

Survey on
Mothers' Views of Formula Milk Promotion
and
Information on Infant and Young Child Feeding

Family Health Service
The Department of Health Hong Kong SAR Government

2013

© All rights reserved

Content

Background	3
Breastfeeding—a public health priority	
Protecting breastfeeding through regulation of marketing of breastmilk substitutes	
The Local Situation	
Objectives	6
Methodology	6
Design	
Target population	
Sample size and sampling	
Instrument	
Data collection	
Data analysis	
Results	8
The Sample	
Mothers’ experience with formula milk advertisement and promotion	
Mothers’ perceptions of the merits of breastfeeding vs. formula milk feeding	
Mothers’ considerations when choosing formula milk products	
Mothers’ experiences of health information and materials on infant and young child feeding	
Acceptance of the proposed HK Code	
Association between participants’ social demographic characteristics and acceptance of the HK Code	
Discussion	21
Mothers’ experience of formula milk advertising & promotion	
Informational materials on infant and young child feeding	
Public acceptance of the proposed HK Code	
Strengths and limitations	
Conclusions	23
References	24
Annex (Questionnaire)	26

Background

Breastfeeding—a public health priority

Breastfeeding is the unequalled way to providing optimal nutritional, immunological and emotional nurturing for the growth and development of infants, with benefits proportional to its duration and exclusiveness¹⁻⁴. In addition to clear short-term health benefits such as protection from gastrointestinal and middle-ear infections in the child population, the impact of early nutrition on long term health, such as the predisposition to non-communicable diseases in later years is also well recognized. The Evidence on the Long-term Effects of Breastfeeding published by the World Health Organization (WHO) in 2007 revealed subjects who were breastfed had lower mean blood pressure and total cholesterol, higher performance in intelligence tests, as well as lower prevalence of overweight/obesity and type-2 diabetes². On top of that, studies have also shown that breastfeeding protects mothers from premenopausal breast cancer⁵.

Suboptimal breastfeeding, therefore, incurs significant excessive economic loss and preventable mortalities, which are evident even in developed countries. A recent US economic study revealed that if 90% of US families complied with global recommendation of exclusive breastfeeding for 6 months, it would have saved \$13 billion/year and prevented an excess of 911 infant deaths⁶.

In order to change the societal norm of infant feeding, from one dominated by formula feeding to one of breastfeeding, an environment that protects, promotes and supports breastfeeding should be fostered. Ample evidence reaffirmed that a comprehensive, multi-pronged approach to implementing effective breastfeeding promotion interventions is warranted to improve breastfeeding duration and exclusiveness at a population level⁷⁻¹⁰. This includes a combination of protecting infant feeding choices from commercial influences, reorienting health professionals and health services to facilitate and support breastfeeding initiation and maintenance, and implementing social policies to support sustained breastfeeding in the workplace and the community.

Protecting breastfeeding through regulation of marketing of breastmilk substitutes

Evidence from randomised controlled trials shows that exposing expectant mothers and mothers to formula promotion materials and commercial discharge packs undermines breastfeeding duration and exclusivity¹¹. Eliminating undue commercial influences enables parents to make well-informed choice on infant feeding based on unbiased information. Regulation of the aggressive marketing of breastmilk substitutes forms part of a comprehensive strategy to protect, promote and support breastfeeding and lays the foundation for the future health of the population.

To contribute to the provision of safe and adequate nutrition for infants through protection of breastfeeding and ensuring the proper use of breastmilk substitutes when necessary, the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes (WHO Code) in 1981.¹² The WHO Code recommends, inter alia, restrictions on the marketing of breastmilk substitutes. It stipulates that there should be absolutely no advertising and promotion of

breastmilk substitutes, bottles and teats to the general public; neither health facilities nor health professionals should have a role in promoting breastmilk substitutes; and free samples should not be provided to pregnant women, new mothers or families.

The WHO Code is under regular review by the WHA and supplemented from time to time with WHA resolutions to address the evolving marketing strategies of formula milk companies. For example, in 1986, WHA 39.28 explicitly stated that “the practice of providing older infants with follow-up milks is not necessary”. This supplemented the original WHO Code articles addressing marketing that targeted the general public (Article 5). In 2010, WHA 63.23 recommended member states to end all nutrition and health claims for foods for infants and young children, except those specifically exempted by Codex Alimentarius standards or national legislation.

The Local Situation

Local feeding scenes

With concerted efforts of the Government and community, the ever-breastfeeding rate in Hong Kong increased from a nadir in the early 1980s to 50% in 1997 and 83% in 2011. However, the exclusive breastfeeding (EBF) rate remained low. According to the 2011 Department of Health (DH) Breastfeeding Survey on babies born in the year 2010, EBF rate at 4-6 months was only 14.6%. A variety of factors affect the prevalence of breastfeeding, its exclusiveness and duration, as well as mothers’ choice to feed their infants with breastmilk substitutes. These include, among others, the promotion of breastmilk substitutes.

In addition, there is also evidence revealing suboptimal infant and young child feeding practices, and widespread parental misconception on milk feeding in Hong Kong. In 2010, the DH conducted the Infant and Young Child Feeding Survey to examine the diet and nutrient intake of young children in Hong Kong. The survey showed the unbalanced food consumption pattern of children aged 12 months and above, which was characterized by inadequate intake of vegetables and fruits, high intake of protein-rich foods and formula milk¹³. Children who drank more milk than the recommended volume (480 ml per day) generally consumed a smaller amount of grains, vegetables and fruits.

Parental knowledge and attitudes are the major determinants of their feeding practices and dietary patterns of their children¹⁴. The Survey also revealed that over 80% of parents of 4-year-old children agreed or strongly agreed that milk was indispensable for growth and development of a child¹⁵. About half (53.4%) of the parents agreed that “Follow-up formula is added with nutrients that promote the child’s brain development which cannot be found in other foods” and one-fourth (25.4%) believed that Follow-up Formula “can replace other food to provide nutrients”¹⁵. The findings probably reflect the permeation of aggressive formula advertising and parents’ lack of awareness of the nutritive value of homemade food using everyday ingredients. It is also worrying that over-reliance on follow-up formula may displace children’s appetite for eating a variety of foods, making

it difficult for children to establish a healthy eating habit.

Marketing of Formula Milk

Violation of the WHO Code is widespread in Hong Kong. There is an abundance of formula milk advertising and promotion activities through the mass media and other different channels.

In 2004, the Chinese University of Hong Kong (CUHK) conducted a survey of formula milk companies, examining their self-reported adherence to the WHO Code¹⁶. Seven out of nine Hong Kong formula milk companies participated. The findings revealed that all seven participating companies advertised follow-on formula milk for older infants and young children. These follow-on formulae carried a similar brand name and packaging as their infant formula counterpart. Such practice was known as the “branding effect”, a well-known effective marketing strategy. It enabled the companies to effectively promote their brands without direct promotion of infant formula for infants aged 6 months or below.

Marketing activities are closely surveyed and monitored by the commercial sector to enable companies to make quick response to the activities of their competitors. The expenditure spent in advertising (Ad Spend) is often used as an indirect indicator to reflect the advertising patterns such as the major spending companies, the scope of products being advertised and key advertising media channels used, etc.

Local formula milk companies spend enormous amount of resources on advertising and promotional activities. These advertising activities have been systematically captured by a marketing database (admanGo), which provides comprehensive advertisement tracking and media spending analysis figures. The database has an extensive coverage of local media channels including over 90 television and radio channels, 160 newspapers and magazines, 120 websites, 300 billboards, over 80% of buses and 500 bus and tram shelters, MTR and KCRC stations and vehicles, etc. According to admanGo, in 2012, the trade spent HK\$2.42 billion on advertising formula milk for children 0 to 36 months in Hong Kong, representing an increase by 47% from HK\$1.65 billion spent in 2011. The Ad Spend was estimated based on regular advertising prices (before discount) and did not cover promotion at the personal level, such as mother’s clubs, and promotion activities within healthcare facilities.

Protection of Optimal Infant and Young Child Feeding in Hong Kong

Being concerned about the rise of the prevalence of overweight and obesity among children in Hong Kong and recognizing the importance of fostering healthy dietary habits early in life, the Steering Committee on Prevention and Control of Non-Communicable Diseases endorsed in 2010 a number of proposed actions to optimize infant and young child feeding under the Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong. These included, among others, the development of a local code of practices for the marketing of breastmilk substitutes. Consequently, the Taskforce on the Hong Kong Code of Marketing of Breastmilk Substitutes (HK Code) was set up under the Department of Health in June 2010 to develop the HK Code based on the WHO Code, subsequent WHA resolutions which clarified the WHO Code and sought to bring it up-to-date with

scientific development and evolving marketing strategies. In addition, the Taskforce also considered the potential impacts of local marketing practices on parental attitudes and practices of feeding infants and young children, as well as the situation of lacking guidance on the composition and labelling of food products for children aged 36 months or below at that time.

The Taskforce completed the drafting of the HK Code in October 2012. To collect views from the public and stakeholders, the Government launched a four-month public consultation on the draft HK Code from 26 October 2012 to 28 February 2013.

As part of the public consultation, a survey was conducted by the Family Health Service of the Department of Health from September to October 2012. The survey aims to investigate local mothers' experiences and views on advertising and promotion of formula milk and information on infant/young child feeding, as well as their acceptance of the proposed HK Code.

Objectives

The survey aimed to explore and describe mothers' (i) experiences and views on formula milk advertising and promotion; (ii) experiences and views on various sources of information on infant and young child feeding, and (iii) acceptance of the proposed HK Code with respect to restrictions on formula milk advertising and promotion, and distribution of information by formula milk companies.

Methodology

Design

This was a cross-sectional survey.

Participants

Chinese mothers with young children aged between 0 to 36 months who have registered with a Maternal and Child Health Centre (MCHC) or well-baby / child health clinics of private hospitals (hereafter referred to as private clinics) in Hong Kong.

- Inclusion criteria:-
Mothers:
 - With singleton pregnancy and no serious medical or obstetrical complication,
 - Who are Cantonese speaking, and
 - Having lived in Hong Kong for not less than 1 year prior to the survey

- Exclusion criteria:-
Mothers with:
 - Infant / Child born before 37 weeks' gestation,
 - Infant / Child with a birth weight of less than 2500 grams, or

- Infant/Child suffering from acute or chronic diseases that required extended hospitalization for over one week or long-term medication.

Sample size and sampling

With a sample size of 500 and a conservative estimation that half of the population would accept the HK Code (i.e. proportion = 50%), the width of a 95% confidence interval would be at most $\pm 4.4\%$. Assuming around 30% non-response or incompleteness, 714 eligible subjects would have to be invited for participation.

Approximately 90% of babies born to local mothers patronize the MCHCs, and the rest attend private well-baby / child health clinics. With this 9:1 ratio, it was expected that the final sample would have to include about 450 mothers from MCHCs and 50 from private clinics.

Random sampling was not feasible because of logistic constraints. A two-stage sampling strategy was adopted. In the first stage, MCHCs and private clinics were sampled. In the second stage, mothers from the selected MCHCs and private clinics were sampled.

One MCHC from each of the five FHS administrative regions (Hong Kong, Kowloon, New Territories East, New Territories West 1 and New Territories West 2) was selected by convenience sampling with reference to sizes of the serving child population, their availability and logistics practically. The number of subjects to be recruited in each MCHC was calculated according to population distribution in the clusters as reported by the 2011 Population Census.

Five of the 11 private hospitals run well-baby / child health clinics. Three of these clinics are located on HK Island, and one each in Kowloon and the New Territories. One private clinic was randomly drawn from the three located on HK Island, and one from either Kowloon or the New Territories. An equal number of participants were selected from each clinic.

Instrument

In developing the survey instrument, comprehensive literature review was conducted to examine overseas and local studies on mothers' experiences on formula milk advertising and promotion, and their possible impacts. Views and comments about local mothers' experiences were also collected from local NGOs and breastfeeding mothers' groups. Thereafter, a semi-structured interview guide was prepared and in-depth interviews with pregnant women and mothers attending MCHCs were conducted. Based on the themes obtained from the in-depth interviews, a survey questionnaire was drafted. It was piloted with mothers at one of the selected sites and further fine-tuned.

The questionnaire comprised the following aspects:

1. Mothers' experiences and views on formula milk advertising and promotion
2. Mothers' experiences and views on various sources of information on infant and young child feeding
3. Mothers' views on the proposed HK Code – a standardised introduction to the HK Code with

respect to restrictions on formula milk advertising and promotion, and distribution of information by formula milk companies was given to the participants. They were then asked about their level of acceptance

4. Mothers' socio-demographic profile - age, education level, occupation, monthly household income and number of children
5. Infant feeding practices – the major child feeding method until four months of age

For details, please refer to Annex 1.

Data collection

The survey was conducted during the period of 13 September 2012 to 31 October 2012. A small research team, comprised a research officer and research assistants, was trained to conduct the survey according to a questionnaire through a face-to-face interview. The team then visited the 7 clinics during the Child Health sessions according to a roster. All eligible mothers visiting the MCHCs or private clinics during the allocated time slots were invited to take part in the survey. Participants who agreed to participate received an information sheet and completed a consent form. Face-to-face interviews were then conducted.

Data analysis

Statistical analysis was conducted using SPSS 16.0. A variety of statistical tests including independent t test, Mann-Whitney U test, chi-squared test, and Friedman test were used to examine differences between groups, association between variables, etc.

Results

The sample

During the survey period, of the 704 eligible mothers who were invited to participate, 504 consented, achieving a response rate of 71.6%. Among them, 500 completed the survey and contributed valid data for analysis. Compared with the 2011 Population Census, a higher proportion of the participants were in the 25 – 34 age groups and a lower proportion in the 35 – 44 groups. Also, mothers with higher educational attainment (upper secondary or above) and higher income were over-represented in the present sample. (Table 1) Among the 500 participants, 109 (21.8%) reported having exclusive or predominant breastfeeding; 253 (50.6%) having partial breastfeeding (with formula milk); and 138 (27.6%) having exclusive formula milk feeding, as the key infant feeding practice before the age of 4 months of age.

Table 1: Social Demographic Characteristics of Participants (Mothers with Children 0 – 3 years) and Comparison with Mothers in Households with Children aged 0-5 years (2011 Population Census)

	Participants		2011 Population Census*		Significance
	n	%	n	%	
Mother's age in year	(n = 500)		(n = 223 683)		
15-24	25	5.0	5321	2.4	$\chi^2(3)=88.175$ $p < .001$
25-34	314	62.8	102058	45.6	
35-44	160	32.0	110576	49.4	
45 or above	1	0.2	5728	2.6	
Mother's education level	(n = 499)		(n = 223 683)		
Primary or below	5	1.0	11355	5.1	$\chi^2(5)=46.102$ $p < .001$
Lower secondary	61	12.2	40018	17.9	
Upper secondary / sixth form	218	43.7	81767	36.6	
Diploma / Certificate	46	9.2	13864	6.2	
Sub-degree course	11	2.2	10153	4.5	
Degree course or above	158	31.7	66526	29.7	
Occupation	(n = 498)				
Managers and administrators	57	11.4			
Professionals / Associate professionals	71	14.2			
Clerks	112	22.5			
Service workers and shop sales workers / Elementary occupations and others	65	13.0			
Unemployed	193	38.8			
Monthly household income	(n = 499)		(n = 228 517)		
HK\$9,999 or below	36	7.2	23082	10.1	$\chi^2(4)=26.674$ $p < .001$
HK\$10,000-19,999	97	19.4	53065	23.2	
HK\$20,000-29,999	93	18.6	39341	17.2	
HK\$30,000-39,999	100	20.0	29861	13.1	
HK\$40,000 or above	173	34.7	83168	36.4	
Number of children	(n = 500)				
1	306	61.2			
2	171	34.2			
>3	23	4.6			

(*Source: 2011 Population Census, Census and Statistics Department)

Mothers' experiences with formula milk advertisement and promotion

Among the 500 participants, 477 (95.4%) reported they had encountered advertisements or promotion of formula milk in the month prior to the survey.

(a) Channels of encounter with formula milk advertising and promotion

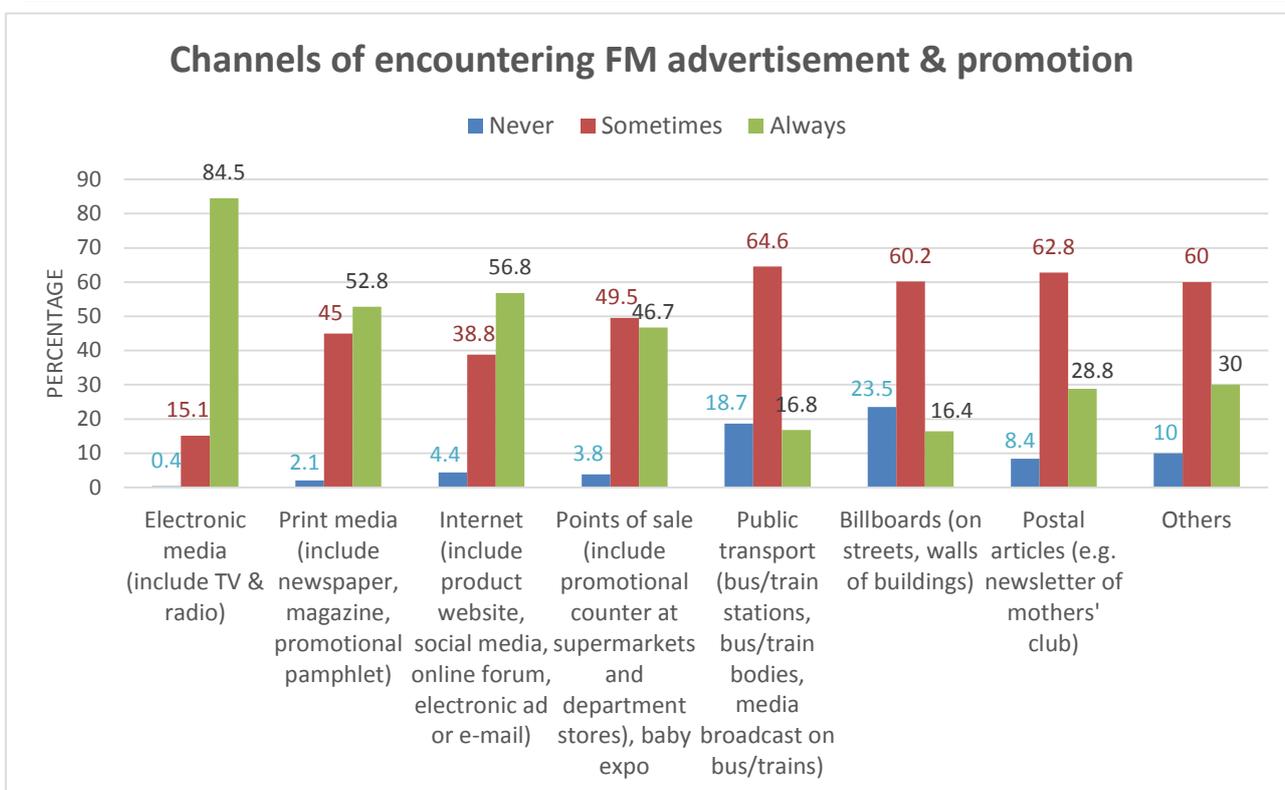
Of the 477 participants, 84.5% reported having always encountered formula milk advertising and promotion through electronic media such as TV and radio, followed by the internet (56.8%), print

media (52.8%) and at points of sale (46.7%). (Table 2)

In addition to the listed options in the questionnaire, participants also reported they had encountered other channels/methods of promotion such as SMS and gifts/samples distributed through hospitals and clinics.

Table 2: Mothers' Encounter with Formula Milk Advertising and Promotion through Various Channels

	Total (n)	Never		Sometimes		Always	
		No.	%	No.	%	No.	%
Electronic media (include TV & radio)	477	2	0.4	72	15.1	403	84.5
Print media (include newspaper, magazine, promotional pamphlet)	477	10	2.1	215	45.0	252	52.8
Internet (include product website, social media, online forum, electronic ad or e-mail)	477	21	4.4	185	38.8	271	56.8
Points of sale (include promotional counter at supermarkets and department stores), baby expo	475	18	3.8	235	49.5	222	46.7
Public transport (bus/train stations, bus/train bodies, media broadcast on bus/trains)	477	89	18.7	308	64.6	80	16.8
Billboards (on streets, walls of buildings)	477	112	23.5	287	60.2	78	16.4
Postal articles (e.g. newsletter of mothers' club)	476	40	8.4	299	62.8	137	28.8
Others	10	1	10.0	6	60.0	3	30.0



(b) Mothers' encounter with the type of formula milk products advertised or promoted

Of the 477 mothers, 383 (80.3%) and 271 (56.8%) reported that they had encountered advertisements or promotion of follow-up formula (for children 6 months or above) and infant formula (for children 0 to 6 months) respectively, with 219 (45.9%) mothers reported they had come across advertisements or promotion of both follow-up and infant formulae. A small proportion (8.6%) claimed they were unsure about the target age range of products advertised.

(c) Mothers' experiences with Mothers' Clubs organized by Formula Milk Companies

Among 499 participants who responded to the question whether they had ever joined a Mothers' Club, 80.6% (n=402) gave a positive response. Over three quarters joined the clubs to get information and gifts including samples. (Table 3a)

Table 3a: Reasons for Joining a Mothers' Club

	No.	%#
To get some information	317	78.9
To get some gifts (include sample)	303	75.4
To get professional support	165	41.0
Recommended by family & friends	99	24.6
Persuaded by salesperson	74	18.4
Recommended by healthcare professionals	44	10.9
To get support from other mothers	41	10.2
Others	7	1.7

#Each participant was asked to give a maximum of 3 reason(s) from a list. There were 402 participants who responded to the question and gave a total of 1050 reasons. The percentages do not add up to 100%.

A total of 97 participants responded they did not join a Mothers' Club. Reasons for not joining were provided by 83 participants. The commonest reasons for not joining a Club were "too busy" (26.8%), "considered not necessary" (22.7%) and "not been invited or not knowing how to join" (20.6%). (Table 3b)

Table 3b: Reasons for Not Joining a Mothers' Club

	No.	%##
Too busy to join	26	31.3
Considered not necessary	22	26.5
Not been invited or not knowing how to join	20	24.1
Unwilling to disclose personal information, being concerned that personal information might be passed around, receiving phone calls from mothers' club considered a nuisance	8	9.6
Others (e.g. Considered messages conveyed by the clubs as commercial, not credible, etc.)	8	9.6

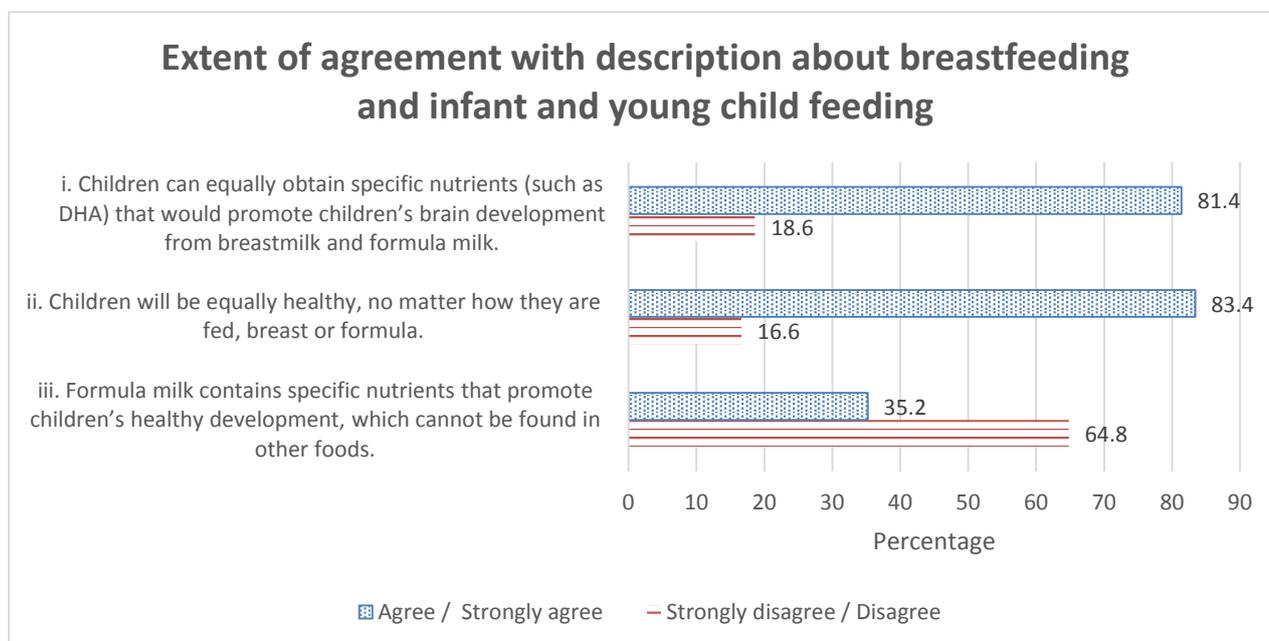
##Each participant was asked to give reason(s) by an open-ended question. There were 83 participants who responded to the question and gave a total of 98 reasons. The percentages do not add up to 100%.

Mothers' perceptions of the merits of breastfeeding vs. formula milk feeding

The majority of mothers perceived that formula milk feeding was equivalent to breastfeeding, with 83.4% of mothers agreed or strongly agreed that children were equally healthy, no matter how they were fed, breast or formula. Moreover, 81.4% of mothers agreed or strongly agreed that children could equally obtain specific nutrients (such as DHA) that would promote children's brain development from breastmilk and formula milk; and 35.2% of parents agreed or strongly agreed that formula milk contained specific nutrients that promoted children's healthy development, which could not be found in other foods. (Table 4)

Table 4: The Extent of Agreement with descriptions about Infant & Young Child Feeding Options and Health

	Total (n)	Strongly disagree / Disagree	Agree / Strongly agree
		No. (%)	No. (%)
i. Children can equally obtain specific nutrients (such as DHA) that promote children's brain development from breastmilk and formula milk.	499	93 (18.6%)	406 (81.4%)
ii. Children will be equally healthy, no matter how they are fed, breast or formula.	500	83 (16.6%)	417 (83.4%)
iii. Formula milk contains specific nutrients that promote children's healthy development, which cannot be found in other foods.	500	324 (64.8%)	176 (35.2%)



Mothers' considerations when choosing formula milk products

Participants were asked to opt for a maximum of five factors (out of 9) they would consider in choosing formula milk products, and prioritize them. In the analysis, the priority was transformed into a score (1st priority =5, 2nd priority =4 and so on, and unselected factor =0). The higher the score,

the more preferable the factor was in the participant’s consideration. The mean score calculated for the factors was used to rank them in order of preference considered by the group. The rankings (mean score) of the factors when choosing infant formula and follow-up formula are shown in table 5.

When choosing formula milk products for 0 to 6-month-old infants, “Recommendations of friends and relatives” was the most influential factor, followed by “Constituents of the Formula, including additives such as DHA, prebiotics, probiotics, etc.”, “Recommendations of healthcare professionals” and “The same brand of formula being distributed in the hospital where the baby was born”. Factors related to marketing practices, e.g. whether participants having frequently heard of the merits of a certain brand from advertisements or promotion activities; product prices and discounts; and whether samples or gifts ranked much lower in priority.

For infants over 6 months and young children, “The brand that the child had previously been taking” was the number one factor influencing mothers’ choices. “Constituents of the Formula, including additives such as DHA, prebiotics, probiotics, etc.” came second, followed by “Recommendations from friends and relatives” and “Recommendations of healthcare professionals”. Similarly, factors related to marketing practices ranked lower.

Other factors mentioned by some participants included whether the products were sufficiently supplied in the market and easily bought; the place of manufacture, etc.

Table 5: Ranking of Factors which Influenced Mothers’ Choices of Formula Milk Products for Infants& Young Children

For 0-6m infants		For ≥6m infants and young child	
	Ranking (Mean Score)		Ranking (Mean Score)
Recommendations of friends and relatives.	1 (3.31)	The brand of formula the child had previously been taking.	1 (3.70)
Constituents of the formula, including additives such as DHA, prebiotics, probiotics, etc.	2 (3.18)	Constituents of the formula, including additives such as DHA, prebiotics, probiotics, etc.	2 (2.92)
Recommendations of healthcare professionals.	3 (2.77)	Recommendations of friends and relatives.	3 (2.58)
The same brand of formula being distributed in the hospital where the baby was born.	4 (2.07)	Recommendations of healthcare professionals.	4 (2.31)
Having frequently heard of the merits of a certain brand from advertisements or promotion activities.	5 (0.76)	Having frequently heard of the merits of a certain brand from advertisements or promotion activities.	5 (0.60)
Product prices and discounts.	6 (0.62)	Product prices and discounts.	6 (0.53)
Whether samples are given.	7 (0.26)	Whether samples are given	7 (0.22)
Whether gifts are given.	8 (0.05)	Whether gifts are given.	8 (0.06)
Others.	9 (0.20)	Others.	9 (0.15)

Mothers' experiences of health information and materials on infant and young child feeding

(a) Sources of Information

Participants were asked to indicate the top 5 (out of 8) sources from which they frequently obtain information on breastfeeding and infant and young child feeding, and prioritize. Using the same methods as described above, i.e. the priority was transformed into a score (1st priority =5, 2nd priority =4 and so on, and unselected factor = 0) and the mean scores were calculated for ranking the popularity of the listed sources of information. The rankings (mean score) of the sources of information are shown in table 6.

For the entire sample, “Hospital Authority or the Department of Health” was the most popular source of obtaining the information, followed by “Family, relatives or friends”, “Newspaper, magazines or books on parenting”, “Private hospitals or clinics”, and “Formula milk companies” respectively.

As participants from MCHCs and private clinics were expected to differ in their access to information through the various sources, further analyses on the 2 subgroups were conducted. There were statistically significant differences between the 2 subgroups as far as the ranking of “Hospital Authority or the Department of Health” (ranked higher by MCHC participants) and “Private hospitals or clinics” (ranked higher by private clinic participants) were concerned.

Table 6: Popularity Ranking of Various Sources of Health Information on Breastfeeding and Infant & Young Child Feeding

	Overall Ranking (Mean Score)	Ranking by MCHC participants (Mean Score)	Ranking by Private Clinic Participants (Mean Score)	Results of Mann-Whitney U Test
Hospital Authority / Department of Health	1 (3.30)	1 (3.45)	5 (2.00)	6778 p < 0.001
Family / relatives / friends	2 (2.44)	2 (2.41)	1 (2.74)	NS
Newspaper (Parenting)/ Parent magazines / books	3 (1.96)	3 (1.91)	3 (2.46)	NS
Local private hospitals / clinics	4 (1.90)	5 (1.81)	2 (2.68)	8237 p = 0.001
FM company (including mothers' club, websites)	5 (1.86)	4 (1.90)	6 (1.50)	NS
Other social media and online forum	6 (1.61)	6 (1.54)	4 (2.20)	NS
Local non-profit making organizations	7 (0.35)	7 (0.33)	7 (0.50)	NS
Others	8 (0.03)	8 (0.02)	8 (0.08)	NS

(b) Views on the informational materials

Participants were asked to score the informational materials on breastfeeding and infant and young child feeding produced by the various organizations regarding their credibility, readability, practicability, attractiveness, and accessibility. Table 7 shows the mean scores of each aspect for the

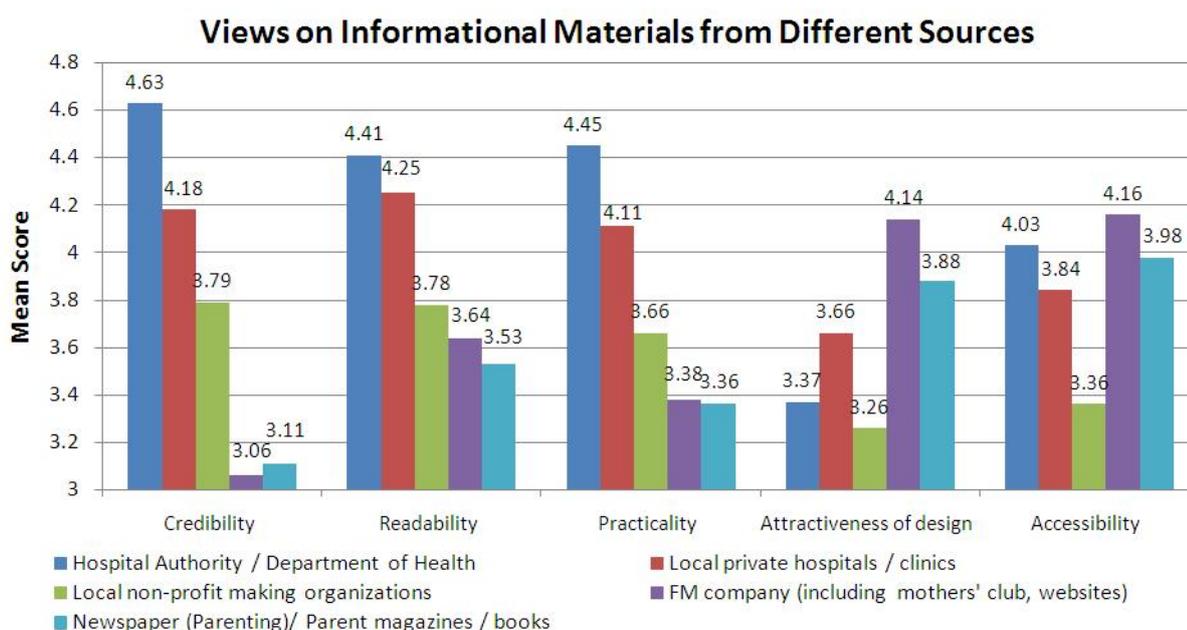
different sources.

Informational materials of the Hospital Authority or the Department of Health were given the highest scores in credibility, readability and practicability, followed by Private hospitals / clinics and Non-profit making organizations. Informational materials of formula milk companies scored highest in attractiveness and accessibility, whereas those of the Hospital Authority or the Department of Health ranked fourth in attractiveness, and second in accessibility among the 5 listed sources.

Table 7: Mean Scores (Standard Deviation) of the Five Aspects of Informational Materials from Various Sources, and results of Friedman test**

	Mean Score (SD)				
	Credibility	Readability	Practicability	Attractiveness	Accessibility
Hospital Authority / Department of Health	4.63 (0.662)	4.41 (0.789)	4.45 (0.717)	3.37 (0.920)	4.03 (1.006)
Local private hospitals / clinics	4.18 (0.867)	4.25 (0.824)	4.11 (0.872)	3.66 (0.860)	3.84 (0.990)
Local non-profit making organizations	3.79 (0.949)	3.78 (0.971)	3.66 (0.924)	3.26 (0.848)	3.36 (1.029)
FM company (including mothers' club, websites)	3.06 (0.917)	3.64 (1.011)	3.38 (0.934)	4.14 (0.914)	4.16 (0.952)
Newspaper (Parenting)/ Parent magazines / books	3.11 (0.895)	3.53 (1.013)	3.36 (0.965)	3.88 (0.943)	3.98 (1.041)
Significance**	$\chi^2 (4) =$	$\chi^2 (4) =$	$\chi^2 (4) =$	$\chi^2 (4) =$	$\chi^2 (4) =$
χ^2 (df): Chi-square with df =	984.500	467.020	582.006	430.098	246.815
no. of repeated measure - 1	p < 0.001	p < 0.001	p < 0.001	p < 0.001	p < 0.001

** Non-parametric Friedman test was used to test for differences among scores given to different institutions / organizations (one-way ANOVA with repeated measures could not be applied because the dependent variables showed marked deviations from normality). Test results indicated that there were statistically significant differences.



When scores assigned by participants from MCHCs and private clinics were compared by independent t-test ($\alpha = 0.001$, adjustment by Bonferroni method), participants from private clinics

gave significantly higher scores for the accessibility to informational materials of newspaper, parenting magazines or books ($p < 0.001$).

Acceptance of the proposed HK Code

After having been given a standardized introduction to the proposed HK Code, the participants were asked to what extent they would accept the two scenarios if the HK Code were to be implemented. Table 8 illustrates their level of acceptance of the scenarios described.

With respect to the restrictions on advertising and promotion of formula milk products for 0 to 36 months through various channels of the media, 63.6% of the participants accepted or strongly accepted the proposal, provided that parents could continue to access product information from company websites, retailers and health care organizations.

Among all participants, 77.2% accepted or strongly accepted the proposal that informational materials on breastfeeding and infant and young child feeding would only be provided by the Department of Health, the Hospital Authority, professional bodies and non-profit-making organizations, whereas formula companies could continue to provide information on child development, parenting and child care in addition to factual product information.

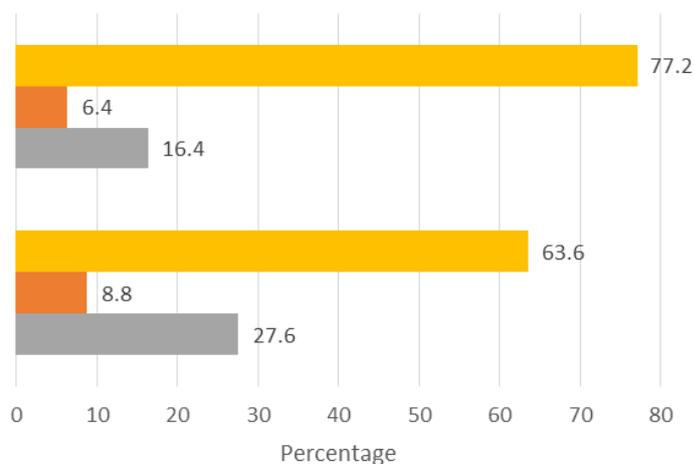
Table 8: Acceptance of Restrictions on Advertising / Promotion and Distribution of Information by Formula Milk Companies under the draft Hong Kong Code

	Total (n)	Strongly don't accept / Don't accept	Accept / Strongly accept	Neutral
		No. (%)	No. (%)	No. (%)
With the implementation of the HK Code, mothers could continue to access product information from company websites, retailers and healthcare organisations, while formula companies would not promote their formula milk products for 0-36 months by advertising through various channels of the media (i.e. no advertisements on TV, radio, newspapers, magazines, etc).	500	138 (27.6%)	318 (63.6%)	44 (8.8%)
With the implementation of the HK Code, informational materials on breastfeeding, and infant & young child feeding would only be provided by the Department of Health, the Hospital Authority, professional bodies, and non-profit-making organizations, whereas formula companies could continue to provide information on child development, parenting and child care in addition to factual product information.	500	82 (16.4%)	386 (77.2%)	32 (6.4%)

Acceptance of Restrictions on Advertising / Promotion and Distribution of Information by Formula Milk Companies under the draft Hong Kong Code

With the implementation of the HK Code, mothers could continue to access product information from company websites, retailers and healthcare organisations, while formula companies shall not promote their formula milk products for 0-36 months by advertising through various channels of the media (i.e. no advertisements on TV, radio, newspapers, magazines, etc).

With the implementation of the HK Code, informational materials on breastfeeding, and infant & young child feeding would only be provided by the Department of Health, the Hospital Authority, professional bodies, and non-profit-making organizations, whereas formula companies could continue to provide information on child development, parenting and child care in addition to factual product information.



■ Accept / Strongly accept
 ■ Neutral
 ■ Strongly don't accept / Don't accept

In the analysis of reasons for accepting / not accepting the scenarios under the HK Code, the most frequently occurring themes were identified and coded. The major reasons for acceptance of restrictions on formula milk advertising and promotion included: contents of advertisements and promotion were misleading and not credible; benefits of formula milk and its ingredients were being exaggerated by advertisements and promotion; believed more people would breastfeed their babies if there were no FM advertising or promotion; and the relevant information could be obtained from other sources. On the other hand, the main reasons for participants' non-acceptance included: advertisements and promotion were a main source of information on formula milk; worried that proper decisions could not be made due to a lack of relevant information; in support of a "free market" economy; and parents could filter the information on their own. (Table 9a)

Regarding the restrictions on commercial production of informational and educational materials on breastfeeding, infant and young child feeding except factual product information, many of those who accepted the proposal regarded the information produced by non-commercial institutions as more credible, neutral, and professional. The reasons for non-acceptance were consistent with those for non-acceptance of the first scenario, for instances, they were concerned the designated organizations for the production of informational materials might not be able to provide sufficient and comprehensive information for parents with good accessibility. (Table 9b)

Table 9a: Reasons for Acceptance and Non-acceptance of Restrictions on Formula Milk Advertising and Promotion

Acceptance (n = 236)			Non-acceptance (n = 127)		
	No.	% [#]		No.	% [#]
The contents of advertising and promotion were misleading and not credible	81	34.3	Worried about a lack of information / Cannot select formula milk brand	99	78.0

Acceptance (n = 236)			Non-acceptance (n = 127)		
	No.	%#		No.	%#
			appropriately		
Benefits of formula milk and its ingredients were exaggerated by advertising and promotion	15	6.4	Support a free market	6	4.7
Believed more people would breastfeed their babies if there were no FM advertising or promotion	24	10.2	Others	22	17.3
Relevant and sufficient information could be obtained from other sources such as the internet, healthcare professionals, and family and friends, etc.	50	21.2			
Decision making was not affected by advertisement or promotion; thus they accepted the restriction	18	7.6			
Already overwhelmed by too much FM advertising and promotion	15	6.4			
Advertising increased product cost, thus the price	10	4.2			
Others	31	13.1			

Participants were asked to give their reason(s) for accepting / not accepting such restrictions by an open-ended question. Multiple reasons were allowed. There were 236 participants who gave reason(s) for acceptance and 244 reasons were recorded; 127 participants gave reason(s) for non-acceptance and 127 reasons were recorded respectively. The percentages do not add up to 100%.

Table 9b: Reasons for Acceptance and Non-acceptance of Restrictions on Commercial Production of Informational and Educational Materials on Breastfeeding and Infant and Young Child Feeding (except factual product information)

Acceptance (n =272)			Non-acceptance (n =72)		
	No.	%#		No.	%#
Regarded information provided by the non-commercial organizations as more credible, neutral and professional	211	77.6	Worried that the non-commercial organizations could not provide sufficient information with good accessibility	43	59.7
Parents could obtain sufficient relevant information from other organizations, which are readily accessible	30	11.0	Believed FM companies have their right to provide information to consumers	13	18.1
Others	31	11.4	Others	18	25.0

Participants were asked to give their reason(s) for accepting / not accepting such restrictions by an open-ended question. Multiple reasons were allowed. There were 272 participants who gave reason(s) for acceptance and 272 reasons were recorded; 72 participants gave reason(s) for non-acceptance and 74 reasons were recorded respectively. The percentages do not add up to 100%.

Association between participants' social demographic characteristics and acceptance of the HK Code

The Chi Squared test was used to examine any association between the participants' acceptance of the proposed HK Code and their social demographic characteristics, namely age, education level, occupation, monthly household income and number of children they have. Participants' education attainment and monthly household income were significantly associated with the acceptance of

restrictions on advertising and promotion of formula milk (for 0 – 36m). The higher the education level or monthly household income, the higher the proportion of participants indicated their acceptance of the situation. However, there was no association between social demographic characteristics with the acceptance of restrictions on informational and educational materials.

Table 10: Social Demographic Characteristics of Participants and their Acceptance of Restrictions on Advertising and Promotion of Formula Milk

	Neutral No. (Row %)	Strongly don't accept / Don't accept No. (Row %)	Strongly accept / Accept No. (Row %)	Significance χ^2 (df): Pearson Chi- Square, unless otherwise specified
Acceptance of the situation "With the implementation of the HK Code, mothers could continue to access product information from company websites, retailers and healthcare organisations, while formula companies would not promote their formula milk products for 0-36 months by advertising through various channels of the media (i.e. no advertisements on TV, radio, newspapers, magazines, etc.)"				
Age in years				χ^2 (2) = 1.034
≤34	27 (8.0%)	96 (28.3%)	216 (63.7%)	p = 0.596
≥35	17 (10.6%)	42 (26.1%)	102 (63.4%)	(n = 500)
Education level				χ^2 (6) = 34.982
Lower secondary or below	10 (15.2%)	29 (43.9%)	27 (40.9%)	p < 0.001
Upper secondary	14 (7.6%)	63 (34.2%)	107 (58.2%)	(n = 499)
Sixth form / Diploma / Certificate / Sub-degree	9 (9.9%)	23 (25.3%)	59 (64.8%)	Linear-by-linear Association
Degree course or above	11 (7.0%)	23 (14.6%)	124 (78.5%)	χ^2 (1) = 22.210 p < 0.001
Occupation				
Managers and administrators	4 (7.0%)	10 (17.5%)	43 (75.4%)	
Professionals / Associate professionals	3 (4.2%)	13 (18.3%)	55 (77.5%)	χ^2 (8) = 13.789
Clerks	12 (10.7%)	34 (30.4%)	66 (58.9%)	p = 0.087
Service workers and shop sales workers / Elementary occupations and others	5 (7.7%)	22 (33.8%)	38 (58.5%)	(n = 498)
Unemployed	20 (10.4%)	59 (30.6%)	114 (59.1%)	
Monthly household income				χ^2 (3) = 22.756
≤\$9,999	-	16 (53.3%)	14 (46.7%)	p < 0.001
\$10,000 – \$29,999	-	58 (33.5%)	115 (66.5%)	(n = 455)
\$30,000 – \$39,999	-	35 (38.5%)	56 (61.5%)	
≥\$40,000	-	29 (18.0%)	132 (82.0%)	Linear-by-linear Association
				χ^2 (1) = 16.363 p < 0.001
Number of children				χ^2 (2) = 5.322
1	20 (6.5%)	84 (27.5%)	202 (66.0%)	p = 0.070
≥2	24 (12.4%)	54 (27.8%)	116 (59.8%)	(n = 500)

Remarks: When there were cells having expected count less than 5, or the minimum expected count being zero, the category "neutral" would be excluded from the analysis.

Table 11: Social Demographic Characteristics of Participants and their Acceptance of Restrictions on Formula Milk Companies' Distribution of Information on breastfeeding and infant and young child feeding

	Neutral No. (Row %)	Strongly don't accept / Don't accept No. (Row %)	Strongly accept / Accept No. (Row %)	Significance χ^2 (df): Pearson Chi-Square, unless otherwise specified
Acceptance to the situation "With the implementation of the HK Code, informational materials on breastfeeding, and infant & young child feeding would only be provided by the Department of Health, the Hospital Authority, professional bodies, and non-profit-making organizations , whereas formula companies could continue to provide information on child development, parenting and child care in addition to factual product information."				
Age in years				χ^2 (2) = 4.310
≤34	27 (8.0%)	55 (16.2%)	257 (75.8%)	p = 0.116
>35	5 (3.1%)	27 (16.8%)	129 (80.1%)	(n = 500)
Education level				
Lower secondary or below	-	14 (23.3%)	46 (76.7%)	χ^2 (3) = 5.990 p = 0.112 (n = 467)
Upper secondary	-	20 (12.0%)	146 (88.0%)	
Sixth form / Diploma / Certificate / Sub-degree	-	19 (21.3%)	70 (78.7%)	
Degree course or above	-	29 (19.1%)	123 (80.9%)	
Occupation				
Managers and administrators	-	14 (25.0%)	42 (75.0%)	χ^2 (4) = 2.857 p = 0.582 (n = 466)
Professionals / Associate professionals	-	9 (13.8%)	56 (86.2%)	
Clerks	-	18 (17.1%)	87 (82.9%)	
Service workers and shop sales workers / Elementary occupations and others	-	11 (18.0%)	50 (82.0%)	
Unemployed	-	30 (16.8%)	149 (83.2%)	
Monthly household income				
≤\$9,999	-	5 (15.2%)	28 (84.8%)	χ^2 (3) = 0.866 p = 0.834 (n = 467)
\$10,000 – \$29,999	-	28 (16.0%)	147 (84.0%)	
\$30,000 – \$39,999	-	17 (17.9%)	78 (82.1%)	
≥\$40,000	-	32 (19.5%)	132 (80.5%)	
Number of children				χ^2 (2) = 0.544
1	20 (6.5%)	53 (17.3%)	233 (76.1%)	p = 0.762
≥2	12 (6.2%)	29 (14.9%)	153 (78.9%)	(n = 500)

Remarks: When there were cells having expected count less than 5, or the minimum expected count being zero, the category "neutral" would be excluded from the analysis.

Discussions

Mothers' experience of formula milk advertising & promotion

This study revealed that the vast majority of mothers frequently encountered advertising and promotion of formula milk through the electronic / print media, internet and at points of sale. About half of the mothers reported having encountered advertisements or promotion of infant formula (for children 0 to 6 months) in the month preceding the survey. However, this was not consistent with the current scenario of formula milk promotion in Hong Kong. According to the Hong Kong Infant and Young Child Nutrition Association's (which is formed by 6 multi-national Formula Milk companies) Code of Practice for the Marketing of Infant Formula, the advertising and promotion of infant formula are prohibited among its members. Moreover, during the period from 13 Aug to 31 Oct 2012, admanGo's database recorded negligible direct advertising activities showing pack shots of infant formula. Only 0.5% of all advertising spending on formula milk for children 0 to 36 months involved infant formula. This suggests that mothers could not easily distinguish between Infant Formula and Follow-up Formula in advertisements or promotions. Branding seems to be a highly effective marketing strategy in this instance, where Follow-up Formula is packaged to look like Infant Formula. While marketed aggressively for older infants, Follow-up Formula also effectively promotes Infant Formula, without the latter being overtly advertised.

In fact, the findings of this survey echo similar overseas studies that consumers often failed to distinguish between advertising for infant formula and for follow-up and toddler milk. Qualitative research found that Australian expectant mothers perceived toddler milk advertisements to be promoting a range of products including infant and follow-on formula, and they uncritically accepted advertisers' claims that these formula products are healthy or beneficial to a child's health.¹⁷ Furthermore, an Australia study revealed that most parents (66.8%) reported seeing an advertisement for infant formula despite the advisory panel of *the Marketing in Australia of Infant Formula: Manufacturers' and Importers' Agreement* (APMAIF) found no breaches of the MAIF Agreement in the five years prior to the study.¹⁸ The authors commented that toddler milk advertisements were functioning as defacto infant formula advertisements in Australia and the MAIF has failed to achieve its stated purpose. The findings are consistent with the results of an earlier British study which found around 60% of mothers and expectant mothers thought follow-on formula advertising was promoting infant formula.¹⁹

Despite a lack of scientific evidence showing babies fed formula milk with added nutrients, such as DHA, prebiotics and probiotics, etc., could attain the same health outcome as breastfed babies, the majority of participants believed that formula feeding was equally conducive to health as breastfeeding. This was evidenced by 80% of mothers believing that babies could equally obtain nutrients such as DHA from breast milk and formula milk; and that breastfed and formula-fed infants were equally healthy.

Given that these were popular beliefs among mothers, it was not surprising that when asked what considerations were most influential in their choice of formula milk products for their babies, mothers ranked among their top preferences "Constituents of formula milk (including additives like

DHA, etc. that promoted health)”, which are messages frequently carried in formula milk advertisements. Paradoxically, “Benefits of the product as advertised / promoted” was considered much less influential. This interesting phenomenon, along with findings from a recent survey¹¹ that revealed the unbalanced dietary pattern and over-dependence on formula milk of young children, suggests that the prevailing advertising and promotion of formula milk do affect mothers’ perception, feeding choices and practices, albeit insidiously.

Informational materials on infant and young child feeding

Mothers perceived informational materials produced by the Department of Health / Hospital Authority and private hospitals / clinics as more credible, readable and practicable than those produced by other parties. However, they were much less appealing than materials produced by the formula milk companies and less accessible to mothers from private clinics, reflecting the current unavailability of the former to the private sector.

On the other hand, materials produced by formula milk companies, though ranked highest in terms of attractiveness and accessibility, were rated the least credible sources of information by mothers. Restrictions on their production and dissemination under the HK Code, therefore, may not be such a nuisance to mothers.

In the future production of informational and educational materials on infant and young child feeding, the Department of Health / Hospital Authority could pay more attention to improving the attractiveness of the design. Consideration should also be given to extending the dissemination of these useful materials to mothers attending NGOs and private clinics / practitioners. Besides, other popular channels such as the social media, applications of Smartphone, etc. should be actively explored.

Public acceptance of the proposed HK Code

Over 60% of mothers accepted the restrictions on advertising and promotion of formula milk products for 0 to 36 months, provided that they could continue to access product information from company websites, retailers and healthcare organizations. Around three quarters accepted that information on breastfeeding and infant and young child feeding should only be provided by non-commercial sources; whereas formula milk companies could be allowed to continue providing factual product information, and information on other aspects of child health. Mothers who did not accept the proposal were, in the main, concerned about the possible lack of information on formula milk products.

Strengths and limitations

Few local studies on infant feeding have explored mothers’ experiences and perceptions of formula milk advertising / promotion and information on infant and young child feeding. This is one of such studies. Although random sampling was not feasible due to logistic constraints, the selection of participants has been accomplished in a way that covered mothers from both the public and private sectors and proportionate to the prevailing service utilization pattern. The response rate of 70% is

acceptable. However, this is a cross-sectional study which does not enable a causal relationship to be drawn. The collection of data has been achieved by face-to-face interview with standardized instructions. While the possibility of incompleteness and misinterpretation of questions may be minimized, there is the risk of introduction of information bias due to social desirability. Also, the participants were solely mothers and thus the results may not be generalized to fathers and other care-givers of infants and young children.

Conclusions

This survey revealed that the majority of mothers frequently encountered advertising and promotion of formula milk through various channels and a substantial proportion could not distinguish between infant formula and follow-up formula in the advertisements. While the participants did not acknowledge the significant effect of formula milk advertising and promotion on their infant feeding choices, messages carried in advertisements of formula milk were among the top influencers of their decisions. It seems likely that the impact of advertising had been substantial but subtle.

Though mothers regarded informational materials on infant feeding produced by the Department of Health and the Hospital Authority as the most credible, readable and practicable, such materials appeared less attractive in their design and were less accessible to mothers attending private clinics. A wider and more effective network of dissemination is thus needed to ensure all mothers obtain unbiased and useful information.

Regarding the proposed HK Code, the majority of mothers accepted the restrictions on advertising and promotion of formula milk provided that product information could be obtained on request. They also accepted that production and distribution of information materials on breastfeeding and formula feeding should be limited to non-commercial sources.

References

1. World Health Organization. *Global Strategy for Infant and Young Child Feeding. 54th World Health Assembly (Report no. A54/INF.DOC./4)*. Geneva, WHO, 2001.
2. World Health Organization. *Evidence on the Long-term Effects of Breastfeeding: Systematic Reviews and Meta-analyses*. Geneva, WHO, 2007.
3. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. *Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/ technology assessment no. 153*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007.
4. Agostoni C, Braegger C, Decsi T, Kolacek S, Koletzko B, Mihatsch W, et al. Breast-feeding: A commentary by the ESPGHAN Committee on Nutrition. *J Pediatr Gastroenterol Nutr*. 2009 Jul;49(1):112-25.
5. Labbok MH. Effects of breastfeeding on the mother. *Pediatr Clin North Am*. 2001 Feb;48(1):143-58.
6. Bartick M & Reinhold A. The Burden of Suboptimal Breastfeeding in the United States: A Pediatric Cost. *PEDIATRICS*. Volume 125, Number 5, May 2010.
7. Dyson L, Renfrew MJ, McFadden A, McCormick F, Herbert G and Thomas J. Policy and public health recommendations to promote the initiation and duration of breast-feeding in developed country settings. *Public Health Nutrition*. 2010; 13(1), 137–144.
8. U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011. (Link: <http://www.surgeongeneral.gov> (access on 1.7.2012))
9. NHMRC Clinical Trials Centre, the University of Sydney. *An International Comparison Study into the Implementation of the WHO Code and Other Breastfeeding Initiatives*. Sydney, Australia: NHMRC Clinical Trials Centre, the University of Sydney; 2011.
10. WHO/UNICEF. *Innocenti Declaration on Infant and Young Child Feeding*. New York: UNICEF; 2005.
11. Kaplan DL and Graff KM. Marketing Breastfeeding—Reversing Corporate Influence on Infant Feeding Practices. *J Urban Health*. 2008 July; 85(4): 486–504.
12. World Health Organization. *International Code of Marketing of Breast-milk Substitutes*. Geneva, WHO, 1981.

13. Woo J, Chan R, Li L & Luk WY. *A Survey of Infant and Young Child Feeding in Hong Kong: Diet and Nutrient Intake*. Department of Medicine and Therapeutics and Centre for Nutritional Studies, the Chinese University of Hong Kong & Family Health Service, Department of Health of the Hong Kong SAR Government; 2012.
(Link: http://www.fhs.gov.hk/english/reports/files/Survey_IYCF_Dietnutrient%20intake.pdf(access on 2.1.2013))
14. Leung S, Leung C & Luk WY. *A Survey of Infant and Young Child Feeding in Hong Kong: Parental Perceptions and Practices*. Department of Applied Social Sciences of the Hong Kong Polytechnic University & Family Health Service, Department of Health of the Hong Kong SAR Government; 2012.
(Link: http://www.fhs.gov.hk/english/reports/files/Survey_IYCF_parents%20perception.pdf (access on 2.1.2013))
15. Leung S, Leung C & Luk WY. *A Survey of Infant and Young Child Feeding in Hong Kong: Milk Consumption Survey*. Family Health Service, Department of Health of the Hong Kong SAR Government; 2012.
(Link: http://www.fhs.gov.hk/english/reports/files/Survey_IYCF_milkconsumption_1904.pdf (access on 2.1.2013))
16. EAS Nelson, CW Chan and CM Yu. Breastmilk Substitues in Hong Kong. *J. Paediatr. Child Health*. 2004; 40, 35052. (Link: <http://idpas.org/pdf/3966BreastMilkSubstitutes.pdf> (accessed on 1.7.2012))
17. Berry, N., Jones, S. C., Iverson, D., 2010. "It's all formula to me": Women's understandings of Toddler Milk ads. *Breastfeeding Review* 17(3), 21-30.
18. Berry, N., Jones, S. & Iverson, D. (2010). Toddler milk advertising in Australia: the infant formula ads we have when we don't have infant formula ads. In P. Ballantine & J. Finsterwalder (Eds.), ANZMAC Annual Conference 2010: Australian and New Zealand Marketing Academy Conference 2010. Christchurch, New Zealand: Department of Management, College of Business and Economics, University of Canterbury.
19. National Childbirth Trust/ UNICEF UK, 2005. Follow-on milk advertising survey: topline results. Retrieved 15th June 2010 from http://www.unicef.org/uk/press/pdf/nct_unicef.pdf

母親對嬰幼兒奶粉資訊的看法調查

第一部分

1. 以下的描述是妳對餵哺孩子的想法：

	極不同意	不同意	同意	極同意
i. 孩子既可以從母乳中攝取能促進嬰幼兒腦部發展的營養成份 (如 DHA)，亦同樣可以從嬰幼兒配方奶粉中攝取這些成份。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. 配方奶粉含有添加的營養成份，能促進孩子健康發展，這些營養成份是其他食物沒有的。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. 無論以母乳或嬰幼兒配方奶粉餵哺孩子，孩子也會同樣健康。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 當妳為 0-6 個月大的嬰兒選購嬰兒配方奶粉時，除按兒童生理的特別需要外，請從以下**選出首五個**最影響妳選擇品牌的因素。(請以「1」代表影響最大的因素，「2」代表其次，「3」代表第三個會影響的因素等)

- 配方奶粉的成份，包括聲稱添加有助兒童健康成長的營養素，如 DHA, AA, 益生纖維/益菌素等
- 根據住院時醫院所提供的奶粉品牌 醫護人員的建議
- 親朋的推薦、對產品的口碑 經常從廣告/推廣活動中聽聞到產品的好處
- 產品價格，包括是否有折扣或特別優惠 產品有否提供試用裝
- 產品有否附送贈品 其他(請註明)：_____

3. 當妳為 6 個月或以上的兒童選購兒童成長配方奶粉時，除按兒童生理的特別需要外，請從以下**選出首五個**最影響妳選擇品牌的因素。(請以「1」代表影響最大的因素，「2」代表其次，「3」代表第三個會影響的因素等)

- 配方奶粉的成份，包括聲稱添加有助兒童健康成長的營養素，如 DHA, AA, 益生纖維/益菌素等
- 根據孩子曾經飲用的嬰兒奶粉品牌 醫護人員的建議
- 親朋的推薦、對產品的口碑 經常從廣告/推廣活動中聽聞到產品的好處
- 產品價格，包括是否有折扣或特別優惠 產品有否提供試用裝
- 產品有否附送贈品 其他(請註明)：_____

4. 妳現時主要從以下哪些途徑取得有關母乳餵哺及嬰幼兒飲食的資訊？請選出**首五個**，並按最經常取得資訊的次序排列。(「1」代表最經常取得，「2」代表第二，如此類推)

資訊來源	按最經常取得資訊的次序排列 「1」代表最常取得，「2」代表第二，如此類推
衛生署/醫院管理局	
本地私家醫院/私家醫生診所	
本地非牟利機構	
奶粉公司 (包括媽咪會會訊，網頁資料)	
報章(親子版)/親子雜誌/書籍	
家人/親戚/朋友	
其他社交媒體/網上討論區	

其他(請註明)： _____

5. 請就以下列出的機構/團體所製作有關母乳餵哺或嬰幼兒飲食的健康資訊，就其可信性、容易理解程度、實用性、精美程度及方便獲得程度給予評分〈1分代表最不理想，5分代表最理想〉。

	可信性	容易理解程度	實用性	精美程度	方便獲得程度
衛生署/醫院管理局					
本地私家醫院/私家醫生診所					
本地非牟利機構					
奶粉公司 (包括媽咪會通訊，網頁資料)					
報章(親子版)/親子雜誌/書籍					

6. 在過去的一個月，妳有沒有接觸〈例如見過或聽過〉有關**嬰幼兒配方奶粉**的廣告或推廣？
沒有 有

如果“有”，

i. 妳所接觸的是有關哪類配方奶粉？(可選多項)

0-6個月嬰兒配方奶粉 6個月以上嬰幼兒配方奶粉 不清楚

ii. 妳有幾經常從以下途徑接觸到這些廣告或推廣？

接觸渠道	頻密程度		
	從來沒有	間中	經常
電子傳媒(包括電視、電台)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
文字傳媒(包括報章、雜誌、宣傳單張)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
互聯網(包括產品網站、社交媒體、網上討論區、電子廣告或電郵)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
產品零售/銷售點(包括設於超市/百貨公司的推廣攤位)，嬰幼兒用品展銷會	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
公共交通(如巴士/鐵路站、列車/巴士車身、列車/巴士上播放的節目等)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
廣告板(如街道，大廈外牆等)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
郵遞品(如媽咪會通訊)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他： _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. 妳有否參加由奶粉公司設立的「媽咪會」？有甚麼原因令你決定參加或不參加這些「媽咪會」？

有，原因：**(最多可選三項)**

- 希望獲得資訊 希望獲得贈品(包括試用品) 希望得到其他媽媽支援
希望得到專業支援 銷售員游說 親朋推介
醫護人員推介 其他： _____

沒有，原因： _____

為鼓勵母親餵哺母乳，及確保家長獲得正確和中肯的嬰幼兒飲食資訊，衛生署現正制訂《香港母乳代用品銷售守則》(後簡稱為《守則》)，以規範 0-3 歲嬰幼兒奶粉公司的宣傳及促銷手法。希望聽取妳對於《守則》的一些意見。

《守則》實施後

8. 妳仍可從奶粉公司的網頁、零售點及醫療保健機構中得到 0-3 歲嬰幼兒奶粉的產品資訊，但奶粉公司不可透過廣告促銷產品 (即不能在各媒體，例如電視、電台、報章雜誌播放或刊登廣告)。妳的接受程度有多大？

非常不接受 不接受 接受 非常接受 無意見

請註明原因：

- 9 除產品資訊外，妳可繼續從奶粉公司獲得有關兒童發展、親子、養育等方面的資訊；然而有關母乳餵哺及嬰幼兒飲食的資訊，則會由衛生署/醫院管理局/醫護專業團體/非牟利機構提供。妳的接受程度有多大？

非常不接受 不接受 接受 非常接受 無意見

請註明原因：

10. 在孩子足四個月大之前，妳主要以哪種模式餵哺孩子？

純以母乳餵哺 母乳餵哺及補充水或其他飲料
 母乳及配方奶粉並用 全奶粉 其他(請註明)：_____

第二部分

11. 妳的年齡： 24 歲或以下 25 – 34 歲 35 – 44 歲 45 歲或以上

12. 教育程度：未受教育 / 學前教育 小學
初中 高中
預科 專上教育：文憑 / 證書課程
專上教育：副學位課程 專上教育：學位課程或以上

13. 職業：經理及行政級人員 專業人員 輔助專業人員
文員 / 文職 服務工作及商店銷售人員 工藝及有關人員
_____ 機台及機械操作員及裝配員 非技術工人
未受僱人士 (退休 / 家庭職務) 其他

14. 每月家庭總收入：\$5,000 或以下 \$5,001 – \$9,999 \$10,000 – \$19,999
\$20,000 – \$29,999 \$30,000 – \$39,999 \$40,000 或以上

15. 妳共有多少個孩子？ _____ 個

16. 孩子的年齡 (如妳有超過一個孩子，請提供所有 0-5 歲孩子的年齡)：

孩子一：_____歲 _____月 孩子二：_____歲 _____月 孩子三：_____歲 _____月

~問卷完，謝謝妳的寶貴意見~

研究員備註: _____