

The Use of Service Thinking in Social Marketing: MumBubConnect- incorporating technology in a peer-support service to help new mothers with breastfeeding

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Social marketing = services

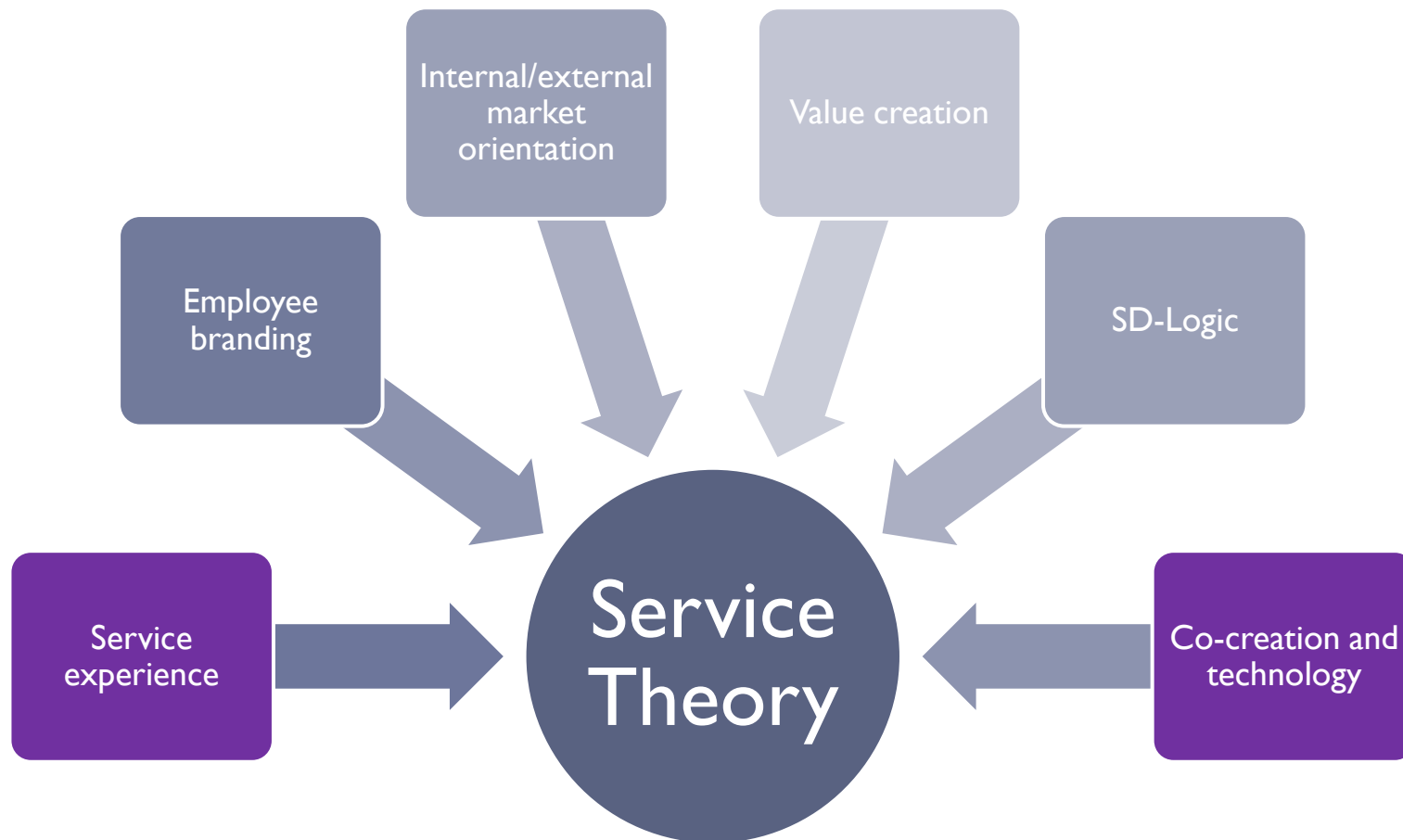
- ▶ Social marketing programs are delivered by public sector and non-profit organisations
- ▶ Often involve services:
 - ▶ Preventative Health Services: cancer/medical screenings, exercise programs,
 - ▶ Energy assessments
 - ▶ Road safety checks
- ▶ Multiple service delivery channels:
 - ▶ Personal and face-to-face services
 - ▶ Counselling and phonline services
 - ▶ App/games/smartphone services



My experience with social marketing services



Service theory for social marketers



The service experience

- ▶ Where people have choice (a voluntary service) the satisfaction with the experience and how people feel directly predicts if they come back and what they say to other people.
- ▶ To achieve behaviour targets, organisations need to ensure that service quality is appropriate

(Brady & Cronin, Journal of Marketing, 2001)

Welcome to

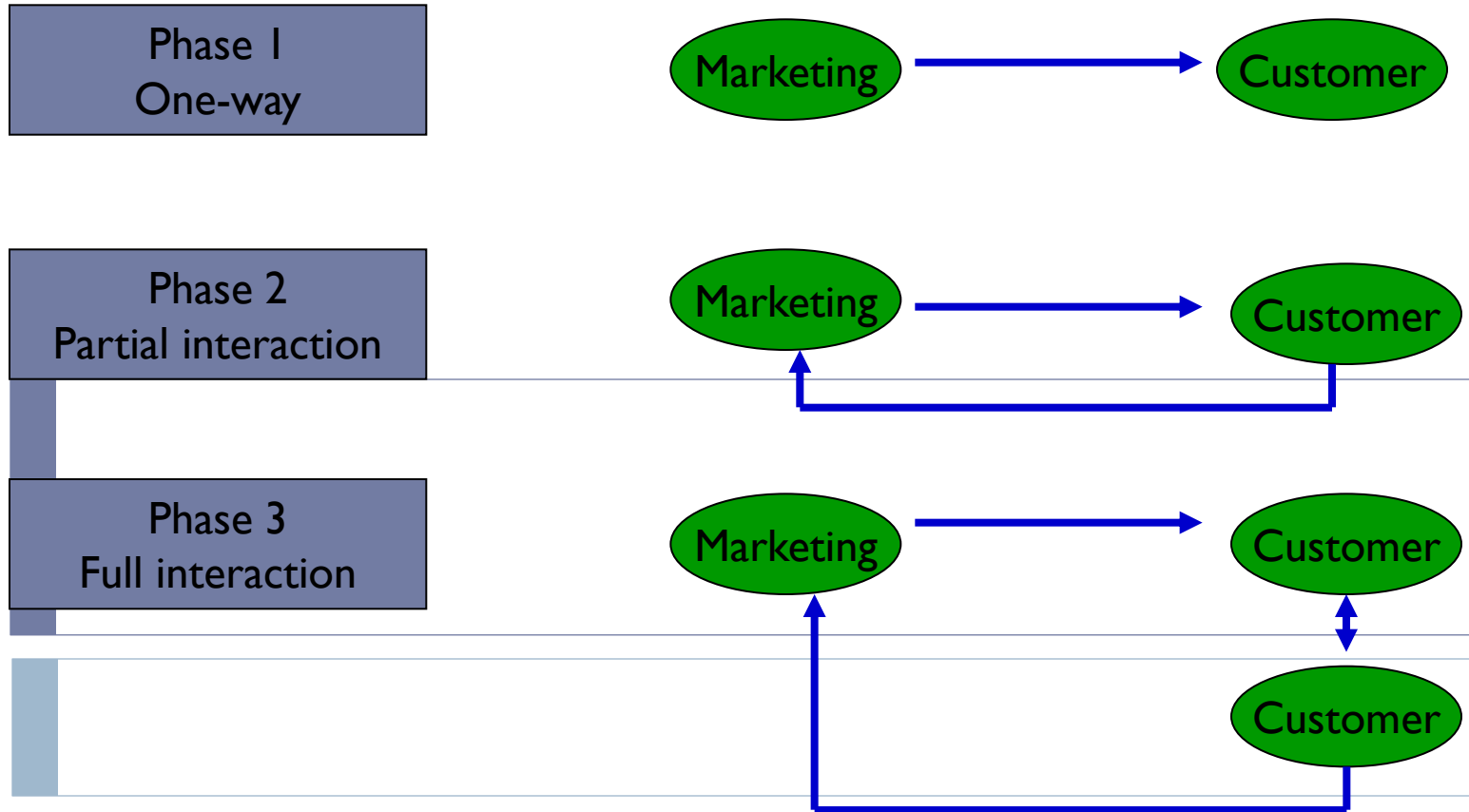


Pam Brackman, State Radiographer

Phone 13 20 50
www.breastscreen.qld.gov.au



Impact of technology



Co-creation and Technology in Social Marketing

HELLO SUNDAY MORNING



How can technology be used in social marketing Services?



Cost-effective for large markets



Personalised and tailored



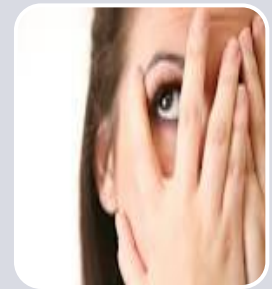
Peer support



Facilitates self-monitoring



Interactive and real-time

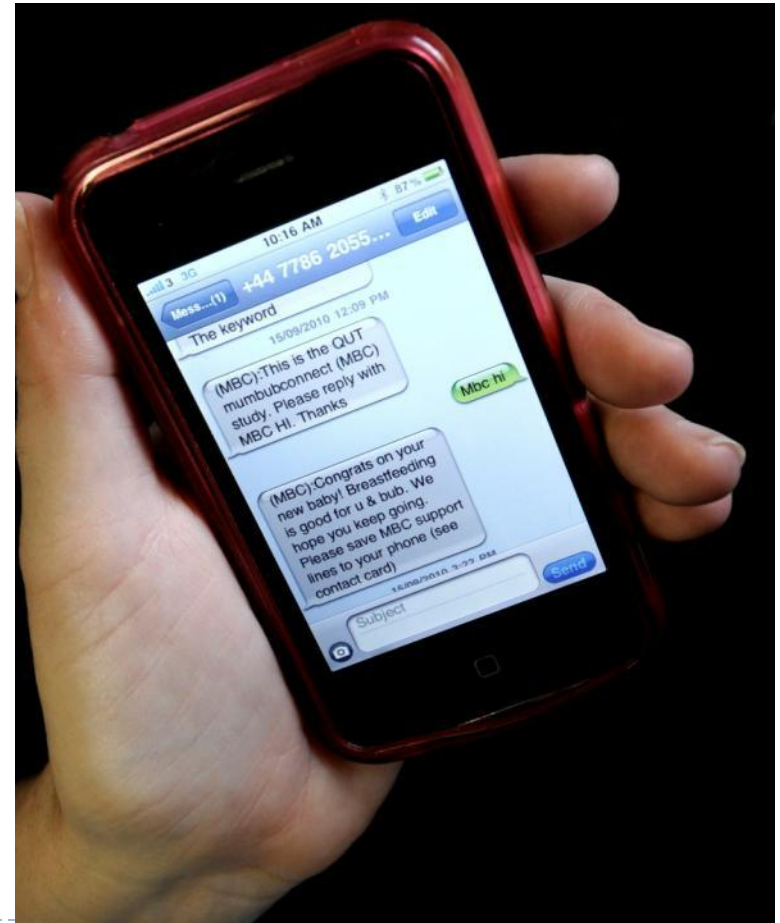


Overcomes embarrassment and social barriers

MumBubConnect: A digital Service intervention

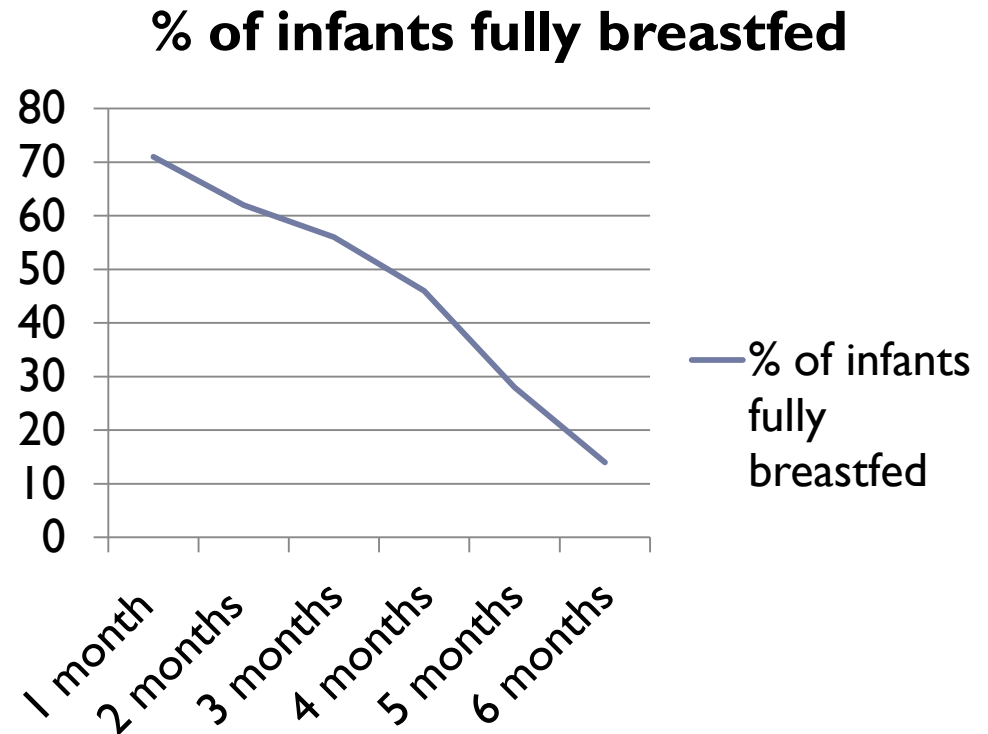


- ▶ A custom made, fully automated 2-way sms based breastfeeding support system (the world's first).
- ▶ The sms system used a 'keyword' based 'recognition & response' algorithm.
- ▶ Mothers' text a keyword (as stipulated on a 'Contact Card') to indicate how they are coping with their breastfeeding and the system will then reply immediately with a response providing tips, compassion and advice.
- ▶ The system incorporated built in mechanisms to provide reporting and assessment of a participant's behaviour in 'real-time'.
- ▶ The mbc system encouraged mothers to call a 24 hour Help Line for further support
 - ▶ ABA + Women's Health QLD wide



Breastfeeding behaviour

- ▶ Breastfeeding levels in Australia are well below the World Health Organisation's (WHO) recommended '2 years duration' and the NHMRC breastfeeding target of 80% of babies breastfed at 6 months
- ▶ Only 71% of babies are fully breastfed at one month, 62% at two months, 56% at three months, 46% at four months, 28% at 5 months, 14% at 6 months (AIFS 2008).
- ▶ Women know it's good for their baby to be breastfed but other barriers prevent them from breastfeeding



Typical approaches

- ▶ Why hasn't this achieved the target rates?
- ▶ Usual approaches:
 - ▶ Adopt an education based approach to the problem. Motivation/Opportunity/ Ability 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



Breastfeeding. It's a natural part of life.

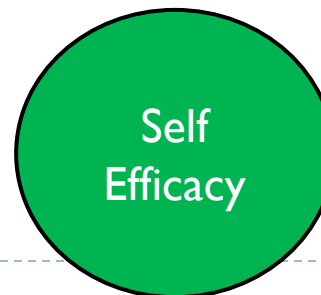
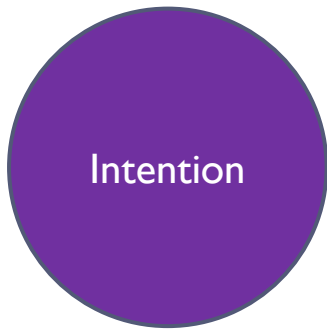
Nothing should stand in the way of giving your baby the natural experience of breastfeeding and the huge health benefits that go with it. Ask here for your free copy of the *Breastfeeding and your baby* guide or visit www.health.qld.gov.au/breastfeeding

12+months on the breast ♥ Normal ♥ Natural ♥ Healthy





What needs to be in place for mum's to breastfeed to six months (modifiable factors)



Our Research: Focus Groups



Mother's Baby Feeding Experiences

- ▶ Theme 1: Breastfeeding is hard to do and it hurts
“Breastfeeding is hard, and when it hurts you get told you are doing it wrong”
- ▶ Theme 2: Breastfeeding feels like it is the only option
- ▶ Theme 3: If you can't breastfeed then you have failed
- ▶ Theme 4: Perception that midwives do not know what they are talking about
- ▶ Theme 5: There needs to be advice for those who bottle feed

Our Solution

- ▶ The need to have a non-education based campaign to improve breastfeeding duration (loyalty) led to the development of an intervention-based research project – Pilot Version.
- ▶ The intervention needs to reduce the ‘social price’ of breastfeeding to mothers by increasing self-confidence, access to a social support network and reducing embarrassment and guilt. The intervention needs to be appealing to both women and men.
- ▶ A grant application by the ABA and QUT in 2008 led to research funding to develop and pilot a digital based social marketing program and evaluate the outcomes.





Green represents nature
and growth

Apricot represents -
mother's skin, health and
vitality

Grape represents -
youthfulness, fun,
sweetness and modern
dynamics



contact card

mumbubconnect.com.au

mbc support lines (save these numbers to your mobile phone):

1800 017 676 - Women's Health (Toll free outside Brisbane)
07 3839 9988 - Women's Health (Brisbane residences only)
1800 686 2686 - Australian Breastfeeding Assoc. (Toll free)

mumbubconnect text message response guide

ALL RESPONSES **MUST** START WITH MBC (eg: MBC GOOD)

mbc message	Your response word
Stopped breastfeeding?	STOPPED
If you're feeling good	GREAT, GOOD, HAPPY, CALM
If you're feeling average	AVERAGE, TIRED
If you're struggling	WORRIED, CONFUSED, DOWN
Feeding Issues	OVERSUPPLY - producing too much milk UNDERSUPPLY - not producing enough ENGORGED - breasts swollen and sore SORE - sore nipples ATTACHMENT - baby won't latch well ALWAYS - feeding constantly 24/7 EXPRESSING - not getting much milk
To stop receiving messages	END

Supported by:
Queensland University of Technology & the Australian Breastfeeding Association



contact card

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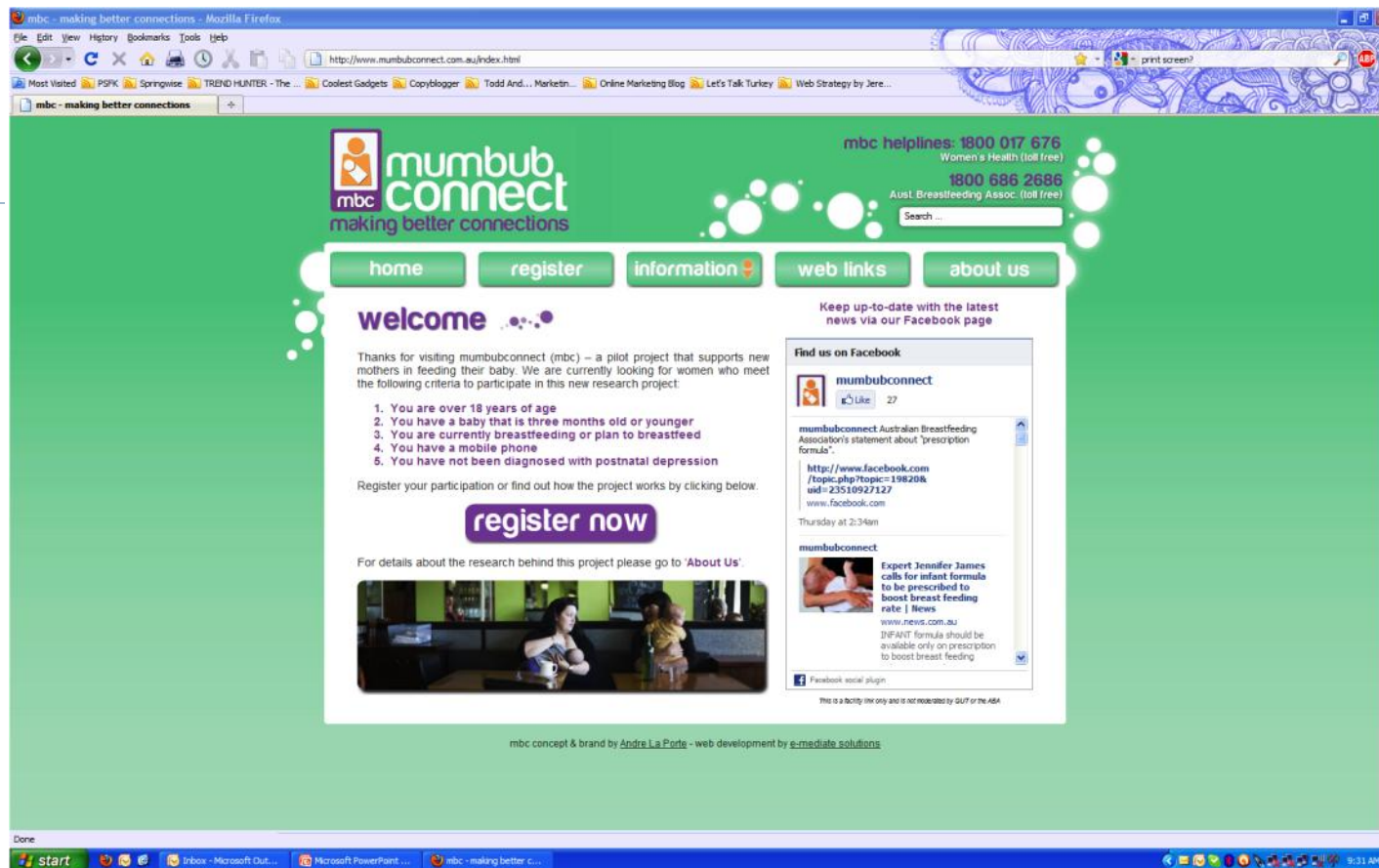
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To stop receiving messages	END



The mbc support system was accompanied by:

1. a custom website offering information resources and further links to parenting and government support websites
2. a Facebook page that enables participants to discuss common issues and receive peer based, and Mum Bub Connect based professional support and advice.
3. Support provided by ABA and Womens Health with ABA Counsellor providing outbound calls

Research Question

- ▶ Gap: We don't know if m-technology can significantly change social support seeking behaviours and self-efficacy levels for breastfeeding
- ▶ RQ: Can an m-technology social marketing intervention change social support seeking behaviour and self-efficacy levels?



Method

▶ Approach

- ▶ Repeated measures approach with pre and post online surveys administered.

▶ Sample:

- ▶ Women who were currently breastfeeding
- ▶ National sample recruited via radio and print publicity and Facebook site
- ▶ 120 of the 130 women, 95% response rate.

▶ Measures

- ▶ Constructs: Social support seeking behaviour (Vitaliano, Russo, Carr et al. 1985), self-efficacy (Dennis and Faux 1999), attitudinal and behavioural breastfeeding loyalty (Parkinson, Russell-Bennett and Previte 2010), emotions experienced – hope, joy, anxiety, guilt, challenge (Passyn and Sujan 2006)
- ▶ Demographic variables about the mother and baby.
- ▶ Measures of process and impact evaluation were included that covered the acceptability of message frequency, timing and content along with the behaviour that resulted from receiving the messages and open-ended questions

▶ Analysis

- ▶ T-Tests were used to analyse differences between the pre and post-measures.
- ▶ Open-ended questions used thematic analysis



Results



- ▶ How many women involved
 - ▶ 130 women registered to participate
 - ▶ 6 women withdrew before the trial began
 - ▶ 4 women ceased participation during the trial
 - ▶ 120 women completed the full 8 weeks
 - ▶ 114 women completed the second survey
 - ▶ 95% response rate

- ▶ Demographics
 - ▶ Mean age of 31.2 years
 - ▶ Mean age of infants was 6.7 weeks
 - ▶ Focus is therefore on the medium to long term postnatal period where biggest drops in breastfeeding occur
 - ▶ 95% were married or in a defacto relationship
 - ▶ 92% born in Australia

Tests for Differences T1 and T2

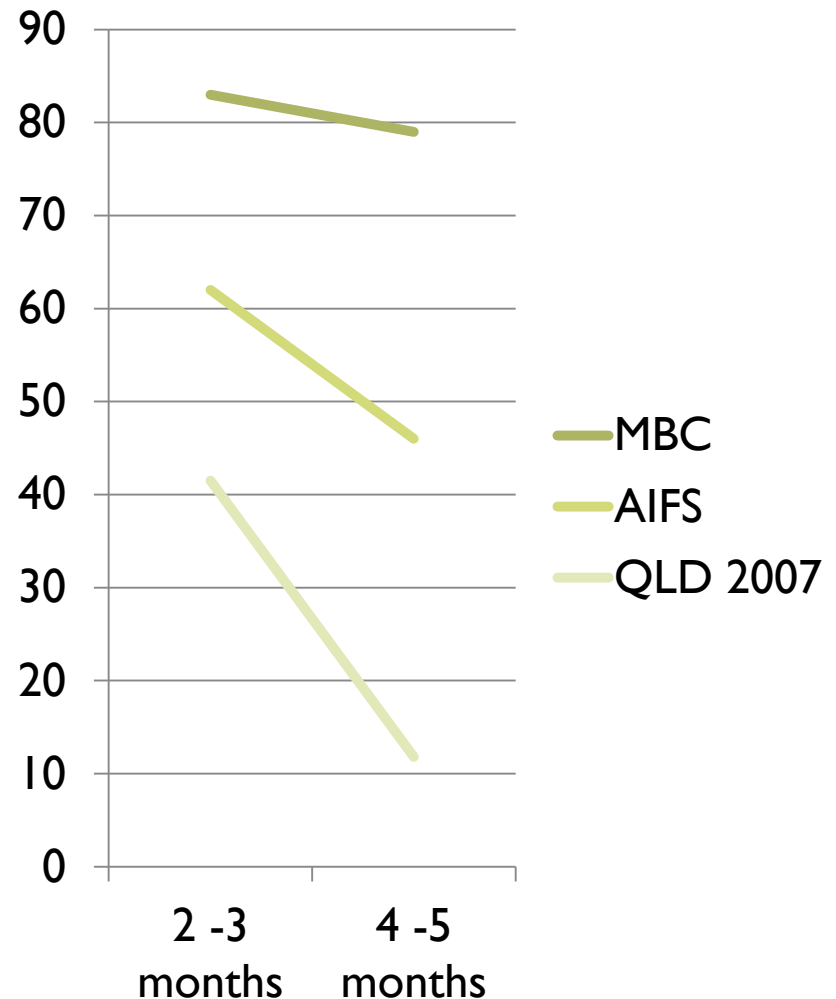
Construct	T1	T2	Sig
Responsibility for BF - Maintained	4.36	4.38	ns
Self-efficacy (increased)	4.00	4.15	.005**
Coping_positive (increased)	3.38	3.71	.001***
Coping_negative(decreased)	4.29	4.05	.000***
Social support (increased)	3.64	3.86	.000***
Emotions_positive (increased)	4.23	4.35	.03*
Emotions(negative) maintained	1.28	1.37	ns
Challenged (decreased)	2.47	2.08	.002**
Behavioural loyalty - Maintained (% breastmilk given yesterday)	90.91%	92.39%	.50(ns)

Changes in knowledge levels

Variable	Proportion	Value	DF	Sig
Age to intro solids (6 – 12 mths) (increase)	60.5% in T1 to 63.2% in T2	43.74	6	.000
How close is formula to breastmilk (increase)	88% correct in T1 93% correct in T2	167.97	16	.000
How to produce more milk	93.9% in T1 95% in T2	41.73	3	.000
Bottlefeeding does not equal breastfeeding (increase)	95% correct in T1 97% correct in T2	45.88	4	.000
Bf helps prevent allergies and infections (increase)	93.9% correct in T1 97.4% correct in T2	11.01	2	.004
Formula does not provide same vitamins and minerals (increase)	77.2% correct in T1 81.6% correct in T2	14.94	4	.005
BF good for mother's health (decrease)	96.5% correct in T1 93% correct in T2	9.85	4	.043
Babies need to BF for first 6 months	91.2% correct in T1 93% correct in T2	26.57	4	.000

Impact on Breastfeeding

- ▶ 83% of women were fully breastfeeding at the beginning
 - ▶ Compared to approximately 62% of women nationally
- ▶ 79% of women were fully breastfeeding 8 weeks later (decrease of 4%)
 - ▶ Compared to approximately 46% of women nationally (decrease of 16%)
- ▶ 91% of women were feeding their infants any breastmilk



Comments

- ▶ As a result of the messages the women felt :
 - ▶ Reassured and confident
 - ▶ “Felt reassured when my bub was feeding constantly, as my response gave me information that told me things were normal”
- ▶ Positive affect
 - ▶ “looked forward to receiving them, especially on crappy days - they often made me smile”
- ▶ Persisted and kept focussed
 - ▶ A milk pimple made it a bit difficult for a while. But I kept going, just hanging out for the next message.
 - ▶ Was asked to assess my breastfeeding situation, which forced me to solve a problem if I had it, or ask a question if I had one. It kept me focussed on breastfeeding.
- ▶ Supported and part of a group
 - ▶ Felt as though I was achieving something important by continuing breastfeeding. When I messaged that I had an issue, the message of support was just as important as the suggestion of what to do.
 - ▶ Made me feel as though I was a part of a group. Being isolated in the country I had no mothers group so enjoyed being acknowledged.
 - ▶ Good that somebody was interested in my breastfeeding, and not because I asked them to be interested (like family are interested because you make them interested).
- ▶ Program fitted into their reality
 - ▶ Loved the program, found it non-intrusive.

Reactions from ABA

- ▶ Complementary to current service offering but goes beyond it
- ▶ Can maximise reach, and target audiences who may not access current services
- ▶ Different avenue into the community
- ▶ Breastfeeding through a social marketing rather than public health lens
- ▶ Research adds to the evidence base
- ▶ Innovative - to attract future funding ABA must demonstrate innovation
- ▶ Automated – work smarter not harder
- ▶ Still fulfils mission - supportive, non-threatening, feels personal

Conclusion

- ▶ Service thinking requires social marketers to more actively consider the role of the customer in value creation
- ▶ Service thinking has to occur at every touch-point; internal → external
- ▶ Services can be delivered in many forms; technology is a cost-effective, personalised channel



Questions?

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