



Mum or bub? Which influences breastfeeding loyalty

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ABSTRACT

The need for social marketing research in the area of breastfeeding is highlighted by the failure of campaigns to increase breastfeeding rates over the past two decades in developed countries. This is despite evidence of the health benefits of longer breastfeeding duration to both baby and mother, and the high levels of expenditure on these campaigns. Whilst past campaign approaches typically focus on baby-oriented factors, breastfeeding is a complex behaviour that for many women involves barriers that influence their commitment to continued breastfeeding. Using social marketing, this research investigates the role of mother-centred factors on loyalty to breastfeeding. A sample of 405 Australian women completed an online survey. The data were analysed using structural equation modelling, which revealed that mother-oriented, rather than baby-oriented, factors influence attitudinal and behavioural loyalty to breastfeeding.

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1. Introduction

Decision makers in the public sector and non-profit organisations are increasingly turning to a social marketing approach to achieve socially desirable goals in health, wellbeing and sustainable enterprises (see Brennan and Binney, 2008; Zainuddin et al., 2011). Recently, national and international health decision makers have embraced social marketing strategy to address the social challenges of breastfeeding (Department of Health and Ageing, 2009a,b). In this article we argue that a social marketing approach is needed because despite evidence supporting the health benefits to both baby and mother from longer breastfeeding duration (ABS, 2003; Booth and Parsons, 2001; Newcomb et al., 1994; WHO, 2001), sustained breastfeeding rates in Australia remain low (ABS, 2006).

In the past, a range of health interventions have been used by government departments and non-government organisations around the world to address the challenges of breastfeeding. Evidence from systematic reviews of breastfeeding interventions, however, indicate that the majority of programs have had limited success in increasing the duration of breastfeeding (see Fairbank et al., 2000, 2002; King et al., 2005; South Australian Government, Public Health Research Unit, 2006). Many of these earlier programs and health campaigns have focused on education and the promotion of health benefits. These health approaches have been successful in raising awareness about breastfeeding and providing factual

information on the health benefits for the baby, including decreased risk of gastro-intestinal illnesses and reduced incidence of asthma. Many of these campaigns have not acknowledged the barriers women experience when breastfeeding, such as physical difficulties (e.g., nipple pain and attachment problems), embarrassment and lack of milk supply (DiGirolamo et al., 2005), which are almost always mother-related (mother-centred).

Recent research indicates that women are already knowledgeable about the benefits of breastfeeding (Alikassifoglu et al., 2001; Mitra et al., 2004). This is where social marketing provides an alternative approach to influencing and changing behaviour. Marketing adds choices, whereas education informs and persuades within an existing range of choices (Rothschild, 1999). Endeavouring to influence behaviour change by focussing solely on factual information, or promotional messages to individuals that are too narrow in their approach, underestimates the complex environments in which individuals live (Wymer, 2011). This is the case with breastfeeding. Women's behaviour is influenced by multiple internal factors (e.g., a woman's confidence in being able to breastfeed – self-efficacy – and attitudes to breastfeeding) (Papinczak and Turner, 2000) and external influences (e.g., social relationships, social norms and access to breastfeeding-friendly public spaces) that all impact capacity to breastfeed (Shaker et al., 2004).

Many past promotional campaigns encouraging breastfeeding portray the behaviour as normal and easy (Horswill, 2009), however, this is far from reality for many women. The day-to-day challenges of breastfeeding for some outweigh the benefits and so the best intentions go astray, with women turning to formula feeding. Marketing insights, from a loyalty framework and exchange theory perspective, can be used to inform and guide a better understanding of the

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complexity of breastfeeding behaviour. We propose that a loyalty framework, which includes both attitudinal loyalty (i.e., intentions and commitment to breastfeed) and behavioural loyalty (i.e., the act of breastfeeding), can help explain sustainable behaviour. With the addition of exchange theory, a social marketing approach can thus be used to further investigate the balance of costs and benefits assumed by women when they engage in and extend their commitment to breastfeeding.

The purpose of this current research is to investigate key mother-centred factors and the effect they have on sustained breastfeeding behaviour as a base for informing social marketing theory and future social marketing campaigns. To this purpose, the following research question will be addressed: *What influence do the mother-centred factors of personal social support and self-efficacy have on breastfeeding duration in a social marketing context?*

2. Literature review

The marketing process aims to stimulate demand for products and services. In social marketing, the focus is to stimulate demand for positive behaviour change, for example, increased exercise or increased breastfeeding duration. In both contexts, demand is operationalised through the application of exchange theory (Bagozzi, 1975). In the context of this current study of breastfeeding, the marketing exchange is concerned with offsetting the barriers to breastfeeding (which are typically mother-oriented) against the benefits of breastfeeding (which are typically baby-oriented). To achieve an exchange in favour of breastfeeding loyalty, an understanding of these barriers and benefits is required. When applying social marketing thinking to breastfeeding, government decision-makers typically attempt to reduce costs and enhance the benefits. We suggest that this is done without an understanding of the role and relative impact of these factors. This can be achieved through stronger focus on the price element of the social marketing mix (Kotler and Lee, 2008).

2.1. Mother-oriented and baby-oriented factors

The aim of this research is to investigate key factors that influence loyalty to breastfeeding, in particular, two mother-oriented factors: self-efficacy and social support. Prior research has shown that baby-oriented factors, such as positive attitudes towards breastfeeding, which are based on knowledge of the benefits of breastfeeding (Chezem et al., 2003; Shaker et al., 2004), and the opinions of others towards breastfeeding (Sciacca et al., 1995), influence breastfeeding loyalty (Russell-Bennett et al., 2009).

Subsequently, many government campaigns, to increase breastfeeding rates, focus on achieving positive attitudes amongst women and key-influencers by communicating the benefits of breastfeeding for the baby (e.g., Queensland Government's 2009 'Happy, Healthy, Normal' campaign). Other research has indicated that it is mother-oriented factors which are the barriers to breastfeeding (Ekström et al., 2003). We suggest that the lack of breastfeeding loyalty is also due to the challenges mothers experience after breastfeeding initiation, which include fear of failure, perceived difficulty, painfulness, embarrassment and lack of support (Johnston-Robledo and Fred, 2008; NSMC, 2009). The first four reasons cited relate to self-efficacy and the latter to social support: the two key mother-oriented factors examined in this research.

2.2. Theory of planned behaviour

Prior research shows that health behaviour change occurs slowly and is often a deliberated, planned behaviour. The Theory of Planned Behaviour (TpB) (Ajzen and Fishbein, 1980) is a widely applied framework for understanding behaviours as it summarises key drivers of attitudes and behaviours. When applying the TpB

framework to breastfeeding loyalty, some adaption of the constructs is required in order for them to be behaviour specific. Attitude and behaviour have previously been adapted to loyalty as attitudinal and behavioural loyalty (Dick and Basu, 2004; Russell-Bennett et al., 2007), where attitudinal loyalty consists of intentions and commitment to the behaviour and behavioural loyalty is share-of-category. The antecedents in the TpB can be categorised as either baby-oriented (attitudes and subjective norms) or mother-oriented (perceived behavioural control and social support), with perceived behavioural control typically operationalised in breastfeeding research as self-efficacy (Dennis, 1999). Social support (Cohen et al., 1985) was also included in the proposed model, as extant research in breastfeeding indicates the importance of support (Ingram et al., 2004).

2.3. Attitudinal and behavioural loyalty to breastfeeding

Attitudinal loyalty to breastfeeding indicates that a woman intends to continue the breastfeeding behaviour and is emotionally and cognitively committed to this act (Härtel and Russell-Bennett, 2010; Rundle-Thiele and Bennett, 2001). Behavioural loyalty is mainly expressed in terms of revealed behaviour, that is, the pattern of past purchases in a commercial sense (Uncles et al., 2003). In breastfeeding, this is expressed as breastfeeding duration or the length of time a mother breastfeeds her child. A person will usually intend to perform a behaviour when they are cognitively and emotionally committed to it (Ajzen and Fishbein, 1980), and they positively evaluate the behaviour. Previous research has empirically linked attitudinal loyalty to behavioural loyalty (Bandyopadhyay and Martell, 2007; Bennett et al., 2007; Taylor et al., 2006). Dick and Basu (1994) proposed that loyalty is the result of psychological processes and has behavioural manifestations, therefore, components of both attitudinal and behavioural loyalty should be included when assessing loyalty. Previous research shows that when women intend to breastfeed and are committed to breastfeeding prior to giving birth, they are more likely to actually breastfeed than those who do not make a breastfeeding decision prior to birth (Mitra et al., 2004). Thus, the following hypothesis is proposed:

H1. Attitudinal loyalty is likely to be positively associated with behavioural loyalty to breastfeeding.

2.4. Attitude towards breastfeeding and attitudinal loyalty to breastfeeding

Attitudes towards breastfeeding in general is the first of two baby-oriented factors in this research and is the person's favourable or unfavourable feelings towards performing that behaviour, determined by behavioural beliefs about the outcome of the behaviour and evaluation of the outcome (Ajzen and Fishbein, 1980). When women form a positive attitude towards breastfeeding, it is expected that they will be more likely to have stronger intentions to adopt the behaviour, thus, they are more likely to participate in the behaviour (Ajzen, 1991; Russell-Bennett et al., 2007). For instance, previous research shows that possessing a positive attitude towards diet and exercise influences intention to engage in the behaviour (Perugini and Bagozzi, 2001). Thus, the following hypothesis is proposed:

H2. Attitude toward breastfeeding is likely to be positively associated with attitudinal loyalty to breastfeeding.

2.5. Subjective norms and attitudinal loyalty

Subjective norms refer to the individual's perceptions of social pressure to perform or not perform a given behaviour. These norms

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