Breastfeeding Practices of the
Vietnamese Community
San Diego County

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Demographic Profile

Vietnamese Population in San Diego County
❖ Vietnamese population makes up ~13% of API population in Mid-City region of San Diego County
❖ Third-largest ethnic group in SD County

❖ Little Saigon is located along El Cajon Blvd & University Ave in City Heights
❖ Recognized in 2013
❖ Vietnamese population makes up ~45% there

❖ Primarily Vietnamese and English, some Cantonese and French
❖ ~83% Vietnamese Americans are bilingual English & Vietnamese

❖ 75.7% of Asian Americans exclusively breastfeed in San Diego County
❖ In Vietnam, exclusive breastfeeding rates rose from 17% in 2010 to 24.3% in 2014

❖ Vietnamese population makes up ~45% there

❖ Third-largest ethnic group in SD County
Current Trends & Practices

Breastfeeding in the Vietnamese Community
Variations in Feeding Practices

❖ “Hot”/“Cold” states in mothers fare for specific diets during breastfeeding
  ➢ Replenishment
  ➢ Maintains breast milk production

❖ Negative perception of colostrum
  ➢ Stigma of “dirty” milk
  ➢ Perceived as not nutritious & discarded

❖ Prelacteal feeding practices
  ➢ Vietnam: Sugar/honey or herbal teas mixture
  ➢ California: (Pre-chewed) Rice paste or porridge
Attitudes Towards Breastfeeding

- Vietnam
  - 11 Vietnamese provinces: Low rate of exclusive breastfeeding (~30%), high rate of mixed feeding (~65%)

- San Diego, CA
  - Asian American population: High rate of exclusive breastfeeding (~76%), high rate of any breastfeeding (~96%)

- Social influences from social network (e.g. family) & healthcare professionals impacts feeding method in either regions
Barriers & Challenges

Transitions & Maintenance of Breastfeeding
Barriers & Challenges to Breastfeeding

Postpartum Mental Health

❖ Postpartum depression & mood disorders
❖ Physical pain translates to mental insecurities
❖ Self-efficacy and self-esteem in breastfeeding skills are affected

Immigration

❖ Cultural supportive network is disrupted
❖ Induces some immigrant mothers to abandon breastfeeding
Family Traditions
❖ Fear that lactating mother may suffer from “cold” disease & lack of access to abundant breast milk for infant

Biomedical Focus
❖ Implementing a 3-pronged approach:
  ➢ Tailored educational materials
  ➢ In-service clinician training
  ➢ Proficient material distribution

Support System Infrastructure

Socioeconomic Status of Milk

Hierarchy of Milk
❖ Belief that formula is superior to breastmilk

Work Obligations
❖ Pressures of returning to work after maternity leave

Education Matters
❖ Mothers with higher education levels have greater rates of longer exclusive breastfeeding
VIETNAM

❖ Alive & Thrive Initiative: Advocate, support, & implement learning for breastfeeding practices in hospitals

❖ Regional & national partnerships

❖ Centers of Excellence for Breastfeeding

❖ Accreditation:
  ➢ Central hospitals, by Ministry of Health (MOH)
  ➢ Provincial & district hospitals, by Departments of Health (DOH)
CALIFORNIA

- Department of Public Health: Breastfeeding initiative from Division of Maternal, Child, & Adolescent Health
- UCSF: Breastfeeding Support Logic Model
SAN DIEGO

- Health & Human Services Agency: Maternal, Child, and Family Health Services (MCFHS)

- UCSD, Lactation Supportive Environments: Breastfeeding-Friendly San Diego (BFSD) Initiative
SAN DIEGO

San Diego County Breastfeeding Coalition

Women, Infants, & Children, Southeast San Diego
Brief Overview: Infant Feeding Experience Survey

Education & Support
- 50% Additional information and support needed
- 25% Adequate info and support given
- 25% Lack of relevant info and support

Feeding Method
- 50% Exclusively breast milk
- 25% Formula only
- 25% Other - Cow’s milk

Confidence & Self-Efficacy
- 100% Feel confident about feeding her baby

Challenges
- 75% Latching issues
- 25% Breast pain from clogged ducts

n = 4
75% new Vietnamese-American mothers
75% are foreign-born in Vietnam
100% delivered in California hospitals

* Child is toddler age, ~3.5 years
** Preferred pronouns, per participant
Research in Review

Limitations & Recommendations Based on Literature Review
Findings of Research Limitations

LIMITATION 1
Disproportion between population size and breastfeeding support available to Vietnamese families in San Diego

LIMITATION 2
Local clinics with resources tailored to Vietnamese-speaking families

LIMITATION 3
Health education programs geared toward Vietnamese-American mothers
Recommendations of Solutions

SOLUTION 1
Run focus groups with families in Little Saigon to observe the needs and fit to appropriate scaling

SOLUTION 2
Partner with community health providers to share breastfeeding resources, bilingual option available

SOLUTION 3
Host /facilitate a quarterly educational program for the community in collaboration with other agencies


Thank You!