Behaviour change in breastfeeding: are financial incentives acceptable?

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Background

• UK prevalence of obesity more than doubled in the last 25 years
• At the same time breastfeeding rates declined
• UK has lowest breastfeeding rates in the world
• Link between *not* breastfeeding and obesity and diabetes
• Need for interventions to address obesity and low breastfeeding rates in the UK
“Breast milk is the best protection for your baby.... And nothing compares to it.... If you choose to move on....

http://www.youtube.com/watch?v=0aNe67Q5XIk
Linked factors

- Low BF rates
- Normative use of formula
- Lack of kn & experience of BF – health professionals, academics, wider society
- Lack of support and services to enable women to BF
- Societal barriers continue

Lisa Dyson et al 2006
Types of interventions

- Education
- Persuasion
- Coercion
- Training
- Restriction
- Environment
- Modelling
- Enablement
- Incentivisation

Michie, 2011
Increase BF rates

BF - the norm

Reduced rates of BF problems

Increase kn & experience of BF

Increase societal value of BF

Increase uptake/ value of BF support services

Reduced rates of BF problems
Has it been done before?

• **Negative** financial incentives
  – Taxes on harmful products

• **Positive** financial incentives
  – Taking medication/ injections
  – Stopping smoking in pregnancy
  – Losing weight
  – Healthy Start

• **Breastfeeding** financial incentive schemes
  – Islamic law
  – USA (Special Supplemental Nutrition Program for Women, Infants and Children (WIC))
  – Canada (Quebec)
  – UK (Star Buddies)
National Prevention Research Initiative (NPRI) funding call

Aim:
To increase the prevalence and duration of breastfeeding (BF) in areas with low 6-8 week BF rates by offering financial incentives for mums to give breastmilk to their babies from birth to six months

Study design:
Development (2012)
Feasibility (2013)
Evaluation (2014)
NOSH
NOurishing Start for Health

Development stage

1. Review: Acceptability of Financial Incentives for behaviour change

2. Street intercept survey: local women

3. Interviews and focus groups: women and healthcare providers
1. Systematic review of the acceptability of financial incentives for behaviour change

FINDINGS
1. Systematic Review

- 2003-2013, English, Organ Donation literature excluded
- Identified 6 studies
- Designs: focus groups, interviews, thematic content analysis, mixed methods survey
- Populations: US, UK, Australia; those receiving FI in a study, prospective (would be in a study), general public via news media
- Intervention: stop smoking, stop smoking in pregnancy, antipsychotic maintenance medication, obtaining medication for hypertension
- Evaluation: thematic analysis, systematic analysis based on grounded theory – key emergent themes or metaphors
Review theme 1: Effectiveness and cost effectiveness (6 studies)

- Prerequisite for acceptability
- £ as a “motivational tool”
- Effective for difficult to engage groups & where every other intervention failed
- Spend now, save later
- Oppositional feelings (mass media attitudes)
- Misuse of money
- Money better spent on other services
Review theme 2: Monitoring, validation & practicalities (6 studies)

- Payment levels
- Practical administration of the FI scheme
- Misuse of incentive money/ deception
Review theme 3: *Personal responsibility for health* (6 studies)

- Extrinsic vs intrinsic motivators (State vs personal responsibility for health)
- Incentives as a short term fix
- Inappropriate rewards for problematic/unhealthy behaviour
- Practical administration of the FI scheme
- Misuse of incentive money/deception
Review theme 4: *Us vs Them* (5 studies)

- Pattern of oppositional discourse
- ‘Good patients’ vs ‘Those people’
- ‘Good patients’
  - Commitment to improving their health
  - Act with responsibility
- ‘Those people’
  - ‘undeserving groups’
  - less self control
Theme 5: *Relationships with healthcare providers* (4 studies)

- Important the financial incentives are acceptable to both patients and healthcare providers.
- Difficulty reconciling a financial incentive with the collaborative relationship between patients and healthcare professional.
- Financial incentives are inherently coercive, unbalancing the delicate balance of trust (or lack of trust) and care.
Conclusion of review

• Previous reviews focus on questions of *effectiveness*.

• This review suggests *acceptability* is prerequisite for effectiveness (i.e. lack of acceptability risks compromising care relationships)

• Policy makers and clinicians should:
  – Consider if incentives fit with societal perspective
  – Use incentives as a ‘last resort’
  – Find strategies to overcome any negative associations/effects (e.g. stigmatising/labelling groups)
2. Street intercept survey: local women

FINDINGS
2. Street intercept survey: local women

- Shopping areas in Sheffield (Crystal Peaks/Castle Market/Barker’s Pool)
- N= 128 women aged 16 yrs +
- 54/128 from neighbourhoods with low 6-8wk breastfeeding rates
- “Do you think a scheme to pay women to breastfeed in Sheffield is a good idea?”
Street survey responses by neighbourhood breastfeeding rates

Neighbourhood 6-8 week breastfeeding rates

- Good idea
- Not a good idea
- Don’t know
3. Focus groups and interviews: women and healthcare providers

FINDINGS
3. Focus groups and interviews: Methods

• Semi-structured interviews (n=54) & focus groups (n=8)

• Mums (n= 38) & Healthcare staff with infant feeding roles (n=53) (midwives, health visitors, breastfeeding peer support workers, children’s centre managers, voluntary sector workers, public health leads & commissioners).

• Purposively sampled for maximum variation

• Analysed by thematic analysis.
Focus groups & interviews

• Mums & health care providers similar views

• Same themes covered
  – Effectiveness and cost effectiveness
  – Monitoring, validation and practicalities
  – Personal responsibility for health
  – Us vs Them
  – Relationships with healthcare practitioners

• Language – getting it right
Focus groups & interviews: ACCEPTABILITY

• “I don’t think women should have money thrown at them to do something that should be so natural ... they should want to do it in the first place” (F3)

• Women ... “should take some responsibility and do this thing because they want to .. not because someone’s saying well we’ll give you 50 quid ....” (19, HV)

• If going to breastfeed anyway and not struggling financially would it be right to ‘take money from the system’?

• “Wouldn’t it be better to spend that money on more support, like I was saying, initially, in the first place” (FG, breastfeeding mothers)

• “it’s just creating more pressure for people who can’t [breastfeed]” (FG breastfeeding mothers)

• Balances with Healthy Start vouchers ‘given for formula’
Focus groups & interviews: EFFECTIVENESS

• “A financial incentive might ... give you that initial urge to have a go but I don’t think it will solve the, if you’ve ... more deep-seated problems” (B2)

• “So maybe for those people who it just wasn’t in their consciousness, it might help, erm, to kind of just give them the incentive to give it a go” (B2)

• “I would say that would probably work, especially with really young mums” (F1)

• How would you know that women are breastfeeding?

• “So whatever the incentive is, could it be sold for something else, to get money to buy drugs, alcohol?” (30, Midwife)
Focus groups & interviews

SUMMARY

• Potential to encourage, reward and support BF
  – Normalising BF in communities where BF rates were ‘stubbornly low’
  – Reward for BF = BF perceived as “valuable and good”.

• Ethical concerns about financial incentives for BF & their potential negative impact
  – Bribery/ coercion
  – What money would be spent on
  – Reducing intrinsic motivation to BF

• Practical concerns
  • How to ‘police’
Conclusions

- Acceptable overall but wide range of concerns
- Acceptability conditional on effectiveness
- Social gradient to acceptability
- Next...... feasibility and evaluation stages
Thank you!

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