

# *Understanding of consumer information messaging on alcohol products*

## **Focus group testing report**

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## Executive summary

In Australia, alcohol products that carry a warning label relating to pregnancy typically feature either a pictogram, depicting a pregnant woman holding a glass overlaid by the universal prohibition symbol, or the warning text '*It is safest not to drink while pregnant*'. A previous research survey found a portion of consumers misinterpreted the meaning of these alcohol warning labels. Specifically, these consumers indicated that consumer information messages on alcohol labels can make you think 'drinking a little alcohol while pregnant would be ok'.<sup>1</sup>

The research reported here was commissioned by the Foundation for Alcohol Research and Education (FARE) to investigate consumer understanding and interpretation of the two most commonly used consumer information message labels for alcohol and pregnancy in more depth, and to explore whether there might be potential to enhance their effectiveness. This research provides independent evidence on this issue ahead of the upcoming Government consultation on alcohol pregnancy health warnings labels.

A total of eight focus groups were conducted in late February and early March 2018; four with women who were pregnant or trying to conceive, two with partners of this target group, and two with female peers. The key findings and implications of the research are summarised below.

## Key findings

### **1. *Prevailing social norm is to avoid alcohol during pregnancy, but occasional small amounts may not be considered harmful***

According to the men and women who participated in this research, it has become common knowledge that women should avoid consuming alcohol during pregnancy and, as a result, this has become the social norm. Nevertheless, participants were aware of conflicting advice and anecdotal evidence which led some to believe that consuming 'small amounts' of alcohol 'occasionally' during pregnancy is unlikely to cause harm. Participants typically used their own judgement to make a final decision about their consumption, which mostly led to the women abstaining from alcohol completely during pregnancy, but some had decided to have a 'small amount occasionally'. Given their awareness of the advice to avoid alcohol during pregnancy, they did not actively seek out information about pregnancy on alcohol products.

### **2. *Size and placement of consumer information messages could more effectively attract consumer attention***

The current consumer information messages on the product examples reviewed were considered to be too small to effectively attract attention. Participants also observed that the messaging tended to get lost among other information on the label, especially in examples where the text/pictogram colour blends in with the rest of the label. Increasing the size of the pictogram may help to communicate the importance

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<sup>1</sup> Colmar Brunton (2016). Consumer awareness and understanding of alcohol pregnancy warning labels.

of the message, as well as draw more attention to it. Other factors such as the location of the consumer information message on the product (for example next to commonly referenced information such as standard drinks), and design elements, such as bold colour (ideally red to signal danger/warning) and contrast, could be better utilised to help the warning standout from, rather than blend in with, other labelling information.

### **3. Current pictogram communicates that pregnant women should not consume alcohol, but does not appear to challenge existing beliefs**

The current pictogram did not appear to engage the men or women in this research at an emotional level, or communicate the consequences of consuming alcohol during pregnancy. It also had no discernible impact on the belief held by some that occasionally consuming small quantities of alcohol in pregnancy is unlikely to harm the developing baby. This research therefore suggests that the pictogram (in isolation) is unlikely to impact on behaviour associated with this belief (i.e. consuming small amounts of alcohol occasionally during pregnancy).

In terms of comprehension, the pictogram was understood to convey the message ‘do not drink alcohol when pregnant’, which mainly served to remind and reinforce what participants already knew. The international prohibition symbol of a circle with a strikethrough was familiar and understood, and the silhouette was easily identifiable as a pregnant woman. It appears that any misinterpretation of the pictogram found by the previous survey research (mentioned above) may stem from pre-existing beliefs and conflicting information people receive about alcohol consumption in pregnancy, rather than from an inherent problem with the pictogram. A number of participants were able to accurately describe the pictogram; use of the familiar universal prohibition sign seemed to aid recall (as well as comprehension).

While it was not explicitly stated, for those who were drinking or intended to drink small amounts of alcohol occasionally during pregnancy (or the partners of women who intended to do so), there appeared to be an underlying sense that this consumer information message was intended for ‘other’ people, who were unaware of official advice and/or who planned to continue drinking at ‘harmful levels’, as opposed to people ‘like them’ who had already heeded the warnings and decided to significantly reduce their intake.

### **4. Current warning text may reinforce a belief that low level alcohol consumption in pregnancy poses negligible risk of harm**

The text version of the consumer information message – ‘it’s safest not to drink while pregnant’ – conveyed to these participants that pregnant women should ‘ideally’ avoid alcohol, rather than providing a clear direction to abstain. The word ‘safest’ accounted for the perceived weakness and ambiguity in the message, as it signalled a degree of uncertainty about the consequences of alcohol consumption in pregnancy, for example when compared to a product which might be definitively labelled as ‘not safe’. It was also noted by participants that it would be ‘safest’ for everyone to avoid alcohol, indicating that this text failed to convey the heightened risk and particularly serious consequences that are specific to pregnancy. For some participants this text appeared to reinforce the belief that consuming very small amounts of alcohol in pregnancy is unlikely to cause harm. The message was interpreted to align with

participants' existing knowledge and beliefs, rather than to challenge them, so it seemed to affirm their behaviour/intended behaviour, regardless of whether that was to abstain from alcohol or to significantly reduce their consumption to a level they believed would pose no discernible risk.

The interpretation of consumer information messages was also influenced by existing beliefs, formed in response to a range of often conflicting information sources, advice and anecdotal evidence. This arguably makes it even more important that the messages conveyed by consumer information message labels are clear and unambiguous.

**5. *Consumer information messages could be enhanced by combining the pictogram with text to explain consequences of alcohol consumption in a way that credibly challenges existing beliefs***

This research found that consumer information messages may be more effective in encouraging consumers to 'stop and think' about their beliefs, and perhaps nudge some women closer towards not drinking alcohol during pregnancy, by pairing a pictogram with supporting text. All of the 'ideal' designs suggested by participants in this research featured a pictogram plus text to reinforce the instruction to avoid alcohol in pregnancy and/or to explain the consequences.

Of the alternative pictograms explored in this study, a version showing an unborn baby inside a silhouette of a pregnant women was the most thought provoking and emotionally resonant, as it encouraged a focus on the direct impact of alcohol on the developing baby. Although, it was also suggested that the size of the unborn baby illustrated and its apparent stage of development may imply that any risk only applies to a specific stage of pregnancy. As such, the current pictogram appears to remain the best option among those explored in this study. It may be possible to design a more impactful version of the pictogram that still clearly communicates its message, although it is not clear from this research (nor was it the intention of this research to produce) what this example would look like.

Supporting text would need to 'tread a fine line' between challenging existing beliefs (for example about the negligible impact of low levels of alcohol consumption), while remaining credible to consumers and, therefore, not provoking rejection of the message. Reactions to the alternative text versions informed the development of design principles that could inform the development of any future version(s) of the consumer information messages, as detailed in the 'conclusions and implications' section of this report.

## Research context and design

### Background to the research

In 2009, the National Health and Medical Research Council's (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol were updated. Guideline 4A states that "For women who are pregnant or planning a pregnancy, not drinking is the safest option." In the context of both this change to the NHMRC Alcohol Guidelines and the Australia and New Zealand Food Regulation Ministerial Council review of Food Labelling Law and Policy (the Review), DrinkWise developed a range of consumer information messages including some focused on alcohol and pregnancy, for the alcohol industry to use on a voluntary basis. These have been available to be applied to alcohol products since July 2011.<sup>2</sup>



Figure 1: The Drink Wise pregnancy advisory labelling (Drinkwise.org.au, 2018)

In December 2011, in response to the Review and the release of the DrinkWise consumer information messages, the Legislative and Governance Forum on Food Regulation (FoFR) provided the alcohol industry with a two-year period to voluntarily place pregnancy health labels on alcohol products, before regulating such a change. This trial period was extended for a further two years following an evaluation conducted in 2014, which concluded that the proportion of products carrying a pregnancy warning label was encouraging.<sup>3</sup> The subsequent evaluation, conducted in 2017, found that the use of pregnancy health warnings on alcohol products had increased to around 75% of those products with the greatest market share and just under half (48%) of all alcohol products available for sale. Most producers were using the pregnancy silhouette pictogram and/or the text label 'it is safest not to drink while pregnant'; the pictogram by itself is most commonly used (76%), meaning that 24% of products included warning text (most of the labels with warning text were found to be consistent with the NHMRC guideline). The evaluation also found that almost four in ten (38.9%) women were aware of the silhouette pictogram, while just over three in ten (32.5%) were aware of the label text (when prompted).<sup>4</sup>

<sup>2</sup> DrinkWise Australia (2011) Media Release, 12 July 2011, New Consumer Messages on Alcohol Products: Latest Initiative In Ongoing Community Education & Awareness Campaign.

<sup>3</sup> Siggins Miller (2017) Second evaluation of the voluntary labelling initiative to place pregnancy health warnings on alcohol products. On behalf of Commonwealth Department of Health, accessed via [http://www.health.gov.au/internet/fr/publishing.nsf/Content/C35B5AC81AED240FCA2581EE001B80B0/\\$File/AU%202nd%20Evaluation%202017.pdf](http://www.health.gov.au/internet/fr/publishing.nsf/Content/C35B5AC81AED240FCA2581EE001B80B0/$File/AU%202nd%20Evaluation%202017.pdf)

<sup>4</sup> Ibid.

Survey research conducted in New Zealand in 2016 indicated that current labels were misinterpreted by some consumers. In this study, 38% of consumers indicated that the text ‘It is safest not to drink while pregnant’, “makes you think drinking a little alcohol while pregnant would be ok.” Approaching one quarter also misinterpreted the pregnant woman pictogram (22%) and the text ‘Don’t drink pregnant’ (23%) in the same way.<sup>5</sup>

It is anticipated that a Government consultation on pregnancy health warnings on alcohol products will take place in April/May 2018.<sup>6</sup>

### **Previous research investigating the effectiveness of alcohol pregnancy warning labels**

A 2009 review of evidence pertaining to the effectiveness of current alcohol warning labels found relatively few studies (40) on this subject (mostly in the USA), and fewer (5) specifically investigating the impact on pregnant women. In addition, the review found that the available studies had significant limitations, including insufficient assessment of whether consumers understood the information conveyed. That review found limited evidence of alcohol warning labels encouraging conversations about the risks of alcohol consumption and limited evidence of impact on judgements about the risks associated with alcohol consumption. One study identified a reduction in alcohol consumption – among women who were pregnant for the first time and light drinkers. The review highlighted the link between the location, nature and style of alcohol labelling and its effectiveness, and acknowledged this as a potential reason for a lack of impact.<sup>7</sup>

A World Health Organization (WHO) policy document on alcohol labelling also noted that the relatively low effectiveness of alcohol warnings reported by researchers (i.e. beyond potentially increasing knowledge and awareness and prompting discussion), appeared to be mainly due to issues with the execution of the labelling, including “weak textual content, poor visibility and lack of pictorial content to illustrate the consequences of alcohol misuse”.<sup>8</sup> It identified four components that contribute towards effective health label design:

- identify the problem
- explain the consequences if exposed to the problem
- provide instructions for avoiding the problem and
- include a signal word to attract attention.

It also suggested that the visual impact of these labels could also be maximised by using large bold print, high contrast, colour, borders and pictorial symbols.<sup>9</sup>

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<sup>5</sup> Colmar Brunton (2016). Consumer awareness and understanding of alcohol pregnancy warning labels.

<sup>6</sup> Following a meeting of the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum) in November 2017, Forum Ministers requested the Food Regulation Standing Committee to expedite the development of a policy options consultation paper including: mandatory versus voluntary application; most appropriate pictogram; and most appropriate and most easy to understand message to discourage drinking during pregnancy. <http://foodregulation.gov.au/internet/fr/publishing.nsf/Content/forum-communique-2017-November>

<sup>7</sup> Wilkinson et al. (2009) Alcohol Warning Labels: Evidence of impact on alcohol consumption amongst women of childbearing age. National Drug Research Institute.

<sup>8</sup> World Health Organization (2017) Alcohol labelling: A discussion document on policy options, accessed via [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/343806/WH07\\_Alcohol\\_Labelling\\_full\\_v3.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/343806/WH07_Alcohol_Labelling_full_v3.pdf?ua=1)

<sup>9</sup> Ibid.

In addition to ensuring good design, it has been argued that consumer information messages about alcohol consumption during pregnancy should ideally be part of broader social marketing campaigns, involving multiple channels (including point of sale posters, for example).<sup>10 11</sup>

## The need for research

This research was commissioned by the Foundation for Alcohol Research and Education (FARE) to investigate consumer understanding and interpretation of the two most commonly used alcohol and pregnancy consumer information messages in Australia in more depth and to explore any potential to enhance the effectiveness of messages related to pregnancy on alcohol labels.

## Research objectives

The primary objective was to investigate consumer interpretation, comprehension and understanding of the current DrinkWise pregnancy consumer information messages in-depth.

Secondary objectives were to investigate:

- the effectiveness of current pregnancy consumer information message labels, including their ability to: attract attention, be recalled and their potential impact on consumer attitudes/beliefs and behaviours
- reactions to alternative approaches, with the aim of exploring whether there might be potential to enhance the effectiveness of pregnancy consumer information message labels.

## Research design

Focus groups were selected as the ideal approach for testing this type of communication messaging, because they mirror the processes by which ideas and social norms are naturally disseminated through the community. They create a forum in which people can share and discuss their perceptions, beliefs and concerns, through interaction with others in similar situations to themselves. They allow researchers to 'listen' to frames of reference and the language people use, and to assess non-verbal cues, including intensity of feeling around the research topics. Importantly, they also allow new concepts, material or information to be presented for people to digest and respond to, and for these responses to be explored, to provide an in-depth understanding of why people respond in certain ways.

**Eight (8) focus group discussions** were conducted in total: four (4) with the key target group (women who are pregnant or trying to conceive) and four (4) with key influencers (two with partners of women who were pregnant or trying to conceive and two with female peers). Each group comprised between six (6) and eight (8) participants.

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<sup>10</sup> Wilkinson et al. (2009) Alcohol Warning Labels: Evidence of impact on alcohol consumption amongst women of childbearing age. National Drug Research Institute.

<sup>11</sup> Thomas et al. (2014) The effectiveness of alcohol warning labels in the prevention of Fetal Alcohol Spectrum Disorder: A brief review.

It was considered important to broaden the scope beyond the key target audience of women who were pregnant or trying to conceive, as their beliefs are likely to be influenced by close friends and family, with partners and/or female peers likely to be influencers and also to be present if/when they consume alcohol. In addition, women's beliefs about alcohol use during pregnancy will be influenced by information they are exposed to before they fall pregnant, so it was also useful to include the perspectives of women who were not currently pregnant (i.e. female peers and women trying to conceive).

Potential participants who only consumed alcohol very infrequently (once a month or less) or not at all (prior to falling pregnant or trying to conceive), were screened out, as the aim was to investigate responses to consumer information message labels among people who would typically be exposed to, and might benefit from, them.

**Table 1: Sample structure**

Target audience	Area		Key specifications (n=8)
<b>A) Key female target group- Women who are pregnant or trying to conceive.</b>  <i>At least 5 per group were currently pregnant.</i>	1	Sydney city	<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Higher education (Degree or higher)</li> </ul>
	2	Newcastle	<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Lower education</li> </ul>
	3	Parramatta	<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Higher education</li> </ul>
	4	Hurstville	<ul style="list-style-type: none"> <li>• 18-34 years old (at least 4 under 30 years old)</li> <li>• Lower education</li> </ul>
<b>B) Female peer group</b>  <i>Had one or more friends who were pregnant or who had children under the age of three.</i>  <i>Were not themselves pregnant or trying to conceive.</i>	5	Newcastle	<ul style="list-style-type: none"> <li>• 18-29 years old</li> <li>• Lower education</li> </ul>
	6	Parramatta	<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Lower education</li> </ul>
<b>C) Male partners of target group</b>  <i>At least 5 per group had partners who were currently pregnant.</i>	7	Sydney city	<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Higher education</li> </ul>
	8	Hurstville	<ul style="list-style-type: none"> <li>• 20-45 years old</li> <li>• Lower education</li> </ul>

Focus group discussions were held in a range of locations in NSW to include participants from different socio-economic situations and cultural backgrounds. Recruitment quotas also ensured that a broad mix of individuals were included in the research sample. The following key factors were taken into account:

- **Educational attainment:** Three of the eight groups (i.e. around 38%) comprised people with a bachelor degree or higher level of educational attainment, to broadly reflect the profile of Australians aged 25-45.<sup>12</sup>

<sup>12</sup> Australian Bureau of Statistics (2017), Education and Work, Australia, 'Table 27. Highest non-school qualification: Bachelor Degree level or above, By age and sex, 1982 to 2017, time series spreadsheet, cat. no. 6227.0, viewed 23 February 2018, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6227.0May%202017?OpenDocument>

- **Age:** The overall age range selected for the groups with women who were pregnant or trying to conceive (18-45) aligned with the age of the majority of women who give birth in Australia. To facilitate group cohesion, and to broadly reflect the age profile of women who give birth in Australia<sup>13</sup>, three of these groups had a slightly older age profile (25-45); the other had a slightly younger age profile (18-34). Similar age ranges were selected for the female peer and male partner groups.

The full recruitment screener is appended (Appendix 3).

Each focus group discussion lasted for approximately 90 minutes. Participants received \$100 in the form of an EFTPOS card as an incentive and to thank them for participating. Participants were recruited using a range of methods by the Australian Market & Social Research Society (AMSRS) accredited recruitment specialists. Fieldwork took place between 27 February and 8 March 2018.

### ***Discussion guide flow***

A discussion guide was developed by Hall and Partners to ensure all research objectives were covered and to act as a memory aid for the researchers during the group discussion. The discussion flow can be summarised as follows:

- Participant introductions
- Exploration of existing beliefs and behaviours relating to alcohol consumption during pregnancy.
- Recall of consumer information messages, prior to viewing examples.
- Response to current pregnancy consumer information messages – pregnancy pictogram and warning text (developed by DrinkWise) – shown in situ on four (4) examples of alcohol products (full details are provided below).
- Detailed discussion of the current pregnancy pictogram.
- Detailed discussion of the current pregnancy warning text.
- Response to alternative consumer information messages (pictograms and text).
- Response to examples of pregnancy warning labels shown on other products (non-prescription medication and energy drink).
- Group exercise – ranking alternative options (along with the existing pictogram and warning text) from most to least effective.
- Group exercise – designing the ‘ideal’ consumer information message to encourage pregnant women to abstain from alcohol consumption.
- Wrap up – views on mandatory versus voluntary consumer information messages and opportunity for final comments.

The full discussion guide is appended (Appendix 3).

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<sup>13</sup> In 2011, around 82% of women who gave birth in Australia were 25 years or older. Source: Li Z, Zeki R, Hilder L & Sullivan EA 2013. Australia's mothers and babies 2011. Perinatal statistics series no. 28. Cat. no. PER 59. Canberra: AIHW National Perinatal Epidemiology and Statistics Unit.

### Consumer information messages tested

Two DrinkWise consumer information messages specifically focused on pregnancy were tested in this research; the pictogram and warning text. Participants were first introduced to the pictogram and warning text on four examples of alcohol products. Introducing the consumer information messages in this way allowed participants' response to the design features (size, positioning, colour etc.) to be observed and discussed, in addition to their understanding of the message(s) conveyed. Three of the product examples selected featured the pictogram; the other featured the warning text, reflecting that the majority of alcohol producers use the pictogram rather than the text version. The four products were selected with the aim of ensuring a mix of product categories, as well as examples of differing positions on the label (in relation to other information/warnings), as follows:

- Wine – pictogram on the back label, along with 'enjoy wine in moderation' text
- Cider – pictogram on the back label, along with 'enjoy responsibly' text
- Beer – pictogram on the side label, along with 'Get the facts - Drinkwise.org.au' logo
- Vodka mix – warning text on the back label, along with 'Get the facts - Drinkwise.org.au' logo.

Images of each of the labels used as examples are shown below (as noted, participants were introduced to the labels on actual product examples, rather than through these images).<sup>14</sup>

			
Figure 1 – Wine (featuring black pictogram on white background)	Figure 2 – Cider (featuring black pictogram on white background)	Figure 3 – Beer (featuring white pictogram on black background)	Figure 4 - Vodka mix (featuring white text on clear background)

The examples featuring the pictogram were shown first (i.e. before the text version) to gain a clear read on reactions to this symbol in the absence of any explanatory text and because this version is used most commonly by producers.

After viewing and discussing the consumer information messages on the four products above, participants were then shown larger copies of the pictogram and warning text (expanded to fit on an A4 sheet) to facilitate further discussion around the message(s) conveyed:

<sup>14</sup> Products purchased 26 February 2018 from a liquor store in Sydney.



Figure 5 – DrinkWise pictogram (green)

**It's safest not to drink  
while pregnant.**

Figure 6 – DrinkWise warning text

Participants were then shown alternative pictograms and text. These examples were developed by FARE. The aim was twofold - to assist participants to consider the strengths and weaknesses of the current versions in more depth by reviewing alternative approaches, and to explore whether these alternatives, or elements from them, might have the potential to enhance the effectiveness of pregnancy consumer information messages.

To develop these alternatives a desktop review was undertaken to identify examples of warning labels used internationally, as well as similar warnings from products such as medication (aspirin, ibuprofen), energy drinks (Red Bull, Mother) and chemicals. For the text warning FARE also included wording that was informed by previous focus group research conducted as part of the redevelopment of a leaflet on pregnancy and alcohol (part of the Women Want to Know project). This wording referred to alcohol causing birth defects. It was also deemed important to limit the number of words in the message, as close to the current Australian consumer information message word limit as possible. The alternative text versions explored follow below:

During pregnancy, no amount of alcohol is safe. <i>Version 5</i>	Do not drink alcohol when pregnant. <i>Version 6</i>	Alcohol causes birth defects, do not drink when pregnant. <i>Version 7a</i>
Version b) Do not use if pregnant: alcohol causes birth defects. <i>Version 7b</i>	Drinking any alcohol can harm your unborn baby. <i>Version 8a</i>	Even small amounts of alcohol can harm unborn babies. <i>Version 8b</i>
This product should not be used when pregnant or breastfeeding <sup>15</sup> <i>Version 9</i>	Warning: Do not use if pregnant or breastfeeding <sup>16</sup> <i>Version 10</i>	Not recommended for children, pregnant or lactating women... <sup>17</sup> <i>Version 11</i>

Figure 8 – alternative text versions

<sup>15</sup> Adapted from Hayfever medication label.

<sup>16</sup> Adapted from Cold and Flu medication label.

<sup>17</sup> Adapted from energy drink warning label.

For the alternative pictograms FARE suggested existing examples developed by the National Organisation for Fetal Alcohol Spectrum Disorders (NOFASD), as well as one developed by FARE in 2011 as part of its labelling policy position work. An online search of other pictograms was undertaken and a pictogram with alcohol products (wine and cocktail glass) beside a pregnant woman and another with the torso and cross through alcohol products were included as alternatives to showing a pregnant woman holding a glass. The alternative pictograms explored follow below:



Figure 7 – alternative pictograms

## Framework for measuring effectiveness of consumer information messaging on alcohol products

This research investigated the effectiveness of consumer information message labels with reference to the following five criteria (identified in the literature as important factors for assessing the effectiveness of warning labels):

1. **Attention:** cognitive effort and/or capacity directed at the label.
2. **Comprehension:** understanding of the content and information provided on the label.
3. **Recall:** ability to retrieve the label from memory and the information provided thereon.
4. **Impact on judgement:** an evaluation of how risky/hazardous/favourable the product is to the consumer.
5. **Impact on behaviour:** ability to prevent harmful behaviours and to promote appropriate ones.<sup>18</sup>

However, the main focus was on comprehension, in-line with the primary research objective for this study. A number of key moderators thought to influence a warning label's effectiveness were also considered,

<sup>18</sup> Wilkinson et al. (2009) Alcohol Warning Labels: Evidence of impact on alcohol consumption amongst women of childbearing age. National Drug Research Institute.

including design features (such as font size, colour, spacing, lay-out) and placement of the label/warning<sup>19</sup> along with factors that can help to explain the impact of communication materials more generally (such as tone, personal relevance, emotional response and credibility).

## Interpreting the findings

The purpose of qualitative research is to explore issues in more depth than is typically possible through a quantitative survey, often to explain *why* people hold particular attitudes or behave in particular ways. In this case, the primary purpose was to provide an in-depth understanding of how consumer information messages are interpreted and the factors that impact on this.

**Limitation -** The results of qualitative research should not be used to measure the prevalence of particular attitudes or behaviours among the entire population of interest (this would require a much larger quantitative sample). In particular, the qualitative approach and sample size used in this study was not designed to provide an accurate measure of levels of awareness/recall of consumer information messages. As mentioned in the research context section, a quantitative study, conducted in 2017, found that around four in ten women were aware of the silhouette pictogram, while just over three in ten were aware of the warning text (once prompted)<sup>20</sup>.

**Limitation -** The qualitative focus group approach utilised for this study was also not designed to provide definitive statements about every one of the participants in the study, as topics and questions were posed to the group as a whole rather than to each individual separately. For example, if there was only a muted response to a question about how a particular message made participants feel, we can say that there was little evidence of emotional resonance, but we cannot definitively say that the message did not resonate emotionally with any of the participants in the group.

**Limitation -** It is important to consider when reading this report that the vast majority of participants in the study who were pregnant, trying to conceive, or who had previously been pregnant, gave responses during the focus group sessions which indicated they had either decided to stop drinking alcohol during pregnancy, or reduce their intake to only an ‘occasional small amount’ (see Context Section for further details). This broadly reflects findings from the 2016 National Drug Strategy Household Survey which found that the majority of women did not drink alcohol during pregnancy and, of those who did drink, most (81%) did so infrequently (monthly or less) and consumed one or two standard drinks. It should also be noted that, despite researcher assurances of confidentiality and an emphasis on the value of openness, participants may have chosen not to disclose, or to minimise, their alcohol use in front of others, especially women who were pregnant. Additional research would be required to investigate comprehension of, and responses to, consumer information messages among women who drink alcohol in higher quantities during pregnancy.

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<sup>19</sup> Ibid.

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[http://www.health.gov.au/internet/fr/publishing.nsf/Content/C35B5AC81AED240FCA2581EE001B80B0/\\$File/AU%202nd%20Evaluation%202017.pdf](http://www.health.gov.au/internet/fr/publishing.nsf/Content/C35B5AC81AED240FCA2581EE001B80B0/$File/AU%202nd%20Evaluation%202017.pdf)

Limitation – the four example alcohol products presented to participants in this study were selected with the aim of ensuring a mix of product categories, as well as examples of differing positions on the label, as already described. However, while appropriate in a qualitative research context, this relatively small product ‘sample’ cannot claim to be representative of the labeling approach used across all alcohol products in Australia featuring the DrinkWise consumer information messages.

## Summary of findings

### Context – underlying attitudes, beliefs and behaviours

Participants' attitudes and behaviour in relation to alcohol consumption and pregnancy were briefly explored, along with the influences on these, primarily to provide the researchers with sufficient context to understand their subsequent responses to the consumer information messages. These findings are summarised below, but it should be noted that other studies have explored these issues in much greater depth.

According to the men and women who participated in this research it has become common knowledge that women should not consume alcohol during pregnancy because of the harm that it can cause to the developing baby. They also felt that avoiding alcohol during pregnancy has become the social norm.

*"I feel like you will look really funny if you're out pregnant and drinking alcohol, I feel like people will give you a look."*

Pregnant/trying to conceive, aged 25-45, higher education.

Some participants could not identify or recall a specific information source for this knowledge, but others gave a range of examples, including media articles, social media, formal education (specifically schools), health professionals, health information leaflets and word of mouth (family / friends).

While 'official' advice is to avoid alcohol while pregnant, some participants believed that occasionally consuming small amounts of alcohol during pregnancy was unlikely to cause harm.

*"It's fine every now and then, [but] obviously don't have too much, that's really bad."*

Pregnant/trying to conceive, aged 25-45, higher education.

This belief was influenced by both anecdotal evidence and conflicting information, including:

- Never having come across anyone whose child appeared to have been negatively affected by maternal alcohol consumption.

*"I've never heard of or met anyone who has had a child with something wrong with them that they've been told is because of drinking."*

Female peer, aged 25-45, lower education.
- Older generations reportedly having drunk alcohol during pregnancy with no discernable ill effects on their children.

*"I talk to my mother in law...she's like oh we drank... I did it...my child is fine."*

Pregnant/trying to conceive, aged 25-45, higher education.

- A perceived lack of research evidence that low levels of alcohol consumption cause harm.

*"There's no evidence, apart from fetal alcohol [syndrome], but that's [caused by] excessive drinking..."*

Pregnant/trying to conceive, aged 25-45, higher education.

*"I think if it's one [alcoholic drink] every now and then, not a glass every second day, but every few weeks, I think that's ok because there's nothing really against it."*

Female peer, aged 25-45, lower education.
- Health professionals reportedly providing informal advice that undermines the NHMRC Guidelines, by suggesting that, in their personal opinion, an occasional alcoholic drink during pregnancy is unlikely to cause harm.

*"My GP said no research is ever going to tell you it is a good idea to have a drink but, realistically, you are not going to get fetal alcohol syndrome after a glass of wine."*

Pregnant/trying to conceive, aged 18-34, lower education.
- A sense of suspicion (expressed by one participant) that the decision to officially advise women to abstain may be motivated by concerns among health professionals that advising pregnant women to consume only very small amounts of alcohol might result in some women consuming too much alcohol, as opposed to serious concerns about small quantities of alcohol causing harm to a fetus.

In the face of this conflicting advice and apparent uncertainty, pregnant women (and male partners) tended to apply their own judgment to make a decision about whether to abstain from alcohol entirely or to drink small amounts of alcohol occasionally, in some instances taking into account other factors, such as their own experience of how alcohol alters their own state or the drink drive limit.

*"If you are still legal to drive then it is not a bad thing."*

Female peer, aged 18-29, lower education.

General attitude to risk also seemed to play a part in the decision process, with those who had decided not to drink during pregnancy explaining that they would personally prefer not to take any risk in relation to alcohol, even though some thought that very small amounts of alcohol were unlikely to cause harm. For some this was, at least in part, to be sure that they were not culpable in the event that their child did experience difficulties (e.g. learning difficulties).

*"I think ninety-nine percent of the time having a drink is completely fine but, like you were saying, I don't want the guilt later, of [thinking] what if I had too much and now they're having trouble at pre-school...I just don't want the guilt and the question; I don't want the potential risk."*

Pregnant/trying to conceive, aged 25-45, higher education.

Similarly, participants (pregnant women, peers and male partners alike) typically felt that the decision to continue to consume very small amounts of alcohol in pregnancy or to abstain was very much a personal, and potentially sensitive, choice. This meant they would be unlikely to intervene in or comment on the decisions made by pregnant peers, unless they were drinking to excess.

*"It's a conscious decision, that's only up to you."*

Pregnant/trying to conceive, higher education, aged 25-45.

The majority of the pregnant women who participated in this research reported that they had either stopped drinking altogether when they found out they were pregnant or had significantly moderated their alcohol consumption, by consuming only a 'small amount' of alcohol 'occasionally'. Descriptions of a 'small amount occasionally' ranged from a few sips of a partner's drink, to a half glass or glass of champagne at celebrations such as weddings or birthdays, to a glass or two of wine per week. The vast majority of participants gave responses which indicated they had not continued to consume alcohol in larger quantities and/or more regularly than this during pregnancy (although many said they had enjoyed alcohol previously and missed it since falling pregnant). As such, the subsequent discussion tended to focus on the perceived impacts of low level alcohol consumption during pregnancy and the consumer information messages were considered in relation to this. However, despite assurances, some women may have chosen not to disclose or to minimise their alcohol use in front of the group.

For some participants, attitudes and behaviours towards alcohol consumption in pregnancy were moderated by the stage of pregnancy. There was inconsistency however, in their views about when it was 'safer' to drink alcohol (i.e. very early in pregnancy or later in pregnancy). Some of the women who were pregnant (or who had previously been pregnant) mentioned that they had abstained from alcohol in the early stages of pregnancy (e.g. first or second trimester) as they believed this was the most crucial time for the development of the fetus, but then allowed themselves an occasional alcoholic drink later on. While others had unwittingly drunk alcohol during the initial weeks of pregnancy (before they found out that they were pregnant) but had been reassured by medical professionals that consuming alcohol at such an early stage was unlikely to have caused harm (i.e. in contrast to the perceptions of those who had only abstained entirely early on).

*"For me I got past the first trimester, past the stages where it is quite high risk...I can actually feel the kicks and movement now so I know that one or two won't hurt, once a week or something like that."*

Pregnant/trying to conceive, aged 25-45, higher education.

*"I've always been really good until the end and getting fat and then if I'm at something I might have half a glass of champagne or something. I kind of wait until it's got all its bits in the right places!"*

Pregnant/trying to conceive, aged 25-45, higher education.

Experience of previous pregnancies was also a factor. Some women had relaxed their attitude towards drinking slightly after their first pregnancy, along with other potential risk factors (e.g. eating soft cheese etc.).

*"First pregnancy, it was like I can't have this I can't have that, now, it's like I'll have a little bit of this if I want to..."*

Pregnant/trying to conceive, aged 25-45, higher education.

On the other hand, experience of miscarriage had led some to be more cautious about alcohol consumption (even though they could not be sure that alcohol had been a factor in the miscarriage).

In terms of understanding the potential implications of drinking alcohol during pregnancy, some mentioned Fetal Alcohol Syndrome specifically, while others were less certain or specific about possible outcomes, perhaps citing cognitive or developmental problems. For those who had decided to drink small quantities of alcohol occasionally, these problems were not seen as relevant to them personally as they associated them with high(er) levels of alcohol consumption. Even those who had decided to avoid alcohol altogether generally seemed unsure about the specific details of the risks that might be posed by lower levels of alcohol consumption. Some participants articulated views that were broadly aligned with the NHMRC alcohol guidelines – i.e. that research had not been able pinpoint the exact amount of alcohol that might cause harm during pregnancy, and that the exact amount may vary by person.

## Response to current consumer information messaging

The pictogram effectively conveyed the message ‘do not drink alcohol when pregnant’. However, it did not appear to alter participants’ judgement of the risks posed by alcohol consumption during pregnancy. Rather, it confirmed what they already knew (i.e. the official advice that women should not consume alcohol during pregnancy). Importantly, the pictogram had no discernible impact on the belief held by some participants that occasionally drinking small quantities of alcohol during pregnancy was unlikely to cause harm.

The wording of the warning text was considered ambiguous and weak, primarily due to the term ‘safest’. It was perceived to suggest that ‘you ideally shouldn’t drink alcohol during pregnancy’, as opposed to providing a clear instruction to refrain from drinking. For some, the perceived weakness and ambiguity of the message reinforced their belief that the risk posed by consuming small amounts of alcohol occasionally during pregnancy was negligible.

Participants also felt that the current consumer information messages (pictogram and text) were not sufficiently attention grabbing, mainly due to the very small size of the warning on the product.



Figure 9 – current consumer information message pictogram (green on white background)

It's safest not to drink while pregnant

Figure 10 – current consumer information message text

Based on these findings, the current consumer information messages appear unlikely to impact on behaviour in their current format, although for those that do notice the warnings, they may help to reinforce the social norm for avoiding alcohol consumption during pregnancy.

These findings are discussed in more detail below.

### **Pictogram – recall**

Following the context-setting discussion about alcohol consumption during pregnancy, participants were asked whether they had seen any information on this topic in general and then on alcohol products specifically. A number of participants mentioned having seen the pictogram and were able to describe it accurately, for example as:

*“The lady with the cross.”*

Peer group, aged 18-24, lower education.

*“Pregnant lady with a cross through it.”*

Pregnant/trying to conceive, aged 25-45, lower education.

In response to this description, a number of others indicated that they had also seen it. Upon being exposed to the pictogram these participants generally confirmed that it was the image they had been referring to. The use of the familiar ‘universal prohibition sign’ combined with the pregnant silhouette seemed to aid recognition and recall (as well as comprehension). However, others still could not recall having seen it before - this included the majority of participants in the lower education partner group as well as one of the lower education female peer groups. As mentioned previously, it is important to note that the approach and qualitative sample size used in this study was not designed to provide an accurate measure of levels of awareness/recall.

Given that participants were already aware that alcohol consumption in pregnancy can harm a developing baby and that pregnant women are, therefore, advised to avoid alcohol, they did not actively look for information about this on alcohol products. This has implications for consumer information messages in terms of their ability to capture attention.

### Pictogram – attention

When viewed in context on the example alcohol products, there was agreement that the pictogram is far too small to effectively attract consumer attention and that it tends to get lost among a raft of other information, especially when the colour blends in with the rest of the label.

The warning on the example beer label (right), was typically considered to stand out slightly more (even though it was still thought to be too small) due to a number of factors, including:

- (primarily) the use of a contrasting colour (white pictogram on black label) that also differed from the surrounding information (white pictogram, among pale gold text/symbols),
- relatively little information provided on the label (i.e. less distraction from the pictogram),
- its positioning directly next to the number of standard drinks and (for some participants) on the side rather than the back of the bottle.



Figure 11 – pictogram (white on black background) as shown on Victoria Bitter label

The positioning is important as participants reported that, with the exception of wine, they do not usually look at the back label, and if they do it is typically to establish the number of standard drinks (in the case of wine they may peruse the label to find out about the provenance, grape, method etc.).

It was suggested by one participant that the size of the consumer information message may relate to the extent of the risk posed by the product. While this connection was only made by one person, it is worth noting as it indicates that the size of the warning could subconsciously impact on consumer perceptions of the risk of the product, as well as its ability to attract attention.

*"It [the consumer information message] probably isn't so big, because then they would be conscious of having to back it up, to say it's now a real issue - we've now got a, b and c data. I don't know if that information is there, which is probably why they're cautious of having a bigger logo...whereas with cigarettes...there could be probably more [evidence], which is why they can be as bold."*

Pregnant/trying to conceive, aged 25-45, higher education.

### Pictogram – comprehension

The message conveyed by the pictogram was considered clear and straightforward, leaving little room for misinterpretation. There was general agreement that it is intended to encourage pregnant women to stop drinking alcohol; its meaning was often articulated as simply '*do not drink alcohol while pregnant*'. The design is simple and the two main elements are instantly recognisable - as a silhouette of a pregnant woman drinking alcohol covered by a 'stop sign', which was considered a universal symbol for prohibition.

A small minority of participants (mostly male) suggested that the pictogram conveyed a slightly softer message; that it is advisable/recommended not to drink alcohol while pregnant.

Upon further consideration, it was speculated by a couple of participants that the size of the ‘bump’ in the pictogram might potentially lead ‘some people’ (other than themselves) to think that the warning could apply to a particular stage in pregnancy, but they personally understood that the image was symbolic of pregnancy as a whole. Further, it was acknowledged that the pictogram had to feature a noticeable bump, in order to function as a symbol of pregnancy.

The evidence from this study suggests that the misinterpretation of the pictogram identified in previous quantitative research (i.e. that ‘it is ok to drink small amounts of alcohol while pregnant’), most likely stems from the pre-existing beliefs and conflicting information that consumers are exposed to in relation to alcohol consumption during pregnancy (as discussed in the context section), rather than anything inherently confusing or misleading in the pictogram itself.

The pictogram was considered to be neutral and factual, providing a sensible warning that respondents agreed within essence. As discussed, even those who had chosen to drink small amounts occasionally while pregnant felt that their behaviour was, to all intents and purposes, aligned with the core of the official advice, as they had reduced their consumption to a level that they believed would pose negligible risk (because they knew that alcohol could be harmful in pregnancy), so there was little to no ‘push-back’. The international prohibition symbol contributed to the credibility of the message, as it was associated with important information and serious consequences. However, there was also no sense that the pictogram resonated emotionally.

When shown a printed version of the pictogram in green, this did not appear to cause significant confusion, but when the colour was discussed participants generally felt that it would be prudent to avoid this colour, as green generally signals permission, rather than prohibition.

### ***Pictogram – impact on judgment***

The pictogram had no discernible impact on participants’ perception of the risk posed by alcohol during pregnancy as it simply confirmed and/or reinforced what they already knew - i.e. that pregnant women are advised not to consume alcohol during pregnancy. In particular, the pictogram did not appear to challenge the perception held by some participants that occasionally consuming small amounts of alcohol is unlikely to cause harm during pregnancy.

The pictogram and the message it conveyed was considered to be inherently relevant to all pregnant women, as well as to all women who may become pregnant in the future. For the male participants, information related to pregnancy and alcohol only began to feel directly relevant when their partner fell pregnant, or they begin to think about having a family. However, while it was not explicitly stated, for those who intended to drink small amounts of alcohol occasionally during pregnancy (or the partners of women who intended to do so), there appeared to be an underlying sense that this warning was intended for people who were unaware of official advice and/or planned to continue drinking at ‘harmful levels’, as opposed to people ‘like them’ who had already heeded the warnings and decided to moderate their intake.

The source of the consumer information message was not questioned and did not come up spontaneously (although some did ask whether it was mandatory). When prompted, most participants expected the source to be the Government (or a government-related agency), as government tends to drive messaging and warnings related to health. For some, the observation that the same pictogram symbol was used on the first three products presented played a role in the perception that some sort of independent authority, such as the Government, was ultimately behind the warning labels. The Government was considered a reliable and trustworthy source for this type of warning, although some suggested that a recommendation/warning from GPs, or referencing research/statistics, might add weight to the messaging. Others argued that this was unnecessary given that the message conveyed by the pictogram was uncontroversial.

A few participants thought that the alcohol industry might be responsible for the messaging, either because it had to make consumers aware of the risks or as a public relations exercise. This did not appear to negatively impact on the credibility of the message, perhaps in part because it was considered uncontroversial. A small number of participants thought it could actually enhance the warning's credibility if the alcohol industry was behind it; given a commercial imperative would usually dictate encouraging, not discouraging, consumption of their product.

### **Pictogram – potential impact on behaviour**

In the focus groups with women who were pregnant or trying to conceive, exposure to the pictogram did not have any discernable impact on their behaviour/intended behaviour (to either moderate or abstain from alcohol during pregnancy); not surprising given that the pictogram did not appear to tell them anything new or challenge existing beliefs (as discussed above). The same applied to the male partners and female peers, in terms of how they might discuss the issue with their pregnant partners or friends.

*“When I was pregnant, if I wanted to have a drink I had a drink...it [the pictogram] wouldn’t stop me.”*

Peer group, aged 25-45, lower education.

There was one reported exception to this; one of the pregnant women recounted a recent occasion where she decided to drink only part of a mini-bottle of champagne, rather finish it, as a direct result of noticing the pictogram on the product as she was consuming it, because seeing it made her feel guilty. The label did not appear to alter her overall intention to continue to have an occasional small alcoholic drink during her final trimester.

Some pregnant participants thought that the pictogram might have an impact on ‘other’ women (if they were somehow unaware of the advice to avoid alcohol for example), if it was made more noticeable on the bottle. Similarly, some of those who had already decided not to drink any alcohol during pregnancy speculated that the pictogram might have made them feel guilty, *had* they decided to have the occasional drink. It was also thought that if/when it is noticed the pictogram may play a part in helping to reinforce the social norm of avoiding alcohol during pregnancy.

There was a suggestion that making the pictogram more prominent to the extent that it was clearly visible to others at the point of consumption might result in pregnant women feeling even more social pressure not to drink alcohol than is the case currently. However, it was also noted that those consuming small amounts of alcohol during pregnancy typically did so from a glass rather than a bottle, so this might have limited direct impact.

These findings are summarised in the table below.

**Table 2: Pictogram – summary of findings**

	<b>Attention</b>	<ul style="list-style-type: none"> <li>Poor – too small and does not stand out on the label, although it was more noticeable than the text version.</li> <li>The pictogram has the potential to draw attention if its size is increased due to its visually simple and familiar design (particularly the universal prohibition sign).</li> </ul>
	<b>Comprehension</b>	<ul style="list-style-type: none"> <li>Clear – meaning do not drink alcohol when pregnant.</li> <li>Meaning conveyed by the International prohibition sign, which indicates “do not” or “stop”.</li> <li>Easy to understand, little cognitive effort needed.</li> </ul>
	<b>Recall</b>	<ul style="list-style-type: none"> <li>The universal symbol for prohibition appears to aid recognition and recall, as well as comprehension.</li> </ul>
	<b>Tone</b>	<ul style="list-style-type: none"> <li>Neutral, informative and credible.</li> <li>Definitive – gives a clear direction.</li> </ul>
	<b>Relevance/ emotional response</b>	<ul style="list-style-type: none"> <li>Pregnant silhouette immediately signalled relevance to pregnant women. Also considered relevant to women of childbearing age, as well as partners of pregnant women.</li> <li>But there was a sense that it is primarily targeted at ‘other’ women – e.g. who may: be unaware of official advice, need the advice to be reinforced or have not already decided to moderate their consumption to ‘safe’ levels.</li> <li>Little to no evidence of emotional resonance.</li> </ul>
	<b>Credibility/ source</b>	<ul style="list-style-type: none"> <li>Source assumed to be credible, most likely Government (as is usually the case for health warnings).</li> <li>In part signalled by use of the same pictogram across brands/products.</li> </ul>
	<b>Impact on judgement of product (attitude)</b>	<ul style="list-style-type: none"> <li>Confirmed current knowledge of official advice.</li> <li>Did not appear to challenge belief held by some participants that low level alcohol consumption during pregnancy is unlikely to cause harm.</li> </ul>

	<b>Impact on behaviour</b>	<ul style="list-style-type: none"> <li>Given apparent lack of impact on judgement, unlikely to impact on behaviour (consuming small amounts of alcohol occasionally during pregnancy).</li> <li>Potential contribution to the social norm that pregnant women should not consume alcohol, assuming it is noticed on the label (which may not be the case due to small size and other design factors).</li> </ul>
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### **Warning text – recall**

Overall recall of the text “it’s safest not to drink while pregnant” was very low among the participants. When asked if they had seen any information on alcohol products relating to pregnancy, those who could recall doing so generally described the pictogram. One person (a pregnant woman) accurately described the warning “it is safest not to drink while pregnant” prior to seeing the product example. A small number also thought they could recall having seen words to the effect of “do not drink while pregnant”. As previously noted, this study was not designed to accurately measure overall awareness/recall of consumer information messages.

### **Warning text – attention**

When shown the text warning in context on the example product (vodka mix drink), there was agreement that the text did not attract attention and was unlikely to be noticed at all. This was mainly because of the small size of the text, along with its pale colour (which blends into the background of the example presented). In addition, text in isolation was generally considered inherently less eye catching and engaging than an image or symbol.

### **Warning text – comprehension**

The wording of the warning text was considered ambiguous and weak. It was equated to a polite suggestion to consider not drinking, rather than a clear directive or definitive warning.

*“Gentle advice that it’s not a good idea to take the risk to drink.”*

Pregnant/trying to conceive, aged 25-45, higher education.

*“Very weak advice.”*

Male partner, aged 25-45, higher education.

*“You can drink if you want but [it’s] better you don’t.”*

Pregnant/trying to conceive, aged 25-45, higher education.

*“It says we’re advising you against it, but you could still drink it pretty much.”*

Pregnant/trying to conceive, aged 25-45, lower education.

*“It kind of skirts around the issues, not saying it is unsafe to drink but that it is safest not to.”*

Peer group, aged 18-29, lower education.

Rather than clearly advising “do not drink while pregnant” the warning text suggested to participants that you ‘ideally’ shouldn’t drink alcohol during pregnancy. The word “safest” is the primary culprit for the ambiguity and weakness of the message as it implies a degree of uncertainty, for example when compared a product that might be labelled as ‘not safe’.

It was also pointed out it is “safest” for everyone to abstain from alcohol (pregnant or not), indicating that this language failed to convey the heightened risk and particularly serious consequences that are specific to pregnancy (i.e. harm to the developing baby).

As explained by various participants, there are many activities in everyday life that are not one hundred percent safe, in general as well as during pregnancy, (driving or taking part in exercise for example), but this does not prevent most people (pregnant or otherwise) from participating in them. In other words the warning text implies that if you want to avoid all potential risk then you should not drink alcohol while pregnant, but the risk posed by a small amount of alcohol may be negligible.

*“It is safest not to drive and it is safest not to leave the house, but you are not going to do that.”*

Female peer, aged 18-29, lower education.

*“It’s also safest not to drive probably, so what are we supposed to do, stay at home all day...but we do lots of things that aren’t safe!”*

Pregnant/trying to conceive, aged 25-45, higher education.

There was a suggestion in one of the groups (male partners) that this ‘weaker’ warning message may be from the manufacturer, rather than from the medical profession or an independent authority.

*“I think it sounds like it’s from the people selling the alcohol. It sounds duplicitous.”*

Male partner, aged 25-45, lower education.

### **Warning text – impact on judgement**

The warning text did not appear to change or challenge participants’ perceptions of the risks posed by alcohol consumption in pregnancy, specifically, the belief that occasional low level alcohol consumption during pregnancy is unlikely to cause harm. The uncertainty conveyed by the use of the term ‘safest’ actually appeared to reinforce this idea for some.

*“[The text conveys] it’s not harmful if you have a drink every now and then.”*

Male partner, aged 25-45, higher education.

*“It makes me think that some level of drinking is actually OK.”*

Male partner, aged 20-45, lower education.

*"It's not very clear, it's almost saying you can still do it, but it's probably not the best thing to do."*  
Pregnant/trying to conceive, aged 25-45, lower education.

*"It's more honest...[it suggests that] people that have one glass a wine a week are probably going to be fine, but it is still safest to avoid it."*  
Pregnant/trying to conceive, aged 25-45, lower education.

As with the pictogram, the text warning was considered relevant to pregnant women and, to some extent, their partners as well as women of childbearing age, although it was felt that the absence of the pregnant woman pictogram meant its relevance was less likely to be immediately registered/noticed. Also, as with the pictogram, there was no discernible emotional response to this warning text.

### **Warning text – potential impact on behavior**

The information conveyed by the warning text was interpreted to align with participants' existing knowledge and beliefs, rather than to challenge them, so it seemed to affirm their behavior/intended behaviour, regardless of whether that was to abstain from alcohol or to moderate their consumption to a level they believed would pose no discernible risk to their unborn baby.

**Table 3: Warning text – summary of findings**

<b>It's safest not to drink while pregnant.</b>	<b>Attention</b>	<ul style="list-style-type: none"> <li>Poor – too small and blends in with other text shown on the label.</li> <li>Text alone does not draw attention.</li> </ul>
	<b>Comprehension</b>	<ul style="list-style-type: none"> <li>Message considered weak and ambiguous – politely suggests that women should ideally refrain from drinking alcohol during pregnancy, rather than giving definitive advice.</li> </ul>
	<b>Recall</b>	<ul style="list-style-type: none"> <li>Low – text seemed to be inherently less memorable than a symbol/image, as well as less likely to stand out on a label.</li> </ul>
	<b>Tone</b>	<ul style="list-style-type: none"> <li>Gentle, weak, soft.</li> <li>A polite suggestion rather than a clear direction.</li> </ul>
	<b>Relevance/ emotional response</b>	<ul style="list-style-type: none"> <li>Mention of pregnancy in text made it inherently relevant to pregnant women. Also to women of childbearing age, as well as partners of pregnant women.</li> <li>But relevance was not immediately obvious in the absence of the pregnant woman symbol.</li> <li>No evidence of emotional resonance.</li> </ul>
	<b>Credibility/ source</b>	<ul style="list-style-type: none"> <li>Source was most likely assumed to be Government (as is usually the case for health warnings).</li> </ul>

	<ul style="list-style-type: none"><li>Although the alcohol industry was also considered a possible source, linked to scepticism around the message being intentionally ambiguous</li></ul>
<b>Impact on judgement of product (attitude)</b>	<ul style="list-style-type: none"><li>Did not appear to challenge existing beliefs about the low risk of harm posed by consuming small amounts of alcohol in pregnancy. Appeared to reinforce these beliefs for some.</li></ul>
<b>Impact on behaviour</b>	<ul style="list-style-type: none"><li>Given apparent lack of impact on judgement, unlikely to impact on behaviour – appeared to reinforce decision to reduce consumption to 'safe' levels for some.</li></ul>

## Response to alternative consumer information messaging

This research also explored reactions to alternative versions of the consumer information message text and pictogram, to help participants consider the strengths and weaknesses of the current version in more depth (the insight gleaned in relation to the current versions is incorporated into the previous section). This exercise was also intended to add to existing knowledge about the type of language and symbolism that may be most effective in the context of consumer information messages (the aim was not to identify a ‘winner’ from the alternatives presented).

The alternative versions were developed by FARE, based on desk research and previous focus group research on related topics. They were developed to reflect the broad parameters of the current approach – i.e. a pictogram and/or a single line of text. Participants were also shown images of other types of packaging featuring pregnancy warnings, to prompt further discussion around alternative approaches (two non-prescription medications and an energy drink).

Following this, participants took part in two group exercises. One involved ranking these alternative options (along with the existing pictogram and warning text) according to message clarity and anticipated effectiveness. For the final exercise, participants were asked to design the ideal consumer information message label, using elements of the options presented to them or something entirely new (most did the former), with the aim of encouraging women to abstain from alcohol entirely during pregnancy. The intent was to learn from the rationale underpinning their decisions and discussion around this, as opposed to the specific order or design developed. Key findings from this phase of the research are taken into account in the analysis reported below.

Overall, participants were in agreement that a pictogram should be combined with supporting text in order to maximise the effectiveness of consumer information messages. The pictogram should, at a minimum, immediately signal the relevance of the message for pregnant women and clearly communicate the advice ‘do not drink alcohol while pregnant’. Red was considered the most appropriate colour for the prohibition symbol as it is commonly used to convey danger/warnings. It was generally felt that accompanying text should reiterate this message and/or explain why alcohol consumption should be avoided in pregnancy, in terms of the potential consequences of exposure for the baby. The alternative pictograms tested are shown below:





Figure 12 – alternative pictograms

Of the pictograms presented, the version featuring a pregnant woman with a visible fetus (Version 2) appeared to be the most effective on two fronts. It clearly conveyed the message that pregnant women should not consume alcohol, while also drawing attention to the reason for this. The inclusion of the fetus tended to provoke some emotional response, as it encouraged the participants (both men and women) to focus on the direct impact on the developing baby, rather than their own needs or desires.



As a result, this pictogram was more thought provoking than the current version. However, some women felt the image was too graphic (not necessarily negative if it increases the impact of the message, but this would require further investigation), and, perhaps more importantly, a few wondered whether showing an unborn baby at a particular stage of development could lead people to think the warning related to only a specific stage of pregnancy (i.e. more so than a bump on its own).

Figure 12: Alternative pictogram version 2

The alternative text versions tested are shown below:

During pregnancy, no amount of alcohol is safe. <i>Version 5</i>	Do not drink alcohol when pregnant. <i>Version 6</i>	Alcohol causes birth defects, do not drink when pregnant. <i>Version 7a</i>
Do not use if pregnant: alcohol causes birth defects. <i>Version 7b</i>	Drinking any alcohol can harm your unborn baby. <i>Version 8a</i>	Even small amounts of alcohol can harm unborn babies. <i>Version 8b</i>

This product should not be used when pregnant or breastfeeding. <sup>21</sup> Version 9	Warning: Do not use if pregnant or breastfeeding. <sup>22</sup> Version 10	Not recommended for children, pregnant or lactating women. <sup>23</sup> Version 11
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Figure 13 – alternative text versions

Of the text warnings presented, those that explained why women should avoid alcohol in pregnancy in terms of the potential impact on the unborn baby (e.g. Versions 7 and 8) were, again, more thought-provoking and more emotionally resonant.

- The idea of birth defects (Versions 7a/b) was particularly confronting. However, some rejected the messages referring to this as unbelievable, especially as this outcome was presented in definitive terms – ‘alcohol causes birth defects’ – and they did not believe that birth defects would definitely result from alcohol consumption, especially not in very small quantities.
- The idea of ‘harm’ being caused tended to be accepted somewhat more readily as credible (version 8a/b), as ‘harm’ was generally perceived as less dramatic and possibly more relevant to people drinking smaller amounts. Although as a note of caution some associated ‘harm’ with miscarriage while others thought it was too vague. The more equivocal term ‘can’ also reduced the strength of pushback against the message, although some still questioned whether harm would realistically be caused by very small amounts of alcohol.
- Personalising the message by referring to the ‘unborn baby’ (as opposed to ‘fetus’) and ‘your baby’ (rather than ‘babies’ in general) increased its relevance and emotional resonance. “*I reckon the ones that say unborn child, say you’re doing something to your baby, [and] when you’re pregnant you want to protect them...makes it pull on your heart strings a little bit more.*” Pregnant/trying to conceive, aged 25-45, higher education.

**Alcohol causes birth defects, do not drink when pregnant.**

(Version 7a)

**Do not use if pregnant: alcohol causes birth defects.**

(Version 7b)

Figure 13: Alternative text version 7 a/b

**Drinking any alcohol can harm your unborn baby.**

(Version 8a)

**Even small amounts of alcohol can harm unborn babies.**

(Version 8b)

Figure 14: Alternative text version 8 a/b

<sup>21</sup> Adapted from Hayfever medication label.

<sup>22</sup> Adapted from Cold and Flu medication label.

<sup>23</sup> Adapted from energy drink warning label.

For some participants the personal relevance of the message was increased by use of language which referred to low levels of consumption (e.g. in Version 8a/b), because it directly related to their behaviour and/or belief that consuming small amounts of alcohol occasionally in pregnancy was unlikely to cause harm. However, the message tended to be disputed or rejected by when paired with language that implied harm will (i.e. definitely) result from low level consumption (as per version 5).

Use of the term “warning” (Version 10) was also viewed as helpful in attracting attention and signaling the gravity of the message.

One of the examples derived from medication labelling (Version 9) was described as more eye-catching in terms of its design as it: combined a pictogram with warning text, used red to indicate danger, and used bold text surrounded by sufficient white space to help the warning stand out from surrounding information. All groups concluded that combining a pictogram to attract attention, with text to reinforce the instruction to avoid alcohol in pregnancy and/or to explain the consequences of consuming alcohol would be most effective.

More detailed feedback for each of the alternative consumer information messages tested is available in Appendix 1.

**During pregnancy, no amount of alcohol is safe.**  
(Version 5)

Figure 15: Alternative text version 5

**Warning: do not use if pregnant or breastfeeding.**  
(Version 10)

Figure 16: Alternative text version 10

 This product should not be used when pregnant or breastfeeding.  
(Version 9)

Figure 17: Alternative text version 9

## Conclusions and implications

### ***To more effectively attract consumer attention consumer information messages ideally need to be larger in size***

The current consumer information messages were felt to be too small on the product examples reviewed to effectively attract attention. The small size of consumer information messages may also signal that the risk posed by alcohol consumption in pregnancy is also relatively small. This suggests that increasing the size of the pictogram could help to communicate the importance of the message, as well as draw more attention to it. Other factors such as the location of the consumer information message on the product, and design elements such as colour and contrast, should be utilised to help the warning standout from, rather than blend in with, other labelling information.

### ***The current pictogram communicates that pregnant women should not consume alcohol, but it does not appear to challenge existing beliefs***

The current pictogram did not appear to go beyond reinforcing and/or reminding participants of what they already knew. Specifically, it did not communicate the consequences of consuming alcohol during pregnancy and it had no discernible emotional resonance or impact on the belief that occasionally consuming small quantities of alcohol in pregnancy is unlikely to harm the developing baby, suggesting it is unlikely to impact on the associated behaviour (i.e. consuming small amounts of alcohol occasionally during pregnancy).

In terms of comprehension, the current pictogram was understood to convey ‘do not drink alcohol when pregnant’. This study indicates that the misinterpretation of the pictogram reported in a previous research study is likely due to the influence of pre-existing beliefs and conflicting information, rather than a problem with the pictogram itself. The international prohibition symbol is familiar and the silhouette is easily identifiable as a pregnant woman, meaning it takes little cognitive effort to process its meaning. The familiar universal prohibition sign may also aid recall.

### ***The current warning text may reinforce a belief that low level alcohol consumption in pregnancy poses negligible risk of harm***

The text version of the consumer information message – “it’s safest not to drink while pregnant” – conveyed the message that pregnant women should ‘ideally’ avoid alcohol, rather than a clear directive to abstain. The word “safest” accounts for the perceived weakness and ambiguity in the message, as it signalled a degree of uncertainty about the consequences of alcohol consumption in pregnancy. It did not challenge the belief that consuming very small amounts of alcohol in pregnancy is unlikely to cause harm and for some participants the warning text appeared to actually reinforce this belief. The interpretation of consumer information messages is also influenced by existing beliefs, formed in response to a range of often conflicting information sources, advice and anecdotal evidence. However, this arguably makes it even more important that the messages conveyed by consumer information messages are clear and unambiguous.

***Consumer information messages could be enhanced by combining the pictogram with text to explain the consequences of alcohol in a way that challenges existing beliefs, while remaining credible***

This research suggests that there is scope for consumer information messages to be more effective in terms of encouraging consumers to at least ‘stop and think’ about their beliefs and perhaps nudging some women closer towards not drinking any alcohol during pregnancy, by pairing the pictogram with supporting text.

Of the alternative pictograms explored in this study, the version showing an ‘unborn baby’ inside a silhouette of a pregnant woman was most thought provoking. However, it was also felt that the size and appearance of the fetus this could imply that the warning only applies to a specific stage of pregnancy. As such, the current pictogram appears to be the strongest option among those explored in this study. It may of course be possible to develop a different version that would be more impactful, without introducing potential confusion, but it is not clear from this research what this would look like.

The supporting text would need to tread a fine line between challenging existing views (e.g. about low levels of alcohol consumption), while remaining credible to consumers and, therefore, not provoking rejection of the message. None of the alternative text versions fully realised this, but reactions to them helped to inform the development of design principles that could contribute to the development of any future version(s) of the consumer information message, as outlined below.

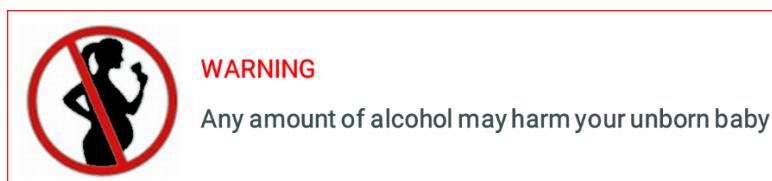
*It is important to emphasise that it would be crucial to comprehensively test any alternative version(s) developed among a broad cross section of the target audience to ensure there are no unexpected issues with comprehension or any unintended consequences (such as increased anxiety among people who have consumed alcohol prior to discovering they were pregnant for example), as well as to explore opportunities to maximise their impact. Alternative versions should also be crossed-checked for accuracy against the latest evidence and guidelines relating to alcohol consumption in pregnancy. Further research would also be required to investigate whether these design principles hold for women who continue to drink alcohol in medium to high quantities during pregnancy, as these women did not appear to be represented (and certainly not in sufficient numbers) in this study.*

## **Proposed design principles for pregnancy consumer information messages**

- Use a pictogram and warning text together, with the pictogram serving primarily to attract attention and visually convey the instruction ‘do not drink while pregnant’, and the warning text providing additional, thought-provoking, information. For example, by:
  - directly referring to low levels of alcohol consumption, to begin to challenge the idea that small quantities of alcohol are unlikely to be harmful during pregnancy
  - clearly explaining the potential consequences of alcohol consumption during pregnancy in a way that is considered believable and credible, particularly in the context of low levels

- of alcohol consumption (among the examples tested ‘harm’ was generally considered more relatable/believable than ‘birth defects’)
- avoiding language that implies low levels of alcohol consumption in pregnancy will (definitively) result in negative consequences, as this reduced the credibility of the message and may result in rejection of it
- using personalised language, to increase the relevance and emotional resonance of the message (e.g. “unborn baby” rather than “fetus” and “your” unborn baby, rather than “unborn babies”).
- including a “signal word”, such as “warning”, to draw attention to the label and to indicate the serious risk posed by the product.
- Enhance the visual impact of the label, for example by:
  - increasing the size of the warning on the product/label
  - using a contrasting colour, ideally red to signify danger
  - using bold text
  - using borders and/or white space to help the warning stand out from other information
  - locating the warning next to commonly viewed information, such as the number of standard drinks.
- If multiple versions are produced (for example so they can be rotated), this research suggests that key design features should remain consistent to signify that each version is part of a unified, authoritative and credible campaign.

The following provides an example of one approach which uses these design principles (for illustrative purposes only, as it has not been tested).



It has been acknowledged that the limited effectiveness of consumer information messaging (on alcohol products) examined in previous research studies (mainly in the US) appeared to be largely due to executional problems.<sup>24</sup> This study has similarly identified a number of issues with the consumer information messages used in Australia and proposed design principles with potential to improve their effectiveness. However, a broader campaign (alongside strengthened consumer information messaging on alcohol products) would likely be required to challenge the influence of conflicting information and advice about alcohol consumption in pregnancy.

<sup>24</sup> World Health Organization (2017) Alcohol labelling: A discussion document on policy options, accessed via [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/343806/WH07\\_Alcohol\\_Labelling\\_full\\_v3.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/343806/WH07_Alcohol_Labelling_full_v3.pdf?ua=1)

## Appendix 1 – Alternative pictogram and text options – summary of findings

### Alternative labelling - summary

1	 <b>Version a</b>  <b>Version b</b>	<ul style="list-style-type: none"> <li>● <b>Attention</b> – Symbol and red colour was eye catching. But too much detail (based on size of the current pictogram).</li> <li>● <b>Comprehension (strike through version)</b> – Message too complex/potentially confusing: Double negative (refusing wine combined with strike through), trying to convey multiple messages (refuse and do not offer). Appeared to some to be holding a phone/taking a ‘selfie’. Red conveys danger.</li> <li>● <b>Comprehension (without strike through)</b> – Although absence of strike through removed the double negative issue, this also means the pictogram is less effective in instantly conveying ‘do not’ - to some it conveyed a weaker message, as it suggested that refusing a drink is a personal decision.</li> <li>● <b>Tone</b> – Pose (esp. angle of head) could suggest shame / sadness. ‘Do not offer’ message perceived by some to remove agency from the woman (potentially condescending).</li> <li>● <b>Relevance/emotional response</b> – Suggested individuals are actively pressuring pregnant women to drink, which lacks credibility. No evidence of an emotional response.</li> <li>● <b>Potential impact on judgement/behaviour</b> – None, as the message is not effectively communicated.</li> </ul>
2		<ul style="list-style-type: none"> <li>● <b>Attention</b> – Symbol and red colour was eye catching. The unborn baby was considered attention grabbing, but unlikely to be visible at a smaller size (based on size of the current pictogram).</li> <li>● <b>Comprehension</b> – Conveyed do not drink alcohol while pregnant (international prohibition symbol) as it will directly affect the growing baby (presence of fetus). “Don’t drink you will harm your baby.” “I am actually damaging this baby.” Red conveys danger. However, it was felt that showing a fetus at a particular stage of development could indicate that the warning only relates to a specific stage of pregnancy.</li> <li>● <b>Tone</b> – Definitive, gives a clear direction.</li> <li>● <b>Relevance / emotional response</b> – Focused attention on the unborn baby, as more important than own desire for alcohol – confronting and emotionally resonant. It was suggested that this could cause guilt for people who have chosen to drink. Some recoiled from the image of the fetus (‘too graphic’). The image was often referred to as a baby, rather than the less personal term ‘fetus’.</li> <li>● <b>Other design issues</b> – Head shape considered odd and not feminine (missing pony tail/bun).</li> <li>● <b>Potential impact on judgement/behaviour</b> – Depiction of direct impact on baby may encourage some to at least ‘stop and think’ about their beliefs/behaviour.</li> </ul>
3		<ul style="list-style-type: none"> <li>● <b>Attention</b> – Bolder strike through was more eye catching to some. May not be able to make out all elements of image (based on size of the current pictogram).</li> <li>● <b>Comprehension</b> – Message was considered too broad by some – e.g. pregnant women not allowed to purchase alcohol or perhaps even should avoid being in the vicinity of alcohol. Suggested advice relates to a range of alcohol products (wine and cocktails).</li> <li>● <b>Tone</b> – Factual, but felt to be too ‘nanny state’ by some.</li> </ul>

		<ul style="list-style-type: none"> <li>● <b>Relevance / emotional response</b> – No evidence of an emotional response.</li> <li>● <b>Other design issues</b> – The silhouette is not realistic ('bump' is odd shape/too low). Bottle is out of proportion.</li> <li>● <b>Potential impact on judgement/behaviour</b> – Reminder of (official) advice that pregnant women should not consume alcohol, but no evidence of challenge to beliefs about low level alcohol consumption or decision to moderate consumption (rather than abstain completely).</li> </ul>
4		<ul style="list-style-type: none"> <li>● <b>Attention</b> – Colouring was not deemed eye catching. Difficult to make out the various elements (especially if it was the size of the current pictogram).</li> <li>● <b>Comprehension</b> – Conveyed do not drink while pregnant, but this message gets lost in the detail (universal prohibition symbol considered much more effective) and the problems with the torso image are distracting (see below). Also perceived to focus on red wine specifically.</li> <li>● <b>Tone</b> – Cut off torso creates an unsettling tone – descriptions included "creepy", "weird" and "vaguely offensive" (as the woman is depicted as "... just a vessel for another human.").</li> <li>● <b>Relevance / emotional response</b> – No evidence of an emotional response.</li> <li>● <b>Other design issues</b> – Fetus considered to be an odd shape, size (too big for apparent stage of development) and colour.</li> <li>● <b>Potential impact on judgement/behaviour</b> – None, as the message is not effectively communicated.</li> </ul>
5	During pregnancy, no amount of alcohol is safe.	<ul style="list-style-type: none"> <li>● <b>Attention</b> – Text alone considered less noticeable than pictogram.</li> <li>● <b>Comprehension</b> – Conveyed that even small amounts of alcohol are not safe. However, some questioned whether this definitive statement is factually correct, as it conflicted with their beliefs and/or behaviour about low level alcohol consumption during pregnancy – resulting in rejection of the message (it would need to be backed up by definitive evidence of harm caused by small amounts of alcohol). In addition, there is no clear instruction not to drink in pregnancy.</li> <li>● <b>Tone</b> – Definitive.</li> <li>● <b>Relevance / emotional response</b> – No evidence of an emotional response.</li> <li>● <b>Potential impact on judgement/behaviour</b> – Appears unlikely to challenge beliefs about the impact low level alcohol consumption or decision to moderate consumption (rather than abstain completely), as message was challenged (not believed).</li> </ul>
6	Do not drink alcohol when pregnant.	<ul style="list-style-type: none"> <li>● <b>Attention</b> – Text alone considered less noticeable than pictogram.</li> <li>● <b>Comprehension</b> – Clear instruction (essentially conveys the same message as the current pictogram), but does not explain why alcohol should be avoided (so did not provide any additional motivation to abstain).</li> <li>● <b>Tone</b> – Short, direct, to the point.</li> <li>● <b>Relevance/emotional response</b> – No evidence of an emotional response.</li> <li>● <b>Potential impact on judgement/behaviour</b> – Reminder of (official) advice that pregnant women should not consume alcohol, but no evidence of challenge to beliefs about low level alcohol consumption or decision to moderate consumption (rather than abstain completely).</li> </ul>
7	Alcohol causes birth defects, do not drink when pregnant. (Version a)	<ul style="list-style-type: none"> <li>● <b>Attention</b> – Text alone considered less noticeable than pictogram. The phrase 'birth defects' may attract attention (but see challenges below).</li> <li>● <b>Comprehension</b> – Definitive language ('causes' rather than 'may' or 'can' cause) – perceived by some to imply that alcohol consumption during pregnancy always causes birth defects, which was disputed, particularly in relation to low levels of alcohol consumption.</li> <li>● <b>Tone</b> – Serious, grave.</li> </ul>

	<p><b>Version b) Do not use if pregnant: alcohol causes birth defects.</b> (Version b)</p>	<ul style="list-style-type: none"> <li>● <b>Relevance/emotional response</b> – Elicited an emotional response as the idea of birth defects was scary (“tugs at the heart strings”). Considered less relevant to low level drinkers (see below).</li> <li>● <b>Other design issues</b> – “do not use” in Version B does not work in the context of alcohol – “do not drink” is more appropriate.</li> <li>● <b>Potential impact on judgement/behaviour</b> – Appears unlikely to challenge beliefs about low level alcohol consumption or decision to moderate consumption (rather than abstain completely), as message was challenged in relation to low levels of alcohol consumption (not believed).</li> </ul>
8	<p><b>Drinking any alcohol can harm your unborn baby.</b> (Version a)</p> <p><b>Even small amounts of alcohol can harm unborn babies.</b> (Version b)</p>	<ul style="list-style-type: none"> <li>● <b>Attention</b> – Text alone considered less noticeable than pictogram.</li> <li>● <b>Comprehension</b> – mainly understood to mean that even low levels of alcohol consumption during pregnancy have the potential to cause harm. The statement tended to be accepted more readily than Version 7a/b, due to the term “can” (less definitive) and/or “harm” (more relatable for some) although there was still some push-back/disbelief. The term “harm” was also considered too vague by some and it was suggested that “harm” may imply miscarriage. Some felt the reference to “even small amounts” (in Version B) was more meaningful and effective than “any” as it directly related to their behaviour. However, others focused on the idea of “small amounts” and questioned how this amount was defined (rather than the actual message). In addition, there is no clear instruction not to drink in pregnancy.</li> <li>● <b>Tone</b> – Strong, emotive.</li> <li>● <b>Relevance/emotional response</b> – Mention of “any”/“even small amounts” seemed to increase the relevance of the message (to behaviour and/or beliefs re low level alcohol consumption). The idea of “harm” being caused to an ‘unborn baby’ elicited an emotional response, especially when personalised by the use of the term “your”.</li> <li>● <b>Potential impact on judgement/behaviour</b> – Reference to low level alcohol consumption coupled with potential harm may encourage some to at least ‘stop and think’ about their beliefs/behaviour.</li> </ul>
9	<p><b>This product should not be used when pregnant or breastfeeding.<sup>25</sup></b></p> 	<ul style="list-style-type: none"> <li>● <b>Attention</b> – Pictogram combined with text considered more attention grabbing than text alone. The pictogram immediately signalled relevance to pregnant women. Warning also felt to stand out on the package due to use of bold text, surrounded by some white space.</li> <li>● <b>Comprehension</b> – Meaning was considered straightforward, with no cause for confusion. The text essentially repeats the message conveyed by the pictogram, but with the addition of breastfeeding.</li> <li>● <b>Tone</b> – Direct, to the point.</li> <li>● <b>Relevance/emotional response</b> – No evidence of an emotional response. The extension of the message to include breastfeeding was seen as beneficial by those who commented on it – perception it would offer new information for some - feeling that there is not such a strong social norm for avoiding alcohol while breastfeeding and/or generally lower levels of awareness about this.</li> <li>● <b>Other design issues</b> – The term “used” did not work in the context of alcohol.</li> <li>● <b>Potential impact on judgement/behaviour</b> – Reminder of (official) advice that pregnant women should not consume alcohol, but no evidence of challenge to beliefs about low level alcohol consumption or decision to moderate consumption (rather than abstain completely). May help to raise awareness that alcohol consumption when breastfeeding can cause harm.</li> </ul>

<sup>25</sup> Adapted from Hayfever medication label.

10	<p><b>Warning: Do not use if pregnant or breastfeeding<sup>26</sup></b></p> <ul style="list-style-type: none"> <li>● <b>Attention</b> – The term ‘warning’ thought to be effective in attracting attention.</li> <li>● <b>Comprehension</b> – Meaning considered straightforward, with no cause for confusion. The term ‘warning’ implied potentially serious cause for concern.</li> <li>● <b>Tone</b> – Direct, to the point, serious.</li> <li>● <b>Relevance/emotional response</b> – No evidence of an emotional response. The extension of the message to include breastfeeding was seen as beneficial by those who commented on it (as above).</li> <li>● <b>Other design issues</b> – The term “used” did not work in the context of alcohol.</li> <li>● <b>Potential impact on judgement/behaviour</b> – Reminder of (official) advice that pregnant women should not consume alcohol, but no evidence of challenge to beliefs about low level alcohol consumption or decision to moderate consumption (rather than abstain completely). May help to raise awareness that alcohol consumption when breastfeeding can cause harm.</li> </ul>
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<sup>26</sup> Adapted from Cold and Flu medication label.

## Appendix 2 – Discussion guide

Hall & Partners

18014 FARE

Alcohol pregnancy warning labels

Group Discussion Guide – FINAL (23.02.18)

**Overall Objectives:** Assess consumers' interpretation, comprehension and understanding of the Drink Wise alcohol pregnancy warning labels currently applied to alcohol products in Australia.

This research aims to inform FARE's response to the upcoming Government consultation on pregnancy warning labels.

### NOTES

Must establish whether the current labelling informs consumers about the harms of alcohol consumption during pregnancy and communicates that women who are pregnant should abstain from alcohol altogether.

Also aim to understand the role of existing attitudes and other influences in this interpretation.

Beyond establishing consumer understanding of the warning label, investigate likely impact on attitudes and behaviour.

Look for any evidence of consumers responding defensively and tuning out or self-excluding from the message.

### Introduction (10 mins)

*Thank participants for their time and contribution. Confirm incentive (\$100). 1.5 hour groups*

*Toilets/exits etc.*

*Introduce self – researcher from HP independent research agency.*

*Explain purpose – review the information labelling provided on products to help shoppers make informed choices about their purchases, particularly in relation to pregnancy.*

We are looking for your honest feedback – there won't necessarily be a consensus – it's absolutely fine to disagree, we would like to hear everyone's opinion.

IF APPLICABLE - We have our client here with us today as they are really interested in hearing first-hand what you have to say (in viewing room) – they weren't involved in developing any of the labelling we will be reviewing today so you can be completely honest!

IF ASKED WHO THE CLIENT IS: We will let you know at the end of the discussion, or you may guess as we go along.

*Explain recording and confidentiality of participant information* - With your permission we will audio and video record the group (AUDIO ONLY IN NEWCASTLE). This recording will be used by us, and our client, to help with analysing the results – it will not be passed on to anyone else. In our research report we will not attribute any specific comments to any individual.

#### *Participant introductions*

Now, to start off the discussion today please turn to the person next to you and tell them a little bit about yourself, family life and IF RELEVANT whether you are [or your partner is] pregnant or planning a pregnancy and pregnancy stage.

WHEN FINISHED ASK THEM TO INTRODUCE THE PERSON THEY WERE DOING THE EXERCISE WITH TO THE WHOLE GROUP.

#### **Awareness and recall of pregnancy advisory labelling (5 mins)**

*Introducing the topic, allowing participants to retrieve information from their memory and reference frame, before they are probed and introduced to stimulus. Talking about pregnancy labelling, in an unaided way, also enables us to contrast participants' beliefs and thoughts pre- and post-exposure.*

- PREGNANCY/PARTNER GROUPS ONLY Thinking back to when you first found out you were pregnant, did you [/did your partner] decide to make any changes to your diet, lifestyle? Why?

Ok, we're going to move on now to talk specifically about alcohol now...

- Have you come across any materials/information about alcohol usage/consumption during pregnancy or breastfeeding?
- What information or advice was being conveyed?
- IF APPLICABLE - can you describe the materials you saw? (LISTEN OUT FOR PREGNANT PAUSE/ WOMEN WANT TO KNOW MATERIALS)

#### **FOCUS ON ALCOHOL LABELLING**

- Can you recall seeing any information about pregnancy on alcohol products, for example on the label? If so, can you describe what this looks like? (label, pictogram)
- What exactly was the information or advice given?
- Did it have any impact on you? What? Why?

#### **Drink Wise label – reviewing stimulus**

*This is the key focus of the discussion, where we introduce the stimulus and challenge participants to discuss it in depth. The role of the moderator is to tease out, comprehension, perceptions and feelings and to provoke thinking in relation to each of the areas below.*

#### **STIMULUS: 4 ALCOHOLIC PRODUCTS CONTAINING THE DRINKWISE TEXT AND/OR PICTOGRAM**

#### **Ability to grab attention on product, initial comprehension, interpretation and impact, in context (10 mins)**

HAND ROUND PRODUCT EXAMPLES X 3 (WINE, BEER, CIDER). (NOT VODKA MIX DRINK - FEATURING WARNING TEXT). ALLOW MAX 2/3 MINS

Please have a look at some of the products and their labels, feel free to pick them up and pass them around.

Then please put the products back on the table before starting the discussion.

#### 1. FIRST IMPRESSIONS

- **What are your initial reactions to these? What jumps out at you? Why?**

#### 2. CUT THROUGH

- **Did you notice the information related to pregnancy? How did this vary depending on which product/label you were looking at? Why? LISTEN OUT FOR IMPACT OF SIZE, LOCATION, COLOUR, CONTEXT OF OTHER INFO ON THE LABEL AS WELL AS PICTOGRAM/TEXT.**
- **How likely are you to absorb or read this information, if the products were in a bottle shop or at home? Why?**
- Is the look and feel of the labelling relating to pregnancy appropriate to the message it is trying to deliver?

(If any spontaneous mention of inconsistencies – discuss whether this matters and why)

#### 3. MESSAGE COMPREHENSION (INITIAL RESPONSE)

- **For each product, please write down what the labelling conveys to you personally about alcohol and pregnancy? THEN DISCUSS, INCLUDING: How does this vary by label? Why?**
- **Any new, interesting or unexpected information related to pregnancy?**

#### 4. CALL TO ACTION (INITIAL RESPONSE)

- **What impact, if any, does this labelling about pregnancy have on you? Which has the most impact? (AT THIS STAGE JUST LISTEN FOR IMPACT ON ATTITUDES, POTENTIAL IMPACT ON BEHAVIOUR, ADVICE TO OTHERS ETC – NO NEED TO PROMPT).**

PASS ROUND VODKA MIX DRINK EXAMPLE (FEATURING WARNING TEXT) AND REPEAT KEY QUESTIONS FROM ABOVE

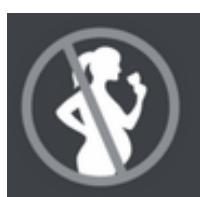
FOR PRODUCTS WITH THE DRINKWISE LOGO, NOTE ANY MENTION OF INTENTION TO VISIT DRINKWISE WEBSITE / THE NEED TO VISIT A WEBSITE TO 'GET THE FACTS' / LACK OF MENTION)

### Detailed comprehension, interpretation and impact (20 mins)

Now we will look in a bit more detail at some of the information we have seen on the alcohol products we have been looking at...

#### 1ST) SHOW BOARD WITH THE DRINKWISE PICTOGRAM

Thinking now only about this specific label, when shown on an alcohol product...



#### MESSAGE COMPREHENSION

- Just to recap, what does this label convey to you?
- Is there anything confusing or unclear? What/why?
- Is there anything missing? What/why?

## RELEVANCE AND EMOTIONAL RESPONSE

- **How relevant is it to you personally? Why?**
- **How does it make you feel? (WRITE ON FLIP CHART)**
- **What do you like/dislike about this label?**

## CUT THROUGH

- **What words would you use to describe the mood or tone of this label?**
- How similar / different is it to anything else you might have seen about alcohol and pregnancy before today?

## CREDIBILITY

- **Who is this information from from/who is behind this? What suggests that?**
- Who would you most trust as the source of this?

## CALL TO ACTION

- **Does this label have any impact on what you think or what you would do in relation to alcohol during pregnancy? Why?**
  - PEER/PARTNER GROUPS – IF NEEDED PROMPT – e.g. your view on drinking alcohol during pregnancy and what you would say about this in conversations with a partner/friend who is pregnant?
- **Do you agree with what this label is saying? Why? IF NEEDED PROMPT TO ESTABLISH:**
  - Does it align with other information about drinking alcohol during pregnancy?
  - Does it align with what people you know do or say about alcohol during pregnancy?
  - IF RECEIVING CONFLICTING INFORMATION – Which of these information sources do you take most notice of? Why?

## 2) SHOW BOARD WITH THE DRINKWISE TEXT:

**'it's safest not to drink while pregnant.'**

Thinking now only about this specific label...

## REPEAT QUESTIONS ASKED ABOVE

## Testing alternative alcohol labels (15 mins)

*At this stage of the discussion, we will encourage participants to evaluate the labelling and to consider alternatives. It is unlikely that participants will come up with the ideal text / pictogram in these sessions, but observing their discussions and reactions to alternatives will assist us in making recommendations.*

## STIMULUS: SHOW SLIDE/ BOARD WITH ALTERNATIVE DRINK WISE LABELLING AND PICTOGRAM(S)

Please have a look at some other ideas for alternative versions of the alcohol pregnancy warning labels products. SHOW 1 BY 1 (APART FROM THOSE LABELLED A AND B WHICH SHOULD BE SHOWN AT THE SAME TIME) AND BRIEFLY DISCUSS BEFORE COMPARING ALL. START WITH PICTOGRAMS THEN TEXT.

IF THE DIFFERENT COLOURS ARE MENTIONED THEN DISCUSS (CURRENT PICTOGRAM AND TEXT CAN BE SHOWN IN A RANGE OF COLOURS)

- **What is your first impression of this label?**
  - **What does this label convey to you?**
    - Is anything confusing?
  - **How do you feel when you read this label?**
- COMPARISON:
- **How do these compare to the original versions we looked at?**
  - **Which would have the most impact on you? How? Why?**
  - **Do you see any drawbacks to any of these? (listen out for social impact, blame/shame etc.)**
  - **Which of these would stand out the most on an alcohol product label?**
    - Bearing in mind that they would likely be quite small if used on an actual alcohol product (let's assume a similar size to the examples we saw earlier), which would stand out the most?

## Broader context (10 minutes)

*Broadening the reference frame when it comes to pregnancy labels may help participants to consider the DrinkWise labels in the context of alternative approaches, and to contribute to our understanding of what works, what could be improved, and why.*

**STIMULUS: PASS ROUND PHOTOS OF ALTERNATIVE PRODUCTS THAT CONTAIN PREGNANCY ADVISORY LABELS – 2X MEDICATION, 1X ENERGY DRINK**

*Please have a look at the information on the labels on the products on the table...*

- **What do these labels convey to you?**
- **How do you feel about these labels?**
- **What would you do as a result of seeing these labels?**
- **How do these warning labels compare to the warning labels we have looked at on alcohol products?**
- **Are there any learnings we could apply to pregnancy labels for alcohol products?**

## Sorting exercise

Ok, looking again at all the warning labels we have discussed – the versions currently used, the alternatives, and the warnings used on some other products (HAND OUT CARDS) as a group please can you put them in order on the table with the...

EACH MESSAGE PROVIDED ON A PRINTED CARD (INCLUDING ORIGINAL VERSIONS). GROUP TO SORT ACCORDING TO...

1. **Clearest** (I.E. EASY TO UNDERSTAND, NOT AMBIGUOUS) message at the top. DISCUSS WHY (AND RECORD/PHOTOGRAPH ORDER)

PROVIDE A SECOND PACK OF CARDS

FOR PREGNANCY GROUPS - Ok, if we now assume the purpose of this labelling is to encourage women not to consume any alcohol when pregnant, please put them in order them with the version you think will be.

FOR PEER AND PARTNER GROUPS Ok, if we now assume the purpose of this labelling is to convey to consumers that women who are pregnant should not consume any alcohol and to encourage pregnant women to do this, please put them in an order that conveys this with the....

2. Most effective at the top. DISCUSS WHY

### Ideal warning label – group exercise (10 mins)

Now it's over to you, what would the ideal label look like - i.e. to clearly convey the message that women who are pregnant should not consume any alcohol and to encourage them to do this? You could use elements of the existing version/alternatives we have seen, or come up with something entirely new. SPLIT INTO TWO GROUPS, GIVE 5 MINS TO DEVELOP AN IMPROVED VERSION, THEN COME TOGETHER TO DISCUSS (LISTENING TO THEIR RATIONALE IS THE MAIN POINT OF THIS EXERCISE). IF ASKED – This could use a pictogram, or text, or both. IF ONLY USE TEXT OR PICTOGRAM – DISCUSS WHETHER TEXT AND PICTOGRAM COMBINED WOULD BE BETTER (OR NOT) AND WHY.

- Which of these two do you think would have the most impact? Why?
- Do you see any drawbacks to either of these?

### Wrap up (5 mins)

Now, before we wrap up, I have one last question...

- At the moment many alcohol products do not have to include any pregnancy warning labels. Do you think pregnancy warning labels should be compulsory on all alcohol products or remain voluntary? Why?
- Do you have any other comments or feedback?

Explain client is the Foundation for Alcohol Research and Education (FARE) – a not-for-profit organisation which works to prevent the harm caused by alcohol. IF ASKED - they want to understand consumer views on alcohol pregnancy warning labels to inform their recommendations to an upcoming government consultation on the issue. *If anyone would like further information about the topics we have discussed today or has any concerns, your GP or OB would be a good first point of contact.*

HURSTVILLE PREGNANCY GROUP ONLY – If your partner is taking part in the next group tonight please don't talk to him about what we have discussed before his group, as we don't want the guys to know in advance what they will be discussing!

### Thank and close, hand out incentives

## Appendix 3 – Recruitment screener

### 18014 FARE Research – Recruitment Screener – Revised (26.02.18)

- 8 x 90 minute face to face group discussions with **women** who are pregnant or planning pregnancy, female peer groups, and partners of the target group (**participants should not know each other**)
- Recruit 8 for 6-8 participants to actually attend per group
- Incentive \$100 (EFTPOS gift card)

Area	Target audience	Key specifications (n=8)	Date/ time
1	Sydney city	<b>Key female target-</b> <i>Actively trying to fall pregnant or currently pregnant.</i>  <i>At least 5 per group must be currently pregnant.</i>	<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Higher education (Degree or higher)</li> </ul>
2	Newcastle		<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Lower education</li> </ul>
3	Parramatta		<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Higher education</li> </ul>
4	Hurstville		<ul style="list-style-type: none"> <li>• 18-34 years old (at least 4 to be &lt;30)<sup>27</sup></li> <li>• Lower education</li> </ul>
5	Newcastle	Female peer group (must have 1+ friends who are pregnant or who have children aged <3).  Must not be actively trying to fall pregnant or be pregnant themselves.	<ul style="list-style-type: none"> <li>• 18-29 years old</li> <li>• Lower education</li> </ul>
6	Parramatta		<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Lower education</li> </ul>
7	Sydney city	Male partners of target group  At least 5 per group must have partners who are currently pregnant	<ul style="list-style-type: none"> <li>• 25-45 years old</li> <li>• Higher education</li> </ul>
8	Hurstville	Male partners of target group  At least 5 per group must have partners who are currently pregnant	<ul style="list-style-type: none"> <li>• 20-45 years old<sup>28</sup></li> <li>• Lower education</li> </ul>

<sup>27</sup> The age range for participants in this group discussion was broadened from 18-29 to 18-34 due to recruitment challenges.

<sup>28</sup> The age range for participants in this group discussion was broadened from 25-45 to 20-45 due to recruitment challenges.

Hello – my name is \_\_\_\_\_ and I am calling on behalf of Hall and Partners about some research we are conducting. This is not a sales call and we are not going to ask you to buy anything.

The research we are conducting is about the information labelling provided on products to help shoppers make informed choices about their purchases.

**GROUPS:** As part of the research, we will be running 90 minute small group discussions on <DATE> at <LOCATION>. Everything you say would be anonymous and confidential. Participation is voluntary and we will provide \$100 (EFTPOS gift card) to thank you for your time.

**SQ1. Does this sound like something you would be interested in taking part in?**

- |     |                 |
|-----|-----------------|
| Yes | CONTINUE        |
| No  | THANK AND CLOSE |

IF YES... Great! First we need to ask you a few questions to make sure you are eligible to take part in the discussion group...

**Q2. [NOTE DOWN GENDER]**

- |        |          |
|--------|----------|
| Female | CONTINUE |
| Male   | CONTINUE |

**Q3. Have you ever attended a group discussion or taken part in an interview for market or social research?**

- |     |          |
|-----|----------|
| Yes | CONTINUE |
| No  | Go to Q4 |

**Q4. When did you last attend a group or take part in an interview? [DO NOT READ OUT]**

- |                             |   |
|-----------------------------|---|
| If longer than 6 months ago | CONTINUE  |
| If less than 6 months ago   | TERMINATE UNLESS DIFFICULTY<br>RECRUITING – CHECK WITH US |

**Q5. Do you or any of your close family members/housemates work in the following industries, or have done so in the past?**

- |   |           |
|---|-----------|
| 1. Market or social research                  | TERMINATE |
| 2. Media - TV, radio, print or online media   | TERMINATE |
| 3. An ad agency, PR firm or marketing company | TERMINATE |
| 4. Health and medical care                    | ASK Q5B   |
| 5. Education                                  | CONTINUE  |
| 6. The alcohol industry                       | TERMINATE |
| 7. None of these                              | CONTINUE  |
| 8. Refused                                    | TERMINATE |

**Q5B.** ONLY ASK IF YES FOR Q3 – 4 (WORK IN HEALTH & MEDICAL CARE):  
**And do you/they work in a clinical role?** TERMINATE IF YES,  
OTHERWISE CONTINUE

**NOTE TO RECRUITER:** We only need to exclude those in health/medical care industry who would have particular knowledge of medicine, and what one should and shouldn't be doing in pregnancy. Anyone e.g. in admin, maintenance, kitchen & domestic services, are fine to include (please ask us if unsure).

## **Q6. What is your age?**

- |             |                   |
|-------------|-------------------|
| 1. Under 18 | TERMINATE         |
| 2. 18-24    | NOTE AND CONTINUE |
| 3. 25-29    | NOTE AND CONTINUE |
| 4. 30-45    | NOTE AND CONTINUE |
| 5. 46+      | TERMINATE         |
| 6. Refuse   | TERMINATE         |

**Q7. What is your highest (completed) qualification?**

1. I did not complete high school CONTINUE (LOWER ED ATTAIN)  
2. Year 12 Certificate, Cert I/II, Cert III/IV, Diploma etc. CONTINUE (LOWER ED ATTAIN)  
3. Bachelor degree or above CONTINUE (HIGHER ED ATTAIN)

**Q8. Are you or your partner currently pregnant or actively trying to fall pregnant?**

- Are you or your partner currently pregnant or actively trying to fall pregnant?

  1. Yes, Currently pregnant CONTINUE
  2. Yes, Currently trying to fall pregnant CONTINUE
  3. No MALES TERMINATE, FEMALES CONTINUE

**Q9. How many children do you currently have?**

- How many children do you currently have?

  1. None CONTINUE
  2. More than 1 RECORD NUMBER AND ENSURE NO MORE THAN  
4 PER GROUP HAVE CHILDREN ALREADY

**Q10. [ASK IF THEY ARE/PARTNER IS CURRENTLY PREGNANT] How many weeks pregnant are you/your partner?**

**RECORD  
TRIMESTER** AIM FOR MIX, AT LEAST 2 PER GROUP FIRST

**Q11. [ASK IF THEY ARE/PARTNER IS CURRENTLY PREGNANT/TRYING TO FALL PREGNANT]  
And which mode of pregnancy care are you/your partner using / likely to be using?**

- |                                 |                          |
|---------------------------------|--------------------------|
| 1. Care of private obstetrician | AIM FOR MIX              |
| 2. Care of public hospital      | AIM FOR MIX              |
| 3. GP Shared Care               | AIM FOR MIX              |
| 4. Other (RECORD)               | RECORD AND CHECK WITH US |

**Q12. [ASK FEMALE PEER GROUP ONLY] Are any of your close friends or family members currently pregnant?**

1. Yes AT LEAST 3 IN EACH PEER GROUP  
2. No CONTINUE TO Q13

**Q13. [ASK FEMALE PEER GROUP ONLY] Do any of your close friends or family members have a child below the age of 3?**

- |        |           |
|--------|-----------|
| 1. Yes | CONTINUE  |
| 2. No  | TERMINATE |

ASK FEMALE PEER GROUP

**Q8a. How often, if at all, do you have a drink containing alcohol?**

- |                           |           |
|---------------------------|-----------|
| 1. Never                  | TERMINATE |
| 2. Monthly or less        | TERMINATE |
| 3. 2-4 times a month      | CONTINUE  |
| 4. 2-3 times a week       | CONTINUE  |
| 5. 4 or more times a week | CONTINUE  |

ASK FEMALES PREGNANT/TRYING TO GET PREGNANT / MALES WITH A PARTNER WHO IS PREGNANT/TRYING TO GET PREGNANT

**Q8b. Before you were (/your partner was) pregnant/trying to fall pregnant, how often, if at all, did you normally drink alcoholic beverages?**

- |                           |           |
|---------------------------|-----------|
| 1. Never                  | TERMINATE |
| 2. Monthly or less        | TERMINATE |
| 3. 2-4 times a month      | CONTINUE  |
| 4. 2-3 times a week       | CONTINUE  |
| 5. 4 or more times a week | CONTINUE  |

**THANK AND RECRUIT TO RELEVANT GROUPS**