



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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28 August 2014

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

Dear Ms Lam,

**The Draft Hong Kong Code of Marketing and Quality of  
Formula Milk and Related Products, and Food Products for  
Infants & Young Children (“HK Code”)**

At the meeting of the Legislative Council Panel on Health Services held on 21 July 2014, Hon Michael Tien requested the Administration to provide information on (a) the breastfeeding rates of Hong Kong and other jurisdictions; and (b) research findings to show how the promotion of formula milk would undermine breastfeeding practices.

2. Breastfeeding is a global public health priority. For short-term benefits, well established evidence shows that breastfeeding significantly reduces infectious diseases during infancy<sup>1</sup>. As regards long-term benefits,

<sup>1</sup> The UK Millennium Cohort Study showed that exclusive breastfeeding for six months could reduce monthly hospital admissions for diarrhea by 53% and respiratory infections by 27%. Partial breastfeeding could still reduce significant morbidities at the population level, though to a lesser extent. (M.A. Quigley, et al. Breastfeeding and Hospitalization for Diarrheal and Respiratory Infection in the United Kingdom Millennium Cohort Study. PEDIATRICS 119, e837-842. 2007.)

breastfeeding is a key effective primary preventive measure of many chronic illnesses such as childhood obesity, heart diseases, diabetes and allergies<sup>2</sup>.

3. The breastfeeding rates of Hong Kong and some other developed economies are set out in the Annex. It can be seen that the breastfeeding rate of Hong Kong is on the low side as compared with other developed economies. The exclusive breastfeeding rates of Hong Kong dropped to 19% at four months and 2% at six months.

4. Prevalence and duration of breastfeeding practice can be affected by a multitude of factors. While the HK Code aims at regulating marketing activities of formula milk and related products, the Administration is well aware of the importance of protecting, promoting and supporting breastfeeding and has developed a comprehensive strategy collating concerted efforts from different sectors in the community to carry out a series of targeted actions with a view to cultivating breastfeeding as a social norm. These actions include implementing Baby Friendly Initiative in healthcare facilities, enhancing breastfeeding support in workplaces and public venues, and strengthening publicity and public education on infant and young child feeding. In April 2014, the Committee on Promotion of Breastfeeding, chaired by the Under Secretary for Food and Health, was set up to oversee and coordinate all these breastfeeding promoting and supporting activities to ensure their effective, sustainable and coordinated implementation.

5. The HK Code was drafted by making reference to the International Code of Marketing of Breastmilk Substitutes (“WHO Code”) adopted by the World Health Organization (“WHO”) in 1981, and relevant subsequent World Health Assembly (“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 draft HK Code has also taken in account 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.

### **WHO’s recommendation on optimal infant and young child nutrition**

6. According to the Global Strategy for Infant and Young Child Feeding, the WHO recommends that infants be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.

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<sup>2</sup> Barouki R, Gluckman PD, Grandjean P, Hanson M, Heindel JJ. Developmental origins of non-communicable disease: implications for research and public health. *Environ Health*. 2012 Jun 27;11:42.

Mothers should continue to breastfeed their children beyond the age of six months, until they are two years of age or older, at the same time providing them with safe and appropriate complementary foods to meet their evolving nutritional requirements.

7. According to the WHO statement entitled “Information concerning the use and marketing of follow-up formula” in 2013 (“the 2013 WHO statement”), *“follow-up formula is unnecessary and unsuitable when used as a breastmilk replacement from six months of age onwards”* and *“even though follow-up formula is not necessary, and is unsuitable when used as a breastmilk replacement, it is marketed in a way that may cause confusion and have a negative impact on breastfeeding”*.

## **Evidence on how the promotion of formula milk undermines breastfeeding practices**

### **(a) Overseas studies**

#### Studies quoted by the WHO

8. The “2013 WHO statement” remarked that *“A number of studies strongly suggest a direct correlation between marketing strategies for follow-up formula and perception and subsequent use of these products as breastmilk substitutes. In many instances, the packaging, branding and labelling of follow-up formula closely resembles that of infant formula. This leads to confusion as to the purpose of the product, i.e. a perception that follow-up formula is a breastmilk substitute. This may result in its early introduction, thereby undermining exclusive breastfeeding up to six months of age and sustained breastfeeding up to two years or beyond”*<sup>3,4,5,6</sup>.

#### Other studies

9. Apart from the studies quoted by the WHO, other overseas studies have showed that pervasive formula milk marketing practices in health care

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3 Scientific Advisory Committee on Nutrition, United Kingdom, Infant Feeding Survey 2005 : A commentary on infant feeding practices in the UK, position statement by the Scientific Advisory Committee on Nutrition, 2008.

4 Nina J Berry, Sandra Jones, Don Iverson, It’s all formula to me: women’s understandings of toddler milk ads, Breastfeeding Review, Vol. 18 No. 1, 2010.

5 Sobel H. et al. Is unimpeded marketing for breastmilk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis. Social Sciences & Medicine 2011; 73: 1445-1448.

6 Mintzes B. Regulation of formula advertising in the Philippines and promotion and protection of breastfeeding: A commentary on Sobel, Iellamo, Raya, Padilla, Olivé and Nyunt-U. Social Sciences & Medicine 2011; 73: 1449-1451.

facilities such as providing pregnant women with infant feeding information produced, and free formula offers provided, by formula milk companies, as well as giving free formula at hospital discharge were associated with reduced rates of breastfeeding initiation, duration and exclusivity.<sup>7</sup> Among these, a randomized controlled trial performed by an American university in 2000 revealed that pregnant women who received formula milk promotion materials, compared with those who received only breastfeeding materials during their first antenatal visit, were more likely to stop breastfeeding in the first two weeks.<sup>8</sup>

10. Promotion of formula milk through the mass media is particularly influential as it provides social guidance for attitudes and behaviours. A study conducted in the Philippines revealed that children were more likely to be given formula milk if their mothers recalled advertising messages. Indeed, as the factor most strongly associated with the decision to formula feed, self-reported advertising exposure was second only to physicians' recommendations.<sup>9</sup>

11. In addition, there are other research studies which have demonstrated that consumers in general fail to distinguish between advertising for infant formula and for follow-up and toddler milk, echoing WHO's concern over the confusion brought about by the marketing of follow-up formula. An Australian study has revealed that 66.8 % of parents surveyed reported seeing an advertisement for infant formula despite the advisory panel of the Marketing in Australia of Infant Formula: Manufacturers' and Importers' Agreement ("MAIF Agreement") found no breaches of the MAIF Agreement in the five years prior to the study. The authors have commented that toddler milk advertisements are functioning as de facto infant formula advertisements in Australia.<sup>10</sup> The findings are consistent with the results of an earlier British study which has found that around 60 % of mothers and expectant mothers have thought follow-on formula advertising is promoting infant formula.<sup>11</sup>

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7 Marketing Breastfeeding-Reversing Corporate Influence on Infant Feeding Practices. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. Vol 85, No.4. 2008.

8 Howard C, Howard F, Lawrence R, et al., Office Prenatal Formula Advertising and Its Effect on Breast-Feeding Patterns. *Obstet Gynecol*. 2000 Feb;95(2):296-303.

9 Howard L. Sobela, Alessandro Iellamo, René R. Rayab, et al. Is unimpeded marketing for breast milk substitutes responsible for the decline in breastfeeding in the Philippines? An exploratory survey and focus group analysis. *Social Science & Medicine*. 73 (2011) 1445e1448.

10 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.

11 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](http://www.unicef.org.uk/press/pdf/nct_unicef.pdf)

**(b) Local studies**

12. Although a local marketing database<sup>12</sup> has claimed that negligible direct advertising activities for infant formula during the period was recorded and only 0.5 % of all advertising spending on formula milk for children aged below 36 months involved infant formula, a study conducted by the Department of Health (“DH”) in 2012 found facts to the contrary. Similar to overseas studies, DH’s above survey on local mothers’ experience of formula milk promotion and information on infants and young child feeding has revealed that over half of the survey respondents (56.8 %) reported having come across infant formulae advertisements or promotion in the month preceding the survey<sup>13</sup>.

13. The adverse impact of the aggressive marketing of follow-up formula on local parents’ perception and feeding practices is also evident through a local survey conducted in 2010<sup>14</sup>. The survey has revealed that over-consumption of milk among young children aged one to two years was common, with most of them drinking formula milk instead of cow’s milk. Moreover, a significant proportion of parents have misconceptions about the nutritional value of follow-up formula being superior to other natural foods.

14. As shown by the numerous research studies mentioned in this letter, it is found that the marketing practices of formula milk do have impact on breastfeeding practices.

Yours sincerely,



( Miss Fiona Chau )  
for Secretary for Food and Health

c.c. Hon Michael Tien  
Director of Health ( Attn : Dr Teresa Li )

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12 The admanGo marketing database.

13 Survey on Mothers’ Experience of Formula Milk Promotion and Information on infant and Young Child Feeding. 2012 (Unpublished)

14 Department of Health and The Chinese University of Hong Kong. A Survey of Infant and Young Child Feeding in Hong Kong. 2012

## Breastfeeding rates in Hong Kong and other jurisdictions

Jurisdictions*	Year of birth	Percentage of babies ever-breastfed	Percentage of babies exclusively breastfed for four months	Percentage of babies exclusively breastfed for six months
Norway <sup>15</sup>	2008	99 %	46 %	9 %
United Kingdom <sup>16</sup>	2010	81 %	12 %	1 %
United States of America <sup>17</sup>	2010	77 %	29 %	16 %
Australia <sup>18</sup>	2012	96 %	39 %	15 %
Singapore <sup>19</sup>	2011	96 %	**	1 %
Taiwan <sup>20</sup>	2012	**	45 %	28 %
Hong Kong <sup>21</sup>	2012	85 %	19 %	2 %

\* These jurisdictions have recommended infants should be breastfed exclusively in the first four to six months, and then be introduced to complementary food progressively.

\*\* Information not available

15 Norwegian Health Directorate 2008, Spedkost 6 months: Nationwide diet survey among 6 months old children. Oslo: Helsedirektoratet cited in Australian Government Department of Health. An international comparison study into the implementation of the WHO code and other breastfeeding initiatives. NHMRC Clinical Trials Centre, University of Sydney. 2011

16 The Health and Social Information Centre, IFF Research. Infant Feeding Survey 2010: Final Results, 20 November 2012.

17 Department of Health and Human Services, Centre for Disease Control and Prevention. Breastfeeding Among U.S. Children Born 2000–2010, CDC National Immunization Survey, 2013.

18 Australian Health Ministers' Conference 2009, The Australian National Breastfeeding Strategy 2010–2015. Australian Government Department of Health and Ageing, Canberra.

19 Prevalence of Breastfeeding in Singapore, Statistics Singapore Newsletter Sep 2013, Health Promotion Board, Singapore.

20 「53.7%臺灣媽媽哺乳到產後 6 個月；上班是停餵的主因」：國際母乳週新聞稿-附件，衛生福利部國民健康署，台灣（2013/8/4）

21 Department of Health. Breastfeeding Survey in Maternal and Child Health Centres in 2013.