



<b>Title</b>	<b>Becoming a role model: The breastfeeding trajectory of Hong Kong women breastfeeding longer than 6 months</b>
<b>Author(s)</b>	<b>Tarrant, M; Dodgson, JE; Choi, VWK</b>
<b>Citation</b>	<b>International Journal Of Nursing Studies, 2004, v. 41 n. 5, p. 535-546</b>
<b>Issued Date</b>	<b>2004</b>
<b>URL</b>	<b><a href="http://hdl.handle.net/10722/54330">http://hdl.handle.net/10722/54330</a></b>
<b>Rights</b>	<b>Creative Commons: Attribution 3.0 Hong Kong License</b>



ELSEVIER

SCIENCE @ DIRECT®

International Journal of Nursing Studies ■ (■■■■) ■■■-■■■

INTERNATIONAL JOURNAL OF  
NURSING  
STUDIES[www.elsevier.com/locate/ijnurstu](http://www.elsevier.com/locate/ijnurstu)

# Becoming a role model: the breastfeeding trajectory of Hong Kong women breastfeeding longer than 6 months

Marie Tarrant<sup>a,b,c,\*</sup>, Joan E. Dodgson<sup>d</sup>, Vinkline Choi Wing Kay<sup>e</sup>

<sup>a</sup> Department of Nursing Studies, University of Hong Kong, Hong Kong SAR, China

<sup>b</sup> School of Nursing and Public Health, Edith Cowan University, Perth, Western Australia, Australia

<sup>c</sup> Department of Nursing Studies, University of Hong Kong, 4/F, Academic and Administration Block, 21 Sassoon Rd. Hong Kong

<sup>d</sup> Duke University School of Nursing, 811 9th Street, Suite 200 Durham, NC 27707, USA

<sup>e</sup> Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan Hong Kong

Received 6 August 2003; received in revised form 8 December 2003; accepted 11 December 2003

## Abstract

While a substantial proportion of breastfeeding women stop early in the postpartum period, some women are able to breastfeed for longer periods. The aim of this research was to explore the experience of breastfeeding with a subsample of Hong Kong women who have breastfed for longer than 6 months. Participants ( $n = 17$ ) were recruited from a larger infant-feeding study ( $n = 360$ ) conducted in tertiary-care hospitals in Hong Kong. In-depth qualitative interviews were conducted and content analysis was used to analyse the data. Data analysis revealed four themes that encompassed the women's experiences: (1) making the decision, (2) maintaining family harmony, (3) overcoming barriers, and (4) sustaining lactation. Antenatally, participants anticipated that breastfeeding would be very 'difficult' and described how the practice did not fit with the image of a professional woman in Hong Kong. Despite family opposition, frequently from their mother-in-law, and lack of societal acceptance, difficulties were overcome by what the Chinese people call *hung-sum* or determination. This study highlights unique cultural and social findings affecting breastfeeding women in Hong Kong which may be useful to health-care providers working with Chinese women locally and internationally. © 2004 Elsevier Ltd. All rights reserved.

**Keywords:** Breastfeeding; Infant feeding; Infant nutrition; Hong Kong

## 1. Introduction

Breastfeeding provides optimal and complete nutrition for newborn babies. The benefits of breastfeeding to both the infant and the mother have been widely recognized (World Health Organization, 2001). Despite these benefits, a substantial portion of women in developed countries still do not breastfeed. Furthermore, women who do choose to breastfeed often do so for only short periods. The health benefits of breastfeed-

ing are dose-dependent, meaning that breastfeeding longer and exclusively confers greater health benefits to the infant (Lawrence, 1997). Exclusive breastfeeding for 6 months is recommended and results in reduced gastrointestinal morbidity for the infant while ensuring optimal growth and development (Kramer and Kakuma, 2003).

Women in Hong Kong, like women in many other industrialized countries, are increasingly choosing to breastfeed their infants. The latest data indicate that 60% of all new mothers now initiate breastfeeding, up from 19% in 1981 (Khin et al., 2002). Despite recommendations from the World Health Organization (WHO) (World Health Organization, 2001) and the local Department of Health (Hong Kong Department of

\*Corresponding author. Department of Nursing Studies, University of Hong Kong, 4/F, Academic and Administration Block, Faculty of Medicine, 21 Sasson Road, Hong Kong. Tel.: +852-2819-2643; fax: +852-2872-6079.

E-mail address: [tarrantm@hku.hk](mailto:tarrantm@hku.hk) (M. Tarrant).

1 Health, 2003) for exclusive breastfeeding up to 6 months  
 2 of age and continued breastfeeding up to 12 months of  
 3 age, few Hong Kong women exclusively breastfeed and  
 4 most stop breastfeeding within the first few months  
 5 postpartum. Data on duration and exclusivity of  
 6 breastfeeding in Hong Kong is sometimes conflicting,  
 7 reflecting the often fragmented nature of data collection.  
 8 One population-based study of the 1997 birth cohort in  
 9 Hong Kong found that only 20% of infants were still  
 10 breastfeeding at 1 month of age and just over 10% were  
 11 still breastfeeding at 3 months of age (Leung et al.,  
 12 2002a, b). Another large breastfeeding survey showed  
 13 that from 1997 to 2000, 35–39% of women breastfed for  
 14 at least 1 month, 22–28% breastfed for 4 months, and  
 15 15–19% breastfed for at least 6 months (Khin et al.,  
 16 2002). A longitudinal non-population based study found  
 17 that up to 20% of women continued to breastfeed for 6  
 18 months or longer (Dodgson et al., 2003a).

19 Although Khin et al. (2002) report that rates of  
 20 exclusive breastfeeding at 1 month increased from 14%  
 21 in 1997 to 22% in 2000, Chan et al. (2000) found that  
 22 44% of breastfeeding participants ( $n = 44$ ) who had  
 23 intended to exclusively breastfeed for 3 months or more,  
 24 had completely weaned their infants by their sixth week  
 25 postpartum. Of the participants who continued to  
 26 breastfeed past 3 months, 13% were supplementing  
 27 their breastfeeding with artificial milk (Chan et al.,  
 28 2000). Overall, women who initiate breastfeeding in  
 29 Hong Kong are older, more highly educated, and less  
 30 likely to return to full-time employment in the post-  
 31 partum period (Leung et al., 2002a, b). Furthermore,  
 32 Hong Kong has one of the highest Cesarean Section  
 33 rates (27.1%) in the world (Leung et al., 2001), a factor  
 34 which has been demonstrated to adversely impact  
 35 breastfeeding rates (Leung et al., 2002a, b).

36 Traditional Chinese postpartum practices and family  
 37 dynamics also play a substantial role in Hong Kong  
 38 women's decisions about breastfeeding. Chinese  
 39 mothers often spend the first month after delivery  
 40 convalescing at home, away from societal obligations  
 41 (Fok, 1996). This is referred to as *doing-the-month* or  
 42 *Chòh Yuht* in Cantonese (the Hong Kong Chinese  
 43 dialect). During this time, traditional practices dictate  
 44 that the new mother rest in bed and eat prescribed foods  
 45 that promote recovery from childbirth and increase milk  
 46 production (Fok, 1996; Holroyd et al., 1997). Adherence  
 47 to these practices is considered preventive, as it is  
 48 believed that it helps to restore health and prevent  
 49 debilitating diseases, such as asthma and arthritis, later  
 50 in life (Pillsbury, 1982). This period can be isolating for  
 51 the woman as contact with the outside world is  
 52 minimized so that the mother can rest and recover  
 53 (Chee and Horstmanshof, 1996).

54 In Confusion-based societies, breastfeeding practices  
 55 are also influenced by maternal position within the  
 family and roles of other family members. The mother-

56 in-law, traditionally the most powerful family member,  
 57 exerts a special influence on infant feeding decisions.  
 58 During interviews with more than 4000 Chinese women  
 59 in Singapore over a 5-year period, Fok (1996) found that  
 60 mothers who wanted to breastfeed would not do so if  
 61 any significant other opposed their decision. This  
 62 maternal behaviour was attributed to a characteristic  
 63 Chinese desire to 'save face' (a complex etiquette for  
 64 social interactions) and preserve family relationships by  
 65 agreeing with those of a higher social status such as the  
 66 mother-in-law. Furthermore, participants in studies of  
 67 postnatal practices in both Hong Kong-born women  
 68 and migrant Chinese women reported that they adhered  
 69 to the traditional dietary and activity restrictions if  
 70 encouraged to do so by their spouse or older relatives  
 71 (Holroyd et al., 1997; Matthey et al., 2002).

72 In Hong Kong, 75% of women aged 25–45 years  
 73 work full-time (Hong Kong Census and Statistics  
 74 Department, 2001). The maximum maternity leave  
 75 available is 10 weeks and a minimum of 2 weeks must  
 76 be taken before the woman's expected date of confine-  
 77 ment (Hong Kong Labour Relations Promotion Unit,  
 78 2002). Compliance with maternity leave regulations,  
 79 however, varies with employers. Work environments  
 80 rarely provide support for lactating women (Tarrant  
 81 et al., 2002). Leung et al. (2002a, b) found that mothers  
 82 who were employed full-time were 25% less likely to  
 83 breastfeed. In another Hong Kong study, where 235  
 84 breastfeeding mothers were surveyed about their reasons  
 85 for early weaning, 67% reported that their maternity  
 86 leave was insufficient time to establish nursing (Chee  
 87 and Horstmanshof, 1996).

88 Although the majority of breastfeeding women in  
 89 Hong Kong wean early in the postpartum period, a  
 90 small proportion do breastfeed for extended periods of  
 91 time (Dodgson et al., 2003a). Exploring and describing  
 92 the experiences of these women can provide valuable  
 93 information to health professionals trying to improve  
 94 breastfeeding rates among Chinese women both locally  
 95 and internationally. Therefore, the specific objectives of  
 96 this investigation were to: (a) explore the breastfeeding  
 97 experiences of first-time mothers who had breastfed for  
 98 6 months or longer, and to (b) identify factors that  
 99 contributed to their sustained breastfeeding.  
 100

## 101 2. Research method

### 102 2.1. Study design

103 The research reported in this paper was conducted as  
 104 part of a larger longitudinal infant feeding study, which  
 105 examined the relationship between motivational and  
 106 situational variables and primipara mothers' infant  
 107 feeding behaviours (Dodgson et al., 2003a, b; Tarrant  
 108 et al., 2002). Data gathered for this investigation were  
 109  
 110  
 111

collected using a qualitative descriptive design, which explored and described participants' experiences and how these related to other social and cultural factors. This design is consistent with the study objectives because it presents a comprehensive summary of people's experiences in everyday terms, and is the preferred method when the aim of the researcher is to obtain answers to questions of special relevance to practitioners (Sandelowski, 2000).

## 2.2. Participant selection

Participants were recruited into the larger study during the immediate postpartum period from two public hospitals on the island of Hong Kong. In each hospital more than 3000 births occur per year, primarily low-risk deliveries. The following criteria were used for selection of study participants: (i) primiparas; (ii) Cantonese speaking; (iii) Hong Kong residents for more than 1 year; and (iv) no serious medical or obstetrical complication. Breastfeeding participants from the larger study were invited to take part in this investigation if they continued to breastfeed for 6 months or longer ( $n = 31$ ). Twenty-four mothers were invited to participate and 17 mothers agreed to be interviewed, yielding a participation rate of 71%. The remaining seven eligible participants were not approached to participate in the study as data saturation had been achieved. Two participants interviewed for this study also participated in a previous qualitative investigation of the factors affecting breastfeeding initiation carried out at 1-month postpartum (Tarrant et al., 2002).

## 2.3. Data collection instrument

In this investigation, person-centred in-depth interviews (Levy and Hollan, 1998) were carried out with the participants between 6 and 8 months postpartum. An interview guide with open-ended questions was developed for the study. Discussion topics for the interviews included the participants' decision-making process, their breastfeeding experiences, the feelings of their husband and family members about their breastfeeding decision, breastfeeding support, and their experiences sustaining breastfeeding while returning to work and resuming normal activities.

## 2.4. Data collection procedures

In-person interviews were conducted with participants by the first author and a translator over a 6-month period from May to November 2001. Interviews were conducted primarily in the participants' homes. The husbands of eight participants were present during the interviews and chose to participate to varying degrees. After informed consent was obtained, interviews were

conducted in either Cantonese ( $n = 7$ ) or English ( $n = 10$ ) and with the participants' permission were audio taped. A trained translator was used to interview all Cantonese-speaking participants and was present to assist with any required translation at all but five of the English interviews. In the five interviews where the translator was not present, participants were asked if they wished a translator to be present but in each case stated that they did not feel the need as they were bilingual. The interviews lasted from 45 min to 2 h.

The seven Cantonese interviews were translated and transcribed into English by a bilingual translator/transcriptionist. A bilingual research assistant reviewed the taped interviews and validated the accuracy of the transcription and translation of each interview. The transcriptionist transcribed the ten English interviews verbatim and the interviewer verified the accuracy of the transcription. After each interview, the researchers reviewed the transcripts to gain further insight into the mothers' experiences, which then provided information used to refine subsequent interview questions. In this way, questions raised during data collection were further explored in subsequent interviews increasing the richness of the data (Morse and Field, 1995).

## 2.5. Data analysis

The researchers reviewed all transcripts repeatedly and independently. Thematic content analysis was conducted, following the guidelines put forth by Morse and Field (1995). An inductive open coding procedure was employed whereby the data were coded and codes were grouped together and then categorized. Subsequent to reflection, themes emerged that captured a substantial portion of the coded data. Once the themes were identified, the transcripts were reviewed again to validate the thematic analysis and to ensure that all meaningful interview data had been analysed. After independent analysis, the researchers compared categories and themes and reviewed the data until a consensus was reached concerning the thematic structure. Throughout data analysis, the NVIVO software program (Richards, 1999) was used to assist with organization, management, and analysis of the data.

## 2.6. Ethical considerations

Prior to data collection, the Institutional Review Boards of the Faculty of Medicine, University of Hong Kong and the two participating hospitals, granted ethical approval. Informed written consent was obtained from each participant prior to data collection. Confidentiality was maintained throughout the research process by ensuring that participants' names were not associated in any way with the data collected and by keeping all research materials in a secure location.

### 3. Study findings

The demographic profile of the participants is presented in Table 1. The age of participants ranged from 27 to 38 years. The mean age of 32 years (SD=3.73) was slightly older than the mean age of 30.5 years in the larger study sample (Dodgson et al., 2003b). All participants were married. Overall, participants exceeded their expected duration of breastfeeding by approximately 16 weeks and the majority ( $n = 14$ ) were still breastfeeding at the time of data collection. Almost 65% ( $n = 11$ ) returned to work full-time after delivery with a mean return-to-work time of 9.8 weeks (SD=3.10).

Following thematic analysis (Morse and Field, 1995), four themes emerged that depicted the breastfeeding trajectory of the participants over the course of their first 6 months of breastfeeding: making the decision, maintaining family harmony, overcoming barriers, and sustaining lactation. Within each theme subcategories, which further described aspects of the theme, are discussed (see Table 2).

#### 3.1. Making the decision

All participants stated that their decision to breastfeed was based on their awareness of the benefits of breastfeeding for the baby. Other factors, however, affect the breastfeeding decisions of participants and influence their decision-making about how long they would breastfeed. These influences are described under two thematic subcategories: societal influences and expectations of the breastfeeding experience.

##### 3.1.1. Societal influences

While breastfeeding was a decision all participants had carefully thought about, most believed that Hong Kong women's decisions about breastfeeding were affected by prevalent negative societal attitudes. Often participants referred to the issue of social class expectations; breastfeeding and child rearing are seen by many as activities of lower class women. Breastfeeding is a practice that is often seen as incongruous with the professional working woman. One participant describes:

The mindset here is that people think that only those mothers who have low educational background will

Table 1  
Profile of participants

Characteristic	M (SD)
Age	32.06 (3.73)
Intention to breastfeed (weeks)	24.13 (14.07)
Actual duration of breastfeeding (weeks)	39.82 (11.90)
Return to work time (weeks)	9.80 (3.10)

Table 2

The thematic structure of the trajectory of Hong Kong women who breastfed longer than 6 months

Making the decision	61
Societal Influences	63
Expectations of the breastfeeding experience	67
Maintaining family harmony	65
Doing-the-month (Chóh Yuht)	67
Family resistance	69
Burden of breastfeeding	71
Persistence in overcoming barriers	73
Seeking support	75
Anti-breastfeeding advice	77
Returning to work	79
Determination (Hung-sum)	81
Sustaining lactation	83
Achieving validation	85
Becoming a role model	87

breastfeed their babies. They don't think a professor or a doctor will breastfeed their babies, I don't know why. Maybe they have some prejudice because in Hong Kong we have many immigrants from China. They think that only those immigrant women will do that and Hong Kong women don't do that. I think it is a very, very bad mindset. But also in Hong Kong women are money-oriented. There is a belief that home-makers or house-wives do not have much social status. We call them 'Si Lai', do you know 'Si Lai'? The interpretation is of a layman, a lower class housewife. Because they do not earn income for the family they are treated as lower class. If I can earn tens of thousands of [Hong Kong] dollars a month they will think I am a high level professional career woman. (Participant #2)

Participants agreed, however, that the general public's perceptions about breastfeeding are changing and breastfeeding is slowly becoming more acceptable within Hong Kong society.

##### 3.1.2. Expectations of the breastfeeding experience

Breastfeeding, like other social behaviour, is often strongly influenced by one's family and peers. Although all participants breastfed for at least 6 months and some planned it this way, not all initially anticipated continuing to breastfeed for as long as they did. Because of discussions with family members and friends, most women held the expectation that breastfeeding would be a difficult process, and only a few were actually advised to breastfeed. Therefore, most participants began breastfeeding thinking that they would 'try it' and did

1 not plan specifically how long they would continue to  
2 breastfeed.

3 At that time, I did not plan how long I would  
4 breastfeed him because I did not know if I could  
5 breastfeed. Because some of my friends told me that  
6 it had not been a good experience for them  
7 breastfeeding their babies, I just wanted to try my  
8 best.

9 (Participant #12)

11 All participants knew other mothers who had tried to  
12 breastfeed but had failed or had given up very early in  
13 the postpartum period. As one participant stated, many  
14 of her peers expected her to have a similar result:

15 My friends didn't advise me not to breastfeed the  
16 baby, they just said it's not easy. It's not easy and it is  
17 very difficult they said. It is difficult...at the  
18 beginning they said. They thought I would give up  
19 in the first month because they said it is not easy.  
20 (Participant #2)

23 Participants reported, however, that as their breast-  
24 feeding experience progressed their confidence grew and  
25 they were able to continue for longer than expected.

### 27 3.2. Maintaining family harmony

29 In Chinese culture, maintaining family harmony by  
30 respecting the wishes of one's elders is expected of all  
31 young adults. During the postpartum period, this  
32 expectation became problematic for many participants  
33 as the advice and guidance of their elders often  
34 conflicted with their own desires. Participants' descrip-  
35 tions of their attempts to maintain family harmony are  
36 described under three thematic subcategories: doing-the-  
37 month (*chóh yuht*), family resistance to breastfeeding,  
38 and the burden of breastfeeding.

#### 39 3.2.1. Doing-the-month (*chóh yuht*)

41 In traditional Chinese society, the postpartum period  
42 is replete with rituals that new mothers are expected to  
43 follow while *doing-the-month* (*Chóh Yuht*). To please  
44 their elders and to minimize family conflict, all but two  
45 study participants reported following at least some of  
46 the traditional practices prescribed during the immediate  
47 postpartum period. Most, however, reported that they  
48 did not believe there were any specific benefits to  
49 following these practices. Since they 'did no harm'  
50 participants followed them to maintain family harmony  
51 and to please their mother or mother-in-law.

53 Participants primarily followed the dietary prescrip-  
54 tions and reported most difficulty complying with the  
55 restrictions on bathing, showering, and washing their  
56 hair. Foods such as chicken, eggs, ginger, and fish and  
57 papaya soup were consumed regularly to help promote

58 healing, to increase the dissolving of postpartum blood  
59 clots, and to increase the milk supply. One participant  
60 described her experience:

61 Actually I didn't want to follow it, but I had to.  
62 Because my mom and mother-in-law asked me to  
63 follow this culture. But I don't mind. The horrible  
64 thing is that you can't go outside and you can't wash  
65 your hair.... But, I don't want to see anyone  
66 unhappy. So I think that only one month is fine.  
67 But, I said only one month. I can't continue to do  
68 something that horrible. (Participant #10)

69 Three participants even reported bathing and washing  
70 their hair 'in secret' so that their mother or mother-in-  
71 law would not find out about it.

#### 73 3.2.2. Family resistance to breastfeeding

74 Participants also described the strong opposition they  
75 frequently encountered from their family members over  
76 their decision to breastfeed their baby. Many of their  
77 family members associated formula fed 'chubby babies'  
78 with healthy babies. As their breastfed babies tended to  
79 be leaner, participants often met with family disapproval  
80 over their decision to breastfeed. A number of these  
81 participants felt a generation or a gender gap existed in  
82 understanding the value of breastfeeding and tried to  
83 help other family members understand why it was  
84 important to provide their own milk to their baby. One  
85 participant summarized it this way:

86 Some women's mothers or mothers-in-law, don't  
87 want them to breastfeed their babies because they  
88 think the formula is better than their own milk and  
89 they discourage their daughter or daughter-in-law. I  
90 think for the older generation, for example, over 60  
91 years old, they recommend breastfeeding but for  
92 those in their 40s or 50s, they don't recommend it.  
93 They think the formula is the best. I think for those  
94 who are over 60, they didn't have formula at that  
95 time, they only had breastfeeding. I think the  
96 commercials also give them the wrong concept that  
97 formula is the best. (Participant #17)

99 As maintaining family harmony was a priority,  
100 participants were expected to defer to the wishes of her  
101 in-laws, even by her own family. One participant  
102 described her anguish in trying to continue breastfeeding  
103 against strong family opposition:

104 My family and all my relatives do not support me on  
105 breastfeeding.... I was always feeling very unsup-  
106 ported because my husband pressed me to give  
107 formula milk to the baby.... Initially, my husband  
108 didn't object but when the baby's weight dropped to  
109 a little over 5 pounds. She had jaundice and the light  
110 but the results were not good. Some people told him  
111 that if you use formula milk, you won't have this

1 problem of jaundice. So my husband wanted me to  
 2 use formula milk and then it got to be more and  
 3 more. My baby was hospitalized twice. The first time,  
 4 she almost needed a blood transfusion. [My husband]  
 5 just wanted the best for the baby so he wanted me to  
 6 feed formula milk. I know that breast milk is the best  
 7 milk because it has materials that can build up the  
 8 baby, the brain, so I must give her the breast milk.  
 9 The second time she was in the hospital, I thought  
 10 she may die. I was afraid so I made a choice to tell the  
 11 doctor 'I won't give her breast milk'. My relatives  
 12 didn't support me (sobbing). My own mother comes  
 13 from a very traditional family. My mom wanted me  
 14 to obey my husband's family and my husband's  
 15 father and mother didn't want me to breastfeed....  
 16 After my mother found out the condition of the  
 17 baby, she repeatedly called me up, my sisters too,  
 18 telling me to stop breastfeeding, in a scolding  
 19 manner. They questioned me as to why I kept doing  
 20 this? I talked and explained to my mother openly  
 21 about this. But I did not say a word to my parents-in-  
 22 law because I don't want to irritate them and to cause  
 23 the relationship to go sour. So I just restrained myself  
 24 on this matter. (Participant #9)

25 Another participant described her experience:

26 My husband complains to me, he feels the baby is not  
 27 so big as other babies, he is still very small, still very  
 28 hungry. 'Maybe your breast feeding is not so  
 29 successful or your milk supply is too little for the  
 30 baby.' Every day, he pushes me to stop. I feel very  
 31 depressed and I can say once or twice I cried over  
 32 this. Because how come I want to give the best  
 33 present to my baby but they feel that it's not good for  
 34 my baby.... My husband always pushes me to stop  
 35 and also his family. When sometimes I go to work,  
 36 they use my pumped milk to feed my baby, but  
 37 sometimes when the baby is nearly finish the bottle  
 38 they will try to add the instant milk to the baby.... I  
 39 feel they are not so supportive of me. (Participant #1)

### 40 3.2.3. The burden of breastfeeding

41 As part of *doing-the-month*, the 1-month period of  
 42 postnatal rest is seen as very important and failure to  
 43 comply will result in long-term health consequences for  
 44 the new mother (Pillsbury, 1982). While some partici-  
 45 pants reported that their family members knew breast-  
 46 feeding was best for the baby and supported their  
 47 decision to breastfeed, family members also frequently  
 48 expressed concern about the 'burden' of breastfeeding  
 49 for the new mother. Participants' families expressed  
 50 concern that breastfeeding is so demanding and  
 51 exhausting for her that she will be unable to get the  
 52 required amount of rest. These worries appeared to be

53 expressed more often by family members who had not  
 54 previously breastfed. 57

55 My mother and auntie, at the beginning, they  
 56 perceived it was tough for me to breastfeed. I did  
 57 not sleep well... they wondered if I was exhausted....  
 58 The main reason is that they thought it was tough for  
 59 me. They were afraid. Three days after being  
 60 discharged from the hospital, I had a relatively  
 61 severe flu. Later, they told me not to breastfeed  
 62 because I would get worse. In the Chinese culture, it  
 63 is difficult to recover when a woman is ill within one  
 64 month of giving birth.... Also, at the beginning, my  
 65 mother-in-law told me not to breastfeed because she  
 66 thought it would be tough for me. She wondered if I  
 67 could manage. (Participant #11) 69

70 Mothers or mothers-in-law who had breastfed their  
 71 own children were less likely to advise participants to  
 72 discontinue breastfeeding. Instead of encouraging  
 73 mothers to supplement or switch to infant formula,  
 74 family members who had personal breastfeeding experi-  
 75 ence would provide other supportive help (e.g., house  
 76 cleaning and cooking) so that the new mother could  
 77 concentrate completely on breastfeeding and not be  
 78 overwhelmed with other tasks. 81

82 My mother is very supportive because my mother is  
 83 the old generation type, she breastfed all of us. My  
 84 mother has four children, all breastfed. She knows  
 85 that it is good, of course it is good. So my mother has  
 86 always supported me. (Participant #6) 87

88 Other roles within the family can be affected by the  
 89 choice to breastfeed. Family members, especially the  
 90 mother-in-law, often monitor the new mother's com-  
 91 pliance with traditional postpartum practices. Two  
 92 participants speculated that when a new mother  
 93 breastfeeds, her mother-in-law may feel that she is not  
 94 fulfilling her role as caretaker of the mother and baby  
 95 during the postpartum period, as she would be if the  
 96 baby was being formula fed. 97

### 98 3.3. Persistence in overcoming barriers 99

100 Continuing to breastfeed beyond 6 months required  
 101 persistence by the participants to overcome the barriers  
 102 they faced. This process of overcoming barriers is  
 103 further described under the following thematic subcate-  
 104 gories: seeking support, anti-breastfeeding advice, re-  
 105 turning to work, and determination (*hung sum*). 107

#### 108 3.3.1. Seeking support

109 Participants who did not have family support or who  
 110 felt they needed extra help often sought support from  
 111 breastfeeding professionals and peer support organiza-  
 112 tions in Hong Kong. Participants contacted lactation

1 consultants, nurses in the government-run Maternal and  
 3 Child Health Centres, various breastfeeding hotlines,  
 5 and the Hong Kong Breastfeeding Mothers Association.  
 7 A few sought advice from friends and peers who had  
 9 breastfed. Three women who had live-in domestic  
 11 helpers, reported that these women were a valuable  
 13 source of support as they had previous breastfeeding  
 15 experience. The following participant underscored the  
 17 importance of support to the new mother:

11 Fortunately, our domestic helper, she had experience  
 13 with successful breastfeeding and she taught me how  
 15 to do it when I was in the hospital. The support from  
 17 the surrounding people is very important because if  
 19 at that point, if anybody told me to stop, I might  
 21 have stopped. But fortunately, they kept on telling  
 23 me to try and they told me that it is the best for your  
 25 son, so please do it. And so I can persist with it.  
 27 (Participant #11)

### 21 3.3.2. *Anti-breastfeeding advice*

21 Unfortunately, family members were not the only  
 23 people to recommend that new mothers discontinue  
 25 breastfeeding. Twelve out of the 17 participants reported  
 27 that a health professional, in most cases a General  
 29 Practitioner, had advised them to completely discon-  
 31 tinue breastfeeding. These recommendations were given  
 33 for a variety of inappropriate reasons, including atopy  
 35 and maternal illness, or simply because they considered  
 37 it no longer necessary for the participant to breastfeed.  
 39 Participants often reported that General Practitioners  
 41 told them that breastfeeding past 2–3 months was  
 43 unnecessary and offered no extra benefits for the baby.  
 45 As some of the participants identified, they themselves  
 47 often had a greater understanding of breastfeeding than  
 49 the professionals from whom they sought advice.

37 When my son was four months old, I had a very  
 39 severe cold. I went to my family doctor and I asked  
 41 him ‘can I still breastfeed when I take the medicine?’  
 43 And he asked how old my baby was and I said four  
 45 months. He said, ‘oh, it’s a great opportunity to quit.  
 47 You do not need to breastfeed him anymore. He has  
 49 gotten all of the benefits from you; you can now  
 51 change to formula.’ I was very very disappointed as  
 53 before that I thought he was a very professional  
 55 doctor but after that event, I changed my opinion  
 (laughing). (Participant #17)

49 Participants also discussed their in-hospital experi-  
 51 ences while initiating breastfeeding. Participants, who  
 53 were sure of their decision to breastfeed and insisted that  
 55 their babies have only breast milk, reported that nurses  
 and hospital staff were supportive and did not encour-  
 age formula use. Participants who were less confident  
 and who experienced difficulties initiating breastfeeding,  
 however, often reported that hospital nurses encouraged

57 supplementation. One participant described her experi-  
 59 ence of initiating breastfeeding while her baby was being  
 investigated for a cardiac anomaly:

61 Often times the hospital procedures make it very  
 63 difficult when there is something, you know, if there’s  
 65 maybe something wrong with the baby or they are  
 67 checking to see if there is something wrong with the  
 69 baby. The hospital procedures make it very difficult  
 71 for the mother to keep breastfeeding the baby. And  
 73 also, some of the nurses, although they do not  
 verbally advise you to stop breastfeeding because the  
 baby needs to stay in the hospital, but their actions  
 made me feel that they actually didn’t like us to do  
 the breastfeeding. Some of them are this way but not  
 all. I think they think it is easier for them to do their  
 work if I do not breastfeed. (Participant #15)

75 Another participant related her experience of trying to  
 breastfeed her baby immediately after birth.

77 Right after I gave birth the baby was taken away  
 79 immediately because of hypothermia. I think she was  
 81 a Nursing Officer, she said that you can feed her  
 anything, she will grow. I felt that was discouraging.  
 (Participant #16)

83 Participants also stressed that while nurses were  
 85 helpful and tried to support them as much as possible,  
 nurses were often too overburdened to be able to offer  
 much individualized breastfeeding support.

### 87 3.3.3. *Returning to work*

89 Although maternity leave in Hong Kong is short,  
 91 eleven participants were able to balance a return to full-  
 93 time employment and the continuation of breastfeeding.  
 95 While most participants would have liked a longer  
 97 period of time at home with their babies, for financial  
 reasons they had to return to work full-time. Expressing  
 their breast milk with a pump was the strategy used by  
 all full-time workers to enable them to continue  
 breastfeeding while working. Only two women had a  
 designated nursing mother’s room in their workplace.  
 Few participants had separate rooms or places that were  
 sufficiently private and comfortable for pumping. The  
 toilet, while not optimal, was the place most frequently  
 used by the participants to express their milk. Adequate  
 preparation was identified as being important in  
 allowing participants to continue breastfeeding while  
 working. Having discussions with supervisors, ensuring  
 there was somewhere to store the milk, and starting to  
 pump before returning to work were strategies that  
 various participants used to smooth this transition.

### 109 3.3.4. *Determination (Hung-sum)*

111 Although participants expected breastfeeding to be  
 ‘difficult’, most still found the initial experience some-



1 what overwhelming. All but one participant reported  
 2 insufficient milk in the first days and weeks postpartum.  
 3 Many experienced pain and discomfort from cracked  
 4 and sore nipples while trying to position the baby  
 5 correctly. Two participants experienced mastitis. All  
 6 experienced fatigue and sleep deprivation. According to  
 7 some participants, it is necessary for both mother and  
 8 baby to acquire experience and skill in breastfeeding to  
 9 be successful. They stressed that both parties require  
 10 practice and need to become acquainted with each other  
 11 before competence can be achieved. While participants  
 12 described often wanting to quit breastfeeding, they  
 13 identified having what Chinese people call *hung-sum* or  
 14 determination enabled them to overcome the difficulties  
 15 they encountered:

16 In the beginning, I was not accustomed to it. For  
 17 example, the frequency of feeding, sometimes it's  
 18 hard to get a good night's sleep. But you must be  
 19 determined to solve these problems. You must be  
 20 patient or else you will give up easily. (Participant #3)

21 Another participant discussed how she believed that  
 22 women who quit breastfeeding simply lacked determina-  
 23 tion:

24 I've got a friend who just gave birth to a baby two  
 25 days after me, she can't breastfeed. And I know, from  
 26 relatives and friends, only half of them can breast-  
 27 feed. Almost half cannot do it and even those half  
 28 who do breastfeed, they quit when they go back to  
 29 work. For those who can't breastfeed, they always  
 30 blame it on something: 'there isn't enough [milk] for  
 31 the baby; he/she cries a lot and that makes them  
 32 worried and upset; the breastfeeding is hurting her'  
 33 those kind of excuses. They don't persist so maybe  
 34 their determination is not that high. (Participant #14)

### 3.4. Sustaining lactation

35 After overcoming breastfeeding barriers, participants  
 36 described the sense of accomplishment they received  
 37 from their breastfeeding experience. They were comfor-  
 38 table in their role and subsequently were able to  
 39 promote breastfeeding to their pregnant friends and  
 40 family members. Participants' experiences are described  
 41 under two thematic subcategories: achieving validation  
 42 and becoming a role model.

#### 3.4.1. Achieving validation

43 Almost all participants identified a point at which  
 44 they felt they achieved a 'breakthrough' and sustaining  
 45 lactation became easy and natural. Depending on the  
 46 participant, this breakthrough point occurred anywhere  
 47 from 2 weeks to 2 months. By 2 months, however, all  
 48 participants had overcome the major barriers and were  
 49 sufficiently comfortable with breastfeeding. As a result,

50 breastfeeding their first child was rewarding and  
 51 validating experience for all mothers in this study.  
 52 Participants perceived that their babies were much  
 53 healthier and were developmentally and intellectually  
 54 superior to the formula-fed infants of their peers and  
 55 relatives. These perceptions validated the participants'  
 56 breastfeeding decision. Participants viewed breastfeed-  
 57 ing as the parents' contribution to their child's future  
 58 and they felt great pride in this achievement. One father  
 59 described the couple's feelings as parents:

60 We find there is a difference between our son and  
 61 other boys. For example, he is very healthy and  
 62 strong. So far, he hasn't needed any medical  
 63 consultations, none. Instead ... my brother's son,  
 64 he has one every month, it is very regular. His son  
 65 needs to go to the doctor but our son is very strong,  
 66 even in this season.... So we think that breastfeeding  
 67 builds a good foundation for all kids, especially for  
 68 our kids. (Husband of Participant #17)

69 Another mother stated:

70 In the ward in the opposite bed, that baby is one day  
 71 older than my son. I breastfed my son but that  
 72 mother did not. And now we are good friends, so I  
 73 always compare the both of us. I always compare our  
 74 sons and my son is stronger and... with our baby the  
 75 muscles and bones are stronger. Her son is weaker.  
 76 (Participant #8)

77 Participants also reported validation from the changes  
 78 in her family members' opinions about breastfeeding, as  
 79 their babies grew and developed. Their strong and  
 80 healthy babies demonstrated the superiority of breast  
 81 milk over infant formula to family members who were  
 82 previously sceptical of the benefits of breast milk.  
 83 Although they may have initially encouraged formula  
 84 feeding, often the family members' opinions about  
 85 breastfeeding were transformed and they now supported  
 86 the mother's decision.

#### 3.4.2. Becoming a role model

87 Participants also viewed their breastfeeding experi-  
 88 ence as an opportunity to promote breastfeeding to their  
 89 peers and family members. Although they did not push  
 90 others to breastfeed, they were empowered by their  
 91 experience and wanted to share it with others. Partici-  
 92 pants also acted as role models to encourage other  
 93 pregnant women to initiate breastfeeding. Two partici-  
 94 pants described how their healthy babies encouraged  
 95 those around them to breastfeed:

96 I have a sister-in-law who just had a baby. The first  
 97 baby she had she didn't do any breastfeeding, she  
 98 didn't even think about that. Now she can see my  
 99 baby is big, healthy, and doesn't need to go see the  
 100 doctor for a year.... And my sister-in-law can see the  
 101

benefits of it and now she is trying breastfeeding. (Participant #15)

I have a friend who will give birth to a baby in September. She decided to breastfeed the baby. They saw my baby is so healthy. They said, 'oh, I will breastfeed as well.' Because my baby is quite healthy, so they will say 'yes' to breastfeeding the baby. (Participant #4)

#### 4. Discussion

With few exceptions (Tarrant et al., 2002), the breastfeeding experiences of women in Hong Kong have not been extensively investigated. Because breastfeeding is a culturally laden activity (Stuart-Macadam and Dettwyler, 1995) one can not design promotion and support programs without taking cultural context into consideration. The cultural context of the breastfeeding experiences of women, who successfully breastfed for at least 6 months, is evident throughout the findings of this study. Additionally, insights into these experiences and suggestions for health professionals working with Chinese postpartum women in Asia and internationally to improve services are presented.

##### 4.1. Making the decision

Study participants, all of whom were successful in breastfeeding, often expected the experience to be difficult. Similar to the findings of other researchers (Dodgson et al., 2002), this perception came from stories participants had heard about other women's breastfeeding experiences. These perceptions can discourage breastfeeding women and cause insecurity about their ability to successfully breastfeed. While women in this study were able to overcome their initial uncertainties and establish successful breastfeeding, the anticipation of breastfeeding difficulties may influence other mothers to choose infant formula over breastfeeding, contributing to the low initiation rates in Hong Kong. An association between breastfeeding intention and duration has been clearly identified (Dodgson et al., 2003b; Donath et al., 2003; Duckett et al., 1998; Lawson and Tulloch, 1995), suggesting that despite the success of participants in this study, if the majority of women do not intend to breastfeed for long periods of time, they are unlikely to do so. While some early breastfeeding difficulties are possible, women need to be aware that adequate education and lactation support in the early postpartum period can overcome these difficulties (Dennis, 2002).

The increased prosperity that Hong Kong has experienced over the past 20 years has lead many people to associate infant formula with affluence. Furthermore, because many immigrant women breastfeed, Hong

Kong women may perceive that only poor migrant women breastfeed. In this respect, breastfeeding is still largely tied to social class in Hong Kong as working women are given much more status and mothering seen as secondary (Martin, 1997). While the association between breastfeeding and low social class is a common myth, not only in Hong Kong, but in other developed countries, the opposite demographic effect has occurred in recent years. Research has consistently shown a strong correlation between breastfeeding and higher social class or indicators of social class such as education and income (Bourgoin et al., 1997; Leung et al., 2002a,b; Scott et al., 1999). With centralized health care and health promotion programs, agencies of the Hong Kong Government are in an ideal position to focus on changing societal misperceptions of breastfeeding. Public breastfeeding education campaigns specifically aimed at groups with lower breastfeeding rates (i.e., younger women with lower education levels) can be used to dispel these myths and increase breastfeeding initiation rates (Dennis, 2002).

The economic realities of life in Hong Kong often dictate that both parents work. As some participants have highlighted, however, many in Hong Kong society value women more for their financial role in the family, than for their role as a mother. While seemingly a consequence of the economic transition that has occurred in Hong Kong over the past 30–40 years, this perception may also reflect the traditional ideals of Confucianism, often still at the root of current Chinese thinking (Chen, 2001; Cheng, 1990). Under Confucian thought, financial success and high societal status are perceived to offer advantages to the family unit and help to increase the chance that the family line will be continued (Nicol, 2003).

##### 4.2. Maintaining family harmony

Confucian thought also emphasizes that a person is highly regarded for their ability to maintain harmonious relationships with others, especially family members (Tang, 1992). Consequently, it is common for Asian women to make their infant feeding decisions based on the wishes of significant others such as the mother, mother-in-law, and husband (Rossiter, 1998). Study participants often faced immense pressure from family members to discontinue breastfeeding or to supplement with infant formula. Although most were able to uphold their breastfeeding decision, they were nonetheless torn between their conviction that breastfeeding was best for their baby and the expectation that they should comply with their family's wishes. An antenatal assessment of the compatibility of breastfeeding with the family's values and beliefs about breastfeeding may help to identify those at increased risk for breastfeeding failure (Leff et al., 1994). Furthermore, focussing on how

1 family members can support the breastfeeding mother in  
2 ways other than formula supplementation is needed  
3 (Dykes and Griffiths, 1998).

4 A key issue identified by study participants was that  
5 family members perceived breastfeeding as placing a  
6 burden on the new mother and interfering with a  
7 woman's ability to get the required rest in the postnatal  
8 period, possibly resulting in long-term health conse-  
9 quences. In an increasingly Westernized Hong Kong  
10 society, fewer women strictly adhere to the traditional  
11 Chinese postpartum practices. Consequently, family  
12 friction often results when the postpartum woman's  
13 mother or mother-in-law holds traditional expectations.  
14 The new mother must balance her own beliefs and  
15 desires with the expectations of her elder family  
16 members.

17 Because positive family support is critical in main-  
18 taining lactation, significant family members need to be  
19 included in childbirth and breastfeeding education  
20 programs. Educating family members on the physiologi-  
21 cal benefits of breastfeeding, to not only the baby but  
22 the mother, may help mitigate the perception of  
23 breastfeeding as a detrimental health practice. As the  
24 postpartum period is not only about the new mother  
25 fulfilling her role but also about the mother-in-law  
26 fulfilling a prescribed role, breastfeeding can diminish  
27 the traditional role of the mother-in-law and may cause  
28 them to encourage formula feeding during this period.  
29 Culturally congruent family based antenatal and post-  
30 natal education is desirable to overcome the cultural  
31 impediments that often hinder successful breastfeeding.

### 32 4.3. Persistence in overcoming barriers and sustaining 33 lactation

34 Unfortunately, the problem of physicians advising  
35 clients to terminate breastfeeding for invalid reasons is  
36 not new and has been documented in various groups of  
37 breastfeeding women. Rossiter (1998) reported similar  
38 findings in Vietnamese women in Sydney and Dodgson  
39 et al. (2002) found that when American Ojibwe women  
40 experienced breastfeeding problems, physicians fre-  
41 quently recommended supplementing with or switching  
42 to infant formula. Abel et al. (2001) also identified  
43 inadequate and conflicting advice from health profes-  
44 sionals as a primary reason for supplementary feeding  
45 and early cessation of breastfeeding. In a survey of  
46 practising physicians, only 64% knew that supplement-  
47 ing in the immediate postpartum period might contrib-  
48 ute to breastfeeding failure (Freed et al., 1995). In a  
49 previous Hong Kong study, Hung et al. (1985) found  
50 that physicians' attitudes to breastfeeding were vague  
51 and inconsistent. Nurses have also been identified as a  
52 source of inconsistent advice about breastfeeding,  
53 promoting breastfeeding verbally while their actions

discourage the practice (Hong et al., 2003, Tarrant et al., 57  
2002).

58 Because of their position and status in Hong Kong 59  
60 society, physicians and other health professionals are 61  
62 held in high regard. While participants in this study 63  
64 largely discounted recommendations to discontinue 65  
66 breastfeeding made by physicians, many other mothers 67  
68 may not. General Practitioners are often the first person 69  
70 a new mother will turn to for advice and guidance if she 71  
72 is experiencing problems in the postpartum period. To 73  
74 be able to offer the most appropriate guidance to their 75  
76 clients, it is essential that all health professionals acquire 77  
78 the latest information and knowledge about breastfeed- 79  
80 ing. Health professionals have a responsibility to ensure 81  
82 that the breastfeeding experience is a positive one for 83  
84 new mothers and that it enhances women's adjustment 85  
86 to their new mothering role. Promoting breastfeeding as 87  
88 a practice that strengthens women, children, and their 89  
90 families will help to reduce the barriers that Hong Kong 91  
92 women currently face. 93

94 Study participants' experiences demonstrated that 95  
96 women can succeed at breastfeeding despite encounter- 97  
98 ing many obstacles along the way. One factor identified 99  
100 by these women as a reason for their success was *hung-* 101  
102 *sum* or their determination. Not all postnatal women 103  
104 however, have this same level of fortitude. While all 105  
106 women are physiologically capable of breastfeeding, it is 107  
108 a skill that requires practice by both mother and baby. 109  
110 Determination to succeed at breastfeeding is a complex 111  
112 phenomenon that requires both persistence and commit-  
113 ment by the mother (Bottorff, 1990). Antenatal educa-  
114 tion alone is insufficient to prepare new mothers for the  
115 breastfeeding experience (Ho and Holroyd, 2002).  
116 Confidence and competency in breastfeeding are gained  
117 through apprenticeship rather than books and didactic  
118 education sessions (Hoddinott and Pill, 1999). New  
119 mothers need exposure to positive role models who can  
120 provide support and counselling, especially in the early  
121 postpartum period. Peer support programs have been  
122 successful at providing these role models in other  
123 settings (Raisler, 2000; Schafer et al., 1998). Although  
124 there are two active mother-to-mother support organi-  
125 zations in Hong Kong, a new mother needs to have  
126 information on how to access these resources and be  
127 willing to do so.

### 128 5. Study limitations

129 This study relates the breastfeeding experiences of 17 107  
130 middle-class women. The data presented reflects only the 108  
131 experiences of a small subgroup of the breastfeeding 109  
132 population. The purposive sampling strategy and the 110  
133 small sample size limit the generalizability of these 111  
134 findings. Further research is required to adequately

1 represent the breadth and depth of experience of  
2 breastfeeding women in Hong Kong.

3 Communication was affected during some interviews  
4 as the interviewer only spoke English and several of the  
5 participants only spoke Cantonese. The interviewer  
6 relied on a translator to provide an accurate translation  
7 of the participants' dialogue. It is possible that some  
8 errors and misunderstandings occurred during interpretation,  
9 which could have resulted in misinterpretation of the  
10 words spoken by the participants. However, the  
11 researchers believe that this problem was minimal as  
12 trained translators and transcribers were used and an  
13 external reviewer validated the accuracy of the transcriptions.

## 17 6. Conclusion

19 The findings of this investigation suggest a number of  
20 commonalities between breastfeeding women in Hong  
21 Kong who are successful at maintaining breastfeeding  
22 over time and women who live in other areas of the  
23 world, which previously have not been documented. In  
24 addition, this study begins to explore the cultural  
25 context in which breastfeeding women in Hong Kong  
26 negotiate their infant feeding practices, including family,  
27 health care and social norms.

## 31 Acknowledgements

33 This research was funded by the Research Services  
34 Section, University of Hong Kong and by the Department  
35 of Nursing Studies, University of Hong Kong.

## 39 References

- 41 Abel, S., Park, J., Tipene-Leach, D., Finau, S., Lennan, M.,  
42 2001. Infant care practices in New Zealand: a cross cultural  
43 qualitative study. *Social Science and Medicine* 53, 1135–  
44 1148.
- 45 Bottorff, J.L., 1990. Persistence in breastfeeding: a phenomenological  
46 investigation. *Journal of Advanced Nursing* 15,  
47 201–209.
- 48 Bourgoin, G.L., Lahaie, N.R., Rheaume, B.A., Berger, M.G.,  
49 Dovigi, C.V., Picard, L.M., Sahai, V.F., 1997. Factors  
50 influencing the duration of breastfeeding in the Sudbury  
51 Region. *Canadian Journal of Public Health* 88 (4), 238–241.
- 52 Chan, S.M., Nelson, E.A.S., Leung, S.S.F., Li, C.Y., 2000.  
53 Breastfeeding failure in a longitudinal post-partum maternal  
54 nutrition study in Hong Kong. *Journal of Paediatrics and  
55 Child Health* 36, 466–471.
- 56 Chee, Y.O., Horstmanshof, L., 1996. A review of breastfeeding  
57 practices in Hong Kong 1994/1995. *Breastfeeding Review* 4  
58 (1), 7–12.

- 59 Chen, Y.C., 2001. Chinese values, health and nursing. *Journal of  
60 Advanced Nursing* 36 (2), 270–273.
- 61 Cheng, S.K., 1990. Understanding the culture and behaviour of  
62 East Asians: a Confucian perspective. *Australian and New  
63 Zealand Journal of Psychiatry* 24 (4), 510–515.
- 64 Dennis, C.L., 2002. Breastfeeding initiation and duration: a  
65 1990–2000 literature review. *JOGNN* 31 (1), 12–32.
- 66 Dodgson, J.E., Duckett, L., Garwick, A., Graham, B.L., 2002.  
67 An ecological perspective of breastfeeding within a indigenous  
68 community. *Journal of Nursing Scholarship* 34 (3), 235–  
69 241.
- 70 Dodgson, J.E., Tarrant, M., Fong, D.Y.T., Peng, X.H., Hui  
71 Choi, E.W.H., 2003a. Breastfeeding patterns of primiparous  
72 mothers in Hong Kong. *Birth: Issues in Perinatal Care* 30  
73 (3), 195–202.
- 74 Dodgson, J.E., Henly, S.J., Duckett, L., Tarrant, M., 2003b.  
75 Theory of Planned Behavior-based models for breastfeeding  
76 duration among Hong Kong mothers. *Nursing Research* 52  
77 (3), 148–158.
- 78 Donath, S.M., Amir, L.H., Team, A.S., 2003. Relationship  
79 between prenatal infant feeding intention and initiation and  
80 duration of breastfeeding: a cohort study. *Acta Paediatrica*  
81 92 (3), 352–356.
- 82 Duckett, L., Henly, S., Avery, M., Potter, S., Hills-Bonczyk, S.,  
83 Hulden, R., Savik, K., 1998. A Theory of Planned  
84 Behavior-based structural model for breast-feeding. *Nursing  
85 Research* 47 (6), 325–336.
- 86 Dykes, F., Griffiths, H., 1998. Societal influences upon  
87 continuation of breastfeeding. *British Journal of Midwifery*  
88 6 (2), 76–80.
- 89 Fok, D., 1996. Cross cultural practice and its influence on  
90 breastfeeding—the Chinese culture. *Breastfeeding Review* 4  
91 (1), 13–18.
- 92 Freed, G.L., Clark, S.J., Lohr, J.A., Sorenson, J.R., 1995.  
93 Pediatrician involvement in breast-feeding promotion: a  
94 national study of residents and practitioners. *Pediatrics* 96  
95 (3), 490–494.
- 96 Ho, I., Holroyd, E., 2002. Chinese women's perceptions of the  
97 effectiveness of antenatal education in the preparation for  
98 motherhood. *Journal of Advanced Nursing* 38 (1), 74–85.
- 99 Hoddinott, P., Pill, R., 1999. Qualitative study of decisions  
100 about infant feeding among women in east end of London.  
101 *British Medical Journal* 318 (7175), 30–34.
- 102 Holroyd, E., Fung, K.K.L., Lam, C.S., Sin, H.W., 1997. Doing  
103 the month: an exploration of postpartum practices in  
104 Chinese women. *Health Care for Women International* 13,  
105 301–313.
- 106 Hong Kong Census and Statistics Department, 2001. Women  
107 and Men in Hong Kong: Key Statistics. Author, Hong  
108 Kong.
- 109 Hong Kong Department of Health, 2003. Breastfeeding policy.  
110 Department of Health, Hong Kong.
- 111 Hong Kong Labour Relations Promotion Unit, 2002. Maternity  
112 protection. The Government of the Hong Kong SAR  
113 Labour Department.
- 114 Hong, T.M., Callister, L.C., Schwartz, R., 2003. First-time  
115 mothers' views of breastfeeding support from nurses. *MCN,  
116 American Journal of Maternal Child Nursing* 28 (1), 10–15.
- 117 Hung, B.K.M., Ling, L., Ong, S.G., 1985. Sources of influence  
118 on infant feeding practices in Hong Kong. *Social Science  
119 and Medicine* 20, 1143–1150.

- 1 Khin, P.P., Cheung, S.L., Loh, T., 2002. Support and  
 3 promotion of breastfeeding. Where are we now? Public  
 Health and Epidemiology Bulletin 11 (3), 25–32.
- 5 Kramer, M.S., Kakuma, R., 2003. Optimal duration of  
 exclusive breastfeeding (Cochrane Review). In: The Co-  
 chrane Library, Issue 4. Wiley, Chichester, UK.
- 7 Lawrence, R.A., 1997. A Review of the Medical Benefits and  
 Contraindications to Breastfeeding in the United States.  
 Maternal Child Health Bureau, Arlington, VA.
- 9 Lawson, K., Tulloch, M.I., 1995. Breastfeeding duration:  
 prenatal intentions and postnatal practices. *Journal of*  
 11 *Advanced Nursing* 22 (5), 841–849.
- 13 Leff, E.W., Gange, M.P., Jefferis, S.C., 1994. Maternal  
 perceptions of successful breastfeeding. *Journal of Human*  
*Lactation* 10 (2), 99–104.
- 15 Leung, G.M., Lam, T., Thach, T.Q., Wan, S., Ho, L., 2001.  
 Rates of cesarean births in Hong Kong: 1987–1999. *Birth* 28  
 (3), 166–172.
- 17 Leung, G.M., Ho, L., Lam, T., 2002a. Breastfeeding rates in  
 Hong Kong: a comparison of the 1987 and 1997 birth  
 19 cohorts. *Birth* 29 (3), 162–168.
- 21 Leung, G.M., Lam, T., Ho, L., 2002b. Breast-feeding and its  
 relation to smoking and mode of delivery. *Obstetrics and*  
*Gynecology* 99 (5 part 1), 785–794.
- 23 Levy, R., Hollan, D., 1998. Person-centered interviewing and  
 observation. In: Russell Bernard, H. (Ed.), *Handbook of*  
 25 *methods in cultural anthropology*. Altamira Press, Walnut  
 Creek, CA, pp. 333–364.
- 27 Martin, D., 1997. Motherhood in Hong Kong: the working  
 mother and child-care in the parent centred Hong Kong  
 29 family. In: Evans, G., Tam, M.S. (Eds.), *Hong Kong: The*  
*anthropology of a Chinese metropolis*. Curzon Press,  
 Richmond, Surrey, pp. 198–219.
- 31 Matthey, S., Panasetis, P., Barnett, B., 2002. Adherence to  
 cultural practices following childbirth in migrant Chinese  
 33 women and relation to postpartum mood. *Health Care for*  
*Women International* 23 (6–7), 567–575.
- Morse, J.M., Field, P.A., 1995. *Qualitative research methods*  
 for health professionals. Sage, London.
- Nicol, J., 2003. Confucianism—the Root of Hong Kong’s  
 Search for Wealth. *South China Morning Post*, Hong Kong,  
 p. A13.
- Pillsbury, B.L.K., 1982. Doing the month: confinement and  
 convalescence of Chinese women after childbirth. In: Kay,  
 M.A. (Ed.), *Anthropology and Human Birth*. F.A. Davis,  
 Philadelphia, PA.
- Raisler, J., 2000. Against the odds: breastfeeding experiences of  
 low income mothers. *Journal of Midwifery & Women’s*  
*Health* 45 (3), 253–263.
- Richards, L., 1999. *Using NVivo in Qualitative Research*. Sage,  
 Thousand Oaks, CA.
- Rossiter, J.C., 1998. Promoting breast feeding: The perceptions  
 of vietnamese mothers in Sydney, Australia. *Journal of*  
*Advanced Nursing* 28 (3), 598–605.
- Sandelowski, M., 2000. Whatever happened to qualitative  
 description? *Research in Nursing & Health* 23, 334–340.
- Schafer, E., Vogel, M.K., Viegas, S., Hausafus, C., 1998.  
 Volunteer peer counselors increase breastfeeding duration  
 among rural low-income women. *Birth* 25 (2), 101–106.
- Scott, J., Aitkin, I., Binns, C., Aroni, R., 1999. Factors  
 associated with the duration of breastfeeding amongst  
 women in Perth, Australia. *Acta Paediatrica* 88, 416–421.
- Stuart-Macadam, P., Dettwyler, K.A., 1995. *Breastfeeding:*  
*Biocultural Perspectives*. Adine De Guyter, New York.
- Tang, N.M., 1992. Some psychoanalytic implications of  
 Chinese philosophy and child-rearing practices. *Psycho-*  
*analytic Study of the Child* 47, 371–389.
- Tarrant, M., Dodgson, J.E., Tsang, S.F., 2002. Initiating and  
 sustaining breastfeeding in Hong Kong: contextual influ-  
 63 ences on new mothers’ experiences. *Nursing and Health*  
*Sciences* 4 (4), 189–199.
- World Health Organization, 2001. *Global strategy for infant*  
 and young child feeding. World Health Organization,  
 Geneva, pp. 1–5.