

LESS GUESS.

The art of using data for strategic behavior change design

Strategic design of mass media

PROMOTING BREASTFEEDING IN VIET NAM

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Scaling up with mass media

This is the story of how Alive & Thrive integrated a national mass media campaign into its comprehensive program to improve infant and young child feeding in Viet Nam. **Read what it takes to use mass media and why it's essential for scaling up behavior change.**

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In many countries, mass media is a part of almost everyone's culture, both reflecting social norms and shaping them. We share here what we learned in Viet Nam about using mass media to deliver messages to millions of viewers at a time, in an emotionally appealing manner. Behaviors changed faster than we thought possible.

In 2009, we found that while almost all Vietnamese mothers breastfed, only about 20% practiced the ideal behavior—giving breastmilk and only breastmilk (“exclusive breastfeeding”) for baby's first 6 months. As a result, Alive & Thrive embarked on the challenge of improving exclusive breastfeeding practices in Viet Nam—at a large enough scale to have an impact on national rates.

Face-to-face counseling was an indispensable component of the Viet Nam Alive & Thrive program. In 3 years, we have been able to reach 420,000 Vietnamese mothers with personal counseling and support for breastfeeding. But in a nation



“Designing and executing the talking babies campaign has been a challenging but rewarding experience. The campaign supports all the work we do for improving infant and young child feeding, including advocacy, face-to-face counseling, and social mobilization. We’ve seen big shifts in social norms, beliefs, and—most important—the life-saving behavior of exclusive breastfeeding.”

— Nemat Hajeebhoy

Senior Country Director, Alive & Thrive, Viet Nam

of 90 million, with about 1.4 million babies born each year, we needed mass media to boost our reach in a timely and cost-efficient way.

We estimated that with mass media we reached 2.3 million mothers of children under 2 years. In addition to mothers, media touched families, community leaders, and health providers, and helped to shape social norms, creating an environment that supported behavior change.

In Viet Nam, we could count on two conditions that were essential if mass media was to prompt behavior change:

- Mass media reached most of our audience
- We had enough resources for a professional, commercial-style campaign. We worked with media-savvy professionals, created materials with high production values and appeal, and purchased sufficient airtime for our campaign to have an impact.

In addition to the above, the mass media space in Viet Nam was accessible and not as crowded as in some markets, meaning that our TV spots had a good chance of standing out. And we have learned that many Vietnamese viewed mass media as a credible source of information.

Findings from three surveys on our campaign suggest that the strategy worked. Exclusive breastfeeding increased, partly due to the mass media campaign.

Exclusive breastfeeding for the first 6 months of life is the single most effective intervention for preventing child deaths. Exclusive breastfeeding—breastfeeding only with no additional foods or liquids, including water—can improve a child’s future growth, development, educational achievement, and even economic status.



AUDIENCES

- **Primary audience:** Women who are pregnant or have a child under 6 months of age. New women enter (and leave) this audience constantly.
- **Secondary audiences:** All other women 19-35 years old, health workers, fathers, grandmothers, and other people who influence the mothers' decisions

CHANNELS

Our campaign used many types of media to reach masses of people:

BROADCAST

- TV spots on national and regional TV stations
- Audio messages delivered over outdoor loudspeakers

OUT-OF-HOME

- Print ads on outside of buses
- Billboards
- Posters in health centers
- TV spots displayed on LCD screens in hospitals, health centers, supermarkets

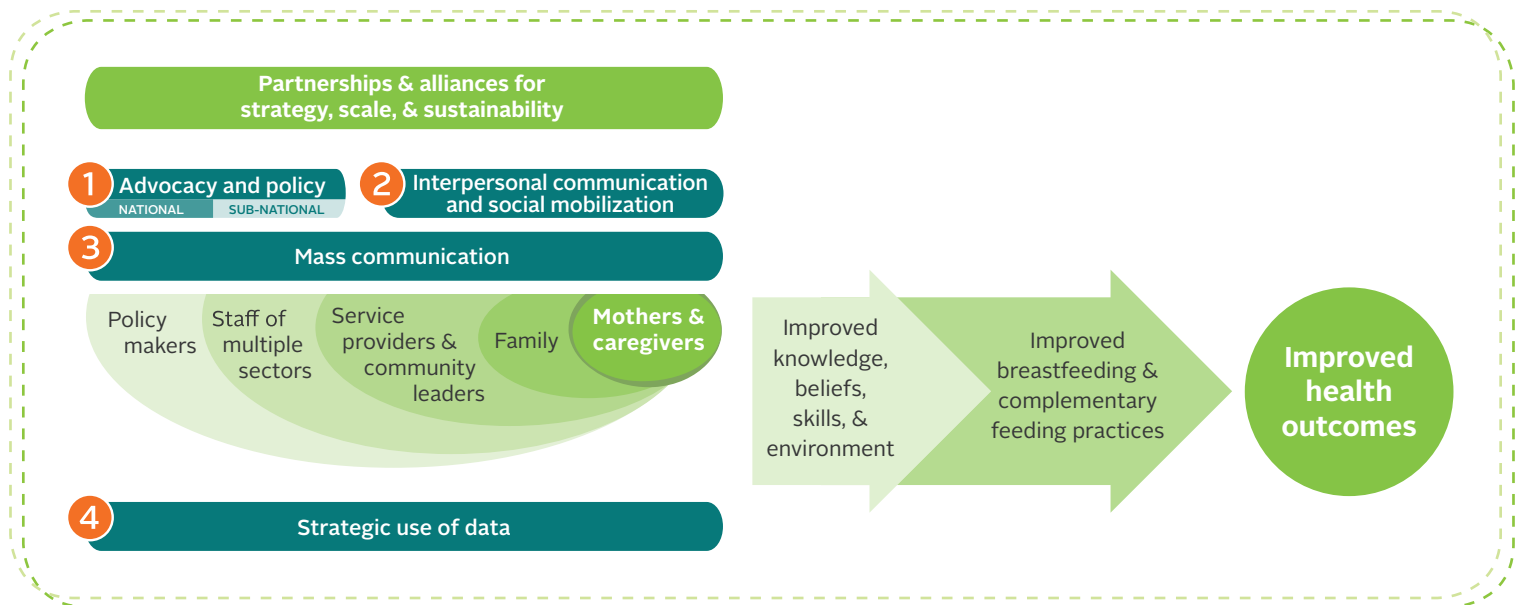


ONLINE

- A website, dedicated to infant and young child feeding, with information and TV spots
- Interactive online counseling
- Interactive mothers' forum
- TV spots placed on Vietnamese websites that are most popular with women
- Facebook fan page
- Mobile app to connect young mothers and allow them to track baby's milestones, share photos, access and feeding recommendations



WHERE DOES MASS MEDIA FIT IN A COMPREHENSIVE BEHAVIOR CHANGE PROGRAM?



Alive & Thrive's comprehensive program in Viet Nam was much broader than its mass media campaign. **Advocacy** efforts resulted in breastfeeding-friendly laws that extended paid maternity leave to 6 months and imposed limits on the marketing of breastmilk substitutes (infant formula). For our **interpersonal communication** component, face-to-face counseling was delivered through two models: an innovative social franchise model implemented in almost 800 government health facilities, and an infant and young child feeding support group model in 225 villages. The interventions we developed for all the components depended on **strategic use of data**.

Mass communication worked independently and supported the advocacy and face-to-face communication by:

- Reaching all audience groups with a common, tested message and in a consistent manner
- Lending credibility to health workers' messages about breastfeeding, making mothers more receptive to messages and support delivered by counselors

- Reinforcing frontline worker commitment to breastfeeding and reminding them of key messages
- Modeling the desired behaviors by showing "a mother like me" breastfeeding
- Shifting social norms and people's perceptions of the norms
- Changing beliefs about outcomes of the behavior
- Directly motivating mothers to practice exclusive breastfeeding for 6 months

An added benefit of mass media was that the program's tested messages and approach were consistently delivered as intended, without the subtle shifts in meaning that can happen in a face-to-face conversation.

6 STEPS—AND STRATEGIC DECISIONS—TO DESIGN OUR MASS MEDIA CAMPAIGN

We followed a proven process, conducting research and then using the findings to make strategic decisions about behaviors and small doable actions, audiences, drivers of behavior (behavioral determinants), messages, and media placement. Here are the steps we took to ensure that our mass media campaign was strategic:

1

Conducted **situation analysis** and reviewed existing data to decide on which priority feeding practices to explore in the formative research, and which media/channels to use

2

Conducted **formative research** and a **media audit** to decide on the **communication strategy**, including priority behaviors, small doable actions, a behavior change model, concepts to test, a media buy strategy, and a monitoring plan

3

Tested concepts to decide on the messages, characters, storylines, visuals, formats, and **developed materials**

4

Pretested materials to decide on final wording, exact call to action, and visuals



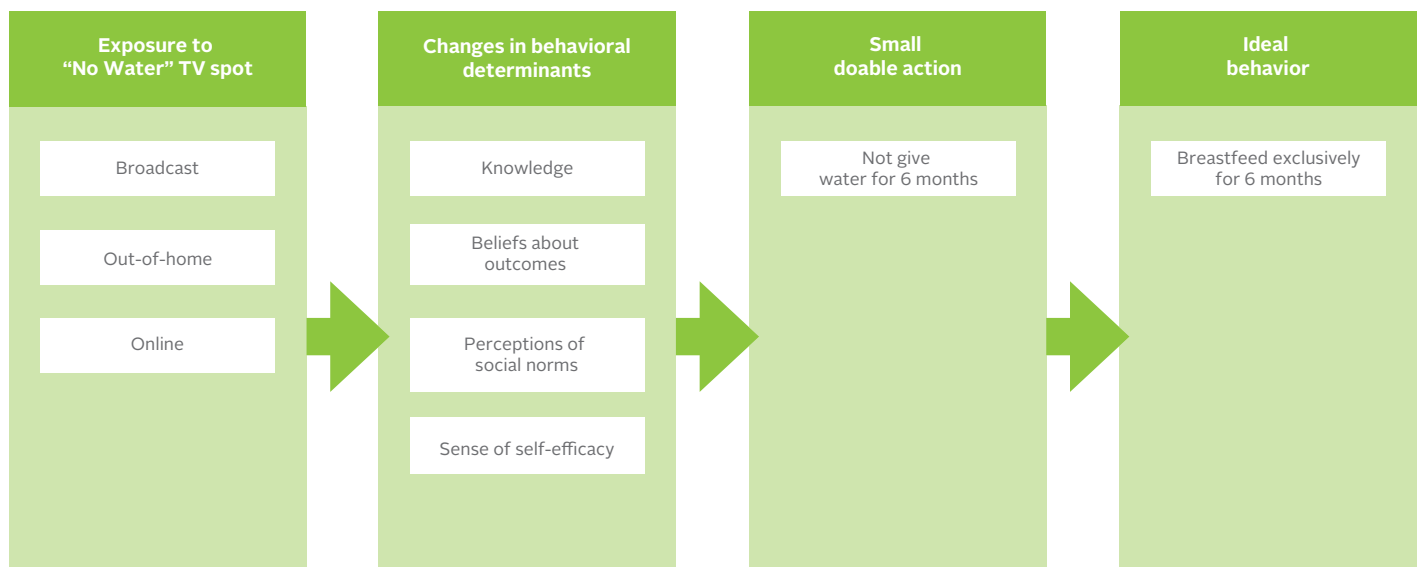
5

Produced materials, bought media (airtime and online placements), launched campaign

6

Monitored campaign reach and changes in beliefs and behaviors, to decide on adjustments to keep campaign on target

BEHAVIOR CHANGE MODEL FOR “NO WATER” TV SPOT



Creating a model for behavior change is like setting out a hypothesis. First we needed to be clear about the end goal or **ideal behavior**: practice exclusive breastfeeding for the first 6 months.

Our data showed that giving water was a big threat to exclusive breastfeeding rates in Viet Nam. Eliminating that practice would result in many additional exclusively breastfed babies. So a **key small doable action** to promote through mass media was “do not give your baby water for the first 6 months.”

Simply increasing mothers’ awareness or knowledge may help some mothers adopt a new behavior—but was unlikely to result in widespread change. Our campaign addressed specific **behavioral determinants**—the factors our research showed us drove the behavior.

Four behavioral determinants were at play:

- **Knowledge** of what the recommended behavior/action is
- **Beliefs about outcomes** of doing the behavior – the mother thinks that adopting the behavior will result in an outcome she cares about
- **Perceptions of social norms**—what the mother thinks other mothers like her are doing; and what she thinks other people (whose opinions matter to her) think she should do
- **Sense of self-efficacy**—the mother feels she is capable of doing the behavior and that it is convenient for her

CLICK BELOW TO
DOWNLOAD REPORTS:



Formative research,
phase 1



Formative research,
phase 2



Media audit

RESULTS: BEHAVIORS CHANGED FASTER THAN IMAGINED

For this campaign, Alive & Thrive conducted the first major evaluation of a breastfeeding campaign in 20 years. With three rounds of evaluation data in, we have learned that:

BEHAVIOR CHANGE CAN HAPPEN FAST.

Just a year into the mass media campaign, the behavior of exclusive breastfeeding up to 6 months of age had risen to surprising new levels—from 26% to 48%.

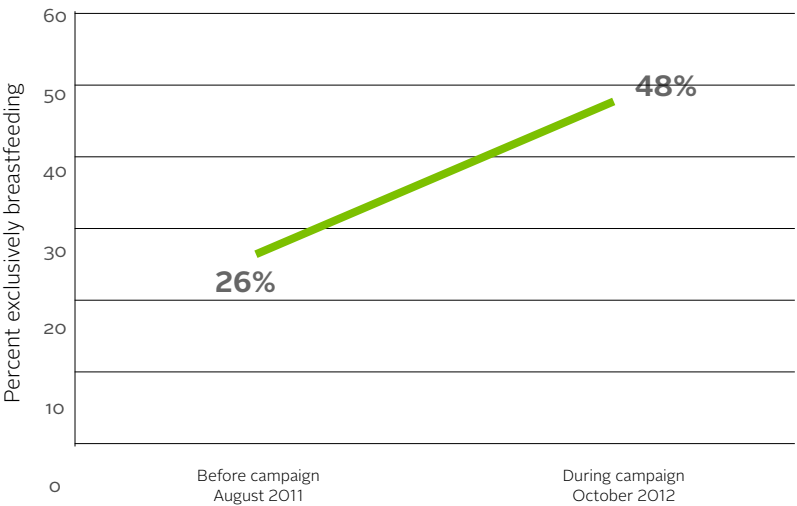
HUGE NUMBERS OF VIETNAMESE MOTHERS SAW AT LEAST ONE OF THE CAMPAIGN'S TV SPOTS.

About 18 months after the launch of the campaign, 85% of mothers we interviewed reported exposure to an A&T breastfeeding message—through broadcast, out-of-home advertising, and/or online. In 2013, an estimated 800,000 Vietnamese mothers with children under 6 months saw at least one of our TV spots.

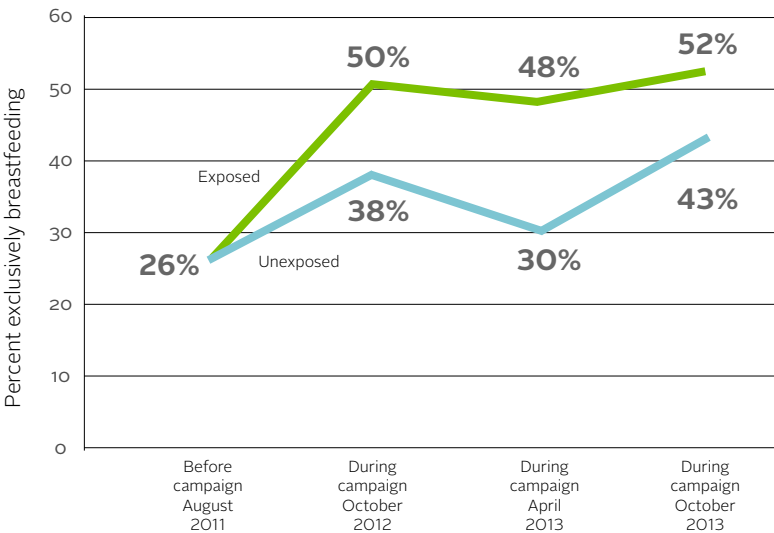
WOMEN WHO RECALLED THE MASS MEDIA CAMPAIGN WERE MORE LIKELY TO BE GIVING ONLY BREASTMILK (THE BEHAVIORAL GOAL).

We can attribute much of the behavior change to the mass media campaign alone. Women who reported exposure to the campaign were more likely than their unexposed counterparts to have breastfed exclusively up to 6 months (the difference between exposed and unexposed ranges from 9 percentage points to 18).

Dramatic increase in exclusive breastfeeding



Mothers exposed to TV spots more likely to adopt behavior



SOCIAL NORMS ABOUT BREASTFEEDING SHIFTED—AND MASS MEDIA PLAYED A ROLE.

Exposure to mass media was associated with mothers' beliefs that exclusive breastfeeding for 6 months was the norm. We asked mothers whether they agreed that people whose opinions they cared about thought that they should give breastmilk only—no water, no infant formula, no semisolid food—for baby's first 6 months: 68% of those exposed to the TV spots agreed, compared to 46% of mothers not exposed to the spots. Results were similar when we asked mothers if they believed that other mothers were giving only breastmilk: 66% of mothers who had seen the spots agreed, and 47% of those who had not been exposed agreed.

DURING THE LIFE OF THE CAMPAIGN, MORE MOTHERS REPORTED BEING CONFIDENT THAT THEIR BREASTMILK WAS ENOUGH.

Our formative research had revealed doubts among mothers, grandmothers, and health providers that Vietnamese women were capable of producing breastmilk of sufficient quantity and quality to nourish their babies for 6 months. Eighteen months into the mass media campaign, 85% of mothers exposed to the campaign were confident that their breastmilk alone offered all the nutrients baby needs for 6 months, compared with 72% of mothers not exposed to the campaign.

EXPOSURE TO THE TV SPOTS ALONE ACCOUNTED FOR THOUSANDS OF ADDITIONAL BREASTFED BABIES PER YEAR.

Our evaluation confirmed what many public health practitioners have known for years: a strategic mass media campaign can prompt behavior change. The exclusive breastfeeding rate had changed little in the 15 years prior to the campaign. Our evaluation design allowed us to look at the mothers of children under 6 months of age who were exposed to the TV spots but not to A&T's face-to-face counseling intervention. Thirty-six percent of those mothers reported exclusive breastfeeding. We estimated that exposure to the TV spot accounted for an additional 149,000 breastfed babies in 2012 and 138,000 more in 2013.



138,000

additional babies breastfed in 2013 because their mothers saw the mass media campaign

Theory helps explain how messages worked

We admit it. Our talking babies are so adorable to watch that even practiced program planners may fail to note the precision with which the messages were crafted.

In this 45-second TV spot from Viet Nam, “No Water,” we packed a number of strategic messages that built on our formative research findings and used behavior change theory. Buying airtime to broadcast these spots was expensive. We made every line count.

Here and on the next page, we break down the script and the images for you. See how these lovable babies delivered on the behavior change strategy, line by line.

The strategy worked. Our early findings indicated that mothers who recalled the TV spot were more likely to hold the beliefs the campaign promoted. And, more importantly, they were more likely to withhold water, leading them to breastfeed exclusively.

“Mothers who are like me!”

Findings: Mothers who give only breastmilk are more likely than those who give water to believe that “other mothers like me give only breastmilk for 6 months”

Theory: Increasing perception that the behavior is the **social norm**—“People who are like me do this”—drives uptake of behavior

Creative Solution: Image of actual mother breastfeeding with love and confidence. Mothers relate to her.



Emotional “hook”

Findings: Our pretests showed that talking babies evoke the “a-w-w-w!” factor—lots of good feelings about cute, smart babies: “Such a small baby can talk!” “So cute!”

Theory: When people have a positive **emotional** response, they are more likely to remember the message and to adopt the action or behavior

Creative Solution: Surprise: grown-up ideas from cute, tiny babies, delivered in sweet voices. Warm pastel colors, loving relationship.



Every line is based on research findings and theory



Click to view TV spot

Choosing a specific small doable action to promote helps mothers reach the “ideal” behavior

Findings: A big threat to exclusive breastfeeding is water, yet mothers think—since they give only a few drops—that they are still “exclusively” breastfeeding

Theory: Letting people know exactly what they can do (a **small doable action**) increases chance they will change behavior

Creative Solution: TV spot is explicit that the small doable action is “do not give water for the first 6 months.” Spot also stresses the ideal behavior—give only breastmilk for first 6 months.

Address explicit beliefs about giving water

Findings: Mothers believe a small amount of water poses no risk and think that without water, baby will be thirsty or hot. They rinse mouth, thinking it will ward off oral thrush.

Theory: Addressing incorrect **beliefs about outcomes** of the small doable action—“do not give water”—helps remove barriers

Creative Solution: TV spot directly counters incorrect beliefs, states that even a little water is a danger to the baby, and that there is no need to rinse the mouth

Mother’s confidence that her milk alone is enough for 6 months

Findings: Mothers and health workers doubt that Vietnamese mothers’ breastmilk is enough to control thirst and nourish baby for 6 full months

Theory: Building **self-efficacy**—“I can do this!” “My breastmilk is all baby needs!”—helps uptake of behavior

Creative Solution: TV spot reassures mother that baby will have “enough water and nutrition” with breastmilk alone

Script for TV Spot: No water!

Older baby:
I just finished breastfeeding.
So yummy!

Younger baby:
Did you drink some water
to **rinse your mouth?**

Older baby:
Oh, no. I don’t drink even a little bit of water. Just a few drops of water can make us sick.

Younger baby:
Really?

Older baby:
Breastmilk has enough water and all the nutrients you need.

Younger baby:
Mom, I don’t need water. Don’t worry that I’m thirsty or need to rinse my mouth. **Leading health organizations** recommend that you feed me only breastmilk for the first 6 months. **Breastmilk has enough water and nutrients for me to grow up healthy and smart.**

Chorus of children:
Breastmilk—
the best for us,
proven globally.

Science, global experts

Findings: Vietnamese mothers heavily swayed by science, want to know global experts agree; they trust in Ministry of Health and World Health Organization

Theory: Increasing belief that people whose opinions they value want them to do the behavior is another way of addressing **social norms**.

Creative Solution: Spot states “leading health organizations” and “proven globally,” displays logos

Focus on intelligence

Findings: In addition to “healthy,” Vietnamese mothers respond powerfully to idea that breastfed child is intelligent

Theory: Presenting **beliefs about outcomes** of the behavior drives behavior change

Creative Solution: TV spot’s key promise is “healthy and smart,” linked to correct breastfeeding and not giving water

Inside the studio where babies are the stars!



Nguyen Huong Giang
Behavior Change
Communications Specialist
Alive & Thrive Viet Nam, FHI 360

Two short TV spots meant long, tough days in production and post-production for Nguyen Huong Giang—along with 2 starring babies, 2 back-up babies, 4 older kids, 9 mothers, and dozens of production staff. Giang takes us inside the production studio for the talking babies campaign.

If you had told me ahead of time how many hours it would take to produce two 45-second spots with talking babies, I wouldn't have believed you.

Designing Alive & Thrive's mass media campaign really began in 2011 when we pretested four concepts with 32 focus groups. Target audience members told us their favorite was the concept that promoted breastmilk from a baby's perspective and used scientific evidence to support the claims.

Next we tested three visuals with 36 focus groups to find out which one was most appealing and whether the call-to-action was clear. Respondents were most attracted to real babies and the idea of having them “talk.”



In the TV spots, a 4-month-old baby and a 6-month-old baby talk to each other. Producing the TV spots using babies was very challenging. First we had to find two “star” babies and several backups. It took us two days to shoot the two TV spots. We had to break the filming into short sessions to allow time for the babies to breastfeed, rest, and sleep.

Next we had to find children to record the babies’ dialogue. We looked for children between 3 and 5 years of age who had pleasant and clear voices and could sit for a long time and repeat the same sentence over and over. Since there are distinct accents in northern and southern Viet Nam, we had to locate two children from the north and two from the south to record each spot. After searching for 3 days in Hanoi and working with 15 children, we finally found two 5-year-olds who could deliver the whole conversation. In Ho Chi Minh City we selected a 3-year-old and a 5-year-old for the recordings.

When the children became bored or restless during the recording session, the parents and copywriters played with them, talked to them, gave them snacks, and told stories to persuade the children to continue the recording session.

Now came the difficult task of matching the words to the movement of the babies’ mouths. The technical team had to work hard to control the timing in both



[Click to view
behind the scenes footage
with A&T's baby stars](#)



versions, especially since the children spoke faster in the northern version than in the southern version.

I learned a lot from this experience and was able to apply these lessons to the next two TV spots we made in 2012. The second time around, I reviewed the scripts more carefully and did casting and sample voice recording before shooting to make sure that the dialogue fit within the timeframe. Also, I used older children to record the slogan at the end of the spots to make it snappier and more memorable.

So far, we're getting positive reactions to the spots. Many people smile when they hear the babies say, breastmilk is "yummy" or "Mom, I don't need water," and "Breastmilk has enough water and nutrients for me to grow up healthy and smart." We often hear people say, "The babies are so wonderful!"

What's important is that the spots help more mothers practice exclusive breastfeeding for the first 6 months. We've found that the TV spots make a difference because the mothers who see them gain confidence that they really can produce enough milk for a baby for 6 months. And they believe the message that they don't need to give water to the baby. We're monitoring the spots and conducting a mass media evaluation to find out how exposure to the mass media campaign relates to changes in beliefs and attitudes, as well as changes in behavior. Already, we see that people are talking about breastfeeding in ways they didn't before the campaign. And behavior is changing.

Learning from the Competition

When planning a social marketing campaign, it's wise to study the competition. In the case of breastfeeding, "the competition" is more obvious than it is for most health behaviors. In Viet Nam, companies that produce infant formula advertise heavily on TV and in supermarkets and give away free samples.

In our preliminary research, a media audit and a survey of mothers confirmed that there was much more exposure to advertisements on infant formula than on breastfeeding. Before our campaign, 80% of mothers reported seeing TV advertising for formula milk in the last 30 days, while in the same period only 39% saw information on TV about breastfeeding.

We reviewed the advertising strategies of infant formula manufacturers. Formula companies had been filling the airwaves with daily doses of advertising of infant formula. In addition, the products were highly visible in supermarkets, with numerous brands in colorful packaging, often the first display one saw on entering the store. Marketing for infant formula was everywhere, challenging us to plan a media buy that would be intensive enough to gain the audience's attention and trust. It was essential for us to pay for the airtime rather than depend on free or "public service announcement" coverage.

We listened to mothers about the persuasive arguments that convinced them to use infant formula. Mothers and grandmothers told us they had heard about specific ingredients that made infant formula more nutritious than breastmilk.

Mothers also said while breastmilk was good for boosting the baby's immune system, to increase the child's weight, height, and intelligence, they felt they should add formula to the breastmilk they were already giving. Although mothers and grandmothers insisted that "breastmilk is good," persistent marketing had shifted social norms broadly toward acceptance of infant formula and canned milk products as a necessary complement to breastmilk. We heard from mothers, grandmothers, and even medical doctors that Vietnamese women were just not capable of producing breastmilk of sufficient quantity or quality to sustain their babies for 6 months.

Paying close attention to how our "competition" was marketing their product helped us market breastmilk in an emotional and effective way. Even though we were outspent on advertising by 13 to 1, we managed to win back some of the "market share," significantly increasing rates of exclusive breastfeeding for the first 6 months—from a pre-campaign rate of 26% to 48% following a year of the mass media intervention.



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ALIVE & THRIVE is an initiative to improve infant and young child feeding practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The first two years of life provide a window of opportunity to prevent child deaths and ensure healthy growth and brain development. Alive & Thrive (A&T) aims to reach more than 16 million children under two years old in Bangladesh, Ethiopia, and Viet Nam through various delivery models. Learning is shared widely to inform policies and programs throughout the world. Alive & Thrive is funded by the Bill & Melinda Gates Foundation and managed by FHI 360. Other members of the A&T consortium include BRAC, GMMB, International Food Policy Research Institute (IFPRI), Save the Children, University of California-Davis, and World Vision.

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