

# Consultation Form for Trade 業界諮詢意見表格

## Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants & Young Children 《香港嬰幼兒配方奶粉和相關產品及食品的銷售及質素守則》

### Part I: Company Details 第一部份: 公司資料

Name in English 英文姓名:	<u>MAK SAU WA</u>	Name in Chinese 中文姓名:	
Position 職位:			
Name of Association/ Organisation/ Company 協會/ 機構/ 公司名稱	(English 英文)		
	(Chinese 中文)		
Address 地址	(English 英文)		
	(Chinese 中文)		
Phone No. 電話號碼:		Fax No. 傳真號碼:	
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### Part II: Your Views 第二部份: 您的意見

(Please attach extra sheets if necessary 如空格不夠填寫, 請另附紙)

#### (1) Scope & Definitions (Articles 2&3) 範圍及定義(守則第二及三條)

##### Views 意見:

First, the scope of regulation should extend to formula milk targeting at children beyond 3 years. The core limitation of the code is that it applies only to formula milk or designated products for infants below three years' old. Ironically, the ideology of associating bottle-feeding and academic excellence and brain development has been created by ongoing integrated marketing efforts not targeting infant but young child from 3 to above. These advertisements created fantasy for parents by exaggerating the benefits and functions of formula milk. They needed to be put under control by the new code of marketing.

Second, I suggest that the definition of 'advertisement' should include 'advertorial' (paid editorial) or paid content. For paid content, it is usually conducted in an indirect way - the formula milk companies placed advertisements inside a publication (e.g. parenting magazine). As such, the magazine will provide a bonus for the formula milk companies by preparing the content, in certain way, in favor of the companies' products.

Third, the regulation of 'health facility' should include kindergartens. Pragmatically, it will be quite impossible to control the flow of formula milk samples and information only in nurseries but not in kindergarten which may be physically located in the same building.

#### (2) Information and Education(Article 4) 資訊及教育(守則第四條)

##### Views 意見:

Overall speaking, I support all the proposed regulations, especially the idea of including the information mentioned in **Article 4.4.1 (e)**. Yet, I find them insufficient. In addition to promoting

the benefits of breast-feeding, **messages about the possible risks and side-effects** of formula milk should be communicated to the pregnant women, mothers and general public. Similar to the warning and notice message suggested in Article 8 Labeling, I suggest designing a warning icon that highlight a core message of the possible health risks, such as diarrhea, constipation, **obesity, feeding disorder** etc. As health risks are aversive stimulus, I am sure that this will be more impactful than highlighting **that** breast-feeding is the most perfect and natural form of infant feeding. Side by side, we can also design a standard chart of comparison (with simple figures and tick/cross signs) to compare the pros of breast-feeding (including not only physical but psychological benefits) and the cons of bottle-feeding.

My ethnographic study in Hong Kong (2010-11) unveiled the fact that most of the potential side effects of formula milk are unknown to my informants. Many said that they would probably breastfeed for a longer time if they know that constipation, congestion, and indigestive problems could be results of bottle feeding. Similarly the doctors whom I met bi-weekly, my parents, my husband, nor relatives **were aware of** these problems. I only knew them from a breast-fed mum at a critical time when my husband **was trying to** push me to switch from breast feeding to bottle feeding our 4-week baby who was considered underweight. (**I have now breast fed my baby for over a year and he is very healthy though smallish.**) In addition, a father with a 3-year old daughter told me that his daughter got serious problem of constipation. **His daughter has been taking formula milk daily and yet he was not aware that it could be a problem with the formula milk** . This lack of knowledge is probably due to two reasons.

First, this piece of information **would** pose a threat to the sales of formula milk companies which definitely want to limit its circulation. Second, **most people were led to believe** that the side effects is a result of the ingredient composition of some brands, but not formula milk in general. This health belief is further strengthened by the strong promotion of the formula milk companies which marketed the message of 'curing' the problem of constipation.

### (3) Promotion to the Public (Article 5) 向公眾推廣(守則第五條)

Views 意見:

I support all the regulations mentioned in article 5. Moreover, **messages about the possible risks and side-effects** of formula milk should be communicated to the Public.

### (4) Promotion in Health Care Facility (Article 6) 在醫護機構進行推廣(守則第六條)

Views 意見:

I support all the regulations mentioned in article 6. Yet, as mentioned, I think the code should also cover kindergartens.

### (5) Information and Promotion to Health Worker (Article 7)向醫護人員提供資訊及推廣 (守則第七條)

Views 意見:

I support all the regulations mentioned in article 7.

Based on my ethnographic study in 2011, one rarely mentioned reason for the mother to substitute breast-feeding by formula milk is the recommendations given by pediatricians. I am not saying that the pediatricians in Hong Kong object breast-feeding. What I would like to emphasize

is that they see no significant difference between bottle-feeding and breast-feeding. Seldom do the medical professionals mentioned about the psychological benefits of breast-feeding. So, they have no hesitation to recommend formula milk whenever the mother finds it hard to breast-feed. I also would like to share my personal experience which is relevant. In 2010, when I gave birth to my son in a private hospital, my doctor, without my consenses instructed the hospital to give formula milk to my just-born son, who was considered underweight.

In a highly medicalized society like Hong Kong, a responsible mother is to consult the medical professionals on different kinds of problems, ranging from illness, behavioral to habitus issues. When doctors noticed a slight fall of weight below the norm they are likely to make the mothers feel morally incorrect if they do not add a bottle especially if the babies continue to cry after breast-feeding. Mothers would also be blamed by their husbands and grand-parents for not not being a good nutrition provider. Consequently, contrasted to the social norm of a responsible mother as breast-feeding their babies on-demand (i.e. anywhere and anytime), it is morally appropriate to bottle-feed their babies, toddlers or even children.

#### (6) Labelling (Article 8) 標籤 (守則第八條)

Views 意見:

I support all the regulations mentioned in article 8.

Similar to my suggestion to article 4, I recommend to design a stardardized icon or information box with charts to communicate the risks of bottle-feeding and the benefits of breast-feeding.

#### (7) Quality Standards (Article 9) 品質標準(守則第九條)

Views 意見:

I support all the regulations mentioned in article 9.

#### (8) Implementation and Monitoring (Article 10) 推行及監察(守則第十條)

Views 意見:

I support all the regulations mentioned in article 10.

I am delighted to see that this code of marketing of formula milk is an encouraging leap in controlling the omnipresence of formula milk advertising and promotion activities which had totally changed the dietary habit of our young siblings in the past two decades. Cow milk is never part of the Chinese daily food for thousands of years but was now transformed into a kind of staple not only for infants, but for toddlers, young children, pregnant women, adults and elderlies. We have witnessed how this nutrition transition has brought an impact to the deteriorating health in many developing countries. Modern illnesses, such as obesity, constipation, etc., are common about our young generation. I see this new code of marketing practice as a milestone for turning our public health into the right direction, The date of implementation will bear a historical significance of Hong Kong. Yet, I find this is far from sufficient, We need our government to take more active role in not only promoting the benefits of breast-feeding nutrition-wise, but also on the psychological aspect, as well as the risks of bottle-feeding through mass media (not only labelling). From my ethnographic studies, I find this information is out of reach of most parents, and are important reasons why they choose formula milk.

### Part III: Specific Questions 第三部份: 指定問題

(Please attach extra sheets if necessary 如空格不夠填寫, 請另附紙)

(1) 製造商及分銷商應容許有充分時間來預備守則的推行，您認為何時是最佳的推行時間? (可就不同條款提出不同推行日期)

Manufacturers and distributors should be given sufficient time to get prepared for implementing the Code. In your opinion, what will be the optimal time for the implementation? (You may wish to provide different time frame for different articles)

Views 意見:

I think the implementation of article 4 and 5 should take place within 3 months, while the rest to be implemented within one year's time.

Signature : \_\_\_\_\_

Date: 26 February, 2013

Please return us this form on or before 31 December 2012 through any of the following means 請透過以下任何一項途徑於 2012 年 12 月 31 日或之前交回此表格:

Post 郵寄: The Secretariat Office, Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes, Family Health Service, Department of Health, Room 1308, 13/F, Guardian House, 32 Oi Kwan Road, Wanchai, HK  
香港灣仔愛群道 32 號愛群商業大廈 1308 室家庭健康服務衛生署香港母乳代用品銷售守則專責小組秘書處

Fax 傳真: (852) 2574 8977

E-mail 電郵: hkcode@dh.gov.hk

Note : In providing us your views, please let us know in case you do not want to be attributed. Unless otherwise specified, all responses will be treated as public information and may be published in the future without further notice. 注意: 如不欲公開姓名，請於提交意見時清楚表示。除非另加指明，否則所有意見均視作公共資訊處理，日後可能會在沒有通知下予以公開。

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