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Recebido em 12.12.2012. Aprovado em 01.07.2013

Double-blind reviewed. Scientific Editor: Dario de Oliveira Lima Filho

DOI: <http://dx.doi.org/10.1590/S0034-759020140403>

SOCIAL MARKETING AND THE PROMOTION OF STRUCTURAL CHANGES IN BREASTFEEDING

O marketing social e a promoção de mudanças estruturais no aleitamento materno
Marketing social y la promoción de cambios estructurales en el lactancia materna

ABSTRACT

To examine the practical implications related with the breastfeeding behavior, particularly concerning the dimension of structural problems in the sphere of social marketing, a qualitative exploratory study based on the Social Ecological Model (SEM) was conducted by means of in-depth interviews with lactation counselors and consultants in Portugal. The content of these interviews revealed some of the critical barriers to the breastfeeding behavior in the dimension of structural problems and in the sphere of social marketing.

KEYWORDS | Social marketing, breastfeeding behavior, barriers, social ecological model, structural changes.

RESUMO

Para avaliar as implicações práticas em relação ao comportamento do aleitamento materno, relativamente à dimensão dos problemas estruturais no âmbito do marketing social, foi desenvolvida uma investigação qualitativa exploratória, fundamentada na perspectiva do Modelo Ecológico Social (Social Ecological Model – SEM), por meio de entrevistas em profundidade com consultoras e conselheiras de lactação em Portugal. O conteúdo dessas entrevistas revelou algumas das principais barreiras ao aleitamento materno, no que respeita aos problemas estruturais e no âmbito do marketing social.

PALAVRAS-CHAVE | Marketing social, comportamento do aleitamento materno, barreiras, modelo ecológico social, mudanças estruturais.

RESUMEN

Para evaluar las implicaciones prácticas con relación al comportamiento de la lactancia materna, relativa a la dimensión de los problemas estructurales en el ámbito del marketing social, fue desarrollada una investigación cualitativa exploratoria fundamentada en la perspectiva del Modelo Ecológico Social (Social Ecological Model – SEM), por medio de entrevistas de profundidad con consultoras y consejeras de lactancia en Portugal. El contenido de estas entrevistas reveló algunas de las principales barreras de la lactancia materna, en lo que respecta a los problemas estructurales y en el ámbito del marketing social.

PALABRAS-CLAVE | Marketing social, comportamiento del amamantamiento materno, barreras, modelo ecológico social, cambios estructurales.

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INTRODUCTION

The breastfeeding behavior is a natural act of feeding, enveloped in emotion and affection between the mother and the child (Díaz-Meneses, 2009) and it generates life-long health benefits for the individuals involved, i.e., mother and child, thus decreasing costs for the Portuguese National Health Service. Moreover, it is an environment-friendly act (Pina & Volpato, 2009). Although the World Health Organization (WHO) recommends breastfeeding universally except for a few restrictions (World Health Organization [Who], 1981), its prevalence is far below that recommendation; according to the Global Strategy for Infant and Young Child (Who, 2003), only 35% of children around the world were fed exclusively through breastfeeding, and only during the first four months of life. Although exclusive breastfeeding rates for children's first six months increased in a few countries by up to 20% (or even 50% like in Cambodia), at a global level, rates have remained under 35% (Who, 2010).

Consistently with these data, according with the 2013 Breastfeeding Records of the General Directorate of Health (DGS), only 50% of children in Portugal were exclusively breastfed until their first three months. Rates of adherence to this practice in maternity hospitals is above 98%, with 74.5% for exclusive breastfeeding, i.e., without any supplements. The obstacles begin to emerge after discharge from hospital, with a decrease to 65.1% by the child's first 30-50 days of life, 50.2% by the first 91 days, and 22.4% by the first 150 days (Orfao, Santos, & Magalhães, 2013).

Since breastfeeding is a voluntary, beneficial act for both the individual and society (Andreasen, 2003), social marketing can use the same tools as commercial market, including design, implementation and control of programs (Kotler & Lee, 2011) to help individuals decide about (Kotler, 1972) and overcome the obstacles that hinder the breastfeeding behavior in society (Kotler & Levy, 1969; Kotler & Zaltman, 1971).

Because behavior is cognitive (Ajzen, 1991), it can be analyzed in the perspective of cognitive theories, which are pervaded by three premises: (i) what individuals think can affect their way of acting (behavior); (ii) knowledge is necessary but not sufficient to produce behavior change; (iii) perceptions, motivations, skills and the social environment are important influences on behavior (National Cancer Institute [NCI], 2005). In addition, according to Glanz and Bishop (2010), when health-promotion interventions are based on social and behavioral science theories, results have been more effective than in interventions lacking that theoretical foundation.

Although behavior is cognitive, a few authors in the field of social marketing advocate the promotion of changes in two parallel, complementary and sequential dimensions: the dimension of the environment, at the structural level, and the dimension of the individual (Wymer, 2011). Although the promotion of behavioral changes occurs mainly at the individual level, it is important to consider the community and the organization system where the individual is, since changes in factors of influence at both levels can trigger or reinforce change in individual behavior (Gregson et al, 2001).

In this perspective, the U.S. Department of Health and Human services, through the National Institute of Health, affirms in Theory at a Glance: A Guide for Health Promotion Practice that strategies to change individual behavior can reflect on change in the environment, as well as strategies to change factors in the environment can indirectly lead to change in individuals (NCI, 2005). Therefore, it is our view that theoretical perspectives should evaluate the multiple determinants of behavior and consider the multiple levels of influence (Glanz & Bishop, 2010). Thus, an investigation at the level of structural problems that focuses on the breastfeeding behavior can contribute to promote behavioral change, and, consequently, provide an important contribution to both academy and society.

In order to investigate the promotion of change in society's behavior through social marketing (Kotler & Levy, 1969; Kotler & Zaltman, 1971), the present study looked into the practical implications of structural problems and proposed the following question: What are the main practical implications at the level of structural problems, in a social marketing perspective, that can be used by health-promotion programs in order to foster the prevalence of the breastfeeding behavior?

To answer this question, we conducted a qualitative, exploratory investigation by means of in-depth interviews with breastfeeding advocates in Portugal (health professionals, lactation advisers and counselors), in order to identify the main structural barriers that hinder breastfeeding and promote the substitution of breast milk. Our goal was to evaluate the practical implications concerning the breastfeeding behavior at the level of structural problems and in a social marketing perspective.

This article is organized as follows: first, we present an introduction, followed by the investigation's theoretical foundation, i.e., the Social-Ecological Model perspective; then we present the investigation's methodology, the discussion of results, final considerations, and, finally, the practical implications to the creation of a social marketing program.

SOCIAL MARKETING AND THE PROMOTION OF STRUCTURAL CHANGE

Many of the studies on behavior change theories have been conducted in the field of social marketing; in fact, social marketing has been a great ally in the pursuit of behavior change solutions to solve problems in the field of health (Helmig & Thaler, 2010); this can be verified in the success of a few awareness-raising campaigns conducted in the field of social marketing (Peattie & Peattie, 2009).

Despite the success achieved, according to Wymer (2011), social marketing can be much more effective and achieve better outcomes whenever it promotes structural changes in the environment, by decreasing or removing environmental barriers before promoting behavioral change in the individual. The author justified this viewpoint by explaining that behavioral change is a hierarchical model, so it is necessary to overcome barriers at upstream levels before dealing with downstream ones; therefore, his suggestion implies reducing or eliminating environment barriers related with the target audience of a social marketing action; he argues that focusing exclusively on individual barriers can reduce the effectiveness and outcomes of social marketing.

In the same perspective, Smith (1998) identified two spheres of action in the field of social marketing: the first sphere, which he designated advocacy, involves approaching the structural changes necessary to foster a certain behavior; the second sphere, which he designated advertising, involves approaching individual behavioral change. Complementing that view, Andreasen (2006) recognized that education, social marketing and regulation are three non-antagonistic spheres that play a significant role in promoting behavior change.

According with a literature review aimed at understanding behavior change, there are a few constructs and questions that pervade virtually every study about the influence of the environment and the presupposition that behavior change is a multi-level process; both discussions are evidenced in theory. (Glanz & Bishop, 2010).

In order to examine the practical implications at the level of structural problems concerning breastfeeding in a social marketing perspective, and to use those implications in health-promoting programs, this study focused on two presuppositions: (i) to be more effective, social marketing must promote structural change before promoting behavioral change (Wymer, 2011); (ii) there are two relevant factors that pervade the whole theory about behavior and behavior change: the environment and multiple levels of influence (Glanz & Bishop, 2010).

Therefore, this investigation was based on the Social-Ecological Model, a multi-level model according to which

an individual's behavior is affected by five dimensions of influence: intrapersonal; interpersonal; organizational or institutional; community; and political-structural (MacLeroy, Bibeau, Steckler, & Glanz, 1988). These dimensions are further explained in the next topic.

Influence levels in the perspective of Social Ecological Model

The intrapersonal dimension is related with factors pertaining to individual influence-related characteristics such as knowledge, attitude, beliefs and personality traits (MacLeroy, Bibeau, Steckler, & Glanz, 1988). We can say that a behavior change process always involves the individual's cognitive dimension (Corbett, 2001). Intention (Meedya, Fahy, & Kable, 2010), knowledge, attitude, beliefs (Ajzen, 1991, 2011; Ajzen & Fishbein, 2005; Hamilton, Daniels, White, Murray, & Walsh, 2011; entre outros), competence and self-effectiveness (Tewell, 2012) are influence factors that fit in the first dimension of Socio Ecological Model's perspective: the intrapersonal dimension.

To analyze the breastfeeding behavior, one has to consider that the information available is important but not sufficient to promote change in the individual (Martins, Paço, & Rodrigues, 2013; Tewell, 2012); in addition, what the individual thinks, as well as its perceptions, motivations and skills, are also relevant factors that influence its behavior, as is the individual's social environment (NCI, 2005).

The interpersonal dimension concerns factors related with the interpersonal processes and primary groups (family, colleagues, social networks, associations) which provide an individual with a social identity and a role definition; in other words, this dimension is related with the individual's identity and its role in society (MacLeroy, Bibeau, Steckler, & Glanz, 1988). Blum, McNeely and Nonnemaker (2002) identified three important subgroups in the adolescent interpersonal domain: school, family and schoolmates. With regard to the breastfeeding behavior, social support has been stressed as a significant factor (Meedya, Fahy, & Kable, 2010). Using the Ecological Social Model's various levels, Tewell (2012) argued that the lack of social support – particularly on the part of hospital institutions – and inconsistent medical advice can be a significant structural barrier. Several agents have also been considered in terms of interpersonal influence, special importance being attributed to the mother's partner or the child's father, female friends, grandmothers and health professionals (Martins, Paço, & Rodrigues, 2012, 2013; Tewell, 2012).

The organizational or institutional dimension concerns factors related with rules, regulations, policies and informal

structures (such as workplaces, schools and religious groups) (MacLeroy, Bibeau, Steckler, & Glanz, 1988). Organizations are integral parts of the social and physical environment and they influence individuals' choices; rules, regulations, policies and informal structures, as well as companies' stances and employment contracts are relevant influence factors (Committee on Health and Behavior [CHB], 2001).

The community dimension concerns factors related with social networks and community norms or standards which restrict or promote a behavior (MacLeroy, Bibeau, Steckler and Glanz, 1988). One example of structural barrier associated with the community dimension is the free distribution of artificial milk (infant formula), which negatively affects the breastfeeding behavior (Tewell, 2012) as it promotes a decrease in the adoption and prevalence of breastfeeding (Kaplan & Graff, 2008). To reverse this situation, it is necessary that society in general be conscious and willing to change and that it consider this behavior a priority (Panter-Brick, Clarke, Lomas, Pinder, & Lindsay, 2006).

The political-structural dimension is the dimension of factors related with the system, policies and laws that regulate or support the desired behavior (MacLeroy, Bibeau, Steckler, & Glanz, 1988), whether at the organizational or individual level. Policies encompass more than laws and regulation as they include, e.g., guidelines for education which, in turn, influence the whole system (Gregson et al, 2001). According with these authors, public strategies, organizational mission statements, positioning papers, and industry norms are also examples of this political-structural dimension.

In addition to specific measures aiming at behavioral change, a social marketing program should encompass structural changes (Wymer, 2011). Intervention strategies should draw attention to the form and content of messages in the health area (Panter-Brick, Clarke, Lomas, Pinder, & Lindsay, 2006), particularly when individuals have difficulties to overcome negative environmental influences (Gregson et al, 2001). It is therefore justifiable to conduct an investigation in the sphere of social marketing focusing on structural change, more specifically on the last three dimensions above which were referred by MacLeroy, Bibeau, Steckler, & Glanz (1988): organizational or institutional; community; and political-structural.

METHODOLOGY

To analyze the various dimensions in the sphere of social marketing with the purpose of examining the structural barriers that hinder breastfeeding and promote the substitution of breast milk, we chose qualitative exploratory research as our

methodology for this study. Our data collection technique was individual in-depth interviews (recorded in audio); and the instrument was a flexible, semi-structured research script with open or semi-open questions to allow for clarifications, inclusions, exclusions or changes in the script's question even as interviews were being conducted (Hair, Babin, Money, & Samouel, 2005; Rúdio, 1986; Severino, 2008; Vergara, 2009).

To describe and explain how the environment can interfere with behavior, the research script was based on the literature and the Social Ecological Model (MacLeroy, Bibeau, Steckler, & Glanz, 1988) and it assumed as the research goal to identify the main structural barriers that hinder breastfeeding and promote the substitution of breast milk.

To identify these structural barriers in the sphere of social marketing, we designed questions about who influences the behavior and how they do it. In addition, specific questions were formulated about the participation of health professionals, the National Health System, legislation, government, employing entities, and society. Prior to use, the script was validated by two professionals from the marketing area and one professional from the health area, and a pre-test was also conducted.

We established that the profile of the analysis unit should be impartial and that it would be appropriate for the individual not to be emotionally involved with the phenomenon so the information it provided would not depend on decision-making processes. The mother and the individuals around her were thus excluded from the sample profile for this investigation. We also found it adequate for data to represent a theoretical and practical perspective of the behavior. Therefore, individuals involved in the protection, promotion and support to the behavior fulfilled the criteria for the profile of the analysis unit, so we chose to interview health professionals and lactation advisors.

To find the most suitable persons to participate in this type of analysis, the study used the snowball technique. This technique presupposes that the first interviewees are selected based on references associated with them and because they are found reliable in academy and society; the next interviewees are always identified by their predecessors (Vergara, 2009).

The literature estimates that 25 in-depth interviews are sufficient for a qualitative investigation (Hair, Babin, Money, & Samouel, 2005; Vergara, 2009); however, in restricted universes as that of breastfeeding, the same literature considers that a smaller number can be representative (Vergara, 2009). Ten in-depth interviews were conducted from April to May 2010, in Portugal; the first two interviewees, a doctor and a nurse, recommended the next two, and so forth. The final sample eventually came to consist of 10 women, all of whom were lactation advisors or consultants,

with eight of them working for the national public health system (two doctors and six nurses), and two working at the margin of the public system (both were psychologists).

The technique used to analyze data was analysis of content, which consists of systematically decomposing and codifying the ideas in a text where the sentences are the analysis units (Neves & Morais, 2000), by means of the words or phrases, in order to describe indicators that allow building inferences.

To achieve the goal of our investigation, we established our codification in order to allow the identification of structural

barriers to breastfeeding, dividing the content analysis in categories previously designated in the literature, and arranged them in three structural dimensions of the Social Ecological Model: organizational, community, and political-structural. These categories were subdivided in seven sub-categories identified as structural barriers to breastfeeding and were grouped together in the respective dimensions as follows: one at the level of institutions, three in the sphere of community dimensions, and the other three as political-structural, as shown in Table 1.

Table 1. Analysis categories and sub-categories based on Social Ecological Model dimensions

Category	Sub-category	Analysis Unit or Record Unit	Context Unit
Organizational or institutional dimension	Support to breastfeeding in the sphere of companies	Company(ies) (workplaces, contract/job market and labor issues)	Influence exercised at organization level
Community dimension	Culture of social acceptability (regarding breast milk substitution)	Milk (artificial/formula)	Society's influence regarding the acceptability of the behavior (substitution)
	Support by the people around the mother	Father or partner, family and friends	Influence of the people around the mother
	Support by health professionals	Doctors, nurses and other health professionals	Influence of health professionals
Political-structural dimension	Legislation in the sphere of labor laws	Labor laws	Influence of labor laws
	Regulation in the sphere of marketing of breast milk substitutes	Marketing (of breast milk substitution)	Influence of marketing (of breast milk substitution)
	Public health policies and strategies that (do not) prioritize breastfeeding	Government (public policies; health strategies)	Influence of public health policies and strategies

The five first interviews were transcribed and the remainder were directly analyzed using their audio files, an option that is also feasible with the software used in the present investigation (Atlas TI, 2010).

PRESENTATION AND DISCUSSION OF RESULTS

Political-structural changes may be amongst the hardest ones to achieve because they require that various stages be overcome before the final goals are achieved; public education, the engagement of multiple decision makers (political, educational, etc.) or the building of delicate negotiations can be some of the components of the multiple phases of the social marketing plan, always considering the existing customs and traditions in the environment (Gregson et al, 2001).

In terms of public health policies and strategies, some priority must be given to reproductive health, particularly breastfeeding, in order to achieve better results, as evidenced in these passages of the interviews: "If the government could contribute? Certainly! By making it a priority public health policy... By disseminating guidelines that are actually accepted and workable, and monitored; and that breastfeeding be accepted as the norm".

According with the content of the interviews, public education policies and strategies should also include components that favor breastfeeding so as to promote a culture of social acceptability towards breastfeeding, as mentioned by one interviewee: "It's so important, the idea that society has about breastfeeding; in a place where children see breastfeeding... There's not that kind of questions, there's not that kind of doubts, because to them, baby food is breast milk; it's not something else". According with another interviewee:

“There are also education actions... The government... should include in the training of every teacher and child educator a minimum of hours for breastfeeding; what’s more, in the social perspective...”. Finally, we cite another passage: “[...] it’s very important to educate from an early stage”.

The legislation that protects the behavior only does so partially, since exclusive breastfeeding is recommended for the child’s first six months of life, and the legislation foresees only four months of maternity leave with full wage payment for the mother; leave can be extended, although with a payment decrease, which compromises the prevalence of exclusive breastfeeding for the first six months whenever the mother cannot afford to lose part of her earnings. One interviewee argued that the law protects the mother, but “not as much as it should! [...] our legislation is not bad [...] and it tries to protect the mother; the attempt is an honest, worthy one; but it’s below my expectations; [...] no leave of less than six months and without 100% of the wage makes sense! And this is an inescapable point!”.

Unlike exclusive breastfeeding, in the continuation of supplemented breastfeeding there is law protecting it, i.e., the Breastfeeding Law. According with the interviews we conducted, however, this law alone is not sufficiently effective; the lack of compliance and inspection compromise protection. Among various passages in the interviews, one in particular makes that distinction very clear: “One thing is the law; another is its application”.

In terms of inspection, the legislation of protection from the marketing of substitution is very permissive with transgressions of the International Code of Marketing of Breast Milk Substitutes, as while companies are actually denounced, they can pay an extremely small fine compared to their profits from substitution. One interviewee sustained that “today, we have marketing disseminating artificial feeding on television [...] it’s already regulated! And there’s no way around it! In other words, we can press charges, but then later nothing happens to the company”. Without consequences to inhibit the indiscriminate use of infant formula, artificial milk is presented as a perfect substitute for breast milk even where it is not indicated, thus compromising breastfeeding prevalence.

Gregson et al (2001) suggested a few indicators to assess the sphere of influence of the political-structural dimension with regard to social marketing; to assess theories of public opinion change process, we can consider: (i) the promotion of individual change regarding context, perception of reality and individual opinions; (ii) the promotion of collective change in public opinion, mutual knowledge and group context and functions; (iii) the promotion of policies, legitimacy and linkages with

government; (iv) transactions of convergence of all sectors of society. In turn, to evaluate theories of political change process, we can consider: (i) the dissemination conducted amongst political decision makers, guardians and constituents; (ii) the making of policy documents; (iii) the adoption of policies. And to assess theories of change, we can consider: (i) the formation of groups in the community; (ii) community organizations creating opportunities and summoning and educating stakeholders in terms of public education.

According to the authors, a monitoring system for long-term process measurements in political change can also be useful to analyze who the efforts are targeting or what messages are being emphasized; and this can be better described by using narratives of case studies that allow capturing subtle changes in the distinctive characteristics of the political environment.

We must also consider the structural barriers related with the community which aim at promoting and supporting the behavior while also hindering its prevalence, as mentioned by one interviewee: “Now, at this stage of the game... If the government wanted to favor breastfeeding [...] it would have to go that way: a flexible labor code”.

The lack of suitable places for breastfeeding and the lack of childcare near the mother’s workplace also hinder breastfeeding, as mentioned in this passage: “From childcares that don’t have a place where mothers can breastfeed before leaving their babies, to workplaces [...] there isn’t a place where mothers can extract breast milk”. Another negative factor related with the community and which makes substitution “acceptable” is the signaling of places dedicated to breastfeeding; one interviewee said that the signaling is usually inadequate and associated with substitution, and she cited as an example the image of a pacifier. Another example of inadequate associations is “the image of the Nestlé baby”; according to various interviewees, this particular image will take some time to be changed.

With regard to health professionals, one interviewee added: “There’s little perception of the importance of breastfeeding”, and she suggested an involvement of the government and several professional guilds and associations to change this. Another relevant point regarding health professionals is the easy access to breast milk substitution: “If you go to the doctor... ‘Oh! No, you take this little prescription now, and if you have problems... [...] go to a drugstore and get it!’ It’s not the first time I had people here interested in breastfeeding [...] they’d leave and go breastfeeding, but on the discharge day, the doctor would soon prescribe them the can of milk”. Add to this the fact that substitution is allowed even when it is not connected to a medical recommendation, as shown in

this passage: “Those first few days after leaving hospital [...] there’s no support from health professionals [...] at the smallest difficulty, you’ll go for the milk can”. On the other hand, there is mention in the literature that the offer of breast milk substitute samples, which is forbidden by international legislation, has been reported to favor the decrease in the adoption and prevalence of breastfeeding (Kaplan & Graff, 2008).

The society in general must be aware of the benefits that breastfeeding provides throughout the life of individuals and that these benefits are extended to society the environment and, consequently, the future generations, as affirmed by one interviewee: “Maybe we should start telling the advantages of breastfeeding to mothers, children and to the companies, to the companies, to the companies” (with that intentional repetition, the interviewee wanted to stress the need to inform businesspeople that the benefits of breastfeeding could be converted into new benefits for companies). According with another interviewee: “Every company... All of us... Everybody can and should engage in activities that promote, protect and support breastfeeding; we all, we are all involved, and there are benefits (or risks from not doing it) for everyone!”. Finally, structural change can also be promoted by organizing channels such as the public and private institutions, whether for-profit or not-for-profit, comprised in the organizational or institutional dimension of the Social Ecological Model.

Another concern highlighted by interviewees is the negative influences that women receive through previous experiences with their mothers, as well as the myths that are created: “Many times, it’s through this negative way... The negative influences are many... The myths that exist around breastfeeding... the bad references that women haven’t overcome... When women manage, during pregnancy, in presence of other women who are breastfeeding, and to successfully breastfeed, their calmness when a problem arises is much better! I think this is fundamental and it’s one of the paths we have to follow”.

It is necessary to organize the community; building partnerships with each sector of society can be a viable way, always considering that there are different degrees of collaboration and involvement and various levels of competence and appropriation of solutions to the respective problems.

To assess the participation and relevance of partnerships in change in the community dimension, we can use measures such as: (i) the actual number and types of partnerships made; (ii) the degree of deepening of the relationship; (iii) the duration and contributions of each partnership; and (iv) the fiscal resources used by each partnership. We can also use scales

describing details of communities’ collaborative work in the partnerships (Gregson et al, 2001).

One major structural barrier in the institutional dimension is companies’ lack of awareness, as reflected in this passage: “First, companies shouldn’t have obstacles; if they did that, it would be great already! [...] that she be not punished for that.... In most companies, every mother who makes that kind of choice is punished”. Another interviewee sustained that companies can make it easier for mothers to breastfeed while working since the law assigns two hours a day for breastfeeding.

There are yet other factors comprised in this dimension which are relevant for breastfeeding prevalence. For example, although the law favors breastfeeding prevalence, factors related with organizations and mothers’ workplace hinder compliance in this respect. In the relationship between mothers and their business activities, commonly found situations such as precarious work contracts or own-account work significantly hinder breastfeeding prevalence. One interviewee mentioned: “[...] and often the mother’s precarious work contract... It’s complicated! Actually, that is the first barrier, isn’t it?”. Another interviewee affirmed: “Labor issues are really important here”; according to this interviewee, work precarity interferes particularly when the mother returns to work and has no support.

To aggravate the situation, women’s participation in the job market is increasingly expressive, which also increases the relevance of their contribution to the aggregate of family finances. Overcoming each family’s financial difficulties is an obstacle that can be added to job market competition and the discrimination against mothers with children, as mentioned by one interviewee: “In practice, [...] I read recently that they increased dismissals and the difficulties for pregnant mothers to breastfeed in the job market... I don’t think that right now there’s a major discrimination between men and women in the job market, I think there is a major discrimination between women who are mothers and other people”. While measuring social marketing action components is a major challenge, it can be done through the observation of various indicators, such as the organization’s specific promotions and the advertisement and publicity. The dissemination of awareness-raising messages of institutions can be evaluated by its content regarding the benefits, compatibility and complexity of a given innovation. And an organizational change can be measured according to the definition of the problem, initial actions and the implementation and institutionalization of the change (Gregson et al, 2001).

In addition, the authors suggested other indicators to evaluate a social marketing program: (i) publicity can be operationalized as the general amount of news coverage that the social marketing program can obtain; (ii) publicity in a campaign

can be measured by the number of public utility announcements and paid publicity or by audience statistics, i.e., by estimating the level of exposure obtained by awareness-raising campaigns through the rate of the target audience that has actually seen or heard a message, and how frequently; (iii) with regard to public relations, the communication can be measured whether by the number of news stories guided by public relations and supplemented with promotions or contests, or by the number and nature of communications; coverage can be quantified by transmission time or an estimated value; as for printed news, the evaluation can use the number of articles, the space used and estimated circulation (Gregson et al, 2001).

FINAL CONSIDERATIONS

The social marketing approach comprehends the interaction between the behavior and the social and political environment, and the problem in question is usually complex. To promote a behavior change in society, social marketing should make one single plan with measurable, well-defined short- and long-term goals that add mutual benefits for individuals and the group in question and aim to eliminate or decrease the existing barriers that hinder or prevent the behavior, encompassing also distribution channels and market policies.

The social marketing plan approaches strategies and management for the whole process in order to influence and promote a behavior change in society. To establish the change process, it is necessary to differentiate, on the one hand, the strategies that promote structural change in the environment (and to analyze the structural problems involved in the desired and competing behaviors), and on the other, the strategies that promote change in individual attitude, intention, and behavior (and to analyze the problems that promote the desired and competing behaviors).

With regard specifically to the strategies aiming at structural changes that interfere with the behavior, the priority is protection, followed by promotion and support for the desired behavior. To maximize existing resources, the strategies should be accompanied by varied and creative methods geared to specific segments of the target audience; however, responsibility should be collectively shared and involve all individuals, institutions and sectors of society. Market segmentation should be defined based on anticipated returns in order to build demand and reduce barriers, and it should consider supporters, opponents and other non-defined audiences. Identifying the most relevant target audiences is key to optimize the available resources.

PRACTICAL IMPLICATIONS

The indications found in the literature suggest that a social marketing plan or program should promote structural changes in the environment before promoting behavioral changes in the individual in order to strengthen campaigns' impact. If promotion campaigns are conducted without structural problems having been altered at the beginning, their impact will be reduced.

Our exploratory investigation pointed to a few structural barriers related with the breastfeeding behavior and found it adequate for social marketing to contribute to promote this behavior through the indication of elimination or decrease of the external barriers existing in the environment in order to increase the effectiveness of awareness-raising campaigns before promoting individual behavioral change.

To assess the practical implications regarding the breastfeeding behavior within the dimension of structural problems and in the sphere of social marketing, we identified various external barriers in the contents of the interviews, and we summarize these barriers as follows.

One of them is the lack of compliance with and inspection of what the legislation sets forth. There are laws that protect breastfeeding, such as the Maternity Law and the Breastfeeding Law, and there are laws that limit the marketing of breast milk substitutes; however, these are not always complied with, which is aggravated by the lack of adequate inspection. Interviewees reported pressures in the opposite direction than the desired behavior on the part not only of companies, but also of work colleagues.

The lack of priority in public health policies and strategies regarding the breastfeeding behavior hinders the protection of this behavior in society. Short-termism and the lack of awareness about the importance of the long-term aggregate benefits do not help to prioritize the behavior.

Likewise, the lack of priority in public education policies and strategies regarding the breastfeeding behavior promotes the maintenance of a culture of social acceptability of the competing behavior, i.e., substitution. Public education policies and strategies should involve transmitting to children the knowledge that breastfeeding is the correct form to feed babies, and it is such a natural act in humans as it in animals. The subject can be approached with the biological naturality it is entitled to in schools; in turn, childcares should have facilities for collecting and storing breast milk so that even when mothers cannot breastfeed and have to leave their children to the care of others, collection can be made and the baby can be fed breast milk.

The lack of inspection of breast milk substitutes' publicity facilitates their sales and, when a denouncement is made and confirmed, characterizing a violation of the International Code of Marketing of Breast milk Substitutes (Who, 1981), the penalty should be aggravated and progressive; high fines would cause a stronger inhibition, and penalty revenues could be used in promoting the desired behavior. If there were risks of business license suspension according with duly justified criteria, the Code's effectiveness would be greater.

Access to breast milk substitutes should be hindered; laws can be created to connect substitution exclusively to medical recommendation. The regulation of breast milk substitutes should be effective, but it does need inspection, as well as substitute products should bring visible information that breastfeeding is the best and most complete food for children up to two years of age and that this is recommended by the WHO, as highlighted in the interviews.

Product offer should be inspected and its penalization aggravated for all parties involved, since there are already studies, such as that of Kaplan and Graff (2008), which confirmed a decrease in the adoption and prevalence of breastfeeding associated with the distribution and offer of formula, particularly among mothers of first children and mothers with a lower education level.

Precarious work contracts and own-account work favor and/or lead to breast milk substitution. There has been an increase in women's participation in the job market and in families' financial difficulties, combined with precarious contracts, which does not ensure the protection of the breastfeeding behavior. Own-account work is, in practice, relatively less protected by the legislation, and many mothers choose to use substitutes, hindering/preventing the protection of the behavior in society.

It is fundamental for social marketing to help raise awareness in companies and the society in general about the aggregate benefits of breastfeeding throughout the life of individuals (mother and child), as well as about advantages such as decreasing costs in the health system, whether public or private, in the effort to protect the breastfeeding behavior in society.

In addition to the structural barriers related with protection, there are other structural changes that can favor breastfeeding, aiming at promotion and support, such as creating and adapting public spaces dedicated to breastfeeding in order to support the behavior, particularly in supermarkets, shopping centers, public transport platforms, including airports, bus and subway stations, etc., preferably with a signaling associated with breastfeeding.

Companies can also help to promote the behavior. Porter and Kramer (2006) suggested that companies can gain

competitive advantages by means of disruptive innovations that serve society. In this context, the promotion of the breastfeeding behavior can be both very useful and a simple, low-cost management innovation which can differentiate the company and generate social credibility.

In this perspective, social marketing can help to develop a Certification Program for Socially Responsible Companies Concerning the Breastfeeding Behavior in order to stimulate companies to 'invest' in society; as a 'reward', companies with breastfeeding-favorable norms and facilities could use that facet of their social responsibility to add value to their brand.

Another measure can be the development of a single platform of support for the behavior which integrates all individuals involved: mother, father, family, social health professionals and associative institutions such as professional associations, advocate groups (including mother support groups), and government and non-government institutions. This platform would aim to optimize efforts, promote knowledge exchange and foster the emergence and sustainability of new mother support groups. The selling of advertising space – bearing in mind that products cannot favor substitution – can help the feasibility and maintenance of this platform. Partnerships with universities can provide its creation and maintenance at lower costs.

Another structural change that has been reported as key for promotion and support is the need to provide health professionals with training; according with the interviews, courses should raise awareness about the importance of breastfeeding (benefits) and the consequences of substitution (risks); particularly in medicine and nursing courses, the number of hours dedicated to breastfeeding should be at least the same as that dedicated to the specific training of the professionals who guide the substitution process.

We can, therefore, define that the target audience for solving the structural problems approached here is formed by the people involved in decisions related with

protection and promotion of and support for the behavior; in general, the individuals involved in the protection are the ones responsible for the institutions in charge of defining the laws and executing the prioritization of national and international public policies and strategies, as well as the individuals in charge of inspecting them. In turn, the individuals involved in the promotion and support are also part of the target audience of a social marketing plan for solving structural problems, which involves the whole civil society and its institutions, whether individual or collective ones, as long as they somehow account for the promotion of and support for the behavior.

The implementation of possible structural changes is a very difficult and complex task, but a well-articulated social

marketing plan can provide innumerable, creative forms of feasibility over time and engage various audiences interested in the issue. Determining which problems have solutions that are more easily provided for with the available resources can be one of the criteria for setting priorities and hierarchies in the implementation of the social marketing plan.

ACKNOWLEDGEMENTS

The authors wish to thank the Center for Business Sciences at the University of Beira Interior (NECE) - R&D Center, Project PEst-OE/EGE/UI4056/2011 – a project funded by the Foundation for Science and Technology (FCT), for the funds provided for this research.

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