

## Step 4: Design Message Strategy

### PRIMARY AUDIENCE 1: WOMEN OF REPRODUCTIVE AGE

#### OBJECTIVES

By 2015, increase the percentage of women (15-49) in the intended audience who:

- 1) Know about ECPs, when to take it, and how it works
- 2) Know where to access ECPs when they need it
- 3) Feel confident and motivated to use ECPs when needed
- 4) Talk to providers or friends about ECPs
- 5) Report using ECPs if/when needed

#### POSITIONING

Peace of mind is a possible positioning concept for ECPs for all segments of women. This positioning was used in Kenya for a generic ECPs campaign: the Swahili word “Tulia” translates into “Relax”. ECPs can be positioned as providing a back-up option that gives a second chance to women who have had a problem with their contraceptive method or did not have the possibility to use one.

Other key positioning possibilities are:

- Preparation – in case you have unprotected sex
- Responsibility – when your method has failed you (used in PSI India and DKT Egypt)

**PRIMARY AUDIENCE 1: WOMEN OF REPRODUCTIVE AGE**

- Control – get pregnant when you want

**KEY PROMISE**

When your contraceptive method fails or you have unprotected sex, do not worry, ECPs can provide a second opportunity to avoid an unwanted pregnancy.

**SUPPORT STATEMENT**

ECPs are contraceptive pills that can be taken up to 5 days after unprotected sex to reduce your chances of getting pregnant. They are very safe and have no long-term risks or side effects.

**KEY MESSAGES**

Key messages for ECPs should focus on the benefit, the safety and the mode of action of ECPs. Key information should also be provided in a simple, easy-to-understand and non-threatening way, including information about possible side effects and success rate of ECPs. Messages addressing the fact that women often underestimate their chances of getting pregnant would also help increase the perceived “risk” and in turn the use of ECPs. It may also be appropriate in some countries to add messaging around HIV testing for women who had unprotected sex.

**Basic messages about ECPs should be shared with all sub-audiences:**

### PRIMARY AUDIENCE 1: WOMEN OF REPRODUCTIVE AGE

- ECPs consist of two pills that you take after unprotected sex if you do not want to become pregnant.
- ECPs are most effective when taken immediately after unprotected sex, but they can be effective up to five days after unprotected sex.
- ECPs are safe and have very limited side-effects which are temporary and will disappear after use.
- Repeat ECPs use has no long term impact on health or fertility.
- ECPs cannot disrupt an existing pregnancy. You can only use them to prevent a pregnancy from happening.
- ECPs are a back-up option and should not be used instead of a regular contraceptive method.
- ECPs do not protect against HIV and other STIs. Always use a condom to prevent HIV and other STIs.

**In line with the “Peace of mind” positioning, key messages for women of child-bearing age, segmented by key audiences, may include:**

#### **Unmarried adolescent girls (15-19), in an urban or rural setting:**

- Use ECPs when your method has failed or you had unprotected sex – including sex against your will.
- ECPs can be found in many pharmacies and health centers.
- ECPs are safe and effective and you are allowed to use it, no matter your age (dependent on country context and legality of ECPs).
- Tell your peers about ECPs.
- Talk to providers at youth friendly centers about ECPs.
- ECPs is an emergency method. Talk to your provider about starting an ongoing contraceptive method or using condoms to avoid future emergencies – and to avoid pregnancies in the future.

#### **Women, married or unmarried, not using a contraceptive method or having experienced method failure:**

- Use ECPs if you do not want to get pregnant now but have had sex without using a contraceptive method.
- Use ECPs if you do not want to get pregnant now but have had sex and your usual contraceptive method did not work (i.e. forgot to take the pill, condom broke).
- ECPs can be found in many pharmacies and health centers.
- ECPs is an emergency method. Talk to your provider about starting an ongoing contraceptive method or using condoms to avoid future emergencies – and to avoid pregnancies in the future.

**PRIMARY AUDIENCE 1: WOMEN OF REPRODUCTIVE AGE**

- Talk to your provider / pharmacist about both ongoing and back-up contraceptive options.

**Woman at risk of sexual violence, including intimate partner violence and those living in humanitarian crisis settings:**

- ECPs give you a chance to avoid a pregnancy when you had sex unwillingly, including with your husband or partner.
- ECPs can be found in many pharmacies, health centers, and rape crisis centers.
- Talk to a counselor or GBV advisor about ECPs, post-exposure prophylaxis for HIV and other post-GBV services.

**PRIMARY AUDIENCE 2: PHARMACY STAFF**

**OBJECTIVES**

By the year 2015, increase the percentage of pharmacy staff who:

- 1) Demonstrate accurate knowledge of ECPs' legal status in their country, mode of action, timing, dosage, side effects, effectiveness, and proper utilization
- 2) Serve all clients independent of age, marital status or previous use
- 3) Are willing to discreetly counsel their clients on how to use ECPs and what to expect
- 4) Provide clients coming for ECPs with information on regular modern family planning methods and / or refer clients to a nearby clinic in case they need additional counseling on ECPs or family planning in general

**POSITIONING**

**PRIMARY AUDIENCE 2: PHARMACY STAFF**

The overall positioning for pharmacists will be based on promoting proud, professional providers. This will be operationalized as:

- Pride in position and providing long term solutions to customers
- Pride in having more skills
- Prestige in being seen as knowledgeable and helpful
- Satisfaction in helping women and families in improving their health
- Pride in having satisfied clients return and refer friends/family

Depending on country context, this positioning may need to be adapted – if the overall community does not support ECPs, then interventions need to be implemented to address this issue in the first place before using “prestige” as a motivational angle. Enhancing the provider’s personal satisfaction in providing the right service for the community may be more relevant in that case.

**KEY PROMISE**

If you choose to provide clients with ECPs as part of a comprehensive family planning service, including quality counseling, you will demonstrate your commitment to better health outcomes for your community and more people will come to you for advice and purchase of family planning products, as well as other drugs.

**SUPPORT STATEMENT**

## PRIMARY AUDIENCE 2: PHARMACY STAFF

Clients value knowledgeable, trustworthy pharmacy staff who take time to counsel them effectively and demonstrate genuine interest in their health.

## KEY MESSAGES

Key messages for pharmaceutical providers should seek to develop unbiased, knowledgeable and informative providers who understand the need to help women access an affordable option to avoid unwanted pregnancy.

- As a public health stakeholder and first point of information on contraceptives for many clients, you need to have accurate and up-to-date knowledge about ECPs, including side effects, efficacy and mode of action
- ECPs do not cause abortion, and cannot disrupt an existing pregnancy. They can only prevent a pregnancy from happening.
- ECPs can be taken up to five days after unprotected sex
- ECPs are not only for sexual assaults or condom breakage cases – they can also be used when a contraceptive method was not used or when a contraceptive method failed
- Provide advance ECPs for women at risk for sexual violence – it will not decrease contraceptive use or increase unsafe sex, it will only enable women to have faster access when needed
- Repeat ECPs use has no long-term impact on health or fertility. Reassure your clients that ECPs are safe, even if used more than once.
- There is no evidence of a connection between teen and young adult use of ECPs and higher rates of STIs
- Your clients count on you to counsel them on product efficacy and proper use and doing so will increase their satisfaction and loyalty to your outlet for other purchases
- You can improve health outcomes by taking time to share information verbally or in writing with potential ECPs clients
- Adolescents are allowed to use ECPs and ECPs are safe for them, even if taken several times

### PRIMARY AUDIENCE 2: PHARMACY STAFF

- Denying access to ECPs on the basis of age, marital status or repeat use is not ethical

### PRIMARY AUDIENCE 3: CLINICAL PROVIDERS

#### OBJECTIVES

By the year 2015, increase the percentage of clinical providers who:

- 1) Demonstrate accurate knowledge of ECPs, including legal status in country, mode of action, mode of administration, effectiveness, and side effects
- 2) Can effectively help clients deal with the consequences of unprotected sex by counseling on the benefits and limitations of ECPs and providing ECPs
- 3) Counsel ECP clients on the benefits of adopting a regular contraceptive method
- 4) Are comfortable talking to adolescents and young women about ECPs
- 5) Raise ECPs proactively in discussions about family planning methods generally to explain its use as a back-up method

#### POSITIONING

The overall positioning for clinical providers will be based on promoting proud, professional providers. This will be operationalized as:

- Pride in position and providing long-term solutions to customers

**PRIMARY AUDIENCE 3: CLINICAL PROVIDERS**

- Pride in having more skills
- Prestige in being seen as knowledgeable and helpful
- Satisfaction in helping women and families in improving their health
- Pride in having satisfied clients return and refer friends/family

Depending on country context, this positioning may need to be adapted – if the overall community does not support ECPs, then interventions need to be implemented to address this issue first before using “prestige” as a motivational angle. Enhancing the provider’s personal satisfaction in providing the right service for the community may be more relevant in that case.

**KEY PROMISE**

If you make sure that your clients know about ECPs as one of the contraceptive methods available to them you will gain a reputation of being knowledgeable and helpful, and more clients will come to you for advice. They will see you as a trustworthy and quality provider. This will increase your prestige in the community and possibly your revenues.

**SUPPORT STATEMENT**

People who have been helped and are happy with the outcome of their interaction with you will recommend your services to others. You will gain in status and recognition through word of mouth.

**PRIMARY AUDIENCE 3: CLINICAL PROVIDERS****KEY MESSAGES**

Key messages for providers should seek to develop confident, knowledgeable providers that embrace the concept that they can help women avoid unwanted pregnancies, improve their reputation and possibly increase their revenues (private sector) / decrease their workload (public sector)

- Ensure that you have accurate and up-to-date knowledge of ECPs, including legal status, benefits and side effects
- ECPs do not cause abortions
  - ECPs cannot disrupt an existing pregnancy; they can only prevent a pregnancy from happening
  - ECPs can be taken up to 5 days after unprotected sex
  - ECPs are not only for sexual assaults or condom breakage cases – they can also be taken when a method was forgotten
- Provide advice, support and high quality service for a range of contraceptive methods to increase your reputation and better serve your community
- Encourage all clients to use a reliable contraceptive method to prevent unintended pregnancies, including sexually-active adolescents
- Provide access to ECPs at your facility to ensure timely use
- Inform clients seeking ongoing contraceptive methods about ECPs as a back-up method in case of emergency or method failure
- Provide advance ECPs for women at risk of sexual violence – it will not decrease contraceptive use or increase unsafe sex, it will only enable women to have faster access to ECPs when needed
- Provide access to ECPs to all clients irrespective of age, marital status and previous use
- Help clients understand how to use ECPs for maximum effectiveness
- Help clients understand that ECPs are effective, and also that the best protection against unintended pregnancy is an ongoing modern family planning method
- Adolescents are allowed to use ECPs and ECPs are safe for them, even in cases of repeat use. (targeting adolescents with ECPs messages is dependent on country context)
- There is no evidence of a connection between teen and young adult use of ECPs and higher rates of STIs

**PRIMARY AUDIENCE 4: COMMUNITY HEALTH WORKERS OR DISTRIBUTORS (PUBLIC AND PRIVATE)**

**OBJECTIVES**

By 2015, increase the percentage of community-based providers who:

- 1) Demonstrate accurate knowledge of ECPs, including efficacy, mode of action, side effects and mode of administration
- 2) Can effectively help community members deal with the consequences of unprotected sex by giving them accurate information about ECPs (and possibly access to ECPs)
- 3) Refer clients for access to and additional information about ECPs if unable to provide ECPs themselves
- 4) Present unbiased information on ECPs to all community members, including adolescents and unmarried women, as part of a comprehensive family planning program
- 5) Refer clients to the relevant providers for other family planning methods

**POSITIONING**

The key positioning for community health workers or distributors will be that providing information and services for ECPs will increase the pride in themselves, prestige among the community and satisfaction in the service they provide:

- Pride in position and providing needed solutions to clients
- Prestige in having the latest knowledge and information about family planning
- Satisfaction in helping women and families improve their health

**PRIMARY AUDIENCE 4: COMMUNITY HEALTH WORKERS OR DISTRIBUTORS (PUBLIC AND PRIVATE)**

Depending on country context, this positioning may need to be adapted – if the overall community does not support ECPs, then interventions need to be implemented to address this issue first before using “prestige” as a motivational angle. Enhancing the CHW’s personal satisfaction in providing the right service for the community may be more relevant in that case.

**KEY PROMISE**

If you can provide accurate information about and referral for / access to ECPs as part of a comprehensive family planning program to your community members, you will be seen as knowledgeable, trustworthy and helpful in your community (and also increase revenues if appropriate to country context where community distributors sell the product)

**SUPPORT STATEMENT**

Community members will feel comfortable talking to you about their problems related to unintended pregnancies or unprotected sex and will look for information and guidance about what to do. They will refer their peers and friends if they are satisfied.

**KEY MESSAGES**

Key messages for community-based providers should seek to develop open, trustworthy, reliable providers who care deeply about their community and want to help women choose when to become pregnant. They do not judge the behaviors of their community members and

**PRIMARY AUDIENCE 4: COMMUNITY HEALTH WORKERS OR DISTRIBUTORS (PUBLIC AND PRIVATE)**

provide unbiased information. Key messages for this group may include:

- Your community relies on you as a trusted provider to give them information about what to do when they are at risk of unintended pregnancies
- Your community members may be impressed to know that you have the most up to date information (efficacy, mode of action and possible side effects) on contraceptive options, including ECPs
- As the first point of contact at community level for information on ECPs and other contraceptive methods, you have a key role to play in ensuring the well being of your community members

Basic information about ECPs should also be communicated:

- ECPs consist of two pills taken after unprotected sex to avoid pregnancy
- ECPs are most effective when taken immediately after unprotected sex, but they can be effective up to five days after unprotected sex.
- ECPs are safe and have very limited side-effects which are temporary and will disappear after use.
- Repeat ECPs use has no long term impact on health or fertility.
- ECPs cannot disrupt an existing pregnancy. They can only prevent a pregnancy from happening.
- ECPs are a back-up option and should not be used instead of a regular contraceptive method.
- ECPs do not protect against HIV and other STIs. Couples should always use a condom to prevent HIV and other STIs.
- ECPs are safe for adolescents, even if taken more than once; adolescents are allowed to use ECPs (dependent on country context and legality of ECPs in a country).

**PRIMARY AUDIENCE 5: RESPONDERS TO GENDER-BASED VIOLENCE, INCLUDING THOSE IN CRISIS SETTINGS**

**OBJECTIVES**

**PRIMARY AUDIENCE 5: RESPONDERS TO GENDER-BASED VIOLENCE, INCLUDING THOSE IN CRISIS SETTINGS**

By 2015, increase the percentage of people dealing with reproductive health issues in crisis settings and people who are first in line for sexual assaults (e.g. police officers) who can:

- 1) Demonstrate accurate knowledge of ECPs, including efficacy, mode of action, and mode of administration
- 2) Present unbiased information on ECPs to all women forced into sex, including adolescents, unmarried and married women
- 3) Can effectively give access to ECPs either directly or through referral
- 4) Refer women to nearby health centers for other services such as post-exposure prophylaxis for HIV and other gender-based violence services

**POSITIONING**

First line response – in the context of a crisis, such as rape or coerced sex, you are first in line to help women avoid unwanted pregnancies and HIV. As such, you are well positioned to take essential steps to help them rapidly and effectively as they deal with the aftermath of sexual assault.

OR

Give peace of mind to survivors of sexual assault. When someone is raped or coerced into having sexual relationships, you can help them avoid unwanted pregnancies and HIV and contribute to their peace of mind while they deal with the aftermath of a sexual assault.

**PRIMARY AUDIENCE 5: RESPONDERS TO GENDER-BASED VIOLENCE, INCLUDING THOSE IN CRISIS SETTINGS**

**KEY PROMISE**

By offering accurate, timely information and access to ECPs, you will gain in reputation and prestige as well as get a sense of personal reward by being able to contribute to better health outcomes for survivors of sexual assaults.

**SUPPORT STATEMENT**

In your position as “first line responder” to survivors of sexual assaults, you have the knowledge and authority to bring appropriate help to women at a time when they are highly vulnerable.

**KEY MESSAGES**

**PRIMARY AUDIENCE 5: RESPONDERS TO GENDER-BASED VIOLENCE, INCLUDING THOSE IN CRISIS SETTINGS**

Key messages targeting gender-based violence workers should highlight ways that they can help survivors of sexual assaults. Some messages should also highlight the need to establish a comprehensive program to assist affected populations.

- You can provide compassionate and confidential treatment to survivors of sexual violence
- You can provide information about ECPs in an accurate and timely fashion, at the time when the sexual assault is being reported
- You can share information about ECPs such as when to take it, how to take it, how effective it is and possible side-effects
- You can provide access to ECPs – either directly or by referring the woman to a nearby source where you know she will get it easily (and preferably for free)
- You can liaise with other stakeholders to ensure a comprehensive plan is in place to provide support to affected populations

Countries and regions need to establish a comprehensive response mechanism for GBV and involve all relevant stakeholders (e.g. Ministry of Health; local and international development, humanitarian and civil society organizations with relevant expertise and experience; representatives from the affected communities; and UN agencies such as UNFPA, UNHCR, UNICEF and WHO).

**INFLUENCING AUDIENCE: SUPPORTIVE MALE PARTNERS AND FRIENDS**

**OBJECTIVES**

By 2015, increase the percentage of supportive partners and peers who:

- 1) Talk to their peers or partners about the risk of unwanted pregnancies
- 2) Demonstrate accurate knowledge of ECPs, including efficacy, mode of action, and mode of administration.
- 3) Can give peers/ partners accurate information about ECPs
- 4) Know where to refer partners / peers for product access (local pharmacy, local clinic)
- 5) Encourage partners/peers to access ECPs if needed

**POSITIONING**

Men: Don't let life catch you by surprise. You can control your life even when things don't go as planned.

Friends/peers: For young women interested in seeing their friends and peers succeed, knowing and sharing information about ECPs will make them seem knowledgeable and stand out as a leader whom their peers can turn to with questions or problems.

**KEY PROMISE**

Men: ECPs can help you and your partner avoid an unintended pregnancy when your method has failed or you had unprotected sex.

Friends / peers: By showing support to your peers, you will gain in reputation and social status. You will feel personally rewarded from knowing that you have helped your friends avoid a negative situation that is not beneficial to their health or to their education.

**SUPPORT STATEMENT**

Men: Men and women can make the decision together to use ECPs to avoid an unintended pregnancy.

Friends / peers: By helping others, you can create the social support that you and others need; you can also increase your sense of being helpful to your community.

**KEY MESSAGES**

General messages for male partners and peers include:

- ECPs consist of two pills taken after unprotected sex to avoid unintended pregnancy
- ECPs are most effective when taken immediately after unprotected sex, but they can be effective up to 5 days after unprotected sex
- ECPs can be found in many pharmacies and health centers
- ECPs do not terminate an existing pregnancy, they only prevent pregnancies
- ECPs are safe and have very limited side-effects which are temporary and disappear after use
- ECPs are a back-up option and should not be used instead of a regular contraceptive method.
- ECPs do not protect against STIs and HIV. Couples should always use a condom to prevent STIs and HIV.

For supportive partners

- Unwanted pregnancies can create a lot of emotional and financial stress
- ECPs provide couples a chance to avoid an unwanted pregnancy when they had unprotected sex or their contraceptive method failed

- ECPs are safe and effective and every woman of reproductive age is allowed to use them, independent from her age or marital status
- Talk to your partner about ECPs and contraception
- Go with your partner to talk to a provider about ECPs and other contraceptive methods

For peer / friend

- Unwanted pregnancies can create a lot of emotional and financial stress, or force young girls to drop out of school
- When a woman has unprotected sex or experiences method failure, ECPs provide a chance to avoid an unintended pregnancy
- Talk to your friends about ECPs and the use of ECPs if condoms or another contraceptive method was not used
- Encourage your friends who may be at risk of unintended pregnancies to talk to a trained peer or provider about ECPs
- Accompany your friend to access ECPs and provide your support