mecca.

After the Prophet Muhammad's birth in Mecca in 570 CE, it was common among elite people back then to send their children to be nursed by Bedouin women. This practice ensured the infants' access to pure milk as well as forming social ties between communities at that time. From the tribe of Banu Said there was Halima al-Sa'diya, the woman who nursed the Prophet Muhammad. This practice later created mahram (forbidden marriage) bonds

status. Hence, Halima al-Sa'diya became the Prophet's mother, and her children as his siblings, with marriage between them being prohibited. In the pre-Islamic era, wet nursing was practiced by both rich and poor families, often for kinship ties and health reasons. With Islam, the practice became codified and formalized but establishing it as blood kinship.

Islamic scholars warned against drinking the milk of a drunken woman, an adulteress, and an insane woman (Hamjah *et al.*, 2022), as it is said in the Hadith: "Protect your children from the adulteress and the insane, for milk is contagious" (Sunan Ibn Majah, Book 9, Hadith 1936). Additionally, the Quran sets the condition that a wet nurse should be paid when hired. The verse says: "...and if you wish to have your children nursed by a substitute, there is no blame upon you as long as you give payment according to what is acceptable" (2:233, Sahih International). Milk kinship is equivalent to blood kinship therefore people involved by blood and milk are forbidden to marry each other. A Hadith of the Prophet says: "Indeed Allah has made unlawful through suckling whatever He made unlawful through lineage" (Sahih al-Bukhari, Book 67, Hadith 2645). The Quranic verse about forbidden marriages clarifies:

Forbidden to you for marriage are your mothers, your daughters, your sisters, your paternal and maternal aunts, your brother's daughter, your sister's daughter, your foster-mothers, your foster-sisters, your mothers-in-law, your stepdaughters under your guardianship if you have consummated marriage with their mothers— but if you have not, then you can marry them—nor the wives of your own sons, nor two sisters together at the same time—except what was done previously. (4:23, Sahih International)

The verse above sets the rule for *rida'a* (wet nursing) and specifies why women and men should not marry. The women in the verse are divided into two groups: blood-relative women and foster/milk-relative women. The former involves "any lineal descendant, any lineal ascendant, any descendant of his or her parents, and the immediate child of any grand-parent" (Altorki, 1980), the latter involves creating "a bar to marriage not only between foster brothers and sisters but also between the foster mother and all her relatives on the one side, and her foster children, their spouses and their descendants on the other side" (IBID).

We deduce from the verse that Islam regards wet nursing as a cause to prohibiting marriage. We also deduce that a child nursed by a non-biological woman automatically becomes the same as her biological child and the children of both the mother and the non-biological mother become siblings even if they have suckled separately, thus the rule of lineage automatically applies for all these categories. In Islam, these forbidden marriages are called Mahrams. Morocco, as a muslim country, follows these Islamic teachings. The mahram rule is presented in the Moroccan Family code (Moudawana) in Article 38 with certain exceptions: The child should complete two years

of breastfeeding from the non-biological mother and the rule does not apply to the brother or the sisters of the nursed child. For example, a husband can marry the sister of the child nursed by his wife as long as the sister is not breastfed by the previously mentioned wife. Quoted from the Moudawana:

Impediments to marriage resulting from kinship by breastfeeding are the same as those prohibited through blood kinship and kinship by marriage. Only the breastfed child – not his or her brothers and sisters - is considered the child of the woman who breastfeeds him or her and of her husband. Breastfeeding is only an impediment to marriage if it occurred during the first two years of the child's life. (Moudawana, 2004)

The perspectives of wet nursing differ according to the four Islamic schools of Islamic law. In the Maliki School, located in West and North Africa, including Morocco, milk kinship is recognized but with conditions: five breast feedings are required to establish milk kinship, marriage is prohibited between milk siblings, inheritance is not affected, and mahram status is confirmed. Within the Hanafi School– located in South Asia, Turkey, and central Asia– one act of breastfeeding is enough to establish kinship. Similar to the Maliki School, the Shafi and Hanbali Schools, located in Gulf States and Arabian Peninsula, require five complete breastfeedings, and in Gulf countries, marriages between individuals linked by milk kinship are legally prohibited. In Shi'a jurisprudence, located in Iran, marriage invalidated by milk kinship but with two satisfying feedings.

Although milk kinship is widely considered in Morocco, wet nursing has increasingly declined due to the modern means of medicine, infant formula, and availability of hospitals. In this regard, the Moroccan Family Code of Moudawana restricted these practices and encouraged the use of mother's milk. Egypt's wet nursing tradition, strong in pre-modern periods, has faded but remains institutionally recognized. Following the Shafi'i school, Egypt requires five feedings to establish kinship. Al-Azhar continues to issue fatwas reinforcing these rulings. Turkey, shaped by Hanafi jurisprudence, accepts milk kinship after one feeding, theoretically making kinship easier to establish. However, modern Turkey rarely practices wet nursing, and public milk banks have become more common, prompting theological discussion on potential unintended kinship bonds. Iran's Shi'a scholars underscore milk kinship's importance, especially regarding marriage prohibitions. The rise of interest in milk banks has triggered debates among Ja'fari jurists, resulting in cautious or restrictive fatwas, preventing the anonymity of milk donations to protect kinship clarity. The Gulf States maintain conservative applications of milk kinship law. Saudi Arabia and Qatar, adhering to Hanbali and Shafi'i jurisprudence, oppose the use of anonymous milk banks, fearing accidental violations of kinship-based marital prohibitions. Religious authorities have issued formal warnings against such technological interventions. This comparative overview shows that while the religious

foundation of milk kinship is universal in Islamic law, the application and societal role vary regionally. In Morocco, the influence of the Maliki School preserves the importance of milk kinship in legal texts and rural cultural memory, though modern life has marginalized its daily practice. In contrast, countries like Turkey and Iran face new debates on technological interventions such as milk banks, while the Gulf countries maintain a conservative stance influenced by religious orthodoxy.

MATERIALS AND METHODS

This section provides a summary of the qualitative approach utilized. To obtain comprehensive information on wet nursing practices, a focus group discussion was performed with ten women residing in the Chtouka Ait Baha region, a culturally rich region where traditional practices such as wet nursing have historically been significant. Focus groups are useful in eliciting in-depth collective knowledge and sharing the beliefs of women about this tradition. Participants were selected due to their direct or indirect involvement in wet nursing practices whether through direct experience, or communal observation. The focus group discussion lasted for one hour and the language used was Tamazight, as it remains the mother tongue of the majority in the region. The discussion was translated into English for transcription and analysis purposes. It was also recorded with the participants' permission. The transcribed data was subjected to thematic analysis. This approach provides a flexible analysis of hidden meanings within participants' answers. Because this study focuses on a very small sample of women, the findings are not generalizable to represent all Moroccan communities. However, the focus group approach provides useful findings on an unexplored area of maternal practices in Morocco.

RESULTS AND DISCUSSION

The focus group was conducted with ten women of the Amazigh community and provided valuable perceptions into the cultural, social, and personal dimensions of wet nursing practices in Morocco. Thematic analysis revealed four major themes: wet nursing as a strategy for maternal health challenges, cultural and religious responsibilities, social cohesion and family networks, and the diminishing tradition of wet nursing in modern Morocco.

Wet Nursing when Mothers Encounter Issues of Health

Women resorted to wet nursing largely if mothers were sick or unable to breastfeed. Fatima said: "I was sick, unable to hold or feed him... I had fever, hypertension, and my breast hurt ... I gave my son to three women to get wet nursed; my neighbor, my mother, and my sister-in-law." Her child refused such alternatives as formula milk or animal milk. She added: "I gave my child to a wet nurse — my neighbor — because he refused to drink formula milk. We tried giving him both animal and formula milk, but he refused both." This deficit caused wet nursing to become viable only. Participants recalled

that the pharmacy milk was either scarce or even culturally rejected in earlier times. They recalled how mothers at that time had no option except to rely on other lactating women from within their social circle to nourish their infants.

Religious and Cultural Obligations

The participants stressed Islamic teachings deeply rooted in the religious as well as the moral importance of wet nursing. Several women mentioned the importance of informing children about breastfeeding to avoid future marital prohibitions. A participant said: “In Islam, it is haram that marriage happens between children who share the same milk as the wet nurse.” Another participant added: “Yes, people say you must tell the child when they grow up that they were wet nursed; they say this is what the Hadith and religion require ... I was happy. When my son grew up, he knew about it... I had no fears.” The women agreed that awareness of the issues is critical since families must disclose wet nursing details to adult children to prevent accidental marriage between milk siblings citing Ahadith plus religious practices. The women recalled the story of a man they know who accidentally was about to marry a girl who happened to be his sister by breast milk. A participant recalled:

The woman shared a story about a man who had been breastfed by a woman other than his biological mother. When he became an adult, he wanted to marry that woman’s daughter. But his biological mother told him that the woman had nursed him as a baby, which made them milk-siblings. He said, “Why didn’t you tell me this a long time ago?” But I think the mother simply forgot to tell him.

Community Solidarity and Kinship Networks

Childcare’s communal nature and maternal support were highlighted in customary Moroccan society. As per Fatima, wet nursing was embedded in a broader cultural practice where family and relatives provided support to the mother and her newborn for forty days; “When a woman gives birth, when she is unable to do something, neighbors and family carry the child and take care of him/her, change his/her clothes for forty days.” Typically, wet nurses were either family or trusted neighbors; their child relationship is seen as maternal. Such bonds influenced inheritance and marriage restrictions, emphasizing the wet nurse as a ‘second mother.’ The women claimed: “She is his second mother, and that woman’s children are his siblings. They would even share inheritance. If he nursed from a woman who has a daughter, he cannot marry that daughter; if he is a boy, they are considered brothers through breastfeeding. Religion forbids such a marriage.”

The Diminishing Tradition of Wet Nursing in Modern Morocco

All participants acknowledged that wet nursing has diminished and has almost disappeared in modern Morocco. This is because of many factors: the widespread

availability of infant formula, improvements in healthcare, and changing community values. A participant claimed: “Everything is available now—pharmacy milk, hospitals, diapers. No woman would give her baby to another anymore. People are even afraid their babies could get kidnapped.” This is explained by the participants as a result of the awakening of traditional social solidarity networks, now replaced by modern medicine and technology.

The World Health Organization (WHO) explained the decline in wet nursing and in breastfeeding practices in general claiming: “A variety of factors was probably involved, including the availability of breast-milk substitutes and their marketing, as well as changes in the role of women in society, in hospital practices especially with regard to the care and delivery of the newborn, and in attitudes of health personnel to the preparation of mothers for breastfeeding.” (WHO, 1981c)

Jelliffe and Jelliffe (1978) gave a detailed explanation of the decline in breastfeeding:

i. Rapid urbanization, industrialization, and change in status of women including: increased numbers of women working outside the home; altered family structure with smaller two generational families; alleged convenience of bottle feeding; apparently scientific nature of bottle feeding; Western urban attitudes to breasts.

ii. Insufficient action by governments to promote breastfeeding including lack of creches and maternity leave; subsidized formula through health services; lack of health education; human milk not appearing in economic balance sheets.

iii. Negative effect of health and nutrition professionals including lack of knowledge about nutrition, increasing hospital deliveries. Marketing, advertising and promotion of formula.

Participants also discussed the evolving nature of maternal identity. Fatima noticed: “Our mothers and grandmothers gave birth without soap to wash themselves; now women give birth peacefully in hospitals and even refuse to breastfeed because they want to stay young.” The change in women’s social roles, beauty standards, improvements in modern medicine inventions like Cesarean deliveries, and the availability of formula milk have all played a huge role in the disappearance of the practice of wet nursing in modern-day Morocco. A woman quoted:

Wet nurses used to have historical importance, but not anymore. Nowadays, children are fed pharmacy milk, and many mothers refuse to breastfeed because they want to stay young. They no longer give birth at home or in the natural way — almost everyone gives birth by C-section. It’s very rare to find a woman who gives birth at home now; maybe one out of a hundred. Medicine has advanced, and no one would breastfeed someone else’s child anymore.

This study’s findings offer insights into the historical, social, and cultural contexts of wet nursing in Morocco and emphasize the changes this practice has undergone in the modern era. Even though wet nursing was once largely practiced, it has completely vanished from everyday life,

overtaken by modern medical inventions.

Historically, wet nursing in Morocco was widely practiced and accepted means of fixing maternal inability. Women depended on neighbors, family, and trusted community members to breastfeed their children in cases of illness or reduced breast milk output. Wet nursing accounts in Morocco mirror those of ancient Rome and Greece. However, in contrast to the commercialized wet nursing systems in medieval Europe where wet nurses were hired and paid (Fildes, 1988), the Moroccan context of wet nursing was non-commercial, instead, it was influenced by religious duties, kinship ties, and social trust. A participant quoted:

In the old days, people breastfed their children at home — there was no pharmacy milk. In our culture, they used to say that pharmacy milk was a Western product and that our children shouldn't have it. There was milk available in pharmacies, and it was cheap — it costed only five dirhams. No one wanted to give their child pharmacy milk unless it was an emergency, like if the mother was sick or had a problem with her breast.

With technological advancement, wet nursing practice declined especially with the appearance of infant formula and hospitals which diminished the demand for this traditional custom. As the participants noted, the availability of formula, hospitals, baby bottles, and doctors diminished the practice and its social visibility. Additionally, modern concerns of mothers played a role in diminishing the practice. One participant mentioned the fear of kidnapping of children. These fears combined with technology and beauty ideals— where mothers rejected to breastfeed their children to stay young— contribute to today's changing maternal roles and identity.

CONCLUSION

This study highlights the practice of wet nursing in Morocco, unveiling its cultural, religious, and historical contexts. Through the accounts of women in the focus group, this paper demonstrates the practice strategy. The practice served both as a replacement for maternal breastfeeding in cases of illness and a bonding kinship ties by forming milk-sibling relationships through religious and social regulation.

Moreover, the findings show a significant drop in this practice in modern Moroccan society. Aspects such as the availability of milk formula, hospital births, safety concerns for children, and changes in gender dynamics have all helped cause the extinction of wet nursing as a traditional practice in infant care. These changes reflect patterns of medicalization while being influenced by Morocco's unique culture and religious framework.

Wet nursing in Morocco is very different from other countries like Europe where the practice served commercial purposes and personal benefits. In Morocco, wet nursing was primarily linked to kinship ties, religious regulations, and community caregiving. All in all, though this study focused on a small population in Morocco, it opens the door for more research on maternal care,

changes in reproductive and infant care practices, and the clash between modernity and tradition in Morocco.

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