



**An Investigation into the Key Drivers of Breastfeeding**

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## Breastfeeding behaviour

- Breastfeeding levels in Australia are well below WHO recommended duration of 2 years and NHMRC breastfeeding target - 80% of babies breastfed at 6 months (WHO 2001; NHMRC 2003)
- Only 48% of babies in Australia receiving any breastmilk at 6 months (ABS 2006; WHO2001)
- Prompted Federal Government focus with the release of the Australian Breastfeeding Strategy 2010-2015
- Social marketing is interested in breastfeeding as education only campaigns have failed to increase breastfeeding behaviours (Kramer *et al.* 2001; McInnes *et al.* 2000; Su *et al.* 2007)
- Women know it is good for their baby to be breastfed but other barriers prevent them from breastfeeding (ABA 2008; Dennis 1999)

## Typical approaches to the problem

- Organisations, governments and health professionals typically use awareness/knowledge campaigns to increase breastfeeding rates
- Promote breastfeeding as a simple “doable” behaviour
- Present a ‘rosy image’ that denies the challenges



## Typical approaches to the problem

- Why hasn't this achieved the target rates?
  - Usual approaches:
    - Adopt an education based approach to the problem. MOA Model (Rothschild 1999) indicates that education is only appropriate where knowledge or awareness levels are low
    - Baby-oriented, position breastfeeding as easy and often induces guilt – inconsistent with women's experiences (Horswill 2009)
  - Consumer responses range from irritation to outrage

**Courier Mail**  
“Fed up with breastfeed Nazis”

Women who have just given birth do not need the extra stress placed on them by this taxpayer-funded campaign. I will not be made to feel guilty by the Government for something I decided as a parent was best for my child.

## Overcoming Barriers

- Barriers to breastfeeding are shown to be socially and personally oriented (Dennis 2009)
- Prior breastfeeding research indicates that using an education approach has limited success (McInnes 2000)
- Research offers evidence that emotions impact intentions to perform a behaviour (Perugini & Bagozzi 2001)
- Social support has also been found to increase breastfeeding rates (Ingram, Rosser & Jackson 2004)

## Social support



- Social support refers to roles performed for an individual by significant others (Thoits 1985)
- A key aspect of social support rests in its positive emotional functions (Ingram, Rosser & Jackson 2004)
- **What we know:** Attitudes and subjective norms (what others think) influences breastfeeding intentions, and these intentions predict behaviour.
- **The Gap:** we don't know what role factors such as social support and emotions play in influencing intentions to breastfeed and behaviour compared with attitudes and subjective norms.
- **RQ:** What are the key drivers for longer breastfeeding duration?

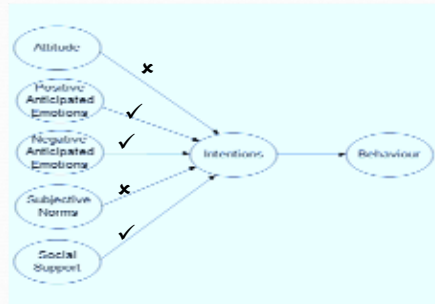
## Method

- An online survey was used
- Convenience sample of 405 Australian women
  - Sample characteristics:
    - Average age 31.7 years
    - 57.1% university education
    - 75.9% currently breastfeeding
- Snowballing technique to recruit participants
- Structural equation modelling was used for analysis
- **Measures:** Model of Goal Directed behaviour variables: attitude, subjective norms, positive and negative anticipated emotions, social support, intentions and behaviour (Ajzen 1991; Perugini & Bagozzi 2001; East *et al.* 2005)

## Results

- Intentions:  $r^2 = .35$
- Behaviour:  $r^2 = .76$
- Goodness of fit of the structural model
  - RMSEA = .04
  - CFI = .99

## Results



IV	Intentions	Significance
Positive anticipated emotions	.14	$P < .01$
Negative anticipated emotions	.16	$P < .001$
Social support	.38	$P < .001$
Attitude	-.03	ns
Subjective norms	.03	ns

## Discussion

- Findings consistent with current research on the role of emotions and social support on intentions and behaviour (Perugini & Bagozzi 2001; Lin *et al.* 2006)
- Emotions and social support have a more important impact for complex emotional behaviours than attitude and subjective norms.
- Emotional states have distinct influences on decision making that tend to be neglected
- These emotional states and their decision making preferences may influence actual breastfeeding duration to varying degrees
- The strong relationship between negative emotions and breastfeeding intentions demonstrates that women want to avoid feeling emotions such as guilt, sadness and anger when making breastfeeding decisions

## Conclusions

- Evidence to contradict more rational approaches to social behaviour change
- An approach considering emotions and personal social support allows greater understanding of barriers
- If barriers are addressed well, could reduce the costs associated with behaviour adoption
- Breastfeeding more likely to be adopted when consumer has an emotional attachment, and believes they have personal social support of their adoption of the behaviour



## Implications

- When emotions are a core driver of behaviour change, the reliance on cognitive variables and the use of awareness/education campaigns are likely to be unsuccessful
- Social support strategies that include personal connections with friends and fathers should be developed for social marketing programs
  - The use of social media may be a useful way of engaging with large groups of people in a personal way
- Programs should highlight the importance of emotional and physical support for breastfeeding that others can provide



