Integrated marketing:
using evidence-based marketing activities to increase demand for safe and legal abortion services in Mexico City
In 2010 and 2011, Marie Stopes Mexico (MSMx) conducted a series of marketing activities to raise awareness of new legislation in Mexico City that allows women to obtain an abortion legally, if the abortion is completed within the first 12 weeks of pregnancy. These marketing activities encouraged women who wanted to terminate an unintended pregnancy to obtain the service from a high-quality, safe and legal service provider. In particular, the activities promoted MSMx’s high-quality, safe and legal services and encouraged women to call its hotline for information regarding safe abortion and family planning services.

The marketing activities undertaken by MSMx were directly informed by the local context, carefully tailored to meet the specific needs of the target population and regularly monitored to ensure they were successfully implemented. Activities included advertisements in magazines, newspapers and on public transport, the internet and the radio, as well as flyers and posters. In 2010, the calls to MSMx’s hotline tripled. Almost 36,000 more calls were made to the hotline in 2010 than in 2009. Also, the uptake of safe and legal abortion services delivered by MSMx more than doubled between 2009 and 2010, from 3,868 to 9,210.

This case study outlines the key components of these marketing activities and shows how similar marketing activities can be successfully applied in other settings to raise awareness of Marie Stopes’ different services.

Introduction
Unsafe abortion critically undermines global efforts to reduce maternal mortality. An estimated 13% of pregnancy-related deaths worldwide can be attributed to unsafe abortion. Increasing the availability and choice of family planning methods helps to prevent unintended pregnancies and therefore the number of abortions. However, unintended pregnancies can still occur and in some cases women will want to terminate the pregnancy. In countries where abortion is illegal or restricted by law, unsafe abortion is often the only option for many women.

Mexico, like most countries in Latin America and the Caribbean, has historically restricted abortion to specific scenarios. In 2006, all 32 Mexican states permitted abortion when the pregnancy resulted from rape. Some Mexican states also permitted abortions when the woman’s life was at risk and/or when the woman’s health was at risk, when congenital malformations were evident, when the pregnancy resulted from a ‘careless act’ by the pregnant woman, or when the pregnancy resulted from artificial insemination without the woman’s consent. In 2006, one Mexican state also permitted abortions for economic reasons.

Despite these legal restrictions, Mexico has one of the highest rates of abortion worldwide: an estimated 33 abortions per 1,000 women aged between 15 and 44 years. Approximately 875,000 women living in Mexico had an abortion in 2006. Given the legal status of abortion in Mexico, many of these abortions are unsafe. This has had a significant impact upon maternal health in Mexico. Complications stemming

What is unsafe abortion?
The World Health Organization defines unsafe abortion as a procedure to terminate an unintended pregnancy that is performed by an individual who lacks adequate skills or that occurs in conditions that do not meet basic medical standards, or both.
from unsafe abortion are the fifth leading cause of maternal mortality in Mexico. In 2006, approximately 149,700 women were hospitalised because of complications stemming from abortions. This in turn puts a substantial strain on the resources of Mexico’s health system. For example, it is estimated to cost up to US$2,000 to treat each woman in public hospitals for abortion-related complications.

In April 2007, Mexico City changed its legislation regarding abortion. All women can now legally obtain an abortion in Mexico City, if the abortion is completed within the first 12 weeks of pregnancy. It is unlikely that other Mexican states will follow Mexico City’s example. After Mexico City changed its legislation, 17 states across the country passed constitutional amendments declaring that life began at conception in an attempt to prevent similar laws to those in Mexico City being passed. However, the legislative change in Mexico City means that many women in Mexico no longer need to resort to unsafe abortions to terminate an unintended pregnancy. They can now obtain safe and effective abortions in Mexico City from highly trained public and private health providers.

In 2008, MSMx conducted rigorous research to gain an up-to-date understanding of the demand for and access to sexual and reproductive health services in Mexico City. MSMx completed this research using its own service data, other existing data from secondary sources and, in particular, a knowledge, attitudes and practice (KAP) baseline survey of 1,310 women, which incorporated eight focus groups (each focus group included eight participants). A rigorous sampling methodology was used to ensure KAP survey participants were representative of MSMx’s target audience. Each KAP survey participant was:

- female
- aged between 15 and 49 years
- from lower to middle income social-economic groups
- residing in one of the 16 administrative districts of Mexico City.

MSMx’s research highlighted some of the cultural sensitivities and existing levels of knowledge that continue to influence the sexual and reproductive health choices made by many women in Mexico City. Most KAP survey participants believed that abortion was a taboo subject that was accompanied by considerable stigma and shame, but still recognised the need for abortion services. However, many participants were unaware of where to obtain safe abortion services. Only 36% of KAP survey participants knew where to access safe and legal abortion services and only 3.1% knew that abortion could be provided by a private clinic.

MSMx’s research also highlighted the service-based expectations of potential clients. KAP survey participants were asked to rank the importance of 10 factors that would influence their decision to choose an abortion service provider. Response options for each factor were based on a four-point Likert scale: “not at all important” (1), “somewhat important” (2), “important” (3), or “very important” (4). Well equipped facilities and highly trained, legal providers were identified as the main factors that influenced the choice of abortion service providers. The average score for these factors exceeded 3.5. KAP survey participants placed particular importance on receiving safe abortion services from highly qualified staff to mitigate the perceived risk of any complications occurring. KAP
Marie Stopes Mexico’s awareness-raising activities
Marie Stopes International

Survey participants also emphasised the importance of privacy and post-abortion family planning services to their choice of abortion service providers.

In 2009, the findings from this research were used by MSMx to design and develop marketing activities; to ensure they met the needs and expectations of members of MSMx’s target audience who sought to terminate an unintended pregnancy.

The marketing messages highlighted key attributes of MSMx’s clinics that addressed the key concerns of KAP survey participants. For example, the messages emphasised the fact that MSMx’s clinics were legal, used highly-qualified and well-trained health professionals and were backed by a global organisation with many years of experience. Similarly, the images used in all marketing materials showed doctors consulting with clients, rather than nursing staff, in order to respond to KAP survey participants’ preference that they should be attended by doctors. The term ‘pregnancy interruption’ was also used instead of ‘abortion’ to comply with regulatory requirements.

MSMx also ensured that key aspects of its service provision met the service-based expectations highlighted by KAP survey participants. All MSMx staff received training in customer services and client-focused care to ensure clients received high-quality care that protected their privacy. Clinical staff also had ongoing access to clinical training to ensure high-quality services were consistently delivered in accordance with rigorous clinical protocols and guidelines.

All MSMx call centre agents answering calls to the information hotline received training on customer services, safe abortion services and all contraceptive methods to ensure they could outline the full range of family planning choices available to callers. Call centre agents also received training in how to use the centralised appointment booking system to ensure the efficient and successful handling of calls.

MSMx’s first marketing activity was launched in August 2009. The marketing included advertisements in magazines, in newspapers, on internet sites and on radio stations. These were chosen because their main demographic specifically matched MSMx’s target audience. The marketing also included advertisements in the telephone directory and on public transport, as well as flyers and street posters.

These marketing activities were regularly monitored to identify which media channels most successfully reached the target audience and to ensure they had the intended impact. Each caller to the hotline was asked to identify how they had heard about the hotline. MSMx used this information to refine and strengthen its marketing activities. For example, certain newspapers and magazines were replaced by others if advertisements placed in them did not result in more calls to the hotline. In 2010, MSMx started to use anonymous client testimonies to add a personal element to the marketing messages.

MSI’s marketing framework

Prior to launching a marketing campaign, MSI conducts comprehensive research to improve understanding about who the clients for a particular service are likely to be and their service expectations. MSI gathers this evidence using all appropriate formative research methodology, including questionnaires, surveys, focus groups and data analysis. MSI subsequently uses this evidence to design marketing activities that are aimed at a clear target audience and emphasise the key service delivery elements this audience looks for. These key elements typically include:

**Supply drivers** such as the timing and quality of the services, the brand and its appeal, provider training and convenience.

**Demand drivers** such as knowledge and attitudes towards the product, social support and client satisfaction.

MSI typically monitors its marketing activities to determine which communication channels are most effective so that resources can be diverted to the best-performing channels. This ensures that the activities successfully increase awareness of MSI’s services, increasing the loyalty of existing clients and improving the health-seeking behaviours of clients regarding safe abortion and family planning.

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Results

MSMx’s marketing activities successfully raised awareness of its sexual and reproductive health information hotline. In 2010, the calls to MSMx’s hotline tripled. Almost 36,000 more calls were made to the hotline in 2010 than in 2009.13 Almost two-thirds of all callers wanted more information about safe abortion, whereas 30% of all callers requested information about MSMx’s other reproductive health services.14 In total, 29% of all callers made an appointment for one of the sexual and reproductive health services provided by MSMx. As a result, the number of staff answering calls to the information hotline increased from four in 2008 to 13 by the end of 2010. MSMx also extended the operating hours of its hotline so that it could meet demand. The hotline is now open 24 hours a day, seven days a week.

In 2010, 32% of callers reported that they had heard about the hotline from the internet and 30% reported that they had heard about the hotline from advertisements on the radio. Notably, MSMx spent ten times more on radio advertisements than advertisements on the internet in 2010. These findings suggest that the internet provides a cost-effective communication channel for similar marketing activities.

These marketing activities also increased the uptake of safe and legal abortion services delivered by MSMx. In 2010, MSMx provided 9,210 safe abortions compared to 3,868 safe abortions in 2009.15 However, there is not sufficient data to determine whether this has reduced the total number of unsafe abortions conducted in Mexico City.

Finally, these marketing activities successfully communicated that MSMx’s abortion services in Mexico City are safe and legal. MSMx conducted a second KAP survey in 2010, using the same sample as the 2008 survey. Almost, one in four participants of MSMx’s 2010 KAP survey had heard about MSMx’s services through these marketing activities. More than half of the participants of the 2010 KAP survey who had heard of MSMx services remembered the marketing message that said MSMx provided a legal service.16 However, further work is needed to raise awareness among Mexican women that abortions completed within the first 12 weeks of pregnancy are legal in Mexico City. A fifth of MSMx’s 2010 KAP survey participants thought that abortion was illegal in Mexico City.

Conclusion

MSMx’s evidence-based marketing activities successfully raised awareness of the sexual and reproductive health information hotline and substantially increased the number of callers seeking information on sexual and reproductive health services. These marketing activities also increased the uptake of safe and legal abortion services delivered by MSMx. MSMx’s work demonstrates that marketing activities that are carefully tailored to meet the specific needs of the target population can be used to increase the use and awareness of sexual and reproductive health services.

MSMx plans to build upon this success by conducting further marketing activities in Mexico City and extending these activities to five more Mexican states where abortion is not allowed: Estado de Mexico, Morelos, Querétaro, Puebla and Guerrero. The marketing activities in the five additional Mexican states will raise awareness that abortion is legal in Mexico City, that MSMx provides safe and legal abortion services and that women who want to terminate an unintended pregnancy can come to Mexico City to access these services.
Recommendations

Marketing activities like those conducted by MSMx can be adapted to other settings and can be used to raise awareness of different services. Countries and organisations that want to undertake similar marketing activities should consider the following recommendations:

• rigorous research incorporating KAP surveys, client interviews and/or testimonials (among other research tools) should be used to identify client needs and expectations
• the targeted audience should be consulted during the design phase of marketing activities to ensure that the content and design of marketing activities are culturally and contextually relevant and that they directly address client needs and expectations
• communication channels should be used to ensure marketing activities have a broad reach. Any communication channel used to raise awareness of certain services should be carefully chosen and monitored to ensure the target population is reached in a successful and cost-effective way
• quality of services and service providers being marketed should be reviewed regularly and strengthened to ensure they meet client expectations, needs and demand
• marketing activities should be monitored regularly to ensure they are achieving their objectives and to facilitate ongoing evidence-based decision-making
• messages should be accompanied with a ‘call to action’ message, which prompts potential clients to call a hotline or visit a website for additional information.

Further reading


van Dijk M, Sanhueza P, Flores A, Chavez L and Garcia S. Experiences of women who had a legal abortion in Mexico City, Presentation at the XIX FIGO World Congress of Gynecology and Obstetrics, Cape Town, 8 October 2009.

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References:


13. Based on MSMx data.

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Marie Stopes International delivers quality family planning and reproductive healthcare to millions of the world's poorest and most vulnerable women.