

A Study on the Marketing of Formula Milk for Infants and Young Children in Hong Kong

-Executive Summary-



Family Health Service

Department of Health

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Executive Summary

Background

In June 2017, the Food and Health Bureau and the Department of Health (DH) launched the voluntary Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants and Young Children (HK Code), which aimed to protect breastfeeding and contribute to the provision of safe and adequate nutrition for infants and young children, based on adequate and unbiased information and through appropriate marketing. The good marketing practices promoted by the HK Code are applicable to formula milk and related products as well as food products for infants and children below 36 months old. Since the launching, DH has promulgated the HK Code to traders, relevant stakeholders and the public through various channels. A media and marketing study was conducted in 2016 to examine the local marketing practices and materials of breastmilk substitutes before the launch of the HK Code (2016 Study).

In December 2018, a commissioned study on the marketing of formula milk for infants and young children was conducted by the Consumer Search Hong Kong Limited (CSG) with a view to assessing the latest local situation following implementation of the HK Code.

Study Objective

The Study aimed to systematically identify and analyse the information used for marketing and promoting formula milk for infants and young children under the age of 36 months to the general public, expectant parents and parents following implementation of the HK Code.

Methodology

This was an observational study. The methodology of the Study took reference from World Health Organization (WHO)'s toolkit on monitoring the marketing of breast-milk substitutes, including the adaptation of WHO's checklists to collect the marketing materials in the Study.

The Study assessed four aspects of marketing practices and materials on promoting formula milk targeting children under the age of 36 months marketed in Hong Kong, which are covered by the HK Code: (i) advertisements on various media; (ii) informational and educational materials; (iii) product labels, and

(iv) product information. However, to examine the marketing trend, the collection of advertisements had been extended to cover formula milk marketed for children over 36 months. Information presented in various format, including but not limit to image, text and other representations, were studied.

The fieldwork was conducted from January to March 2019. The advertisements of various media were captured from a local marketing database in 14 randomly selected days. The informational and educational materials and product information were collected from the manufacturers' websites over 14 continuous calendar days. Product labels were obtained from the purchase of formula milk products at retail outlets. All items of information collected in the Study were coded and the datasets were validated. The marketing materials came from 24 formula milk manufactures (relating to 38 brands) that represented over 99% of the relevant advertising expenditure in Hong Kong.

Study Findings

In the Study, a total of 945 items of marketing materials were collected and analysed, including 257 items of advertisements, 426 items of informational and educational materials, 148 items of product labels and 114 items of product information.

(i) Advertising on Various Media

A total of 257 advertisements on various media were identified from a local marketing dataset during the 14-day survey period. The Study found that the majority of advertisements (235 items, 91.4%) did not specifically promote formula milk targeting children under 36 months, which HK Code covers. Yet, cross-promotion (brand extension) was very common. There was a change in the tactic of promotion, from advertising formula milk products for infants and young children under 36 months to targeting those over 3 years, or solely brand promotion. In the 2016 Study, about 45% of advertisements promoted formula milk under 36 months of age, versus 8.6% in the Study. However, the marketing of formula milk was still rampant as reflected by the advertising expenditures. According to a local advertising database, the advertising expenditure on formula milk products for infants and children in Hong Kong remained enormous, despite a reduction from \$3.1 billion in 2015 to \$2.1 billion in 2019.

Of 257 advertisements, 192 items (74.7%) contained messages /representations that promoted specific health benefits of formula milk products or brands. These included promoting additives like human milk oligosaccharides (HMO); claims of better products or ingredients due to new or improved

manufacturing process; enhancing child development and intelligence; improved nutrition and health; building immunity and/or preventing allergies.

Internet advertising remained the most prevalent form of advertising (211 items, 82.1%), involving various popular platforms such as Facebook, mobile app, websites and YouTube. Of 23 television commercials (TVCs), the top 10 TVC contributed to 97.4% of the total broadcast duration. The total broadcasting time of all TVCs is equivalent to 3 094 minutes (2.15 days) over the 14-day survey period. In the 2016 Study, the total broadcasting time of 7 TVCs was equivalent to 11.13 days over the 28-day period.

(ii) Informational and Educational Materials

A total of 426 informational and educational (I&E) items in text and/or video format were identified from 13 formula milk manufacturers' websites. They covered a range of topics and issues commonly encountered by parents at various stages. Of these, 230 items (54.0%) included invitations to make contact with company and 86 items (20.2%) explicitly displayed the product name/ logo/ brand name of formula products for 0-36 months. Fifty-seven items (13.4%) were associated with promotional practices of formula milk products such as provision of free samples, cash coupons etc.

Sixty-one items (14.3%) were I&E about breastfeeding and formula feeding & nutrition, which are not recommended by the HK Code. For those on breastfeeding (43 items), the majority did not contain comprehensive and balanced information as recommended by the HK Code, such as the importance of exclusive and sustain breastfeeding; the negative impacts of introducing bottle feeding; difficulty to reverse a decision not to breastfeed, etc. For those on formula feeding (18 items), only 22% provided proper instructions on the preparation and use of bottle feeding. None of these I&E items mentioned important information such as using boiled water $>70^{\circ}\text{C}$ to prepare infant formula and consuming the feed within 2 hours after preparation.

(iii) Product Labels & Product Information

A total of 148 product labels (from 38 brands) and 114 items of product information (from 23 manufacturers' websites) of formula milk for infants and young children under 36 months were collected and examined.

All product labels (100%) contained image/text /representation that may idealise the use of formula milk such as using brand mascots, animals, toys,

cartoon characters. Sixty items (40.5%) conveyed messages of professional endorsement such as stating the product was “clinically proven” by scientific publications, meeting the food standards of overseas agencies, etc. Furthermore, 36 items (24.3%) contained representation that would likely undermine breastfeeding such as explicitly encouraging mothers to substitute breastmilk with formula milk or encouraging bottle feeding. Thirty-two items (21.6%) contained representation that makes a comparison to breastmilk, e.g. “natural ingredients that were originally isolated from breastmilk”.

A hundred and twenty-eight product labels (86.5%) might contain health benefit statements. The stated health benefits can be general or specific, including high nutrition value of the products; supporting digestive system and gut health; supporting brain development; supporting immune system; supporting general growth and development; and supporting eye and vision development, etc.

On the other hand, messages communicating the possible health risks of using breastmilk substitutes and proper instructions for preparation and use of powdered formula milk were grossly inadequate in meeting the requirements of the HK Code and the International Code. Of 57 infant formula labels, only 40.5% stated “powdered formula milk is not a sterile product”; 21.1% mentioned using boiled water $\geq 70^{\circ}\text{C}$ to reconstitute infant formula in order to minimise microorganisms contamination; and 43.9% mentioned to discard any feed that are more than two hours after reconstitution.

Out of 114 items of product information, 71 items (62.3%) contained image /text /representation that may idealise the use of formula milk. About 29 items (25.4%) contained representation that made a comparison to breastmilk and/or suggested that the products were nearly equivalent or superior to breastmilk, whereas 9 items (7.9%) contained texts that were likely to undermine breastfeeding.

Conclusion and Recommendations

The Study found that the majority of advertisements did not specifically promote formula milk targeting children under 36 months, which HK Code covers. There was a change in the tactic of promotion, from advertising formula milk products for infants and young children under 36 months to targeting those over 3 years, or solely brand promotion. Cross-promotion (brand extension) was very common with heavy promotion of follow-up formula and brands having similar feel and look as infant formula. Yet, the marketing of formula milk remained rampant as reflected by the surveyed marketing information and the related advertising expenditures.

The I&E materials produced by the manufacturers were often associated with promotion of formula milk, which are not conversant by HK Code. Moreover, they produced I&E on breastfeeding and formula feeding & nutrition, which are not recommended by the HK Code. The majority of these items did not contain comprehensive and balanced information on exclusive and sustain breastfeeding; proper preparation and use of formula milk and bottle feeding, etc.

The majority of the product labels of formula milk for children under 36 months contained health benefit statements, representations that idealise the use of breastmilk substitutes, as well as inadequate information such as proper preparation and use of powdered infant formula and the possible health risks of its use which is recommended by HK Code.

WHO and research studies have shown that advertising and promotion of breastmilk substitutes have a negative impact on mothers' perception, as well as feeding choices and practices. Combating aggressive marketing and providing comprehensive and balanced information in marketing materials are crucial in protecting breastfeeding and ensuring the proper use of breastmilk substitutes.

Based on the Study's findings, the following recommendations are proposed:

- (i) The Government shall disseminate the findings of the Study to relevant traders and express concerns on the lack of compliance of the HK Code via various means such as conducting high level meetings, issuing reminder letters to the traders concerned, etc;
- (ii) To protect the health of infants and young children and assist parents in making informed food choices, comprehensive and balanced information in marketing materials is crucial. More countries' experiences and research from developed countries would be needed to inform the local strategies and regulatory approaches in tackling the inappropriate promotion of health benefits statements in advertising formula milk for infants and young children;
- (iii) The WHO's "Guidance on ending the inappropriate promotion of foods for infants and young children" recommends that, among others, "there should be no cross-promotion to promote breast-milk substitutes indirectly via the promotion of foods for infants and young children." Yet, more countries' experiences and research from developed countries would be needed to inform the strategies and the regulatory approaches;

- (iv) Manufacturers and distributors should ensure that their marketing practices conform to the principles and aim of the HK Code, in particular the requirements on product labels and information (i.e. messages like the proper preparation and use of powdered infant formula and the possible health risks of its use) and I&E materials (e.g. no I&E on breastfeeding and formula milk feeding);

- (v) All stakeholders, including non-governmental organisations, health professional groups and institutions and individuals concerned are encouraged to monitor the marketing activities of manufacturers and distributors and draw their attention to activities which do not follow the principles and aim of this Code; and

- (vi) More stringent measures such as drawing up framework with legal consequence or punitive effect with reference to WHO's recommendations may be considered if the above mentioned measures are not effective in combating the inappropriate marketing of formula milk for infants and young children in Hong Kong in the longer run. Experience may be borrowed from developed countries of the WHO member states which have introduced legal measures for Hong Kong to consider how to strengthen the framework.