

REPORT

BREASTFEEDING! BREAKING DOWN THE BARRIERS

Tasmanian Breastfeeding Support Coalition and ABA

January 2000

Liz Kennedy Project
Officer

TABLE OF CONTENTS

TABLE OF CONTENTS	0
ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	4
INTRODUCTION	4
BACKGROUND	5
AIMS, OBJECTIVES AND STRATEGIES	6
AIM	6
OBJECTIVE	6
STRATEGIES	6
STAGE 1 – STATEWIDE RESEARCH	6
ISSUES	6
KEY ISSUES IDENTIFIED – SUMMARY OF FINDINGS	7
STAGE 2 DESIGN AND IMPLEMENTATION OF A STATEWIDE MEDIA CAMPAIGN	8
RATIONALE FOR THE CAMPAIGN	8
PROFILE OF THE COMMERCIAL	9
ISSUES	9
CAMPAIGN LAUNCH/ MEDIA	9
EVALUATION OF STAGE 1 – BREASTFEEDING - BREAKING DOWN THE BARRIERS PROJECT.	10
PROCESS EVALUATION:	10
PARTICIPATION	10
FOCUS GROUP METHOD	10
IMPACT EVALUATION:	11
SMITHTON HIGH SCHOOL COMMENTS	11
EVALUATION OF STAGE 2	12
PROCESS EVALUATION AND INDICATORS OF IMPACT:	12
ISSUES	12
EVALUATION STRATEGY	12

SUMMARY OF FOCUS GROUPS	13
EVALUATION SURVEY -EAT WELL TASMANIA	14
CONTRIBUTION OF THE TASMANIAN BREASTFEEDING SUPPORT COALITION	14
<u>RECOMMENDATIONS FOR FUTURE EVALUATION OF CAMPAIGN</u>	<u>15</u>
<u>CONCLUSION</u>	<u>16</u>
<u>REFERENCES</u>	<u>17</u>
<u>LIST OF APPENDICES</u>	<u>18</u>

ACKNOWLEDGEMENTS

The following people and organisations made the Breastfeeding –Breaking Down the Barriers Project possible and successful.

Community Support Levy (charitable organisations) Grants Program, Dept Health and Human Services, Tasmania.

We are very grateful to this funding body for recognising the need for this program and for the funding grant that supported a significant proportion of this project.

Tasmanian Breastfeeding Support Coalition

The Tasmanian Breastfeeding Support Coalition is comprised of representatives from Family and Child Health DHHS, the Nursing Mothers' Association of Australia, the Tasmanian Lactation College, the three southern maternity hospitals, the Community Nutrition Unit DHHS, Community Department of Health and Aged Care, the Baby Friendly Hospital Initiative, Southern Tasmanian Division of GPs, Community Pharmacy, DHHS, Childbirth Information Service, and lactation consultants. This committee has worked together for over 3 years on a number of initiatives to foster and encourage breastfeeding in the Tasmanian community. This committee worked together to manage the Breastfeeding-Breaking Down the Barriers Project meeting monthly to support and direct its activities. The project was auspiced through the Nursing Mothers' Association of Australia –Tasmanian Branch. Financial administration was undertaken via the Branch Treasurer of the NMAA, Susan Anderson.

M&C Saatchi

A team of people from M&C Saatchi advertising company donated their time over a period of many months to develop a Statewide campaign to promote breastfeeding. Without their generous support the project would not have achieved the results and success it did on a Statewide level.

University Department of Rural Health, Tasmania

This Department, with the direct support of Peter Orpin, provided skills and direction to conduct statewide qualitative research in partnership with the Barriers Project.

MBF- Medical Benefits Fund

Kindly donated money to assist in the recruitment and remuneration to respondents for the focus groups.

The Tasmanian Nutrition Promotion Taskforce

For the inclusion of questions in the Eat Well Tasmania survey to help with the evaluation of this project.

Groups that assisted in recruiting focus group participants

St Marys Community Health Centre	St Marys High School
Geeveston Neighborhood House	Huonville City Council
Forestry Tasmania, Geeveston	New Norfolk Youth Drop Inn Centre
Geilston Bay High School	Hobart College
University of Tasmania	Centrelink
Department of Premier and Cabinet	Scotch Oakburn College
The Corner Youth Health Centre	Smithton High School
Smithton TAFE	Ouse Hospital
Mountain Heights School, Queenstown	Queenstown TAFE
Burnie Youth Drop Inn Centre	Women's Health
Men's Health	

Liz Kennedy, Project Officer.

EXECUTIVE SUMMARY

As a result of the Breastfeeding –Breaking Down the Barriers Project, Tasmania has gained a more in depth understanding of the attitudes of adolescent girls and young women (non-mothers) towards breastfeeding. More importantly, through this project, we now have a better understanding of the perceived barriers to breastfeeding understood by this target group. This information will now be made available to other initiatives around Australia and applied to other projects that are interested in increasing breastfeeding rates in Australia in the long term.

As a result of the research, breastfeeding in public was identified as one of a number of key issues and barriers to breastfeeding amongst this target group. Consequently a statewide media campaign was launched by the project (stage 2) to promote breastfeeding in public. The campaign consisted of a TV commercial, bus posters, stickers and A3 size posters for distribution around Tasmania. The nature of this campaign as described in this report has proven to be an innovative approach to an historically challenging issue.

INTRODUCTION

The Breastfeeding- Breaking Down the Barriers Project was conducted between March and December 2000 and was divided into two key stages. During stage 1, statewide consultations were conducted through a series of sixteen focus groups and interviews. Young women from rural and urban Tasmania, aged 13 –25 years who were not pregnant or mothers, were invited to participate and offer us their views on breastfeeding. The information gathered in stage 1 informed a statewide promotional campaign (stage 2) around breastfeeding, addressing a key issue identified by respondents.

The following report outlines the Barriers Project, describing the two key stages in detail, including a summary of the research results and a description of the campaign. This report also contains an outline of the process and impact evaluation as well as recommendations for future evaluation. In addition to this, the report would not be complete without acknowledging some of the keys issues, including challenges, that the project came across.

Overall, the Barriers Project was a success, that is, prior to any long term evaluation of the campaign. The support and involvement of the community, both the private and public sector, was overwhelming, enabling significant progress in terms of our understanding of the issue of breastfeeding to be made in Tasmania.

BACKGROUND

The promotion of breastfeeding is a primary recommendation of the Tasmanian Government's *Food and Nutrition Policy* (DCHS, 1994) and is consistent with national mandates for infant and family health (e.g. Federal Government's Health throughout Life Policy).

Tasmania has the lowest rates of breastfeeding initiation of all Australian states (Donath and Amir 1999). Previous research has shown that a complex array of factors act as barriers to breastfeeding in our society, for example, social support, return to employment and social class. There has been limited information collected in Tasmania about why some people choose not to breastfeed. Other studies (Scott & Binns 1998) have shown that women make up their mind to breastfeed or bottlefeed before they have had children. This is an important time for a public health intervention to attempt to influence attitudes and therefore behaviours.

Through the Breastfeeding-Breaking Down the Barriers Project we aim to increase the rate of breastfeeding in Tasmania by responding to the concerns about breastfeeding identified by young women (non-mothers) involved in the project.

The Breastfeeding –Breaking Down the Barriers Project is an initiative of the Tasmanian Breastfeeding Support Coalition and auspiced through the Nursing Mothers' Association of Australia –Tasmanian Branch. The project is kindly funded by the Community Support Levy (charitable organisations) Grants Program.

AIMS, OBJECTIVES AND STRATEGIES

Aim

To increase breastfeeding rates, both initiation and duration in Tasmania

Objective

1. To identify common beliefs and values held by adolescent girls and young women living in rural and urban areas in Tasmania, that may influence their decision to breastfeed.
2. To promote a more positive image of breastfeeding amongst adolescent girls and young women living in rural and urban areas within Tasmania.

Strategies

1. Conduct a series of focus groups with 100 adolescent girls and young women, 50% from rural and isolated areas and 50% from urban areas within Tasmania.
2. Conduct a statewide media campaign which addresses key issues /barriers to breastfeeding identified by young women during focus groups.

STAGE 1 – STATEWIDE RESEARCH

Objective 1 -To identify common beliefs and values held by adolescent girls and young women living in rural and urban areas in Tasmania, that may influence their decision to breastfeed.

Strategy– Conduct a series of focus groups with adolescent girls and young women from rural and urban areas within Tasmania.

Throughout June and July 2000, 121 adolescent girls and young women were interviewed throughout Tasmania. Respondents were sourced through a variety of organisations, public and private sector and advertising as well as individual contacts through the Nursing Mothers' Association, the Tasmanian Breastfeeding Support Coalition and the Community Nutrition Unit (*See Acknowledgments*).

The focus group interviews were structured and the questions were designed to be objective and unbiased towards breastfeeding and bottlefeeding. The sessions lasted between one and two hours, depending on the flow of discussion. (*See appendix 1 -focus group questions*)

Attendance was voluntary but respondents sourced out of school were remunerated to the value of \$10.00. Refreshments were also provided at each of the focus groups. All the sessions were taped and transcribed ready for analysis.

Issues

At the beginning of each session respondents were asked why they decided to participate in the session. Many respondents thought it was an interesting topic and they wanted to find out more about breastfeeding. Most of the women interviewed had not had the opportunity to talk to someone about breastfeeding before: *“The good thing about groups like this though is there are different age groups and we’re all here like talking and you don’t feel embarrassed”*

Arranging focus groups in rural and isolated areas was most challenging. It was found that young women in the 16–25 age group were difficult to access, ineligible or had moved to the city. Groups that were made up of more than eight people were sometimes difficult to manage in terms of

personality differences and some people being more outspoken than others. With more than eight people it was more likely that they would speak over each other and the tape would not pick up voices and comments. Language was a problem in one or two of the focus groups. After identifying the language difficulties during the session, some words or terms e.g. 'nutrition' and 'formula fed babies' were explained in more detail and, if necessary, replaced with more accessible language.

Identifying key contacts in each area was the most reliable way of accessing young women to participate in focus groups. It was found that, particularly in rural communities, respondents were more inclined to participate through word of mouth, rather than advertising. In some cases I made direct contact with young women via youth workers, TAFE teachers and local community members.

Key issues identified - summary of findings

The key themes to emerge from this study were consistent across the sample. While a small percentage were clear that they did not intend to breastfeed any future children, most respondents were at least open to the possibility, with attitudes ranging from unsure to determined. The 'unsure' group constitute a major target for the promotion since Buxton et al (1991) has shown that women who are unsure/undecided are less likely to initiate breastfeeding, or if they do, they are less likely to persevere beyond the first week.

Although interviewees acknowledged some nutritional advantages of breast milk over commercial formula they did not see the gap as significant and it was not an important factor in their decision. This has its origins in a general confidence in manufacturing science and product control. The reasoning was that "*It wouldn't be on the shelves if it wasn't good*". Rather it was the issue of bonding, the developing relationship between mother and child that they saw as the most important factor in deciding to breastfeed.

One issue, that of personal choice, was unexpectedly raised, without prompting, in almost all of the sixteen focus groups. Respondents felt strongly that the decision of whether to breastfeed, or not, must be a freely taken personal choice. The strength of this issue indicates important underlying issues of personal control among this group. Although key sources of information and support were valued the decision was seen as theirs alone. This accords with research that suggests that the decision to breast or bottle feed is likely to be based more on feelings and emotions than on 'facts' (Hoddinott 1999).

The Tasmanian study also confirmed previous research (Hoddinott 1999, Brack 1975) which found that positive exposure to breastfeeding did appear to reduce perceptions of the difficulties of breastfeeding. Among the groups, estimates of the percentage of women who are unable to successfully breastfeed ranged between 10-50%, whereas we know the estimate for women who are unable to physically breastfeed is probably lower than 5% (Baghurst 1988). Most of those who indicated that they wanted to breastfeed were concerned about their ability to do so when the time came.

Breastfeeding in public was recognised by most as a contentious issue within their communities. While the respondents felt that it was generally acceptable if it was done discretely, they had significant reservations about doing so themselves because of the possibility of negative reactions from some members of their communities. They saw the decision to breastfeed in public as one which required "courage". This problem was most acute for young women in smaller towns in rural areas: "*It's ok but I wouldn't do it.*"

It is recognised that women have usually made their decision whether to breastfeed or not well prior to becoming pregnant (Scott et al 1998, Younghae 1998). Breastfeeding promotional initiatives therefore need to target younger women well before they begin procreating. They also need to address wider community attitudes, to increase young women's exposure to breastfeeding – especially in the mass

media and among peers – and to emphasise women’s right to choose regardless of the attitudes of a minority.

A complete qualitative research report will be available through the Community Nutrition Unit in Hobart and through the University Department of Rural Health, Tasmania at the beginning of 2001.

STAGE 2 DESIGN AND IMPLEMENTATION OF A STATEWIDE MEDIA CAMPAIGN

Objective- To promote a more positive image of breastfeeding amongst adolescent girls and young women living in rural and urban areas within Tasmania.

Strategy- Conduct a statewide media campaign which addresses key issues /barriers to breastfeeding identified by young women during focus groups.

In November 2000 a statewide campaign was launched in Hobart to promote breastfeeding in public. The campaign consisted of a television commercial (community service announcement) to be aired on two commercial stations, including, Southern Cross and Win TV. In addition to the TV advertising the campaign consisted of 5000 A3 sized posters, internal bus advertising on 450 panels around the state and 300 stickers.

Rationale for the campaign

During the research conducted in stage 1, breastfeeding in public was identified by respondents as a significant issue, which would act as a potential barrier to breastfeeding if and when they decided to have a baby.

Young women, particularly those from low socio-economic backgrounds and/or rural communities were concerned about negative attitudes of people in the community towards women who breastfeed in public. When asked why they perceived this to be the case they cited experiences of friends or relatives, experiences in the work place and second hand stories. The media was also identified as a major contributor to this perception, for example newspaper and sitcoms. A common response to a question about breastfeeding in public was *‘It’s ok but I wouldn’t do it’*. Most of the respondents expressed that they would prefer it to be more acceptable but felt it was something that was out of their control.

Once a decision was made to focus on the issue of breastfeeding in public a primary target audience was identified. It was clear that young women were a secondary audience and they would be influenced to feel more comfortable about breastfeeding in public once it became more acceptable within and by the general community. Therefore the target audience for the campaign were the people who are less accepting of women who breastfeed in public.

Whilst the campaign was being developed it was acknowledged that advertising cannot make people agree with breastfeeding in public, however, it can make people more accepting of the need for mothers to breastfeed in public. The advertising company, M&C Saatchi, advised that showing a mother breastfeeding in public may only serve to reinforce beliefs, either, *“No I don’t have a problem with that”*, or, *“Yes, it offends me”*. Therefore, this campaign was designed to make people think about the alternatives for women who breastfeed in public, for example, a public toilet. If people against breastfeeding in public understand what they are forcing mothers and their babies to do, they may not support it, but they will understand the need for it.

Profile of the commercial

The commercial opens on a middle- aged man wearing a business suit, enjoying a serve of take-away noodles on his lunch break.

Strangely, he is eating the noodles while sitting on a toilet seat in a public cubicle. The cubicle is what you'd expect from a public convenience, small and drab with graffiti scrawled here and there; certainly not the best place to enjoy a meal.

The screen fades to black as a super appears.

You wouldn't eat here, so why should a baby?

Followed by another super,

Breastfeeding in public is a mother's right.

(See appendix 2 for copy of poster and sticker)

Issues

When designing the text for this campaign we were unsure whether to write "mother's right" or 'baby's right'. Technically it is the baby that is discriminated against, however, the committee agreed that any discriminatory behaviour is directed to the mother and therefore there is a perception that it is the mother's responsibility. A decision was therefore made by the Coalition to put 'Breastfeeding in public is a mother's right'.

The image of a man sitting on the toilet is quite unpleasant and may even be offensive to some. However, it was important that this campaign stood out, attracted the attention of the viewer and didn't blend in with other advertising.

Although the project was managed by the Tasmanian Breastfeeding Support Coalition the committee decided to put the Nursing Mothers' Association of Australia on campaign material, as well as the name of the funding source. As we anticipated that the campaign may receive some national coverage we were concerned that interstate viewers would identify with Nursing Mothers' Association more than they would with the Coalition. In addition to this it would be easier to direct enquiries to the Nursing Mothers' Association in each State than the latter.

Campaign Launch/ Media

The campaign was officially launched by the Hon. Judy Jackson on the 6th of November at the Hobart Vista Hotel. Approximately 50 people attended and afternoon tea was provided. Media coverage at the launch included Win and Southern Cross TV and the Mercury. The story was covered by both stations on the evening news and two stories were written in the Mercury, including an editorial on the Saturday following the launch (*see appendix 3*).

EVALUATION OF STAGE 1 – BREASTFEEDING – BREAKING DOWN THE BARRIERS PROJECT.

In this stage of the project a process evaluation was carried out to ascertain the effectiveness of the focus group method as a means of eliciting accurate and in depth information from the target group. An impact evaluation was also necessary to measure the value of this qualitative method in educational terms.

Objective : To identify common beliefs and values held by 100 adolescent girls and young women living in rural and urban areas in Tasmania, that may influence their decision to breastfeed.

Strategy: Conduct a series of focus groups with adolescent girls and young women from rural, isolated and urban areas within Tasmania.

Process Evaluation:

The results from the focus groups demonstrate that this was an effective and efficient medium to use to gather quality data from the target group. The following table provides a breakdown of the results in terms of participation from around the state.

No. of respondents - 121 women	No. of focus groups - 16	
Age range – 13-25 years		
Representation of age in - focus groups -	13 –15 years	46.2%
	16-20 years	35.3%
	21 –25 years	18.5 %
Geographic distribution	51% rural and remote	
	50 % urban	
Geographic spread	Hobart (U), Launceston (U), Burnie (R), Smithton (R), Queenstown(R), Geeveston(R), Huonville (R) St Marys (R), Ouse (R)	

Participation

These results indicate a strong willingness from the target group, across the State, to be involved in the research. The sample was evenly distributed across Tasmania and satisfied an essential requirement of 50% from rural and isolated communities. Demographically the respondents were from diverse backgrounds including; unemployed rural and urban, working rural and urban, high school, college, TAFE, university and marginalised young women.

The results show that the requirement of 100 respondents were more than satisfied, with 121 young women interviewed during the consultations from around the state.

Focus group method

As was found in the Tasmanian study, other research (Scott et al 1997) has found that focus groups are an effective and comfortable method of consulting with people to elicit in depth information. It was found in this study that the young women were more comfortable talking about the issue of

breastfeeding with their peers, and the interaction that took place in the focus groups helped to direct and move the discussion. The information gathered in the focus groups for the Barriers Project confirm the success of this strategy as the results provided us with a detailed understanding of the target groups views towards breastfeeding.

Impact evaluation:

In addition to the success of the strategy for stage 1 as a process, there was also evidence of unplanned outcomes in terms of the impact of this strategy. The success of this strategy helped us achieve the objective of stage 1; identifying the common beliefs and attitudes held by young women living in rural and urban Tasmania, which then helped to develop the strategy for stage 2; developing a Statewide media campaign informed by the research. In addition to this the strategy also had an impact in terms of promoting a more positive image of breastfeeding amongst the target group, an unanticipated outcome.

In the focus groups the facilitator asked a series of semi-structured questions and the group discussed and explored the issues amongst themselves. As the participants had different experiences and exposure to breastfeeding and bottlefeeding they were able to share and build on their knowledge during each session. Therefore, it was found, unexpectedly, that the focus groups were an educational forum for the young women involved, expanding their knowledge and understanding of breastfeeding.

'It's all pretty interesting really because we don't think about it on a normal day to day- you know- so to sit around and talk about it does make you aware and to hear other people's comments is still educational'

'I thought there wasn't much to it- bottle or the breast – it didn't really matter to me and now it does' 'I think they should have these discussions with boys as well to see what they think of it all'

'The good thing about groups like this though is there are different age groups and we're all here like talking and you don't feel embarrassed'.

Smithton High School comments

After a focus group was conducted in a rural high school the year 9 girls were asked to write down their impressions of the focus group. The written responses documented in this report (see appendix 4) demonstrate the educational value of conducting focus groups with this target group. The written responses highlight a need for more classroom education around breastfeeding, based on a genuine interest and lack of knowledge on the topic of breastfeeding amongst the target group.

The results of the impact evaluation for stage 1 indicate that conducting focus groups was valuable as not only did it provide the project with detailed information, it provided an educational forum for the women involved so that they could further develop their understanding of the benefits of breastfeeding. In this respect the evaluation of stage 1 has shown that we were able to achieve more than was required of this strategy as it also helped to achieve the objective of stage 2 -to promote a more positive image of breastfeeding amongst adolescent girls and young women.

EVALUATION OF STAGE 2

In this section of the evaluation report a process and impact evaluation will be described. In addition to this recommendations have been made and plans outlined for future evaluation of the breastfeeding promotion campaign.

Process evaluation and indicators of impact:

As the campaign was aired so close to the completion of the project it was clear that we would conduct a process and a preliminary impact evaluation only. In terms of preliminary impact we were looking to record indicators of impact and immediate responses to the campaign by showing it in various focus groups situations. Process evaluation of stage 2 looked at the effectiveness of mediums in reaching the target audience. Future evaluation is also necessary to be able to identify any positive attitudinal shifts that took place as a result of the breastfeeding promotion campaign.

Objective: To promote a more positive image of breastfeeding amongst adolescent girls and young women living in rural and urban areas within Tasmania

Strategy: Conduct a statewide media campaign which addresses key issues /barriers to breastfeeding identified by young women during focus groups

Target Audience: a) People who are uncomfortable with breastfeeding in public
b) People who are comfortable with breastfeeding in public but may discuss campaign and influence others who are uncomfortable.

Issues

The original requirement of the campaign was to develop three community service announcements to promote breastfeeding. We were later advised by the advertising company to develop one only as this was believed to be more effective. However, in addition to the TV advertisement the campaign also provided 5000 A3 size posters, 300 stickers and 450 posters for bus advertising. This meant that the campaign was still able to satisfy the strategy requirements as well as having a greater opportunity of accessing the target audience by using a variety of mediums.

It was understood at the beginning of the project that the campaign would target young women directly. Whilst young women remain the long term target group and the primary focus of our objective, the results of the research indicated that the immediate focus or target group was in fact the broader community. In particular we wanted to target those in the community who may be less accepting of women who breastfeed in public, and those in the community who may likely initiate discussion on the topic and who may influence public opinion in a positive way. This new focus had implications in the way the evaluation would be conducted. Consequently the process and impact evaluation for the Barriers project broadened to include these other target groups.

Evaluation Strategy

Five focus groups (n = 35) were conducted with a cross section in the community, including male/female, rural/urban, broad age range, recent mothers (bottle and breastfeeders).

Activity	Purpose	Results
Consumer	Process (reach)	Process (reach)

<p>Research</p>	<p>To identify and measure coverage of campaign to date. (The expectation was that many people may not have seen the campaign at the time of the focus groups -two weeks after it had been launched).</p> <p>Impact During the focus groups the respondents were asked to write down their responses to the campaign and what they considered to be the key message and/or target group. The purpose of this preliminary evaluation was to determine whether a cross section of viewers were able to interpret and understand the advertisement.</p>	<p>The results of the focus groups suggested that the advertisement on TV had received excellent coverage as approx. 80% (n = 28) of respondents had seen it in the first two weeks of screening. This suggested that the advertisement received more than five screens a week as suggested by TV station and that it was a memorable advertisement.</p> <p>Impact The written responses from participants demonstrate an understanding of the campaign message and general appeal of campaign.</p>
-----------------	---	--

(Focus group questions see appendix 5)

(Focus group comments see appendix 6)

Summary of focus groups

Responses from the participants indicate similar and accurate interpretation of the campaign. Many were surprised that breastfeeding in public was still a problem in the community, however, they agreed that if it is still an issue, it needs to be addressed. Generally this opinion was held amongst respondents that did not have direct contact with women who are breastfeeding.

‘I am ashamed to think that in 2000 we as a society are unaccepting of breastfeeding to the extent that women are forced to feed their children in the toilets....’ (Middle aged male)

The overall responses indicate that it was perceived as a strong campaign and message, which would be able to attract the attention and understanding of the viewer. A small percentage of respondents also suggested that other educational strategies be employed alongside the campaign.

Many of the respondents did not have a problem with women who breastfeed in public, or they did not feel comfortable talking about it if they did. One group of middle-aged professionals, however, did comment on the inappropriateness of a colleague that breastfed at board meetings but felt that they were generally ok with breastfeeding in public.

Generally the responses suggested that the focus group respondents were secondary targets of the campaign. That is, people who are accepting of women who breastfeed in public, however, having seen the campaign may talk and discuss the issue with people who are not so accepting, and in this way contribute to an attitudinal shift.

“Makes one realise how silly it is to expect women to be put in the situation of feeding in toilets or other inappropriate areas in public”

These and other responses indicate that the campaign will serve the purpose of raising the issue of breastfeeding in public in the minds of those that are comfortable and those that are not comfortable with it.

Anecdotally we have been approached by people who are aware and/or have seen the campaign. All the feedback has been very supportive of the message and the way it has been portrayed. For example, a Coalition member overheard people in the supermarket describing the advertisement, and the message. Generating this sort of discussion in the community is a key objective of the campaign and is another indicator of the potential success of this media strategy.

Evaluation Survey -Eat Well Tasmania

In December 2000 as part of the annual Eat Well Tasmania survey (Tasmanian Nutrition Promotion Taskforce, Jan 2001), 800 adults were randomly interviewed by telephone on nutrition related issues. Four questions relating to attitudes to breastfeeding and awareness of breastfeeding promotion campaigns were included in this survey (*Survey questions see appendix 7*). The purpose of the survey was to identify respondents who are uncomfortable with breastfeeding in public and to identify the initial reach and response to the campaign.

Preliminary results reveal that over 90% of respondents reported that they were comfortable or very comfortable about breastfeeding in public. Approximately 6% reported they were uncomfortable or very uncomfortable. The level of comfort about seeing someone breastfeed in a restaurant drops from 93.3% to 79.2% in the female 50-64 year age group, which has the highest rate for the 'uncomfortable' category (13.8%). It is important to note that respondents may be reporting a higher level of comfort with breastfeeding in anticipation of providing 'the socially desirable' answer.

In response to the question "*Have you recently seen or heard anything about a campaign to promote breastfeeding in public areas?*", over 67% said yes (n = 536). Although there have been other breastfeeding campaigns conducted in Tasmania such as the "*Tasmanian Businesses Supporting Breastfeeding*" project and the "*Its OK to feed anywhere*" bus poster campaign the fact that approximately 66% (n = 354) of those who said they had seen or heard a breastfeeding in public promotional campaign, said it had been on television.

Recommendation: It is recommended that a sample of the respondents of this survey who have given permission to be contacted in the future, be followed up to determine the effect of the Barriers campaign on attitudes to breastfeeding in public. The purpose of the follow up contact would be to measure for any attitudinal shift and impact as a result of the Barriers Campaign.

Contribution of the Tasmanian Breastfeeding Support Coalition

The committee provided ongoing management of the project, meeting monthly as well as attending interim meetings, for example, working groups, as it was required. The project was based at the Community Nutrition Unit and this enabled access to community resources, for example, meeting rooms and office space as well as access to a government vehicle.

The Coalition contributed to the project by providing expert advice and direction on issues, such as, evaluation, breastfeeding, campaign design, networking, distribution of posters for campaign and analysis of focus group results.

The committee was responsible for distributing 5000 posters around the State to various establishments, such as, schools, community health centre's, GP's, pharmacies, TAFE and hospitals as well as being responsible for contacting TV stations for follow up screening of the TV advertisement after the initial two months.

The committee made a substantial contribution to the project in a volunteer capacity and will continue to promote the campaign after the paid position ceases. The value of the volunteer management group cannot be underestimated and must be recognised as a major contributor to the overall process of achieving project outcomes.

RECOMMENDATIONS FOR FUTURE EVALUATION OF CAMPAIGN

Process evaluation	Strategy	Purpose
Review the media schedule	Request TV Stations to do a print out of all the activity after advertisement has appeared. Calculate the value of the activity and work out the reach and frequency once the campaign has finished.	Provides an opportunity to evaluate effective in terms of how many people campaign reached, how often and the market value of that activity.
PR Value	Cost value of media coverage other than tv/outdoor	There were 4 electronic mediums that picked up the story and media unit at M&C Saatchi is currently valuing this activity.

Impact Evaluation	Strategy	Purpose
Eat Well Tasmania Survey	Design questions and contact target group identified in Eat Well Tasmania Survey.	Measure attitudinal shifts amongst target group
	Analyse data	Report data analysis
Initial focus groups respondents	Contact young women involved in initial research and phone interview. Permission for follow up contact has been requested.	To measure for more positive perception and confidence about breastfeeding in public

CONCLUSION

This report has provided an in depth description and evaluation of the Breastfeeding – Breaking Down the Barriers Project. With the support of the management committee and many organisations and people within the community the project was able to achieve over and above the planned outcomes of the project.

Significant progress was made in terms of our understanding of adolescent girls and young women’s attitudes to breastfeeding in Tasmania. With the results of the qualitative study we were able to identify key issues and barriers to breastfeeding amongst this target group and with this information design and implement a statewide media campaign to promote breastfeeding in public.

The evaluation for the project outlined in this report demonstrated how and to what extent the strategies and the objectives for stage 1 and 2 were met. This section also outlined the ‘unanticipated outcomes’, such as, the educational benefits of stage 1 focus groups. In addition to this, during stage 2 the campaign managed to stretch resources to develop, not only a TV advertisement, but 5000 A3 posters, 300 stickers and 450 posters for buses around the state.

Further evaluation is recommended in order to determine the level of impact the promotional campaign had on the attitudes of young women about breastfeeding in public. In the future it will be important to clarify whether the concerns young women have in relation to breastfeeding in public are in fact perhaps false perceptions, or whether they are formed as a result of a small percentage of those less accepting in the community. It is also a recommendation to follow up on the Eat Well Tasmania survey results to determine the effect of the Barriers campaign on attitudes to breastfeeding in public.

This report documents all aspects of the Breastfeeding-Breaking Down the Barriers Project, including the challenges and unexpected issues that were raised, background information, a summary of the research findings and recommendations for future evaluation. Overall, the project did meet the requirements within the specified timeframe and was therefore able to make a significant impression on the community concerning the issue of breastfeeding in public.

REFERENCES

- Amir, LH. Donath S (1999) Rates of breastfeeding in Australia by State and socio-economic status: Evidence from the 1995 National health Survey J. Paediatr. Child Health V 36 p.164- 168
- Baghurst, K I (1998) Infant feeding – public health perspectives The Medical Journal of Australia V. 148
- Brack, D C (1975) Social Forces, Feminism, and Breastfeeding Nursing Outlook Vol.23, no.8
- Buxton, K E. Carlson, A. Faden, R. Brown, C. Paige, D. Chwalow, A (1991) Women Intending to Breastfeed: Predictors of Early Infant Feeding Experiences AM J Prev Med Vol 7 n.2
- Hoddinott, P. Pill, Roisin (1999) Qualitative study of decisions about infant feeding among women in east end of London BMJ; 318: 30 -34
- Kim, Younghae (1998) The Effects of a Breastfeeding Campaign on Adolescent Korean Women Pediatric Nursing May/June 1998 Vol. 24 no.3
- Scott, Jane A. and Binns, Colin W. (1998) Factors associated with the initiation and duration of breastfeeding: a review of the literature. The Australian Journal of Nutrition and Dietetics 55:2
- Scott, J A. Binns, C W. Arnold, R V (1997) Attitudes toward Breastfeeding in Perth, Australia: Qualitative Analysis Journal of Nutrition Education Vol. 29 number 5
- Tasmanian Nutrition Promotion Taskforce. (2000) Eat Well Tasmania 2000 Survey Breastfeeding Questions. Draft

LIST OF APPENDICES

1. Stage I focus group questions.
2. Poster and sticker.
3. Media coverage.
4. Smithton High School comments.
5. Questions for evaluation focus groups.
6. Comments from evaluation focus groups.
7. Eat Well Tasmania survey questions.

Appendix I

FOCUS GROUP QUESTIONS

THEMES: INFLUENCES; EXPOSURE TO BREASTFEEDING; PUBLIC IMAGE; BEST MEDIUM FOR PROMOTION; NATURAL OR NOT; NUTRITION;

1. Why did you decide to participate in this focus group today?

First names

2. Have you ever seen someone breastfeed?

Where was this?

What did you think or feel about that?

Was anyone else there? Who?

How did they react?

What do you think about women breastfeeding in public?

3. Do you want to make any comment about these three photos?

Photo 1 – Gerry Hall

Photo 2 - image of woman in developing country breastfeeding

Photo 3 – woman breastfeeding child in public place

Photo 4- woman breastfeeding toddler

4. What about you. Do you know if you were breastfed or bottlefed?

4a) Do you know why that was? What do you think may have influenced that decision?

5. Do you think you would breastfeed or bottlefeed if you ever had a child?

Why? Has this anything to do with the way you were fed?

6. What difference would it make to the baby, or yourself, if you did or not?

7. Are there things that might encourage you to breastfeed? Things that might put you off breastfeeding?

8. Who do you think might influence your decision to breastfeed?

9. Do you think that anyone could breastfeed if they wanted to?

What may stop them?

10. Do you think there should be facilities in public areas for women to breastfeed?

11. If we were going to promote breastfeeding amongst young women how do you think we should do it?

12. Is there anything else you would like to say or ask about this discussion?

Appendix II

Poster and sticker.

Mums bust feeding in public taboo

By HARRIET BINET

SOCIAL taboos against breastfeeding in public have relegated mothers to toilets and other unsanitary places at feeding time.

A campaign launched yesterday called Breastfeeding - Breaking Down the Barriers says babies should have the same rights to dine out in public places as the general public.

The television and billboard blitz wants to change community attitudes and encourage more mothers out into the open when nature calls.

A Nursing Mothers Association of Australia (Tasmania) survey of state women aged 13 to 25 has revealed a reluctance to bare all in public for fear of disapproving looks.

The survey found that just 40% of babies in Tasmania were breastfed at six months of age, well below the national target of 80%.

Leading by example yesterday was Kingston mother-of-two Cathy Hodgman.

Her six-month-old son Tully enjoyed nutritious milk in the foyer of the Hobart Vista Hotel, minutes before the campaign launch.

Ms Hodgman has endured the occasional snide remark while feeding in public but on

the whole, feed time went without a hitch.

Launching the campaign, Health and Human Services Minister Judy Jackson said breast milk was an important health care product worthy of promotion.

"Breast milk is the best food for babies, containing the perfect blend of nutrients for the first six months and helping to protect babies against many serious illnesses," Ms Jackson said.

"It even changes composition, depending on the age and needs of the baby."

"One of the important ways to ensure that breastfeeding is successful is for the mother to breastfeed her baby when it's hungry." Community service announcements will air on commercial television this month.

As well, 5000 posters and 450 bus panels will carry the message: "You wouldn't eat here [in the toilet]. So why should a baby? Breastfeeding in public is a mother's right."

The project was funded by the State Government community support levy and was an initiative of the Tasmanian Breastfeeding Support Coalition.

The announcements and posters were designed free of charge by national advertising company M&C Saatchi.



DINING OUT: Cathy Hodgman feeds her six-month-old son Tully at the launch of a breastfeeding campaign yesterday. Picture: RAOUL KOCHANOWSKI



Babies at the breast

IT is strange that in a society saturated with images of naked female breasts — in magazines, movies, on television and the Internet — the sight of a woman breastfeeding her baby in public is still considered by some people to be an indecent act.

This dichotomy has much to do with the commercial exploitation of sex, but it shows how far the biological function of women's breasts — to feed and comfort babies — has been culturally submerged.

The fact that disapproving looks still upset some mothers so much that they are forced to breastfeed their children in toilets and other unsanitary places is a disgrace.

The campaign by the Tasmanian Breastfeeding Support Coalition to change community attitudes and encourage more mothers to breastfeed in public is unquestionably good news.

A Nursing Mothers Association of Australia survey of women aged 13 to 25 has found that only 40% of babies in Tasmania were breastfed at six months of age — well below the national target of 80%.

By promoting breastfeeding on television and billboards as an activity that can and should be performed anywhere, the campaign has the potential to raise community health standards.

Benefits

The message must get through to those who disapprove of breastfeeding in public that it is not only a lifestyle choice but one with significant health benefits for mothers and children.

Research has confirmed that breast milk protects children against a variety of diseases and parasites. It strengthens the immune system and provides long-term health advantages.

It has also been demonstrated that lactating women return earlier to pre-pregnant weight, have a reduced chance of hip fractures after menopause, and reduced risk of ovarian and pre-menopausal breast cancer.

Despite all the good news, most mothers find breastfeeding a physically painful experience on occasions.

Others have great difficulty with the practice and eventually have to bottle-feed their children. They should not be made to feel guilty by their lack of success.

Governments and business are wise to back the promotion of breastfeeding. It reduces health care costs and employee absenteeism due to the need for mothers to care for ill children.

And families save on the cost of buying infant formula which can amount to hundreds of dollars in the first year after birth.

The campaign will have achieved its aims if the mantle of disapproval is lifted from young Tasmanian mothers, freeing them psychologically to feed their babies anywhere in public.

They should be encouraged to show the doubters that breastfeeding is important and should be accepted as an everyday activity performed by normal women in the real world.

Tasmania must become a more breastfeeding friendly society. It is a cultural change that will benefit us all.

Appendix IV

Grade 9 focus group - Responses to Breastfeeding focus group

1. Well I haven't changed my mind on Breastfeeding. I am still gonna do it if I can. I thought the talk was a good opportunity to talk about what other people's views on breastfeeding and weather they would do it or not! But I reckon they should talk to guys about to see what their views are. Yep well that's all! The lady was nice that took us for the speech and I think that if women feel comfortable about breastfeeding in public well they should no matter what anyone else says!
2. Before yesterday I didn't really think about breastfeeding much. I wasn't really worried about it. I just thought of it as something pregnant women do for there babies/baby, in fact I didn't even think about breastfeeding at all. But now that we had that discussion yesterday I've thought about it a lot more. I've thought about all of the health issues and why mothers want to breastfeed and why they don't. I would really like to do a survey to find out what boys (teenagers grade 9's) think about breastfeeding in public and breastfeeding it's-self because I think it would be interesting. I never thought about what guys thought about it until yesterday. I think that the talk we had yesterday was good for each one of us and it will make us all think about breastfeeding more.
3. I thought it was good! It did not change my mind. I know nearly everything about breastfeeding and bottle and kids. I started baby sitting when I was 10 years old 4 kids year. My sister is breastfeeding. The talk about it was good for people that are just coming a parent or are like us also. They should talk to boy's about it like my sister's boyfriend. No, boy's think it is not important because they are not doing it and they don't have tits, but it is important
4. Before I thought it was a special bond that the mother and the baby could share. It is something that the father, neighbour or either a friend can't share. I was quiet annoyed at mothers who couldn't breastfeed because they were too lazy!
After I realised that all mothers can't exactly breastfeed and not all of them are lazy! For instance if you have a 2 year old and a baby and the father is lazy you don't have time to chase after the 2 year old and clean, cook, bring wood in and mow lawns. It really depends on the situation you are in if you can breastfeed.
5. What did I think about breastfeeding before we had a class talk. Well I didn't really care about it (really I don't know) but when we talked about it, it really made sense it was an important decision to make well after the talk I really sat down and thought about what I'm going to do. My mum had 4 kids one died (Matthew) and well I looked after Blake (the last kid) and well I now know all about breastfeeding.
6. Before yesterday I did not really know anything much about breastfeeding and I really hadn't thought much about it! Well I guess within our group I learnt a lot that I didn't know a lot of the questions that I needed answered were, which was good and there was still a few questions that were left unattended till the end of the session. Personally I had never really given the whole issue a thought but now I guess I will give it a lot of thought for the future.
7. I didn't really think about breastfeeding because I don't see it much and we don't talk about it at school. I wasn't really aware of what Liz was going to say and didn't really care about it. When Liz came it just made me more aware of breastfeeding and gave me more idea of what you need to think about before you choose to breastfeed or bottle feed. Some of the information was very useful and good to talk about. Now we have had a talk about breastfeeding it gave me a chance to think about it last night and decide what I would use.

8. Well it did change my mind. Before I wanted to bottle feed but now I want to breastfeed because it is more hygienic and I was given lots of information and it has changed my mind. I thought that the talk was interesting, I learnt lots of new things like (breastfeeding is more healthier than bottle feeding. Breast milk has lots more nutrients than formulas). I also learnt that some people get offended when they see baby's getting bottle fed.
9. Before the talk I thought breastfeeding was really disgusting but now I think it is really interesting. I would breastfeed now instead of bottle feeding. After the talk I realised how important breastfeeding is and the bond that the mother and child have together. I think there should be more places for breastfeeding than out on the streets where everyone is looking at you. I think the people that bottle feed, the mother probably wants the dad to join in the activity and help feed and that the baby might be healthier for it and I would baby sit up the street. That's all I learnt about breastfeeding.
10. Yesterday before the talk I hadn't even given breastfeeding a second of thought. I guess I thought it was pretty normal and that it wasn't all that important. I was probably leaning closer to bottle feeding than breast or expressed feeding. After the talk I was pretty much deciding on breastfeeding. I changed my opinion because partly because it's natural, healthy, easier, it costs less, your baby may have a closer bond to me and it sounds fine. Before the talk, I was thinking how embarrassing it might be and that maybe the lady was going to try and make the decision for us, but she wanted to know what we thought. My mum breast fed 3 of us kids and found it fine. There is nothing wrong with mum or us so that is all that matters to me. It's normal, natural, easier and healthy and I don't think my child is going to mind.

Appendix V

Evaluation questions -focus group

Exercise 1

What do you know about breastfeeding?

Have you had much experience with breastfeeding? (Are experiences negative or positive)

When do you think it is appropriate to start bottlefeeding?

Exercise 2

Perceptions of the importance of breastfeeding

Why/why not breastfeed

Is breast better than bottle? Why/why not?

What role does breastfeeding play in an infants relationship with its mother?

Exercise 3

Discuss how women may feel about the way people treat them if they do breastfeed in public

Why/why not breastfeed in public?

What would motivate you to encourage women to feel positive about breastfeeding?

Did you know that it is illegal to discriminate against women who breastfeed in public, how do you feel about this

If no-one mentions the campaign, prompt them and asked if they have seen it.

Exercise 4

Show the TV advert and/or the Print then ask them to **write down** how the adverts made them feel or what it made them think of. (Need to probe to see how the advert may/may not change their behaviour or if they understand what it means)

Exercise 5

Ask them to describe how they would encourage the general public to feel more comfortable with breastfeeding

Appendix vi

Focus group evaluation

Responses from men's focus group after seeing the TV advertisement

Response 1

I am ashamed to think that in 2000 we as a society are unaccepting of breastfeeding to the extent that women are forced to feed their children in the toilets.

If this is the case, then society needs to feel a sense of revulsion and this advertisement should do the trick.

How successfully the ad will work to change people's attitudes is another story. I'd think there probably needs to be some follow up activity.

I'm worried that people who are discriminating against mothers who breastfeed in public may simply say "Why don't they feed their babies at home".

Response 2

Main message - Took me a while to get the message - babies should not be relegated to being fed in public toilets.

Response 3

Breastfeeding is a food related activity and should not be relegated to public toilets.

Be accepting of nursing mothers in public.

Response 4

Women shouldn't feel the need to seek out private places in public areas when their baby needs to be breast fed.

It stresses the point that breastfeeding is OK to do any time anywhere.

Response 5

Because it can be unacceptable for a mother to breastfeed in public they find it necessary to do so in public toilets.

After I watched this advertisement I felt angry and a little disgusted that a mother should be placed in this position.

Responses Non nursing mothers after seeing the TV advertisement

Male / Female - professional
Launceston

Response 1

- The advertisement is effective in highlighting the prejudicial attitude that many people have towards breast feeding.
- Strong imagery
- Clear message
- Promotes tolerance and understanding

Response 2

- Inappropriate behaviour (adult eating in a toilet)
- Extend the concept - inappropriate for a baby to be eating (breastfeeding) in a toilet
- Message - breastfeeding should not be marginalised, but should be in a hygienic surrounds
- Men are dominant legislatures - the ad was directed at men - don't put baby feeding room in/as a toilet

Response 3

- Challenging
- ? needs 'further info' contact details
- Could be confusing as to message - what it's advertising.

Response 4

- Liked the ad - made me feel quite revolting
- Mother's right - think that right is off putting. "Should be encouraged" or something more encouraging. I think that some men might take exception to that statement.

Response 5

- Difficult to make the connection - assume it's intended to imply that Mother's use public toilet to breastfeed in
- As far as promoting breastfeeding in public - I think it would make women hesitate even more!

Response 6

I like it

Challenges people to think about their attitudes by placing them in a similar situation (or portraying a situation they can relate to). However I wonder how many people see that mothers actually do have to breastfeed in toilets? If most people don't see this as the case, they may be able to rationalise this advertisement away.

Responses- Nursing Mother's after seeing the TV Advertisement

Breast and bottle feeders

Rural Community

Response 1

Yes, it's a very good commercial.

Sending the message to the community that it shouldn't be a problem to Breastfeed in Public.

Mother's who Breastfeed in Public shouldn't be made feel uncomfortable.

Response 2

Disgusting to be eating a meal on the toilet.

Purpose: To make other people aware that mother's have a right to breastfeed in public.

Response 3

My first impression was yuk! And when I had seen the whole ad I was very impressed at the way they put their point across.

Response 4

I thought the ad was an excellent example of the fact that breastfeeding mothers should not feel ashamed and have to hide away to feed their babies.

Response 5

Makes a good point, women shouldn't be made feel bad/embarrassed to breastfeed in public. No woman should be made to feed elsewhere than where they are. It's a natural thing.

Responses - Non nursing mothers after seeing the TV advertisement

Male / Female

38 - 52 year age range

Rural community

Response 1

The ad shows that men don't need to hide to eat their meals so why should women run and hide to feed their babies.

Sitting in the pub met a few blokes sitting around talking about the ad, the concerns was males and women alike need to be more aware of the babies needs, not obsolete or stereotype.

Response 2

It's a bit of a dig at old Idea's

Good value

Response 3

Brilliant add

Very clever

Very much to the point

Basic rights for everyone

Should get more people to understand the need and change of attitudes in a lot of people.

Response 4

Perfect! It's good

Straight to the point

Easy to understand

Makes one realise how silly it is to expect woman to be put in the situation of feeding in toilets of other inappropriate areas in public.

Response 5

Mothers should have more public places for feeding, also feeding anywhere they want. I wouldn't like to eat my food in a toilet so why should babies.

Non nursing mothers group

Launceston

Predominantly breastfeeding

Response 1

Effective - Yuk!

As a mother who breastfed I can relate to it. However, a lot of people would not.

Response 2

Quite hard hitting, brief, to the point. Statements at the end encapsulate it all! Concept probably been dealt with gently before and hasn't changed public opinions, rather brought the topic to the forefront. Don't really know how elderly people would deal with this rather important message presented in a very strong way. (Be interesting to talk to some elderly people with negative and positive attitudes towards breastfeeding in public).

Response 3

Very short, easy to miss, even people here to watch it didn't realise it was on.

Yucky image, probably needs follow-ups dealing with the underlying messages/issues.

Don't think it would change attitudes to feeding in public for some people eg. the elderly. Although they agree it's not acceptable to feed a baby in a toilet, they probably think you should go somewhere else.

Response 4

Confronting

Don't know whether it will change community attitudes. Could be offset with the beauty of a mother feeding. How unobtrusive it can be.

Response 5

- An ad you remember because of it's strong message.
- The image of a person eating on a public toilet is quite repulsive!
- Don't think overall it helps the person who is unaccepting of breastfeeding.

Response 6

It makes me feel sick at the thought of someone eating in the toilet, especially the public toilet which are dirty places.

I would never consider it an option of feeding my baby in the toilet.

Appendix vii

Breastfeeding Questions in Eat Well Tasmania Survey

How comfortable do you feel about women breast feeding in public areas such as a restaurant?

very comfortable.....01
comfortable.....02
unsure.....03
uncomfortable.....04
very uncomfortable.....05

Have you recently seen or heard anything about a campaign to promote breastfeeding in public areas?

yes.....01
no.....02
unsure.....03

If yes, where did you hear/see about the campaign

television.....01
poster on bus.....02
poster in community health centre.....03
poster in a school.....04
poster in GP surgery.....05
poster in a hospital.....06
poster in pharmacy.....07
poster elsewhere (specify)_____ -08
discussion with another person.....10
no response/not applicable.....09