



BREASTFEEDING PRACTICES OF THE VIETNAMESE COMMUNITY



Vietnamese Population
San Diego County: 50,830
Mid-City Region: 11,674

THIRD LARGEST population in San Diego County and the **LARGEST** in City Heights.¹

In a 2016 study, results showed a statistically significant increase of **27.9%** in rates of exclusive breastfeeding in infants ages 0-6 months (from 18.9% to 57.8%) from the impact of the *Alive & Thrive* program implementation.²



\$1.5 BILLION

Vietnam stands to lose USD**\$1.5 billion annually** due to future cognitive losses associated with inadequate breastfeeding rates.³

TRENDS & NORMS

- "Hot" & "Cold" states affect both mother and infant's diet for proper breastfeeding.
- Belief that formula is superior to breastmilk based on perceived quality and costs.
- Negative perspective on colostrum and, therefore, it gets discarded.

BARRIERS

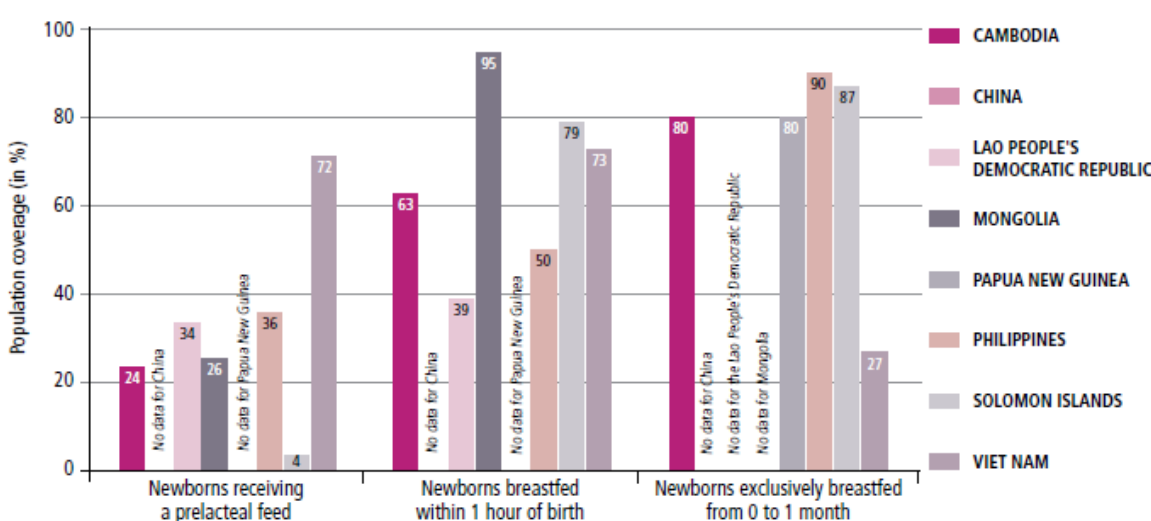
- Prevention of "cold" state illness by not breastfeeding exclusively.
- Mothers feel obligated to return to work shortly after giving birth to support family.
- Lack of support tailored to Vietnamese-speaking families seeking breastfeeding support, especially for immigrant families.

SUPPORT

- UC San Diego, Center for Community Health: Lactation Supportive Environments
- San Diego County Breastfeeding Coalition
- Women, Infants, & Children - Southeast San Diego

GLOBAL BREASTFEEDING RATES, 2006-2016⁴

FIGURE A 4.2 Population coverage for prelacteal feeding, early breastfeeding and exclusive breastfeeding from 0 to 1 month, eight countries, 2006–2016



Source of data: Country Demographic and Health Surveys and Multiple Indicator Cluster Surveys, 2006–2015. National Health Statistics Annual Report of China, 2016. Mongolia Health Indicators, 2015. Viet Nam National Reproductive Health Annual Report, 2016 (for indicator on newborns breastfed within 1 hour of birth).

Sources: 1. County of San Diego, Community Health Statistic Unit. (2017). *Demographic Profiles: San Diego County*, 1–47.
 2. Menon et al. (2016). Impacts of at-scale strategies to improve breastfeeding practices in Bangladesh and Viet Nam. *PLoS Med*, 13(10): e1002159, 1–28. <https://doi.org/10.1371/journal.pmed.1002159>.
 3. Walters et al. (2019). The cost of not breastfeeding: Global results from a new tool. *Healthy Policy & Planning*, 34(6), 407–417. <https://doi.org/10.1093/heapol/czz050>.
 4. World Health Organization, Regional Office for the Western Pacific. (2018). *Second biennial progress report : 2016–2017*, Figure A4.1, –88. <https://apps.who.int/iris/handle/10665/272803>.