

Breast milk substitutes in Hong Kong

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Objective: In 1981 the World Health Assembly (WHA) adopted the International Code of Marketing of Breast Milk Substitutes (the Code) to support breastfeeding. Despite improving trends, Hong Kong has low rates of breastfeeding compared to other developed countries.

Methods: We surveyed companies marketing breast milk substitutes in Hong Kong to determine self-reported adherence to the Code. Companies were informed that individual responses would not be published and seven of nine companies responded to the questionnaire.

Results: The majority of respondents promoted infant and follow-on formula in hospitals and provided free supplies of infant formula to hospitals. Follow-on formula and weaning foods were promoted in shops and to the general public and free samples were given to mothers reflecting a belief that, despite WHA resolutions, follow-on formula is not a breast milk substitute.

Conclusions: Transnational companies should follow the Code and subsequent WHA resolutions equally in all countries.

Key words: breastfeeding; breast milk substitutes; International Code of Marketing of Breast Milk Substitutes.

In 1981 the 34th World Health Assembly (WHA) adopted resolution 34.22 on the International Code of Marketing of Breast Milk Substitutes (the Code).¹ The Code and subsequent resolutions aim to protect breastfeeding by curtailing the marketing of infant formula and related products (Table 1). Although the Department of Health of the Hong Kong Government has a breastfeeding policy that is fully supportive of the Code, there currently is no specific legislation to enforce the Code and the Government has no mechanism to monitor violations of the Code.

Rates of breastfeeding vary widely and according to World Health Organization's (WHO) global data bank on breastfeeding, with data from 94 countries, an estimated 35% of infants are exclusively breastfed between birth and 4 months of age (WHO/NUT/96.1). Rates of 'ever breastfeeding' in Hong Kong were 44% in 1967 but fell to 5% by 1978.² Unpublished data collected by the Baby Friendly Hospital Initiative Hong Kong Association (BFHIHKA) notes that the percentage of mothers breastfeeding at the time of discharge from hospital increased from 19% in 1992 to 57% (range 35–98%) in 2002. Data collected from Hong Kong's Maternal and Child Health Centres showed increasing breastfeeding rates over a 10-year period 1987–1997.³ In 1987 26.8% of mothers initiated breastfeeding, 7.6% were still breastfeeding at one month and 3.9% at 3 months. A decade later the respective rates were 33.5%, 20.4% and 10.3%. Over 90% of all infants born in Hong Kong attend these centres at least once. Although these data show an encouraging upward trend, breastfeeding rates in Hong Kong are still low compared to other developed countries and many mothers stop breastfeeding shortly after discharge. Data from 21 centres in 17 countries collected during 1995–1997 showed that only 13% of Hong Kong mothers were giving their infants any breast milk at 3 months (4% only breast milk and 9% partial) and these rates were the lowest of all participants in the study.⁴ This report presents results of a survey sent to companies marketing breast milk substitutes in Hong Kong to determine self-reported adherence to the Code.

METHODS

During November 1999 a questionnaire relating to the promotion and marketing of breast milk substitutes was sent to the following nine companies: Abbott Laboratories Limited, Edward Keller Ltd (Friesland Nutrition), Maeil Dairy Industry Co. Ltd, Mead Johnson Nutritionals (HK) Ltd, Milupa, Nestlé Hong Kong Ltd, Nutricia (Asia-Pacific) Ltd, Snow Brand HK Co. Ltd, Wyeth (HK) Ltd. The companies were informed that it was intended to publish the results of the survey but that individual responses would be grouped and that the actual response of an individual company to a specific question would not be presented. It was noted that the publication would list those companies invited to participate in the survey and also indicate the names of those companies who did participate.

RESULTS

Two of the nine companies did not respond to the questionnaire. Mead Johnson Nutritionals (HK) Ltd requested that their reasons for not responding be treated with the strictest confidentiality. Wyeth (HK) Ltd noted that their marketing practices for infant formulas in Hong Kong conform to individual hospital policies and reflect accepted, customary Hong Kong practices. The company said their activities are designed to recognize that breast milk is best for babies and none of their activities would discourage a mother from breastfeeding.

All seven companies that responded to the survey marketed both infant formula and follow-on formula, with the latter being recommended from 6 months of age. The median number of brands of infant formula and follow-on formula were two (range 1–7) and one (range 1–2), respectively. One company marketed baby food for use after the age of 12 months and four companies marketed weaning foods from the age of 4 months. No companies marketed teas and juices for babies but two

Table 1 Summary of the International Code Marketing of Breast milk Substitutes (the Code) adopted by the World Health Assembly in 1981 (resolution 34.22)

1	No advertising of all breast milk substitutes [†] to the public.
2	No free samples to mothers.
3	No promotion of products in health care facilities, including no free or low-cost formula.
4	No company representatives to contact mothers.
5	No gifts or personal samples to health workers. Health workers should never pass products on to mothers.
6	No words or pictures idealizing artificial feeding, including pictures of infants, on the labels.
7	Information to health workers must be scientific and factual.
8	All information on artificial infant feeding, must explain the benefits and superiority of breastfeeding, and the costs and hazards associated with artificial feeding.
9	Unsuitable products, such as sweetened condensed milk should not be promoted for babies.
10	Manufacturers and distributors should comply with the Code's provision even if countries have not acted to implement the Code.

[†]Breast milk substitutes include: infant formula, follow-up formula, feeding bottles, teats, baby food and beverages, etc.

Table 2 Activities reported by seven of the nine companies distributing and marketing breast milk substitutes in Hong Kong during 1999

Question	Yes
a. Have any of these products been promoted in hospitals during the past 12 months?	
Infant formula	4
Follow-on formula	5
Weaning foods	1
b. Have any of these products been promoted in shops during the past 12 months?	
Infant formula [†]	0
Follow-on formula [†]	4
Weaning foods	2
c. Have any of these products been promoted to the general public during the past 12 months?	
Infant formula [†]	0
Follow-on formula [†]	5
Weaning foods	2
d. Have any of these products been given as free samples to mothers during the past 12 months?	
Infant formula [†]	1
Follow-on formula [†]	5
Weaning foods [†]	1
e. Have any of these products been given free or at a subsidized price to hospitals during the past 12 months?	
Infant formula [†]	6
Follow-on formula [†]	5
Weaning foods [†]	0

[†]Activities that may be a violation of the International Code of Marketing of breast milk substitutes.

companies marketed infant bottles, teats or drinking cups. The responses of the seven companies to specific questions related to the marketing of their products within hospital are shown in Table 2. During the preceding 12 months five of the companies stated they had given free gifts (financial or material) to health workers and three had given free gifts to mothers. The sales personnel of two companies had been in contact with mothers and four companies had organised a club, association or other activity for pregnant women and/or their families during the previous 12 months.

Article 7.2 of the Code allows information to be provided to health professionals, but this should not be promotional. Thus glossy pamphlets with various health claims that are distributed to professionals and advertisements placed in professional journals are in violation of the Code. Five companies reported promotion of products to health workers, six provided product information to health workers and two conducted educational functions or activities within the health care system by company staff or product distributors. The extent to which these activities could be in violation of the Code was not assessed. Three companies had sponsored an educational event, conference travel or other event for health care workers during the previous 12 months.

All seven companies stated that their infant formulas or follow-on formulas did not show pictures of babies on the

labels or include language that idealized the use of the product. All companies stated that the labels on their infant formulas included a clear health warning. A number of responses were qualified, for example, why mothers had been contacted, but it was not possible to detail these qualifications without giving individual replies.

DISCUSSION

The Code is primarily aimed at governments and companies. Governments are meant to use the Code as a 'minimum requirement' and implement it in its entirety, either as a law or as a voluntary measure. The response by Wyeth (HK) Ltd is interesting in that it implies that a different code of practice is followed in Hong Kong compared to other countries. This undoubtedly reflects the fact that marketing practices do differ in different countries depending on the vigilance of the government, professionals and consumers, but it should be emphasized that the Code should be followed by companies equally in all countries. Apart from government action and compliance by companies, professional, institutional and community awareness of the Code should also be heightened.

In recent years infant formula companies have developed a growing array of 'follow-on' formulas that are being promoted

for use in infants from 6 months of age. Although it is claimed that the Code does not prohibit the promotion of these 'follow-on' formulas, it would appear that this practice has the intention to brand the overall product as these 'follow-on' products often carry the same or very similar brand name and packaging as the so-called regular infant formulas. It is important to note that there are no sound nutritional reasons to justify the use of the various follow-on, step-up and growing-up formulas that are being developed and promoted. All seven respondents to this survey produced both regular formula and follow-on formula and acknowledged that these follow-on formulas were promoted in hospitals, shops and to the general public, including the provision of free or subsidized supply to mothers and hospitals (Table 2). A resolution at the 1986 World Health Assembly (WHA) noted that the practice being introduced in some countries of providing infants with specially formulated milks (so-called 'follow-up' milks) is not necessary (WHA 39.28).¹ A 1996 WHA resolution called for member states to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding, and that this should cover all breast milk substitutes, particularly follow-on formulas (WHA 49.15).¹ The majority of participants in this survey were not complying with these subsequent resolutions.

At the 1996 WHA member states were asked to ensure that financial support for professionals working in infant and young children health does not create conflicts of interests, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative (WHA 49.15).¹ In Hong Kong, as elsewhere, infant formula companies provide substantial sponsorship for paediatric continuing medical education activities, including travel grants to overseas conferences. In terms of the 1996 resolution this practice is increasingly seen as creating a conflict of interests. The Royal College of Paediatrics and Child Health (RCPCH) in the United Kingdom has produced a working party report on commercial sponsorship.⁵ This report recommended that at that time sponsorship from companies producing breast milk substitutes for general college activities was not acceptable and that sponsorship should only be received for named activities, such as travelling fellowships, from which individuals could dissociate themselves. Advertising and fees for the RCPCH Spring Meeting could at that time be accepted from companies, including those marketing breast milk substitutes. It was suggested that individual members and fellows of the RCPCH could properly accept sponsorship from companies, such as manufacturers of breast milk substitutes, when they were convinced that so doing would benefit their work without incurring harm to children. These recommendations were acknowledged to be controversial and that there were widely differing views within the RCPCH on this issue.

The provision of free or subsidized breast milk substitutes to health care institutions is not acceptable in terms of the Code. The 1986 WHA resolution called for member states to ensure that the small amounts of breast milk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidized supplies (WHA 39.28).¹ Six of the seven responding companies stated that they had given free or subsidized breast milk substitutes to hospitals during the past 12 months. This is hardly surprising as the acceptance of free formula by hospitals is currently considered to be normal practice in Hong Kong. Yet this is potentially one of the most important factors inhibiting breastfeeding promotion that can be easily changed by a simple policy decision.

Four companies had organized a club, association or other activity for pregnant women and/or their families during the

previous 12 months. Although presented as educational, these activities undoubtedly have the potential to create a conflict of interests. Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind, or perform any educational functions, with pregnant women or with mothers of infants and young children (Articles 5.5 and 8.2). Such activities are in violation of the Code and should be stopped. The issue of labelling was not addressed in detail in this survey but all companies stated that they did not show pictures of babies on their regular infant or follow-on formulas. However, many companies have adopted the practice of displaying other pictures such as bears, toys or cute characters that may be considered by some as idealizing the use of breast milk substitutes.

CONCLUSION

Hong Kong's breastfeeding rate is amongst the lowest in the developed world. Whether violations of the Code in Hong Kong are in part responsible for this situation is difficult to prove. In other countries, implementation of the Code, together with the Ten Steps, have had a significant impact on the breastfeeding rates. Our findings have implications in the era of globalization where transnational companies should apply the same high ethical marketing standards in all countries. The practice of providing free or subsidized formula to hospitals in Hong Kong and the active promotion of follow-on formulas needs to be addressed. The promotion of club, association or other activities for pregnant women and families that are organized by companies manufacturing breast milk substitutes should be stopped. Although the issue of acceptance of sponsorship for continuing medical education activities remains controversial, it is one that needs further debate by professional organizations and clear guidelines should be developed. These organizations should also advocate for the Hong Kong Government to take responsibility for implementing and monitoring the Code.

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