

Marketing Theory and Pregnancy Help Centers: A Unified Pregnancy Help Center Brand

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Table of Contents

Abstract.....	4
Introduction.....	5
History of Planned Parenthood and Pregnancy Help Centers.....	9
Market Segmentation.....	12
Marketing Theory.....	12
Importance of Unified Branding.....	15
Becoming a National Brand.....	19
Abortion Attitudes.....	21
Gender/Gender Role.....	22
Gender/Gender Role and Religion.....	24
Religion.....	26
Religion and Ethnicity.....	27
Gender/Gender Role, Religion, and Ethnicity.....	29
Current Issues in Pregnancy Help Centers.....	31
Services Provided.....	32
Convenience.....	36
Prior Knowledge.....	37
Donor Segments.....	39
Types of Donors.....	40
Importance of Donor Loyalty.....	41
Gender Influence.....	43
Religious Influence.....	45

A Strategic Donor Demographic.....	47
Patient Segments.....	47
Current Branding of Pregnancy Help Centers.....	48
Current Branding of Planned Parenthood.....	49
Authentic Branding.....	50
Millennial Generation.....	52
Generation Z.....	57
Telemedicine, Online Health Services, and Mobile-First Platform.....	61
Conclusion.....	64
References.....	66

Abstract

Pregnancy help centers have provided care for women facing unplanned pregnancies for decades. Starting as a grassroots movement formed by individuals who are opposed to abortion, pregnancy help centers commonly provide resources to help women during and after their unplanned pregnancy. Planned Parenthood and other abortion clinics serve as the primary competition to pregnancy help centers. Planned Parenthood has branded themselves as the number one nonprofit relating to women's healthcare, sex education, birth control, and abortion. Planned Parenthood clinics are united under national branding and engage their audience through offering comprehensive sex education and healthcare services while embracing innovative digital technology. Pregnancy help centers, though greater in number, are not united and do not have a unified brand for patients to develop loyalty toward. By researching how different demographic factors influence abortion attitudes, different market segments can be developed to reach the best audience with an appropriate message. From determined abortion attitudes, market segments for potential patients and potential donors can be established. By using a story-branding model to communicate values, a deep and meaningful brand can be established to help build loyalty. Potential millennial patients and potential Generation Z patients can be drawn to the brand through increased accessibility through mobile-first conveniences. Establishing a deep and meaningful brand will help a unified pregnancy help center brand to gain competitive edge and favor over the competition and be more effective in achieving their goals.

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Introduction

Pregnancy help centers have been the tangible response to abortion for several decades. Pregnancy help centers have existed since before the legalization of abortion; however, it was after the legalization of abortion that pregnancy help centers began to really establish themselves in communities. Pregnancy help centers are “local, nonprofit organizations that provide compassionate support to women and men faced with difficult pregnancy decisions,” (“What is a pregnancy center?,” 2015). Common services provided include pregnancy decision coaching, free pregnancy tests and ultrasounds, material resources (diapers, maternity clothes), life skill classes, and counseling groups. Pregnancy help centers are often Christian ministries that actively seek to share the Gospel message of Jesus Christ. Commonly small in operation, pregnancy help centers function through community support, donations, and volunteers. Pregnancy help centers commonly lack the personnel and resources for effective advertising and promotion campaigns. Additionally, there is no national brand of pregnancy help center to support the local efforts.

Competition to pregnancy help centers is not other pregnancy help centers nor is it other nonprofit organizations; rather, competition is organizations that offer women abortions. The largest abortion provider and pro-choice advocate is Planned Parenthood. Pregnancy help centers have proven to be effective competition to Planned Parenthood in providing services to women facing unplanned pregnancies. Planned Parenthood, however, has been extremely effective in their segmented advertising and differentiating their healthcare efforts from their political activism. According to the 2015 – 2016 annual report, Planned Parenthood won a 2016 People’s Choice Webby Award for their online video service “Consent 101,” expanded their Online

Health Services into six states, and launched a women's telemedicine phone app that was downloaded nearly 100,000 times in the first three months (Planned parenthood federation of America, 2016). If pregnancy help centers unite together under one deep and meaningful brand that permits segmentation of supporters, activists, and patients, then pregnancy help centers can better achieve their goal of reaching abortion-determined women before their competition because they will be more likely to reach their right audience with the right message at the right time.

There are currently two pregnancy help center affiliating bodies – Heartbeat International and Care Net. Both of these organizations allow for pregnancy help centers to choose to be affiliated with them. Both Heartbeat International and Care Net have established standards and training materials for pregnancy help centers that choose to affiliate with their organization. While both of these organizations can be considered “national,” there is little unity between affiliated pregnancy help centers. The Obria Group has recently launched the “Women Deserve More” initiative; their goal is to develop a “holistic movement across our nation, committed to expanding affiliates and ensuring a life-affirming message is accessible to women at any stage of their reproductive care,” (Obria Group, 2017). The Obria Group's goal is to unite pregnancy help centers through national branding; however, they currently only thirty-eight clinics under their name (predominately located on the West coast). While there is effort from established organizations on the benefits of uniting and the need for national branding, there is a gap in the research on developing national strategies to reach potential patients and donors.

A nonprofit organization has different conditions in advertising when compared to a for-profit organization. A notable difference between a nonprofit and a for-profit organization is that with a nonprofit “the person who is benefitted from the organization is not the same person who

gives a financial resource to the organization,” (Jungbok, 2015). Additionally, there is no one type person that is guaranteed to need the services of a pregnancy help center. While women of childbearing age can be seen as the target audience of a pregnancy help center, it is not uncommon for women to confide their unplanned pregnancy to their significant other or to a loved one. Because anyone can donate to a pregnancy help center or know someone who might be facing an unplanned pregnancy, it is even more important for pregnancy help centers to know their audience and how to effectively deliver a meaningful message to their audience. Market segmentation is “dividing a market into distinct groups that have common needs and will respond similarly to a marketing action,” (Belch & Belch, 2015, p. 48). By developing different market segments, pregnancy help centers can more effectively reach potential donors and potential clients.

While there is no one predictor or factor that will determine a person’s attitude toward abortion, it is worth researching common demographics and attributes that influence abortion attitudes. Through a greater understanding of predictors of abortion attitudes, market segmentation can be more strategic and more effective in reaching each targeted audience.

The pro-life v. pro-choice debate has been a divisive issue in the United States and globally. From the beginning of its controversy, people have been working to frame the conversation through diction to help promote their opinion. Originally, the debate was between “pro-life and pro-abortion” advocates; those in favor of abortion have opted to be referred to as “pro-choice” because the positive connotations associated with choice (Andreasen & Kotler, 2008, pg. 340). Abortion has been a topic discussed among individuals, in religious institutions, and in government buildings. In aggregate, abortion opinions have remained consistent overtime (Paceheco & Krietzer, 2016). While much has changed in the nation since the time abortion was

initially legalized, the nation has remained generally split on the topic. Because of the unique consistency and divide among people, considering abortion attitudes will help to develop effective advertising and promotional campaigns.

Since before the legalization of abortion in 1973 through Supreme Court Case *Roe v. Wade*, the American opinion has been divided on whether or not a woman should have the legal right to terminate an unwanted pregnancy through any form of abortion. Surrounding the topic of abortion accompanies debates of women's rights, personhood, and the freedom of choice. Pro-choice advocates have long fought for the right, access, and affordability of abortion. Pro-life advocates have responded to this stance by advocating for laws that promote the humanity of the unborn while providing care through pregnancy help centers. Both sides on the battlegrounds over reproductive rights have long sought the aid of a grassroots momentum.

Pro-choice advocates, however, have had their grassroots efforts backed by the nation's largest abortion provider, Planned Parenthood. This level of national recognition has not only helped pro-choice advocates to achieve their primary goal of providing abortions as an established women's healthcare provider but has established a brand to the pro-choice movement. The pro-life movement has done a superb job of offering alternatives to abortion clinics through the establishment of pregnancy help centers. However, the pro-life movement lacks the national recognition of having established a deep and meaningful brand of comprehensive pro-life pregnancy help center clinics.

While the pro-life movement lacks a nationally recognized brand of pregnancy help centers, it is not from lack of numbers. There are approximately 4000 pregnancy help centers (Dias, 2010) compared to the 788 abortion clinics (Harrington & Gould, 2017). This puts pregnancy help centers to abortion clinics at an approximate 5:1 ratio. While significantly greater

in number, there is no one brand, connection, or standard of service between centers. Pregnancy help centers will continue to miss opportunity to fulfill their mission without competing against Planned Parenthood's integrated marketing communication efforts. In order to establish an effective brand and advertising model, abortion attitudes were considered. By understanding abortion attitudes, different market segments can be created to better reach and engage potential clients, potential political activists, and potential donors.

History of Planned Parenthood and Pregnancy Help Centers

To best understand where pregnancy help centers and Planned Parenthood stand in relation to one another and how they came to be today, it is important to consider the history of both. Abortion was legalized in 1973, but the story begins decades earlier. In 1916, Margaret Sanger opened a birth control clinic in Brooklyn, New York at a time when birth control was illegal ("Planned parenthood: 100 years strong," 2016). The next three decades are characterized by Planned Parenthood fights for legal access to birth control while opening the first of many Planned Parenthood clinics ("Planned parenthood: 100 years strong," 2016). *Griswold v. Connecticut* was the first major legal victory for Planned Parenthood as this Supreme Court case legalized birth control for married women in 1965 ("Planned parenthood: 100 years strong," 2016). This Supreme Court case laid the foundation of forming divided public opinions about abortion.

People of the Roman Catholic faith began the first pro-life work through legal action and providing crisis pregnancy resources (Hartshorn, 2007). Robert Pearson opened the first pregnancy help center in 1967 (Stacey, n.d). The late 1960s were characterized by underground abortion advocacy groups (including clergy who fought for legal rights and doctors providing illegal abortion) ("Planned parenthood: 100 years strong," 2016). Arguably the most crucial

court case in the history of abortion rights was made January 22, 1973. *Roe v. Wade* legalized a woman's right to obtain an abortion ("Planned parenthood: 100 years strong," 2016). Quick to respond to this landmark court case decision, pregnancy help centers were established by local pro-life advocates in all fifty states (Hartshorn, 2007). Now that abortion was a legal procedure in America, Planned Parenthood also saw opportunity to expand clinics and services provided ("Planned parenthood: 100 years strong," 2016).

This exponential grassroots effort led to the first pregnancy help center affiliate, Heartbeat International. Heartbeat International was established in the 1970s; their focus was on establishing standards, trainings, and resources (Hartshorn, 2007). The Planned Parenthood brand began expanding their services to include public advocacy through sex education programs first starting in 1979 ("Planned parenthood: 100 years strong," 2016). This formalized public education offered Planned Parenthood the opportunity to establish their brand and name among their target audience as well as establish themselves as the leading brand for sex education, birth control, and abortion. This offering of sex education has helped Planned Parenthood to reach people who were not necessarily previously concerned about pro-choice or pro-life advocacy.

This action of providing sex education made Planned Parenthood known before people would need their services (i.e. being known and recognizable before needing unplanned pregnancy services). As Planned Parenthood expanded their services to reach future clients, another pregnancy help center affiliate began expanding services to reach current clients. Following Heartbeat International came Care Net. Care Net expanded the services provided through pregnancy help centers (Bible studies, maternity support, and post-abortive counseling) (Hartshorn, 2007). Care Net became popular among evangelical Christians (Care Net, 2014). These services are very beneficial to the woman who is already through the doors of a pregnancy

help center, but these services do not attract potentially new clients. Pregnancy help centers built their foundation on providing services for women throughout their entire nine months of pregnancy as well as during their beginnings of motherhood. A key difference between pregnancy help centers and Planned Parenthood is Planned Parenthood began building rapport with clients before they entered their doors (going to the community and offering sex education) whereas pregnancy help centers began building rapport with clients after they entered through the doors (offering pregnancy-related services and baby materials).

During this time, pregnancy help center began to damage their reputation through deceitful marketing tactics (Stacey, n.d.). Abortion-advocates claimed that pregnancy help centers deceitfully tricked clients through posing as fake abortion clinics (Stacey, n.d.). This left many with a negative attitude toward pregnancy help centers. Planned Parenthood launched the Planned Parenthood Action Fund in 1989 to invite those wanting to show their support through political action to the Planned Parenthood brand (“Planned parenthood: 100 years strong,” 2016). The 1980s marked times of legal battles over services provided through pregnancy help centers; this led to political training and advocacy within pregnancy help centers during the 1990s (Hartshorn, 2007). Landmark case *Planned Parenthood Southeastern Pennsylvania v. Casey* gave the states the right to put legal limits on access to abortion (“Planned parenthood: 100 years strong,” 2016). Pro-life activists began to see results from their efforts.

A notable difference is that Planned Parenthood differentiated its public policy efforts from its healthcare efforts whereas pregnancy help centers incorporated both efforts together. Both sides have seen political victories from their efforts. Today, however, Planned Parenthood is the recognizable number one brand in relation to unwanted pregnancy and fighting for

women's rights. Planned Parenthood has been successful in creating a recognizable brand, developing touchpoints among potential clients, and market segmentation in their audience.

Market Segmentation

The pro-life movement should be a multifaceted approach to ending abortion. There is a myriad of reasons people use as motivation to stand against abortion. People care for different reasons and marketing efforts should reflect this. Market segmentation is defined as the action of “dividing a market into distinct groups that have common needs and will respond similarly to marketing action,” (Belch and Belch, 2015, p. 48). All efforts of market segmentation point back to the core message being presented; the difference is delivering the message differently to recognizably different audiences. For pregnancy help centers, it is sending the appropriate pro-life message to the appropriate audience at the appropriate time. Market segmentation will help pregnancy help centers to have better understanding of reaching each potential market.

Marketing Theory

America's industrial revolution strongly shaped the way businesses conduct advertising and promotion. Tedlow's marketing theory outlines three phases of marketing in America's history (1996). Beginning in the late 1800s, the first phase is characterized as local economies and high fragmentation (Tedlow, 1996). Businesses were predominately local to the communities in which they were started. Communities were scattered and had little ability to connect. Progress in the form of telecommunications and the transcontinental railroad were still on the horizon. This left communities and businesses isolated from one another because of geographic distances. The first Planned Parenthood (1916) in Brooklyn can be understood as a part of a fragmented marketplace. This first Planned Parenthood sought to service the local community in which it was located. It is reported that people lined the blocks seeking its birth

control services (before it was forcefully shut down nine days later) (“Planned parenthood: 100 years strong,” 2016). There was little need for mass advertising because successful businesses were the ones that serviced the local needs of the community.

The second phase of marketing began once different American communities became connected. The United States was physically connected by railroad and national phone lines. Businesses now had opportunity to expand their reach beyond just local economies. Tedlow notes that a “small number of firms reached an unprecedented degree by expanding their distribution from coast to coast and boarder to boarder,” (1996). Previously there were no national brands, and suddenly, there were many (Tedlow, 1996). During this time, Planned Parenthood’s market increased as they pioneered birth control services throughout the country (“Planned parenthood: 100 years strong,” 2016). America’s capitalistic economy proved beneficial as businesses now competed for customers. The customer was reliant upon the information provided by the advertiser when making a purchasing decision. This age of business is characterized by innovation. The role of the advertiser was to educate the consumer on *what* their product was as opposed to *why* the consumer needed the product (Tedlow, 1996). This second phase of marketing displays only one market – in mass, the American public (Tedlow, 1996). The world continued to become more and more connected and advertisers became more and more aware of differing audiences.

The third phase in marketing theory is characterized by tailoring advertisements to specific target audiences. Interesting, Tedlow notes that the third phase “bears certain similarities to the nineteenth-century phase of market fragmentation, in that division in the market have become the primary focus of the consumer marketing effort rather than the unification of the market by a dominant brand or product form,” (Tedlow, 1996). The difference lies in that both

phases one and three tailor to specific audiences whereas phase two reaches a general audience. The key difference between phase one and phase three, however, is the markets reached in phase three are similar in demographic, lifestyle, or sociographic, whereas in phase one, the audience is only similar in proximity to the business. In phase three, this differentiation of markets is referred to as market segmentation. Sprouting up quickly and seeking to serve local communities, pregnancy help centers only established themselves within their geographic regions and never united to gain national recognition. Pregnancy help centers are using a phase one marketing strategy in a world characterized by phase three marketing. The phase one marketing strategy of pregnancy help centers assumes to encompass all attributes of the pro-life movement (clients, donors, and political activists). On the other hand, Planned Parenthood's move in 1979 to establish a sex education program and in 1989 move to establish the Planned Parenthood Action fund gave them phase three level marketing as market segmentation emerged in America.

Progress in American history was made as people were better able to connect with other people. People were once limited to community by their geographic means. The digital revolution paired with high use of social media technologies allow people to be more connected with one another in ways never before imagined. Today large communities can form around niche topics through digital communication. This platform gives amplified voices among niche interests and communities. Today, marketers are using "additional demographics (age, income, and education) and psychographics (life-style) to create divisions in the market that they can exploit with competitive advantages," (Tedlow, 1996). Market segmentation will allow pregnancy help centers to more effectively reach potential clients, donors, and activists by creating advertisements tailored to resonate with each different segment.

It is important to note when determining market segmentation for the audience of a pregnancy help center is the relationship between clients and donors. A non-profit is different from a for-profit business in that a non-profit's motives are typically altruistic. In the case of pregnancy help centers, the altruistic measure is to provide free pregnancy care to women considering abortion. Private donors, religious entities, and government funds all contribute to the financial needs of a pregnancy help center. Because private donations from different benefactors are key to the operation of a pregnancy help center, pregnancy help centers should use strategic measure to elicit donations. An important distinction for non-profit organizations is to consider the difference in characteristics of those donating to the services from those receiving the services (Jungbok, 2015). This distinction should be enough cause for market segmentation within the pregnancy help center brand. To fully establish segments of audiences, abortion attitudes were taken into consideration to help understand why people consider abortion and what factors influence a person to choose abortion.

Importance of Unified Branding

Because of the current fragmented state of the American pregnancy help center, forging mergers between center to center will require a strategic plan to facilitate a strong unified brand. Many pregnancy help centers were established over forty years ago. Longstanding established centers may be resistant to change if they do not identify the largescale need for change that calls them beyond the four walls of their own clinic. Hyper-localized pregnancy help centers often lack deep and meaningful branding. Establishing a brand has the strongest potential of gaining competitive advantage over competition (Kenny, 2018). Changes in culture, mass communication, and how people form loyalty call for attention to be given toward developing a

brand for local pregnancy help centers to unite under. A critical step toward unification is adapting to one unified brand.

Strong brands are brands that are rooted in deep and meaningful values. Signorelli proposes that people move toward brand loyalty when their core values match the core values of the brand (2014). Signorelli continues to propose that story-branding, the “strategic process based on the belief that story structure, or how stories are formed, will enhance a brand’s appeal,” is an effective way to develop brand loyalty (2014). Best practice among marketers is to use stories to communicate impactful and memorable brands (Conner, 2016). The use of emotion and connection draws people into the brand and helps to establish the brand as distinct from the competition (Hemsely, 2016). Drawing upon the emotional benefits that a brand gives to its prospects is what commits a person to the brand. The goal of the brand is to capture the heart of the people (Kenny, 2018). Story-branding appeals that if the brand’s inner layer (it’s total essence or DNA) aligns with the prospect’s inner layer (their values and beliefs), then the prospect will attribute the shared values with the brand and work toward strong brand loyalty (Signorelli, 2014). By building a brand that engages with the hearts, values, and beliefs of the audience, the desired audience will reciprocate with unfailing allegiance to the brand.

As new generations come into focus for pregnancy help centers, it is important to identify their unique needs and adjust to effectively reach the new generation. For the current generation of millennials, developing a deep authentic brand will help establish favoritism and loyalty. Brands today need to have a clear mission and values that align with their target audience to be impactful (Buck, 2017). Fortunately for a pregnancy help center, the millennial generation trusts brands that are focused toward social justice and higher quality of life (St Louis, 2017). Millennials are more likely to form brand loyalty when the business shows customized care to

the individual while maintaining its authentic personality (Segal, 2017). Pregnancy help centers are inherently promoting social justice for the preborn while providing the necessary care to improve the quality of life for the woman facing an unplanned pregnancy. Developing a brand that focuses on the values they share with their patients will help introduce patients to their brand and then maintain brand loyalty. By unifying together, the reputation of the brand can go reach people before they may ever need the services provided by the pregnancy help center.

The symbiotic relationship between the brand and the local affiliate is mutually beneficial. As the brand expands its reach, the affiliated clinic increases its patient base. As the number of patients increases, more people are exposed to the brand. If the patient has a good experience and trusts the brand to be authentic to its perceived branding, then the patient increases her brand loyalty and is more likely to return or generate word of mouth buzz among her peers (Ehlers, 2017). Building a brand that encourages others to share their quality experience with their friends ultimately will help the individual pregnancy help center further fulfill their goal – reaching more women facing an unplanned pregnancy. When onboarding new pregnancy help centers, it is critically important to introduce and adhere to the new branding.

By increasing the number of affiliated pregnancy help centers under one brand, individual pregnancy help centers gain more protection against slander and rejection from culture. Recently, pregnancy help centers have been the target of criticism from pro-choice advocates claiming these are “fake clinics” that will “do anything to prevent a woman from obtaining an abortion,” (Exposefakeclinics.com, 2018). The movement of #ExposeFakeClinics is an example from current culture that subjects pregnancy help centers to negative publicity and discredits the services provided. Pro-choice advocates are hosting parties and gatherings with the objective of leaving negative reviews targeted at “exposing” pregnancy help centers for not

offering abortion. As a generation, “millennials are more likely to trust their friends and networks about a product claim than the actual brand,” (Fromm, 2016). Online reviews are extremely important to the millennial generation; 81% of people who use online reviews to make purchase decisions can be categorized as millennials (Stuvel, 2015). While the critical consumer may dismiss false negative reviews, having negative reviews on independent clinics will damage their reputation and thus lower the number of patients seen. If the potential patient holds no prior knowledge of the pregnancy help center brand and is first introduced to the brand with an outpouring of negative reviews, the potential patient will then turn elsewhere for her unplanned pregnancy needs. However, if she has previously been introduced to the brand prior to needing pregnancy care, she may be more critical of false reviews and continue visiting the pregnancy help center if she is in an unplanned pregnancy. A unified national brand will help expose people to the brand first. In the example of #ExposeFakeClinics, people are first learning about pregnancy help centers under the lens that they are fake and untrustworthy.

Additionally, the #ExposeFakeClinics campaign focuses on raising awareness to the “deceptive” nature of pregnancy help centers. Planned Parenthood states that pregnancy help centers often “set up shop very close to legitimate reproductive health centers, hoping to confuse patients,” (Kendall, 2014). Additionally, pregnancy help centers title themselves with keywords such as “alternatives,” “choices,” “women’s centers,” or “options,” to mask their aversion to abortion. The pro-choice smear campaign targeting pregnancy help centers can be effective when tarnishing the name of the individual clinic. Unifying under one brand can help get ahead of negative publicity while relying on the overall reputation of the brand to carry the individual pregnancy help center through a wave of negative publicity.

Unifying under one brand offers protection and positive public relations to the local clinic. Increasing favor through positive public relations helps to sustain and raise standards of performance and credibility (Mikacova & Gavlakova, 2013). In fact, reputation and branding saved Planned Parenthood's name time and time again. In July 2015, The Center for Medical Progress released several videos exposing several Planned Parenthood clinics as selling fetal remains (Johnson, 2015). Despite being under federal investigation, Planned Parenthood's brand and name did not lose its reputation. The videos and campaign were declared "deception against Planned Parenthood," and "highly edited" by The New York Times (The Editorial Board, 2015). About seven months after the release, only 54% of millennials had seen or heard about the videos (The Institute for Pro-Life Advancement, 2016). Planned Parenthood's unified brand of 650 clinics (Charlotte Lozier Institute, 2015) carried the brand even when there was clear evidence the brand should no longer be considered trustworthy. If Planned Parenthood's brand can survive being exposed of selling fetal remains, then a pro-life healthcare brand would be able to withstand any attacks made to discredit their services. This security is established when individual pregnancy help centers band together to develop the reputation of the brand and then have national platform to shape the conversation.

Becoming a National Brand

In considering different attitudes surrounding abortion, it is possible to reach an audience that opposes abortion and supports life-affirming women's healthcare. To establish a new national brand, support from the pro-life community is essential. The initial wave of support will come from individuals advocating the deep and meaningful brand from a grassroots level. Today, the empowered individual consumer is quite the asset in lifting new brands toward recognition (Dan, 2017). Brand advocates promote the brand because of shared values and

shared beliefs (Dan, 2017). By building a network of supporters, the brand launch will work by developing a network from the ground up.

There are many pro-life organizations that are making a national impact, however, a relevant example is the work established through Students for Life of America. Students for Life exists to “recruit, train, and mobilize the pro-life generation to abolish abortion,” (Students for life of America, 2018). Their model partners with students across the nation to establish or enhance pro-life student clubs. Their example is one to follow because of their ability to expand from 100 to 12,000 pro-life groups across the nation (Students for life of America, 2018). Pro-life clubs within in middle schools, high schools, colleges, law schools, and medical schools are all affiliated under the branding Students for Life of America offers. From school to school, students can expect a standard of branding, message, and values within a Students for Life pro-life club. Students for Life of America offers support and training to existing groups and to newly formed groups. This level of engagement, growth, and branding is desirable to emulate in developing a national brand of united pregnancy help centers.

In becoming a national brand, a challenge becomes onboarding current pregnancy help centers to join in the brand. Gaining support among the pregnancy help center community is critical because these are the people that are needed to adopt the brand and carry out the values of the brand. The ideal pregnancy help centers are led by directors that recognize the urgent need for a national brand, are proactive in their local community, and ready to reach the nation with a message of life-affirming pro-life healthcare. For pregnancy help centers that may not have these ideal views about change and national expansion, helping show leaders the current problem of fragmented pregnancy help centers and sharing the benefits of national branding. Once several pregnancy help centers have joined the brand and begin to see the benefits of a national brand,

promoting their experience among other pregnancy help center leaders will help other clinics. While pregnancy help centers are fragmented, our communication channels are not. Using digital media to share the experiences of local pregnancy help centers can help to share the benefits of national branding with other potential pregnancy help centers. This word-of-mouth recommendation is heightened because of the reach digital media offers. Personal testimony is effective because it helps to both increase awareness and make an emotional connection with the viewing audience (Sutter, 2015). People are more likely to trust a recommendation from a real person or a peer over a message sent from a business; a peer recommendation is viewed as more authentic (Meola, 2016). Personal testimony and user reviews are powerful tools to help the message be well received by the desired audience.

Another benefit to identifying supporters is to then determine potential donors from the pool of supporters. When the brand of unified pregnancy help centers becomes nationally recognized, having a strategic plan to reach potential donors nationally is necessary to sustain the growth of the brand. Because of identified attitudes toward abortion, it is possible to reach the right potential donors with the best fitting presentation of the brand.

Abortion Attitudes

A pregnancy help center's mission is to provide alternative care for women who are facing crisis or unwanted pregnancies. According to Planned Parenthood's 2015-2016 annual report, Planned Parenthood provided 328,348 abortions (Planned Parenthood Federation of America, 2016). It can be difficult to pin exact parameters on who is seeking abortion and how the decision was made to have an abortion, but general demographics can be found on who has had abortions in America. Guttmacher Institute reports in 2014, more than half of all abortion patients were in their 20s ("Induced abortion in the united states," 2017). In terms of race, 39%

were white, 28% were black, and 25% were Hispanic. Lastly, only 38% claimed no religious affiliation (62% claimed to be affiliated with a religion). In pursuit of gaining greater understanding to where abortion attitudes come from, consideration was given to influencing factors of gender and perception of gender role, religion and religious affiliation, and ethnicity and race. The majority of related research did not consider each of the previous factors in isolation, but rather considered either a bivariate or multivariate analysis of the mentioned factors.

For the purpose of consistency, we will use “pro-life” to mean opposed to abortion in any circumstance and “pro-choice” to mean abortion without restriction and on demand. In discussions pertaining abortion, the use of language and terminology is largely influential on how audiences perceive information. Linguistic preferences were directly linked to how a person’s abortion attitude; any language aimed toward dehumanization of the unborn was linked toward acceptance of abortion whereas language focused on emotion and life was more strongly linked with not accepting abortion (Bilewicz, Mikolajczak, & Babinska, 2017). Because the research gathered was from individuals and groups differing in abortion attitudes, terms and terminology varied from article to article. For consistency, the terms “pro-life” and “pro-choice” will be used in place of alternatives including but not limited to “antiabortion,” “anti-choice,” “women’s rights,” “freedom to choose,” and “right to life.”

Gender/Gender Role

There has been much consideration given to how people form opinions surrounding abortion. In a study done on how the decision to have an abortion is made, a majority of women made the decision to have the abortion before disclosing the unintended pregnancy to their partner (Costescu & Lamont, 2013). NARAL (National Association for the Reseal of Abortion

Laws) Pro-Choice America defines their role “the right to choose abortion is essential ensuring a woman can decide for herself, when and with whom to start or grow a family. We will never stop fighting to protect and expand this fundamental human right,” (“Abortion access,” 2017). While only women can obtain an abortion, consideration should also be given to how males form opinions and attitudes surrounding abortion.

When considering the position of abortion, results found seemed rather contradictory. Phifer and Lester reported that men and women do not differ on abortion opinions (2000). In their quantitative study, men and women answered survey questions related to understanding their acceptability of abortion and under what circumstances. It was concluded that “sex and sex roles were not strongly associated with abortion attitudes,” (Phifer & Lester, 2000). In study that controlled potential influences such as religion and level of education, it was concluded that women were more liberal in their position to abortion; more women advocated for the pro-choice position, (Patel & Johns, 2009). Additionally, this study concluded that women are more supportive of women making the decision for an abortion without the influence of their partner (Patel & Johns, 2009). While this study reported that women were more in favor of abortion and abortion rights, it also concluded that support for an egalitarian society were lower than anticipated (Patel & Johns, 2009). This indicates that gender role attitudes do not influence how women conclude their decision on abortion rights (Patel & Johns, 2009). Mere gender is a poor predictor of abortion attitude.

Conversely, Huang, Davies, Sibley, and Osborne report that gender role attitudes do influence how abortion attitudes are formed (2016). Huang et al consider abortion attitudes in relation to benevolent sexism and hostile sexism (2016). Benevolent sexism and hostile sexism are rooted in Glick and Fiske’s (1996) Ambivalent Sexism Theory. Benevolent sexism is a

positive orientation toward women including traditional gender roles related to prosocial behaviors and hostile sexism is a negative orientation toward women including perception as being less than male; neither is beneficial for women and both can be restrictive in achieving gender equality (Glick & Fiske, 1996). In light of ambivalent sexism theory, Huang et al reported that both those with benevolent sexist attitudes and hostile sexist attitudes have less acceptance of abortion and steer away from pro-choice attitudes (2016). Benevolent sexism lends to abortion as taking away from a woman's traditional gender role of motherhood; therefore, abortion does not support the framework of benevolent sexism (Huang et al, 2016). Hostile sexism seeks to punish women whom stray from their traditional gender role. This study relating ambivalent sexism theory to abortion attitudes concludes that gender role attitudes do influence how people form abortion attitudes (Huang et al, 2016). Varying research has offered different perspectives into how abortion attitudes are formed in light of both gender and gender role.

Gender/Gender Role and Religion

Abortion attitudes were also considered in relation to both gender/gender role, religion, and the relationship between the two. Lester reports that more males than females were in support of a pro-life stance when they indicated having a "trust in God," (2001). Without consideration to any kind of religious affiliation, Lester reported that more than 80% of participants agreed with the following statement "I believe in the right of women to have abortions if they wish to have one," (Lester, 2001). The only factor that influenced whether participants agreed with the statement was indicating trust in God (it important to note that specific religious affiliations nor an exclusive specific statement defining "God" was given; it was left up to interpretation of the participant) (Lester 2001). Similarly, Loll found that women who were nonreligious were to be the most favorable toward a pro-choice attitude (Loll & Snow,

2015). Roman and Lester reported that being female and lower affiliation for religion influenced pro-choice attitudes (1999). These studies consider all consider religion as one entity and does not go further to define parameters around religion.

While religion can serve as a predictor of abortion attitudes, there are many factors the influence how religion is measured. Paceheco and Krietzer conducted a longitudinal study noting factors that influence how adolescent attitudes toward abortion progress into adulthood and what factors influence a person's perception of abortion (2016). It is reported that both personal and national attitudes toward abortion have remained stable over time (Paceheco & Krietzer, 2016). Paceheco and Krietzer report that only religious adherence (instead of a specific denomination) influence abortion attitudes. As religion adherence increases, so does commitment to pro-life attitudes (Paceheco & Krietzer, 2016). Additionally, it was specifically noted that gender and gender role did not influence the perseverance of abortion attitudes from adolescence to adulthood (Paceheco & Krietzer, 2016).

This study agrees with the findings of Jelen in his study comparing religious traditions to the subjective attitudes formed around abortion (2014). Jelen reports that gender and gender role attitudes are less promising predictors of abortion attitudes when compared to religious affiliation. Jelen compared religious traditions among Muslims, Hindus, Buddhists, East Orthodox, Roman Catholics and, Protestants to see if any specific religion correlates stronger with pro-choice attitudes. Jelen reports that "Muslims are the least likely to regard abortion as justified, followed by Protestants, Hindus, Roman Catholics, Buddhists, and East Orthodox respondents," (2014). However, Jelen reports that approval of abortion is more directly related to approval of pre-marital sex instead of adhering to a specific religion (2014). It's noted that the

general attitudes among individuals are less influenced by specific religion but more so by being affiliated with a religion (Jelen, 2014). As it relates to gender role, Jelen reports

“the effects of attitudes toward gender roles on attitudes toward abortion are weak and inconsistent. Although activist level advocates of reproductive freedom have long argued that control over fertility is a necessary condition for the achievement of gender equality, the connection between egalitarian gender role attitudes and the support for legal abortion seems far more tenuous among members and the mass public,” (2014).

While many pro-choice advocates position from a feminist perspective, holding a specific feminist worldview does not directly influence abortion attitudes without the influence of adherence to a religion.

Religion

In the absence of gender roles, religion was considered as the primary influential factor. Hess and Rueb report that increased attendance at a religion institution increases one's pro-life attitudes (2005). Religion innately includes teaching moral codes to followers; thereby increased attendance at religious institutions increases one's exposure to pro-life messages and increases followers' commitments to the pro-life attitude (Hess & Rueb, 2005). Despite general disapproval toward abortion that is found consistently among those affiliated with religion, abortion rates are no different among Catholics to non-Catholics (Hess & Rueb, 2005). Among all abortion patients in 2014, 24% reported Catholic religious affiliation whereas 38% reported no religious affiliation (“Induced abortion in the united states,” 2017). While these numbers show that there was difference between Catholics and those without religious affiliation, there is inconsistency in the general Catholic abortion attitudes and in practice. However, “conservative Protestant, Catholic, and Mormon, and Jehovah's Witness respondents hold more pro-life

attitudes. The addition of church attendance also reveals that Jewish respondents held more pro-choice attitudes,” (Gay & Lynxwiler, 1998). While religion as a standalone entity can be used as an aid to predict abortion attitudes, said abortion attitudes do not necessarily translate into behavior.

Another interesting finding is that, despite religion affiliation, knowledge of a friend or loved one who has had an abortion served as an influence on abortion attitude. When a person has knowledge of someone who has had an abortion, they tend to be more preferential toward accepting abortion (Hess & Rueb, 2005). Even for individuals with religious affiliation, knowledge of a friend’s prior abortion was a stronger influence on abortion attitudes (Hess & Rueb, 2005). This acceptance of abortion can be seen a measure to balance cognitive dissonance. Meaning individuals become more willing to compromise on abortion values to reconcile their relationship and actions of a loved one (Hess & Rueb, 2005). While religion as a standalone factor points favorably toward the pro-life position, it is not the end all factor influencing abortion attitudes and related behaviors.

Religion and Ethnicity

As religious affiliation has been linked with pro-life attitudes, religion can also be considered under the framework as a part of certain cultural traditions and viewed differently with different ethnicities. An example is that approximately 70% of Latinos are born and raised in the Catholic faith (Bartkowski, Ramos- Wada, Ellison, & Acevedo, 2012). Is then religion as much a cultural influence as one’s religion? It is reported that that regularly attending Protestant Latinos hold stronger pro-life views than their Catholic Latino counterparts (Bartkowski et al, 2012). While religious leaders in both the Protestant faith and Catholic faith have condemned abortion (issuing the same condemnation as murder), there was strong difference in abortion

attitudes among the Latino community. Bartkowski et al suggest that the divide comes from the cultural perception of religion (those born and raised into the Catholic faith (the majority of Latinos)) compared to the active participation in religion (those who choose the Protestant faith (a minority of Latinos)) (Bartkowski et al, 2012). Related findings show that Latino Protestants held the strongest pro-life views when compared to other segments of Hispanic religions (Ellison, Echevarría, & Smith, 2005). Unique to other findings, Catholic Mexican-Americans reported higher pro-choice attitudes than their non-religious counterparts (Ellison, Echevarría, & Smith, 2005). A major conclusion of the work presented by Ellison, Echevarría, & Smith is that there need to be caution when “generalizing across the diverse U.S. Hispanic population with regard to abortion attitudes,” (2005). Unfortunately, abortion statistics neglect this diversity in how data is collected; reports only indicate “Hispanic.” According to Guttmacher Institute, in 2014 25% of all abortion patients indicated Hispanic as their ethnicity (“Induced abortion in the united states,” 2017). Based off of differences in finding among the diverse Hispanic population, further research could be done to indicate which subgroup patients reflect. This would be worthwhile in consideration of the differences between abortion attitudes among mentioned subgroups.

Similar findings can be seen in the African American community. Gay and Lynxwiler found that individuals who have religion more innately ingrained into the culture are more likely to hold pro-choice attitudes over those who make religious decisions outside of their culture and community (1999). As the African American church grew, attendance become more of a social tradition over adherence to the religion; attendance related to social benefits did not equate to higher levels of acceptance of pro-life attitudes (Gay & Lynxwiler, 1999). However, when factors designed to measure religious commitment (and commitment to the teachings) were

considered, African American Protestants were more likely to hold pro-choice attitudes when compared to their white counterparts (Gay & Lynxwiler, 1999). As noted, when considering how abortion attitudes are influenced by ethnicity, cultural considerations should be made in relation to religion. Similarly, cultural considerations related to ethnicity need to be considered as it relates to gender and gender roles.

Gender/Gender Roles, Religion, and Ethnicity

Differing attitudes were considered when looking at one or two of the mentioned influencing factors. The literature continues to expand understanding by giving consideration to all three major influencing factors. In a study conducted on adolescent African-American males, the majority supported pro-choice statements (Woodhams, Hill, Fabiyi, & Gilliam, 2016). Conversely, in a similar study almost of the adolescent males in question favored pro-life statements (Lohan, Cruise, O'Halloran, Alderice, & Hyde, 2011). Lohan et al (2011) reported 87% of participants to be white and religiously affiliated whereas Woodhams et al (2016) reported 44% percent of participants to attend less than one religious service "less than 1 – 3 time a month." When measuring factors of religion, gender, and ethnicity, there is a greater difference in abortion attitudes.

In relation to the pedestal-or-gutter syndrome (Glick & Fiske, 2001), religion and ethnicity were considered influential on forming abortion attitudes (Begun & Walls, 2015). Glick and Fiske expand their ambivalent sexism theory to include the pedestal-or-gutter syndrome (2001). The pedestal-or-gutter syndrome explains idea that woman is either revered (to be placed up on a pedestal) or loathed (to be thrown to the gutter) (Glick & Fiske, 2001). Both are a form of sexism against women. The pedestal position pins men as needing women as their "better half," or as a means of completing the male and the gutter position puts women as below or "less

than” men (Glicke & Fiske, 2001). As attitudes leaned sexist (whether on either end of the pedestal or gutter scale), attitudes decreased acceptance of pro-choice attitudes (Begun & Walls, 2015). Within this framework, “African-American, Asians/Asian Americans, and seculars demonstrated the highest statistically negative correlations with anti-choice [pro-life] attitudes across each of the model,” (Begun & Walls, 2015). In other words, given attention to gender role, the mentioned demographics were more pro-choice. Interestingly, from religion to religion, attitudes remained the same; this implies that merely affiliation with a religion influenced abortion attitudes (Begun & Walls, 2015). Similar results can be seen in a study on Latino abortion attitudes (Bolks, Evans, Polinard, & Wrinkle, 2000). In this study, “greater support for a feminist position tends to increase the probability of support for pro-choice attitudes, while support for the religiosity variables tends to increase the probability of pro-life attitudes,” (Bolks et al, 2000). As can be seen, consideration for gender/gender role, religion, and ethnicity all directly relate to one another and to the formation of abortion attitudes.

After considering the influence of gender and gender role attitudes, religion, and ethnicity/race on how people form abortion attitudes, the question to consider is if the attitude a person has toward abortion can predict unplanned pregnancy behavior. In helping to establish stronger branding and marketing campaigns for pregnancy help centers, it is important to know whether or not a person’s attitude toward abortion is a factor in whether or not a person would consider abortion services if necessary. This understanding of attitudes can also help reach potential donors and volunteers.

By gaining an appropriate understanding of abortion attitudes, different market segments can be developed to more effectively cultivate a brand for a nationally recognized pro-life healthcare provider. By strengthening the communication strategy to the different aspects of the

audience, a pro-life healthcare brand can expand their ability to overcome various factors that inhibit the stated goals of their mission.

It is important to note that abortion attitudes are not the only factor that would inhibit a person from seeking services provided by a pregnancy help center. Abortion attitudes can help to identify how a person feels about the concept of abortion, but attitudes are not definitive predictors as to how a person would respond if personally faced with an unplanned pregnancy or if they would choose to use services provided by a pregnancy help center. Other factors that could potentially inhibit a person from considering services provided by a pregnancy help center include convenience (including proximity to one's community, hours of operation, and accessibility to schedule an appointment) and/or prior knowledge of services available through the pregnancy help center. Identifying abortion attitudes is the first step in helping to grow a base of supporters to champion the national brand among their sphere of influence.

Current Issues in Pregnancy Help Centers

In 2011, 1.06 million abortions were performed in the United States ("United states abortion," 2017). Guttmacher Institute reports that 45% of all pregnancies in 2011 were unintended and that an approximate four in ten were terminated through abortion ("Induced abortion in the united states," 2017). Approximately 40% of all unintended pregnancies ended in abortion (compared to the 18% of all pregnancies – whether planned or unintended – that were terminated through abortion). Even though there are more pregnancy help centers than abortion clinics, abortion clinics seem to reach a larger portion of the audience.

In a study conducted by the Family Research Council, it is estimated that all of the pregnancy help centers in the United States performed approximately 230,000 free ultrasounds in 2010 ("A passion to serve," n.d). It is important to note that the receiving a free ultrasound from

a pregnancy help center and seeking abortion services are not mutually exclusive activities. In a study conducted on 15,000 abortion-minded Planned Parenthood patients, researchers found that more than 1,000 women were willing to reconsider their abortion after viewing results from an ultrasound (Gatter, Kimport, Foster, Weitz, & Upadhyay, 2014). While these numbers do not definitively prove that viewing an ultrasound will change an abortion-determined woman's mind, providing free ultrasounds and pregnancy tests are a driving force behind many pregnancy help centers. Providing these free services along with life enrichment classes and free diapers, formula, and clothes are treated as the "gold standard" of pro-life health care but critical analysis of the numbers only show this to be moderately effective. One affiliating body for pregnancy help centers, Care Net, considers viewing an ultrasound to be the best option to offer an abortion minded woman (Care Net, 2014). There is a significantly larger number of abortions that occur than free ultrasounds provided. If adversaries are crying to "expose" pregnancy help centers as fake clinics only offering bare minimum pregnancy care, imagine the impact of a nationally recognized pro-life health care brand that provides a wide scope of services pertaining to women's healthcare. If pregnancy help centers significantly outnumber abortion clinics, why are people choosing services provided by abortion clinics over services provided by pregnancy help centers?

Services Provided

While pregnancy help centers significantly outnumber abortion clinics, it is possible their primary services are not pregnancy counseling. Pregnancy help centers commonly offer services to complement common reasons a woman would consider abortion. Additional services often include material assistance (including free diapers and baby and maternity clothes), Bible studies, sexual risk avoidance (abstinence) education, life skill lessons (parenting classes), post-

abortive counseling, and job training assistance (resume help, professional development). These additional services add value to people's lives and enrichment to the community. It is, however, still worth considering what services people seek most from a pregnancy help center. In a study done on the clientele of a pregnancy help center, researchers found that only 6% of clients sought pregnancy counseling services (Kimport, Dockray, & Dodson, 2016). In the same study, it is reported that 87% of clients visited the pregnancy help center for free diapers. There has been very limited published research on the services women seek and obtain from pregnancy help centers. In the research from Kimport, Dockray, and Dodson, the pregnancy help center they chose to consider is an anomaly because it is the only pregnancy help center in the United States that will refer women for abortion. They consider this attribute to not influence the clientele, however, I do consider this to make the results from their study skewed. For pregnancy help centers to measure their effectiveness on their community in relation to their mission and purpose, it is essential to have numbers and data to show what services are most commonly being utilized and if these services are helping to advance their mission of reaching abortion-determined women. Under a national brand, it will be possible to gather data and metrics to evaluate successes and deficits within a pregnancy help center and across the pregnancy help center brand as a whole.

Additionally, additional services outside of pregnancy counseling does not negate that these clients will one day consider pregnancy counseling services. Similar to how Planned Parenthood established public health advocacy through free sex education programs, pregnancy help centers can participate in community engagement through their additional services. When Planned Parenthood launched their sex education programs, they began building their brand and bringing that brand to the American public through public schools and community health centers

(“Planned parenthood: 100 years strong,” 2016). Planned Parenthood’s sex education can be considered as a preventative service; in providing this preventative service, Planned Parenthood also introduced themselves as the brand to go to for sexual health questions and solutions. This helped them to hold the corner market on sexual health and education and become the leading brand patients turn to in times of crisis.

Pregnancy help centers have this same opportunity through their additional services and their sexual risk avoidance programs. It is through these additional services and education programs that the pregnancy help center brand can meet people before they would ever consider needing the services of the pregnancy help center. This allows the pregnancy help center to build the necessary rapport with their patient base and make their affiliated clinic a known option of care before it is necessary.

Community engagement is definitely possible through pregnancy help center affiliates. Pregnancy help centers can engage with the community through free diapers and personal and professional development classes. Seeing that 59% of all women who chose abortion in 2011 were already mothers (“Induced abortion in the united states,” 2017), providing these services can help to prevent abortion clinics from having repeat customers. Forming local partnerships with preschools, daycares, or religious institutions can help the pregnancy help center connect with moms and other members of their target audience. Providing a free service aimed at bettering members of the community can help to introduce the pregnancy help center to people who may never be looking for pregnancy help at that time. It is through these touchpoints that the pregnancy help center will gain local recognition. It is then the deep and meaningful brand that will move newly introduced people to becoming loyal brand advocates (Signorelli, 2014). Keeping track of how patients found the pregnancy help center will help the pregnancy help

center gauge their outreach effectiveness. When this tracking of metrics happens on a national scale, pregnancy help centers can learn from their national counterparts as to proven methods of effectiveness.

People who oppose abortion but support Planned Parenthood often laud the nation's largest abortion provider as being necessary because of the good community service they provide through their other healthcare services. People who opposed abortion but support Planned Parenthood do so because Planned Parenthood centers are an "irreplaceable component of our country's healthcare system" and that Planned Parenthood provides "lifesaving care," ("Planned parenthood: 100 years strong," 2016). The Charlotte Lozier Institute notes that these other "lifesaving" services provided by Planned Parenthood are not exclusive or unique to Planned Parenthood (Donovan & Studnicki, 2017). If a pregnancy help center can move toward offering all of the medical services Planned Parenthood offers without the fatality of abortion, how many more supporters and patients will the pregnancy help center have? This moves the pregnancy help center to the next level of servicing patients, garnering support, and multiplying donors.

Since pregnancy help centers are already providing services to women who have newborn babies, pregnancy help centers have opportunity to reach more women through increased motherhood services. Guttmacher Institute reports the 59% of women who have abortion have had at least one live birth ("Induced abortion in the united states," 2017). These women are educated through personal experience on what a pregnancy is and are not fooled by the dated pro-choice argument that abortion removes a "blob of cells." These women know what an ultrasound will show because they've have already had a pregnancy (negating the potential of helping her choose life by merely showing her an ultrasound). If pregnancy help centers increase their motherhood services, then they will have increased chance of building rapport among

women who may face an unwanted pregnancy in the future because of previously established relationships, recognition, and built trust. This can be seen as a similar model to how Planned Parenthood builds rapport among younger audiences through their comprehensive sex education outreach.

Convenience

For any decision a person makes, a matter of convenience is considered. In a study done on reasons why women choose abortion, 74% of respondents reported that a pregnancy would interfere with the woman's education, work, and/or ability to care for dependents (Finer, Frohworth, Dauphinee, Singh, & Moore, 2005). If women are concerned about the pregnancy interfering with her current life and lifestyle, pregnancy help centers should cater to these concerns through flexible hours and easy to schedule appointments. For the woman who is unsure if a pregnancy help center can actually provide her assistance in her unintended pregnancy, it is unlikely that she will continue to consider pregnancy help center services if the services pose the same perceived inconvenience as her unintended pregnancy. Pregnancy help centers need to consider outside obligations that may interfere with scheduling an appointment (i.e. school schedules, traditional working hours, weekend availability).

By establishing a unified national brand of pregnancy help centers, hours of operation can be quantified and measured against one another to help determine what hours would be the most effective for any one affiliate. Additionally, as the brand is able to expand, locations with in similar regions can work together to build hours the complement each other and serve the community efficiently.

Prior Knowledge

In considering how pregnancy help center centers generate clients, it is important to consider how first-time clients initially hear of the pregnancy help center and why reoccurring clients continue visiting the pregnancy help center. By attaining knowledge of why and how current clients choose the services of a pregnancy help center, better strategies can be developed to increase numbers of those serviced. Attention can be given to whether people are choosing to visit a pregnancy help center per their own volition, if they are being referred there by a trusted friend or family member, or if they are responding to a placed ad.

By nature, an unplanned pregnancy is just that – unplanned. Making a decision as to where one can obtain healthcare services is typically something made after discovering the unplanned pregnancy. In other words, people do not typically determine a plan for a hypothetical unplanned pregnancy. If a woman is considering abortion, she's often encouraged to act quickly in her decision making. It is not uncommon for states to have law limiting abortion availability after certain gestational ages; seventeen states prohibit abortion after 20 – 24 weeks (“States policies on later abortions,” 2017). Additionally, not all abortion clinics offer abortion services beyond the first trimester (twelve weeks). Because of these time sensitive conditions, both the abortion-determined woman and abortion clinics act efficiently to schedule appointments. Twenty-seven states have a mandatory waiting period between a patient's abortion counseling and abortion procedure (“Counseling and Waiting Periods for Abortion,” 2018). The later in the pregnancy a woman delays abortion, the less options she has for procuring an abortion.

Abortion clinics and pregnancy help centers alike both know the urgency of ushering a woman facing an unplanned pregnancy into their respective clinics. In this rushed nature of appointment scheduling, a woman may be more likely to call upon her evoked set of option in

making pregnancy decisions. Belch and Belch define an evoked set as the “subset of all brands of which the consumer is awake,” (2015, p. 121). This is where proactive marketing is absolutely necessary; reactive marketing efforts have more of a chance to be missed or overlooked. If pregnancy help centers are not doing their due diligence in making their presence known in their local communities and if there is no national brand engaging the audience as a whole, it is less likely that the pregnancy help center will be a considered option in the woman’s evoked set of pregnancy related options. Establishing the brand in a person’s mind can also help to increase overall opinion of the brand; the mere exposure effect describes the idea that “increased exposure to a stimulus (a brand) can result in favorable feelings toward it,” (Belch & Belch, 2015, pg. 308). Establishing a unified national brand of pregnancy help centers will help to carry the reputation of the local clinic into the hearts and minds of potential patients prior to a potential unplanned pregnancy.

Another primary consideration of how people would make the decision to choose services provided by a pregnancy help center is if they are being referred to one by a significant other, family member, or friend. In a study done seeking to understand how couples determine to have an abortion, two thirds of couples determine the decision to be a joint decision (Costescu, & Lamont, 2013). Additionally, Chibber, Biggs, Roberts & Foster report many cases where both partners made the joint decision to have an abortion (2014). Seeing that it is not uncommon for both partners to make the decision to have an abortion, it can also be beneficial to advertise services to men as well. Messaging targeted by determining how current clientele is hearing about the pregnancy help center, additional efforts can be made to increase advertising to women or to their significant others.

Additionally, increased digital communication and advertising is important not only for increased one's awareness of the pregnancy help center, but also to aid as a support to women throughout her unplanned pregnancy. Gray reports that "socially supportive communication has the potential to reduce stress and improve wellbeing in many health context, including those involving pregnancy," (Gray, 2014). It is also noted that that most frequent stressors during the unplanned pregnancy include "physical discomfort, lack of control over important things in one's life, emotional disturbances, and weight and body change." While a woman may make the decision to choose life while at the pregnancy help center, abortion is not fully removed as option. By increasing digital communication and advertising, the pregnancy help center is able to keep in communication with clients throughout their pregnancies. This digital communication can also help to form community among women facing unplanned pregnancies. If a pregnancy help center gathers data on how people hear about their services, then they can create specific advertising to better reach others within the targeted segment as well as continue communication through the unplanned pregnancy while offering assistance through the pregnancy help center's additional services.

Donor Segments

In looking to unite pregnancy help centers under one central deep and meaningful brand, it is necessary to look toward donors to help achieve this goal. Like patients and supporters, donors can be influenced toward loyalty through emotional connection to the nonprofit's brand. People donate financially for a variety of reasons; however, by capturing the hearts of donors through shared values and beliefs, donor loyalty, retention, and commitment will strengthen. He, Zhu, Gouran, and Kolo suggest that when a company's brand is inherently altruistic and promotes generosity, supporter behavior will reciprocate the brand's values toward the company

(2016). Loyal donors tend to make consistently greater contributions to nonprofits when compared to those whom donate to multiple charitable nonprofits (O'Reilly et al., 2012). Strategic fundraisers often target the specific segment of loyal donors likely to become lifelong, emotionally connected and invested benefactors (Andreasen & Kotler, 2008, p. 146). By using market segmentation to group audiences of potential donors, the pregnancy help center unified brand can be more effective in appropriately reaching donors with a strategic message.

Types of Donors

People opt to make donations to charitable organizations for a variety of reasons. Andreasean and Kotler report that individual donors are the main source of all charitable giving and that individual gifts accounted for more than 75% of all giving in 2005 (2008, p. 365). There are eight identified motivations for giving: Family tradition, being a beneficiary, social affiliation, orientation of nonprofit, humanitarianism, tax advantages, communitarianism, and being needed (Cermak, File, & Prince, 1994). From these eight primary motivations, Cermak, File, and Prince identify four segments of donors – Affiliators (motivated to donate by a combination of social ties and humanitarian efforts), Pragmatists (motivated by tax advantages), Dynasts (motivated to continue family tradition), and Repayers (motivated to give because of personally benefitting from the nonprofit or family member or close friend benefitted greatly) (1994). Regardless as to why the individual chooses to give, all donor loyalty can be increased when the donation is perceived as an exchange of values (Cacija, 2016). Andreasen emphasizes the importance of identifying the donor's value is often not in a specific product or service but rather in promoting a certain belief, behavior, or lifestyle choice (2012). The trick for marketers is to determine what valuable is most critical among the targeted audience (Andreasen, 2012). By identifying the reason a person chooses to donate and what value or belief they consider to hold

in highest esteem, the brand story can be best told to resonate with that specific segment of donors.

Determining which segment of donor is being worked with allows the nonprofit to angle the brand story in a way that will more likely resonate with the donor. O'Reilly et al. suggest that “a loyal donor base is a clear benefit to any nonprofit organization,” (2012). Increasing brand loyalty among the donor base is essential to move from maintaining the current nonprofit to a continuously growing and expanding nonprofit. For a pregnancy help center brand that's committed to growing and expanding nationally, a strong loyal donor base is of the utmost importance. Additionally, when healthcare donors are satisfied with the relationship with the brand, they are more likely to recommend the brand to a peer (Khosravizadeh, Vatankhah, & Maleki, 2017). Building brand loyalty among donors is a long-term investment toward lifelong relationships that are mutually beneficial.

The Importance of Donor Loyalty

When the brand's values and beliefs match the values and beliefs of the donor, the donor forms a stronger emotional tie to the overall nonprofit brand (Signorelli, 2014). The brand that is successful is the one that “makes an emotional connection that transforms the literal product or service into an implicit promise that drives perceptions, the way they feel, their behavior, and their expectations,” (Kenny, 2018). When donors choose to give to a nonprofit, emotional connections are formed when the donors feel their donation is an extension of their sense of self and reflects a part of their key identity (Sargeant & Shang, p. 488). Behind every motivation to give is a value or belief that the donor attributes are valuable (Signorelli, 2014). Andreasen and Kotler suggest that donors making significant donations when the donation meets their specific needs (2008, p. 368). Caciya suggests these specific needs are manifested exchanging shared

specific values and beliefs (2016). As shown in Signorelli's theory of story-branding, connecting the prospect's inner layer of beliefs with the nonprofit's inner layer of values creates a powerful loyalty between the donor and the nonprofit (2014). In a study measuring effectiveness of emotional brand attachment to customer brand loyalty, Thomson, MacInnis, and Park showed a positive relationship between the two (2005). Additionally, stronger emotional attachment with the brand also promotes pro-social behaviors (such as giving donations) that ultimately benefit back to the brand (He, Zhu, Gouran, & Kolo, 2016). It is commitment and loyalty that is sought after when developing a lifelong relationship with a potential donor.

It is not uncommon for a potential donor to take time before making an initial donation. In a relationship management approach to working with donors, strategic fundraising builds the relationship from the first initial small gift to larger, more significant donations through face-to-face meetings, communication, and solicitations (Waters, 2011). Even more powerful is when brand relationships are not only between the donor and the brand, but a triangulated relationship between multiple donors; more points of connection build the brand to be stronger and develop deeper committed donors (Atkins, 2014, pg. 63-65). It is through this relationship building that donors can measure the brand's authenticity, commitment, satisfaction, level of trust, and their potential power in the relationship (Waters, 2011). Authenticity helps nonprofit marketers to gain favor and notoriety among supporters and promote favorable behavior (such as making donations and serving as volunteers) (Wymer & Akbar, 2016). As the potential donor is in the initial meeting of the brand and eventually continues to develop favor for the brand, it is important for the brand to be truly authentic to the values and beliefs the brand claims to hold. If the brand shows to be inauthentic and fake, the donor will not have a foundation for trust and would be likely to break the relationship and any hope of loyalty and move toward a more authentic brand.

Developing brand loyalty is essential to a successful nonprofit. Donor loyalty reflects a mutually beneficial relationship between the donor and the nonprofit. Studies show that individual nonprofits commonly lose nearly 70% of their first-time donors and the donor relationship lasts less than five years (Koenig, 2013). Additionally, nonprofits spend nearly two to three times more to gain a new donor over the new donor's first-time gift (Gaffney, 1996). Without developing brand loyalty, donors are likely to leave, and the nonprofit then cycles through expended efforts of replacing donors. When an organization is able to increase donor loyalty and lose fewer donors, the nonprofit can avoid spending significant funds in pursuit of replacing the donor (Sargeant & Shang, 2017, p. 392-393). It is more financially feasible and beneficial to the nonprofit to develop loyalty among donors and focus on moving donors toward becoming lifelong advocates for the nonprofit brand.

Gender Influence

There are varying characteristics common among donors. In a study researching giving pattern differences between men and women, Simmons and Emanuele discovered women to be significantly more willing to volunteer time and make financial contributions to charitable nonprofits because of generically higher senses of altruism (2007). Cermak, File, and Prince report that an approximate two-thirds of all donors are women (1994). More specifically relevant to finding donors for a united pregnancy help center brand, Andeasen and Kotler report that women are generically more likely to donate toward health charities and women's organizations (2008, p. 366). In looking to use deep and meaningful branding to cultivate loyalty and positive relationships with donors, seeing women as the majority in donor demographics is consistent with the promises of emotional branding.

Because deep and meaningful branding seeks to capture the heart of the donor, women are a prime audience to welcome as donors. Women are more likely to respond to emotional branding because of the “emotional promises” that connect the prospect to the brand (Gobé, 2001). Women are often the subject of branding desired to “inspire” because it strengthens the relationship between the woman and the brand (Brennan, 2013). Cohen notes one successful marketing strategy is to use branding to humanize a company through conveying human emotion for products or services that are namely soulless (2017). This increased emotional marketing is more likely to connect women to the purpose or total essence of the brand and increase her overall loyalty.

There are several reasons that suggest why women are the primary demographic of donors today. One reason women are more likely to donate than their male counterparts is because of the connectivity that donating offers (Women’s Philanthropy Institute, 2010). Women are more likely to be positively rewarded by the social influence attributed to philanthropy (Cermak, File, & Prince, 1994). Sargeant and Shang also suggest that women reap greater social rewards from charitable services (2017, p. 629). Benefit segmentation is the idea of segmenting the donor base into grouping that would desire similar benefits from making donations (Andreasen & Kotler, 2008, pg. 151-152). An intentional goal of benefit segmentation is strategically drafting diction and imaging in donor materials to match the benefit the intended audience desires (Cermak, File, & Prince, 1994). In finding that women derive greater benefit from increased connectivity and social ties, it would be wise to consider creating a segment that gives the promise of increased social connectivity.

Another suggestion as to why there has been an increase in donations in recent years is because of women’s increased economic power in the marketplace (Simmons & Emanuele,

2007). Because women are now independently earning increased wages, their giving power has increased (Simmons & Emanuele, 2007). Another suggestion is that because women have become more prominent in the workforce, more women are delaying motherhood with a decrease in the average number of persons within one house; this suggest another reason women have more financial freedom to give to charitable nonprofits (Sargeant & Shang, 2017, p. 185). Women are a key demographic in pursuing a loyal donor base aimed toward expanding and growing the mission of a unified pregnancy help center brand. A deep and meaningful brand and a loyal donor base have a positive relationship – the brand is needed to increase loyalty of donors and loyal donors are needed to expand the brand.

Religious Influence

Religious affiliation and generosity have often been linked because many religions have a required or suggested tithe or donation toward their religious affiliation. Among those whom claim a religious affiliation, 65% willingly give to charity (Daniels, 2013). However, it is also reported that young single women without a religious affiliation are twice as likely to make a charitable donation over their counterparts whom are religiously affiliated but infrequently attend any kind of religious service (Mesch et al, 2014). Another survey indicates that increased religious attendance is the greatest predictor of donor behavior (outranking education, socioeconomic status, and political leaning) (Sullivan, 2016). While religious affiliation is linked to overall charitable activities, donations from religious individuals may primarily be given back to religiously affiliated nonprofits and charities. People whom donate to a religious affiliation are less likely to donate to a non-religious nonprofit whereas people who do not have a religious affiliation do still make contributions to nonprofits that do have a religious affiliation (Banks, 2017). People who regularly attend a religious institution are eleven times more like to make a

donation to the religious institution than those whom visit once a month (Giving USA, 2017). It is also reported that giving from religious-affiliated individuals has gradually decreased over the past thirty years and is projected to continue to gradually decrease (Sargeant & Shang, 2017, p. 23). While consistent attendance at a religious institution correlates with individuals whom make donations, donations are often given back toward said religious affiliations.

It is common among varying religious to have generosity and humanitarian efforts ingrained in scriptural doctrine. In large, it is common for formally organized religious institutions, such as the Catholic Church, to make donations toward nonprofit charity and humanitarian aid (Andreasen & Kotler, 2008, p. 17). In the Christian and Catholic faith, the Bible teaches followers to give with a humble spirit (Matthew 6:1-2), cheerfully (2 Corinthians 9:6-7), and as an act of worship (1 Corinthians 16:2). The third pillar in the mandatory five pillars of the Islamic faith is compulsory giving to those less wealthy within their own faith (Macaulay-Lewis, n.d). Islamic faith teaches followers giving is required because all belongs to Allah and followers are giving back what already belongs to Allah. (Macaulay-Lewis, n.d). The Book of Mormon teaches followers to wholeheartedly give to those whom are hungry, needy, naked, and sick (Morm. 8:39). Three primary teachings of Buddha to Buddhist followers is *Dana* (generosity), *Sila* (morality), and *Bhavana* (meditation) (Liusuwan, 2017). Buddhists believe generous giving is linked directly with getting good karma (Liusuwan, 2017). The Jehovah's Witness faith does not explicitly teach to make charitable donations; however, official teaching does include to live in a generous lifestyle and to volunteer acts of service without pay or monetary compensation (Jehovah's Witness, 2018). Among conservative religions, there is a reoccurring prominent theme of the importance of living generously, providing charitable service, and giving donations towards those whom are less fortunate or in need.

A Strategic Donor Demographic

While women make up a significant portion of donors in the United States, finding the right demographic to donate to a pro-life cause is key. As previously determined, research has shown inconsistent findings as to how gender and gender role as key independent variables influence how a person form their general attitude toward abortion. In a survey taken to calculate the percentage of Americans who think abortion should either be legal in all or most cases or illegal in all or most cases, women overall polled in at 38% illegal in all or most cases (generally leaning to be pro-life) (Per Research Center, 2017). Adding the factor of “conservative religions including Protestant, Catholic, and Mormon, and Jehovah’s Witness” does increase the likelihood of being opposed to abortion (Gay & Lynxwiler, 1998). Considering the generically inclined generous nature of women and the likely opposed to abortion attitude of those of conservative religious background, women of varying faiths would be a prime audience to focus energies toward building a loyal donor base for a unified national brand of pregnancy care centers.

Patient Segments

The audience of potential patients is very different from the audience of potential donors. In the pro-life movement, donors are people that are opposed to abortion whereas patients of a pregnancy help center can vary in their attitude toward abortion. As previously mentioned, attitude toward abortion does not predict whether a person will find themselves in an unplanned pregnancy, find a loved one in an unplanned pregnancy, or consider abortion. In looking to form appropriate audience segments of potential patients to reach through a unified national brand, it is first important to consider factors that make healthcare branding impactful among the current generation of women who may consider abortion.

Current Branding of Pregnancy Help Centers

While there is currently no one national brand of pregnancy care centers, leading affiliating pregnancy care centers Care Net and Heartbeat International use similar verbiage on their digitally posted content. Prominent themes and keywords declared on both webpages include “lifesaving,” “life-affirming,” “life changing,” “confidential,” “free,” “decide,” “options,” “non-judgmental,” and “safe,” (“What is a pregnancy center?,” 2015) (“Welcome to Heartbeat,” 2018). These keywords and ideas can be used to describe the services that a woman could receive for current unplanned pregnant self. Signorelli would describe these words as the outer layer of the story-branding model (2014). The outer layer describes how the service functions to satisfy the prospect’s problem (Signorelli, 2014). For the woman facing an unplanned pregnancy, her pregnancy causes her to feel a level of “death to self” and her decision-making motives push forward with the goal to “preserve the current self,” (Swope, 1998). Advertising aimed at promoting the life of her unborn child only pushes the potential patient further away from the pregnancy help center; she will be pushed further into a state of “denial, isolation, and despair, the very emotions that will lead her to choose abortion,” (Swope, 1998). If a pregnancy help center’s branding is not drawing in the patient considering abortion, the lack of strategic branding may be pushing her in the opposite direction.

If the woman’s “problem” is that she is pregnant and does not want to be, proposing a solution that is “life-affirming” does not communicate that her life is the one being affirmed; rather, the focus then becomes on preserving the life of her unborn child (the very problem she is wishing to remove). At her initial moments of seeking help for her problem, the focus should be on connecting to her inner layer of values. Drawing upon her emotions that are connected to her intrinsic values, the relationship that forms between the prospect and the brand gives the brand a

competitive advantage making it resistant to “competitive attacks because of robust attitudes held toward the brand and the consumer,” (Kemp, Jillapalli, & Becerra, 2014). While pregnancy help centers may currently be lacking deep and meaningful branding at large, Planned Parenthood has developed branding designed to capture the women seeking unplanned pregnancy related services.

Current Branding of Planned Parenthood

The Planned Parenthood brand has been carefully constructed to promote certain values that resonate and connect with their target audience. Planned Parenthood’s keywords include “trustworthy,” “educated,” “respect,” and “rights of the individual” (“Who We Are,” 2018). These highlighted terms communicate the values that Planned Parenthood holds on their inner layer. Key terms here are not used to describe the services provided or how the services would be offered to the patient; rather, branding is rooted in the values Planned Parenthood wishes to use to connect with their targeted audience. The Planned Parenthood brand communicates values to connect with the audience; through those values, Planned Parenthood is able to communicate the same description of services that the pregnancy help centers are trying to communicate. However, when Planned Parenthood communicates the description of services, it is through their communicated values. Because it is through their communicated values, the message is stronger and more likely to connect and resonate with their targeted audience. Strengths of the Planned Parenthood brand include their perceived ability to “preserve the current and future self, rite of passage with no consequences, opportunity for control, freedom, acceptance, and confidentiality, and lack of judgment,” (Landwehr & Pauls, 2015c). The Planned Parenthood branded model is rooted in providing the individual with healthcare (Landwehr & Pauls, 2015b). The Planned Parenthood brand has successfully branded itself without mention of abortion. In a survey taken

on millennial college students (Planned Parenthood's primary audience), 48% were unsure whether or not Planned Parenthood offered abortion services and 11% believed that Planned Parenthood did not offer abortion at all (Hawkins, 2012). In a memoir, a former Planned Parenthood employee comments

“No one understands the power of marketing more than the abortion machine. In the same way that Americans associate cheap auto insurance with a cute talking gecko, the abortion giant has softened its image and established itself as a “mainstream women’s health-care provider” through consistent and repetitive advertising,” (A. Johnson, 2016, pg. 114).

Planned Parenthood is not using or describing their primary service of abortion in any of their overall branding or advertising. Planned Parenthood has successfully repositioned itself positively as a healthcare provider and moved away from the controversial topic of abortion. For people who unsure about abortion, they can still believe in the Planned Parenthood brand because Planned Parenthood's brand is rooted in inherently good shared values. If pregnancy help centers continue to advertise by merely describing their services and Planned Parenthood continues to advertise by promoting their values, the patient with mild attitudes toward abortion will fall subject to choosing Planned Parenthood.

Authentic Branding

For a united pregnancy help center brand to survive, build competitive edge over Planned Parenthood, and hold the attention of their target audience, measures to form a value-driven brand must be taken in order to be successful. In the same way that Planned Parenthood attracts supporters and followers who are personally opposed to abortion, deep and meaningful branding can help a unified pregnancy help center brand to gain supporters and patients that would not

necessarily define themselves as pro-life. The current issue in branding for pregnancy help centers is the #ExposeFakeClinics campaign lead by abortion advocates.

Under current cultural climate, pregnancy help centers are being attacked for posing as “fake” abortion clinics, giving patients false information because they are not government regulated healthcare facilities, and taking drastic measures to ensure their patients are blocked from accessing abortion (Exposefakeclinics.com, 2018). The #ExposeFakeClinics movement is guided under the idea that pregnancy help centers lure in unsuspecting patients with the promise of abortion but use bait-and-switch tactics to lie to women about abortion (Exposefakeclinics.com, 2018). The underlying premise of this campaign is that pregnancy help centers are deceitful, inauthentic, and cannot be trusted. Part of the feelings of deceit are rooted in the idea that pregnancy help centers are underqualified knockoff copies of a true care-providing abortion clinic. Early pregnancy help center founder Robert Pearson was criticized for using deceitful advertising and for teaching other leaders to do the same (Stacey, n.d.). To overcome the current aura of negative publicity, a unified pregnancy help center brand needs to be rooted in authenticity, surrounding what they value and what they stand for (as opposed to what they stand against) while declaring their own originality over being considered a copy.

Authenticity is important in branding because it relates directly to the prospect. As mentioned, strong branding resonates with the prospect when the branding is an extension of the individual (Sargeant & Shang, pg. 488). People do not want to see themselves as inauthentic or fake; therefore, inauthentic or fake brands do not communicate the message that the brand is an extension of self (Beverland, 2014, pg. 112). People do not want to see themselves as a lesser version of someone (or some brand) else. The #ExposeFakeClinics campaign is attempting to

destroy the reputation of the pregnancy help center brand before people can even stand a chance to identify with the brand.

There are promising benefits for a united pregnancy help center brand that wishes to build a deep and meaningful brand using authenticity. Authenticity in healthcare branding can help establish trust and a good foundation for relationship among patients (Khosravizadeh, Vatankhah, & Maleki, 2017). Additionally, authenticity helps to build brand equity and gain favor among the targeted audience (Beverland, 2014, pg. 113). For a united pregnancy help center brand, authenticity is critically important because a brand is a promise to its patients that they will deliver the standard of service that has been promised (Kemp, Jillapalli, & Becerra, 2014). When a brand breaks the promise offered in their attempted authentic branding, trust is broken and potential patients will turn elsewhere for their healthcare needs.

However, when authentic branding is met with satisfying care, trust is built and the relationships is nurtured to grow. Health branding is the idea of using marketing tools to intervene and influence a person to make healthy decisions (Evans et al., 2015). Health branding can only come out of an authentic promise of true care. If the patient does not trust the brand to be true in their standard of care, then their behavior will not reflect the influence of the healthcare provider. However, with established trust and relationship, health branding can be used to influence patients to choose positive pregnancy care related decisions. Patients want to trust their healthcare providers to make healthy decisions.

Millennial Generation

In considering branding for a united pregnancy help center brand, segmenting the audience is important. Creating a segment to target age-appropriate women will be effective in reaching women who may personally face an unplanned pregnancy. The millennial generation

are “the children of the Baby Boomer generation ... born between 1980 and 1999,” (Sujansky & Ferri-Reed, 2009, pg. 1). It is important to note the wide range of ages accepted into this generation; some members were teenagers while other millennials were just being born.

Compared to their parents, the millennial generation is very accepting and comfortable with technology (Sjansky & Ferri-Reed, 2009, p. 10). The current millennial generation has come to expect brands that are authentic, engaging, and caring (Tyson, 2016). The millennial generation has grown up in a world where there are literally hundreds of established and trusted brands.

The healthcare industry can benefit from considering millennial opinions on choosing food from outside of the home. Today’s generation of millennials have proven their preference for quality when it comes to choosing meals (Adamczyk, 2014). Millennials prefer restaurants that promote high quality ingredients, made-to-order meals, and contribute to personal health and a sustained community (Adamczyk, 2014). In the food industry, this is where businesses like Chipotle, Shake Shack, and Whole Foods thrive targeting the millennial market (M. Johnson, 2016). These same values are already intrinsic to healthcare and can be used to connect millennials with a unified pregnancy help center brand. The millennial generation prefers holistic care that includes positive emotional well-being, community involvement, nutrition, and overall happiness (Bickett & Vetter, 2017). As a group, millennials value community and sustainability. When working with potential millennial patients, it would benefit the unified pregnancy help center brand to position itself as a true healthcare provider that is holistic, natural, and promoting community sustainability.

Giving millennials high quality service, personalized care and attention, and help in promoting wholesome and healthy lifestyles will help reach millennials with the desired message. Landwher and Pauls recommend “using best medical practices to proactively address a

woman's total health, both currently and in the future, especially in the area of total person health and wellness: physical, emotional, intellectual, social, spiritual, and vocational," (2015a). In a similar way that the millennial generation no longer desires quick and cheap fast food because of its negative community stewardship and personal health impact, the millennial generation can be turned away from a surface-level fix and impersonal care. One key difference from the illustration highlighting millennial preferences in food is the cost to the individual – paying extra for food is a resource sacrifice where as visiting a pregnancy help center is a time sacrifice.

The millennial generation values their own time greatly. Over making large purchases, this generation values experiences. Referred to as an "experience economy," millennials look to their time as finite and make decisions based off of how much time would need to be spent (Fromm, 2017). The desire for meaningful and tailored experience has caused disruption among many companies forcing change to adapt to millennial preferences (Fromm, 2017). This generation assigns greater value to travelling, capturing memories, moment-to-moment experiences while reporting greater fears of "missing out" (Saiidi, 2016). This generation is highly connected to one another (Sujansky & Ferri-Reed, 2009, pg. 202). This generation's connectedness is fostered by improved communication technology that allows communication in real time. Relationships (with one another and with brands) are "purchased" with a currency of "time." To the potential millennial patient, the perceived cost of time spent may be of greater sacrifice than the perceived value of the free service being offered.

This higher placed value on experiences and how time is spent differs from how previous generations placed currency values. Comparatively, Generation Y greatly values coupons and options to save financial resources (Belch & Belch, 2015, pg. 133). Many marketers made the fatal mistake of assuming the millennial generation would positively respond to similar

advertisements as the previous generations had (Sujansky & Ferri-Reed, 2009, pg. 188). This may be reason to why previous generations would be more enticed to spend extra time and go out of their way for free resources such as ultrasounds, pregnancy tests, and maternity or baby clothes. Pregnancy help centers may have had more success in offering free ultrasounds and pregnancy tests when Generation Y was of an age more prone to unplanned pregnancies because of different values held in esteem between the two generations. As other companies have remodeled their business strategies, pregnancy help centers also need to accommodate the values of the current generation of women of whom they wish to reach.

To reach a millennial audience, the unified pregnancy help center brand needs to develop a fully comprehensive healthcare plan to fully engage with the millennial woman's needs. A pregnancy help center limited to offering ultrasounds, pregnancy tests, and/or material resources frames their services as changing the perspective of the patient; to the patient, this could be perceived as the center only caring for her "problem" and not giving her the health care she needs. Shifting the pro-life and pregnancy care center movement toward a future beyond simply ultrasounds is an enormous move. Care Net uses the Gatter et al. study on the relationship between viewing their ultrasound and choosing abortion as a primary resource for encouraging free ultrasounds to women considering abortion (2014) (Care Net, 2014). The Gatter et al. research concludes

"Voluntarily viewing the ultrasound image may contribute to a small proportion of women with medium or low decision certainty deciding to continue the pregnancy; such viewing does not alter decisions of the large majority of women who are certain that abortion is the right decision," (2014).

There are other factors that point favor to a pregnancy help center as an effective resource for women considering abortion (such as counseling services and being in a pro-life positive environment) however, providing a free ultrasound is only one tool an effective pregnancy help center can be offering. A free ultrasound may feel like an effective step one for a pregnancy help center, however it may not be perceived as the right level of care for the millennial patient.

Providing a free ultrasound may help to reframe a patient's perspective, but it may not capture her whole heart. Encouraging a new perspective toward an unplanned pregnancy is a necessary part of care provided by pregnancy help centers; however, a new perspective may be more well received when the health care services are centered around the woman's direct needs. A part of developing deep and meaningful authentic branding is to provide services that point back and reflect the promises of the branding.

Pregnancy help centers are not alone in framing their voice to promote authentic and holistic health care. Abortion centers including Planned Parenthood have reframed choosing abortion as the solution to an unplanned pregnancy if the patient is "in an abusive relationship or was sexually abused," the pregnancy is "bad for their health," or if current circumstances ration inconvenient timing or lack of desire to be a parent ("Considering Abortion," 2018). Because abortion has been framed as the solution to these issues, people are perceiving abortion as a full-service fix to the problem. To any of the previously mentioned reasons Planned Parenthood offers as consideration for abortion, abortion is only a surface level fix. Abortion does not heal an abusive relationship. In fact, Live Action has uncovered many instances of Planned Parenthood choosing to not report instances of rape, child abuse, and abusive relationships (Fiano, 2016). Abortion do not make a person any healthier than they were before the pregnancy. The only life-threatening pregnancy complication is an ectopic pregnancy – even then abortion is

not medically necessary (Lifezone, 2018). Abortion does not change external circumstances that make parenting or adoption difficult. Students for Life of America initiative *Pregnant on Campus* advocates for positive to change to make colleges and universities more pregnant and parenting friendly for any student who may be pregnant or have a child (Pregnant on Campus Initiative, 2018). The abortion industry has done a good job with disguising abortion as a solution to many problems. Abortion has been masked as necessary for women who want to be brave and want to make a responsible choice for their future when faced with an unplanned pregnancy. As leaders of the thousands of pregnancy help centers know and advocate for, terminating a pregnancy through abortion is never necessary in pursuit of a more successful tomorrow.

Through deep and meaningful branding, the company has established the reason for its existence; it is through creative brand-rooted advertising that a unified pregnancy help center brand can reach their desired audience with effective communication.

Generation Z

The distinction between the millennial generation and Generation Z is not a firm concrete line; most pin the end of millennial generation and the start of Generation Z to be those born between 1996 – 2000. Ven Den Bergh and Behrer define Generation Z as “those born after 1996,” (2016, pg. 209). The bookend of Generation Z includes those born in 2014; those born in 2014 to today are pinned as Generation Alpha (Sterbenz, 2015). A unified pregnancy help center brand needs to be continuously growing and changing to meet the needs of reaching the next generation. While childbearing age remains the same at large, the characteristics, preferences, and needs of each presented generation needs to be independently considered from one to the

next. A reoccurring theme of each generation is the continued saturation of technology. Because of technologies' continued advancements, the needs of progressing generations evolve quickly.

The youngest of the millennial generation is currently aged between 18 – 22 and the oldest of Generation Z is between 15 – 18. As pregnancy help centers prepares to say farewell to the millennial generation and begins to welcome in Generation Z, it is important to note key similarities and differences between the two different generations. While the millennial generation is aging out of concern of an unplanned pregnancy, the generation in total is not completely beyond risk of an unplanned pregnancy or eligibility of services that can be provided from a unified pregnancy help center. The average age for a first marriage among members of the millennial generation has been delayed to waiting until their late twenties because of a lack of financial sustainability and pursuit of their professional goals (Barkho, 2016). Because the Guttmacher Institute reports desire to continue professional goals, lack of finances, and a lack of desire to raise a child on their own as the top three reasons a woman chooses to have an abortion, it is still remarkably important to continue to extend reach to the millennial generation (Finer et al., 2005). Developing appropriate market segments to effectively reach members of the millennial generation and Generation Z.

Generation Z is sometimes referred to as the “post-millennial” generation because of a number of stark similarities between the two. Like their preceding generation, Generation Z responds positively to independence, customization, and deep meaning (Jenkins, 2017). Jenkins reports that Generation Z longs for change and progress; in fact, Generation Z can be described to so longing for change that they detest outdated technology, forms of promotion, and aged styles of leadership and “development” (2017). Because this generation has seldom known a world that was not constantly connected through technology, members can be considered both

less focused and better multitaskers than any other generation (Beall, 2017). Generation Z are digital natives to everything digital – social media, video games, television, shopping, music, news, education, everything (Granados, 2017). Their use of media is no longer to subsidize their time rather, digital media consumption has become a total way of life for this generation. While the millennial generation is adept in technology and social media, the generation watched technology grow and become the force it is today. Generation Z was born into a world where technology was already advanced. The difference in attitude and characteristics between millennials and Generation Z is the key differences in their relationship position with technology.

The Google network allows advertisers to promote in two ways – through the Search network and through the Display network. Both places for online ads provide great opportunity for the marketer seeking to reach Generation Z. The Search network pulls results for users who are actively searching for something whereas the Display network shows graphics, banner ads, or images to promote a certain product or service. Generation Z's lifestyle of using technology has affected how this generation makes decisions and makes purchases. On the Display network, advertisers have room to influence how the audience perceives the brand. Purchase power and influence comes to the brands whom are perceived as "cool" and make the buyer "cooler," (It's Lit, 2017). Generally speaking, teens consider it to be "cool" if their friends are talking about it, if they've seen an ad for it, and if it's personalized to their needs (It's Lit, 2017). Generation Z desires to connect with the brands that will help make them "cooler" among their peers and will help them contribute to influence among their peers.

It is well understood that this generation frequently uses their smartphone; 98% own a smartphone spending over four hours online daily (Bureau, 2017). Display ads on smartphones have become oversaturated to the point where people accustomed to viewing the ads can quickly

scan and filter through to selectively ignore placed advertisements; marketers are now engaging the generation through consistency on multiple devices. While Generation Z can quickly filter through advertisements, Google reports that having previously seen an ad does add to its level of perceived coolness (It's Lit, 2017). In creating and placing advertisements on the display network, it is important to consider the type device (mobile or stationary) the ad is being placed on. Only a quarter of users are exclusively mobile users; the other three-quarters are using computers, tablets, and wearable technology ("How People Use Their Devices," 2016). Smartphones are still king among both millennials and Generation Z; however, it is also still important to take advantage of ad formats and placements on other devices. In looking to place advertisements, consistency across multiple devices with ads that promote the brand's "coolness" will most effectively resonate with Generation Z and promote discussion of brand among their circles of influence.

While the display network is a great place to increase brand awareness and perception toward the brand while inviting new audiences into engaging with the brand, the search network is ideal for reaching people whom are actively looking for pregnancy-related services. The #ExposeFakeClinics campaign fuels momentum claiming pregnancy help centers use keywords such as "pregnancy symptoms," and "abortion consultation," to come under search results for people looking for abortion clinics (Exposefakeclinics.com, 2018). Abortion advocates have protested Google because pregnancy help centers continually show as a top result when searching "Where can I get an abortion near me," (Levin, 2018). Abortion advocates frequently bash pregnancy help centers for "posing" as fake abortion clinics. Despite negative kickback from adversaries, pro-life advocates celebrate search engine optimization as a primary tool to catching the attention of an abortion-vulnerable woman (Hobbs, 2018). Being present as a top-

rated search result is key to engaging Generation Z. Micro-moments are the split-second searches that answer questions such as “I want to know,” “I want to go,” or “I want to buy,” (Ramaswamy, 2015). This increased desire for Google-speed answers displays Generation Z desire for instant gratification and for services to be “on demand,” (Patel, 2016). Increased access to search engines through using a smartphone anywhere at any time has allowed users access to infinite information right at their fingertips. For the woman searching for unplanned pregnancy help, reaching her through the search network is critical for the united pregnancy help center brand. Once she is reached is through the search network, engaging her attention through the landing page is additionally critical.

Telemedicine, Online Health Services, and a Mobile-First Platform

After a pregnancy help center’s owned media has been found by a current or potential patient, it then becomes important to keep their audience informed and engaged. Once the patient clicks on the created ad or search result, the user would then redirect to the unified pregnancy help center brand’s landing webpage. Website stickiness refers to the amount of time a person spends on a particular website or webpage (“Five Ways to Increase Stickiness,” 2018). Working to increase the website’s overall stickiness is important because if a united pregnancy help center brand has put significant resource into getting the attention of a potential patient through strategic advertising and promotion, it would be unfortunate for them to miss ability to communicate their desired message on the landing page.

The Planned Parenthood brand has been very successful in creating and maintaining relationships with patients through a strong digital community and mobile-first platforms. Planned Parenthood’s two most recent annual reports (2015-2016; 2016-2017) highlight their initial launch and continued success of their mobile app “Spot On,” their increase in ability to

allow patients the option to book appointments online (43 Planned Parenthood facilities offer this convenience), and increased health journals of educational materials (Planned Parenthood Federation of America, 2016; Planned Parenthood Federation of America, 2017). In the more recent annual report, Planned Parenthood boasts 67% of all booked appointments were made from a mobile device and 60% of those appointments were scheduled outside of standard business hours (2017). Significantly, Planned Parenthood saw a 320% increase in patients who were served online (Planned Parenthood Federation of America, 2017). Planned Parenthood reports these findings as significant because it is effectively gaining and keeping the attention of their desired patient audience.

In addition to standard practices implemented by healthcare facilities that desire to use digital technologies to enhance their operations, Planned Parenthood has been a leader in pushing online healthcare services to their fullest capacity. Planned Parenthood has fully embraced health-related Chat/Text services making themselves the largest program of this kind in the United States (Planned Parenthood Federation of America, 2017). This service helps keep patients interested and engaged in the website (increased stickiness) and converts online visits into clinic visits. One in three Chat/Text users convert to a clinic visit within ten days of initial chat (Planned Parenthood Federation of America, 2017). For patients who may not need to come into the physical clinic, Planned Parenthood offers counsel to help women choose their best birth control method; in California, Planned Parenthood will deliver the birth control through the postal system as a part of their “To Your Doorstep Delivery” initiative (Planned Parenthood Federation of America, 2017). In the field of healthcare, there is no other national company that has used telemedicine, online health services, and a mobile-first platform as the Planned Parenthood Federation of America.

In developing a national brand of unified pregnancy help centers, Planned Parenthood's effective use of mobile-first technology should evoke an increased sense of urgency and desire for innovation. This type technology is costly and would be near impossible for any one single pregnancy help center to develop by themselves. Even if it were to be funded by one singular pregnancy help center, keeping this technology limited to just one clinic would not have the truly powerful impact it could if it were to be shared among a unified pregnancy help center brand. At this time, The Obria Group has announced their plans for the first pro-life telemedicine clinic app through their 2017 Key Initiatives plan (The Obria Group, 2017). The cultivation of this technology is truly revolutionary for the pro-life movement. Planned Parenthood has shown how this technology can be successful for engaging patients and facilitating the relationship between the patient and the brand. Telemedicine is proven to be successful among this desired demographic of millennial and Generation Z patients.

In order for a unified pregnancy help center brand to be truly successful among the current demographic of millennial patients and the emerging Generation Z patients, telemedicine technology is a non-negotiable need in order to stay relevant and truly compete with Planned Parenthood. The pro-life side currently needs to catch-up in order to reach where Planned Parenthood is currently with their successful model of telemedicine; the next step pushes forward when a unified pregnancy help center can begin to use innovation to create technological healthcare advancements *before* Planned Parenthood has the idea or the means to make it happen. Competitive advantage for the unified pregnancy help center brand will come when there's a better implementation of the technology and when there's better digital products or services being offered to patients exclusively through the unified pregnancy help center brand. Continued advancements in telemedicine and online health services will continue to open the

door for new ideas and practices to make the unified pregnancy help center brand the stronger and preferred option over Planned Parenthood.

Replicating Planned Parenthood traps the unified pregnancy help center into being a “lesser” form of Planned Parenthood; Replacing Planned Parenthood will happen when a unified pregnancy help center brand gives patients more than Planned Parenthood can offer rendering Planned Parenthood obsolete.

Conclusion

Given the significant number of pregnancy help centers in the United States, there is need to understand how these standalone facilities attract clients and donors. Both Planned Parenthood and the pregnancy help center movement began as grassroots efforts. Overtime, Planned Parenthood has become the leading brand name in relation to sexual education and women’s health services. Pregnancy help centers have not built a brand to attract patients and donors and is now the lesser known option for women facing an unexpected pregnancy. In light of Tedlow’s marketing theory, pregnancy help centers have much to gain from market segmentation. In order to consider different market segments, research was conducted on influencing factors of abortion attitudes. From a greater understanding of abortion attitudes from varying gender, religion, and ethnic demographics, different market segments can be formed to develop a nationally unified brand of pregnancy help centers. Creating a deep and meaningful brand expressed through human values will help to develop brand loyalty among differing types of donors. Research shows that women are more likely to make donations toward a charitable nonprofit organization. Understanding the influence of technology and the preferences of the current millennial generation and the upcoming Generation Z will help the unified pregnancy help center to develop the necessary tools to increase their patient marketing and overall patient experience.

Telemedicine and mobile-first technology are the key advancements a unified pro-life pregnancy help center brand will need to develop in order to effectively compete with Planned Parenthood for the attention of millennials and Generation Z. Future research can be done to consider how developed brand loyalty converts into political action and/or volunteer service.

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