

EXECUTIVE SUMMARY

OBJECTIVES

In order to collect information on the general public's experiences and acceptance on breastfeeding in the community, and to steer the future planning, the Family Health Service of the Department of Health has commissioned a telephone survey.

The objectives of the study are:

- (a) To examine the general public's experience and attitude on breastfeeding in public place, including their acceptance on breastfeeding in public places and their views on measures to support breastfeeding in public places;
- (b) To examine the general public's experience and attitude on breastfeeding in workplace, including their acceptance on breastfeeding in workplace and their views on measures to support working mothers to sustain breastfeeding;
- (c) To examine the general public's experience on formula milk advertisement and promotion for infants and young children; and
- (d) To examine the general public's experience on breastfeeding and its promotion in the community.

METHODOLOGY

The survey was conducted in the form of telephone interviews between 12th June and 24th July 2015. Target respondents were individuals aged 18 years and above who spoke Cantonese, Putonghua or English. A random sample of residential telephone numbers was drawn. "Last birthday" random selection method was employed to select one qualified household member for interview. 2007 target respondents were successfully interviewed, with a response rate of 30.4%.

KEY FINDINGS

Respondent Profile

Overall 54.8% were female, and the age group 60 or above constituted 25.2%. 69.1% of the respondents attained upper secondary education level or above, and 37.8% attained tertiary education level or above. 11.1% of the respondents reported that they had children in the household who were breastfed. 53.0% of the respondents were employed persons. 28.6% of the respondents had no monthly personal income while 6.8% had income of \$40,000 or above. 3.1% reported no monthly household income while 26.4% with monthly household income of \$40,000 or above.

Knowledge on Breastfeeding

The majority (80.6%) of the respondents indicated that breast milk is more beneficial to the health of baby. 2.0% indicated that formula milk is more beneficial, and 13.9% indicated that both are equally beneficial. 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. Only 27.9% and 23.5% of the respondents knew the recommended duration of exclusive breastfeeding and the continuation of breastfeeding respectively.

Advertisement & Promotion on Breastfeeding

Of all the respondents, 15.0% had encountered promotional messages about breastfeeding or infant and young child feeding from DH frequently / sometimes in the past 3 months before enumeration. Among them, the commonest channel was electronic media (including TV, radio) (71.2%), followed by poster / leaflet (e.g. in clinic, hospital, etc.) (19.2%) and print media (including newspapers and magazines) (14.7%). The key promotional message that respondents could recall was “breastfeeding benefits the health of mothers and babies”. Some mentioned the messages of “promoting employers and public venue to provide places for breastfeeding / expressing breast milk” and “breastfeeding enhances mother-baby bonding”.

Advertisement & Promotion of Formula Milk

61.5% of the respondents had encountered promotional messages about formula milk for infants and young children frequently / sometimes in the past 3 months before enumeration. Among them, the vast majority (94.9%) encountered the messages through electronic media. Of those who had encountered promotional messages, 12.3% perceived that the messages were promoting formula milk for babies from birth to 6 months old (infant formula) only, 12.6% perceived that they were promoting formula milk for babies above 6 months old (follow-up formula) only, and 60.9% perceived that the messages were promoting both infant and follow-up formulae. Another 14.1% were not sure about the target age range of formula milk that was being promoted / advertised.

Breastfeeding in Public Place

13.7% of the respondents had encountered breastfeeding mothers in public places such as shopping malls, restaurants, parks/children’s playgrounds etc. in the past 3 months before enumeration. More respondents (56.7%) reported that they had encountered babies being fed with bottles in public places in the past 3 months before enumeration. 78.7% of the respondents expressed that it was definitely acceptable / acceptable to have women

breastfeeding near them in public places. Conversely, 19.7% expressed that it was definitely unacceptable / unacceptable.

Respondents were asked whether they agreed if a public venue should implement the following breastfeeding friendly measures:

- A notice which states that mothers are welcome to breastfeed anytime and anywhere in the venue;
- Staff would not disturb a breastfeeding mother; and
- Staff are happy to help breastfeeding mothers in need (such as explaining to other customers when necessary).

It was found that the majority (86.1%) of respondents strongly agreed / agreed on implementing these measures and 10.6% strongly disagreed / disagreed.

Breastfeeding in Workplace

Among the 1 063 employed persons, 18.6% reported that their employers had implemented one or more breastfeeding friendly measures in the workplace. These measures included lactation breaks for mothers to express milk during working hours (15.4%), place for milk expression (12.6%) and facilities for storing the expressed milk (14.2%). Only 9% reported that all three measures had been implemented in their workplace. Commonest places for milk expression included a specific lactation room (26.9%), and conference room (26.3%), and store room (16.2%). The employed persons were also asked whether they considered it was acceptable for their colleagues to express breast milk during working hours. The majority of employed persons (87.0%) expressed that it was definitely acceptable / acceptable. Conversely, only a small proportion (8.0%) expressed that it was definitely unacceptable / unacceptable.

All 2 007 respondents were asked whether they agreed if an organisation should implement measures for working mothers to sustain breastfeeding. The vast majority of respondents (89.0%) strongly agreed / agreed on implementing these measures in workplace. Common reasons included “these measures support working mothers to sustain breastfeeding after returning from their maternity leave”, “employers should respect the working mothers’ needs of breastfeeding” and “those who want to sustain breastfeeding can stay in the work force”. 5.4% strongly disagreed / disagreed and stated the reasons being “personal matters should not be done within working hours” and “it affects the mother work”.

CONCLUSION

Although most respondents were aware of the superiority of breast milk over formula, there were 13.9% of the respondents who still perceived formula to be just as beneficial as breast

milk. Awareness on the exclusivity and duration of breastfeeding as recommended by WHO was generally poor. Public education on the optimal infant and young child feeding practices should be strengthened further.

Despite the major manufacturers of formula milk had previously expressed that formula milk for babies from birth to 6 months old was not advertised or promoted to the general public in accordance with the International Code of marketing of breast-milk substitutes, most respondents who had encountered promotion or advertising perceived that the infant formula was still being marketed. The marketing practices used to promote formula milk are of concern as they are considered to be contributory to exerting a negative influence on breastfeeding initiation, duration and exclusivity. There is a need to ensure parents and expectant parents receive unbiased information in order to make fully informed decisions on infant and young child feeding.

The survey found that most respondents considered breastfeeding in public places to be socially acceptable and supported the implementation of breastfeeding friendly measures. Addressing the needs and concerns of different stakeholders, for example, the management of shopping malls, restaurants and other public premises etc., and providing guidelines for them to implement breastfeeding friendly measures, would help towards fostering a community that is conducive to breastfeeding.

A breastfeeding friendly workplace benefits the family, the employer and the society. Working mothers who breastfeed require the support of co-workers, supervisors and employers. Although the Government has taken the lead in adopting the breastfeeding friendly workplace policy in the majority of bureaux and departments and promoting it to the non-governmental organisations, the survey showed that breastfeeding friendly measures were not in place in the majority of the workplaces. Effort should be stepped up to promulgate the breastfeeding friendly workplace policy to different types of employers. As well as promoting and educating employers and employees on the benefits and ways of supporting breastfeeding, informing mothers to readily communicate their needs to their employers is also necessary.

Multiple factors influence the mothers' decision to breastfeed. Whilst the Government plays a leading role in protecting, promoting and supporting breastfeeding, joint efforts by various sectors are crucial in creating a supportive environment in the community.