



MASS COMMUNICATION

Infant and young child feeding at scale

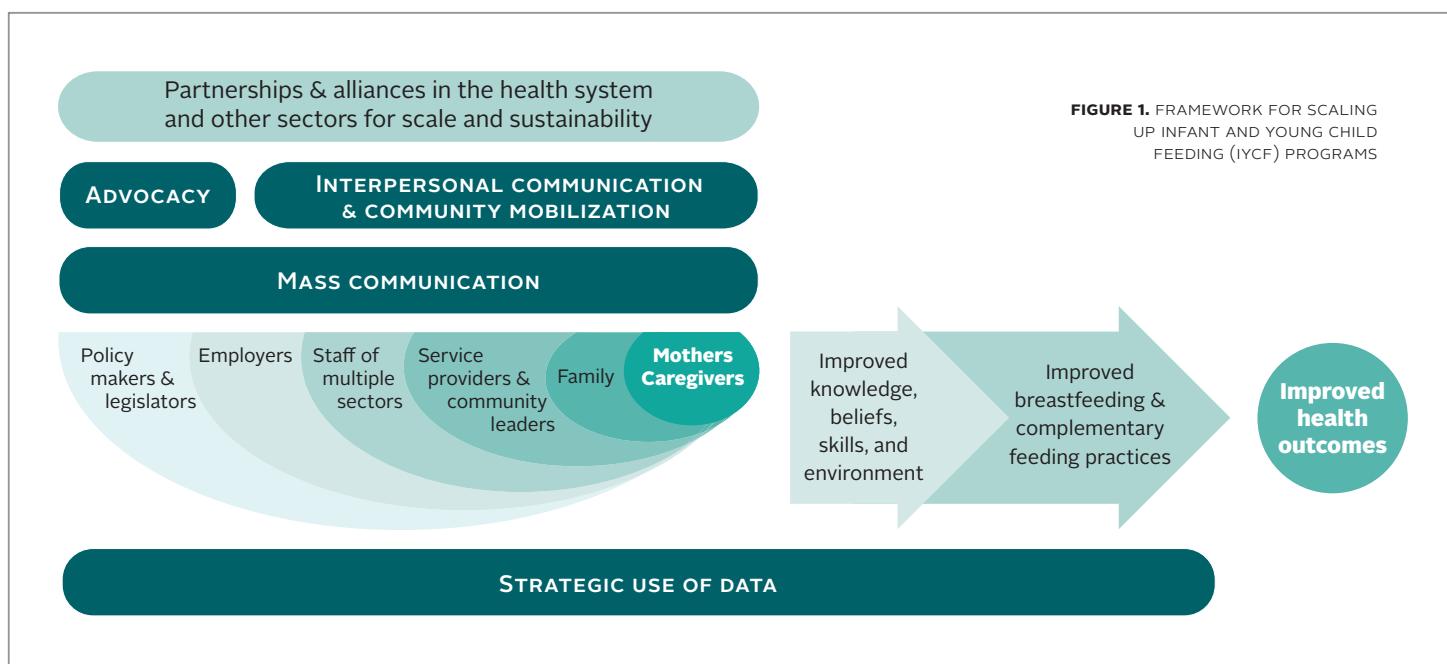
THE ALIVE & THRIVE INITIATIVE

Alive & Thrive¹ used mass communication to reach over 10 million families with children under 2 years in Bangladesh, Ethiopia, and Viet Nam. The need to scale up rapidly meant that mass media was essential. Along with advocacy, interpersonal communication, and strategic use of data, the media campaigns helped shift social norms and achieve dramatic increases in behaviors. Far from an expensive “frill,” mass media can be a relative bargain. Though less efficacious than interpersonal, mass communication costs less per contact and contributes heavily to behavior change.

¹ This brief describes mass communication activities conducted from 2009 to 2014 and funded by the Bill & Melinda Gates Foundation through Alive & Thrive, an initiative to reduce child undernutrition by improving infant and young child feeding practices at scale.

What is mass communication for improving infant and young child feeding?

Mass communication for behavior change involves strategic uses of a country's available communication channels to reach masses of people with persuasive, consistent messages. Messages are packaged as audio or video spots, recorded dramas, music videos, print ads, text messages, and other materials and delivered through broadcast, out-of-home, and digital channels. To achieve adequate intensity, channels are selected based on the audiences' media use and may shift with expanding access or new technologies.



DISTINCTIVE FEATURES OF ALIVE & THRIVE'S MASS COMMUNICATION APPROACH

- **Mother-centered**, responsive to the challenges mothers face and what motivates them
- **Data-driven**, for decisions about priority behaviors and their determinants, audiences, channels, and placement
- **Prioritized and sharply focused** on the behaviors with greatest impact on health
- **Of sufficient intensity and saturation** to make campaigns memorable, using purchased placement
- **Created with commercial advertising firms and media partners**
- **Emotionally appealing** to get noticed and motivate change, showing the behaviors as beneficial, convenient, feasible, and as the “new norms”
- **Frequently monitored** to prompt adjustments

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As in commercial media, emotional appeal is crucial to grab audience attention and leave a lasting impression. Increasingly, interactive channels allow for two-way communication.



Broadcast radio and TV: spots, music videos, dramas, animated videos for children



Out-of-home: billboards, posters, neighborhood loudspeakers, ads placed on buses, and TV spots and videos displayed on LCD screens in hospitals, health centers, and supermarkets or shown by mobile vans



Digital: dedicated website with interactive forum, online advertising or placement, social media like Facebook, text or audio messages delivered by mobile phones, phone apps

Why is mass communication important?

Mass communication was essential for A&T to achieve national scale. Within three years, Bangladesh reached 6.5 million mothers of children under 2 years directly through mass communication, Ethiopia reached nearly 1 million, and Viet Nam 2.3 million. The appealing media messages touched millions more who could support mothers' behaviors, including fathers, grandmothers, health workers, doctors, and decision makers, with common, tested messages delivered in a consistent manner. Mass communication campaigns lent credibility to frontline workers' messages, making mothers more open to their support. The campaigns likely helped frontline workers remain true to the program's priority messages.

A recent review of mass media campaigns to change health behaviors called for adequate intensity and a sustained period of exposure to the campaign accompanied by an enabling environment and multiple channels to achieve behavior change.² When done right and adequately funded, mass communication delivers highly emotional messages, changes key beliefs, shifts perceptions of social norms, increases self-efficacy, and prompts behavior change. In many countries breastfeeding faces competition from companies that produce infant formula and advertise heavily on TV, online, and in supermarkets. Counter-marketing of breastmilk can help win back some of the “market share,” increasing breastfeeding.

What was Alive & Thrive's mass communication approach?

A&T's process for developing mass communication strategies was adapted from commercial approaches and informed by social marketing and behavior change principles. Data informed the decision points throughout the phases.

² Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet* 2010;376:1261-71.

UNDERSTAND THE SITUATION. Campaign strategy was based on formative research and media audits, taking into account variability in health practices, feasible behaviors, key audiences at multiple levels of influence, ethnic differences, languages, and urban/rural media. This phase offered an opportunity to engage a broad group of stakeholders in reviewing data and making strategic choices for the campaign.

DESIGN FOR BEHAVIOR CHANGE. Priority behaviors were crystallized into a small number of doable actions, defined as “specific, feasible incremental change with high potential public health impact.” For example, the Viet Nam campaign advised “don’t give water,” a small, doable action that could greatly increase exclusive breastfeeding. Creative materials were designed to address the specific barriers and motivations that mold these sub-behaviors (including perceived benefits, societal and family norms, self-efficacy, and household or institutional barriers). Persons with influence over a mother’s choices were identified, such as fathers, grandmothers, other women, and doctors. Channels were selected for reaching primary and secondary audiences.

CREATE PROFESSIONAL-LEVEL MATERIALS. All three countries engaged commercial advertising firms to develop materials that would stand out and capture audience attention. Emotionally appealing content was developed through dramatic story formats in Bangladesh and Ethiopia and via “talking” babies in Viet Nam. Each creative product was extensively pretested and revised until the intended primary and secondary audiences understood, responded emotionally, and retained the key messages.

IMPLEMENT AND MONITOR. Commercial agencies purchased air time and space for TV, radio, digital platforms, or billboards. Media habits and costs determined where and when to place the materials. Nationwide high saturation, at levels approaching those reached for marketing commercial products, was maintained over several years, with intermittent bursts of media activity.

EVALUATE AND REPLAN. Media agencies tracked reach and advised on adjustments to the placement of ads to maximize value for money. Each country team conducted its own monitoring to check that spots were aired as planned, families reported seeing them, and campaign intensity was sufficient to make the messages memorable.

Results: Behaviors changed faster than imagined

While mass communication approaches had demonstrated positive impact on some health behaviors,³ there were limited data in 2008 when Alive & Thrive designed its programs to show the effectiveness of mass campaigns in improving breastfeeding and complementary feeding practices.⁴ Alive & Thrive had the first opportunity in over two decades to undertake a rigorous evaluation of a national breastfeeding campaign. Preliminary findings from A&T’s study in Viet Nam show that:

- **Mass communication helps nutrition programs achieve scale.** In study areas, 85% of mothers interviewed reported exposure to an A&T message. In 2013, an estimated 800,000 Vietnamese mothers with children under 6 months saw at least one of A&T’s TV spots.
- **Mass communication helps change social norms.** The campaign increased mothers’ perceptions that exclusive breastfeeding was the norm (66% of mothers exposed to the campaign agreed, compared to 47% of those not exposed).
- **Mass media contributes to changes in behavior—fast.** During the campaign’s first year, exclusive breastfeeding rose from a pre-campaign rate of 26% to 48%. Mothers who recalled the campaign’s messages were more likely to be giving only breastmilk. Exposure to the TV spots alone accounted for an estimated 149,000 additional exclusively breastfed Vietnamese babies in 2012 and 138,000 more in 2013.
- **Change is greater with interpersonal + mass communication.** In the areas of Viet Nam where the campaign offered TV spots only and no A&T interpersonal counseling, exclusive breastfeeding increased from 26% (pre-campaign, in 2011) to 51% (in 2013). In areas where, in addition to TV spots, A&T’s interpersonal counseling was available, the rate increased from 26% in 2011 to 60% in 2013.

Our early results confirm that with adequate intensity and sustained exposure, accompanied by an enabling environment, mass communication is essential for reaching scale and achieving impact on behaviors.

³ Hornik RC, ed. *Public health communication: Evidence for behavior change*. Mahwah, NJ, USA: Lawrence Erlbaum Associates, 2002.

⁴ Bhutta et al. *What works? Interventions for maternal and child undernutrition and survival*. Lancet 2008; 371: 417-40.

What did we learn?

MASS COMMUNICATION, DELIVERED INTENSIVELY, WAS

ESSENTIAL FOR REACHING SCALE. In countries with high penetration of mass media channels, A&T's campaign reached millions the moment it was launched.

MASS COMMUNICATION CAN LEAD TO BEHAVIOR

CHANGE when strategic media messages and materials are produced by professional advertisers and exposure is intensive. A&T's Viet Nam study confirmed that the sheer numbers reached by mass media can result in tens of thousands of mothers adopting the behavior.

FOCUS AND CLARITY ARE KEY. A qualitative study in Bangladesh showed that viewers were more likely to recall the behavioral messages of those Alive & Thrive TV spots in which the message was clear and required little interpretation on the part of the viewer.

COMPREHENSIVE PROGRAMS RESULT IN MORE

BEHAVIOR CHANGE. Almost across the board, A&T's impact on behaviors was highest when a mother was exposed to both mass media and interpersonal communication.

MASS MEDIA, EVEN THOUGH EXPENSIVE, CAN BE A

GOOD BUY. Across the three countries, mass communication activities represented on average 27% of total program costs, much less than the expenditure for scaling up interpersonal counseling. Mass reach was more easily and economically achieved in countries covered by national broadcast stations and requiring only one or two languages.

MASS COMMUNICATION HELPS CREATE A “BUZZ,” with

people talking with each other about the new practices. In Viet Nam, A&T noted that in geographic areas of high exposure to both interpersonal counseling and the TV spots, even mothers who were not exposed to either were more likely to breastfeed exclusively than were mothers in low-exposure areas.

Want to learn more?

Visit the website for tools and resources:

www.aliveandthrive.org

CASE STUDIES/HOW TO DESIGN A MEDIA CAMPAIGN

- Research to action: Designing communication on child feeding in Bangladesh
- What drives behavior? Key factors for handwashing in Bangladesh
- Strategic design of mass media: Promoting breastfeeding in Viet Nam

EVALUATION PLAN

- Using behavioral theory to evaluate the impact of mass media on breastfeeding practices in Viet Nam:
Evaluation plan and baseline findings

JOURNAL ARTICLE

- Tailoring communication strategies to improve infant and young child feeding practices in different country settings. Food and Nutrition Bulletin 2013;34(Suppl. 3): S169-180

MEDIA AND MATERIALS

- Watch TV spots and music video and view posters on Alive & Thrive website



www.aliveandthrive.org