

Saving Grace

The Planned Parenthood Brand & Branding PHCs

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*“It made me feel like I needed to go to a real doctor and Planned Parenthood clearly had ulterior motives.”
~Vitae Research Participant*

Vitae Foundation completed our seventh in-depth Right Brain Research study with Dr. Charles Kenny, involving over 70 women who went to Planned Parenthood for services including birth control and abortion. By investigating current marketing messages of the abortion advocates, Vitae can better articulate the pro-life message in a more effective and persuasive manner. The findings from this study are divided into three main areas:

- The strengths and weaknesses of the Planned Parenthood brand;
- The “healthcare” message now being marketed by Planned Parenthood;
- Building the Pregnancy Help Center brand.

The Strengths and Weaknesses of the Planned Parenthood Brand

This study found that the Planned Parenthood customer can generally be divided into two categories: younger women in their fertile years and the “legacy customer,” a previous Planned Parenthood customer who now refers, and in many cases, facilitates a younger sister or friend obtaining their services. The emotional connectivity of Planned Parenthood and their customers is a brand promise that what is discussed there and the services provided will never be divulged to parents or significant others. Planned Parenthood enables the young audience to explore their sexual behavior without anyone knowing, namely parents and guardians. Indeed, Planned Parenthood’s brand loyalty is built upon what many study participants identify as “confidentiality,” “education,” and “help.” Of course, at Planned Parenthood all three of these supposed benefits are ways to subtly enable, sanction, encourage, and affirm the dangerous and risky behavior that brought the girl or woman to the abortion facility in the first place.

In the minds of customers, Planned Parenthood brand strengths include:

- Preservation of their current and future self;
- Ability to pass through a rite of passage without consequences;
- Opportunity for control, freedom, acceptance, confidentiality; and,
- Lack of judgment.

There is considerable data, however, indicating customers’ wide range of mixed feelings toward Planned Parenthood and its brand promises as well:

Despite the general feeling that Planned Parenthood is non-judgmental, most respondents acknowledge they have to go through an unpleasant gauntlet of anxiety, fear and anger, in addition to judgment (of themselves, from other customers, and sometimes

from Planned Parenthood staff) while in the waiting room at the abortion facility.

Planned Parenthood has the initial impression of being emotionally and physically safe, a viewpoint which often changes due to what respondents describe as problems with the procedure, post-abortion complications, location of the facility in a “run-down” part of town, the type of clientele Planned Parenthood attracts or even the presence of “protestors” outside.

Respondents report mixed experiences in terms of their treatment by Planned Parenthood staff, and, unfortunately, often justify, excuse, or minimize their poor treatment because they are getting what they “need” (abortion or birth control) and don’t feel like they can get it easily anywhere else.

Finally, participants mentioned several important weaknesses in the Planned Parenthood brand. Here are the non-health-related weaknesses in the findings:

Respondents tend to become less loyal clientele as they age and/or are offered better insurance options. The legacy customers often suggest that Planned Parenthood is just as good or better than a private practice, but the reality of their behavior indicates most of them really do not believe it. Additionally, the legacy customers who are older talk about not needing the particular set of services any more as they curtail sexually activity outside of monogamous relationships.

One of the most common complaints by participants, even those that labeled themselves “satisfied customers”

of Planned Parenthood, was the long wait to see someone or be served; this was a universal problem for respondents.

They also expressed frustration with the frequently changing hours, fees, policies and coverage that they face as Planned Parenthood customers. Respondents who had abortions frequently had to pay more than they expected. They were told it was because they were further along in the pregnancy than they thought, or for some other medical reason, but they wondered if they were victims of fraudulent price inflation.

Respondents frequently noted that there seemed to be high staff turnover at Planned Parenthood. They were not assured that they will see the same staff or the same doctor every visit.

The first area of findings, dealing with the strengths and weaknesses of the Planned Parenthood brand, are being used to help pro-life champions like Congressman Chris Smith (R-NJ), other messaging partners across the country, and individuals just like you, understand and employ messages that help refute the euphemistic rhetoric, twisted facts, and false assurances from Planned Parenthood and their supporters. These findings are also being commissioned to craft new, effective media strategies to help women see through the well-established façade of the Planned Parenthood brand and find authentic healthcare, support, and knowledge at Pregnancy Help Centers across the country (which now outnumber abortion facilities four to one).

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The “Healthcare” Message Now Being Marketed by Planned Parenthood

In the last article we focused on the strengths and weaknesses of the Planned Parenthood brand. In this issue we will proceed to the second area: The “healthcare” message marketed by Planned Parenthood.

In earlier studies, it was discovered that women seek abortions to restore their current self and protect their future self. The current self is typically referred to as a lifestyle or career. The future self is what the young woman anticipates her career or lifestyle will be like as she matures.

Yet in other studies, it was discovered that many women, even young teenagers, write a life plan. As they mature, they live out the life plan that they wrote as young girls. Consequently, the current self and the future self are extremely important, and women will go to great lengths, even so far as having an abortion, to protect both.

This particular study offers information about an additional future self which is holistic, healthy, and happy. It can be further described as a desire for happiness, self-respect, admiration, freedom from guilt, physical and mental health, and essentially a state of emotional well-being.

Given this background information, along with the best practices of the healthcare profession today, the first clear finding is that Planned Parenthood falls far short of providing customers with true healthcare for women. This is valid from a total health and wellness perspective, consisting of six vital components: physical, social, spiritual, emotional, intellectual, and vocational health.

The term “healthcare” for Planned Parenthood is merely a marketing term with no meaningful application to the social, emotional, and spiritual needs of women who have an abortion at Planned Parenthood. For example, Planned Parenthood does not do adequate pre- or post-abortion counseling to address the damage many women suffer, especially in the areas of emotional, social, and spiritual health. If they were to offer post-abortion counseling, it would be an admission that abortion causes harm to women.

Additionally, Planned Parenthood rarely treats the women physically or emotionally after the abortion, leaving that to nearby emergency rooms and professional counselors. Planned Parenthood simply makes the

woman un-pregnant, and after the abortion, sends her back to an often risky social environment that enhances the likelihood of another pregnancy.

Planned Parenthood can be easily criticized from an ethical healthcare perspective. The organization has elaborate language and processes in place to deny the humanity of the child with women considering abortion (not to do so would negatively impact their profit margin). They continue to use scientifically inaccurate descriptions of the fetus and unborn child as a “product of conception,” “glob of cells,” or “mass of protoplasm,” even at later gestational ages. Such terms contradict basic, foundational definitions and terminology established and used by the scientific and medical fields.

The abortion giant also acts in direct opposition to the basic understanding of the medical community of the right to healthcare by even the tiniest of patients. Advancements in modern medicine to perform in-utero surgery to correct heart, brain, and lung defects (along with the proper administration of pain medication to these tiny patients) stand in contrast to the practices that Planned Parenthood attempts to classify as “healthcare.” These types of practices are oppositional to the best practice of healthcare professionals.

A second important understanding is that Planned Parenthood has a highly developed system of making their clients feel “all right” about the idea of abortion by providing a “counseling service” built on rationalization, justification, and minimization of the abortion procedure and its associated psychological health complications. This is often needed because of the natural law and issues of conscience, as represented by one respondent:

“...all these facts about babies and how quickly they grow and when they get a heartbeat, that it was murder. It was murder. You don't want to think about it like that. You didn't think about it like that when it was happening. It's not why you did it.”

The facts, yes they are facts, but there are so many things that are factors. Yes, there's a heartbeat, it's a living thing but there are environmental factors about why bringing a child into this world is something I didn't do. I didn't want a struggling life for my child, a difficult

life. I didn't want my child to struggle for the basic needs. The basic needs for food and shelter and safety, what hope is there for survival? And I couldn't provide that. That's something the facts don't tell you."

By requiring that every woman coming to Planned Parenthood complete an exhaustingly long and invasive intake survey, they are able to gather information similar to the above respondent's comments and immediately begin a process of "counseling" that serves to exacerbate the exact fears, difficulties, and circumstances which the woman notes are challenges to carrying her child to term.

It is exceedingly easy, then, for the Planned Parenthood "counselor" to move a woman facing an unplanned, unwanted pregnancy, toward abortion. This is accomplished through a process that is laced with what the respondents perceive as positive, supportive, and non-judgmental reassurance that everything will be "all right." This approach takes advantage of respondents' frequent description of their feelings at the time: "I just want this to be over." They want to believe that the abortion will put the pregnancy behind them, and they can move on like it never happened. At least initially, this hope is effectively fulfilled by Planned Parenthood, something many of the respondents say they appreciate.

The faux counseling, as well as the help with rationalization, justification, and minimization, masks the cold efficiency with which Planned Parenthood functions and serves to redirect and repress the woman's personal pain. Unfortunately, this pain often manifests itself in guilt and anger which lead to verifiable higher rates of emotionally-related health problems such as anxiety, depression, suicide, insomnia, eating disorders, drug and alcohol addiction, sexual dysfunction, and abuse of subsequent children (these complications have been widely researched but were beyond the scope of this study).

A particularly incriminating research finding is that older "legacy" customers of Planned Parenthood no longer use Planned Parenthood for medical services because of reasons revolving around poor customer and medical treatment. They commonly stop going there when they acquire access to insurance and better OBGYN doctors and cease risky sexual behavior. Unfortunately, despite their often-negative experiences, they remain open to recommending younger female friends or family members to Planned Parenthood, especially for birth control or abortion.

This enlightening research helps us develop new messages to reach such an important influential audience. We can reach them with messages aimed at the emotional, right side of the brain, helping them deal with fears and suspicions that a young family member or friend might not receive adequate healthcare and that there are other places (Pregnancy Help Centers) that would provide more professional, caring, and supportive help and healthcare.

Summary of the findings related to healthcare:

Abortion does not cure a disease or treat an illness.

Planned Parenthood does not follow the current healthcare "best practices."

Widespread physical, social, emotional, spiritual, intellectual, and ethical complications result from abortion.

Abortion may, on the surface, protect her current or future "material" life but puts at risk her current and future joyful self or her emotional well-being.

Planned Parenthood only makes a woman un-pregnant and sends her back to a dysfunctional social environment.

The "legacy" customer of Planned Parenthood is an important and reachable target audience, in terms of challenging and changing their tendency to refer their younger family members and friends to Planned Parenthood.

The findings dealing with the "healthcare" message now being marketed by Planned Parenthood are being used to build contrasting, pro-life, woman-centered, research-based messages which truthfully and accurately highlight the poor and/or nonexistent consumer protections and unacceptably low standard of "healthcare" offered by Planned Parenthood. The comprehensive findings, as represented by the above summary points, are also being used to develop media, educational resources and marketing approaches to help other messaging providers across the country. A subsequent newsletter will highlight the third main area of findings (Building the Pregnancy Help Center Brand) and outline the specific ways in which Vitae is using this most recent study to help Pregnancy Help Centers (PHCs) develop a brand of services and care that Planned Parenthood is simply unable and unwilling to provide.

Building the Pregnancy Help Center Brand

This area of findings showed, unfortunately, that respondents were unaware of the idea of the Pregnancy Help Center (PHCs), although they occasionally referenced government health clinics as an alternative to Planned Parenthood. While the lack of awareness of the PHCs is tragic in one respect, it also presents the PHCs across the country with an opportunity to re-brand and define the services they provide without the impediment of a pre-existing image or reputation. PHC marketing should be less about the name of the organization and more about the universal application and branding of the critical services that respondents in the study mention they would like and which many PHCs are already providing.

As briefly touched on in the previous area of findings, the customers of Planned Parenthood are most troubled by the waiting room practices demonstrated by the long waits, non-confidential medical conversations, and the general fear and mistrust of the low-income people who are frequent customers. One of the most universal comments about the Planned Parenthood experience, from a vast majority of respondents, even those rating themselves as “highly satisfied” with Planned Parenthood, was the difficult waiting room conditions, especially the long waits, but also the “nervous,” “scared,” “angry,” and “frustrated” emotional experience and atmosphere of the waiting room.

These critiques can be used by PHCs to create opposite environments, characterized by warmth, professionalism, and authentic support and healthcare. In addition to new marketing campaigns and ads, Vitae is developing a guide for PHCs containing practical suggestions based on these critiques. It is vitally important that we get this information into the hands of PHC directors across the country so they can ensure their centers are promoting the assortment and quality (brand) of services that women facing unexpected

pregnancies say they want and need.

PHCs will eventually put Planned Parenthood out of business if it comes down to which one provides a more positive emotional experience and a more professional, fact-based, medical, and caring atmosphere. This is true because one organization takes lives and deals in manipulation for profit while the other supports life and deals in facts, care, support, and real help. Unless this dichotomy is powerfully marketed to the culture at large however, many more lives will be lost.

This study also demonstrated that PHCs have overlooked the “legacy customer” who is often the one initially referring a younger relative or friend to Planned Parenthood. The legacy customer (generally age 25-45) offers PHCs a specific and unique market because, despite her willingness to refer others to Planned Parenthood, she is often simultaneously moving away from the organization as she gets older, obtains insurance, and access to her

own gynecologist/doctor’s office.

To help further encourage these legacy customers to sever ties with Planned Parenthood and not refer others there, themes such as safety, dangerous side effects, and improper care as a consumer warning would be effective. The most effective approach would be to not address the immorality of abortion but to address the poor consumer practices and customer relations of Planned Parenthood making clear that just like the legacy customer herself, younger relatives and friends deserve better.

Other PHC-related recommendations include:

Highlighting the not-for-profit nature of the PHC and that it, unlike Planned Parenthood, does not charge for services, thus, has no financial gain in a woman’s abortion decision.

Delivering on the emotional promises that Planned Parenthood makes, but fails to fulfill.

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These services include education on all options, treating the patient with respect, and assuring confidentiality.

Following best medical practices to proactively address a woman's total health, both currently and in the future, especially in the area of total person health and wellness: physical, emotional, intellectual, social, spiritual, and vocational.

In a state of emotional chaos, it is easy for women considering abortion to believe no help or support is available. Many are in desperate need of the wealth of assistance PHCs are currently providing in their

communities. If this brand of services is marketed effectively, it will increase community awareness of the PHC, represent a unique opportunity to attract new patients/clients, and save the lives of countless children and their mothers, fathers, and families.

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Dr. Pauls serves as the Director of Research at Vitae Foundation.