

# Non-Communicable Diseases Watch

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衛生防護中心  
Centre for Health Protection



衛生署  
Department of Health

## *The HK Code: A Commitment to Protect, Promote and Support Optimal Feeding of Infants and Young Children*

### *Key Messages*

- ※ Protecting, promoting and supporting breastfeeding is a public health priority. However, a multitude of factors can influence infant feeding choices and practices. Among others, a major barrier to breastfeeding is inappropriate and aggressive marketing of breastmilk substitutes.
- ※ In Hong Kong, there is an abundance of formula milk advertising and promotion activities. A study commissioned by the Department of Health revealed that nearly 90% of surveyed parents with young children aged between 0-36 months reported having seen or heard of advertisements or promotions of formula milk in the preceding 3 months. Apart from the advertisements, the study revealed that formula milk manufacturers used multifaceted marketing strategies to reach out to parents and expectant parents. Another study revealed that the marketing practices of breastmilk substitutes were prevalent at points-of-sale outlets.
- ※ The implementation of the HK code is one of the important steps in protecting breastfeeding as well as infants and young children's feeding. The HK code aims to contribute to the provision of safe and adequate nutrition for infants and young children by protecting breastfeeding and ensuring the proper use of designated products, on the basis of adequate and unbiased information and through appropriate marketing.
- ※ Fostering a conducive environment for sustained breastfeeding is a collective societal responsibility. The Government will continue working with various sectors of the community to cultivate a breastfeeding-friendly environment and protect optimal infant and young child feeding practices.

**HK CODE**  
香港守則

## The HK Code: A Commitment to Protect, Promote and Support Optimal Feeding of Infants and Young Children

Protecting, promoting and supporting breastfeeding is a public health priority. There is compelling evidence that breastfeeding protects against childhood infections and probably overweight and diabetes in later life, increases in intelligence, and reduces the risk of breast cancer for nursing women. The benefits are shown to be proportional to its exclusiveness and duration.<sup>1</sup> As the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommend, optimal breastfeeding practices consist of early initiation of breastfeeding within 1 hour of birth, exclusive breastfeeding for the first 6 months of life, and introduction of solid foods at about 6 months together with continued breastfeeding up to 2 years of age or beyond.<sup>2</sup> In fact, breastfeeding was almost universal in the 19<sup>th</sup> Century. As modified cow's milk was manufactured and breastmilk substitutes became available, breastfeeding rates started to fall.<sup>3, 4</sup> According to WHO's estimates, about 40% of contemporary infants aged 0-6 months worldwide are exclusively breastfed. Annually, suboptimal breastfeeding results in over 800 000 deaths in children younger than 5 years and 20 000 female breast cancer deaths.<sup>1, 2</sup>

### Impact of Breastmilk Substitutes Marketing on Breastfeeding Practices

A multitude of factors can influence infant feeding choices and practices, and one of the major barriers to breastfeeding is inappropriate and aggressive marketing of breastmilk substitutes.<sup>5</sup> Marketing channels and tactics include giving free formula samples or branded gifts to mothers, health workers or health facilities; cross promotion comprising infant formula for young infants, as well as follow-up formula and toddler milks which market for older infants and toddlers respectively, with similar look and feel; advertisements portraying formula milk

to be as good as or better than breastmilk; conveying biased messages that breastfeeding is difficult or that breastmilk substitutes help settle fussy babies; printing non-evidence based nutrition or health claims on packages; and sponsoring meetings of health professionals, scientific or academic meetings to influence their content and messages. Such practices can negatively influence social norms and attitudes about breastfeeding, increase the acceptability and desirability of breastmilk substitutes, or diminish the confidence of mothers to breastfeed.<sup>5-7</sup>

The creation of an environment that protects, promotes and supports breastfeeding requires a systematic approach. It includes enabling parents to make informed decisions on infant feeding free from commercial influences; ensuring policies and practices of maternal-and-child-health facilities are supportive of breastfeeding; and building baby- and family-friendly social policies and community services. In 1981, WHO developed and adopted the International Code of Marketing of Breastmilk Substitutes (International Code), calling on countries to protect breastfeeding by regulating the inappropriate marketing of breastmilk substitutes.<sup>8</sup> In subsequent years, WHO further clarified the International Code with additional recommendations to align with scientific advances and evolving marketing strategies. According to the 2016 WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children, a breastmilk substitute should be understood to include any milk that are specifically marketed as suitable for feeding infants and young children up to 36 months of age (including follow-up formula and growing-up milks). The implementation of the International Code should cover all these products. For companies that market foods for infants and young children, they should not create conflicts of interest in health facilities or

through health systems. Besides, such companies or their representatives should not provide free products, gifts or samples to parents; donate or distribute equipment or services to health facilities; use health facilities to host events, contests or campaigns; provide education on infant and young child feeding in health facilities; and sponsor meetings of health professionals and scientific meetings.<sup>9</sup> According to WHO’s Code Status Report 2016, of the 194 countries analysed, 135 countries have in place some form of legal measures related to the International Code and subsequent resolutions.<sup>10</sup>

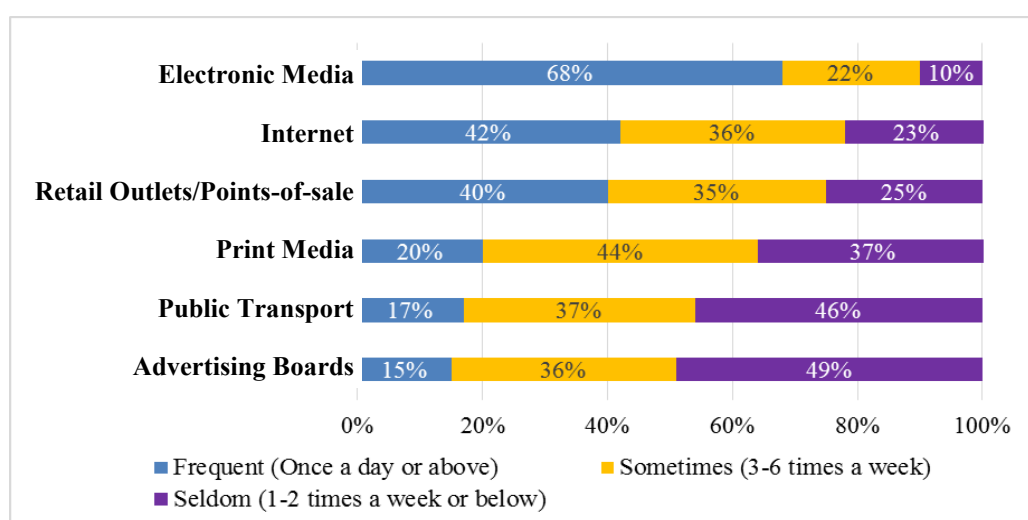
### Local Situation

With the concerted effort of the government and various sectors of the community in promoting breastfeeding, the local breastfeeding rates have been on the rise. The Department of Health (DH) has all along monitored the trend of the local ever breastfeeding rates from hospitals with maternity units. The ever-breastfeeding rate on hospital discharge has increased from 18% in 1992 to 87% in 2016.

Besides, DH conducts biennial Breastfeeding Surveys in its Maternal and Child Health Centres. The exclusive breastfeeding rate at 4 months has also increased from 19% for babies born in 2012 to 31% for babies born in 2016.<sup>11</sup> Nonetheless, abundant formula milk advertising and promotion activities are still commonly seen, parental misconceptions on milk feeding are widespread, and use of formula milk prevails in Hong Kong.

In 2015, the DH commissioned a survey to collect information on parental exposure to the marketing of formula milk and related products (i.e. feeding bottles and teats for infants and young children). Of 559 surveyed parents with young children aged between 0-36 months, it was found that nearly 90% of them reported having seen or heard of advertisements or promotions of formula milk in the preceding 3 months. The key channels on encountering these advertisements and/or promotions were electronic media, the Internet and retail outlets/points-of-sale (Figure 1).<sup>12</sup>

**Figure 1: Frequency of exposure to the respective formula milk advertisement or promotions for infants and young children in the preceding 3 months**



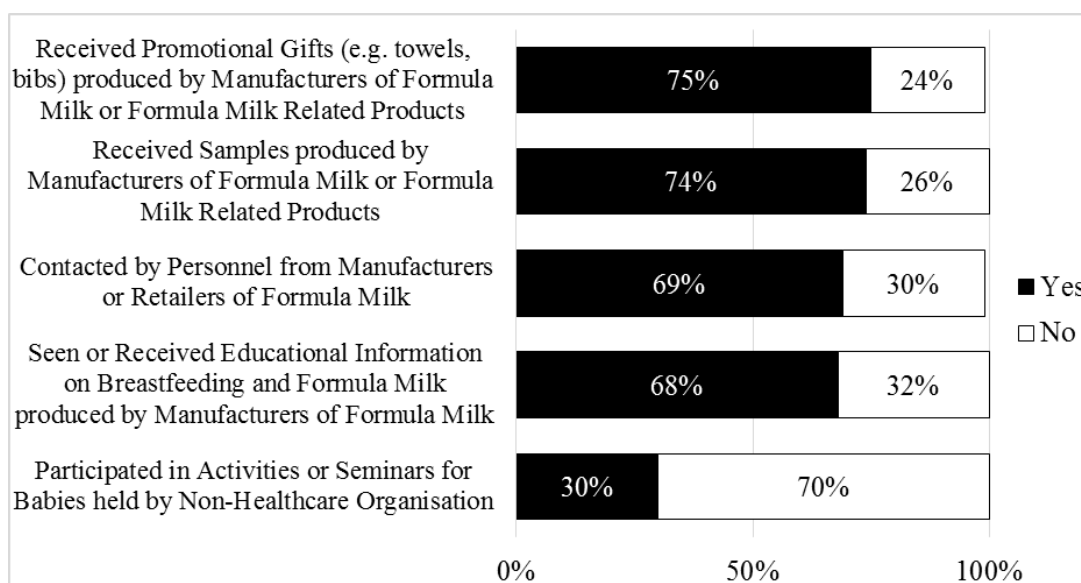
Source: Family Health Service of DH.

Among the respondents who had encountered formula milk advertisements and/or promotions, 68% of them perceived that the advertisements and/or promotions were marketing products used for babies aged 0-6 months. In reality, promotion of infant formula milk which marketed for babies from birth to 6 months old was not common in Hong Kong. This suggests that parents could not readily distinguish between the advertisements or promotions of infant formula from those of follow-up formula which were marketed for older infants and children. Branding (cross promotion) seems to be a highly effective marketing strategy in this instance, where follow-up formula is packaged to look like infant formula. While marketed aggressively for older infants, follow-up formula also effectively promotes infant formula, without the latter being overtly advertised.<sup>13</sup> Apart from the advertisements, this study also 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 and branded gifts, etc (Figure 2).<sup>12</sup>

In another DH's commissioned study which involved direct observation of marketing practices in 50 points-of-sale engaged in the selling of formula milk or formula milk related products (i.e. bottles and teats) targeting infants and young children up to the age of 36 months, the findings revealed that 49 of these points-of-sale had marketing and/or promotional activities for formula milk and/or formula milk related products. A total of 321 formula milk points-of-sale advertising items were observed at the surveyed points-of-sale, which involved 17 brands, with 3 brands covering over 60% of the advertising items. Common types of point-of-sale advertising items observed included wobblers/special display at price label, followed by special display of product. Fifty points-of-sale advertising items of formula milk related products, which involved 17 brands, were observed.<sup>14</sup>

**Figure 2: Parental exposure to marketing practices of manufacturers of formula milk and related products**



Source: Family Health Service of DH.

## The HK Code

In June 2010, DH set up a Taskforce to develop a code of marketing of breastmilk substitutes for Hong Kong. Membership of the Taskforce comprises representatives from community organisations, professional bodies, academia, and Government bureau and departments. In drafting the code for Hong Kong, the Taskforce has referred to the International Code and the relevant subsequent World Health Assembly resolutions. In addition, the Taskforce also considered the potential impacts of local marketing practices on parental attitudes and practices of feeding infants and young children.

Taking into account the findings from the public consultation in 2012, comments expressed thereafter, the latest local food legislation and the issuance of the 2016 WHO Guidance, the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children” (“the HK Code”) was finalised and issued on 13 June 2017.<sup>15</sup> As an integral part of a comprehensive strategy to protect, promote and support breastfeeding, the HK Code aims to contribute to the provision of safe and adequate nutrition for infants and young children by protecting breastfeeding and ensuring the proper use of designated products, on the basis of adequate and unbiased information and through appropriate marketing.



The HK Code promotes good marketing practices of formula milk and related products as well as food products for children below 36 months old. It provides guidance to relevant sectors including traders, healthcare workers and healthcare facilities, as well as childcare workers and childcare facilities that are involved in infants and young children nutrition. The major provisions of the HK Code cover the don'ts and dos in certain areas for the manufacturers and distributors of designated products as well as the healthcare sector, including—

- ◆ Information and education to the general public, expectant parents and parents;
- ◆ Promotion to the public;
- ◆ Promotion in health and child care facilities;
- ◆ Information and promotion to health and child care workers; and
- ◆ Labelling.

The full version of the HK Code can be found at <http://www.hkcode.gov.hk/en/>. The implementation of voluntary code is the first and important step in raising awareness of and educating the trade and public about the need for protecting breastfeeding as well as infant and young child feeding. The Government encourages manufacturers and distributors of the products concerned to take reference of principles and aim of the HK Code in formulating their marketing practices. Also, the support of healthcare professional groups, institutions, non-governmental organisations and members of the public is of utmost importance in protecting healthy infant and young child feeding practices from undue commercial influences.



## Breastfeeding is the Norm for Infant and Young Child Feeding

Parents strive to provide the best nutrition to infants and young children. However, misleading marketing messages often derail their best intentions. Parents should know that there is no equal substitute for mother's milk. Breastmilk contains natural antibodies, living immune cells, enzymes and various nutrients, all of which can have long-term impacts on the child's health. In addition to health consequences, breastfeeding is more environmentally friendly than formula feeding. It is because breastmilk substitutes need energy to manufacture, materials for packaging, fuel for transport distribution, and water, fuel, cleaning agents and disinfectants for daily preparation and use, and generate numerous pollutants across this pathway.<sup>7</sup>

Fostering a conducive environment for sustained breastfeeding is a collective societal responsibility. In addition to the launching of the HK Code, a series of multifaceted measures have been implemented in phases to strengthen professional support for the breastfeeding in healthcare facilities; to strengthen public's acceptance and support of breastfeeding; to support working mothers to sustain breastfeeding by encouraging the community to adopt breastfeeding friendly workplace policy; to promote and support breastfeeding in public places through promotion of breastfeeding friendly premises and provision of baby care facilities; and to strengthen the surveillance on local breastfeeding. The Government will continue working with various sectors of the community to protect, promote and support breastfeeding and hence optimal infant and young child feeding practices.

For more information about early childhood nutrition, feeding tips and healthy eating for infants and toddlers, please visit the website of Family Health Service of DH at <http://www.fhs.gov.hk>.

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World Breastfeeding Week (WBW) is celebrated annually in the first week of August in more than 170 countries, aiming to bring worldwide awareness of protecting, promoting and supporting breastfeeding. The theme for this year is “**Sustaining Breastfeeding Together**”, with the goal to promote sustained breastfeeding by promulgating multi-sectorial collaboration and partnership to support breastfeeding families.

To celebrate WBW 2017, the Department of Health in collaboration with the Hospital Authority, the Baby Friendly Hospital Initiative Hong Kong and the Hong Kong Committee for UNICEF (UNICEF HK) held the Celebration Event of the WBW 2017 on 28 July to raise public awareness of sustaining breastfeeding. The event was officiated by the Secretary for Food and Health, Professor Sophia Chan, JP.

Let’s continue to celebrate maternal love and support breastfeeding! For more information about the WBW 2017 or past WBW, please visit <http://worldbreastfeedingweek.org/> °

**Non-Communicable Diseases (NCD) WATCH** is dedicated to promote public’s awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of our commitments in responsive risk communication and to address the growing non-communicable disease threats to the health of our community. The Editorial Board welcomes your views and comments. Please send all comments and/or questions to [so\\_dp3@dh.gov.hk](mailto:so_dp3@dh.gov.hk).

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