NHS NORTH YORKSHIRE AND YORK BREASTFEEDING INSIGHT REPORT

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Executive Summary

- This report presents the findings from a social marketing insight project undertaken by The Hub on behalf of NHS North Yorkshire and York in June and July 2009.

- The health inequalities which result from low breastfeeding rates are well-documented and understood from an international to an individual perspective. Therefore this project aims to investigate how best NHS North Yorkshire and York can address low breastfeeding initiation and duration rates through a targeted social marketing campaign.

- Breastfeeding has a major role to play in public health, as it promotes health and prevents disease in both the short and long term for both infant and mother. It is widely accepted as the best form of nutrition for infants to ensure a good start in life and therefore the Department of Health now recommends that babies are feed exclusively on breast milk for their first six months, a position supported by the World Health Organisation.

Understanding the need for a social marketing campaign in North Yorkshire and York

- In 2008/09 the number of mothers known to have initiated breastfeeding within this PCT was 73%, below the average of 78% for England as a whole based on figures from the latest Infant Feeding Survey.

- Therefore the main objective for this research was to identify the most appropriate target audience for the proposed campaign and then to use a range of techniques to explore the attitudes and behaviours of those least likely to breastfeed.

- National data suggests that the group least likely to breastfeed nationally are British white women, aged 25 years old or under, living in areas ranking highly on the Index of Multiple Deprivation.

- The Infant Feeding Survey in 2005 found that young women viewed breastfeeding as old-fashioned or a bit ‘earth mother-ish’ and other evidence has suggested that many young women do not even consider breastfeeding.

- This was a view echoed by the healthcare professionals in North Yorkshire and York who clearly recognised this social norm amongst the proposed target audience.

- The baseline data indicated that whilst there were high levels of breastfeeding initiation in North Yorkshire and York overall, rates were considerably lower amongst women aged 25 years old and under, and for those mothers living in the most deprived areas of the PCT.

- These trends were also replicated in terms of breastfeeding duration rates, therefore there was a clear rationale for this group of mothers to be the focus of the proposed campaign.

Challenging cultural norms

- Healthcare professionals, the young women and the key influencers within the proposed segment all identified a strong culture of bottle feeding in the area, despite awareness of the benefits of breastfeeding and high levels of recall of general awareness-raising campaigns such as 'breast is best'.

- Therefore the main challenge in developing a social marketing campaign to promote breastfeeding was seen as challenging the power of these social norms which meant that infant feeding decisions were often taken subconsciously very early in the pregnancy.

- Breastfeeding was seen as the preserve of the middle-classes and celebrities who had the type of lifestyles where breastfeeding was possible mainly due to their support networks and having access to suitable places in which to breastfeed.

- Therefore, while being aware of the benefits of breastfeeding, the young women in the proposed target segment had minimised the value of these benefits in order to maximise the attractiveness of bottle feeding and to justify the decision to feed the baby in a way which they knew was not best for the child's health and long-term development.

Current use of services

- Awareness and usage of services was mixed amongst respondents, however in general levels of engagement were low and typically involved national organisations such as the NCT and the NBH. The exception to this was the services offered locally by Sure Start, which included offering support groups, materials and general advice and guidance.

- Recall of advice given by healthcare professionals was low and therefore the young women felt that they had been given little support when making antenatal feeding decisions from formal sources.

- Informal influencers had a much greater impact upon the decision-making process of the young women, particularly the mother-to-be's partner and parents and, to a lesser extent, her peers. The advice given by these influencers, specifically the parents, was often based upon previous experience and there was reluctance to seek out further information to supplement existing knowledge.

Developing the social marketing campaign

- Whilst this firsthand experience was one of the attractions for the young women when turning to their mothers for advice, the fact that it was often quite dated was one of its limitations and the young women recognised that it may not have been in-line with current recommendations.

- This indicated that materials designed for grandmothers and dads would need to be carefully designed to incorporate their existing knowledge whilst bringing the information up-to-date and encouraging the influencers to think differently about breastfeeding.

- To achieve this, the campaign materials would need to minimise the benefits of bottle feeding and maximise the appeal of breastfeeding based on the values attached to these feeding methods by the target audience.

- The incentives to bottle feed were very powerful but could be addressed in the following ways:
    - Information on how expressing milk can allow shared responsibility for feeding;
    - Provide alternative ways for the father to engage with feeding and bond with the baby;
    - Promote breastfeeding-friendly venues where breastfeeding is not just accepted but welcomed;
    - Address the myth that bottle-fed babies are more settled and establish routine patterns of feeding more quickly;
    - Reassure mothers that breastfed babies will consume what they need, thereby removing some of the concerns about measuring what food the baby has had.

- The incentives to breastfeed need to be reinforced within the campaign materials through easily understood messages about the health benefits of breastfeeding for both mother and child.

- These messages would need to be supported with imagery that the young women identified with and resonates with their perceptions of attractiveness, but which does not make the 'stars' appear too stylised or too easily mistaken for real celebrities.

- The imagery and wording needs to capture the emotional response to making feeding decisions that the young women had experienced and show recognition that these mothers want to do what is best for their child and in particular want to strengthen the bond between themselves and their baby.

- As a campaign which encapsulates many of these objectives, feedback on the *Be A Star* materials from the target audience was very positive. The young women involved in pretesting the campaign clearly identified with the strong, independent women portrayed in the materials and particularly welcomed the message that breastfeeding was something that young women should feel proud of.

- Due to their engagement with the imagery of the campaign, the young women also took time to read the health-promotion messages and found the succinct benefit statements thought provoking, especially those surrounding the benefits for the mother.

- They also appreciated the fact that the campaign included the views of parents and partners and so provided a mechanism for encouraging their key influencers to think differently, as well repositioning breastfeeding in the eyes of the target audience themselves.

- A number of positive messages were drawn from the campaign, specifically:
    - Breastfeeding mums are stars;
    - Breastfeeding is the best for baby;
    - Breastfeeding is a natural choice, even for young mothers like them;
    - That it can help mum lose weight;
    - It is something to be proud of.

- In terms of the strengths of the campaign messages the young women were pleased that the campaign was specifically targeted at young people and that the materials were designed for partners and parents as well as the mother.

- It was also noted that a strength of the campaign was not just that it raised awareness of why a young woman would want to breastfeed but that it contained practical information about how to breastfeed.

Conclusions and recommendations

- Going forward, there were suggestions provided by the young women to maximise the appeal, relevance and impact of the campaign; however, these comments primarily related to the visuals rather than the underlying message which, on the whole, was understood and well received.

- In general, feedback on the proposed campaign clearly demonstrated its relevance to the target audience and its power to change previously held beliefs about breastfeeding.

- The interventions that were received most positively by the mums and mums-to-be were the face-to-face methods of breastfeeding support groups and in-home and in-hospital peer-to-peer support. Reactions to the text messaging, 24-hour helpline and the internet blog were generally received less positively, mainly due to concerns about accessibility, accuracy and affordability.

- Given that the campaign message was well understood and endorsed by the target segment it can be concluded that the *Be A Star* campaign has the potential to convey a range of positive messages regarding breastfeeding via the various elements of the marketing mix, reaching both the target audience and the people who have an influence over their decision.

- To maximise the effectiveness of this campaign there are a number of amendments that would enhance understanding, however, overall, it was seen as fit-for-purpose and an exciting way of repositioning breastfeeding within the communities least likely to adopt this feeding practice.

- Should NHS North Yorkshire and York decide to adopt this campaign the return on the investment would be that a group of women most in need of support to reduce health inequalities would benefit from bespoke interventions that have the potential to effect long-term behaviour change and improve the health prospects of the next generation of children in North Yorkshire and York.

Social marketing strategy planning

- Recommendations are made on the service development/ improvement that will help create a breastfeeding culture at all levels of the community across North Yorkshire and York. These recommendations to service provision will enable mums and mums-to-be to feel supported and empowered in their decisions and efforts to breastfeed, whilst also speaking to their key influencers and include:

- Peer-to-peer support
- 24-hour support
- Breastfeeding training and education
- Support for Partners
- Support for Grandparents
- Health Education in Schools

- Recommendations have been made for NYY to implement The *Be A Star* campaign which has been designed to engage with the priority and secondary audience segments in order to inform, advise, build awareness, persuade and inspire them to breastfeed or be more supportive of those who choose to do so.

- Based on the research insight gathered and subject to further funding being secured recommendations have been made for a range of primary, proactive communications activity to be undertaken with a focus on creating interest, engaging with the primary audience, de-stigmatising the issue through new language, proactively creating opportunities for open discussion within the wider community through the media and engaging with the influencers and peers of our young mums.

  The optimum recommended *Be A Star* communications mix for this campaign now includes:

  - Brand communications
  - Internal communications
  - Direct marketing
    - Information leaflets
    - Invitation mailers
  - Advertising
    - Print
    - Broadcast
    - Ambient
  - PR
    - Community acceptance
    - Media issues / handling
    - Peer champions
  - Experiential marketing
  - Digital
    - Blog
  - Social media

1 Introduction

This report presents the findings from a social marketing insight project undertaken by The Hub on behalf of NHS North Yorkshire and York in June and July 2009.

As in other areas of the United Kingdom, increasing the proportion of mothers choosing to breastfeed is an important and challenging objective for NHS North Yorkshire and York. In 2008/09 the number of mothers known to have initiated breastfeeding within this PCT was 73%, below the average of 78% for England as a whole based on figures from the latest Infant Feeding Survey. North Yorkshire's Joint Strategic Needs Assessment 2008-2011 reported that prevalence of breastfeeding was lowest in the Scarborough, Whitby & Ryedale locality (Scarborough Acute Trust), a reflection of the higher levels of deprivation in these areas.

To address these issues NHS North Yorkshire and York commissioned a social marketing project to understand the causes of these low initiation rates in order to further develop services and support within the area. The resulting campaign will be designed to encourage more mothers to consider breastfeeding and to provide a supportive infrastructure within which mothers are empowered to make informed infant-feeding decisions.

Delivering a social marketing campaign of this kind requires important decisions to be made regarding the target audience and the prioritisation of certain segments within the potential population. This report provides the context for making these decisions in that it sets out the national policy drivers for increasing rates of breastfeeding and the local challenges faced by the PCT. It also details which target audience segments are most in need of additional interventions and could benefit most from a bespoke social marketing campaign.

The implications of getting this right are significant. The health inequalities resulting from low breastfeeding rates are well documented and understood from an international to an individual perspective. Therefore, finding the most appropriate way to challenge social norms and influence behaviours within this area of public health will have long-term implications for the wellbeing and prosperity of the population of NHS North Yorkshire and York. As such, the social and financial benefits of this investment should not be underestimated.

The short, medium and long-term objectives for this social marketing programme are to:

- Deliver a 10% increase in breastfeeding initiation of new mothers within the target age range and geographical area at time of discharge from hospital;
- Deliver a 5% increase in breastfeeding by new mothers at 10 days;
- Deliver a 2% increase in breastfeeding by new mothers at 6-8 weeks;
- Deliver a supplementary outcome measure to increase breastfeeding initiation and duration in new mothers in all age ranges;
- Identify opportunities to improve service provision to priority audience segments;
- Create a shift in community (as a whole) attitudes towards breastfeeding in order to impact upon breastfeeding duration rates.

1.1 Aims and objectives

The main objective for this research was to identify the most appropriate target audience for the proposed campaign and then to use a range of techniques to explore the attitudes and behaviours of those least likely to breastfeed. To achieve this objective, the project also needed to engage with the gatekeepers and influencers present in the lives of the target segment to obtain a holistic understanding of how the young women approached feeding decisions. Finally, the research was designed to explore their current levels of interaction with support services across the area and their reactions to a range of suggested campaigns and proposed interventions.

Specifically the research was designed to:

- Develop a greater understanding of the feeding 'decision journey';
- Understand the effect of influencers in the feeding decision and influences on feeding choice;
- Understand the important triggers that prompt bottle feeding and the perceived barriers to breastfeeding;
- Explore attitudes to and perceptions of bottle feeding;
- Explore attitudes to and perceptions of breastfeeding;
- Evaluate awareness and usage of breastfeeding support services in North Yorkshire and York;
- Explore levels of awareness of national breastfeeding campaigns;
- Undertake pre-testing of the *Be A Star* campaign – message, visuals and textual detail;
- Evaluate the appeal and perceived effectiveness of intervention ideas.

Using information obtained through this programme of research will ensure the development of effective health-promotion activity and service / intervention development that will:

- Normalise breastfeeding;
- Improve initiation rates;
- Improve duration rates;
- Achieve a culture shift amongst the communities to which the priority segments belong.

1.2 Research rationale

The need to undertake this research into attitudes and behaviours in relation to breastfeeding arose from the perceived failure of recent campaign investment at a national and local level to significantly change the breastfeeding initiation rates since the late 1990s. Although overall rates have improved, the percentage of mothers breastfeeding in England still remains low in comparison with other developed countries. Additionally, the overall increase in rates masks significant differences in breastfeeding initiation between different socio-economic groups, by age and by ethnicity. When these findings were taken into account, the need to understand more about why those most likely to experience health inequalities were also least likely to breastfeed became particularly pertinent.

Where research has been conducted on this topic, many of the studies have been hampered by poor data quality and inconsistent measurement of initiation and duration rates. Consequently many of the reference sites for previous information have been based on studies conducted in the United States and Canada. While such information can serve as a useful starting point it cannot replace the power of local data backed up by local understanding.

In addition to these limitations, previous research has tended to focus solely on the mother. While this has provided valuable insight into the thoughts and feelings of the key person within the infant feeding decision process it has excluded other significant influencers, namely the father and grandparents. Whether or not the mother is able to recognise and articulate the impact of these influencers herself, understanding their perspective on the decision could provide the key to unlocking the complex range of social and cultural norms which provide the context to the mother's decision.

This research project has been designed to ensure that subsequent interventions and the supporting campaign are appropriately designed and targeted to meet the needs of the communities most at need. The research has been delivered via a multi-method approach using qualitative and quantitative techniques, supplemented with secondary analysis of data held by the NHS in relation to breastfeeding. A full explanation of the methodology is provided in Appendix One.

2 Research Context

This section of the report sets out in more detail the context for this study. It contains information on the national policy objectives in relation to breastfeeding, UK-wide facts and figures regarding initiation and duration rates and also the local situation in North Yorkshire and York.

2.1 National Policy and Objectives

Breastfeeding has a major role to play in public health as it promotes health and prevents disease in both the short and long term for both infant and mother. It is widely accepted as the best form of nutrition for infants to ensure a good start in life and therefore the Department of Health now recommends that babies are fed exclusively on breast milk for their first six months, a position supported by the World Health Organisation.

However, despite the overwhelming evidence that supports the numerous health benefits of breastfeeding, not all women choose to feed their babies in this way. Understanding why some women decide to use formula milk or a combined approach to feeding has become an important priority for the Department of Health who wish to ensure that the reasons behind this choice are thoroughly understood in order to provide more targeted information and advice to women during the decision making process.

Although there has been an increase in breastfeeding initiation rates since 1980, there is still a sharp decline in breastfeeding following birth, with both initiation and duration rates lowest among the poorest socio-economic groups and particularly among younger women, a trend which is compounding health inequalities and continuing cycles of deprivation.

The reasons some women choose not to breastfeed are multifaceted and can include the influence of society and cultural norms, as well as clinical problems. The organisation of health services, support from healthcare professionals and a lack of family support to breastfeed effectively have also been identified as important contributors. The Government has therefore highlighted a commitment to increase support services and interventions for breastfeeding, through the NHS, as part of its strategy to reduce health inequalities. It has set a target to increase breastfeeding initiation rates by two percent each year, focusing particularly on women from disadvantaged groups.

Building on the recommendations contained within the 2003 DfES Green Paper '*Every Child Matters'*, in 2004 the Department of Health published a National Service Framework for Children, Young People and Maternity Services.[1] This Framework put in place various standards in relation to maternity services and parenting in order to ensure that every child had the best possible chance of realising their full potential.

As a part of these standards, the Government highlighted a commitment to identifying the communities and families likely to have poor outcomes in relation to certain public health benchmark criteria. These groups would be targeted with a cohesive suite of support services and interventions in order to reduce health inequalities. Breastfeeding was one of the key indicators to assessing and impacting upon the health of the whole population.

[1] National service framework for children, young people and maternity services (2004) Department of Health, Department for Education and Skills, http://www.dh.gov.uk/

The 2007 '*Maternity Matters*' paper issued by the Department of Health provided a focus for delivery of the standards as outlined in the 2004 National Service Framework.[2] The paper provided PCTs with guidance surrounding commissioning of services and interventions and on providing for future improvements in services.

In relation to breastfeeding, the 2007 paper also outlined various PSA targets and identified that breastfeeding had a huge role to play in reducing health inequalities, particularly in relation to obesity and infant mortality. Therefore increasing breastfeeding rates, particularly amongst lower socio-economic groups, had the potential to contribute to the delivery of three PSA targets, namely:

- PSA Target 1: Substantially reduce mortality rates by 2010;
- PSA Target 2: Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth;
- PSA Target 3: Tackle the underlying determinants of ill health and health inequalities.

The Paper also highlighted the importance of a joined-up approach to providing maternity and children's services between the community, healthcare professionals, voluntary organisations, PCTs, Acute Trusts and LAs to ensure that support networks and strategic gatekeepers work together to provide mother and baby with the best possible information, advice and guidance.

The 2008 Department of Health document '*Health Inequalities: Progress and Next Steps*' reiterated Government support for this public-health initiative by committing new resources to improve breastfeeding practice.[3] With a clear focus on interventions that would encourage more mothers, particularly teenage mothers and other mothers from low-income groups, to initiate and continue breastfeeding as it provided a renewed focus on the work need to achieve Government targets for breastfeeding.

The document outlined a commitment to ensuring that all relevant hospitals and community settings adopted the UNICEF *Baby Friendly Initiative*, as the evidence showed that the proportion of babies breastfed at birth increased by more than 10 percentage points on average over four years when hospitals implemented these standards. To achieve this, the Department of Health committed new resources to support the *Baby Friendly Initiative* in areas with the lowest breastfeeding rates, or areas of greatest deprivation.

In May 2009 new UK-WHO Growth Charts for children aged 0-4 years were introduced for the first time in England.[4] These charts, developed for the Department of Health by the Royal College of Paediatrics and Child Health, replaced previous growth charts, which had been modelled on predominantly formula-fed babies. The new charts, based on infants who have been breastfed for at least 4 months, provided standards for assessing the growth of all infants and helped to establish exclusive breastfeeding as the norm for the first six months of life.

Further support was also provided by the Department of Health through the extension of the *Breast Buddy* initiative, introduced in 2008, which provides support to mothers who breastfeed for longer by encouraging them to nominate a buddy from within their circle of friends and family, who will provide practical and emotional support while breastfeeding.

[2] Maternity matters: choice, access and continuity of care in a safe service (2007) Department of Health, http://www.dh.gov.uk/
[3] Health inequalities: progress and next steps (2008) Department of Health, http://www.dh.gov.uk/
[4] http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts

This combination of policy and national initiatives provides the context for this local project to understand the underlying reasons for low breastfeeding initiation rates amongst certain groups within North Yorkshire and York. Whilst the national resources provide a valuable foundation from which to develop localised responses to this issue, ensuring that PCT-led responses add value to national campaigns requires detailed understanding of the variables pertinent to this particular area.

As such, the next section of this report highlights the local demographics of North Yorkshire and York in order to start the process of prioritisation with respect to identifying those most in need of the social marketing campaign proposed within this project.

2.2 Understanding Local Priorities

The Department of Health has set targets for breastfeeding within PCTs to deliver an increase of two percentage points per year in breastfeeding initiation rates, focusing especially on women from disadvantaged groups. For North Yorkshire and York this poses particular challenges given the geographically diverse nature of the area and also the strong cultural norms towards bottle feeding held by some of the communities in the most deprived areas of the PCT.

NHS North Yorkshire and York covers an area of approximately 3,200 square miles, which includes some of the most remote countryside in England as well as urban areas such as York, Scarborough and Harrogate, causing accessibility barriers to services for some rural residents.

As an organisation, this PCT is the third largest in England in terms of population, delivering services to approximately 765,000 residents. It has the same boundaries as North Yorkshire County Council (the largest county in England) and incorporates the City of York Unitary Authority. In addition to the County Council, the county is served by a range of partners including seven District and Borough Councils, five Acute Health Trusts, 47 Secondary Schools, 326 Primary Schools, 11 Special Schools and around 300 Early Years providers.

According to North Yorkshire's Joint Strategic Needs Assessment 2008-2011, the proportion of mothers known to have initiated breastfeeding was just over 70% for 2007/08 for the PCT as a whole.[5] This compares to an average of 78% for England as reported in the 2005 Infant Feeding Survey. The Assessment also reports that prevalence was lowest in the Scarborough, Whitby & Ryedale locality (Scarborough Acute Trust) which was seen to be linked to the higher levels of deprivation in these areas.

As stated within the North Yorkshire and York *Healthy Weight, Active Lives Strategy 2009-2020* a key outcome for NHS North Yorkshire and York is to get as many mothers breastfeeding up to 6 months as possible.[6] In order to ensure that families are knowledgeable about healthy weaning and feeding of their young children they will be supported by schools, children's centres, health and other services, all promoting healthy weight. In addition, antenatal advice and support in relation to breastfeeding and weaning will be provided to parents-to-be through antenatal services to help establish the importance of a healthy lifestyle for the whole family by the promotion of exclusive breastfeeding for the first six months of an infant's life.

[5] North Yorkshire's Joint Strategic Needs Assessment 2008-2011 (2008) North Yorkshire County Council with North Yorkshire and York Primary Care Trust, http://www.northyorks.gov.uk/index.aspx?articleid=7006
[6] North Yorkshire and York Healthy Weight, Active Lives Strategy 2009-2020 (2009) North Yorkshire and York Primary Care Trust, http://www.nyypct.nhs.uk/StayingHealthy

North Yorkshire and York has recently been awarded a grant from the Department of Health to achieve baby-friendly accreditation in both Scarborough and York hospitals between 2009-2011. The intention is to gain baby-friendly status in Scarborough and York Acute Trusts in the first year with greater focus on community work in the second year.

In Scarborough, midwives and health visitors currently form the base of breastfeeding support and service delivery. In York however, the service delivery model is focused more around the children's centres known as 'The Hub'. 'The Hub' provides a 'one stop shop' for mothers, pregnant women and their families by offering services from midwives, healthcare professionals and family and children's services in one location.

To help coordinate this work a Breastfeeding Strategy is currently being developed for North Yorkshire and York that aims to support breastfeeding for all babies and toddlers up to the age of two years.[7] The objectives set out in this strategy will include:

- Working towards achieving the principles of the UNICEF UK *Baby Friendly Initiative* (BFI);
- Providing all staff that have contact with pregnant women or breastfeeding mothers with appropriate breastfeeding training;
- Making breastfeeding peer-support networks stronger;
- Co-ordinating the support and information provided across the range of organisations that serve pregnant women/new mothers and their families;
- Supporting all women who choose to breastfeed by ensuring community facilities and their staff are receptive to their needs;
- Raising awareness of the benefits of breastfeeding within the general public, and encouraging public acceptability of breastfeeding as the social and cultural norm;
- Promoting optimal nutrition for all babies, irrespective of infant-feeding method.

In order to assess progress towards the achievement of these objectives it is important that a common baseline of current levels of initiation and duration rates is agreed from which future achievements could be measured. Therefore, the remainder of this section analyses data provided by North Yorkshire and York PCT to present the current situation in terms of breastfeeding activity. Specifically this section includes:

- Number of maternities in North Yorkshire and York for all ages;
- Number and percentage initiating breastfeeding in North Yorkshire and York;
- Number of maternities in Scarborough analysed by those aged 25 years and under and those aged 26 years and above;
- Breastfeeding initiation rates in Scarborough analysed by those aged 25 years and under and those aged 26 years and above;
- Duration rates at 10 days in Scarborough analysed by those aged 25 years and under and those aged 26 years and above;
- Duration rates at 10 days in Scarborough analysed by area.

[7] NHS North Yorkshire and York website: www.nyypct.**nhs**.uk

2.2.1 Breastfeeding Initiation Rates and Duration Rates

Across North Yorkshire and York initiation rates have remained at just over 70% for the last three years.[8] However, as noted in North Yorkshire's Joint Strategic Needs Assessment 2008-2011, the rate was as low as 66.4% in parts of York and 57.6% in parts of Scarborough.[9]

While this particular dataset is not available for analysis by age of mother, if the trends mirrored those found in the national Infant Feeding Survey it is likely that the initiation rates for those 25 years and under would be much lower than the overall average and hence the reason for a focus on this younger age group of mothers within this campaign.

Figure 1: Number of maternities and breastfeeding initiation in North Yorkshire and York: All ages[10]

	2006 / 07	2007 / 08	2008 / 09
No. of maternities	6,511	8,516	7,806
No. initiating	4,703	6,004	5,720
% initiating	72%	71%	73%
No. not known	41	195	0
% not known	1%	2%	0

This conclusion is borne out in analysis of the information available in regards to breastfeeding initiation rates in Scarborough. For mothers aged 25 years or under, the average initiation rates over the four quarters of 2008 was 50% whereas the comparable figure for mothers aged over 25 was 67%. It was also noteworthy that the rates for both age groups were below the regional and national averages suggesting that particular focus needed to be made on the infant-feeding decisions of mothers in Scarborough.

Figure 2: Breastfeeding initiation rates in Scarborough 2008: Aged 25 and Under[11]

	Q1 Apr – Jun 2008	Q2 July – Sep 2008	Q3 Oct – Dec 2008	Q4 Jan – Mar 2009	TOTAL Q1-Q4
No. of maternities 25 and under	154	142	149	141	586
No. initiating 25 and under	70	71	71	81	293
% Initiating	45%	50%	48%	57%	50%
No. not known	5	-	2	-	7
% not known	3%	-	1%	-	1%

[8] Local data on breastfeeding initiation rates, NHS Feedback, Quarter 4 2007/2008, Department of Health
[9] North Yorkshire's Joint Strategic Needs Assessment 2008-2011 (2008) North Yorkshire County Council with North Yorkshire and York Primary Care Trust, http://www.northyorks.gov.uk/index.aspx?articleid=7006
[10] Local data on breastfeeding initiation rates, NHS Feedback, Quarter 4 2007/2008, Department of Health
[11] Breastfeeding Initiation rates in Scarborough, 2008, NHS North Yorkshire and York

Figure 3: Breastfeeding initiation rates in Scarborough 2008: Aged 26 and Over[12]

	Q1 Apr – Jun 2008	Q2 July – Sep 2008	Q3 Oct – Dec 2008	Q4 Jan – Mar 2009	TOTAL Q1-Q4
No. of maternities 26 and above	289	298	255	**231**	**1073**
No. initiating: 26 and above	195	195	171	**160**	**721**
% initiating	67%	65%	67%	**69%**	**67%**
No. not known	3	3	5	**2**	**13**
% not known	1%	1%	2%	**1%**	**1%**

Although the data provided below needed to be treated with caution due to a high proportion of 'not known' records (highlighted in blue), the data for duration rates indicated that as well as a lower proportion of young mothers in Scarborough initiating breastfeeding, the proportion still doing so at ten days was less than one in five. This compared to just over a third of mothers aged 26 and over who were still breastfeeding at the 10-day check.[13]

Figure 4: Breastfeeding duration rates at 10 days in Scarborough: Aged 25 and Under[14]

	Q1 April – June 2008	Q2 July – September 2008	Q3 October – December 2008	Q4 January – March 2009	TOTAL Q1-Q4
No. of maternities 25 and under	**154**	**142**	**149**	**141**	**586**
No. breastfeeding at 10 days: 25 and under	23	19	34	**34**	**110**
% breastfeeding at 10 days	15%	13%	23%	**24%**	**19%**
No. not known	75	64	48	**34**	**221**
% not known	49%	45%	32%	**24%**	**38%**

[12] Breastfeeding Initiation rates in Scarborough, 2008, NHS North Yorkshire and York
[13] It should also be noted that the proportion of 'unknown' records has declined between June 2008 and March 2009, which indicates that more robust data gathering methods were in place.
[14] Breastfeeding Duration rates in Scarborough, 2008, NHS North Yorkshire and York

Figure 5: Breastfeeding duration rates at 10 days in Scarborough: Aged 26 and Over [15]

	Q1 April – June 2008	Q2 July – September 2008	Q3 October – December 2008	Q4 January – March 2009	TOTAL Q1-Q4
No. of maternities 26 and above	289	298	255	**231**	**1073**
No. breastfeeding at 10 days: 26 and above	104	92	88	**93**	**377**
% breastfeeding at 10 days:	36%	31%	35%	**40%**	**35%**
No. not known	107	119	78	**42**	**346**
% not known	37%	40%	31%	**18%**	**32%**

The figure below highlights those areas in Scarborough where duration rates were currently lowest and therefore represents the priority areas for the proposed campaign. Those areas with lowest duration rates were highlighted and, as could be expected based on evidence from national surveys, included some of the most deprived areas in Scarborough.

Figure 6: Breastfeeding duration rates at 10 days in Scarborough: Geographic analysis [16]

Area of Scarborough	No live births 2006	Breast-feeders 2006	No live births 2007	Breast-feeders 2007	No live births 2008	Breast-feeders 2008
Briercliffe	56	25%	52	17%	58	-
Danes Dyke	75	58%	50	66%	78	60%
Hackness Rd	32	53%	-	-	32	59%
Prospect Rd	94	46%	-	-	103	34%
Trafalgar Hse	47	46%	47	23%	57	-
Norwood Hse	78	39%	63	34%	73	26%
Belgrave	36	44%	37	45%	45	48%
Falsgrave	99	69%	57	56%	111	52%
Claremont	57	64%	82	24%	76	34%
Peasholm	40	40%	46	41%	73	48%
Eastfield	96	31%	100	28%	101	21%
Ayton	27	74%	37	70%	38	52%
Snainton	24	54%	18	55%	19	63%
Southcliffe	44	63%	43	55%	44	56%

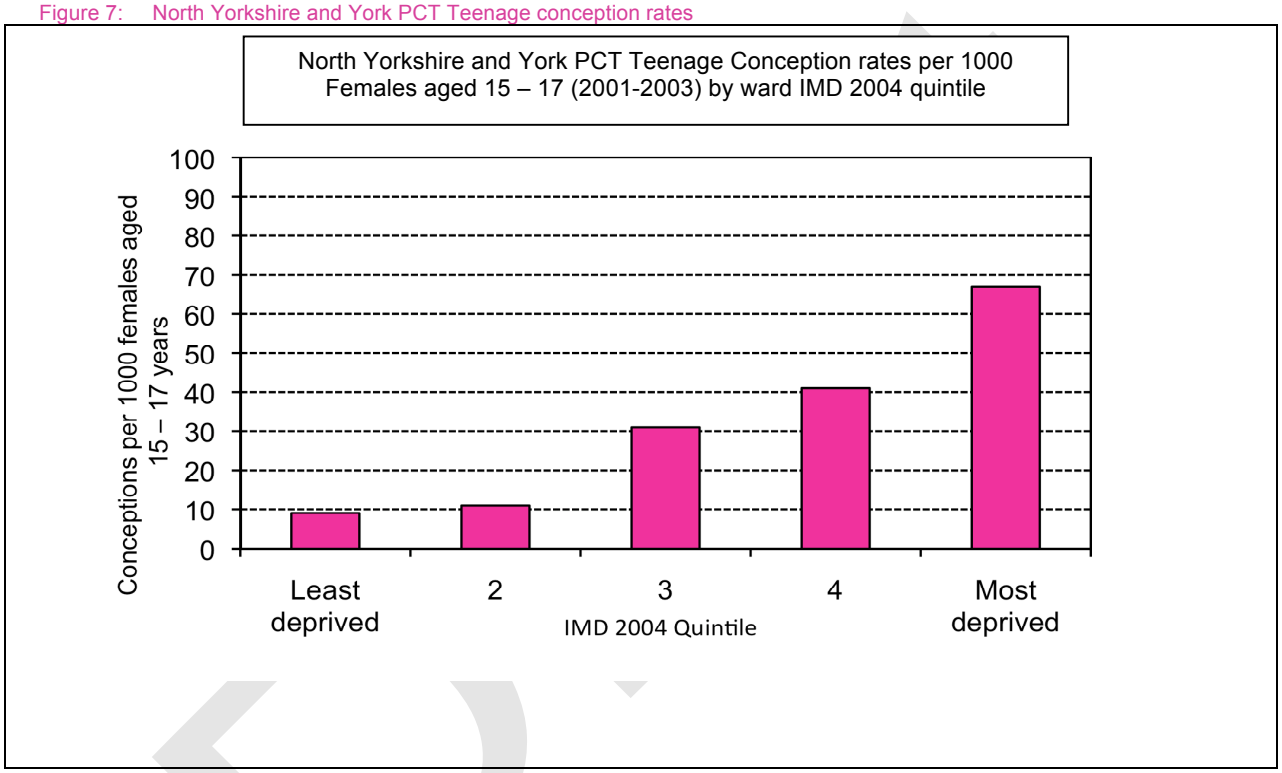
[15] Breastfeeding Duration rates in Scarborough, 2008, NHS North Yorkshire and York
[16] Breastfeeding Duration rates in Scarborough, 2008, NHS North Yorkshire and York

2.2.2 Teenage Pregnancy Rates in North Yorkshire and York

Given the established link between age and likelihood to initiate and continue breastfeeding, an understanding of the current patterns of teenage pregnancy across North Yorkshire and York provided a useful indication of where resources may need to be targeted within the forthcoming campaign.

National data suggests that the group least likely to breastfeed nationally are British white women, aged 25 years old or under, living in areas ranking highly on the Index of Multiple Deprivation. The data for North Yorkshire and York supported this conclusion and also confirmed that teenage pregnancies were much more likely to occur in the most deprived wards of the PCT as highlighted in the graph below.[17]

Figure 7: North Yorkshire and York PCT Teenage conception rates



[17] Teenage conceptions in Scarborough and York PH Intelligence draft market segmentation briefing, 2007, North Yorkshire and York PCT Public Health Intelligence

A similar trend could be seen when the data was analysed for all wards across North Yorkshire and York. The table below highlights not only those wards with the highest rates of teenage pregnancy, but also where the rates had increased. This was of particular interest to this campaign as it provided a focal point for intervention and support, given the rise in number of potential teenage mothers in those areas. It also suggested that work needed to be done to understand the reasons for these increases and whether they were likely to represent long-term trends.

Figure 8: Under 18 conception rate for North Yorkshire and York: Geographic analysis.[18]

Ward	Under 18 conception numbers 2003-05	Under 18 conception rate per 1000 females 2003-05	Under 18 conception numbers 2004-06	Under 18 conception rate per 1000 females 2004-06	Difference
Westfield	68	80.4	71	84.7	Increased
Guildhall	8	41.0	12	63.2	Increased
Clifton	32	52.6	37	59.4	Increased
Hull Road	22	44.3	24	51.8	Increased
Acomb	23	48.9	23	49.3	Increased
Huntington and New Earswick	30	40.6	31	40.8	Increased
Haxby and Wigginton	27	38.5	27	40.2	Increased
Fishergate	10	33.9	12	39.3	Increased
Micklegate	16	26.4	20	32.4	Increased
Dringhouses and Woodthorpe	10	18.6	14	26.7	Increased
Osbaldwick	8	45.2	6	34.5	Decreased
Skelton, Rawcliffe and Clifton Without	17	28.5	14	23.0	Decreased
Rural West York	11	18.1	10	16.5	Decreased
Heworth	37	50.3	34	47.1	Decreased
Holgate	22	39.8	22	37.8	Decreased
Strensall	9	18.8	9	18.5	Static
Heworth Without	6	37.7	-	-	

[18] Under 18 Conception rates for Wards, trend data 2003-05 to 2004-06, NHS North Yorkshire and York

2.3 Conclusions

The rationale for this piece of research and the subsequent social marketing campaign is clear. The focus of national policy on increasing breastfeeding initiation and duration rates and the anticipated return on investment in terms of the reduction in health inequalities provides a mandate for NHS North Yorkshire and York to take a proactive lead on addressing these issues within this PCT area.

The variation in breastfeeding rates also provides a clear endorsement for the value of the work. Currently those least likely to initiate and continue breastfeeding are those most likely to experience health inequalities now and later in their lives. Therefore the need for targeted intervention with young mothers living in deprived areas is a priority for this campaign.

The data provided by NHS North Yorkshire and York shows that while overall relatively high numbers of mothers in North Yorkshire and York are initiating breastfeeding, on a closer examination of the data it can be seen that particular areas, especially within Scarborough, and also specific groups of women are in need of additional guidance and advice to support them with making infant-feeding decisions.

The teenage conception data provided by NHS North Yorkshire and York also demonstrates the link between teenage pregnancy and areas of deprivation and therefore reaffirms the need to launch a bespoke campaign targeted at those areas most in need of additional services.

In order to develop an effective campaign to meet the needs of the proposed segment of young women, it is necessary to go beyond the data and understand more about the social and cultural norms that exist in these communities. By understanding what it feels like to be a young mother within these communities, healthcare professionals will have more opportunities to develop effective and sustainable interventions which will achieve long-term behaviour change.

An exploration of the attitudes and behaviours of the target segment for this campaign is set out in the next chapter of this report.

3 Introducing the Target Segment

As described in the previous chapter, breastfeeding rates have increased steadily across the United Kingdom since 1990, but, despite this overall trend, particular groups of mothers have continued to choose bottle feeding in preference to breastfeeding either from birth, or soon after leaving hospital. For some segments this represented in some cases over 60% of mothers bottle feeding their babies by ten days after birth.[19]

In 2005, the Information Centre (Office for National Statistics) undertook an Infant Feeding Survey and found that the breastfeeding initiation rate for the UK was 76%, with the rate for England being 78%.[20] Early analysis of the 2005 data showed that variations in the incidence and duration of breastfeeding continued to follow similar trends to those reported in previous surveys.

At the scoping stage of this project the primary target audience was defined in line with national and local data evidence, policies and priorities to focus on young mothers aged 25 and under, living in deprived communities. Further explanation of how this decision was reached is provided below.

3.1 The Impact of Socio-Demographics

As has been consistently demonstrated in previous surveys, the 2005 Infant Feeding Survey demonstrated a clear correlation between breastfeeding and socio-economic status. Data from the survey highlighted the fact that compared with the 88% of mothers in managerial and professional occupations who breastfed, only 65% of those in routine and manual roles were likely to do so. This lower rate was also the same among those mothers who had never worked.

However, it was noted that these rates were a significant increase from the results of the survey in 2000 where only 59% of routine and manual workers were breastfeeding, as were 52% of mothers who had never worked. This was seen as demonstrating that attitudes towards breastfeeding could be changed and therefore supported the use of targeted interventions to raise awareness and provide support to this group of mothers.

Supporting evidence of the importance of socio-economic status in terms of likelihood to breastfeed was also provided through an analysis of the educational achievement rates of mothers who had breastfed. Across all countries within the United Kingdom, mothers who had left full-time education at age 16 or younger were the least likely to have breastfed (59%). Given the links between low educational status and teenage pregnancy, which are explored later in this chapter, this provided a clear imperative to work with this group of mothers to increase awareness of the benefits of breastfeeding.

Further research with mothers in routine and manual roles has shown that not only were initiation rates lower but duration rates were significantly shorter than for mothers in higher-level occupations. As part of a Millennium Cohort Study it was found that at six months (the recommended period for exclusive breastfeeding by the

[19] Incidence of breastfeeding is defined as the proportion of babies who were breastfed initially. This includes all babies who were put to the breast at all, even if this was on one occasion only.
[20] Bolling, K. (2005) 'Infant Feeding Survey 2005: Early Results', Information Centre for Health and Social Care

Department of Health) only 0.3% of the sampled mothers from lower socio-economic groups were still feeding their babies exclusively on breast milk.[21]

3.1.1 The Role of Age

As in previous surveys, the 2005 Infant Feeding Survey found a strong association between breastfeeding and the age of the mother. Across the United Kingdom, as a whole, breastfeeding rates were lowest amongst mothers aged 20 or under (51%) and highest among mothers aged 30 or over (84%). It was also noted that while breastfeeding rates had increased across the age groups the changes were not statistically significant amongst those mothers mother aged 20 or under.

3.1.2 The Significance of Ethnicity

Both the 2000 and the 2005 Infant Feeding Survey found that mothers from all minority ethnic groups were more likely to breastfeed compared with white mothers. More than nine in ten mothers who classified themselves as Asian, Black, or Chinese or other ethnic origin initially breastfed compared with approximately three-quarters of white mothers (74%).

This trend was also repeated in duration rates. White mothers who breastfed initially did so for a shorter time compared with mothers from other ethnic groups. At six months, breastfeeding rates among mothers of all minority ethnic groups were higher compared to white mothers.

Other studies have also found that the ethnicity of the partner and the wider community had an important role in whether women started and continued to breastfeed.[22] Again using data from the Millennium Cohort Study, a statistically significant trend was established which demonstrated that while white women were less likely to initiate and continue breastfeeding, they were more likely to do so if their partner was of a different ethnic group to their own.

3.2 Explaining the Focus on Teenage Mothers

As the overriding objective for this campaign is to reduce health inequalities, putting teenage mothers at the heart of the campaign is clearly justified by their increased risk of experiencing social and economic deprivation. While the campaign will look to embrace all mothers who are 25 and under, understanding more about the characteristics of teenage mothers will help to provide a context for the attitudes and behaviours of this segment in relation to infant-feeding decisions.

High teenage pregnancy rates have been strongly connected with high levels of poverty and deprivation in a number of studies conducted by governments and health-promotion agencies. A recent study conducted in 2005

[21] Kelly, Y.J. and Watt, R.G. (2004) 'Breastfeeding initiation and exclusive duration at 6 months by social class: Results from the Millennium Cohort Study', Public Health Nutrition: 8(4), 417-421

[22] Griffiths, L.J., Tate, A.R., Dezateux, C. and the Millennium Cohort Study child Health Group (2005) 'The contribution of parental and community ethnicity to breastfeeding practices: Evidence from the Millennium Cohort Study', International Journal of Epidemiology 2005: 34, 1378-1386

reported that teenage mothers were much less likely to become a homeowner later in life and their living standard in terms of household income could be up to 20% lower. [23]

Characteristics of teenage mothers included variables such as those who were children of teenage mothers themselves and young women living in poverty or in deprived areas and with low rates of educational achievement. Teenagers from the most deprived areas in the UK have been shown to be most likely to conceive and give birth, and this has affected their education and earnings potential in later life.[24] Such data has demonstrated how the cycle of poverty continues and also that the variables which make a mother less likely to breastfeed - for example lower socio-economic status - are also most likely to be present in teenage mothers.

To summarise the characteristics of teenage mothers, evidence from previous research suggests that they are more likely than other people of their age to have experienced the following life events:[25]

- Parental separation, divorce and blended families;
- Financial hardship;
- Parental mental health;
- Lower educational attainment for both herself and her parents;
- Alcohol abuse;
- Unstable relationships;
- Lack of a wider support network;
- Dissatisfaction and distrust of GPs and Health Visitors.

Overall, teenage mothers are more likely to describe themselves as having an unhappy childhood, a factor which may explain why they start sexual relationships at a younger age than would be the norm for their peers. However, although they may have engaged in sexual activity at a younger age this does not necessarily equate to wanting to become pregnant. Rather, discovering pregnancy was a time of considerable emotional stress for these young women who, studies have shown, were more likely to suffer from depression and anxiety during pregnancy.

It is against this background of uncertainty and vulnerability that teenage mothers have to make decisions about breastfeeding. Whilst women in general are subjected to conflicting norms about motherhood, sexuality and gender, for this group of women who are yet to emerge fully from adolescence the challenges of making decisions about how to be a good parent are even more significant.

They are also a segment characterised by contradictions. For example, although more likely to be intolerant of mess and disruption, they are less likely to establish routines of feeding and sleeping. Therefore, working with teenage mothers requires empathy and understanding and any additional support that can be provided through appropriate campaigns and interventions is likely to have a significant impact in terms of quality of life for both mother and child.

[23] Bailey, P. (2005) 'Teenage Pregnancies: Is the high rate of teenage pregnancy and parenthood in the UK a public health problem?' Journal of Family Planning and Reproductive Health Care 2005: 31(4)
[24] Bailey, P. (2005) 'Teenage Pregnancies: Is the high rate of teenage pregnancy and parenthood in the UK a public health problem?' Journal of Family Planning and Reproductive Health Care 2005: 31(4)
[25] Meadows, S. And Dawson, N. (2007) 'Teenage mothers and their children: Factors affecting their health and development', Department of Health

3.3 The Implications for Breastfeeding Continuation

Focusing this campaign on mothers aged 25 and under in lower socio-economic groups will improve not only initiation rates but also the duration of breastfeeding. The 2005 Infant Feeding Survey demonstrated a marked decline in breastfeeding after 2 weeks, and, as highlighted in other research, mothers were more likely to continue to breastfeed if they:

- Breastfed a previous child for at least six weeks;
- Are in higher socio-economic group;
- Have a higher educational level;
- Were from a black or mixed ethnic group; or
- Were breastfed as children.

Therefore by designing this campaign to focus on the proposed audience segment, the intention is to achieve sustainable behaviour change that will not only improve initiation and duration rates for first-time mums but will shift cultural norms so that breastfeeding becomes a viable and attractive option to all mothers, not just those from less deprived areas with higher education attainment and ethnic backgrounds.

However, in order to achieve this behaviour change there is a need to understand not only the characteristics of those women less likely to breastfeed, but also their emotion and value-based responses to the issue. There is an identifiable need to reposition breastfeeding within the mindsets of younger mothers and to do this requires an in-depth understanding of this target segments attitudes and beliefs about breastfeeding. This will be explored in the next chapter of this report.

4 Understanding Attitudes to Breastfeeding

This chapter of the report presents an insight into the values and beliefs of the proposed target segment for this campaign, namely pregnant women aged 25 and under from white ethnic backgrounds and with low socio-economic status.

The evidence presented within this section is drawn from a variety of sources. While the information includes findings from national (and international) studies it is supplemented and corroborated by information obtained directly from the recent primary research undertaken within this PCT area.

This research has included interviews with healthcare professionals who have the benefit of first-hand knowledge obtained from working with the target segment on a day-to-day basis and also interviews with the strategic leads from within the PCT who had responsibility for developing the Breastfeeding Strategy for the area.

In addition to this work with gatekeepers and stakeholders, research was also conducted with the target audience themselves during focus groups convened in conjunction with existing support groups and through street intercepts with women in the proposed segment. Findings from the qualitative work were compared to responses gained from quantitative self-completion questionnaires. These were distributed by healthcare professionals and were used to gauge awareness and usage of breastfeeding support services and attitudes towards breast and bottle feeding.

To fill the void in information left by previous studies, this project also included research with the key trust network of the young women, namely their parents and peers. This provided a unique insight into the social norms surrounding the mother and provided a valuable indication of the extent to which future campaigns needed to include these influencers as well as the mother herself.

A full explanation of the methodology is presented in Appendix One. The remainder of this chapter focuses on what the data revealed about the values and beliefs of the proposed target segment.

4.1 The Power of Social Norms

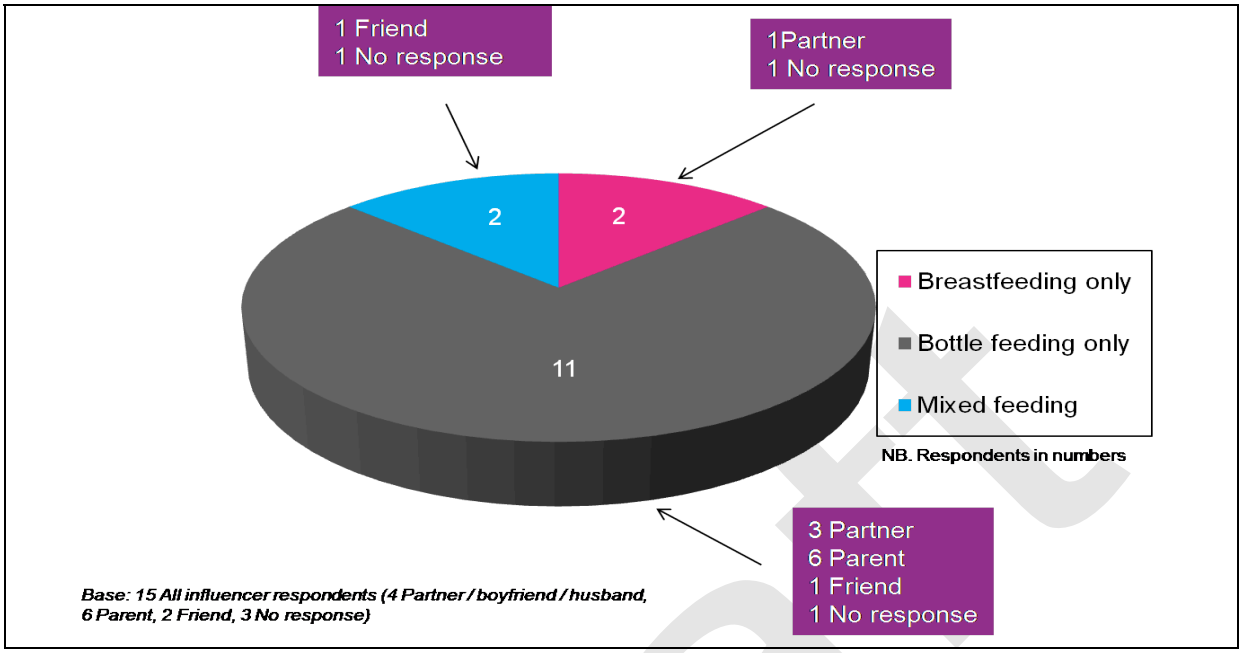
The Infant Feeding Survey in 2005 found that young women tended to view breastfeeding as old-fashioned or a bit ‘earth mother-ish’ and other evidence has suggested that many young women had not even considered breastfeeding. This was a view echoed by the healthcare professionals in North Yorkshire and York who clearly recognised this social norm amongst the target audience.

Of the influencers who were involved in this research, the majority of influencers stated that the mothers they knew were bottle feeding their baby, or intended to, as shown in the diagram below. This demonstrated the cultural norm of bottle feeding within the community and the extent to which young women would be going against current trends in infant feeding if they made the decision to breastfeed.

This is evidence of the importance of a social marketing campaign that not only supports the mother-to-be but also repositions breastfeeding within the eyes of the influencers who make up the young woman’s key trust

network. Without this, any initial intention to breastfeed may not be sustainable once the new mother has returned home to the influence of family and friends.

Figure 9: Influencers: How is the new mum feeding / intending to feed her baby?



A strong sense of breastfeeding being something that older, more affluent women did was a common theme reported by these stakeholders, to the point where it was felt that the young mothers were often looking for excuses to stop breastfeeding as quickly as possible so as not be associated with a group they did not identify with.

"There's a certain group that it just never enters their head." (Health Professional)

"A lot of this target group do have a go but then give up really easily if it doesn't fall into place really quite readily. They are happy to say 'I've tried it. I've given them seven days and now I'm moving on.'" (Health Professional)

"They also tend to think that breastfeeding mums think they're superior. It can be quite aggravating to them that they can come across as mother earth, who is going to be breastfeeding until they are five." (Health Professional)

This view was also articulated by the target audience themselves who felt that breastfeeding was more likely to be promoted and initiated by older mums.

"It seems to be the older ones who say 'oh it's so good, and it's the best thing you can give your baby and all stuff like that." (Mum-to-be, Bottle, 21 years, Scarborough)

Whilst statements such as these could be seen to suggest that the decision not to breastfeed was an easy one for the women to make, such a view-point would fail to recognise the complexity of the feeding decision. It would also overlook the extent to which the young women had internalised cultural values and social forces both on the topic of breastfeeding and also in regard to the wider issues of equality and gender differences within their

communities. This complex range of emotions was reflected in the feelings of regret which the respondents articulated when looking back on their feeding decision.

"Because I was young when I had him, I think it was me being stubborn and thinking that I knew best, and I didn't like being told what to do, so I tried to make my own decisions and things. But now I look back at it and wish I had breastfeed." (Mum, Bottle, York)

Part of this reluctance to breastfeed was attributed to a general perception that public spaces were inappropriate settings for breastfeeding and therefore bottle feeding equated to freedom and being able to socialise with friends in public.[26] While historical evidence would suggest that breastfeeding was once perceived as an ordinary 'everyday' experience, feedback from healthcare professionals and directly from the target audience would indicate that this is no longer the case. Supporting this, the healthcare professionals identified the lack of appropriate breastfeeding facilities in York and Scarborough as a major barrier to breastfeeding.

"Scarborough hasn't got very good areas where you can breastfeed in town, and a lot of mums will breastfeed at home but they will take a bottle of formula into town. There are no designated areas." (Health Professional)

"In York, it's only until fairly recently they've been told they can't feed in the restaurants. A lady was told… She wanted to feed in Marks and Spencer's and they bundled her into the changing rooms, closed the door, and she had to feed there. She was feeding there. They're bundled off into a darkened room in a doctor's surgery. There was no light switch. Attitudes are huge." (Health Professional)

This was supported by trends in national data which have highlighted that while women begin breastfeeding in hospital they ceased soon after returning home.[27] Evidence has suggested that the reason for this was because they found it impossible to continue to do so discreetly, not only when they were in public spaces such as shops and cafes but also when they were in the 'public' areas of their own home.[28] This clearly demonstrated the power of social norms in influencing behaviour and portraying breastfeeding as unacceptable behaviour. The healthcare professionals recognised that the local culture in North Yorkshire and York was predominantly one of bottle feeding. Several factors were identified as contributing to this including multi-generational bottle feeding traditions, peer pressure and the lack of established breastfeeding facilities in public places.

The strengths of these social norms were such that the women often did not know that they were subject to them, rather they believed they were making informed and independent decisions. Yet the force of cultural values of right and wrong exerted extreme pressure on these women, particularly on the vulnerable young mothers who were the focus of this study.

An illustration of this was the recent debate involving the social networking site Facebook. The internet and sites such as Facebook are key vehicles for reaching young women, however this site recently removed pictures of mothers breastfeeding with any part of the areola showing as they were deemed to be obscene. Individual decisions like this have become embedded into wider social norms and therefore reinforced messages of right

[26] Earle, S. (2002) 'Factors affecting the initiation of breastfeeding: Implications for breastfeeding promotion', Health Promotion International, Volume 17 (3), 205-214
[27] Bolling, K. (2005) 'Infant Feeding Survey 2005: Early Results', Information Centre for Health and Social Care
[28] Smyth, L. (2007) 'Gendered spaces and intimate citizenship: The case of breastfeeding' Conference Paper presented at Monitoring Parents: Childbearing in the Age of Intensive Parenting

and wrong which the young women absorbed from their environment. Therefore, such actions increased the likelihood of young mothers believing that breastfeeding was something to be ashamed of and should not be done in public. Therefore breastfeeding was seen as a decision that would limit their potential freedom and independence, both of which were important values for the proposed target segment.[29]

4.2 The Effectiveness of Education

The potential to redress the influence of social norms was twofold, either through education and awareness or through raising the profile of breastfeeding and repositioning it as something done by 'everyday' people.

In a recent study conducted in the east end of London, women who had regularly seen a relative or friend successfully breastfeed described the experience positively and were therefore more confident and committed to breastfeeding, However, women who had seen breastfeeding only by a stranger often described this as a negative experience, particularly if other strangers were also present at the time.[30] Critically this survey found that the decision to breastfeed was influenced more by embodied knowledge gained from seeing breastfeeding than by the theoretical knowledge of its benefits. Therefore unless awareness-raising campaigns are supported by initiatives to change social norms, their short-term impact and long-term sustainability is questionable.

However, this was not to say that education was not important. In a recent survey of 500 secondary schools pupils in Scotland, overall knowledge of the health benefits of breastfeeding and bottle feeding were generally poor, particularly the link between breastfeeding and health benefits for the mother.[31] Therefore the challenge for the proposed social marketing campaign is to balance promoting breastfeeding through information and through challenging the power of social norms.

[29] Stewart-Knox, B., Gardiner, K. and Wright, M. (2003) 'What is the problem with breastfeeding? A qualitative analysis of infant feeding perceptions', Journal of Human Nutrition & Dietetics: 16(4), 265-273
[30] Hoddinott, P., Pill, R. (1999) 'Qualitative study of decisions about infant feeding among women in east end of London', British Medical Journal Volume 318
[31] Swanson, V., Power, K., Kaur, B., Carter, H. and Shepherd, K. (2005) "The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions", Public Health Nutrition: 9 (3), 297-305

4.3 The Role of the Media

There is little doubt that media images often promote the sexualisation of breasts however, what is perhaps not as widely appreciated is the extent to which the media exposes its audiences to images of bottle feeding as opposed to breastfeeding. Socialisation processes in Western cultures are increasingly dependent on the messages contained within the media and as such the values that are attached to breastfeeding within this context are of critical importance in terms of shaping the values and beliefs of the target audience.[32]

In a study of media portrayals of bottle and breastfeeding by the Centre for Media and Communications Research, the researchers reported 'striking patterns and major omissions' in television coverage of infant feeding.[33] Whereas the preparation of formula milk and bottle feeding appeared in 170 scenes over the study period, there was only one scene recorded of a baby being put to the breast. Where references were made to breastfeeding these were predominantly made either as humorous observations or were made to highlight potential problems such as sore nipples and the practical and emotional difficulties of leaving a breastfed child. The study also concluded that whereas bottle feeding was often associated with 'ordinary' families, breastfeeding was linked to either middle-class or celebrity women.

Evidence from elsewhere has presented similar scenarios. Although 70% of the participants in a recent study of adolescents in Scotland reported having seen someone breastfeeding on television, this had only happened once or twice whereas bottle feeding was recalled far more frequently.[34] Such trends explained the lack of significant breastfeeding role models for by new mothers.[35]

Self-objectification is the tendency for women to evaluate themselves based on their physical appearance because they believe that this is how others judge them. Due to the sexualisation of breasts in the media and within wider society, this may lead to women who internalise the sexual objectification of their bodies to have more negative attitudes towards breastfeeding. In 2007, a study of over 250 female undergraduates in the United States found a correlation between those women who scored higher on measures of self-objectification, and their likelihood to see public breastfeeding as indecent. They were also more likely to have concerns that public breastfeeding would be embarrassing and would have a negative impact on their bodies and sexuality.[36]

Therefore media messages were reinforcing the views of the target audience that breastfeeding was not appropriate for people like them and therefore was encouraging them to switch off from health messages related to breastfeeding.

[32] Swanson, V., Power, K., Kaur, B., Carter, H. and Shepherd, K. (2005) "The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions", Public Health Nutrition: 9 (3), 297-305
[33] Henderson, L., Kitzinger, J. and Green, J. (2000) 'Representing infant feeding: Content analysis of British media portrayals of bottle feeding and breast feeding', British Medical Journal, Volume 321
[34] Swanson, V., Power, K., Kaur, B., Carter, H. and Shepherd, K. (2005) "The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions", Public Health Nutrition: 9 (3), 297-305
[35] Smyth, L. (2007) 'Gendered spaces and intimate citizenship: The case of breastfeeding' Conference Paper presented at Monitoring Parents: Childbearing in the Age of Intensive Parenting
[36] Johnston-Robledo, I., Wares, S., Fricker, J. and Pasek, L (2007) 'Indecent Exposure: Self-objectification and young women's attitudes towards breastfeeding', Sex Roles 56: 429-437

4.4 The Impact of National Breastfeeding Campaigns

Breastfeeding promotion has had a significant influence on the knowledge women have about feeding choices and on their perceptions of what is 'best' for babies.[37] In general, breastfeeding is equated to good mothering and therefore women who bottle fed risk social stigma. However, this risk was far outweighed amongst the target segment by the strong desire to re-establish their identities outside the context of pregnancy, childbirth and mothering. In this sense, the thrust of the national campaigns threatened to damage their sense of self-identity and self-worth, rather than enhance it by suggesting that in order to be a good mother they had to sacrifice their life as a young woman.

The difficulty for these national campaigns is that they are giving less weight to the views of the young woman's immediate trust network. In this research project, the healthcare professionals in particular recognised this difficulty and cited examples of the type of responses they received when trying to reiterate national campaign messages about the benefits of breastfeeding. As a result of several generations of bottle feeding, stereotypes had formed and become accepted that tended to portray breastfeeding as the more demanding baby-feeding option with no tangible benefits, a view often reinforced by the mother's parents.

"It's mainly based on other people and from people saying to them 'If you put them on the bottle, or you give them a bottle before they go to bed they'll sleep through.'" (Health Professional)

"When you talk to them about it, they always say they can't tell the difference in the baby. She said 'You couldn't tell me which one was breastfed and which was bottle fed.'" (Health Professional)

This again highlighted the need for a localised response to these issues, targeted at those most in need, using messages they could identify with.

The implications for campaign development are further explored in the next chapter of this report.

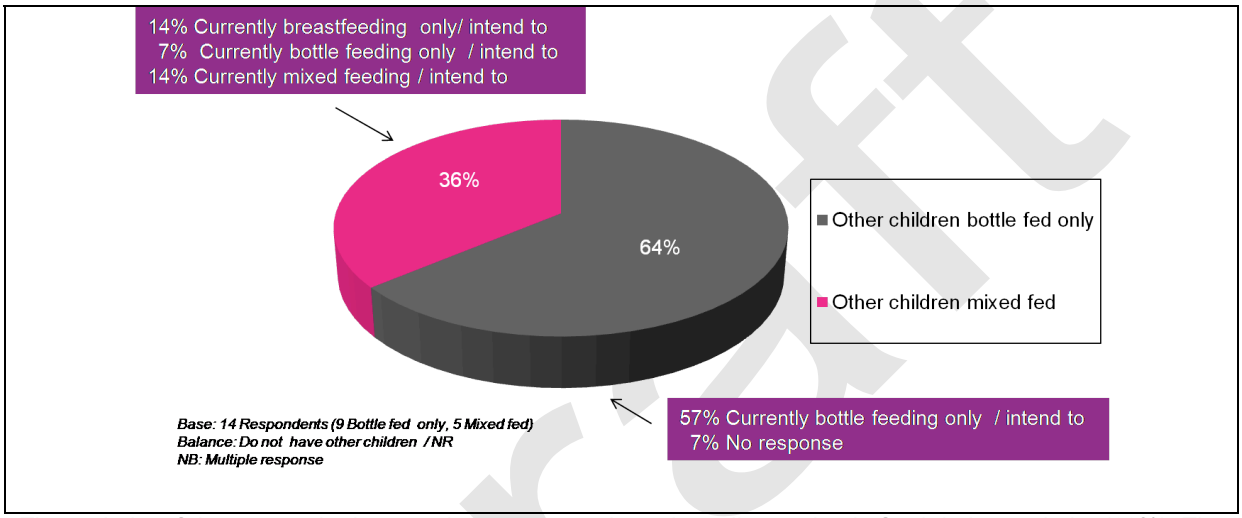
[37] Earle, S. (2002) 'Factors affecting the initiation of breastfeeding: Implications for breastfeeding promotion', Health Promotion International, Volume 17 (3), 205-214

5 Influencing the Infant Feeding Decision

This section of the report examines the triggers which explained the propensity of mothers in the target segment to initiate bottle feeding, and the barriers which have dissuaded mothers from choosing breastfeeding.

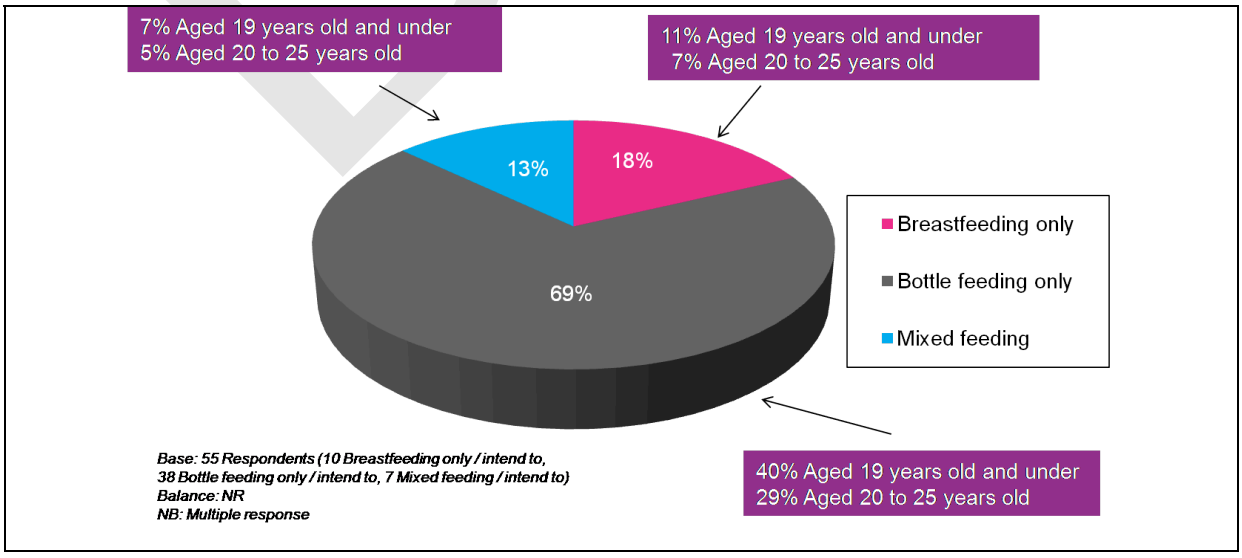
In terms of the respondents within this research, a high proportion of those who had bottle fed previously were inclined to bottle feed their new baby (57%). Those that had previously used mixed feeding methods were equally likely to breastfeed or mix feed their new baby (14% each), whilst only 7% stated that they were going to bottle feed. This suggested that the campaign would have greatest impact by targeting those young women for whom this was their first pregnancy and therefore could not draw on their previous experience.

Figure 10: Mothers and mothers-to-be: How did you feed your other children?



The majority of the women in the sample were currently, or intending to, bottle feed their new baby (69%). The diagram below demonstrates that there was a higher proportion of younger mothers and mothers-to-be planning to, or actually bottle feeding their babies than was the case for older mothers, again demonstrating the importance of targeting this younger age group.

Figure 11: Mothers and mothers-to-be: Intended feeding decision by age.

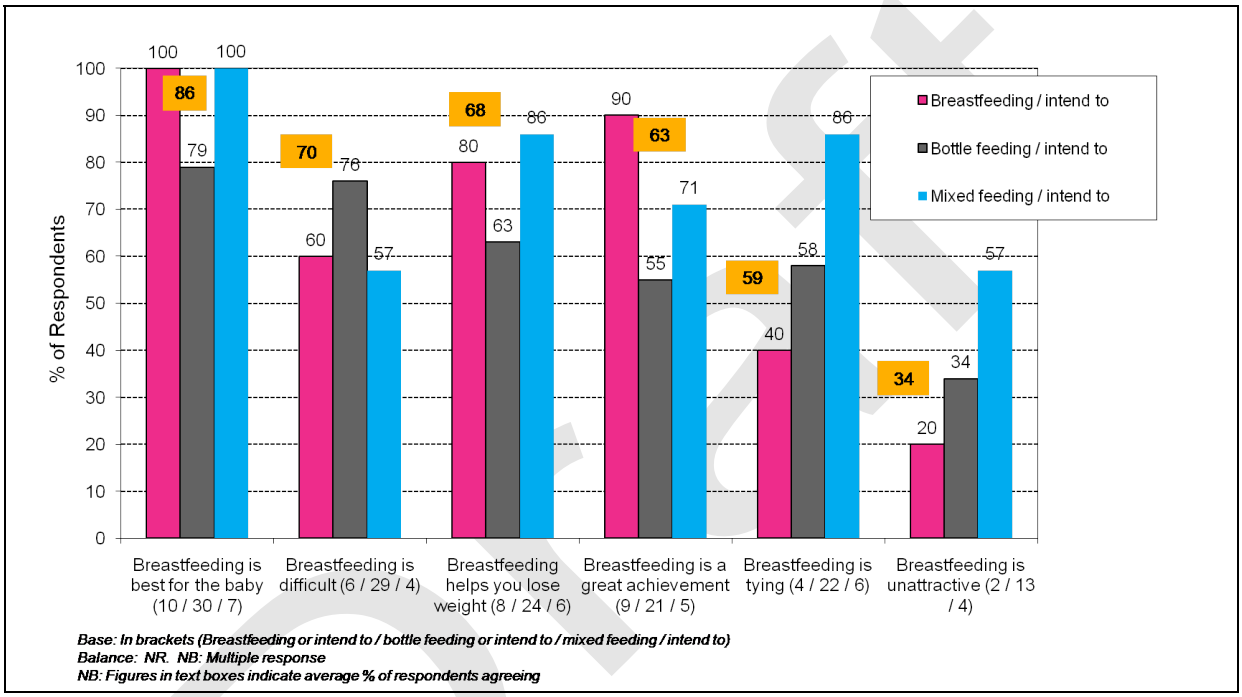


5.1 Beliefs about Breastfeeding

To influence the infant-feeding decision requires an understanding of the beliefs young women have about breastfeeding. When asked which statements they were most likely to associate with breastfeeding, the most frequent responses given by respondents were:

- Breastfeeding is best for the baby (86%);
- Breastfeeding is difficult (70%);
- Breastfeeding helps you lose weight (68%);
- Breastfeeding is a great achievement (63%).

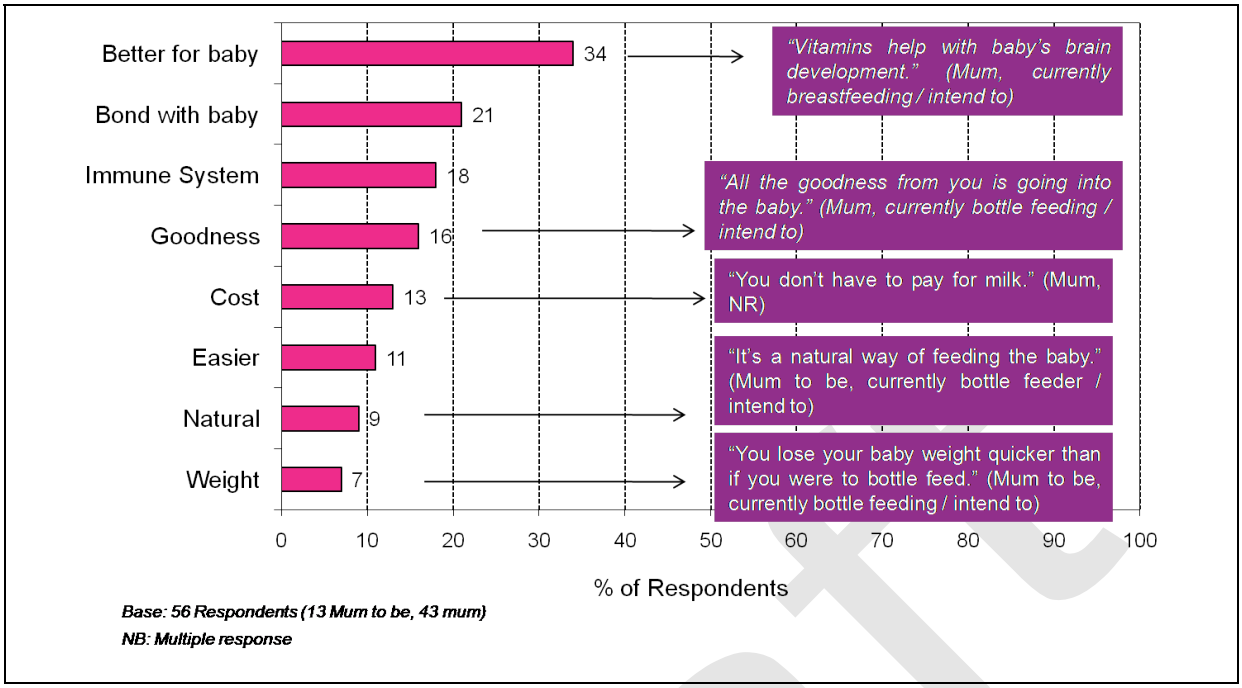
Figure 12: Mothers and mothers-to-be: Extent of agreement with statements about breastfeeding.



These findings were reinforced through the qualitative research where the overwhelming view of breastfeeding was that it was better for the baby. In terms of the responses it was notable, perhaps unsurprisingly, that breastfeeding mothers were more likely to agree with the positive statements about breastfeeding while those that were bottle feeding tended to see breastfeeding as tying and unattractive.

Over a third of the young women (34%) indicated that breastfeeding was a better feeding method for the baby than bottle feeding. Other respondents highlighted the bond with baby (21%), the boost for the baby's immune system (18%) and the general nutritional value the baby receives through breast milk (16%). This provides an indication of who the target audience for this campaign needs to be and what messages are likely to have most impact.

Figure 13: Mothers and mothers-to-be: Perceived benefits of breastfeeding



Almost all respondents were aware of the fact that breast milk was more beneficial for a baby's health than bottle feeding, with some mentioning nutritional benefits and others that antibodies/immunities would be passed on.

"It's the natural thing that's made to feed your baby. It's made with everything it's supposed to have to give them the best." (Mum, Bottle, York)

"The advantages are the baby gets everything that she needs, the immunity is passed over, baby is less poorly." (Mum-to-be, BF, 25 years, York)

"Well I've read loads about it and heard it's better for the baby." (Mum-to-be, BF, 24 years, Scarborough)

"It is getting all of the nutrition that it needs from my milk, so I think that's the main thing." (Mum-to-be, BF, 24 years, Scarborough)

"Apparently breast milk is a lot better for them, isn't it? Because it protects them against like eczema because I do suffer from eczema and allergies and stuff." (Mum-to-be, Bottle, 21 years, Scarborough)

In terms of health benefits for the mother, the reduction in the risk of breast cancer was mentioned most frequently. A few respondents also mentioned that breastfeeding may assist the mother in losing the weight gained during the pregnancy.

"It can prevent cancer I think." (Mum, Bottle, York)

"Well I looked on the internet to see and apparently it helps reduce the risk of breast cancer and stuff like that." (Mum, BF, 21 years, Scarborough)

"Helps me to lose weight quicker as well after the baby has come." (Mum-to-be, BF, 24 years, Scarborough)

"I've heard that you're supposed to lose more weight a bit quicker. I don't know if that's an old wives' tale or anything." (Mum, Bottle, York)

Another important benefit of the breastfeeding process mentioned by several respondents was that the mother and baby had an opportunity to bond.

"Really nice, it was sort of... I mean as soon as I looked at her I bonded with her anyway and it was the same for her, but it was still nice to have that extra little bit." (Mum, BF, 21 years, Scarborough)

"There's more of a bond with the mother." (Mum, Bottle, York)

"Once I got over the initial first few days of pure pain then I thought it was great because it was a really special thing." (Mum, Bottle, York)

"I would have liked to have done it longer. It was nice bonding with the baby." (Mum, Bottle, 24 years, York)

In addition to the emotional benefits of breastfeeding, the convenience that this feeding method offered was also important. Both breast and bottle feeding mothers referred to the fact that breastfeeding could be more practical in terms of both cost and convenience.

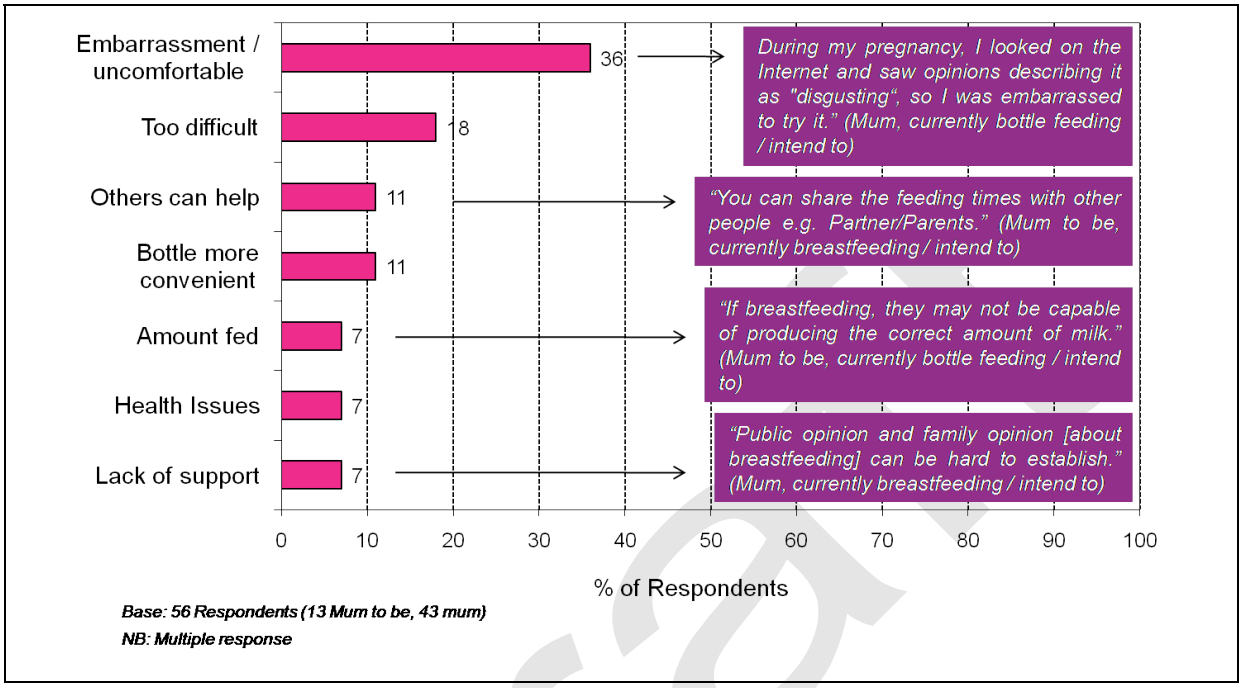
"It's there on tap. No matter where you are, you don't need to think about it. You don't need to prepare it. I suppose in that way it's convenient." (Mum, Bottle, York)

"It's a lot easier. On a night, if she wakes up during the night, rather than having to run and make a bottle up her mum can just pick her up." (Partner, BF, 18 years, York)

5.2 The Restrictions of Breastfeeding

Despite these benefits, 36% of mothers-to-be believed that others like them may not choose to breastfeed due to the embarrassment they would feel feeding in public. In addition, 18% of the young women thought that some would find it too challenging.

Figure 14: Mothers and mothers-to-be: Barriers to breastfeeding



Reiterating the problem of the power of social norms set out in the previous chapter, respondents participating in this research stated that one of the main reasons why they were reticent to breastfeed was the anticipated social stigma associated with breastfeeding in public. The young women were concerned about receiving negative reactions from members of the public and being able to find suitable venues.

"Some people are ok with breastfeeding, but some people, you can sit in a cafe with a shawl or something and they're like 'How dare you feed your child?'" (Mum, Bottle, York)

"I just feel there's not many places available where you can breastfeed and feel comfortable doing it. People will look at you when you're in town and stuff. I don't like the thought of someone watching me breastfeed my baby." (Mum-to-be, Bottle, 20 years, York)

"Like when you come into town you have to find somewhere, like some people are not as open to it or you get funny looks." (Mum, Bottle, 23 years, Scarborough)

"The problem more than anything is if I was to come to town I wouldn't feel comfortable you know" (Mum-to-be, Bottle, 21 years, Scarborough)

Breastfeeding was seen as further restricting behaviour not only in terms of limiting where the young women could go, but also how they could behave. After nine months of pregnancy, having to continue to moderate diet

and alcohol intake was seen as preventing the women for returning to their 'normal' lives and thereby restricting them to the role of a mother as opposed to the young women they wanted to be seen as.

"There was a lot of things that you couldn't do [if you breastfeed], so basically it was like being pregnant all over again." (Mum, Bottle, York)

"I don't think you're allowed to eat certain things or do certain things." (Mum to be, BF, York)

To some extent these views appeared to be linked to a lack of understanding about breastfeeding, which the respondents attributed to a shortage of information and support regarding breastfeeding during the antenatal period. In particular the respondents felt that midwives could have been more supportive through offering practical advice and information about breastfeeding.

"My midwife, in my early stages of pregnancy...she said to me 'Would you feel comfortable breastfeeding in a cafe or something?' I said 'I don't know, not really' and she said 'Well there's no point breastfeeding then.'" (Mum, Bottle, 21 years, Scarborough)

""They don't really tell you much about you, know, the Vaseline and the creams and stuff that you're supposed to use. So when I was at the hospital I was in for three days and they ended up having to give me some and they weren't very impressed by it actually. Because no one ever told me that I needed to buy like Vaseline or a cream before I went to stop chapping and stuff." (Mum-to-be, BF, 20 years, Scarborough)

"It's so hard breastfeeding at the beginning. Some people give up straight away. I think you need encouragement. If you don't, you're just going to stop it." (Partner, BF, Scarborough)

This perceived lack of advice also related to realistic information about how breastfeeding would feel and how to cope with any likely problems. It was felt that breastfeeding needed to be positioned as a practical skill that mothers would need to be taught and then could be proud to demonstrate in front of family and friends.

Moderator: Was there anything you'd like to have known about before breast feeding? "Yes, because when you actually try it nobody tells you how hard it is to actually learn.'" (Mum, Bottle, Scarborough).

"Maybe if I'd got a bit more help and support with it. As I said, it was painful for me and I didn't really want to carry on being in pain when I'm feeding my child." (Mum, Bottle, York)

This view was reflected not only by the target audience themselves but also by their parents who felt that breastfeeding had not been encouraged and supported to the extent that it had been when they first became parents.

"I think when my daughter was in hospital it was slightly different. They didn't go on about it as much. They suggested it and gave the pros and cons about it, and sort of left it up to you to make your own mind up. It wasn't like a big hard sell." (Grandmother, Bottle, Scarborough)

"I think it maybe needs a nurse to sit down and watch them doing it to make sure they are doing it right. They are in and out now so quick.'" (Grandmother, Bottle, York)

This lack of encouragement was cited by some grandmothers as the reason for their daughters immediately turning to bottle feeding after struggling to breastfeed.

"[If] they've got the support there on hand for the first five days so that you've got more learning about breastfeeding, and then maybe the young ones wouldn't give up so quick." (Grandmother, Bottle, York)

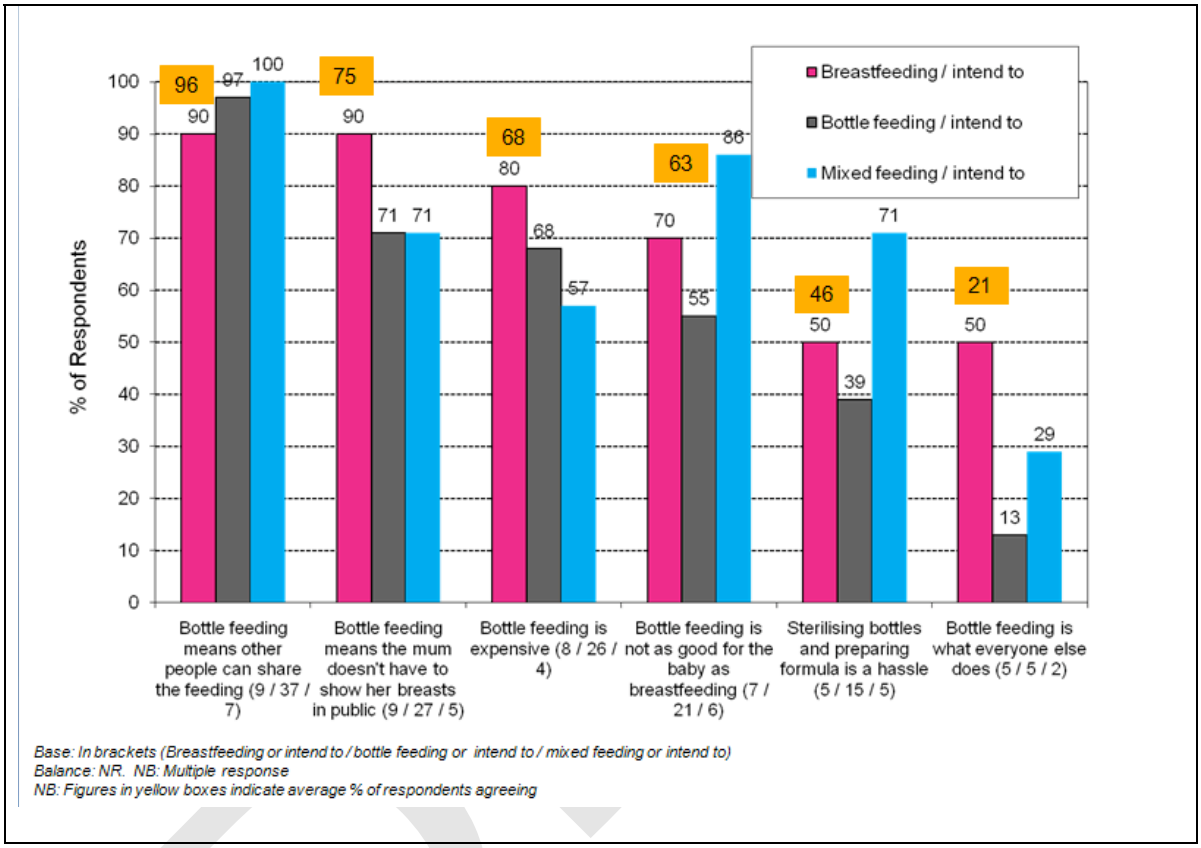
Moderator: What did you think you were going to do? "Breastfeed. But after you come out of hospital I don't think you get the support." (Mum, 16 -20 years, York)

5.3 The Benefits of Bottle Feeding

This section examines attitudes and perceptions towards bottle feeding.

The chart below highlight the responses of those taking part in the quantitative survey where a clear trigger for bottle feeding was the fact that responsibility for feeding could be shared with others.

Figure 15: Mothers and mothers to be: Extent of agreement with following statements about bottle feeding.



Base: In brackets (Breastfeeding or intend to / bottle feeding or intend to / mixed feeding or intend to)
Balance: NR. NB: Multiple response
NB: Figures in yellow boxes indicate average % of respondents agreeing

As highlighted in the previous section, given the unwillingness of the young to expose themselves in public, the fact that bottle feeding avoided this problem was also a clear benefit. This was also supported by their comments during the qualitative phases of the research.

"If you're sat in a restaurant a lot of people will stare. Some people will think its wrong to breastfeed, whereas with a bottle it's easy to whip the bottle out and things like that." (Mum, Bottle, York)

"I feel comfortable. If I'm out in a cafe or something I feel comfortable. I wouldn't have felt comfortable breast feeding." (Mum, Bottle, 21 years, Scarborough)

Also reinforced through the qualitative findings was the feeling that the other main advantage of bottle feeding was the ability to share feeding with partner and others.

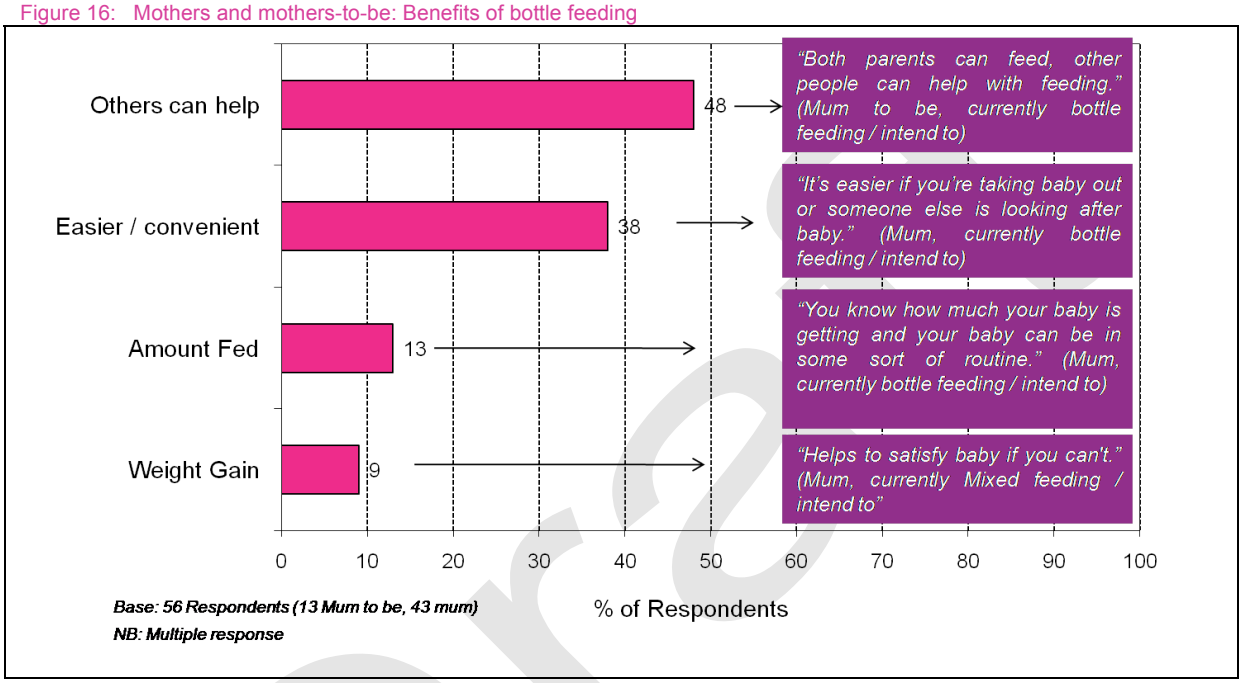
"So he can feed through the night, and my mum can do it, and I'll be able to go out and stuff." (Mum-to-be, Bottle, 17 years, York)

"It's easier through the night and stuff. Your partner can share feeding the baby and other people can. It's not just you." (Mum to be, Bottle, 22 years, York)

"That you can pass the baby to the dad, people can come round while you maybe have a bath and things like that. It's not as demanding as breastfeeding." (Mum-to-be, BF, York)

The frequency of these comments is illustrated in the table below:

Figure 16: Mothers and mothers-to-be: Benefits of bottle feeding



Sharing feeding was not always about the practical benefits, but often referred to the increased bond between the baby and the father. The young women did not believe that this would have been the case if they had breastfed.

"I'd say just the general bonding. I got to bond in a particular aspect of his growing up. If she'd kept breastfeeding, I wouldn't have been able to do that." (Partner, Bottle, Scarborough)

"He said he wanted me to bottle feed at first because he wanted to bond with the child on a night, so I didn't have to do it all." (Mum, Bottle, 21 years, Scarborough)

Given previous comments about the perceived lack of information and advice about breastfeeding, another advantage of bottle feeding was the confidence that mothers could draw from knowing exactly how much their baby was having. In some cases the women had started off breastfeeding but switched to bottles as they were worried that their babies were not getting enough nutrition.

"You know how much they're having, you know when they're full and it's easier, it's quicker." (Mum-to-be, BF, 20 years, Scarborough)

"I think it made me feel better because she was constantly feeding. I was thinking 'Is she getting enough from me', but then seeing how much she had from the bottle made me realise she is a hungry baby." (Mum, Bottle, 24 years, York)

"I like the thought of knowing how much they are drinking, as well. . . With breastfeeding you don't really know." (Mum-to-be, Bottle, 20 years, York)

This confidence in feeding also came from helping the mother to establish a routine to feeding as they could feed the same amount at the same time each day.

"It has helped us to get him into a better routine with the bottle feeding. He kind of feeds at the same time every day because he has the same amount each time." (Mum, Bottle, York)

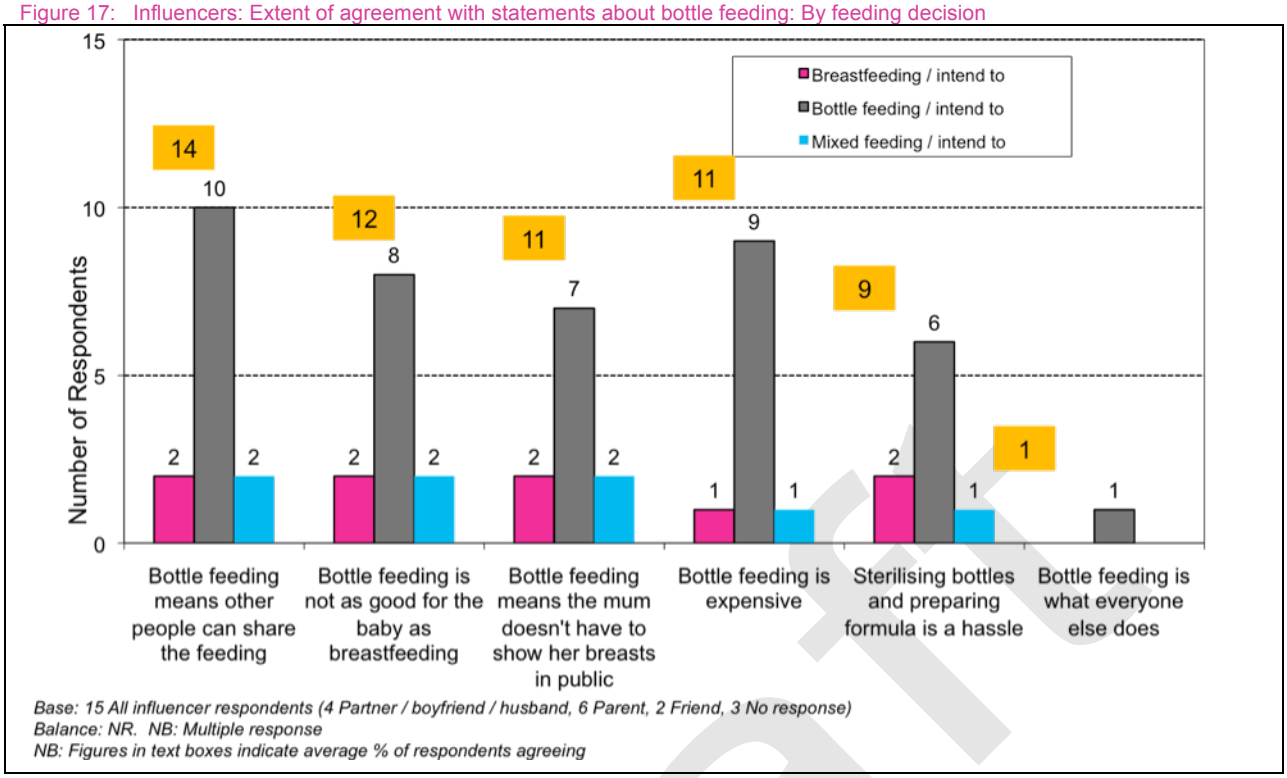
Amongst those influencers who were connected to mothers-to-be who were intending to bottle feed, the reasons for why the influencers believed this choice had been made echoed the statements made by the young women themselves.

Whilst there was recognition that bottle feeding was not as good for the baby as breastfeeding, the statement which attracted highest levels of agreement in relation to bottle feeding was that it allowed other people to share the responsibility for feeding. As with the mothers-to-be, this benefit outweighed the cost of the baby missing out on the nutritional value of breastmilk during their early months of development.

Despite the concerns of the young women that their boyfriend would object to them exposing their breasts, the view that breastfeeding was not appropriate in public places was more commonly held by the parents than the partners. This supported the views expressed by the healthcare professionals that it was often the older generation who found public displays of breastfeeding unsettling and suggested that even where the mother-to-be would have the support of her partner in wanting to breastfeed, she may still face disapproval from her parents.

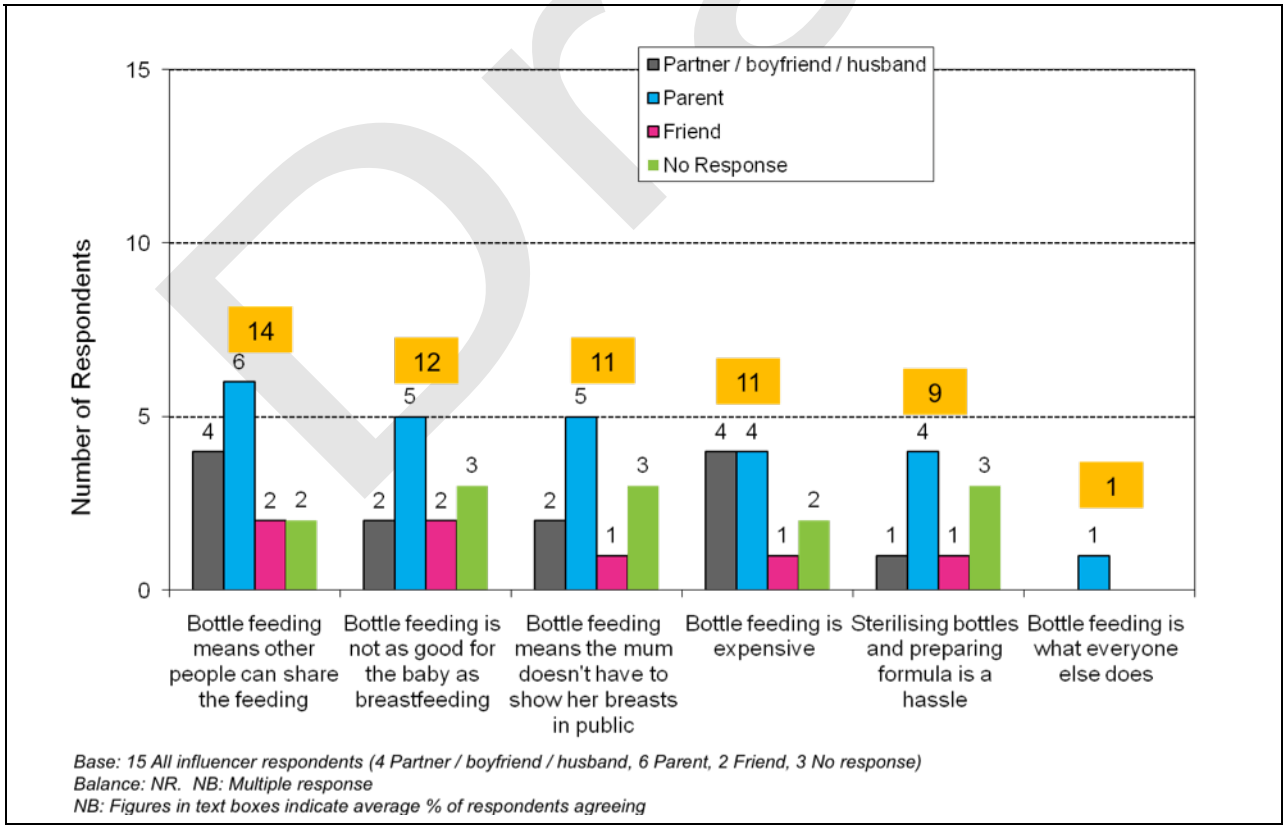
These trends are illustrated in the two charts overleaf.

Figure 17: Influencers: Extent of agreement with statements about bottle feeding: By feeding decision



Base: 15 All influencer respondents (4 Partner / boyfriend / husband, 6 Parent, 2 Friend, 3 No response)
Balance: NR. NB: Multiple response
NB: Figures in text boxes indicate average % of respondents agreeing

Figure 18: Influencers: Extent of agreement with statements about bottle feeding: By influencer



Base: 15 All influencer respondents (4 Partner / boyfriend / husband, 6 Parent, 2 Friend, 3 No response)
Balance: NR. NB: Multiple response
NB: Figures in text boxes indicate average % of respondents agreeing

However, even amongst those influencers who knew mothers to be who were intended to breastfeed there was an understanding not only that breastfeeding had the most benefits for the baby but also that it was a great achievement for the mother. Therefore within the decision on a future campaign on this issue it will be important to draw on these positive emotional responses to breastfeeding whilst minimise the over dominant feelings about the restrictions of the breastfeeding.

For example, the fact that 18% of the sample of influencers who knew a mother-to-be who was intending to bottle feed agreed that breastfeeding was difficult was also likely to have contributed to the fact that 21% of the sample recognised breastfeeding as a great achievement. Therefore, by positioning breastfeeding as a practical skill which the mother could be proud of is a campaign message which appears to have resonance with both the mothers to be and also their key influencers.

5.4 The Costs of Bottle Feeding

As highlighted previously most of the young mothers knew the theoretical benefits of breastfeeding, even if it was just a vague recollection of national campaign messages such as "*Breast is Best*". Therefore the main disadvantage associated with bottle feeding was a concern about the nutritional content of the milk.

"I just don't like the thought of having to give them powdered milk with all the chemicals in." (Mum, BF, Scarborough)

Moderator: Any disadvantages of bottle feeding? "That it's not breast milk, it's not the best for them, and that's the only disadvantage I think." (Mum, Bottle, 25 years, Scarborough)

Both bottle and breastfeeding mothers also recognised that bottle feeding could be inconvenient in terms of sterilising/preparing bottles as well as carrying and storing them, however these issues clearly did not outweigh the benefits of not having to breastfeed in public or be the sole feeder of the baby.

"I'd say the fact that you have got to sterilise everything and the cost of it as well you know? The fact that you've got to go out and buy the milk." (Mum-to-be, BF, 24 years, Scarborough)

"You have to sterilise all the bottles. If the baby is crying, you might sometimes have to wait for the kettle to boil and then you've got to cool the bottles down." (Mum, Bottle, York)

"The actual milk can go sour after a while if it's hot weather and stuff, and it's a lot more time consuming." (Mum, Bottle, York)

5.5 Conclusions

The majority of respondents believed the main advantage of breastfeeding was the health benefits of breastmilk for the baby. Other benefits mentioned were the fact that the breastfeeding process allowed mother and baby to bond, as well as the convenience and the reduced cost associated with breastfeeding.

However, for many the drawbacks of breastfeeding outweighed the potential benefits. Such drawbacks included a fear of breastfeeding in public as well as the discomfort that can be experienced during the initial attempts.

By way of contrast, the main benefits of bottle feeding were identified as being the ability to share feeding with the partner and others, both allowing the mother time and space while giving the dad an opportunity to bond with the baby. Bottle feeding was also perceived to result in a more 'settled' baby and mothers were often comforted by the fact that they knew exactly how much food a baby was getting.

The majority of the young women were aware that formula milk was not an equitable substitute for breastmilk in terms of nutritional content and some also mentioned that preparing and carrying bottles around could be an inconvenience.

Therefore when making their infant-feeding decision these young women were clearly considering the costs and benefits of both feeding routes, however for the majority the pull of the ease of bottle feeding, particularly in terms of its conformity with social norms, was stronger than the perceived benefits of breastfeeding, despite the emotional draw of bonding with the baby and giving their child the best nutritional start in life. Therefore this is the key exchange which needs to be addressed through the proposed campaign.

The next section will look at when and where the campaign could most effectively address this issue and who needs to be involved in effecting the cultural change needed to reposition breastfeeding with the target audience.

6 Developing an Effective Social Marketing Campaign

This section of the report looks at how the proposed social marketing campaign needs to be developed to incorporate the findings from the primary research and previous knowledge about what works when engaging with this target segment.

Consistent with the Theory of Planned Behaviour, attitudes, perceived social influences and perceived control factors were influential to adolescents when choosing infant feeding methods.[38] The decision-making journey was encapsulated by two major themes: the benefits vs. barriers of breast and bottle feeding, and independent choice vs. social influences.

The common thread between the themes was uncertainty on behalf of the young mother and a lack of awareness of who to turn to for information and advice. Therefore, key to the success of this campaign will be deciding when and how to intervene in the decision-making process to maximise the perceived benefits of breastfeeding and minimise the attractiveness of using formula milk.

6.1 Intervening in the Decision Making Process

Previous research has highlighted the strong association between stated feeding intentions before the birth and actual feeding behaviour. Mothers who were breastfed themselves as infants were more likely to intend to breastfeed their own child (85%) compared with mothers who had been fed only with infant formula (60%) and mothers who did not know how they were fed (62%) therefore suggesting the feeding decisions were made early if the pregnancy, if not even before conception.[39] This trend was also recognised by the healthcare professionals interviewed within this research who believed that there was a need to provide advice, support and interventions much earlier in the pregnancy than is currently the case to allow time for repetition of the benefits and for the young mother to start to understand the importance of making this decision.

"By the time most of us see the families, the decisions have been made, and there is some argument the decisions are made before they ever meet the midwives. If you ask them at fifteen or sixteen whether they're going to breastfeed or bottle feed, most of them will say bottle feed. The decision is made. Perhaps we need to go further back to that if you want them to change ideas." (Health Professional)

The decision was also clearly influenced by whether the mother had had children previously. Evidence of the power of previous behaviour was provided by the mothers in the research sample; as for many of the second-time mothers, past experiences had influenced their decision. Some planned to feed their new baby using the same method as used previously whilst others were planning to switch methods because of negative past experiences. This supported the view that the target group for this campaign should be first-time mothers.

"I want to have a go at breastfeeding. I tried it with my first child and I didn't like it, but I'm going to try this time." (Mum-to-be, BF, York)

[38] Wambach, K.A. and Koehn, M. (2004) 'Experiences of infant feeding decision making among urban economically disadvantaged pregnant adolescents', Journal of Advanced Nursing: 48(4), 361-370
[39] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre

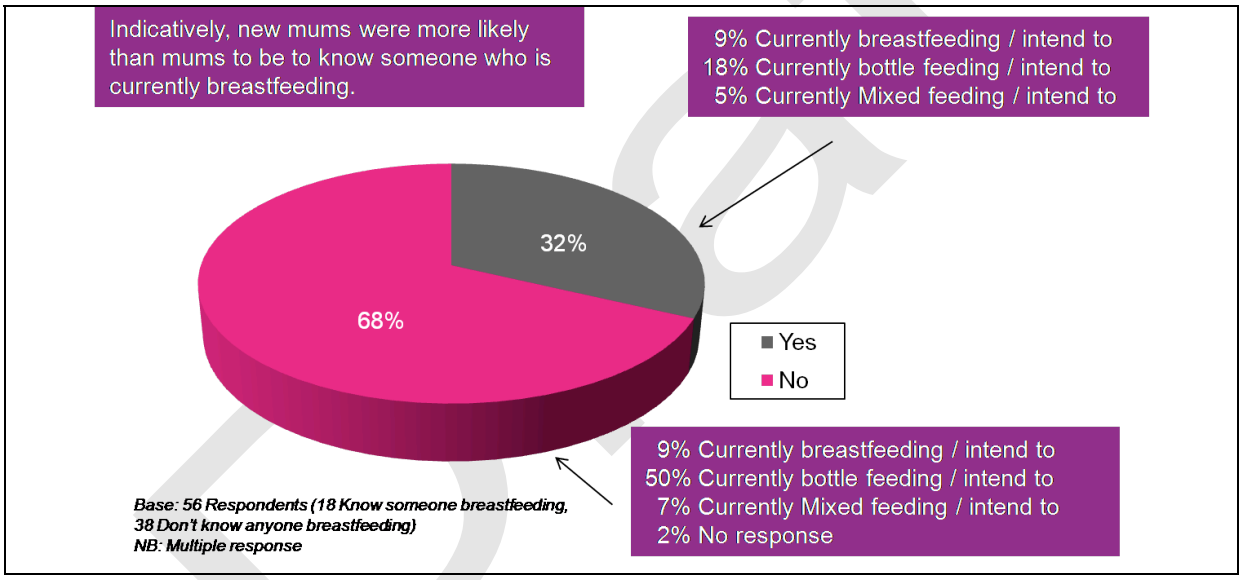
"Just because with my first son I had a lot of trouble, he wouldn't take to the breast."
(Mum-to-be, Bottle, 22 years, York)

"[The first child] has had the odd cold, but has never caught a bug, so I think it's really good."
(Mum-to-be, BF, York)

Decisions were also made on the basis of having friends who had babies and what their choice had been. Nine in ten mothers (90%) who said that most of their friends breastfed their babies were also intending to breastfeed their own baby. Among mothers who said most of their friends did not breastfeed, only 57% were planning to breastfeed their own baby.

Amongst the sample, most of the young women did not know anyone else who breastfed (68%), although the existing mothers were more likely than the pregnant to know someone who was currently breastfeeding. This demonstrates how important it will be for this campaign to tackle to the social norm of bottle feeding within this community.

Figure 19: Mothers and mothers-to-be: Awareness of other breastfeeding mothers



Other feeding-behaviour research has reported that many women decided to breastfeed pre-conception, supporting the suggestion that it may be useful to intervene early.[40] The extent to which this true for the proposed target segment is debatable given that the young women may not have known they were pregnant until the later stages of the pregnancy and may not have previously considered the reality of how they would behave once the baby was born. That said, a number of young women in the sample stated that they knew exactly how they wanted to feed their baby from early pregnancy.

"As soon as I was pregnant I decided I was going to breastfeed however once the baby arrived it was too difficult." (Mum, Bottle, 25 years, Scarborough)

"I knew straightaway I was going to breastfeed." (Mum, BF, 17 years, York)

[40] Swanson, V., Power, K., Kaur, B., Carter, H. And Shepherd, K. (2005) "The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions", Public Health Nutrition: 9 (3), 297-305

"I knew I wanted to bottle feed." (Mum, Bottle, 21 years, Scarborough)

Previous research has also suggested that the majority of women make infant feeding decisions prior to, and irrespective of, any contact with health professional such as doctors, midwives or health visitors.[41] A third had made their decision prior to conception and almost two thirds made their choice within the first nine weeks . This was not influenced by whether they intended to breast or bottle feed.

As part of the Infant Feeding Survey, others who had attended antenatal check-ups were asked whether anyone talked to them about how they planned to feed their baby. Across the United Kingdom, 85% of all mothers said that feeding had been raised in some way at their antenatal check-ups, whether this was simply being asked how they planned to feed their baby or whether it was a discussion about feeding.[42] About two-thirds of mothers (68%) said they had had a discussion about feeding during antenatal check-ups, while 17% said they had been asked about their feeding plans but had not had any further discussion.

In terms of the feedback from the young women in this sample, feeding was not a topic that was given much attention during the antenatal period and as such this would seem to represent a key opportunity for changing current thoughts about breastfeeding and its advantages. Although for many young women the dominant thoughts during this period revolved around the actual birth and health of the child, sowing the seeds at this stage to help them prepare for the challenge of feeding their baby could be an effective way of increasing initiation rates.

Again using data from the Infant Feeding Survey it has been shown that breastfeeding initiation rates were much higher for babies exposed to early skin-to-skin contact (79% immediately and 87% within an hour compared with 57% of babies with no such contact).[43] This study also found that breastfeeding prevalence at one week and two weeks was correlated with initial incidence, therefore by working with the young women in the target segment to encourage them to prepare for that initial contact could have a significant impact on take-up and duration rates.

Improving duration rates is the other objective of this campaign. The reasons given for stopping in previous studies have varied somewhat depending on whether mothers ceased breastfeeding within the first or second week after the birth. The most common reasons for stopping in the first week were: baby not sucking / rejecting the breast (35%); having insufficient milk (25%); and having painful breasts or nipples (24%).[44]

Mothers who stopped breastfeeding in the second week were more likely than those giving up in the first to say that this was because they had insufficient milk (42%) or because breastfeeding took too long / was tiring (17%). On the other hand, they were less likely than mothers who had given up in the first week to say it was because the baby would not suck / rejected the breast (24%).

These findings were echoed by the young women in North Yorkshire and York. Several mothers switched to bottle feeding because of concerns about their baby's health.

[41] Earle, S. (2002) 'Factors affecting the initiation of breastfeeding: Implications for breastfeeding promotion', Health Promotion International, Volume 17 (3), 205-214
[42] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre
[43] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre
[44] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre

"Because she was so hungry I'd introduce the odd bottle of formula, and before you know it she was drinking the formula fine and when I was offering her the breast milk she was just crying."
(Mum, Bottle, York)

"Because she wasn't putting any weight on and the doctors told me I had to put her on some sort of special milk."
(Mum, Bottle, 21 years, Scarborough)

A number of the participants were also dissuaded from breastfeeding by the uncertainty of how to breastfeed and the perceived lack of ongoing support.

"It was just too hard and I was getting stressed out about it all because she wasn't taking to my boob or anything." (Mum, Bottle, 21 years, Scarborough)

"When you actually try it nobody tells you how hard it is to actually learn. The baby has to learn how to do it, as well as you." (Mum, Bottle, York)

Some stated that they were unable to cope with the demands of early motherhood and breastfeeding, with several expressing regret at not persevering further.

"I wish I did breastfeed, just to give it a go. Because I was tired, it's easier to say to my partner 'Can you feed him?' because my body was getting back to normal, and because of the labour." (Mum, Bottle, York)

"Well she might not have wanted to be on me but that's what it felt like and it was just too much. And I was getting very depressed with it." (Mum, Bottle, 25 years, Scarborough)

To summarise, many young women stated that they had fairly fixed views on how they wanted to feed their babies from an early stage of the pregnancy. However there were a number of mothers who were unsure about the feeding method, particularly first-time mothers, and therefore were looking for more advice and support.

Although the majority of mothers-to-be intended to breastfeed, after the baby was born many switched to bottle feeding. The reasons given for switching feeding methods mainly involved uncertainty about the technique of breastfeeding, the time-demands of breastfeeding and concerns that the babies were unhappy on breast milk. During these early attempts at feeding, the role of the young women's immediate support network of parents, peers and partner was critical in influencing whether the mother continued to breastfeed and as such the next section of the report focuses on the impact of influencers and how this compared to the role of healthcare professionals.

6.2 The Impact of Informal Influencers

Given the power of social norms in influencing behaviour towards breastfeeding, the views of those in most contact with young women had a significant impact on the position of breastfeeding along the continuum of acceptable practice to inappropriate behaviour. Whilst the young women at the centre of this proposed campaign may have appeared independent and free-minded, further exploration of their attitudes and behaviours demonstrated a strong reliance on the views and advice of those closest to them, particularly their parents, partners and peers.

A number of the young mothers who took part in the research referred to conversations they had with friends and peers and these formed an important reference point for them during the early stages of decision-making about how to feed their child.

"A couple of people that I know have tried it and packed it in after a couple of weeks, another person has got a five-month-old and is still doing it all the way through, and she's fine with it." (Mum, Bottle, York)

"I just sort of asked them what they would do because most of my friends have got children as well." (Mum, Bottle, York)

In general, the attitudes of peers towards breastfeeding tended to be negative, supporting the perception of the healthcare professionals that these young women were living in a culture that strongly promoted the preference for bottle over breast.

"My friend has just had a baby. She started breastfeeding but she said it was painful and she didn't really like it." (Mum-to-be, Bottle, 20 years, York)

"The ones who I have spoke to who are like around my age, like I have a friend who breastfed and she was just knackered all the time." (Mum-to-be, Bottle, 21 years, Scarborough)

"They found it quite hard and ended up bottle feeding in the end." (Mum-to-be, BF, York)

Although peers and friendship circles were often seen as influential during the early stages of the pregnancy, these influences were often replaced once the baby arrived. In some respects this process was in line with stages of acceptance that the young woman moved through, from discovering the pregnancy to telling the partner and her parents, dealing with the birth, and then accepting the baby and becoming a mother.

During the early stages of discovery of the pregnancy friends were often seen as the first line of support, offering insight based on either their own experience or anecdotal evidence from others on how to cope with telling parents and the father about the baby. Their views were also seen as important when dealing with the labour which often consumed the thoughts of the mother-to-be throughout the nine months of pregnancy.

Once the young woman had accepted that she was going to have a baby and the reality of the situation began to take hold, the mother-to-be tended to turn to her own parents and partner for practical advice and guidance as opposed to relying on the often unverifiable advice of her peers. Other studies have also shown that adolescents

were more susceptible to normative influences than older individuals and as such family/parental socialisation influences on health beliefs and behaviours were not significant for teenagers living at home, although influences from peers and the media are also influential.[45]

Therefore, where there was no family history of breastfeeding any fears of failure were likely to be compounded by the lack of an experienced supporter within the family setting and had a significant impact during the decision-making process, especially given the concerns expressed by the young women about the perceived difficulties of breastfeeding such as painfulness and judging the correct feeding amount.

In general, the role of parents and partners was to provide two different kinds of support for the mother-to-be.

Firstly, the partner's role was to validate the decisions being taken by the mother-to-be. From deciding whether to take the pregnancy to full term through to feeding decisions, the views of the father were clearly very influential, even if he was not part of a committed, long-term relationship with the mother-to-be.

Secondly, the role of the family was to offer practical support, especially the grandmother. The young women clearly valued the advice of older women who had first-hand experience of pregnancy and child-rearing and therefore the views of the young woman's mother and her extended family were a powerful force in shaping feeding decisions. As noted in the section on the role of social norms, for the target segment proposed within this campaign the reliance on the views of the previous generation resulted in a strong bias towards bottle feeding.

This was also recognised by the healthcare professionals who commented on the multi-generational preference for bottle feeding. It was also evident that not only were the grandparents influencing the mothers-to-be through their own previous actions but were also forceful in making their opinions on breastfeeding known, referring to the practice as 'disgusting' or 'revolting'. Therefore for the young women to challenge these strongly held beliefs and vocal statements against breastfeeding would have required significant strength of character, particularly when they wanted to keep in favour with their parents as they needed their ongoing support.

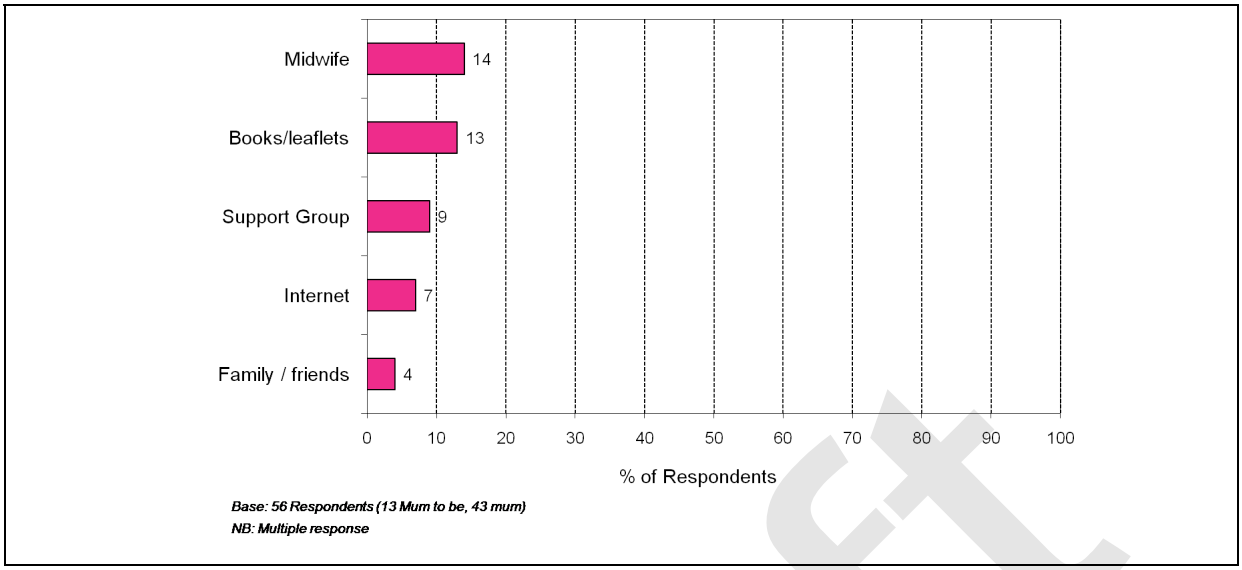
"They've got generation after generation that are saying the same things, you know, even going 'Don't do that. That's revolting.'" (Health Professional)

The importance of the views of influencers was clear when the young women explained how they had formed their opinions of breastfeeding, however, when asked about where they went for advice on breastfeeding the young women tended to prefer to more formal avenues for information-gathering, rather than acknowledging the influence of family and friends. This demonstrated the strength of the subconscious reliance on parents and peers and the extent to which the views of those closest to the mother-to-be affected behaviour even when she believed she was making an independent choice.

When asked which sources of advice were used when making decisions on feeding, 14% had looked to the midwife for advice about breastfeeding, closely followed by independent research through books and leaflets (13%). Explicitly consulting family and friends for their views was the lowest response given at 4%.

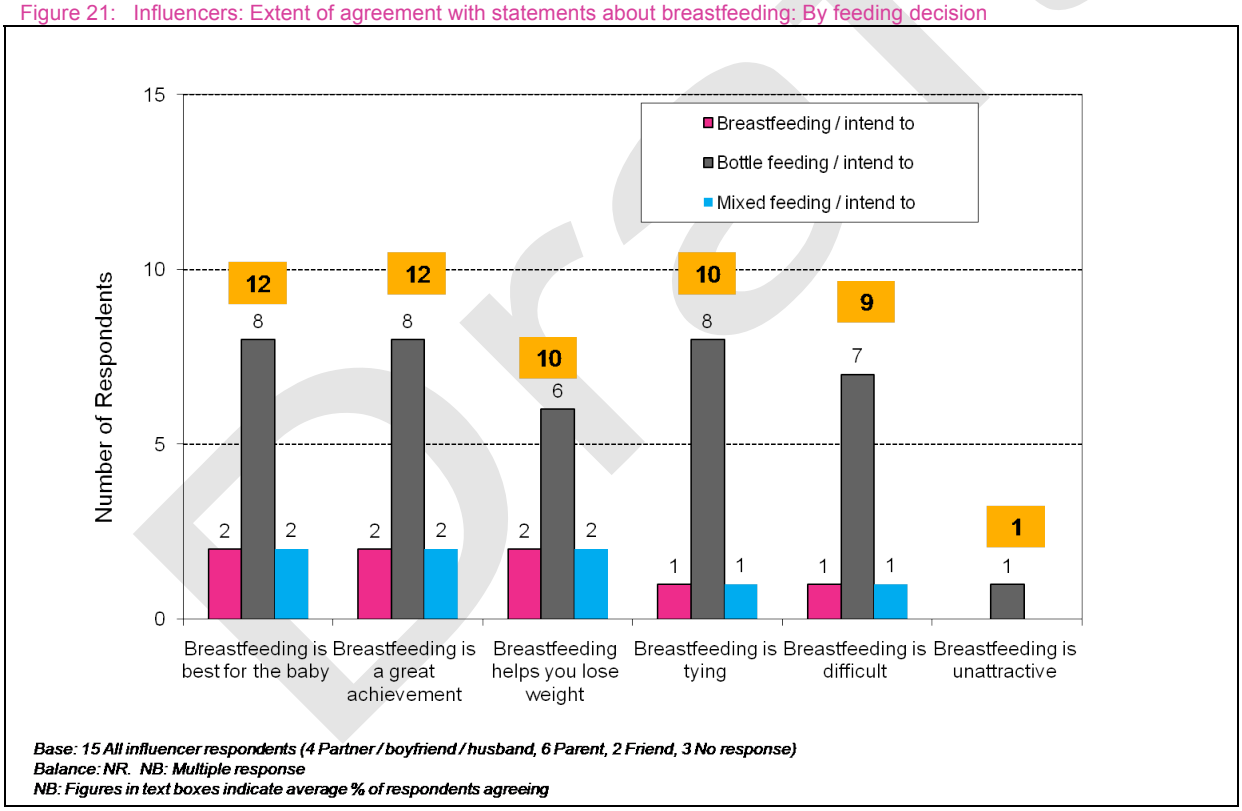
[45] Swanson, V., Power, K., Kaur, B., Carter, H. and Shepherd, K. (2005) "The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions", Public Health Nutrition: 9 (3), 297-305

Figure 20: Mothers and Mothers-to-be: Sources of advice on infant feeding



Base: 56 Respondents (13 Mum to be, 43 mum)
NB: Multiple response

Figure 21: Influencers: Extent of agreement with statements about breastfeeding: By feeding decision



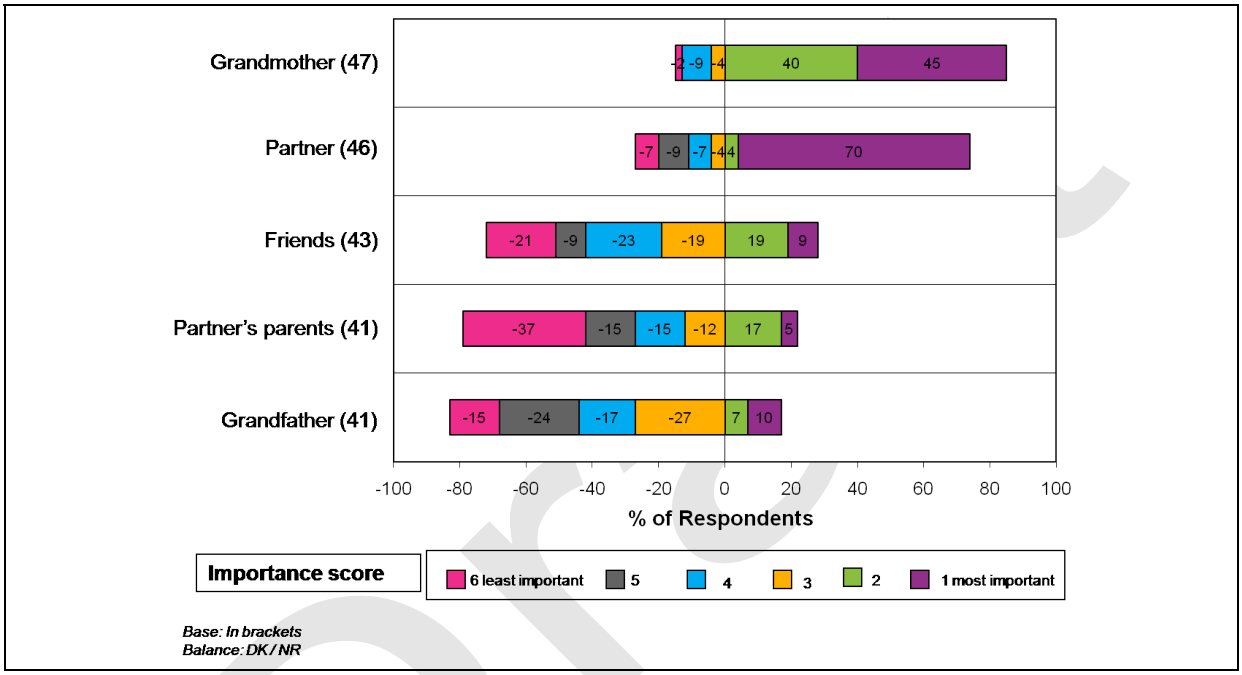
Base: 15 All influencer respondents (4 Partner / boyfriend / husband, 6 Parent, 2 Friend, 3 No response)
Balance: NR. NB: Multiple response
NB: Figures in text boxes indicate average % of respondents agreeing

However, as noted by one of the healthcare professionals, using the desire of the young woman to be independent could act as useful leverage when trying to encourage them to consider breastfeeding. By focusing on the bond between mother and baby and the special relationship that breastfeeding would create for the mother with their child, this could be a significant attraction for a young woman trying to retain control of decisions about her baby within the context of an extended family trying to impose their own views of child development.

"When I talk to the teenage mums and mums-to-be at antenatal classes, a lot of them are influenced by grandparents. What I find works quite well with them is if you say 'If you breastfed, the grandparents can't take over that.' It works quite well with a lot of mums." (Healthcare Professional)

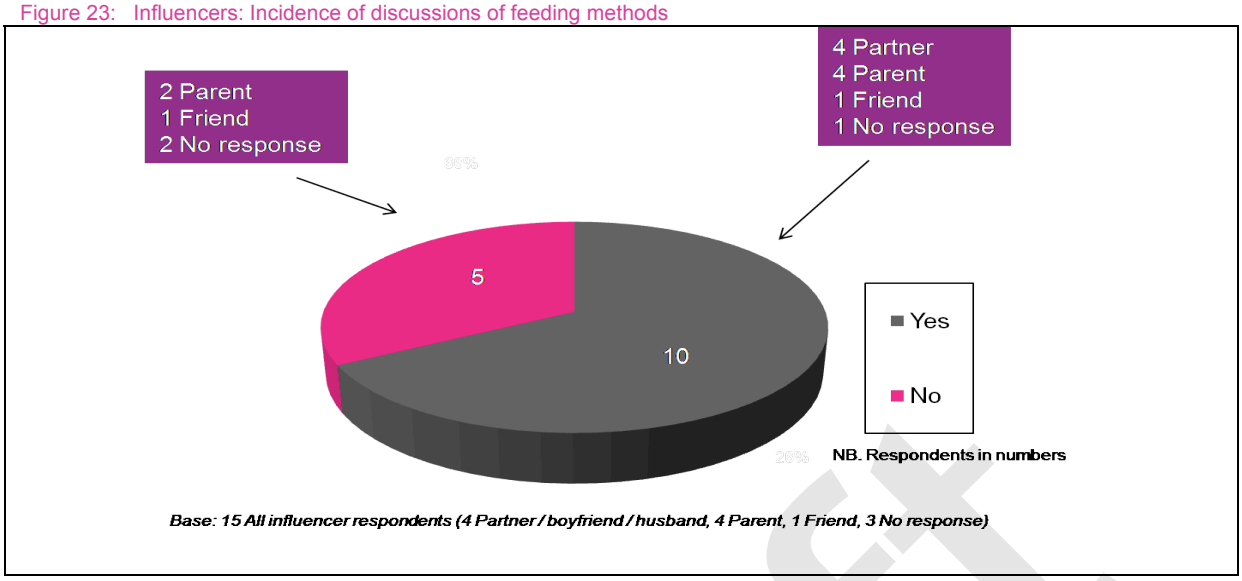
When prompted to consider the impact that informal influencers had had on their feeding decision, the young women clearly identified grandmothers as the primary influencers on feeding choices, with 85% of the sample rating their opinions as important (scoring 1 or 2). As noted at the start of this section, partners were also significant influencers, however by this stage of the pregnancy the views of friends had become less important to the young women.

Figure 22: Mothers and Mothers-to-be: Importance of influencers' advice / opinions on feeding methods



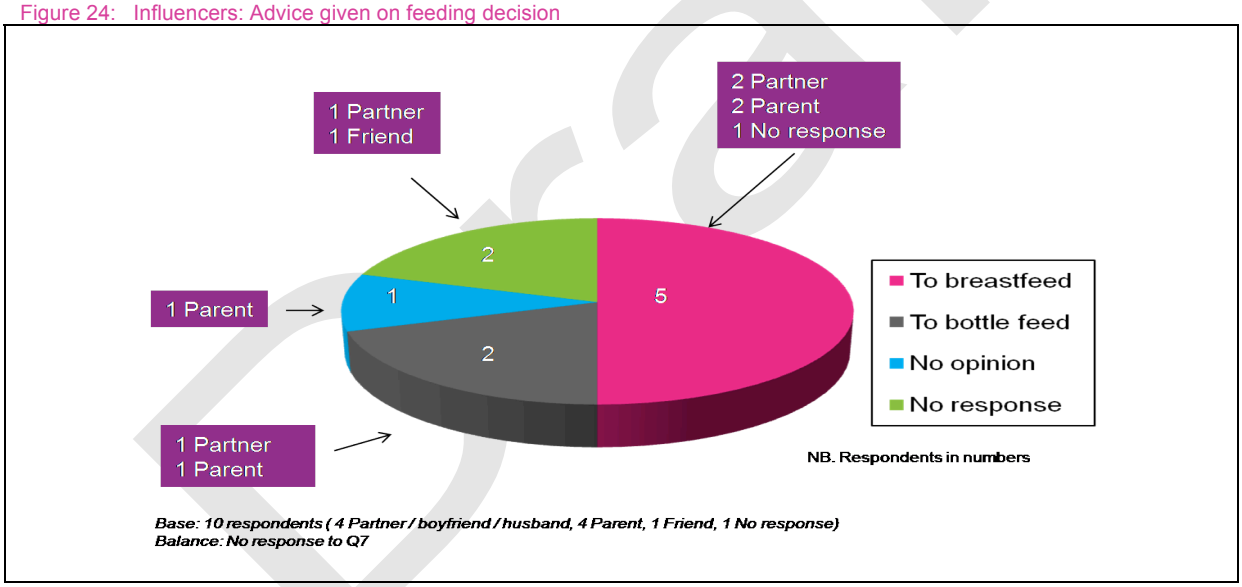
When the same question was posed to the influencers themselves only 66% percent recalled engaging in a discussion about feeding decisions. Of those who did recall these discussions, 50% claimed that they would have recommended breastfeeding.

Figure 23: Influencers: Incidence of discussions of feeding methods



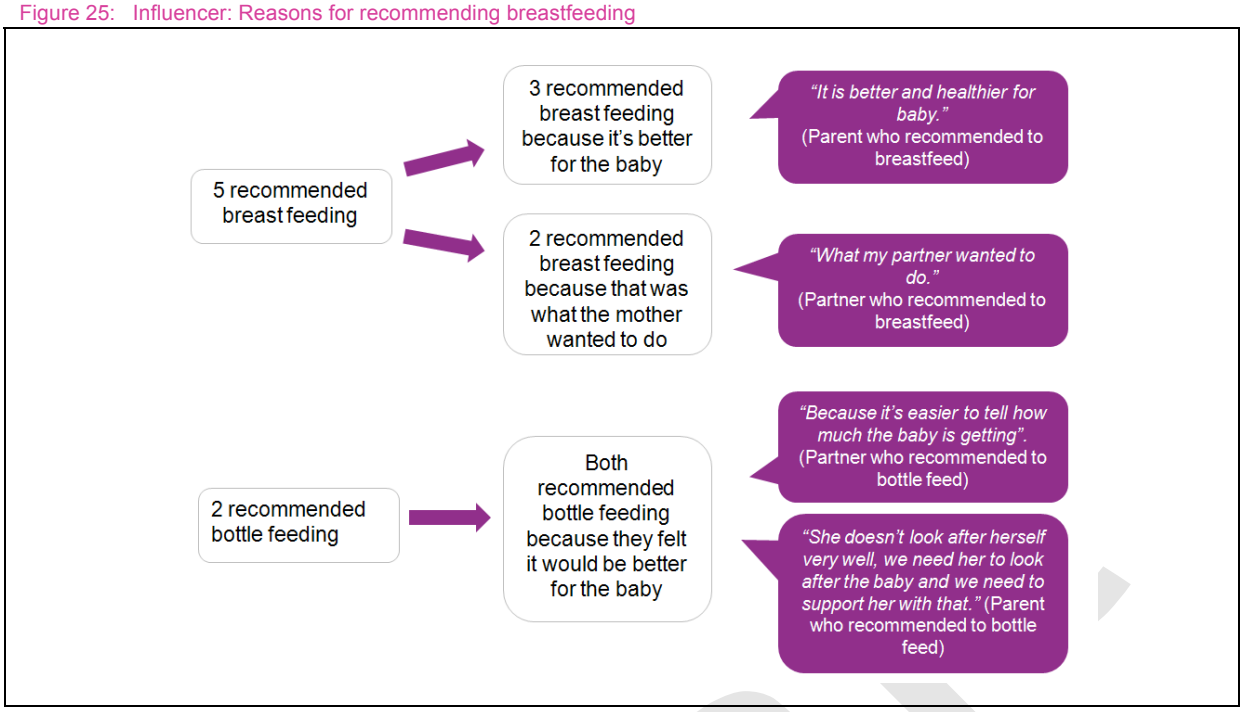
This finding appeared to be at odds with previous evidence regarding the input of influencers into the feeding decision and therefore warrants more explanation.

Figure 24: Influencers: Advice given on feeding decision



Although the influencers may have recommended breastfeeding in theory due to their appreciation of the benefits of breastfeeding and the awareness of the advantages it offered the baby, whether they also then referred to the difficulties of breastfeeding and the potential pitfalls is perhaps likely given the views they expressed earlier about the relative ease of bottle feeding.

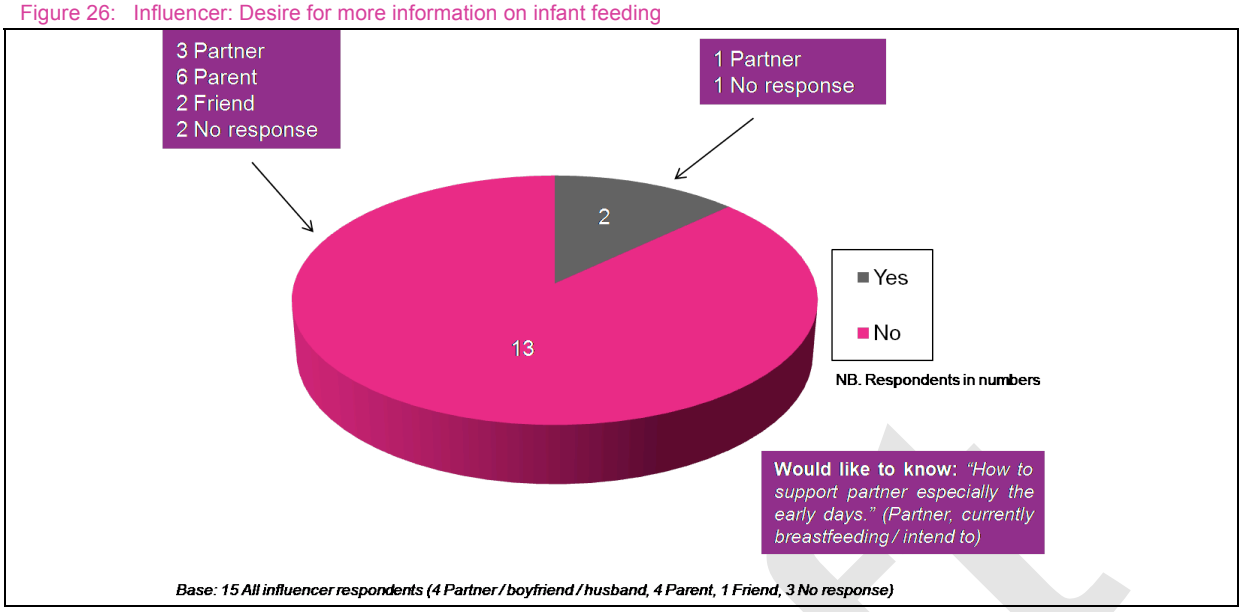
Figure 25: Influencer: Reasons for recommending breastfeeding



This suggestion of a lack of further support for breastfeeding following the initial recommendation is, to some extent, borne out by the responses of the influencers when asked if they would have liked more information about breastfeeding. 86% of the sample stated that they did not feel that they would have benefited from additional information. This suggested that whilst having an awareness of the benefits of breastfeeding, the influencers did not feel that they needed more detail on the implications of choosing this method, with only one partner interested in finding out more about how to support the new mother during the feeding process.

Two of the possible explanations for this were that the influencers surveyed were already proficient breastfeeders (or had been breastfed themselves) and were aware of the most up-to-date information and advice on breastfeeding, or that despite recommending breastfeeding to the mothers they were not fully committed to understanding what this meant for mother and child and therefore would switch to promoting bottle feeding should any initial difficulties have occurred.

Figure 26: Influencer: Desire for more information on infant feeding



6.2.1 Grandmothers as Influencers

The bond between the young mother and her own parents was clearly an important contributor to her own feeding decisions. Whilst the views of her father were important, in most cases these were outweighed by the influence of the grandmother-to-be, in particular, the experience of the young woman's mother in feeding her own children. Where the young women had either heard stories of their mothers struggling with breastfeeding or had seen the difficulties themselves with young siblings, this had a particularly powerful effect in dissuading them from trying this method themselves.

"I just said that I breastfed her for six weeks and then I got mastitis so I couldn't do it. I think that's what put her off a little bit." (Grandmother, Bottle, York)

To some extent the views and opinions of the grandmothers-to-be filled a void left in the young women's immediate support network, particularly when none of her close friends had children themselves. In the absence of practical advice from healthcare professionals, the mothers turned to those closest to them and had inherent trust in their own mothers due to their belief that whatever feeding decisions their mother had made had been right in terms of their own health and well-being.

The grandmothers interviewed during this research project were happy to discuss their views of breastfeeding and tended to start from a position of 'breast is best'; however such statements were often followed up with anecdotal evidence of women who had tried breastfeeding but had problems or where the baby had not been correctly fed. These messages served to strengthen the young women's resolve that breastfeeding was not for people like them, despite awareness of the benefits it offered mother and baby.

"She didn't fancy it. I think it's because I didn't breastfeed. My sister tried to breastfeed and she ended up with postnatal depression." (Grandmother, Bottle, Scarborough)

Despite the lower initiation and duration rates for breastfeeding in Scarborough, when interviewed the grandmothers from Scarborough were more positive about breastfeeding than those from York.

"I found it a very positive thing and I felt comfortable that I'd done it and happy that I'd done it. I think the pressure is off a lot more now than it used to be." (Grandmother, BF, Scarborough)

"I said it's easier than trying to sterilise bottles, and you'll be a bit sore to start with but then your nipples harden up and you soon get used to it, it's cheap, makes you lose weight" (Grandmother, Bottle, Scarborough)

A number of the grandmothers were aware of their potential to influence the young mothers and felt that they needed to take a step back in order to allow their daughters to make their own choices. Although this meant that the grandmothers were not explicitly advocating one method over another, given that the daughter was often looking to her mother for advice and support. By not providing a definitive answer, it made it more likely that the young woman would look for non-verbal clues on what decision to make. Therefore the social norms of how the grandmother fed her children, and the choices made by other extended family members, could become even more important. Therefore despite the grandmother's best intentions, the young mother-to-be may be even less capable of making an independent, informed decision, especially if she was not able to access the support she needed from healthcare professionals at the point where she made her final decision.

"I've just told her whatever feels right for her." (Grandmother, BF, York)

"I just said it's your baby and you do what you think is right." (Grandmother, Bottle, Scarborough)

This trend was highlighted by evidence from the research that those mothers who chose to breastfeed, and did so successfully, were often supported by a grandmother who had also breastfed her children and could therefore support and guide the young woman through the process.

"Yes, [my mum] helped out loads. I went to... my midwife didn't really help me at all. It was just the books and my mum." (Mum, BF, 17 years, York)

"It's like midwives ask 'Do you want to breast feed?' But I got no leaflets, I've got no information." (Mum, 16 -20 years, York)

In making this point it is important note that although the findings could be construed as a criticism of healthcare professionals they were more a reflection of the challenge of working with this group of young women and the need to find appropriate times and methods through which to communicate the benefits of breastfeeding.

When prompted, the majority of the young women did recall being given leaflets by their midwife or having discussions about feeding with healthcare professionals. However, what was clear was that until the reality of the baby needing to be fed actually occurred the young women found it hard to absorb and internalise the information and certainly retained little knowledge of any guidance on how to breastfeed and what they could expect during the early days.

6.2.2 Partners as Influencers

The role of partners as influencers was an equally complex topic to explore with the research participants. As other research has shown, the women choosing to bottle feed saw paternal involvement as important, both as part of sharing the 'daily grind' and also to cement the father's involvement.[46] However, when discussing these issues with both the young women and their partners there were other issues which emerged which warranted further investigation in terms of their likely impact on the success of the proposed social marketing campaign.

In a survey conducted in 2005, although the teenage boys who participated in the research reported less exposure to breastfeeding, they were more likely to have the intention for their own baby to be breastfed than the girls.[47] This finding was also evident during the interviews with young men in North Yorkshire and York and in some respects it appeared that the men had a more idealistic view of breastfeeding and were more convinced by its health benefits.

"We just thought it was better and more natural." (Partner, BF, 18 years, York)

Both the young men and women acknowledged that discussions had taken place about feeding before they baby was born however, amongst those who had intended to breastfeed the same difficulties that have been referred to previously emerged and led the couple to switch to bottle feeding. Therefore when designing future campaigns it will be important that any information given to the mother about breastfeeding techniques and how best to overcome some of the problems she may face is also shared with the father. In particular, given the fathers' focus on the health of the child, particular emphasis needs to be placed on ensuring the baby has enough to eat and how to cope with establishing a feeding routine.

"We were automatically always going to breastfeed. We read it's the best thing for them and the most natural thing for them." (Partner, Bottle, 24 years, York)

"Before he was born we decided he'd be breastfed. We didn't know what he was getting because it wasn't in a bottle. He was crying all the time. He obviously wasn't having enough, so after about two weeks we put him onto bottles because then we knew what he was getting." (Partner, Bottle, 21 years, York)

Despite the concerns of the young women that their boyfriend would be ashamed of them if they breastfed in public, this seemed to be more an issue of the young women's self-confidence and their own identification with the sexualisation of breasts than it was a view held by the young men themselves.

This trend may well be linked to the age of young woman and her partner as age of the father also seemed to be a factor worth considering when identifying those mothers most likely to breastfeed. A quantitative study of teenage mothers in the United States found that teenage mothers partnered with older men were less likely to breastfeed during the postpartum hospital stay than were those with male peers.[48] The reasons for this were varied however one factor was the young woman's beliefs about how her partner saw her. In relationships where

[46] Earle, S. (2002) 'Factors affecting the initiation of breastfeeding: Implications for breastfeeding promotion', Health Promotion International, Volume 17 (3), 205-214
[47] Swanson, V., Power, K., Kaur, B., Carter, H. and Shepherd, K. (2005) "The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions", Public Health Nutrition: 9 (3), 297-305
[48] Harner, H.M. (2004) 'Teenage mothers and breastfeeding: Does paternal age make a difference?', Journal of Human Lactation, Vol. 20, No. 4, 404-408

there was a wider gap in age, feelings of insecurity may have prompted the young women to try to maintain their identity as a young, attractive girlfriend, as opposed to a mother with child, a role which they perceived as less sexually attractive to older men. Again, in order to counter these conscious or sub-conscious decisions, breastfeeding would need to become something not only valued in terms of its health benefits for the child, but something which made the mother feel attractive in her own right.

Whilst other studies have characterised the preference for bottle feeding as the desire to shift the burden of feeding onto others[49], based on the feedback from the young men in this study this position seems too simplistic. While the young women surveyed did express the appeal of being able to regain some of their freedom by sharing feeding with parents and partners, the young men were also keen to get involved in order to share the experience of feeding and bonding and therefore the decision tended to be regarded as a mutual one.

"I didn't like it [when she was breastfeeding] because I couldn't do anything on a night time, it was always her getting up. I was helpless because I can't breastfeed him. We decided to put him on the bottle." (Partner, Bottle, 21 years, York)

"He said he wanted me to bottle feed at first because he wanted to bond with the child on a night so I didn't have to do it all." (Mum, Bottle, 21 years, Scarborough)

"When I was trying the breastfeeding, he wasn't very happy with it because he felt like it was a lot of pressure on me to do it and he wanted to help out." (Mum, Bottle, York)

However, despite this evidence of a consensual approach to decision-making, the young women were often keen to stress that the final choice was theirs alone. Wanting to remain in control of their own bodies and also feeling empowered by having the ultimate say in how to feed their child was clearly important to these women.

"He just got told. He leaves it all up to me." (Mum, BF, Scarborough)

"I did listen to what he said but the ultimate thing was the way I felt and how I was dealing with it." (Mum, Bottle, York)

"He has said it's my decision. If I don't want to breastfeed then they are my breasts and he can't argue." (Mum-to-be, Bottle, 20 years, York)

As discussed previously, the extent to which this choice was free of the pressure of a lifetime of living within a bottle feeding culture was debatable however, when given the option to make the choice the majority of women in the sample chose to bottle feed.

[49] Smyth, L. (2007) 'Gendered spaces and intimate citizenship: The case of breastfeeding' Conference Paper presented at Monitoring Parents: Childbearing in the Age of Intensive Parenting

6.3 The Role of Formal Influencers and Healthcare Professionals

In terms of advice and support outside of the young women's immediate trust network, health visitors and midwives played a crucial role in informing the mother-to-be of the options available and the benefits of different feeding decisions. This included the verbal advice offered during one-to-one consultations and within antenatal classes and also via the written materials and information sources which the healthcare professionals shared with the mothers-to-be.

"I think I got most my information off my midwife and stuff. I did ask about bottle feeding. I wanted to bottle feed because on the nights I wanted my partner to get up as well. But she said you can express milk and then your partner can still get up and have some bonding time with your baby." (Mum, Bottle, 21 years, Scarborough)

"The midwife has spoken to me and given me advice...I've been given quite good leaflets by the midwife." (Mum to be, BF, York)

"My health visitor. I could always contact her, which I did, and the hospital as well; you can contact them for so many weeks. I think it's about six weeks after having a baby." (Mum, Bottle, 24 years, York)

However, as was noted in the previous section, the young women often recalled that the time spent with the midwives prior to the birth of the child was often focused on the details of labour and what would happen immediately post-birth rather than feeding decisions. Even where the topic had been raised it was clear that the women had not absorbed this information and as such often struggled with making the first initial contact with the baby, including practical problems with how to put the baby to the breast. Where immediate support was not available (either in the hospital or during the first few days at home) this seemed to be one of the key reasons for turning to bottle feeding even where the mother had expressed a preference to breastfeed her baby.

This suggested that there was a difficult balance to be achieved when working with this group of young women. Although their responses suggested that they would have liked more information and advice on breastfeeding prior to the birth, their recall of the information they had received was low. The enormity of their immediate concerns about the labour and the reality of having a baby made it difficult for them to absorb more information about feeding and nutrition during this stressful period.

A number of the first-time mothers referred to independent research they had conducted to try and find out more about breastfeeding. Leaflets received from healthcare professionals and also from magazines, retailers and schools were all mentioned as sources of advice.

Moderator: Did you do any research about feeding on the internet or in leaflets? "Yes. All my magazines and leaflets that I got off my midwife, I read them and went through them all." (Mum, Bottle, 21 years, Scarborough)

"I've got loads of books that I've been given form the hospital. I've got the baby bible. I've got everything, so I read up on absolutely everything." (Mum, BF, 25 years, York)

"I got books from the NHS – I just read through them – and I had a magazine which my friend had given me from school." (Mum, BF, 17 years, York)

This information, combined with the face-to-face support from healthcare workers had contributed to their understanding of the benefits of breastfeeding. There was, however, still felt to be a gap in the support available to those mothers who wanted to breastfeed but struggled during the initial post-birth period. The women then found that their problems were exacerbated when they returned home and found that none of their immediate support network was able to provide practical advice on how to breastfeed.

Therefore the young women identified a need for more outreach workers or 24-hour support lines which they could use to fill this gap and suggested that this may be a way to encourage more young women to both initiate and continue breastfeeding. It is important that this type of feedback is included in the design of future campaigns given that the target audience themselves recognise the value of such support and therefore are more likely to endorse its introduction and potentially act as advocates for the service in the future.

"When I go Tots there's outreach workers who come and they give you all the information you need on what's available, who to ring, which I think is really good. I think that's what mums need." (Mum, BF, 25 years, York)

6.4 The Role for Interventions

As noted towards the end of the previous section, complementing the advice and guidance given by healthcare professionals with appropriate interventions is critical to ensuring that the health-promotion messages about breastfeeding were heard and also that the young women are able to benefit from the type of tailored support they require at the time when they needed it most.

The healthcare professionals from within North Yorkshire and York recognised that in order to challenge current attitudes and barriers a sensitive approach was needed when working with the type of young women intended to be the beneficiaries of this campaign, with interventions developed to offer immediate benefits and provide clear links to the improved health and behaviour of the baby.

"We've got to be careful with the language that we use that we make sure we're not patronising or creating ideas that aren't necessarily there. We've got to tap into what these girls think, which is what we're doing now." (Health Professional)

"I think on their agenda it's more about the now. It's more about what's happening now rather than what would happen in ten year's time." (Health Professional)

Amongst the young women surveyed awareness of current breastfeeding support services was low. Many respondents stated that although they had been provided with leaflets and information from healthcare providers, these were not identified as being part of any specific breastfeeding campaign and tended to have been dismissed at the time as the focus for the mother-to-be had been on the birth and ensuring the arrival of a healthy baby.

Although some of the young women and new mothers were aware of meetings and clinics that were available locally, most could not give any specific details.

"I know there are breastfeeding support groups around York. I know they have a few clinics and things." (Mum, Bottle, York)

Despite awareness of local services being relatively low, over three quarters of mothers and mothers-to-be were aware of the National Childbirth Trust (79%). Just less than three quarters were also aware of the National Breastfeeding Helpline (71%). Of the influencers surveyed, where they were aware of services this tended to be the National Breastfeeding Helpline, followed by the National Childbirth Trust.

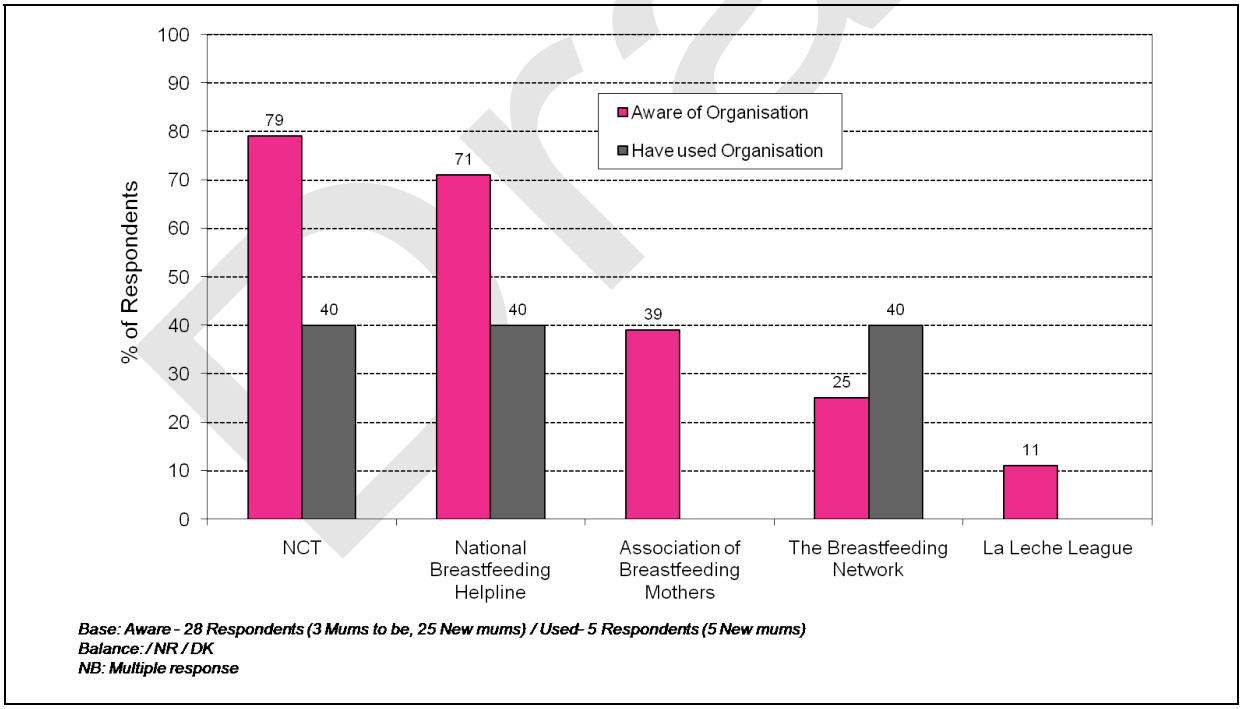
As well as having awareness of these services, two-fifths of the young women had actually been in contact with the National Childbirth Trust, the National Breastfeeding Helpline and the Breastfeeding Network (40%).

During the one-to-one interviews a number of young women also referred to services offered by Sure Start although awareness varied depending on the extent to which the women had accessed the services.

"There's Sure Start – they have breastfeeding counsellors. I spoke with them a lot because I got mastitis with this one." (Mum, BF, 20 years, Scarborough)

"Is it Sure Start? I don't know actually they have them clubs I think where you go down for mums-to-be and mums that already have kids." (Mum-to-be, BF, 20 years, Scarborough)

Figure 27: Awareness and use of support services: Mothers and Mother-to-be



Base: Aware - 28 Respondents (3 Mums to be, 25 New mums) / Used- 5 Respondents (5 New mums)
Balance: / NR / DK
NB: Multiple response

Amongst those women who were not using the services the reasons varied however, as with breastfeeding, there was an underlying sense that attending such groups was "not for people like them" and therefore they preferred to turn to their informal networks for support and advice.

"I don't think I'd need that. Or if there was one I don't think I would go in." Moderator: Why not? "I don't know, I've got friends who have babies so I have kind of got them to talk to. I don't really need, necessarily need other ones because my friends are my friends if that makes sense." (Mum-to-be, BF, 20 years, Scarborough)

Therefore just as campaign messages need to be tailored to the attitudes and beliefs of the target audience, so does the development of the corresponding interventions. The disassociation with breastfeeding has also contributed with a lack of engagement with any services linked to breastfeeding. As the young women saw breastfeeding as inappropriate behaviour they were unlikely to see the relevance of information from the Breastfeeding Network or the value of calling the National Breastfeeding Helpline.

6.5 Conclusions

This section has demonstrated the importance of delivering interventions and advice as early as possible during the decision-making process. Although the mother-to-be may appear preoccupied with thoughts of the labour, early introduction of information about breastfeeding provides the opportunity for repetition of the key health messages. This is necessary in order to challenge preconceived beliefs about the difficulties associated with breastfeeding which have often been formed even before they knew about their own pregnancy.

This model for intervention also provides the most effective way of countering the powerful impact of informal influencers. Without access to more formal sources of information the young women demonstrated a reliance on their key trust network, particularly their own mothers, who were often strong proponents of bottle feeding and only able to offer outdated advice.

Whilst partners also have a key role in influencing feeding decisions, the role of peers is less significant during the later stages of the pregnancy. The changing nature of the young woman's relationship with her influencers throughout her pregnancy therefore provides the opportunity for healthcare professionals to play a more active role in the feeding decision process and become more of a trusted confidant than was currently in evidence.

Given the narrow geographical boundaries of the lifestyles of the proposed target segments, breaking down these views of breastfeeding needs to be driven by a campaign which resonated with local values and was delivered by representative advocates.

Therefore the remainder of this report will focus on how this could be achieved and the specifics of what a social marketing campaign would need to consist of in order to achieve the type of dramatic behaviour change required.

7 Response to the Proposed Campaign

The *Be A Star* social marketing campaign promotes breastfeeding amongst 16-25 year-old young women. It does this by celebrating mothers who breastfeed as 'stars', and supporting them through the breastfeeding process, via peer support. *Be A Star* transforms local breastfeeding mothers to look like models, celebrities, singers and actresses, making breastfeeding glamorous, sexy and appealing to the target audience. The key message is that, while they may look like celebrities, for the local girls used in the materials, their real 'star quality' is in the fact they have chosen to breastfeed.

The overarching behavioural goal of the campaign is to increase breastfeeding initiation rates amongst 16-25 year-old mothers by shifting community norms around breastfeeding through:

- Engaging with women aged 25 and under to effect a cultural shift within this audience in order to normalise breastfeeding and therefore impact upon initiation amongst this group (in the short-medium term) and build upon this to impact upon this group's duration rates (in the medium-long term);
- Identifying opportunities to improve service provision to the priority audience segments and increase attendance at ante-natal and post-natal support classes;
- Creating a shift in community attitudes towards breastfeeding in specific locality areas and increase knowledge of the issue in order to impact upon breastfeeding rates.

Whilst these campaign messages appear to resonate with the values of the proposed target audience for this campaign the objective for the final phase of the research was to test the appropriateness of *Be A Star* within the North Yorkshire and York locality.

In order to test the effectiveness of the campaign messages within North Yorkshire and York, three focus groups were held with representatives from the target audience, recruited with the help of NHS North Yorkshire and York. The constitution of the groups was a follows:

- York - 4 new mothers (16-20 years old, all 4 bottle feeding);
- York - 5 mothers-to-be and 4 partners (15-19 years old, 2 intending to breastfeed, 3 undecided);
- Scarborough - 3 mothers-to-be (17 years old, 2 intending to breast feed, 1 intending to bottle feed).

The focus of these sessions was to gain feedback on the *Be A Star* campaign and to identify the level of appeal and perceived effectiveness of a variety of proposed interventions in order to guide the development of a campaign relevant to the target audience in North Yorkshire and York. Respondents were shown a variety of stimulus materials including posters, leaflets, press campaigns and radio adverts to assist them in understanding the overall campaign and the various elements that could be delivered in North Yorkshire and York.

Participants were also asked to complete a self-completion word-association exercise to gauge their initial reactions to the campaign, prior to discussing their views as part of the wider group. This approach allowed participants to express their own personal views without being influenced by the wider group setting.

It is important to note that the views of new mothers and their responses to the campaign may have been influenced by their bottle feeding choice which as noted earlier may well have been formed even prior to the pregnancy.

7.1 Reaction to the Campaign Messages

The overwhelming response to the campaign was one of positive endorsement. There was a clear recognition of the values behind the campaign and the young women recognised their own identities within the campaign messages and therefore found the campaign thought provoking and inspirational.

The respondents in the groups could immediately identify with both the visuals and the underlying messages that breastfeeding was something that a mother should feel proud of as she would be doing what was best for the baby and would have mastered a difficult skill.

"It's like you've done something really good and it's like, wow, you're a star." (Mum, 16 - 20 years, York)

"Just normal people but it's making them sound like they are really good for breastfeeding." (Mum-to-be, 17 years, Scarborough)

The campaign created a sense that breastfeeding should be seen as an achievement and a skill that the mother would be able to demonstrate when caring for her baby, making her feel accomplished while at the same time not losing any of the attractiveness that the young mothers usually associated with breastfeeding women.

"You don't have to be famous to do it. You don't have to look glamorous or rich." (Mum, 16 -20 years, York)

"It's making everybody feel as if they can do it and they don't have to hide away." (Mum to be, 15-19 years, York)

"It's younger women in photos, not older women…posters in hospital always [show] older women…in their 30s, 40s. I think for our age group there was nothing like this. It's always been for older women. " (Mum, 16 -20 years, York)

"I like how they're trying to glamorise it." (Mum, 16 -20 years, York)

"They are trying to make it look like they're a star, like a celebrity kind of thing." (Mum-to-be, 17 years, Scarborough)

A number of respondents also responded positively to the fact that the campaign promoted the benefits of breastfeeding to the mother as well as the baby, particularly the message that breastfeeding could help to promote weight loss post-birth. This was an important issue for the young women given the extent to which their sense of self-worth was intrinsically linked to the way they looked and how they believed that other people would see them.

"I didn't know you burnt that many calories…Going back to your normal weight." (Mum-to-be, 17 years, Scarborough)

This theme of attractiveness was also referenced in the way the young women responded to how the 'stars\ had been styled. The clothes that had been chosen were described as flattering yet trendy, especially when the young women recognised that the mothers were real-life women and not the 'stick thin' celebrities they saw in magazines whose body shapes were seen as unobtainable for most women during the post-natal period. The way that the clothes also allowed the women to breastfeed discreetly was another key element of their attractiveness and something which caught the attention of the young women, many of whom were not aware that breastfeeding could be done in this way.

"They're all in dresses, and you can't see their baby fat." (Mum, 16 -20 years, York)

"That's what they're trying to say that you can breastfeed [discreetly] without people [realising you are doing it]." (Mum-to-be, 17 years, Scarborough)

"I think it's pretty cool because it actually makes you think about actual famous people who've kept their figures." (Mum, 16 -20 years, York)

Undoubtedly one of the reasons why these messages were taken on board by the participants was that the women featured in the campaign literature were clearly young mothers. The fact that they were fashionable and attractive caught the attention of the groups and made them more willing to consider the surrounding information which respondents also felt was written in an engaging and effective way.

In some cases this was new information for the young women and in others it reinforced things they may have known but discounted due to their dissociation with the benefits of breastfeeding in order to justify their decision to bottle feed.

"They're trying to get across that breastfeeding is best for your baby and you should do it because it saves them from getting things." (Mum, 16 -20 years, York)

"Breastfeeding is the best way of feeding baby. She's doing something good for her child." (Mum to be, 15-19 years, York)

However, there were a number of issues which the pre-testing raised which will require further work should the campaign be launched in North Yorkshire and York to ensure that it has maximum appeal and impact with the target audience.

In some cases, due to the styling of the women in the campaign a number of the research participants actually believed they were celebrities or models.

"They're using models, not proper people. You can't see the baby fat, no stretch marks." (Mum, 16 -20 years, York)

Rather than looking closer at the campaign these women turned away from the visuals feeling that the imagery just underlined their views of breastfeeding not being for people like them as it was something that only middle-class women and celebrities engaged in.

Another issue was raised was that some of the intended audience may be confused by the messaging and believe that the campaign was promoting getting pregnant as a way of achieving celebrity status.

"It might make [my friends] have kids because they think they'll turn out like [the star in the poster]" (Mum, 15-19 years, York)

Therefore, while not wanting to risk damaging the attractiveness of the women in the campaign it would be important to make clear that these are local women with the same social background as the target audience.

Again due to the styled nature of the images some of the respondents felt that the campaign lacked a 'real world' perspective and that they would have preferred to see images of people like them breastfeeding in everyday environments in order to show people that it could be done and was not something that looked unattractive or uncomfortable.

Another concern raised was the sensitivities involved in suggesting that breastfeeding makes a mother a star, which by implication labelled those mothers unable to breastfeed as failing to meet the needs of their child.

"It's really good, apart from what about people who've tried breastfeeding and failed. They're going to feel such a failure, especially with you turning round and saying, she's a star, she's a star." (Mum, 16 -20 years, York)

"So it's like if I don't breastfeed I'm not a star, am I? It's about being a mum, loving your child, bonding with it. Being a mother is the hardest job in the world." (Mum, 16 -20 years, York)

"Put that 'she's not a star, she's a Mum'." (Mum-to-be, 15-19 years, York)

To some extent this view was mitigated once the young women considered the campaign in its entirety and appreciated that some of the other interventions would be designed to support women in their day-to-day attempts to breastfeed and how feeding decisions were just one aspect of caring for their child. However, the need to make sure that the images used were understood and created the required emotional response within the target audience was clear.

This reaction was clearly evident when discussing the campaign messages about being proud to breastfeed and that the young mother's parents, partner and peers should all recognise this accomplishment and the contribution that the mother had made to the baby's health and well-being. Therefore where these messages were accentuated with images that also evoked the same level of passion and engagement from the target audience was where the campaign had maximum impact.

"Looking at these, it seems quite focused on the fact that the father should be proud that their partners are breastfeeding." (Mum-to-be, 17 years, Scarborough)

Therefore, overall, the campaign was well received and prompted the intended response amongst the majority of the target audience. In order to address some of the concerns and issued raised by the pre-testing, the

remainder of this section of the report looks at the detailed feedback received on different aspects of the campaign and the implications for delivery n North Yorkshire and York.

7.1.1 Reaction to the Visuals and the Concept of 'Celebrity'

The topic of celebrity was explored in the focus groups in order to put the perceptions of the imagery into context based on how the participants viewed celebrities and whom they respected within the media.

Although able to reference numerous celebrities and clearly well-informed about their whereabouts and relationships, the young women were reticent to admit the influence of the celebrity culture on their own lives, seeing them as 'from another world' and therefore not worthy of much consideration. As although they may have the benefit of wealth and status, ultimately many did not have any notable skills or talent.

"I just don't see the point in celebrities. They're the same as everybody else." (Mum-to-be, 15-19 years, York)

While many of the young women struggled to think of role models or celebrities that they looked up to or were inspired by, the few names mentioned included Cheryl Cole and Gok Wan mainly due to their sense of style and attractiveness. However, morals and integrity also proved important as Angelina Jolie was chosen specifically because of her image as a devoted and loving mother.

"Gok, I like his clothes." (Mum to be, 15-19 years, York)

"Cheryl Cole, because she's worked hard and she's really gorgeous." (Mum-to-be, 17 years, Scarborough)

"Angelina Jolie because she loves her kids and she's adopted some of her kids but she loves them still the same as she loves her own." (Mum, 16 -20 years, York)

Specific elements of the campaign visuals which were welcomed by the respondents included the use of young women. Participants recognised and welcomed the deliberate targeting of the younger audience, which was identified by many as missing within current breastfeeding literature.

"It gets our attention. It appeals to younger people." (Mum, 16 -20 years, York)

"It's aimed at our age." (Mum-to-be, 15-19 years, York)

"It's aimed at young people who wouldn't think about doing it at first." (Mum-to-be, 15-19 years, York)

In addition, involvement of partners in the campaign messages was seen as positive and important in supporting women who had made the choice to breastfeed. Therefore suggestions were also made for inclusion of partners and parents in the visuals to show support for the mother.

"I like the way they're trying to get dads involved." (Mum, 16 -20 years, York)

"[Get] partners or grandparents involved. When no one's there you've always got someone around to help in case you fail. Support from family." (Mum, 16 -20 years, York)

"There should be a fella in the picture. That shows that she's not doing it alone. She's supported." (Mum-to-be, 15-19 years, York)

However, the main concern raised by respondents in all three groups was the lack of visible bond between the mother and baby, mainly due to the lack of eye contact and the positioning of the baby. The respondents felt that in this respect the visuals did not capture what they saw to be one of the key benefits of breastfeeding: the bond it created between mother and baby.

"It does not look like she's mothering the baby at all. The love does not look like it's there." (Mum, 16 -20 years, York)

"You can tell she's breastfeeding there, but she doesn't look like she's bonding with the child." (Mum, 16 -20 years, York)

"They don't look like mums to me. They just look like people holding a baby." (Mum-to-be, 17 years, Scarborough)

"She doesn't look comfortable there." (Mum, 16 -20 years, York)

"She is looking away [as if] she doesn't want the baby there." (Mum-to-be, 17 years, Scarborough)

This led some respondents to see the subjects of the posters as self-absorbed, an image which the young women wanted to challenge as they felt that as teenage mothers this was often something they were accused of being, particularly when they wanted to achieve a balance in their lives between being a good mother and regaining some of their previous independence.

"She looks ready for a night out rather than breastfeeding a baby." (Mum-to-be, 15-19 years, York)

"She looks more into herself than anything else." (Mum-to-be, 15-19 years, York)

"She's looking away as if she's not really interested." (Mum-to-be, 17 years, Scarborough)

"They're looking away and they don't look very interested." (Mum, 16 -20 years, York)

Due to the effectiveness of the styling, some respondents believed that the women used within the campaign were models or actresses rather than real breastfeeding mothers who had been posed with a baby.

"I don't think they are real people that are breastfeeding. I think it's just a storyline to show you how people do it." (Mum-to-be, 17 years, Scarborough)

"It looks quite fake because it [breastfeeding] is not really that glamorous." (Mum, 16 -20 years, York)

"They don't look like normal mums. They're too dressed up." (Mum-to-be, 17 years, Scarborough)

If the views of these young women were representative of the target audience then more work may be needed to ensure that the subtleties of the campaign were fully understood. In some respects, the fact that the images challenged perceptions of what a breastfeeding mother looked like was evidence of the campaign having its desired effect. For example, a number of respondents commented that the posters looked like the type of adverts they had seen in nightclubs and bars.

""I think the campaign encourages people to breastfeed, but the imaging is wrong. They're dressed for a night out instead of caring for their baby." (Mum-to-be, 15-19 years, York)

"The words at the bottom about breastfeeding makes you be a star makes you feel better about breastfeeding your child and connecting with it but the bad thing is the way they are dressed." (Mum-to-be, 15-19 years, York)

"You'd think it was something to do with a fashion piece." (Mum-to-be, 15-19 years, York)

"It reminds me of nightclub posters, actually." (Mum, 16 -20 years, York)

In this way the visuals had achieved their intended goal of repositioning breastfeeding in the minds of the target audience, however it was important to the women that the campaign imagery supported the promotion of the underlying health messages and the key benefit of being able to bond with the baby. In this way the campaign would risk alienating those most in need of the campaign through being misinterpreted as supporting their perceptions that that breastfeeding was only done by celebrities.

7.2 Assessment of Proposed Interventions

In general, interventions based on knowledge alone have a relatively poor impact, where those which are multi-component, accounting for psychosocial and cultural influences, are generally more successful.[50] A recent study in Central Lancashire uncovered five themes to describe the support needs of adolescents:[51]

- Emotional support;
- Esteem support;
- Instrumental support;
- Informational support;
- Network support.

Therefore the *Be A Star* social marketing campaign has designed a series of campaign interventions based on peer-to-peer support and bespoke solutions to engage with the target audience to increase both initiation and duration rates. These interventions form part of a holistic support service which would be designed to be inclusive of existing good practice and to add value to the current service mix. To deliver this a number of key supporters

[50] Swanson, V., Power, K., Kaur, B., Carter, H. and Shepherd, K. (2005) "The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions", Public Health Nutrition: 9 (3), 297-305
[51] Dykes, F., Hall Moran, V., Burt, S. and Edwards, J. (2003) 'Adolescent mothers and breastfeeding: Experiences and support needs, an exploratory study', Journal of Human Lactation, Vol 19, No. 4, 391-401 (2003)

have been identified as integral to achieving sustained behaviour change, namely: the mother's mother; the partner and the midwife employed in a teenage coordinator role.

However, in developing this campaign an important note of caution needs to be heeded. Due to the health benefits of breastfeeding many campaigns in the past have focused solely on promoting exclusive breastfeeding. A recent study highlighted the potential danger of doing this given the fact that most babies receive at least some formula milk.[52] During this study of over 13,000 participants, mothers reported receiving little information on bottle feeding and did not feel empowered to make a feeding decision and therefore often experienced negative feelings of guilt and failure surrounding feeding and as such were less likely to engage with support services and healthcare professionals who they believed would judge them to due to their decision to bottle feed.

As variations in formula-feeding can have both short and long-term health effects it is important that health promotion materials on infant feeding address the needs of both bottle and breastfeeding mothers to avoid risking babies health. Therefore, given that this campaign is about long term behaviour change and the repositioning of breastfeeding within society, it is important that the interventions that are developed are sensitive to this issue and take account of the fact that mixed feeding is likely to be the reality for a significant number of mothers within the target audience during the early phases of the campaign.

7.2.1 Antenatal Interventions

Previous research has found that almost all mothers across the United Kingdom (98%) attend antenatal check-ups during their pregnancy.[53] In comparison, just over one third (36%) had attended antenatal classes.

Further analysis of the data revealed that attendance at antenatal classes was strongly associated with the socio-economic characteristics of the mother. Mothers from managerial and professional occupations were twice as likely as mothers from routine and manual occupations to have attended antenatal classes (50% and 26% respectively). [54] Therefore, if antenatal classes are intended to be a forum for discussing feeding decisions it was likely that the target audience for this campaign would not have been present to benefit from these sessions.

That said, as explained in previous sections of this report and verified in findings from the Infant Feeding Survey, there was no difference in how mothers planned to feed their babies according to whether they had discussed feeding at their antenatal check-up or not due to the fact that feeding decisions were often made either very early in the pregnancy or only once the baby had arrived. At both of these times the influence of partners and parents was likely to be more significant than that of formal health-promotion advice and guidance.

Nonetheless, the Infant Feeding Survey did report that first-time mothers who had discussed feeding at antenatal check-ups were slightly more likely to say they had intended to breastfeed than mothers who had not discussed feeding (74% and 71% respectively). In particular, antenatal sessions which included the young women's trust network, for example sessions based around information specifically written for the grandmothers and partners, were found to be acceptable, useful and enjoyable by all participants.[55] Mothers who received this intervention

[52] Lakshman, R., Ogilvie, D. And Ong, K.K. (2009) 'Mother's experiences of bottle feeding: A systematic review of qualitative and quantitative studies', Archives of Disease in Childhood, 2009, 94:596-601
[53] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre
[54] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre
[55] Ingram, J. And Johnson, D. (2004) 'A feasibility study of an intervention to enhance family support for breastfeeding in a deprived area of Bristol', Midwifery, Volume 20, Issue 4, December 2004, 367-379

were more likely to be breastfeeding their babies at eight weeks than those mothers in the population outside the study.

Therefore if more mothers from the proposed target segment could be encouraged to attend antenatal classes this could be one route to increasing the numbers who intend to breastfeed. However, increasing attendance at antenatal classes alone is unlikely to result in the type of changes in cultural norms that need to be achieved to convert these intentions into increases in initiation and duration rates. An on-going programme of support is required, particularly post-birth to support these young women once the realities of caring for the baby start to become apparent.

7.2.2 Postnatal Interventions

Findings from the Infant Feeding Study indicated that seven in ten mothers who were breastfeeding in hospital had been shown how to put their baby to the breast in the first few days (89% of first-time mothers and 53% of mothers of later babies).[56] Mothers who had received help or advice found this most useful if the person giving guidance stayed with them until the baby had started to feed therefore demonstrating the type of intensive support required by women during this first phase of feeding.

In general, support in hospitals was rated highly. Mothers who experienced feeding problems were asked whether or not they had been given help or advice with these. While in hospital, 83% of breastfeeding mothers encountering problems received advice. [57] However, although after leaving hospital there was a similar level of support for mothers experiencing problems (88%), those mothers who did not receive postnatal support were significantly more likely to have stopped breastfeeding within the first two weeks. Nearly two-fifths (37%) of mothers who initially breastfed and who lacked help or advice with their feeding problems had stopped within two weeks compared to 25% of breastfeeding mothers who did receive help with their feeding problems.[58]

Therefore, as the proposed segment for this campaign consists of first-time mothers who are unlikely to have accessed services during their pregnancy (and therefore may not know who to turn to for advice) it is critical that support services are aware of them and a network of interventions is developed to fill this gap.

However, this will not be an easy solution. Other studies have highlighted the difficulties of introducing interventions such as peer-mentoring schemes due to the challenge of achieving first contact and then maintaining the relationship due to time constraints on the mentors and the preference for the mother to turn to parents and peers for support during these early days of child rearing.[59]

In order to counter these potential problems, the next section of the report considers a range of possible interventions which could be delivered through the *Be A Star* campaign and the reactions of the target audience to them.

[56] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre
[57] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre
[58] Bolling, K., Grant, C., Hamlyn, B. and Thornton, A. (2007) 'Infant Feeding Survey 2005', The Information Centre
[59] Murphy, C.A., Cupples, M.E., Percey, A., Halliday, H.L. and Stewart, M.C. (2008) 'Peer-mentoring for first-time mothers from areas of socio-economic disadvantage: A qualitative study within a randomised controlled trial', BMC Health Services Research 2008: 8:46

7.2.2.1 Breastfeeding Support Groups

The majority of participants welcomed the idea of inviting young mums to breastfeeding support groups, particularly as some felt that breastfeeding groups tended to cater for older mothers and therefore were seen to be perpetuating perceptions of breastfeeding only being suitable for that age group.

Therefore advertising that breastfeeding groups were attended by young mothers, or were going to have guest speakers, was seen as a method for removing some of the initial uncertainty about whether the sessions would be right for them and would encourage more young mothers to try the sessions. Making sure that the groups also focused on the practical aspects of breastfeeding rather than just talking more generally about feeding decisions was also important, however, getting the tone of the support right was also another important factor in influencing the decision of whether to attend.

"You need to be shown how to do it, not to be told how to do it." (Mum-to-be, 15-19 years, York)

Feedback on when it would be most useful to introduce the mothers-to-be to the groups was mixed due to the pressures on mothers in the lead up to the birth, however overall consensus was that the young women needed to know what services were available before the baby was born in order to be able to access them once they had the baby and had limited time for researching services and where to go for support.

"I think you should get invited in the last 2 weeks of your pregnancy to go and see the groups that are out there. Because with my first there weren't a lot of things that I could do and then when I did find out about them they were all older people." (Mum, 16 -20 years, York)

A number of the respondents thought that invitations to breastfeeding support groups should be extended to partners and the parents of the mums-to-be as well, demonstrating the importance of an inclusive approach to delivering breastfeeding support and the important role of these key influencers in the infant feeding decision.

"When you go to breastfeeding groups there should be partners there so partners are getting involved with your baby. As well as you bonding, he can bond as well...Or get your parents involved as well." (Mum, 16 -20 years, York)

There were some contradictions in the views of the young women as to where would be the most appropriate place to run these groups. Although some respondents suggested that GP surgeries and clinics would be a good place to hold support groups, the mothers who had actually attended support groups on a regular basis did so because they were held in a more relaxed, coffee-morning style environment.

"I think the NCT one is the best because it's mums that have been there. You can go and you don't feel like you can't speak, you all get together, everyone gives you really good advice, and it's a relaxed environment. You don't feel silly to ask questions." Mum-to-be, BF, 25 years, York)

"At the tots' groups the children play and the mums have a talk. You swap a lot of ideas there. I think that's the best environment, if you go to a surgery or a drop in centre, it's all quite structured." (Mum-to-be, BF, 25 years, York)

7.2.2.2 Peer-to-Peer Support

The suggestion of receiving advice from new mothers with recent experience of breastfeeding was well received. This was mainly due to the immediate support that this would offer and also because the young women felt that their peers would have more empathy with their position and be able to offer more 'real world' advice on how to deal with the practicalities of breastfeeding. This was seen as important as a number of the young women recognised that although their parents were useful sources of advice, their information could be outdated.

"You are getting feedback from mums who've actually done it because…like my mum's had 5 kids and with her first grandson she was like, what should I do, because it's been ages and they've brought new things out." (Mum, 16 -20 years, York)

Many respondents identified the first post-hospital days as crucial in establishing feeding patterns and therefore felt that if it was possible to introduce peer-to-peer support this should be available in the form of home visits or via the telephone rather than during this period.

"I think the young mums coming out to you would be good. Because in hospital you do get enough support off midwives." (Mum, 16 -20 years, York)

"If you've had someone come and show you how to do it, and they're still doing it, it will encourage you a bit to keep going." (Mum-to-be, 15-19 years, York)

However, it is important to note that for some, peer-to-peer support in hospital was their favoured approach because of reservations about letting a stranger in their house and the need for one-to-one support on the ward where sometimes the young women felt too nervous to ask for advice from busy midwives and healthcare professionals.

"You need to know how to do it there and then, not a couple of months later. You want it before you go home" (Mum-to-be, 15-19 years, York)

It was also important to the young women that the peer-support workers had the credentials to make them suitable role models for the new mother. Rather than simply being someone of their own age and background, the young women wanted to make sure that the support would be delivered by mothers with significant experience of breastfeeding who were therefore seen as 'qualified' to give advice.

"You don't want someone that's been doing it a few months coming to your house and telling you how to breastfeed. They haven't got the experience or they aren't qualified to tell you how to do it." (Mum-to-be, 15-19 years, York)

7.2.2.3 SMS Messaging

The young women recognised the value of text support lines in delivering on-going advice and guidance about breastfeeding and liked the idea of receiving tips and messages through text due to the convenience of this approach.

"It is the favourite because near enough everybody has got a mobile phone. Orange and O2 send you all sorts so if they turn around and say breastfeeding support stuff like that, I think it would be good." (Mum, 16 -20 years, York)

"It's a good idea if you've got any questions to ask or any problems." (Mum to be, 17 years, Scarborough)

"For young mums that would be quite good because a lot of young people use their phones." (Mum to be, 15-19 years, York)

However, there was recognition that texting could not replace the value of face to face and telephone support methods, particularly if the women needed immediate help or advice. Specifically in relation to the period immediately after returning home from hospital the young women were looking for reassurance and support about feeding on an on-going basis and therefore some of the women felt that SMS messages could at best be mistimed and at worst seen as putting additional pressure on a first-time mother already struggling with the challenges of breastfeeding. As such, this type of support would need to be used as part of a wider package of interventions depending on how the mother was coping.

"I think I'd rather have a phone line than a text. It might not be the right information you need at a time." (Mum to be, 15-19 years, York)

"You could get the text hours later." (Mum-to-be, 15-19 years, York)

7.2.2.4 Telephone Helpline Service

Although many respondents recognised that a 24-hour telephone helpline addressed the need for an instant response, there were concerns both about the cost of the service and also whether the person at the end of the phone would be understanding and able to help.

"It would be helpful if it was an emergency." (Mum-to-be, 15-19 years, York)

"[24 hour telephone helplines] are a bit annoying. You sit on them for hours. Then you've got to ring this number. You want to get straight to what you want." (Mum-to-be, 17 years, Scarborough)

"Is the support line free, because some people might not have internet or just have mobiles and can't use land lines. So they should make it free one for a mobile as well as landline. Not everybody uses landline. It's way too expensive." (Mum, 16 -20 years, York)

In general phone lines suffered from being associated with the poor levels of service received when using them in other areas of life (for example, in banking or shopping) and as such the young women were less pre-disposed to use this type of support for something as important as breastfeeding as they were towards the other interventions that were suggested.

7.2.2.5 Internet Blog

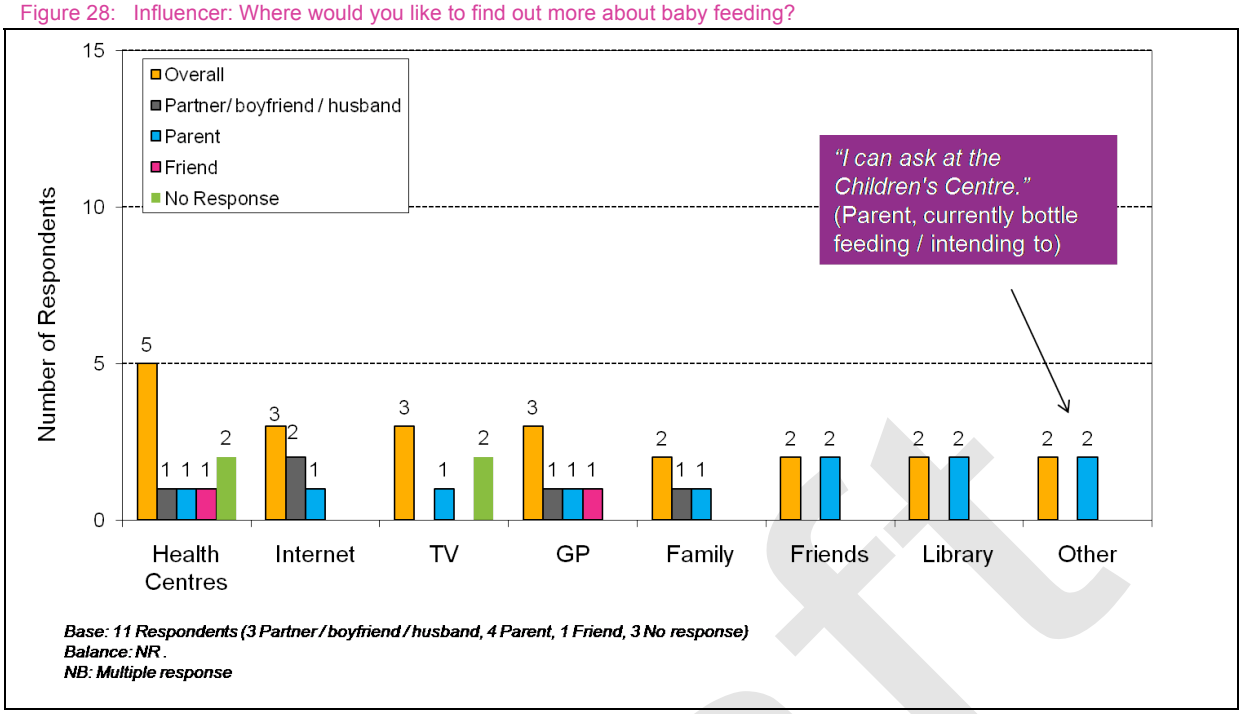
Despite the boom in internet usage and social networking sites the idea of an internet resource about breastfeeding targeted at young mothers received a mixed reception. In some cases this seemed to be driven by concerns about access with a number of the young women only able to use the web as a resource in public places such as libraries and internet cafes. Therefore, while they would be able to access such sites during pregnancy they had concerns about whether they would be able to get to a convenient venue once they had their baby.

Other concerns were about who would moderate the site. As with other open learning pages such as Wikipedia the young women recognised that without professional moderation inappropriate or incorrect advice could be posted on the site which could be harmful for the mother and the baby. Therefore while wanting a site that had clearly been developed by young mothers for young mothers, the women also wanted the site to be able to demonstrate its authenticity and be monitored to ensure that the advice was up-to-date and factually correct. There was also seen to be a need for moderation to ensure that people were contributing equally to the site and that no one person was dominating the discussions.

"That's an alright one. It gives you other people's views." (Mum-to-be, 17 years, Scarborough)

When influencers were also asked about where they would go for further information about breastfeeding the highest number of respondents stated that they would like to find out more about baby feeding at the Health Centre, with less mention of the internet, TV and GPs. Therefore, as with the young women, the influencers were looking for advice from verifiable sources and preferred the immediacy of face-to-face interaction.

Figure 28: Influencer: Where would you like to find out more about baby feeding?



7.2.2.6 Breastfeeding Friendly Venues

An overarching concern across all of the interventions was that whilst the peer-to-peer support and mixed media helplines may encourage initiation, duration rates would continue to be low for as long as the young women felt uncomfortable breastfeeding in public. Therefore running a parallel campaign to promote breastfeeding-friendly venues and make new mothers aware of such places was seen as a very useful initiative by the participants.

"Because you'd feel comfortable to do it in public if there are other women doing it." (Mum-to-be, 15-19 years, York)

Moderator: A list of places where you can breastfeed, is that useful? "Yes. A list of places of somewhere that you don't feel uncomfy." (Mum-to-be, 17 years, Scarborough)

It was felt that this could be supported by more visuals throughout the campaign that demonstrated breastfeeding in public places to help normalise the behaviour and make clear that it was an 'every day' activity appropriate for women like them.

"Make it more every day. Like if you are going out in town or café or park. Somewhere you actually are going to feed your baby." (Mum, 16 -20 years, York)

"More in public. A park or something, just so you're showing you're not ashamed to do it in public and it's natural." (Mum-to-be, 15-19 years, York)

7.3 Conclusions

Feedback from the pre-testing was overwhelming positive with the young women identifying with the campaign messages and endorsing the idea of repositioning breastfeeding as not only attractive and glamorous, but also a real skill which mothers could be proud to have achieved.

Whilst there were concerns that the wording of the campaign could be upsetting to those mothers unable to breastfeed, the majority of the respondents felt that it was important to have these bold and succinct messages and, if anything, felt that the benefit statements should be further simplified in order to grab the attention of those reading the materials.

This was seen as particularly important given the effectiveness of the way the young women were styled, as there was seen to be a danger that some of the target audience may dismiss the campaign if they believed that the images used were of real celebrities and therefore not relevant to their lifestyle decisions.

In further developing the campaign the young women were keen that the visuals and underlying messages were built on to ensure that they reflected a mother's enjoyment of breastfeeding and the emotional benefits of bonding with a child in this way. Feeling comfortable about being a mother and being able to provide the child with the best possible start in life were key values for this target audience and they wanted the visuals to reflect this, rather than be open to criticism of the women looking self-absorbed or detached from the baby.

To some extent this was also linked to the view that the mothers in the visuals needed to retain some real-world qualities. The young mothers were looking for signs that these were really women like them and therefore those images where the women were too skinny or too overdressed were not as effective as those where were easily identifiable as new mums, but new mums dressed to look their best.

Suggestions were also made for inclusion of partners and parents in the visuals to show support for the mother, as well as shooting the images in public places to reassure young mums about breastfeeding in public.

The interventions most well received were those that offered face-to-face contact with real-life mothers who had experienced the same dilemmas and difficulties as the target audience, particularly the breastfeeding support groups targeted at young mothers and peer-to-peer support.

Remote services such as SMS messaging, the telephone helpline and the internet blog were also seen as useful sources of support and information however concerns about accessibility and immediacy needed to be addressed, as did being able to verify the information received.

Whilst these suggested interventions were all seen as appropriate in terms of raising initiation rates, using the campaign to build momentum behind a movement to promote breastfeeding-friendly venues was also widely endorsed. Giving the women 'safe' places to go where they knew they would be likely to meet other breastfeeding mothers and be welcomed by members of staff was seen as an important factor in increasing duration rates.

8 Key Findings and Recommendations

This report presents the findings from a social marketing insight project undertaken by The Hub in North Yorkshire and York in June and July 2009. The research has involved healthcare professionals, young women living in York and Scarborough and their key influencers, namely their parents, partners and peers. Using a range of quantitative and qualitative research techniques the project has explored their attitudes towards breastfeeding and how this has affected their infant-feeding decisions.

The results of the research have been used to formulate a series of recommendations for the proposed social marketing campaign to ensure that the messages resonate with the target audience and breastfeeding can be successfully repositioned as an attractive and realistic option for young mothers aged 25 and under with lower socio-economic status.

8.1 Size of the Challenge

- The baseline data indicated that whilst there were high levels of breastfeeding initiation in North Yorkshire and York overall, rates were considerably lower amongst women aged 25 years old and under, and for those mothers living in the most deprived areas of the PCT.
- These trends were also replicated in terms of breastfeeding duration rates; therefore there is a clear rationale for this group of mothers to be the focus for the proposed campaign.
- Given that breastfeeding initiation and duration was lowest amongst younger mothers, wards within North Yorkshire and York that had seen rising numbers of teenage pregnancies, particularly the most deprived areas, were identified as a particular focus for the campaign.
- Healthcare professionals, the young women and the key influencers within the proposed segment all identified a strong culture of bottle feeding in the area, despite awareness of the benefits of breastfeeding and high levels of recall of general awareness-raising campaigns such as ‘breast is best’.
- The main challenge in developing a social marketing campaign to promote breastfeeding is the power of these social norms which meant that infant-feeding decisions were often taken subconsciously very early in the pregnancy.
- There were clear patterns of behaviour which had developed as a consequence of young women in these communities seeing breastfeeding as inappropriate ‘for people like them’.
- Breastfeeding was seen as the preserve of the middle classes and celebrities who had the type of lifestyles where breastfeeding was possible mainly due to their support networks and having suitable places in which to breastfeed.
- Therefore, while being aware of the benefits of breastfeeding, the young women in the proposed target segment had minimised the value of these benefits in order to maximise the attractiveness of bottle feeding and justified the decision to feed the baby in a way which they knew was not best for the child’s health and long-term development.
- This indicated the size of the challenge in implementing this campaign in terms of competing with ingrained social norms.
- Therefore, in order to reduce the scale of the challenge it is felt that targeting the campaign at first- time mothers within the target audience would be more effective and provide a more focused approach to developing the campaign.

8.2 Recommendations for Campaign Development

- Awareness and usage of services was mixed amongst respondents however in general the level of engagement was low and typically involved national organisations such as the NCT and the NBH.
- The exception to this was the services offered locally by Sure Start, which included offering support groups, materials and general advice and guidance.
- Recall of advice given by healthcare professionals was low and therefore the young women felt that they had been given little support when making antenatal feeding decisions from formal sources.
- Informal influencers had a much greater impact upon the decision-making process of the young women, particularly the mother-to-be's partner and parents and, to a lesser extent, her peers.
- The advice given by these influencers, specifically the parents, was often based upon previous experience and there was reluctance to seek out further information to supplement existing knowledge.
- Whilst this first-hand experience was one of the attractions for the young women when turning to their mothers for advice, the fact that it was often quite dated was one of its limitations and the young women recognised that it may not have been in-line with current recommendations.
- This indicated that materials designed for grandmothers and dads would need to be carefully designed to incorporate their existing knowledge whilst bringing the information up-to-date and encouraging the influencers to think differently about breastfeeding.
- To achieve this the campaign materials would need to minimise the benefits of bottle feeding and maximise the appeal of breastfeeding, based on the values attached to these feeding methods by the target audience.

Figure 29: Campaign objectives

MAXIMISE	MINIMISE
Drawbacks of bottle feeding • Concern about nutritional content • Inconvenience – sterilisation etc	**Benefits of bottle feeding** • Ability to share the feeding • Bonding opportunities for dad • Less embarrassment at feeding in public • More 'settled' baby • Confidence in amount of formula consumed
Benefits of breastfeeding • Health benefits for baby • Health benefits for mum • Increased bonding between mum and baby • Convenience	**Barriers to breastfeeding** • Embarrassment at feeding in front of others • Discomfort and physical demands • Not being seen as 'for them' • Perceived lack of support and advice

- The incentives to breastfeed needed to be reinforced within the campaign materials through easily understood messages about the health benefits of breastfeeding for both mother and child.
- These messages would need to be supported with imagery that the young women engaged with and resonated with their perceptions of attractiveness, but which did not make the 'stars' appear too stylized or too easily mistaken for real celebrities.
- The imagery and wording needed to capture the emotional response to making feeding decisions that the young women had experienced and show recognition that these mothers want to do what is best for their child and in particular want to strengthen the bond between themselves and their baby.

- The incentives to bottle feed were very powerful but could be addressed in the following ways:

    - Information on how expressing milk can allow shared responsibility for feeding;
    - Provide alternative ways for the father to engage with feeding and bond with the baby;
    - Promote breastfeeding-friendly venues where breastfeeding is not just accepted but welcomed;
    - Address the myth that bottle fed babies are more settled and especially that they establish routine patterns of feeding more quickly;
    - Reassure mothers that breastfed babies will consume what they need, thereby removing some of the concerns about measuring what food the baby has had.

- As a campaign which encapsulates many of these objectives, feedback on the *Be A Star* materials from the target audience was very positive.
- The young women involved in pretesting the campaign clearly identified with the strong, independent women portrayed in the materials and particularly welcomed the message that breastfeeding was something that young women should feel proud of.
- Due to their engagement with the imagery of the campaign, the young women also took time to read the health promotion messages and found the succinct benefit statements thought provoking, especially those surrounding the benefits for the mother.
- They also appreciated the fact that the campaign included the views of parents and partners and so provided a mechanism for encouraging their key influencers to think differently, as well repositioning breastfeeding in the eyes of the target audience themselves.
- A number of positive messages were drawn from the campaign, specifically:

    - Breastfeeding mums are stars;
    - Breastfeeding is the best for baby;
    - Breastfeeding is a natural choice, even for young mothers like them;
    - That it can help mum lose weight;
    - It is something to be proud of.

- In terms of the strength of the campaign messages the young women were pleased that the campaign was specifically targeted at young people and that the materials were designed for partners and parents as well as the mother.
- It was also noted that a strength of the campaign was not just that it raised awareness of why a young woman would want to breastfeed but that it contained practical information about how to breastfeed.
- These would need to be written in a way which appealed to the target audience and made clear that all the parties involved in raising the child had a role to play in supporting the mother in making this choice.
- However, there were some questions raised by respondents which need to be addressed in the campaign development to ensure that the messages and interventions have maximum impact.
- For some there was confusion over whether the mothers in the imagery were actually celebrities and where this was thought to be the case it stood to undermine the campaign message that breastfeeding was for young women like them.
- The other concern was whether the campaign would stigmatise young mothers who were unable to breastfeed. Therefore this needed to be treated sensitively in terms of the supporting information and how the campaign was promoted across the community as a whole.

- Going forward there were suggestions provided by the young women to maximise the appeal, relevance and impact of the campaign however, these comments primarily related to the visuals rather than the underlying message which on the whole was understood and well received.
- Suggestions for developing the visuals included:
    - Enhance the realism of the visuals in terms of making it clear that the mothers featured in the promotional materials are local women;
    - Whilst not reducing the attractiveness of the mothers there was a need to make sure that the images represented achievable glamour which would appeal to the target audience;
    - Demonstrate the bond between mother and baby, and in particular demonstrate the young woman's enjoyment of breastfeeding;
    - Reinforce the role of fathers and grandparents visually as well as within the text of materials;
    - Consider using images of the local area to 'place' the campaign and promote the message that breastfeeding in public places should be seen as normalised behaviour; and
    - If possible, show the benefits in a bullet-point format to make them easier to read and absorb.

8.3 Return on Investment

- Feedback on the proposed campaign clearly demonstrated its relevance to the target audience and its power to change previously held beliefs about breastfeeding.
- However, the campaign is not just about visuals and promotional materials, but also includes a series of suggested interventions to support the current service mix offered to young mothers.
- Whilst these services are designed to enhance existing practice they would require additional investment on behalf of the PCT.
- Therefore, the young women were also questioned on whether they would make use of such services, and whether they believed the proposed interventions would have an impact on the rates of breastfeeding initiation and duration rates.
- The interventions that were received most positively by the mums and mums to be were the face-to-face methods of breastfeeding support groups and in-home and in-hospital peer-to-peer support.
- Reactions to the text messaging, 24-hour helpline, and the internet blog were generally received less positively mainly due to concerns about accessibility, accuracy and affordability.
- However, given that the target audience are familiar with using these mediums for obtaining information on other topics, if these issues could be addressed it is likely that the *Be A Star* resources would be popular with the young women once word-of-mouth recommendations started to spread.
- Given that the campaign message was well understood and endorsed by the target segment it can be concluded that the *Be A Star* campaign has the potential to convey a range of positive messages regarding breastfeeding via the various elements of the marketing mix, reaching both the target audience and the people who have an influence over their decision.
- To maximise the effectiveness of this campaign there are a number of amendments that would enhance understanding however, overall it was seen as fit for purpose and an exciting way of repositioning breastfeeding within the communities least likely to adopt this feeding practice.
- Should NHS North Yorkshire and York decide to adopt this campaign the return on the investment would be that a group of women most in need of support to reduce health inequalities would benefit from bespoke interventions that have the potential to effect long-term behaviour change and improve the health prospects of the next generation of children in North Yorkshire and York.

9 Social Marketing Strategy Planning

Through the interrogation of the research findings, a deep understanding of what motivates and drives the target audience in North Yorkshire and York in their decision on how to feed their baby has been gained. The key barriers to breastfeeding/ triggers to bottle feeding and also what this audience considers to be the benefits of initiating and maintaining breastfeeding have been highlighted. Our initial recommendations for a Breastfeeding Initiation social marketing strategy are outlined below. These will be further developed inline with feedback from Steering Group members.

9.1 Strategic Objectives

The overall behavioural and health outcome objectives are to:

1. Increase breastfeeding initiation rates amongst 16-25 year-old mothers;
2. Support social normalising / habit-forming in breastfeeding initiation and duration;
3. Identify opportunities to improve service provision to the priority audience segments;
4. Create a shift in community (as a whole) attitudes towards breastfeeding

9.2 Overview of campaign – *Be A Star*

A cohesive *Be A Star* breastfeeding communications campaign has been developed and established for 15 PCTs across the UK and promotes breastfeeding amongst 16-25 year old young women. The *Be A Star* brand is capable of supporting campaigns targeting the core target audience of young women, whilst also reaching their influencers and the general public to begin to break down the social norms surrounding breastfeeding.

The *Be A Star* campaign has been designed to engage with our priority and secondary audience segments in order to inform, advise, build awareness, persuade and inspire them to breastfeed or be more supportive of those who choose to do so.

We have taken learning from across the UK to develop a campaign that leverages the social influences affecting our audience such as family, friends, community, culture and the media and developed a positioning strategy for the desired behaviour that is capable of stimulating word-of-mouth and peer-to-peer transmission of message.

Core messages of the *Be A Star* campaign include:

- Breastfeeding is a source of pride for family, friends, partner
- Breastfeeding is an achievement – it will make you feel confident and happy knowing you are giving your baby the best start in life
- Breastfeeding is cool/fashionable/glamorous
- No exposure is needed to breastfeed so no need to feel embarrassed
- Your family will support you and there's other ways they can bond with the baby
- There is lots of local support available to help you
- Breastfeeding is for people like 'you' (young women) or 'your partner', 'your daughter', 'your friend'

The concept, associated messages and creative execution have been pre-tested with the target audience segment in North Yorkshire and York and were well-received and understood by all.

To support the *Be A Star* communications campaign a strong service-delivery arm is essential along with internal training and engagement of key health and maternity professionals to ensure consistency across the support network. This will further reinforce buy-in and increase the sustainability of the campaign beyond the duration of the programme and reach of the project steering group.

This social marketing strategy has been developed to support NHS North Yorkshire and York's strategic objectives and incorporates recommendations for both service development and improvement and appropriate marketing communications.

9.3 Service Development and Improvement

Recommendations are made (below) on the service development/ improvement that will help create a breastfeeding culture at all levels of the community across North Yorkshire and York, with a particular focus on the pilot areas of Scarborough and York. These recommendations to service provision will enable mums and mums-to-be to feel supported and empowered in their decisions and efforts to breastfeed, whilst also speaking to their key influencers.

9.3.1 Peer-to-peer support

NHS North Yorkshire and York has outlined a plan to strengthen breastfeeding peer-support networks[60] and we know that attendance at breastfeeding classes and knowing someone who has breastfed is significantly correlated with a longer duration of breastfeeding. Peer support in North Yorkshire and York is therefore a crucial aspect to ensure continuation of breastfeeding amongst young mums.

Young women in North Yorkshire and York have a desire for positive role-models; they want to receive advice, support and practical guidance from 'people like them' and often can feel intimidated by health professionals who are older and perceived to be 'telling them what to do'. In addition, many young mums and mums-to-be can be reluctant to access face-to-face services. The reasons for this cannot be isolated, but include a lack of confidence and perceived irrelevance.

We therefore recommend that the peer-support programme considers:

- Recruiting peer supporters from the target population: i.e. young women, lower SEG.
- Making peer support available to young mums at appropriate times and places: i.e. in the hospital setting and to visit them in the home. They should be able to access support outside of daytime hours and when midwifery support is not available.
- Introducing young mums to peer supporters during antenatal stages through the personal invitation to support groups in their locality, with the intention that the peer supporter meets them, takes them into the group, introduces them to others and encourages them to re-attend.

[60] http://www.nyypct.nhs.uk/StayingHealthy/breastfeeding/LocalInitiatives.htm

- Profiling and promoting the peer supporters as individuals to highlight to young mums that it is people like them. This can be achieved through media relations and active encouragement of all peer supporters to regularly make posts on the *Be A Star* blog highlighting their own experiences and advice.
- Providing training for peer supporters with a particular focus on giving advice to young mums about:
    - managing difficulties and how to overcome them;
    - the practicalities of breastfeeding;
    - how to feed discreetly when out in public; and
    - how to tailor communication with different audience members depending what stage they are at in their decision-making process.
- A designated peer-support programme manager to establish and implement a standardised approach across the county and ensure the peer supporters have the appropriate management and guidance required.
- Peer supporters should at all times have access to healthcare professionals such as lactation consultants, midwives etc to provide relevant advice that they are not equipped to give.
- Regular attendance at support groups across the county that are targeting expectant / new parents to deliver advice on the support they can offer.
- Peer supporters should identify gaps in support services across the county that can be fed back to the PCT for development.
- Peer supporters should be actively engaged in reaching and encouraging local businesses and community venues to become Breastfeeding Friendly.

9.3.2 24-hour support

Providing 24-hour support when needed is crucial. This helps maximise the opportunity to support women in the maintenance of breastfeeding at critical points; with particular focus on the initial hours after the mother returns home from hospital. Critical points include those where breastfeeding problems often lead to the decision to stop, such as when difficulties like mastitis or thrush occur, or the baby is not feeding, sore nipples, difficulty in latching on etc. When faced with these issues some women will feel like they can't breastfeed and will give up altogether. As common breastfeeding problems can occur at any time and to anyone it is important that support is available at all times.

Whilst the National Breastfeeding Helpline can be promoted through the *Be A Star* campaign as an alternative means of support, it is not locally delivered and has restricted hours of delivery; 9.30am – 9.30pm.

As referenced above, NHS North Yorkshire and York has plans to strengthen peer support. However no dedicated helpline is currently in place. Whilst a helpline cannot replace the face-to-face support, it can work in conjunction with it should face-to-face contact not be available immediately.

A 24-hour manned telephone support line enables young women to access breastfeeding advice when they need it. This requires investment in terms of staffing, monitoring and management. We recommend establishing this telephone support either within the hospital settings (often these helplines may already be

provided on an informal basis) or providing peer supporters with mobiles to which the 24-hour support line is redirected and managing it on a rota basis.

Mobile communication is a way of life for our audience and a method that they have access to 24 hours a day. A 2-way SMS mobile communication system provides an ideal opportunity to provide motivational text support at key touch-points on a new mum's discharge from hospital. In addition, it offers an alternative method of communication for health professionals with mums by way of enabling them to text-in 24 hours a day, receive an immediate text in response, followed up with a call from a peer supporter/appropriate health worker.

9.3.3 Breastfeeding training and education

A co-ordinated partnership approach is central to the success of *Be A Star* so, prior to any concerted effort to communicate with our audience, internal training and communication is essential.

NHS North Yorkshire and York public health team has been working closely with health visitors and midwives plus other stakeholders in the area to develop this social marketing campaign to promote breastfeeding. It is important that all internal stakeholders are aware of the aims of the NHS North Yorkshire and York breastfeeding strategy and how this approach to promoting breastfeeding has been developed to support those aims.

Internal stakeholders include all those with a vested interest in the active promotion of breastfeeding within North Yorkshire and York, including representatives from health visiting, midwifery, LA, children's centres, public health, locality commissioning, peer supporters and third sector with a particular focus on 'frontline staff' who have contact with pregnant or breastfeeding women, in all NHS and local council facilities as well as the Children's Centres managed by a variety of third-sector organisations.

It is crucial that everyone working with young, pregnant and new mums across North Yorkshire and York deliver consistent advice and provide the necessary support they need. Appropriate training and education will ensure that all staff working with these young women are able to effectively support them and have the necessary skills to maximise opportunities for promoting and encouraging breastfeeding.

9.3.4 Support for Partners

Historically, maternity services have focused almost entirely on mother and child. It is clear from this and other research, however that breastfeeding may not be initiated or maintained without the support of the partner of the young woman concerned. In fact, one study has shown that the exclusion of fathers can actually lower breastfeeding rates[61].

Furthermore intervention studies that train fathers to understand the value of breast-feeding and how to help with it show positive indications that they are better able to support their partners. For example, a trial

[61] (Mullany et al, 2007).

of a two-hour pre-natal intervention with fathers resulted in 74% vs. 41% breastfeeding initiation among women whose partners that had attended the class, in comparison with the controls[62].

Dad-friendly workshops, to engage, inform and support partners, should be delivered both antenatally and postnatally. These workshops should encompass a wide range of advice on childcare skills for new/ expectant Dads, giving them a chance to ask questions and air their concerns in a relaxed setting, and also meet peers of a similar age and with their babies so they can learn first-hand the basic skills needed when caring for children. These workshops will help to build confidence in their ability to support mum and baby and arm them with the necessary information and practical skills they need to look after their baby.

By incorporating traditional male interests into the groups we can better engage with men who traditionally see support as something they don't require: for example involving them in building & developing something positive for their community e.g. activities/play areas for local children's centres, or through activities of interest, e.g. sporting activities, men's health sessions and general social activities will make them feel more at ease and help to establish a group identity.

Many Children's Centres are now developing services especially for dads, so linking into these would be advantageous. We would recommend linking into dad-specific sessions currently being held across North Yorkshire and York to deliver specific support and advice on breastfeeding.

Alternatively linking into established national groups such as The Young Fathers Initiative and The Fatherhood Institute would allow the PCT to take advantage of tried-and-tested methods of engaging this often hard-to-engage audience.

When designing services with dads in mind it is important to offer them sessions outside of working hours and be flexible to meet their needs. They also need an explicit invitation to attend a support session, as they may not currently feel breastfeeding is something they can particularly help with. They need a clear idea of what will happen at a support session, who will deliver it, who they will meet there and what they will gain from attending. We would recommend working in partnership with the healthcare professionals and the young mums in their care to encourage their partners to attend and to identify potential participants.

9.3.5 Support for Grandparents

This research study and others nationally highlight that a family history of bottle-feeding is prevalent amongst our audience group and that young women have little exposure to breastfeeding in their families. Furthermore, the influence of their mums and extended family is a key motivator in their own decisions regarding baby feeding.

Historically grandmothers (in this case, the mothers of the young mums we are targeting) who bottle-fed did so on the advice of their peers and medical staff and do not see that this method of feeding caused any disadvantages to their own children. They believe the choices they made when they had children to be the right ones and are keen to share this learning and experience with their children.

[62] (Wolfberg et al, 2004).

In order to maximise the opportunity that grandmothers present as a key influencer in our young mums' feeding decision and to overcome their perception of bottle feeding as the natural choice for their daughters, it is critical that we first engage in order to re-educate grandmothers.

The period immediately post-birth is critical for new mums in sustaining breastfeeding. It is at this time that pressures are high and at which some mums cannot gain access to the support they need. By arming grandmothers with knowledge, shared learning, hints and tips and creating the desire to support their daughter, it is possible to alleviate some of this pressure from the health professionals.

In order to facilitate this, we recommend developing a series of support sessions to be delivered antenatally both in conjunction with the mum-to-be and for the grandmothers to attend on their own.

We need to help them understand that, whilst they made the best choice available to them at the time, times have changed. Further, that there is support available for them to learn what the benefits of breastfeeding are and how they can support their children in making a more informed choice and to ideally initiate and sustain breastfeeding. A non-judgmental approach must be taken to ensure they engage with this service and crucially do not feel they did anything wrong.

Offering such workshops will provide grandmothers with a supportive forum in which to talk about their own experiences of feeding – even if this was solely bottle feeding. In this way, they can share their experience, self-analyse the positives and negatives of that decision. At this point, we have an opportunity to convey to them the benefits of breastfeeding as a healthy life-choice, the reality of breastfeeding, what the key barriers are for young mums in initiating and the role they have as a grandmother in supporting their children and grandchildren to live healthy lives.

Combining other services into these sessions, such as weaning advice, healthy eating, smoking cessation and well-woman health checks for grandmother, will provide a well-rounded support session and added incentive for them to attend the whole series. Further incentivisation could be offered in the form of reward vouchers for pampering sessions on completion of the series of workshops.

We recommend that grandmothers-to-be are identified through existing links with antenatal young women under 25 through midwives and health visitors. They should receive a personal invitation to attend the sessions and these should be outside of working hours and flexible to meet their needs. The sessions could include:

Session	Pregnancy Gestation	Workshop content
1	(15-19 weeks)	Introductory session attended by BOTH mum-to-be and Grandmother-to-be
2	(17-21 weeks)	Grandmother-to-be re-attend to share views/ experiences with other Grandmothers-to-be and learn about key barriers to breastfeeding, the importance of their support role.
3	(19-23 weeks)	Mum-to-be and Grandmothers-to-be re-attend to discuss what has been learnt and develop action plan for future
4	(21-25 weeks)	Grandmother-to-be re-attend to share views/ experiences with others and learn about weaning/ healthy eating/ smoking cessation etc
5	(23-26 weeks)	Mum-to-be and Grandmothers-to-be re-attend to discuss what has been learnt and develop action plan for future

9.3.6 Health Education in Schools

Schools are a vital deliverer of health messages and it is important that such messages are delivered consistently across North Yorkshire and York. Previous international studies indicate that lectures on health education, presented at schools, have a beneficial effect on breastfeeding knowledge, awareness and attitudes[63]. Engaging with schools to deliver consistent and on-message communication is therefore key.

We recommend working in partnership with local schools to integrate breastfeeding into the local Healthy School Programme and curriculum. Breastfeeding education can be incorporated into lessons on Social Studies, Global Studies, Health, Nutrition, Language, Arts, Home Economics, English, Math, Child Development and Family Life.

Our aim is to make students feel knowledgeable and skilful, whilst providing them with a way to reach out to the community at large to further promote breastfeeding and to break down some of the barriers that may exist which negatively influence a woman's choice regarding breastfeeding.

We understand the difficulties faced when trying to promote this message within school education and the lack of buy-in that can sometimes occur from education providers. It is therefore crucial to work in collaboration with them to develop lesson plans of relevance that they feel they are able to deliver and are willing to do so. We can work with you to develop these relationships going forward and work with the education providers to co-create appropriate lesson plans.

[63] The attitudes of primary school children to breastfeeding and the effect of health education lectures. Mahmi Fujimoril; Tassiane C. Moraisl; Eduardo L. Françall; Olegário R. de Toledolll; Adenilda C. Honório-FrançalV

9.4 Marketing communications

The nature of this campaign, combined with budget constraints indicate the need for campaign activity which is strongly PR and engagement-led, drawing on internal channels, partnership relationships and channels to support paid-for promotion; exploiting existing resources, such as Children's Centres and distribution of material by health visitors and midwives; and developing grassroots leader and peer champions to act as advocates and promoters.

9.4.1 Communications principles

- Success is where people are engaged by, and understand, the call to action and they act on it, not simply that they have been made aware;
- Communications products and activity are stimulating, inclusive, engaging, relevant, locally resonant, concise, targeted and purposeful;
- Products and activity for target segments reflect, and are appropriate to, their need and preferences;
- Products and activity for wider stakeholders will be purposeful, informative, engaging, and constructive, and will be sensitive to the risk of information overload;
- Specific measurable targets will be set.

9.4.2 Priority audience segments

The following groups should be prioritised for targeting:

Primary audience segment:

- Young women 25 and under from lower socio-economic groups and living in areas of high deprivation

Secondary audience segments:

- The influencers of the priority audience segment: partners, parents and peers;
- Young people under 16 still in education and their teachers who will act as gatekeepers of the message;
- Managers/owners of local public places/leisure facilities and other businesses;
- All professionals working with our audience groups above, particularly those in contact with our audience in relation to breastfeeding support and advice;
- General public.

Tertiary audience segments:

- Local and regional media;
- Community groups and organisations outside NHS;
- Local MPs

9.4.3 Tactical objectives

Reach

This strategy aims to provide the target segments with as many 'chances to see' and inducements to initiate, as possible – within a prescribed budget and timeframe.

It is based on an integrated campaign model, using a variety of media, channels and activity to maximise audience touch-points and dovetail with exposure to related national and regional breastfeeding activity.

Impact

The focus of the marketing and communications activity will be on:

- Engaging young mums in the concept of breastfeeding
- Promoting the positive and emotional outcomes of breastfeeding - pride, independence, confidence, achievement
- Overcoming key barriers to breastfeeding
- Motivating young mums in their decision and efforts to breastfeed
- Encouraging others to support young mums in their decision and efforts to breastfeed
- Creating community acceptance of young mums who choose to breastfeed
- Raising awareness of the issue with the target audiences and increasing understanding of why breastfeeding is best for mother and their baby

9.4.4 Recommended communications mix

In light of budgetary constraints for the development of a breastfeeding social marketing campaign, recommendations were made previously for how current budgets would allow for a small-scale *Be A Star* campaign to be implemented by NHS North Yorkshire and York.

This included:

- Brand communications

  Inclusion of 2 local 'stars' to act as brand champions for the campaign, representative of the pilot areas of Scarborough and York.
- Advertising

  Print material: tailored with relevant locality information for public display in the community: A3 posters and A6 postcards
- Digital

  Local support page and biog of each star on *Be A Star* blog www.beastar.org.uk

Based on the research insight gathered and subject to further funding being secured we are recommending a range of primary, proactive activity to be undertaken with a focus on creating interest, engaging with the primary audience, de-stigmatising the issue through new language, proactively creating opportunities for open discussion within the wider community through the media and engaging with the influencers and peers of our young mums.

The optimum recommended communications mix for this campaign now includes:

- Brand communications
- Internal communications
- Direct marketing
    - Information leaflets
    - Invitation mailers
- Advertising
    - Print
    - Broadcast
    - Ambient
- PR
    - Community acceptance
    - Media issues / handling
    - Peer champions
- Experiential marketing
- Digital
    - Blog
- Social media

These have been detailed below.

9.4.4.1 Brand communications

The *Be A Star* campaign engages with the priority audience segments in order to inform and advise, build awareness, persuade and inspire them to breastfeed and continue to breastfeed. The programme involves shifting social norms through targeted messages and images with the aim to re-position breastfeeding as something that is cool, glamorous and stylish - a statement of identity and independence: a source of pride – providing positive role-models for young women and showing them breastfeeding is 'for them'.

The visual material will feature images of real, breastfeeding young mothers from North Yorkshire and York styled in a variety of celebrity roles, whilst very visibly breastfeeding their babies, but in a way that does not expose them or cause embarrassment. The 'stars' of the campaign will be real local mums, displaying the confidence, pride and beauty that breastfeeding can bring. The key message is that, while they may look like celebrities, their real 'star quality' is in the fact they have chosen to breastfeed.

The body copy on the material displayed throughout the community will be written from the point-of-view of a parent, peer or partner, and talk with pride about the young mum's achievement. Other material, to be given directly to audience members, will be written from the point-of-view of the young girls themselves, offering encouragement and enhancing the real-life appeal of the 'stars' of the campaign.

9.4.4.2 Internal communications

We have recommended above internal training and engagement for health and maternity professionals to gain consistency in service delivery and advice across the support network. A sub-brand and dedicated

materials – '*Create A Star'* – has been developed to further reinforce buy-in and increase sustainability of the campaign beyond the duration of the programme and reach of the steering group.

- *Create A Star launch -* an internal launch event is recommended to raise awareness of the campaign throughout the entire organisation and give the programme important initial momentum. It is important that all key stakeholders and frontline staff involved in promoting breastfeeding in North Yorkshire and York are aware of your breastfeeding strategy, the new campaign, and crucially what their role is in delivering the key messages. We can support the launch with appropriate resources including: invitations, information leaflets about the campaign and the role of HPs in delivering the key messages, presentation guidance and production. It is recommended the PCT manages these events internally to maximise resources and facilities available.

- *Create A Star newsletter –* we recommend regular communication with all HCPs and those working with our young mums so they understand what's currently happening in their area, how they are helping to 'create stars' by profiling examples of best practice and success from across the county, what resources they have available to them for promoting breastfeeding.

- *Be A Star 'knowledge sharing hub' –* This is for all localities involved in the campaign to share learning and best practice, we encourage active participation in the hub and online networking through the *Be A Star* blog.

9.4.4.3 Direct marketing

Mums in North Yorkshire and York must be prepared antenatally and armed with appropriate information to support their feeding decision. We are recommending a suite of material for distribution by health visitors, midwives and anyone with direct contact with young antenatal women in the region.

- *Pregnancy Booklet -* to motivate young, expectant mums into thinking about breastfeeding early in their pregnancy. The booklet will help them to understand why breastfeeding is good for them and their baby; highlight the practicalities of breastfeeding whilst resuming 'normal' life and retaining freedom (which is of paramount importance especially amongst younger mums); dispel some breastfeeding myths and provide advice about where to go for help and support.

- *Discreet Feeding Leaflet -* to reinforce the campaign message to mums that 'breastfeeding is for people like you', showing that it is a source of pride and achievement; show young mums how to handle themselves in public in the face of negativity; and provide advice on ways to feed discreetly by holding their baby in appropriate ways and through the clothes they wear.

- *Invitation to support group -* to invite ante-natal young women to a local breastfeeding support group so they can speak to real-life mums to gain advice, understand the realities of breastfeeding and see someone doing it. Attendance at group sessions can be low amongst young women so we would recommend the women are personally invited, a *Be A Star* invitation will support MW/HV's. Incentivising women to re-attend once the baby is born should be considered.

We know from this research study and others nationally that dads and the young mum's own mum (grandmother) are a key influencer on the feeding decision. Their support is crucial in the young mum's efforts to breastfeed but these key influencers do not feel they particularly need to seek out further information. Therefore communications need to be developed in an engaging format that has been written with them in mind and focuses on the issues / barriers they perceive to supporting the young mum.

- *The Be A Star newspaper* – for expectant and new dads. The tabloid-style paper has been especially developed with dads as the primary audience and focuses on the practical issues surrounding breastfeeding, how to support the mum, other ways they can bond with their baby and how to manage difficulties.
- Through the various articles contained within the paper, dads are encouraged to play a role in the decision-making process and are armed with the necessary information to make an informed decision and also increased knowledge so they are better able to support mums.
- The paper would include interviews with local North Yorkshire and York dads to share their experiences of breastfeeding, we would also recommend interviewing local mums and featuring the North Yorkshire and York 'stars' to further reinforce the localisation of the campaign.

- *Leaflet for grandmothers* - Providing grandmother-to-be with relevant information during antenatal stages will help to engage them with the subsequent service intervention. This leaflet can also act as a secondary support mechanism for those unable or unwilling to engage with the support sessions. Providing them with advice on the benefits of breastfeeding and what their role is in supporting 'mum'.

9.4.4.4 Advertising

It is essential that levels of knowledge and awareness in relation to breastfeeding are increased – we recommend this to be undertaken via:

- *Community media* – posters and leaflets displayed throughout community venues. Key messages for the primary and secondary audience should be used throughout to promote breastfeeding and encourage community acceptance. Community ownership of the campaign should be encouraged, and key partner stakeholders should actively engage with the issue by agreeing to promote the campaign within their premises and through their owned media. For example council magazines and websites; housing association publications etc. Content should be supplied regularly throughout the campaign duration and be written for both internal and external audiences, ensuring that NHS and council staff across the board – and staff of partner groups and organisations who have contact with the primary audience – are kept fully briefed and engaged.

- *Broadcast and ambient* - A 3-month radio sponsored and outdoor advertising campaign would support the launch of the campaign within the community and create exposure with the primary, secondary and tertiary audiences. Outdoor advertising has the power to turn heads and the creativity to get people talking, it can also act as a trigger for consideration close to the point of decision making. So we would recommend targeting the outdoor campaign in areas of high traffic for antenatal young women, such as local shopping centres, particularly maternity stores and supermarkets.

9.4.4.5 PR

- *Community acceptance -* Increasing breastfeeding-friendly environments for young mums will help towards public acceptability of breastfeeding as the norm and provide them with somewhere outside the home to feed where they feel comfortable and accepted. A breastfeeding-friendly scheme should be promoted by the PCT by actively seeking out breastfeeding-friendly environments for young mums in each locality and encouraging retailers/ business owners to participate in the scheme.
- Targeted engagement of local business owners should take place in the early phases of the campaign, including a personalised letter and briefing pack. Through the active promotion of the campaign by the PCT, the *Be A Star* brand will become recognisable as a positive breastfeeding brand and instantly engage with the intended audience.
- *A breastfeeding-friendly community pack would contain:*
    - Introduction letter for owners and managers of local businesses to inform them of the scheme and provide an overview of why breastfeeding is important and what they can do to support local young mums.
    - *Be A Star* materials for display in their premises to promote their involvement with the scheme and also the *Be A Star* campaign, giving it further reach and coverage.
    - All retailers taking part in the scheme will be listed on the *Be A Star* blog – this will require regular maintenance and updating by NHS North Yorkshire and York.
    - FAQs and names/numbers of PCT staff to contact for further information.

- *Media -* Extensive media relations will allow the issue to be highlighted to the community as a whole, we would recommend partnering with a local newspaper to ensure ongoing media promotion of the issue and the involvement of the local mums who appear as 'stars' of the campaign and in the diary. It is important that women who have tried to breastfeed and failed in the past do not feel marginalised by the *Be A Star* campaign and its key messages. By informing and advising, through the media, about the realities of breastfeeding and recognising that some women do have difficulty and therefore require additional support we can seek to minimise them feeling disengaged.
- We recommend media relations to be handled by the communications team at NHS North Yorkshire and York to maximise knowledge of the local area and existing relationships with the local media. A media pack can be provided to support these efforts, highlighting the key messages of the campaign; sample media questions; press angles; information for the press regarding why breastfeeding is such an important public health issue; a history of breastfeeding in your locality; and profiles / images of the campaign 'stars'.
- We recommend call to action driven messages to encourage participation in services run by NHS North Yorkshire and York and also for local people to share their experiences on the blog.
- There is a need to further promote the peer-support service in North Yorkshire and York and profile the young mums who are delivering this service for other young mums; it would be advantageous to do so through the local media.

- *Peer champions -* Peer champions or ambassadors should be recruited across both localities, they should be fully briefed on the aims of the campaign and provided with the necessary resources and encouragement to promote the campaign to peers and to contribute to the *Be A Star* blog, and

Facebook / Bebo groups. These peer champions will include your 'stars', the girl who completes the online diary and your peer support network.

9.4.4.6 Digital

- *Be A Star blog* – The blog was created to provide breastfeeding advice and information for young mums and their support network and to make it as easy as possible for them to get involved in a growing community of breastfeeding mums - to take part in topical discussions, share tips and support other mums (and dads) with advice and experience. The PCT will have a local support page on the blog and the images and biographies of the campaign stars will be available for users to view. The blog is managed by The Hub and user-content posting monitored and reviewed. All PCTs are encouraged to regularly provide new, health-related content of interest to this audience to ensure it is kept up-to-date and an informative resource.

- *Real-life diary* – to demonstrate the real-life experiences of a young breastfeeding mum in North Yorkshire and York, the diary will seek to reinforce the message that breastfeeding is worth it, but can be challenging — "If I can do it so can you". The real-life diary would give a regular account of one local mums breastfeeding journey, 'warts and all' and would be posted on the beastar.org.uk blog. To be promoted by midwives and health visitors, as well as through the material distributed to the target audience.

9.4.4.7 Social media

- *Social networking sites* – Social media allows the *Be A Star* brand to actively engage with and be a part of an ongoing conversation with our target audiences regarding the issue of breastfeeding. For this purpose we have created Facebook and Bebo pages and actively contribute posts on Twitter. By regularly referencing other relevant content available on the *Be A Star* blog, we can keep fans returning to social networking pages and increase traffic to the blog. PCTs are encouraged to actively contribute to the creation of new topics within discussion forums.

9.4.4.8 Experiential marketing

During the lifecycle of the campaign regular opportunistic assessments should be undertaken to provide street teams and partners with briefings on 'chances to see' for the target audiences – and to actively engage organisers and providers to negotiate display space or presence. For example community events or festivals in shopping centres, community centres and schools and other activity with the region or its borders. Promotion can be supported with appropriate outdoor media including banner stands, incentives/giveaways and campaign literature.

9.4.5 Further supporting communications mix

In support of the further recommendations we have above made in relation to service development/ improvement we can work with the PCT to develop future phases of promotion:

- *Invite to support group -* We have recommend above the creation of dad-friendly workshops and support sessions for young mums to attend along with their own mums, in support of these specific invitations would be required to encourage each of these unique target group of influencers to attend.

- *Support group toolkit -* It is essential that the information provided during these support sessions is given in an engaging and relevant way that will tie-into the *Be A Star* message, we would recommend producing a tool-kit of information for dads, grandmothers and expectant mums to take away from these sessions. This will also serve as a guide for those delivering the sessions to ensure the key messages are delivered. We would work with NHS North Yorkshire and York and the relevant service deliverers to develop these tool-kits.

- *Vox pops –* We recommend producing and filming a series of vox-pops featuring the North Yorkshire and York stars, peer supporters and other health professionals on a range of breastfeeding issues that our young mums highlight as being barriers to initiating e.g.; how to feed properly; how to feed discretely in public; what to do when they encounter difficulties. These would be featured on the *Be A Star* blog and available for download to mobile phones so young mums could take the short videos out and about with them to refer to at times of need. Using online/networked video would provide our young mums with an informal learning platform and facilitate the peer-to-peer exchange of experience and know-how whilst seeking to alleviate their fears of embarrassment when out and about with a young baby and ultimately prevent them feeling isolated in the home.
- The vox pops could also be featured on a DVD for healthcare professionals to give out to young women in the antenatal stages, providing further support to them when advising young women.

- *Maximising opportunities via schools 1: co-creation of lesson plans -* To engage young people through the co-creation of appropriate lesson plans in conjunction with local education providers to seek to incorporate Breastfeeding education into lessons, for example: Social Studies, Global Studies, Health, Nutrition, Language, Arts, Home Economics, English, Maths, Child Development and Family Life.

- *Maximising opportunities via schools 2: schools competition -* An alternative method of engaging young people with the issue would be to run a mini-competition, inviting teams from local schools in the area to compete for the chance to produce, direct and star in their own short film to explore the negative influence the media has on people's perceptions of breastfeeding, compounded by such programmes as Extraordinary Breastfeeding (C4) and Little Britain.
- By introducing them to young mums they can see first-hand the challenges faced by them, they would be encouraged to seek the views of their peers and the community in relation to

breastfeeding and social stigma. This in turn will empower them to form their own opinions rather than learning from parents or being told what to do by officials. Armed with the right information and mentored appropriately these students will hopefully develop positive attitudes related to breastfeeding and influence others to be more accepting of it in their peer groups and communities.

- We can work with you to identify and establish relationships with appropriate media providers who will help to develop and produce the appropriate finished film. This may include a link-up with local businesses to act as sponsors.
- The Hub would develop the competition theme and make appropriate recommendations for promoting it throughout North Yorkshire and York. In conjunction with the PCT we would also manage the implementation. The final film would be featured on the *Be A Star* blog and distributed to local schools.

Appendix One: Methodology

- A combination of research methods were used in this project including an assessment of baseline data, qualitative and quantitative research. Research was undertaken with the target audience (mums and mums to be aged 25 years and under) and with key influencers including partners, grandparents and friends.

Healthcare Professionals Insight and Baseline Data

- To set the context for the primary research the Hub undertook an analysis of data gathered by NHS North Yorkshire and York to assess current feeding behaviours. Where detailed information was available (i.e. information broken down by age and location) this has been analysed. More detailed information was available for Scarborough than for York.

- The information provided and analysed was as follows:
    - Number of maternities in North Yorkshire and York for all ages;
    - Number and percentage initiating breastfeeding in North Yorkshire and York;
    - Number of maternities in Scarborough analysed by those aged 25 years and under and those aged 26 years and above;
    - Breastfeeding initiation rates in Scarborough analysed by those aged 25 years and under and those aged 26 years and above;
    - Duration rates at 10 days in Scarborough analysed by those aged 25 years and under and those aged 26 years and above;
    - Duration rates at 10 days in Scarborough analysed by area.

- Baseline measures were important to provide a benchmark to identify changes in behaviour and to evaluate the effectiveness of future campaigns and interventions. Figures for maternities, initiation rates and duration rates should be collected throughout the campaign period to allow an evaluation to be conducted. It will be important that processes are put in place to allow collection of this data going forward.

- In addition, healthcare professionals were consulted during the inception meeting to learn more about the local context.

Qualitative Research

- Two qualitative research methods were used in this research project.

- Focus groups were held with mums, mums-to-be, partners and grandparents to explore the creative routes, with street intercepts used to gain insight from a range of mums, mums-to-be, parents and partners about attitudes and behaviour regarding baby-feeding methods and awareness of breastfeeding services.

Focus Groups

- Focus groups were held at pre-existing groups in York and Scarborough. Two groups were held in York and one group in Scarborough. The leaders of the groups encouraged women to attend the sessions and their participation was incentivised.
    - Group 1: York. 4 new mums aged between 16 and 20 years old.
    - Group 2: York. 5 mums-to-be aged between 15 and 19 years old and 4 partners.
    - Group 3: Scarborough. 3 mums-to-be aged 17.

Street Intercepts

- Street intercepts were conducted in York and Scarborough in main thoroughfares where there was a high footfall. Interviewers spent time in York and Scarborough gathering the views of new mums, mums- to-be and their partners and parents. In total, 39 short qualitative interviews were conducted.

Figure 30: Number of intercept interviews undertaken

	New mum	Mum to be	Grandparent	Partner
York	**8**	**6**	**3**	**4**
Scarborough	5	**6**	**4**	**3**
Segment Total	**13**	**12**	**7**	**7**
Total				**39**

Quantitative Research Methodology and Sample

- Quantitative self-completion questionnaires were used to gauge awareness and usage of breastfeeding support services and attitudes towards breastfeeding and bottle feeding. NHS North Yorkshire and York provided The Hub with a list of health visitors, children's centres, midwives and community midwives in York and Scarborough to which questionnaires were dispatched. Three types of questionnaire were distributed: a questionnaire for new mums, one for mums-to-be and a questionnaire for partners, parents and friends.

- As the key target for the future campaign will be mums and mums-to-be 25 years old and under, the respondents outside this age bracket were excluded from the sample. In total 71 completed questionnaires were returned:
    - 43 mums;
    - 13 mums-to-be;
    - 4 partners / boyfriends / husbands;
    - 6 parents;
    - 2 friends;

- 3 influencers who did not identify their relationship to the mum or mum-to-be.

- Just over half (57%) of all mums and mums-to-be were aged 19 years old and under. Mums-to-be and mums who fell into this age group were most likely to be bottle feeding or intending to with around 1 in 10 likely to be breastfeeding or intending to and slightly less were predisposed to be mixed feeding or intending to (7%).

- Of the older respondents (20-25 years), there was a similar picture regarding the chosen method of feeding; the largest proportion of older respondents were currently bottle feeding or intending to, while again, less were breast feeding or intending to or planned to be mixed feeding or intending to (7% and 5% respectively).

- Of the influencers interviewed, six of the respondents were parents of mums-to-be and mum, four were partners/boyfriends or husbands, two were friends and three respondents did not identify their relationship.

Figure 31: Influencers: Relationship to mother or mother-to-be