



Convenience Advertising



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QUALITATIVE & QUANTITATIVE SOCIAL RESEARCH

EVALUATION OF THE "1 IN 3 NEW MOTHERS" CAMPAIGN

**A REVIEW OF THE CONVENIENCE ADVERTISING
PROGRAM FOR THE CONTINENCE FOUNDATION
OF AUSTRALIA**

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Introduction

This report presents an analysis of data gathered to provide an evaluation of material targeted at new mothers (defined as women with a child under 2) focusing on the issue of post-partum incontinence.

The material that forms the focus of this study—consisting of posters and also take-away cards—had been prepared by Convenience Information Systems on behalf of the Continence Foundation of Australia. 1,000 A4 messages were displayed and maintained in a variety of locations including baby health care facilities in shopping centres and maternal health care clinics, for a 6 month pilot period using the Convenience Advertising narrowcast methodology.

Intercept interviews were carried out by trained interviewers and were conducted in shopping centre baby health care locations (68%) and maternal health care clinics (32%).

The interview schedule contained a wide range of questions. These questions covered the respondents' views of health care issues for new mothers in general, and incontinence in particular, exposure to messages, recall of messages, message content and perceived message effect as well as a few brief background details.

Respondents were approached in the locations on an availability basis, so that the sample is not a strict random sample. For this reason, some statistics such as chi-square as a measure of association between variables cannot be treated with the same level of confidence as would be the case with a random sample, since there is a possibility that the non-randomness of the selection process violates underlying assumptions of the method.



Analysis of data

This section of the report presents an analysis of data relating to each of the questions asked on the questionnaire. The results are presented largely, but not entirely in the order in which they appear on the questionnaire. This slight re-ordering of data has been done to provide the reader with a clearer research 'narrative'.

First, the report examines the character of the sample who responded to the request for interviews:

A total of 141 respondents were interviewed, all of whom met the basic criterion of having a child under 2. As the first table shows, slightly over half of the sample had more than 1 child.

Number of children	N of respondents
1	66
2	47
3	21
4	5

Missing data, 2

As the second table shows, the sample was overwhelmingly English speaking which may reflect the greater difficulty of getting involvement from minority group respondents.

English	112
Arabic	2
Vietnamese	1
Cantonese	1
Serbian	1
Bosnian	0
Other (Please Specify)	



As the next table shows, the respondents were distributed across a moderately wide age range, with one respondent in the 15-20 age bracket, 16 in the 36-40 age

AGE	Number
15-20	1
21-25	18
26-30	39
31-35	44
36-40	16
41-50	4
Over 50	0

This age distribution makes sense given the pattern of age for mothers in Australia, with peaks of first births in the late 20s.

From this point, the report follows the structure of the questionnaire, providing quantitative data in tabular form and annotating qualitative data where those have been collected.

Q1. What do you think is the main health concern/issue affecting new mothers in the first year or two after they have a baby?

133 respondents provided an answer to this question. In order the top 10 concerns were:

Comment	N of respondents
Post Natal Depression	36
Lack Of Sleep/Energy/Over Worked	30
Breast Feeding/Mastitis	9
Stress	8
Nutrition	6
Infection	4
Weight And Exercise	4
Isolation	3
Incontinence	2
Mother Management	2



In addition, there was a small number of one off comments which ranged from the financial burden of having a child to the need for emotional support. It is clear from these data that incontinence did not feature as a major self-identified problem for new mothers.

Q2. And what do you think the next most important health concern/issue affecting new mothers in that time?

Responses to this question essentially replicated the list from the previous question. Once again, incontinence did not emerge as a significant issue.

If incontinence was not mentioned in response to the first two questions, respondents were then asked:

Q3. It is quite common for new mothers to experience incontinence. How would you rate this as a health problem compared to the other two you mentioned?*

[*If respondent was unfamiliar with the term, the following definition was used: Incontinence means that someone passes urine when they don't mean to. Commonly, they experience this as a leaking or dribbling, sometimes it can happen more suddenly, for example, if they sneeze, cough or laugh.]

As the following table shows, when asked to compare this issue with others, only 31 (24%) of the 131 who answered thought it more important than those they mentioned. On the other hand, only 39 (30%) thought it less important.

Importance rating	N of respondents
Less important	39
About the same	62
More important	31

This suggests that while incontinence is not a 'top of the mind' issue, when attention is drawn to it the respondents do rate it in the repertoire of concerns.

It may be that, as indicated later, that continence is an issue, the prevalence of which is under-estimated by new mums. This is potentially a result of the perception that continence is an issue for the elderly and thus not included in a mum's repertoire of concerns.



Q4. Where have you seen or heard of information about incontinence? (List as many of the following that apply) (Prompt as necessary)

Respondents indicated a wide range of sources for information, with TV and health centres/hospitals well ahead of all other sources, as the following table shows.

SOURCE (in rank order)	N of respondents
On the TV?	97
Health Centre/Hospital	62
Health Professional	38
From friends or family?	31
In magazines or newspapers?	21
Other (please specify)	20
Nowhere	8
On the radio?	3
Somewhere else? (Specify)	2

The answers to this question at first glance provide an interesting pattern of response. It is possible to suggest that respondents have identified television as the primary source of information for hearing about continence due to commercial advertising for continence products such as the TENA brand.

Q5. Have you seen a poster on incontinence, anywhere in this building?

In response to this question, 98 respondents said no, 43 said yes. This indicates an unprompted recall of 30%. However this seemingly low unprompted awareness rates may not be so much a result of the communication not being effective but the state of the mother who is attempting to organise and manage a small child or children (particularly in a shopping centre). Interviewer feedback on the process supports this interpretation.

Prompt: it could have been located in baby change room or the toilets. Do you recall it now?

After the prompt, 78 still said no, but another 19 said yes, raising the recognition response level to 43%. This rose still further on seeing a visual prompt.

Q6. Do you remember seeing this poster? (Show poster with the three women outlined, no text)

Given the visual prompt, only 21 did not recall the poster, while another 57 did, so that recognition rose overall to over 85%. Given how distracted these respondents were, this



high level of recall seems gratifying and suggests that in a less pressured environment recognition could have been higher in response to the initial questions

Q7. *Do you remember what the message said?*

In response to this question, 66 said no and 52 (43%) said yes, they could recall aspects of the poster.

[Note: from here to question 10, respondent numbers are fairly low as they represent *only* those who recalled content.]

Q8. *What did the message say or what was it about?*

As the table shows, a range of answers was received in response to this question. In general, the answers about causality (pregnancy and birth can lead to incontinence) were more prevalent than answers concerning treatment and action.

Importance rating	N of respondents
1 in 3 Mums experience bladder control problems	19
Having a child can make you incontinent	11
You can get help	10
Incontinence can be treated	7
Relief is at hand	6
Call the number	2

This may in part be a response to the type of communication that is in place. It can be argued that the current messages works best as an awareness raising mechanism rather than a device that encourages target audience action.

As the next two questions show, the large bulk of respondents found the material easy to understand and also relevant and helpful.

Q9. *Did you find the message easy to understand?*

Of 52 respondents, 50 said they found it easy to understand.

Q10. *Did you find this message relevant and helpful?*

Of 59 respondents, 51 said they found it helpful.



Q11. How appropriate is it to display continence information posters in this way? Do you find it appropriate or not?

Answer to this question showed a strong majority saying that the material and strategy is appropriate (see table below).

Rating	N of respondents
Very appropriate	71
Quite appropriate	22
Undecided/DK	4
Somewhat inappropriate	15*
Very inappropriate	6*

Interestingly, this is one of the few areas where further analysis indicated variation within the sample: in this case by age group. As the next table shows, the older the respondent, the more likely she was to offer some criticism of the poster.

Age (recoded) by whether the respondents felt the message was appropriate (percents of row totals, column total =n)

Age	Very appropriate	Quite appropriate	Undecided /DK	Somewhat inappropriate	Very inappropriate
21-25	58%	26%	11%	5%	0%
26-30	74%	21%	3%	3%	0%
31-35	55%	9%	2%	27%	7%
36+	47%	27%	0%	7%	20%
TOTAL	71	21	4	15	6

Looking in more detail, we see that the minority of respondents who believed the strategy inappropriate did so as a response to placement of the signs within the environment. Many respondents suggested that the physical location of the signs within the change room/bathroom environment could be optimised.

Specifically, 22 mentioned what they thought were better locations for posters:

- Better on toilet door and other bathroom locations (17)
- Better info needed – e.g. prevention
- Better above change area
- Need to have them near mirror
- Doctor's surgery
- Better to have them everywhere



Another 7 had some specific, non-location issue:

Thought that mothers don't have this problem
If it doesn't concern me then I'm not interested
Get enough at post natal
Don't understand
Depends whether they read them
Cause you're busy doing things

The fact that a number of respondents thought that another location—such as in the toilet cubicle—would be better, either as well of or instead of the locations used, is important here. It fits with the point made earlier about how busy mother's are when they are at the change table, involvement which detracts from paying attention to the messages, yet many respondents stated they would better absorb the message if it was actually placed in a toilet cubicle. While the placement issue may need to be addressed it is reassuring to find that respondents did not find the actual content or placement strategy inappropriate or offensive.

Q12. Some of the posters that are located by the hand dryer have a take-away card attached. Did you see the card?

Seventy respondents said they did not notice the card, compared with 42 who did. The proportion noticing the card is low compared to other similar campaigns, and again the explanation here seems to centre on the fact that the baby change tables are the site where mums most have their hands full.

Q14. (if yes) Did you take a card?

A minority saw the card and only a few (7) of them took one. This seems to relate to the fact that, as data below show, few of the respondents thought of the problem as relating to them and also to the fact that they would prefer to take any incontinence problem to their GP.

Q15.(if yes) In which language did you read the card?

All the respondents who responded that they had taken a card read it in English. This fits with the fact that this is overwhelmingly an English speaking sample.

Q16. Both the card and the message have a continence helpline number on them. Did you see this number?



Somewhat more than half (68) of the respondents said they did not see the number, compared with a substantial minority (50) who did. Again, the number responding positively is lower than in comparable studies and again it is likely that this is a function of the busy location.

Q17. *Do you think people would be likely to call the continence helpline if they had a problem with incontinence?*

The more important news is here is positive—the large majority said people *would* ring the hotline if the need arose. Only about one quarter (33) thought that people *would not* ring the hotline. As the following comments show, this is because of a mix of facts. Incontinence is seen, by this minority as personal and embarrassing, but more importantly, it is something you would take to your GP:

Go to doctor first (16)
Too embarrassed to talk about it. Just deal with it (5)
Very personal issue. Speak to dr or mum
Too impersonal
They are just dealing with it because 1 in 3 has it
Problems
Probably go to gp & it would have to be pretty bad
Personal issues
Likely to go to own doctor/physio
Info already there
Hard to tell people you have problem
Figure out herself
Embarrassment. Prefer to consult doctor. Not a stranger
Don't like to interfere - misunderstood
Discuss with gp/comm nurse
Depends on the individual
Depends on how bad - go to urologist
But consult friends family and gp then the continence hotline
As last resort

Q 18. *Have you ever contacted the National Continence Helpline?*

Only 1 respondent had contacted the hotline.



Q 19. Do you think you would contact the continence helpline if you needed information for yourself or someone else?

On the other hand, of those who had not more than two-thirds (79) indicated that they would make contact if they needed information for themselves or others. For those who would not use it, the same strong theme of going to one's own doctor emerged.

- Would go to own doctor/physio (26)
- Sort things out by myself only if it got really bad go to Dr first --too embarrassing
- Put up with it/go to doctors/too personal
- More mature
- If she wasn't happy with advice from doctor
- If I didn't know who else to speak to
- I would only contact the helpline in the last case & if the problem was very serious—probably more likely to see my dr
- I am a doctor
- Husband and mother
- Friend & family support
- Depends on the problem
- Again too embarrassing to talk to stranger. Feel stupid on the phone

Here, as with a few other variables, there is an association with the age of the respondent, as may be seen in the following table. As these data show, the proportion who say they would use the hotline declines sharply with rising age.

Age (recoded) by "Do you think people would be likely to call the continence helpline if they had a problem with incontinence?"
(percents of row totals, column total =n)

Age	No	Yes
21-25	11%	89%
26-30	21%	79%
31-35	33%	67%
36+	56%	44%
TOTAL	33	83

Q 20. Have you or would you, talk to someone else about incontinence?

Few respondents (only 11) would not talk to someone about incontinence whereas the large majority would (116), and as the next table shows, one's GP or one's family/friends are well ahead of other possible contacts.



Source	N of respondents
A doctor	79
A family member or friend	74
A maternal/child health nurse	26
Physiotherapist	11
Other	9

Q 22. *Why would or did you talk to this person in particular?*

Reasons are shown below, and once again the strong theme of professional advice shows through in this table.

Reason	N of respondents
Expert/professional advice	72
Have an established relationship/trust	12
Embarrassed couldn't speak to anyone else/discomfort	0
They would be able to do something about it/provide help	19

Here again the age factor was influential. As the table below shows, older respondents were more detailed in their responses, rather than simply referring to 'expert help', which was the theme with younger respondents. Given that the younger respondents also were more likely to use the helpline, it seems that their needs are less personally differentiated, while the older respondents have more personalised ties to their professional advisers.

Age (recoded) by whether why they would talk to this person in particular (percents of row totals, column total =n)

Age	Expert, professional advice	Established relationship, trust	They'd be able to do something, provide help	Other
21-25	93	0	0	7
26-30	74	9	3	14
31-35	68	16	0	16
36+	40	20	20	20
TOTAL	72	12	4	15



It is conceivable that this is related to education and socio-economic status, in that better educated and wealthier respondents might (a) have children later so showing up as older respondents and (b) have more personalised relationships (e.g., via private health care cover) but this is only speculation and these data could not show this for certain.

Q 23. Did the message "one in three new mothers experiences bladder control problems" make you think about the topic in new ways?

Interestingly and encouragingly, 59% (69) thought of the topic in new ways after seeing the message

The themes here are too rich to compress and so the full range of comments are shown below. The major themes are: surprised it is so common, it could have happened to me, I must do pelvic floor exercises, I associated more with the elderly.

Yes didn't know it affected a lot of women
When I see an ad it reminds me to do my pelvic floor exercises
Wasn't aware affected so many
Wake up call reminder
Thought most/more mums would suffer
Thought it was more an elderly person's issue
Think about natural child birth who have problems - had a caesarean
There is help look into it and get something done about it
The numbers - it's quite high
That more people suffer
That it can happen to me/so many people out there with it
That exists
Surprising stats - major issue
Surprising
Surprised
Surprised was that common
Surprised didn't know many people that had incontinence
Surprised at number it's common & that you can deal with correct the problem
Should be advertised toward the general population - rather than just mums
Serious problem/up to individual person
Seems quite normal/common
Scared me
Quite conscious
Pelvic floor muscles exercises are necessary
Only find out about it after haven given birth - not informed as general public
Only becomes an issue to me if it happens
Not just you - could be the next person
Not greatly talked about



More prevalent
More people suffer from it than you think
More common than thought
More aware that it is a bigger issue due to having not had it
Maybe next time. 1 in 3 is very high
Makes you realise problem & that something can be done
Makes me want to do my exercises-to think about it more often-new info as to my 1st baby-mother in 1
Makes me aware of pelvic floor and do the squeeze
Made you realise there was a continence foundation
Made me think I was lucky for not experiencing it as it must be quite common
Made me think about the problem and its high occurrence. Didn't realise how many people suffer from it
Made her understand the topic better. Not sure what it was
Made her realise the extent of problem. How common it is
Lucky I didn't get it. Relate to old age
Lets you know that it's out there reinforces pelvic floor exercises
Knew was common/recalls commercial on TV for mums
Knew about it before
It's good because it makes people realise that they are not the only one suffering
It would if it affected me
It reveals how common it is considering most people don't speak out
It might make her do exercises to control/prevent the problem
It does effect a lot of people, doesn't surprise me though
It could happen to me: very common never used to hear about it
I didn't get it/not surprised as muscles do loosen
I could be one of the three
I am aware of it
Good as reconfirming a problem as common that can be helped
Go to do those exercise don't want to be the 1 in 3
Felt lucky I didn't have it
Everyone else is suffering - you are not alone
Don't realise common
Didn't realize that high
Didn't realise it was that common
Didn't know was so common thought only for elderly
Didn't know affected so many
Can affect all of us
Be careful when you have problem should tell someone
Already knew
Align with the statement makes it less hidden
Alarming - it's so high
After talking about it through this survey
Affect me after having new children
A lot of people - quite common don't hear about it - to make it as common



A lot more than I thought
92yr old aunt has prob/would never think it was a problem with new mums/more kids
then the problem

Q 24. *Some people think that for new mothers, incontinence is embarrassing. Others think that it is normal and quite common among new mums. What do you think about it?*

It is interesting to note that whilst the group think continence is relatively normal they still find it an embarrassing topic as the following table shows.

Opinion	N of respondents
Normal	55
Neutral. DK	5
Embarrassing	17
Common and embarrassing	34
Other	7

Q25. *Are you likely to pass on the message in this poster to other people or talk to any of your friends or family about it?*

Almost 60% (69) responded positively which is a good response especially since in previous studies we have often found that respondents tend to say that they will *not* pass on information.



Conclusion

It seems that the campaign has been broadly successful. Given the right prompts, respondents recognised the materials and were positive about them. They felt they were appropriate, clear and useful and obviously they learnt something from the posters.

However, two limitations that seem to emerge are:

- 1) The location of the materials in the busy baby change area was not ideal and impacted negatively on the amount of attention they were given. A wider range of placements seems merited within the selected venue environments.
- 2) The hotline idea (and to a lesser extent the take-away card) did not attract strong support. This seems to be centred upon the fact that these respondents did not respond to the idea of call to action, that is 'ring for help'. This may not be appropriate to them in all cases but an information based campaign that told them it was normal, that it can be helped by doing pelvic floor exercises (with further information distributed), and that detailed resources are available from the Continence Foundation (by phone or web) or from local services, would be supported by this medium.

