Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report

BY M&C SAATCHI WORLD SERVICES
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Formula Milk Companies Companies that manufacture, promote, and sell formula milk products.
Growing-up Milk Modified animal milk-based or animal milk substitute-based product that usually shares a brand identity with an infant formula product and is promoted as suitable for use as a partial or total replacement for breastmilk in the diet of a child aged 24 months and up. Growing-up milks can vary in the age of child the product is targeted towards, usually from 12 months upwards.
Halo Effect Refers to how positive impressions of people, brands, and products in one area lead to positive feelings in another area.
HMO Human Milk Oligosaccharides, different types of sugars that are present naturally in breastmilk (human milk). HMOs influence the type of bacteria normally found in and important for a healthy gut.
Infant Child aged 0 to 12 months.
Infant Formula refers to formula milk products intended for infants 0-6 months, sometimes marketed as 0-12 months, of age during which time exclusive breastfeeding is normally recommended. Also referred to as Stage 1 milk.
Influencer A person with the ability to influence potential buyers of a product or service by promoting or recommending the items on social media.
Marketing Defined as advertising, selling, and delivering of products to consumers, non-consumers and through providers.
Marketing Landscape An analysis of the market including for formula milk in respect to strategies for promotion of products, trends, and competition in a country or other setting.
Marketing Touchpoints Any point of interaction with a customer or potential customer at any stage of the customer journey.
Maternal Milk Products Modified animal milk-based or milk substitute-based products that share a brand with an infant formula product and are promoted as a nutritional aid for pregnant and/or breastfeeding women.
MFGM Milk fat globule membrane is a complex structure composed primarily of lipids and proteins that surrounds milk fat globule secreted from milk producing cells. It contains many bioactive components that are important for the healthy development of a baby's brain, immune system and gut.
Moms Groups Social messenger groups hosted on the WeChat messenger platform in China that are usually formed due to group members having something in common, e.g. ‘First time Moms’.
NHS National Health Service in the United Kingdom.

Glossary

Ambient Media Marketing such as on billboards, in elevators, and on shopping trolleys.

ATL Above-the-Line marketing, communications which involve the use of mass media channels such as television, social media, cinema, radio, or print.

BFHI Baby-Friendly Hospital Initiative is a global effort by UNICEF and WHO to implement practices that protect, promote, and support breastfeeding.

Brand Identity Brand identity is the visible elements of a brand such as colour, design, and logo, that identify and distinguish the brand to consumers.

BMS Breastmilk Substitutes, includes any food or milk that is marketed as partially or fully replacing breastmilk.

BTL Below-the-Line marketing, direct methods of communication such as emails, promotions, phone, or in-person interaction and events.

Code of Marketing of BMS The International Code of Marketing of Breastmilk Substitutes (the Code) is an international health policy framework to regulate the marketing of Breastmilk Substitutes in order to protect breastfeeding. It was published by the World Health Organization in 1981, and is an internationally agreed voluntary code of practice.

Colostrum Breastmilk produced immediately after birth of infant and characterized by high nutritional content, also known as first milk.

Cross-Promotion Refers to the use of promotional activities for one product to additionally promote another product. This can include packaging, branding, and labelling of one product to closely resemble that of another.

Daigou Mandarin term, which translates as ‘buy on behalf of’, is used to describe buyers who purchase sought-after products abroad and resell them for profit.

DHA Docosahexaenoic acid – an omega-3 fatty acid present in breastmilk.

E-Commerce Online stores which sell and promote formula milk.

Exclusive Breastfeeding Defined as no other food or drink, not even water, except breastmilk (including milk expressed or from a wet nurse).

FGD Focus Group Discussion, qualitative research method whereby people are gathered in a group to discuss a specific topic.

Follow-on Formula Modified animal milk-based or animal milk substitute-based product promoted as suitable for use as a partial or total replacement for breastmilk in the diet of an infant from the age of six months. Also referred to as Stage 2 formula milk.

Formula Milk Modified animal milk-based or animal milk substitute-based product, promoted as part of a line of products that includes infant formula, follow-on formula, and/or toddler/growing-up milks (see Stages 1-4 formula milks below), and may include formula milks for special medical purposes.

Growth-Related Measures Refers to the measuring of an infant’s growth in the diet of an infant from 12 months old.

HALO Human milk oligosaccharides, different types of sugars that are present naturally in breastmilk (human milk). HMOs influence the type of bacteria normally found in and important for a healthy gut.

Influencer A person with the ability to influence potential buyers of a product or service by promoting or recommending the items on social media.

KOC Key Opinion Consumer, an Influencer who essentially focuses their expertise on testing products and giving reviews.

KOL Key Opinion Leader, an Influencer who is considered an authority on a certain topic and whose opinions are respected by their public.

Marketing Defined as advertising, selling, and delivering of products to consumers, non-consumers and through providers.

Marketing Landscape An analysis of the market including for formula milk in respect to strategies for promotion of products, trends, and competition in a country or other setting.

Marketing Touchpoints Any point of interaction with a customer or potential customer at any stage of the customer journey.

Maternal Milk Products Modified animal milk-based or milk substitute-based products that share a brand with an infant formula product and are promoted as a nutritional aid for pregnant and/or breastfeeding women.

MF&G Milk fat globule membrane is a complex structure composed primarily of lipids and proteins that surrounds milk fat globule secreted from milk producing cells. It contains many bioactive components that are important for the healthy development of a baby’s brain, immune system and gut.

Moms Groups Social messenger groups hosted on the WeChat messenger platform in China that are usually formed due to group members having something in common, e.g. ‘First time Moms’.

NHS National Health Service in the United Kingdom.

Pain Points Specific problems that prospective customers are or may be experiencing.

Reflex When an infant brings up or regurgitates milk during or shortly after feeding.

SES Socioeconomic status is the social standing or class of an individual or group.

Social Media Popular social media platforms, including Facebook, Instagram, Twitter, WeChat, TikTok, Little Red Book.

Specialized Milks and ‘Comfort Milks’ include formula milks that can be acquired for specific medical conditions e.g., lactose free or hydrolysed milks. Additionally, there are milks marketed as ‘comfort’ milks to address specific infant behaviours, where the formulation of the milks has been modified, for example the balance of whey or casein protein.

Stage 1 Formula Milk usually for infants aged 0–6 months, but can be marketed for older infants. Typically referred to as infant milk.

Stage 2 Formula Milk usually for infants aged 6–12 months, but can be marketed for older infants. Also referred to as follow-on milk.

Stage 3 Formula Milk usually for children aged 1–2 years, but can be marketed for younger or older infants. Also referred to as toddler milk.

Stage 4 Formula Milk usually for children aged three years and up, but can be marketed for younger infants. Also referred to as growing-up milk.

Toddler Milk Modified animal milk or animal milk substitute-based product that shares a brand identity with an infant formula product and is promoted as suitable for use as a partial or total replacement for breastmilk in the diet of an infant from 12 months old. Toddler milks can vary in age and promotion but are usually Stage 3 formula milks aimed at children from one to two years old.

Umbrella Branding Marketing practice that uses one brand name to sell other related products.

WeChat is a Chinese multi-purpose messaging, social media, and mobile payment app.

Yuesao Woman in China hired to take care of a newborn infant and mother in the month(s) after childbirth.
Executive summary

Formula milk companies have been marketing their products to pregnant women and mothers for decades. Over this period, marketing tactics and strategies have become increasingly sophisticated and, in some cases, more subtle and nuanced. Globally, the sales of formula milks were estimated to reach US$ 70.6 billion in 2019 (1). However, the reach and influence of marketing on infant feeding attitudes has yet to be examined on a global scale. This research aims to fill that gap by speaking to women, and those who may influence them using a consumer and market methodology and analysis framework. Data and insights were gathered from eight countries: Bangladesh, China, Mexico City, Morocco, Nigeria, South Africa, the United Kingdom of Great Britain and Northern Ireland, and Vietnam. Nine data collection methods were employed to map the marketing of formula milk. Exposure to formula milk marketing was investigated among pregnant women, mothers, and 'Influencers', including health professionals, partners, family members, and friends.

Women's attitudes and beliefs around infant feeding are shaped by several inputs, and practices are additionally influenced by factors such as work environments, maternity protection, and societal norms and values. This research focuses on one major influence, namely the reach of formula milk marketing, how formula milk marketing messages are perceived by women and Influencers, and how women's exposure to marketing is related to their perceptions of formula milk products.

The report describes multiple channels of formula milk marketing, including mass media channels such as television, radio, and print, but also more active and personalized targeting such as Influencer marketing on social media, baby clubs, 24/7 chat, emails, promotions, gifts, events, as well as recommendations from health professionals.

Rates of exposure and the type of marketing vary by country and region. In China, the United Kingdom, and Vietnam marketing of formula milk is widespread, and is present on mass media and many other channels. Women spoke of being targeted by online marketing and being inundated by marketing for formula milk including promotions prompted by their search behaviour for infant feeding advice and information. In Mexico, marketing of formula milks is also commonplace, and is often mediated through doctors and paediatricians. Marketing through mass media is less common in Bangladesh, Morocco, Nigeria, and South Africa, where marketing commonly occurs through recommendations from health professionals.

Six themes characterise the marketing of formula milk:

- **Ubiquity**: Women are targeted through an array of online and offline channels. The outreach is often sophisticated and personalized;
- **Multiple product options**: The promotion of a suite of alternative formulas presents formula milk products as satisfying all possible needs. Some product offerings are positioned as close to or equivalent to breastmilk and subtly undermine breastfeeding;
- **Trust and interpersonal connections**: Formula milk companies assume a socio-emotional supportive role to the pregnant woman and mother;
- **Pain points**: Specific problems that prospective consumers may be experiencing, are highlighted and socialised. Formula milk products are offered as the response and the solution;
- **Science**: "Expert" knowledge is employed to co-opt health professionals, academics, and scientists to endorse products. Allusions to science are frequently integrated in product names, endorsements, and advertising;
- **Aspirational and emotional appeals**: These are embedded in marketing language and imagery, and promote a desirable lifestyle that offer children optimal physical and intellectual benefits and life opportunities.

Health professionals are supportive of breastfeeding in all eight countries. Yet this support is often undermined by their engagement with formula milk companies and tacit endorsement of their products. Formula milk companies target health professionals to explicitly or inadvertently act as conduits of marketing. This targeting is effective at compromising support for initiation of and continued breastfeeding. Health professionals repeat marketing messages and recommend formula milk products to pregnant women and mothers. Health professional recommendations are influential — many women spoke of using formula or selecting a certain brand because a health professional had recommended it. Advertisements for formula milk that include images of, and endorsements by, health professionals were seen to convey trustworthiness and reliability.

Women are generally positive about breastfeeding, yet their understanding and belief in breastfeeding is undermined by a torrent of marketing messages. Formula milk marketing is often insidious and pervasive, with some mothers echoing the messages coming from company representatives and baby clubs. Women reported buying formula milk solely because they were attracted to the promotions or gifts on offer. Free samples can be an effective mechanism for raising brand awareness and capturing customers from an early stage. Women spoke of the appeal of specialized formula milk products such as 'comfort milks' which are often perceived as a solution to infant behaviours like crying and hunger. Specialized milks are used as a gateway to reach health professionals and to raise awareness in women's minds that allergies and sensitivities may be an issue. Emotional messages can be both appealing and persuasive. Some women saw formula milk as aspirational, speaking of paying for 'premium' products with added ingredients to optimise their infants' future outcomes. Many women felt that there is a need to supplement with formula, or move on to formula, because it is believed to have added benefits such as added nutrition, aiding sleep, or satisfying hunger.

Marketing works and marketing messages that position formula milk products alongside breastmilk are effective. There is a relationship between exposure to marketing and perceived need for formula milks to infants and young children. Marketing for formula milk serves to diminish the perceived value of breastfeeding and create a need for formula milk products. It also undermines confidence, as women internalise and express fears and doubts — often the theme and messaging of formula milk marketing — about their ability to breastfeed and the value of their breastmilk.

Establishing environments that are supportive of women will require objective, tailored, and sustained dissemination of information to effectively counter marketing influences, and provide appropriate support for women to implement their decisions.
1. Approach

1.1 Introduction

Much has been written about how the marketing of formula milk negatively affects breastfeeding practices, and how the active promotion of formula milk continues to be a substantial global barrier to breastfeeding (1–4). There is also evidence that recommended breastfeeding practices can be undermined by marketing of formula milk in various ways, including promotion of products as equivalent or superior to breastmilk, and as a suitable replacement (5).

Studies from multiple countries have demonstrated that formula milk products are being promoted through a variety of channels (6–8). These include mass and social media, free samples, and indirectly through channels such as social media, sponsorship of baby clubs, endorsements by health professionals, competitions, and through association with complementary milks and foods (9). The latter are examples of ‘hidden marketing’ whereby mothers may be unaware that they are being targeted for these promotions (10).

The superiority of breastmilk and breastfeeding over formula milk is universally accepted by the international health community and child health and nutrition experts. Not breastfeeding is associated with lower intelligence and is estimated to result in economic losses globally of about US$ 302 billion annually or 0.49% of world gross national income (1).

Global rates of breastfeeding, particularly exclusive breastfeeding (EBF) have improved only slightly over the past 20 years. Many complex physiological, psychological, and sociocultural factors influence breastfeeding rates, including professional support, knowledge of how breastfeeding works, and cultural attitudes towards breastfeeding. However, the marketing of formula milk is also a significant influence.

The aim of formula milk marketing is to persuade parents, families, health professionals, and the wider society that a given product is superior to another product, has special properties, or is the aspirational choice (11). The marketing of formula milk is similar to the marketing of many other ultra-refined products or commodities aiming to capture increased brand share and increased market share.

Recommended breastfeeding practices are undermined in various ways by the promotion of formula milk. This includes messaging that suggests that formula milk products are equivalent or superior to breastmilk (12–15). Other research has examined the ethics of marketing to vulnerable groups such as pregnant women and mothers of infants, and the extent to which they can exercise informed choice in the context of marketing strategies and tactics (16).

1.2 Questions

The research aims to address three overarching questions.

1. What is the current formula milk marketing landscape across the eight countries? What methods and channels are formula milk companies using to reach consumers? What messages are women, healthcare professionals, and Influencers receiving from formula milk companies? What marketing messages and brands resonate with consumers?

2. What are health professionals views on the marketing of formula milk? What do health professionals consider to be the optimal infant feeding practices? What are their views on breastfeeding? What are their views on formula feeding including the value of follow-on (Stage 2), toddler (Stage 3), and growing-up (Stage 4) formula milks? What, if any, outreach by formula milk companies do health professionals experience? What are health professionals’ views on the marketing of formula milk? Do health professionals believe that formula milk marketing influences their views and the infant feeding decisions of women?

3. What are women's attitudes towards and engagement with marketing of formula milk? What are women's views and perceptions of formula feeding and breastfeeding? What are the central themes appearing in conversations around formula milk? How do women understand differences in formula milk products according to infant age and brand? Do women perceive a value in follow-on (Stage 2), toddler (Stage 3), and growing-up (Stage 4) formula milks? Does marketing for formula milk influence self-efficacy to breastfeed? What, if any, are the incentives to formula feed? How influential is marketing as a trigger to choose and initiate formula feeding or to stop breastfeeding early?

1.3 Background

Eight countries were selected for the research, including at least one country from each WHO region. The countries selected differ in terms of income, provision of the International Code of Marketing of BMS around the marketing of formula milk, and exclusive breastfeeding rates (see Figure 1).
The international code of marketing of breastmilk substitutes (the code) is an international health policy framework to regulate the marketing of breastmilk substitutes. It was adopted by the World Health Assembly in 1981 and is an internationally agreed voluntary code of practice.

The Code aims to regulate the marketing of breastmilk substitutes. These include infant formula and other formula milks targeted at parents of children under the age of 36 months. It also includes any other food or beverage that is described as suitable for infants under six months old and also applies to feeding bottles and teats. Levels of implementation of the Code differ across countries; in some countries the Code has not been implemented at all, while others have introduced legislation that substantially or fully aligns with the Code.

The Code prohibits the advertising and promotion of formula milk to the public such as on posters or product displays. Gifts or free samples must not be given to pregnant women, mothers, or health professionals. Samples may only be provided to health professionals for professional evaluation or research.

The Code does not allow the promotion of formula milk within health facilities, nor the sponsorship of meetings of health professionals or scientific meetings by formula milk companies. Formula milk products must be appropriately labelled and should not include images of infants or other pictures or text idealising the use of infant formula. The Code also restricts the promotion of complementary foods before they are needed and encourages exclusive breastfeeding for six months.

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* Fig. 1: Country profiles[^1][^2]


1.4 Marketing Definitions

Marketing is defined as advertising, selling, and delivering of products to consumers, non-consumers and through providers; promotion includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand. In this report, marketing refers to the process of identifying customer needs and how best to meet those needs across multiple channels, whereas advertising is the exercise of promoting a company and its products or services through paid channels, for example on TV (17,18).

Formula milk companies are the commercial businesses that manufacture, promote, and sell formula milk products. Brands are defined as the types of formula milk products manufactured by formula milk companies that are marketed under distinct and recognisable names. A number of different brands may be produced by the same formula milk company. Brands usually have distinct identities, colours, designs, and logos which allow consumers to identify and distinguish them from other brands (19).

Formula milk companies use multiple marketing channels or methods of communication to reach consumers. Marketing touchpoints, defined as any point of interaction with a consumer or potential consumer, are an important part of the marketing process. Digital touchpoints refer to online engagement with brands, including websites, advertisements, search engine results, and social media (20).

In addition to marketing techniques aimed directly at consumers, indirect measures such as social media outreach, cross-promotion, and promotion to health professionals are often used. Cross-promotion refers to the use of promotional activities for one product to additionally promote another product. This can include packaging, branding, and labelling of one product to closely resemble that of another.

All commercial formula milks are referred to as formula milk for the purposes of this report. The report focuses on infant formula (Stage 1), follow-on formula (Stage 2), and toddler (Stage 3) and also includes growing-up milks (Stage 4). It should be noted that there are marked variations in the age groups that these products are labelled as suitable for, both across and within countries. For example Stage 1 milk can be labelled as suitable for infants aged 0-6 months, or for infants aged 0-12 months. The International Code on the Marketing of Breastmilk Substitutes regulates the marketing of milks for infants aged 36 months and under. There is inconsistency in how Stage 4 milks are marketed, in some cases they are marketed for infants aged 36 months plus, and therefore do not fall under the remit of the Code. However, some Stage 4 milks are also marketed for infants aged 12 months plus, or aged 24 months plus. This ambiguity, whether intentional or not, can make it difficult to apply the Code to the marketing of these milks. For the purpose of this report Stage 4 milks are included in the analysis, and milks are referred to as infant formula (Stage 1) and Stages 2-4 milks.

Specialized milks and ‘comfort milks’ include formula milks that can be acquired for specific medical conditions e.g., lactose free or hydrolysed milks. Additionally, there are milks marketed as ‘comfort’ milks to address specific infant behaviours, where the formulation of the milks has been modified, for example the balance of whey or casein protein.

1.5 Methods

The study was designed in collaboration with WHO and reviewed by an International Steering Committee. In each country of study, academic partners were identified and provided expert guidance throughout the implementation of the study. A local Quality Assurance (QA) manager was also appointed to support on the implementation of the study and provide local expertise and support. Data on and insights into formula milk marketing were gathered from 16 cities across the world.
A desk review and marketing analysis was conducted to map the formula milk marketing landscape in each country, to inform the themes explored within the research, and ensure that all data collection tools used were appropriate for each country.

Four primary research methods were used to gather insight into women's exposure to marketing of formula milk through capturing detail on their personal experiences. In each country this included: Phone diaries (20 women); Focus Group Discussions (FGDs) (12 groups); In-depth Interviews (10 interviews); and a Survey (1,050 pregnant women and mothers). Four primary research methods were used to explore the attitudes and perceptions of individuals that could influence women's infant feeding decisions. These included in-depth interviews with health professionals (40 health professionals) and FGDs with partner, family, and friends (one group for each category). In China, in-depth interviews with marketing executives (10 interviews) and FGDs with Yuesaos (Three groups with full-time childminders hired for the first months after birth) were also undertaken.

Mothers of infants aged 0-3 months were pre-selected for the survey based on their feeding behaviours, which means generalisations about the prevalence of specific feeding practices cannot be made from this population. Further detail about the sample selection can be found in the Appendices.

The survey was piloted in Viet Nam and questions were subsequently refined. The survey was then translated and adapted to the respective country context.

Table 1: Research locations

<table>
<thead>
<tr>
<th>Country</th>
<th>City 1</th>
<th>City 2</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>Dhaka</td>
<td>Chittagong</td>
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<tr>
<td>China</td>
<td>Beijing</td>
<td>Jinan</td>
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<td>Mexico</td>
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<td>South Africa</td>
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<td>United Kingdom</td>
<td>London</td>
<td>Glasgow</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>Ho Chi Minh City</td>
<td>Hanoi</td>
</tr>
</tbody>
</table>

Fig. 2: Pregnant women and mothers sample – all countries

- **141** Phone diaries
- **91** Women’s discussion groups
- **70** In-depth interviews
- **8528** Survey participants

Fig. 3: Influencer sample

- **302** In-depth interviews with health professionals
- **22** Group discussions with partners, family members and friends
- **10** In-depth interviews with marketing executives
- **2** Group discussions with yuesaos

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1 Except in Nigeria, where a reduced study included six FGD groups with women, a survey, and in-depth interviews with health professionals.
2 There was some variation in sample sizes across countries, see Appendices for a detailed overview.
3 In-Depth Interviews with marketing executives and group discussions with Yuesaos were fielded in China only.
Table 2: Sample demographics

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
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</thead>
<tbody>
<tr>
<td><strong>Average Age</strong></td>
<td>25</td>
<td>31</td>
<td>27</td>
<td>30</td>
<td>31</td>
<td>Na</td>
<td>33</td>
<td>Na</td>
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<tr>
<td><strong>Age (Grouped)</strong></td>
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<tr>
<td>18-24</td>
<td>52% (616)</td>
<td>7% (68)</td>
<td>38% (397)</td>
<td>17% (174)</td>
<td>13% (136)</td>
<td>28% (295)</td>
<td>8% (81)</td>
<td>13% (138)</td>
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<td>25-29</td>
<td>30% (352)</td>
<td>35% (361)</td>
<td>27% (280)</td>
<td>30% (314)</td>
<td>34% (352)</td>
<td>28% (295)</td>
<td>20% (206)</td>
<td>37% (387)</td>
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<td>30-34</td>
<td>13% (155)</td>
<td>42% (436)</td>
<td>19% (201)</td>
<td>31% (321)</td>
<td>31% (321)</td>
<td>22% (234)</td>
<td>39% (407)</td>
<td>30% (317)</td>
</tr>
<tr>
<td>35-39</td>
<td>4% (52)</td>
<td>15% (155)</td>
<td>13% (139)</td>
<td>13% (132)</td>
<td>18% (192)</td>
<td>17% (173)</td>
<td>27% (282)</td>
<td>15% (160)</td>
</tr>
<tr>
<td>40-44</td>
<td>0% (1)</td>
<td>3% (30)</td>
<td>3% (29)</td>
<td>9% (89)</td>
<td>4% (42)</td>
<td>5% (52)</td>
<td>7% (70)</td>
<td>4% (40)</td>
</tr>
<tr>
<td>45-50</td>
<td>0% (2)</td>
<td>0% (0)</td>
<td>0% (4)</td>
<td>1% (10)</td>
<td>15% (7)</td>
<td>0% (1)</td>
<td>1% (6)</td>
<td>1% (8)</td>
</tr>
<tr>
<td><strong>Ses</strong></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Low</td>
<td>33% (393)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (349)</td>
<td>31% (330)</td>
<td>33% (351)</td>
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<tr>
<td>Medium</td>
<td>33% (393)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (351)</td>
<td>34% (359)</td>
<td>33% (354)</td>
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<tr>
<td>High</td>
<td>33% (392)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>33% (350)</td>
<td>35% (363)</td>
<td>33% (345)</td>
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</tr>
<tr>
<td><strong>Parental Status</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pregnant</td>
<td>24% (283)</td>
<td>29% (300)</td>
<td>29% (302)</td>
<td>29% (300)</td>
<td>29% (300)</td>
<td>29% (300)</td>
<td>29% (300)</td>
<td>29% (301)</td>
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<tr>
<td>Postnatal</td>
<td>76% (895)</td>
<td>71% (750)</td>
<td>71% (748)</td>
<td>71% (750)</td>
<td>71% (750)</td>
<td>71% (750)</td>
<td>71% (752)</td>
<td>71% (748)</td>
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<tr>
<td><strong>Parity (Other Living Children)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>44% (437)</td>
<td>35% (370)</td>
<td>50% (526)</td>
<td>53% (558)</td>
<td>57% (594)</td>
<td>56% (426)</td>
<td>49% (510)</td>
<td>58% (608)</td>
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<tr>
<td>No</td>
<td>56% (552)</td>
<td>65% (880)</td>
<td>50% (524)</td>
<td>47% (492)</td>
<td>43% (456)</td>
<td>44% (339)</td>
<td>51% (542)</td>
<td>42% (442)</td>
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<td><strong>Education</strong></td>
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<tr>
<td>No Education</td>
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<td>0% (0)</td>
<td>29% (301)</td>
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<td>0% (0)</td>
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<tr>
<td>Primary Education</td>
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<td>0% (0)</td>
<td>10% (102)</td>
<td>24% (246)</td>
<td>0% (0)</td>
<td>4% (44)</td>
<td>0% (2)</td>
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<td>Secondary Education</td>
<td>38% (427)</td>
<td>46% (478)</td>
<td>79% (834)</td>
<td>49% (517)</td>
<td>4% (42)</td>
<td>70% (725)</td>
<td>27% (266)</td>
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<td>Higher Education</td>
<td>11% (131)</td>
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<td>9% (95)</td>
<td>26% (272)</td>
<td>44% (460)</td>
<td>26% (266)</td>
<td>53% (549)</td>
<td>53% (552)</td>
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<tr>
<td>Postgraduate</td>
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<td>1% (14)</td>
<td>24% (247)</td>
<td>0% (0)</td>
<td>20% (213)</td>
<td>0% (0)</td>
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<tr>
<td><strong>Fridge</strong></td>
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<tr>
<td>Yes</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>87% (815)</td>
<td>99% (1040)</td>
<td>Na</td>
<td>99% (1038)</td>
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<td>No</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>13% (135)</td>
<td>1% (10)</td>
<td>Na</td>
<td>1% (11)</td>
</tr>
<tr>
<td><strong>Improved Water Source In Home</strong></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Yes</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>60% (629)</td>
<td>99% (1036)</td>
<td>Na</td>
<td>Na</td>
</tr>
<tr>
<td>No</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>Na</td>
<td>40% (419)</td>
<td>1% (14)</td>
<td>Na</td>
<td>Na</td>
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<tr>
<td><strong>Number Of People In Household</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Average Number</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
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<td>Na</td>
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<tr>
<td>Range</td>
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<td>2-9</td>
<td>1-18</td>
<td>1-12</td>
<td>2-17</td>
<td>1-16</td>
<td>Na</td>
<td>1-18</td>
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<tr>
<td><strong>Currently Working</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9% (104)</td>
<td>57% (595)</td>
<td>29% (303)</td>
<td>10% (101)</td>
<td>73% (768)</td>
<td>53% (560)</td>
<td>39% (410)</td>
<td>48% (499)</td>
</tr>
<tr>
<td>No</td>
<td>91% (1074)</td>
<td>43% (45)</td>
<td>71% (747)</td>
<td>90% (949)</td>
<td>27% (282)</td>
<td>47% (490)</td>
<td>61% (642)</td>
<td>52% (551)</td>
</tr>
<tr>
<td><strong>Receiving Maternity Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Na</td>
<td>67% (556)</td>
<td>5% (57)</td>
<td>Na</td>
<td>Na</td>
<td>56% (389)</td>
<td>67% (624)</td>
<td>63% (458)</td>
</tr>
<tr>
<td>No</td>
<td>Na</td>
<td>33% (273)</td>
<td>95% (933)</td>
<td>Na</td>
<td>Na</td>
<td>44% (306)</td>
<td>33% (306)</td>
<td>37% (274)</td>
</tr>
</tbody>
</table>
A detailed overview of methods is provided in the Annex.

**Fig. 4: Study approach**

<table>
<thead>
<tr>
<th>Focus group discussions with women</th>
<th>Marketing diaries</th>
<th>Focus group discussions with influencers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Attitudes to breastfeeding &amp; formula feeding</td>
<td>- Marketing exposure</td>
<td>- Attitudes to formula milk</td>
</tr>
<tr>
<td>- Marketing exposure</td>
<td>- Point-of-sale marketing</td>
<td>- Marketing exposure</td>
</tr>
<tr>
<td>- Confidence</td>
<td>- Indirect methods of marketing</td>
<td>- Views on feeding practices</td>
</tr>
<tr>
<td>- Support</td>
<td></td>
<td>- Word-of-mouth recommendations</td>
</tr>
<tr>
<td>- Advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Information sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Norms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-depth interviews with women</th>
<th>Marketing executives (China only)</th>
<th>Focus group discussions with yuesaos (China only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Exposure and engagement with formula milk advertising</td>
<td>- Experience of marketing of formula milk</td>
<td>- Attitudes to formula milk</td>
</tr>
<tr>
<td>- Attitudes to infant feeding</td>
<td>- Methods used to market formula milk</td>
<td>- Views on feeding practices</td>
</tr>
<tr>
<td>- Influences on women's decisions</td>
<td>- Developments in formula milk market and marketing</td>
<td>- Views on a campaign to support the promotion of breastfeeding</td>
</tr>
<tr>
<td>- Confidence</td>
<td>- Predictions for the future of formula milk marketing</td>
<td></td>
</tr>
<tr>
<td>- Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Norms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Information sources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey with women</th>
<th>Focus group discussions with health professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Marketing exposure</td>
<td>- Views on optimal and sub-optimal infant feeding practices</td>
</tr>
<tr>
<td>- Norms</td>
<td>- Sources of information</td>
</tr>
<tr>
<td>- Attitudes</td>
<td>- Marketing exposure</td>
</tr>
<tr>
<td>- Intention</td>
<td></td>
</tr>
<tr>
<td>- Awareness of products</td>
<td></td>
</tr>
<tr>
<td>- Information sources</td>
<td></td>
</tr>
</tbody>
</table>

In-depth interviews with yuesaos (China only)

Marketing exposure
- Attitudes to breastfeeding & formula feeding
- Marketing exposure
- Point-of-sale marketing
- Indirect methods of marketing
- Marketing exposure
- Views on feeding practices
- Word-of-mouth recommendations

Marketing executives (China only)
- Experience of marketing of formula milk
- Methods used to market formula milk
- Developments in formula milk market and marketing
- Predictions for the future of formula milk marketing

Focus group discussions with health professionals
- Views on optimal and sub-optimal infant feeding practices
- Sources of information
- Marketing exposure

Focus group discussions with influencers
- Attitudes to formula milk
- Marketing exposure
- Views on feeding practices
- Word-of-mouth recommendations

In-depth interviews with women
- Exposure and engagement with formula milk advertising
- Attitudes to infant feeding
- Influences on women’s decisions
- Confidence
- Support
- Norms
- Information sources

Marketing diaries
- Marketing exposure
- Point-of-sale marketing
- Indirect methods of marketing

Survey with women
- Marketing exposure
- Norms
- Attitudes
- Intention
- Awareness of products
- Information sources

In-depth interviews with health professionals
- Views on optimal and sub-optimal infant feeding practices
- Sources of information
- Marketing exposure

Marketing exposure
- Attitudes to formula milk
- Marketing exposure
- Point-of-sale marketing
- Indirect methods of marketing

Fig. 4: Study approach
2. Formula milk marketing exposure, channels, and tactics

2.1 Key findings

- Formula milk marketing is sophisticated and multifaceted. It occurs across multiple platforms and is delivered by a wide range of stakeholders, including health professionals and other mothers.

- There is a multiplicity of online and offline efforts to communicate the benefits and appeal of formula milk to women in their communities, on mass media, in ambient media, social media, online, in hospitals, clinics, and retail outlets.

- Self-reported exposure to marketing is highest in China (97%), Viet Nam (92%) and the United Kingdom (84%); marketing is common in Mexico (39%); marketing is more commonly mediated through recommendations from health professionals in Bangladesh, Morocco, Nigeria, and South Africa.

- Women report being targeted by online advertisements and promotions prompted by their online search behaviour for infant feeding advice and information.

- Women in all countries report receiving free samples of formula milk inside and outside hospitals and are exposed to promotions for formula milk. Exposure to promotions was especially high in China, the United Kingdom, and Viet Nam.

- In all countries of study pregnant women and mothers reported receiving a recommendation to formula feed from a health professional. Health professional recommendations were highest in Bangladesh (46%), Mexico (34%), Nigeria (43%), and Morocco (32%); women in these countries reported lower levels of exposure to general marketing. This suggests that marketing occurs through health professionals in countries where less ‘Above-the-Line’ marketing exists.

2.2 Taxonomy of marketing

Business to consumer marketing channels are often categorised into Above-the-Line (ATL) and Below-the-Line (BTL) channels. ATL channels include all types of communication which involve the use of mass media channels such as television, cinema, radio, and print. ATL channels are usually employed to inform customers, raise awareness, and build brand identity. BTL channels are direct methods of communication such as emails, promotions, and events, and are usually employed for more active and personalized targeting (21).

Business to Business channels include direct contact with businesses such as e-commerce stores, and health professionals, and the promotion of products through demonstrations and direct sales. Formula milk companies may also engage with health professionals indirectly through sponsorship, conferences, and funding research. Other Business to Business channels include conventions and trade shows, direct mail and email marketing, webinars and podcasts, and targeted media such as medical publications, industry or association newsletters and websites. Figure 5 demonstrates the taxonomy of formula milk marketing and provides an overview of the marketing channels and touchpoints captured in this study.
Fig. 5: Taxonomy of formula milk marketing

Please note this does not include other types of marketing for formula milk, including political marketing, see Baker, P. (2020), Breastfeeding, first food systems and corporate power, Breastfeeding Review, 28(2), 33.
2.3 Exposure to marketing

Women were asked to recall their exposure to marketing for formula milk in the past year. There is a marked variation in the level of self-reported exposure to marketing across the eight countries. Nearly all women interviewed in China (97%) and Viet Nam (92%) reported that they had seen marketing for formula milk in the preceding year. In Bangladesh (27%), South Africa (21%), and Nigeria (24%), almost a quarter of women reported that they had seen or heard marketing. In Morocco only 3% of women surveyed reported being exposed to marketing for formula milk in the preceding year, here exposure mainly manifested through free samples (26% of all women surveyed), promotions (19%), and recommendations from health professionals (32%). It should be noted that self-reports of marketing exposure have limitations including recall bias, fallible memory, and social desirability bias. Survey participants may have been exposed to more or less marketing than recalled, and may not associate some of the marketing touchpoints that they have experienced with marketing.

A marketing exposure score was calculated to compare the extent to which women in each country were exposed to marketing. The exposure score added together the number of marketing channels that women experienced, and the frequency with which women are exposed to marketing. For example, if a woman had seen advertisements for formula milk through four different channels and received one free sample she was recorded as having a marketing exposure score of five.

The range of marketing exposure scores differs between countries – the highest scores were recorded in China (29) and Viet Nam (27), and the lowest in Morocco (7) and Nigeria (10). Those with the highest marketing exposure scores had been exposed to a wide range of marketing channels including advertisements on TV or social media, had actively engaged with a formula company online, and had received free samples of formula milk, and free gifts. Levels of exposure to marketing also differed within countries, for example in China, women in Jinan have a higher level of exposure to marketing than those in Beijing.

Fig. 6: Self-reported exposure to marketing across countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Exposure Score</th>
<th>% of Total Sample Reporting Exposure to Marketing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>China</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Mexico</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>Morocco</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>South Africa</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>

The range of marketing exposure scores differs between countries – the highest scores were recorded in China (29) and Viet Nam (27), and the lowest in Morocco (7) and Nigeria (10). Those with the highest marketing exposure scores had been exposed to a wide range of marketing channels including advertisements on TV or social media, had actively engaged with a formula company online, and had received free samples of formula milk, and free gifts. Levels of exposure to marketing also differed within countries, for example in China, women in Jinan have a higher level of exposure to marketing than those in Beijing.
2.3.1 Source of marketing
TV was the main medium on which women recall seeing marketing for formula milk in all countries, except for Morocco where social media was the most commonly recalled medium. TV reach was highest in Viet Nam, where 86% of women who reported experiencing any marketing in the past year stated that they had seen formula milk advertisements on TV. Cable TV is the main medium for formula milk marketing in Bangladesh, two-thirds (66%) of women who had been exposed to marketing recalled that they had seen advertising for formula milk on TV in the past year. YouTube and other social media are also common modes of marketing in all countries.

Table 3: Top three channels where marketing is seen across countries (amongst women who reported exposure to marketing)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cable TV</td>
<td>66%</td>
<td>TV 72%</td>
<td>TV 84%</td>
<td>Social media 78%</td>
<td>TV 83%</td>
<td>TV 78%</td>
<td>TV 68%</td>
<td>TV 86%</td>
</tr>
<tr>
<td>YouTube</td>
<td>Social media 58%</td>
<td>YouTube 12%</td>
<td>Social media 9%</td>
<td>Supermarket 4%</td>
<td>Social media 9%</td>
<td>Magazine 9%</td>
<td>Social media 18%</td>
<td>Social media 35%</td>
</tr>
<tr>
<td>TV</td>
<td>25%</td>
<td>BiliBili TikTok 41%</td>
<td>TV 22%</td>
<td>Hospital/clinic 10%</td>
<td>Supermarket 17%</td>
<td>YouTube 6%</td>
<td>YouTube 35%</td>
<td></td>
</tr>
<tr>
<td>Supermarket</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.3.2 Exposure to marketing across one week
In each country, 20 women maintained a phone diary for one week to record their exposure to marketing for formula milk. Phone diary entries demonstrated the extent of formula milk marketing that women experienced. Entries included references to advertisements for formula on social media and e-commerce sites, cross-promotions of multiple types of formula, advertisements for company-related sites such as baby clubs and apps, and Influencer marketing on social media. It should be noted that the number of phone diary entries in a country may differ in magnitude compared to self-recalled exposure to marketing. Women were primed to document their exposure to marketing for the phone diary, and therefore are likely to be more aware of the marketing around them. As mentioned previously, self-reports of marketing exposure have limitations including recall bias, fallible memory, and social desirability bias. Survey participants may have been exposed to more or less marketing than recalled.

Table 4: Number of formula milk advertisements recorded in phone diary across one week collected by 20 women per country

<table>
<thead>
<tr>
<th>Country</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of phone diary entries</td>
<td>37</td>
<td>109</td>
<td>138</td>
<td>55</td>
<td>NA</td>
<td>19</td>
<td>41</td>
<td>126</td>
</tr>
<tr>
<td>Average no. of diary entries* per woman</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

*Numbers are rounded up to the nearest one

Women in China, Mexico, and Viet Nam recorded the highest number of advertisements (109, 138, and 126 respectively). A similar number of advertisements were recorded in Bangladesh, Morocco, and the United Kingdom (37, 55, and 41 respectively). Women in South Africa recorded the lowest number of advertisements (19).
2.3.3 Type of marketing recorded

Phone diary entries often featured subtle mentions of infant formula rather than explicit advertisements. Images of infant formula were often shown alongside products for older babies (not necessarily covered by the Code) or positioned within social media posts from baby clubs. This ‘grey area’ may be a way for formula milk companies to avoid violating national legislation which prohibits the marketing of formula milk for infants aged 0-6 months, or products intended to replace breastmilk.

Table 5: Type of formula milk being marketed and recorded in the phone diary across one week

<table>
<thead>
<tr>
<th>Stage</th>
<th>No.</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>8</td>
<td>4</td>
<td>10</td>
<td>10</td>
<td>NA</td>
<td>3</td>
<td>1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>% of all</td>
<td>24%</td>
<td>7%</td>
<td>10%</td>
<td>20%</td>
<td>11%</td>
<td>3%</td>
<td>13%</td>
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</tr>
<tr>
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<td>11%</td>
<td>19%</td>
<td>8%</td>
<td>7%</td>
<td>84%</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 3</td>
<td>5</td>
<td>44</td>
<td>44</td>
<td>30</td>
<td>NA</td>
<td>8</td>
<td>4</td>
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<td>% of all</td>
<td>15%</td>
<td>72%</td>
<td>45%</td>
<td>59%</td>
<td>30%</td>
<td>13%</td>
<td>12%</td>
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<td></td>
</tr>
<tr>
<td>Stage 4/ Other</td>
<td>15</td>
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<td>25</td>
<td>7</td>
<td>NA</td>
<td>14</td>
<td>0</td>
<td>69</td>
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<td>% of all</td>
<td>44%</td>
<td>10%</td>
<td>26%</td>
<td>14%</td>
<td>52%</td>
<td>0%</td>
<td>66%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note that the totals do not sum to the totals reported in Table 4, as some diary entries did not include a picture of the product, it was not clear what stage of formula was being advertised, or the images contained pictures of more than one type of product.

2.4 Marketing channels

Formula milk companies aim to connect with consumers through a range of marketing channels. Findings from the survey, interviews, focus group discussions and phone diaries revealed that women had been exposed to formula milk marketing through a broad spectrum of ATL and BTL channels.

Figure 7 provides an overview of the ATL and BTL channels recorded across the eight countries. There are marked differences in the range of ATL and BTL channels in all countries; in China and Viet Nam formula milk marketing is pervasive and there is a vast range of ATL and BTL channels targeting consumers. Marketing through social media, free samples of formula milks, and health professionals is present in all countries.

Figure 8 shows the percentage of survey respondents who reported being exposed to each type of marketing. A red circle indicates a high proportion of respondents were exposed to the specific channel (>40%), an orange circle indicates that 11-39% of respondents were exposed to the channel, a yellow circle indicates that 1-10% of respondents were exposed to the channel, and a green circle indicates a lower proportion (<1%).

TV was a highly prevalent mode of marketing in China (70%), United Kingdom (68%), and Viet Nam (86%) where the majority of women who self-reported being exposed to marketing, stated that they had seen formula milk advertising on TV. Social media marketing was also commonly reported in these countries.

Recommendations from health professionals were most common in Bangladesh and Nigeria, where 46% and 43% of women respectively, stated that they had received a recommendation to feed formula milk from a health professional.
### Fig. 7: Overview of exposure to marketing channels identified from all data sources

<table>
<thead>
<tr>
<th>Above-the-line</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social media</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>TV</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Ambient media</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Online</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Newspapers and magazines</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Radio</td>
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<td>✔️</td>
<td>✔️</td>
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</table>

<table>
<thead>
<tr>
<th>Below-the-line</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social media</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Influencers/word of mouth</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Free samples</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>Health settings</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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</tr>
<tr>
<td>Promotions and gifts</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Health professional</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Promotional company reps</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>✔️</td>
</tr>
<tr>
<td>Contact from company rep</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Baby clubs</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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</tr>
<tr>
<td>Talks and events</td>
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<td>✔️</td>
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</tr>
</tbody>
</table>
2.5 Above-the-line marketing

**TV** – usually advertisements for formula milk products but can also include product placement of formula milk or sponsorship of television programmes that are popular with the target audience. TV was the highest recalled mode of marketing in all countries except Morocco, where marketing on social media was the most commonly reported modality for (ATL) marketing. Recall of TV advertisements was highest in Viet Nam, where 79% of all women surveyed reported seeing formula milk advertising on TV. In China, marketing executives described how placement of formula products in parenting programmes has been shown to result in women searching these products on e-commerce stores. In Bangladesh marketing for formula milk was commonly recorded on cable TV, which is usually on international channels.

**Ambient media** – advertisements for formula milk products were reported in a range of locations, including shops, on billboards, in public transport hubs such as bus and metro stations, and in lifts and frame advertisements in residential buildings. The use of ambient media was most common in China (36%) and Viet Nam (14%) where some women frequently reported seeing advertisements in elevators within their apartment building.

**Online** – usually formula milk company branded websites providing detailed information about the nutritional content and benefits of products, information on parenting and infant feeding, and links to baby clubs, platforms for direct contact with company representatives, and online stores where customers can purchase products. Marketing also occurs on e-commerce sites and other sales sites. In South Africa, where access to information about formula milk is seen to be limited, women described searching for information about formula milk products online.

**Newspapers and magazines** – including advertisements in print or digital newspapers, and magazines. Often includes advertorials – detailed
Formula milk marketing exposure, channels, and tactics

Note that the advent of social media has blurred the lines of what classifies as ‘above’ and ‘below’ the line, therefore social media is sometimes referred to as marketing ‘through-the-line’.

spreads providing information about formula milk products and their benefits, in the style of an editorial or objective journalistic article. Marketing also occurs in supermarket and pharmacy magazines and supplements. Advertisements in print or digital magazines were most common in the United Kingdom, where 21% of women had seen this type of formula advertisement. In Mexico, some women reported that they were signed up to a digital parenting magazine whilst they were in hospital. These women were then sent a regular email newsletter which often promoted formula milk and brands.

Social media1 – usually marketing campaigns for formula milk products that have a mass reach and are untargeted. Marketing of formula milk on social media is widespread in some countries and was cited by many women as a key source of information on infant feeding. Social media marketing was common in the United Kingdom where 45% of women who self-reported any exposure to formula marketing (and 38% of all women in the study) reported that they had seen advertising for formula milk products on social media.

2.6 Below-the-line marketing

Social media – marketing targeted at consumers, for example personalized emails, free samples, and pop-up advertisements on Facebook. Pop-up advertisements were common in China, where 68% of those reporting seeing any type of formula marketing stated that they had seen a pop-up advert on social media. Digital marketing provides formula milk companies with a rich stream of personal data that they use to hone and target their marketing campaigns. In China, marketing executives described using feedback from sales channels and analysis of big data to develop messaging and strategies for formula milk campaigns. Social media pages also allow users to engage with brands through forums and competitions and provide links to a brand’s baby clubs, product sales pages, and other social media. Social media is a key channel for formula milk companies to engage with consumers. For example, a social media page hosted by a formula milk company in Mexico provided women with the opportunity to connect with the company, join a baby club, and to speak to ‘experts’ about formula milk products.

Digital Influencers – an Influencer is defined as a person with the ability to influence potential buyers of a product or service by promoting or recommending the items on social media. Influencers make regular posts about formula milk products and encourage their followers to purchase products or engage with brands. In China, Key Opinion Leaders (KOLs), Key Opinion Consumers (KOCs) and Influencers were reported to be key marketing channels for formula milk products. KOLs included paediatricians, experts, and ‘Mom Influencers’ who recommend products to women. These individuals acted as brand representatives and post about the purported benefits of products. Marketing executives stated that ‘mom’ influencers are an effective way to reach consumers who appreciated their regular content and down to earth approach. Companies also host ‘Moms Groups’ on WeChat, where they launch parenting contents, new products, and promotions, which is cited as an effective way of gaining followers.

Free samples – usually samples of formula milk provided to pregnant women, mothers, and health professionals. These may be distributed in supermarkets and shopping malls, at promotional events, in the mail, and through health professionals. Free samples were common in China and Viet Nam, where 46% and 35% of women respectively had received a free sample of formula milk, and were an important way for formula milk companies to engage consumers.

Health settings – includes posters for formula milk, materials citing or sponsored by formula milk companies, and branded goods such as pens, found in settings such as hospitals, pharmacies, and clinics. Promotional booths located inside hospitals and clinics were recorded in Viet Nam, where women were offered promotions, advice, and free samples of formula milk. Almost one in five women in Viet Nam (19%) reported that they had seen advertising for formula milk in a health setting.

Promotions and gifts – discounts and promotions on products, including multi-buys, discount coupons, store card points, and free gifts with purchases of items such as baby trolleys and training cups. Promotions and gifts were common in China, Mexico, the United Kingdom, and Viet Nam. Women in Viet Nam reported that promotions were appealing, and spoke of purchasing formula milk solely because they were attracted to the promotions, or buying in bulk to receive the gift or ‘one-time only offer’.

Health professionals – formula milk company representatives provide health professionals with information about products, and may encourage them to promote their products. Health professionals spoke of receiving funding for research, commission from sales of the products, promotional gifts such as pens, bags, and notepads, samples of infant and specialized formula milk products, or invitations to seminars, conferences, and events.

Promotional Company Representatives – individuals employed by formula milk companies to directly interact with potential consumers to fuel interest in purchasing formula milk products. In China and Viet Nam marketing by formula milk company representatives was identified at store events, at schools, and at health facilities.

1 Note that the advent of social media has blurred the lines of what classifies as ‘above’ and ‘below’ the line, therefore social media is sometimes referred to as marketing ‘through-the-line’.
Contact from company representative – formula milk representatives contact consumers online, through social media, and on the phone, and are often presented as a legitimate source of ‘advice’ and ‘support’ for women. In China and Viet Nam this contact was often framed as a ‘consultation’ during which concerns about infant feeding and formula milk products were addressed. Representatives often held details on a woman’s stage of pregnancy or age of infant, or asked for such details, and aligned their advice and product recommendations with this information.

Baby clubs – usually available through social media, and emails, these offer women a range of materials and information on pregnancy and birth, along with free gifts and discounts. Baby clubs often include access to ‘carelines’ which offer 24/7 ‘support and advice’, including the opportunity to speak to health professionals and other experts. Baby clubs convened by formula milk companies were identified in China, Mexico, the United Kingdom, and Viet Nam.

Talks and events – usually offline events to engage women and promote formula milk brands and products. They include educational talks for pregnant women and mothers involving roadshows and seminars, along with more interactive events. In China, a wide range of offline events was used to engage consumers, including talks on infant feeding, flower arranging sessions, and ‘baby crawling competitions’. Free samples and promotional materials were often provided during these events. Formula milk companies in all countries also held or sponsored talks, events, and conferences for health professionals.

E-commerce – online sales of formula milk products often involving large online retailers, specialist stores, and independent Facebook and Instagram sellers. In Bangladesh, China, Nigeria, and Viet Nam, women discussed purchasing foreign formula milk products through independent or social media sellers.

2.7 Third party marketing

Marketing of formula milk via informal channels was identified online. In Bangladesh marketing for formula milk products was found in online stores and through third party sellers on Facebook pages. Facebook stores included premium ‘Western stores’ selling international products, which present formula milk as an aspirational product for Bangladeshi consumers. Marketing for products on these sites emphasised the purported health benefits of formula for the infant, such as improved growth and mental development, and convenience for mothers. Services offered included promotions and home delivery of products. ‘Daigous’ or ‘overseas personal shoppers’ were common in China where one in four of the women surveyed stated that they purchased formula online from a supplier in another country or a Daigou.

In Nigeria and Viet Nam respondents described purchasing international formula milk from independent sellers on social media. In Nigeria, independent sellers of formula milk were identified on Facebook, Twitter, and Instagram. Posts and tweets list product benefits and were interspersed with emojis, and followers were actively encouraged to connect directly with sellers by WhatsApp or direct message through a link in their biographies. In Viet Nam marketing of formula milk products was centred on brand heritage, such as ‘made in USA’, and advertises products as ‘safe’ and ‘clean’ compared to local brands. For example, data from interviews and diaries indicated that a popular formula milk brand was advertised and sold by independent sellers for a premium price due to its ‘Russian origin’ which is purported as ‘safer’ than local products. It is not clear whether the marketing of these products and sales of these goods are authorised by formula milk companies.
2.8 Health professional recommendations to use formula

Recommendations from health professionals are a key channel of formula milk marketing. In all countries more post-partum women had received a recommendation to use formula compared to pregnant women. Recommendations from health professionals were highest in Bangladesh, where nearly 60% of post-partum women had received a recommendation from a health professional to feed formula, and in Nigeria, where 45% of post-partum women had received a recommendation. Around a third of all women surveyed in Mexico (34%) and Morocco (32%) reported that they had received a recommendation to use formula milk from a health professional. Women were not asked the reason why a health professional recommended to them to use formula.

Table 6: Health professional recommendation to use formula

<table>
<thead>
<tr>
<th>Health professional recommendation to use formula</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>13% (N=283)</td>
<td>15% (N=300)</td>
<td>20% (N=302)</td>
<td>19% (N=300)</td>
<td>37% (N=300)</td>
<td>10% (N=300)</td>
<td>17% (N=300)</td>
<td>NA</td>
</tr>
<tr>
<td>Post partum</td>
<td>57% (N=895)</td>
<td>17% (N=750)</td>
<td>40% (N=748)</td>
<td>38% (N=750)</td>
<td>45% (N=750)</td>
<td>22% (N=750)</td>
<td>30% (N=752)</td>
<td>NA</td>
</tr>
<tr>
<td>Full sample</td>
<td>46% (N=1178)</td>
<td>16% (N=1050)</td>
<td>34% (N=1050)</td>
<td>32% (N=1050)</td>
<td>43% (N=1050)</td>
<td>18% (N=1050)</td>
<td>26% (N=1050)</td>
<td>NA</td>
</tr>
</tbody>
</table>

2.9 Promotions

Women were asked if they had seen promotions for formula milk such as multi-buy discounts or free gifts with purchase of a product. Promotions are most common in China (93%), the United Kingdom (84%), and Viet Nam (86%), where over three-quarters of women recorded having seen promotions for formula milk. In Nigeria only 5% of women had seen a promotion for formula milk.

Table 7: Seen a promotion for formula milk

<table>
<thead>
<tr>
<th>Seen a promotion for formula milk</th>
<th>Bangladesh* (N=1178)</th>
<th>China (N=1,050)</th>
<th>Mexico* (N=1,050)</th>
<th>Morocco (N=1,050)</th>
<th>Nigeria (N=1,050)</th>
<th>South Africa (N=1,050)</th>
<th>United Kingdom (N=1,050)</th>
<th>Viet Nam* (N=1,050)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotions</td>
<td>16%</td>
<td>93%</td>
<td>63%</td>
<td>19%</td>
<td>5%</td>
<td>16%</td>
<td>84%</td>
<td>86%</td>
</tr>
</tbody>
</table>

*In Bangladesh, Mexico, and Viet Nam 'have you seen promotions' was not asked. Instead this is a count of the number of people who reported that they had seen any promotions.

2.10 Free samples

Women in all eight countries recorded receiving free samples of formula. Recall of free samples was highest in China (46%) and Viet Nam (35%). Free samples of formula milk products were distributed inside and outside hospitals, at stores, events, and in the mail. By engaging women early in their pregnancy, formula milk companies aim to persuade women to use their products over a longer period.

Table 8: Received a free sample of formula milk

<table>
<thead>
<tr>
<th>Received a free sample of formula milk</th>
<th>Bangladesh (N=1,178)</th>
<th>China (N=1,050)</th>
<th>Mexico (N=1,050)</th>
<th>Morocco (N=1,050)</th>
<th>Nigeria (N=1,050)</th>
<th>South Africa (N=1,050)</th>
<th>United Kingdom (N=1,050)</th>
<th>Viet Nam (N=1,050)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free samples of formula milk in hospital</td>
<td>3%</td>
<td>18%</td>
<td>16%</td>
<td>19%</td>
<td>2%</td>
<td>8%</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td>Free samples of formula milk outside hospital</td>
<td>3%</td>
<td>40%</td>
<td>4%</td>
<td>20%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>22%</td>
</tr>
<tr>
<td>Either inside or outside hospital</td>
<td>5%</td>
<td>46%</td>
<td>18%</td>
<td>26%</td>
<td>3%</td>
<td>10%</td>
<td>20%</td>
<td>35%</td>
</tr>
</tbody>
</table>
China: Free samples were common in China, where nearly half (46%) of women reported that they had received a free sample. Free samples were also acquired online and women spoke of how they had registered and received products in the mail. Women spoke of receiving samples for a variety of products, including maternal, infant (Stage 1), and Stages 2-4 milks. In China, marketing executives described how by providing a free tin of Stage 1 formula encourages brand loyalty and the future use of products from the brand.

Mexico: Nearly one in five women (18%) in Mexico had received a free sample. Women in Mexico spoke of receiving free samples from paediatricians, and health professionals. Some also described how some hospitals are affiliated with particular formula milk companies and promote them.

Morocco: Women in Morocco spoke of receiving free samples in hospitals, and in pharmacies. At least one in four (26%) women surveyed had received a free sample inside or outside of hospital. Some women spoke of buying the brand of formula after receiving a free sample.

United Kingdom: A fifth (20%) of women in the United Kingdom reported that they had received a free sample of formula milk. Interviews and focus group discussions also revealed that exposure to promotions and free samples was common among women. Free samples were distributed at events including baby shows.

Viet Nam: Provision of free samples was prevalent in Viet Nam, where more than one-third (35%) of women surveyed had received a sample of formula milk. Free samples were acquired at supermarkets and stores, through targeted Facebook and online advertising, and in the mail. Samples were often offered at promotional booths in hospitals in exchange for women's contact information to allow companies to follow up later with 'consultation' calls and promotions.

“If the consumers could provide a birth certificate, they can be given a can of Stage 1 formula for free. This is a very effective way for formula companies getting new clients. The birth rates are decreasing year on year and moms will always prepare a can of formula. If a baby drink stage 1 formula from one brand, in most of the cases, will drink Stage 2 and 3 of the same brand.”

(Brand manager, Formula milk company, Beijing)

“I feel like part of the advertising is done by paediatricians, because my paediatrician told me, “give him this milk” and he gave me a free sample.”

(Formula feeding mother, 0-6 months, Mexico City, Mexico)

“I have been given a free sample at the hospital, I think that’s a form of advertising.”

(Formula feeding mother, 0-6 months, Marrakech, Morocco)

“I think at the hospital, I got vouchers for X brand milk ...And I have been given free Y brand bottles, the 200ml sizes they do. I will try and breastfeed, do whatever I can to do that and if I can’t, then I’ll try some of these other samples...I think I [got them from] a baby show.”

(Breastfeeding mother, London, United Kingdom)

“At the nearby formula store where I usually buy or at supermarkets. They usually deliver free formula sample for babies to test.”

(Formula feeding mother, 7-18 months, Ho Chi Minh City, Viet Nam)
3. Marketing engagement themes, imagery, and messaging

This section draws on data from the marketing analysis, phone diaries, interviews and surveys with women, interviews with health professionals, and interviews with marketing executives. From these data six main themes were identified as dominant in the marketing strategies and messaging used to engage women in formula milk products.

3.1 Key findings

- **Ubiquity**: Formula milk marketing has multiple touchpoints. Women are engaged through an array of online and offline marketing channels. Marketing on social media includes a strong focus on word-of-mouth marketing, where ‘Moms groups’ and Influencers are funded to represent formula milk company views and messages.

- **Product options**: Women are presented with an endless flow of new formula milk products. There is a life course approach to products, ranging from maternal milk products to Stage 4 formula milk, serving to normalize the use of formula milk products from pregnancy.

- **Trust and connections**: Marketing companies employ a dual approach to gain trust. First, trusted people in the community are engaged and incentivised to promote formula milk products. Second, formula milk companies assume a socio-emotional, supportive role to the pregnant women and mothers, in the form of helplines, baby clubs, and phone apps.

- **Pain points**: Marketing creates and nurtures ‘pain points’, which products are then positioned to alleviate. Common infant behaviours like crying or tiredness are constructed as symptoms that warrant a remedy.

- **Science**: Science is employed by marketing companies in two ways. First, companies co-opt health professionals, academics, and scientists to endorse their products. Second, scientific nomenclature and imagery is widely used in product promotion, names, and advertised attributes.

- **Aspiration and emotion**: Aspiration and emotion are key levers employed in the promotion of formula milk products. The marketing exploits maternal anxieties and dreams, and promotes a desirable lifestyle that affords their children an optimal future and opportunities, including physical, emotional, psychological, and developmental benefits.

3.2 Ubiquity

3.2.1 Cross-country patterns

Marketing of formula milk is present in all countries, and at least one in five women in each country report having been exposed to marketing for formula milk in the preceding year. In China, the United Kingdom, and Viet Nam, marketing for formula milk is ubiquitous, targeted, sophisticated, and multifaceted. In Mexico, marketing of formula milk is commonplace, and is often mediated through doctors and paediatricians. Traditional ATL marketing is less common in Bangladesh, Morocco, South Africa, and Nigeria; here marketing commonly occurs through recommendations from health professionals. In these countries women are still reached by marketing on multiple touchpoints including social media, promotions, and free samples.

3.2.2 Case study 1: diversity of channels and methods of marketing in China

The formula milk market in China is the largest in the world and is extremely competitive. Nearly all women interviewed (97%) report having seen or heard marketing for formula milk in the preceding year. Findings from the study demonstrate that the channels and methods of marketing identified are diverse and sophisticated, from endorsement by celebrity doctors on TikTok, to distribution of free formula milk samples at ultrasound scan clinics. Multiple methods are employed to raise awareness of a brand and product, to influence attitudes towards formula milk, to familiarise consumers with brands and product attributes, and to convert this awareness through to sales.

“There were a few brand X adverts on the side of the bus stops, that I saw. Obviously, we were looking online and that little (advert for) brand X milk popped up. With these cookies, they must know we’re looking at baby stuff, and it’s popped up out of nowhere to tell us about this brand X milk.

I think there was a brand Y milk advert too.”

(Formula feeding mother, 0-6 months, London, United Kingdom)
TV in China is a key platform for raising brand awareness of formula milk

“We mostly start from big media deliveries, such as placement in TV shows and series... By doing these, at least people get to know the brand... then we go on to educate them further... to digital channels such as...KOLs and word-of-mouth, let them read the assessment articles...Then we go to convert the traffics...consumers can be led to the purchase links.”

(Brand manager, Beijing, China)

Traditional methods of marketing are still popular in China, including advertisements on billboards, in magazines, and in elevators, and TV is extensively used for marketing. Most women surveyed say they have seen marketing for formula milk on TV (74%). Companies invest heavily in TV advertising in China. According to Nielsen Intelligence data, one US company spent US$ 412,211,202 on a TV campaign in China in 2018. Marketing on TV includes traditional advertisements, product placement in popular shows, and sponsorship of variety shows. Interviews with marketing executives in China explained that TV is effective in raising awareness of formula milk brands and products, but the ‘most effective’ way to reach women is to use a blend of online and offline marketing methods.

Offline events are used to distribute information, promotions, samples, and gifts

Interviews with marketing executives revealed that a diverse range of offline events are used to engage with mothers and promote formula milk, including roadshows and competitions. Such events are designed to be appealing to pregnant women and mothers, and include talks on infant feeding, flower arranging sessions, and baby crawling competitions. Free samples and promotional materials are also provided during these events. Gifts and promotions are a common form of marketing for formula milk in China, 93% of women had been exposed to promotions for formula milk. Over two-thirds of women surveyed (68%) reported receiving offers or promotional discounts from a formula milk company, and 38% reported receiving gifts from a formula milk company.

Marketing executives spoke of how lectures are considered a particularly important way of reaching consumers, as women trust ‘expert opinions’ and this builds the brand credibility. Several respondents spoke of how formula milk companies target places where they know that pregnant women and mothers spend time.

Digital platforms present multiple marketing touchpoints

Digital marketing in China typically consists of a mix of touchpoints across digital channels, including advertising campaigns, online baby clubs, promotions on e-commerce stores, and Influencer marketing on social media. Digital marketing aims to nudge the consumer through to buying the product via purchase links or on an e-commerce site.

“After I gave birth to him, I didn’t know who leaked the information, the advertisement person or others would send me one pack, they seemed to be fighting for the first sip of formula milk. I attended some workshop as subsequent mom and they sent me too.”

(Mother who breastfed then formula fed, 0-6 months, Jinan, China)

Marketing executives revealed that formula milk companies increasingly rely on digital channels to reach women. The COVID-19 pandemic has intensified the opportunities and reliance on digital platforms. They commented that digital channels are cost effective, wide reaching, and impactful. Surveys and interviews with women, and interviews with marketing executives, identified five main digital channels through which women encounter marketing for formula milk products:

“How to reach consumers? We have a list of advertisements on the Internet precisely targeting potential users. Before that, we’ve already set up the user profiles and once they log on the phones and laptops, they will see this survey on a WeChat mini-program or WeChat moments. Once consumers do the survey, we give them some gifts and have online interactions with them. Then we have their information and transfer (them) to our own platform.”

(Programme director in Strategy Consulting Company, Beijing, China)
WeChat: the multi-purpose messaging, social media, and mobile payment app
Marketing of formula milk on WeChat occurs in multiple ways, including the official WeChat accounts of formula milk companies, through Influencers, and via ‘Moms groups’.

TikTok: the user-generated video sharing platform
Marketing of formula on TikTok consists primarily of informative videos guiding users on how to choose formula and the purported benefits and attributes of different products. Some videos are explicitly sponsored by brands, though others are unbranded.

JD.com: China's largest online retailer
Marketing of formula milk on JD.com includes formula milk company sites and links to purchase the product. ‘Special offer’ advertisements are common on this, and other e-commerce platforms.

Little Red Book: the social fashion and shopping platform
Little Red Book is a social media and e-commerce platform and is a common source of formula marketing. Formula milk brands and products are advertised through informative articles, sponsored reviews, and advertisements.

Taobao: online marketplace
Taobao is an e-commerce platform where sellers can mail goods for sale either through a fixed price or auction. Marketing including formula milk is common on this platform, particularly ‘special offer’ advertisements.

Indirect marketing methods are common
Formula milk marketing in China employs a range of indirect methods that are mutually reinforcing.

Cross-platform promotion: Digital and ATL media are usually combined with offline events, including roadshows, seminars, and novelty events such as ‘baby crawling’ competitions that are sponsored by formula milk companies.

Business to Business (B2B): Formula milk companies also market directly to businesses, such as supermarkets and ‘mother and baby’ stores, and employ sales representatives as spokespeople of the company to promote products to women.

Influencer marketing: In addition to KOLs and KOCs (below), formula milk companies also market to health professionals and hospitals through direct contact, research funding, conferences, education, and events.

Leveraging interpersonal communication networks is central
Word-of-mouth and Influencer marketing are powerful channels for promoting formula milk products in China. The majority of women surveyed reported that friends and family are the most important source of information on infant feeding (79%), followed by apps on their phone (65%) and WeChat (59%). Women spoke of how they find opinions from other mothers and women online effective and authentic, and discussed how they also seek information from other mothers online. Over one-third of women surveyed had followed somebody on WeChat or other social media for information on formula feeding (38%).

KOLs and KOCs
“Those KOLs and influencers had tried the products and felt the products were good to use, then they recommended to their followers and fans, then the other KOLs also started to recommend, so that the brand was spread again and again and the awareness and credibility were improved hugely.”
(Marketing manager, Beijing, China)

Interviews with marketing executives revealed that formula milk companies collaborate with Influencers who are referred to as Key Opinion Leaders (KOLs) and Key Opinion Consumers (KOCs) to promote their products on a range of digital channels. KOLs are regarded as influential because of their large social media following. They are usually well-known women who are mothers and/or are pregnant, health professionals, or other ‘important’ voices who are experts in the field of mother and infant care. KOLs can be sponsored by a formula milk company to recommend a brand or product to women, or to review products. Interviews with women in China indicate that KOLs are an important source of information on infant feeding and formula milk, especially after childbirth, as they generally do not have access to professional health advice as the infant grows. Women highlight the importance of KOL paediatricians who impart advice on infant feeding, including formula milk products.

KOCs are fellow consumers, in this case usually pregnant women and mothers, who share their experiences on social media, and are usually...
knowledgeable on topics such as infant feeding. Findings from the phone diaries and interviews with marketing executives demonstrated that KOCS hold a range of events to advertise products including:

- online talks and events
- livestreaming of products
- advice for parents
- reviews of products
- new product and promotional launches
- competitions
- gifts
- samples

**WeChat ‘Moms groups’**

Interviews with marketing executives in China revealed that WeChat ‘Moms groups’ are a popular source of KOC marketing in China. These are social messenger groups hosted on the WeChat messenger platform that are usually formed due to group members having something in common. For example, cultural references may be invoked to bring women together, like ‘infants born in the year of the ox’. Women interviewed reported how pregnancy and motherhood support groups provided channels for other women to share recommendations of different formula milk brands, provide advice on switching to or incorporating formula, and to share news of where to purchase discounted formula. Marketing executives revealed that formula milk companies create or participate in these groups, and use the groups to:

- glean information on women
- recommend products
- provide gifts and promotions
- nudge women through to buying the product.

**Offering Stages 1-4 formula milks is designed to graduate customers from infancy through childhood**

Formula milk companies have widened their product range by introducing follow-on (Stage 2), toddler (Stage 3), and growing-up (Stage 4) formula milks, designed to normalize the feeding of formula milk beyond infancy and early childhood. The stages are numbered to underline that they are a set and to imply that they should be used in order. These products often have similar packaging to infant formulas, and are advertised together as a range, a method known as ‘cross-promotion’. Furthermore, there are inconsistencies in how Stage 4 milks are marketed within and across countries. In some cases, Stage 4 milks are marketed for infants aged 36 months plus, and therefore do not fall under the remit of the International Code of Marketing of Breastmilk Substitutes, however these milks are also sometimes marketed for infants aged 12 months upwards or 24 months upwards.

**Marketing engagement themes, imagery, and messaging**

1 Product is one element of the marketing variables (product, price, promotion, and place) commonly referred to as the 4Ps which are used to develop brands and brand families.

2 Data are not available for Morocco.
Product labels are often the same as, or very similar to infant and other milks, and are promoted under the same brand name. The lack of clear differentiation between products can mislead consumers into purchasing the wrong milk, and some women spoke of how labels were confusing and it was sometimes not clear which formula milk was intended for which age of infant. Infant formula is usually marketed under the same umbrella brand and is typically shelved alongside milks for later stages, which means it benefits from brand recognition and a ‘halo effect’ (22). Women recalled seeing marketing for Stage 1/infant formula milk despite the International Code, and national legislation or regulations which prohibit this marketing, which exists in all countries but Morocco. While some marketing of Stage 1 products was identified in the phone diaries, recall of marketing across the various stages of formula milks also suggests that there is some confusion around the age that the advertised product is for.

Maternal milk to capture customers pre-birth
Some companies have widened their product range in China and Viet Nam to include milk for pregnant women and mothers, usually called ‘maternal milk’. Nearly all women surveyed in China (93%) and Viet Nam (96%) had heard of maternal milk. Maternal milks are employed to establish brand loyalty and familiarity with using formula milk products long before an infant is born. They are usually presented as part of the formula milk range, some have the number 0 on the packaging, aligning with the numbers 1-4 on other formula milk products, suggesting that women need to use these products in tandem with other products. Maternal milks are also used as an entry point for companies to gain contact with women. In Viet Nam, health professionals and women spoke of samples of maternal milk being distributed at promotional booths inside and outside of hospitals, often in exchange for women’s contact details. Nearly half (48%) of all women surveyed in Viet Nam had received a free sample of maternal milk.

Formula milks positioned as close to or ‘equivalent’ to breastmilk are popular
Formula milk companies promote ingredients ‘informed’ or ‘derived’ from breastmilk, and use acronyms to represent complex scientific terms such as HMO (human milk oligosaccharides), MFGM (milk fat globule membrane) and DHA (docosahexaenoic acid). Ingredients such as HMO are frequently mentioned by women as appealing, even though many said that they were unsure of its purpose. The ingredients are seen to reinforce the idea of similarity between breastmilk and formula milk. In countries with regulations prohibiting direct claims of equivalence between breast and bottle, marketing for formula milk implies equivalence in more subtle ways. For example, one TV advertisement in the United Kingdom shows a mother breastfeeding a child. A moment later, the same scene is shown again but with one change – now the mother is bottle-feeding. The voiceover says, “If you choose to move on”, implying a progression from breast to bottle is natural and to be expected.

Convenience for the busy mother
Formula feeding usually involves a multi-step process, including sterilisation of bottles to provide the milk safely. In recent years, formula milk companies have launched products which focus on convenience and ease, including ready-made formula sachets, cubes, cartons, and prep machines. For example, marketing for one formula milk company now includes a formula milk capsule machine which is similar to a prominent brand of coffee machine. The machine is advertised as a premium product for busy mothers. These products are designed to convey ease of use, and market formula milk as the more convenient option. In the United Kingdom, many of the advertisements identified in the marketing analysis and phone diaries focused on the convenience of products, and linked the products to more freedom for the mother. Pre-prepared bottles and cartons were mentioned as convenient and appealing in interviews in Morocco, South Africa, the United Kingdom, and Viet Nam.

“I think that all those scientific acronyms like DHA give a feeling of scientific sophistication. You don’t know what it is but sounds cool.”
(Pregnant woman, Guadalajara, Mexico)

“I do look for something easy for the baby, especially that I did read that there’s a milk in which you don’t need water to mix it with, it is just that you open it, and you provide directly to the baby… and I did like the idea since it is helping the mothers a lot and makes things easy for them.”
(Mixed feeding mother, 0-6 months, Marrakech, Morocco)

“My family told her I was about to give birth and the promotional girl said that I could also take milk for pregnancy (maternal milk) even after giving birth so that I can produce breastmilk. They also gifted me with milk and diapers for my baby.”
(Pregnant woman, Ho Chi Minh City, Viet Nam)

“And it’s things like… the choice of formula, the ready-made bottles you get, the prep machine, the choice … if babies have colic… it just makes it… it (formula feeding) is an easier choice for people.”
(Pregnant woman, Glasgow, United Kingdom)
In the United Kingdom, phone diary entries demonstrated product placement in Influencer ‘hospital bags’, where Influencers uploaded videos and pictures online of their bag for hospital, presenting the brand of formula milk that they would use. For example, one celebrity Influencer in the United Kingdom showcased how she had packed ‘ready-made convenience bottles’ from one brand and discussed how “they don’t get that much milk at the start so I wanted to make sure he wasn’t hungry”. These nudges, often subtle and sometimes overt, fuel a perception that breastfeeding is difficult and that women should prepare for the worst.

Solving infant behaviours
An analysis of new products that came to market in 2018 across China, Mexico, Nigeria, South Africa, the United Kingdom, and Viet Nam highlighted the wide range of new formula milk products available in each market including specialized milks. For further details on these products see section 4.5 on ‘pain points’.

3.3.2 Case study 2: popularity of Stages 2-4 milks in Viet Nam
The formula milk market in Viet Nam is highly competitive. At least 28 products came to market in 2018 alone. An analysis of 295 phone diary entries from pregnant women or postnatal mothers reveals viewing of 126 advertisements for a wide range of maternal milks across Stages 1-4 products. Entries reveal 14 advertisements for infant formula (Stage 1), and nine for follow-on formula (Stage 2), despite legislation that precludes the marketing of formula milks for infants aged two and under. Nutrition is often a central focus of the advertising identified in Viet Nam, positioning formula milk as comparable to breastmilk, or having added benefits compared to breastmilk. Stages 2-4 formula milks are positioned as key for ‘height’ and ‘weight’, and ‘cognitive’ development, features which women in Viet Nam reported as desirable and influential on purchasing choice.

Six-month threshold
Interviews with women and health professionals in Viet Nam reveal a pervasive belief that the quality and quantity of breastmilk depletes over time, especially at the six-month mark. Doubts centre around the nutritional composition of breastmilk, with the idea that maternal diet significantly affects the nutritious quality of breastmilk. Aligned with this belief, awareness of and reported need for Stages 2-4 formula milks in Viet Nam is extremely high. In total, 94% of women interviewed stated that there is a need to use follow-on (Stage 2) formula milks, and 88% stated that there is a need for toddler (Stage 3) and growing-up (Stage 4) formula milks.

While ATL advertising for products can fuel doubts around breastmilk, findings from the marketing analysis also reveal that BTL marketing actively targets women and play on insecurities around the quality of milk. International and domestic companies often undermine breastmilk on social media, with some explicitly stating that formula milk is more beneficial at six months. This doubt was echoed in interviews with women, where they spoke of the need and benefits of formula milk products to provide superior nutrition to breastmilk.

“After 6 months from birth, the nutritional needs of the child are increasing... breastmilk will not be enough to meet the nutritional needs of children. Children can use brand X milk to supplement their nutrition when necessary to meet the needs for their development. The goal of today’s manufacturers is to produce products that are more similar to breastmilk.”

(Advertising post from a US company on popular Viet Namese parenting forum)

“After 6 months, the nutrition in breastmilk is not enough. Though it has immunity, its nutrition source is not as good as formula.”

(Formula feeding mother, 7-18 months, Ho Chi Minh City, Viet Nam)

1 Decree 21 restricts marketing and promotion of formula milk products for infants under the age of 24 months and identifies the role the health community must play in upholding these regulations.
3.4 Trust and connections

3.4.1 Cross-country patterns

A central theme of formula milk marketing is built on establishing trust and connections with women. Building authentic and emotional connections is a common strategy used to market to pregnant women and mothers, one which aims to build a relationship between the women and the brand, so that they become attached to the brand and remain loyal (23).

Building trust goes beyond traditional advertising campaigns on TV. Formula milk companies position themselves as a reliable source of support and advice for women and provide a suite of branded tools and materials for women that convey support for the parenting process. Often these materials do not focus on formula milk products, and instead provide a diverse range of information on other aspects of parenting, including self-care for mothers and information on nutrition. Trust is forged by associating the brand with a range of experts, who are there to support and advise women, and to position the brand as a trusted source of information. Expert advice is offered through informational videos and direct access to experts, including health professionals, other mothers, and brand representatives.

Formula milk companies use sophisticated customer segmentation to tailor the support they offer to the mother’s concerns at various stages of her pregnancy and child rearing. In order to customise the information provided, and target women with appropriate products, detailed customer journeys are created from pre-pregnancy through pregnancy right up until the child is four years old. At each stage, mothers’ typical concerns and experiences are mapped, and advice/support/information is tailored to match.

First-time mothers in pregnancy stage are seen as the ‘holy grail’ for sales. A first-time mother will tend to stick with the formula brand she first uses, so marketing is designed to make the product her ‘brand of first choice’. Companies seek to reach (younger) newly pregnant women through database purchases, search advertising, pregnancy clubs, and sophisticated algorithms that target digital advertising to women whose online behaviour suggests they may be pregnant.

3.4.2 Case study 3: baby clubs, apps, and care lines

Formula milk companies aim to build relationships with women by offering a direct line of support. Findings from the phone diaries and marketing analysis demonstrated that in China, Mexico, the United Kingdom, and Viet Nam, formula milk companies have developed a body of materials on pregnancy, parenting and breastfeeding. This information is commonly available through social media or disseminated through emails. Such information includes a range of parenting materials, free gifts, promotions, instant chat, and carelines which often offer 24/7 ‘support and advice’ and the opportunity to speak to health professionals and other experts. Entries from the phone diary demonstrated that formula milk advertisements in Viet Nam feature phone numbers for direct hotlines. In Mexico, baby clubs advertise offers such as entry into a prize draw as an incentive to sign up to the baby club.

Other studies confirm how baby clubs and telephone advice lines are seen as prize ways to establish and foster relationships with women (24). Such materials are promotional and designed to sell products, and women may be directed to these sites and clubs without knowing who the sponsor is and the extent to which the advice is independent.

In the United Kingdom, each of the four biggest formula brands have established baby clubs and carelines targeted at pregnant women, mothers, and fathers. These clubs offer benefits for signing up, including free gifts, promotions, personalized emails, money-off vouchers, and information on products. Carelines offer 24/7 support and advice. One formula milk company offers a COVID-specific baby club, which is aimed at new parents during the pandemic, and positions itself as offering support and advice during ‘uncertain times’. Products aligned with these clubs, such as apps with ‘handy parenting checklists’, are advertised online by Influencers, including major celebrities in the United Kingdom, mother and baby experts, or other mothers who have a social media following.

“For it’s primarily to give you guidance on how much you should have going forward, different products. I guess the word club makes you feel like you’re part of something and there’s like a forum to have a chat in. It was just, for me, to feel like in the know of the next stage.”

(Mother who breastfed then formula fed, 0-6 months, London, United Kingdom)
Findings from the interviews with women in the United Kingdom demonstrate that women engage with baby clubs, and that these can influence their awareness of, and receptivity to formula milk companies and brands. Women spoke of how baby clubs can act as a direct line of support, and are used to garner information on parenting, infant feeding, and products. Some women discussed how they feel that there is a lack of information on formula feeding online, therefore they seek information from company sites, parents may also expect more information on different brands and types of milk than health professionals are able to provide (25).

Promotional girls and consultations offer advice and support in Viet Nam
Promotional girls are a commonly cited source of marketing for formula milk in Viet Nam. These girls are usually found in stores and hospitals, and ‘promotional girls’ staff work in the booths and offer ‘support and advice’ on parenting and feeding, alongside free samples and promotions for formula milk.

“[Formula brand] maternal milk… I happened to receive a sample. Afterwards, I bought a small tin to give it a try and I find it satisfactory so I stick with this brand. As I find this brand good for me, I feed it to my baby after giving birth.”
(Formula feeding mother, 0–6 months, Hanoi, Viet Nam)

Free samples and promotions are usually offered in exchange for women’s contact details, which formula milk companies then use to contact women at a later stage. Contact usually happens through ‘phone consultations’ where formula milk company representatives provide information on pregnancy, motherhood, feeding, and formula milk products. Interviews with Viet Namese women reveal that some are frequently contacted by companies providing ‘phone consultations’, where company representatives discuss infant development and products before offering deals and promotions, often in the form of a ‘one-time only’ offer. Consultations deliver messages that convey or offer support to mothers that ‘good mothers’ use formula. For example, findings from the marketing analysis demonstrated that in Viet Nam one major international formula milk company has created a ‘community of mothers’ with events and supports for women. Events and materials by this group centre on ‘the challenges of being a perfect mother’, and provide information and support to help alleviate the ‘guilt and pressure’ of parenting, support includes:

- livestream videos with doctors
- events for mothers to learn about the best nutrients for their children
- opportunities to engage with on-site doctors for consultation at supermarkets and events
- information on Facebook and social forums on methods to raise a healthy child.

In the United Kingdom, one formula milk company positions its website, baby club, and materials for mothers as ‘a judgement free zone’ which encourages mothers to do what feels right to them. This focus on the difficulties of parenting serves to position breastfeeding as another difficult aspect that can be overcome.

Messages that focus on ‘alleviating guilt and judgement’ are subtle nudges to erode trust in health professionals, and to position the formula milk company as a friend to women. Marketers leverage on the pressure and guilt some mothers feel, framing the judgment as unfair and reassuring mothers that formula is a legitimate choice.

3.5 Pain points

3.5.1 Cross-country patterns
‘Pain point’ marketing is a common but often subtle feature of marketing. A ‘pain point’ is usually defined as a problem that prospective customers are, or could be experiencing. The aim of pain point marketing is to either raise awareness of a pain point or convince potential customers that they have a pain point and that they need to purchase a product to help solve it (27).
In order to create awareness or ‘need’ for these milks, formula milk companies offer a range of materials and tools to help potential customers identify the need for their products. For example, in the United Kingdom a formula milk company has an app which ‘helps parents along their diagnosis journey’ to using their specialized milks.

**The appeal of formula milks ‘tailored’ for local stomachs**

> “The success of brand X is because it fits Chinese babies’ physical conditions...Lots of the experts, doctors, and organisations claim that Chinese people’s intestines, stomach, and constitution are different from those of ‘Western’ countries, so that brand hugely communicates this message to consumers.”

(Marketing strategy director for formula milk campaigns, Beijing, China)

Market reports on Viet Nam and China discuss how local formula milk companies have attempted to counter the prevailing belief that foreign brands are better for infants (30,31). Marketing campaigns have focused on how domestic products are more suited to locals than international products. This marketing has gained traction and resonance with women and health professionals in China and Viet Nam. Many women in both countries spoke of how foreign brands are not appropriate for infants as they are not ‘adapted to their bodies and digestive systems’. Messaging around the suitability of products for Chinese infants was the most recalled theme (26%) of formula milk marketing messages in China.

**Desire for ‘chubby babies’**

In several countries women spoke of a desire for ‘chubby’ babies. Playing on this desire, and the fear that breastmilk is not enough, some formula milk products claim that the product benefits weight gain. Advertisements which feature heavier babies were identified in the phone diaries, and discussed in interviews with women, some perceived these images as desirable and a sign that the product may offer more than breastmilk alone can.

> “Advertisements will make me buy infant formula, if I see a beautiful and chubby baby on TV, well fed and smiling and there is a container of milk there with all the nutritional facts on it, detailed.”

(Mother who breastfed then formula fed, 6-18 months, Lagos, Nigeria)

3.5.2 Case study 4: the rise in popularity of specialized and ‘comfort’ milks

Special formula milk products have experienced a marked rise in sales across the globe (16). An analysis of new products that came to market in 2018 across China, Mexico, Nigeria, South Africa, the United Kingdom, and Viet Nam highlighted the range of new formula milk products available in each market. These included products that claim to able to solve common infant ailments and difficult behaviours (colic, reflux, crying, etc.). These milks make bold claims around their benefits. For example, in the United Kingdom, products that are marketed as ‘comfort milks’, ‘for hungry babies’, ‘for colic’, ‘for sensitivities’ are readily available, despite insufficient evidence that such products are suitable or are effective for infants experiencing these conditions (29).

In China, Mexico, South Africa, the United Kingdom, and Viet Nam, new products are available which focus on allergy and sensitivities, an area identified by formula milk companies as important for sales and business growth. Entries from women's phone diaries demonstrated marketing for the specialized, sensitive, and allergy milks, and in interviews women recalled advertisements and products for allergies and sensitivities. Some women questioned their infants behaviour and wondered whether they should use these products.
3.6 Science

3.6.1 Cross-country patterns

Science is a dominant theme in the marketing of formula milk in all eight countries. Images of health professionals in white coats are often featured in the marketing, and many companies discuss the ‘years of scientific research’ that a product is based on. Products are often positioned as close to, or equivalent to, breastmilk, with the addition of ingredients which are advertised as derived from breastmilk, such as HMO and colostrum. These ingredients are often linked to key developmental outcomes, and marketing also features pseudo-scientific terms, such as ‘immunoprotectus’. Yet, examination of the scientific evidence cited does not support the accuracy of the claims made for products, such as the link between DHA (docosahexaenoic acid) and brain development (32).

Formula milk companies build a narrative that aims to connect not only with women, but also with health professionals, and places brands in a trusted scientific position. A multi-pronged approach is often used to build trust and credibility with health professionals. This can include:

- sponsoring conferences, such as national obstetrics and gynaecology or nutrition conferences
- funding academic research
- holding study event days and training
- visiting health facilities to ‘impart knowledge on products’ and distribute materials.

Collaborations with health professionals are key for formula milk companies as they enable companies to promote their product directly to health professionals and imply to consumers that their brand has scientific grounding and credibility. For example, one global formula milk company states on its website, “Providing nutritional advice, nutrition training, translating scientific knowledge and developing relationships with Key Opinion Leaders, are all essential activities.”

3.6.2 Case study 5: number 1 formula recommended by paediatricians

Science is a central feature in marketing for formula milks. TV advertisements often emphasise health benefits or validity of their products by using scientific imagery and language, such as featuring a health professional in a lab, or through using technical terminology and pseudo-scientific terms. For example, in Mexico, advertisements for one formula milk company across TV and social media claim the product is the “number 1 brand recommended by paediatricians”.

Findings from interviews with women demonstrate that marketing featuring health professionals, and scientific claims are influential. In Mexico, advertisements for formula milk that feature the claim ‘recommended by paediatricians’ or include an image of a doctor are recalled by women in interviews, and they discuss how these claims convey trustworthiness and reliability. Baby clubs often feature videos from health professionals discussing nutrition and the benefits of the formula milk brand. Such videos are reported to be reassuring for mothers and to help satisfy their desire for information. Analysis of women’s phone diaries shows that Facebook pages for baby clubs also often include regular promotions for products by paediatricians. Advertisements in all countries often promote ingredients ‘informed’ or ‘derived’ from breastmilk, and use complex scientific terms.

The focus on science in marketing is also reflected in interviews with women, where some spoke of formula...
being ‘scientific’ and ‘advanced’. Women reported that ingredients such as DHA and MFGM often caught their attention, although they often do not understand what they are or the benefits for their infant. Some mention that these ingredients are linked to ‘neurotransmitters’ and ‘brain development’ but women are sometimes confused about why they are important. This demonstrates the high traction of marketing messages, but low comprehension of the content of marketing messages or the purported benefits of such ingredients.

The voice of authority

Product recommendations from paediatricians, doctors, and gynaecologists are cited as very important by women in all countries. More than half of all formula feeding mothers (53%) in Mexico chose their current formula brand because of a recommendation by a health professional, and more than one-third of all women state that they have received a recommendation for a formula brand from a doctor, consultant, or paediatrician. In Bangladesh 43% of women who ever planned to, or are currently using formula, chose their brand because a health professional had recommended it. In Nigeria at least one in four women (26%) chose a brand because it was recommended to them by a health professional.

Some women report that their paediatrician has told them that the quality of their breastmilk deteriorates over time, and that they would need to feed formula milk. For example, over half of women (51%) in Mexico who considered that an infant needs follow-on (Stage 2) formula milk said that this is what they were told by a health professional.

Targeting the authorities

Formula milk companies actively target health professionals. Health professionals in all countries reported being contacted by a representative from a formula company, with some receiving gifts or attending conferences or training sponsored by formula milk brands. In Mexico, South Africa, and Viet Nam health professionals also report that some private hospitals are affiliated with particular brands and are paid to promote them.

3.7 Aspirational and emotional

3.7.1 Cross-country patterns

Marketing exploits vulnerabilities by promoting the ‘good mother’ ideal and positioning products as the central way to attain and maintain this ideal (33). Emotional marketing leverages on basic emotions such as happiness or nostalgia to elicit an emotionally based response, and evoke connection among consumers with the company, brand, and product (34). Emotional marketing was found to be a central focus of formula milk marketing and an important way to reach mothers, a finding that is consistent with previous reports (35). Aspirational marketing is concerned with inspiring an image of what consumers want to be and generating positive emotions and attitudes from consumers (36). Aspirational marketing is also a dominant theme of marketing of formula milk and was manifest in a variety of ways across countries. Building on emotional marketing, aspirational marketing assumes that emotion is central to evoking a consumer response to the brand and products, and plays on emotional and material desires.

The sophistication of formula milk marketing is apparent in these approaches. Marketing executives in China spoke of how brands and marketing campaigns are created according to market research which identifies consumers into segments based on their aspirations and desires. This reflects how marketing aims to build strong aspirational and emotional associations for the brand as a key to long-term brand success. Other studies of marketing effectiveness have shown that a strong brand is an enduring sales driver. Once established in consumers’ minds, brand associations can last for years (37). For example, one brand in the United Kingdom previously positioned itself as ‘closest to breastmilk’ in marketing, until it was prohibited from...
doing so in 2007 by a government watchdog in the United Kingdom. Despite this, findings from interviews with women and health professionals in the United Kingdom demonstrated that this brand message still resonates, and many women still perceive this brand to be the ‘closest to breastmilk’.

### Case study 6: premium purity

While the look and feel of aspirational marketing varies across countries, premiumization is a common approach and demonstrates aspirational marketing. Premiumization involves marketing products as superior to or offering more luxury than other products. On a basic level the aim of premiumization is to get customers to pay higher prices for a brand or product, and in marketing for formula milk it leverages on the desire for wanting the best future for the child.

In China and Viet Nam, premiumization is a major strategy of formula milk marketing. One element of premiumization is brand heritage – the origin and history of the brand. Capitalising on the fear of contaminated milk after the melamine milk scandal of 2008, that fuelled a desire for international and guaranteed safe goods, many formula milk companies focus on the international heritage of their company and brand, or on the ingredients in the products. Marketing in these countries feature attributes associated with their country of origin, e.g., Dutch quality, US gold standard, Japanese excellence. Non-domestic formula milk companies often focus on their country of origin, by stating, for example, ‘Made in Switzerland’, or ‘Swiss purity’. Domestic companies also often feature heritage as part of their campaigns, and focus on internationally sourced ingredients, such as ‘milk derived from cows fed in the green fields of Ireland’.

Marketing campaigns often portray highly aspirational lifestyle backdrops. Advertisements are emotional and suggest that the product is the first choice of successful, affluent families. In Viet Nam, formula milk advertisements are often ‘Westernized’ looking, meaning that they aspire to the culture of North America

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1. The action or process of attempting to make a brand or product appeal to consumers by emphasising its superior quality and exclusivity.
4. Health professionals and marketing

This section presents findings from more than 300 in-depth interviews with health professionals, including paediatricians, obstetricians, gynaecologists, nurses, and midwives from public and private hospitals, pharmacists, nutritionists, and community health workers.

4.1 Key findings

- Health professionals are positive about breastfeeding and, in general, promote it as the optimum feeding choice.

- Some health professionals demonstrate cognitive dissonance between the benefits of breastfeeding and formula milk products, sometimes fuelled and reinforced by the formula milk companies.

- In China, Mexico, and Viet Nam health professionals commonly recommend the introduction of formula milk straight after birth in the belief that it is necessary to supplement with formula milk for the first days. This choice risks normalising the introduction of formula milk products from an early stage.

- Some health professionals undermine continued breastfeeding by reporting that Stages 2-4 formula milks are needed. Several health professionals expressed doubts in the quality of breastmilk beyond six months and promoted these alternative milks.

- In the United Kingdom, many health professionals promote the message that Stage 2-4 formula milks are not required. This advice is effective and in the United Kingdom less women report the need for these milks compared to other countries.

- Formula milk companies engage health professionals in a broad range of professional and extracurricular activities. In a professional context, conferences are sponsored, courses are provided, academic research is funded, and marketing representatives are present on-site. In an extracurricular context, health professionals are offered ‘ambassadorial’ roles, merchandise, and perks, including travel, luxury stays, and gifts.

- Specialized milks, such as allergy milks, are used as a gateway to circumvent restrictions on formula milk company representatives visiting health facilities.

- Research programmes are funded, and prestigious medical institutes are engaged with, advancing the credibility and claims of the benefits of formula milk products.

- Private hospitals in Mexico, South Africa, and Viet Nam have ‘relationships’ with formula milk companies and present their products to women.

- The Baby-Friendly Hospital Initiative (BFHI) has worked to restrict marketing within hospitals, and to educate health professionals on conflicts of interest and the importance of breastfeeding. The Initiative was found to be particularly influential in the United Kingdom where the majority of health professionals interviewed vehemently opposed the marketing of formula milk.

- In all countries, health professionals discussed how the marketing of formula milk is influential on women’s infant feeding attitudes and decisions.

4.2 Influence of health professionals

Health professionals can have a marked influence on women’s infant feeding attitudes and practices. In all countries of study health professionals were reported as the main source of education on breastfeeding practice and interacted with women to provide support and encouragement for breastfeeding. Yet health professionals were also reported to inadvertently introduce doubts around a woman’s ability to breastfeed, the value of their breastmilk, and the quality and quantity of breastmilk that they have available, which can deter women from breastfeeding. In some settings, health professionals advocated the use of formula milk. Contact with representatives from formula milk companies potentially caused health professionals to recommend formula milk products to their patients. The presence of formula milk marketing within hospitals and the provision of free samples of formula milk was found as a likely influence of women’s infant feeding attitudes and decisions.

4.3 Views on breastfeeding

Health professionals in all countries are supportive of breastfeeding and promote it within their hospitals or facilities

“I think in recent years, I personally think that the percentage of breastfeeding for 0-6 months babies is higher and higher because this is closely related to our country’s emphasis on breastfeeding, and baby friendly hospitals. Especially in Beijing, [there] are a lot.”

(Nurse, public hospital, Beijing, China)
Health professionals spoke of how they support breastfeeding and promote it within their hospitals/facilities, and many were keen to stress the health benefits of breastfeeding for mother and child.

Breastfeeding was considered the norm in Bangladesh, Mexico, Morocco, and Nigeria, and there was an assumption that most women would breastfeed their infants. Health professionals in all countries say that attitudes towards breastfeeding among women have become more positive in recent years. In Bangladesh, health professionals reported that higher levels of education among women, coupled with guidance from the government, NGOs, and hospitals, has led to social change, and better support for breastfeeding mothers, and in turn to a rise in breastfeeding rates. In China, health professionals credited changes to Government policy that emphasised the importance of exclusive breastfeeding for the first six months with improving breastfeeding rates.

The Baby-Friendly Hospital Initiative has encouraged and supported breastfeeding

The Baby-Friendly Hospital Initiative (BFHI) is cited as particularly important for encouraging and supporting breastfeeding. In the United Kingdom, many health professionals reported that the BFHI is an important mechanism for the promotion of breastfeeding. Health professionals discussed how BFHI training has given them a greater awareness of the advantages of breastfeeding. Unsupportive practices, such as openly displaying formula milks or promoting products within hospitals in the United Kingdom, are reported to have declined.

"As soon as women give birth they try to breastfeed because it is natural. Women don’t go looking for alternatives as long as they are able to produce milk.”

(Pharmacist, Marrakesh, Morocco)

Health professionals reported that their hospitals or facilities used multiple methods to educate, advise, and support women as to the benefits and practicalities of breastfeeding. The provision of ongoing support can encourage women to initiate and continue their breastfeeding journey. Workshops and breastfeeding courses are often offered to pregnant women, and health professionals introduced the idea of breastfeeding during antenatal consultations. After delivery, health professionals gave women practical advice on breastfeeding, including how to position the infant to latch and how to stimulate milk supply. Health professionals in China, Mexico, South Africa, and the United Kingdom reported how lactation consultants or breastfeeding counsellors are important sources of advice for women.

Health professionals spoke of ongoing support for breastfeeding in some countries. In South Africa, health professionals encourage women to join breastfeeding WhatsApp groups set up by hospitals or offer women breastfeeding support over the phone. Health professionals in the United Kingdom referred women to the National Infant Feeding Network, a network of infant feeding specialists and academics responsible for the education of health professionals and students.

Return to work remains a barrier to continued breastfeeding

Health professionals commonly spoke of how the need to return to work is a barrier to continued breastfeeding for women. Health professionals in Bangladesh, Morocco, and Nigeria commented that it can be necessary for women to formula feed due to limited maternity leave in these countries. This view legitimizes the use of formula milk and overlooks other feeding possibilities such as expressing breastmilk. These health professionals described how women often need to leave their infant in the care of others when they return to work and feel that they have no option but to formula feed. In Mexico, health professionals highlighted the lack of workplace support for breastfeeding mothers, such as offering flexible hours or providing a private space to express and store breastmilk.

“I don’t think a private company is going to give you six months’ maternity leave, you need to work to support the family of course, you have to go from one area to the other... you can’t manage to carry the baby around and breastfeed, you are likely to use formula. That is number one motivation.”

(Paediatrician, public hospital, Abuja, Nigeria)

"They might have to go back to work within 2-3 months...In developed countries, there is maternity leave... But it has not been established properly in our country. Mothers are unable to regularly breastfeed when they get back to their jobs."

(Doctor, public hospital, Dhaka, Bangladesh)
4.4 Views on formula feeding

In some contexts health professionals perceive that formula is needed in initial days

"Moments after the mother has given birth to the child, they’re always going to need a bottle of formula milk for backup, in case the mother has yet to produce breastmilk."
(Nurse, private hospital, Ho Chi Minh City, Viet Nam)

In China, Mexico, and Viet Nam, a significant number of health professionals advised women to supplement their breastmilk with formula milk in the first days after delivery, as it is perceived that women do not produce enough milk at this time. In Morocco, health professionals reported prescribing formula milk for infants. Prescriptions for formula milk were provided to women who couldn’t produce milk, especially after having a caesarean section, or to women who had a medical condition. Prescriptions were also provided for infant formula.

Some health professionals advise women to formula feed because they believe that the woman did not produce enough milk to satisfy their infant’s hunger. Introducing formula at this early stage normalizes the need for the use of formula, and promotes the idea that women need to purchase formula when the baby is born.

Some health professionals believe breastmilk quantity and/or quality decline over time

"When the baby grows bigger, he needs more nutrients and the content of fat increases in the mother’s milk, so the quality is not as good as before.”
(Obstetrician, public hospital, Jinan, China)

In China, Mexico, and Viet Nam, many health professionals believed that the quality of breastmilk increases to six months and then declines, at which point they recommended formula milk. This belief aligns with marketing messages around the purported need for Stage 2-4 formula milks. Reasons for the purported decline in breastmilk quality given by health professionals include the assumption that there is a reduction of fats or protein in breastmilk, that the nutritional composition is no longer adequate in breastmilk after six months, or other environmental factors that are believed to influence the quality of breastmilk such as diet, stress, and the return to work.

"According to my understanding, 50 to 60% of infants are using stage two because after 6 months, breastfeeding exclusively can’t meet the nutrition needs for infants.”
(Obstetrician, private hospital, Jinan, China)

Health professionals in China stated that follow-on (Stage 2) formula milk is necessary when parents introduce complementary foods, and that toddler (Stage 3) and growing-up (Stage 4) formula milk provided extra nutrients and can be particularly beneficial for ‘fussy eaters.’

Similar views were common among health professionals in Mexico, some of whom maintain that Stage 2 formula milk is beneficial for complementing or supplementing breastmilk when an infant is six months or older. Health professionals in China and Mexico also considered Stage 2-4 formula milks to be nutritionally superior to whole cream cow’s milk. The introduction of Stages 2-4 formula milks can undermine breastfeeding and complementary feeding practices and prevent women from breastfeeding for the recommended two years.

Specialized and comfort milk formulas are considered beneficial by some

Specialist formulas such as those marketed for infants experiencing reflux or colic were considered beneficial.

"In our country everyone believes that breastmilk is not enough. They need to feed formula milk in order to meet the nutritional needs. It would be very difficult to change their perspective. They need to understand the benefits of breastfeeding and the negative sides of formula milk. Only then they can change their preference towards formula milk.”
(Doctor, private hospital, Dhaka, Bangladesh)

Health professionals discussed how formula milk is needed during weaning

"Yes, Stage 3 and 4 formula is necessary. Because they have lots of the nutrients that a baby needs, especially those babies who have a bad appetite and do not eat solid food well. Stage 3 and 4 formulas provide them with nutrients.”
(Nurse, public hospital, Jinan, China)
by health professionals in several countries. Health professionals in China spoke of how more children are being diagnosed with lactose intolerance and allergies, and in turn special formulas are becoming more popular. Many health professionals discussed how they advise women not to breastfeed if an infant is thought to have an allergy despite the difficulties in making a firm diagnosis.

In the United Kingdom, health professionals spoke of observing an increase in cow’s milk allergy or other food intolerances. It was often believed that these had been self-diagnosed rather than identified by a paediatrician or dietician. Some health professionals believed that common digestive complaints such as reflux or gassiness were incorrectly diagnosed as an allergy. Health professionals reported that women found information about these allergies online or by speaking to other mothers.

Health professionals in Mexico also reported seeing an increase in food allergies and intolerances among infants and feeling that specialist formulas can be beneficial in these instances. Anti-reflux and comfort formula milks were also thought to be helpful for infants experiencing reflux or vomiting. However, some health professionals expressed concern that such formula milks were ‘misused’ and given to infants who did not have a medical need for them. Health professionals in Morocco spoke of recommending formula milks to treat diarrhoea and constipation.

Effective messaging by health professionals in the United Kingdom that Stages 2-4 formula milks are not necessary

Legislation in the United Kingdom does not allow the marketing of Stage 1 formula milks, however Stage 2-4 formula milks can be advertised freely.1 Health professionals in the United Kingdom promote the message that Stages 2-4 formula milks are not required. Women who formula feed are advised to feed infant (Stage 1) until the baby is 12 months old, at which point full fat cow’s milk should be introduced. Health professionals spoke of how there is no evidence to support the introduction of Stages 2-4 formula milks, and many stated that these products are a ‘marketing ploy’ by formula milk companies. The provision of guidance on Stage 2-4 milks is effective, and this is reflected in women’s opinions.

4.5 Contact with industry across countries

Health professionals in all countries are approached by formula milk company representatives

Contact between health professionals and formula milk company representatives occurred in all countries but differed in frequency and intensity. Health professionals in South Africa and the United Kingdom

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1 The United Kingdom Law prohibits advertising and promotion of infant formula only (marketed for use from birth). Follow-on formula (marketed for use from 6 months of age) and milks for older babies can be advertised and promoted but this must not cross-promote infant formula through similar branding or by it not being obvious the product is for older babies.
reported that contact attempts in public hospitals have declined in recent years and are far less common than they have been in the past. In South Africa, health professionals reported that formula milk company representatives were no longer permitted on public hospital premises, but some mentioned that they held a regular presence in private facilities. This finding was corroborated by health professionals in private facilities who spoke of regularly meeting with formula milk company representatives from visiting hospitals, however some dieters and paediatricians discussed how they still regularly met with brand representatives and received information on specialist formula milks.

Health professionals in Morocco, Nigeria, and Viet Nam reported that contact with formula milk companies was extremely common in public and private settings, and many spoke positively of visits from formula milk company representatives.

Health professionals in China commented that meetings with formula milk company representatives no longer focused explicitly on brand recommendations, but instead were presented as ‘learning opportunities’ where information about products – and infant feeding and nutrition more generally – is shared.

Formula milk brand representatives target different types of health professionals

Formula milk companies targeted different types of health professionals. In Bangladesh and Mexico interactions were more common with paediatricians and senior managers, while in Viet Nam nurses were often approached. In the United Kingdom, health professionals stated that dieticians and paediatricians had the most contact with brand representatives and some were concerned about this influence.

Meetings with formula milk companies are not considered a ‘conflict of interest’ for some

Some health professionals in Bangladesh, China, Mexico, Nigeria, and Viet Nam spoke of how they did not consider contact with formula milk company representatives as ‘a conflict of interest’. These health professionals referred to events and consultations by brand representatives as ‘useful’ and felt they helped them to acquire important information about developments in formula milk. One health professional in the United Kingdom mentioned only recently becoming aware of the fact that using materials from formula milk companies or attending events can negatively influence infant feeding practices and should be avoided.

In Viet Nam, some health professionals stated that they met with formula milk brand representatives despite this contact being forbidden by the Ministry of Health, such meetings were usually held outside hospital premises.

Health professionals are targeted with a range of incentives

Formula milk companies used a variety of promotional incentives to engage health professionals. In Viet Nam, health professionals spoke of receiving funding for research, commission from sales, and all-expenses...
paid promotional events. Evidence was also found of partnerships between formula milk companies and nutrition institutions.

In Bangladesh and Nigeria, health professionals were offered small promotional gifts such as pens, calendars, and notepads. Health professionals in the United Kingdom spoke of being offered small gifts in the past, but commented that this practice had declined in recent years. Health professionals, however, mention that formula milk companies still fund educational events and conferences. Health professionals in Bangladesh, Morocco, and Viet Nam often received formula milk samples, whilst health professionals in Mexico received samples of specialized formula milks.

Conferences and training events sponsored by formula milk companies are widespread

In Bangladesh and Nigeria, health professionals were offered small promotional gifts such as pens, calendars, and notepads. Health professionals in the United Kingdom spoke of being offered small gifts in the past, but commented that this practice had declined in recent years. Health professionals, however, mention that formula milk companies still fund educational events and conferences. Health professionals in Bangladesh, Morocco, and Viet Nam often received formula milk samples, whilst health professionals in Mexico received samples of specialized formula milks.

Formula milk companies gain access to hospitals through specialized formulas

Specialized formulas, such as those for food allergies or intolerances, frequently served as entry points for formula milk company representatives to access hospitals or facilities. Health professionals in China, Mexico, the United Kingdom, and Viet Nam spoke of how formula milk company representatives were allowed on-site to discuss allergy and other specialized formulas. Specialist and allergy formula milks were considered particularly important by formula companies, who often went to great efforts to engage health professionals working in this field.

Conference and training events sponsored by formula milk were widespread. In Viet Nam, such events were frequent and invitations to these events were often extended to entire hospitals or departments. Health professionals noted several attractive features of formula milk promotional events, including all expenses being paid by the companies including travel allowance, free meals, and other monetary incentives, as well as the provision of valuable gifts and samples of formula milk.

Several health professionals also spoke of how training and events sponsored by formula milk companies helped to fill an information gap that they felt would otherwise exist. For example, dieticians in the United Kingdom spoke of how they felt that formula milk company representatives provided information on products which assists them in providing advice to mothers.

Formula milk companies were often subtle in their promotion of conferences and training courses, portraying them as opportunities to learn about child health, breastfeeding, or postnatal care. Health professionals in the United Kingdom discussed how it is not always clear that a training event is held or sponsored by a formula milk company and discuss declining invitations upon learning that they are sponsored by formula milk manufacturers.
4.6 Public versus private

In some countries private hospitals appear to be affiliated with a particular formula milk company. Health professionals in South Africa and Viet Nam reports noted how it was common for private hospitals to be sponsored by a particular formula milk company. Health professionals in Mexico also spoke of offering women in the hospitals the ‘preferred’ formula milk brand.

Several health professionals also state that contact with formula milk brand representatives was more common in private hospitals. Health professionals in Mexico, South Africa, and Viet Nam state that there were differences in the promotion of infant feeding practices and the level of support offered to women in private and public hospitals. Health professionals in these countries believe that breastfeeding is strongly promoted to women in public hospitals while staff in private health facilities were more likely to encourage women to formula feed their infants.

Free samples of formula milk and gifts are reported private hospitals

In Mexico and Morocco health professionals noted how it was common for formula milk companies to provide women in private hospitals with free samples or tubs of formula milk after delivery and other gifts. Several discussed how private doctors also provided free samples of formula milk to pregnant women and mothers during their appointments. In Morocco, some health professionals spoke of how formula milk is given to infants without granting the mother the decision to feed it.

4.7 Views on the influence of marketing across countries

Formula milk marketing influences behaviours and attitudes

Health professionals in all countries spoke of how marketing for formula milk is influential on women's infant feeding attitudes and decisions. In China and Viet Nam health professionals spoke of how formula milk marketing is highly influential on some women's attitudes and behaviours. For example, health professionals in China discussed how marketing which claims that formula milk is like breastmilk can be convincing and influential on women.

In Viet Nam, health professionals spoke of how they feel that women were vulnerable to formula marketing, that it nurtured doubts around breastmilk and influenced...
their feeding choices. Formula milk marketing was often present in hospitals, such as promotional booths in Viet Nam, suggesting to women that health professionals endorsed formula feeding.

In Viet Nam, formula milk marketing was widespread in health facilities and hospitals, where some openly displayed advertisements, designated promotional booths for formula milk manufacturers, and provided free samples.

**“It’s unscientific to say but [the influences on women's infant feeding choice] are the mother's family and marketing. These influences are overwhelming, provoking the mother’s curiosity to try it out even before consulting doctors. Not everyone has the chance to see a doctor. Even I am – a health professional – am enticed by it, although there is not much scientific evidence. They sound really nice and convincing. They also have great promotions in stores or supermarkets to attract customers.”**

(Doctor, public hospital, Ho Chi Minh City, Viet Nam)

In countries where formula milk marketing is more strictly regulated, health professionals spoke of how they felt that marketing still played a role in women’s feeding decisions. Health professionals in Bangladesh report that women believe the claims made by formula milk marketing, such as those for products that claim to improve growth or cognitive development. In South Africa health professionals spoke of the influence of images of ‘chubby babies’ in advertisements. In Morocco, health professionals spoke of how women often asked about the purported benefits of formula milk products they had seen advertised.

**“They get influenced by seeing advertisements or by hearing that it’s good from people. Many people advise them. They say that they got it from abroad. This is number one. This is good. Baby will grow faster. They are more drawn to formula milk by themselves.”**

(Nurse, private hospital, Chittagong, Bangladesh)

In Viet Nam, formula milk marketing was widespread in health facilities and hospitals, where some openly displayed advertisements, designated promotional booths for formula milk manufacturers, and provided free samples.

**“There’s a milk booth at [hospital name]. After coming to see the doctor for a periodical pregnancy check, they can pass through this booth. Promotional Girls there will give pregnant women a milk sample and collect their phone number. This strongly influences the women’s subsequent choice in the future. There’s also a milk consultancy booth there.”**

(Nurse, private hospital, Ho Chi Minh City, Viet Nam)

**Brand loyalty is strong among consumers**

Health professionals in the United Kingdom spoke of how women often relayed the marketing messages used by formula milk companies, and how these were influential on their views on the benefits of products. Health professionals spoke of how one brand in particular was frequently mentioned by women, as many believed that it is ‘closest to breastmilk’, a slogan that was previously used in its marketing campaigns.

**“I think a lot of women think that brand X this amazing breastmilk substitute because that’s their slogan, and a lot of women are falling for that and it costs a bit more money, that seems to be definitely working... We never recommend a brand but I have heard people say that they use brand X because it’s closest to breastmilk, that’s an actual quote from the brand X.”**

(Midwife, public hospital, London, United Kingdom)
4.8 Views on formula milk marketing legislation

When asked for their opinions on legislation, views were mixed among health professionals. While most were supportive of the laws around formula milk marketing in their country, some felt that they were ‘too strict’. Other health professionals express concern that legislation is not being implemented in their countries while others believed that formula milk companies were finding ways around legislation to advertise their products.

In Bangladesh, health professionals expressed concern that legislation was not being enforced and those breaking the law did not face any penalties. Several commented that they regularly saw advertisements for formula milk displayed in pharmacies and other shops. It is felt that there should be harsher punishments for those found to be acting against the legislation.

Health professionals in the United Kingdom spoke of how they would like legislation to be stricter as they believe that formula milk companies exploit loopholes in the law by marketing follow-on (Stage 2) formula milks for infants aged six months and older. Several health professionals also spoke of how infants in advertisements for Stage 2 formula milks look younger than six months and how this could mislead consumers.

Several health professionals in Nigeria and South Africa believed that formula milk should be advertised freely as this ‘helps women to make informed feeding decisions.’

“They should allow them to freely advertise their product anywhere and give the people necessary information and allow them to choose.”
(Gynaecologist, private hospital, Abuja, Nigeria)

“According to this law, pharmacies cannot even display container milk. But most pharmacies, if you go to x, I have gone there many times and saw that they have displayed all the containers. No one is charging them. Who will enforce the law? There must be someone to enforce the law.”
(Doctor, private hospital, Dhaka, Bangladesh)

“Well, it’s not effective, and the WHO Code is not effective in this country, because formula companies get around it, don’t they? On the telly. So, they can’t advertise formula for babies under six months, but what do they do? They have the follow-on milk. And there, they have the baby, who’s clearly not six months…. And “when you’re ready to move on”, it’s this sort of clever little phrases they use.”
(Infant feeding coordinator, public clinic, United Kingdom)
5. Women’s engagement with formula milk marketing

5.1 Key findings

- Women express a strong desire to breastfeed, but were hindered by fears and doubts about their ability to breastfeed, or value of their breastmilk. Marketing for formula milk serves to undermine confidence in, and perceived value of, breastfeeding. There is widespread evidence that women have internalised doubts about the quality and quantity of their breastmilk, mirroring the themes and messaging of marketing for ‘formula milk companies’.

- Marketing messages are reflected in women’s opinions about feeding:
  - Marketing that positions formula milk products alongside breastmilk leads some women to report that formula milk products are close to, equivalent, or superior to their breastmilk.
  - Marketing is effective in convincing women that there is a need for formula milk products. Exposure to marketing is influential on women’s awareness of, and perceived need of follow-on and growing up milks (Stage 2-4).
  - Formula milk companies leverage on the term ‘breastmilk substitute’, suggesting to some women that the product is equivalent to breastmilk.
  - Women in China, Mexico, South Africa, the United Kingdom, and Viet Nam spoke of the appeal of specialized formula milks that are seen to rectify common infant feeding conditions such as a rash or colic.
  - In all but the United Kingdom, at least 80% of the population who were aware of Stage 2 milks perceived a need for Stage 2 formula.

- The prevalence of favourable attitudes towards formula milk products is greater among women who are more exposed to the advertisements and promotions.

- Health professionals’ recommendations are influential. More than half of all formula feeding mothers (53%) in Mexico chose their current formula brand because of a recommendation by a health professional, and more than one-third of all women state that they have received a recommendation for a formula brand from a doctor, consultant, or paediatrician. In Bangladesh, 43% of women who ever planned to, or are currently using formula, chose their brand because a health professional had recommended it. In Nigeria at least one in four women (26%) chose a brand because it was recommended to them by a health professional.

- Women who plan to feed their infant formula were significantly more likely to have received a recommendation to formula feed from a health professional, compared to women who plan to breastfeed.

- Formula milk packaging is appealing to some women and can be influential on their purchase decisions. Imagery and labelling make the products desirable, and women spoke of favouring packaging that positioned the product as ‘close to or equivalent’ to breastmilk.

- Many women prefer premium products, and discussed finding products that are ‘scientific’ or ‘premium’ more appealing.
5.2 Pregnancy

5.2.1 Feeding attitudes among pregnant women there is a strong desire to breastfeed

Pregnant women were extremely positive about breastfeeding, and the majority in all countries planned to breastfeed. Motivation to breastfeed exclusively varies across countries, in Bangladesh, 98% of pregnant women planned to exclusively breastfeed, while in Morocco, only 49% say that they would breastfeed exclusively and 44% planned to mixed feed or transition to formula.

Table 9: Pregnant women’s feeding intentions

<table>
<thead>
<tr>
<th>Feeding intention</th>
<th>Bangladesh (N=283)</th>
<th>China (N=300)</th>
<th>Mexico (N=302)</th>
<th>Morocco (N=301)</th>
<th>Nigeria (N=300)</th>
<th>South Africa (N=300)</th>
<th>United Kingdom (N=300)</th>
<th>Viet Nam (N=301)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding only</td>
<td>98%</td>
<td>77%</td>
<td>94%</td>
<td>49%</td>
<td>73%</td>
<td>51%</td>
<td>84%</td>
<td>68%</td>
</tr>
<tr>
<td>Breastfeeding first, then breastfeeding and giving formula</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>1%</td>
<td>5%</td>
</tr>
<tr>
<td>Breastfeeding first, then switching to formula</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>14%</td>
<td>13%</td>
<td>15%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Breastfeeding and formula from birth</td>
<td>1%</td>
<td>17%</td>
<td>2%</td>
<td>18%</td>
<td>7%</td>
<td>19%</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>Breastfeeding and formula first, then switching to only formula</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Breastfeeding and formula feeding first, then switching to only breastfeeding</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Formula only</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
<td>1%</td>
<td>9%</td>
<td>5%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Women spoke of the importance of learning from their friends and family about how to breastfeed. In the United Kingdom some women discussed how they lacked breastfeeding role models as a result of being brought up in household where formula milk was the norm, and that most of their friends and family gave formula milk too.

Doubts around ability to breastfeed exist in all countries

Although most women expressed a desire to breastfeed, perceived difficulties with breastfeeding were frequently discussed by pregnant women, fuelling doubt in their confidence in ability to breastfeed.

“Start to get used to the idea, though you can’t know how it is going to be until the baby is born. Only then can you see if he or she tolerates lactose if you produce enough milk. I would breastfeed instead, but if necessary, I would use formula, but you can only decide all that once the baby is born.”

(Pregnant woman, Guadalajara, Mexico)
ability to breastfeed. Commonly cited difficulties included insufficient milk supply, the infant being too hungry, or difficulties with the infant being able to latch. These seeds of doubt were sown by friends, family, health professionals, and formula milk marketing messaging, and undermined a woman's belief in her ability to breastfeed. In China, Mexico, the United Kingdom, and Viet Nam, pregnant women spoke of how breastfeeding could be difficult, and many women worried that they might face difficulties in breastfeeding.

5.2.2 Experience of marketing
Marketing executives in China discussed how pregnant women were an important target group for formula milk companies, who aimed to persuade pregnant women to use their infant formula with the expectation that they will move onto use formula milks when their infants were older. Pregnant women in all countries reported being exposed to marketing for formula milk in the past year. In China and Viet Nam at least nine out of 10 pregnant women had seen or heard marketing for formula milk in the past year.

Marketing for formula milk was found to start early even following a woman searching online for information on pregnancy or parenting or attending a health facility for a scan or check. In China, the United Kingdom, and Viet Nam some women spoke of how their online searches could be dominated by marketing for formula milk, and how they felt targeted by marketing. Phone diary entries in China, Mexico, Morocco, the United Kingdom, and Viet Nam revealed marketing for formula milk including gifts and promotions, and ‘calls to action’ to engage with companies or buy products directly, through signing up for a baby club or other promotions, through one-to-one contact with company representatives, or by clicking on a link to buy the product. ‘Call to action’ marketing entices potential consumers to engage with the company, or to buy products immediately. Women spoke of how this marketing was appealing and persuasive and recalled responding to this marketing through signing up for promotions, baby clubs, or by buying products.

Exposure to marketing for maternal milks is common in some countries
Women also experienced marketing for maternal milk, which serves to normalize the introduction of formula milk products from pregnancy onwards. This marketing was effective, with nearly all women in China and Viet Nam having heard of maternal milk (93% of women in China and 96% of women in Viet Nam are aware of maternal milk), and in China women who were more exposed to marketing for formula milk were significantly more likely to have tried maternal milks.1 In Viet Nam women recalled the purported benefits of maternal milks, and some discussed how they fed their infants formula milk products from the same brand as the maternal milk that they had used, as they felt that they would be better suited to the baby.

Table 10: Pregnant and post partum women’s exposure to marketing across countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>26% (N=283)</td>
<td>94% (N=300)</td>
<td>33% (N=322)</td>
<td>3% (N=322)</td>
<td>23% (N=300)</td>
<td>16% (N=300)</td>
<td>83% (N=300)</td>
<td>92% (N=300)</td>
</tr>
<tr>
<td>Post partum</td>
<td>27% (N=695)</td>
<td>97% (N=750)</td>
<td>42% (N=748)</td>
<td>2% (N=750)</td>
<td>25% (N=750)</td>
<td>23% (N=750)</td>
<td>85% (N=752)</td>
<td>93% (N=748)</td>
</tr>
<tr>
<td>Full sample</td>
<td>27% (N=1178)</td>
<td>97% (N=1050)</td>
<td>39% (N=1050)</td>
<td>3% (N=1050)</td>
<td>24% (N=1050)</td>
<td>21% (N=1050)</td>
<td>84% (N=1052)</td>
<td>92% (N=1050)</td>
</tr>
</tbody>
</table>

**Note:**

1 Pearson’s correlation was used to measure the direction of association that exists between marketing exposure score and a set of binary indicators. While this does not give robust results for the strength of the correlation, due to one variable being binary, it provides an indication of whether the correlation exists and what direction it exists in. Outliers from the marketing exposure score were removed to ensure a minimum cell size, of the minimum and maximum score, of 25. The level of statistical significance (p-value) was then calculated to test if the value was significantly different from 0 and this was reported as being significant at the: 5% (*); 1% (**); and 0.1% (***) levels.

“I saw an advertisement on Facebook. Overall, the colour of the advertisement was eye-catching and there was a cute giraffe. The most important thing was ‘register immediately to receive 110,000 VND discount code’.”

(Pregnant woman, Ho Chi Minh City, Viet Nam)

“[Formula brand X] maternal milk. It so happens I received a sample. Afterwards, I bought a small tin to give it a try and I find it satisfactory so I stuck with this brand. As I find this brand good for me, I feed it to my baby after giving birth.”

(Formula feeding mother, 0–6 months, Ho Chi Minh City, Viet Nam)
Formula milk marketing can replace information gaps on infant feeding

In China, Mexico, South Africa, the United Kingdom, and Viet Nam formula milk companies’ websites and materials are positioned as a useful resource for pregnant women and mothers. These formula milk company sites served to trigger recognition of brands, and act as an advertisement for the formula milk company and its products. In some countries branded sites were being used as the main source of information on infant feeding. In South Africa and the United Kingdom women discussed feeling that there is a lack of information provided by health professionals, or available online, on formula feeding. Women felt that health professionals pushed for breastfeeding and refrained from providing advice on formula feeding. In the United Kingdom women discussed how they used materials provided by formula milk companies for information on infant feeding and formula milk.

In China, women spoke of the importance of ‘WeChat Moms groups’, and how these groups were useful for information on infant feeding, and to identify which formula milk to buy. Interviews with marketing executives revealed that formula milk companies convened some ‘Moms groups’, and also worked with mothers to act as brand ambassadors within ‘Moms groups’. The discussions in these groups served to normalize the need for formula milk, and positioned information as helpful advice from other mothers, rather than marketing from a company.

Health professional recommendations begin during pregnancy

Health professionals sometimes, whether advertently or inadvertently become a channel of marketing of formula milk. In some contexts, health professionals undermine women’s confidence in their ability to breastfeed, and fuel women to question the value of breastfeeding. In all countries of study, pregnant women spoke of receiving a recommendation to formula feed from a health professional, and least one in 10 pregnant women surveyed had received a recommendation to formula feed by a health professional. In Nigeria, at least one-third (37%) of all pregnant women had received a recommendation to formula feed from a health professional, and women here spoke of the importance of health professional recommendations.

“It is easier for me to go either to a sister [nurse] or a doctor to know what I am buying. Once the doctor recommends it and I see it’s good to for my baby, I will base on that.”

(Pregnant woman, Lagos, Nigeria)

Table 11: Pregnant women receiving recommendation from health professional to use formulaa

<table>
<thead>
<tr>
<th>Country</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>13% (N=283)</td>
<td>15% (N=300)</td>
<td>20% (N=302)</td>
<td>19% (N=300)</td>
<td>37% (N=300)</td>
<td>10% (N=300)</td>
<td>17% (N=300)</td>
<td>NA</td>
</tr>
</tbody>
</table>

In some countries there is a relationship between health professionals’ recommendations to use formula and women’s plans to formula feed. In China, Morocco, South Africa, and the United Kingdom, women who planned to feed their infant formula were significantly more likely to have received a recommendation to formula feed from a health professional, compared to women who planned to breastfeed.

a Question was not asked in Viet Nam.
Table 12: Proportion of pregnant women by feeding intention who received a recommendation to formula feed from a health professional

<table>
<thead>
<tr>
<th>Feeding plan</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan to exclusively breastfeed</td>
<td>12%</td>
<td>10%</td>
<td>20%</td>
<td>9%</td>
<td>38%</td>
<td>5%</td>
<td>15% (N=252)</td>
<td>NA</td>
</tr>
<tr>
<td>Plan to use formula</td>
<td>0</td>
<td>31%***</td>
<td>0</td>
<td>29%***</td>
<td>37%</td>
<td>16%**</td>
<td>27%* (N=48)</td>
<td>NA</td>
</tr>
</tbody>
</table>

Strong brand identity is formed during pregnancy

In all countries pregnant women can recall brands of formula, and could identify which brand they think is best, and why they think this brand is best. Some brands have a strong ‘brand identity’, which means that women associated certain values with the brand, such as ‘X brand is closest to breastmilk’ or ‘Doctors recommend X brand’. Women spoke of how they had learnt about brands through family and friends, through their own searches for information, when shopping, through marketing for formula milk, and through recommendations from health professionals.

“**Yes, the paediatrician suggested one and that’s what I chose, I didn’t do much research. I trusted what the paediatrician told me, that’s why I didn’t remember the ads.**”

(Formula feeding mother, 0-6 months, Guadalajara, Mexico)

Table 13 shows that pregnant women in China, where exposure to marketing is highest, reported learning about the ‘best brand’ of formula through an advertisement for formula milk (56%). In Mexico (31%), Morocco (45%), Nigeria (34%) and South Africa (51%), pregnant women reported that they learnt about the ‘best brand’ from family members.

Table 13: Brand awareness among pregnant women (highest rank source)

<table>
<thead>
<tr>
<th>Country</th>
<th>How did you hear about the ‘best brand’?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>I saw an advertisement for it on TV/radio/magazine/on a website (O)</td>
</tr>
<tr>
<td>China</td>
<td>I saw an advertisement for it on TV/radio/magazine/on a website (56%) (N=300)</td>
</tr>
<tr>
<td>Mexico</td>
<td>I heard about it from family members (31%) (N=302)</td>
</tr>
<tr>
<td>Morocco</td>
<td>I heard about it from family members (45%) (N=301)</td>
</tr>
<tr>
<td>Nigeria</td>
<td>I heard about it from family members (34%) (N=284)</td>
</tr>
<tr>
<td>South Africa</td>
<td>I heard about it from family members (51%) (N=300)</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>I saw it on the shelves in a shop (32%) (N=238)</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>NA</td>
</tr>
</tbody>
</table>

O <25 cases

* Question was not asked in Viet Nam

b Question was not asked in Viet Nam
5.3 Post partum

5.3.1 Introduction of formula in first days some women are convinced that formula is necessary in the first days

Early initiation of breastfeeding after birth is important to begin the breastfeeding journey. There was a common perception that women do not have enough milk in the first days, and that formula needs to be introduced at this time until the breastmilk supply comes through. This perception was sparked and reinforced by health professionals, and women spoke of how formula milk is introduced, sometimes without their consent. The introduction of formula milk in early days normalizes its use, and some women discussed how it is a necessary product for the first days of an infant’s life.

Introduction of formula in the first days also nurtures doubt around supply of breastmilk. In Bangladesh, more than half (53%) of formula feeding women stated that they tried to breastfeed but did not have enough milk. In Morocco, 40% of those formula feeding did so because they believed they did not have a sufficient milk supply to breastfeed.

Health professionals are a powerful mechanism for the promotion of formula milk

Health professionals can, intentionally or unintentionally, function as a powerful means for formula milk promotion. Brand recommendations by health professionals have the potential for a ‘halo effect’, in which women trust the brand of formula milk because it has been endorsed by a health professional or is used within their health facility.

In Morocco, promotion of formula milk mainly occurred through health professionals, and promotions within pharmacies. Women frequently discussed receiving a recommendation from pharmacist, paediatrician, or other health professional, and several women discussed how they had received a prescription for formula milk from a pharmacist or paediatrician.

Table 14 demonstrates that in countries where data is available, women who feed formula are more likely to have received a recommendation from a health professional to feed formula compared to women who breastfeed.

For example, in Bangladesh 72% of women who exclusively fed formula received a recommendation to feed formula from a health professional, which was significantly higher than among breastfeeding women among whom only 18% had received a recommendation to formula feed from a health professional.

Women’s engagement with formula milk marketing

Pregnant women report bringing formula to the hospital in anticipation of not being able to breastfeed

The initial purchase of formula often happens during pregnancy, as some women believe that they will need to bring a tin of formula to the hospital in case they are not able to breastfeed. In all countries women reported receiving free samples of formula in and outside of hospital. In interviews in China, Mexico, and Viet Nam women spoke of receiving free samples of formula whilst visiting hospitals and health facilities. This included receiving ‘maternity packs’ with a selection of free goods, including samples of formula, and promotions for formula. In China, nearly half (46%) of women had received a sample of formula milk either inside or outside a hospital. These samples normalize the idea that formula milk may be necessary. Some women spoke of how these samples influenced their choice of brand later on, especially as it was felt the brand is ‘endorsed’ by the hospital, and therefore was perceived to have superior qualities.

“It’s included in the maternity package. The formula is available even before the breastmilk, so the baby will be taking formula if breastmilk is not available yet.”

(Pregnant woman, Ho Chi Minh City, Viet Nam)

“In the hospital, they said: “when she is born, buy this formula”. It is a private hospital... they said (they give) formula when the baby is born, they feed the baby the first day and they give him to you the second day.”

(Breastfeeding mother, 0-6 months, Guadalajara, Mexico)
Health professional recommendations also influence mother’s choice of formula brand. Mothers were asked which brand of formula they think is best, and why they think that brand is best. In Bangladesh and Mexico, the reason most cited for hearing about the ‘best brand’ of formula was through a health professional (46% and 33% respectively), and the most cited reason for choosing a brand of formula was because of health professional recommendations (43%) and (53%) respectively. In Mexico mothers frequently discussed receiving recommendations for formula milk from their paediatrician.

“\textbf{The doctor advises that this formula milk is perfect for your child. By feeding this milk, the physical problems we [the baby] have when we [the baby] drink this milk will no longer exist. We keep in mind the suggestion of doctors. Brand X is very good.}”

(Formula feeding mother, 7-18 months, Dhaka, Bangladesh)
Women's feeding behaviours are significantly related to exposure to marketing

In Bangladesh, women who exclusively formula fed from birth were significantly more likely to have been exposed to marketing for formula milk than women who breastfeed 44% of women who exclusively formula fed had been exposed to marketing for formula milk, compared to 27% of women who exclusively breastfeed.

5.3.2 Perceptions of breastmilk versus formula milk

Purported benefits of formula milk are recalled by women across countries

Formula milk marketing has created an unequal playing field for women to recognise the values of breastmilk and breastfeeding compared to formula feeding. Women spoke of multiple benefits of formula feeding, with commonalities in the reported benefits for formula feeding including the idea that formula helps infants sleep better. In Nigeria, more than three-quarters of women (76%) agreed that formula milk helps infants sleep better.

There is a common perception among women in all countries that formula keeps infants fuller for longer and this messaging was evident in advertisement in several countries. In Bangladesh, China, and Viet Nam there was a significant relationship between exposure to marketing and positive attitudes towards formula milk, with those exposed to marketing significantly more likely to agree with the statement that ‘formula keeps babies fuller for longer’. Some women spoke of how it was necessary to supplement or replace breastmilk with formula milk, as breastfeeding alone cannot satisfy the child. In the United Kingdom, several formula milk companies sold formula products that were positioned as milk ‘for hungrier babies’. This implies that the milk is better able to keep infants fuller for longer, despite a lack of evidence to support these claims. Only in Morocco was there a negative relationship between exposure to marketing and attitudes towards formula milk, in that women who were exposed to marketing were less likely to agree that formula helps babies sleep better or keeps them fuller for longer.

Table 16: Relationship between exposure to marketing and purported benefits of formula milk

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula helps babies sleep better</td>
<td>+***</td>
<td>+**</td>
<td>x</td>
<td>-***</td>
<td>x</td>
<td>x</td>
<td>+*</td>
<td>x</td>
</tr>
<tr>
<td>Formula keeps babies fuller for longer</td>
<td>+***</td>
<td>+**</td>
<td>x</td>
<td>-***</td>
<td>x</td>
<td>x</td>
<td>+*</td>
<td>+***</td>
</tr>
</tbody>
</table>

Significantly different from 0 at * 5% SL; ** 1% SL; *** 0.1% SL. X signifies no relationship and NA signifies that no data is available

Women are receptive to formula milk marketing which positions formula as close to or equivalent to breastmilk

Formula milk companies position their product alongside breastmilk with claims such as ‘closest to breastmilk’ and ‘inspired by breastmilk’. Companies are frequently promoting ingredients ‘informed’ or ‘derived’ from breastmilk, which use complex scientific terms. Packaging for formula milk often positions these ingredients so that they draw the eye, and these ingredients are a central feature of marketing and packaging for premium products. In China and Viet Nam, more than one-third of women, 33% and 40% respectively, agreed that formula is very like breastmilk. Ingredients such as HMO, DHA, and MFGM were recalled by women in China, Mexico, and Viet Nam, demonstrating ‘sticky marketing’ where messages imprint on the mind and are recalled. Women discussed how they were often uncertain about what these ingredients were, or of their benefits, however their

Table 17: Relationship between exposure to marketing and perceptions of breastmilk versus formula milk

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula helps babies sleep better</td>
<td>+***</td>
<td>+**</td>
<td>x</td>
<td>-***</td>
<td>x</td>
<td>x</td>
<td>+*</td>
<td>x</td>
</tr>
<tr>
<td>Formula keeps babies fuller for longer</td>
<td>+***</td>
<td>+**</td>
<td>x</td>
<td>-***</td>
<td>x</td>
<td>x</td>
<td>+*</td>
<td>+***</td>
</tr>
</tbody>
</table>

Significantly different from 0 at * 5% SL; ** 1% SL; *** 0.1% SL. X signifies no relationship and NA signifies that no data is available

Women's engagement with formula milk marketing
‘closeness’ or ‘equivalence’ to breastmilk gave comfort to women. Claims of formula milk being close to breastmilk influences women, and many women spoke of how they chose their brand because it is ‘closest’ to breastmilk. In China over half of women reported that the brand they had chosen is the ‘closest formula to breastmilk’ (54%). In the United Kingdom one brand was consistently cited as the ‘closest to breastmilk’ by women, a message that previously featured in the company’s marketing campaigns. These messages serve to undermine breastmilk, as women perceive that formula has similar attributes to breastmilk.

The language of ‘breastmilk substitute’ has gained traction with women

Formula milk products are usually called ‘breastmilk substitutes’, and in several countries women interpreted this term to mean that the product is equivalent to breastmilk. Women spoke of how the term ‘breastmilk substitute’ was reassuring and felt that it means the product is as close as you can get to breastmilk and a suitable replacement. Some formula milk companies capitalize on the term ‘breastmilk substitute’ and make this a central focus of their advertising campaign, leveraging on the term breastmilk in relation to the product.

Table 17: Relationship between exposure to marketing and positive statements on formula milk

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula is very like breastmilk</td>
<td>×</td>
<td>+</td>
<td>+***</td>
<td>+**</td>
<td>×</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Breastfeeding and formula provide the same health benefits</td>
<td>×</td>
<td>+***</td>
<td>×</td>
<td>-***</td>
<td>×</td>
<td>-*</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>Benefits of Formula - Nutrition is more comprehensive / balanced</td>
<td>NA</td>
<td>+*</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>+***</td>
</tr>
<tr>
<td>Benefits of Formula - Healthy for the baby</td>
<td>+***</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Significantly different from 0 at * 5% SL; ** 1% SL; *** 0.1% SL. X signifies no relationship and NA signifies that no data is available

Women’s positive attitudes towards formula milk are correlated with their exposure to marketing

Exposure to marketing was significantly related to positive attitudes to the benefits of formula in Bangladesh, China, Mexico, Morocco, and Viet Nam.

- In Bangladesh women who were exposed to marketing were significantly more likely to answer an open-ended question on the benefits of formula milk that ‘formula is healthy for the baby’.
- In China, women who were exposed to marketing were more likely to agree with statements including ‘formula is very like breastmilk’ and ‘breastfeeding and formula provide the same health benefits’.
- In China and Viet Nam women who were exposed to marketing were significantly more likely to answer an open-ended question on the benefits of formula with ‘nutrition is more comprehensive and balanced in formula’ compared to breastmilk.
- In Mexico and Morocco women who were exposed to marketing were significantly more likely to agree with the statement ‘formula is very like breastmilk’.

Exposure to marketing can also be negatively related to statements on formula milk. In Morocco and South Africa women who were exposed to marketing were significantly more likely to disagree with the statement ‘breastfeeding and formula provide the same benefits’.

“Like it’s comparing it to breastmilk. It’s justifying giving formula because it’s talking about how similar it is to breastmilk.”

(Breastfed then formula fed, 6-18 months, Glasgow, United Kingdom)

“So, what I would say is that breastmilk substitute that, kind of, makes me feel like it’s similar in terms of the way it’s been produced, so feeding a baby, they shouldn’t be able to tell too much difference, especially if it’s from birth.”

(Formula feeding mother, 7-18 months, London, United Kingdom)
Nutrition is a central focus of formula milk marketing. Products are positioned as having additional, equivalent, or superior ingredients to breastmilk. Products play on purported inadequacies of breastmilk. For example, in the United Kingdom, where Government advice is to supplement breastfeeding with Vitamin D, some formula milk marketing focuses on how formula contains more Vitamin D. This marketing is effective in playing on anxieties, and women spoke of how formula could be the superior choice because it contains Vitamin D.

Marketing often focuses on the ‘scientific’ developments in the products. In China and Viet Nam women spoke of their desire to feed their infant in the ‘scientific way’ and are persuaded by marketing which advertises the ‘science and research’ in formula development, which fuels connotations of formula being the more advanced, and hence superior product. When asked an open-ended question about the benefits of formula milk, in China the most cited benefit of formula was that it ‘supplies enough nutrients’ (42%); here, women often doubted the nutritional quality of breastmilk, with only 17% stating that breastmilk supplies enough nutrients.

Marketing influences women’s views on the nutritional benefits of formula, women who were exposed to marketing in China and Viet Nam were significantly more likely to answer that the ‘nutrition is more comprehensive’ in formula. Perceived superior qualities of infant formula leads some women to believe that mixed feeding is the optimum choice to provide an infant with enough nutrition. In China, Nigeria, the United Kingdom, and Viet Nam, women spoke of the need to supplement with formula even when they were breastfeeding. Some stated that formula milk can give the infant added nutritional benefit that they believed exclusive breastfeeding may be unable to provide.

5.3.3 Specialized and ‘comfort’ milks ‘comfort’ and ‘hungry baby’ milks are seen as a solution to common infant behaviours

In China, Mexico, South Africa, the United Kingdom, and Viet Nam evidence was found of formula milk products which were marketed as special milks, including milks for colic, constipation, ‘hungry babies’, regurgitation, and ‘comfort milks’. Marketing for these milks, and labels on the tin, plant seeds of doubt in women’s minds that such infant behaviours are not normal or to be expected. Aligning with ‘pain points’ marketing strategies, women in these countries spoke of how these milks are desirable, as they perceive that they can soothe or relieve such common infant behaviours which were seen as symptoms that need rectifying.

Allergies and food intolerances emerging as an issue for women in China, Mexico, the United Kingdom, and Viet Nam

There is an array of products for allergies and sensitivities in China, Mexico, South Africa, the United Kingdom, and Viet Nam, including low lactose, lactose free, soy, partially hydrolysed, and hydrolysed formula milks. These products are often more expensive than standard formula milks, and marketing for these products leverages on common infant behaviours such as wind and crying, and presents these behaviours as fixable. Marketing for allergy and sensitive milks – messaging such as ‘with milk protein broken into smaller pieces’ or brand names that adapt the word ‘Sensitive’ - raises awareness in women’s minds that allergies and sensitivities may be an issue. In China, Mexico, the United Kingdom, and Viet Nam, marketing mentioning allergies and sensitivities was common, and women discussed these products and considered whether they were necessary. In the United Kingdom, women spoke of how allergies are commonplace now, and some felt that infants are being over-diagnosed with a cow’s milk protein allergy, and women are being told to stop breastfeeding and move on to allergy and specialist formulas.
5.3.4 Stages of formula milk products awareness and perceived need of Stages 2-4 formula milks

Stage 2-4 milks are now becoming more common and normalized. Table 18 demonstrates that while awareness of Stages 2-4 formula milk varies, perceived need among those who are aware of these milks is high in many places. Awareness and perceived need of Stages 2-4 milks is highest in China and Viet Nam, where at least 90% of women reported exposure to marketing for these milks, suggesting that marketing raises awareness and perceived need for milks for older infants and children. In all countries, at least 80% of the aware population perceived a need for Stage 2 formula, apart from the United Kingdom where only 26% of the aware population perceived a need for Stage 2 formula. Awareness of Stage 3 milks was slightly lower, however perceived need was high in all countries apart from the United Kingdom.

Perceived need for Stage 4 formula milks was, in general, lower in all countries; nevertheless, among those mothers in Morocco, Nigeria, South Africa, and Viet Nam who were aware of Stage 4 milks, at least 80% perceived a need for the milks. As outlined in Section 2.4, there is ambiguity in how Stage 4 milks are marketed. Some Stage 4 milks are clearly defined as milks for infants aged 36 months plus and therefore do not fall under the remit of the International Code of Marketing of Breastmilk Substitutes. However, some Stage 4 milks are marketed at infants aged 12 months plus or 24 months plus. As mentioned, this creates ambiguity around the marketing of Stage 4 milks.

Table 18: Awareness and perceived need of Stages 2-4 milks

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>39% (N=1178)</td>
<td>96% (N=1050)</td>
<td>34% (N=1050)</td>
<td>68% (N=1050)</td>
<td>36% (N=1050)</td>
<td>73% (N=1050)</td>
<td>93% (N=1050)</td>
<td>82% (N=1050)</td>
</tr>
<tr>
<td>Perceived need among those who are aware</td>
<td>Na</td>
<td>80% (N=1013)</td>
<td>80% (N=358)</td>
<td>93% (N=717)</td>
<td>91% (N=315)</td>
<td>89% (N=764)</td>
<td>26% (N=980)</td>
<td>96% (N=862)</td>
</tr>
<tr>
<td><strong>Stage 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>32% (N=1178)</td>
<td>94% (N=1050)</td>
<td>31% (N=1050)</td>
<td>60% (N=1050)</td>
<td>23% (N=1050)</td>
<td>68% (N=1050)</td>
<td>53% (N=1050)</td>
<td>Na</td>
</tr>
<tr>
<td>Perceived need among those who are aware</td>
<td>Na</td>
<td>84% (N=987)</td>
<td>71% (N=321)</td>
<td>92% (N=633)</td>
<td>84% (N=246)</td>
<td>85% (N=710)</td>
<td>12% (N=559)</td>
<td>Na</td>
</tr>
<tr>
<td><strong>Stage 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>32% (N=1178)</td>
<td>73% (N=1050)</td>
<td>19% (N=1050)</td>
<td>40% (N=1050)</td>
<td>24% (N=1050)</td>
<td>65% (N=1050)</td>
<td>57% (N=1050)</td>
<td>81% (N=1050)</td>
</tr>
<tr>
<td>Perceived need among those who are aware</td>
<td>Na</td>
<td>69% (N=783)</td>
<td>60% (N=199)</td>
<td>86% (N=418)</td>
<td>85% (N=554)</td>
<td>84% (N=683)</td>
<td>11% (N=598)</td>
<td>94% (N=846)</td>
</tr>
</tbody>
</table>

“Yeah, it was the paediatrician who told me about this (Stage 2 and 3 milks). Before that, I used to think that there is only one milk from birth till one year old. But the paediatrician explained to me there is a milk even up to three years old. If you want to give to the baby.”

(Formula feeding mother, 6-18 months, Rabat, Morocco)
Widespread belief that quality of breastmilk declines
There was a widespread belief among women that the quality of breastmilk depletes over time, especially at the six-month mark. Doubts were focused on nutrition, with the idea that nutrition in breastmilk gradually decreases. Guidance by WHO and UNICEF recommends that women should exclusively breastfeed to six months, and then introduce complimentary foods alongside breastmilk. Marketing for formula milk capitalizes on this advice and propagates the advice that ‘at six months your breastmilk is not enough’. This subtle reframing of guidance positions breastmilk as inadequate and implies that formula is needed to provide a child with the necessary nutrition. It also perfectly positions formula milk companies as supportive of breastfeeding and allows companies to circumvent restrictions on advertising of formula milk for infants.

“After 6 months, the nutrition in breastmilk is not enough. Though it has immunity, its nutrition source is not as good as formula.”
(Formula feeding mother, 7-18 months, Ho Chi Minh City, Viet Nam)

Marketing undermines full cream cow’s milk
Marketing was identified for Stages 2-4 formula milks that undermined full cream cow’s milk and presented formula milks as a better choice than full cream cow’s milk. For example, in Mexico a TV campaign focused on how brand X formula milk has superior attributes to cow’s milk, and women repeated these messages in interviews. In Morocco, women spoke of receiving recommendations to use Stages 2-4 formula milks from health professionals, and repeated messages that cow’s milk is not suitable for infants after the age of six months, which they had heard from health professionals, and seen on articles online advertising formula milk.

“Stage 3 and 4 focus most on providing calcium, which helps the child gaining height and strengthens his/her bones as well his/her brain a lot.”
(Pregnant woman, Ho Chi Minh City, Viet Nam)

Exposure to marketing is correlated with the belief that formula milks are necessary for older infants
Aligned with the common belief that breastmilk quality declines over time, awareness of, and reported need for milks for infants aged six months and over was extremely high across China and Viet Nam. Doubt about the adequacy of milk at six months normalizes the need to ‘move on’, and formula milk marketing implies that moving on to Stages 2-4 formula milks is the natural next step. Findings from the market analysis and phone diaries revealed a strong push on the marketing of Stages 2-4 formulas in several countries, with marketing promising that these products impact on growth, development, have added nutrition, and provide superior intellectual and physical development.

Findings demonstrated that exposure to marketing is related to awareness and perceived need of Stages 2-4 formulas. In China, Mexico, Nigeria, and the United Kingdom, women who were exposed to marketing were more likely to agree that an infant needs Stage 2-4 formula milks. In Morocco, women who were exposed to marketing were more likely to agree that an infant needs Stage 2 and Stage 3 formulas. In South Africa, women who were exposed to marketing were more likely to agree that an infant needs Stage 2 and Stage 4 formulas. In Viet Nam, women who were exposed to marketing were more likely to agree that an infant needs Stage 3/4 formula.

Table 19: Relationship between exposure to marketing and belief you need to use Stages 2-4 milks

<table>
<thead>
<tr>
<th></th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you need formula - Stage 2</td>
<td>NA</td>
<td>+***</td>
<td>+***</td>
<td>+***</td>
<td>+*</td>
<td>+</td>
<td>+***</td>
<td>×</td>
</tr>
<tr>
<td>Do you need formula - Stage 3</td>
<td>NA</td>
<td>+***</td>
<td>+***</td>
<td>+***</td>
<td>+***</td>
<td>×</td>
<td>+***</td>
<td>NA</td>
</tr>
<tr>
<td>Do you need formula - Stage 4</td>
<td>NA</td>
<td>+***</td>
<td>+***</td>
<td>×</td>
<td>+***</td>
<td>+*</td>
<td>+***</td>
<td>+*</td>
</tr>
</tbody>
</table>

Significantly different from 0 at * 5% SL; ** 1% SL; *** 0.1% SL. X signifies no relationship and NA signifies that no data is available.

*Stage 3/4 in Viet Nam
Women repeat marketing messages that formula milk products will enhance their child’s physical and intellectual potential

“Brand X mentions DHA mostly. It is supposed to be a nutrient that goes directly to the baby's brain for stimulation... focuses on mental development. Brand X focuses on proper growth, the first steps and not so much on mental development. Each milk specialises on certain things, and that makes it interesting for you, because of what your child needs, that’s why you look for it.”

(Formula feeding mother, 0-6 months, Guadalajara, Mexico)

Proclaimed benefits of formula milk products build on aspirations. For example, in Mexico and Viet Nam an array of marketing activities focuses on how products contribute towards superior IQ. In Viet Nam nearly three-quarters of women (72%) had seen messages saying that the product improves brain development, and this was also cited as the most appealing marketing message (34%). Interviews with women revealed that these marketing claims resonated, and women spoke of how different products have different beneficial outcomes. In Viet Nam, women also spoke of the appeal of products which claim to contribute towards height and weight gain, as ‘chubby’ infants are desirable.

5.3.5 Response to marketing

A positive relationship between exposure to marketing and attitudes towards formula milk advertising is common. In China, Mexico, Nigeria and South Africa, women who were exposed to formula milk marketing reported that ‘formula ads help me to make decisions about how I will feed my baby’ and ‘I think that formula ads are trustworthy’. Women in Viet Nam were particularly positive about the marketing of formula milk and spoke of how it influences their understanding of formula milk products and their benefits. In Morocco women who were exposed to marketing were less likely to find the advertisements trustworthy or to agree that the advertisements had helped them to make decisions on how they will feed their infant. This aligns with some women’s perceptions of marketing in Morocco, where findings from interviews suggested that some were indifferent to, and sometimes negative about marketing, and discussed how they preferred what they perceived to be more scientific sources of information, such as advice from a health professional or online information.

“Now when comparing a very normal advertisement that contains nutrient and other information with an advertisement that makes it seem different...that it contains twice the amount of DHA and others. I’ll be more impressed by the second advertisement than the first one. Advertising is very important.”

(Pregnant woman, Hanoi, Viet Nam)

Table 20: Relationship between exposure to marketing and mothers perceptions about decision making and trustworthiness of formula advertising

<table>
<thead>
<tr>
<th>Formula ads help me to make decisions about how I will feed my baby</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>×</td>
<td>+***</td>
<td>+***</td>
<td>-***</td>
<td>+***</td>
<td>+***</td>
<td>×</td>
<td>×</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I think that formula ads are trustworthy</th>
<th>Bangladesh</th>
<th>China</th>
<th>Mexico</th>
<th>Morocco</th>
<th>Nigeria</th>
<th>South Africa</th>
<th>United Kingdom</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>×</td>
<td>+***</td>
<td>+*</td>
<td>-***</td>
<td>+*</td>
<td>+***</td>
<td>×</td>
<td>×</td>
<td></td>
</tr>
</tbody>
</table>

Significantly different from 0 at * 5% SL; ** 1% SL; *** 0.1% SL. X signifies no relationship and NA signifies that no data is available

Evidence suggests that counter-marketing is resonating with women

In the United Kingdom, national guidance from the National Health Service (NHS) outlines that Stages 2-4 formula milks are not required and advises that infant formula (Stage 1) should be fed for the first 12 months before moving on to cow’s milk. Interviews with health professionals in the United Kingdom revealed that this guidance was usually provided by health professionals and health visitors when they were visiting women in the first days. Findings from interviews with women demonstrated that this guidance was effective. Interviews with women revealed that many were cynical about the marketing of formula milks for older infants, and instead followed the advice of health professionals to feed infant formula (Stage 1) for the first 12 months. While awareness of Stages 2-4 formula is relatively high in the United Kingdom, perceived need for Stages 2-4 formula (amongst those who are aware) is lower in the United Kingdom than in the other seven countries of study, demonstrating that accurate messages from health professionals can be effective.
5.3.6 Response to formula milk packaging

In Bangladesh, Mexico, Morocco, South Africa, United Kingdom, and Viet Nam, two additional FGDs were conducted with mothers who formula feed. These groups explored formula feeding women’s views around formula milk packaging and the information on tins of formula.

Formula milk packaging is appealing to women

Formula milk packaging influences women’s attitudes to the product, their views on its benefits, and their purchasing decisions. In all countries, women spoke of how the packaging of formula is important. Many spoke of how they used packaging to assess the quality and reliability of a product. The colours and images used on packaging can have a strong influence on a woman’s view of a brand and her purchasing decisions. Women were drawn to bright colours and eye-catching images, images such as bears or birds were popular and they discussed how they felt this imagery implies the product is suitable for infants.

Women also spoke of how the information on formula milk tins is important to them and can influence their purchasing decisions. Many women judged the quality and trustworthiness of a formula milk brand on its packaging. Some spoke of how they looked for further information about the nutritional content and the benefits of formula milk on packaging. Nutritional information was often used to compare formula milks when a woman was considering switching brands or buying a product for the first time.

“...we look at the colours, the writing.. The ingredients of the milk are important, we have to know what they’re giving to the baby, calcium, proteins, iron, vitamins, fibre. We pay attention to the pack and information on tin when we first buy it, but then don’t need to once we start buying it.”

(Formula feeding mother, 0-6 months, Marrakesh, Morocco)

Formula milk brands are well known among women

Several different formula milk tins were shown to participants to stimulate discussion during the groups. Women were familiar with the formula milk brands presented, and many had strong brand identities. Women in the United Kingdom associated one brand with ‘science’ and ‘breastmilk research’ – a message that features prominently in its marketing campaigns. In Viet Nam, women stated that they preferred well known formula milk brands as they were thought to be of higher quality and more trustworthy.

“...my husband decided that we should go for brand X... he did a bit of research into it and just knew that they had a lot of research and science and it was the best one... They do a lot of adverts in terms of development and those kind of things in children, so in terms of the research they’ve done a lot and studied into it.”

(Formula feeding mother, 0-6 months, London, United Kingdom)

Women prefer premium brands

In all countries, formula milk companies have ‘premium’ products on the market, which are packaged differently to standard products and usually cost more. When asked about their preference for a ‘standard’ or ‘premium’ brand formula milk, most women selected the ‘premium’ product. More expensive brands were
considered to be better quality than cheaper brands and to contain ingredients that would be beneficial to the infant.

“Packaging of foreign milk is more luxurious and (higher) quality... Foreign milk is better than Viet Namese milk... it has more protein and it tastes better.”

(Formula feeding mother, 7-18 months, Ho Chi Minh City, Viet Nam)

Women spoke of how the colours, images, and phrases used on ‘premium’ brand packaging suggested that the product was better quality than ‘standard’ brands, and therefore worth more money. Gold and silver imagery and colouring convey ‘premiumness’ to women, along with ‘scientific’-looking tins. Premium brands were associated with superior ingredients and are often positioned as more scientific than standard brands. Among Viet Namese mothers, imported foreign brands were thought to be more luxurious, higher quality, and better tasting than domestic products.

“I do like the look of the brand X one, where it’s scientific. It would make me feel like more research had been done into the ingredients that might be better for my baby... I like the phrase, ‘Bringing science to early life’... because, you know, we all want the best for our children and I think, there, that phrase just really catches me.”

(Formula feeding mother, 7-18 months, London, United Kingdom)

The idea of plain packaging without specific messaging for formula milk is unpopular among women

Standardised packaging of formula milk products without images or messaging from formula milk companies could serve to remove any influence of packaging of formula and could act as a platform to disseminate objective health messages around infant feeding. In order to explore women’s reactions to this concept, women were shown a mocked-up image of a formula tin where product claims and images had been removed but the brand name and stage of formula infant (Stage 1) and Stages 2-4 were retained.

The removal of imagery and claims for formula milk served to demonstrate the importance of such marketing to women. The idea of plain packaging was unpopular with women in all countries. Women in the United Kingdom stated that they would be ‘suspicious’ of a product in plain packaging as they thought that the formula milk company was withholding information. In South Africa, women found plain packaging ‘unattractive’ and ‘off-putting’ and discussed how they were frustrated by the lack of information on the tin. In Viet Nam, women were concerned that plain packaged formula milk was a counterfeit product and that it may not be reliable.

“I want to know the vitamins in it, I want to know if it’s good for my newborn baby, I want to know all of that. And if you just have it plain and boring like that, that is not attractive at all.”

(Formula feeding mother, 7-18 months, Johannesburg, South Africa)

When asked about the type of information that they would like to see on formula milk packaging, women in all countries stated that they wanted the ingredients and benefits of the product to be clearly stated. Some women also reported that detailed formula milk preparation instructions would be beneficial. Some discussed how they found images of mothers and infants or infant animals on packaging to be ‘comforting’ and relied on this imagery to know that the product is suitable.

“It is anonymous, the packaging is not attractive. We don’t have any information; we cannot take it like this. It would be better to have a photo of a mother and baby on the back because it makes you imagine yourself like the mother.”

(Formula feeding mother, 0-6 months, Marrakesh, Morocco)

Standardised packaging could serve as a platform to convey public health messages around infant feeding that would be designed to be impartial and informative for women. Overall, most women were receptive to the concept of the public health messages, but stated that they should be clear and relevant and must not ‘shame’ or ‘judge’ formula feeding mothers.
6. What the study tells us about formula milk marketing

WHO and UNICEF commissioned this research to document and understand the reach of formula milk marketing, and how formula milk marketing messages are perceived by women and Influencers. Data and insights were gathered from eight countries - Bangladesh, China, Mexico, Morocco, Nigeria, South Africa, the United Kingdom, and Viet Nam. Nine data collection methods were employed to map the marketing of formula milk. Exposure to formula milk marketing was investigated amongst pregnant women, mothers, and ‘Influencers’, including health professionals, family members, friends, and in China, marketing executives, and Yuesaos (babysitters).

This report focuses on the marketing of formula milk as one important area of influence on infant feeding. Findings from the study support a body of evidence which demonstrates that multiple individual, social, and structural factors are influential on women's infant feeding attitudes and behaviours. These include, but are not limited to, availability of maternity leave, ability to breastfeed, provision of care for the infant, and stigma around breastfeeding in public. Eight insights emerged from the research that reflect how the marketing of formula milk is an integral part of the infant feeding decision making landscape.

Marketing for formula milk is highly advanced and targeted: In China, the United Kingdom, and Viet Nam marketing for formula milk is ubiquitous, often aggressive, and is present on ‘Above-the-Line’ (ATL) and ‘Below-the-Line’ (BTL) channels. Women report being targeted by online marketing, with promotions prompted by their search behaviour for infant feeding advice and information. Some women spoke of being inundated by marketing for formula milk. In Mexico, marketing of formula milks for older infants is commonplace, and marketing is often mediated through doctors and paediatricians. In Bangladesh, Morocco, Nigeria, and South Africa, ‘Above-the-Line’ marketing is less common, and marketing mainly occurs through health professionals.

Insidious marketing of formula milk is widespread: Formula milk marketing targets pregnant women and new mothers. Companies circumvent restrictions on marketing to raise awareness and desire around products. Promotions and ‘one-time only’ offers are used to entice and persuade purchase decisions. Some women reported buying formula milk solely because they were attracted to the promotions or gifts on offer. Free samples of formula milk are distributed to women inside and outside of hospitals and health facilities, and serve to raise brand awareness and normalize the use of formula milk. Misinformation around breastmilk and breastfeeding is propagated by formula milk companies online, and in person by company representatives, and presents a convincing case that there is a need to use formula milk products. Formula milk companies co-opt Influencers, health professionals, academics, and scientists to endorse their products. Partnerships with institutions and scientific bodies serve to legitimize the reputation of the company and the purported benefits of the product. Influencer marketing allows for more covert product placement alongside stories of breastfeeding failure. Companies assume a socio-emotional supportive role to pregnant women and mothers, in the form of helplines, baby clubs, and phone apps, sometimes offering the opportunity to engage with a company representative 24 hours seven days a week.

Pain points are an effective method of marketing of formula milk: Formula milk companies construct and exaggerate physical and emotional ‘problems’. Common infant behaviours are presented as symptoms that warrant a remedy. Women spoke of the appeal of specialized formula milk products such as ‘comfort milks’, these products are often perceived as a solution to infant behaviours like crying and hunger. Specialized milks are used as a gateway to reach health professionals, and to raise awareness in women's minds that allergies and sensitivities may be an issue. In order to create awareness and demand for these milks, formula milk companies offer a range of informational materials and resources to help potential consumers match their products with their perceived pain points.

Marketing exploits maternal anxieties and aspirations: Formula milk companies recognise maternal anxieties and play to them. These include the guilt of not breastfeeding, the desire for healthy and intelligent children, and giving one's child the best start. Marketing promises optimal physical, emotional, psychological, and developmental benefits to infants. Scientific and pseudo-scientific terms are utilised to position products as providing superior intellectual and developmental outcomes. Women report that these messages are both appealing and persuasive. Some spoke of paying for ‘premium’ goods with added ingredients to mitigate the guilt around not breastfeeding, or to optimise their infants’ future outcomes.

Formula milk companies target health professionals to act as conduits of marketing: Formula milk companies seek to engage health professionals in a broad range of professional and extracurricular activities. These include advancing the
reach, credibility, and claims of the benefits of formula milk products. Some health professionals demonstrate a cognitive dissonance between the benefits of breastfeeding and formula milk products, sometimes fuelled and reinforced by engagement with formula milk companies. Findings point to the effectiveness of health professional targeting in compromising initiation of and continued breastfeeding in some contexts, where health professionals repeat marketing messages, and inadvertently or inadvertently recommend products to pregnant women and mothers. Some explicitly promote formula milk products, and spoke of having contracts with formula milk companies.

In some countries, many expressed doubt about in the quality and quantity of women's breastmilk after six-months, and perceived a need for milks for older infants. In three of the study countries, it is common for health professionals to recommend the introduction of formula milk after birth, with the belief that it is necessary to supplement with formula milk for the first days. This practice normalises the introduction of formula milk products from an early age. Health professionals discussed partnerships between formula milk companies and private hospitals, where the emphasis is placed on bottle feeding, and breastfeeding is interfered with.

Health professional recommendations are influential: Most health professionals are positive about the benefits of breastfeeding, and recommend it to women. However, many women spoke of using formula or selecting a certain brand because a health professional had recommended it. Advertisements for formula milk that include images of, and endorsements by, health professionals were seen to convey trustworthiness and reliability. Marketing and events featuring health professionals are reported to be reassuring for some women, and to help satisfy their desire for information on infant feeding. Health professionals spoke of how marketing can be influential on women's attitudes and decisions.

Marketing for formula milk serves to undermine confidence in, and perceived value of, breastfeeding: Women internalise and express fears and doubts about their ability to breastfeed, or the value of their breastmilk. These fears and doubts often mirror the themes and messaging of marketing by formula milk companies. Marketing messages which position formula milk products alongside breastmilk are effective. Some women report that formula milk products are close to, equivalent, or superior to their breastmilk. Women spoke of how the term 'breastmilk substitute' is reassuring, and perceived the product as an equivalent replacement for breastmilk. Marketing is persuasive in positioning a need for formula milk products. Many women felt that there is a need to supplement with formula, or move on to formula, because it is believed to have added benefits such as added nutrition, aiding sleep, or satisfying hunger. The value of breastmilk is often not fully recognised. Many women express doubts in the nutritional quality or quantity of their breastmilk, especially after the six-month mark, and aligning with marketing messages, many felt the need to move on to formula milk.

Marketing compromises continued breastfeeding: There is an inherent contradiction in how companies position their products alongside breastfeeding and appear to advocate in favour of it, yet subtly and overtly undermine it. Companies go out of their way to reach and engage with women, and to make breastfeeding seem like the difficult choice. Guidance by WHO and UNICEF recommends that women should exclusively breastfeed to six months, and then introduce complementary foods (40) alongside breastmilk. Marketing for formula milk capitalizes on this guidance and suggests that there is a need to move on to formula milk. This subtle reframing of guidance positions breastmilk as inadequate and implies that formula is needed in order to provide a child with the necessary nutrition. It also perfectly positions formula milk companies as supportive of breastfeeding, and enables companies to circumvent restrictions on the marketing of formula milk for infants. Marketing which targets continued breastfeeding works, in all countries apart from the United Kingdom, there is a relationship between exposure to marketing and perceived need for milks for older infants. In the United Kingdom, messaging by health professionals has been effective in counter-marketing messages around the need for formula milks for older infants, demonstrating that the effect of marketing messages can be thwarted.
Annex: Research Methods

The study was designed in collaboration with WHO and reviewed by an International Steering Committee. In each country of study, academic partners were identified and provided expert guidance throughout the implementation of the study. A local Quality Assurance (QA) manager was also appointed to support on the implementation of the study and provide local expertise and support.

Approach
The study involved a layered approach with multiple data sources.

**Fig. A1: Data sources**

**Mapping the context**
- Desk review
- Marketing analysis

**Mapping mothers’ exposure to marketing**
- Phone diaries with pregnant women and mothers

**Exploring mothers’ perceptions**
- In-depth interviews with mothers
- Focus group discussions with pregnant women and mothers
- Survey with pregnant women and mothers

**Mapping influencers and exploring their perceptions**
- Focus group discussions with influencers
- In-depth interviews with health professionals

Desk review and marketing analysis
A thorough desk review and marketing analysis was conducted in order to inform the themes explored within the primary research, and ensure all tools used were appropriate for each country.

Marketing analysis
The marketing analysis methodology enabled the gathering, analysis, and interpretation of multiple sources of information in order to holistically understand how populations are exposed to media and engage with the wider topic of infant feeding. It was not feasible to undertake a marketing analysis in Morocco as the suitable data was not available. The marketing analysis exercise was also more limited in Bangladesh and Nigeria as data on new products and advertising campaigns was not available, in China social media data is restricted which mitigated an analysis of social media content. This approach identified and combined four key areas of the market landscape:

- Market mapping and analysis – this included mapping the infant formula and market size using Euromonitor data (20).
  1. Investigating local advertising landscapes – this category focused on gathering information on formula milk advertising campaigns and the key messages conveyed by formula milk companies. Nielsen data, YouTube, Crimson Hexagon, BrightView and Brandwatch were used to analyse and interpret media content in relation to breastfeeding and formula milk.
  2. Online and offline content analysis – this entailed investigating the consumption by local populations of online and offline content in traditional media promotions, such as books, magazines, journals, and newspapers. Online and offline content analysis from news, blogs, and specialist sites was retrieved directly from the web using software extraction methods.
  3. Social media content – breastfeeding as a topic was explored in social media along with women’s engagement with such content. An initial exploratory phase was undertaken, defined through the creation of an extensive Boolean search string relating to infant feeding and formula milk.

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1 Euromonitor data was not available for Bangladesh, Morocco, and Nigeria.
Mapping mothers exposure to marketing

Table A1 provides an overview of the nine methods of primary research employed, and the sample sizes in each country. The primary target audience was pregnant women and mothers of infants aged 0-18 months, while the secondary target audiences included health professionals, partners, family, and friends. In China, additional interviews were undertaken with marketing executives and Yuesaos. All participants were over 18 years of age.

Table A1: Overview of primary research methodology with women and influencers

<table>
<thead>
<tr>
<th></th>
<th>FGDs with women</th>
<th>FGDs with partners, family and friends</th>
<th>Additional FGDs with women</th>
<th>FGDs with Yuesaos</th>
<th>Health Professional Interviews</th>
<th>Interviews with Marketing Executives</th>
<th>Phone diaries</th>
<th>In-depth interviews with women</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>10 groups</td>
<td>3 groups</td>
<td>2 groups</td>
<td>N/A</td>
<td>40</td>
<td>N/A</td>
<td>21</td>
<td>10</td>
<td>1,178</td>
</tr>
<tr>
<td>China</td>
<td>10 groups</td>
<td>3 groups</td>
<td>N/A</td>
<td>2 groups</td>
<td>20</td>
<td>10</td>
<td>20</td>
<td>20</td>
<td>1,050</td>
</tr>
<tr>
<td>Mexico</td>
<td>10 groups</td>
<td>4 groups</td>
<td>2 groups</td>
<td>N/A</td>
<td>40</td>
<td>N/A</td>
<td>20</td>
<td>10</td>
<td>1,050</td>
</tr>
<tr>
<td>Morocco</td>
<td>10 groups</td>
<td>3 groups</td>
<td>2 groups</td>
<td>N/A</td>
<td>40</td>
<td>N/A</td>
<td>20</td>
<td>10</td>
<td>1,050</td>
</tr>
<tr>
<td>Nigeria</td>
<td>6 groups</td>
<td>N/A</td>
<td>2 groups</td>
<td>N/A</td>
<td>40</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1,050</td>
</tr>
<tr>
<td>South Africa</td>
<td>10 groups</td>
<td>3 groups</td>
<td>2 groups</td>
<td>N/A</td>
<td>40</td>
<td>N/A</td>
<td>20</td>
<td>10</td>
<td>1,050</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>10 groups</td>
<td>3 groups</td>
<td>2 groups</td>
<td>N/A</td>
<td>41</td>
<td>N/A</td>
<td>20</td>
<td>10</td>
<td>1,050</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>11 groups</td>
<td>3 groups</td>
<td>2 groups</td>
<td>N/A</td>
<td>41</td>
<td>N/A</td>
<td>20</td>
<td>20</td>
<td>1,050</td>
</tr>
</tbody>
</table>

Mothers of infant 6-18 months who breastfed and then introduced formula. Individuals provided input on all aspects of the project implementation, including tools, materials for respondents, and protocols. The co-investigators contributed to qualitative and quantitative training sessions and conducted spot checks of fieldwork.

Qualitative research with women

Qualitative research with women included Focus Group Discussions, In-depth Interviews, and phone diaries. Pregnant women were randomly selected for interviews, mothers were recruited based on their feeding behaviours of infants aged 0-18 months. All participants were reimbursed for their time.

The phone diary exercise involved pregnant women and mothers collecting a diary for one week, where they were asked to capture imagery and messaging on any formula milk marketing, products, and promotions over the one-week period. Where it was not possible to capture an image, women were asked to record marketing in a text or on paper.

Ten of the diary respondents (all mothers) were invited to participate in an interview to explore their diary entries, and perceptions of marketing. In these 90-minute interviews, women were asked questions about the media exposure captured in phone diaries and its impact on their attitudes to formula milk, and questions around infant feeding behaviours and attitudes.

In total, 91 FGDs with women were conducted across all countries. FGDs were designed to be interactive involving ‘stimulus’ materials collected from the marketing analysis and the phone diaries. Stimulus materials included TV advertisements, pictures of products, and messages from marketing, and were used to prompt discussion. Product testing was also undertaken to uncover participants’ thoughts and feelings towards brands, products, and marketing.
These techniques allowed the moderator to explore emotions and aspirations relevant to formula milk and infant feeding practices, central themes appearing in conversations around formula milk, and how marketing messages related to women’s perceptions of formula milk. Themes explored in FGDs included questions about exposure to marketing; the appeal of marketing; infant feeding intentions and behaviours; key sources of information; and channels and platforms used to market formula products.

In Bangladesh, Mexico, Morocco, South Africa, the United Kingdom, and Viet Nam, two additional FGDs were held in each country. These explored women’s views around formula milk packaging and messaging.

**Qualitative sample selection and recruitment**

Respondents were recruited via convenience sampling methods including on-street, in health facilities, and using snowball sampling. Recruitment sites included local clinics, community groups, healthcare facilities, door-to-door, and in markets. In the United Kingdom, recruitment also took place online. For in-depth interviews, 10 of the 20 women who participated in phone diaries were selected.

All potential participants were asked to read a participant information sheet, complete a consent form, and answer a series of eligibility screener questions prior to participating in the qualitative research activities. A question on literacy was included to ensure that the potential respondent’s literacy level was sufficient to warrant self-completion of the diary, and to ensure their ability to read written messages on packaging and advertising. All participants were given the opportunity to ask further questions about the study and were informed of their right to decline to take part in the research and to withdraw from the study at any time. Table A2 shows the qualitative sample composition.

**Implementation of qualitative research**

All fieldwork was conducted by an in-country agency and overseen by M&C Saatchi World Services, co-investigators, and a local QA manager. Fieldwork was observed by QA managers, members of the M&C Saatchi World Services research team and co-investigators, and any concerns about the performance of interviewers or moderators was flagged to fieldwork partners. Simultaneous translation of FGDs was carried out in some countries to allow the M&C Saatchi World Services research team to observe and provide feedback. Co-investigators were also invited to attend and observe FGDs and in-depth interviews. Online groups were observed remotely with a simultaneous translator.

All data collection tools were developed by M&C Saatchi World Services and translated into local languages. All tools were pretested, piloted, and adapted as necessary. All interviews were carried out in the appropriate local language. All qualitative data collection was audio recorded, transcribed, and checked for accuracy.

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**Table A2: Qualitative sample composition**

<table>
<thead>
<tr>
<th>Method</th>
<th>Sample group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus group discussions with women</strong></td>
<td>Pregnant women</td>
</tr>
<tr>
<td></td>
<td>Mothers of infant 0-6 months exclusive/predominantly breastfeeding from birth</td>
</tr>
<tr>
<td></td>
<td>Mothers of infant 0-6 months who started formula from birth</td>
</tr>
<tr>
<td></td>
<td>Mothers of infant 0-5 months who breastfed and then introduced formula</td>
</tr>
<tr>
<td></td>
<td>Mothers of infant 6-18 months who breastfed and then introduced formula</td>
</tr>
<tr>
<td><strong>Focus group discussions with women (packaging)</strong></td>
<td>First time mother of infant 0-6 months who predominantly formula fed</td>
</tr>
<tr>
<td></td>
<td>First time mother of infant 7-18 months who predominantly formula fed</td>
</tr>
<tr>
<td><strong>Diary</strong></td>
<td>Pregnant women and mothers</td>
</tr>
<tr>
<td><strong>Interviews with mothers</strong></td>
<td>Mothers (completed diary module)</td>
</tr>
<tr>
<td></td>
<td>Split between breastfeeding, mixed feeding and formula feeding</td>
</tr>
</tbody>
</table>

---

* Standard table for collecting data
Quantitative research with women

The survey was piloted in Viet Nam to test the fieldwork protocol and the acceptability of survey questions. The survey was refined following a pilot debrief, and several questions were cut or rewritten. All survey tools were reviewed by WHO and local partner academics. The survey was also tailored to each country of study, questions deemed inappropriate or irrelevant were removed, and where necessary, additional questions were added. The survey was conducted face-to-face using computer assisted personal interview tablet software. In China and the United Kingdom interviews were conducted online via a face-to-face interview on a communication platform.

Once the final design of the survey was complete it was scripted using computer assisted personal interview software. The questionnaire was thoroughly tested in English and local languages using detailed scenarios to test the logic of routing throughout the questionnaire, e.g., for pregnant women, breastfeeding women, and formula feeding women. Pre-testing of the survey was completed to check for any question comprehension issues and to ensure that it was suitable for each country context. In each country the survey was piloted with 100 respondents to test fieldwork tools and processes. All data were checked for routing errors or outliers and cleaned by the M&C Saatchi World Services research team.

Survey sample selection and recruitment

The research draws on non-probability sampling methods. Research sites were selected by identifying localities that were representative of Socioeconomic Status (SES) groups. These localities were selected based on having sufficient population density and demographic variance to fulfill the sampling criteria. The survey recruitment strategy was tailored to each country, and considered recruitment norms within the country, and the COVID-19 situation within each country. Participants were recruited by a variety of methods including in health facilities, online, door-to-door, and through street-based recruitment.

Hospitals and clinics were selected as accessible locations where pregnant women and women with infants are likely to congregate. Where health facility recruitment took place, permission was obtained at the hospital or district level. Where permitted, recruitment also took place in the surrounding areas of hospitals and clinics. Street-based recruitment was also carried out, including at markets, shopping malls and places where pregnant women and mothers are likely to congregate.

To strengthen the representativity of the survey, quotas by SES were applied, and participants were assigned to low, medium, and high SES groups. Co-Investigators advised on the appropriate and validated measures of SES in each country of study.

Survey sample composition

Table A3: Standard sample table for each country

<table>
<thead>
<tr>
<th>CATEGORY OF WOMEN</th>
<th>AGE OF BABY</th>
<th>SOCIO-ECONOMIC STATUS</th>
<th>CITY 1</th>
<th>CITY 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>Pregnant women</td>
<td>Low</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medium</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>0-12 months</td>
<td>Low</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>women</td>
<td></td>
<td>Medium</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>0-3 months</td>
<td>Low</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>4-6 months</td>
<td>Low</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>7-12 months</td>
<td>Low</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>13-18 months</td>
<td>Low</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

Mothers of infants aged 0-18 months were identified for the survey based on their feeding behaviours. Quotas were set on feeding intentions among the sub-sample of mothers to ensure that the survey included those who breastfed exclusively and those who use formula, either exclusively or in a mixed feeding regime. Pregnant women were randomly selected; however, a quota was set on the number of women who were pregnant with their first child.

a Standard table used for collecting data, values differed per country
Qualitative research with influencers

Primary research methods were employed to investigate the attitudes and perceptions of individuals that may influence women’s infant feeding decisions. The ‘Influencer’ sample was comprised of:

- FGDs with Influencers (partners, family, and friends)
- in-depth interviews with health professionals
- FGDs with Yuesaos (China only)
- in-depth interviews with marketing executives (China only)

FGDs with Influencers (partners, family, and friends) were conducted in all countries other than Nigeria. The FGDs were a 90-minute exercise with three to six participants per group and were designed to examine peer-to-peer and other types of word-of-mouth promotion to understand the narratives around formula milk that feature in a woman’s life.

The in-depth interviews with health professionals consisted of approximately 45-minute individual interviews, designed to understand the perceptions of health professionals relating to infant feeding practices, as well as their interactions with, and influences from, formula milk-related companies.

In China, two FGDs were also conducted with Yuesaos (women hired to take care of a newborn infant and mother in the month/s after childbirth). These were designed to explore attitudes to formula milk, views on feeding practices, and views on a campaign to support the promotion of breastfeeding. There were also 10 interviews with marketing executives. These interviews examined the marketing executives’ experience of formula milk marketing, the methods used to market formula milk, developments in the formula milk market and marketing, and predictions for the future of formula milk marketing.

Sample selection and recruitment

Participants for Influencer FGDs were recruited either through convenience or snowball sampling methods. In each country of study, a list of appropriate health professionals was created. Appropriate health professionals were deemed as having regular contact with pregnant women and mothers. The recruitment and sampling strategy for health professionals was adapted for each market. Health professionals were recruited through a range of methods including visits to health facilities, a database of health professionals, and through snowball referral sampling, where a respondent, another health professional, or contact of the agency recommended a health professional for interview. Where health facilities were used, a list of public and private local health facilities was collated by local fieldwork partners in each country, and appropriate permission was sought from ethics boards and hospitals.

Survey sample composition

**Table A4: Sample composition of qualitative interviews with influencers**

<table>
<thead>
<tr>
<th>Method</th>
<th>Sample Group</th>
<th>City 1</th>
<th>City 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-depth interviews with health professionals</td>
<td>Doctors/consultants – private hospitals</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Midwives or nurses – private hospitals</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Doctors/consultants – public hospitals</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Midwives or nurses – public hospitals</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Other suitable health professionals (e.g. pharmacists, dieticians)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Focus group discussions with influencers</td>
<td>Partners</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Family members</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Friends and community members</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Marketing executives in China only</td>
<td>Agency director – marketing company</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>General manager – marketing company</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Brand manager – formula milk company</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Marketing manager – formula milk company</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Strategy director – advertising agency</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Ad planning manager – advertising agency</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Media planning director – advertising agency</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Planning director – advertising agency</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Programme director – strategy consulting company</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Research manager – market research agency</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>FGDs with yuesaos in China only</td>
<td>‘Medium’ level (1-3 years) experience yuesaos</td>
<td>1 (N=3)</td>
<td>1 (N=3)</td>
</tr>
<tr>
<td></td>
<td>‘High’ level experience (4 years plus) yuesaos</td>
<td>1 (N=3)</td>
<td>1 (N=3)</td>
</tr>
</tbody>
</table>

* Standard table to collect data (values differed per country).
Project implementation

The study was implemented from October 2019 to March 2021. M&C Saatchi World Services worked closely with co-investigators and QA managers. These individuals provided input on all aspects of the project implementation including tools, materials for respondents, and protocols. The co-investigators contributed to qualitative and quantitative training sessions and conducted spot-checks of fieldwork.

Training of local fieldwork partners

In Bangladesh, South Africa, the United Kingdom, and Viet Nam, local fieldwork partners were trained by a member of the M&C Saatchi World Services research team, QA managers and co-investigators. In China, Mexico, Morocco, and Nigeria, local QA managers were trained by the M&C Saatchi World Services research team to deliver qualitative and quantitative training sessions to local fieldwork partners.These sessions provided background to the study, covered recruitment, and screening processes, discussed COVID-19 safety protocol, and provided an overview of the ethical considerations for the study.

During qualitative training sessions, moderators were thoroughly briefed on the discussion guides. Moderators also participated in practice FGDs and in-depth interviews, these helped to ensure that they were familiar with the discussion guides and had considered the issues that arise in field.

Quantitative training took place with field interviewers. Interviewers were briefed on the objectives of the study, reviewed the paper questionnaire, and were given the opportunity to practice using computer assisted personal interview software. Quality assurance managers closely monitored the performance of moderators and interviewers during training sessions and flagged to the research team if they had any concerns. Additional training sessions were provided if needed, interviewers and moderators were not used for fieldwork if they did not meet the required standard.

Covid-19 adaptations

Qualitative and quantitative fieldwork protocols were adapted for the COVID-19 pandemic. All interviewers and participants engaging in fieldwork during the pandemic were required to complete a health screener confirming that they were not experiencing COVID-19 symptoms. Interviewers also completed COVID-19 safety protocol training and were provided with protective equipment.

Adherence to the safety protocol and use of equipment was monitored throughout the fieldwork period by the QA manager and fieldwork agency, and any concerns were raised to the M&C Saatchi World Services research team. Representatives from local partners organisations and/or QA managers also conducted spot checks of interviewers to ensure that they were following safety protocol. The safety protocol training varied across countries depending on the status of the COVID-19 pandemic circumstances at that specific time. In China and the United Kingdom, the FGDs, in-depth interviews, and the survey were completed online as it was not possible to safely conduct interviews face to face. 

Quality control

Adherence to fieldwork protocols and interviewer performance was closely monitored by the research team, co-investigators, and QA managers. Local partners were instructed to follow QA procedures including the observation of interviewers, location checks and logs of interviewer movements during the survey. Backchecks, where participants are contacted after the interview, were also conducted. During these backchecks, participants’ eligibility to take part in the survey was checked and they were asked whether they had any concerns about the conduct of the interview. Local partners provided weekly progress updates to the M&C Saatchi World Services research team and highlighted any recruitment concerns.

Quantitative analyses

Descriptive analysis of quantitative data on women's attitudes to infant feeding, infant feeding practices, exposure to marketing, sources of information on feeding, and views on products was run using SPSS and Stata software.

Pearson's correlation was used to measure the direction of association that exists between marketing exposure score and a set of binary indicators. While this does not give robust results for the strength of the correlation, due to one variable being binary, it provides an indication of whether the correlation exists and what direction it exists in. Outliers from the marketing exposure score were removed to ensure a minimum cell size, of the minimum and maximum score, of 25.

The level of statistical significance (p-value) was then calculated to test if the value was significantly different from 0 and this was reported as being significant at the 5% (*); 1% (**); and 0.1% (***) level.

For the comparison of percentages, a test was performed on the equality of proportions estimated for two samples. The null hypothesis was that the two groups have the same proportion for the variable of interest and the alternative hypothesis was that the proportions were not equal (as opposed to less than 0 or greater than 0). This was also reported as being significant at the: 5% (*); 1% (**); and 0.1% (***) level.

Qualitative analyses

All interviews were recorded, and transcripts were delivered in English. Transcripts were reviewed alongside audio by a native language speaker. A framework approach was taken to thematically analyse the qualitative data. This allowed for in-depth analysis of key themes across the whole data set while the views of each participant remained in context of their overall account.

An initial deductive approach was taken with themes pre-selected, based on the outlined research questions. A subsequent inductive approach to coding was taken within themes by open-coding and refining to sub-themes.
**Ethical approval**

Informed consent was obtained from all participants. All participants were informed that confidentiality would be maintained and that they could stop participating at any time without explanation. Participants were also informed of, and their consent was obtained for, audio recording of sessions.

**WHO**
The study was granted ethical approval by the World Health Organization Research Ethics Committee in August 2019.

**Bangladesh**
The study was granted ethical approval by the International Centre for Diarrhoeal Diseases Research, Bangladesh in October 2019.

**China**
The study was granted ethical approval by the Capital Institute of Paediatrics, Beijing in April 2020.

**Mexico**
The study was granted ethical approval by the Research Ethics Committee of the National Institute of Public Health (Comité de Ética en Investigación, Instituto Nacional de Salud Pública), Mexico City in November 2019.

**Morocco**
The study was granted ethical approval by the Comité d'Ethique pour la Recherche Biomédicale, Université Mohammed V de Rabat in December 2020.

**Funding**

This study in Bangladesh, Mexico, Morocco, Nigeria, South Africa, the United Kingdom, and Viet Nam was funded by WHO from an award from the Bill & Melinda Gates Foundation. The study in China was funded by UNICEF.
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