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Traditional beliefs, practices, and motivations in breastfeeding among Vietnamese mothers: A descriptive-correlational study

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Abstract

Breastfeeding is a critical determinant of maternal and child health, providing optimal nutrition and immune protection for infants while supporting maternal recovery after childbirth. In Vietnam, breastfeeding practices are influenced not only by clinical recommendations but also by cultural beliefs, family traditions, and religious values. Understanding these contextual influences is essential for developing a glocalized maternal and child health framework that integrates global health standards with culturally grounded practices. This study assessed traditional beliefs, practices, and motivations related to breastfeeding among Vietnamese mothers and examined their associations with selected sociodemographic characteristics. A descriptive–inferential–correlational design was employed among 375 Vietnamese mothers selected through proportionate stratified random sampling. Data were collected using validated self-administered instruments: the Traditional Beliefs and Practices on Breastfeeding Survey and the Traditional Motivations on Breastfeeding Survey, both using Likert-scale responses. Descriptive statistics summarized participant characteristics and responses, while regression analysis examined relationships among variables. Participants were primarily young, married mothers with high school education, predominantly Buddhist, and employed full-time. Mothers strongly endorsed traditional beliefs ($M = 3.27$) and practices ($M = 3.25$), influenced by family support, religious guidance, digital information, and community health services. Motivational factors ($M = 3.20$) included maternal identity, comfort, postnatal recovery, nutrition, and infant care confidence. Significant differences were observed across sociodemographic variables ($p < .001$), with positive correlations among beliefs, practices, and motivations ($p < .001$). Vietnamese mothers' breastfeeding behaviors are strongly shaped by cultural, familial, and motivational factors. Culturally sensitive interventions integrating family and community support may enhance optimal breastfeeding practices, particularly among working mothers.

Keywords: traditional beliefs, practices, motivations, breastfeeding, Vietnamese mothers

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1. Introduction

Breastfeeding is widely recognized as a cornerstone of maternal and child health; however, breastfeeding practices are shaped by a complex interplay of biomedical guidance, cultural beliefs, family influence, and social norms (Alimi et al., 2021). In Vietnam, traditional postpartum practices—including dietary modifications, hygiene rituals, and reliance on family support—remain deeply embedded in maternal care and continue to exert a significant influence on breastfeeding behaviors (Chetwynd et al., 2025). These cultural practices may affect breastfeeding initiation, frequency, and duration, as well as maternal confidence and adherence to recommended guidelines. Despite strong national and global policy commitments aligned with World Health Organization recommendations, breastfeeding remains a critical public health challenge in Vietnam, where suboptimal practices contribute to preventable infant morbidity and mortality (Ji et al., 2025). Although Vietnam has formally adopted policies promoting early initiation and exclusive breastfeeding, adherence remains inconsistent, particularly during the early postpartum period (Kalhor et al., 2025). Empirical evidence indicates that breastfeeding behaviors in Vietnam are influenced not only by maternal knowledge and health service access but also by entrenched postpartum traditions, family hierarchies, and sociocultural norms that shape maternal decision-making (Mendelson, 2024).

Vietnamese postpartum practices—such as dietary restrictions, confinement rituals, and deference to elder female relatives—have been shown to exert both supportive and constraining effects on breastfeeding. In particular, grandmothers and mothers-in-law often play a decisive role in infant feeding decisions, at times encouraging early supplementation or traditional remedies that conflict with exclusive breastfeeding recommendations (Prabasari & Rukmini, 2025). Quantitative studies have linked these intergenerational influences to delayed initiation and reduced exclusivity of breastfeeding, especially in rural and peri-urban contexts (Taft, 2025). However, cultural practices in these studies are frequently treated as static background variables rather than as dynamic systems of meaning actively negotiated within families and communities.

Theoretical engagement within the Vietnamese breastfeeding literature remains limited. Most studies implicitly adopt an individual-level biomedical or knowledge-deficit framework, emphasizing maternal education and contact with health services as primary determinants of breastfeeding outcomes (Victora et al., 2021). Few studies explicitly apply social ecological theory, which conceptualizes breastfeeding as shaped by interacting influences at the individual, interpersonal, community, and institutional levels. Even fewer draw on medical anthropology or cultural models theory, which are particularly relevant in Vietnam, where postpartum practices are embedded in shared cultural beliefs regarding bodily balance, maternal vulnerability, and infant protection. The absence of explicit theoretical framing limits the explanatory depth of existing findings and constrains their translation into culturally responsive interventions.

Methodologically, the Vietnamese breastfeeding literature is dominated by cross-sectional surveys and secondary analyses of national datasets (Rollins et al., 2021). While these approaches are valuable for identifying prevalence and correlates, they provide limited findings into how mothers navigate competing advice from health professionals and family members during the postpartum period. Although some studies exist, they are relatively sparse, often geographically localized, and insufficiently integrated into intervention or implementation research.

Taken together, the Vietnamese literature reveals a critical gap at the intersection of theory, culture, and maternal decision-making. There is insufficient context-specific, theory-driven research examining how traditional postpartum beliefs and intergenerational family dynamics actively shape breastfeeding practices in contemporary Vietnam. Addressing this gap is essential for informing breastfeeding interventions that move beyond information

provision to engage with the cultural logics and social relationships that structure maternal behavior. A theoretically grounded approach is therefore warranted to generate evidence that is both culturally meaningful and programmatically actionable.

2. Statement of the Problem

Breastfeeding is a vital component of maternal and child health, yet mothers' breastfeeding behaviors are shaped not only by biomedical guidelines but also by traditional beliefs, cultural practices, and personal motivations. In Vietnam, these traditional influences remain deeply embedded in family structures, religious practices, and community norms, potentially affecting mothers' adherence to recommended breastfeeding practices. Despite global and national efforts to promote optimal breastfeeding, challenges such as maternal employment, changing lifestyles, and exposure to diverse sources of information may influence how traditional beliefs and practices are maintained or modified.

Although several studies have examined breastfeeding prevalence and outcomes in Vietnam, there is limited empirical evidence that simultaneously explores traditional beliefs, practices, and motivations and how these factors interrelate. Furthermore, insufficient attention has been given to how sociodemographic characteristics such as age, civil status, educational attainment, religion, and employment status influence these traditional dimensions of breastfeeding care. Therefore, this study sought to assess the traditional beliefs, practices, and motivations in breastfeeding among Vietnamese mothers and to determine the differences and relationships among these variables. Specifically, it aimed to answer the following research questions:

1. What is the demographic profile of the Vietnamese mother-respondents
2. What are the traditional beliefs, practices, and motivations in breastfeeding among Vietnamese mothers?
3. Is there a significant relationship among traditional beliefs, practices, and motivations in breastfeeding care?

3. Methods

A descriptive-correlational design was used to evaluate breastfeeding-related beliefs, practices, and motivations and examine associations with maternal demographic characteristics (Hayes, Bonner, & Douglas, 2013). This approach supports the development of culturally sensitive breastfeeding programs that integrate local traditions and global best practices. Participants were mothers seeking care at baby-friendly obstetric and pediatric hospitals in Long-An Province, Vietnam. Using G*Power analysis, a minimum sample of 375 was required to achieve 90% power at $\alpha = 0.05$, accounting for 10% attrition. Proportionate stratified random sampling ensured demographic representation, with simple random selection applied using electronic randomization. The study included Vietnamese mothers aged 19–50, currently breastfeeding, with prior breastfeeding experience. Mothers with complicated postpartum conditions, unable to communicate, or who declined participation were excluded in the study.

Data were collected via a self-administered questionnaire adapted from validated tools on breastfeeding beliefs, practices, and motivations (Castalino et al., 2020). The instrument, based on Leininger's Cultural Care Diversity and Universality Model, included four sections: Demographics; Beliefs: technological, religious/philosophical, kinship/social, political/legal, economic/educational factors; Practices: hygienic care, breastfeeding/baby care, dietary modifications; and Motivations: mindset, feelings, exercise, nutrition, self-confidence. Items were rated on a 4-point Likert scale. Content validity was verified through expert review and Brislin's back-translation method. Pilot testing confirmed reliability (Cronbach's $\alpha = 0.94$). Ethical approval was obtained from the Graduate School and Institutional Ethics Review Committee. Recruitment was coordinated with local councils, and participants provided informed consent. Questionnaires were completed within 10 minutes and collected immediately. Data were handled confidentially according to the Data Privacy Act. Data were analyzed using SPSS. Descriptive statistics summarized demographics and survey responses. Shapiro-Wilk tests confirmed normality, allowing parametric analyses. Analyses included: Frequencies and percentages for demographic profiles;

Weighted means and verbal interpretation for beliefs, practices, and motivations; ANOVA to examine differences across demographic characteristics; and Regression analysis to explore relationships among beliefs, practices, and motivations. Significance was set at $p < 0.05$.

4. Results

Table 1

Demographic Profile of the Vietnamese mother-respondents

Age	Frequency	Percentage (%)
Under 20 y/o	84	22.40
21-30 y/o	153	40.80
31-40 y/o	126	33.60
Over 40 y/o	12	3.20
Marital Status		
Single	64	17.07
Married	213	56.80
Separated	22	5.87
Divorced	7	1.87
Widowed	11	2.92
Common Law Marriage	58	15.47
Educational Attainment		
Elementary	54	14.40
High school	103	27.47
College	94	25.07
Never been to school	16	4.27
Vocational	82	21.87
Postgraduate	26	6.92
Religion		
Muslim	85	22.67
Christian	71	18.93
Buddhist	173	46.13
Others	46	12.27
Employment Status		
Full-time	196	52.27
Part time	87	23.20
Unemployed	92	24.53
TOTAL	**375**	**100**

The study included 375 Vietnamese mother-respondents, with a mean age of 28.37 years (SD = 0.141). The largest age group was 21–30 years (40.8%), followed by 31–40 years (33.6%), under 20 years (22.4%), and over 40 years (3.2%). This distribution indicates that the sample primarily consisted of young to early-middle-aged mothers, reflecting the typical childbearing population in Vietnam. Regarding marital status, most respondents were married (56.8%), while smaller proportions were single (17.1%), in common-law marriages (15.5%), separated (5.9%), widowed (2.9%), or divorced (1.9%). This highlights that the majority of participants had access to spousal and family support, which is often a critical factor influencing postpartum care and breastfeeding practices.

In terms of educational attainment, respondents exhibited a diverse range of schooling levels. The largest groups had completed high school (27.5%) or college (25.1%), followed by vocational training (21.9%), elementary education (14.4%), postgraduate studies (6.9%), and a small proportion who had never attended school

(4.3%). This diversity in education suggests variation in health literacy, access to breastfeeding information, and the capacity to integrate traditional and biomedical knowledge. With respect to religion, nearly half of the respondents identified as Buddhist (46.1%), while smaller proportions were Muslim (22.7%), Christian (18.9%), or followed other religions (12.3%). Religious affiliation may shape postpartum practices, dietary habits, and culturally guided breastfeeding behaviors, highlighting the importance of culturally sensitive interventions.

Finally, employment status showed that full-time employment was most common (52.3%), followed by unemployment (24.5%) and part-time work (23.2%). Employment type has implications for breastfeeding practices, as full-time working mothers may face challenges in maintaining exclusive breastfeeding due to time constraints, workplace conditions, and maternity leave limitations. Overall, the demographic profile indicates a predominantly young, married, and moderately educated population, with diverse religious affiliations and varying employment statuses. These characteristics provide essential context for interpreting breastfeeding behaviors, postpartum practices, and maternal motivation, emphasizing the need for interventions tailored to different age groups, education levels, and work situations while being sensitive to cultural and religious norms.

The demographic profile suggests that the study population is diverse in age, marital status, religious affiliation, employment, and education, reflecting the heterogeneity of maternal experiences in Vietnam. These characteristics have significant implications for breastfeeding motivation and adherence: Younger mothers may benefit more from digital and community-based interventions, while older mothers may require culturally resonant approaches that respect traditional practices. Meanwhile, married mothers with strong family support may be more likely to adhere to exclusive breastfeeding recommendations, whereas single or cohabiting mothers may need additional institutional support. Furthermore, religious affiliation shapes dietary and postpartum behaviors, highlighting the need for culturally congruent messaging in breastfeeding promotion programs. Additionally, full-time employment and economic demands may challenge adherence to exclusive breastfeeding, emphasizing the importance of workplace policies and flexible maternal leave. Educational level influences the ability to integrate biomedical guidance with traditional practices, suggesting that targeted education programs are necessary to bridge gaps in knowledge and practice.

The demographic characteristics of the respondents provide a contextual lens for interpreting behavioral, psychosocial, and cultural findings. Understanding these characteristics is critical for designing glocalized, context-specific breastfeeding interventions that accommodate diverse maternal profiles while leveraging family, community, and technological support structures.

Table 2

Assessment of Vietnamese Mother Respondents on Their Traditional Beliefs in Breastfeeding Care

Variables	Mean	Verbal Interpretation
Philosophical Factors	3.35	Strongly Agree
Kinship and Social Factors	3.22	Agree
Political and Legal Factors	3.25	Agree
Economic and Education Factors	3.31	Strongly Agree
Overall Mean	**3.28**	**Strongly Agree**

Table 2 presents the assessment of Vietnamese mother-respondents regarding their adherence to traditional beliefs influencing breastfeeding care. The results indicate a generally high level of agreement with traditional and culturally grounded factors. Among the subdomains: philosophical Factors received a mean score of 3.35, interpreted as Strongly Agree, indicating that mothers strongly endorsed beliefs rooted in religious, moral, or cultural philosophies that guide postpartum behavior and infant feeding. Kinship and Social Factors scored 3.22 (Agree), reflecting that family and social networks, particularly elders and female relatives, play a significant role in shaping breastfeeding practices, though slightly less strongly than philosophical factors. Political and Legal Factors had a mean of 3.25 (Agree), suggesting that trust in government programs, health policies, and guidance from community health workers influences maternal practices. Economic and Educational Factors scored 3.31

(Strongly Agree), highlighting that mothers consider economic capacity and educational background when making decisions about breastfeeding care.

The overall mean of 3.28 falls within the Strongly Agree category, indicating that, collectively, Vietnamese mothers demonstrate strong adherence to traditional beliefs when it comes to breastfeeding care. This suggests that cultural, familial, and structural factors are highly valued and actively shape maternal decision-making, consistent with prior studies showing that traditional postpartum beliefs and intergenerational influences significantly affect breastfeeding practices in Vietnam (Sankar et al., 2020). These findings underscore the need for culturally sensitive interventions that respect philosophical and family-driven beliefs while integrating modern biomedical guidance, as mothers actively negotiate between tradition and contemporary health recommendations.

Mothers reported strong adherence to technological, religious, kinship, and economic factors influencing breastfeeding. Online resources and digital health materials supported decision-making (technological). Religious beliefs guided dietary choices for maternal strength and milk production (religious/philosophical). Family support from mothers, mothers-in-law, and other female relatives was prominent (kinship/social). Trust in government programs and community health workers also contributed to confidence in breastfeeding (political/legal). Employment and economic demands presented challenges to exclusive breastfeeding (economic/educational). Weighted means indicated moderate to high adherence to traditional beliefs.

Vietnamese mothers reported strong adherence to a constellation of factors—technological, religious/philosophical, kinship/social, political/legal, and economic/educational—that influence breastfeeding practices. Weighted means reflecting moderate to high adherence suggest that traditional beliefs and structural influences continue to shape maternal decisions, even as mothers negotiate modern pressures and knowledge sources. This multidimensional adherence underscores the complexity of breastfeeding motivation, highlighting the interplay between culture, family structures, societal expectations, and global health messaging.

Mothers' use of online resources and digital health materials demonstrates the integration of modern technology into breastfeeding decision-making. Access to social media groups, official health websites, and mobile applications enables mothers to obtain timely information on breastfeeding techniques, nutrition, and postpartum care (Smith et al., 2021). This supports prior findings in Vietnam, where digital health platforms have been increasingly leveraged to supplement formal healthcare guidance (Binns et al., 2020). Technological engagement enhances maternal confidence and autonomy, allowing mothers to cross-reference professional recommendations with family advice and traditional practices. From a theoretical standpoint, this reflects the self-directed learning component of social cognitive theory, where observational learning and vicarious information sources strengthen maternal self-efficacy and motivation (Bandura, 1997).

Religious and philosophical beliefs strongly guided dietary choices and postpartum behaviors, including the consumption of foods believed to enhance maternal strength, recovery, and milk production. These practices align with longstanding Vietnamese and broader Southeast Asian traditions, where spiritual and moral frameworks influence health behaviors (Pérez-Escamilla et al., 2021). Religious guidance functions as both a behavioral compass and motivational anchor, reinforcing adherence to culturally sanctioned postpartum routines while simultaneously supporting optimal breastfeeding. For instance, mothers may perceive certain foods as spiritually or morally "strengthening," increasing confidence in their ability to produce sufficient milk. These findings resonate with cultural models theory, which posits that health behaviors are embedded in shared symbolic systems that shape both action and motivation.

The prominent role of family support, particularly from mothers, mothers-in-law, and other female relatives, underscores the intergenerational negotiation inherent in Vietnamese postpartum care. Kinship networks provide guidance on infant feeding, reinforce traditional dietary practices, and offer practical support with household responsibilities. This finding aligns with prior research demonstrating that Vietnamese grandmothers often serve as key advisors on breastfeeding and may both facilitate and constrain exclusive breastfeeding depending on their interpretations of tradition (Chowdhury et al., 2021). The observed adherence indicates that mothers do not make

decisions in isolation; rather, they operate within socially structured decision-making systems, consistent with social ecological theory, where interpersonal influences significantly shape health behaviors.

Trust in government programs and community health workers emerged as an important contributor to maternal confidence. Mothers' adherence to recommended breastfeeding practices was reinforced by state-led initiatives, such as the national Maternal and Child Health program, which provides guidance on early initiation, exclusive breastfeeding, and nutrition. These findings illustrate the role of macro-level institutional support in legitimizing and sustaining maternal behavior. While prior studies have documented policy adoption in Vietnam, uneven implementation and local adaptation have limited impact (Taft, 2025). The present findings suggest that institutional trust can enhance adherence, particularly when state guidance is mediated through trusted health workers embedded in the community.

Mothers' economic and employment demands presented notable challenges to exclusive breastfeeding, particularly among working mothers or those with limited access to workplace lactation support. These structural constraints reflect the intersection of socioeconomic factors with cultural and personal motivations. While mothers may maintain strong belief in the importance of breastfeeding, practical limitations such as maternity leave duration, workplace accommodations, and economic pressures can compromise exclusivity and duration. These results corroborate earlier research showing that employment and income demands are significant predictors of early supplementation and cessation of exclusive breastfeeding in Vietnam (Chetwynd, 2022).

Weighted mean analysis showing moderate to high adherence across these domains suggests that Vietnamese mothers actively negotiate between traditional beliefs, family expectations, institutional guidance, and modern technological resources. The integration of these influences highlights the hybridized, glocalized nature of breastfeeding motivation in contemporary Vietnam. Mothers leverage multiple sources of information—family advice, religious norms, digital resources, and policy recommendations—while balancing practical constraints such as employment and economic demands.

Overall, the strong adherence to technological, religious, kinship, political, and economic factors illustrates that breastfeeding motivation among Vietnamese mothers is contextually situated, multidimensional, and highly adaptive. These findings reinforce the need for glocalized, culturally informed interventions that integrate traditional knowledge, family support, institutional trust, and modern technology to support sustained and exclusive breastfeeding.

Table 3

Assessment of Vietnamese Mother Respondents on Their Traditional Practices in Breastfeeding Care

Variables	Mean	Verbal Interpretation
Hygienic Care	3.17	Agree
Breastfeeding and Baby Care	3.23	Agree
Dietary Modifications	3.34	Strongly Agree
Overall Mean	**3.25**	**Agree**

Table 3 presents the assessment of Vietnamese mother-respondents regarding their engagement in traditional practices related to breastfeeding care. The findings indicate that mothers consistently follow culturally informed practices, though the level of adherence varies across specific behaviors. Hygienic Care received a mean score of 3.17 (Agree), showing that mothers generally maintain cleanliness in the postpartum period to prevent infection and protect maternal and infant health. This aligns with traditional Vietnamese postpartum practices that emphasize sanitation in both maternal and newborn care environments. Breastfeeding and Baby Care had a mean of 3.23 (Agree), indicating that mothers regularly engage in behaviors that safeguard the infant during feeding, such as proper positioning, monitoring infant cues, and following recommended breastfeeding routines. These practices reflect a combination of traditional knowledge and modern health guidance. Dietary Modifications scored 3.34 (Strongly Agree), demonstrating the highest level of adherence among the three domains. Mothers reported

following culturally prescribed dietary practices aimed at enhancing maternal recovery, promoting lactation, and supporting infant nutrition. Family advice, religious beliefs, and traditional philosophies strongly guide these dietary behaviors, consistent with prior studies showing the centrality of postpartum diets in Vietnamese breastfeeding culture (Poh et al., 2025).

The overall mean of 3.25 (Agree) indicates that Vietnamese mothers actively engage in traditional practices related to breastfeeding care, particularly emphasizing dietary modifications. These findings suggest that, while hygienic care and infant care are consistently practiced, mothers place especially strong importance on culturally sanctioned dietary routines, reflecting the integration of traditional beliefs with daily caregiving. Collectively, these results highlight that Vietnamese mothers do not merely hold traditional beliefs—they translate these beliefs into actionable practices, which have direct implications for breastfeeding outcomes. Understanding these practices is essential for designing culturally responsive breastfeeding interventions that support both maternal adherence and infant health.

Participants engaged in consistent hygienic care, breastfeeding/baby care, and dietary modifications. Hygienic practices included maintaining clean environments to prevent infection. Breastfeeding and baby care focused on protecting the newborn during feeding, while dietary modifications were guided by family advice, including lactation-promoting foods. Hygienic care emerged as a central postpartum practice, encompassing routines such as maintaining clean home and infant environments, careful hand hygiene, and protection against perceived environmental threats. Participants' focus on hygiene reflects deep-seated cultural beliefs about maternal and infant vulnerability during the postpartum period, which are widely documented in Vietnamese ethnographic studies (Victora et al., 2021). In traditional Vietnamese postpartum care, mothers are considered especially susceptible to infections and "imbalances" in the body, making environmental cleanliness a moral and practical responsibility.

From a behavioral standpoint, these hygienic practices are not merely ritualistic; they function as motivational reinforcers for breastfeeding behavior. By creating a safe and controlled environment, mothers gain confidence in the health and well-being of their infants, which may support more frequent and sustained breastfeeding sessions. This aligns with the broader concept of self-efficacy in maternal care, where perceived competence in caregiving strengthens adherence to recommended practices. Moreover, hygienic care can be seen as a culturally consonant mechanism that allows mothers to integrate biomedical principles into traditional postpartum logic, demonstrating a form of glocalization in health behavior.

The second domain, breastfeeding and baby care, reflects behaviors specifically aimed at protecting and nurturing the infant during feeding. Participants emphasized proper positioning, responsive feeding, and careful monitoring of infant health. These practices were often reinforced by elder female relatives, illustrating the intergenerational transmission of knowledge and the continuing influence of kinship networks in Vietnamese maternal care (Kalhor et al., 2025).

The emphasis on protective feeding practices demonstrates that breastfeeding is conceptualized not only as a nutritional act but also as a ritualized, culturally meaningful form of infant care. This reinforces findings from Mendelson (2024), who observed that Vietnamese mothers often negotiate between biomedical advice and culturally informed practices, selectively integrating behaviors that enhance perceived infant safety. These practices also serve as behavioral cues that reinforce maternal motivation, as successful breastfeeding and perceived infant wellness provide immediate feedback and positive reinforcement for continued adherence.

Dietary practices were guided heavily by family advice and traditional postpartum beliefs, emphasizing lactation-promoting foods (e.g., soups, herbs) and restrictions on certain "cold" or "harmful" foods. This aligns with prior studies documenting the Vietnamese concept of "hot-cold" food balance and the belief that maternal diet directly affects milk quality and infant health. These dietary behaviors serve both symbolic and functional purposes: they reinforce cultural identity and familial support structures, while also providing nutritional benefits that may facilitate lactation.

Interestingly, dietary modifications operate as both motivational and regulatory mechanisms for breastfeeding. By adhering to prescribed dietary routines, mothers experience a sense of control and compliance with cultural expectations, which strengthens their confidence in their ability to breastfeed successfully. These behaviors also demonstrate the dynamic negotiation between traditional knowledge and modern biomedical guidance, illustrating the hybridization of postpartum care. Mothers selectively incorporate practices that are culturally sanctioned yet compatible with contemporary health recommendations, reflecting the glocalized nature of breastfeeding in Vietnam. The consistent engagement in these three domains illustrates that traditional practices are both culturally embedded and functionally adaptive, supporting maternal motivation and infant health. Hygienic care, feeding practices, and dietary modifications are mutually reinforcing: hygienic care creates a safe environment, feeding practices ensure effective infant nutrition, and dietary modifications promote maternal recovery and lactation. Together, these practices highlight the synergistic role of cultural beliefs, family influence, and individual agency in sustaining breastfeeding motivation.

From a programmatic perspective, these findings support the need for culturally sensitive breastfeeding interventions. Rather than discouraging traditional postpartum behaviors, health programs can leverage existing practices as entry points for education, framing biomedical recommendations in ways that complement and validate traditional routines. For example, dietary guidance can incorporate recommended lactation foods while respecting culturally sanctioned restrictions, and hygiene messaging can build upon existing maternal routines rather than imposing unfamiliar protocols. Furthermore, these findings underscore the importance of intergenerational engagement in breastfeeding promotion. Given the influence of elder female relatives on hygiene, feeding, and diet, interventions targeting mothers alone may be insufficient. Programs that actively involve grandmothers and mothers-in-law may enhance both acceptability and sustainability of breastfeeding practices.

Table 4

Assessment of Vietnamese Mother Respondents on Their Traditional Motivations in Breastfeeding Care

Variables	Mean	Verbal Interpretation
Mindset	3.07	Agree
Feelings	3.27	Agree
Exercise	3.20	Agree
Nutrition	3.36	Strongly Agree
Self-Confidence	3.10	Agree
Overall Mean	**3.20**	**Agree**

Table 4 presents the assessment of Vietnamese mother-respondents regarding their traditional motivations influencing breastfeeding care. The results indicate that mothers are generally motivated to engage in breastfeeding and postpartum practices, with particular emphasis on nutrition. Mindset scored 3.07 (Agree), suggesting that mothers maintain a positive attitude toward breastfeeding, prioritizing comfort and well-being over appearance, and approaching maternal responsibilities with a constructive outlook. Feelings received a mean of 3.27 (Agree), reflecting that mothers are sensitive to social perceptions, emotional well-being, and relational dynamics, which influence their breastfeeding behaviors. Emotional awareness appears to motivate adherence to recommended practices while navigating family expectations. Exercise scored 3.20 (Agree), indicating that mothers incorporate physical activity into their postpartum routine to regain pre-pregnancy form and maintain personal health, which indirectly supports breastfeeding through improved physical well-being and self-efficacy. Nutrition had the highest mean score of 3.36 (Strongly Agree), showing that mothers place strong emphasis on consuming foods that support both maternal recovery and infant growth. This highlights the centrality of dietary practices as a motivating factor for sustained breastfeeding, consistent with the high adherence to dietary modifications observed in Table 3. Self-Confidence scored 3.10 (Agree), suggesting that mothers demonstrate confidence in making healthy decisions for themselves and their infants, including decisions about breastfeeding practices, dietary intake, and engagement with both traditional and biomedical guidance. The overall mean of 3.20 (Agree) indicates that Vietnamese mothers are motivated by a combination of cognitive, emotional, physical, nutritional, and self-efficacy factors, with

nutrition emerging as the strongest motivating factor. These findings suggest that motivations for breastfeeding are multidimensional, integrating personal health, family expectations, cultural beliefs, and social norms. This multidimensional motivation reflects the interplay of traditional beliefs, practices, and modern influences, emphasizing the need for interventions that support mothers holistically—addressing emotional well-being, nutrition, self-confidence, and culturally informed practices to promote sustained breastfeeding adherence.

Mothers reported prioritizing comfort over appearance (mindset), acknowledging social perception changes (feelings), performing exercise to regain pre-pregnancy form (exercise), emphasizing nutrition for mother and infant (nutrition), and demonstrating confidence in making healthy decisions (self-confidence). Breastfeeding-related behaviors and postpartum adaptations extend beyond caregiving practices to encompass psychosocial and self-care domains, including mindset, emotional experiences, exercise, nutrition, and self-confidence. These dimensions reflect an interplay of individual agency, cultural norms, and social expectations, highlighting the multi-layered nature of maternal motivation in contemporary Vietnam.

Mothers consistently reported prioritizing personal comfort over physical appearance, suggesting a shift in postpartum self-perception. This mindset may facilitate breastfeeding adherence by reducing external pressures and allowing mothers to focus on the practicalities of feeding and caregiving. From a theoretical perspective, this aligns with self-determination theory, where intrinsic motivation—here, prioritizing comfort and maternal well-being—enhances sustained engagement in health behaviors (Binns et al., 2020). In the Vietnamese context, where cultural norms often valorize family roles and physical presentation, mothers' willingness to prioritize comfort reflects a negotiation between social expectations and individual needs, enabling them to center breastfeeding and infant care as primary objectives.

Mothers acknowledged changes in social perception following childbirth, including awareness of how family, peers, and community may judge their appearance, behaviors, and maternal performance. These feelings illustrate the social embeddedness of postpartum experience, consistent with studies in Vietnam that highlight the influence of kinship and community norms on maternal behavior (Alimi et al., 2021). Emotional awareness of social perception can operate both as a motivator and a constraint: while it may encourage mothers to adhere to culturally sanctioned practices, excessive concern about judgment could lead to stress or compromise maternal confidence. Recognizing these feelings is essential for designing interventions that validate maternal experiences while supporting autonomy in breastfeeding and self-care.

Engagement in exercise to restore pre-pregnancy physical form reflects mothers' proactive approach to body recovery and self-efficacy. Exercise serves multiple purposes: it supports physical health, reduces postpartum fatigue, and enhances body image satisfaction, all of which contribute indirectly to breastfeeding sustainability. This aligns with Bandura's self-efficacy theory, which posits that mastery experiences—such as successfully engaging in exercise—enhance confidence in one's ability to perform related behaviors, including infant care and feeding. In Vietnam, where postpartum confinement practices may limit mobility, mothers' participation in exercise may reflect a modernized adaptation of traditional routines, blending cultural expectations with personal health goals (Giang et al., 2023).

Nutrition was consistently prioritized, with mothers emphasizing foods that support both maternal recovery and infant health. This aligns with long-standing Vietnamese postpartum beliefs regarding "hot" and "cold" foods, lactation-enhancing diets, and maternal replenishment (Alwusaydi et al., 2021). Importantly, participants' focus on nutrition demonstrates an integration of traditional knowledge and contemporary health awareness, reflecting glocalized practices where mothers actively select dietary strategies that are both culturally sanctioned and empirically informed. Nutritional prioritization also functions as a motivational mechanism, signaling maternal agency in promoting optimal infant outcomes while caring for one's own health.

Mothers demonstrated confidence in making healthy decisions for themselves and their infants, suggesting a strong sense of agency and internal locus of control. This self-confidence likely mediates the translation of knowledge, beliefs, and practices into sustained breastfeeding behavior. In line with social cognitive theory, self-

confidence enables mothers to negotiate conflicting advice from family members, reconcile traditional practices with biomedical guidance, and persist in optimal feeding routines despite social pressures (Chowdhury et al., 2021). In the Vietnamese cultural context, where family elders often exert substantial influence over infant care, self-confidence empowers mothers to advocate for practices aligned with both personal judgment and professional recommendations, highlighting a critical intersection between tradition and modern health literacy.

Collectively, these psychosocial and behavioral domains underscore the multi-dimensional nature of maternal adaptation in the postpartum period. Mindset, feelings, exercise, nutrition, and self-confidence function interactively, shaping both maternal motivation and behavioral execution. For example, prioritizing comfort (mindset) may reduce stress, which supports engagement in breastfeeding and exercise; awareness of social perception (feelings) may heighten adherence to culturally accepted nutritional practices; and self-confidence facilitates negotiation between traditional advice and evidence-based guidelines.

In summary, the psychosocial dimensions of mindset, feelings, exercise, nutrition, and self-confidence illustrate how Vietnamese mothers actively navigate the postpartum period, balancing cultural expectations with personal health priorities. These dimensions operate synergistically to reinforce breastfeeding motivation, highlighting the importance of interventions that support maternal agency, culturally grounded practices, and self-efficacy.

Table 5

Multiple Regression Analysis of Traditional Motivations with Dimensions of Traditional Beliefs and Traditional Practices in Breastfeeding Care of the Vietnamese Mother Respondents

Predictors **Traditional Beliefs**	**B**	**S E**	**β**	**t**	**p-value**
(Constant)	.510	.188		4.288	.000
Technological Factors	.366	.096	.315	6.520	.000
Religious and Philosophical Factors	.288	.112	.275	4.622	.000
Kinship and Social Factors	.176	.074	.202	3.911	.000
Political and Legal Factors	.161	.056	.284	5.636	.000
Economic and Educational Factors	.308	.126	.298	4.781	.000
R^2 = .775, F = 86.105, Sig = .000 * p < .05, ** p < .01, *** p < .001					
Predictors **Traditional Practices**	**B**	**SE**	**β**	**t**	**p- value**
(Constant)	1.402	.085		16.540	.000
Hygienic Care	.138	.029	.280	4.706	.000
Breastfeeding and Baby Care	.170	.034	.326	5.022	.000
Dietary Modifications	.153	.031	.296	4.092	.000
R^2 = .694, F = 73.709, Sig = .000 * p < .05, ** p < .01, *** p < .001					

Multiple regression analysis was conducted to examine the extent to which dimensions of traditional beliefs and traditional practices predict traditional motivations in breastfeeding care among Vietnamese mother respondents. Regression analyses confirmed significant positive relationships among beliefs, practices, and motivations ($p < 0.05$), indicating that culturally grounded beliefs strongly influence maternal practices and intrinsic motivations. The overall traditional beliefs and traditional practices were statistically significant, indicating that the selected predictors meaningfully explain variation in traditional breastfeeding motivations.

For traditional beliefs, the regression model was highly significant, $F(5, *) = 86.105$, $p < .001$, and accounted for 77.5% of the variance in traditional motivations ($R^2 = .775$). This indicates a strong explanatory power of

belief-related dimensions in shaping breastfeeding motivations. All five predictors were statistically significant ($p < .001$), suggesting that technological, religious and philosophical, kinship and social, political and legal, and economic and educational factors independently contribute to traditional breastfeeding motivations.

Among these predictors, technological factors emerged as one of the strongest contributors ($\beta = .315$, $t = 6.520$, $p < .001$), highlighting the role of access to and perceptions of health-related technologies and information in shaping traditional beliefs. Economic and educational factors also demonstrated a substantial influence ($\beta = .298$, $p < .001$), indicating that mothers' socioeconomic positioning and educational exposure interact with traditional belief systems rather than displacing them. Political and legal factors ($\beta = .284$, $p < .001$) and religious and philosophical factors ($\beta = .275$, $p < .001$) further underscore the importance of broader structural and ideological contexts in reinforcing traditional breastfeeding beliefs. Kinship and social factors, while comparatively smaller in effect size ($\beta = .202$, $p < .001$), remained a significant predictor, reflecting the continuing influence of family and social networks on maternal motivations.

For traditional practices, the regression model was likewise statistically significant, $F(3, *) = 73.709$, $p < .001$, explaining 69.4% of the variance in traditional breastfeeding motivations ($R^2 = .694$). All practice-related predictors were significant at $p < .001$, confirming that concrete postpartum behaviors are strongly associated with motivational orientations toward breastfeeding.

Among the practice dimensions, breastfeeding and baby care practices had the strongest standardized effect ($\beta = .326$, $t = 5.022$), suggesting that hands-on caregiving routines play a central role in reinforcing traditional motivations. Dietary modifications ($\beta = .296$, $p < .001$) also showed a robust association, highlighting the cultural importance of postpartum nutrition in breastfeeding care. Hygienic care practices ($\beta = .280$, $p < .001$), while slightly less influential, remained a significant predictor, reflecting culturally embedded beliefs about maternal and infant vulnerability during the postpartum period.

Study findings indicate that traditional motivations in breastfeeding among Vietnamese mothers are strongly shaped by both belief systems and everyday caregiving practices, with belief-based factors showing slightly greater explanatory power than practice-based factors. The high R^2 values across both models suggest that traditional motivations are deeply embedded within broader sociocultural, structural, and experiential contexts. These results reinforce the need for breastfeeding interventions in Vietnam to move beyond biomedical messaging and engage meaningfully with traditional belief systems and culturally grounded practices that continue to shape maternal behavior.

5. Discussion

The study highlights the centrality of cultural, social, and familial factors in shaping breastfeeding practices among Vietnamese mothers. Young, married, Buddhist, and employed mothers with moderate to high educational levels dominated the population. Traditional beliefs, including reliance on online health information, religious dietary guidance, and family support, strongly influenced practices and motivations. Demographic differences suggest the need for tailored interventions: younger mothers may benefit from educational support, unmarried mothers from social and emotional resources, and employed mothers from flexible workplace policies. Strong interrelationships among beliefs, practices, and motivations highlight the importance of culturally integrated breastfeeding programs.

The findings demonstrate that traditional motivations for breastfeeding are deeply embedded within broader sociocultural, structural, and experiential contexts, rather than being driven solely by individual knowledge or biomedical guidance. The high explanatory power of both regression models underscores the continued relevance of traditional belief systems and postpartum practices in shaping maternal breastfeeding behavior in contemporary Vietnam.

With regard to traditional beliefs and breastfeeding motivations, the results indicate that dimensions of

traditional beliefs collectively explained a substantial proportion of variance in breastfeeding motivations (R^2 = .775), suggesting that belief-based factors play a central role in motivating maternal breastfeeding practices. Technological factors emerged as one of the strongest predictors, highlighting how access to health information, medical technologies, and modern communication channels intersects with traditional belief systems rather than replacing them. This finding aligns with Vietnamese studies showing that mothers often integrate biomedical advice from health professionals with culturally grounded beliefs, selectively adopting information that resonates with traditional understandings of maternal and infant health (Prabasari & Rukmini, 2025).

Economic and educational factors also demonstrated a strong association with traditional breastfeeding motivations, supporting previous evidence that socioeconomic advancement in Vietnam does not necessarily diminish traditional practices but may instead reshape how they are interpreted and applied (Mendelson, 2025). This challenges assumptions embedded in knowledge-deficit models, which posit that increased education leads to reduced reliance on traditional beliefs. Instead, the findings suggest a hybrid model in which education and economic resources coexist with, and sometimes reinforce, culturally grounded motivations for breastfeeding.

Political and legal factors were likewise significant predictors, reflecting the broader policy environment in Vietnam, where state-endorsed maternal and child health programs coexist with long-standing cultural norms. While Vietnam has implemented strong breastfeeding policies aligned with World Health Organization recommendations (Smith et al., 2021), the present findings suggest that policy influence operates indirectly, interacting with cultural and social beliefs rather than acting as a primary motivational driver. Religious and philosophical factors further underscore the role of culturally shared meanings related to bodily balance, maternal responsibility, and infant protection—concepts well documented in Vietnamese postpartum (Sankar et al., 2020).

Kinship and social factors, though exhibiting comparatively smaller effect sizes, remained significant predictors of breastfeeding motivations. This finding is consistent with Vietnamese literature highlighting the influential role of family members—particularly grandmothers and mothers-in-law—in shaping infant feeding decisions (Kalhor et al., 2025). The results reinforce the idea that breastfeeding motivations are not formed in isolation but are negotiated within intergenerational family structures.

With regard to traditional practices and breastfeeding motivations, the regression analysis for traditional practices also demonstrated strong explanatory power (R^2 = .694), confirming that everyday postpartum behaviors are closely linked to maternal breastfeeding motivations. Among the practice-related predictors, breastfeeding and baby care practices showed the strongest association, emphasizing the importance of routine caregiving behaviors in reinforcing breastfeeding motivation. This finding aligns with qualitative studies in Vietnam that describe how hands-on practices, such as proper positioning, infant soothing, and responsive feeding, strengthen maternal confidence and commitment to breastfeeding (Kalhor, 2025).

Dietary modifications were also a significant predictor, reflecting the central role of postpartum nutrition in Vietnamese cultural beliefs about milk production and maternal recovery. Traditional dietary prescriptions—often guided by "hot" and "cold" food classifications—have been shown to influence breastfeeding duration and maternal confidence, even when they conflict with biomedical advice (Chowdhury et al., 2021). The persistence of dietary practices as a motivational factor supports arguments that culturally embedded behaviors remain influential even in urbanizing and modernizing contexts.

Hygienic care practices, while slightly less influential, were nonetheless significant, highlighting cultural beliefs surrounding maternal and infant vulnerability during the postpartum period. Restrictions on bathing, exposure to cold, and environmental cleanliness have been widely documented in Vietnam and are often viewed as essential for protecting both mother and infant (Mendelson, 2024). The association between hygienic practices and breastfeeding motivations suggests that these rituals may provide a sense of security and control that supports sustained breastfeeding.

The findings of this study support the application of social ecological theory, which emphasizes the interaction

of individual, interpersonal, community, and institutional influences on health behaviors. The strong effects of belief-based and practice-based predictors demonstrate that breastfeeding motivations are shaped across multiple levels, from individual knowledge to family dynamics and broader sociopolitical contexts. Moreover, the results resonate with cultural models and medical anthropology perspectives, which conceptualize health behaviors as embedded in shared meanings and lived experiences (Taft, 2025).

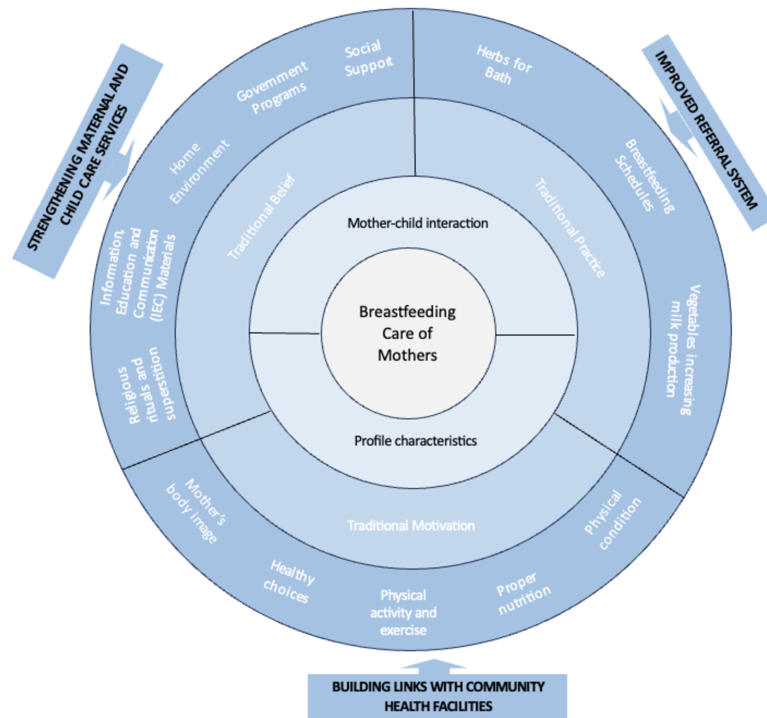
Importantly, the findings address a gap in the Vietnamese literature, which has been dominated by cross-sectional surveys emphasizing prevalence and biomedical correlates (Binns et al., 2020). By empirically demonstrating the strength of traditional beliefs and practices as predictors of breastfeeding motivation, this study moves beyond treating culture as a static background variable and instead highlights its active role in shaping maternal behavior. The results suggest that breastfeeding interventions in Vietnam should move beyond information dissemination and engage more deeply with traditional belief systems and caregiving practices. Programs that fail to acknowledge family influence, dietary traditions, and postpartum rituals may struggle to resonate with mothers' lived experiences. Conversely, culturally responsive interventions that work collaboratively with families and community structures may be more effective in sustaining optimal breastfeeding practices.

The findings of this study provide strong empirical support for the development and application of a Glocalized Breastfeeding Program Framework, which integrates global breastfeeding standards with locally embedded cultural beliefs, practices, and social structures. "Glocalization" emphasizes the adaptation of universal health recommendations to local contexts, allowing global evidence-based guidelines—such as those promoted by the World Health Organization (2022) —to be interpreted and implemented in culturally meaningful ways. In the Vietnamese context, where traditional postpartum beliefs and practices remain highly influential, a glocalized approach offers a pragmatic and culturally respectful pathway to improving breastfeeding outcomes.

The strong predictive power of traditional beliefs and practices observed in this study underscores the limitations of purely biomedical or knowledge-deficit approaches to breastfeeding promotion. While global breastfeeding programs emphasize early initiation and exclusive breastfeeding, the present findings demonstrate that Vietnamese mothers' motivations are significantly shaped by technological, religious-philosophical, kinship, political, and economic belief systems, as well as by concrete caregiving practices such as dietary modification, hygienic care, and infant feeding routines. A glocalized framework acknowledges these influences not as barriers, but as entry points for intervention.

From a theoretical perspective, the glocalized framework aligns closely with social ecological theory, which conceptualizes breastfeeding behavior as the product of interactions across multiple levels—individual, interpersonal, community, and institutional. At the individual level, mothers' motivations are informed by both biomedical knowledge and traditional understandings of maternal and infant health. At the interpersonal level, kinship structures, particularly the influence of grandmothers and mothers-in-law, play a central role in shaping breastfeeding decisions. At the community and institutional levels, health systems, policy environments, and access to technology interact with cultural norms to reinforce or modify breastfeeding practices. The glocalized framework integrates these levels by promoting coherence between global policy goals and local lived realities.

Importantly, the framework also draws on cultural models and medical anthropology, which emphasize that health behaviors are embedded within shared meanings and moral obligations. Vietnamese postpartum practices—such as dietary prescriptions and hygienic rituals—are not merely habitual behaviors but are deeply tied to beliefs about bodily balance, maternal vulnerability, and infant protection. The present study's findings suggest that when breastfeeding promotion efforts fail to engage with these meanings, they risk alienating mothers and families. A glocalized framework instead seeks to reframe global breastfeeding recommendations in ways that align with existing cultural logics, such as positioning exclusive breastfeeding as a practice that enhances maternal recovery and infant strength within traditional belief systems.



Proposed Glocalized Breastfeeding Program Framework

In practical terms, a Glocalized Breastfeeding Program Framework would involve culturally adaptive intervention strategies, including the engagement of family members in breastfeeding education, the incorporation of acceptable traditional practices that do not conflict with biomedical guidance, and the contextualization of health messages using locally meaningful language and symbols. For example, dietary guidance could acknowledge traditional postpartum foods while emphasizing their compatibility with adequate milk production, and hygienic practices could be discussed in ways that respect concerns about vulnerability while promoting evidence-based care.

The framework also addresses a critical gap identified in the Vietnamese literature—the disconnect between global breastfeeding policies and local implementation. While Vietnam has adopted robust breastfeeding policies, uneven adherence suggests that policy translation remains a challenge. A glocalized approach offers a mechanism for bridging this gap by fostering collaboration between health professionals, community leaders, and families, thereby enhancing acceptability and sustainability.

In summary, the Glocalized Breastfeeding Program Framework provides a theoretically grounded and empirically supported model for breastfeeding promotion in Vietnam. By harmonizing global health recommendations with local cultural beliefs and practices, the framework responds directly to the study's findings and offers a culturally congruent pathway for strengthening breastfeeding motivation and practice. Future research should evaluate the implementation and effectiveness of glocalized interventions across diverse Vietnamese settings, including rural, urban, and ethnically diverse communities.

6. Conclusions

Vietnamese mothers' breastfeeding behaviors are influenced by traditional beliefs, practices, and motivations, which are interconnected and shaped by demographic factors. Young, married, Buddhist, and employed mothers with high school or college education predominated. Cultural, familial, and social contexts played a critical role in maternal practices and motivations. Differences across age, marital status, education, religion, and employment underscore the need for culturally tailored interventions.

Recommendations - Breastfeeding support for Vietnamese mothers should combine cultural relevance with evidence-based guidance. Digital platforms can be used to disseminate culturally tailored information, while mothers are encouraged to balance traditional and religious practices with scientifically supported recommendations. Active engagement of family support networks during postpartum recovery enhances practical and emotional assistance. Community and government programs should be promoted to provide accessible resources and guidance. Maintaining hygienic home environments and following lactation-supportive diets are essential, alongside scheduled and exclusive breastfeeding practices. Maternal physical and emotional well-being should be supported through exercise, proper nutrition, and confidence-building. Ultimately, mothers should be empowered to make informed decisions that promote the health of both themselves and their infants.

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