



Research to inform a national awareness campaign on alcohol, pregnancy and breastfeeding

Full report

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1. Executive summary

Background, objectives and methodology

The Foundation for Alcohol Research (FARE) has received funding of \$25 million from the Australian Government Department of Health to deliver a broad awareness raising campaign over four years (July 2020-June 2023). The campaign aims to:

1. Increase the proportion of Australians who are aware of the risks associated with alcohol consumption and pregnancy.
2. Increase the proportion of Australians who are aware of alcohol related conditions in pregnancy including Fetal Alcohol Spectrum Disorder (FASD).
3. Reduce the incidence of FASD.

This research examined the methods, outcomes, impacts, and evaluation results for a range of campaigns with similar aims, with the overarching objective of identifying best practice approaches for developing effective health promotion campaigns in this area.

The research methodology comprised:

1. A review of literature to identify a best practice approach to health promotion and campaigns about alcohol and pregnancy, including identifying potential key target audiences.
2. Key Informant interviews (n=15) with people who have experience designing and delivering campaigns about alcohol and pregnancy and / or other expertise in this field.
3. A review of existing (global) campaigns and resources on alcohol consumption during pregnancy.

Context

FASD is a potential consequence of the exposure of a fetus to alcohol in utero, through the consumption of alcohol during pregnancy. It is estimated that around five per cent of the Australian population is affected by FASD and it is the leading cause of preventable developmental disability in Australia (FARE, 2019).

Research has shown that most (almost eight in ten) Australian adults are aware that women are advised to avoid alcohol in pregnancy (Galaxy YouGov, 2019, cited in FARE, 2019). However, alcohol exposed pregnancies are relatively common in Australia, with this most likely to occur prior to pregnancy confirmation (55% of pregnant women). Around one in seven (14.5%) pregnant women reported drinking alcohol after they knew they were pregnant in 2019 (AIHW, 2020). There are many interrelated factors that help to explain why women consume alcohol in pregnancy, including:

- Consuming alcohol prior to pregnancy awareness / confirmation (as above)
- A lack of awareness of the specific and / or the extent of the consequences of alcohol consumption
- Misconceptions about the 'low risk' posed by certain types of alcohol, alcohol consumption in different trimesters / stages and relatively low-levels of alcohol consumption
- Conflicting information
- Peer pressure / perceived social norms / drinking perceived as an important part of socialising
- Challenges abstaining on 'special occasions' and in the early stages of pregnancy

- The importance of alcohol to identity / sense of self
- Psychological and environmental factors, such as addiction, using alcohol as a coping mechanism, partner's alcohol consumption.

Key findings

It has been suggested by Key Informants and / or researchers in this field that a range of considerations need to be accounted for in the development of a new campaign to reduce alcohol consumption in pregnant women, including:

- Increasing understanding of the implications of alcohol consumption in pregnancy by providing up-to-date and accurate evidence and countering common myths and misconceptions.
- Addressing self-efficacy, including how to confidently refuse alcohol in social situations and self-esteem building (e.g. to counter perceived impacts on identity).
- Avoiding shaming, stigmatising or blaming women, in recognition of the fact that women's alcohol consumption is influenced by a range of factors that may be outside of women's control and to minimise the risk of negative consequences such as discouraging help seeking.
- Representing FASD in a way that will not stigmatise people with FASD.
- Giving careful consideration to the use of threat appeals which may induce fear and, if they are deemed effective for specific target audience(s) after concept testing, ensuring these are accompanied by supportive elements.
- The importance of advising women to avoid alcohol in pregnancy, rather than appearing to instruct or control their choices.

Evidence of effective approaches to message framing

Although a range of potentially promising approaches to help reduce alcohol consumption in pregnancy have been suggested by researchers in this field, this review found very limited evidence to either support or reject the use of these, due to a paucity of available and / or robust evaluations. This makes it difficult to establish best practice principles for effective campaigns on this topic.

In terms of message framing, there is some evidence that threat and loss-framed appeals are likely to have a greater influence on behaviour than messaging that is solely supportive / framed in terms of gains, as long as the message is perceived to be providing believable information to facilitate informed choices (although this evidence is based mainly on concept testing rather than full evaluation of 'real world' behavioural outcomes). Similarly, there is little evidence pertaining to the impact of specific imagery in terms of its effect on attitudes, beliefs and behaviour, although there is some research indicating that emotive or shocking images can enhance campaign salience.

When considering the use of threat appeals and / or shocking imagery, the potential effectiveness of these approaches need to be weighed against the concerns raised by stakeholders, as well as by Key Informants in this research, about the potential risk of negative unintended consequences as well as, most importantly, the reactions of specific target audiences via formal concept testing.

Potential target audiences

Key Informants stressed the importance of deciding on a core campaign audience (on the basis of available evidence) and then using an 'audience first' approach throughout the process. This review has not identified any detailed segmentations of target audiences based on underlying, beliefs, attitudes, needs and

motivations to identify whether there are defined groups that would respond more positively to tailored messaging and / or different modes of delivery. However, a number of distinct groups have been identified based on behaviours relating to alcohol in pregnancy, including:

- Women who (continue to) drink alcohol after they become aware that they are pregnant, with a further distinction made between:
 - older, more educated professional women (who are more likely to drink at lower levels)
 - younger women who face economic hardships and may struggle with addictions (who are more likely to maintain pre-pregnancy levels or increase alcohol consumption).
- Women who drink alcohol (only) before they become aware that they are pregnant
- Adolescents (younger than 18 years)
- Partners and friends (as influencers)
- Health care professionals (as influencers – previously identified as a key sub-group for this campaign, but out of scope for this research) (Deshpande et al, 2006).

Another important distinction has been made between women who are:

- Not intending to fall pregnant (but potentially at risk of unplanned pregnancy), noting that 51% of Australian women of reproductive age have experienced an unplanned pregnancy (Marie Stopes International, 2008)
- Intending to fall pregnant
- Pregnant (Elek et al, 2013).

Global campaigns

The review of global campaigns in this space identified a broad range of approaches, in terms of the key messages being delivered, the messaging execution and target audiences, along with some evidence of impact, but mostly in terms of awareness and attitudes (again, evaluations, where available, were often limited in scope). Where Key Informants were interviewed, they were also able to provide insight into the rationale for the messaging and creative approaches used, as well as into any elements that did not perform as well as hoped. This insight will be particularly useful for feeding into decisions about target audiences and message framing. The campaigns identified and included in this report included examples of:

- Threat appeals, some of which may induce fear
- Both loss and gain-framed appeals
- Shocking imagery
- Novel / disruptive approaches
- Primarily functional (i.e. descriptive) approaches
- Story-telling / suspense to increase engagement
- The use of commitment devices
- Highly targeted approaches for specific target audiences.

It was also observed that budgetary and resource constraints meant that it was not always possible to incorporate all of the processes considered to be 'best practice' when developing behaviour change communications, such as robust formative research and / or formal concept testing with members of the target audience.

Implications and recommendations

Evidence from the literature as well as from Key Informants has highlighted the importance of focusing on a core target audience, by analysing relevant local data before building a campaign around their needs, beliefs, attitudes, knowledge and behaviours via formative research and concept testing, ideally underpinned by a theoretical model. Stakeholder consultation is also recommended to minimise the potential for unintended consequences and to achieve buy-in from organisations that need to support or help to promote the campaign. However, key decisions about messaging territories, framing and creative approaches should ultimately be based on robust evidence about the target audience(s) collected in the formative and concept testing stages.

At this stage, there is also not enough evidence to demonstrate that focusing on any particular target audience(s) will result in the greatest impact on reducing alcohol consumption in pregnancy. In the absence of this evidence, decisions about target audience should be based on a combination of the prevalence data that is available, and additional research to better understand the sub-populations within the broad category of women of childbearing age.

It has been established that alcohol exposure is most likely to occur in the early stages of pregnancy, before women find out they are pregnant, so the campaign should arguably focus on preventing alcohol consumption during this stage. This would mean targeting women who are either planning a pregnancy or at risk of having an unplanned pregnancy and encouraging them to abstain from alcohol if they think they could be pregnant. The former group should theoretically be easier to persuade with messages relating to the health of the child they are planning to conceive and the risks of consuming alcohol even at this very early stage of pregnancy, although segmentation and qualitative exploration would be required to properly understand which messaging territories, framing and creative approaches would be most effective for this audience.

Given that many pregnancies are not planned, it can also be argued that women of child-bearing age who are sexually active, but not planning to become pregnant could be another focus of the campaign. However, this group is likely to be a particularly difficult audience to engage because of a belief (identified in formative work for Pre-Testie Bestie) that unplanned pregnancy is unlikely to happen to them personally. This means that a focus on potential harms to a fetus is unlikely to be motivating. Some may also choose to have a termination in the event of an unplanned pregnancy, which further complicates the issue. If this group did become a focus for the campaign, messaging would need to highlight the importance of avoiding alcohol if women have reason to suspect that they could be pregnant, without giving the impression that sexually active women are being asked to avoid alcohol at all times. Appealing to this group may require a completely different focus to make the campaign feel relevant to them. For example, the Pre-Testie Bestie campaign was successful in engaging younger audiences using a novel narrative approach which reflected their lives. There would also be value in understanding more about approaches for engaging older women in this category. For example, this might include investigating the age at which women may be more likely to contemplate keeping an unplanned pregnancy.

Although the proportion of women who continue to drink alcohol at low-levels after finding out they are pregnant is relatively small according to the latest data, this group may still be considered an important target for this campaign. The messaging would again need to be framed differently, as they tend to be better educated and believe that risks associated with this behaviour are very small. As such, messaging would likely need to be built around evidence that is new to them, such as the prevalence of FASD in Australia or lesser known FASD symptoms such as behavioural challenges which may be more relatable to them.

As is often stated in the literature, women do not make decisions about alcohol consumption in isolation, so another option would be to target influencers such as partners, friends and family members, although care would need to be taken with this type of approach to ensure it does not appear to be controlling women by encouraging others to tell them what to do.

In terms of broad principles for message framing, there is some evidence to support the use of threat / loss appeals, as long as the message is perceived to be providing women with credible / believable evidence. However, it would be crucial to test this type of messaging with members of the specific target audiences for the campaign (potentially also with others who could be affected by the campaign) to minimise potential for unintended consequences and / or message rejection.

Analysis of what is known about the reasons why women may consume alcohol in pregnancy, using Kantar's Behaviour Change framework, indicates that both System 1 (the automatic / instinctive system) and System 2 (the reflective / deliberative system) thinking is involved. This means that campaigns should aim to use approaches that will influence both of these systems. For example, this might involve attempts to influence unconscious cognitive biases, social norms, habit and context, as well as conscious weighing up of the perceived costs / risks and 'benefits' of alcohol consumption in pregnancy.

While this research has certainly helped to formulate preliminary thinking around campaign strategy and potential message framing, it has also highlighted a need for primary research with the potential target audiences as a means of determining the 'right' approach and allowing communications objectives, messaging, and tone to be fleshed out. This would require:

- A quantitative segmentation of females of childbearing age, to identify the size and profile of those with different attitudes / behaviours around alcohol use in pregnancy. This should provide insight into how the specific segments fall out in terms of demographics, including age and consideration of pregnancy as a personally relevant issue, as well as media preferences. Through this approach target audiences can be narrowed down, and communications can be tailored to individual segments more effectively.
- Qualitative research with the intended target audience/s (once confirmed through the segmentation) to elicit a more in-depth understanding of their knowledge, attitudes and perceptions, including (potentially) testing selected concepts from previous global campaigns, as well as messaging territories stemming from this research and the segmentation. Qualitative research will provide greater insight to the relative strength of barriers and drivers for target segments including the strength and balance of unconscious influences versus conscious attitudes and beliefs, allowing messaging to be prioritised.

2. Introduction

In order to address the pressing need to reduce alcohol consumption during pregnancy, the Australian Government Department of Health has provided the Foundation for Alcohol Research (FARE) with funding of \$25 million to deliver a broad awareness raising campaign over four years (July 2020-June 2023). The campaign aims to:

1. Increase the proportion of Australians who are aware of the risks associated with alcohol consumption and pregnancy.
2. Increase the proportion of Australians who are aware of alcohol related conditions in pregnancy including Fetal Alcohol Spectrum Disorder (FASD).
3. Reduce the incidence of FASD.

The campaign has four broad target audiences:

- The general public
- Health professionals
- Women at higher risk of having alcohol exposed pregnancies
- Aboriginal and Torres Strait Islander Peoples.

FARE has identified the need for an initial phase of research to review existing campaigns, resources and approaches to raising awareness about alcohol and pregnancy. This review will help to ensure that the final campaign utilises approaches that have been shown to be effective in raising awareness and understanding of the impacts of alcohol consumption during pregnancy and, most importantly, driving a reduction in alcohol consumption during pregnancy.

2.1 Scope

This research will focus on alcohol and pregnancy communication campaigns targeting a general public audience. If campaigns and literature relating to related topics (such as breastfeeding) are identified as part of this research, learnings from these will be incorporated into the findings, but this will not be a primary focus of the research.

2.2 Objectives

This research seeks to identify best practice approaches to campaigns about alcohol and pregnancy, by examining the methods used in successful campaigns, outcomes, impacts, and the findings of evaluations. It will also aim to identify best practice approaches to the process of developing effective health promotion campaigns in this area.

In order to achieve these objectives, the research will address the following specific **research questions**:

1. What can we learn from existing material (including evaluations) about delivering successful awareness raising and behaviour change campaigns about alcohol and pregnancy?

2. What can we learn from what has gone wrong previously, by identifying ineffective approaches used in similar campaigns, as well as the causes of any unintended negative consequences, such as stigma (inc. people with FASD, people who consumed alcohol in pregnancy) or anxiety among pregnant women?
3. Which audience should we most focus on to achieve the campaign's aims?
4. What messages will best engage the campaign's key audiences?
5. What channels and mediums should be used to engage the campaign's key audiences?

The research will also include a brief contextual summary of the factors known to influence alcohol consumption in pregnancy, including in specific circumstances, such as 'special occasions' (based on one or two robust and recent literature reviews / meta-analyses).

There are three key components to this research:

1. A review of literature to identify a best practice approach to health promotion and campaigns about alcohol and pregnancy, including identifying potential key target audiences.
2. Key Informant interviews with 15 people who have experience designing and delivering campaigns about alcohol and pregnancy.
3. A review of existing campaigns and resources on alcohol and pregnancy.

An iterative approach was used to deliver this, with the emerging findings from each stage informing the next, while also allowing for the initial findings from each stage to be expanded and refined throughout the process, as summarised overleaf. This report presents the findings from all three of the above components.

2.3 Methodology

Literature review

For the first stage of this research, Kantar conducted a tightly defined and targeted literature review, intended to tactically utilise the most useful publications, particularly meta-analyses and systematic reviews, as well as available evaluations of relevant campaigns and relevant grey literature.

'Open searches' were conducted using various databases with content in a wide-range of relevant areas, including:

- Academic Research Library (which facilitates searches across multiple databases, providing access to a broad range of publications across the arts, business, humanities, social sciences and sciences)
- Journal of Social Marketing and Social Marketing Quarterly
- Alcohol and Drug Foundation e-Library
- Google scholar
- Google search (for grey literature).

Key words

Searches involved the use of key words and search terms related to campaigns about alcohol and pregnancy, including combinations of the following: 'Social marketing', 'campaign', 'mass media', 'behaviour change', 'behaviour change theory / models', 'alcohol', 'pregnancy', 'best practice', 'evaluation', 'impacts', 'outcomes', 'effective', 'message framing', 'stigma', 'segmentation', 'target audience', 'celebrations / special occasions', 'literature review'.

In stage 2, 'Key Informants' were also asked to direct the research team to relevant evaluations or publications not already identified via open searches.

Inclusion criteria

- Literature focused on broadly targeted mass media communication campaigns, rather than small-scale or highly targeted campaigns or individual interventions (e.g. specifically targeting people with alcohol addiction or Aboriginal and / or Torres Strait Islander Peoples, screening initiatives, educational initiatives in schools etc.).
- Articles published 2010 or later.¹

Research and evaluation documents were assessed for relevance and utility prior to being read in detail (via abstracts, executive summaries etc.), allowing us to prioritise the reading and analysis of documents. Contents and reference lists, and bibliographic indices in relevant sources were also followed up at this stage.

Interviews with Key Informants

A total of 16 interviews (involving 19 individuals) were conducted with Key Informants who had experience designing and / or delivering campaigns about alcohol and pregnancy, as well as individuals with relevant expertise who may not have been directly involved in developing or delivering campaigns, such as academics who have conducted extensive research in this field and people working in FASD support / prevention organisations. Key Informants were located in Australia and overseas (including Canada, New Zealand, Europe and the USA). A semi-structured discussion guide was developed for these interviews, although the focus of each varied according to the role and experience of each individual. These interviews were conducted between 28 October and 4 December 2020.

Campaign search

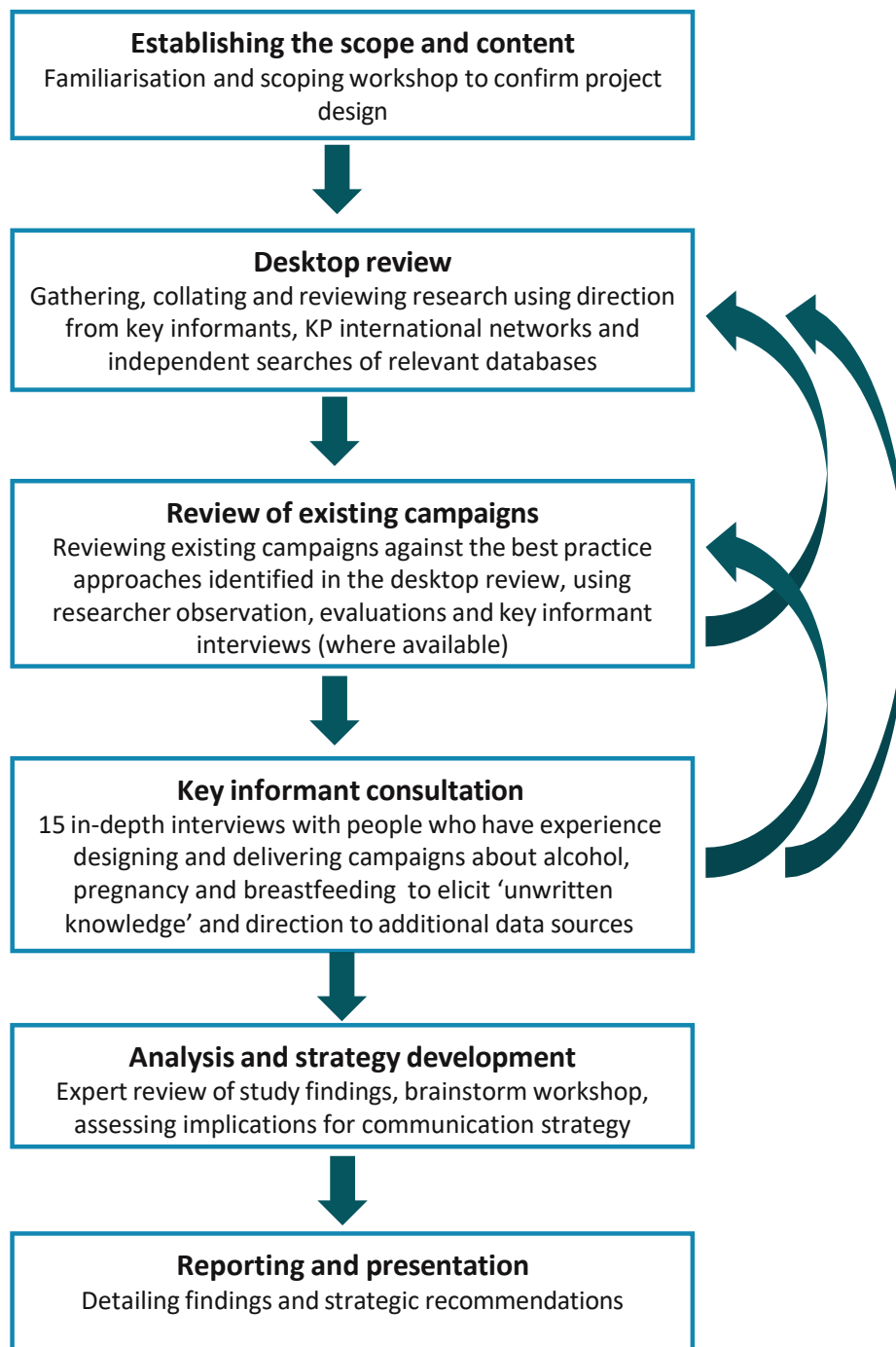
A database of campaigns about alcohol and pregnancy, along with accompanying evaluations, where available, was compiled by FARE and supplemented with additional campaigns identified via Key Informants or references in the literature as the research progressed. A small number of these campaigns are presented as case studies in this report, to illustrate a range of approaches that have been utilised and to provide Key Informant insights into how and why each campaign was developed as well as audience and stakeholder responses to it (including evaluation findings where available).

Acknowledgements

FARE and the Kantar research team would to thank all of the Key Informants who generously contributed their experience and expertise to inform this research. We would also like to thank Rob Donovan for his advice throughout the process.

¹ A small number of articles published prior to this date were included, as a result of following up references cited, when the findings appeared to remain relevant to the current context.

Methodology summary:



3. Context

This section summarises the research examining the prevalence of alcohol consumption in pregnancy and the reasons why women drink alcohol in pregnancy. As the purpose of this section is to provide context for the findings that follow, it is largely based on existing summaries of research into this issue, which drew on references from a wide range of sources, particularly the submission provided by FARE to the 2019 Senate Community Affairs Reference Committee Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder, as noted below, as well as literature reviews conducted by Elek et al (2013), Deshpande et al (2005) and Meurk et al (2014).

FASD is a potential consequence of the exposure of a fetus to alcohol in utero, through the consumption of alcohol during pregnancy. Alcohol passes across the placenta and the fetus has minimal ability to metabolise the substance. It is estimated that around five per cent of the Australian population is affected by FASD and it is the leading cause of preventable developmental disability in Australia. Other adverse pregnancy and infant outcomes related to alcohol consumption include miscarriage, stillbirth, low birth weight (LBW), small for gestational age (SGA), and pre-term birth (FARE, 2019).

Since 2009 the Australian NHMRC Alcohol Guidelines have advised abstinence in pregnancy, with Guideline Four stating that 'for women who are pregnant or planning a pregnancy, not drinking is the safest option' (NHMRC, 2009). The NHMRC is in the process of updating the Guidelines 'to reflect the most recent and best available evidence on the health effects of alcohol consumption'. As part of this process, the wording of Guideline Four has been strengthened in the updated (draft) version to: 'to reduce the risk of harm to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.' The revised Guidelines are expected to be finalised in the fourth quarter of 2020 (NHMRC, 2020).

Research has shown that most (almost eight in ten) Australian adults are aware that women are advised to avoid alcohol in pregnancy (Galaxy YouGov, 2019, cited in FARE, 2019). Despite this awareness, alcohol exposed pregnancies are still relatively common in Australia, with this most likely to occur prior to pregnancy confirmation. More than half (55%) of the pregnant women who participated in the National Drug Strategy Household Survey (NDSHS) in 2019 reported drinking alcohol before they knew they were pregnant and 14.5% reported doing so after they knew they were pregnant (down from 25% in 2016) (AIHW, 2020).

It is important to consider the way in which questions about alcohol consumption in pregnancy are asked, when examining research data. For example, most (95.6%) Australian women who report drinking during pregnancy report drinking no more than one drink per occasion (Hutchinson et al, 2013). However, it has been suggested that women may interpret questions about their alcohol consumption 'during pregnancy' to relate to alcohol consumed after they confirmed / knew they were pregnant – hence, since 2016, the NDSHS surveys have asked women about their alcohol use both before and after they knew they were pregnant (AIHW, 2017). Research conducted in Melbourne antenatal clinics in 2011 / 2012 also found that almost one in five women (18.5%) 'binge drank' prior to pregnancy recognition. One third of this group were identified with a question about 'special occasion' drinking to assist with the collection of information on alcohol consumption that falls outside of 'usual' patterns of consumption (Muggli et al, 2016).

There are many factors that help to explain why women consume alcohol in pregnancy. It is beyond the scope of this research to provide an in-depth analysis of this. However, a brief summary follows.

As alluded to above, a key factor is the **consumption of alcohol before women know that they are pregnant**. Another factor appears to be **a lack of awareness of the specific and / or the extent of the consequences of alcohol consumption**. A lack of knowledge about the risks of alcohol is associated with increased likelihood of having consumed alcohol in previous pregnancies, as well as with intention to consume alcohol in any future pregnancies (Peadon et al, 2011, cited in FARE 2019). A national survey conducted in 2010 found that fewer than two-in-five Australian women had heard of any effects of alcohol on the fetus or pregnancy (38.5%), with awareness of miscarriage and still birth being particularly low, as follows:

- FAS (31.7%)
- Low birth weight (28.5%)
- Brain damage (15.6%)
- Miscarriage (1.5%)
- Stillbirth (0.3%) (Peadon et al, 2010, cited in FARE 2019).

A more recent poll, conducted by FARE in 2015, found that around half of the Australian population overall remain unaware of FASD, with awareness of FASD being lower among men than women (42% among men, 58% among women) (FARE, 2019).

In addition to a lack of understanding about the specific impacts of alcohol consumption in pregnancy, there are also a number of **misconceptions about low-risk types / patterns of alcohol consumption in pregnancy**, including the belief that some types of alcohol, including wine, pose less risk than others, that drinking alcohol only causes problems in certain stages of pregnancy, and that women would need to consume large amounts to cause harm (Elek et al, 2013).

Other interrelated factors cited as influences on alcohol consumption during pregnancy, include:

- A perception that it is common to consume some amount of alcohol during pregnancy (Deshpande et al, 2005).
- Apparently conflicting information, evidence and advice about the risks, including from health professionals (Elek et al, 2013; FARE, 2019), including awareness of 'the disputed evidence' about the harm of low-level alcohol consumption (Meurk et al, 2014).
- Scepticism that occasional small amounts of alcohol can cause harm, based on personal experience, perceived social 'proof' and confirmation biases (observing an apparent lack of symptoms among the children of people who drank alcohol during pregnancy, for example) (Deshpande et al, 2005).
- Drinking alcohol being perceived as an important / normal part of socialising with friends (FARE, 2019).
- Peer pressure from friends or family (especially older relatives) (Elek et al, 2013).
- Difficulty abstaining on special occasions, related to the ubiquity of alcohol use on special occasions (Meurk et al, 2014).
- Difficulty refusing alcohol in the early stages of pregnancy when women may not want to reveal that they are / could be pregnant (Elek et al, 2013).
- A desire to continue drinking until pregnancy is confirmed – i.e. a period when some may perceive alcohol consumption to be very low risk and there to be an acceptable window of opportunity to continue to enjoy alcohol for a little while longer (Elek et al, 2013).
- The importance of alcohol to some women's identity, which may be especially important during a life-changing event such as pregnancy, which can impact on sense of self (Meurk et al, 2014).
- Psychological and environmental factors, such as:

- Addiction
- Using alcohol as a coping mechanism (e.g. to cope with situations such as poverty, violence, or depression, family history of alcohol problem)
- Partner's alcohol consumption (FARE, 2019; Elek et al, 2013; Deshpande, 2005).

A number of studies have also investigated the reasons given for abstaining from alcohol in pregnancy, many of which are the inverse of the above, including:

- Social norms / peer pressure to abstain (Elek et al, 2013; Meurk et al, 2014)
- Support from family/close friends (Elek et al, 2013)
- Support from partner – e.g. supporting decision not to drink, reducing own alcohol consumption, not having alcohol in the home, being prepared to leave situations where everyone is drinking if their partner feels uncomfortable (Elek et al, 2013)
- Alcohol not being considered an important part of identity (Meurk et al, 2014).

4. Communications principles and learnings

This review set out to identify evidence based, 'best-practice' approaches to communication campaigns about alcohol consumption in pregnancy. An overarching finding is that there is a paucity of robust evidence with regards to effective approaches to communication campaigns on this topic, with most campaigns either not evaluated, or evaluations not being published. This paucity of evidence has been widely acknowledged in the literature (e.g. Elek et al, 2013). It has also been observed that available evaluations tend to be of only low-to-fair quality (France et al, 2013; Deshpande et al, 2005; Elliot et al 2008).

As such, this report summarises key considerations for the development of the campaign based on the limited pool of evaluations that are available, recommendations for campaigns from researchers who have investigated the reasons why women drink alcohol in pregnancy, interviews with Key Informants, and with reference to examples of different approaches to alcohol and pregnancy campaigns (as identified in the campaign search).

4.1 Key considerations from research and Key Informant interviews

This section summarises suggestions for campaigns aimed at reducing the incidence of alcohol consumption in pregnancy, as noted by Key Informants and a range of researchers in the field, based on research into the reasons why women drink alcohol in pregnancy.

4.1.1 Increasing understanding of the implications of alcohol consumption in pregnancy

As noted in the previous section, women tend to be aware of general advice that they shouldn't drink alcohol in pregnancy but may not understand in any detail the reasons why. There is also some scepticism and pervasive myths about the impacts of low-level alcohol consumption, as well as alcohol consumption at specific stages in pregnancy. As such, various research studies have concluded that campaigns should provide messaging that accurately describes the negative impacts of alcohol use during pregnancy and / or that counter common myths, by providing up-to-date and accurate information / evidence about:

- FASDs (McBride et al, 2012)
- The effects of low-level alcohol consumption (McBride et al, 2012)
- The risk of all forms of alcohol consumption, especially (red) wine (Elek et al, 2013)
- The risks of alcohol consumption at all stages of pregnancy, including prior to pregnancy confirmation/when trying to conceive (Elek et al, 2013).

Key Informants also stressed the importance of informing the community about the impacts of low-level alcohol consumption, ideally alongside any new / emerging evidence, to counter the perception that FASD only relates to high levels of alcohol use or to people with addiction. It was suggested that a broader scope of FASD symptoms may need to be referenced to convincingly convey this message, particularly as many people don't believe they know anyone diagnosed with FASD. Related to this, it was suggested that facial features associated with FASD should not be the key focus of a campaign as these only affect a small proportion of those affected and focus on this aspect may contribute to a sense that FASD is a rare condition (this also reflects advice in the NOFASD language guide²).

² <https://www.nofasd.org.au/wp-content/uploads/2019/04/FASD-HUB-Australia-Language-Guide.pdf>

One Key Informant suggested it may be necessary to broaden the description of low-level alcohol consumption to include even a few sips of alcohol, while also acknowledging that a perceived lack of evidence could result in message rejection from the target audience. Another Key Informant suggestion was to increase awareness of alcohol being a teratogen / poison, rather than something perceived as a relatively harmless substance.

Addressing myths via communications can present a challenge, and a number of behavioural insights should be considered if this approach is taken, including:

- Focus on the facts, not the myths – presenting too much information on the myth can inadvertently reinforce the myth, particularly if the myth is simpler to understand than the fact. For example, the testing of two versions of a flyer on vaccinations showed that the ‘myths vs. facts’ flyer increased the misbelief that vaccines cause autism, when compared to a flyer which contained only factual infographics about vaccines.
- Reinforce personal adequacy, to make the truth less threatening – as people tend to reason away facts that challenge our personal beliefs or group identity.
- Use a trusted messenger – as trust can be more important than expertise for influencing beliefs.

It is also important if using this approach to ensure that the evidence presented is unequivocal, accurate and easily accessible for the target audience. It has been suggested that myth busting communications should be focused on those who are open to learning, rather than those who are personally attached to the myth (Behavioural Insights Unit). This reinforces the importance of formative research and concept testing among the target audience(s). For example, myth busting may be less effective for older, more educated women who drink small amounts of alcohol during pregnancy and believe that they have already assessed the risk to be low, particularly if it is not accompanied by compelling evidence that is new to them.

Related to this, one Key Informant highlighted the need for a prevalence study in Australia, as journalists in particular often ask how many people are actually affected by FASD and currently there are only estimates for the Australia population. If and when this type of evidence becomes available, it could also provide an opportunity for countering the perception that FASD is a rare condition.

One stakeholder suggested that campaigns should ideally also include coverage of risks related to alcohol consumption in pregnancy, beyond FASD. Also, that alcohol consumption should be discussed in the broader context of a range of behaviours to support a healthy pregnancy.

4.1.2 Increasing knowledge unlikely to be sufficient to change behaviour

Although there is evidence of a lack of understanding of FASD and other impacts of alcohol consumption in pregnancy, research suggests that increasing knowledge alone may not be sufficient to reduce consumption (Chambers et al, 2005; Change et al, 2006, cited in Elek et al, 2013). There is evidence that attitudes to drinking alcohol in pregnancy are associated with intention to drink or not in pregnancy, rather than knowledge of the impacts (Elliot, 2015). Tsang et al (2020) found that recall of information about alcohol use during pregnancy was associated with the knowledge of potential harms of alcohol to the unborn child, but that this knowledge was not associated with a negative attitude toward alcohol use or intent to abstain from alcohol during a future pregnancy. The authors note that this is consistent with reviews of public health campaigns that may not show any decrease in alcohol consumption despite improved knowledge (Tsang et al, 2020). It is also important to acknowledge the importance of environmental factors and support for affecting behaviour change (e.g. individual support for high risk groups, advice provided by health professionals etc.).

4.1.3 Addressing self-efficacy

Self-efficacy has been identified as a factor in alcohol consumption during pregnancy, as such it has been argued that prevention initiatives could aim to address this issue. There is evidence that for some women alcohol consumption is considered part of their identity, so it has been hypothesised that they may benefit from self-esteem building approaches and / or practical strategies for feeling confident in refusing alcohol in situations where they would prefer not to drink (Meurk et al, 2014; Elek et al, 2013). Similarly, it has been suggested that it could be helpful to develop messaging that would help women to feel confident discussing alcohol and pregnancy, in 'non-confrontational ways', as well providing alternative ways to deal with stress and social pressures (Elek et al, 2013). However, the extent to which this can be achieved via communications is not clear.

4.1.4 Avoiding stigma, shame or blame

The importance of not shaming, blaming or stigmatising women who have consumed alcohol in pregnancy is often raised in the literature, as well as by the Key Informants who participated in this research. This is an important ethical consideration, especially given that women's alcohol consumption may be influenced by a whole range of factors largely outside of their control, including Australia's drinking culture, inconsistent / misinformation, challenging social situations, addiction and many other factors. It is also considered important from the point of view of campaign effectiveness and for the potentially detrimental impact that shaming or stigmatising could have on help seeking, as discussed below.

In an analysis of media coverage of FASD and alcohol consumption in pregnancy, Equiray et al (2016) argued that portraying women who consume alcohol in pregnancy as shameful could lead to stigma and isolation and discourage them from seeking help and support. As such, the authors suggest that campaigns should consider messages that avoid infantilising or blaming women, as well as highlighting the role of partners, family and friends. They also note that using 'overly sympathetic' language in relation to people affected by FASD can contribute to shaming and stigmatising, by implicitly positioning women (as well as health professionals and others) as 'villains'.

Choate et al (2019) highlight a range of challenges that "belie the individual responsibility model" of alcohol consumption in pregnancy, including mental health issues, socio-economic challenges, domestic violence, and difficulty accessing support services (p.7). This paper focused on the needs of higher risk mothers and questions whether prevention messages intended to influence mothers' knowledge and choices are effective or appropriate for this audience. They suggest other factors that may need to be addressed, including the mother's social location and socio-economic status, as well as personal factors such as trauma, addiction, and mental health. They recommend further research is needed to understand how prevention messaging might be able to address these concerns, for example by creating messaging that reflects the lived experiences of traumatised populations and acknowledges environmental factors (Choate et al, 2019). However, care would need to be taken in reflecting these experiences in a campaign targeted at a broader population, where it may be important to portray a broader range of women and to actively counter stereotypes about women who have children with FASD, as Key Informants noted there is a misconception that FASD only affects people from low SES backgrounds, women living with alcohol addiction, and / or Aboriginal and Torres Strait Islander Peoples.

Reflecting this research, Key Informants also agreed that it was important not to stigmatise, shame or judge women who consume alcohol in pregnancy, with concerns being raised that doing so could cause rejection of the message, as well as being a barrier to help seeking. The importance of conveying understanding and

support for women was often stated, as was a need to focus on alcohol consumption in pregnancy as a societal issue with shared responsibility. Related to this, the NOFASD language guide recommends against stating that FASD is '100% preventable', as this oversimplifies a complex issue and may lead to a sense of shame and suggests just referring to FASD as preventable.³

However, Key Informants also noted that campaigns have to find a way to minimise the potential for shame, stigma and judgement without downplaying the risks / seriousness of the issue or compromising campaign effectiveness. This is acknowledged as a significant challenge. A recent campaign by the Australian Drug Foundation included a physical 'creature' to represent the 'habit' of alcohol consumption, which allowed the habit to be portrayed as the problem, rather than the person dealing with it (note, this campaign addressed alcohol consumption during the COVID pandemic, rather than alcohol consumption in pregnancy). The Proof Alliance (USA) used another approach to deal with this challenge – its campaign emphasises misinformation about alcohol and pregnancy, and the role of society as whole, rather than judging or blaming women's 'choices' (see <https://www.youtube.com/watch?v=uiJhCcPJFWg> for example).

4.1.5 Representation of people with FASD

Along with considerations relating to stigmatising or blaming women who have consumed alcohol in pregnancy, Key Informants stressed the importance of ensuring that communication campaigns do not inadvertently stigmatise people with FASD, for example as an unintended consequence of trying to convey the impact of FASD on those diagnosed and / or their parents / carers.

The study referenced above, that investigated media coverage of FASD, noted that while victimhood discourses may result in sympathy for people affected, this approach can undermine the agency of those living with FASD (as well as stigmatise women) (Equiray et al, 2016).

Again, the NOFASD language guide contains advice about language to use and avoid in relation to FASD.⁴

4.1.6 Threat and fear appeals

Threat appeals attempt to persuade audiences of the harm that they could experience if they do not adopt the behaviours promoted by campaign messaging, often by arousing fear. It has been observed that although fear appeals are often used in public health and other advertising campaigns they tend to be polarising, 'with proponents confident in their efficacy and opponents confident that they backfire' (Tannenbaum et al, 2015, p. 1178).

Among the Key Informants interviewed, there were mixed opinions with regards to the use of threat appeals that induce fear in the context of alcohol and pregnancy. Some felt that campaigns in this space need to be 'hard hitting' or 'shocking' to attract / hold attention, to convince target audiences of the risks associated with alcohol use in pregnancy and / or to persuade people to seriously consider the issue and that, within reason, this approach is justifiable given the pressing need to reduce alcohol exposed pregnancies. It was also argued that women deserve and want to be told the truth, rather than a 'watered down' version of it. However, others cautioned against this type of approach for a number of reasons including concerns: about causing undue anxiety to those who have already consumed alcohol in pregnancy; that this type of approach

³ <https://www.nofasd.org.au/wp-content/uploads/2019/04/FASD-HUB-Australia-Language-Guide.pdf>

⁴ Ibid.

could be ineffective, if it causes people to disengage from the message altogether; and / or counter-productive if it causes unintended consequences such as discouraging people from seeking help and support.

Related to the potential for unintended consequences, concerns have been raised about campaigns that might cause anxiety to women who have consumed small amounts of alcohol in the early stages of pregnancy, often before they know they are pregnant, in case this leads women to terminate pregnancies they might otherwise continue to term. There is some evidence that suggests this is unlikely to be the case, although the study that is often cited is now over ten years old. That study was conducted in the USA among women who were seeking a termination between January 2008 and December 2010. It concluded that women who reported the use of alcohol or other drugs as a reason for seeking a termination were drinking at levels exceeding 'a low threshold' and did not appear to be terminating otherwise wanted pregnancies. However, it is worth noting that 37% of the women mentioning alcohol as a factor in their decision to seek a termination reported binge drinking less than once a week (Meurk et al, 2014).

It is important to note that even Key Informants who were supportive of hard hitting or shocking approaches, were only supportive of this type of approach if it was based on evidence; accompanied by supportive elements (in the core campaign and / or supporting elements like PR or social media); and assuming that the messaging did not become 'fear mongering'. One Key Informant described the ideal approach as being honest about the risks / impacts while also acknowledging that it's a challenging situation, and 'putting arms around' those who may have consumed alcohol in pregnancy or be finding it hard to abstain. It was noted that testing among target audiences is particularly important in relation to fear based appeals as campaigns might be effective and acceptable for some audiences or communities, but not others (Key Informants).

Another point raised by a Key Informant was the evolution of tobacco control efforts, which began with shocking images that were deemed extremely effective in the 80s and 90s. More recently, as tax and other legislative measures have made smoking less attractive and more difficult, smokers have begun to feel like 'social pariahs' and so communications now convey more positive and supportive messages (Key Informant).

It is useful to note that the terms 'fear appeal' and 'threat appeal' are sometimes used interchangeably in literature on the subject of persuasion (Donovan and Henley, 1997). It has also been argued that the term 'threat appeal' is broader and generally more appropriate, as it focuses on the message content and how this is communicated, rather than the anticipated response. A fear response may or may not be generated as a result of a 'threat appeal', along with a whole range of other emotions, such as regret, guilt, disgust etc (Donovan and Henley, 1997). In the context of the planned alcohol and pregnancy campaign, some form of threat appeal is likely to be necessary (assuming that the risk that alcohol poses to the fetus is going to be communicated), the question then becomes what type of emotions (if any) would be useful to arouse to assist with persuasion, along with the question of whether to focus more on what can be gained by avoiding alcohol in pregnancy or what could be lost by continuing to drink.

The relatively limited available evidence relating to the efficacy of threat appeals based on fear / worry, as well as loss or gain framed appeals, in the context of alcohol and pregnancy campaigns is discussed in the next section.

4.1.7 Advise rather than instruct

One of the Key Informants interviewed had observed a tendency for women to reject messaging that is perceived to be telling them what to do, rather than furnishing them with information to make their own decisions. Another Key Informant similarly argued for approaches centred around empowering women to make positive, informed choices.

It is often noted in the literature and by Key Informants that health professionals also have a key role to play in discussing alcohol consumption with patients and in passing on accurate advice. Recommendations are also often made in relation to specific audiences such as Aboriginal and Torres Strait Islander People, or women with alcohol addiction. However, these are not detailed here as this research is focused on the general population campaign stream.

4.2 Evidence of campaign effectiveness (evaluations)

This review found a paucity of robust evidence with regards to effective approaches to communication campaigns related to alcohol and pregnancy, with most campaigns either not evaluated, or evaluations not being published. This finding reflects observations made within the literature (e.g. France et al, 2013; Deshpande et al, 2005; Elliot et al 2008).

A review conducted by the World Health Organisation (2016) concluded that while there is some evidence to support public health campaigns raising awareness of the risks of alcohol during pregnancy, more research is required to investigate whether this leads to sustained behaviour change. It also highlighted the importance of message framing (i.e. the way in which information is presented), observing that public health campaigns that are tailored to a specific target group, and where 'extensive consideration' appears to have been given to the framing of the message to that particular group, may encourage women to abstain from alcohol during pregnancy (WHO, 2016).

This section provides a summary of the evaluative evidence that is available, with a focus on message framing (i.e. getting the delivery of the intended messages right).

4.2.1 Content, style and tone of campaign messages

There is limited evidence about the messaging elements or framing approaches that are most effective in promoting abstinence from alcohol during pregnancy. That said, research does suggest that threat / loss appeals are likely to have a greater influence on behaviour than messaging that is solely supportive / framed in terms of gains, as long as the message is perceived to be providing women with credible / believable information to allow them to make informed choices, as summarised below:

- In a meta-analysis of research to test the effectiveness of 'fear appeals' across a range of campaigns (not pregnancy related), it was concluded that fear appeals are effective, particularly when the communication depicts relatively high amounts of fear, includes an efficacy message, emphasises both severity and susceptibility, recommends one-time only behaviours, and targets audiences that include a larger percentage of females. This research did not identify any circumstances under which these messages 'backfire' and lead to undesirable outcomes. However, these results should be interpreted with caution as the research included in the analysis was conducted in experimental settings, which is acknowledged as a key limitation (Tannenbaum et al, 2015).

- In a pregnancy specific context, following formative research with pregnant women and women of childbearing age in Western Australia, France et al (2014) developed four messaging variations to undergo concept testing. These messages were developed to exemplify two opposing message frames – a threat approach based on fear and worry and a positive approach that sought to promote self-efficacy. These were categorised as: (1) Self-efficacy only; (2) Threat only; (3) Threat and self-efficacy; and (4) Control. Overall, it was found that the experimental concepts successfully increased intentions to abstain from alcohol during pregnancy. Most importantly however, this research showed that “threat concepts were significantly more effective on a broad range of measures than the control and the positive appeal (Self-efficacy only) messages, and particularly with respect to behavioural intentions and confidence to modify behaviour” (France et al, 2014, p.10). These findings support the notion that “the negative motivation of avoiding the threat is a powerful instigator of behaviour change” (France et al, 2014, p.10). While France et al (2014) acknowledged that there is some risk associated with threat appeal concepts, they concluded that the messages tested in this research “aroused few defensive responses or counter arguments” (p.11). The study also found that the inclusion of a self-efficacy message with the threat appeal was useful only in terms of lowering negative emotional arousal and increasing positive emotional arousal; combining these two approaches did not increase the effectiveness of the messaging (i.e. it “did not increase behavioural intentions or participants’ confidence to modify their behaviour” (France et al, 2014, p.11). Again, the authors highlight the importance of both formative research and message testing to minimise the risk of campaigns resulting in unintended negative impacts.
- Earlier research by France et al (2013) appraised TVC concepts intended to promote abstinence from alcohol during pregnancy. These concepts were, again, developed in response to formative research, with the aim of exploring which messages were most persuasive. This research showed that “there are positive and negative motivations for abstaining from alcohol during pregnancy” (France et al, 2013, p.1516) and that different aspects of these can be leveraged when designing campaign messaging. However, the concept that appealed to negative motivations was found to be the most effective in prompting women’s intention to abstain from alcohol during pregnancy. The authors concluded that “the avoidance of negative feelings and outcomes for the pregnancy and fetus are greater motivators for abstinence than positive motivators” (France et al, 2013, p.1516). This research also showed that “if a threat appeal is delivered in a way that is perceived to be honest, factual, and supportive of women making informed choices about their health behaviour during pregnancy, it is likely to be accepted and persuasive” (France et al, 2013, p.1516). Importantly, the perceived legitimacy and credibility of the messaging was enhanced by combining scientific framing of the message with delivery by an expert and by “acknowledging uncertainty about the risk to the fetus with low to moderate alcohol consumption” (France et al, 2013, p.1516).
- Yu, Ahern, Connolly-Ahern & Shen (2010) conducted research to examine the impact of message framing (presentation of the target behaviours in terms of either loss or gain) and exemplification (the use of statistics or personal stories as exemplars). Specifically, this research explored the impact of four text-only messages formatted to look like newspaper public service announcements on female university students (aged 18-25 years). These messages were categorised as: (1) loss-statistics message appeal; (2) gain statistics message appeal; (3) loss-exemplar message appeal; and (4) gain-exemplar message appeal. The statistical appeals emphasized numbers, while the exemplar appeals vividly depicted an individual’s story. The gain appeals focused on children born without FASD and the loss appeals focused on children born with FASD (Yu et al, 2010). The research found that the combination of exemplar appeal with loss frames and statistics appeal with gain frames each had “unique advantages in predicting attitudes, beliefs, affective responses, and behavioural intentions toward FASD” (Yu et al, 2010, p.698). Overall, the researchers concluded that

the gain-statistics appeals were better at promoting perceived efficacy in relation to the prevention of FASD, while the loss-exemplar appeals were more effective in increasing prevention intention, perceived severity, and perceived fear toward FASD.

- An evaluation of the use of Facebook for promoting the New Zealand “Don’t Know? Don’t Drink” campaign, which was aimed at women aged 18-30 years, demonstrated the risk of message rejection if the tone and content does not resonate with the target audience. The campaign consisted of a video and three banner ads that were delivered as news feeds to the target audience. All of the campaign materials were designed to convey a single message: “A woman who thinks there is a chance she may be pregnant should stop drinking alcohol until she knows she’s not pregnant”. The research included analysis of campaign metadata (likes, shares, views etc.) and thematic and logistic regression analysis of comments posted to the campaign material. The research found that negative comments outweighed positive comments. Comments revolved around four key themes: the perceived credibility of the campaign, issues related to the ‘risk of pregnancy’ (e.g. questioning the premise of the campaign, because even when using contraception there is always a chance of unintended pregnancy), the cultural role of alcohol, and issues related to contraception failure (e.g. suggestions that condoms should be used if someone misses taking a pill). It was concluded that the campaign was unlikely to have been effective in communicating its intended messaging. It was hypothesised that the strong defensive comments and apparent message rejection by many may have been related to the role of alcohol consumption in the target audience’s self-identity. It was also suggested that peer pressure could have played a role in the way in which people responded, with initial negative comments prompting viewers to follow the trend by responding similarly. Further research would be required to test these theories (Parackal et al, 2017).
- The need for messages to be tailored to the target audience was discussed by Lynch et al (2014) in an article on the social marketing planning process undertaken for the ‘Show Your Love’ campaign, which aimed to promote pre-conception health (PCH), as a means to reducing the risk of birth defects. Reduced alcohol use was just one of 19 behaviours related to PCH. Two distinct groups of women were identified – those who were intending to conceive (Intenders) and those who were not (Non-Intenders). Formative research indicated that messages relating to babies / healthy pregnancies were unlikely to resonate with Non-Intenders. As such, campaign messages were framed differently for Intenders and Non-Intenders. The ‘Show Your Love’ campaign was marketed to Intenders “as a pathway to a healthier baby and family”, while for Non-Intenders it was presented as a “pathway to future goals, personal empowerment, and wellness”, with effective contraception being presented as one of the core goals (Lynch et al, 2014, p.158). In this way, PCH messages communicated different value propositions. The outcomes of this campaign do not appear to have been evaluated.

4.2.2 Emotive imagery

Although there is little evidence pertaining to the impact of specific imagery in terms of its effect on attitudes, beliefs and behaviour relating to alcohol consumption in pregnancy, there is some research indicating that highly emotive / shocking images can enhance campaign salience. However, concerns have also been raised by stakeholders and Key Informants in this research about the potential for negative unintended consequences to result from the type of imagery as described below:

- Bazzo et al (2012) evaluated the imagery used in the Italian ‘Mummy Drinks, Baby Drinks’ (‘Mamma Beve, Bimbo Beve’) campaign to assess its impact on the target audience (women of childbearing age and their families, especially partners). The campaign used the symbolic image of a fetus within

a glass of a typical local alcoholic beverage, 'sprit' to raise awareness about the harmful effects of drinking alcohol during pregnancy and breastfeeding on the fetus and baby. Bazzo et al (2012) found that one year after the campaign there was still high recall of the image, the warning message conveyed by the image, and the associated behaviours. The image, which was considered "strong and shocking by mass media" (Bazzo et al, 2012, p.661) prompted a strong emotive response. It was concluded that the image was successful in spreading the intended health message and that "such a strong image did not need to be frequently seen to be remembered" (Bazzo et al, 2012, p.661).

- Bazzo et al's (2012) evaluation of the 'Too Young To Drink' campaign referenced anecdotal feedback that images prompting an adverse emotive response could cause harm or distress. 'Too Young To Drink' was a global campaign that used a similar style of imagery as the 'Mummy Drinks, Baby Drinks' campaign – this time, the image being a baby sleeping inside a series alcoholic beverage bottles, each representing a different drinking culture, to have widespread but localised appeal. While some stakeholders praised the images for being graphic, attention grabbing, innovative, powerful, and generally well received, others expressed concern that they "might remind some people of termination and could cause women that had had a termination to experience grief" (Bazzo et al, 2012, p.113). This serves to remind that executions need to be tested against both the primary target audience and stakeholders.

It was suggested by Key Informants in this study that campaigns being launched into a crowded media landscape need to find some way to attract and hold attention and that eye-catching imagery can play a role in this. However, there were mixed opinions about the use of shocking imagery, such as the fetus / baby in alcohol, with some suggesting it can be effective in attracting attention and assisting with persuasion and others arguing that it could be stigmatising or anxiety-inducing.

One Key Informant also mentioned that only featuring visibly pregnant women in campaigns can be problematic, as it might reinforce the perception that the early stages of pregnancy are less risky in terms of alcohol consumption.

4.2.3 Mode of delivery

The literature identified for this review shows that a number of factors influence the mode of delivery selected for campaigns relating to alcohol and pregnancy. This includes the available budget, as well as consideration of the target audience and how to reach them (by establishing their media habits). Again, there was only limited literature pertaining to the relative effectiveness of the various delivery modes utilised by campaigns in this space. However, the available literature supports the utility of social media as a (relatively low-cost) campaign channel and highlights the potential for more innovative approaches to contribute to campaign reach and effectiveness:

- Parackal et al's (2017) evaluation of Facebook's advertising channel for promoting the "Don't Know? Don't Drink" campaign (mentioned above) aimed to understand the effectiveness of social media for delivering public health messages. The evaluation noted an "impressive number of views" for the video component of the campaign (203, 754 views), suggesting that Facebook advertising was a successful channel for delivery of health promotion messages (Parackal et al, 2017, p.6). However, the authors caution against "the use of a one-way communication model for conveying such warning messages" because a unidirectional approach prohibits further interaction between the sender and receivers, meaning negative comments went unmediated, and an opportunity to engage with

commenters was lost (Parackal et al, 2017, p.7). They suggested that a two-way communication format, in which those promoting the campaign could respond to comments, for example with additional explanation and information, might be beneficial (Parackal et al, 2017, p.7).

- Bazzo (2012) also provided feedback on the use of social media as part of the evaluation on the international 'Too Young To Drink' campaign. In this case, it was concluded that social media was an effective platform for disseminating the campaign message, as well as for including various stakeholders and bringing people into the conversation. The availability of social media metrics to show reach and engagement with the campaign was also considered beneficial from an evaluation standpoint. In addition to the use of social media, the campaign used what was described as a 'guerrilla marketing tactic', where the various international agencies involved launched the campaign in their respective countries, on the same day, at the same (local) time, without any forewarning. Stakeholders considered this to be a novel approach that reportedly sparked interest in the campaign. However, this strategy meant that media outlets were not notified in advance of the campaign, to maintain the element of surprise, which may have reduced the potential for more traditional media coverage. The researchers concluded that it "is possible to develop and carry out an international action to raise public awareness of FASD, using social marketing strategies and social media to spread materials and information on the issue, with a low budget and in different cultures" (p.114).
- Ray (2017) evaluated the utility of health education messages affixed to pregnancy test dispensers located in bars serving alcohol in Alaska and the Yukon for raising awareness of the risks associated with drinking while pregnant. In order to robustly assess this mode of delivery, the same collateral was also shown in framed posters (instead of on test dispensers) in matched communities. The results showed that those exposed to the pregnancy test dispenser collateral scored significantly higher regarding their understanding of FASD risks and harm, and reported lower levels of binge drinking, than those who were only exposed to the poster. While pregnancy test dispensers are not generally located in bars in Australia, this research does highlight the potential for using a novel approach to campaign delivery, in this case giving careful consideration to place (a key element of the 'social marketing mix') and taking into account the potential impacts of reaching the target population within a primed setting.

4.3 Target audiences

The selection of key target audiences is a key step in the campaign development process. Key Informants noted that it would be hard to develop a campaign that will be effective for everyone in the population or even for all women of childbearing age. A number of Key Informants also stressed the importance of deciding on a core campaign audience (on the basis of available evidence) and then using an 'audience first' approach throughout the process (where decisions are based on evidence about the target audience). Decision about which groups to target should be taken based on available data about which specific sub-groups are more likely to be at risk, as well as which are more likely to be influenced by a communications campaign (e.g. audience segmentation and sizing), before messaging territories or creative elements are developed.

Deshpande (2006) identified five potential audiences for strategies to promote alcohol abstinence in pregnancy, each of whom would require a different approach to influence their behaviour. These included key influencers, as well as pregnant women, as follows:

- Women who (continue to) drink alcohol after they become aware that they are pregnant. This applied to 14.5% of the pregnant women who participated in the NDSHS in 2019 (AIHW, 2020). This group was further segmented into:
 - Older, more educated professional women (who are more likely to drink at lower levels, according to Australian research conducted by McBride et al, 2012; Stanesby et al, 2018, cited in FARE, 2019).
 - Younger women who face economic hardships and may struggle with addictions (who are more likely to maintain pre-pregnancy levels or increase consumption according to research conducted by Stanesby et al, 2018, cited in FARE, 2019).
- Women who drink alcohol before they become aware that they are pregnant (55% of the pregnant women who participated in the National Drug Strategy Household Survey (NDSHS) in 2019).
- Adolescents (younger than 18 years).
- Male partners (as partner alcohol consumption has been identified as a predictor of alcohol use during pregnancy).
- Health care professionals (who influence women's drinking behaviours).

As noted previously, another distinction has been made between women who are intending to fall pregnant and women who are not intending to fall pregnant (Lynch et al, 2014). Unplanned pregnancy is common in Australia – 51% of Australian women of reproductive age have experienced an unplanned pregnancy (Marie Stopes International, 2008).

Reflecting this distinction, Elek et al (2013) suggest tailoring messages according to women's pregnancy status – i.e. pregnant, trying to get pregnant, and not trying to get pregnant, but at risk for an Alcohol Exposed Pregnancy (AEP). This approach has been taken by the Canadian ThinkFASD website (CanFASD), which is divided into three distinct sections, as follows below, each with tailored messages, but all with the over-arching message / tagline that 'drinking + baby-making don't mix':

- 'We're having sex'
- 'We're trying'
- 'We're pregnant'.

A study investigating binge drinking during pregnancy across a range of countries found that binge drinking during the preconception period is associated with unintended pregnancies (Lange et al, 2017).

The authors of an Australian study investigating changes in alcohol consumption from the first trimester, prior to pregnancy recognition, to consumption immediately following pregnancy recognition concluded that **health strategies focused on alcohol use prior to pregnancy recognition may be more effective in reducing risk of AEPs than messages about the risks of continued drinking into pregnancy** (McCormack et al., 2017). McBride et al (2012) also suggested that there is a need for prevention programs and campaigns to target women of childbearing age generally, particularly women in the preconception phase.

A Key Informant suggested that women who are planning a pregnancy are an important group and should be easier to reach with advice about abstaining from alcohol as part of getting ready to try to conceive, for example these women may go to visit health professionals or be actively looking for information on the topic of trying for a baby.

The literature, as well as interviews with Key Informants, indicates that individual interventions are likely to be necessary and / or more effective for high risk groups (e.g. Erng et al, 2020; Choate et al, 2019). Choate et al (2019) suggested that a lack of access to resources may be a stronger or equally strong factor in alcohol consumption in pregnancy as a lack of knowledge about FASD for high risk women (e.g. limited access to housing and mental health resources as well as other social determinants of health). Key Informants have though noted that even if high risk groups are not a key target audience for mass communication campaigns,

their needs and perspectives should be taken into account, to try to mitigate against the possibility of causing unintended harms (such as anxiety or additional barriers to help seeking).

The review has not identified any detailed segmentations of target audiences based on underlying beliefs, attitudes, needs and motivations to identify whether there are defined groups that would respond more positively to tailored messaging and / or different modes of delivery. Previous reviews have also noted this gap in the literature – Finlay Jones et al (2020) found that “no Australian research has captured the determinants of AEP in a way that enables differentiation of subgroups (e.g. attitudes and beliefs among more educated versus less educated women) and across different time points in pregnancy (for example, motivation to abstain from alcohol use pre-pregnancy awareness, versus post-pregnancy awareness)” (p. 3).

Partners/family/friends

As noted in the context section, a partner's alcohol consumption and their support for abstinence in pregnancy is a factor in whether or not women consume alcohol in pregnancy, as are social norms and peer pressure, to either abstain or consume small quantities of alcohol in pregnancy. As such it has been argued that initiatives to reduce AEPs should include partners, family and friends. This is to ensure they are informed about the risks of alcohol in pregnancy as well as ways that they can encourage abstinence or reduced alcohol use, thereby increasing the social support for women to consume alternatives to alcohol in social situations (e.g. McBride et al, 2012; Choate et al, 2019). However, Choate et al (2019) also caution that the nature of men's involvement was not explored further in their work and that ‘this subject may be controversial because accepting men's responsibility in regard to pregnant women's drinking may have implications for the right of women to their bodies’. It also assumes that men are available to fulfil this role, which may not be the case.

5. Global campaigns on alcohol and pregnancy

Some of the key campaigns reviewed as part of this study are summarised below. The campaigns presented were selected to provide examples of a broad range of approaches, in terms of messages, target audience, framing, and look and feel. These summaries were prepared based on a review of available material, information and reports, as well as interviews with representatives of the organisation responsible for developing the campaign. Observations about the approach are made by the Kantar research team based on the teams' experience and expertise in concept testing communication campaigns with a broad range of target audiences, as well as the findings of this research.

5.1 Pre-Testie Bestie (New Zealand Health Protection Agency)

Pre-Testie Bestie was developed in New Zealand to encourage women to stop drinking alcohol if they think they could be pregnant, and to support their friends to do this. The campaign formed part of a wider programme of work which aimed to prevent Fetal Alcohol Spectrum Disorder (FASD) through alcohol-free pregnancies by focusing on wider culture change, help seeking and clinical best practice. The core target audience for the campaign was defined as young women aged 18 to 30 who drink hazariously (7+ standard drinks on a typical drinking occasion), are sexually active, and not planning to get pregnant.

The campaign took the form of an eight-part mini-series, following the story of a young woman supporting her best friend who thinks she might be pregnant. Together they negotiate their usual social life, avoiding alcohol until a time when she can take a pregnancy test. The campaign takes an edgy and humorous tone, using authentic target audience language, challenging women to be a 'Pre-Testie Bestie' and support their friend to be alcohol-free if they think they might be pregnant, with the tagline: "keep her off the booze 'til she's got that preggo news."

The series utilised a cliff hanger structure to capture and hold the audience's attention. To reinforce the campaign message the videos were released in sequence over 21 days, the length of time recommended to wait after unprotected sex before taking a pregnancy test, before the final episode revealed whether the protagonist was pregnant. Pre-Testie Bestie was launched on 9 September (FASD Awareness Day) 2018.

Pre-Testie Bestie – selected campaign materials:



Out of home



Poster

Channels/distribution

Targeted content placement was used to reach the core campaign audience, including online channels (including YouTube, TVNZ On Demand, Three NOW, digital billboards, Facebook and Instagram) and out of home advertising. Tailored versions of campaign materials were also developed in partnership with local health providers, as well as for special events (e.g. festival days) and a dedicated webpage was produced to support the campaign. A video for TV On Demand was also developed towards the end of the campaign (a condensed version of the eight-part series).

The campaign elements were designed to be easily shared on social media and to generate conversation amongst the target audience. Paid influencers were used to help promote the campaign. Influencers were selected on the basis of their brand profile, as well as the size and profile of their followers (i.e. aligned with the target audience and campaign aims).

Campaign development process

Unplanned pregnancy was selected as the focus of the campaign on the basis of data which showed that each year in New Zealand there were around 37,000 unplanned pregnancies, around 13,000 terminations (for any reason, including, for example, fetal abnormalities) and 24,000 births, meaning that two out of every five babies are the result of an unplanned pregnancy. Alcohol exposure in early pregnancy tends to be higher among unplanned pregnancies, as pregnancies are often confirmed later and many women continue drinking before they become aware that they are pregnant. The 18 to 30-year-old audience was selected on the basis of relatively high incidence of unplanned pregnancy, combined with hazardous levels of alcohol consumption, which results in a high risk of alcohol being consumed during the early stages of pregnancy.

The development of the campaign approach was informed by stakeholder feedback, research and several early concept development activities including:

- Testing of the original iteration of the campaign (2015-2016) – ‘Don’t Know Don’t Drink’ (discussed below)
- Consumer discovery research
- Concept testing (focus groups with target audience)
- Analysis Facebook posts from the previous iteration of the campaign.

The consumer discovery work indicated that the target audience were unlikely to be influenced by a campaign focused on the health of a fetus / baby. They found this approach to be irrelevant to them as they were not planning to fall pregnant and believed that they were highly unlikely to fall pregnant. This insight fed into the development a campaign which focused on the role of a friend in supporting someone to choose no alcohol between suspecting a pregnancy and a getting pregnancy test result. The campaign also encouraged young women to consider the possibility that they / a friend could be pregnant before drinking. The campaign purposely never mentioned why she thinks she might be pregnant, to make it relevant to as many situations as possible. As noted, based on the discovery research, the campaign intentionally does not reference FASD or describe the specific impacts of drinking alcohol in pregnancy, rather it simply reminds the target audience that they shouldn’t drink if they could be pregnant (because science says so) and flags that a pregnancy test will generally not work until 3 weeks after sex (pregnancy tests are accurate from day of missed period, but as many people don’t know when their period is due 3 weeks after the sex was used as a proxy in the campaign).

The concept that would become Pre-Testie Bestie was selected as the most promising from a number of ideas proposed by the creative agency and was therefore concept tested with the target audience. Young women reportedly liked the upbeat and positive tone and welcomed the absence of “doom and gloom” messaging. They found the settings and situations relatable and relevant to their lives. The key messages

were understood, and women thought that the content gave them permission to take on the role of 'Pre-Testie Bestie' and offer support to a friend who could be pregnant. The content was found to be consistent with the values and attitudes shared by the target audience.

Stakeholders with an interest in alcohol and pregnancy were also asked to provide feedback on draft versions of the Pre-Testie Bestie content. The stakeholders provided clinical or health promotion services to young women and their communities, had a key role in alcohol and pregnancy, and / or could provide cultural advice. Overall feedback was positive – stakeholders liked the authentic youthful voice, thought it would be relevant and engaging for the target audience and indicated a willingness to support the campaign and to share content.

The team at Te Huringa Hauora / Health Promotion Agency who were responsible for the development of Pre-Testie Bestie developed a watch list to guide the creative development process, with the aim of maximising the campaign's effectiveness and minimising the risk of unintended negative consequences. The watch list was intended to help them to continually check that the campaign was on-track in terms of:

- Being relatable to the target audience
- Being supportive of women
- Representing any 'no' moments clearly
- Providing memorable / sharable content
- Providing clear messaging
- Providing clear tactical options (to help a woman stop drinking) and sources of support
- Avoiding the glorification of drinking alcohol
- Avoiding portraying pregnancy negatively.

The use of authentic target audience language, including swear words, was also carefully considered. This included an informal review of relevant literature, reference to the Broadcasting Standards Authority Language guidance, stakeholder consultation and to other health campaigns using similarly authentic language.

Evolution from the 'Don't Know Don't Drink' campaign to Pre-Testie Bestie

Pre-Testie Bestie utilises a very different creative approach to the original 'Don't Know Don't Drink' campaign, despite having the same core objective (i.e. encouraging women to stop drinking alcohol if they think they could be pregnant). 'Don't Know Don't Drink' portrayed a woman reflecting on a possible conception moment and swapping to a non-alcoholic drink as a result, using what has been described as a serious and earnest tone. Feedback on the campaign (via focus groups and interviews with women aged 18 to 30 years) indicated that it was not considered sufficiently attention grabbing, memorable, emotionally affecting or personally relevant / relatable by its target audience and some felt it had the potential to shame women (e.g. for being in position where she may not know that she's pregnant). Some also felt that the campaign was ambiguous and implied that sexually active women shouldn't drink alcohol at all. Further, a separate thematic analysis of Facebook comments found comments which contradicted the core messaging and could perpetuate inaccurate myths about alcohol and pregnancy (Parackal et al, 2017)



Facebook posts associated with the campaign moved away from serious and earnest to attention-grabbing and humorous, in order to encourage young women who are not planning pregnancy to engage with a pregnancy issue, and to do this in the context of a busy social media news feed. Pre-Testie Bestie continued this approach.

Response to Pre-Testie Bestie

Pre-Testie Bestie was not formally evaluated (primarily due to funding constraints), so its behavioural impact is not known (although it has been piloted in Newcastle, as described below). However, campaign metrics were collected, and campaign recall, key message take-out and reported behaviour change was measured (as part of a larger organisational campaign monitor). The campaign received a number of advertising industry awards and performed well in terms of reach – with 90% of the target audience having seen it (percentage of unique users within the audience that were exposed to the adverts). There were 1.66 million post engagements and around 27% of social videos were viewed through to completion. An annual survey looking at results from female drinkers aged 18 to 29 who had seen the marketing, showed that Pre-Testie Bestie also outperformed its predecessor ‘Don’t Know Don’t Drink’ in terms of:

- The proportion of people who had seen campaign reportedly considering if they could be pregnant before drinking alcohol (increased from 27% in 2016/17 to 65% in 2018/19).
- The proportion of people who had seen the campaign reportedly having supported someone who is pregnant to stop drinking (increased from 24% in 2016/17 to 90% in 2018/19).
- The proportion of people who had seen the campaign reportedly having encouraged others to consider if they were pregnant before drinking (from 17% in 2016/17 to 72% in 2018/19).

Anecdotal feedback also indicated that the campaign was liked and considered authentic by members of the target audience – in particular it reportedly didn’t feel judgemental nor like a ‘typical government’ campaign. However, some women did question the relevance of the campaign, suggesting that they or other young women in the situation depicted would likely have a termination (regardless of whether or not they had consumed alcohol).

Pre-Testie Bestie, Newcastle pilot

Pre-Testie Bestie has also been piloted in Australia within the Newcastle region. Focus group testing with women aged 18-35 in that region concluded that the campaign resonated well with younger women, particularly those who had not had children and were not planning a pregnancy, although some of those who did not connect with the campaign (who tended to be older women and / or those with children) described it as ‘tacky’ and raised concerns that the campaign might make light of serious issues such as unprotected sex and binge drinking. Given the largely positive feedback from younger women, the website content from the New Zealand campaign was re-purposed to suit the Australian context. In addition, the video content from the New Zealand campaign was piloted on social media for a 3-month period from February 2020, but with a narrower target audience of women age 18-30. Preliminary pilot results indicate that the campaign was ‘overwhelmingly successful in engaging and reaching the target audience’, particularly younger women aged 18-24 years. Preliminary post-implementation survey results (among 1,483 women aged 18-30 years from the Newcastle region) indicated there was a marginally significant effect of exposure to the campaign on knowledge of the most reliable time to take a pregnancy test (i.e. 3 weeks after sex). However, there was no direct effect of exposure on intention to abstain from alcohol (if you think you might be pregnant) or to support a friend to abstain from alcohol.⁵

⁵ Exposure to PTB was defined by reported exposure to core campaign videos (PTB Day 1, PTB Day 3, and PTB Day 7), and/or PTB pages across all media platforms.

Additional Kantar observations

This campaign stands out as a novel / category disrupting approach, which was able to effectively engage a narrowly defined target audience who would otherwise be challenging to reach (given they generally have little interest in the topic of pregnancy).

5.2 Too Young to Drink (Italy)

Mumma Drinks Baby Drinks (Italy) and Too Young to Drink (Europe) – case study

The 'Mummy Drinks Baby Drinks' ('Mamma Beve, Bimbo Beve') campaign aimed to raise awareness about the effects of drinking alcohol during pregnancy among women of childbearing-age within the Local Health Authority of Treviso (Italy). The campaign used the visual image of a fetus within the glass of a typical local alcoholic beverage, 'spriz'. Health messages accompanied the image in communication materials, including: 'drinking alcohol during pregnancy and breast-feeding can damage the physical and mental development of your baby', 'avoid drinking during pregnancy, breastfeeding and while trying to conceive' and 'your doctor, midwife and family members can help you remember'.

Campaign channels included two street banners in the city, banners on the inside and outside of all buses in the urban bus network for a one month period, banners, posters and pamphlets distributed in local hospitals, Local Health Units, territorial services and medical practitioner offices, as well as posters in restaurants and bars. A dedicated website (www.mammabevebimboveve.it) was also established. To attract as much attention as possible banners were put up in one of the most famous places in Treviso for a few minutes – pictures of this event were taken and shared through social media. Conferences and events were organized to promote the campaign. The strong reaction to the 'shocking' images generated further visibility and debate online and in local media coverage.

Mummy Drinks Baby Drinks campaign image (2010)



Following the campaign in Italy, the insights it offered were discussed at an international level and an international network of partners was formed to develop an international campaign, coordinated by the European FASD Alliance, in partnership with the National Organization on Fetal Alcohol Syndrome (NOFAS), and the European Alcohol Policy Alliance (Eurocare), with the technical and organisational support of the team who carried out the Italian campaign. This partnership led to the development of the 'Too Young To Drink' campaign, which has involved more than 50 organisations across the world. The campaign consisted of a range of print materials, a core campaign video (described below), a backstage video, a dedicated website (<http://www.tooyoungtodrink.org>) and press kits, as well as social media accounts on Facebook, Twitter, Instagram and YouTube.

Posters and brochures were translated into seven languages to be utilized to promote and support local campaigns and initiatives (English, French, Spanish, Portuguese, Italian, Russian, Japanese).

The creative concept and visual approach of the 'Mummy Drinks Baby Drinks' campaign inspired the concept of the new one, which includes a baby / fetus inside different types of alcoholic beverage bottles, to represent a range of different cultures and drinking habits.

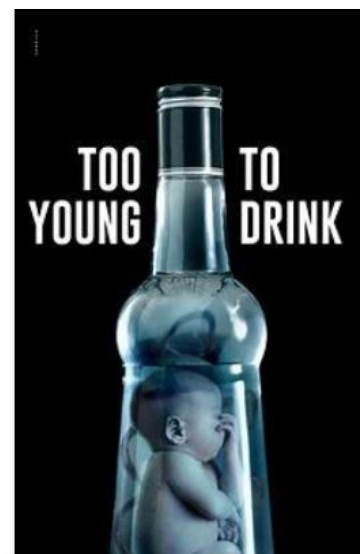
The target audience for 'Too Young To Drink' was women of childbearing age and their families. The general population was identified as a secondary target audience in terms of awareness raising of FASD, to ensure that the dangers of drinking during pregnancy were understood by everyone. The campaign strategy therefore focused on a mass-communication approach widespread by partner organisations in local communities.

The 35 second 'Too Young To Drink' video begins with imagery of a fetus apparently in utero, before the camera pulls back to reveal it is in a bottle of alcohol. This reveal is accompanied by a dramatic soundtrack, the tagline 'Too Young To Drink' and the message that 'drinking alcohol during pregnancy can cause lifelong harm to the unborn child', as shown below.

Selected screen shots from 'Too Young To Drink' video (2014)



Too young to drink campaign – selected images (2014)



The original 'Mummy Drinks Baby Drinks' campaign was developed using social marketing principles. A multidisciplinary team of university researchers and professionals from the Local Health Unit was established to design and oversee the planning, implementation and evaluation processes. Preliminary research was conducted to understand alcohol consumption behaviours in local pregnant women and the opinion of local healthcare professionals. This took the form of 'action research'; the rationale being that alcohol consumption in pregnancy is a community issue and the community should therefore be involved in deciding how to address it. The action research process resulted in initiatives such as training for health professionals (especially midwives) and helped with achieving community engaging and buy-in. Partnerships with social

and commercial stakeholders (excluding alcohol producers / companies) were also developed to spread the prevention messages in the community. This approach was necessary to disseminate the campaign materials (as there was no external funding). It was also beneficial as it created a network of local stakeholders and collaborators for the campaign. The campaign imagery and messaging were primarily intended as a way to start a conversation about alcohol consumption in pregnancy within the community, rather something that would result in the desired behaviour change on its own. It was hoped that behaviour change would be driven by other initiatives and actions that were generated as part of the campaign, such as the provision of information on the risks of alcohol use provided by midwives during antenatal / pre-birth courses targeted to pregnant women.

The creative concept for both the campaigns (i.e. the image of the baby in the drink) was developed free of charge by the communication research centre Fabrica, which has its head office in Ponzano Veneto, (a small town near Treviso). The Fabrica team received information on the FASD issue by the research team.

Fabrica conducted informal research and concept testing for 'Mummy Drinks Baby Drinks', and later 'Too Young To Drink', inside the organisation (which is an international research centre with staff from a range of countries) and with some individuals belonging to the target population, but there was no 'official' pre-testing of the concepts with the target audience.

Response to 'Mummy Drinks Baby Drinks'

The research team involved in the development of the 'Mummy Drinks Baby Drinks' campaign also conducted an evaluation by surveying parents and caregivers attending local vaccination clinics (with children aged 0-2 years) one year after the campaign. This measured campaign recall and identified the emotions experienced when the target audience was exposed to campaign messages and imagery. The results showed that even a year after the campaign there was high recall of the image, the warning message conveyed by the image and the associated behaviours. Overall, 84% of the respondents said that they remembered the image, almost all (93%) recalled the warning message and 53% recalled the health behaviours. Reactions to the campaign image were polarised, with a similar proportion indicating distress (38%) as 'liking' (40%) when asked 'how does the image seem to you?' The type and strength of emotional reaction to the campaign image did not appear related to the recall of health behaviours promoted by the campaign (Bazzo et al, 2012).

As noted, the campaign was considered 'shocking' by some local newspapers and mass media. The campaign also attracted some criticism for not conducting concept testing with the target audience, as it was felt that the image could be upsetting for some sections of the community, such as women dealing with alcohol addiction. Some newspapers also associated the image with termination, but during the evaluation process the target population did not appear to make this association. Some stakeholder / professionals suggested that a 'more comfortable' image might be preferred by the target audience.

However, this was reportedly not reflected in the responses of the target audiences in the local community of Treviso, and the team maintained that a strong image was required to attract attention to the issue and start a conversation on it, which could lead to targeted / specific prevention activities.

Response to Too Young to Drink

As noted previously, the use of 'shocking' imagery combined with a 'guerrilla' marketing approach was used to create a 'buzz' around the campaign and therefore increase its reach. Stakeholders considered this to be a novel approach that reportedly sparked interest in the campaign and they generally considered the campaign to have been a success. Over the week of the launch the campaign Facebook page reached 300,000 impressions, 100,000 users, 4,019 interactions and 1,386 'likes' (Bazzo et al, 2017). Parackal et al

(2017)'s separate evaluation concluded that the video component achieved "impressive number of views" on Facebook (203, 754 views).

While the campaign was clearly memorable it is not clear how much (if any) impact it had on the consumption of alcohol in pregnancy. Bazzo et al (2017), acknowledges the limitations of the evaluation and the need for more extensive assessment of the effects of (international) public awareness campaigns, especially when applied at local levels.

After the launch of 'Too Young To Drink' concerns were raised by some birth mothers of children with FASD, as well as some professionals, that the image could cause guilt among parents who had consumed alcohol in pregnancy. There were also concerns raised by organisations in the network that the imagery could be associated with termination and some professionals raised the possibility that the campaign might cause anxiety for women dealing with alcohol addiction.

Reflecting reactions to the 'Mummy Drinks Baby Drinks' campaign, some stakeholder / professionals suggested that a 'more comfortable' image might be preferred by the target audience. However, all these concerns reportedly represented a minority view – the majority of feedback was appreciative and supportive of the image, which was often considered beautiful and impressive. For this reason, the idea of using a "communicatively strong" image was continued to be required to attract attention to the issue.

During the Key Informant interviews, it was suggested that any sense of guilt related to alcohol consumption in pregnancy had not been widespread in Italy at the time that campaign was launched, because in Italy alcoholic beverages have a strong cultural and economic value: wine, for example, was considered as a food to be consumed during meals and as part of the leisure time (e.g. "having a spritz" is a way to socialise). Also, attention on the FASD issue was relatively new. The sense of guilt seemed to have a stronger impact in other countries and cultures, especially in countries where the harmful effects of FASD had been studied for decades.

Additional Kantar observations

This campaign utilised a threat-based appeal (which may result in fear or other emotional responses, such as guilt), including the use of shocking imagery to attract attention, prompt conversation and aid recall of campaign messages. Deeper investigation would be required to fully understand how the images and messaging affected audiences in terms of their attitudinal and behaviour response, as well as their emotional affect.

5.3 #Drymester (UK)

#Drymester (Greater Manchester Health and Social Care Partnership, UK)

#Drymester is part of a broader programme of work in the Greater Manchester area, which aims to reduce alcohol exposed pregnancies and make progress towards ending new cases of FASD. The programme includes the first UK FASD prevalence study (report due late 2020), training for health and social care professionals, maternity screening, prevention interventions, and alcohol exposed pregnancy support.

The #Drymester campaign was initially launched in May 2019 as a 10-week pilot across four Greater Manchester boroughs. The core target audience for the pilot campaign was women aged 18-44 who consumed alcohol, were sexually active and not using any form of contraception. The secondary target groups were partners and parents of women who fit within the primary target group. The pilot aimed to:

1. Increase awareness of the message – no safe time, no safe amount
2. Increase awareness of the risks of alcohol exposed pregnancies and FASD
3. Encourage women not to drink during pregnancy

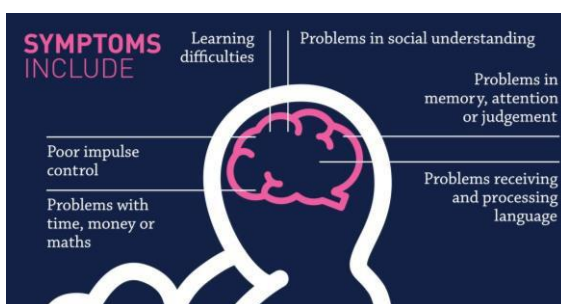
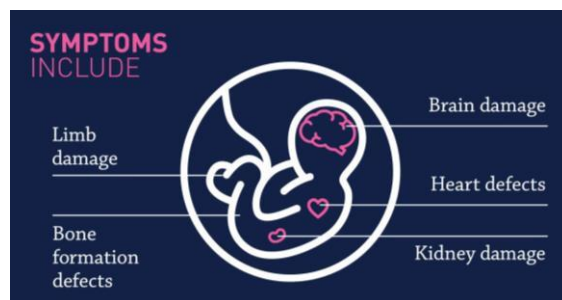
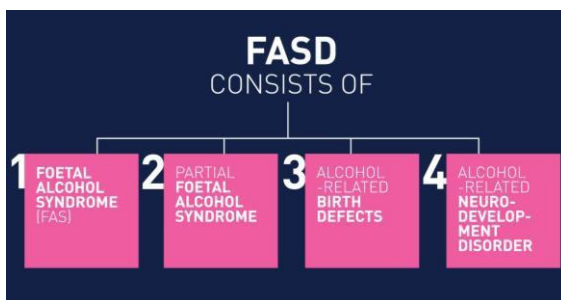
The main proposition for the pilot was 'make every trimester #Drymester', with the following supporting messaging pillars:

- Go alcohol free, no risk of FASD
- No safe time, no safe amount
- Dispelling mixed messages
- Addressing the question, 'what is FASD?'
- Signposting support services.


Phase two of the digital campaign ran for a further 10 weeks, this time across 10 Greater Manchester boroughs from 14 October to 23 December 2019, with paid advertising focusing on a more tightly defined core target audience of women who were pregnant or planning a pregnancy (to maximise the available budget). Feedback from the pilot also resulted in a language change from 'mum' to the more inclusive term 'parents to be'. The website was also developed further as part of phase two, to provide more information and allow users to access a wide range of free (downloadable) resources by signing up and showing their support (including, for example, posters and pamphlets for healthcare settings, partners' information packs and baby shower planning packs).

Campaign videos comprised information about the impact of alcohol consumption in pregnancy, provided via text and infographics (no voice over), and accompanied by a soundtrack. Selected screenshots from the phase two video content is provided below.

#Drymester Phase 2 infographic video screenshots



SYMPTOMS INCLUDE



Small head circumference

Facial distinctions – low set ears

Below average height and weight

Less than 10% of those with FASD will have these recognisable facial features

**GO ALCOHOL FREE
NO RISK OF FASD**



#DRYMESTER

HELPING PARENTS-TO-BE GO ALCOHOL FREE



For more information visit
www.drymester.org.uk

GMCA Greater Manchester Combined Authority  NHS in Greater Manchester

#Drymester Phase 2 'know that facts': selected screen shots

FACT



Drinking alcohol during pregnancy can harm the baby.

FACT



Alcohol can **impact the development** of the foetus.

**NO SAFE TIME
NO SAFE AMOUNT**



**SIGN UP
AND SPREAD
THE WORD**



#Drymester Phase 2 'know that facts' video (targeting those who have been pregnant previously): selected screen shots



Distribution

The digital communications plan included:

- Campaign specific website, providing background information and support services (www.drymester.org.uk)
- Social media platforms (Facebook, Twitter and Instagram used to target the audiences profiled)
- Content marketing (videos, animations and graphics for social media posts and online advertising)
- PPC advertising and display
- User generated content
- Influencer marketing (video of local radio presenter, who was pregnant at the time of the campaign, discussing the harm of drinking alcohol during pregnancy with midwife).

Development process

The overall program was informed by the CHOICE Program to Prevent Alcohol-Exposed Pregnancies and the core target audience for the campaign was based on this model – i.e. women aged 18-44 using alcohol above recommended levels, sexually active and not using effect contraception (although the audience was expanded to include women using any alcohol at all, as standard drinks were known to be widely misunderstood in the UK).

The campaign was developed with reference to formative research previously conducted for a campaign with similar objectives in Blackpool (UK). This formative research included a brief literature review, combined with re-analysis of previous locally collected qualitative data, to understand the attitudes, beliefs and knowledge around the consumption of alcohol in pregnancy, as well as a consultation with professional and community member organisations to gather reactions to a range of previous campaign messages, images and designs (this consultation was required as a review of literature to establish the types of messages, images and text relating to alcohol and pregnancy that would be most effective had yielded limited results).

A pre-campaign survey was also conducted in four pilot boroughs to provide a baseline measure of attitudes and behaviours, for evaluation purposes and to inform the development of the campaign.

A relatively open brief was then provided to the creative agencies who responded to the ITQ, with the stated overall aim of reducing FASD. The intention was to provide agencies with the freedom to develop a persuasive campaign, based on their previous experience in delivering public health campaigns. Three shortlisted organisations prepared mock-ups of their concepts for the campaign, with the final decision involving various key stakeholders and considering the need for the campaign to be non-judgemental and supportive while still being explicit about FASD.

A representative from the creative agency selected to develop the campaign was required to attend training on the topic of FASD, to help ensure that the messages were based on an understanding of how alcohol impacts on the fetus and the symptoms and effects of FASD.

It was noted that the campaign faced several significant challenges, including:

1. Negating inconsistent advice from health care professionals
2. Challenging opinions perceived to be 'proven'
3. Reaching the target audience through the limited forum of social media
4. Overcoming ingrained perspectives from parents, peers or partners
5. Balancing the sensitive nature of the topic (e.g. supporting professionals to present the facts to women without judgement or stigma so they could make informed choices).

A number of organisations were consulted during the development and refinement process, including NOFAS, a 'parents as partners' group, which comprised the adoptive and foster parents of children and young adults with FAS / FASD, and directors of public health in the 10 localities. Feedback from NOFAS included advice around the ordering of symptoms described in the video, so that impacts on facial features did not appear first.

Financial and time constraints meant it was not possible to conduct formal concept testing with the target audience, although a post-pilot phase survey was conducted (as described below) and a small number of informal focus groups were conducted at a local women's center prior to the roll out of phase two.

The Greater Manchester Health and Social Care Partnership project leads, who had a professional background in supporting people with substance abuse issues, were clear from the outset that they wanted the campaign to communicate the lifelong harms caused by alcohol exposure in pregnancy, in order to empower people to make informed decisions, without the use of shocking, fear inducing or judgmental approaches, which might cause people to detach from the message. They also wanted the campaign to be inclusive of influencers / supporters, such as partners, rather than focusing solely on the responsibility of women.

Response to the campaign

The campaign included a participatory element where partners and other friends / family could sign up to support a pregnant woman by taking part in #Drymester. This involved them abstaining from alcohol for the duration of her pregnancy. Although supporters did sign up to the campaign, they did not announce their participation on social media as had been hoped, perhaps reflecting the social pressures / norms relating to alcohol consumption.

Some concerns were raised about the campaign from a pregnancy advisory service that it might be upsetting to women who had consumed alcohol in pregnancy. However, there was also anecdotal feedback from birth parents of children with FAS / FASD who indicated that they would have wanted to have been told the information presented in the campaign when they were pregnant.

The pilot phase of the campaign was evaluated by an independent research organisation using pre and post pilot campaign surveys to assess its reach and its impact on perceptions and behaviours relating to alcohol consumption in pregnancy, before proceeding with the phase two roll out.⁶ The post-campaign survey identified prompted recall of 8% overall (10% among women who were pregnant / planning a pregnancy), which was reportedly in-line with other online campaigns with a similar media spend. Few population level changes in attitudes or behaviour were found (likely related to this relatively modest recall / reach), and

⁶ Surveys were administered face-to-face across the 4 Greater Manchester Boroughs where the pilot campaign took place. The sample was weighted (per borough) on age, gender and Socio-Economic Grouping, with N=664 pre wave (including n=71 pregnant women) and N=640 post wave (including n=84 pregnant women).

around one-in-three of the pregnant women surveyed reported drinking alcohol while pregnant after the pilot campaign (and there was no statistically significant change versus the benchmark). In addition, only around half of those who saw the campaign thought it was memorable (52% overall and 60% of the core target audience), eye-catching (52%) or made them stop and think (46% overall and 61% of the core target audience). However, the campaign was generally felt to be clear, believable and non-judgmental, and there were indications that the pilot had shifted some from a neutral stance into being less accepting of drinking in pregnancy. The campaign also raised awareness of a range of health harms related to alcohol and pregnancy, including FAS and FASD, hence the campaign was taken forward for phase two. The full roll out of the campaign has not been formally evaluated, primarily to budgetary constraints.

The campaign website is reportedly used as a key source of information and supporting materials by health professions. There has also been interest in using the campaign from international organisations with similar objectives.

Additional Kantar observations

This campaign utilised a commitment device, by asking people to sign up for a 9-month pregnant pause in support of their pregnant friend, partner or family member. Although this commitment was not publicly shared as had been hoped, it is a nevertheless an interesting approach.

5.4 Pregnant Pause (Australia, ACT)

Pregnant Pause (Australia, ACT)

'Pregnant Pause – Swap the pub for your bub' (Pregnant Pause) promoted the NHMRC alcohol guidelines on pregnancy and breastfeeding. The campaign's stated aims were to encourage participants to go alcohol free during their pregnancy or the pregnancy of a loved one. The campaign sought to support mums-to-be by building a strong support system that would help families achieve an alcohol-free pregnancy together.

It was a mass media campaign and therefore with population-wide reach, but the core target audience was women who were pregnant or planning to become pregnant, and their supporters.

Over the three years of the campaign, the Pregnant Pause team produced three TVCs (in-house). The evaluation plan initially had one produced for the entire three years. However, the team undertook the production of three to refresh content as well as make a necessary update due to a change in the ambassadors' profiles.

The first TVC began with footage of people doing lots of different activities before moving into images related to pregnancy and showing a pregnant woman getting help and support from a partner and then friends. The VO focuses on supporting mums to be to avoid alcohol:

"Just like getting fit, moving house, cheering for your favourite team, playing in a band, or going on a road trip, life is so much easier when you have the support of your family and friends. During pregnancy we know it's safest not to drink any alcohol, we know that it can be difficult for mums to be, but they don't have to do it alone. Be a hero, take zero, make a pledge to go alcohol free during your pregnancy or the pregnancy of a loved one, visit pregnantpause.com.au."

The TVC also features Kristen Henry and Rod Cuddihy from an ACT radio breakfast show, as campaign ambassadors, to help raise the profile of the campaign.

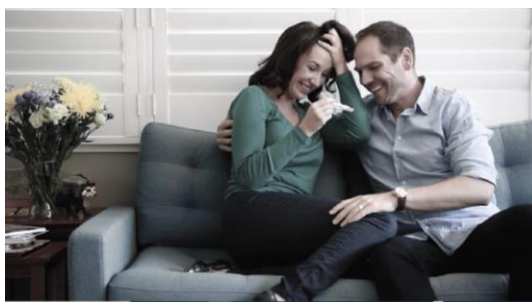
Selected screen shots from TVC 1 (2016)



The second TVC is similar to the first in terms of messaging and the creative concept, but with refreshed visuals and VO.

The third TVC completes the narrative. It features VO from the point of view of a baby thanking his mum for taking a pregnant pause to give him the best start. The final message and call to action states “when pregnant no amount of alcohol is safe, so if you’re expecting or know someone who is so sign up for pregnant pause today.”

Selected screen shots from TVC 3 (2018)



Distribution

Community members were encouraged to take the Pregnant Pause pledge through five main campaign elements:

- Online registrations on the Pregnant Pause website
- A mass media campaign (TVC, radio ‘live reads’ social media – Facebook and Twitter)
- Dissemination of resources highlighting campaign messages
- Implementing a range of targeted activities within the community
- Surveys to demonstrate impact.

The campaign also included eleven social media campaigns (some featuring competitions):

1. Strangest things about being pregnant: Encourage expecting mums to comment or share on their experiences on social media
2. Amazing facts about being pregnant: Encourage expecting mums to comment or share on their experiences on social media
3. 12 Mocktails of Christmas: Support pregnant women and promote tasty no-alcoholic drink options over the festive season
4. #ProudToPause: Empower expecting mums to be proud that they are going alcohol free and encourage them to share images of their alcohol-free drinks

5. #SharetheJoy: Encourage followers to share images of their alcohol-free festivities over the Christmas period
6. Cartier campaign: Social media competition to encourage sign-ups
7. Nine Google Home Minis in Nine Weeks: Social media competition to encourage sign-ups leading into International FASD Awareness Day
8. What a Pregnant Pause looks like: Inspirational images to raise awareness of the campaign
9. Go alcohol Free for FASD: International FASD Awareness Day (2016, 2017 and 2018), sharing photos of high-profile Pregnant Pause supporters.

Events were organised throughout the campaign. Many of these were attended by local media, resulting in campaign coverage across a number of networks.

Development process

The campaign was developed to complement FARE's existing Women Want to Know campaign which aimed to educate and support health professionals to have conversations with their patients about alcohol in pregnancy that aligned with the advice in the NHMRC Alcohol Guidelines.

The decision to target both the pregnant woman and those around her stemmed from research by the National Drug and Alcohol Institute which found that 77 per cent of women who drink alcohol throughout their pregnancy usually drink with their partner and, of these, 40 per cent reported that their partner usually initiates a drinking occasion (McBride et al, 2012, cited in Pregnant Pause Evaluation Report).

There was no specific theoretical model underpinning the campaign, but it was informed by existing literature investigating the reasons why women drink alcohol in pregnancy. A range of stakeholders were also consulted including midwives, local health networks and NOFASD

A positive gain-framed approach, where family and friends were asked to support 'mums to be', was chosen to avoid stigmatising or blaming women who have consumed alcohol in pregnancy. This choice was based on an understanding that a range of factors influence alcohol consumption in pregnancy, including conflicting information, Australia's drinking culture etc. and that it's therefore a community-wide issue.

The campaign was not tested with target audiences, primarily due to budgetary constraints, but AB testing was conducted to refine the messaging used on social media.

An earlier (2012) iteration of Pregnant Pause started as a peer to peer campaign and fund-raising initiative. It was exclusively focused on the partners, with the aim of men getting sponsored to give up alcohol for nine months. However, this version did not take off. It was hypothesised that this may have been because preparing for a new baby is a busy time and so not the ideal time to be asking people to raise money. It was concluded that the sponsorship idea ultimately put people off rather than drawing people in.

With the benefit of hindsight, it was suggested that creating a more interactive social media community might have been beneficial to encourage more people to talk about and share the campaign materials and, therefore, maximise the power and authenticity of the campaign.

Response to the campaign

The television campaign reached a total audience of 3.6 million over three years and total audience of 457,084 heard the radio campaign. In the ACT, Pregnant Pause social media paid adverts achieved a reach of 67,324, with 216,387 impressions, 4,231 clicks, 19,812 page engagements and 19,776 post engagements.

An evaluation was conducted to assess the campaign against four predetermined objectives (below). The campaign met or came very close to meeting three of its four objectives, as shown below:

- **Objective 1:** By March 2019, 10 per cent or fewer women surveyed in the ACT who had a baby during the three years of the campaign will identify that they consumed alcohol after being aware of their pregnancy.
 - Result: 11 per cent of women who were pregnant during the campaign years (2016, 2017 and 2018) indicated they had drunk alcohol during their pregnancy. Of these, the majority of these women (81 per cent) said that they did so only on a special occasion.⁷
- **Objective 2:** By March 2019 there will be a 20 per cent increase in awareness in the general population (from year 1 baseline to year 3) that for women who are pregnant or planning a pregnancy, not drinking alcohol is the safest option.
 - Result: The baseline survey in year 1 found that in May 2016, 76.9 per cent of the ACT population correctly identified that 'don't drink alcohol' is the current Australian Government advice for drinking alcohol while pregnant or planning a pregnancy. The second survey in March 2019 found that, 82.7 per cent of the ACT population correctly identified that 'don't drink alcohol' is the current Australian Government advice for drinking alcohol while pregnant or planning a pregnancy (a 7.5% increase)⁸
- **Objective 3:** By March 2019, 400 participants will have engaged with the Pregnant Pause campaign.
 - Result: 436 participants signing up to take a Pregnant Pause during the campaign years. More than half of these were from the ACT. Of these registrations, 287 were expecting (a parent-to-be), 19 were a family member of a parent-to-be, 38 were a friend of a parent-to-be and 42 participants were a partner of a mum-to-be.⁹
- **Objective 4:** By 2019, 40 percent of the ACT population (156,000) will have been reached by the Pregnant Pause campaign.
 - Result: Over the 31 months of the campaign Pregnant Pause had 8,091 instances of its TVCs running primarily on the Channel Nine network and achieved a cumulative reach of 3.6 million and gross impacts of 9.1 million.

In addition, in terms of behavioural impacts, of those asked during the Pregnant Pause online registration process if this was their first pregnancy, 123 people responded 'no'. Of those, 17 per cent said that they consumed alcohol during a previous pregnancy, indicating that they had decided not to drink alcohol during their current pregnancy when they otherwise may have.

Ideally the campaign team would have conducted a more thorough evaluation, with a greater focus on behavioural impacts, but this was not possible within the available budget.

⁷ Snapshot survey of ACT adult women, undertaken between 19-26 March 2019. The survey was conducted through Survey Monkey and was posted on the Pregnant Pause Facebook page (final sample size n=294). The post was promoted through paid social media advertising, targeting women aged between 22-44 in the ACT region.

⁸ Two population-wide surveys were undertaken, a baseline in year 1 and a follow up survey in year 3 of the campaign. These surveys were undertaken by Australian market researching company ReachTel, by 'robo poll'. The first survey was conducted on May 25, 2016 with 1,184 ACT residents participating. The second follow up survey was conducted on 13 March, 2019 with 1,043 ACT residents participating.

⁹ A registration portal for ACT residents to 'take the Pregnant Pause pledge' was set up on the Pregnant Pause website. This also provided an opportunity to track the success of the Pregnant Pause campaign, and create an active database.

The campaign team were not aware of any unintended consequences or negative reactions to the campaign.

Additional Kantar observations

As noted, the TVCs use a gains-based approach, with a focus on avoiding alcohol to provide the best start for your baby / supporting a pregnant person by abstaining with them. They do not provide any information about the consequences of alcohol consumption in pregnancy, or address key misconceptions, for example around the perceived relative safety of consuming alcohol at certain stages in pregnancy (especially in the very early stages) or of consuming some types of alcohol. As such, these ads may not have been persuasive for those who had already decided that low-levels of alcohol consumption, or drinking alcohol at certain stages of pregnancy represents a very low or negligible risk.

The creative approach used in the final TVC, which featured a baby thanking its mother for giving him the best start, appears to have the most potential for generating an emotional response but, again, concept testing and / or a more detailed evaluation would be required to assess this for different groups within its target audience.

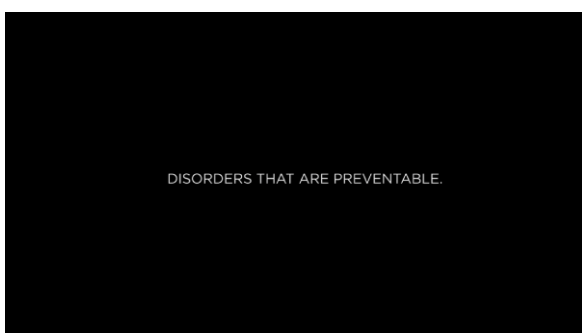
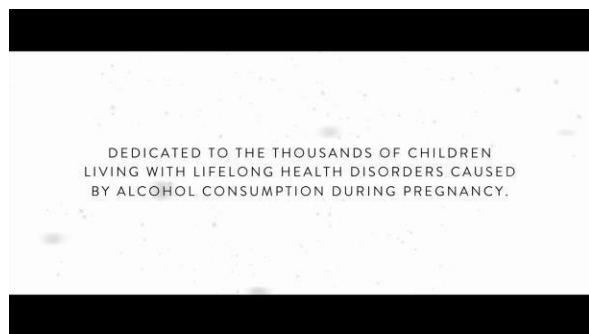
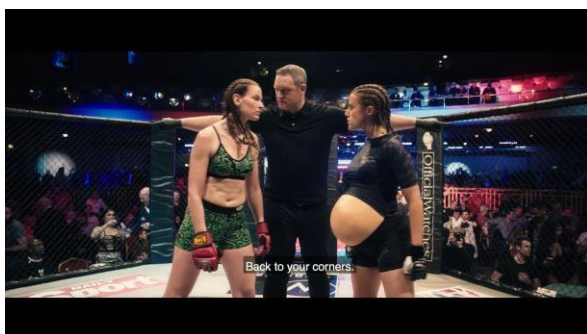
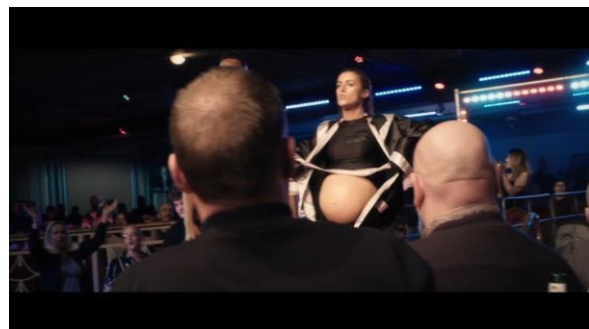
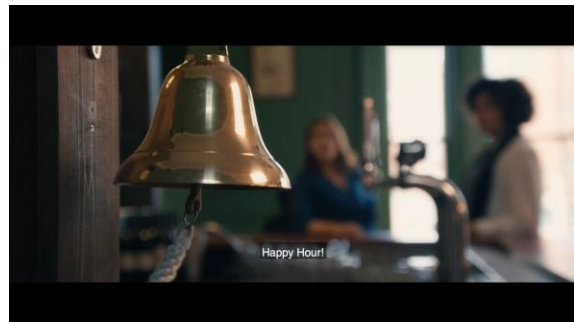
5.5 Prevent FASD project, including RISK short film (UK)

The short film RISK is part of National FASD's 'prevent FASD' project, which targets 15-25-year olds. The project website (preventFASD.info) includes resources for educators to accompany the RISK film, as well as information for young people. The project also invites young people to submit creative ideas to help prevent FASD, incentivised by a prize draw for all entrants and a £1,000 prize for the best idea. The competition serves the dual purpose of engaging young people with the issue and harnessing creative ideas developed by the program's target audience.

The program aims to address a lack of knowledge about why alcohol should be avoided in pregnancy. The website and educational materials feature attention grabbing and memorable facts to help young people understand the harm caused by alcohol in pregnancy, for example by comparing its affects to other drugs and highlighting the relatively high estimated incidence of FASD relative to the incidence of autism.

The RISK film is intended to act as a conversation starter, rather than a comprehensive education tool. It aims to capture the audience's attention with an ambiguous set up, featuring a female boxer being asked by her partner and friends to consider the risks, apparently related to taking part in a boxing bout, with the boxing story arch acting as a metaphor for the risk posed by alcohol consumption in pregnancy. The reason for her friends' concern is only revealed at the films conclusion as she takes off her robe after entering the ring to reveal that she is pregnant. The film features imagery and terminology applicable to both alcohol consumption and boxing (e.g. 'it's just one round', 'ringing bell' etc.) and intersperses scenes of the woman ordering drinks in a pub and drinking alcohol at home with the boxing scenes. The film finishes with a call to action, by asking its audience to 'get the facts'.

Selected screen shots from RISK



The film depicts a friend and a partner trying to persuade the protagonist not to take an unnecessary risk. These conversations are a mechanism for highlighting the risks of alcohol consumption, as well as the role that other people have a to play in supporting alcohol free pregnancies. The issues are robustly debated, as illustrated by the following exchange between the woman and her partner:

Male: What about how I feel?

Female: What about it?

Male: This affects me too

Female: You're not getting in the ring

Male: Well it feels like it

Female: Well you're not, I am

Female: It's my body this is happening to

Male: So, what you are saying, none of this affects me at all?

Female: Well not really

Male: Oh, ok really. Because as far as I'm concerned

Female: Oh Greg,

Male: No listen, yeah. A part of you belongs to me now and it's my responsibility to protect that

Female: You don't own me

Male: Don't do that

Female: Do what?

Male: You know I didn't mean it like that. Look, I know the risks, I know what I'm doing

Female: If you can't support me then...

Male: I do support you, always

Female: So, support me then

Male: I'm trying to. And trust me I'm aware of the risks too. But I'm also aware that by not climbing into that ring, the risk stands at zero and I like those odds. I love them, I love them just as much as I love you."

Distribution

RISK runs for 6.5 minutes and is available on the preventFASD.info website and has been shared via social media and used within educational setting. A slightly longer (11-minute version) was also shown at various short film festivals.

Development process

The Prevent FASD project was developed to educate young people about the risks of alcohol in pregnancy and some of the long-term impacts for an affected fetus. To help address this a range of resources were produced for teachers and other educators who may be uncertain about how to discuss the subject with their students. The RISK film was developed to assist with these awareness raising efforts by an independent film maker (Luke Bradford at Frogspawn Film) with a background in advertising, who also sits on the National FASD board. The concept from the film stemmed from an idea for a TVC (also created by Luke Bradford) that was never produced due to funding and other constraints.

There was an awareness prior to launch that there may be some criticism of the 'shocking' approach taken by the film, but this risk was thought to be worthwhile if it was successful in driving people to discuss the issue and to seek out more information. The shock value was the film's unique selling point and crucial to cut through the noise and start a conversation.

The film was not formally tested among its target audience. However, it was reviewed and well received, prior to being used on the PreventFASD website, by an expert committee. The expert committee is made up of a variety of FASD experts (including the leading UK FASD expert), others have backgrounds in clinical psychology, education, a consultant paediatrician, parents (adopted and birth) of young people with FASD. There is also another committee, comprised of young people and adults with FASD. The full length 11-minute film intended for film festivals received feedback from a test audience (100 people) with amendments made to the edit following the feedback.

Response to the campaign

The PreventFASD project is less than six months old and its use in schools has been affected by the widespread closure of schools resulting from COVID pandemic (as such an evaluation of the project or RISK has not been conducted to date).

When used in an education context, RISK sparked interest in the topic area and prompted many questions from young people. It was also well received by the broader FASD community who are focused on the importance having a campaign that would be effective in helping to prevent FASD. In addition, the film makers observed a high degree of engagement from audiences attending film festivals where RISK was played, where it prompted discussion and questions from viewers. The 11-minute version of the film won 7 awards and 18 nominations from international film festivals and received high audience ratings (9.3/10 on IMDb, based on 41 ratings).¹⁰ At these events, RISK seemed to resonate the most with people who were pregnant or had previously been pregnant and prompted them to consider how much alcohol (if any) they had consumed in pregnancy.

The film reportedly received some criticism from an external group who reportedly deny the existence of FASD and perceived the film to be judgmental and controlling of women. There was also some concern among this group that the film might lead women to seek terminations if they had consumed alcohol.

Additional Kantar observations

The film utilises a loss-appeal, designed to shock, but it also contains supportive elements, for example the protagonist's friend and partner both state that they love and care about her during their discussions. However, the discussions between the protagonist and her partner could be described as an argument, with the woman responding defensively (as illustrated in the extract above). If this type of approach was to be considered for the campaign, formal concept testing with specific target audiences would be particularly crucial to assess the overall tone, emotional affect, and the effect of this on audience acceptance of the core messages. It is also observed that the main protagonist says that 'lots of other women do this' – care needs to be taken that language like this does not inadvertently reinforce alcohol consumption in pregnancy as a perceived social norm (a number of other campaigns also make reference to the incidence of alcohol consumption in pregnancy).

5.6 Dry 9 (Canada)

Dry 9 is a campaign aiming to support and encourage women to stop consuming alcohol for the nine months of their pregnancy. It targets a mid-high SES audience, who are known to be more likely to drink during pregnancy. Concerned that previous, fear-based approaches were not resonating with this audience, the Alberta Gaming Liquor and Cannabis Commission decided to focus more strongly on messaging around a

¹⁰ https://www.imdb.com/title/tt8308822/?ref_=nm_flmg_dr_6

'healthy pregnancy' rather than FASD prevention. Messaging aims to support, encourage and reinforce positive behaviours with a humorous and light-hearted tone.

The campaign involves social media, including Facebook and Instagram, posters and cinema advertising, together with a range of PR activities through TV and radio. All executions direct the audience to a website with more specific information about the health impacts of drinking through pregnancy.

Once on the website, women are encouraged to 'sign-up' for Dry 9, with the offer of a free T-shirt. Once they commit, they are sent monthly support emails, which describe the stage of development of the fetus at each month and provide encouragement to persist with the program.

A central part of the campaign involves several videos which participants are encouraged to share through their social media accounts, as a means of signifying their commitment to Dry 9. The videos are intended to help women stave off social pressure to drink through their pregnancy, with a specific focus on:

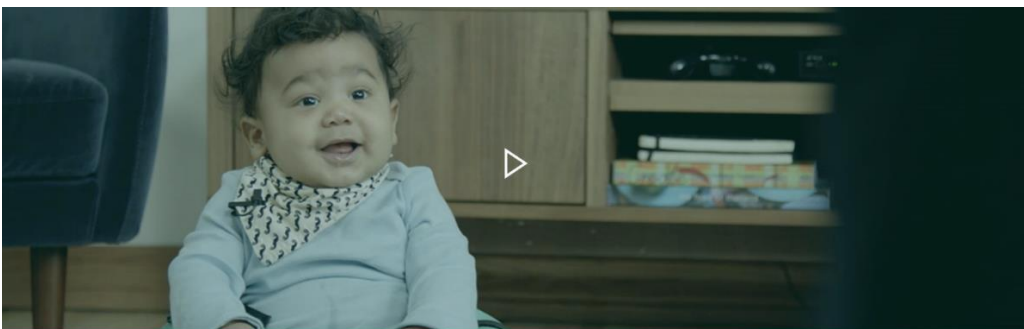
- The older generation: drawing attention to change in health-related pregnancy advice over the years in many ways
- Well-intentioned friends and partners, by increasing awareness that consuming any alcohol while pregnant is not safe.

Dry 9 TVCs: selected screen shots



While the videos are light-hearted in tone, they act as a serious request for friends and family to be supportive.

Another video engages humour in featuring a giggling, healthy baby being interviewed about their experiences through Dry 9. The tagline is 'They don't have to talk to tell you it was worth it.'



The campaign aims to create a social movement. Participants are encouraged to discuss their experiences with each other through a 'Dry 9-ers' social media group, providing a sense of camaraderie, support and mutual encouragement to 'stay the course'. Supporting collateral displays a map of the province, pinpointing all the other people also completing a Dry 9. Partners and friends are also invited to show their support by committing to Dry 9 themselves.

Development process

A survey of just over 200 of the target demographic was conducted as part of the development process. FASD experts were also consulted and an external marketing company developed several potential campaign concepts. The Dry 9 concept was chosen and the campaign team worked with our marketing firm to develop all components and provide the content for Dry 9.

The Commission developed the campaign following on from some negative feedback around their previous communications approaches using fear-based appeals. Research with the target audience suggested that 'scare tactics' were not resonating with the audience, serving, instead, to blame and shame women and fuel stigma. As a result, the Commission was concerned that negatively framed appeals would encourage women to hide their behaviour rather than seek help or support to stop drinking.

Similarly, there was concern that by focusing too specifically on FASD, the communications could be dismissed by women from higher SES backgrounds, as not being relevant to them, reflecting stereotyped (and even racist) views on the 'type' of people most likely to be affected by FASD.

Response to the campaign

While the Commission has not formally evaluated the campaign, participants are invited to complete an exit survey at the end of the nine months. This indicates around a 70% completion rate, and high positive response in terms of self-reported impact.

Feedback on community response is also sought through stakeholders working with women at risk of developing FASD. This has suggested that the positive approach adopted through Dry 9 is resonating more strongly with the audience compared with fear-based appeals.

Web-data indicates that the program is growing in popularity, with the number of people signing up continuing to rise.

Additional Kantar observations

This campaign is another example which utilises a commitment device, by asking people to sign up to Dry 9, with added incentives to further encourage participation.

5.7 NOFASD (Australia)

In 2020, NOFASD commissioned a creative consultancy to develop concepts for a social media campaign to raise awareness of the dangers of drinking alcohol while pregnant and to assist pregnant women in consuming zero alcohol for the duration of their pregnancy. The work was originally undertaken in relation to COVID lockdowns and the increase in alcohol consumption in the home, where people tend to pour larger drinks and place themselves at risk of increased consumption. The aim was also to create a campaign that would encourage sharing and therefore increase reach and trust by leveraging word of mouth. Four concepts were put forward by a creative agency (chosen because of its experience in developing campaigns with social purpose) and two of these were taken forward for AB testing.

One of the two concepts tested was intended to address the fact that the effects of alcohol consumption in pregnancy may not be visible, and therefore hard to understand. It featured a shocking image of a baby with a cracked head to visually symbolize the damage. The other concept began as an idea for an alcohol-free range of drinks, that would look and taste like wine but without the damaging health impacts (for mother and baby). However, although some stakeholders liked the associated image (baby's face in wine glass) they were uncomfortable with the idea of inadvertently reinforcing the drinking culture by promoting non-alcohol wines, so only the imagery from this concept was taken forward for testing.

Concept ideas developed on behalf of NOFASD, but not launched



These two concepts were AB tested, along with two variations of the call to action 'Stop alcohol while trying to get pregnant' and 'Don't drink while trying to get pregnant'. There were also three variations on the accompanying messaging:

- Go dry while you try. Drinking alcohol while trying, and during pregnancy, may cause brain damage.
- Alcohol could cause a lifetime hangover for your child. If you're trying, try not drinking. It's better for everyone.
- If you could see the damage alcohol can do during pregnancy, you'd rethink your drink. Reduce the risk, go dry while you try.

The 'if you could see the damage...' messaging performed the best in terms of Link CTRs (the average amount of times the link was clicked when seen) and post engagement rates (the total number of actions that people take involving the ad, such as shares, likes, clicks, views, comments etc.), especially when seen with the cracked head image. However, this imagery was not taken forward because of concerns from stakeholders about the potential insensitivity to people living with FASD. The image of the baby in the wine glass was considered somewhat more acceptable by stakeholders, but still requiring more testing and alternate text. In particular, the consumer response from the messages used in the tests indicated resistance to "being told what to do". Nearly all of the small group data gathering conducted by NOFASD reportedly also pointed to emerging and growing attitudes around "it's my body and I made an informed choice" (to consume alcohol) and similar sentiment. This narrative has also been observed in media coverage relating to alcohol consumption in pregnancy. As such, NOFASD began moving towards messages which avoided 'telling people what to do'. In addition to these issues, the pre-existing September campaign was approaching (Red Shoes Rock), which would take up space in an already busy social media landscape and require input from a finite pool of resources. All of this meant that the new campaign was paused for further consideration and review.

The test version of the campaign was also criticised by an individual experiencing fertility difficulties who had been angered to see it in her social media feed. It has been suggested that particular care may need to be taken when campaigns are delivered directly into people's social media feeds, as it may feel more personal than campaigns delivered via other broader channels such as TVC or billboards. This also serves to reinforce the need for concept testing with target audiences prior to launch.

6. Best practice approach to campaign development

The literature provides some key learnings in terms of the different approaches used to communicate on this issue, and their various strengths and weaknesses. The effectiveness of a campaign is also dependent on the development process, however. In this section, we consider the various 'best-practice' stages in developing behaviour change strategies, and how these might apply in the context of developing communications aiming to prevent the use of alcohol during pregnancy. These steps should be followed, to first decide on the most effective messages (i.e. getting the right message) and then ensure that the messages are communicated in the most effective way (i.e. getting the message right) (Donovan & Henley, 2010).

Michie et al (2014) identify eight steps that should be followed as part of the development process of any behaviour change strategy:

1. **Defining the problem in behavioural terms.** In this case, there are a number of specific behavioural goals that could contribute to a reduction in FASD which should be made explicit. For example, these could include aiming to increase: the use of effective contraception to reduce the incidence of unplanned pregnancies (which are more likely to be alcohol exposed), abstaining from alcohol following unprotected sex / contraception failure, abstaining from alcohol when trying to fall pregnant, and / or abstaining from alcohol upon pregnancy being suspected / confirmed. Behaviours that impact on the target behaviour should also be identified. This may, for example, include the behaviour of friends and family, health professionals and other influencers.
2. **Deciding on the behaviours to focus on.** This should take into account a number of factors, including: the likely impact of changing the specific behaviour, how easy or hard it is likely to be to change the behaviour, the centrality of the behaviour in the system of behaviours (including potential 'knock-on' effects) and the ease of measurement (for evaluation purposes).
3. **Establishing a precise specification of the behaviour *in context*** (to assist with identification of **how** to change the behaviour). This may include considering who needs to perform the behaviour, what exactly the person needs to do differently, when and where will they do it, how often will they do it and with whom they will do it.
4. **Identifying *what* needs to change in the person and / or the environment in order to achieve the intended behaviour change.** Fully understanding the target behaviour, through a targeted formative research process, is crucial. Behaviour change models and theories provide a framework for examining the target behaviour, to identify the types of messages or other interventions that are mostly likely to result in the desired change (discussed in more detail below). It is also important to consider the system or context in which the target behaviour occurs, including competing behaviours or goals, which may need to be inhibited. This stage should include investigating the ways in which members of the target population differ in terms of the factors underlying their behaviour – i.e. audience segmentation.
5. **Identifying intervention 'functions'** (i.e. levers that could be used to influence behaviour). Intervention functions most relevant to **communication campaigns** include: education, persuasion (stimulate positive or negative feelings / stimulate action), incentivisation (creating expectation of reward), coercion

(creating expectation of punishment / cost) modelling, and potentially enablement (e.g. if the campaign is linked to support services).

- APEASE criteria can be utilised to help choose between potentially useful intervention functions – i.e. Affordability, Practicability, Effectiveness and cost-effectiveness, Acceptability (e.g. to recipient, delivery partners etc.), Side-effects / safety (i.e. unintended consequences), and Equity.
- The extent to which targeting and tailoring is possible also needs to be considered. Where opportunities for tailoring are limited, there may be a need to select the strategy that is likely to have the largest overall impact on behaviour, while also minimising the risk of negative effects (e.g. to those outside of the primary target audience).

6. **Identifying policy categories.** In this case, the policy of communication / marketing has already been selected, so this will limit the range of intervention functions available in stage 5, to those that can be achieved via communications.
7. **Identifying and narrowing down the Behaviour Change Techniques (BCTs) likely to be most effective for each function and appropriate to the situation.** This analysis should be underpinned by reference to relevant behaviour change models.
8. **Identifying the mode of delivery.** The full range of possible modes of delivery should be considered before deciding which is most appropriate for the specific target group(s), behaviour(s) and setting(s) (Michie et al, 2014).

Henley et al (2007) further highlights the **importance of testing approaches to communicating the intended messages among primary and secondary target audience(s)** and then refining these (i.e. getting the message right). Pre-testing draft messages and concepts ensures that messages are interpreted as intended, that minimal counter-arguing is triggered and that messages aimed at primary audiences do not have unintended negative effects on secondary audiences (Henley et al, 2007). Testing should, again, be informed by the behavioural model(s) and techniques underpinning the campaign. It is well established, however, that in order for communications to engage audiences and prompt behavioural uptake, they must be successful in conveying:

- **Novelty / Salience:** does the concept cut through the clutter, resonate and work harder than competitive noise?
- **Relevance:** do the segments think that the concept and creative is for them – does it have intrinsic meaning?
- **Affect:** does the concept or creative drive affective engagement – is emotion attached?
- **Motivation:** does the creative or concept trigger a change in commitment or motivation?
- **Talkability:** does the creative or concept result in share and chat (mainly for digital)?

Advice from Key Informants relating to the process of developing the campaign includes recommendations with regards to the consultation process. All agreed that consultation is important to both develop the most effective campaign and to achieve buy-in from stakeholders who may be able to support the campaign. Some Key Informants recommended consulting with a very broad range of stakeholders, while others advised selecting a smaller number of key individuals or organisations.

The importance of remaining focused on the core target audience, and what research evidence tells us about how to influence their attitudes and behaviours, was noted by some Key Informants. Some felt it could be challenging to appease all the concerns of all stakeholders without diluting the effectiveness of the campaign. It was suggested that results of formative work and concept testing can also be useful tools for reassuring stakeholders and encouraging support for the campaign. One Key Informant described

conducting a risk analysis to identify potential pitfalls they wanted to avoid with the campaign, and to identify concerns that might be raised that were felt to be justified on the basis of research evidence.

Some campaign teams sought the opinion of at-risk groups and / or organisations representing them as part of the development process, to minimise the risk of unintended consequences.

Different approaches were taken with regards to the development of the creative concepts, some campaigns were developed in-house, others were outsourced to creative agencies. Some Key Informants reported that creative agencies were essentially supplied with the campaign aims and asked to develop ideas, others provided more guidance, for example based on the outcomes of formative research.

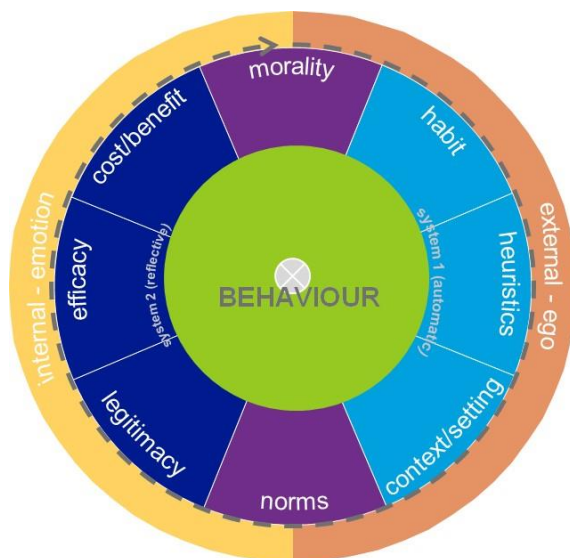
6.1 Which behaviour change model?

Michie et al (2014) notes the importance of using a behaviour change model or theoretical framework. There is some evidence that campaigns that are underpinned by theoretical frameworks are generally more effective than those that are not (Henley et al, 2007). It has also been noted in the literature that many campaigns addressing alcohol use during pregnancy are not informed by formative research and / or behavioural theory, which would help to identify the target audience, their behaviours and the factors likely to influence the target behaviour (Research New Zealand, 2014; Truong, 2017). A number of Key Informants also stressed the importance of using a framework to define and fully understand what exactly is being targeted by the campaign and then how to change the behaviour.

With regards to theoretical models, Darnton (2008) argued that the aim should be to identify and use a range of models that have been shown to be applicable to the target behaviour, rather than a single 'winning' model, but also acknowledged that there are so many models, that it can be hard to choose between them. It is beyond scope of this review to cover all of the models that might be useful for the development of this campaign.

A model developed by Kantar to inform analysis across the formative, testing and evaluation stages of behaviour change interventions is based on a meta-analysis of leading academic theory. A central premise of the last decade of progression in behavioural change models is that they support a dual process theory of how the mind works. That is, human behaviour essentially comprises the interactions between two systems:

- **SYSTEM 1** | The automatic / instinctive system wherein we are often not (consciously) aware of the reasons for our behaviour, or the attitudes and beliefs we hold may be latent or hidden. Evidence confirms that automatic processing (for example, instinctive impulses; loss of control under specific environmental influencers; emotional behaviours etc) accounts for a large proportion of our day-to-day behaviours. Such behaviours are very difficult for people to identify and articulate openly. Typically, they involve habitual behaviours (things we do without necessarily being aware of); heuristics (the mental short-cuts / assumptions we unknowingly make that influence our behaviour); context / environmental influencers; and, can also include unconscious norms and moral codes.
- **SYSTEM 2** | The reflective / deliberative system wherein our behaviour is planned or logical and we are consciously aware of our knowledge, attitudes and beliefs. In the past, behaviour change research and many social marketing strategies have focussed more heavily on this system, specifically, on the behaviour elements which people are able to articulate more easily. Such influences would typically be those associated with an individual's assessment of personal 'costs and benefits' of the behaviour, their sense of self-efficacy around engaging in the behaviour, perceptions of the efficacy of doing so, and the perceived legitimacy of policies and legislation



surrounding the behaviour. They can also involve what an individual rationally identifies as social and cultural norms, and perceptions of the morality of the behaviour in question.

The model provides a useful framework for decoding what is 'known' around behavioural influences (drawing from extant topical literature) and where there are significant 'gaps' and areas for future enquiry / hypothesis testing.

The definitions for various recurring and significant terms and concepts emerging from Kantar Behaviour Change Model and extant

literature in the context of alcohol use during pregnancy in this review are provided below.

- **Habit:** Habit is a learnt behaviour, or a routine behaviour that is regularly repeated. Over time, a habitual behaviour tends to occur subconsciously. For example, people routinely drink alcohol with dinner. Past behaviour is an important aspect of habit formation.
- **Heuristics:** Heuristics are subliminal mental shortcuts that enable people to solve complex problems fast. While they are useful, they are also subject to systematic biases. For example, the risks in using alcohol through pregnancy can be dismissed or minimised by rationalising that many people drink through their pregnancy, without any discernible health impacts on their children.
- **Context and setting influencers:** This refers to situational and / or broader environmental circumstances that influence a person's behaviour. For example, a person is more likely to consume alcohol if they are in a social situation.
- **Norms:** A standard of accepted behaviour based on cultural and social context. For example, if people believe that all their friends used alcohol through their pregnancy, they are more likely to believe that it is acceptable to do so. There are several distinct types of norms discussed in the literature, of which the following commonly emerge in reference to alcohol use:
 - **Descriptive norm:** Descriptive norms derive from what other people in the same situation do, thus representing behaviour that is considered 'normal' or 'typical' in a specific context. In the context of this review, it refers to the tendency for people to use alcohol in the same way as the people around them.
 - **Prescriptive / Injunctive norm:** The prescriptive (also called injunctive) norm refers to the perception of **social acceptability**: i.e. what others are believed to view as acceptable.
 - **Subjective norm:** The subjective norm refers to **peer or family approval** – or the perception of how family or friends will view a particular behaviour.
- **Morality:** The extent to which a behaviour is viewed as morally acceptable or 'the right thing to do'.

- **Legitimacy:** This refers to the perception of the messenger in relaying information or direction to change behaviour. For example, individuals might be less likely to use alcohol if a health professional tells them not to, rather than if this advice is delivered by the Government.
- **Self-efficacy:** Self-efficacy relates to the assessment of how easy or difficult it would be to engage in a certain behaviour, and the extent to which an individual feels capable of doing so.
- **Response efficacy:** Response efficacy refers to the extent that people believe that a certain behaviour has any notable impact. For example, if people believe that abstaining from alcohol use through their pregnancy makes a substantial difference to the development of the fetus, they are more likely to do it: it is perceived to have high response efficacy.
- **Cost / benefit:** This refers to an assessment of the perceived costs or risks of engaging in a behaviour, compared to the perceived benefits of doing so. For example, this may refer to an assessment of the relative significance of the benefits of using alcohol (for relaxation or socialising) weighed up against any potential risks to the fetus.

This framework is used below to enable us to decode the behavioural influences around alcohol use during pregnancy and the implications for campaign development. The framework also allows us to identify what is 'known' (extant topical literature) and where there are significant 'gaps' and areas for future enquiry / hypothesis.

Behavioural influences	Insight	Implications
Costs / benefits	<p>The literature suggests that for many women, consideration of alcohol use during pregnancy may be predicated on limited awareness of the risks to the fetus, particularly during early pregnancy. This extends from low awareness of the risks of miscarriage, through to FAS, low birth weight, brain damage and still birth. Underestimations of risk are further compounded by a range of misconceptions around drinking in specific contexts – including in terms of the type of alcoholic drink, the quantity consumed, and the stage of pregnancy.</p> <p>Conversely, there are strong embedded positive associations and perceived benefits of alcohol use – particularly around identity and enjoyment.</p> <p>For a certain cohort of women, the benefits may extend to using alcohol as a coping mechanism.</p>	<p>This highlights the importance of building awareness of the risks associated with alcohol use during pregnancy. There is a need in particular to educate women around risk in specific contexts – including, most notably, during early pregnancy, drinking at low-levels, and drinking any type of alcohol.</p> <p>Building awareness of risk may help to offset the perceived benefits of alcohol use, in providing significant reasons to abstain.</p> <p>This approach is likely to be less effective to the cohort of women who have an alcohol addiction or use it as a coping mechanism. It is highly unlikely, however, that the drinking behaviour of this group is likely to be influenced by any communications approach.</p>
Self-efficacy	Those with an addiction to alcohol are clearly likely to have very low-levels of self-efficacy around abstinence during pregnancy.	While communications are again unlikely to be appropriate for targeting women struggling with addiction, there may be benefit in conveying messages

	Those who are not addicted but depend on alcohol to 'wind down' or as a social lubricant may also lack confidence in their ability to abstain.	that can help to boost the self-efficacy of non-addicted women to abstain. This could potentially be addressed through educating women about alternative approaches to 'winding down' or socialising without using alcohol.
Response- efficacy	<p>There is scepticism that low-level / occasional alcohol consumption is likely to harm the fetus, reflecting a perceived lack of evidence to suggest this is the case. This particularly applies to women who continue drinking alcohol after they are aware of a pregnancy (who are more likely to be older, better educated).</p> <p>Scepticism may particularly focus on risks associated with FASD, given a perceived lack of social proof that this is a credible risk amongst this cohort.</p>	<p>This highlights a need to provide irrefutable evidence of the risks to the fetus within the communications. This could be addressed through the use of 'experts' (medical professionals) as spokespeople, and statistics to demonstrate proof.</p> <p>In addition, consideration could be given to focussing on links between alcohol use and behavioural issues rather than FASD, as this may be more credible / convincing for some cohorts.</p> <p>Care should be taken however to ensure that there is no implication that all behavioural issues are related to alcohol and / or assigning blame.</p>
Morality / social desirability	Drinking large amounts of alcohol in pregnancy is generally considered to be socially unacceptable, but occasional low-level consumption is considered acceptable by some groups.	Communications that play up the moral drivers around abstaining from alcohol during pregnancy may be effective. However, there is a risk that such an approach could be seen to be shaming or blaming women, and / or fuelling stigma. Any such approach would therefore need to be thoroughly tested with the target audience.
Legitimacy	Given the significance of an absence of 'proof' or 'evidence' in demonstrating the risks associated with alcohol use during pregnancy, the legitimacy of messaging and messenger would also seem to be important in convincing women about the risks of alcohol use during pregnancy.	Consideration should be given to using sources and spokespeople with suitable authority in this area as a means of ensuring messaging (particularly around risk) is believed and accepted. As noted above, this highlights the potential benefits of engaging health professionals in this regard.
Norms	<p>It is clear from the literature that norms play a very significant role in driving alcohol use through pregnancy. This appears to occur in several ways:</p> <ul style="list-style-type: none"> • A perception that it is common to consume some amount of alcohol during pregnancy • Drinking alcohol being perceived as an important / normal part of socialising with friends 	<p>The significance of social norms as a driver of alcohol use during pregnancy suggests they should be a strong focus in communications. This could be approached in several ways...</p> <ul style="list-style-type: none"> • Highlighting that most women choose not to drink alcohol in pregnancy. • Targeting key influencers – including friends, family and partners, to make them aware of the risks of alcohol use

	<ul style="list-style-type: none"> • Peer pressure from friends or family (especially older relatives) • Partners drinking through pregnancy. 	<p>during (all stages of) pregnancy, and draw attention to the pressure they may be placing on pregnant women to drink (whether implicitly through their actions, or explicitly).</p> <ul style="list-style-type: none"> • Encouraging people to play an active role in supporting pregnant friends / family members not to drink. Encourage partners in particular to support their partner by reducing / stopping their own alcohol consumption while their partner is pregnant. Social media could be used to good effect in mobilising friendship / family networks to play this role. • Alternatively / additionally, using messaging to create a sense of social disapproval around drinking during pregnancy (noting again that care would need to be taken not to shame women). <p>It is also important that messaging does not inadvertently reinforce the perceived norm of alcohol consumption in pregnancy.</p>
Habit	Alcohol use is very often a habitual behaviour – particularly at certain times of the day / in certain environments.	An educative approach could help to encourage / support the formation of new habits that don't involve alcohol.
Heuristics (cognitive biases)	<p>A number of heuristics may be driving the use of alcohol during pregnancy...</p> <ul style="list-style-type: none"> • Limited social 'proof' of the harms of alcohol use during pregnancy, reinforced by confirmation biases (observing an apparent lack of symptoms among the children of people who drank alcohol during pregnancy, for example). • Embedded stereotyped associations with FASD, and the women who are affected by FASD. This may allow women to self-exclude. 	<p>Potential to focus on the relatively high incidence of FASD in the community and / or symptoms of FASD such as behavioural issues, impulse control etc.</p> <p>Potential to explore the possibility that symptoms don't manifest until later / hard to diagnose.</p> <p>Consideration could be given to featuring testimonies from white, middle class women who have been affected (breaking down stereotypes).</p>
Context and setting	Context and setting also play a significant role in influencing alcohol use. Some women appear to face particular difficulty abstaining on special occasions / at social events.	Following on from a focus on influencers (friends / family) and social norms, messaging could depict high risk situations (parties / pubs etc) and encourage family / friends to support rather than undermine / question decisions not to drink alcohol.

7. Implications and recommendations

An overarching conclusion from this research is that a lack of high-quality evaluation makes it difficult to establish best practice principles for effective campaigns to reduce the incidence of alcohol consumption in pregnancy. Similarly, although concerns have reportedly been raised by organisations and individuals about the approaches used in some of the campaigns highlighted as case studies in this report, there also appears to be little concrete evidence pertaining to unintended negative impacts.

There are, however, well established approaches to developing effective health promotion campaigns. Evidence from the literature as well as from Key Informants has highlighted the importance of deciding and then focusing on a core target audience, by analysing relevant local data (e.g. segmentation, profiling and sizing), before building a campaign around their needs, beliefs, attitudes, knowledge and behaviours via formative research and concept testing, ideally underpinned by a theoretical model. An important distinction needs to be made between identifying the key messages for the primary target audience(s) (i.e. getting the right message) before identifying the best way to communicate these messages to the primary target audience(s) (i.e. getting the message right) (Donovan & Henley, 2010).

Stakeholder consultation is also recommended to minimise the potential for unintended consequences and to achieve buy-in from organisations that need to support or help to promote the campaign. However, key decisions about messaging territories, framing and creative approaches should ultimately be based on robust evidence about the target audience(s) collected in the formative and concept testing stages.

There is also not enough evidence to demonstrate that focusing on any particular target audience(s) will result in the greatest impact on reducing alcohol consumption in pregnancy. In the absence of this evidence, decisions about target audience should be based on a combination of the prevalence data that is available, and additional research to better understand the sub-populations within the broad category of women of childbearing age. It has been established that alcohol exposure is most likely to occur in the early stages of pregnancy, before women find out they are pregnant, so the campaign should arguably focus on preventing alcohol consumption during this stage. This would mean targeting on women who are either planning a pregnancy or at risk of having an unplanned pregnancy and encouraging them to abstain from alcohol if they think they could be pregnant. The former group should theoretically be easier to persuade with messages relating to their health of the child they are planning to conceive and the risks of consuming alcohol even at this very early stage of pregnancy although segmentation and qualitative exploration would be required to properly understand which messaging territories, framing and creative approaches would be most effective for this audience.

Given that many pregnancies are not planned, it can also be argued that women of child-bearing age who are sexually active, but not planning to become pregnant could be another focus of the campaign. However, this group is likely to be a particularly difficult audience to engage because of a belief (identified in formative work for Pre-Testie Bestie) that unplanned pregnancy is unlikely to happen to them personally. This means that a focus on potential harms to a fetus is unlikely to be motivating. Some may also choose to have a termination in the event of an unplanned pregnancy, which further complicates the issue. If this group did become a focus for the campaign, messaging would need to highlight the importance of avoiding alcohol if women have reason to suspect that they could be pregnant, without giving the impression that sexually active women are being asked to avoid alcohol at all times. Appealing to this group may require a completely different focus to make the campaign feel relevant to them. For example, the Pre-Testie Bestie campaign was successful in engaging younger audiences using a novel narrative approach which reflected their lives. There would also be value in understanding more about approaches for engaging older women in this

category. For example, this might include investigating the age at which women may be more likely to contemplate keeping an unplanned pregnancy.

Although the proportion of women who continue to drink alcohol at low-levels after finding out they are pregnant is relatively small according to the latest data, this group may still be considered an important target for the campaign. The messaging would again need to be framed differently, as they tend to be better educated and believe that risks associated this behaviour are very small. As such, messaging would likely need to be built around evidence that is new to them, such as the prevalence of FASD in Australia or lesser known FASD symptoms such as behavioural challenges which may be more relatable to them.

As is often stated in the literature, women do not make decisions about alcohol consumption in isolation, so another option would be to target influencers such as partners, friends and family members, although care would need to be taken with this type of approach to ensure it does not appear to be controlling women by encouraging others to tell them what to do.

In terms of broad principles for message framing, there is some evidence to support the use of threat / loss appeals, as long as the message is perceived to be providing women with credible / believable evidence. However, it would be crucial to test this type of messaging with members of the specific target audiences for the campaign (potentially also with others who could be affected by the campaign) to minimise potential for unintended consequences and / or message rejection.

Analysis of the what is known about the reasons why women may consume alcohol in pregnancy, using Kantar's Behaviour Change framework, indicates that both System 1 (the automatic / instinctive system) and System 2 (the reflective / deliberative system) thinking is involved. This means that campaigns should aim to use approaches that will influence both of these systems, for example this might involve attempts to influence unconscious cognitive biases, social norms, habit and context, as well as conscious weighing up of the perceived costs / risks and 'benefits' of alcohol consumption in pregnancy.

While this research has certainly helped to formulate preliminary thinking around campaign strategy and potential message framing it has also highlighted a need for primary research with the potential target audiences as a means of determining the 'right' approach and allowing communications objectives, messaging, and tone to be fleshed out. This would require:

- A quantitative segmentation of females of childbearing age, to identify the size and profile of those with different attitudes / behaviours around alcohol use in pregnancy. This should provide insight into how the specific segments fall out in terms of demographics, including age and consideration of pregnancy as a personally relevant issue, as well as media preferences. Through this approach target audiences can be narrowed down, and communications can be tailored to individual segments more effectively.
- Qualitative research with the intended target audience(s) (once confirmed through the segmentation) to elicit a more in-depth understanding of their knowledge, attitudes and perceptions, including (potentially) testing selected concepts from previous global campaigns, as well as messaging territories stemming from this research and the segmentation. Qualitative research will provide greater insight to the relative strength of barriers and drivers for target segments including the strength and balance of unconscious influences versus conscious attitudes and beliefs, allowing messaging to be prioritised.

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