

# Survey on the parental exposure to marketing of formula milk and formula milk related products for infants and young children aged up to 36 months

## Survey Report



Department of Health

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## Chapter 1: Executive Summary

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### 1.1 Introduction

The Family Health Service of Department of Health (DH) commissioned the Nielson Company to conduct a cross-sectional face-to-face interview survey at its Maternal and Child Health Centres during October to December 2015. The purpose was to collect information on the parental exposure to marketing of formula milk and its related products (feeding bottles and teats) for infants and young children aged up to 36 months in Hong Kong with a view to assessing the local situation.

The survey covered the following areas:

1. Milk feeding practice of their infants and young children
2. Knowledge on the recommended duration of exclusive breastfeeding and continuation of breastfeeding after adding solid food
3. Seen or heard of advertisement or promotions of formula milk and its related products for infants and young children in Hong Kong
4. Participation in promotional activities or seminars on issues related to infants and young children organised by parties other than healthcare organisations
5. Exposure to educational information on breastfeeding and formula milk for infants and young children produced by manufacturers of formula milk
6. Contact by personnel from manufacturers or retailers of formula milk
7. Receive samples and promotional gifts produced by manufacturers of formula milk or its related products

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### 1.2 Research Methodology

The survey was conducted at 10 Maternal and Child Health Centres (MCHCs) of the (DH) from 12 October, 2015 to 6 December, 2015.

The target respondents of the survey were parents of children aged up to 36 months who received services at the MCHCs on the day of interview. The following persons were excluded from the survey:

1. Parents who did not usually reside in Hong Kong in the past 3 months;
2. Parents who could not understand Chinese/English; or
3. Children within the age range (4-36 months) but were not brought to the MCHCs by their parents (e.g. brought by grandparents or domestic helpers etc.).

Face-to-face interview, using Computer Assisted Personal Interviewing approach (CAPI), was adopted in the survey. A trilingual questionnaire (Cantonese, Putonghua, English) with 35 questions was used.

The number of completed interviews was 559, achieving an overall response rate of 65%.

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## Chapter 1: Executive Summary, continued

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### 1.3 Key Findings of the Survey

1. Milk feeding practice of infant and young children
  - For children aged 4-6 months, 25% were exclusively breastfed, 24% were on mixed feeding and 51% were on formula milk only.
  - The percentage of children who drank formula milk increased with age, with 80% of those aged 13 to 36 months drinking formula milk only.
  - Of those respondents who fed their children with formula milk, 98% were responsible for or involved in choosing and purchasing of formula milk.
2. Knowledge of respondents on the optimal duration of exclusive breastfeeding / breastfeeding after introducing complementary food as per WHO's recommendation
  - Around half (51%) of the respondents knew that babies should be exclusively breastfed for 6 months, while 55% of respondents said that babies should continue to be breastfed till 24 months or older, or as long as possible after the introduction of complementary food.
  - Significantly more respondents with university or above education level knew the WHO's recommendation, when compared with respondents having a lower education level.
3. Seen or heard of advertisements or promotions of formula milk and its related products for infants and young children in Hong Kong in the past 3 months
  - Majority (88%) of the respondents reported that they had seen or heard of advertisements or promotions for formula milk. Electronic media (including television, radio etc.), internet and product retail / point of sales were their major channels. More than half (62%) of these respondents perceived that the advertisement or promotions were marketing products for babies both aged 0-6 months and for those 6 months or older. Another 6% of respondents perceived that the advertisement or promotions were marketing products targeted for babies aged 0-6 months.
  - Around a quarter (23%) of respondents reported that they had seen or heard of advertisements or promotions for milk bottles or teats. Public transport and advertising boards were the major channels.
4. Participation in activities or parent seminars related to infants and young children organised by non-healthcare organisations
  - There were 30% of respondents who reported having participated in activities / seminars related to infants and young children organised by non-healthcare organisations. Over 70% of these activities were organised by manufacturers of formula milk.
  - About half (49%) of the activities / seminars participated were about the care of newborn babies, whereas others were related to prenatal or postnatal care (35%), food or nutrition (30%), and breastfeeding and formula milk feeding (28%).

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## Chapter 1: Executive Summary, continued

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### 1.3 Key Findings of the Survey, continued

5. Exposure to educational information on breastfeeding and nutrition for infant and young children produced by manufacturers of formula milk
  - Most (68%) respondents had seen or received educational information related to breastfeeding, formula milk feeding and nutrition for infant and young children produced by manufacturers of formula milk.
  - The educational information was mainly obtained via mail (e.g. sent through mothers' clubs) (64%), internet (30%) and healthcare organisations (22%).
  - The topics were mainly about infant nutrition / diet (70%), followed by product information of the formula milk (46%) and breastfeeding (30%).
6. Contact by personnel of manufacturers or retailers of formula milk
  - Most (69%) respondents had been contacted by manufacturers or retailers mainly through phone calls (80%), email (55%) and mail (37%).
  - Their main purposes of contact were to provide discounts / gifts / samples (52%) and product information (52%) to the respondents.
7. Receive samples and promotional gifts produced by manufacturers of formula milk or its related products
  - Most (70%) respondents had received samples of formula milk, milk bottles, teats
  - Most (75%) respondents also had received promotional gifts (e.g. towels, bibs, environmental bags)
  - Samples or gifts were usually received through mail, distributed at 'Baby Expo' or other exhibitions, and via healthcare facilities.

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### 1.4 Discussion

This study showed that about half of the respondents were familiar with WHO's recommendation on the optimal duration of breastfeeding. Further strengthening of parental education to promote the optimal infant and young child feeding practices is warranted.

Majority of the respondents had seen or heard of advertisements or promotion of formula milk for infants and young children through a variety of mass media channels. In addition to mass media advertisement, most respondents reported exposure to formula milk promotional activities through various means and format, including participation in seminars and activities, receiving educational information, contact by personnel from manufacturer/retailers, and receiving samples and promotional gifts.

The findings of this study reflected the ubiquitous marketing strategies of formula milk manufacturers in Hong Kong. To enable parents to make informed decisions on feeding based on correct and unbiased information, guidance for relevant traders on the marketing practice of formula milk and its related products for infant and young children should be considered.

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## Chapter 2: Introduction

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### 2.1 Research Background

Breastfeeding is the unequalled way of providing optimal nutrition, immunity, and emotional nurturing to infants for healthy growth and development. It is well recognised that the benefits of breastfeeding are proportionate to its exclusivity and duration. Breastfeeding decreases the risk of infections, hospital admissions and deaths on infants.<sup>1,2,3</sup> Growing evidence suggested that breastfeeding protects against obesity and chronic non-communicable diseases such as cardiovascular diseases and diabetes.<sup>4</sup> Breastfeeding can also reduce mothers' risk of breast and ovarian cancers.<sup>1,5,6</sup>

The World Health Organization (WHO) recommends exclusive breastfeeding up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years old or beyond.<sup>7</sup> In Hong Kong, the breastfeeding initiation rate has been rising in the past two decades and reached 86% in 2015. However, the exclusive breastfeeding rate at age of 4 – 6 months remains low at 27%.<sup>8</sup>

The Government recognises the importance of breastfeeding and adopts a systematic approach to promote, protect and support breastfeeding. In April 2014, the Government set up the Committee on Promotion of Breastfeeding (the Committee) to provide advice on strategies and action plans to promote and support breastfeeding in different sectors of Hong Kong and to oversee their effective implementation. Various measures have been implemented in phases to strengthen the public education, support working mothers to sustain breastfeeding by encouraging the community to adopt breastfeeding friendly workplace policy, promulgate breastfeeding friendly premises and provision of baby care facilities, and strengthen the surveillance and research on local situation.

Overseas' research had shown that the aggressive marketing of formula milk plays a role in influencing the mother's choice in the initiation and sustainability of breastfeeding.<sup>9,10</sup> In order to collect information on the parental experience regarding the marketing practices of formula milk and its related products (feeding bottles and teats for infants and young children) in Hong Kong, the Family Health Service (hereafter as "FHS") of the Department of Health (DH) commissioned the Nielsen Company (hereafter as "Nielsen") to conduct a cross-sectional face-to-face survey in the Maternal and Child Health Centres (MCHCs). The findings of the survey will be useful for developing measures in protecting breastfeeding according to the local needs.

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## Chapter 2: Introduction, continued

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**2.2 Research Objective** The objective of the survey was to study the parental knowledge on breastfeeding as recommended by WHO and their exposure to marketing of formula milk and formula milk related products (feeding bottles and teats) targeted at infants and young children up to the age of 36 months in Hong Kong.

The survey covered the following areas:

1. Milk feeding practice of their infants and young children
2. Knowledge on the recommended duration of exclusive breastfeeding and continuation of breastfeeding after adding solid food
3. Seen or heard of advertisement or promotions of formula milk and its related products for infants and young children in Hong Kong
4. Participation in promotional activities or seminars on issues related to infants and young children organised by parties other than healthcare organisations
5. Exposure to educational information on breastfeeding and formula milk for infants and young children produced by manufacturers of formula milk
6. Contact by personnel from manufacturers or retailers of formula milk
7. Receive samples and promotional gifts produced by manufacturers of formula milk or its related products

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## Chapter 3: Survey Design

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### 3.1 Survey Design

This survey was a cross-sectional study with face-to-face interviews using Computer Assisted Personal Interviewing approach (hereafter as CAPI) conducted at MCHCs.

A **15-minute questionnaire** with 35 questions was designed to collect opinions from respondents and the interviews were conducted in **Cantonese, Putonghua or English**, depending on the preference of the respondents.

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### 3.2 Target Respondents

The target respondents were **parents** (either mother or father) of children aged **4-36 months** who received services at selected MCHCs on the day of interview. Exclusion criteria included:

1. Parents who did not usually reside in Hong Kong in the past 3 months;
2. Parents who could not understand Chinese/English; or
3. Children within the age range (4-36 months) but were not brought to the MCHCs by their parents (e.g. brought by grandparents or domestic helpers etc.).

Parents with children belonging to the following three age groups were recruited:

1. 4-6 months old, representing children who should be feeding on milk only
2. 7-12 months old, representing children who should have started taking solid food in their diet
3. 13-36 months old, representing children who should be gradually adopting to an adult's diet

The parents were recruited from 10 MCHCs covering different geographic districts (Hong Kong Island, Kowloon, New Territories East, New Territories West):

1. Sai Wan Ho Maternal and Child Health Centre
  2. Sai Ying Pun Maternal and Child Health Centre
  3. Kowloon City Maternal and Child Health Centre
  4. Kwun Tong Maternal and Child Health Centre
  5. Fanling Maternal and Child Health Centre
  6. Ma On Shan Maternal and Child Health Centre
  7. Tin Shui Wai Maternal and Child Health Centre
  8. Tsing Yi Maternal and Child Health Centre
  9. Tsuen Wan Maternal and Child Health Centre
  10. Tuen Mun Wu Hong Maternal and Child Health Centre
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## Chapter 3: Survey Design, continued

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- 3.3 Sampling Method**      **Quota sampling** was deployed in the survey to ensure there was a representative number of children in each target age group:
1. N=140 parents with children aged 4-6 months;
  2. N=140 parents with children aged 7-12 months; and
  3. N=270 parents with children aged 13-36 months
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- 3.4 Pilot Study**      In order to test out the questionnaire and survey logistics, a pilot study was conducted between 9 September 2015 to 11 September 2015 at the following three MCHCs:
1. Sai Wan Ho Maternal and Child Health Centre
  2. Kowloon City Maternal and Child Health Centre
  3. Fanling Maternal and Child Health Centre

No significant problem was encountered. 52 completed interviews were achieved and the data collected was not included in the main survey.

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- 3.5 Fieldwork Period**      The main survey was conducted from 12 October 2015 to 6 December 2015 during Child Health Service sessions in MCHCs.
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- 3.6 Fieldwork Logistics**
1. Eligible respondents were screened and recruited by nurses. Nurses then referred them to the enumerators. The enumerators informed the eligible respondents about the objectives of the study, that their participation was entirely voluntary and anonymous, and only aggregate data would be presented. The enumerators then sought consent and completed the interviews.
  2. The interviews were conducted after the respondents had completed the services provided by the MCHCs.
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## Chapter 3: Survey Design, continued

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### 3.7 Quality Control

One fieldwork supervisor and 11 enumerators were deployed to this survey. The fieldwork supervisor was assigned to oversee the fieldwork in the MCHCs. He was also responsible for scheduling, training and supervising the enumerators, as well as monitoring progress and quality of the survey.

Before the commencement of fieldwork, the enumerators were trained using a standardised approach. The training covered:

1. Code of conduct
2. The sampling procedures
3. Fieldwork logistics and the questionnaire design
4. Interviewing techniques, including the initial approach and probing skills

In addition, at least 15% of the questionnaires completed by each interviewer were checked by an on-site Quality Assurance Team. A total of **91 onsite checks** were conducted and no quality problems were found.

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## Chapter 3: Survey Design, continued

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### 3.8 Sample Size

There were 864 eligible parents initially recruited. There were 260 parents who refused to participate and 45 parents terminated mid-way or did not show up for the interview. A total of **559 successful interviews were conducted** with an overall response rate of **65%**.

Total No. of Completed Interviews				Total No. of Eligible Respondents <sup>^</sup>	Overall Response Rate*
Age of Children			Grand Total		
4-6 months	7-12 months	13-36 months			
143	145	271	559	864	65%

The width of a 95% confidence interval for this sample size was at most  $\pm 4.1\%$ .

*\*Response rate is defined as the number of completed interviews divided by the total number of eligible cases (including mid-way termination cases, refusal cases, no show (i.e. cases of respondents who provided consent to participate the interview, but did not show up upon completion of all service).*

*<sup>^</sup>Figures reported by MCHCs.*

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### 3.9 Statistical Analysis

Associations between selected demographic information and responses of selected questions were also examined. Significance testing was conducted at the 5% level (2-tailed). The statistical software, MRDCL, was used to perform all statistical analyses.

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## Chapter 4: Survey Findings

### 4.1 Respondent profile

#### Parent and age

Most of the respondents were mothers (86%) and 68% of the respondents surveyed were aged 30-39. (Table 4.1)

#### Educational attainment

The majority (89%) of the respondents attained education level at Form 4 or above, with 38% of the respondents having education level at university or above. (Table 4.1)

#### Occupation

Less than half (42%) of the respondents surveyed were homemakers, followed by 18% who were professionals or associate professionals. (Table 4.1)

#### Income

About one third (31%) of the respondents did not have a personal income while 25% had monthly personal income of HK\$10,000-19,999. The monthly household incomes were quite evenly spread across the different levels. (Table 4.1)

Table 4.1 Demographics

	Number of respondents	%
<b>Parent</b>		
Father	77	14
Mother	482	86
<b>Age (Years)</b>		
16 – 24	22	4
25 – 29	102	18
30 – 34	227	41
35 – 39	151	27
40 or above	57	10
<b><u>Educational attainment</u></b>		
Primary or below	5	1
Form 1 to Form 3	55	10
Form 4 to Form 6	194	35
Matriculate / College	91	16
University or above	214	38
Base: all respondents	559	100

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## Chapter 4: Survey Findings, continued

### 4.1 Respondent profile, continued

Table 4.1 Demographics, continued

	Number of respondents	%
<b>Occupation</b>		
Professionals and associate professionals	103	18
Managers and administrators	60	11
Clerk / clerical worker	64	11
Service and sales workers	64	11
Craft and related workers	8	1
Plant and machine operators and assemblers	5	1
Elementary occupations	5	1
Students	-	-
Homemakers	233	42
Unemployed	8	1
Retired	-	-
Refused to answer	9	2
<b>Monthly personal income</b>		
No income	171	31
\$9,999 or below	50	9
\$10,000 - \$19,999	142	25
\$20,000 - \$29,999	93	17
\$30,000 - \$39,999	42	8
\$40,000 or above	59	11
<b>Monthly household income</b>		
No income	2	*
\$9,999 or below	14	3
\$10,000 - \$19,999	80	14
\$20,000 - \$24,999	118	21
\$30,000 - \$39,999	83	15
\$40,000 - \$49,999	74	13
\$50,000 - \$59,999	65	12
\$60,000 - \$69,999	29	5
\$70,000 or above	88	16
Don't know / Not sure / Refused to answer	6	1
Base: all respondents	559	100

\* denotes less than 0.5%

- denotes no mention

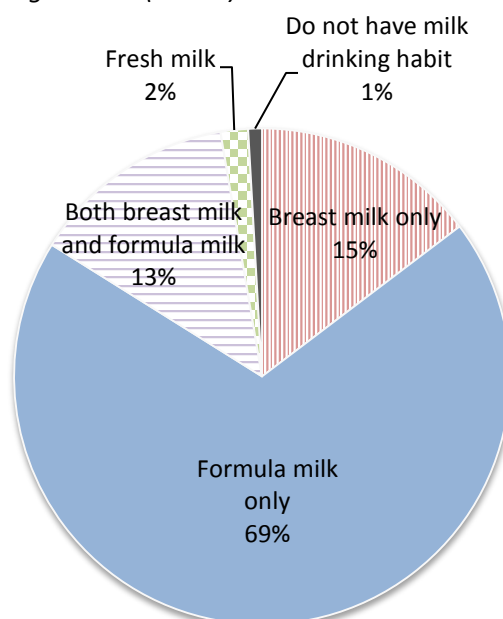
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## Chapter 4: Survey Findings, continued

### 4.2 Milk feeding practice of infant and young children

A minority (15%) of the respondents reported that their children only drank breast milk; 13% of the respondents reported that their children drank both breast milk and formula milk. Most (69%) of the respondents reported that their children drank formula milk only. (Table 4.2a)

Table 4.2a Milk Feeding Practice(n=559)



For children aged 4-6 months, 25% were exclusively breastfed, 24% were on mixed feeding and 51% were on formula milk only. The percentage of children who drank formula milk increased with age. Majority (80%) of those aged 13 to 36 months drank formula milk only. (Table 4.2b)

Table 4.2b Milk Feeding Practice by Age of Children

	Total	Age of Children		
		4-6 months	7-12 months	13-36 months
Formula milk only	69%	51%	67%	80%
Breast milk only	15%	25%	17%	8%
Both breast milk and formula milk	13%	24%	17%	6%
Fresh milk	2%	-	-	4%
Do not have milk drinking habit	1%	-	-	2%
<i>Base: all respondents</i>	559	143	145	271

- denotes no mention

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## Chapter 4: Survey Findings, continued

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### 4.3 Parental involvement in choosing and purchasing formula milk

Among those respondents with children who consumed formula milk, 98% were responsible for or involved in choosing and purchasing formula milk. (Table 4.3)

Table 4.3 Parental involvement in choosing and purchasing formula milk

	<b>Total</b>	<b>Father</b>	<b>Mother</b>
I am responsible for purchasing formula milk	70%	63%	72%
I am involved in choosing and purchasing formula milk	28%	35%	26%
I am not involved in purchasing formula milk	2%	3%	2%
<i>Base: those respondents who used formula milk</i>	462	72	390

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## Chapter 4: Survey Findings, continued

### 4.4 Knowledge on duration of exclusive breastfeeding

The World Health Organization (WHO) recommends that babies should be exclusively breastfed for the first 6 months of life and should continue breastfeeding up to 2 years of age or beyond. Around half (51%) of the respondents knew that babies should be exclusively breastfed for 6 months. (Table 4.4a)

Table 4.4a Knowledge on duration of exclusive breastfeeding (n=559)



Significantly fewer fathers knew the recommended duration of exclusive breastfeeding (38% vs. 55%). (Table 4.4b)

Significantly more respondents with tertiary education or above knew that babies should be exclusively breastfed for 6 months. (Table 4.4b)

Table 4.4b Knowledge on duration of exclusive breastfeeding by gender and education attainment

	Base*	Age of Baby		P-Value
		6 months	Other Answers	
<b>Parent</b>				
Father	72	38%	63%	0.0055
Mother	465	55%	45%	
<b>Education Attainment</b>				
F3 or lower	58	45%	55%	0.0433
F4 to matriculate	268	49%	51%	
University or above	211	59%	41%	

\*Respondents who answered "Don't know" were excluded.

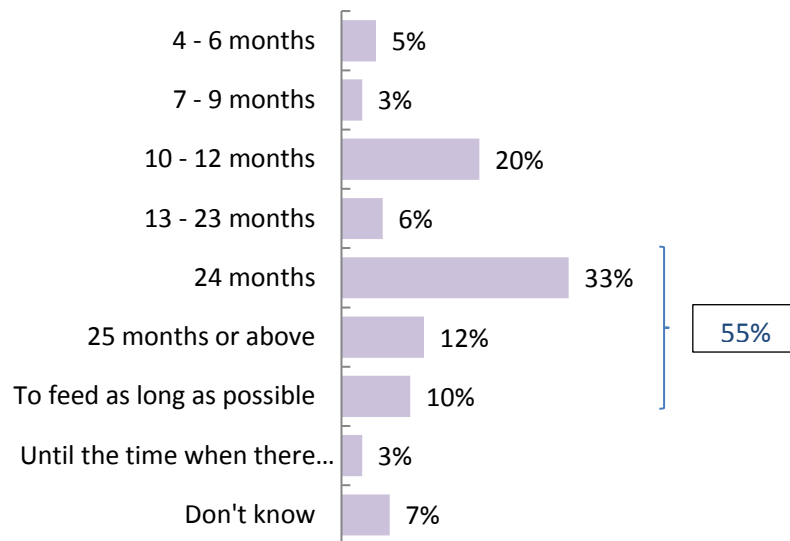
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## Chapter 4: Survey Findings, continued

### 4.5 Knowledge on age of breastfeeding continuation after the introduction of solid food

Around half (55%) of the respondents knew that after the introduction of solid food, breastfeeding should be continued till aged 24 months or older, or as long as possible (Table 4.5a)

Table 4.5a Knowledge of age of continuation of breastfeeding after the introduction of solid food (n=559)



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## Chapter 4: Survey Findings, continued

### 4.5 Knowledge on age of breastfeeding continuation after the introduction of solid food, continued

Significantly more respondents with tertiary education or above knew the age of continuation of breastfeeding after introduction of solid food to be 24 months or above or to feed as long as possible than the respondents with lower education level. (Table 4.5b)

Table 4.5b Knowledge on age of breastfeeding continuation after the introduction of solid food by education attainment

	Base*	Age of breastfeeding continuation after the introduction of solid food		P-Value
		24 months or above, or as long as possible	Other Answers	
<b>Education Attainment</b>				
F3 or lower	55	38%	62%	<0.001
F4 to matriculate	260	57%	43%	
University or above	205	70%	30%	

\*Respondents who answered "Don't know" were excluded.

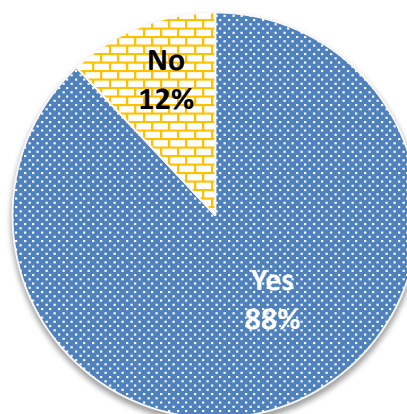
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## Chapter 4: Survey Findings, continued

### 4.6 Seen or heard of Advertisements or Promotions of Formula Milk for Babies and Young Children in Hong Kong in the Past 3 Months

Majority (88%) of the respondents had seen or heard of advertisements or promotions of formula milk for babies and young children in Hong Kong in the past three months. (Chart 4.6a)

Chart 4.6a Seen or heard of Advertisements or Promotions of Formula Milk for Infants and Young Children in Hong Kong in the Past 3 Months (n=559)



The respondents reported that electronic media (including television, radio etc.) was the main channel for encountering promotional messages of formula milk, followed by Internet and Retailer / Point of Sale. (Table 4.6)

Table 4.6 Channel and frequency of Exposure to Advertisements or Promotions of Formula Milk in the Past 3 Months

	Frequent (Once a day or above)	Sometimes (3-6 times a week)	Seldom (1-2 times a week or below)	Base <sup>^</sup>
Electronic media	68%	22%	10%	488
Retailer / Point of Sale	40%	35%	25%	481
Public transport	17%	37%	46%	473
Internet	42%	36%	23%	470
Print media	20%	44%	37%	470
Advertising boards	15%	36%	49%	464

<sup>^</sup> Base: those who had seen or heard of advertisements or promotions of formula milk in the past 3 months. Multiple answers were allowed.

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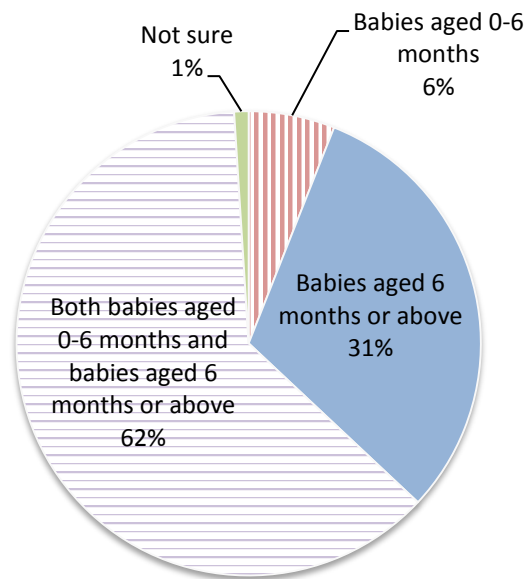
## Chapter 4: Survey Findings, continued

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### 4.6 Seen or heard of Advertisements or Promotions of Formula Milk in Hong Kong in the Past 3 Months, continued

Of those who had seen or heard of advertisements or promotions of formula milk, 6% of respondents perceived that they were marketing products targeted for babies aged 0-6 months, 31% perceived that they were marketing products for babies aged 6 months or older, whilst 62% perceived that they were marketing products for babies both aged 0-6 months and 6 months or older (*Chart 4.6b*).

*Chart 4.6b Perceived target group of the advertisement or promotions of the formula milk (n=491)*



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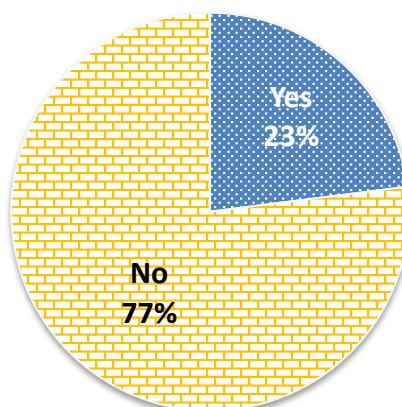
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## Chapter 4: Survey Findings, continued

### 4.7 Seen or heard of the Advertisement or Promotions of Feeding Bottles or Teats in Hong Kong in the Past 3 Months

Around a quarter (23%) of the respondents had seen or heard of the advertisements or promotions of feeding bottles or teats in Hong Kong in the past three months. (Chart 4.7)

Chart 4.7 Seen or heard of Advertisements or Promotions of Feeding Bottles or Teats in Hong Kong in the Past 3 Months (n=559)



The respondents reported they had seen or heard of these advertisements or promotions of feeding bottles or teats most frequently from public transport and advertising boards. (Table 4.7)

Table 4.7 Channel and Frequency of Exposure to Advertisement or Promotions of Feeding Bottles or Teats in the Past 3 Months

	Frequent (Once a day or above)	Sometimes (3-6 times a week)	Seldom (1-2 times a week or below)	Base <sup>^</sup>
Retailer / Point of Sale	40%	37%	23%	124
Electronic Media	46%	37%	17%	124
Internet	52%	31%	16%	122
Print media	59%	34%	7%	121
Public transport	83%	13%	4%	114
Advertising boards	80%	15%	5%	110

<sup>^</sup> Base: those who had encountered advertisements or promotions of milk bottles or teats in the past 3 months.

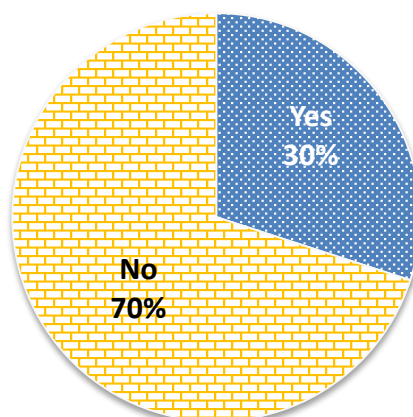
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## Chapter 4: Survey Findings, continued

### 4.8 Participation in Activities or Seminars on issues related to infants and young children

There were 30% of the respondents who reported having participated in activities or seminars on issues related to infants and young children organised by non-healthcare organisation. (Chart 4.8)

Chart 4.8 Participation in Activities or Seminars for Infants and Young Children (n=559)



Over 70% of the activities or seminars were organised by manufacturers of formula milk, followed by baby product companies / shopping malls / department stores and non-governmental organisations (NGOs). (Table 4.8a)

Table 4.8a Organiser of activities or seminars participated

	<b>Activities</b>	<b>Seminars</b>
Manufacturers of baby/ infant formula milk	73%	87%
Baby product companies / shopping malls / department stores	40%	25%
Non-government organisations (NGOs)	20%	16%
Manufacturers of feeding bottle/ teats	4%	5%
Other organisations	4%	3%
Did not know/ Not sure	3%	2%
<i>Base: those who had participated activities or seminars for infants and young children organised by non-healthcare organisations. Multiple answers were allowed.</i>	139	137

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## Chapter 4: Survey Findings, continued

### 4.8 Participation in Activities or Seminars for issues related to infants and young children, continued

About half of the activities / seminars participated were about the care of newborn babies (49%). Others activities / seminars were about prenatal / postnatal care (35%), food / nutrition (30%), and breastfeeding and formula milk feeding practice (28%). (Table 4.8b)

Table 4.8b Topics of activities or seminars participated

	<b>Total</b>
Care of newborn babies	49%
Prenatal / postnatal care	35%
Food / nutrition	30%
Breastfeeding and formula milk feeding practice	28%
BB crawling competitions	22%
Other parent-child activities (such as colouring competition, crafts, travel, etc.)	10%
Other educational topics	9%
Other topics	4%
<i>Base: those who had participated activities or seminars for infants and young children organised by non-healthcare organisations. Multiple answers were allowed.</i>	166

Improving parenting knowledge (80%) and looking for samples / discount on formula milk (23%) were the major reasons of participation. (Table 4.8c)

Table 4.8c Reasons for participating activities or seminars

	<b>Total</b>
To improve parenting knowledge	80%
Offer of discount / sample of formula milk	23%
Offer of discount on other babies' products (i.e. diapers)	16%
To improve parent-child relationship	16%
Attractiveness of the topic	12%
Offer of discount / sample of feeding bottles/ teats	6%
Convenient timing / location / transportation	3%
Others	2%
<i>Base: those who had participated activities or seminars for infants and young children organised by non- healthcare organisations. Multiple answers were allowed.</i>	166

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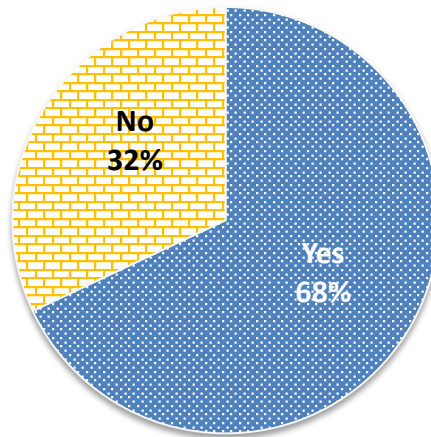
## Chapter 4: Survey Findings, continued

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### 4.9 Exposure to Educational Information about Breastfeeding and Formula Milk for Infants and Young Children produced by Manufacturers of Formula Milk

Most (68%) respondents had seen or received educational information about breastfeeding and formula milk for infants and young children produced by manufacturers of formula milk. (Chart 4.9)

Chart 4.9 Exposure to Educational Information about Breastfeeding and Formula Milk Produced by Manufacturers of Formula Milk (n=559)



Did not remember/  
Not sure \*

\* denotes less than 0.5%

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## Chapter 4: Survey Findings, continued

### 4.9 Exposure to Educational Information about Breastfeeding and Formula Milk for Infants and Young Children Produced by Manufacturers of Formula Milk, continued

Mail (e.g. sent through mothers' clubs) (64%), Internet (social media, retailers / manufacturers websites) (30%), and healthcare organisation (e.g. hospital, clinics etc.) (22%) were the main channels of obtaining educational information on breastfeeding and formula milk produced by manufacturers of formula milk. (Table 4.9b)

Table 4.9b Source of Exposure to Educational Information about Breastfeeding and Formula Milk produced by Manufacturers of Formula Milk

	<b>Total</b>
Mail (e.g. sent from mothers' clubs)	64%
Internet (social media, retailers / manufacturers websites)	30%
Healthcare organisation (e.g. hospital, clinics etc.)	22%
Trade shows (e.g. BB Expo)	15%
Being distributed in seminars	10%
Outside healthcare facilities	9%
Inside retail outlets	6%
Gift from relatives / friends	5%
Warm Calls (e.g. SMS / WhatsApp)	5%
Media (newspaper, magazine, etc.)	1%
Did not remember / Not sure	*
<i>Base: those who had seen or received educational information about breastfeeding and formula milk produced by manufacturers of formula milk. Multiple answers were allowed.</i>	379

\* denotes less than 0.5%

Most of the educational information received were related to the topics of Infant nutrition / diet (70%), followed by product information of formula milk (46%) and breastfeeding (30%). (Table 4.9c)

Table 4.9c Topics of Educational Information about Breastfeeding and Formula Milk produced by Manufacturers of Formula Milk

	<b>Total</b>
Infant nutrition / diet	70%
Product information of formula milk	46%
Breastfeeding	30%
<i>Base: those who had seen or received educational information about breastfeeding and formula milk produced by manufacturers of formula milk. Multiple answers were allowed.</i>	379

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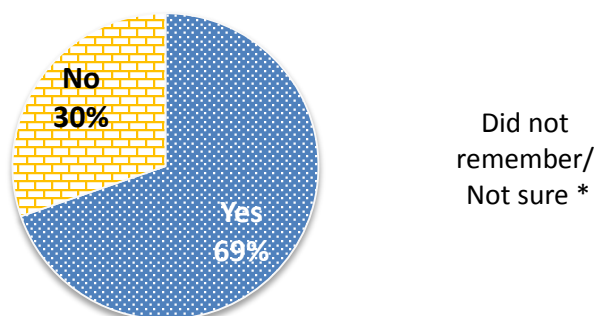


## Chapter 4: Survey Findings, continued

### 4.10 Contact by Personnel of Manufacturers or Retailers of Formula Milk

Of the respondents, 69% reported that they had been contacted by personnel of manufacturers or retailers of formula milk. (Chart 4.10)

Chart 4.10 Contact by Personnel of Manufacturers or Retailers of Formula Milk



\* denotes less than 0.5%

Phone call (80%), email (55%) and mail (37%) were the common methods of contacts. The main purposes of contact were to provide discount / gift / samples (52%) and product information (52%) to the respondents. (Table 4.10a and 4.10b)

Table 4.10a Contact Methods Used by Manufacturers or Retailers

	<b>Total</b>
Phone calls (including SMS or WhatsApp)	80%
Email	55%
Mail	37%
Inside or near the private healthcare organisations	9%
Trade shows (e.g. BB Expo)	7%
Outside public healthcare facilities	5%
Promotion booth of formula milk / products inside retail outlets (e.g. supermarkets, pharmacy, baby shops)	4%
<i>Base: those who were contacted by manufacturers / retailers. Multiple answers were allowed.</i>	388

Table 4.10b Purposes of Contact by Manufacturers or Retailers

	<b>Total</b>
Provide discount / gift / samples	52%
Provide product information	52%
Get personal information	24%
Provide health information	22%
Invite to join mothers' clubs	20%
Provide information on ordering and delivery	7%
Invite to join seminars	5%
Cannot recall / Not sure	1%
<i>Base: those who were contacted by manufacturers / retailers. Multiple answers were allowed.</i>	388

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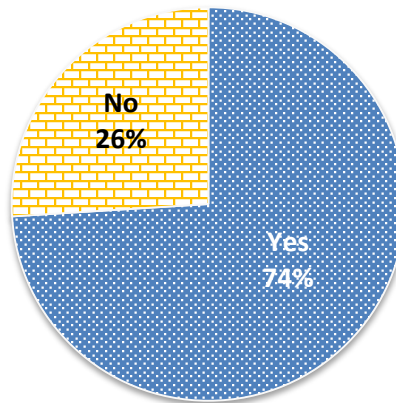
## Chapter 4: Survey Findings, continued

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### 4.11 Receive Samples of Formula Milk, Feeding Bottles, Teats, or promotional gifts

Most (74%) respondents reported that they had received samples of formula milk, milk bottles, or teats (*Chart 4.11a*)

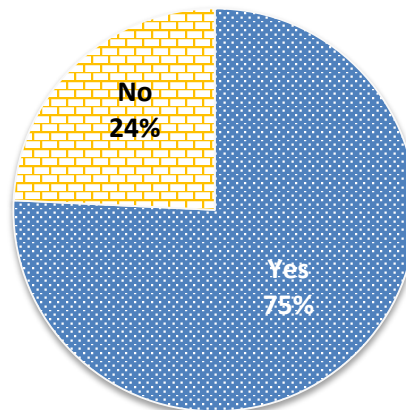
*Chart 4.11a Receive Samples of Formula Milk, Milk Bottles or Teats*



Did not remember/  
Not sure \*

Most (75%) respondents also reported that they had received promotional gifts (e.g. towels, bibs, environmental bags) produced by manufacturers of formula milk or formula milk related products. (*4.11b*)

*Chart 4.11b Receive Promotional Gifts*



Did not remember/  
Not sure \*

\* denotes less than 0.5%

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## Chapter 4: Survey Findings, continued

### 4.11 Receive Samples of Formula Milk, Milk Bottles or Teats, promotional gifts continued

The respondents received these samples and promotional gifts mainly by mail, followed by trade shows and healthcare organisations. (Table 4.11a)

Table 4.11a Source of Samples and Promotional Gifts

	Samples for Formula Milk, Milk Bottles or Teats	Promotional Gifts (e.g. towels, bibs, environmental bags)
Mail (e.g. sent from mothers' clubs)	85%	64%
Trade shows (e.g. BB Expo)	14%	26%
Provided by health organisation (e.g. hospital, clinics etc.)	13%	19%
Distributed in seminars	8%	15%
Promotion booth inside retail outlets	5%	6%
Outside healthcare facilities	4%	18%
Gift from relatives/ friends	3%	3%
Others	4%	1%
<i>Base: those who received samples or promotional gifts. Multiple answers were allowed.</i>	413	422

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## Chapter 5: Limitations

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### 5. Limitations

Although over 90% of children born to local mothers registered in MCHCs, the survey result may not be generalisable to the whole population of parents with infants and young children because there was no information on the following groups of parents:

1. Parents with eligible children who had appointments at the selected MCHCs that were not within the fieldwork execution period.
2. Parents who attended other MCHCs.
3. Parents who could not understand Chinese/ English.
4. Parents who did not attend the MCHC appointment with their children.
5. Parents who refused to participate in the survey.

As this is a cross-sectional study, the causality or time relationship between the variables could not be determined.

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## Chapter 6: Discussion

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### 6. Discussion

- 6.1 Only around half of the respondents knew that babies should be exclusively breastfed for 6 months (51%) and that breastfeeding should be continued till aged 24 months or older, or as long as possible (55%) after the introduction of complementary food. Apart from the WHO recommendation, other aspects of breastfeeding knowledge were not asked in this survey. Further research would be useful to identify gaps in the parental knowledge so as to develop health educational materials on breastfeeding according to their needs.
- 6.2 In this study, the rate of children aged 4-6 months old being exclusively breastfed was 25%, which was very similar to the result of the breastfeeding survey conducted by DH in 2015.<sup>8</sup> It was observed that the proportion of children consuming formula milk increased as they got older. The benefits of exclusive breastfeeding for the first six months and the importance of continuation of breastfeeding until 24 months or beyond need to be emphasised in future health educational materials and promotional activities.
- 6.3 Majority (88%) of respondents had seen or heard of advertisement or promotions of formula milk for infants and young children through a variety of mass media channels in the past 3 months before enumeration, which reflected the ubiquitous marketing strategies of formula milk in Hong Kong. Among those who had seen or heard of advertisement or promotions concerning formula milk, most perceived that infant formula milk for babies from birth to 6 months old was being marketed. However, major formula milk manufacturers had previously expressed that infant formula milk from birth to 6 months old would not be advertised.<sup>11</sup> This finding is similar to other overseas' studies. An Australian study found that expectant mothers perceived toddler milk advertisements to be also promoting infant formula.<sup>12</sup> Another British study found that around 60% of mothers and expectant mothers thought the follow-up formula advertisement was promoting infant formula.<sup>13</sup> The infant and the follow-up formulae belonging to same brand often have similar packaging, which might lead to public perceiving that the promotion or advertising included infant formula as well.
- 6.4 Apart from the advertisements, this study showed that formula milk manufacturers used multifaceted marketing strategies to reach out to parents and expectant parents, such as through seminars and activities, producing educational information, distribution of samples, gifts, price discounts etc. In order for parents and expectant parents to make fully informed decisions on how to feed their children, it is paramount that they receive unbiased information on infants and young child feeding. Therefore, for the promotion, protection and support of breastfeeding, developing guidance for local marketing practices of formula milk is necessary.

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## Chapter 7: References

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### 7. References

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*End of Report*