2010-09-24

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Recommended Citation

Zhou, Qianling, "Reasons for Reducing Breastfeeding Duration Among Chinese Mothers in Ireland: a Qualitative Study" (2010). Other resources. 1.

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Reasons for Reducing Breastfeeding Duration among Chinese Mothers in Ireland-A Qualitative Study

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Reasons for Reducing Breastfeeding Duration among Chinese Mothers in Ireland: A Qualitative Study

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Background
The long-term and short-term health benefits of breastfeeding are well recognized. The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life[1].

Migration to another country has potential influences on breastfeeding practices[2].

The survey of Chinese mothers in Ireland demonstrated that while breastfeeding initiation rate among Chinese mothers who gave birth in Ireland was high (75.6%), there was a marked decline in duration (breastfeeding rate at 4 months: 39.3%)[3].

Aim
To acquire an insight into the influences of living in Ireland on Chinese mothers’ breastfeeding practices, and to explore in-depth the reasons contributing to the reduction of breastfeeding duration.

Methods
Study conducted between Nov-Dec 2009

Samples: (a) Chinese mothers, (b) Born in China, (c) Have been in Ireland for > 6 months

Purposive sampling + Snowball technique

Recruitment: involved telephone calls to the participants of the survey of Chinese mothers in Ireland + visits to Chinese language schools

Semi-structured focus group interviews, conducted in Chinese and in a location convenient to participants, lasted 40-70 minutes, audio-taped and transcribed verbatim.

Sample characteristics:
• Age: 23–49 years old (mean 35 years old)
• Duration in Ireland: 2–27 years (mean 8.5 years)
• Education: Training School 49%, 3rd level 18%
• Occupation: mainly housewife/part-time non-professional job
• 75.8% of participants had ever breastfed

Results from thematic content analysis:

Theme 1. Concern about breast milk quantity and quality
Participants largely related their health and breast milk supply to the cultural postnatal diet and behaviour restrictions.

(1.1) A lack of family support
Owing to a lack of family support in Ireland, participants were not able to have culturally perceived adequate diet (Figure 3).

(1.2) A lack of culturally sensitive support and advice from health professionals
Health professionals in Ireland were not aware of the Chinese culture, and mothers had to follow the Irish rituals which were against the cultural restrictions (Figure 3).

Main topics:
• How did you feed your child(ren) born in Ireland (and born in China)?
• Were there any influences of living in Ireland on your infant feeding practices? If yes, how did it influence?

Data analysis: Thematic content analysis assisted by the software NVivo 8.0. Results were validated by respondent validation.

Figure 1. Composition of focus groups.

Figure 2. Perceived influences on breast milk quantity and quality.

Figure 3. Negative influences on breast milk production.

Theme 2. Migrants’ socioeconomic problem
(2.1) Language barrier
“Except for those who are staying here (Ireland) permanently, most of us stay here for a short term. We come to Ireland for economic reason. It is not good to have our baby beside us. We have to work. If we want to take good care of the baby, we have to stop working. But it is impossible.” (Group 6)

(2.2) Sending children back to China a few months after birth
“Infant formula produced in China is not good… Haven’t you heard the problem (melamine-contaminated infant formula in China) months ago?… Infant formula (in Ireland) is good. It contains sufficient nutrients. So I do not need to breastfeed that long.” (Group 5)

Theme 3. A preference for infant formula on the Irish market
“In China you could not give up breastfeeding unless you really don’t have any milk… My mum reminded me to breastfeed for one year. I would become crazy if I did so! … I did not tell her that actually I weaned at four months (in Ireland).” (Group 7)

Theme 4. Less pressure to breastfeed in Ireland

Decline in breastfeeding duration was mainly due to a lack of family support, the contradiction in postnatal practices between the Eastern and Western culture, mother’s low socio-economic status in Ireland; and a preference for infant formula on the Western market.

Language specific and culturally sensitive breastfeeding support and education among Chinese mothers in Ireland is needed.

Conclusion

References

This project is funded by Postgraduate R&D Skill, Strand I, Republic of Ireland.