hitch
BEHAVIOUR CHANGED

Breastfeeding campaign

Nottingham CityCare Partnership CIC and Small Steps Big Changes

April 2022

Who we are

- Hitch are a social marketing behaviour change company.
- We were commissioned by Small Steps Big Changes to develop a campaign to increase uptake and awareness of breastfeeding in Nottingham.
- Desk research- what we already know.
- Primary research- survey and focus groups.
- Audience segmentation.
- Strategy and creative development.
- Evaluation- in collaboration with Aberystwyth University

Benefits of breastfeeding

Universal breastfeeding could prevent 823,000 deaths of children under age 5 and 20,000 deaths from breast cancer globally every year (Victora et al., 2016).

Infants who are breastfed are:

- less likely to develop diarrhoea, respiratory infections or become obese
- more likely to score higher in IQ tests in later childhood

Mothers who breastfeed are less likely to be diagnosed with:

- breast cancer
- type 2 diabetes
- ovarian cancer

First phase- secondary research

A period of desk research highlighted that:

- Women do not respond to controlling messages.
- There is stigma attached to public breastfeeding.
- Breastfeeding goes beyond women.
- Breastfeeding is a complex behaviour with many determinants.
- Very few breastfeeding campaigns have been well evaluated.

Second phase- primary research: public survey.

We wanted to find out:

- What are the attitudes to breastfeeding in Nottinghamshire?
- What are the barriers and facilitators to breastfeeding in the area?
- Are certain groups more susceptible to change?
- Who are the ‘actors’ in the infant feeding decision?
- What constructs or mechanisms of change can we target with a social marketing campaign, and how?

Second phase- primary research: public survey (cont.).

Demographics:

- Total responses: 1802 people took part in the survey!
- The sample was made up of 93% female responses, and 5% male.
- Most male respondents were in the 35-44 years age category (34%, N=30), while most females were in the 25–34-year age category (34% N=690)
- 84% White British respondents- similarly to ethnic diversity in Nottinghamshire.

Survey results- male responses

- 35% disagreed with the statement ‘breastfeeding is a women’s issue.’
- Half said they did, and half said they didn’t engage in conversations about breastfeeding with their male peers.
- Free-text response suggested that conversations about breastfeeding only occur when the man is supporting a feeding mother or when there is a news or social media story.

Survey results - female breastfeeding behaviours

- 97% of respondents had made some attempt at breastfeeding.
- 22% had stopped breastfeeding before they had intended.
- Lack of proper support, inability to keep up with demand, difficulty with latching, health issues, and difficulty feeding in public places were common issues.

Survey results- what would have encouraged longer breastfeeding?

- Many women said that they would have breastfed for longer if they had more support, felt more confident to do so, if public perception of breastfeeding was better, and if they had more information about the challenges of breastfeeding.

- For women who breastfed for longer, we identified autonomy (it is my choice), feeling of connectedness to baby, and awareness of the potential challenges as the main facilitators.

Survey results- influencers in breastfeeding decisions

- Main influencers were partners, healthcare professional and wider family members such as own parents.
- Free text responses also suggested social media influencers/famous faces.
- Families who view breastfeeding as ‘the norm’ – encourage positive attitude to breastfeeding.

Survey results- negative and positive experiences of public breastfeeding

- Almost a quarter had a negative experience while breastfeeding in public. Glances from others, being told that they are not in appropriate feeding places (eg. restaurant!), being asked to leave or stop, comments about breasts between strangers, people commenting on child's age, etc.

- 71% had experienced support when breastfeeding in public. Spaces that accommodate and welcome breastfeeding, being offered a drink, and existing confidence in breastfeeding ('I don't see the problem with it!')

Survey results- IOWA scale

- IOWA scale (Mora et al., 2019)
- Statistically significant difference in IOWA scores between the individuals who did initiate breastfeeding and those who did not- those who did scored higher.
- Significant differences in mean rank IOWA scores for respondents who had a positive experience of breastfeeding in public (718.24), and those who did not (530.60).

Individual question responses:

- Women were *more likely* than men to think that breastfeeding made the male partner feel left out.
- 'Breast milk is the best food for babies' 88% of breastfeeding parents agreed but so did almost half who hadn't breastfed.

Our audiences

We identified a ‘spectrum’ of women:

- Those who would never consider breastfeeding. We would be unlikely to change their minds.
- Those who were in the middle of spectrum, would consider breastfeeding but were nervous, lacked self-efficacy, or might need prompting and support to do so.
- Those who were advocates of breastfeeding and would never consider an alternative. We wouldn’t wish to change their minds!

We also identified that these women were supported by other ‘actors’ who we could target in the campaign:

- Supporting partners
- Grandparents
- Establishments where women might breastfeed

Co-creation

We held two focus groups: one made up of men and one with mums:

Most of the female group were made up of women who had either not breastfed, attempted to but given up sooner than they wanted, or felt they lacked self-efficacy for breastfeeding.

Men were included because of the small sample of male respondents, and we included a more ethnically diverse group.

What co-creation sessions told us:

We found the following for women:

- Women felt there was a clear ‘us’ and ‘them’ divide between breastfeeding and formula feeding women.
- Women felt that there were unrealistic expectations put on them.
- Women lacked autonomy and felt that messages about breastfeeding were controlling.
- Women wished they’d had ‘an honest conversation about the challenges’ so that they had been better prepared for them.
- Women who could not breastfeed saw breastfeeding messages as ‘smug’ and they felt excluded from the breastfeeding agenda despite wishing they had been able to breastfeed.

‘The narrative was all breast is best and I never got an honest conversation about breastfeeding. If I had, I’d have felt better prepared.’ Female participant

Continued…

We found the following for men:

- Men ***did*** worry about being excluded from feeding, but just wanted to know what alternative supporting roles they could play.
- Men were equally surprised at the challenges their partners had to face when breastfeeding.
- Men spoke about their mindset shifting after experiencing breastfeeding first-hand. They became far more sympathetic about what it really takes, the stigma attached, and the potential shame and guilt associated with feeding choices.

'My main role, I guess, is in supporting my wife. I'm not as involved, but that's my main role.' Male participant.

'Shame attached when it doesn't go right. It's quite inward facing shame.' Male participant.

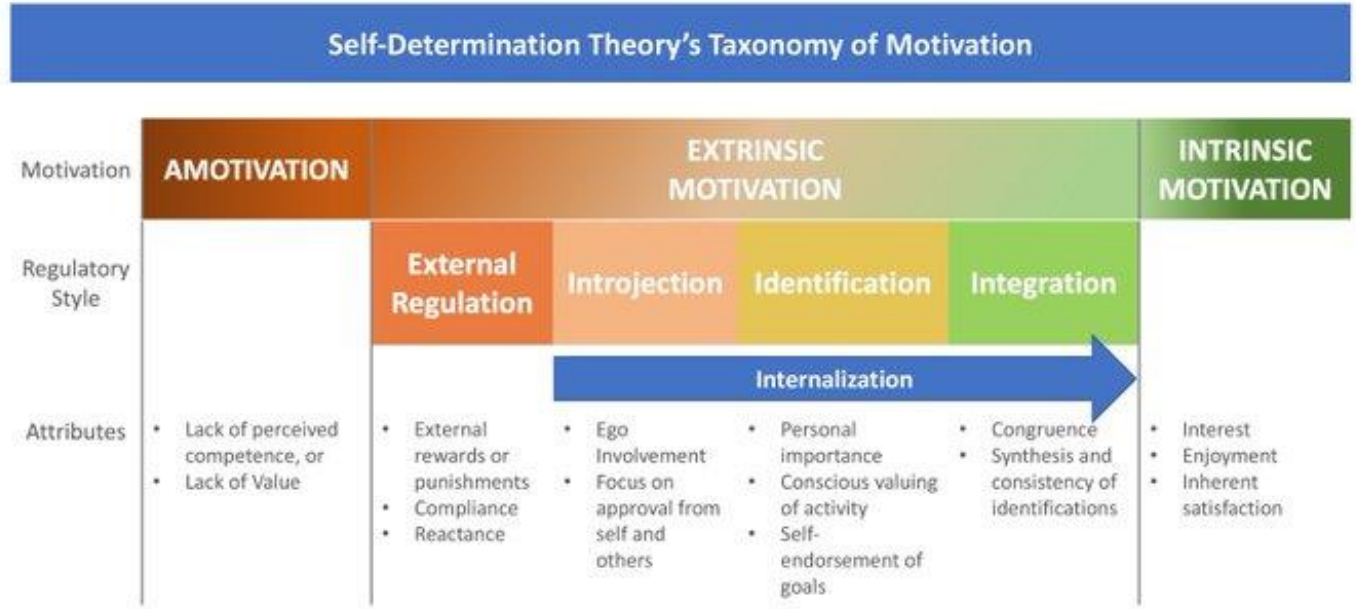
Behaviour change theory

Self-determination theory constructs have been tested in breastfeeding behaviours previously. SDT (Ryan & Deci, 2000) states that behaviour is motivated by basic psychological needs being met:

- Autonomy: a need for self-direction, choice, and control- feeling that there is choice, the decision is not dictated by anyone else, that the reasons come from within rather than through pressure. Lack of autonomy leads to feelings of failure, pressure that is not helpful, and poor outcomes.
- Competence: a need to feel capable and accomplished- being aware of the challenges and ways that they might be tackled. When breastfeeding is portrayed as easy and then it turns out to be hard, mums feel they have failed. Recognition of even small attempts can support further attempts.
- Relatedness: a need to feel supported and connected- support in the form of family, healthcare, and wider community support but also through social norms. When it is something that is done by all and taken for granted, it is more likely to occur or at least be attempted.
- All can be woven into messaging, embedded in existing interventions, and inform campaign strategy.

Survey and focus group results- behavioural theory

When the basic psychological needs are met, motivation quality improves and behaviour is likely to reoccur



Note. From the Center for Self-Determination Theory © 2017. Reprinted with permission.

Campaign strategy

- Empower women to ‘own’ feeding their baby - presenting options and choices and framing breastfeeding as a realistic choice.

- Focus on ‘bright spots’ - getting women who’ve breastfed and are from the areas we are targeting, to share their experiences. A woman to woman approach of sharing experience will help to avoid women feeling pressured, judged or misled.

- Encouragement and support from women to initiate breastfeeding and take it day by day (rather than six week - six month targets).

- Show partners, friends and family what they can do to support.

- Our strategy is led by self determination theory and can apply the techniques associated with each element of this theory.

Feed Your Way

Becca & Georgie

Meet Becca and her wife, Georgie. They have both breastfed their children. Georgie breastfed their first daughter and is now supporting Becca who is breastfeeding their youngest.

Read more

Feed Your Way

Eleanor & Iain

Meet Eleanor and her partner, Iain. They have three daughters, including twins who Eleanor is currently tandem feeding. Iain is Eleanor's biggest supporter and has lots of ways to bond with his daughters while Eleanor feeds.

Read more

Feed Your Way

Evaluation

RE-AIM framework (Glasgow et al., 1999; 2019).

- Reach- Did we reach the target audience? How many? IOWA and OHID
- Effectiveness- Did the campaign elicit any change in attitude or behaviour?
- Adoption- Was it adopted by the people/organisations/professionals we need to adopt it?
- Implementation- Was it implemented according to the plan?
- Maintenance- What are the long-term implications? What legacy will it leave? Can it be scaled up?

Evaluation (cont.)

- Future publication
- Dissemination and impact
- Replication of the campaign

Thank you