



The influence of social & cultural
factors on breastfeeding practices
of Hong Kong Chinese women
- an exploratory study

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這是個無污染的世界。

在這裏，

極目無垠，流水澄澈，空氣清新。

你孩子，盡享大自然的謐靜優美。

摒棄膠奶瓶和鐵罐，

母乳育嬰最環保。



香港母乳協會
環保大使 國乳媽媽





Background of the study

- Benefits of breastfeeding are widely acknowledged (Riordan & Auerbach, 1999)
- Prevalence & duration of breastfeeding has declined in many parts of the world (Dykes & Griffiths, 1998)
- Decisions relating to infant feeding are highly influenced by social and cultural factors (Dykes & Griffiths, 1998)
- Hong Kong Chinese : attitudes towards health and childbearing remains predominately influenced by Chinese traditional culture (Lee, 1975; Alexander & Yeong, 1990; Chan & Lee, 1995)



Aims & Objectives

- To explore social and cultural factors influencing Hong Kong Chinese women's intention to breastfeed.
- To explore social and cultural factors influencing the length of breastfeeding among Hong Kong Chinese women.
- To examine social and cultural factors enabling women to sustain breastfeeding.



Methodology (1)

■ Design

- Qualitative, ethnographic approach, exploratory study

■ Samples

- 10 pregnant women
- Inclusion criteria :
 - Chinese pregnant women, residents of HK
 - Primiparous
 - Age : 20 – 34
 - Attended antenatal visits
 - Indicating the intention to breastfeed



Methodology (2)

■ Samples

- Exclusion criteria :
 - Mother with a sick baby -> NICU

■ Data collection

- 2 semi-structured interviews
 - . During pregnancy (> 38 weeks) (n=10)
 - . After delivery (4-6 weeks after delivery) (n=6)

Findings (1)

- Demographic data of participants (n=10)

Age	20-25	1
	26-30	4
	31-34	5
Education level	< Secondary school	3
	Secondary school	6
	University	1
Employment	Housewife	3
	Clerical	4
	Sales	2
	Professional	1

Findings (2)

- Status of breastfeeding as at 2nd month after delivery

Client	Length of BF (planned)	Length of BF (actual)	Mode of feeding (present)	Future plan
1	2 years	Continue (7 weeks)	Exclusive BF	Breast feeding
2	>2 months	1 day	Formula	Formula
5	2 months	Continue (5 weeks)	Mixed feeding	Formula
8	>6 months	4 weeks	Formula	Formula
9	2 months	2 days	Formula	Formula
10	1 year	Continue (5 weeks)	Mixed feeding	Formula



Findings (3) – Emergent categories

- **First interview**
 1. Experiences of pregnancy
 - Physical discomfort
 - Emotion
 2. Experiences of seeing friends & relatives breastfeeding
 3. Benefits of breastfeeding
 4. Family support
 - Husband
 - Mother / elder relatives



Findings (4) - Emergent categories

5. Being a mother
6. Belief in Chinese cultural practice
 - Daily life : to avoid
 - . climbing up a stair, moving a bed, etc.
 - Choice of food : to avoid
 - . cold food – watermelon, banana, ice cream, etc.
 - . poisonous food – shrimps, crabs, mangos, etc.
7. Maternal employment



Findings (5) - Emergent categories

■ Second interview

1. Experiences of labour

2. Support from health care staff

- Inadequate information on breastfeeding

- Non-supportive attitude

- Separation of mother & baby (phototherapy)

‘ ...even I express the milk, it’s still not enough for my baby..., I decided to use formula instead.’

(Client 9)



Findings (6)- Emergent categories

■ **Second interview**

3. Mother's feeling of breastfeeding experiences

- Being a mother
- Feeling of inadequacy

' ... my baby is not satisfied after the feed, he cries all the time..., I'm very tired... I rather change to formula.' (Client 9)

4. Family support

- Husband
- Mother / Mother-in-law



Findings (7) - Emergent categories

■ Second interview

5. Practice of 'doing the month'

- not going out
- not bathing & washing hair
- taking nutritious food
 - . Ginger vinegar, chicken wine, bird's nest, etc.

6. Maternal employment

'... there is no suitable place for expression of milk,... my work is too busy...' (client 10)



Findings (8) - Emergent categories

■ Second interview

7. Public attitude towards breastfeeding

‘ I try to cover myself for so many times to make sure I’m not exposed...’ (client 1)



Discussion (1)

- Important factors influencing participants' commitment & confidence in initiation & continuation of breastfeeding
 1. Employment
 2. Family support
 3. Support from health care staff
 4. Chinese cultural practices
 5. Public attitude towards breastfeeding



Discussion (2)

- Modern Chinese women in Hong Kong
 - Struggling with different roles :
 - Wife
 - Mother
 - Daughter
 - Worker



Limitation (1)

- Sampling
 - convenience
 - small size
- Venue for interview
 - hospital Vs home
- Role tension
 - researcher Vs carer



Limitation (2)

- Motivation of participant
 - first interview
 - second interview
- Translation of interview
 - Cantonese Vs English



Implication for practice (1)

1. Provide adequate information on breastfeeding with a supportive attitude of health care staff
 - Antenatal education programs
 - Update advice
2. Maintain a positive attitude towards breastfeeding
 - Breastfeeding is a natural way to feed babies
 - Review hospital policy



Implication for practice (2)

3. Extend education programs to :
 - husband
 - mother / mother-in-law
4. Start health education about breastfeeding in early school education
5. Maintain traditional practices facilitating breastfeeding



Implication for practice (3)

6. Provide more support at work
7. Cultivate a positive image of breastfeeding in our society
8. Suggest for further research
 - large sample size
 - midwives' perspective
 - issues on return to work
 - other ethnic groups



Conclusion

- To evaluate contemporary midwifery care
- To develop a culturally competent midwifery care model
- To make breastfeeding as a community norm in HK

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