

17 October 2014

Ms. Maisie Lam  
Clerk to Panel  
Panel on Health Services  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong

Dear Ms. Lam,

**Information Provided by Hong Kong Infant and Young Child Nutrition Association (“HKIYCNA”) in Regard to the Administration’s Supplementary Information on the Draft Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infant and Young Children (“HK Code”)**

**1. Introduction**

HKIYCNA fully supports breastfeeding and the Government’s efforts to promote, protect and support breastfeeding in Hong Kong. We also support the development of the HK Code to regulate the marketing of infant formula with reference to international standards and practices in other developed markets. Yet, we have significant concern with respect to the scope of the draft HK Code as put forth in the past submissions to the Panel and we believe that parents need evidence-based information to make informed choices for their young children.

In regard to the supplementary information on the consultation result of the HK Code provided by the Food and Health Bureau on 28 August 2014 in response to the request by Hon Michael Tien at the meeting of the Legislative Council Panel on Health Services (Panel) held on 21 July 2014, HKIYCNA would like to share further information for all Panel members’ reference.

**2. Lack of sufficient scientific data indicating low breastfeeding rate in Hong Kong is the result of formula milk marketing practices**

**2.1 Local survey reflecting mothers’ disagreement of the relationship between low breastfeeding rate and formula milk marketing practices**

A local survey<sup>1</sup> conducted by the Public Opinion Program, The University of Hong Kong (HKUPOP) in 2012 revealed a negative view among parents on the relationship between marketing practices of formula milk and the breastfeeding rate. Only one-fifth of respondents agreed with the saying that the low breastfeeding rate in Hong Kong is mainly influenced by the advertisements and promotional activities of formula milk for young children aged 6 to 36 months.

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<sup>1</sup> The questionnaire of the survey was designed independently by the HKUPOP under the appointment of HKIYCNA. The survey results were submitted by HKIYCNA to the Panel in December 2012 and the submission is available at <http://www.legco.gov.hk/yr12-13/chinese/panels/fseh/papers/fehs1120cb2-420-1-c.pdf>. Accessed on 17 Sep 2014.

## 2.2 Situations in other countries showing no correlation between breastfeeding rates and scope of advertising restriction

When comparing the breastfeeding rates to the scope of advertising restriction in countries where such restriction is imposed, it is difficult to conclude that a less restrictive scope of advertisement will result in lower breastfeeding rates, as exemplified by the countries in the below table<sup>2</sup>.

<b>Jurisdictions (year of study)</b>	<b>% babies ever- breastfed</b>	<b>% babies exclusively breastfed for four months</b>	<b>% babies exclusively breastfed for six months</b>	<b>Scope of advertisement restriction</b>
United States of America (2013) <sup>3</sup>	76.5%	37.7% (exclusive breastfed for three months)	16.4%	No restriction
Norway (2008) <sup>4</sup>	99%	46%	9%	0-6 months
New Zealand (2009) <sup>5</sup>	84%	42%	16%	0-6 months
Australia (2012) <sup>6</sup>	96%	39%	15%	0-12 months

## 3. A multitude of factors making it difficult to sustain breastfeeding in Hong Kong

### 3.1 Local surveys indicating personal & social factors as the main reasons to stop breastfeeding

According to a number of local surveys that could reflect the actual plight of breastfeeding mothers in Hong Kong, there are a variety of reasons resulting in their decisions to stop breastfeeding.

<b>Year</b>	<b>Organization</b>	<b>Related questions</b>	<b>Results (Top 3)</b>
2014	Democratic Alliance for the Betterment and Progress of Hong Kong <sup>7</sup>	Factors that make breastfeeding difficult or inconvenient	<ul style="list-style-type: none"> <li>• Lack of breastfeeding rooms in public places or shopping malls</li> <li>• Lack of breastfeeding facilities in workplace</li> <li>• Lack of understanding by employers</li> </ul>

<sup>2</sup> LC Paper No. CB(2)2256/13-14(01), Food and Health Bureau, Government Secretariat, The Government of HKSAR <http://www.legco.gov.hk/yr13-14/english/panels/hs/papers/hs0721cb2-2256-1-e.pdf>. Accessed on 17 Sep 2014.

Unicef document, National Implementation of the International Code of Marketing of Breastmilk Substitute (2011).

Philippines breastfeeding rate: <http://www.census.gov.ph/content/breastfeeding-immunization-and-child-mortality>. Accessed on 17 Sep 2014.

<sup>3</sup> <http://www.cdc.gov/breastfeeding/pdf/2013breastfeedingreportcard.pdf>. Accessed on 16 Sep 2014.

<sup>4</sup> <http://www.helsedirektoratet.no/publikasjoner/rapport-spedkost-6-maneder-2008/Publikasjoner/rapport-spedkost-6-maneder-2008.pdf>. Accessed on 16 Sep 2014.

<sup>5</sup> <http://www.plunket.org.nz/news-and-research/research-from-plunket/plunket-breastfeeding-data-analysis/annual-breastfeeding-statistics/>. Accessed on 16 Sep 2014.

<sup>6</sup> <http://www.health.gov.au/breastfeeding>. Accessed on 16 Sep 2014.

<sup>7</sup> [http://www.dab.org.hk/jm/images/news/doc/2014/May/20140511\\_att1.pdf](http://www.dab.org.hk/jm/images/news/doc/2014/May/20140511_att1.pdf). Accessed on 17 Sep 2014.



2013	Hong Kong Women Development Association <sup>8</sup>	Difficulties for breastfeeding	<ul style="list-style-type: none"> <li>• Lack of breastfeeding rooms in public places (31%)</li> <li>• Inconvenience for breastfeeding during work (28%)</li> <li>• Insufficient breast milk (17%)</li> </ul>
2012	Hong Kong Baptist Hospital <sup>9</sup>	Reasons of giving up breastfeeding for those who gave up	<ul style="list-style-type: none"> <li>• Insufficient breast milk (44.4%)</li> <li>• The need to go to work/lack of breastfeeding facility in workplace (38.1%)</li> <li>• Baby refusal (3.2%)</li> </ul>
2012	HKUPOP <sup>10</sup>	What is the main factor affecting your decision to stop breastfeeding / of never tried breastfeeding?	<ul style="list-style-type: none"> <li>• Insufficient milk supply (36%)</li> <li>• Poor health condition (20%)</li> <li>• End of maternity leave (14%)</li> </ul>

### 3.2 Sharing by Under Secretary for Food and Health at Hospital Authority Convention 2014 revealing constraints from working hindering continuous breastfeeding

Similar scenario regarding mothers' reasons for stopping breastfeeding was also shared by Professor Sophia Chan, Under Secretary for Food and Health, HKSAR at the Hospital Authority Convention 2014 in May. It is pointed out in her presentation slide<sup>11</sup> that the three most primary reasons are "insufficient milk", "returning to work" and "baby is always hungry", in which "returning to work" is the significantly dominant reason leading to the giving up of breastfeeding for mothers of young child aged 1 to 3 months (58.7%) and 3 to 6 months (48.5%) (Slide13).

Indeed, when asked factors that hinder breastfeeding, Dr. York Chow, former Secretary for Food and Health did not even mention formula milk advertising at the meeting of the Legislative Council Panel on Health Services (Panel) held on 17 November 2010 (full reply extracted in Appendix 1 for panel member's reference).

### 3.3 Situations in other developed countries pointing to the relationship between long maternity leave and high breastfeeding rates

As shown above, one of the common factors that hinder sustained breastfeeding relates to mothers' need to work. With only a 10-week maternity leave for mothers in Hong Kong, the local percentages of babies exclusively breastfed dropped significantly from 85% (percentage of babies ever-breastfed) to 19% and 2% respectively after four months and six months, when the maternity leave for most local mothers ends.

<sup>8</sup> [http://www.grandmint.com.hk/portfolio/hkwda\\_website/news\\_center\\_detail.php?id=28&cID=1](http://www.grandmint.com.hk/portfolio/hkwda_website/news_center_detail.php?id=28&cID=1). Accessed on 17 Sep 2014.

<sup>9</sup> [http://www.hkbh.org.hk/doc/PR\\_HKBH\\_PC%20on%20survey\\_120725\\_Summary\\_e\\_vf.pdf](http://www.hkbh.org.hk/doc/PR_HKBH_PC%20on%20survey_120725_Summary_e_vf.pdf). Accessed on 17 Sep 2014.

<sup>10</sup> The questionnaire of the survey was designed independently by the HKUPOP under the appointment of HKIYCNA. The survey results were submitted by HKIYCNA to the Panel in February 2012 and the submission is available at <http://www.legco.gov.hk/yr11-12/chinese/panels/hs/papers/hs0312cb2-1138-1-c.pdf>. Accessed on 17 Sep 2014.

<sup>11</sup> <http://www.ha.org.hk/haconvention/hac2014/proceedings/downloads/S2.1.pdf>. Accessed on 17 Sep 2014.



On the contrary, mothers in countries where there is a comparatively high percentage of babies exclusively breastfed during the first 6 months usually enjoy a longer maternity leave. For example, mothers in Australia can enjoy a maternity leave up to 12 months (including 18-week paid leave while the rest unpaid) and its percentage of babies exclusively breastfed for four and six months achieves 39% and 15% respectively, and in Norway with 45 weeks (80% compensation) maternity leave, the percentage of babies exclusively breastfed for four and six months are 46% and 9%.

Regions & Countries/ Length of maternity leave	Percentage of babies exclusively breastfed		
	New born	4 months	6 months
Hong Kong (10 weeks)	85%	19%	2%
Australia (12 months)	-	39%	15%
Norway (45 weeks)	-	46%	9%

From the above information, it can be understood that the low rate of sustained breastfeeding in Hong Kong is the result of a combination of personal and practical social factors, particularly the short maternity leave, instead of a direct consequence of formula milk advertising as claimed by some groups. Therefore, the prohibition of formula milk promotion is not the best way to tackle the main reasons for not breastfeeding.

#### **4. Strong reasons to allow communication of formula milk for 1 year onward in order to make a positive health impact to the next generation**

##### 4.1 Qualitative research conducted by the New Zealand government showing parents are NOT confused with the role of infant formula, follow-on formula and growing-up milk<sup>8</sup>

*“Caregivers differentiate between the different stages of formula. The main difference they perceive between the stages is the nutritional composition, which they perceive is optimized by manufacturers for each age and stage”<sup>12</sup>*

This finding is confirmed by a large number of market research conducted regularly on consumers in the countries we operate: The evidence suggests that mothers do understand the staging of formula. The data show a very strong fit between the age of the babies and the stage they are consuming.

##### 4.2 12 months old is when a diet of toddler switch from milk centric to food centric

4.2.1 A balanced diet, including nutritious table foods, should deliver the nutrients and energy a growing child needs. Yet, nutrient inadequacies and deficiencies remain prevalent in many parts of the world. According to the WHO, nutrients often lacking in the diets of young children are<sup>13</sup> iron, Vitamin A, iodine and zinc. Omega-3 fatty

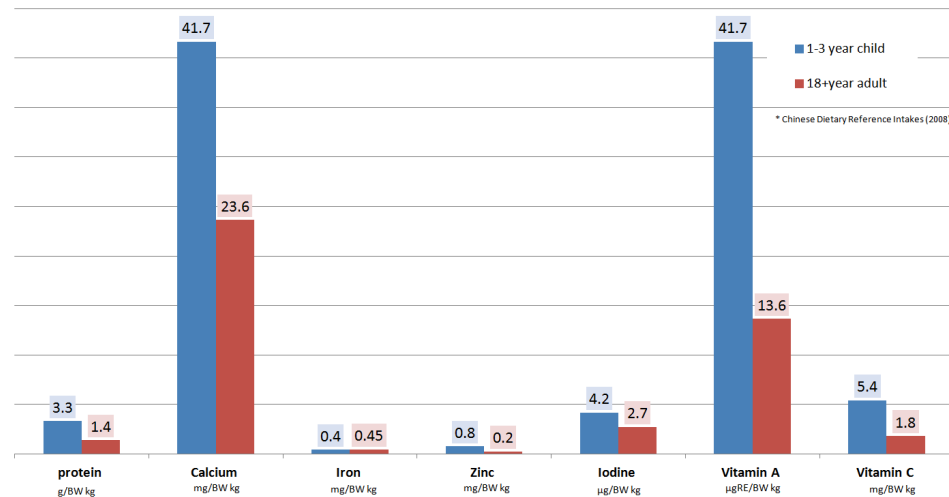
<sup>12</sup> Yockney C, Comfort V and Brunton C. Understanding caregivers’ perceptions and use of follow-up formula and toddler milks in New Zealand and Australia, A qualitative report. Ministry for Primary Industries, New Zealand Government, October 2013

<sup>13</sup> World Health Organization. Global Health Risks: Mortality and burden of disease attributable to selected major risks. 2009.



acids, vitamin D and fiber are also commonly lacking<sup>14</sup>. Charts 1 below also showed that key nutrients are needed in relatively high quantities (per kg body weight) by young children than adults.

Chart 1: Comparison of recommended daily intake levels of key nutrients between young children and adults in China<sup>15</sup>



Growing-up milk provides a way to increase essential nutrient intakes in young children that have inadequate nutritional intakes or are at risk of inadequate nutritional status. They contribute to a balanced diet. Compared to cow's milk, growing-up milk often contain 30-40% less protein.

A local Hong Kong university study also revealed that the intake of Vitamin D, iron and calcium on local preschoolers is far less than the WHO recommended guidelines.<sup>16</sup>

#### 4.2.2 Growing-up milk contributing to young children (1 year +) healthy diet

Medical authorities and observational studies revealed contribution of growing-up milk to compensate dietary deficiencies during the transition from milk centric diet to family food centric diet.

Toddlers over 12 months of age commonly have an inadequate intake of alpha-linolenic acid, vitamin E, vitamin C, iron and zinc.<sup>17,18,19</sup>

<sup>14</sup> EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA). Scientific opinion on nutrient requirements and dietary intakes of infants and young children in the European Union. EFSA Journal. 2013;11(10):3408. [103pp.]. doi: 10.2903/j.efsa.2013.3408. Available online: [www.efsa.europa.eu/efsajournal](http://www.efsa.europa.eu/efsajournal).

<sup>15</sup> Chinese Dietary Reference Intakes (Chinese DRIs) China Light Industry Press (2010).

<sup>16</sup> "Experts warn as infants go short of key vitamins", The Standard, 8 March, 2013

<sup>17</sup> Przyrembel H., Agostoni C. Growing-up Milk: A Necessity or Marketing? Evidence-based Research in Pediatric Nutrition (2013) 108: 49-55.

<sup>18</sup> Fantino M, Gourmet E. Nutrient intakes in 2005 by non-breast fed French children of less than 36 months. Arch Pediatr (2008) 15(4): 446-55.



The Nutrition Committee of the Pediatric Society of France, in 2011, “*recommends growing-up milk for all young children based on cross-sectional nutritional survey*”.

International Key Opinion Leader also commented “*The more inappropriate the family diet the more useful growing-up milk will become.*”<sup>20</sup>

## 5. No free sample provision in hospitals

In response to the Administration’s supplementary information on the influence of marketing practices in healthcare facilities on reduced rates of breastfeeding (paragraph 9), HKIYCNA would like to point out that with the objective to promote breastfeeding, the Hospital Authority (HA) has introduced a tender system since April 2010 to purchase formula milk products for use within the hospitals if needed. Free formula milk will not be distributed to mothers and babies upon their discharge.

Since the abovementioned arrangement was made, members of HKIYCNA has strictly adhered to the requirements stated in the tender documents in which their obligations to comply with the International Code of Marketing of Breast-milk Substitutes of the World Health Organization (WHO Code) are also included. To live up to the commitment to support breastfeeding, the same practice of not providing free sample of formula milk products is also implemented at private hospitals in Hong Kong.

## 6. Current regulations in effect to tackle false advertising

As responsible market players, HKIYCNA stands firmly against false advertising and it agrees that exaggerating product claims should be regulated. Currently, there are several local ordinances that help to safeguard consumers from inappropriate messages or statements, including:

- Public Health and Municipal Services Ordinance (Cap. 132)<sup>21</sup>  
Section 61 – False labelling and advertisement of food or drugs
- Trade Descriptions Ordinance (Cap. 362)<sup>22</sup>  
Section 7 – Offences in respect of trade description of goods
- Broadcasting Ordinance (Cap. 562)<sup>23</sup>

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<sup>19</sup> Ghisolfi J, Fantino M, Turck D, Potier de Courcy G, Vidaihet M. Nutrient intakes of children aged 1-2 years as a function of milk consumption, cow’s milk or growing-up milk. *Public Health Nutr*(2012) 4:1-11.

<sup>20</sup> Przyrembel H., Agostoni C. Growing-up Milk: A Necessity or Marketing? Evidence-based Research in *Pediatric Nutrition* (2013) 108: 49-55.

<sup>21</sup> Public Health and Municipal Services Ordinance (Cap. 132)

[http://www.legislation.gov.hk/blis\\_pdf.nsf/6799165D2FEE3FA94825755E0033E532/8171D1F8EA9B0162482575EE003FCBAA?OpenDocument&bt=0](http://www.legislation.gov.hk/blis_pdf.nsf/6799165D2FEE3FA94825755E0033E532/8171D1F8EA9B0162482575EE003FCBAA?OpenDocument&bt=0). Accessed on 3 Oct 2014.

<sup>22</sup> Trade Descriptions Ordinance (Cap. 362)

[http://www.legislation.gov.hk/blis\\_pdf.nsf/6799165D2FEE3FA94825755E0033E532/46701CD3405BAA08482575EE0071AE5E?OpenDocument&bt=0](http://www.legislation.gov.hk/blis_pdf.nsf/6799165D2FEE3FA94825755E0033E532/46701CD3405BAA08482575EE0071AE5E?OpenDocument&bt=0). Accessed on 3 Oct 2014

<sup>23</sup> Broadcasting Ordinance (Cap. 562)

[http://www.legislation.gov.hk/blis\\_pdf.nsf/6799165D2FEE3FA94825755E0033E532/E3EE41162C9FC1D4482575EF001B743F?OpenDocument&bt=0](http://www.legislation.gov.hk/blis_pdf.nsf/6799165D2FEE3FA94825755E0033E532/E3EE41162C9FC1D4482575EF001B743F?OpenDocument&bt=0). Accessed on 3 Oct 2014

Generic Code of Practice on Television Advertising Standards (issued by the Communications Authority (CA) pursuant to section 3 of the Broadcasting Ordinance (Cap.562))

Details of relevant provisions of the above ordinances are extracted in Appendix 2 for the Panel members' easy reference.

HKIYCNA believes that the current ordinances have been playing an effective role in governing the advertising and marketing of follow-up formula milk products and protecting consumers from accessing inaccurate advertising messages or statements. If any further regulation is needed, the Administration can set forth respective requirement instead of totally banning the marketing practices of products for children under 36 months, which includes the dissemination of scientific-based information. Indeed HKIYCNA supports government initiative to regulate nutrition and health claims on formula products and foods for infants and young children.

## **7. Professional medical groups and other members of the public disagreeing excessive ban on marketing in Hong Kong**

While it is claimed in the Administration's paper submitted to the Panel at the meeting held on 21 July 2014 that many medical professionals support the regulation of marketing activities of formula milk products for infant and young child aged under 36 months, the Hong Kong Medical Association (HKMA), which represents over 10,000 members who comprises the majority of registered medical practitioners in Hong Kong, and the Hong Kong Society of Paediatric Cardiology (HKSPC), which is formed by paediatric cardiologists and trainees, paediatric nursing staff, cardiac surgeons, cardiac anaesthetists and radiologist in Hong Kong, clearly declared their opposition to the rigid ban of all marketing activities of formula milk products or complementary foods for children aged under 36 months<sup>24,25</sup>.

Apart from the medical professionals, there were also a number of commentaries among the public expressing an opposing view against the scope of regulation up to 36 months. Appendix 3 is some relevant newspaper clippings since 2013 showing different parties' concern over the overregulation.

## **8. Taking suitable measures to encourage Hong Kong mothers to breastfeed**

According to the above mentioned local survey<sup>26</sup> conducted by the Public Opinion Program, The University of Hong Kong (HKUPOP) in 2012, the following were proposed most commonly by respondents as measures to encourage mothers in Hong Kong to breastfeed.

- More breastfeeding facilities in public (33%)
- More public education on the advantages of breastfeeding (29%)

<sup>24</sup> [http://www.fhs.gov.hk/english/news/hkcode/written\\_comments/organisation/O0077.pdf](http://www.fhs.gov.hk/english/news/hkcode/written_comments/organisation/O0077.pdf). Accessed on 17 Sep 2014.

<sup>25</sup> [http://www.fhs.gov.hk/english/news/hkcode/written\\_comments/organisation/O0039.pdf](http://www.fhs.gov.hk/english/news/hkcode/written_comments/organisation/O0039.pdf). Accessed on 17 Sep 2014.

<sup>26</sup> The questionnaire of the survey was designed independently by the HKUPOP under the appointment of HKIYCNA. The survey results were submitted by HKIYCNA to the Panel in December 2012 and the submission is available at <http://www.legco.gov.hk/yr12-13/chinese/panels/fseh/papers/fehs1120cb2-420-1-c.pdf>. Accessed on 17 Sep 2014.

- Add more breastfeeding facilities at workplace (20%)
- Lengthen the maternity leave (18%)

Experience from countries with similar economic and social environment to Hong Kong also showed similar factors are needed to encourage mothers to breastfeed longer. Take Singapore<sup>27</sup> as an example:

- Enough milk
- More help with care of baby
- Extended maternity leave
- Workplace facilities

Thus, it is strongly suggested that the Administration can take into consideration the actual needs from mothers and take target-oriented measures to facilitate mothers to sustain breastfeeding and raise the local breastfeeding rates.

## 9. Conclusion

HKIYCNA shares a common objective with the Government and the Panel to support breastfeeding as well as to enhance the health of infants and young children in Hong Kong. In the course of HK Code development, it is hoped that the Panel members would take local situations as shared above and opinions from different parties into balanced consideration. We are looking forward to a HK Code that meets international standards as well as being in the best interests of infants, young children and parents in Hong Kong.

Yours sincerely,  
Hong Kong Infant and Young Child Nutrition Association

The Hong Kong Infant and Young Child Nutrition Association was established in May 2011 by the following founding members (in alphabetic order):

Abbott Laboratories Limited  
Danone Nutricia Early Life Nutrition (Hong Kong) Limited  
FrieslandCampina (Hong Kong) Limited  
Mead Johnson Nutrition (Hong Kong) Limited  
Nestle Hong Kong Limited  
Wyeth (Hong Kong) Holding Company Limited

C.C. Hon Vincent Fang Kang, SBS, JP, Legislator  
Hon Michael Tien Puk-sun, BBS, JP, Legislator

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<sup>27</sup> Brand E., Kothari C., Stark MA. Factors related to breastfeeding discontinuation between hospital discharge and 2 weeks postpartum. *J Perinat Educ* (2011) 20(1): 36-44.