

Original Article

Middle-class household food providers' views and experiences of food marketing in Vietnam

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Background and Objectives: Food marketing has been identified as a target for intervention in the prevention of childhood overweight and obesity within countries and globally, and promotion of healthy diets has been classified as a key strategy to reduce the burden of non-communicable diseases and health inequalities. The present study aims to investigate how Vietnamese middle-class household food providers are impacted by food advertising communications, their views of food marketing and the ways they think the government can control food marketing to assist people to consume healthier diets. **Methods and Study Design:** 810 household food providers participated in the online survey. Frequency counts were calculated using IBM SPSS version 21. **Results:** Many respondents had been exposed to food marketing; 82.8% had seen food advertising in magazines at least once a month, 65.1% had received free food samples in public places, 68.0% had received food advertising information via email. Many household food providers appeared to support food marketing; 73.3% approved of nutrition education in schools or on television being provided by soft drink or fast food companies, 63.7% supported the marketing of infant formula milk. There were mixed views about what actions the government could implement to control food marketing; 88.2% supported clearer food content on food labels, 84.1% believed that children should learn how to purchase and cook foods at school. **Conclusions:** A substantial majority of Vietnamese middle-class household food providers appeared unaware of the adverse effects of food marketing. Education and policy leadership in food and nutrition are urgently required.

Key Words: Vietnam, food marketing, household food providers, nutrition transition, food advertising communication

INTRODUCTION

Food marketing has been identified as a target for intervention in the prevention of childhood overweight and obesity within countries and globally,^{1,2} and promotion of healthy diets has been classified as a key strategy to reduce non-communicable diseases (NCDs) and NCD inequalities.³⁻⁵ There is strong and consistent evidence from systematic reviews that food marketing influences people's food preferences, purchases and consumption.^{6,7}

In low- and middle-income countries (LMICs), shifts in the food system and food marketing have been identified as important drivers of poor population health outcomes associated with the nutrition transition.^{8,9} The penetration of transnational food corporations (TFCs) into emerging markets is a major 21st century phenomenon,¹⁰ and most of the current growth in TFCs' sales occurs in the developing world.¹¹

To date, most of the research which has explored the nutrition transition in LMICs has centred around the rapid shifts in population health, but there is little understanding of the impact of modern food system changes on these health outcomes.¹² Although the increases in food marketing and supermarket retailing have been documented in many LMICs, little research has directly studied its impact on household food providers' views.¹³⁻¹⁵ Greater understanding of the ways that household food providers view and experience food marketing and supermarket retailing is important given they are the key

individuals who influence the food purchasing decisions and consumption of the family.^{16,17}

In Vietnam, there is limited government statutory regulation of food marketing. Specifically, in the Advertising Law,¹⁸ the advertising conditions for food and drink products only mention "having the food hygiene, safety and quality registration certificate" (page 7), and thus do not place any restrictions on the marketing and sale of unhealthy food and drink products. The Advertising Law does limit advertisements in newspapers and magazines and limits the duration and frequency of advertising on audio and television, but it does not place restrictions on the types of food and drink products or services advertised. While there are a number of codes that deal with administrative procedures in advertising, there is no restriction over food advertising to children or the forms of media and promotional strategies employed (e.g. in-school marketing). Furthermore, these codes do not take into account advertising or promotion directly targeting

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customers (e.g. delivery of free samples, leaflets at customers' home or in public places). The Circular on Advertisements for Foods under the Ministry of Health's Management applies to only five food product groups including functional foods, micronutrient-fortified foods, mineral water and bottled water, food additives and processing aids, and food packing materials.¹⁹ It only requires advertisements for these products to be registered at the Vietnam Food Administration (for functional foods and micronutrient-fortified foods), or at the Food Safety and Hygiene Offices (for mineral water, bottled water, food additives, food processing aids, and food packing materials).

There have been rapid increases in the consumption of energy-dense nutrition-poor foods in developing countries.^{11,20} In attempts to capture customers quickly and efficiently in emerging markets, multiple strategies have been used by TFCs, including traditional ones (e.g. advertising in magazines) and relatively modern ones (e.g. sending food advertising information through email, via messages on mobile phones, invitations to play games related to food products on the internet).¹⁵ This is consistent with findings from previous research about the relationships between the rapid shifts in technological innovations and the nutrition transition process in developing countries.⁹ The latest advances in information technology are being exploited by TFCs to spread food advertising information quickly to customers in emerging markets.¹⁵ Mass-marketing campaigns, the availability and promotion of cheap, energy-dense foods and beverages contribute to malnutrition, the obesity epidemic and NCDs.²¹

The focus of the present study is on middle-class consumers. The 'middle-class' has been defined as those lying between the 20th and 80th percentile on the consumption distribution of a country.²² The emergence of the middle-class is the result of and at the same time the driving force for economic development and social change in countries.²³ It has been observed that in market economies the willingness of middle-class consumers to pay a little extra for perceived quality is a force that encourages product differentiation and thereby feeds investment in production, leading the demand for consumer goods which are heavily marketed.²⁴ In turn this raises income levels for the society and enhances capitalist accumulation,²⁴ and leads to the dissemination of consumerist society globally including LMICs.²⁵

Consultation with citizens and consumers is rarely performed in the development of food policies.²⁶ However, successful policies often depend on support from community constituencies.^{27,28} Therefore, we need to develop food and nutrition policies and programs which are supported by the community,²⁹ hence the need to study the views and experiences of this important social class. It is important to engage at least part of the population (such as the rising middle-class) if food and nutrition policies are to be well founded, well supported and long lasting.²⁶⁻²⁸

Therefore, the aim of the present study was to examine Vietnamese middle-class household food providers' awareness of food advertising and marketing. This included several objectives; to determine how household

food providers are reached by food advertising communications; to elicit their views of food marketing and the ways the government can assist people to consume healthier diets; to examine where and how often they do their main food shopping, and their views of supermarkets' influence.

MATERIALS AND METHODS

Study design and sample selection

During December 2013 and January 2014, a detailed online survey was conducted among approximately 800 household food providers in each of Indonesia, Melbourne, Shanghai, Singapore and Vietnam. Global Market Insight (GMI), a leading online market research company, was employed to administer the survey.

The GMI database is made up of individuals who volunteer to take part in surveys in return for reward points. A screening question was used to ensure that only persons responsible for household food provision participated in the survey. Quota sampling was used to ensure that the sexes were represented in an approximate 60:40 (female:male) ratio. We expected that the respondents would be more highly educated than the general population, i.e. likely to be middle class. Those who volunteered to participate were emailed a link to the survey.

The questionnaire

A large number of questions were posed in the International Study of Household Food Providers' Views of Food and Food Marketing (abbreviated to Food and Food Marketing Survey, <http://www.deakin.edu.au/research/src/cpan/documents/the-five-country-study-report-1.pdf>). In this paper only the findings relating to Vietnamese respondents' views of food marketing are reported.

Demographics

Demographic information was collected including: age (in years); gender (male coded as 1, female coded as 2); number of children under 18 years old living in the household (no children coded as 0, one child coded as 1, two children coded as 2, three children coded as 3, and four or more coded as 4); level of education (high school coded as 1, technical or trade education coded as 2, and university education coded as 3); and marital status (living alone coded as 0, living with someone coded as 1).

Exposure to food advertising communications

Respondents were asked: During the past three months how often did someone in your immediate household see a special offer, competition or giveaway for a food or drink product? Then followed a list of ten items based on items used by Scully and her colleagues³⁰ which were presented in rotated order (Table 1). The response scales were: Not in the last month (1), Once a month (2), Twice a month (3), Three times a month (4), Four or more times a month (5).

Views of food marketing

Respondents were asked: How much do you approve or disapprove of the following industry practices? Then followed a list of 19 items which reflected different views of food marketing (Table 2). They were listed in rotated

order. Five point response scales were used: Strongly disapprove (1), Disapprove (2), Not Sure/Neutral (3), Approve (4), Strongly approve (5).

Government's role in assisting people to consume healthier foods and drinks

Respondents were asked: *What can governments do to help us consume healthier foods and drinks?* A list of 15 items in rotated order was administered (Table 3). The items were based on previous work by Hardus and her colleagues.³¹ Five point response scales were used: Strongly disagree (1), Disagree (2) Not sure/Neutral (3) Agree (4) Strongly agree (5).

Main food shopping and attitudes to supermarkets

Respondents were asked the following questions:

(a) Where and how often do you usually do the main food shopping for your household? They rated their frequency of main food shopping at: traditional markets, supermarkets, and local stores and online. The response categories were: No (1), Once or twice a week (2), Several times a week (3), Every day (4), Several times a day (5).

(b) During the past month how often have you bought a food or a beverage from <a type of retail outlet>? Fourteen sources of food and beverages were listed. The five point response categories were: No (1), Once or twice a week (2), Several times a week (3), Every day (4), Several times a day (5).

(c) Three questions were asked about supermarkets' influences:

c1. How much emphasis does your main supermarket

Table 1. Household food providers' experiences in the previous three months with food marketing

Seeing special offer, competition or giveaway for food or drink products	Not in the last month (%)	Once a month (%)	Twice a month (%)	Three times a month (%)	Four or more times a month (%)
On public transport (e.g. bus, train, tram)	23.2	21.1	16.3	13.6	25.8
In a magazine	17.2	21.0	17.2	15.8	28.9
Received via email	32.0	19.0	15.4	10.1	23.5
Buy an extra food or drink product on display at the supermarket checkout	18.5	29.8	20.0	14.7	17.0
At school (e.g. canteen, sports event)	28.4	24.1	15.9	14.7	16.9
Received via sms	51.7	18.5	12.5	8.5	8.8
Buy food or drinks from a vending machine	50.5	19.1	12.5	9.8	8.1
Receive a free sample of a food or drink product at a train station, shopping centre, supermarket	34.9	27.2	16.7	11.6	9.6
Play a game or enter a competition on the Internet that was related to a food or drink product	42.3	25.6	15.1	8.7	8.3
Enter a competition you saw on food or drink packaging	53.2	20.1	11.5	9.4	5.8

Table 2. Household food providers' views of food marketing

Approval to the industry practices	Strongly disapprove (%)	Disapprove (%)	Not sure/neutral (%)	Approve (%)	Strongly approve (%)
The marketing of fruit and vegetables	0.6	3.2	10.7	49.9	35.6
The marketing of milk and dairy products	0.2	2.7	16.4	53.0	27.7
The promotion of water to children	0.7	7.3	26.0	44.9	21.0
The marketing of fresh meat	1.0	8.6	27.2	48.8	14.4
Nutrition education in schools or on television provided by soft drink or fast food companies	0.6	6.5	19.6	41.4	31.9
The marketing and promotion of infant formula (including 'follow on' and 'growing up' milk)	1.4	9.1	25.8	42.5	21.2
Promotion of confectionery and soft drinks in supermarkets	2.0	11.9	36.8	42.3	7.0
Fast food company sponsorship of children's sports or educational programs	5.9	23.5	29.4	32.5	8.8
Two for one pricing or upsizing of fast foods and drinks	3.3	22.5	36.4	32.6	5.2
Fast food companies' sponsorship of children's websites	8.5	27.9	34.7	23.6	5.3
Vending machines (with sugar sweetened beverages or confectionery) in schools	4.0	29.0	31.1	29.1	6.8
Positioning of fast food outlets (e.g. McDonald, KFC) near schools	5.1	30.5	34.9	25.2	4.3
Soft drink advertising aimed at children	6.5	27.4	33.2	28.5	4.3
Alcohol or tobacco companies' sponsorship of sports events and sports teams	17.4	26.9	34.0	17.4	4.3
Alcohol advertising in newspapers and magazines	15.4	39.4	28.6	13.6	3.0
Alcohol advertising on television	15.9	41.1	26.4	12.8	3.7
The advertising of foods and drinks that contain a lot of sugar on television/radio	5.1	33.0	40.0	18.1	3.8
Cigarette advertising in newspapers and magazines	46.0	33.6	10.1	7.0	3.2
Cigarette advertising on television	42.8	35.6	11.7	7.5	2.3

place on the promotion of 'unhealthy' foods like soft drinks, chocolate and chips (crisps)? Five point response scales were employed to assess their perceived influence: None (1), Little emphasis (2), Not sure/Neutral (3), Strong emphasis (4), Very strong emphasis (5).

- c2. Do you think supermarkets are a positive influence on the diets of people in your area? Five point response scales were used: Strongly disagree (1), Disagree (2) Not sure/Neutral (3) Agree (4) Strongly agree (5)
- c3. Do you think supermarkets are a positive influence on other local food retailers in your area? Again five point agreement scales were used.

Data analysis

Descriptive analyses of the responses to the question items were conducted using the SPSS Descriptive: Frequencies program SPSS version 21 (IBM SPSS 2012).

RESULTS

Eight hundred and ten Vietnamese household food providers took part in the survey. Sixty percent of the respondents were female. The mean age of the sample was 29.3 years (SD=7.4). Over half were married or in de facto relationships (51.4%). Over three quarters had university qualifications (77.8%) including 11.9% with post-graduate qualifications, showing this was a highly educated sample.

More than half of the respondents' households had one or more children under 5 years of age (54.0%), 28.0% had children between 6 and 12, and 21.0% had children be-

tween 13 and 18. Almost a quarter indicated there were pregnant or lactating women in their households (24.4%). More than one third reported there were aged people of 60 years old and over in their households (34.4%).

Exposure to food advertising and promotion

Many of the respondents indicated they had been exposed to diverse forms of food advertising and promotion listed in the survey questionnaire (Table 1). Food advertising in magazines was most referred to with four out of five respondents reporting that they had seen at least once a month over the previous three months (82.8%). Approximately three quarters of the respondents had seen food promotion activities on public transport (76.8%) and at school events (71.6%). Two thirds of the respondents had received free food samples at a train station, shopping centre or supermarket at least once a month in the previous three months (65.1%).

More than two thirds of the respondents reported receiving food advertising information via email (68.0%), nearly half had received via messages on their mobile phones (48.3%), more than half had played a game or entered a competition on the internet that was related to a food or drink product (57.7%), and almost half had entered a competition they saw advertised on food packaging (46.8%).

Views of food marketing

The majority of respondents expressed their support for food marketing, including food advertising aimed at children (Table 2). Almost three quarters of the respondents

Table 3. Household food providers' views of the things that the government could do to help people consume healthier diets

Government actions to assist people to obtain healthier diets	Strongly disagree (%)	Disagree (%)	Not sure /neutral (%)	Agree (%)	Strongly agree (%)
Conduct media campaigns to encourage people to eat healthier foods, like fruit and vegetables.	0.7	1.4	8.5	39.9	49.5
Make food labels carry clearer information about the content of foods	0.5	1.5	9.8	33.3	54.9
Enforce the regulations on food safety in shops, markets and restaurants	0.4	1.9	7.3	34.1	56.4
Subsidise the sales of fruits and vegetables, making them cheaper.	0.6	3.2	9.1	44.8	42.3
Strictly enforce food safety regulations	0.9	2.0	8.1	35.9	53.1
Provide incentives to encourage consumers to make healthier choices	1.0	2.0	11.6	51.6	33.8
Ensure that children learn how to purchase and cook foods at school	0.6	2.8	12.5	49.5	34.6
Help companies to reformulate foods to contain less salt, sugar and saturated fat	0.2	2.6	15.4	51.6	30.1
Allow vending machines to contain only with healthy food and drinks	0.2	5.2	20.5	45.7	28.4
Establish sms systems to remind people when to eat healthier foods	0.9	5.1	21.9	41.7	30.5
Ban vending machines selling unhealthy food or drinks in schools	3.3	14.2	30.7	34.4	17.4
Put a 20% tax on fizzy sugar sweetened beverages (e.g. Coca Cola)	3.1	13.3	33.0	38.4	12.2
There is little governments should do about the availability of foods and beverages	3.6	8.4	21.2	44.0	22.8
Ban the advertising of any food products to children	6.7	26.7	39.6	18.9	8.1
Ban all advertising of fizzy sugar sweetened beverages (e.g. Coca Cola)	4.4	25.1	45.9	16.4	8.2

approved of nutrition education in schools or on television provided by soft drink or fast food companies (73.3%). Similarly, 41.3% approved of fast food company sponsorship of children's sports or educational programs.

Promotion of confectionery and soft drinks in supermarkets was approved by half of the respondents (49.3%). Likewise, vending machines (with sugar sweetened beverages or confectionery) in schools were approved by 35.9% of the respondents whilst 31.1% were not sure.

Marketing of fruit and vegetables, and milk and dairy products was highly approved by the respondents (85.5% and 80.7% respectively). Importantly, marketing and promotion of infant formula was approved by 63.7% of the respondents, whilst 25.8% were not sure.

Government facilitation of healthy eating

High proportions of the respondents supported the proposals for government regulation of marketing activities to help people consume healthier foods and drinks (Table 3). These included making food labels carry clearer information about the content of foods (88.2%) and enforcing the regulations on food safety in shops, markets and restaurants (90.5%).

Nine out of ten respondents believed that the government should conduct media campaigns to encourage people to eat healthier foods (89.4), four fifths believed that children should be taught how to purchase and cook foods at school (84.1%), and 72.2% supported the idea of establishing sms systems to remind people when to eat healthier foods.

One third disagreed to banning the advertising of any food products to children (33.4%) whilst 39.6% kept a neutral view. Likewise, 45.9% were unsure about banning all advertising of fizzy sugar sweetened beverages whilst 29.5% disagreed.

Main food shopping practices and attitudes to supermarkets

Most respondents reported one or more places where they purchased their household's food. Almost three quarters (73.8%) of the respondents did their main shopping at supermarkets at least once per week. However, traditional markets and local stores were the preferred places for major household purchases of food products, with 91.4% and 79.3% reporting they did their main household food shopping at a traditional market or local stores at least once a week. More than half of the respondents indicated that they do food shopping at a traditional market every day (56.4%). Online shopping is still new for Vietnamese customers; the majority of respondents said that they never or rarely bought food products online (59.6%).

Petrol stations, vending machines, newsagents were not common places to buy food and drinks in Vietnam; 60.4% of the respondents reported they had never bought food or drink products from petrol stations, 58.8% never bought products from vending machines and 50.7% never bought from newsagents.

One-fifth (20.2%) of the respondents believed that their main supermarket placed strong emphasis on the promotion of "unhealthy" foods like soft drinks, chocolate and chips (crisps) but 30.2% were not sure and 49.6% did not agree with this proposition. Almost one third of respondents

(31.0%) felt that supermarkets had a positive influence on people's diets and over half (51.6%) felt they had a positive influence on other local food retailers.

DISCUSSION

The results indicate that many respondents had been exposed to food marketing. Positive views about food marketing were expressed by many (perhaps because they were not aware of any negative effects). Many respondents liked and used supermarkets for their households' food purchases. There were mixed views about the actions that governments could take to control food marketing and make the food environment healthier.

While most of research to date has focused on the effects of food marketing on children, there is little evidence available which explores the influence of food marketing on young people and adults.³² Story and her colleagues noted that multiple factors influence the eating behaviours of people, and one potent force is food marketing.⁶ This becomes critical in LMICs which TFCs have determined as their target markets for their global expansion after having saturated markets in developed countries.^{10,11,20,33}

High proportions of the respondents expressed supportive views about food marketing, including food promotion aimed at children. In another related qualitative study (PhD thesis of the senior author) which explored the awareness of the nutrition transition among Vietnamese education and health professionals, it was found that some professionals were unaware of the food marketing activities employed by food companies in their institutions. This suggests that they are too trusting of food companies and oblivious to their sophisticated marketing tactics. These findings support other research about the food marketing strategies used by TFCs. Well-known brand-name promotions by global companies are designed to take advantage of the subconscious and to influence behaviour through emotional appeals.³³ The emotional appeal comes from global companies' elaborate marketing and public relations strategies.^{33,34} In the new markets TFCs present themselves as masters of professional service, and leaders of social responsibility and citizenship.^{33,34} They employ philanthropic programs such as sponsorships for youth-oriented programs (music, sports events), and they support charitable projects, often presenting themselves as health or nutrition agencies to educate people about healthy lifestyles and nutrition.³⁴ From a marketing perspective, these apparent social responsibility campaigns are designed to achieve a number of goals including strengthening of the brand, presentation of the company as a local entity concerned with community needs, and most importantly, to make consumers consciously or unconsciously feel good about buying the product.³³ The fact that many of these products are unhealthy and create public health problems is hidden from public view.¹⁰

The respondents' relatively high levels of approval for supermarkets raise two issues: supermarkets' satisfaction of consumers' general purchase needs and the respondents' lack of awareness of any negative effects of supermarkets. The first reflects findings from studies evaluating the rapid growth in supermarket numbers in develop-

ing countries along with the rapid increase in households using supermarkets for their main food shopping.^{13,35} The latter reflects findings from previous reports that identify the complex, sophisticated tactics used by supermarkets to attract customers in emerging markets. For example, it has been found that food safety is used by supermarkets to claim superiority and create a point of distinction for aspiring customers.³⁶ In emerging markets wealthier, younger, urban middle-class consumers tend to shop at supermarkets.³⁷⁻³⁹

At least two sets of variables influence eating behaviours and the health outcomes of populations: individual and environmental factors.⁶ Substantial research indicates that individuals' healthy choices can occur only in a supportive environment with accessible and affordable healthy food choices.⁴⁰ This is reflected in the present study in the various actions that the respondents expected the government to enact to help people have healthy food environments. However, substantial evidence reveals that regulation of food marketing has faced major opposition in LMICs and has had minimal success in being implemented.²⁸

Implications for Vietnamese health

The World Health Organisation and public health advocates have called for the development of a set of rules governing food marketing to children, emphasizing rules that account for the full spectrum of advertising and marketing practices across all media which apply to children including adolescents.^{2,41,33} However, the limited restrictions on food marketing so far have had little demonstrable effect on food consumption or health outcomes, including the restrictions on marketing aimed at children in high-income countries.⁴² In LMICs there is major opposition to the regulation of food marketing and many obstacles hinder the development of marketing regulations and laws.²⁸ This may be partly due to the prevailing (neoliberal) ideology that business and industry should not be interfered with and the notion that the market is the best way to deal with most of society's problems.⁴³ A review of literature on the challenges facing developing countries to deal with negative effects of the nutrition transition found that many policy makers still hold the viewpoint that obesity as well as NCDs afflict only the affluent and the elderly and arise from freely acquired risks and that their control is ineffective and too expensive and should wait until undernutrition and infectious diseases have been controlled.⁴⁴⁻⁴⁶ However there is accumulating evidence which shows that both the substantial burden of undernutrition and its related diseases and the emerging burden of overnutrition and its related NCDs need to be tackled together.^{21,47,48}

To our knowledge, the present study is the first to examine the views and experiences about food marketing among food providers in Vietnam. A substantial majority of Vietnamese middle-class household food providers appear to be exposed to various forms of food marketing. However, lack of awareness of food marketing and its possible drawbacks is common, even among health and educational professionals. Education and policy leadership in food and nutrition are urgently required.

Limitations

Two key limitations apply to these findings. First, the survey was cross sectional. This prevents causal attributions being drawn from the observed associations. Ideally, future surveys should employ longitudinal designs. Alternatively, some of the reported associations could be tested through experimental studies, e.g. different communications methods could be based on the respondents' interests. Second, the sample was an online quota sample. Because a random sample was not used (due to high cost and likely low response rate)⁴⁹ and in the absence of further replication of the findings, the results may not be generalised to the broader Vietnamese population.

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AUTHOR DISCLOSURES

The authors declare no conflicts of interest.

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Original Article

Middle-class household food providers' views and experiences of food marketing in Vietnam

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越南中产阶级家庭食物提供者对食品营销的观点和经历

背景与目的：食品营销已被国内和全球确定为预防儿童超重和肥胖的干预目标，促进健康的膳食被列为降低非传染性疾病和亚健康负担的一项重要战略。本研究旨在探讨越南中产阶级家庭食物提供者是如何被食品广告传播影响，他们对食品营销的观点，和他们认为政府能够控制食品市场来协助人们消费更健康膳食的方法。**方法与研究设计：**810位家庭食物提供者参加网上调查。频率计数采用 IBM SPSS 21。**结果：**许多受访者已接触到食品营销，82.8%的人每月至少在杂志上看到一次食品广告，65.1%的人在公共场所收到过免费的食物样品，68.0%通过邮件收到过食品广告。许多家庭食物提供者似乎支持市场营销，73.3%的人支持软饮料或快餐公司提供的在学校或通过电话进行的营养教育，63.7%的人支持婴儿配方奶的营销。关于政府可以实施控制食品营销的措施，大家的看法不一，88.2%的人支持食物标签上更清楚的食物成分，84.1%的人认为孩子应该在学校学会如何购买和烹饪食物。**结论：**相当多的越南中产阶级家庭食物提供者似乎没有意识到食品市场营销的不利影响。迫切需要食物和营养的教育和政策引导。

关键词：越南、食品营销、家庭食物提供者、营养过渡、食品广告传播