Couples’ notions of preconception health: Implications for social marketing

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Overview

- Background on Preconception Care
- Study Aims
- Theoretical Framework
- Methods
- Participants
- Analysis & Findings
- Implications
- Next Steps
- Questions
Key Statistics

- Each year:
  - 12% of babies are born premature and 8% of babies are low birth weight. Potential newborn complications include:
    - Respiratory, heart, intestinal, and eye issues
    - Bleeding in the brain that can cause pressure in the brain and brain damage
    - 3% of babies have major birth defects
- Risks associated with negative birth outcomes remain prevalent among pregnant women:
  - 69% do not take folic acid
  - 31% are obese
  - 11% smoke
  - 4% have pre-existing medical conditions (e.g., diabetes)
  - 3% take teratogenic prescription or over-the-counter drugs
- The risks of negative birth outcomes are higher among lower income women.

Sources: National Center on Birth Defects and Developmental Disabilities, 2006; March of Dimes

What is Preconception Health and Care?

- A set of interventions that identify and modify biomedical, behavioral, and social risks to a woman’s health and future pregnancies.
- Emphasizes prevention and management of health issues that require action before conception or very early in pregnancy for maximal impact.
- Overarching goal is to provide:
  - screening for risks,
  - health promotion and education, and
  - interventions to address identified risks.

Source: Preconception Health and Care, 2006, CDC At A Glance
Why is Preconception Health and Care Important?

- 50% of pregnancies are unplanned
- Improving women’s health before pregnancy is important for optimizing pregnancy outcomes*
- A fetus is most susceptible to developing problems at 4-10 weeks**
  - Before prenatal care typically begins
  - Before many women know they are pregnant
- *HealthStyles* data found that half of respondents had not heard of preconception care
  - Almost 1/3 are doing “nothing” to prevent pregnancies


** National Center on Birth Defects and Developmental Disabilities, 2006

Study Aims

- To understand how couples consider, discuss, and support each other related to preconception health and care (PCH/HC) and related behaviors.
Why focus on couples?

- Knowledge, skills, and attitudes of each partner may play a key role in motivating preconception health behaviors and health care.

  - Women’s knowledge, skills, motivation
  - Men’s knowledge, skills, motivation
  - Women’s preconception health outcomes
  - Men’s preconception health outcomes

- 4 possible paths of influence:
  1. Each partner’s actions can affect his or her own preconception health outcomes, but not those of his or her partner (actor effects).
  2. Each partner’s actions can affect the other’s outcomes, but not his or her own outcomes (partner effects).
  3. One partner’s actions can affect both his or her own outcomes and those of his or her partner (joint effect).
  4. Both partners’ actions can affect both partners’ outcomes (mutual joint effects).

Why focus on couples? – cont.

- A PCC Bundling Study found that women often reported having good communication with a partner among the most important things to consider before pregnancy.*

- CDC’s PCC Logic Model includes dialogue between women and their partners as short and mid-term outcomes.

- Little is known about how couples communicate surrounding preconception behaviors, what terms they use, or what would make PCH/HC appealing.

Methods

Social Marketing Framework

- Product
- Promotion
- Price
- Place
Research Questions

Product
- How do couples refer to/think about preconception health and care?
- What other terms could be used to describe PCH/HC?
- Are there terms, phrases or words that make more sense to them, or that they use to describe this type of care or set of behaviors?

Price
- What motivates couples to engage in PCH/HC behaviors?
- What are the barriers/challenges to engaging in these behaviors?

Promotion
- What types of messages would be most effective for couples to motivate PCH/HC related behaviors?

Place
- What are couples’ preferred channels for receiving information about PCH/HC?
- Would they like to be able to receive PCH/HC messages together? Are there some that are more appropriate for the woman? For her partner? For both?
Methodology

- Telephone interviews with couple members participating at the same time.
  - National recruitment via professional recruiting firm, over 5000 women screened
  - 45-60 minute discussion using semi-structured guide
  - Participants called into a toll-free conference line
  - Provided $35 incentive per couple member
- Analyzed data using QSR NVivo 8.0
  - Reliability of coders = .97 or greater, one code .90

Participant Eligibility Criteria

- Couples who are married or in a committed relationship
- Total annual household income no more than $75,000
- Woman between the ages 18-44 years
- Not currently pregnant
- Do not have condition that would make them unable to get pregnant
- Partner willing to participate
Segmentation Strategy

- 5 couple segments determined based on literature review and analysis of Porter Novelli’s 2007 *HealthStyles* data:
  1. Couples who do not have children but want to have children
  2. Couples who have had children (more than a year ago or more) and want to have more children
  3. Couples who do not want to have children
  4. Couples who have had children (more than a year ago or more) and do not want to have more
  5. Couples who have had a baby in the last 12 months (irrespective of their future pregnancy plans)

- Variation across low and middle SES:
  - Low = Household income <$35,000 and/or some college or less education
  - Middle = Household income $35,000-$75,000 and college degree

### Segmentation Strategy: Number of Couples

<table>
<thead>
<tr>
<th>Segment Description</th>
<th>Total Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples who have not had a child and plan to have children (planners)</td>
<td>11</td>
</tr>
<tr>
<td>Couples who have had children (a year ago or more) and plan to have more children (planners)</td>
<td>12</td>
</tr>
<tr>
<td>Couples who do not plan to have children (non planners)</td>
<td>12</td>
</tr>
<tr>
<td>Couples who have had children (a year ago or more) and are not planning to have more (non planners)</td>
<td>11</td>
</tr>
<tr>
<td>Couples who have had a baby in the last year (interconception)</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>
Participant Characteristics

- 58 couples (N=116)
- Length of Relationship
  - Mean = 5.4 years
  - Range = 5 months to 22 years
- Age
  - Women: mean 31.3 years (range=20-44 years)
  - Men: mean 33.6 years (range=21-57 years)
- Race/ethnicity
  - Women: 79% White, 14% Black, 5% Hispanic/Latino
  - Men: 72% White, 15% Black, 10% Hispanic/Latino

Participant Characteristics – cont.

- Education
  - Women: 12% HS grad, 48% Some College, 40% College Grad
  - Men: 2% < HS grad, 13% HS grad, 48% Some College, 36% College Grad
- Insurance status
  - 78% private or employer-based
  - 19% uninsured
- Annual household income
  - 83%, $35,000-$75,000
  - 17%, < $35,000
Product – Couple Understanding

- Couples have a general understanding of PCH/HC behaviors and their importance.
  - Diet, exercise, prenatal vitamins, no smoking, no drinking, no drugs, and getting annual checkups among behaviors couples should do when a woman is pregnant
  - Health of mother and baby are important
  - Frequent additions: stress reduction and getting finances in order

- Some reported discussing PCH/HC behaviors with a healthcare providers (i.e. OB/GYN, PCP) at annual visits, but providers not likely to initiate conversations, except if:
  - Women who told their providers they wanted to get pregnant
  - Women with chronic health conditions (e.g., diabetes)
  - When they were pregnant
The majority of couples across segments had not heard of PCH/HC or related terms (e.g., “reproductive life planning” and “preconception health promotion”).

Other terms for PCH/HC:
- Healthy lifestyle
- Do’s and don’ts when planning a pregnancy
- Pregnancy planning
- Pre-pregnancy planning
- Preparing for a pregnancy
- Preparing your body for a pregnancy

Planners were more receptive to the idea of PCH/HC.
- Emphasized planning for pregnancy in many ways

Non-planners referred to PCH/HC as something that is part of the planning process for having children.
- Some couples did not believe they should practice all of these behaviors unless they were actively planning for a pregnancy

Interconception participants tended to think of PCH/HC in more concrete terms than the other segments.
- Tended to have more experience and knowledge about PCH/HC, presumably because they had recently gone through conception and pregnancy
Product - Examples of What Participants Said

I would call it like a mind and body pre-pregnancy checklist. Like, you know, all, you know, are you mentally…and physically ready. (Female, Planner)

I think it’s the stuff you do before you get pregnant. (Female, Planner)

The term [preconception health]…it kind of assumes that you’re going to be conceiving even though some women that are in the bracket that you’re talking about aren’t… (Female, Non-planner)

I’m thinking that a lot of people if you say “preconception health” they think of conception as the planning. You know, even like “I’m planning to have a child.” (Male, Non-planner)

Price – Motivators

- Each segment reported similar motivating factors for discussing and engaging in PCH/HC behaviors.

- The most common factors (with the exception of non-planners without children):
  - Planning a pregnancy
  - Desire for a healthy baby

- Other common motivating factors reported:
  - Awareness of the consequences of not engaging in PCH/HC behaviors
  - Having a healthy relationship and good communication
  - Family history
  - Age/maturity level of the couple
  - Personal health reasons (non-planners without children)
Motivators - Examples of what Participants Said

Who aren’t planning a pregnancy? I think just their own health. (Male, Non-planner)

If they’re planning on having a child in the next couple of years, there’d definitely be some motivation to try and make sure that you had a healthy baby and stayed healthy yourself. (Female, Planner)

Having a healthy relationship and also good communication between them to begin with. (Male, Planner)

Because they want a healthy baby. I mean, if you want healthy baby and good pregnancy, I mean, you should know that, you know, you have to stay healthy. (Female, Planner)

Price - Barriers

- Each segment reported similar barriers to discussing and engaging in PCH/HC behaviors.

- Common barriers reported -
  - Discomfort and embarrassment (e.g., weight, drug and alcohol use, and STDs)
  - Not planning on a pregnancy
  - Poor communication
  - Poor relationship quality
**Barriers - Examples of what Participants Said**

- You know, if one, or the both of them, are overweight or something like that, maybe they don't want to hurt the other's feelings...  
  (Male, Planner)

- Especially if they don't have good communication skills. That can be a huge barrier...  
  (Female, Planner)

- Well, and too many people nowadays, it's unplanned so there's no motivation because they don't know it's going to happen.  
  (Male, Interconception)

- If you're not just comfortable and open where you can just talk about anything with your partner, then I believe that, you know, you're really not going to talk about it.  
  (Male, Non-Planner)

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**Promotion – Types of Messages**

- **Messages for planners -**
  - Visit your doctor to get checked out and make sure everything is okay for a pregnancy
  - Start doing PCH/HC behaviors to be prepared
  - Stress the importance of PCH/HC behaviors to the baby's health
  - Be prepared financially
  - Make sure your relationship is good

- **Messages for non-planners -**
  - PCH/HC behaviors are important for your overall health but also “just in case” because you could become pregnant
  - Safe sex (condom use, birth control), vasectomy

- **Some feel messages should be different by gender -**
  - Emphasize support and communication among men
Promotion - Examples of what Participants Said

- If they're sexually active then there's always a chance that they can be pregnant...I think that it's important for them to, you know, still be able to kind of have that information at hand so that if something does happen, then, you know, then they'll be prepared. (Male, Planner)

- Put commercials on television...that showed "This is the fetus of a child that went through a normal, and this is what happened with the person who did drugs, or smoked or drank alcohol prior to..." (Male, Planner)

- I think my main message would be, you know, communicate. Communicate and make sure that you guys are both on the same page, you know, maintaining a healthy, a healthy lifestyle, both together. (Female, Planner)

- That you need to basically...start right away if you want to be pregnant. You got to be ready to be pregnant, you got to start leading a healthier lifestyle. (Male, Interconception)

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Place – General Channels

- General channels -
  - Radio/TV commercials, PSAs, TV story
  - Internet ads/banners (e.g., on Facebook)
  - Billboards
  - Bus ads
  - Brochures in healthcare provider offices
  - Emails, direct mail
  - Sports venues for men
Place – Healthcare Provider

- Healthcare Providers (OB/GYN or PCP) seen as most reliable source of information about PCH/HC.
- Differences in perceptions about receiving PCH/HC information from provider.
  - Planners very positive about receiving PCH/HC information at routine checkup
  - Non-planners support giving info about PCH/HC to planners (e.g., asking “are you planning a pregnancy?” first) but feel may not be appropriate to those who are not planning
  - Information should be tailored to needs of particular couple/woman

Place - Examples of what Participants Said

- Maybe if it being publicized on TV or brochures that people can, can pick up and they can see that this was very serious and then it will be easy for them to discuss and talk about it if it’s, you know, being put out there. (Female, Planner)
- Me, personally, I’d be okay with [getting info from doctor] just because I’m in that stage in my life. Maybe some other women wouldn’t like it so much if they weren’t in that stage. (Female, Planner)
- People watch a lot of TV. So having shows about that [preconception health] or even just thirty second commercials relaying how important it is to get information about pregnancy, what to do, what not to do. (Male, Planner)
- You know, a doctor’s office is a, you know, could be a good source of information. You can get marketing material on how to take care of your body. (Female, Non-Planner)
Important couple-related themes

- Communication between partners is key.
  - “Actually discussing preconception behavior with each other so they have an idea and they both agree to stick to certain activities.”

- Social support from one’s partner is important.
  - “You know it would be the male partner’s responsibility to be supportive.”

- Being in a good relationship makes the other two happen.
  - “I think that the closer the relationship is, the more they’re going to want to work together on everything.”

Conclusions

- This formative research fills large gap related to couples and PCH/HC.
- Couples view PCH/HC as rooted in relationships.
- While “health” is not typically strong motivating force for many audiences, health of mother and baby are in this context.
- Close relationships, like marriage/partnerships, are important source of influence and support.
- There are many similarities across segments when examined from a ‘couples’ lens.
- The issue is more relevant for couples who are planning, but non-planning couples understand the benefits of PCH/HC.
Implications for strategy related to social marketing of PCH/HC

- Marketing strategy should include focus on couples to increase relevance and match the problem of PCH/HC.
- Couples are not typically a primary audience, but could be in multi-stage social marketing plan that includes women, men, and couples.
- Product framed in terms of what couple members can do together.
- Benefits of product framing linked to couple’s relationship and family health.
- The costs or barriers to PCH/HC-related behavior change are relevance and relationship issues.
  - Highlighting exchange for these barriers for benefits would be helpful.

Implications continued

- Explicitly identifying motivators that are couple-based could help address barriers, e.g., closeness, decreased anxiety via communication and planning.
- Understanding PCH/HC is still a barrier as many do not know or have mental models for the idea.
- Couple members will act in ways that fulfill “couple”-interests, similar to self-interest.
  - See partner as part of your self, can be important leverage point for both women and men in terms of increasing competition and exchange.
Implications continued

- PCH/HC messaging across segments should be differentiated to increase relevance for planner and non-planner couples.
- Messages should be delivered in a way that allows them to view information together and is reinforced in venues for women and men separately.

Next Steps

- Using findings to inform a Social Marketing Plan for a Preconception Health.
- Current phase focusing on concept development for women who are planners and non-planners.
- Secondary audiences include men and couples.
- Plan is being developed with the National Preconception Health Consumer Workgroup comprised of:
  - CDC staff from the National Center for Birth Defects and Developmental Disabilities
  - Key stakeholder groups
Questions?

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