

GOVERNMENTAL AND NONGOVERNMENTAL REPRODUCTIVE  
HEALTHCARE ORGANIZATIONS: A COMMUNICATION COMPARISON

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ORGANIZATIONS: A COMMUNICATION COMPARISON

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## **ABSTRACT**

There is little available research that analyzes the reproductive healthcare organizations' communication strategies in Texas. Previous research shows there is a need for adequate reproductive healthcare for men, women, and children to lead healthy lives. To enhance the understanding of the need for improved reproductive healthcare in Texas, I examine and compare the strategic communication characteristics of governmental and nongovernmental organizations. For this thesis, I employ Grounded Theory to perform a qualitative, comparative, textual analysis. Separating these two types of agencies, exploring their available online content to identify their target audience, main goal, as well as examine their social media utilization, or underutilization, and performing a comparative analysis of the data, will enhance the research that discusses the relationship between health communication and accessible, affordable and available reproductive healthcare. The Texas Department of State Health Services and the Texas Health and Human Services commission are the subjects for the case study involving governmental organizations; Planned Parenthood of Greater Texas Inc. is the subject for the nongovernmental case study. I found there are gaps in Sexual Maternal Reproductive Healthcare (SMRH) resources and services for young male, LGTBQ and Spanish-speaking Texans.

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## CHAPTER I. INTRODUCTION

*“If we are to develop in America a new race with a racial soul, we must keep the birth rate within the scope of our ability to understand as well as to educate. We must not encourage reproduction beyond our capacity to assimilate our numbers so as to make the coming generation into such physically fit, mentally capable, socially alert individuals as are the ideal of a democracy.” -- Margaret Sanger*

Inadequate sexual education, and reproductive care for young men and women has negative health and economic and consequences. Many reproductive healthcare organizations aim to increase sexual maternal and reproductive healthcare services accessed by young adults, but the agencies do not always utilize effective communication and marketing strategies. Healthcare providers’ key messages often do not reach certain target audiences, especially young adults, resulting in services and programs not rendered or used.

This study identifies and examines existing reproductive health services and programs available to young adults in Texas. However, my aim was also to locate gaps and disparities in reproductive health care programming for this specific audience to evaluate the efficiency of health strategic communication by the state’s healthcare organizations and comparatively, nongovernmental organizations.

My investigation asks: What are the goals, objectives, target audiences, strategies and tactics of government and nongovernment healthcare organizations in Texas? What are the reoccurring themes amongst the two? What are the similarities and what are the differences between these two entities? Do gaps in reproductive health care programs for

young adults exist in state of Texas? Can reproductive healthcare become more readily available and easily accessible to young adults through specific health communication strategies and tactical implementation?

To accomplish this qualitative study, I analyzed the online media content of governmental reproductive healthcare organizations and nongovernmental organizations aimed to serve to accommodate and provide the healthcare needs of young adults in Texas. After conducting my research, I identified reoccurring themes, similarities and differences for and between each subject. In comparison, I found that the government agencies and nongovernment organizations had similar audiences, goals and objectives, but very different communication strategies, tactics and efficacy.

My analysis of web content by government and nongovernment agencies in Texas answered my research questions. I found that nongovernmental organizations like Planned Parenthood of Greater Texas Inc., offer far more streamlined and comprehensive sexual, maternal and reproductive healthcare for young men and the LGTBQ community than governmental reproductive healthcare organizations like Healthy Texas Babies, Healthy Texas Women and the Pregnancy Care Network. I argue that improved health communication strategies coincide with improved overall reproductive health of young adults, increased engagement in sexual health and more affordable and accessible SMRH services.

First, I give a brief historical context of the birth control movement in America. I conduct a literature review of previous research on sexual maternal reproductive healthcare (SMRH) in the United States. Next, I describe the methods used to identify and examine healthcare providers online content in order to identify the organization's



communication characteristics. Finally, I compare both agencies to evaluate where there are similarities, differences and room for improvement. I conclude with results, limitations of the study and discussion.

## CHAPTER II. LITERATURE REVIEW

### **Beginning of the Birth Control Movement in America**

To evaluate reproductive healthcare and communications in the US and more specifically, Texas, one must understand its historical context. Margaret Sanger, “one of 11 children of an impoverished Irish-American family [who] saw her devout Catholic mother die at 49 after 18 pregnancies,” (Cavendish, 2016) founded The American Birth Control League, which was later known as Planned Parenthood; consequently, starting the discussion about the about the benefits and essential need for family planning in America. Sanger was a true pioneer of the Birth Control and Equal Rights Movement. She published books and articles, organized conferences and lectures to promote family planning in the US and internationally (Cavendish, 2016). She utilized a mass medium when she published her own newsletter, *The Woman Rebel*, which proclaimed that every woman should be the mistress of her own body.

The idea surrounding birth control and proper family planning has evolved and expanded over the past century into an inherent need for widespread affordable and accessible Sexual Maternal Reproductive Healthcare (Cavendish, 2016; Engmann, Khan, Moyer, Coffey, Bhutta, 2016). At the turn of the 20th century, there was less moral oversight of private lives, women had greater desire to control fertility, and the argument that birth control improved public health became stronger. When Sanger passed away in 1966, contraceptives were legal for married couples in the United States. At the time of Sanger’s death, abortion was still illegal. During this time, unsafe abortions were frequently performed.

In 1973, the Supreme Court ruled that the Fourteenth Amendment protects a woman's right to privacy. The landmark case, *Roe v. Wade*, made abortion legal during the first trimester of pregnancy (Engelman, 2011). Although women are guaranteed the constitutional right to have an abortion, conservative states, such as Texas, along with the federal government can still restrict access to reproductive health care clinics by cutting their funding. In an article from the *Huff Post*, Walker explains, “Abortion restrictions in Texas and in other states have forced the closures of dozens of family planning clinics. Worse still, the physical assaults on family planning clinics, which range from vandalism and arson to the devastating shooting that occurred at the Planned Parenthood clinic in Colorado Springs, are creating a climate of fear that will deter many women from accessing abortion and other services” (2017).

If the Supreme Court justices infringed on the constitutional right to abortion, by overturning *Roe v. Wade*, and making abortion illegal, it would be devastating not only to women and their unborn children but also to the future of our nation due to higher incarceration rates, crime rates mortality rates from children of incapable parents (White, Hopkins, Aiken, Stevenson, Hubert, Grossman, and Potter, 2015). (p. 858).

### **Reproductive Healthcare Importance**

Many studies prove the importance of adequate reproductive health care and room for improvement around the world. In *A History of the Birth Control Movement in America*, Engelman (2011) supports “couples attempted family limitation for reasons that included their own health and sanity and the well-being of their existing children, economic benefits of a smaller family, to reduce the population in times of disease or famine, and because of particular circumstances of time and place” (p. 1).

In *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, the executive summary states, “in addition to improved health, sexual and reproductive health services contribute to economic growth, societal and gender equity, and democratic governance” (2017). To better appreciate the substantial returns on sexual and reproductive health investments, policymakers need both a fuller accounting of these broad benefits than has been available to date and more complete information about costs. (p. 1) The authors of these studies concur: in order to better society, there is a grave need for accessible and affordable SMRH.

### **Gender Disparities: Lack of Male Engagement in SRH/Lack of Female Access**

The Guttmacher Institute, a research and policy organization committed to advancing and improving sexual and reproductive health rights around the world, produce two peer-reviews journals: *Perspectives on Sexual and Reproductive Health* and *International Perspectives on Sexual and Reproductive Health*. An article, "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2017," presents detailed methodology estimating the substantial benefits of providing men and women with the services they want and need to avoid unexpected and undesired pregnancies on society. They conduct longitudinal studies by producing evidence-based projects, like "Adding It Up." These policy reviews, news releases and academic journals are updated and corrected every few years to provide continuously up-to-date data and trends.

The Guttmacher Institute (2017) uses strategic communication tactics to reach their audiences. In order to provide the most accurate statistics, facts and ideas regarding all reproductive rights subjects such as population and births, maternal mortality rates, newborn cause-of-death distributions, estimates of unsafe abortion and unintended

pregnancy, assessments of contraceptive and maternal and newborn services, the cost of health workers salaries and commodity and supplies cost must be under review (Darroch, Audam, Biddlecom, Kopplin, Riley, Singh & Sully, 2017).

Marcell and Ellen (2017) found that there is a “foundation for much needed clinical guidelines for male adolescents’ SRH care” (p. 1). In further support of this finding, Pastuszak Smith, Wenker, Abacan, Lamb, Lipshultz, and Buzi and Smith (2017) show that there is a need for comprehensive sexual health services, programs, education for young minority males. The researchers suggest “that young minority males engage in high-risk sexual behaviors, lack SRH knowledge and risk perception, and are not involved in their personal health” (p. 549). Another study by Marcell and Gibbs titled, “Sexual and Reproductive Health Care Receipt among Young Males aged 15-24,” recommends young men need to engage in better reproductive health care beyond STD/HIV testing (2017). Five years prior to the previously mentioned study, Marcell and Ellen suggest SRH providers should establish more guidelines to ensure thorough health monitoring in young populations of men between the ages of 18-25 (2012).

A study by Babigumira, Vlassoff, Ahimbisibwe and Stergachis (2015) shows sterilization for family planning for men and women by tubal ingestion or undergoing a vasectomy is a highly effective and popular idea for both low-income women and wealthy women. Canning and Schultz (2012) show underserved, low-income, minority women, as well as wealthy women, have an increased desire to limit childbearing and encourage provisions of affordable and widespread outreach programs and services by dedicated and trusted providers.

Women, given that they bear children, need more comprehensive reproductive health care but if young men receive proper sexual education or were provided with a reversible long-term contraception option, a measurable long-term positive impact would occur (Mele, 2016). Long-term Acting Reversible Contraceptives (LARC) does not include sterilization, considering it is irreversible, but these concepts can be applied to the notion that there is a great demand for long-term contraceptives but a lack of supply due to affordability and accessibility.

There are nationwide SMRH clinics, such as Planned Parenthood, that provide reproductive health care services, such as STD testing, cancer screenings and sexual education, to young men and women in all of America. Another nationwide organization, The International Women's Health Coalition (IWHC), is a nonprofit that advocates for more comprehensive reproductive health rights including sexuality, infection and infertility counseling (International Women's Health, 2014). The Center for Disease Control's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is another nation-wide program that has provided low-income, uninsured, and underserved women access to timely breast and cervical cancer diagnostics and treatment for over 25 years. These programs and organizations aim to help an underserved population, but legislators that allocate money are making it increasingly difficult to continue their services.

Babigumira, Vlassoff, Ahimbisibwe and Stergachis (2015) evaluated the gender difference in sterilizations in Malawi. In this country, 150% more women undergo sterilization than men. This study suggests monetary savings and efficacy would increase greatly if this large gender gap decreases. It also concludes that the concern about having

a child is still present, but that women only seek contraceptives far more often than men because they have to carry children to term. If men were as proactive about retrieving contraceptives, the financial and emotional burden placed on females would be lesser. Male's concern and about impregnating females should be equal to female's concern about becoming pregnant.

### **Maternal/Newborn Care**

Progressivism in reproductive, post-partum and children's health care has resulted in a significant decrease in mortality rate among new mothers and children. Darroch and Singh (2013) support "women need sexual and reproductive health services from adolescence through the end of their reproductive years, whether or not they have a birth, and those who give birth need essential care to protect their health and ensure their newborns survive. The declines in maternal and infant deaths in developing countries in the last decade are a welcome sign that increased global attention and resources devoted to safe motherhood and child survival are paying off" (2017).

Estimations from, "Adding It Up," predicts that if all women who wanted to avoid pregnancy with modern contraceptives could, and if pregnant women and newborn babies received proper care, it would decrease unintended pregnancies by 70%, maternal death by 67% and newborn deaths by 77%. This study supports, "the burden of disability related to pregnancy and delivery experienced by women and newborns would drop by two-thirds" (2017). Research by Engmann, Khan, Moyer, Coffey, and Bhutta (2016) agree, "major reductions in maternal and newborn morbidity and mortality have been noted with uptake of family planning services and increased birth spacing."

Many women cannot afford or access reproductive health care, however the Affordable Care Act tried to change that. According to an article by National Women's Law Center & State Partners, the Affordable Care Act (ACA) protects women from discriminatory health insurance practices as well as makes reproductive health care for women more accessible and affordable. Until the ACA, being a woman was considered a "pre-existing condition."

### **Economic/Environmental Benefits of Proper SMRH**

To understand why accessible and affordable reproductive health care is important, it is crucial to understand the negative socioeconomic and health outcomes associated with inadequate SMRH care. Poor health care is directly correlated to low-income rural areas with higher crime rates and lower education levels (Vlassoff, Walker, Shearer, Newlands & Singh, 2009). In 2012, publicly-funded programs, like Planned Parenthood, helped save \$10.5 billion in Medicaid funding by preventing approximately 2.2 million unintended pregnancies (Hopkins et al., 2015). Babigumira et al. (2015) suggests the long-term savings of proper family planning and contraceptives will offset the up-front cost of family planning.

There are several studies on the consequences of inaccessible SMRH for women of lower socioeconomic backgrounds in the United States. Darroch and Singh (2013) explain how women of lower socioeconomic backgrounds desire "better-planned and better-spaced families." They argue proper family planning has both environmental and macroeconomic benefits. Canning and Schultz (2012) support the same finding: "family planning not only improves birth spacing but also increases women's earnings, assets,



and body mass indexes, and improves children's schooling and body mass indexes." The following finding explain the supply-and-demand model applied to SMRH:

Supply-side issues in RMNCH typically refer to such things as the availability of trained, culturally sensitive providers in well-supplied facilities that are physically accessible to women seeking care. Demand-side barriers refer to those barriers that affect women and constrain their ability to seek care. These include, among others, poverty, poor health status, illiteracy, language, customs, lack of information regarding the availability of health services and providers, and limited control over household resources (Engmann et al., 2016).

A study from the Bixby Center for Global Reproductive Health shows, "slowing the rapid growth of human population through strengthened voluntary family planning services would powerfully and inexpensively contribute to improvements in food security and the reduction of the greenhouse gas emissions that cause climate change." (Executive Summary, 2015) Increasing access to family planning will result in macroeconomic benefits by reducing youth dependency, increasing labor force participation thus enhancing economic growth. Following the Affordable Care Act's full implementation, the number of young women ages 15-40, who were uninsured, decreased by 36% (Guttmacher Institute, 2017).

There is a direct correlation between low socioeconomic backgrounds and the inaccessibility to reproductive healthcare providers. Darroch et al. 2017 explains:

... disparities among countries in contraceptive and maternal and newborn health care follow economic lines. The proportion of women aged 15–49 whose need for

family planning is satisfied with modern contraception is lowest (49%) in low-income countries, compared with 69% in lower-middle-income countries and 86% in upper-middle-income countries. Likewise, the proportion of women delivering in a health facility is lowest (55%) in low-income countries and highest (94%) in upper-middle-income countries.

Another study conducted by the National Research Council (U.S.) Committee on Population (1989), evaluates direct and indirect effects of reproductive patterns on women and children's health and found, "in some settings, increased control over fertility and the increased predictability of pregnancy timing that comes from contraceptive use [and family planning] may also make it easier for women to finish their education, to participate in the labor force, or to hold better-paying jobs." The previously noted studies found similar predictions: avoiding unexpected and undesired pregnancies will result in great societal benefits.

### **Role of Sexual Health Communication**

Previous studies show that there is lack of available and affordable SMRH for young men and women due to poor communication strategies. Engmann et al. (2016) emphasizes that there are many demand-side barriers that constrain young adult's ability to seek care such as, "lack of information regarding the availability of health services and providers," although there are recent innovations such as, "e-health: the use of information technology and communications within the health system." Therefore, there must be a basic need/demand from populations, so that leaders in Texas can take action in expanding reproductive health care. According to a study by Babigumira et al. (2015):

... if low-middle income country's (LMIC) populations receive enough information, education, and communication about the benefits of family planning and the available contraceptive methods, the planning of childbearing will begin to be their idea and they will start demanding family planning from their leaders as a basic need.

A study by Uberoi and Galli (2017) suggest that the utilization of mass media, such as social media platforms and events, to raise awareness of the macroeconomic and personal benefits of adequate family planning and proper maternal and newborn health-related issues for young adults will mobilize a variety of communities—not only poverty-stricken ones. (Abstract) An older study Russell, Williams, Farr, Schwab, and Plattsmier conducted in 1993 a study involving women at reproductive age who live along the Texas-Mexico border. They found these women, the majority of them are Catholic, expressed there is an unmet need for effective birth control, that family planning is also the responsibility of the man, and couples should be having fewer children. This finding shows evidence that religious-based opposition to contraceptives was decreasing in the early 1990s in Texas, a traditionally conservative state.

Sebert Kuhlmann, A. K., Altman and Galavotti's (2016) study provided evidence that sociologists and medical researchers may be credited for failing to express the real grave concerns that stem from inaccessible and expensive SMRH to other impacted professional due to conflicting interests. He suggests there is mistrust causing ineffective communication between sociologists, medical researchers policy-makers and people seeking SMRH. Medical researchers have overwhelming evidence of the importance of proper SMRH on society, and sociologists may have ideas about how to communicate

evidence-based material to unreached audiences, but the implementation of recommendations for scientific findings may only be processed if funding, which legislators allocate, is available. For example, Schalet et al. (2014) found that abstinence-only-until-marriage (AOUM) programs are not effective in reproductive health care policies. He supports, “from 1998 to 2009, federal funding for sexuality education focused almost exclusively on ineffective and scientifically inaccurate information.” This finding calls for more scientific acceptance from legislators and the creation of policies based on facts and statistics rather than religious beliefs.

These different professions may have clear, conflicting objectives causing inefficiency in SMRH and environmental policy. The absent and underwhelming expression of concern from sociologists and medical researchers is alarming. It is critical to express the importance of implementation of SRMH programs and services to legislators that allocate funds and make laws that affect sexual education and reproductive health care for Texans and Americans. An example of ineffective communications from youth-serving programs stems from a study was conducted by the University of Texas Health Science Center at San Antonio IT Teen Health (UTTH)

A community-wide teen pregnancy prevention initiative was launched in south San Antonio. It concluded that the 12,500 youth that were served, 95% was through partnerships with local schools and only 1% was through youth-serving programs. This study showed youth-serving programs used ineffective communication tactics for this demographic. Russel et al., (1993) argued there is a need for more information about readiness to accept family planning methods offered by clinics and physicians as well as

more information about birth control methods, the effect these methods have on personal health, as well as reliability of these contraceptive devices.

Babigumira et al., (2015) provides an example of how to improve and increase contraceptive use by incorporating special training programs for health care providers. In Malawi, a small country in Africa, health care provider training programs allowed less-specialized health care workers to perform more sterilization surgeries and procedures for men and women seeking long-term contraceptives (Janiak and Foster, 2013). This strategy helped double the number of female sterilizations from 2000-2010 (Babigumira et al., 2015).

Janiak, Rhodes and Foster (2013) conducted research that shows how providing accessible content online informs and educates young adults. The researchers did an evaluation of the usability of a website, “My Little Black Book for Sexual Health,” which state-wide stakeholders created, to lessen confusion women have encountered after the recent health care reform in Massachusetts. The site’s target audience is for women 18-26. Samenow (2013) discussed a policy statement for a nonprofit that specializes in sexual behavior problems and addiction. The organization collaborates with clinical, educational, legal and research professionals to solve a variety of problems regarding sexual health. This organization has a framework for a potential nonprofit start-up. These initiatives are examples of simple ways to improve SMRH of surrounding communities.

### **Reproductive Healthcare Status in Texas**

The cost of reproductive healthcare varies greatly by state, nation and region. Texas’ average overhead and capital cost of SMRH programs is difficult to retrieve. The

Guttmacher Institute (2017) examines data on regional and global health systems to understand the impact funding has on family planning and maternal health coverage. Kroelinger (2012) predicts proper reproductive health care could stop the spread of sexually transmitted disease and greatly decrease government federal spending on health care costs.

Many different types of organizations, programs and services have stemmed from the equal rights movement of the 1960s to improve sexual education, advance maternal/post-partum health care, provide contraceptives/feminine hygiene products, encourage STD testing and perform cancer screenings to as many people as possible. In Texas, every healthcare-coverage plan practices unfair gender rating. For example, 80% of health insurance plans charge non-smoking women more than smoking-males (Garrett, 2012).

In 2015, Hopkins et al. and others, examined the legislative impact of budget cuts to Texas' family planning program in 2011. This study shows how these budget cuts make providing quality, comprehensive, low-cost, and accessible family planning and reproductive healthcare services to women much more difficult. These services help people determine the number and spacing of their children, reduce unintended pregnancies, improve future pregnancy and birth outcomes, and improve general health.

Reproductive health organizations and programs and services in Texas, such as Healthy Texas Women and Healthy Texas Babies, aim to help improve sexual reproductive health care, but many young Texans, specifically ages 15-44—the average reproductive age—are unaware of services available to them (Women's Health, 2012). There are existing resources through governmental organizations including the Texas

Clinician’s Postpartum Depression Toolkit: a resource for Texas clinicians on screening, diagnosis and treatment of postpartum depression. The toolkit also includes coverage and reimbursement options through Medicaid, CHIP, the Healthy Texas Women organization, the Family Planning Program and other referral options. The Texas LARC Toolkit is a Medicaid Policy on providing Long-acting Reversible Contraception Service (LARC).

According to Donovan (2017), the Hyde Amendment, effective since 1977, makes it illegal to use federal dollars to assist women, receiving Medicaid—the nation’s public health insurance for low-income Americans, with funds for an abortion, “barring about 7.5 million low-income women from using their Medicaid coverage to obtain an abortion” (Abortion Coverage Restrictions Affect Millions of Women). Jerman, Jones and Onda (2016) report that over half of abortion patients in 2014 were in their 20s. This study shows young adults need better contraceptive care and improved sexual education. In Texas, women must receive state-directed counseling that discourages abortion, undergo an ultrasound, must wait 24 hours after counseling and cannot use public insurance to cover any of the procedure (Guttmacher Institute, *State Policies in Brief*, 2014). On November 16, 2017, Matthew Choi from the Texas Tribune wrote an article in the Texas Tribune that outlines this programs’ recent increase in funding from the Texas Legislature’s budget: “The Texas Legislature's budget for the next two years includes \$20 million more in funding for a controversial state program that seeks to discourage women from getting abortions in the state.

Dreweke (2014) conducted a policy review that explained why in 2011 the abortion rate declined to 13% - the lowest it’s been since abortion was legalized in 1973,

following the landmark Supreme Court case, *Roe v. Wade*, which guaranteed a women's right to an abortion during the first trimester. He hypothesized that improvements in contraceptive use Texas lawmakers will not acknowledge the fact that the most effective way to reduce abortion, is to improve contraceptive use.

The Expanded Primary Health Care program, which provided family planning services to Texas women in poverty aged 18 years or older, was established in 2013 but ended on September 1, 2016. When it was first established, it was appropriated \$100 million to help provide primary health care and SMRH services to Texans who couldn't otherwise afford them. According to the Texas Health and Human Services website, "The DSHS Expanded Primary Health Care (EPHC) Program has ended as of September 1, 2016. Services for women formerly provided by the EPHC program are available through three other state programs: The Breast and Cervical Cancer Services program, the Family Planning program, and Healthy Texas Women. To learn more, visit [healthytexaswomen.org](http://healthytexaswomen.org)" ([dshs.texas.gov](http://dshs.texas.gov), 2016). The other state programs concerned with SMRH include Alternatives to Abortion program, Women Infant Children (WIC) and Healthy Texas Babies.

The Personal Responsibility Education Program offers federal funds to states in exchange for incorporating education on contraceptives into curriculums although they've been proven ineffective. In 2013, Former Texas Gov. Rick Perry turned down millions in federal funding to continue teaching abstinence-only-until-marriage (AOUM) in school (Guttmacher Institute, *State Policies in Brief*, 2014). In an interview with Evan Smith in 2010, Perry proclaimed AOUM sexual education works even amidst extremely high teen pregnancy rates. Texas adopted the abstinence-only approach in the mid-1990s



to receive federal funding, championed by Perry's predecessor: then Texas governor and later U.S. President George W. Bush.

The Kaiser Family Foundation (2012) conducted research that shows Texas has the highest proportion of uninsured individuals, as well as women, out of any other state. Another recent analysis conducted by the National Women's Law Center shows these uninsured low-income women do not get regular sexual health checkups such as PAP tests or mammograms resulting in decreased overall public health in Texas. Hopkins, White, Linkin, Hubert, Grossman and Potter (2015) study found the following:

In 2011, the Texas legislature cut the 2012–2013 family planning budget from \$111 million to \$38 million. In addition, it created a priority system in which public organizations that provide family planning services (e.g., health departments) and federally qualified health centers receive the highest priority for funding, followed by organizations that provide comprehensive primary care (including family planning); specialized family planning providers, such as Planned Parenthood, receive the lowest priority for funding. Because of the budget cuts and priority system, 77% of specialized providers lost funding in the period immediately following the changes.

Planned Parenthood is a publicly-funded women's health and family planning center, which by definition, offers contraceptive services to the general public and public funds. Medicaid, one example of public funds from the federal government, provides free or low-cost services to some qualifying clients. Women at highest risk for unintended pregnancy and other adverse reproductive health outcomes rely on these centers for

contraceptive and preventative services that aid in avoiding cases of cervical cancer, HIV and other STIs, preterm births, and low birth weight (Health of Women and Children Report, 2016). This report shows, “without Title X-funded clinics, rates of unintended pregnancies, unplanned births and abortions would have been 30% higher and the teen pregnancy rate would’ve been 42% higher [in 2015]. Additionally, publicly-funded health centers prevented over 76,600 Chlamydia infections, 12,400 gonorrhea infections, 350 HIV infections, 2,710 cervical cancer cases, and 1,570 cervical cancer deaths in 2010” (Frost, Sonfield, Zolna and Finer, 2016).

In 2010, all US publicly-supported family planning services resulted in net public sector savings of \$13.6 billion in 2010--a taxpayer savings of over \$7 per every public dollar invested. According to America’s Health Ranking’s Senior Report (2016), “Texas ranks 50th in policies affecting women's health, with almost 30% of women aged 18 to 44 uninsured and only 16% of publicly-funded women’s health services needs met. In the past five years, Chlamydia incidence increased 16% from 427.4 to 496.1 cases per 100,000 population.” These alarming trends prove that there is inadequate reproductive healthcare for young adults in Texas.

White et al., (2015) concluded in a study regarding the impact of reproductive health legislation on family planning clinic services in Texas, “although this study focuses on the unique case of Texas, it highlights how the patchwork of programs that have supported low-income women’s access to reproductive health services can come apart at the seams when specialized family planning providers are marginalized or systematically excluded from public programs. Whether this stems from political motivations, as in Texas and other states, or results from investing health resources in

organizations that focus on primary care, women will lose access to essential preventive services. Because many women are likely to remain in need of publicly funded family planning clinics under the Affordable Care Act, (ACA) it is essential to continue funding these clinics and identify or correct policy strategies to ensure those in need can access comprehensive reproductive health care” (p. 1).

Since the birth control and Equal Rights Movement began in the mid 1960s, and abortion was legalized in the 1970s, Americans have been able to avoid unwanted pregnancies and properly plan for their families better than ever before. This progressive change in history has led to improved overall health of the nation. in recent decades. There are gender disparities between males and females in regard to SMRH due to lack of engagement, and access and affordability of to information, clinics and providers. The LGBTQ community lacks SMRH healthcare as well, but there are clear and present economic and environmental benefits to proper SMRH for all. Employing mass communication techniques, like legislators creating shareable easy-to-understand content for their constituents, improves sexual education and awareness.

On September 2017, the Center of Public Policy Priorities posted a video that reports on the disparities in health insurance according to data from the 2016 Census. The uninsured rate has been decreasing since the implementation of the ACA in 2013. Texas has the highest population rate, and number, of uninsured people out of any state in the US. From 1999-2013 the uninsured rate varied between 21-25%. It dropped to 16.6% in three years. Texas’ current state and ranking of overall health, especially SMRH for women, is frighteningly poor and low compared to other states and nations: is it due to SMRH organization’s ineffective and underutilized communication strategies?

### CHAPTER III. METHODOLOGY

This thesis adopts an interpretive methodological approach to research and employs a variety of qualitative methods including visual comparative content analysis of organizations' web content. I began a preliminary study for this project in spring 2017. During that time, I conducted secondary and primary research and proposed a strategic communication campaign about reproductive health care for families in Texas. Because of that research, I found that reproductive healthcare organizations' target audience were low-income, young women of minority status but that educating young male, LGBTQ and bilingual Texans about reproductive health was equally important.

After conducting secondary research in the fall of 2017, relevant questions for the study were identified that asked about Texas organizations' governmental and nongovernmental (NGO) existing reproductive health care organizations and programs, gaps in services and use of effective strategic health communication. Due to the lack of research available, additional information must be collected. My qualitative textual analysis of online content employs a grounded theory approach by using 'open coding' to identify themes rather than preconceived ideas (Hesse-Biber & Leavy, 2011).

Grounded theory is an approach to study the communication-centered goals of reproductive healthcare organizations in Texas. With the grounded theory, a philosophy inductively emerges from the body of the data collected (Borgatti, 2006). I coded for homepage aesthetic appeal, demographics of featured photos, social media platforms and content of posts dated between September 1, 2017-October 31, 2017.

I begin by identifying the specific components of each agencies online presence: target audiences, main goal and objectives from their websites aesthetic appeal, visuals and textual content. Next, I examine their social media platforms and implementation of communication strategies and tactics. Finally, I evaluate the similarities and differences between the two subjects to conduct a comparative analysis to find reoccurring themes, where there are disparities and room for improvement.

Each case is distinguished as its own complex variable, working collectively with the other variables in its group to produce a unified result. The case of Texas' SMRH organizations and programs, the DSHS commissioned organization, Healthy Texas Babies, and the HHSC Texas Pregnancy Care Network, add the construction of the theory for the governmental organization communication data; the case of Planned Parenthood of Greater Texas Inc. will contribute to the construction of the theory for nongovernmental organizations' communication data.

Based on the previously stated arguments, the following research questions emerged from this descriptive inquiry: What sexual maternal and reproductive healthcare organizations and programs already exist in Texas? What communication strategies and tactics have they utilized? What are the reoccurring themes, similarities, and differences between the two subjects?

## CHAPTER IV. RESULTS

The results of this study are organized according to the different components of online content and corresponding research questions. The subheadings allow for proper organization, data collection and understanding. The categories are separated into two groups: “nongovernmental” and “governmental.” First, I identify target audiences, goals and objectives by examining the organization's websites homepage aesthetic appeal, demographics of visual subjects, and textual usability. Secondly, I examined their utilization of social media platforms, implementation of tactical media-related items and "call-to-action" content.

### **Nongovernmental Organization (NGO)**

Planned Parenthood of Greater Texas Inc. (PPGreaterTX)

#### *Target Audience/Main Goal/Objectives*

When identifying the audience for visual websites and social media pages, it is crucial to consider and understand why different people would interpret visual messages differently. Who will find the content’s visual style, font type and overall design principles, appealing? Diversification of subjects in photos, such as race, household income and gender make different audience appeals per diversification. The physical qualities of the subject in the photos on the home pages of the organizations' offer insight to the authors' intended target audience (Pepper, Brizee & Angeli, 2010).

According to Planned Parenthood of Greater Texas Inc.’s website, its mission is to “create healthier communities by providing comprehensive reproductive and related healthcare services, delivering science-based education programs, and serving as a strong

advocate for reproductive justice in Texas” (Planned Parenthood, 2017). Planned Parenthood offers high quality and affordable medical care for Texas women, men, LGBTQ and teens whether they are insured or not.

In the spring of 2017, they expanded their services to include Gender Affirming Hormone Therapy for males and females over age 18. Because they care for the LGBTQ community, men and women of diverse socioeconomic backgrounds and ethnicities, they are the most inclusive, trusted and utilized reproductive care clinic in the nation (Planned Parenthood, 2017).

Other patient resources include: “information for teens and parents, adoption referrals, insurance payment options, Texas laws and policies, reproductive healthcare services, and transgender healthcare” (Planned Parenthood, 2017). These resources provide sexual education to 16,000 Texas teens and parents annually. Planned Parenthood has an entire section titled ‘Men's Health Services’ on their website and it provides services including "Jock Itch Exam and Treatment,” something that is only applicable to male athletes.

The photo on the homepage features a Caucasian and Hispanic woman in a coffee shop smiling. The color scheme is gender-neutral: dark blue, white and some hot pink areas. There are icons representing the services and buttons that lead to external links that describe the service. The first button, "MAKE AN APPOINTMENT," provides a clinic locator for the site’s visitors. There are only seven Planned Parenthood locations within 50 miles of San Marcos, Texas. Another button, “FOLLOW PLANNED PARENTHOOD OF GREATER TEXAS INC.,” is also on the homepage.

These components on the organization's website including social media icons and available contact information makes it easy for young adults to follow the organization and access resources including clinic information, educational tools and fundraising/lobbying event details. Planned Parenthood is a nationwide agency but conservative Texas legislators have been trying to defund the organization for a long time. Previous research shows there is a lack of communication between sociologists, scientific researchers and policy makers; therefore, I suggest Planned Parenthood of Greater Texas Inc. expand their audience.

### *Social Media Utilization*

Planned Parenthood of Greater Texas has a Facebook page, Twitter (@PPGreaterTX), and Instagram. Their website features a "Get Involved" button that provides links for audiences to connect with them on Facebook, follow them on Twitter, Instagram, sign up for "action alerts, make donations, join an event, volunteer or apply for a job" (Planned Parenthood, 2017). Interactive tools help implement the organization's mission to get the community engaged. Their Twitter account, which was created in July of 2012, has nearly 7,000 tweets and followers. The bio states they, "provide essential healthcare and education services to more than 85,000 Texans each year. [Understand that] follows and RT's are not [official] endorsements" (Planned Parenthood, 2017).

The cover photo on their Twitter is of women of color cheering and the text engages its viewers by asking to text 'STAND WITH PLANNED PARENTHOOD' to the phone number, 22422, to receive information on how to stand for reproductive rights. Their Instagram has 127 posts and 470 followers. A photo that was posted on their



Instagram platform on June 22, 2017, states, “Dear Governor Abbott: We refuse to allow the actions of this Legislature to define us or divide us. An attack on any Texas is an attack on all Texans. We are one in the fight against these hateful and dangerous policies #OneTX.” (Planned Parenthood, 2017).

Planned Parenthood of Greater Texas Inc. frequently use “call-to-action” content, which is one of the most effective communication tactics to use when goals entail increasing awareness and encouraging support (Mello, Wood, Burris, Wagenaar, Ibrahim and Swanson, 2013). The visual call-to-action phrase on Planned Parenthood’s homepage uses the powerful words, “Our Doors Are Open, find a health center online or call 1-800-230-PLAN. Birth Control Is Under Attack, what you need to know and how you can help. FIGHT BACK.” This tactic increases awareness and engagement of the current federal government’s aim to chip away at affordable, accessible reproductive healthcare for Texans.

Their Facebook Page profile photo is a blue and white icon that has “#StandwithPP” on it. This logo is a “call-to-action” tactic they have utilized. About 15,287 people have liked it and 14,764 people follow the page. The top right corner features a "Donate" button. The cover photo features a young Hispanic woman. All of the public events and demonstrations featured here including "Cocktails for a Cause," "PUBLIC CERVIX ANNOUNCEMENT" and "OneTX.”

The Facebook page has a "birth control" tab on the left tool bar. When you click on it, a flier pops up from "austinbirthcontrol.org," that promotes contact information and contraception: "1-800-230-PLAN, #LoveMyLarc," and a comical cartoon of an IUD. All of these elements are examples of implementing effective tactical media-related items

into aesthetically pleasing and easily-accessible platforms in order to promote and normalize conversation about Sexual Maternal Reproductive Healthcare (SMRH). Previous research in Chapter II explains how LARCs have a long-term benefit on societies that outweigh the upfront cost.

From September 1, 2017-October 31, 2017, PPGreaterTX held seven events that were featured on their Facebook named: “How to Talk to Your Neighbors about Planned Parenthood, Fort Worth Period Products for Harvey Evacuees, Calls for Planned Parenthood, Your Vote Your Voice Block Party, Fortworth Cocktails for a Cause, Now What? The Status of Health Care for Young Women, and Dallas Cocktails for a Cause” (PPGreaterTX, Facebook, 2017). They have a total of 23 videos on various SMRH topics. In this specific time period, they posted six of the 23 videos, which are only offered in English. One of the videos includes the president and CEO of Planned Parenthood of Greater Texas promoting the organization’s services and has 419 views.

The site has a total of approximately 1,500 photos of people attending events, rallies, protests, informational and educational sessions, fact sheets, and posters with hashtags on them to “join the conversation:” call-to-action content. The organization posts on Facebook very frequently: a few times a day. They created about 150 posts during September and October 2017. All the posts are related to sexual education, maternal, newborn and postnatal care, policy information and reproductive health care. The notes tab on the site has detailed information about legislation and what Texans can do to help fight for reproductive rights.

Planned Parenthood does year-round awareness campaigns that aim to increase awareness of critical health issues by producing and sharing media-related items to

expand their audience and actively improve SMRH while also fighting for reproductive justice in Texas. Examples of inclusive sexual health communicative items include Planned Parenthood's Teen Pregnancy Prevention poster, LGBTQ Pride poster the Get Yourself Tested poster and a post recognizing the 'Transgender Day of Remembrance 2017' (Planned Parenthood, 2017).

PPGreaterTX features press releases, brochures and fact sheets on all of the platforms they use. Liberals, feminists, and equal rights activists and feminists are some of Planned Parenthood's most loyal and passionate supporters. I recommend they aim to increase awareness and support from male traditional conservative policy makers. This NGO wants to fight for reproductive care for all and especially low-income women of minority status, but their voices are not being heard.

### **Governmental Organizations**

When trying to communicate a key message to the masses, the presence of shareable media related items pertinent to an organization's is highly important. "A website might potentially have an audience of anyone with internet access; however, based on the site, there are audiences more likely to end up there than others" (Pepper, Brizee & Angeli, 2017). According to Pepper, Brizee and Angeli (2017), "context is an important part of the rhetorical situation and can easily make or break the effectiveness of a document's message" The Texas States Health Department is divided into two umbrella agencies: The Texas Department of State Health Services (DSHS), and Texas Health and Human Services Commission (HHSC).

For the sake of this study, I will examine three governmental reproductive healthcare organizations and programs, under the previously stated agencies, in-depth: Healthy Texas Babies, Healthy Texas Women and the Texas Pregnancy Care Network. Together, they offer the SMRH services that are outlined in the literature review and that are related to sexual education, maternal and reproductive care; none of these governmental organizations and programs provide comprehensive SMRH care individually. Brief examination of the umbrella organization in charge of the SMRH organization or program is necessary for proper evaluation of the complete communication strategy.

#### The Texas Department of State Health Services (DSHS)

According to the DSHS homepage (2017), its "mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions" and that it is an "online resource intended to increase awareness of the Department's mission, goals and programs and to continue efforts to engage the public and stakeholders." The website's color scheme is blue and white and has text covering the entire page: no white space. There is little aesthetic appeal or user-friendly content on [dshs.gov](http://dshs.gov). Because the information on SMRH is not streamlined into one platform, but rather broken up into separate factions, it makes it difficult for viewers to find sexual, maternal or reproductive healthcare services they need.

The DSHS is in charge of Maternal and Child Health (MCH), a Social Security Act (SSA) federal block grant program established in 1935—around the same year Planned Parenthood was established. This historical context supports there has been an

initiative to provide adequate healthcare for women and children by both governmental and nongovernmental agencies since the early 1900s. These government departments employ a variety of reproductive healthcare programs for men, women and children but the online content is shared through individualized sites rather than on one cohesive online location such as Planned Parenthood's site.

Its Facebook page has 4,812 likes. There are no public comments or reviews available. The cover photo is of an African-American elderly couple laughing. From September 1, 2017-October 31, 2017, they posted three videos. On September 25, one titled "Newborn Screening Awareness Month" was posted. On October 9, one titled "Zika is a Mosquito-borne virus and Texans are at risk," was posted. Nine days later on October 18, the same video was posted in Spanish. It has 11 more views than the one in English even after it was posted at a later date. This disparity between the number of views on the English and Spanish pages implies more Spanish-speaking individuals are utilizing the DSHS Facebook page and that media-related content should be offered in English and Spanish regularly.

#### Healthy Texas Babies (HTB)

According to Healthy Texas Babies' site (2017), [somedaystartsnow.com](http://somedaystartsnow.com), it "is committed to improving the health of women of childbearing age (18-44), adolescents, children, infants, and children with special health care needs." Its goals are to decrease infant mortality by using evidence-based interventions and reduce preterm birth in Texas by 8% over two years. This organization launched "Someday Starts Now," a public awareness campaign, which has evolved into the official online platform and website for Healthy Texas Babies. (Healthy Living Tips, 2017).

The mission, target audience and objectives are representative of maternal, paternal and children's reproductive healthcare. This inclusive, comprehensive and educational platform provides information and suggestions for living a healthy life, future fathers and other health topics to increase male engagement in SMRH for themselves and their families. The selectable tabs at the top of the site provide resources for women, men, parents, providers and supporters.

The homepage color scheme is dark blue, white and yellow. The photos on the homepage feature a young African-American man wearing headphones and grocery shopping, a young woman of color playing on a playground, an African-American man with his young daughter, and two couples—one Caucasian and one African-American—where the subjects are all engaging in conversation and smiling. These details imply their target audience includes middle-class males of color, single women of color that may want children in the future, and expecting couples of middle-to-high incomes socioeconomic status.

This observation shows Healthy Texas Babies and the Someday Starts Now campaign has a relatively inclusive target audience out of all the different governmental programs' and organizations' platforms in this study. This organization has utilized many call-to-action tactics. In the top right corner of its homepage, there are links to Facebook, Google, Pinterest and Twitter. Although they do not have their own individualized social media accounts available, the social media icons in the top right corner of the page lead directly to that platform and a post with the [somedaystartsnow.com](http://somedaystartsnow.com) in it making the information on this site easily shareable. The Google+ external link leads to a public forum where anyone can post something "Showing You're Committed to Heal." The

Facebook, Twitter and Pinterest icons automatically copy and paste this site into the comment box encouraging Texans to engage in this campaign.

This site does not offer a clinic locator or reproductive health services information but it does have a great variety of informational resources available for young adults curious about SMRH including the Life Planning Tool, a Maps for New Dads downloadable guide and the Parent Birth Plan Tool. The tabs at the top are titled, “Zika Info, Welcome Video, Tools, TEXT4BABY, Get Your Digital Pin, and Live Like A Dad” (Healthy Living Tips, 2017). There is an option to view the site in Spanish or English. This site seems to be a cohesive SMRH educational platform for all Texans regardless of socioeconomic status or ethnicity but it is important to note that there are no resources available for LGTBQ and that they do not offer services or financial assistance for SMRH services.

### Healthy Texas Women (HTW)

On September 1, 2017, Texas Legislators made the HHSC, rather than the DSHS, in charge of a relatively new state-run organization: Healthy Texas Women (HTW). It was launched in July of 2016 along with the Family Planning Program and Breast and Cervical Cancer Services. The website for Healthy Texas Women is fluid, colorful and features photos of young women of color (Take Charge of Your Health, 2017). It offers in-depth information of how to apply for these programs, how to find a doctor, and information on other health topics including mental health and family violence. According to [healthytexaswomen.org](http://healthytexaswomen.org), its main goal is to offer reproductive health and family planning services at little or no cost to eligible men and women in Texas. This mission statement

implies that their target audience is low-income Texans, male or female, of reproductive age.

Overall, their website is appealing and user-friendly but they do not utilize any social media sites such as Facebook, Twitter or Instagram. It is extremely difficult to measure communication effectiveness when a program does not have social media accounts. The only presence this program appears to have on Twitter is from mentions by other entities, including the Texas Insider and Planned Parenthood, criticizing the program. Many critics of the program claim HTW was created solely to disenfranchise, deplete and defund Planned Parenthood clinics all around the state of Texas.

Services they offer include: pregnancy testing, pelvic examinations, sexually transmitted disease treatment, breast and cervical cancer screenings, clinical breast examination, screening for cholesterol, diabetes, and high blood pressure, HIV screening, long-acting reversible contraceptives, oral contraceptive pills, permanent sterilization, contraceptive methods such as condoms, diaphragm, vaginal spermicidal, injections, natural family planning counseling and limited prenatal benefits.

This organization aesthetic appeals to young women of minority status on the basis that the main subject of the featured photo is typically the most interested in the services offered. A photo of a young smiling African-American woman is on the home page, the program emphasizes the word "women," and the color scheme is white and bright pink to appeal to women. The first two buttons visitors see on the homepage is "Find a Doctor" and "Am I Eligible." There are 34 clinics within 50 miles of San Marcos, Texas, that offer Family Planning Program's services, which include prescription and pick-up of contraceptives.



## Texas Health and Human Services Commission (HHSC)

According to the Texas' Health and Human Services Commission's website (2017), its main goal is to provide low-income Texans with the healthcare that they need and may not be able to afford. Their target audience is low-income families or individuals that are eligible for their healthcare services. Eligibility requirements are almost exclusive to people living below the poverty rate. Considering previous research shows that there are grave consequences to lack of young male engagement in sexual health, it is important to note that there is not a section or link for to "male sexual health" or "men's health" on the HHSC homepage. There are no available resources for the LGBTQ community either.

Considering Healthy Texas Women and the Texas Pregnancy Care Network—also known as the "Alternatives to Abortion" program—do not utilize their own individualized social media platforms, and a nearly nonexistent representation on Facebook, Twitter, or Instagram. An examination of the umbrella organization, HHSC, is necessary to properly evaluate governmental SMRH organizations' communication efforts. After visiting the Texas Department of Health and Human Services official website (2017), I found that there is an overwhelming amount of text and external links. The sites' visitors may find it confusing. To appeal to women of different age groups, the main photo on the homepage features a young Caucasian woman helping an older Caucasian woman.

Its Facebook page has 125,191 "likes" and 204 reviews: 91 are five-star and 75 are one-star ratings with an average 3.2 star-rating. It is notable that the agency responds to the complaints on their Facebook page in a timely manner with information on how to solve the problem. Their Twitter account features a cover photo of two Hispanic children

and two white children linking arms. They have 2,540 followers, 1,085 tweets, 224 photos and videos that promote health and wellness awareness. They post information about health services, fact sheets and helpful links frequently but little content relates to reproductive health.

From September 1-October 31, 2017, their posts involved the #RedRibbonWeek movement, which is a campaign to help create a safe, healthy and drug free environment for children and families. Some posts mention #BreastCancerAwarenessMonth, #NewbornScreeningMonth and directs visitors to [HealthyTexasWomen.org](http://HealthyTexasWomen.org) for screenings and services. On September 12, 2017, they posted about an initiative they were doing for the Women Infant Children (WIC) program where they operated temporary clinics at grocery stores in Houston and surrounding areas to assist clients and potential clients with food and infant formula” (Texas HHSC, 2017) Their content of posts also includes information on how to apply for benefits in the wake of Hurricane Harvey and encourage Texans to get their flu shot.

#### Texas Pregnancy Care Network (TPCN)

The Texas Pregnancy Care Network, also known as the “Alternatives to Abortion” is another program under HHSC. The homepage features brief descriptions of the different services they offer and a clinic locator. Its main goal is to help eligible women in crisis pregnancies with free services and assistance in finding the help they need from a state-wide network of pregnancy support centers. Services include: “non-judgmental atmosphere of understanding and support, materials assistance, such as maternity and baby clothing, food, and furniture, temporary shelter, pregnancy, childbirth and parenting classes, adoption information, assistance with education and career decisions and other

related services necessary for the well-being of the mother and child” (Texas Pregnancy Care Network).

Their site, [texaspregnancy.org](http://texaspregnancy.org), background image features two pairs of hands clasped together to imply they can help comfort its audience. The site features a location finder, personal stories, information on maternal rights. There are 25 clinics within 100 miles of San Marcos that provide these services. It does not provide any information on paternal rights. The network’s Facebook page is not being utilized: 25 people have liked the page and there are not any available photos, videos or events planned. They do not utilize any other social media platforms.

On November 16, 2017, Matthew Choi from the Texas Tribune (2017) wrote an article that outlines this programs’ recent increase in funding from Texas Legislature’s budget: “The Texas Legislature’s budget for the next two years includes \$20 million more in funding for a controversial state program that seeks to discourage women from getting abortions in the state.”

## CHAPTER V. DISCUSSION

In the field of mass communication, and more specifically public relations (PR), an important step to achieving a client's goal is to identify target audiences, main goals and achievable objectives. Secondly, social media platforms are utilized and tactical ideas are implemented to successfully send key messages to the specified publics. The last step is to evaluate the effectiveness of the PR plan, campaign or initiative. This investigation emphasizes the role strategic communication has in improving sexual maternal and reproductive healthcare in Texas. This study's research questions asked about Texas organizations' governmental and nongovernmental (NGO) existing reproductive health care programs, gaps in services and utilization of strategic health communication.

After identifying the components and holistically examining the online presence of the subjects' programs, there are clear discrepancies between the goals of these entities and the implementation of their strategies and tactics. When evaluating the organizations' web content, creators have made web pages, documents, factsheets, social media profiles and posts, conducted public awareness campaigns to inform, educate and promote Sexual Maternal Reproductive Healthcare (SMRH) services. When searching Texas' governmental reproductive healthcare services I found they offer most of the services Planned Parenthood of Greater Texas Inc. offers but through multiple different organizations and programs under umbrella organizations such as the Texas Department of State Health Services (DSHS) and Health and Human Services Commission (HHSC).

I found that governmental and nongovernmental SMRH organizations similarly both appeal to a young target audience and accomplish this through the color themes, font type and how they organize content. When I was evaluating organizations' websites, I

discovered that their audiences must encounter the visual content and information on their own terms and in their own time. Healthy Texas Women (HTW) and the Texas Pregnancy Care Network (TPCN) do not have resources for men or LGBTQ, but Healthy Texas Babies and Planned Parenthood of Greater Texas Inc. do. Healthy Texas Women has tailored their content to a narrow and specific audience: young, low-income and women of color. Not only should they be offering services to people with more diverse socioeconomic backgrounds, but they are lacking information on sexual health educational information such as fact sheets, details on proposed legislation, and the symptoms and treatment of sexually transmitted diseases (STDs). Planned Parenthood has far more inclusive target audiences than the governmental entities including LGBTQ.

Both nongovernmental and governmental organizations promote demonstrations such as rallies and lobbying events to express their key messages via a variety of communication channels, increasing the chances that their sent message reaches the intended receivers: target audiences, policy maker legislators, and stakeholders. The question that presents itself is, ‘Who does it more effectively?’

All of the subjects appear to have customer-marketing models that aid in communicating key messages, photos of young adults smiling on the home pages, some form of available contact information and the services they provided. The TPCN, HTW and Planned Parenthood of Greater Texas (PPGreaterTX) give external links that aid in helping find a doctor or clinic that provides the service they need. Healthy Texas Babies (HTB) does not provide a clinic locator or healthcare services. There are far fewer PPGreaterTX clinics than HTW and TPCN. This implies the access to care is extremely limited for Texans that are not eligible for the state’s SMRH services.

Accessibility to immediate information is highly important when considering any health care service or emergency. One way to encourage increased young adult, especially males', engagement in sexual health, is to make information privately accessible. A young adult is more likely to text a phone number about private matters rather than call the state's helpline because of the lack of anonymity and privacy measures. When comparing the available contact information on either site, Healthy Texas Women only provides one contact number, "2-1-1," and it is the same contact phone number for any health service the HHSC provides via departmental clinics. Healthy Texas Babies provides the DSHS contact information for the Office of Title V & Family Health, a DSHS department, as well as a TEXT4BABY phone number where parents can get information on how to keep their family healthy. The TPCN provides individualized clinic information after locating one near the patient.

Planned Parenthood (2017) offers a "Chat online or Text 'PPNOW' to 774636 (PPINFO) to provide answers immediately and privately about pregnancy, birth control, emergency contraception, STDs, and abortion." This available resource provided by Planned Parenthood aids in effectively educating young adults in Texas about what to do about their reproductive health. The disparities between available and accessible contact information implies nongovernmental entities are much more effective in getting crucial information to its publics than nongovernmental entities. It also shows DSHS' HTB organization provides far more accessible and available information than Healthy Texas Women and the TPCN. The DSHS and HTB pages and external links are simplified and easy to understand.

I found that Texas Legislators have an anti-women's health/male sexual health initiative. . The evaluation of Texas HHSC and Healthy Texas Women's online content offers evidence that some governmental agencies are not achieving their goals of improving public health due to poor communication tactics. They have recently aggressively cut the amount of funding they give to Planned Parenthood causing thousands of reproductive health clinics to shut down. (Donovan, 2017) This legislative restriction of access to services makes reproductive health services, cancer screenings and STD tests more expensive and less accessible since September 1, 2017—the same date HTW and the Family Planning Program were assigned to the HHSC.

Planned Parenthood of Greater Texas Inc. should increase the number of communication channels aimed at state policy makers and legislators to persuade the Texas' Republican administration and pro-life conservatives that don't support the organization that they are not an "abortion clinic," but rather a comprehensive reproductive healthcare clinic for all. If they can change the narrative, they may be able to gain back some legislative support and funding. The government website may appeal to its target audience, but it should expand on it by aiming to appeal to secondary and future audiences such as young men, middle-income uninsured men, women and teens to provide more comprehensive reproductive care for all Texans.

Biologically, women have more complex reproductive systems than men; therefore, women's need for inexpensive and accessible SMRH services is much greater. Conclusive studies show women around the world are not getting the care that they need and desire. While emphasizing there is an unmet need for low-income, minority women SMRH, upper-low income minority men, LGTBQ and bilingual Texans are also not

receiving the sexual education and health care that they need. There is a severe lack of affordable and reproductive health care information and providers in poverty stricken areas and developing countries. Capitalizing on women's lack of SMRH information and services may inadvertently distract from another major problem: low-income minority men also need improved Sexual Reproductive Healthcare.



## CHAPTER VI. LIMITATIONS

The study's limited online content available for data collection was the most significant restrictions that hindered the ability for further exploration. The data would have increased in quality with more diverse samples of content. There were more online resources available, but I did not have time to examine them. The state of Texas lists five reproductive care programs, services and networks that relate to relative Sexual Maternal Reproductive Healthcare (SMRH): Healthy Texas Women (HTW), Texas Nurse-Family Partnership, Texas Pregnancy Care Network (TPCN) and Women, Infants and Children Program (WIC). Due to time limitations, I was not able to study all of them.

The data obtained would be more definitive if the organizations' official social media analytics were accessible. If interviews with communication coordinators and young adults in the Central Texas area were conducted, the information obtained would have strengthened my argument. This research provides evidence that there is a need for more affordable and accessible sexual reproductive healthcare services in the Central Texas area. Improved health communication strategies would aid in that objective.

Even with limited access to organizations' programs social media analytics, such as demographics of followers, this study still identified communication strategies in relation to efficacy differences between governmental and nongovernmental reproductive healthcare organizations. Further exploration in the differences discovered by this study, such as disparities in resources for different genders, sexual orientation and bilingual Texans, would enhance the limited analysis that compares the differences between these two types of reproductive healthcare providers, methods and impact.

Other methods of analysis of the web content, including quantitative content analysis, might be utilized in the future to provide numerical data about government and nongovernmental organizations' strategic communication regarding reproductive health services. Interviews of representatives of these organizations would also be helpful to provide a deeper understanding of communication strategies for health communication. Focus groups or interviews of young women and men asking about their access to and use of reproductive health services from these types of organizations would help establish which programs are most beneficial and what other type of services are still needed.

## CHAPTER VII. CONCLUSION

The challenge healthcare organizations face is to create persuasive messages, which educate and inform Texas' constituents and legislators about the benefits of affordable, accessible reproductive health care for all Texans. I compared both types of organizations in order to answer my research questions: what SMRH organizations, programs and services exist in Texas? What are the characteristics and effectiveness of these organizations communication strategies? Where are there gaps in services and is there room for improvement? Strategic communication campaigns involve actively reaching out to target audiences so that key messages can be communicated effectively.

According to secondary research, I found that Texas has poor sexual maternal and reproductive healthcare outcomes. I used a communication perspective and an interpretive methodological approach to perform a comparative qualitative textual analysis to answer my research questions. I found that governmental organizations and programs' online presence is difficult to understand and access. Without a streamlined online location for SMRH information Texans in need of services do not know where to turn for their healthcare needs.

Although the main goals and objectives of governmental and nongovernmental organizations aim to improve SMRH, the discrepancies in target audiences, strategies and tactics contribute to the state of consistently poor overall SMRH in Texas. Governmental underutilization of social media platforms and gender-exclusive aesthetic appeal contribute to lack of services available to young men and the LGTBQ community in Texas. Nongovernmental narrowly-tailored target audiences contribute to the lack of affordable accessible reproductive healthcare services for Spanish-speaking Texans.

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