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Influence of Cultural Beliefs on Infant Feeding, Postpartum and Childcare Practices among Chinese-American Mothers in New York City

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Abstract As one of the fastest growing communities in the United States, Chinese-Americans receive relatively little research attention on their rates of breastfeeding versus formula feeding, and what factors influence that choice. This research aims to examine the influence of elders and cultural beliefs on postpartum, infant feeding, and childcare practices. Semi-structured interviews with 22 recently postpartum mothers who met the recruiting criteria were conducted between July 2012 and February 2013. The traditional postpartum practice, zuo yuezi, presented negative physical and emotional outcomes and maternal reporting of delay in lactation. Early introduction of solids for traditional reasons was reported. The support from husbands and elders were necessary for breastfeeding success, while some mothers had to first negotiate with elders for breastfeeding. The practice of sending infants back to China to be taken care of by extended families presented cultural implications related to grandparents' involvement in raising grandchildren. With the respect and appreciation for elders and traditions, it is likely that Chinese mothers negotiate between cultural traditions and societal expectation in the western home.

Keywords Chinese-Americans · Breastfeeding · Traditions · *Zuo yuezi* · Qualitative

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Introduction

Culture is defined as a set of learned "values, beliefs, attitudes, and practices" that are passed from generation to generation within a community [1]. It was found that Chinese people value and continue their cultural beliefs even years after migrating to a new country [2]. A traditional postpartum practice, *zuo yuezi* (*ZYZ*) referring to as "*sitting-the-month*", emphasizes a mother restraining from going outdoors and spending more time at home with the newborn, was found to be prevalent among Chinese mothers in China and overseas [3, 4]. Although the practice aims to facilitate the recovery from giving birth and breastfeeding, some of the physical and dietary taboos could also have negative impacts [3–5].

Chinese people value traditions and the involvement of elders in the extended family. Many Chinese mothers continue to seek advice from elders and rely on their help for taking care of the grandchildren, especially after they return to work. On the other hand, for those who lose the large network of family support at home upon moving to a new country, some Chinese mothers find it difficult to afford childcare services and therefore are forced to find other ways to raise their children [6]. In response, some Chinese women in the United States (U.S.) practice reverse-migration separation or transnational parenting, a process of sending an American-born child to China to be raised by the extended families there [7–9]. This has implications for breastfeeding success among these mothers.

Raven, Chen, Tolhurst et al. [3] explored the prevalence of traditional practices during the postpartum period among new mothers in China and found that the practice of *ZYZ*, a custom that addresses 'the imbalance caused by blood and heat lost at birth' by emphasizing that the mother rest at home, was still commonly practiced in both rural and urban areas of China. Another study found that these practices were prevalent among Chinese mothers in Scotland [4]. Some Chinese mothers practiced ZYZ, a tradition and cultural ritual that are important for childbearing out of respect for elders, while others believed that these practices serve as a significant support in their transition to motherhood [3]. The traditional beliefs influencing feeding practices in China and among Chinese mothers in Scotland included feeding an infant honeysuckle herbs, rice drink at 7-days, and adult foods at 30-days [3, 10]. There are also behavioral and hygiene taboos associated with the breastfeeding mother, such as avoiding tooth brushing and showering, limiting fruit and vegetable consumption, restraining from going outdoors, and restricting sexual activities [3–5]. Some of these have implications on breastfeeding success.

A survey done in 2008 with over 200 Chinese immigrant women receiving pre- and postnatal care in a community health center in Chinatown in New York City found that 57 % of the participants within the two major Chinese communities (Manhattan and Flushing) practiced reverse migration and sent an American-born infant back to China [7]. Factors that were found to be associated with the practice included "having to return work", "not having enough childrearing experience", "inability to afford childcare costs in the US", and "immigrant status was a barrier to raising children in the US" [7].

In 2003, Asian-American mothers had the highest breastfeeding initiation rate (88.8 %) among white and Hispanic mothers [11]. Yet the rate dropped more than half (39.2 %) at 6-months, and was lower than non-Hispanic whites (40.2 %) [11]. The aim of this study was to examine how cultural beliefs and the involvement of elders influence infant feeding practices, postpartum maternal care and childcare practices. This study is, to our knowledge, one of the first to explore the influence of cultural beliefs and the involvement of elders on postpartum practices, infant feeding, and child care among Chinese-American mothers in the U.S.

Methods

An adapted model of Social Cognitive Theory (SCT) from Williams, Innis, Vogel, and Stephen (1999) was used to guide the study in exploring Chinese mothers' infant feeding decisions in the U.S. (Fig. 1) [12]. Semi-structured qualitative interviews were conducted. To be eligible for the study, participants had to be of Chinese descent; at least 18 years old; have given birth to a live infant within the previous 12 months; and be a resident within the five boroughs of New York City. The participants were not directly asked if they were American citizens. Recruitment occurred between July 2012 and February 2013. This study was approved by the Syracuse University Institutional Review Board. Participation was always emphasized as voluntary and consent was obtained before the beginning of each interview. No incentive was provided for participation.

Participants were recruited through convenience sampling including in person introduction in public places and snowball sampling. Based on the interviewee's preference, interviews were conducted in Mandarin (n = 10), Cantonese (n = 4), or English (n = 8).

Prior to interviewing the full sample, interview questions were pilot tested with one Chinese-speaking mother who had given birth within the past 12 months in the U.S. The semi-structured interview guide contained questions related to (1) support at home, (2) existing cultural practices in terms of infant feeding and postpartum practices, and (3) changes in caretaking after returning to work. For those who planned to send infants to China, (4) the decision of sending their infant back to China, (5) concerns and benefits from the practice, and (6) time the mothers plan to reunite with the child were explored. All of the interviews were conducted by one researcher.

Qualitative Analysis

All interviews were transcribed verbatim. For transcription of interviews conducted in the Chinese languages, translation was done at the same time and was then validated by one of three translation validators before proceeding with coding. Qualitative analysis in this study was completed using QSR NVivo (version 9). The initial codes were guided by the objectives of the study. Additional codes and sub-codes were further developed upon emerging themes. All interviews were rigorously coded in English and then verified by co-investigator.

Results

The recruitment period occurred over 8 months, yielding 22 in-depth interviews. Demographic characteristics of the sample are shown in the Table 1.

Reason for Traditional Postpartum Maternal Care

In this study, the terms elder and grandparents are used interchangeably to refer to the parents of the father or mother being interviewed. All mothers, except one, adhered to the traditional practice, *ZYZ*, for following the advice of elders', health reasons or hoping to improve breast milk production, ideas that were originated from traditional thinking. A mother said: "*I'd like to believe that it had some influence on helping me recover better.*" A

	Total (n)	% of Total (%)
Breastfeeding rates		
Ever	18	82
Exclusive formula	4	18
Age		
21–30	11	50
31–40	10	45
Not disclosed	1	5
First-time mothers		
Yes	11	50
No	11	50
Education		
High school or less	10	45
Associate degree & college	8	36
Graduate or above	3	14
Not disclosed	1	5
Occupation		
Stay-at-home	12	55
Service industry	4	18
Non-service industry	6	27
Living arrangement		
Live with husband only	11	50
Live with others	11	50
Years in the US		
10+ years	11	50
5-10 years	3	14
<5 years	6	27
Not disclosed	2	9
WIC user		
Yes	13	59
No	9	41
Reverse-migration		
Yes	3	14
No	19	86

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participant, whose mother flew from China to the U.S. to assist during the postpartum period, considered *ZYZ* a tradition rather than a choice:

"...especially when you come from a Chinese, like traditional Chinese parents, it's really not a choice...my mom already assume I was gonna do it."

Like a number of others, a participant was convinced by the elder that she needed to follow the practice in order to prevent health problems in the future:

...my mom was saying that I should be on this diet otherwise I will regret things you know later on 'cause you know it (giving birth) causes problem. Influence on Maternal Diet, Lactation, and Health of Mother and Infant

Many dietary restrictions during the *ZYZ* period were reported. The "*cold*" foods, including anything directly taken from the refrigerator, were considered harmful to the postpartum health of the mothers and were thought to decrease breast milk production. Many types of fruits and vegetables were also considered "*cold*", including watermelon, banana, bean sprouts, garlic chives, and spicy foods. While the diet was supposed to help with breast milk production, a number of participants reported struggling with low quantity of milk after following the *ZYZ* guidelines. A participant said the elder made her soup that was supposed to improve lactation but it did not help her in getting any milk regardless of the amount she drank. After much effort with trying the traditional diet, another participant who also struggled with low breast milk assumed she was to blame for the problem:

I've had many kinds of soup...maybe because of the problem with my physical condition, still my milk was very little.

Some mothers reported the soup-based diet they consumed during the ZYZ period helped them return to prepregnancy weight. On the other hand, another mother reported developing high cholesterol and high blood glucose temporarily at 3-week postpartum after following a ZYZ diet that was high in fat. After the experience of getting rid of the "wind" in her body from wiping down with boiled ginger water, a second-time mother believed the practice had legitimate reason:

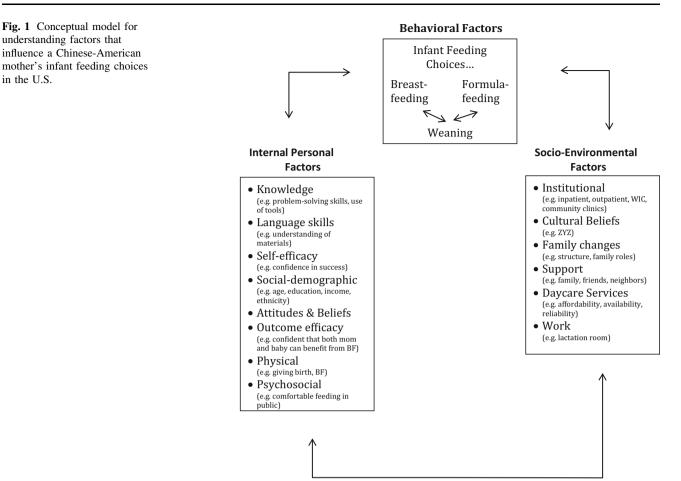
...exposed to wind like with the fan I could feel the chill in my back so um...also when I tried to use cold water I could feel the sensation in my fingers and stuff so I don't know if there was really you know the bad side effect um but I find that using warm ginger water did help it's just that it was just really hot.

Although all second-time mothers who practiced *ZYZ* for their first pregnancy (n = 10) did it again for later pregnancies, some practices were discontinued or changed. A second-time mother noticed the diet during her first postpartum period was not healthy since many types of vegetable were forbidden. She wanted to increase her vegetable consumption the second time but first had to negotiate with her mother who was her primary caretaker. In the end, she added ginger, the "*hot*" ingredient to balance the "*cold*" vegetables.

Influence on Mood and Breast Milk Production

The emphasis on sedentary behavior during the 30-day ZYZ period limited many day-to-day activities. A mother who

in the U.S.



Adapted from Williams, Innis, Vogel, and Stephen (1999).

stopped the practice early at 3 weeks explained: "I just couldn't help it." Another mother said that not being able to go out to get some fresh air was her biggest complaint. Compared to the first postpartum experience when she was more active, being homebound and the responsibility of taking care of the newborn affected one participant emotionally and potentially prolonged her pain medication during her second pregnancy:

...within a week yah...off the pain medication but with this pregnancy it takes me at least like 3 weeks or more to be off the pain medication, it's more painful for me too I don't...I don't know why...but...yah...The walking and the being active yah...and less stress maybe that's part of the yah...'cause the second pregnancy was just really stressful for me...yah.

Another mother described it was the emotional stress from a combination of being a new parent and homebound that affected her emotions:

... the fact that we were new parents um the help wasn't really helping us with the baby um so and then to add on top of that you know I wasn't able to like even go out and breathe a little fresh air and that was what made it really hard...it affected my mental health...

Some mothers felt their mood affected their breast milk production. A mother who believed her breast milk production would have been improved if she was not homebound and depressed said:

Breastfeeding really depends on the mood. If the mood is good, there will be more breast milk...if your mood is not good, no matter how nourishing the diet is, you won't have breast milk.

Early Introduction of Solids

In this study, many of the infants' solid foods were traditional Chinese foods and some were introduced prior to 6-months. The perceived benefits from introducing traditional solid foods to infants early included strengthening bone development, learning how to swallow foods other than milk, prolonged satiety, steady or accelerated growth, and improved digestive system based on the appearance of infants' feces. A mother from northern China let the grandmother feed her infant with noodles and egg yolk at around 5 months for purpose of enhancing the infant's bone development. Some mothers believed that solid foods could improve the digestive system. A mother said that the improvement was seen by the longer satiety and "*healthier*" looking feces when the infant was on breast milk and that it was "*harder*" when the infant was only drinking formula.

A mother from southern China also added solids such as rice cereal and fruit puree in the 4th month in order for her infant to learn how to eat and swallow foods other than just milk. Similarly, another mother from southeastern China who fed soft noodles at around 7 months believed that soft noodles would help expand the throat and prepare her infant to eat other adult foods in the future.

Husband's Support

The support from husbands included (1) decision-making, (2) problem solving, (3) feeding, (4) watching the infant while mothers pumped, and (5) financial support. Husbands took care of mothers during the postpartum period by preparing meals, bathing, and handling the household duties. A participant indicated that her husband never complained about carrying the electronic breast pump and the battery in the summer when they went out: "...*it was like a no-big-deal for him at all.*" She described the stress relief from having her husband's support was necessary for breastfeeding success: "...*because if you are all stressed out you know that's (breastfeeding) not gonna work out.*"

As part of the *ZYZ* tradition, postpartum mothers are not supposed to walk up and down the stairs. One participant indicated it was the support from her husband that helped her complete the necessary 30-day *ZYZ* practice.

My husband really really dislike, hate ginger, but he was so supportive that he even carried the whole bucket of ginger water to the bathroom and it's so steamy that the whole place gets like ginger smell and he never complained.

Some mothers who were experiencing sadness felt comforted by talking to their husbands after they returned home from work. With her husband's knowledge on identifying the unknown cause of pain in her breasts that was caused by plugged milk duct, a mother was able to overcome the problem using appropriate treatment and continued breastfeeding. "I said 'ah it's really hurt I don't know what's wrong' and he's like 'it's probably a plugged milk duct'." Another mother described, of all the family members, the only person's opinion she valued was her husband's.

Elders' Influence in Extended Family

Participants reported that elders were involved in the extended family for reasons such as new mothers' lack of experience or work commitment. Some grandparents in China visited the U.S. and stayed for several months specifically to take care of the mother and the newborn. While making sure the newborn in the U.S. was taken care of, some grandparents also had to take turns in going back to China to care for the great-grandparents.

Participants perceived a sense of relief by having elders as the primary caretaker for their infants. Some participants believed that the elders would provide better care than nannies. A mother indicated that as both she and her husband were not comfortable having a live-in nanny after she returned to work, she and her husband would rather have her move in with the grandparents while husband stayed at home for easier commute to work. Another mother reported that the reason she had the 4th child was because her inlaw offered to be the caretaker. "If she's willing to help me take care of things, then I will give her grandkids. My mother-in-law said that she would take care for me, so I gave her grandkids, otherwise why would I consider having so many kids, right?" She said having her mother-in-law taking care of her children made her feel "safe" as the grandmother was considered a part of the family:

...she's a part of us, she won't treat her own kind bad...of course I won't feel safe for others to take care of the kids...

A mother described having Chinese elders was the *"best"* and appreciated their role in maintaining the Chinese culture for her children:

...they're gonna care about the kids um and then keeping the culture and the language um so they speak to him in Chinese...It's hard already...it's gonna be even harder for second generation...whatever they can keep or learn of their culture their language um they're gonna get from grandparents...We're trying to preserve as much as possible.

Negotiating for Breastfeeding

The perception on infant feeding was found to be two-sided for elders. While some mothers were encouraged to breastfeed, some had to first negotiate for agreement and support. A mother who experienced low breast milk supply sought advice from the elder on how to increase her milk production and the elder told her to use formula as it was the method she fed her children before. Another participant who planned to continue breastfeeding after she returned to work needed to gain support from the elders, who thought that the procedure required for pumping was too stressful for the working mother. After seeing the benefits of breastfeeding from several grandchildren, the elder was eventually supportive of breastfeeding for up to 6 months. However, the participant still had to negotiate for past 6 months. The participant believed it was the "old-school" Chinese elder who lacked the education on the benefits of breast milk and said that it required efforts for "keeping them educated and insisting on doing it" in order for them to support breastfeeding.

Reverse-Migration Separation or Transnational Parenting

The reported reasons for the three participants who practiced reverse-migration separation or transnational parenting include (1) returning to work, (2) high cost of childcare services, and (3) saving money for a better home. A mother described "*youth rice*" as a type of job that had age requirement and typically only hired people who were young:

When you're older, there's no way you can work at restaurants...when you're older there's nothing you can do anymore.

She said she had to work now in order to provide a "*warm home*" for her family. She trusted that the grandparents in China would provide the best for their grandchildren: "...*because if anything happens, the parents would take care of him with their heart and soul.*" She planned to send her infant back to China when the infant reached 1-year-old as she believed the infant would not get sick as easily as if it was younger.

A mother who raised her first Chinese-born child in the US planned to send her second American-born infant back to China due to the difficulty of getting into a government subsidized daycare center and the hope of improving the current living situation:

...the place we are renting now is very small, so of course we want to give him a big house, a place that belongs to us, that's spacious and can let them stretch out. Our apartment right now is very small. It's just a one-bedroom. He doesn't even have a space to walk or crawl.

She perceived sending the infant back to her mother-inlaw in China could relieve some of the stress of her husband being the only source of income for her family: We can go to work, to relieve the pressure...because there's a lot of pressure, so the baby is definitely going back to China.

Similarly, another mother who raised her older child in the U.S. also planned to send her second child back to China. She explained the reason for using infant formula was to avoid infant formula rejection after separation, although the infant would go back when it reached 6 months. She described the benefit of reverse-migration separation:

...you see, if you go to work, the salary is around \$2,000. If you bring the baby back to China for them to take care of, you send a few hundreds every months. That's some money saved.

Concerns with Separation

For those grandparents who lived in China, some of them suggested mothers in the U.S. to practice reverse-migration separation. However, mothers have their concerns. A mother who considered the idea but rejected said that she and her husband were concerned the elders in China would spoiled the grandchild: "[The elders] might not let the child do a lot of things, causing the child not to develop in some area." Similarly, A mother was offered by the elders in China to take care of her infant but after seeing her roommate and their child reunited following the separation, she decided to have her infant stay in the U.S. even though it meant that she and her husband had to save up for the next few years. Another mother who came to the U.S. while leaving her middle-school-aged child in China noticed a lack of affection between her and the child:

...he doesn't like to talk to me anymore 'cause we don't see each other in person. We're not as close as we used to be before. It's a lot worse.

Discussion

All mothers, except one, followed the traditional postpartum practice ZYZ, which is similar to the current literature on the prevalence of the practice in China and overseas regardless of years after migration or generations. [2–4, 13–16] Frequent nursing stimulates breast milk production but the Chinese mothers who consumed a soupbased ZYZ diet that was believed to benefit breast milk flow still reported experiencing low supply. Some mothers in the current study reported experiencing extreme sadness during that period as a result of being homebound. Some believed the sadness affected their breast milk production and that the sadness could be alleviated if they were allowed to go out more. A population-based study of exclusive breastfeeding in Icelandic women by Thome et al. [17] found that depression was association with lower levels of exclusively breastfeeding. Another study investigated the outcome of ZYZ practice among 152 mothers in the U.S. found that more than half of the mothers experienced certain levels of depressive symptoms [15]. While it was not conclusive whether the depressive symptoms were directly caused by ZYZ, the mothers in the current study reported that going out alleviated some of the emotional stress that was associated with taking care of the newborn. It was predominant when the participant compared their two different postpartum experiences: one mother found her first postpartum practice was better when she was going out more; another mother went out more during her second postpartum practice and found it to be a better experience. The success of previous intervention studies showed that educational programs that emphasized a balanced diet and other beneficial behaviors could decrease misconceptions about breastfeeding and reduce negative health outcomes during the postpartum period [5, 18]. These culturally competent studies have been conducted for Chinese mothers in China and Canada but not in the U.S. [5, 18].

Early introduction of solid foods was a practice of some mothers according to traditional and cultural practices. This early introduction may increase the risk of certain chronic diseases, such as diabetes, obesity, eczema, and celiac disease [19].

Similar to a previous study on understanding fathers' support for breastfeeding success, [20] the current study also found husbands' support to be both physically and emotionally important and more valued than elders' advice. The husband's role as a good listener was also reported to alleviate emotional stress for mothers when they experienced sadness during the postpartum period. Nickerson, Sykes and Fung found that husbands could benefit from breastfeeding education and help mothers when they experience difficulties [20]. A participant in the current study was able to continue to breastfeed after her husband identified the plugged milk duct problem.

Some mothers believed the elders were not fully aware of the benefits of breastfeeding. It is possible that after migrating to a foreign country, the fact that elders have limited or no English skills to access new information on breastfeeding benefits made them more susceptible to using formula. With mothers reporting elders being more supportive of breastfeeding after seeing the benefits from several grandchildren on breast milk, it is likely that elders could benefit from enhanced knowledge and information on the current improving breastfeeding rates. Breastfeeding education should include grandparents. Instead of negotiating for breastfeeding support, mothers with supportive family members could work as a team to overcome challenges and achieve breastfeeding success together.

The assistance and advice from elders were considered to be valuable, especially within the Chinese culture that values traditions and the involvement of elders in the extended family. Da suggested that the practice of sending infants back to China was also about the cultural implications related to grandparents' involvement in raising grandchildren [9]. While several challenges were reported to be the reasons for sending infants back to China, the appreciation and respect for elders reported by mothers in the current study is also likely to sway mothers to practice this.

Limitations

Limitations of this study include the generalizability of the sample. Among all 22 participants, three of them (14 %) practiced reverse-migration separation. This number is lower than the findings in a previous study conducted in two community health clinics (rate 57 %) [7] and within the range (rate 10-20 %) reported in another Chinatown health center [21]. The ever breastfeeding rate among the Chinese mothers in this study was 82 %, which was slightly lower than the overall rates of 88.8 % among Asian in the U.S. [11]. Since some mothers were interviewed in early days postpartum, the other breastfeeding rates were not available. In terms of WIC user proportion, the percentage (59 %) in this study is slightly higher than the national rate of 53 % [22]. The small sample size recruited through convenience sampling methods made the findings not generalizable for the overall Chinese population. To overcome this limitation, the recruitment was done in two separate Chinese populated boroughs in New York City.

Conclusion

The SCT illustrates the factors that influence breastfeeding success. When it comes to Chinese mothers in a foreign country, it is likely that they have to additionally negotiate between cultural traditions and societal expectations in the western home, in which the conflict potentially impacts their infant feeding and postpartum practice experience. This qualitative study examined some of the cultural and traditional influence on infant feeding and maternal postpartum practices as well as the challenges Chinese mothers face in raising young children in the U.S. These findings are intended to help guide future larger scale studies as well as the development of educational and policy interventions to address the needs for improving breastfeeding rates and experiences.

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