

Five Lessons for Digital Abortion Care: Experience from an eHealth Social Enterprise



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Keywords

Abortion · Self-managed abortion · Self-care · Telemedicine

Definition

Self-managed abortion: an abortion with pills managed either partially or fully outside of a clinical setting

Introduction

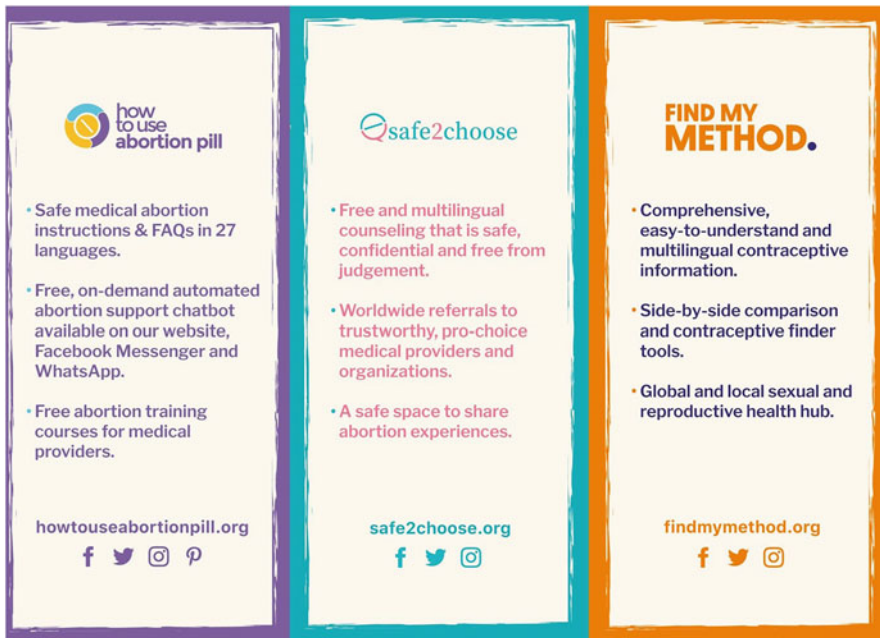
Medication abortion (MA), also known as medical abortion or abortion with pills, is the process of ending a pregnancy using medications. Misoprostol can terminate a pregnancy when used alone or in combination with mifepristone. Research has repeatedly validated the safety and efficacy of both regimens (Abubeker et al. 2020). Increased

access to abortion medication has been credited for worldwide declines in abortion-related morbidity and mortality (Singh and Maddow-Zimet 2016) and holds the potential to promote safe abortion care around the world greatly (Wainwright et al. 2016).

Women First Digital (WFD), an eHealth social enterprise, is working on expanding global access to medication abortion through digital channels. WFD encompasses three online platforms — safe2choose.org, HowToUseAbortionPill.org, and FindMyMethod.org. Both safe2choose (s2c) and HowToUseAbortionPill (HowToUse) are dedicated to self-managed abortion care. Find My Method specializes in contraceptive information but can also refer users to abortion support offered by its sister platforms (Fig. 1). This entry focuses on HowToUse and s2c.

HowToUse operates as a global hub for self-managed abortion spanning 27 languages and offers localized abortion resources, including examples of in-country abortion pill brands and providers; multilingual medication abortion training courses for healthcare providers; and a chatbot, available to converse in English, French, Hindi, Spanish, and Swahili across WhatsApp, Facebook, and a website plug-in.

s2c is a more dynamic resource offered in 10 languages that has pioneered real-time, online accompaniment through every stage of the self-managed abortion process, ensuring clients have access to safe, personalized, compassionate care.



Five Lessons for Digital Abortion Care: Experience from an eHealth Social Enterprise, Fig. 1 WFD brand summaries

Visitors can initiate a counseling session with s2c's trained, multilingual counselors through live chat or email. The team also manages an extensive global referral network capable of geolocating users who seek in-clinic services with their nearest, vetted point of contact.

WFD hopes to further the digital evolution within the sexual and reproductive health (SRH) community by providing five key learnings (below) from its experience on the digital front line of self-care abortion.

threaten women's health (Guttmacher Institute 2022).

WFD is leading this initiative to use digital channels to expand global access to MA. Operational since 2015, WFD is an eHealth social enterprise that offers comprehensive, inclusive, and personalized SRH and safe abortion information and services by reaching women directly on their handheld devices. WFD has been supported by DKT International and donors who work in the reproductive health space.

Background, Purpose, and Focus

Safe abortion is the social issue targeted by this intervention because of the great need globally, especially in countries with legal, social, or economic barriers that jeopardize access to care. A total of 121 million unintended pregnancies occur worldwide each year, of which 61% end in abortion, according to the Guttmacher Institute. Legal restrictions do not deter these numbers. They do, however, increase rates of unsafe abortion and

Situation Analysis

SWOT: Organizational Strengths and Weaknesses and Environmental Opportunities and Threats

WFD brought several organizational strengths to this work. First, it operated virtually un beholden to common abortion barriers that many brick-and-mortar establishments face. Team members are spread over 20 countries and come from diverse backgrounds and capabilities, including speaking

over 15 languages. With early pioneers and adopters to the reproductive health digital space, WFD brings strong technical capability with a rich understanding of women's lived experience around abortion.

Over the last 15 years, two broad environmental changes have enabled and facilitated WFD's work. First, increasing Internet use has allowed for a worldwide decentralization of information, enabling women to learn about their reproductive health choices. Though swaths of digitally unconnected populations remain pocketed around the world, Internet penetration rates continue to steadily advance toward a truly global network of online users. Second, the increasing availability of medical abortion drugs has meant that many women are gaining new access to these medications. These seismic shifts have enabled new opportunities for consumers to exert greater agency over their reproductive destinies, increase access to services, and bypass health providers who otherwise may not provide such services.

Concurrently, these developments bring challenges and threats. Increasing regulatory oversight of medical abortion drugs, lack of political support, BigTech censorship and information gatekeeping, and disinformation fueled by a well-funded antichoice movement impede women's access to information and services. Furthermore, virtual care inherently includes potential weaknesses – more responsibility and accountability are placed on the consumer rather than the health provider, and quality controls around both drugs and services are more difficult to scrutinize compared to brick-and-mortar settings.

What Lessons Were Learned from Similar Past Efforts of Your Own or Another Company?

Women on Web and Women Help Women were pioneering forces in online abortion care. By migrating abortion information and support resources into digital spaces, these teams could facilitate access to abortion care at an entirely new and global scale. Learning from this model of online service provision, WFD was built as an eHealth initiative dedicated to innovating and repurposing digital technologies to continue scaling global access to care.

Segment the Market and Choose and Describe the Target Audiences

What Segment(s) in the Society Were Affected By the Social Problem?

WFD targets populations vulnerable to unsafe abortion. Roughly 73 million induced abortions take place worldwide each year, according to the World Health Organization. Around 45% of abortions are unsafe, of which 97% occur in developing countries (World Health Organization 2021). Unsafe abortion is a leading – but preventable – cause of maternal deaths and morbidities.

What Audience Group Did the Social Marketing Initiative Target?

These efforts are global, covering more than 150 countries and targeting women considering the termination of pregnancy. Though WFD products and services target users across a spectrum of high- and low-bandwidth settings, the team is mindful that online marketing is inherently limited to populations with Internet access and basic literacy levels. Though this bars WFD's reach across rural or highly impoverished areas, the team continues expanding its target audiences in peri-urban low and middle-income countries as global digitization progresses.

What Is The Audience Profile in Terms of Demographics, Geographics, Psychographics, Social Networks, Community Assets, and Stage of Change (Readiness to Buy)?

Over the lifetime of s2c, most visitors fell between 25 and 34 years old (47%), followed by visitors between 18 and 24 years old (30%). Total 65% of visitors identified as female. The topmost represented geographies capture the team's global reach, with India, Brazil, Mexico, the USA, and Nigeria ranking highest.

Though offering comparable information and services, the HowToUse brand positioning is distinct from s2c and caters to a slightly differing audience. Like s2c, the majority of incoming users fall between 25–34 years old (46%) and 18–24 years old (30%) but have less overall female representation (52%). Top visiting countries include India, Nigeria, Iran, Kenya, and the USA.

Marketing Objectives and Goals

WFD discourages unsafe abortion, promotes access to safe abortion, and normalizes abortion self-care by providing users with the information and products they need to make informed decisions that are appropriate for their health situations. WFD also works to dismantle the stigma and misinformation associated with abortion care.

Positioning Statement

The WFD platform is positioned as a high-quality, compassionate companion in the journey of women seeking abortion information and care. This meant providing information in tone, manner, and level that was widely accessible and understandable, and with information and services that remained relevant to the target audience.

Marketing Mix Strategies

Product: The augmented product is self-managed abortion information capable of supporting the self-sourcing, self-administration, and self-management of abortion medication. After visiting these websites, women are empowered with the information, knowledge, and skills they require to obtain an abortion, including the use of medical abortion drugs.

Price: WFD does not sell any products and provides information for free. However, in many countries around the world, MA pills purchased in pharmacies are much more affordable than in-clinic care and dilation and evacuation (D&E) procedures. For abortion seekers who cannot afford the pills, WFD can work with clinic partners to offer client vouchers or discounts or connect them with on-the-ground organizations that can offer abortion fund support.

Promotion: WFD made MA more convenient by allowing users to access information and resources that support abortion self-management through a range of virtual platforms. Social media offers an important channel through which WFD reaches women with information and sexual and reproductive health options. WFD social media

pages are available in many languages across Facebook, Instagram, Twitter, TikTok, YouTube, Vimeo, and Pinterest. WFD leverages local voices to direct website traffic, including influencers, activists, and bloggers. It also leverages well-established and localized WhatsApp and Facebook Messenger groups so women can access information on its websites, get answers to frequently asked questions, and receive referrals.

Implementation and Campaign Management

WFD has been implementing its social marketing strategy since 2015, when it launched the HowToUse website. Initially started as a repository of information, demand from visitors required managers to adapt quickly and scale up, adding new features, content, and social media channels. s2c, which provided greater counseling, became the second website.

Who Were the Partners in This Social Marketing Initiative? What Role Did They Play in Designing and Implementing This Initiative?

WFD worked in partnership with DKT International. WFD websites were launched as DKT raised funds for better supporting its social marketing programs with relevant information and online service provision. From there, WFD continued to partner with several DKT offices in conducting online information and education. However, WFD partners with others to codesign or comarket resources, including PSI, International Planned Parenthood Federation, and Médecins Sans Frontières. In addition, WFD worked with grassroots and community-based organizations to curate its features for local relevancy.

Budget

The initial budget to launch WFD was modest and mainly consisted of the time of several employees to develop and translate content. Over time, an annual budget of approximately \$1.6 million per year has been reached.

Results

From inception in 2015 through March 2022, HowToUse and s2c hosted 16 million visitors seeking digital self-managed abortion resources from 180 countries and directly engaged more than 210,000 women in their abortion management. Users responded positively to both live and automated self-managed abortion support: The s2c counseling team has earned over a 90% user satisfaction lifetime rating, while HowToUse’s Ally chatbot averaged a user score of 4/5 through its inaugural year. After migrating the courses onto an interactive eLearning platform in 2020, WFD has certified nearly 3000 medical abortion care providers.

Perhaps more critical than sheer volume, however, WFD receives most of its traffic from intentionally targeted regional audiences. Visitors from South and Southeast Asia, Africa, and Latin America make up the bulk of HowToUse and s2c traffic, reflecting priority markets within WFD’s digital strategy, as seen in Table 1.

Key Lessons Learned

Key Learning 1: Self-Managed Abortion Is Rapidly Mainstreaming

Global demand for MA is rising. A compilation of data by DKT International (2022) between 2015 and 2021 from 64 social marketing organizations

spanning 41 countries indicated a collective 76% increase in the sale of medication abortion combination packs (consisting of one 200 mg mifepristone pill plus four 200 mcg misoprostol pills together) and a 544% increase in the sale of misoprostol only pills (Fig. 2).

Given this rapid transition toward MA care, it is perhaps surprising that the SRH community has been slower to embrace out-of-clinic models. Self-care abortion with pills is not new; it has roots in some of the earliest days of the digital revolution when feminist networks in the 1980s were operating call hotlines for self-managed abortion support. By 2005, self-managed abortion was migrating onto the Internet as websites like Women on Web and Women Help Women began offering to mail-order pills and online counseling (Berer 2020). Though online self-managed abortion support organizations have been steadily growing more robust, sophisticated, and well-networked, COVID-19 was perhaps the most significant accelerant in the normalization of out-of-clinic abortion care.

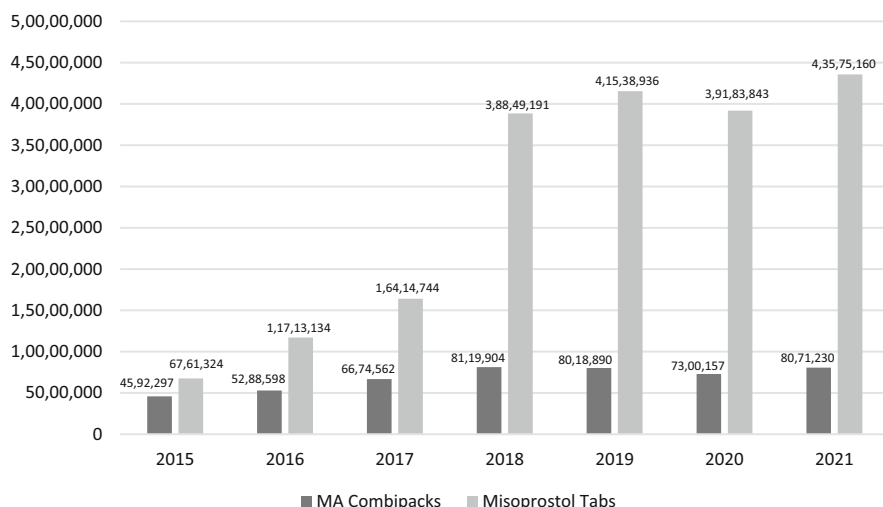
Key Learning 2: Shifting Online Demographics Create New Spaces to Reach Women

The world is digitizing rapidly: According to reports by We Are Social and Hootsuite (2022), 2.8 billion people used the Internet in 2015; by 2022, that number had grown to 4.95 billion, or 63% of the global population. Previous reporting had indicated that 2020 was a particularly monumental year for digital: 316 million users logged onto the Internet for the first time between January 2020 and January 2021 (We Are Social and Hootsuite 2021). We Are Social and Hootsuite (2020) reported that the majority of Internet growth leading up to this 2020 surge, measured in relative and absolute metrics, was from countries in Africa, Asia, and the Middle East (Table 2). This trend toward digitization is nothing short of a revolution.

Of the people newly connecting to the Internet, women make up a critical demographic. Recent data suggest that long-standing gender gaps, mainly defined by digital access in low- and middle-income countries (LMICs), are beginning to shift. In LMICs, where Internet access is

Five Lessons for Digital Abortion Care: Experience from an eHealth Social Enterprise, Table 1 Top lifetime visiting countries across HowToUse and s2c Platforms

	HowToUse	s2c
1.	India	India
2.	Nigeria	Brazil
3.	Iran	Mexico
4.	Kenya	The United States
5.	The United States	Nigeria
6.	Tanzania	Philippines
7.	Ghana	Kenya
8.	Philippines	Argentina
9.	Brazil	Ghana
10.	South Africa	Colombia



Five Lessons for Digital Abortion Care: Experience from an eHealth Social Enterprise, Fig. 2 Sales of medical abortion drugs by 64 social marketing organizations 2015–2021

Five Lessons for Digital Abortion Care: Experience from an eHealth Social Enterprise, Table 2 Most significant relative and absolute growth in Internet users by country, Jan 2019–Jan 2020

Most significant relative growth			Most significant absolute growth		
Country	Percent growth	Change in users	Country	Change in users	Percent growth
Rep. of the Congo	+126%	+854,775	India	+127,610,000	+23%
Dem. Rep. of the Congo	+122%	+8,988,740	China	+25,490,000	+3.1%
Samoa	+86%	+60,000	Indonesia	+25,365,368	+17%
Iraq	+55%	+10,637,541	Pakistan	+11,251,089	+17%
Kiribati	+39%	+12,000	Iraq	+10,637,541	+55%
Guinea-Bissau	+26%	+52,169	Egypt	+9,803,630	+22%
India	+23%	+127,610,000	Dem. Rep of the Congo	+8,988,740	+122%
Egypt	+22%	+9,803,630	Brazil	+8,516,438	+6.0%
Burundi	+21%	+201,540	Vietnam	+6,169,040	+10%
Central African Rep.	+20%	+107,289	Bangladesh	+5,765,248	+9.5%

dominated by mobile phones, 58% of women had access to mobile Internet in 2021 (GMSA 2021), up from 48% just 2 years prior (GMSA 2019). This climb in women's access to mobile Internet is steadily contributing to closer gender parity between mobile Internet users; women are now only 15% less likely to access mobile Internet, compared to 27% less likely in 2017 (GMSA 2021).

SRH teams can leverage this shift in online usership. Rather than waiting for women to seek services, sexual and reproductive health teams can

meet women in the digital spaces they already occupy. This opens tremendous possibilities for targeted promotion and scaled support.

Key Learning 3: Digital Toolkits Can Promote Equity, Adaptability, and Scalability

Rather than focus on a singular digital solution, WFD packages its approach into a holistic digital toolkit, allowing WFD to build strategies to reach target audiences, circumnavigate regional barriers, and ensure that its offerings can scale across global populations.

Ensuring equitable access to users across a spectrum of data settings is central to WFD's approach. WFD platforms incorporated Accelerated Mobile Pages beginning in 2018, which provided users with a data-lite version of WFD websites that enabled users from low bandwidth settings to access content without extensive loading times or page errors.

Social media is another critical pipeline for resource sharing across mass audiences. Both HowToUse and s2c manage a robust presence on social media platforms, including Facebook, Instagram, Twitter, TikTok, YouTube, Pinterest, and WhatsApp.

Key Learning 4: On-the-Ground Linkages Enrich Digital Teams

Though digital platforms allow for global reach, on-the-ground linkages remain key for collaboration and continuity of care. Connecting these two can facilitate resource sharing, promote user trust, and ensure a seamless journey between online and offline spaces.

Digital and on-the-ground platforms are well-positioned for collaboration. Whereas on-the-ground operations can help digital teams drill down to reach target audiences, digital platforms can serve as a conduit for local operations to scale up their visibility. WFD staffs on-the-ground team members in some of its target countries to facilitate this process.

Key Learning 5: Technological Gatekeepers Lag Behind Evolving Abortion Care

The intersection of digital technology and self-managed abortion introduces complex and evocative challenges. While tech giants like Google, Facebook and YouTube have become gatekeepers to worldwide information access, they have little obligation in how they curate that access.

Google algorithm updates have created a particularly volatile field for WFD and other organizations (Sullivan 2019). The most recent iterations of Google's algorithm suggest that, in an attempt to combat online misinformation, Google search results for health queries favor larger medical

institutions and government sources. These organizations, however, are rarely champions of self-care and often perpetuate the barriers to abortion access that the sexual and reproductive health community is working to overcome. To ensure the quality of health information, Google may inadvertently direct searches for safe abortion support away from the very platforms that provide it.

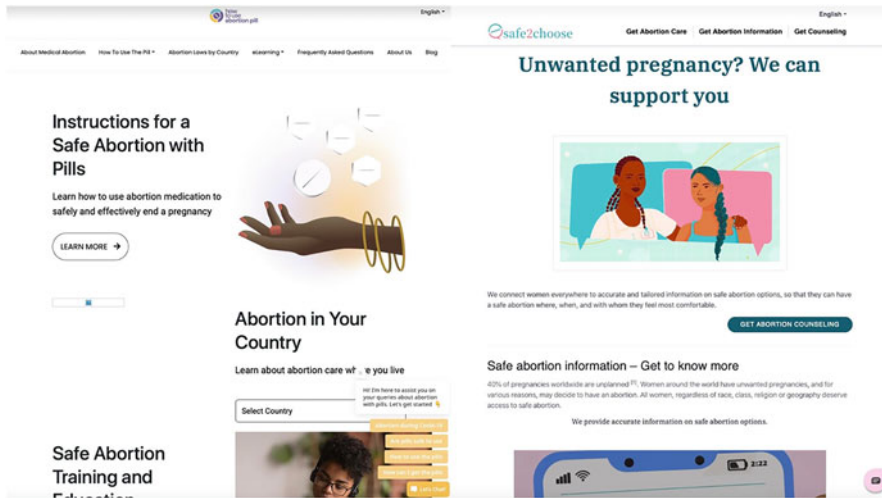
Censorship is also a key challenge when migrating self-managed abortion content onto digital platforms. Just this past May of 2022, YouTube shut down the entirety of the s2c channel after the team uploaded informational videos about safe abortion pills. YouTube did this in 2018 as well, citing a policy violation of "encouraging or promoting violent or dangerous acts." This regressive approach to abortion content is still prevalent across social media platforms today. Facebook is particularly notorious for blocking content related to abortion.

Conclusion/Learning

Plans for the Future

Self-care is a quickly normalizing option within comprehensive abortion care. Its safety, efficacy, and wide spectrum of implementation position it as a powerful solution to safe abortion care worldwide. By migrating self-managed abortion information onto digital platforms, WFD contributes toward scaling reach, promoting awareness, dismantling stigma, combating misinformation, and bridging gaps between global users and quality healthcare.

WFD's results demonstrate a clear demand for online self-managed abortion content and a need to further grow these digital self-managed abortion strategies. WFD is investing in more sophisticated automation to meet demand, including a digital accompaniment chatbot to stay apace with users throughout their care. WFD is also developing more nuanced tools and strategies to map and assess, both qualitatively and quantitatively, online and offline user journeys in abortion care.



Five Lessons for Digital Abortion Care: Experience from an eHealth Social Enterprise, Fig. 3 Screenshots from the HowToUse homepage (left) and the s2c homepage (right)

Can You Share Any Visuals (Including Product Visuals, Audience-in-Action, Communication Material, Data Tables, and Graphs) to Add Richness to the Case?

Snapshots (Fig. 3) are taken from the HowToUse and s2c website landing pages.

Can You Provide References to Any Print and Online Materials Useful When Writing This Case?

Hootsuite: Social Media Marketing and Management Dashboard
 The Mobile Gender Gap Report
 The Guttmacher Institute
 The World Health Organization

Summary

Digital tools and strategies create new opportunities to support abortion seekers as they navigate care either partially or fully outside of clinical settings.

Cross-References

- [Freedom from Fear Campaign in Australia](#)
- [Increasing School Enrolment and Combating Classroom Hunger in India: The Mid-day Meal Scheme](#)

- [Safe Manitoba to Injury Prevention](#)
- [The Use of Digital Media and Innovative Ways to Change Social Norms to Address Sexual Harassment in Egypt](#)

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