R&S

Responsibility and Sustainability
Socioeconomic, political and legal issues (ISSN: 2340-5813)
Vol 2(1), pp: 25-33 *Original article*
Received: 23 September 2013 / Accepted: 16 October 2013

PROMOTING BREASTFEEDING THROUGH THE ANALYSIS OF THE MOTIVES AND BARRIERS OF THE TARGET AUDIENCE

Gonzalo Díaz-Meneses *(University of Las Palmas de Gran Canaria, Spain)* ✉
Ignacio Luri-Rodríguez *(University of Las Palmas de Gran Canaria, Spain)*

Abstract:

Despite the well-known beneficial effects of breastfeeding on children's health, there are always threatening alternatives over this desired mothers' conduct. Due to that reason this paper set out the objective of promoting this behaviour from the understanding the target audience and their motives towards breastfeeding in comparison to the barriers and competing inhibitors.

The study was carried out using data gathered from the maternal hospital at Las Palmas de Gran Canaria (Spain) and is based upon qualitative focus groups. Once the data analysis was completed, specific actions were suggested in order to reinforce the behaviour of breastfeeding mothers in opposition to that of users of bottled milk and reluctant audience.

Keywords: *breastfeeding*; *targeting*; *promotion*; *barriers*; *motives*

PROMOCIÓN DE LA LACTANCIA MATERNA MEDIANTE EL ANÁLISIS DE LOS MOTIVACIONES Y BARRERAS DEL PÚBLICO OBJETIVO

Resumen:

Pese a los bien conocidos efectos beneficiosos de la lactancia materna sobre la salud de los niños, siempre hay alternativas que amenazan la conducta deseada por las madres. Por tal razón este trabajo se fijó como objetivo promocionar esta conducta a partir de la comprensión del público objetivo y sus motivaciones hacia la lactancia en comparación con las barreras e inhibidores que compiten con ellas.

El estudio fue llevado a cabo utilizando datos recogidos en el hospital materno de Las Palmas de Gran Canaria (España) y se basó en grupos de discusión cualitativos. Una vez que el análisis de los datos fue completado, se sugirieron acciones específicas para reforzar la conducta de las madres lactantes frente a la de las usuarias de leche embotellada y la audiencia renuente.

Palabras clave: *lactancia materna*; *selección de objetivos*; *promoción*; *barreras*; *motivos*

✉ Faculty of Economy, Business and Tourism (University of Las Palmas de Gran Canaria), Campus Universitario de Tafira 35017-Las Palmas de Gran Canaria (Spain)
e-mail: *gdiaz@dede.ulpgc.es*

1. Introduction

Generally speaking –even when perhaps it sounds arrogant– although people don't know what they need, they normally would express their wants and desires to some extent if they were asked. This is one reason why social marketing is needed to work on breastfeeding and other social issues. In other words, a key task for social marketers consists of figuring out people's needs so that policies are implemented based upon this targeted understanding and thus the main audience can be fully satisfied. Be that as it may, no doubt targeting is an essential task to be carried out by policy makers.

So far it is clear that a specific objective of this paper has been reaching a deep understanding of the breastfeeding target audience, plus the competitors' motivations of bottled milk mothers by analysing its volitions and finally identifying the barriers or inhibitors to breastfeeding. Once this objective has been developed, the second one to be sent out is putting forward practical implications to promote breastfeeding within three lines of actions. These actions refer to each of the afore mentioned analytical approaches and under the three following strategies: actions based upon the main breastfeeding mothers audience analysis to increase the loyalty of the desired conduct, actions to benchmark bottled milk founded on the analysis of the bottled milk target or competing non-desired behaviour related to formula milk and actions to overcome barriers or inhibitors grounded in the analysis of the negative motivation associated with breastfeeding

2. Methodology

The first phase of the methodology comprised in-depth interviews and focus groups whose end objective was the construction of the scales to be included on the questionnaire and to raise the main topics of discussion regarding breastfeeding, formula milk and barriers to breastfeeding. That qualitative phase as followed by a quantitative phase to draw up the questionnaire and this work used a sample of 311 breastfeeding mothers. The sample was selected at random from the maternal hospital of the city of Las Palmas de Gran Canaria (Las Palmas de Gran Canaria Maternity Hospital), with proportional stratification according to the size of each status in terms of social class and age. The fieldwork took place in the Hospital and in five of the city's Family Medical Centres in Autumn, 2008. The field work of this research was completed thanks to the work of two research interns and three nurses at the Maternity Hospital, as well as that of volunteers from the Association of Breastfeeding Mothers.

3. Target analysis

Targeting breastfeeding is giving insight into mother's needs by focusing on their wants and thus being able to formulate the most appropriate treatments from the point of view of needs. To be specific, targeting leads social marketers to raise three primary questions: what needs and wants do they have? Who are they socio-demographically speaking? And finally what treatments should be implemented considering these needs and wants? After finding out these questions and with the aim of delimitating the main audience, social marketers should analyse some stakeholders like competitors and reluctant audience.

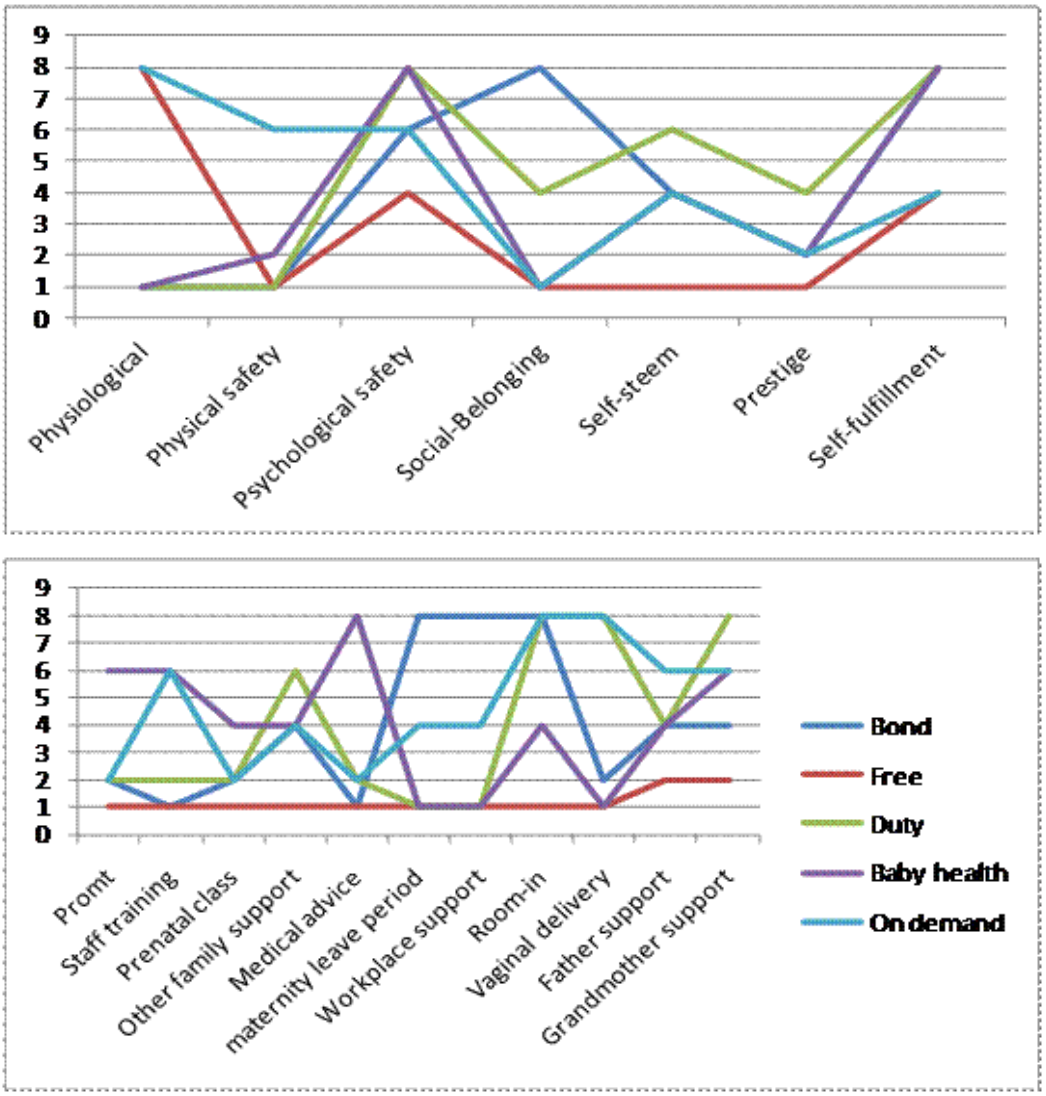
3.1. Targeting for breastfeeding mothers

Clearly there are several reasons or motives to breastfeed and each of them stem from different needs. However, as Figure 1 illustrates, the most active need seems to be the need of psychological safety given that mothers breastfeed as a means of accomplishing what they consider to be a significant duty and a way of looking after the health of their children. These two reasons are accompanied by the desire to respond to their baby on demand and to build a tight bond with their children. Finally, the economic motive can be traced to this need (Humphreys et al. 1998; Haslam et al. 2003; McKinley and Hyde 2004; Rubio et al. 2005).

In addition, another important need is physiological since breastfeeding on demand in the most economical way possible is rooted strongly in this instinctual need (Huffman 1984; Miltra et al. 2004).

By contrast, it's important to state that the less active need is prestige or reputation. Needless to say a breastfeeding mother's endeavour doesn't principally rest on their physical safety either (Huang et al. 2004).

Figure 1. Needs & motives links and motives & policies links in breastfeeding mother's target



As it can be observed in the second half of Figure 1, the most interconnected treatments with mothers wants is room in and the support of the partner and grandmother. Furthermore, it should be pointed out work place support is essential for suiting all mothers wants with the exception of the economic motive, although the duration of the maternity leave is only relevant from the point of view of the bond between mothers and babies.

Other key policies which live up to breastfeeding mother's expectations are related to other family member support such as aunts, hospital staff training and medical advice. Finally, prompt messages and prenatal classes are quite holistic at satisfying breastfeeding mothers due to the fact they link with nearly all motives, although with a minor level of connection intensity (Hoyer and Pokorn 1998; Susin et al. 1999).

Another step to be taken forward in targeting should describe not only the socio-demographic features but also the situational characteristics of the main audience (Griffiths et al. 2005). The importance of this rests on the fact that understanding our target is a necessary condition in dealing with mothers comprehensively but it isn't a sufficient enough condition to impact effectively and efficiently from a practical point of view.

Hence Table 1 gathers some information about socio-demographic and situational characteristics (Tarrant et al. 2002; Leung et al. 2003; Kruse et al. 2005).

Table 1. Socio-demographic profile & situational characteristics of breastfeeding mothers

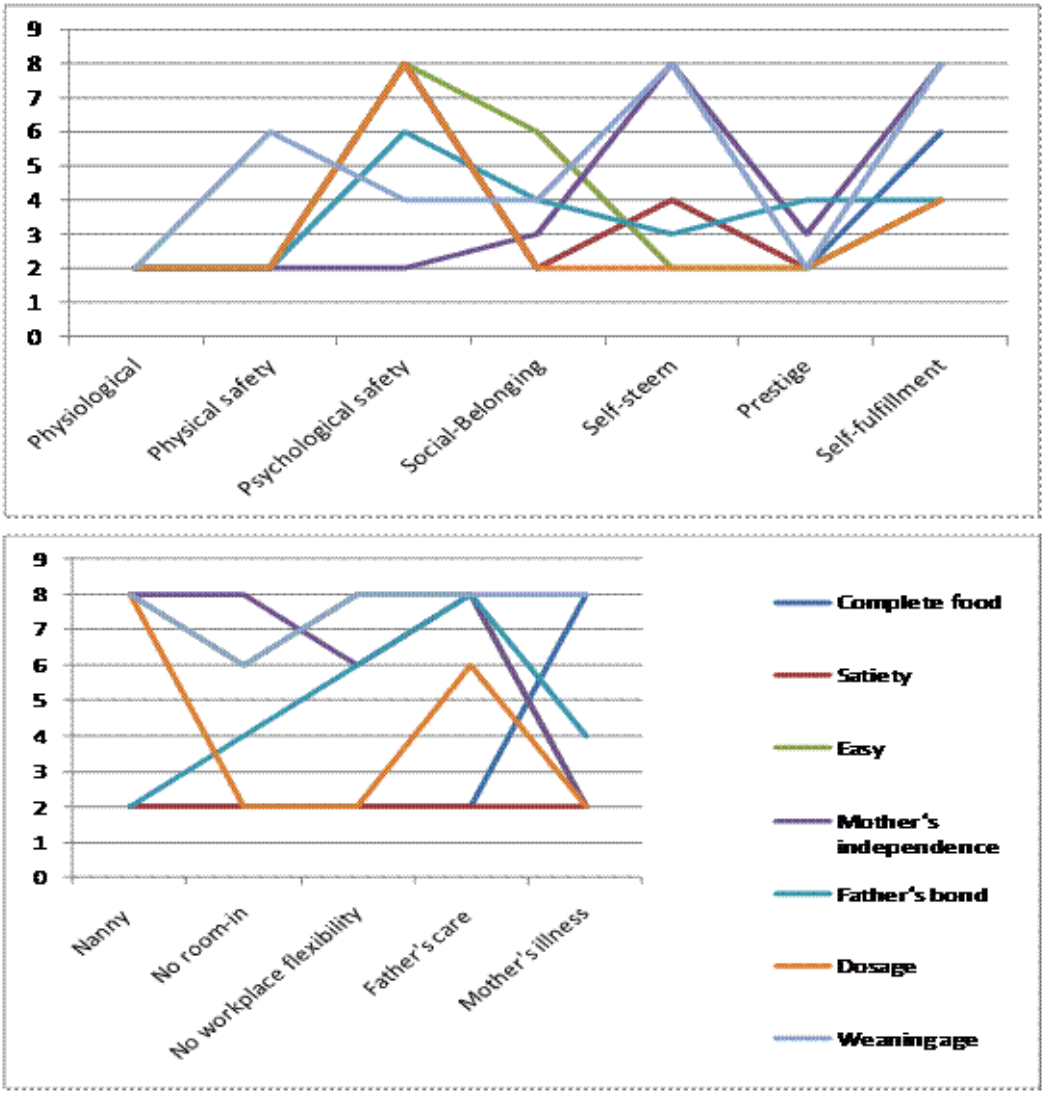
Age: >17-<18 (3.5%), >19<25 (13.5%), >26<30 (28.5%), >31<35 (34%), >36>40 (18.1%), >41>45 (2.1%), >46 (0.3%); Education: No education (1.7%), Primary (34.4%), Secondary (31.6%), Graduate (17%), Postgraduate (15.3%); Occupation: Yes (66.3%), No (33.7%); Income: <6.000€ (3.8%), >6.000€<18.000€ (27.1%), >18.000€<30.000€ (43.1%), >30.000€<42.000€ (16.3%), >42.000€<54.000€ (7.3%), >54.000€ (2.4%); Location: Urban (86.5%), Rural (13.5%); Married: Yes (85%), No (15%); Children's number: 0 (30%), 1 (50%), >1(20%).
Workplace flexibility: Yes (60%), No (40%); Vaginal delivery: Yes (55%), No (45%); Nipple problems: Yes (20%), No (80%); Breast problems: Yes (15%), No (85%); Prenatal class: Yes (40%), No (60%); Stress: Yes (25%), No (75%); Nanny: Yes (30%), No (70%).

3.2. Competitive analysis: targeting for formula milk mothers

Why don't you breastfeed your baby? When a social marketer raises this question, mothers give several answers and all of them regard competition from the marketing approach. Maybe it's hard to say but formula milk suits mothers needs quite well since all their treatment attributes match with the mother's motives.

In general, as it can be seen in Figure 2, women withdraw breastfeeding when they think their children are at the weaning age and this is the main reason why they make the decision to feed them with bottled milk. In this sense, it can be stated that five or six months after birth the vast majority of women perceive their babies as able to eat a wider range of food and then they give up breastfeeding as a rule.

Figure 2. Needs & motives links and motives & policies links in formula milk mother's target



Then formula milk competes successfully with breastfeeding and lives up to mother's expectations in a variety of ways with psychological safety and self-esteem as the key active needs for a wide range of motives as ensure the exact dosage easily and the mothers independence, respectively.

Another significant motive in using formula milk is to guarantee convenience by the easy advantage assimilated into this artificial way of feeding which is put in motion by the psychological safety need. Nevertheless, as opposed to breastfeeding, formula milk doesn't meet the physiological and the prestige needs in the sense that there is no reason or motive strong enough to give up breastfeeding evocating these levels of needs (Nagy et al. 2001; Peters et al. 2006).

The lack of room in and work flexibility as well as some mother's health problems are catalysts for inducing the adoption of formula milk and for the most part they consist of originators associated with formula milk. Other facilitators are the presence of a nanny and the advantage of facilitating direct partner participation as soon as mothers withdraw breastfeeding (Scott et al. 2001; Stewart-Knox et al. 2003; Pechlivani et al. 2005).

Furthermore a breastfeeding competitor analysis should investigate the beliefs of mothers using formula milk in order to make comparisons between breastfeeding and bottle milk positioning. In fact *positioning* is the matter of competing beliefs toward breastfeeding and formula milk held by the target audience and these cognitions can be represented by perceptual maps to identify the competitor advantages.

As Figure 3 shows, despite the fact that women recognise the same differences in appearance from scratch, there are significant advantages in breastfeeding beliefs over formula milk as cheap, healthy, know-how difficulties, time spent and feelings of comfort.

By contrast, formula milk provides more perceived value to women with respect to information due to the fact that this artificial way of baby feeding seems better communicated and covered by several sources of information and then mothers feel themselves becoming more aware of it. Similarly, there is a slight difference in father distance in the sense that mothers believe they can help to initiate the bond between father and baby through feeding with formula milk. Finally, breastfeeding could have a minor positioning advantage since breastfeeding mothers are seen as a little less hypochondriac and with better appearance than formula milk mothers.

In addition, as it is important to profile socio-demographically this uncommitted and informed competing stakeholder, formula milk mothers are characterised as being between 26 and 30 years old with an absence of mothers between 31 and 40 years of age, more likely living in rural areas and working in cities. Likewise Table 2 provides some situational features.

Figure 3. Competing positioning for breastfeeding versus formula milk

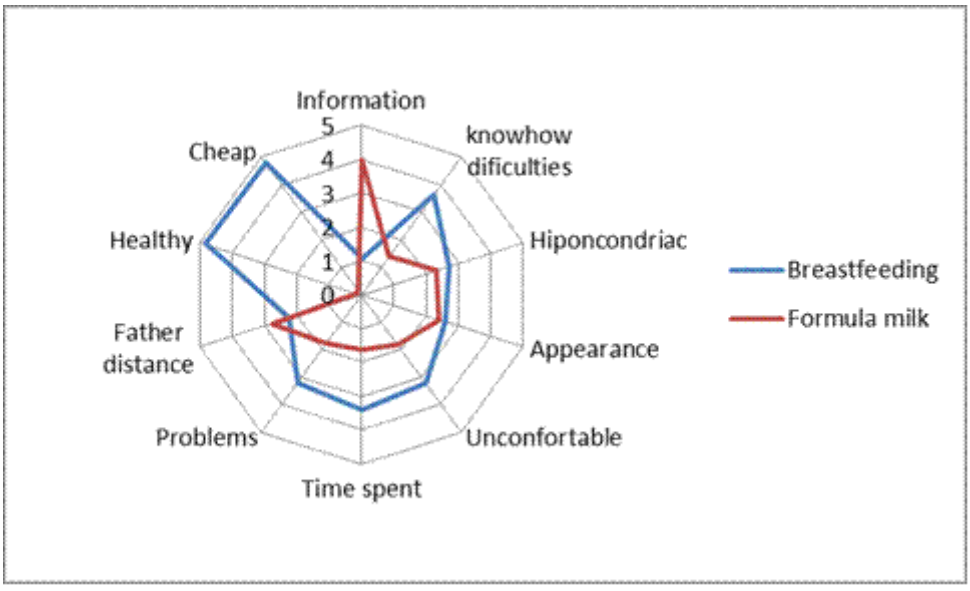


Table 2. Situational characteristics of formula milk mothers

Workplace flexibility: Yes (20%), No (80%); Vaginal delivery: Yes (30%), No (70%); Nipple problems: Yes (65%), No (35%); Breast problems: Yes (70%), No (30%); Prenatal class: Yes (20%), No (80%); Stress: Yes (55%), No (45%); Nanny: Yes (70%), No (30%).

3.3. Targeting for reluctant mothers

Another question to be formulated by social marketers refers to existing barriers to breastfeeding and it points to a special form of non-direct competition given that this unwilling posture suits mothers needs as well. In this case the question to be raised is the following: *why are you opposed to breastfeeding?*

Perhaps it's harder to say but some mothers are reluctant to breastfeed and they might put up obstacles to successful development of a social marketing plan. For this purpose, the study of mother's negative or averse motivation is a key to designing effective social marketing plans (Cardenas and Major 2005; Katute et al. 2005).

In Figure 4 databases lay out reluctant mothers' motivation and it demonstrates their volition is well distributed given that all needs levels are active from physiological to self-fulfilment and this is the reason that there is a wide psychological variety of barriers to breastfeeding. To be specific, the inhibitors are sexual taboo, concerns about keeping the baby effectively satisfied, infant's behaviour related to restless responses and other opposed baby manners, social isolation felt by mothers due to breastfeeding, painful sensations and illness provoked by or accompanying the desired behaviour. Moreover there are some measures with a negative effect on breastfeeding such as suffering a caesarean, no room in, housing instability, late breastfeeding, life stress, pacifiers, premature birth and inappropriate nanny interventions (Marquis et al. 1998; Hofvander 2003; Callen et al. 2005).

This "reluctant" segment comprises younger mothers who are 17 or 18 years of age and without gainful employment. Besides, in Table 3, situational features of opposed mothers are laid out (Taylor et al. 2003).

Figure 4. Needs & motives links and motives & policies links in breastfeeding reluctant mothers target

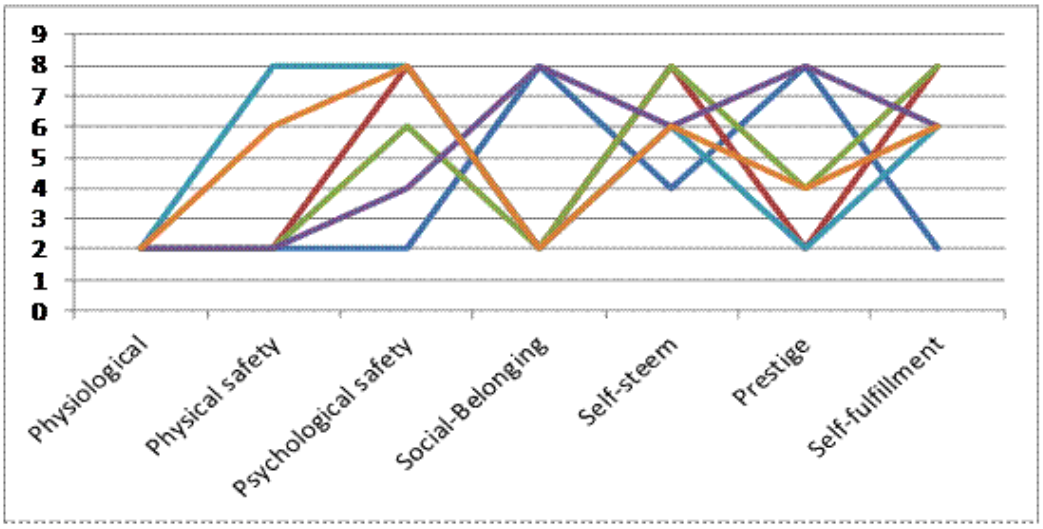


Table 3. Situational characteristics of reluctant mothers

Workplace flexibility: Yes (20%), No (80%); Vaginal delivery: Yes (30%), No (70%); Nipple problems: Yes (55%), No (45%); Breast problems: Yes (55%), No (45%); Prenatal class: Yes (15%), No (85%); Stress: Yes (55%), No (45%); Nanny: Yes (70%), No (30%).

5. Discussion and conclusions

By identifying good connections between treatments and motives, a social marketer might check how a mother's desire is attended to by policy makers. In addition, it's important to point to which need is influencing each motive by means of taking into account the specific relationship established between needs and motives. Based on all of this as it is laid out in Figure 1, practical implications might be suggested so that the social marketer puts forward actions to enrich well connected treatments considering the generated motives and their originating and corresponding need.

Similarly, as it is presented in Table 1, a social marketer should be aware of where, when and who its target is in terms of socio-demographic and situational characteristics. Finally, a social marketer needs to consider the level of agreement and involvement with breastfeeding in the breastfeeding mothers' target so that the implemented techniques can optimise its application (DiGirolamo et al. 2001).

On the above basis, the following actions are proposed:

- As long as social influence and information are key variables to breastfeeding, grandmothers and mothers' partners who obviously belong to the same breastfeeding mothers' social circle might play a blockleader role in affective persuasion. This blockleader is called for providing emotional support and information related to medical staff expertise.

- Prompting messages should be spread throughout the hospital in the form of stickers to be taken back to mother's homes. The hospital prompt might remind the importance of practicing breastfeeding on demand. These stickers' messages might help to remind mothers of information related to how healthy, how cheap and how important breastfeeding is for the baby's development at home.

- As work support policies are very influential, social marketers might set out objectives to be accomplished by the companies which mothers work for in order to maintain the desired conduct within this work atmosphere. To fix the objective levels, social marketers might weight them depending on the age and education intervals described above so that objectives can be challenging.

- Taking into account breastfeeding connected with internal motives like duty and bond the mothers might be called for signing a symbolic letter of commitment whose words should evoke these intrinsic values. In this sense, the social marketer would be demanding internal coherence and consistency.

With regard to the competition analysis, what should be done is benchmarking the treatment implemented by bottled milk so that it develops a much better way to meet mothers' reasons. Of course, any action needs to take into account the active need related to each motive connected to each treatment so that the social marketer can understand the competing adoption process. To target bottled milk mothers it's important to consider the socio-demographic and situational features. Finally and in order to attract the bottle milk mothers, consequent techniques should be put forward as following:

- Raffles might be organised for the partner with direct supporting participation on mother's breastfeeding responses. In fact, there is a slight difference in father emotional distance perceptions between breastfeeding partner and formula milk partner according to the positioning analysis.

- Lotteries might be organised among mothers who are able to sustain breastfeeding until the weaning age, mainly where there are more people between 26 and 30 years old in rural areas and working in cities.

- Peripheral routes of persuasion should be implemented to highlight the importance of breastfeeding and to defend one position against commercials by private companies so that the value of being independent from profit marketing campaigns can be appreciated. These peripheral routes of approach should be as highly diversified as possible given that formula milk information is predominant according to mothers positioning analysis.

- Feedback on child development in terms of weight and size is very important to make mothers more confident about the exact dosage provided. Then it should be recommended that mothers have measuring instruments or devises to check these issues in their babies at home.

- As bottled milk is less prestigious than breastfeeding, social marketing might take advantage of this competitors' Achilles heel by pointing to non- breastfeeding mothers in public policy.

On the other hand, barriers must be overcome and thus the desired conduct can be carried out by neutralising inhibitors and as long as social marketers can work out negative motives and treatments. To be specific, the measures to be implemented are the following:

- Some facilities are essential to breastfeeding in the context of sexual taboos and circumstances of social isolation such as setting up breastfeeding spaces in public places like big stores, parks and path.

- The Retirement technique or putting back reinforcements can be useful until this young mother makes the decision to breastfeed. For instance, by stopping additional state benefits, maternity leave and other extra conditions.

- The foot in the door and the door in the face techniques should be implemented on girls between 17 and 18 years old since they are more likely reluctant or opposed to breastfeeding. It is known these techniques are nearly the only ones with positive results on this target.

- Courses and training support facilities should be delivered to mothers with restless babies so that they learn relaxation exercises not only for themselves but also for their babies.

References

Callen, J., & Pinelli, J. (2004). Incidence and duration of breastfeeding for term infants in Canada, United States, Europe, and Australia: a literature review. *Birth*, 31(4), 285-292.

Callen, J., Pinelli, J., Atkinson, S., & Saigal, S. (2005). Qualitative analysis of barriers to breastfeeding in very-low-birth weight infants in the hospital and postdischarge. *Advances in Neonatal Care*, 5(2):93-103.

Cardenas, R. A., & Major, D. A. (2005). Combining employment and breastfeeding: utilizing a work-family conflict framework to understand obstacles and solutions. *Journal of Business and Psychology*, 20(1), 31-51.

DiGirolamo, A. M., Grummer-Strawn, L. M., & Fein, S. (2001). Maternity care practices: implications for breastfeeding. *Birth*, 28(2), 94-100.

Griffiths, L. J., Tate, A. R., & Dezateux, C. (2005). The contribution of parental and community ethnicity to breastfeeding practices: evidence from the Millennium Cohort Study. *International Journal of Epidemiology*, 34(6),1378-1386.

Haslam, C., Lawrence, W., & Haefeli, K. (2003). Intention to breastfeed and other important health-related behaviour and beliefs during pregnancy. *Family Practice*, 20(5), 528-530.

Hofvander, Y. (2003). Why women don't breastfeed: a national survey. *Acta Paediatrica*, 92(11), 1243-1244.

Hoyer, S., & Pokorn, D. (1998). The influence of various factors on breast-feeding in Slovenia. *Journal of Advanced Nursing*, 27(6), 1250-1256.

Huang, H. C., Wang, S. Y., & Chen, C. H. (2004). Body image, maternal-fetal attachment, and choice of infant feeding method: a study in Taiwan. *Birth*, 31(3),183-188.

Huffman, S. L. (1984). Determinants of breastfeeding in developing countries: overview and policy implications. *Studies in Family Planning*, 15(4), 170-183.

Humpreys, A. S., Thompson, N. J., & Miner, K. R. (1998). Intention to breastfeed in low-income pregnant women: the role of social support and previous experience. *Birth*, 25(3), 169-174.

Kakute, P. N., Ngum, J., Mitchell, P., Kroll, K. A., Forgwei, G. W., Ngwang, L. K., & Meyer, D. J. (2005). Cultural barriers to exclusive breastfeeding by mothers in a rural area of Cameroon, Africa. *Journal of Midwifery & Women's' Health*, 50(4), 324-328.

Kruse, L., Denk, C. E., Feldman-Winter, L., & Rotondo, F. M. (2005). Comparing sociodemographic and hospital influences on breastfeeding initiation. *Birth*, 32(2), 81-85.

Lee, H. J., Rubio, M. R., McCollum, K. F., & Chung, E. K. (2005). Factors associated with intention to breastfeed among low-income, inner-city pregnant women. *Maternal and Child Health Journal*, 9(3), 253-261.

Leung, T. F., Tam, W. H., Hung, E. C., Fok, T. F., & Wong, G. W. K. (2003). Sociodemographic and atopic factors affecting breastfeeding intention in Chinese mothers. *Journal of Paediatrics and Child Health*, 39(6), 460-464.

Marquis, G. S., Díaz, J., Bartolini, R., De Kanashiro, H., & Rasmussen, K. M. (1998). Recognizing the reversible nature of child-feeding decisions: breastfeeding, weaning, and relactation patterns in a shanty town community of Lima, Peru. *Social Science & Medicine*, 47(5), 645-656.

McKingley, N. M., & Hyde, J. S. (2004). Personal attitudes or structural factors? A contextual analysis of breastfeeding duration. *Psychology of Women Quarterly*, 28(4), 388-399.

Miltra, A. K., Khouri, A. J., Hinton, A. W., & Carothers, C. (2004). Predictors of breastfeeding intention among low-income women. *Maternal and Child Health Journal*, 8(2), 65-70.

Nagy, E., Orvos, H., Pal, A., Kovacs, L., & Loveland, K. (2001). Breastfeeding duration and previous breastfeeding experience. *Acta Paediatrica*, 90(1), 51-56.

Pechlivani, F., Vassilakou, T., Sarafidou, J., Zachou, T., Anastasiou, C. A. & Sidossis, L. S. (2005). Prevalence and determinants of exclusive breastfeeding during hospital stay in the area of Athens, Greece. *Acta Paediatrica*, 94(7), 928-934.

Peters, E., Wehkamp, K. H., Felberbaum, R. E., Krüger, D., & Linder, R. (2006). Breastfeeding duration is determined by only a few factors. *European Journal of Public Health*, 16(2), 162-167.

Scott, J. A., Landers, M. C. G., Hughes, R. M., & Binns, C. W. (2001). Factors associated with breastfeeding at discharge and duration of breastfeeding. *Journal of Paediatrics and Child Health*, 37(3), 254-261.

Stewart-Knox, B., Gardiner, K., & Wright, M. (2003). What is the problem with breast-feeding? A qualitative analysis of infant feeding perceptions. *Journal of Human Nutrition and Dietetics*,16(4), 265-273.

Susin, L. R., Giugliani, E. R., Kummer, S. C., Simon, C., & Da Silveira, L. C. (1999). Does parental breastfeeding knowledge increase breastfeeding rates? *Birth*, 26(3), 149-156.

Taylor, J. S., Risica, P. M., & Cabral, H. J. (2003). Why primiparous mothers do not breastfeed in the United States: a national survey. *Acta Paediatrica*, 92(11), 1308-1313.

Tarrant, M., Dodgson, J. E., & Tsang-Fei, S. (2002). Initiating and sustaining breastfeeding in Hong Kong: contextual influences on new mothers' experiences. *Nursing & Health Sciences*, 4(4), 181-191.