

APPENDIX 1. Key Insights for Communication Program Aimed at Reducing Alcohol Consumption among Pregnant Women

1. BACKGROUND

The burden of non-communicable diseases (NCDs) is the predominant public health challenge for each of Member States in the World Health Organization (WHO) European Region, including Ukraine. In Ukraine, according to official statistics provided by State Statistic Service of Ukraine, Center of Medical Statistics of the Ukraine Ministry of Health (MOH) and the Academy of Medical Sciences of Ukraine, NCDs are estimated to account for 86% of annual deaths. The country has one of the highest mortality rate from cardiovascular diseases (CVDs) in Europe, with 772,1 death per 100 thousand among males and 440,9 per 100 thousand among females. The annual mortality rate from non-communicable diseases in Ukraine has increased by 18.8% since 1990. Almost 30% of men who die from NCDs are under 60 years of age (National Statistic Department of Ministry of Health (MoH) Ukraine «Health Indicators of the Population and Usage of Public Health Resources in Ukraine for 2010 – 2011»). Tobacco, alcohol, unhealthy diet, and physical inactivity are key behavioral risk factors that lead to the development of NCDs around the world, including Ukraine.

In order to reduce NCD burden in Ukraine, in line with WHO Global Action Plan for the Prevention and Control of NCDs 2013-2021 endorsed by the World Health Assembly (WHA) Resolution (WHA66.10), also in line with SDG Goal #3, target 3.4 “Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, MoH Ukraine and WHO initiated Project «Noncommunicable Diseases Prevention and Health Promotion in Ukraine». The Project is supported by Swiss Agency for Development and Cooperation (SDC), and was so far implemented through the Inception phase of the project (2014-2015), and Main Phase I of the project (initiated in 2015, and will be carried on till 2019). The overall aim of the Project is to improve the wellbeing of people in Ukraine by reducing NCDs related mortality and morbidity with a special focus on CVD-related mortality and morbidity.

Communication activities aimed at *reducing harmful consumption of alcohol* in Ukraine is seen as a priority for MoH and NPHC, this is why the project undertook several initiatives to address this need. As such, a qualitative research on alcohol consumption, adopting a social marketing approach, was carried out in Feb-Apr 2018; its findings are serving now as a base for designing a communication campaign aimed at reducing harmful alcohol consumption among four target audiences identified: binge drinkers, regular excessive drinkers, drunk drivers, and women drinking during pregnancy. The qualitative research on alcohol consumption among these target audiences was initiated by WHO with the support from the National Social Marketing Center (NSMC), one of the world’s most respected centres of excellence for social marketing and behavior change (UK) and completed over the period of February – May 2018. In July 2018, the co-design workshop with the target audience was organized; during the workshop, the developed communication messages were pre-tested, and relevant images were identified by the target audience which they thought illustrated those messages the most. A summary of the findings from these activities are presented in Appendix 1.

Alcohol is poisonous to the developing fetus throughout the entire nine months of gestation. When a pregnant women consumes alcohol, it goes directly to the fetus through her blood stream. These children may be born with fetal alcohol spectrum disorder (FASD), which is a term that covers all alcohol-related diagnoses, of which fetal alcohol syndrome (FAS) is the most severe and visibly identifiable form. FASD is associated with a wide range of physical, behavioural and learning problems including growth impairments, facial abnormalities, problems with brain function and developmental delays.

¹ WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (available at: http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

In Ukraine, the estimated prevalence of alcohol use (any amount) during pregnancy among the general population in 2012 was equal to 25-35%; while prevalence of FAS among the general population was equal to more than 50 cases per 10,000 people². Both figures are among the highest in the world.

To address this issue, WHO is initiating communication campaign aimed at reducing alcohol consumption among pregnant women.

2. TARGET AUDIENCES

The primary intended audience:

- Pregnant women

The secondary intended audience:

- Partners and family members of pregnant women
- Medical professionals

3. SUMMARY OF KEY INSIGHTS IDENTIFIED BASED ON FORMATIVE RESEARCH

Pregnant women were unclear of the guidelines for drinking in pregnancy and often believed (and would state) that they did not drink alcohol if they only drank “a little”. However they did not want to risk their unborn babies health.

Table 1. Key insights

Key insights	Quote to illustrate key insight	Summary details
Want to be a good mother, but unclear on what quantity and type of alcohol is safe to drink during pregnancy	<i>“I cannot recall [guidelines for drinking while pregnant]. They write it everywhere, and we understand it too that it causes addiction. But I cannot recall. Everywhere, on all alcohol beverages it says ‘not recommended for pregnant women’.”</i>	Many of the pregnant women were unclear as to what they could and should not drink during pregnancy.

² Svetlana Popova, Shannon Lange, Charlotte Probst, Gerrit Gmel, Jürgen Rehm. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. Lancet 2017; 5: 290-299

4. AUDIENCE PROFILES

The formative research identified a number of segments for pregnant women.

Pregnant women segments

Segment 1: Risk Avoiders. The 'Risk Avoiders' are aware that large quantities of alcohol should not be consumed during pregnancy. However, they are unclear what a safe amount is to drink. They often do not think they drink alcohol in pregnancy as they only drink "*a little*" and consume beer and wines as opposed to strong spirits. They would value clear guidance of what they can and cannot drink during pregnancy and the quantities allowed. They do not see their current consumption as being risky to their unborn child's health. They often drink alcohol because they often "*crave*" it with certain meals or that it is part of their evening routine, to have a drink with their meal.

Figure 1. 'Risk Avoiders' segment characteristics



Segment 2: Confused Risk Takers. As with the 'Risk Avoiders', they believe that you should not drink large quantities of alcohol during pregnancy, but they are unsure what contributes to a 'large quantity'. Therefore, they probably drink more than they should, but at the same time, they do not think their unborn child is at risk as they are not 'alcoholics' and as they do not seem themselves as alcoholics, they are unclear if their drinking really has any negative effects on their child. They are most likely to cite others who have drunk during pregnancy and whose children are fine, or they talk about their own earlier pregnancies and how they drank through these without any issues. Although they also drink alcohol because they "*crave*" it with certain meals, they also enjoy drinking in social situations (e.g. dinners, parties, holidays) and they do not want to say no because they want to join in the on fun/be a part of the group.

Figure 2. 'Confused Risk Takers' segment characteristics



5. TONE OF VOICE

Based on the formative research findings, the tone of any messages should be:

- *Supportive* – never give up giving up
- *Create an itch* – to bring the risks of alcohol to the front of their mind
- *Norming* – for people like you
- *Aspirational* – for example, for your child/never give up quitting

6. PRE-TESTING AND CO-CREATION WORKSHOPS FINDINGS

Based on the key insights, a range of messages were developed for pre-testing (detailed in Table 2). All the messages were translated and pre-tested in July 2018 at co-creation workshops, attended by a representative sample from the target audiences. Imaginary was also used to what images the target audiences associated with each of the messages, and what would have the greatest impact.

Table 2. Pre-tested messages

Problem area	Pre-tested messages
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Drinking alcohol in pregnancy	<p>One glass won't hurt, will it?</p> <p>To young to drink? When you drink, I drink too.</p> <p>A pregnant woman never drinks alone. Their future starts today.</p> <p>No alcohol. No risk. The safest choice.</p> <p>Alcohol can cause lifelong brain damage to your child. Their future starts today.</p> <p>No alcohol in pregnancy. You are doing great.</p>
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6.1. Findings from the pre-testing and co-creation workshops: Messages

At the workshops, the following questions were asked in relation to the developed messages:

- What is your gut reaction to the message?
- How does it make you feel?
- How does it make you feel about your current drinking levels?
- Would viewing this message cause you to change any behaviours?
- What do you think about the language/ messages used?

The participants of the workshops were also asked to create their own advert with one of the messages which appealed/resonated to them the most.

Table 3 (overleaf) details the messages which the participants had the highest emotional response to, their understanding of the message and how it was translated into Ukrainian.

Table 3. Most effective messages

Message	Participants' understanding of the message	Final Ukrainian version after field-testing
<i>Drinking during pregnancy</i>		
Alcohol can cause lifelong brain damage to your child. Their future starts today.	For some of the pregnant women, the message made them concerned of the issue and motivated to ask medical professional while other pregnant women were more skeptical and needed a ' <i>clear explanation</i> ' how ' <i>even small dosage of alcohol I drink – one glass of wine a week or a bottle of beer</i> ' can damage the child's brain. Some asked about long-term damage to ' <i>mental abilities</i> ' of a child.	Алкоголь може спричинити шкоду мозку вашої дитини на все життя. Їхнє майбутнє починається сьогодні.
When you drink, I drink too.		Якщо ти питимеш, дитина теж питиме

6.2. Findings from the pre-testing and co-creation workshops: Images

Once the participants had selected the message/s which they felt resonated the most with them, they were asked to select images from a range of magazines which they thought illustrated that message the most.

The images are shown below for the different messages.

Drinking in pregnancy

Overall, the women wanted to be good mothers and give their children a “*good life*”. The images they selected to show the good life were often ones of material goods, such as a nice house and car, as well as a happy relationship.

Figure 3. Images to illustrate drinking in pregnancy messages



7. POSITIONING

The ways the campaign should be positioned in the different target audiences' minds are presented in Table 4.

Table 4. Positioning

Problem behaviours	Positioning
Drinking during pregnancy	No alcohol in pregnancy is best for men and my baby

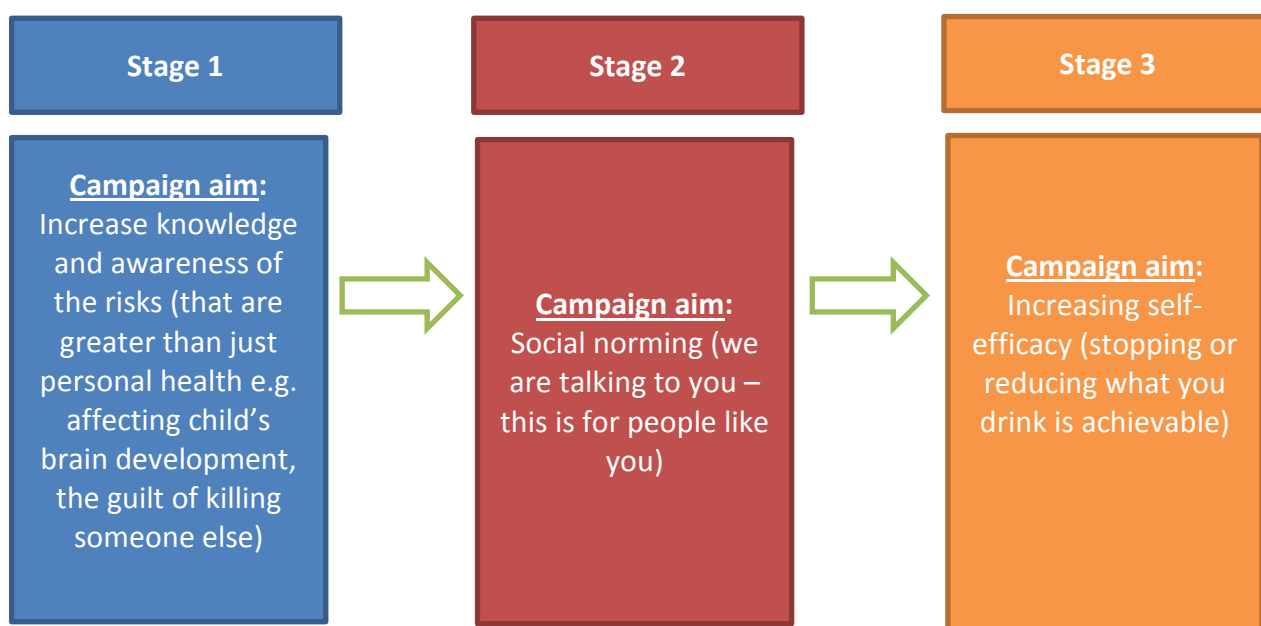
8. TAKING A STAGED APPROACH

For these campaigns, it is recommended that a longer-term staged approach is considered. This is for a number of reasons which came out of the formative research, co-creation workshops and discussions with stakeholders:

1. *Current social norms.* Dangerous levels of alcohol consumption are a major health and social issue within Ukraine. They are part of the culture and for many segments of society, the social norm.
2. *Access and cost.* Alcohol is easily accessible and can be purchased cheaply. In certain areas, people also make their own alcohol.
3. *Beer classification.* Some of the pregnant women interviewed explained how they “*did not drink alcohol*” during pregnancy. However later on in the interviews, they talked about having beer with their meals or “*church wine*”. Their perception was that you just needed to give up spirits/hard liquor, for example, vodka. This may arise from the fact that beer was not classed as an alcoholic drink in Ukraine until recently and appears to still be regarded more as a soft drink by many of the target audiences.
4. *Mixed messages from healthcare professionals.* There appears to be a lot of confusion around what can be drunk during pregnancy with mixed advice being given by healthcare professionals.
5. *Lack of clear guidelines.* Currently Ukraine does not have clear and highly visible guidelines in relation to how many drinks is binge drinking, and what excessive/harmful drinking levels are.

Considering these facts, and drawing on the NSMC's experiences of developing national campaigns in other countries around alcohol and other public health issues, a three-staged approach is recommended (Figure 12).

Figure 4. The Three-staged Approach



Stage 1 aim of a campaign is a) to increase knowledge and awareness of a harmful effect of an alcohol consumption during pregnancy; b) to decrease alcohol consumption during pregnancy.

Stage 2 is a social norming campaign so that the target audiences can understand that they are people being spoken to with the messages. The formative research and co-production workshops showed that, even when there was knowledge of the problem and the health risks, there is not always the *belief* that they had a problem (i.e. I don't need to quit, or babies are only affected if you are an alcoholic).

Stage 3 messages will show how reducing alcohol consumption can be achieved by people like them.

The messages detailed in this document primarily support Stage 1.

9. DEVELOPMENT OF A BRAND

It is recommended that an 'umbrella' brand is created to support this and further campaigns aimed at declining CVDs mortality and morbidity as a priority through NCDs risk factors reduction (alcohol, tobacco, unhealthy diet and physical inactivity). The brand personality should be:

- Direct and knowledgeable
- Tell you like it is, but supportive

The logo should be a positive image to link the campaigns all together. When developing the brand, considerations should also be made to develop a more generalisable brand which could be used to brand behaviour change campaigns on other health issues.

10. CHANNELS AND TIMINGS

10.1. Communication channels

Based on the co-design workshops, a number of media channels have been identified and are listed in Table 5.

Table 5. Communication channels detailed by target audience

Target audience	Communications channels (detailed in order of popularity ³)
Pregnant women	<ul style="list-style-type: none">• Social media, in particular Facebook and video fashion and lifestyle vloggers/YouTubers• TV• Women's magazines

A mix of channels is recommended, in particular in the first months of the campaigns to try and increase brand recognition and awareness.

10.2. Timing Frames

The alcohol and pregnancy campaign could possibly be launched at any time of year.

The suggested timeframe for the contractual partner is the following:

Planning and strategy development: November 2018

Developing and pretesting materials: December 2018 – January 2019

Implementation: February – May 2019

Process evaluation: throughout the program

³ Popularity was based on what media channels the target audience said they used and would be most receptive to receive messages through

11. STAKEHOLDERS

It is important that the organization that develops and implements the communication campaign takes into consideration and actively involve a variety of partners and stakeholders - those which can contribute to and benefit from its implementation. Such involvement will allow to:

- 1) Ensure political support for and engagement to communication activities on this topic
- 2) Involve available professional and technical capacities from the organizations involved
- 3) Ensure sustainability of future communication activities on this topic at the national and regional levels
- 4) Guarantee the effective use of the administrative, human and other resources within current and future campaigns on similar topics

Tentative list of stakeholders at the national and regional level:

I. GOVERNMENT AND PUBLIC INSTITUTIONS

Ministry of Health of Ukraine
Ministry of Information Policy of Ukraine
Ministry of Education and Science of Ukraine
Ministry of Youth and Sport of Ukraine
Ministry of Social Policy of Ukraine
Public Health Center of the Ministry of Health of Ukraine
Ukrainian Monitoring and Medical Centre of Drugs and Alcohol of the Ministry of Health of Ukraine
Office of Commissioner of the President of Ukraine for Children's Rights
Regional Administrations & their communication departments
Regional Health Authorities & their communication departments

II. HEALTH CENTERS AND MEDICAL FACILITIES

Regional Health Centers and Regional Health Centers
Medical facilities of primary, secondary and tertiary levels

III. EDUCATIONAL MEDICAL FACILITIES

National and regional medical universities and colleges

IV. SCIENTIFIC INSTITUTIONS

National Academy of Medical Sciences
Ukrainian Institute on Public Health Policy
Institute for Demography and Social Studies of MV Ptukha
Ukrainian Institute of Social Researches named after O.Yaremenko
Others

V. NONGOVERNMENTAL AND PROFESSIONAL ORGANIZATIONS

NGO "Center of Public Health Advocacy"

Ukrainian Association of Family Medicine
All-Ukrainian Association of Nacrologists
Others

VI. MASS-MEDIA

Mass-media, journalists, PR-specialists

VII. INTERNATIONAL ORGANIZATIONS

UN organizations (UNDP, UNICEF, UNFPA, WB, UN Women) and others (USAID, EU) etc